COUNTRY PROGRAMME ACTION PLAN

BETWEEN

THE GOVERNMENT OF MOLDOVA

AND

THE UNITED NATIONS POPULATION FUND

2007-2011

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavioural Change Communication
CCA	Common Country Assessment
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CST	Country Support Team
DHS	Demography and Health Survey
EGPRSP	Economic Growth and Poverty Reduction Strategy
EU	European Union
EVYP	Especially vulnerable young people
FP	Family Planning
GBV	Gender Based Violence
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GoM	Government of Moldova
HIV	Human Immunodeficiency Virus
HBS	Household Budget Survey
ICPD	International Conference on Population and Development
ICPD PoA	ICPD Programme of Action
IEC	Information, Education, and Communication
ILO	International Labour Organization
IMR	Infant Mortality Rate
IOM	International Organization for Migration
LMIS	Logistics and Management Information System
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MoEY	Ministry of Education and Youth
MoH	Ministry of Health
MSPFC	Ministry of Social Protection, Family and Childhood
MYFF	Multi-Year Funding Framework
NGO	Non-Governmental Organization
NPHMMC	National Public Health and Medical Management Centre
NRHMGC	National Reproductive Health and Medical Genetics Centre
NSB	National Statistics Bureau
PHC	Primary healthcare
PCM	Programme Component Manager
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWAP	Sector Wide Approach Program
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WHO	World Health Organization
WB	World Bank
YFHS	Youth Friendly Health Services

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Framework

The Government of Republic of Moldova and the United Nations Population Fund (UNFPA) in Moldova are in mutual agreement to the content of this Country Programme Action Plan (CPAP) document and on their respective roles and responsibilities in the implementation of the country programme.

Furthering their mutual agreement and cooperation for the fulfilment of ICPD Programme of Action (PoA-ICPD, 1994); Beijing Declaration and Platform of Action (1995) and Millennium Declaration (2000);

Building upon the experience gained and progress made during the implementation of the Assistance provided;

Entering into a new period of cooperation as described in the United Nations Development Assistance Framework for the Republic of Moldova 2007-2011 and UNFPA Country Programme Document for the Republic of Moldova 2007-2011;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation, the

Government of Moldova and the United Nations Population Fund have agreed as follows:

Part I. Basis of Relationship

The relationship between the Government of the Republic of Moldova and the UNFPA (United Nations Population Fund) is governed by the Standard Basic Assistance Agreement (SBAA) signed by the Government and the United Nations Development Programme (UNDP) on 2 October 1992 and the Amendment to it dated 2 July 1997, which, mutatis mutandis, is accepted as a basis of cooperation between the Government of Moldova and the United Nations Population Fund and applies to UNFPA activities and personnel as specified in the UNDP/UNFPA Agreement on organizational arrangements of UNFPA Country Offices (1996).

The programme described herein has been agreed jointly by the Government and UNFPA.

Part II. Situation Analysis

Country overview

The Republic of Moldova is a small country bordered by Romania and Ukraine, and includes the autonomous region of Gagauzia and the secessionist post-war region of Transnistria. The Public Administration Law in 2003 established an administrative-territorial structure based on 32 districts (raions), three municipalities, and two territorial and autonomous units. Due to political issues surrounding the secessionist region of Transnistria, there are little reliable population and development data for the region, however needs assessments undertaken by donors indicate the need for urgent assistance.

Since its independence in 1991, Moldova's development has been impaired by numerous challenges. Its development indicators rank amongst lowest in Europe. The normative framework of rights, inherent in its constitution and in its ratified international treaties, is both positive and significant. Implementation of this framework, however, needs urgent attention. Achievement of most of the Millennium Development Goals (MDGs) is assessed as probable. The National MDG Report 2005 stipulates that Republic of Moldova still has to make continuous efforts to eradicate poverty, improve child health and combat tuberculosis and HIV/AIDS. The priorities of the World Summit Outcome Document have been dully taken into consideration in the process of developing the National Health Policy that shall provide an overarching framework for complex multidisciplinary interventions aiming to ensure better health and

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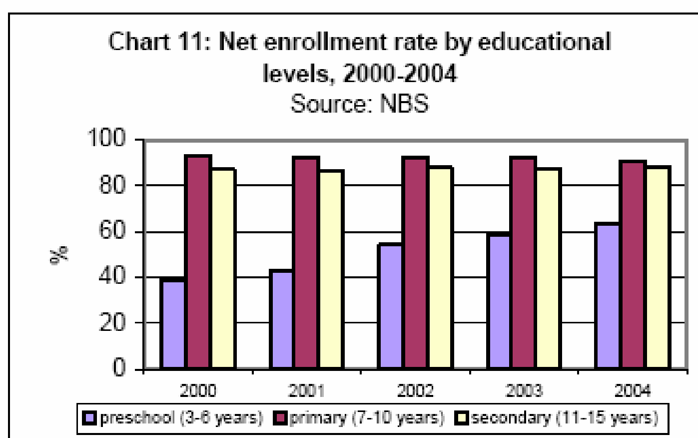
wellbeing of the Moldovan population. In the context of the changing aid environment, the government of Moldova and international and bilateral donors have signed a Partnership Framework, aiming to enhance the aid effectiveness through aid harmonisation and co-ordination, for the betterment of the Moldovan population, in achieving poverty reduction and the Millennium Development Goals

Poverty and Access to Basic Services

In 2002, the per capita income in terms of purchasing power parity was US $2,428. Forty percent of Moldovans were poor, and more than 1 in 4 lived in extreme poverty. Rural regions and small towns are most affected by poverty. The Economic Growth and Poverty Reduction Strategy (EGPRSP) 2004–2006 and other national plans are in place but there are challenges in implementation. Certain improvements can be attested as seen in the gross domestic product (GDP) growth of 7.3% in 2005.

The CCA provides evidence that the increasing burden of disease in Moldova is linked to unemployment and poverty. Regional variations in infant mortality suggest significant differences in the quality and provision of essential services, and an unequal distribution of financial resources, staff, and equipment. Lack of universal access to family planning and reproductive health services, as well as a low contraceptive prevalence rate and unmet contraceptive needs, are putting a strain on the sexual and reproductive health on men and women. While the HIV/AIDS epidemic is at an early stage, the pattern of infection is shifting from intravenous drug use to sexual transmission, with a significant increase in infections among women. Decreases in spending and poverty have also limited access to public education and intensified disparities. According to the National Statistics Bureau in 2004, the net enrolment rate registered 91%, 95.5% in the urban area and 88.7% in the rural area, respectively[1]. A major impediment in granting access to quality education is the absence of educational institutions in some of the rural communities - 38% of children from the rural areas that do not attend schools have not been enrolled due to the absence of schools in the close neighbourhood, while 36% of children – due to the lack of money.



Currently, there are 63 boarding schools and special education institutions, covering 11,180 children. The reasons for children enrolment in boarding schools are diverse: 36% of children have been enrolled due to their health condition, i.e. diseases or disabilities, 16% - due to the death of one or both parents, 27% - due to poverty of their parents, 8% - due to problems in their family and 4% - due to unemployment of their parents[2].

At independence, Republic of Moldova inherited the Semashko model of health care, with its vertical structures and over-emphasis on secondary and tertiary levels of care, and consequent disregard for primary health care. The Health Reform process introduced the mandatory health insurance, decentralisation and emphasis on primary health care, however overall spending on health remains low. Budget allocations to the health sector declined by two thirds between 1993 and 2003[3]. Health expenditure represents 4 percent of GDP[4]. A National Health Insurance Company, with branches in the

[1] Annual Evaluation Report on the implementation of EGPRSP 2005, www.scers.md

[2] Ministry of Education, Youth and Sport, Special Education Division, January 2005

[3] World Bank. Moldova Health Policy Note: The Health Sector in Transition. Europe and Central Asia Region. Human Development Sector Unit. Report No. 26676-MD. November 2003

[4] Annual Evaluation Report on the implementation of EGPRSP 2005, www.scers.md

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raions, and a Mandatory Health Insurance Fund (MHIF) with co-payment system has been established, providing a Basic Benefits Package for the insured and those in exempt categories.

A variety of RH services, including FP, are provided by a network of 47 RH cabinets, part of the PHC system, mostly located in raion centres. The distribution of human resources, budgets and equipment between raions is unequal, and results in significant differences in the quality and provision of basic health care services. The ratio of family doctors per 1,000 people is ten times lower in rural compared to urban areas, and 15% of villages have no doctors. Between 1995 and 2001, the number of both doctors and nurses in both urban and rural areas has declined by as much as 30% and 42%[5]. According to the data provided by HBS, the prosperous households spend on medical services 8 times more than the poor households, and 17 times more compared to extremely poor households.

Overall, Moldova health system is poorly prepared to address the issue of lifestyles and prevention of non-communicable diseases. Limited financing of health promotion and disease prevention activities translates in poor motivation and lack of incentives for primary health care workers to deliver preventive services and information. Inadequate counselling and communication skills of primary health care providers and lack of educational materials for general population limit the effectiveness of health promotion. Inefficient strategies on healthy lifestyles and weak inter-sectoral cooperation in addressing public health issues in the Republic of Moldova further hinders the implementation of health promotion initiatives.

Demographic Situation and major population and development issues

The 2004 census which did not include the post-war conflict region of Transnistria put the population at 3,607,435; of which 52 percent are women. The population in Transnistria is estimated to be 550,500, or about 16 percent of the total population. The census estimated 10 percent of the population to be abroad. Unofficial estimates put this figure at one million.

According to a recent survey, the main factors that impel citizens of the RM to go abroad are lack of money to pay the current expenses (76,5%), to invest in house (47,6%), for special expenditures (education tuition, health, furniture, loans etc. - 32,7%). Population from areas most affected by poverty – villages and small towns – are more likely to go abroad: the ponderability of families from rural and urban localities (except Chisinau and Balti) having members presently abroad or within the last 2 years is about 25%, while in Chisinau - about 11%, and in Balti - 19%. The number of households that have somebody working abroad at the moment constitutes 21,9% out of the total number of households of the country[6].

The high number of irregular migrants has left the door wide open to criminal organizations ready to exploit an already vulnerable group. Moldova, by far, has the greatest number of trafficking victims in the region. More than 1.144 women and minors have been returned home through the IOM's countertrafficking reintegration programme, but this is only a fraction of the numbers of those still trafficked abroad. Many are also trafficked for the purpose of labour exploitation and find themselves living in dismal conditions, which provide little or no remuneration and which are conducive to violation of their human rights.

The population in Moldova is mostly rural. Urban population was 39 percent in 2003. People over 60 account for 15.2 percent of the rural and 11.8 percent of the urban population. Overall, 1 in 7 people is over 60.

Life expectancy at birth is 65 years for men and 72 for women. In rural areas, life expectancy is 3 years lower for both sexes. The birth rate dropped from 18 to 10 births per 1,000 between 1990 and 2003. During the same period, mortality rate increased from 10 deaths per 1,000 to nearly 12. The population growth rate is negative. Total fertility rate was 1.4 in 2003.

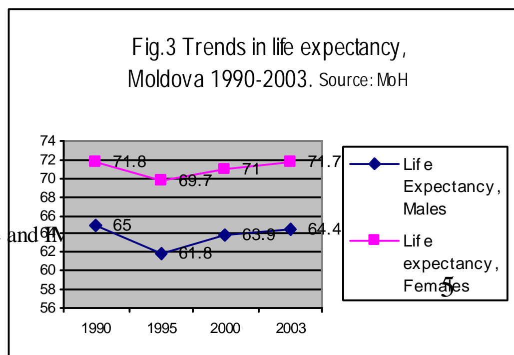

Fig.3 Trends in life expectancy, Moldova 1990-2003. Source: MoH

[5] CCA 2005

[6] Migration and Remittances in Moldova, IOM, EC Food Security Programme and IM

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There is no institution authorized to collect and process demographic data, and to formulate and monitor population policies. A period of 15 years has elapsed between the last two censuses, and no demographic projections have been made in the last decade. The 2004 census, as well as the 2005 DHS, have not included Transnistria. There are no institutions of higher learning offering specialised training in population studies/demography.

Reproductive Health

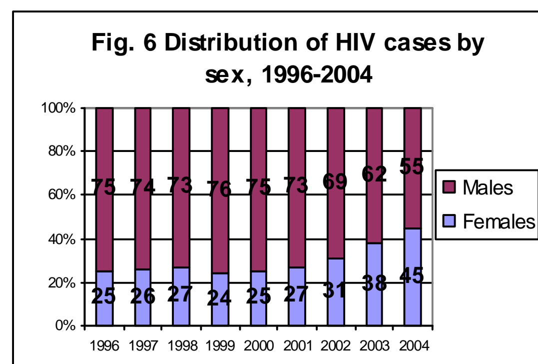
Maternal mortality is 22 deaths per 100,000 live births. The difference between urban and rural areas is almost twofold. Despite the fact that legislation in the Republic of Moldova permits abortion on request, unsafe abortions account for 37.5% of maternal deaths. Over 70% if abortions are performed through obsolete and intrusive methods[7]. Abortion continues to be used as a method of fertility control, largely because of unintended, unwanted pregnancy and poor access to modern contraceptive methods. There is a network of public Family Planning Cabinets at the primary healthcare level, and their status is currently reviewed for a holistic and comprehensive approach to sexual and reproductive health services and information. Allocations to the health sector from the state budget are limited, representing 40 USD per person per year. Despite best efforts to ensure access to quality services and commodities, cost of contraceptives is not compensated or reimbursed under the Basic Benefits Package. Due to financial constraints no national budget is available for contraceptive procurement for free of charge distribution.

In 2005, abortions represented 418 for every 1,000 live births. According to the 2005 DHS, 68 percent of currently married women use some methods of contraception. The DHS estimated that 91 percent of the total demand for family planning among married women has been satisfied. Public (government) facilities provide contraceptives to more than two in three contraceptive users (69 percent), while 28 percent are supplied through private medical sources, and 3 percent through other private sources (e.g., shops).The unmet need is especially high in Transnistria, where there is no family planning network. Abortions in Transnistria are about 1,190 for 1,000 live births[8].

Recent data suggest significant rural-urban inequities in the availability of contraceptives: condoms, oral contraceptives, IUDs and injectables are found in significantly fewer rural health facilities compared to their availability in urban facilities[9].

	Urban (%)	Rural (%)	Difference (%)
Condoms	89	27	62
Oral contraceptives	100	23	77
Injectable contraceptives	44	2	42
Intra Uterine Device (IUD)	89	8	81

The levels of infant and under-5 mortality declined twice during 1990-2003 (to 14.3 and 17.8 per 1,000 live births in 2003). There are disparities in infant mortality rates; these being above 20 per 1,000 live births in four regions, while lower in other regions.



Adolescent pregnancy accounts for 14 percent of total pregnancies[10]. Almost 10 percent of abortions annually are performed on adolescents. Nearly half of sexually active young people have one or more reproductive tract infections. Girls are twice more likely to be affected than

[7] UNFPA. Reproductive Health Guide for Family Doctors. Chisinau: 2005

[8] RH Needs Assessment in Transnistria region, November 2005

[9] Review of Experience of Family Medicine in Europe and Central Asia: Moldova Case Study - World Bank, May 2005

[10] Department of Statistics and Sociology, Health Care in Moldova. Chisinau: 2004

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boys. While 1 in 4 young people are sexually active, with average age of first sex at 16, only 1 in 10 can identify correctly modes of HIV transmission[11]. More than half of young people did not use a condom during their first sexual intercourse and their knowledge on HIV is low.

In terms of annual HIV-incidence Moldova ranks third among CIS countries in 2004, up from fifth in 2003. Analysis of new cases by gender reveals a significant increase among women (45 percent of HIV cases in 2004). Sexual transmission of HIV has increased from 20 percent in 2001 to 56.3 percent in the first 6 months of 2005.

Life Skills Based Education has been identified as one of the preventive strategies in the National HIV/AIDS Programme, and has constituted part of the grant provided by GFATM to the Republic of Moldova, the Ministry of Education being the sub-recipient of the health education component. In the academic year 2004 – 2005, LSBE has been piloted in 35 schools, providing children with knowledge and skills necessary for responsible sexual behaviour. The course became mandatory in all schools nationwide in September 2005. A month later, a vehement response of the church, certain political parties and certain elements of the civil society has occurred. The opposition has been well organized and though it may have been used as political advertisement for a new political party that shares the same leaders with the opposition, it has indicated at certain gaps in the consultation and validation process. Playing upon certain fears and morality issues, the opposition has managed to push for making the LSBE course optional and for withdrawing manuals.

Gender

There is growing evidence of gender-based violence as well as gender gaps in employment and income. Women are more frequently employed in less important or lower remunerated jobs than men. The gender pay gap constitutes 28 percent.

Moldova has emerged as one of the main countries of origin for trafficking in human beings, particularly young women for sexual exploitation. Domestic Violence has been recognised as a key root cause of trafficking of women (notably some 70 to 95% of victims of trafficking repatriated to Moldova suffered DV and abuse at home prior to their traffic experience). There are few official data attesting the true proportions of domestic violence due to underreporting. According to RHS of 1997, 21.5 percent of women reported abuse by a partner or ex-partner.

In 1994, the Republic of Moldova ratified the Convention regarding the elimination of all forms of discrimination against women (CEDAW). In 2003, the First Report and the Second Report, a governmental periodical for the national implementation of CEDAW, was created. An important step towards the implementation of the international recommendations and of the goals of The Action Platform of the International Women's Conference (Beijing 1995) was made by establishing the national gender machinery through the Law on Equal Opportunities in 2006.

National Legislative and Regulatory Framework

The Law on Health Protection was adopted in 1995, which recognizes primary health care (PHC) or family medicine as a speciality. In 2001 the Law on RH/FP has been adopted to guarantee the rights to free decisions concerning reproduction, to information on RH/ FP, and access to RH/ FP services. Between 1999 – 2003, the MoH implemented the National Programme on FP/ RH, provided for continued development of RH care services, including FP and health education for safe behaviour. In June 2001 a Law on prevention of STIs, including HIV/AIDS, has been adopted. A national programme on prevention of HIV/AIDS, ARV treatment and VCT has been developed for the timeframe 2001-2005.

In 2003 the Government has developed a strategy on the protection of the child and family. A Strategy on Youth (15 – 29 years of age) has been adopted in 2004 as a component of the PRSP that has been developed for 2004-2006. A strategy for employing the labor force has been in place since 2002, having

[11] UNICEF, National Baseline Evaluation of Knowledge, Attitudes and Practices of Young People. Chisinau: 2005

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as one of the objectives the prevention of the migration of the labor force. A Law on migration has followed, in force since January 2003. In order to combat trafficking in human beings, the Government has established a National Committee and an Action Plan in November 2001. Trafficking is incriminated by the Criminal Code in force since 2003. The Law on Equal Opportunities has been adopted in 2006.

A draft Law on HIV/AIDS is currently reviewed by the Government. A draft Law on Domestic Violence is currently in the Parliament for approval. The National Health Policy, to constituting the overarching framework for better health and wellbeing of the population, is currently under development. It expressly commits to ensuring universal access to RH by 2015 for all couples and individuals, and to contributing to the achievement of the MDG.

Part III. Past cooperation and lessons learned

With technical and financial support to the Government of the Republic of Moldova for the past 11 years, UNFPA succeeded in building close and effective partnerships with governmental bodies, NGOs and international donors at both central and local levels. UNFPA has supported RH service delivery points and the FP cabinet network; providing technical assistance, education and information materials and RH commodities. By means of its standalone projects, UNFPA contributed to the improvement of the RH of women, men and adolescents in the country, with focus on poor, disadvantaged and rural population.

The main areas of intervention have been: (a) trainings on management of Reproductive Health (RH) services, Family Planning (FP) counseling and contraceptive technology for gynaecologists, FP doctors, family doctors and nurses/midwifes; (b) establishment of a contraceptive LMIS by developing the soft, creating a national computer network among RH cabinets, and providing capacity building; (c) support to education on SRH through formal and non–formal programmes for adolescents and young people, with a focus on the especially vulnerable; (d) production and distribution of educational materials for health care providers and of IEC materials for general population; (e) provision of contraceptives; (f) establishment and support to 4 Sexual Reproductive Centers (SRH) Centres of Excellence; and (g) support to the 1997 Reproductive Health Survey and the 2005 Demographic Health Survey in the Republic of Moldova.

Among major lessons learnt has been the importance of active participation and fostering partnerships at all levels. Wider access to quality services, both in health and in education, is needed. Improved access to quality health services, including RH/FP counselling and services especially for the majority rural population living in under served areas is essential. Access improvement depends on quality of services; and to further improve RH, the involvement of family doctors is necessary. Establishing a system of cooperation between the family doctor and RH Centres/FP doctors will contribute to improving quality and access to care at the local level, as well as establishing a referral system to be used as and when required for those clients needing more specialised RH/FP care.

Specific reproductive health interventions should build on the successes of previous projects. In this context, bringing local and national authorities from the health and education sectors, and the local administration on board is essential for improving the quality of services and scaling up access to such services and information. Experience has shown that the participation of managers in capacity building activities is important for securing support for quality of care, as well as for ensuring sustainability. Interventions targeting vulnerable population depend ultimately on the support of local public administration.

More resources need to be invested in developing and implementing comprehensive BCC activities. Tools for monitoring and evaluating the impact of these activities need to be designed and used effectively.

Interventions shall be developed taking into account regional specificities and helping to reduce disparities in access to services and information. Promoting successful practices is important for the sustainable development of the programme at the national scale.

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Policy dialogue and advocacy at the highest level as well as at the level of local public administration is imperative for securing political commitment for the implementation and sustainability of interventions. Cooperation with the Government, public institutions, NGOs and the private sector shall be strengthened under the Country Programme, which is built on the results achieved and the lessons learned through past cooperation.

The Moldova Country Programme Action Plan has been developed in close partnership with national counterparts, building upon findings of the annual reports and final project evaluations. Through extensive consultations with all relevant stakeholders, main priorities have been identified and specified in the UNFPA Country Programme and in its CPAP. Meetings at the highest level have been held and national priorities reiterated and dully taken into consideration in formulation of the CPAP.

Part IV. Proposed Programme

Country Programme Linkage with National Development Plans, UNDAF and UNFPA MYFF

The programme was formulated through a consultative and participatory process. The Government took a leading role in this process to ensure programme ownership and sustainability.
The UNFPA country programme (2007-2011) was developed in close cooperation with national partners, the United Nations system and donors, within the United Nations Development Assistance Framework (UNDAF), approved on December 15, 2005. The UNDAF goal is to support the accession of Moldova to the European Union and the policy priorities of the Government, and to address the needs of vulnerable groups through three priority areas of assistance: (a) good governance; (b) reducing regional and local disparities; and (c) access to quality basic services.

UNFPA role, programme contributions and partnership strategies within the UNDAF are based on conclusions and recommendations of the Joint Strategy Meeting.

The UNFPA country programme is aligned with the development priorities and goals of the Government. These include the MDGs; the goals and objectives of the ICPD and its five-year review (ICPD+5); the EU – Moldova Action Plan; the EGPRSP; and the principles of human rights.

The country programme has three components: (a) reproductive health; (b) population and development and (c) gender. Human rights, reproductive rights, advocacy and BCC are cross-cutting issues to be addressed throughout the programme. Geographical coverage will be nationwide, including the post-war conflict region Transnistria. UNFPA support will contribute to the achievement of UNDAF Outcome One; on Governance and Participation; and UNDAF Outcome Two; on Access to quality basic services.

The goal of the country programme is to contribute to improving the quality of life of the people of Moldova, in particular the vulnerable groups. This will be achieved by strengthening the national capacity to respond to population and development issues, including gender, and by strengthening monitoring and quality assurance systems for improved access to comprehensive sexual and reproductive health information and services. The goal is aligned with the national MDGs, the national EGPRSP, the UNDAF outcomes and the UNFPA multi-year funding framework.

Capacity building will be at the core of UNFPA's overall strategy and will address institutional, human, technical and operational capacity gaps in population and development, RH, and gender, analyzed and assessed during the CCA and the development of the UNDAF.

The programme will fully and effectively use the four MYFF strategies during the implementation of the programme. In particular, the *Advocacy and Policy Dialogue; Building and Using a Knowledge Base; Promoting, Strengthening and Coordinating Partnerships; and Developing Systems for Improving Performance strategies* will be used for implementation of specific activities under each output of the programme, as well as for provision of UNFPA technical and operational support to implementation of

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the country programme. The application of these strategies will maximize the impact of the interventions and will create synergy with the UN and other development partners.

Advocacy and policy dialogue is a key: based on results achieved the programme will develop a strong evidence based advocacy, contributing to enhanced networking and advocacy skills of civil society organizations. By increasing awareness on population and reproductive health issues among decision-makers, the programme will foster an environment conducive to integrating reproductive rights and population issues into broad-based public policies and programmes.
Innovative and replicable approaches based on international experiences will be scaled up through dialogue with policy and decision-makers. With regard to building and using a knowledge base, the programme will support capacity building in population data collection, analysis and use and will address the increased need for disaggregated data to be utilized in monitoring progress toward achieving MDGs, CEDAW and ICPD goals as well as UNDAF outcomes.
Due to its direct linkage with UNDAF, the programme will address the capacity gaps, identified during the CCA exercise. The capacity building efforts will be linked and coordinated between all UN agencies. With focus on capacity building of state institutions, research institutions, civil society and young people, the programme will enhance the partnership and facilitate participation in local and national planning.

The programme will be focused on developing systems for improving performance by conducting assessments, baseline surveys, all of which will provide a basis for meaningful support under the programme. In view of the on-going health reform, creating system for continuous improving quality of reproductive health care services will be a priority of the programme RH component. The assistance will also aim at strengthening reproductive health commodity security, and at developing and institutionalizing systems that will ensure its long-term sustainability.

The chain of the Country Programme results is based on the UNFPA MYFF 2004-2007. All six outcomes and six outputs of the programme are directly linked and contribute to the MYFF outcomes:

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UNFPA Country Programme Results Linkages with National and Global Development Frameworks

	UNFPA CP Outcomes & Outputs*	UNFPA Global MYFF Outcomes & Outputs	UNDAF/Moldova Outcomes	Moldova National Priorities	ICPD Goals
RH COMPONENT	(2.1) All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education (2.1.2) Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups	Outcome: Demand for reproductive health is strengthened Output: Increased availability of life skills-based education (formal and non-formal) for adolescents	By 2011, vulnerable groups enjoy increased equitable and guaranteed access to basic services of good quality provided by the state with the support of civil society	**National MDG** MDG 2: Achieve universal access to secondary school education (target 3) MDG 3: Promote gender equality and empower women (target 4) MDG 4: Reduce child mortality (target 5) MDG 5: Improve maternal health (target 6) MDG 6: Combat HIV/AIDS, tuberculosis, and other diseases (targets 7,8) **EGPRSP** **National Development Plans** - Sustainable socially oriented development. - Poverty and Inequality Reduction, and Increased Participation of the Poor in Economic Development. - Human resources development for better quality of medical and educational	(i) Universal access to reproductive health services, including family planning, by 2015; (ii) Reduce maternal and child mortality; (iii) Reduce HIV/AIDS
	(2.2) People of reproductive age adopt safe behaviours and seek health commodities and information on HIV/AIDS/STIs and Reproductive Health (2.2.5) Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people	Outcome: Demand for reproductive health is strengthened Output: Increased availability of culturally-sensitive behaviour change communication programmes for adolescent/youth, including HIV/AIDS prevention			

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	(2.3) All individuals, especially the vulnerable ones, enjoy improved access to essential health care of good quality (2.3.7) Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security	Outcome: Access to comprehensive reproductive health services is increased Output: Improved quality of RH services		services, as well as increased access of the poor to these services. **EU Moldova Action Plan** - Human rights and fundamental freedoms - Economic and social reform and development – improved welfare, employment and social policy, - People to people contacts – public health - Ensuring an increased level of health and epidemiological safety	
PD COMPONENT	(1.1) Pro-poor policies, addressing development and population issues, are formulated, implemented, and monitored in a more transparent and participatory manner (1.1.11) Institutional capacity developed to establish a system to collect and analyze disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact	Outcome: Utilization of age and sex-disaggregated population-related data at all levels is improved Output: Enhanced national capacity to manage data and information management systems	By 2011, public institutions with the support of Civil Society Organizations (CSOs) are better able to ensure good governance, rule of law and equal access to justice and promotion of human rights	**National MDG** MDG1: Eradicate extreme poverty (targets 1, 2) MDG 3: Promote gender equality and empower women (target 4) MDG 7: Ensure environmental sustainability (targets 9, 10) MDG 8: Create a global partnership for development (targets 12, 14, 15) **EGPRSP** **National Development Plans**	

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	(1.5) There is improved readiness to prevent and mitigate natural and man-made disasters and crises (1.5.1) Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies	Outcome: National, sub-national and sectoral policies, plans and strategies take into account population and development linkages Output: Improved national capacity to integrate gender, and population and development issues into national and sectoral development policies, programmes, strategies and action plans in line with ICPD PoA			
GENDER COMPONENT	(2.4) Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect from violence, abuse, exploitation and discrimination (2.4.2) Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence	Outcome: Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity Output: Enhanced capacity to formulate, implement, evaluate and monitor policies to combat GBV and harmful practices.	By 2011, vulnerable groups enjoy increased equitable and guaranteed access to basic services of good quality provided by the state with the support of civil society	**National MDG** MDG 3: Promote gender equality and empower women (target 4) MDG 5: Improve maternal health (target 6) **EGPRSP** **National Development Plans** - Sustainable socially oriented development. - Human resources development for better quality of medical and educational services, as well as increased access of the poor to these services. **EU Moldova Action Plan** - Human rights and fundamental freedoms - Economic and social reform and development – improved welfare, employment and social policy, - People to people contacts – public health Ensuring an increased level of health and epidemiological safety	(i) Gender equity, equality and empowerment of women

* Please note that the numbering of outcomes and outputs is not contiguous; it replicates the numbering from the UNDAF Results Matrix.

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Reproductive Health component

All interventions under the Reproductive Health (RH) components shall aim to address disparities and cover the most vulnerable groups. The geographical coverage shall be nationwide, including the post-war conflict region of Transnistria, with a focus on rural areas.

The first Outcome of the reproductive health component is:

All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education.

UNFPA will contribute to this outcome by promoting high-quality education on sexual and reproductive health though formal and non-formal education programmes, targeting adolescents and young people (aged 10-24). One output will contribute to this outcome.

Output 1: Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups.

UNFPA will cooperate closely with the United Nations Children's Fund (UNICEF) in this effort, implementing a joint project under the parallel fund modality. In the framework of this project, UNFPA will assist in scaling up the training of trainers among teachers, enabling them to integrate sexual and reproductive health into the school curriculum and other educational programmes. UNFPA will support: (a) advocacy efforts to institutionalize peer-to-peer education in schools; and (b) special educational programmes for vulnerable young people. Coverage of rural areas with peer educators shall be ensured.

Peer educators, speakers of minority languages, shall be trained. Special education modules shall be developed and implemented in boarding schools, prisons, summer camps for adolescents from vulnerable families. Particular emphasis shall be put on building upon the capacity of teachers and educators to pass age-appropriate and culture-sensitive information to adolescents and young people. Training materials and a special curriculum shall be developed for adolescents and young people with mental disabilities.

The second Outcome of the reproductive health component is:

People of reproductive age adopt safe behaviour and seek reproductive health commodities and information on HIV/AIDS, STIs and reproductive health.

UNFPA will contribute to this outcome by scaling up access to information and behaviour change communication for young people, and by fostering inter-sectoral partnerships aiming at promotion of healthy lifestyles among young people. One output will contribute to this outcome.

Output 2: Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people.

UNFPA will support RH centres, YFHS centres and primary health-care facilities in scaling up counselling and information services for young people aged 10-24. The doctors from RH cabinets shall be equipped to act as focal points for SRH promotion in the respective raions. This includes providing information, education, behaviour change communication and outreach activities. Doctors from RH cabinets and family doctors shall be trained according to the national YFHS concept, and shall be equipped with skills and abilities to reach out to young people, providing them with age-appropriate information.

A long term condom promotion strategy shall be developed stressing upon their dual purpose - prevention of pregnancy and protection against STIs. The condom promotion strategy shall encourage demand, augment distribution channels, including through non-traditional outlets, and shall set price caps for

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condoms. The strategy shall also set the framework for consistent free of charge distribution of condoms to high-risk groups: CSW, MSM, IDU, young people, including EVYP. As part of advocacy for the development and endorsement of such Strategy by the Government shall be advocacy for gradual committing of funds from the national budget for purchasing condoms for free of charge distribution.

A condom social marketing programme shall be implemented, with a specific focus on young people, 15 – 29 years old. The programme shall be developed and implemented under the auspices of the National AIDS Centre. A specific brand name shall be developed and widely advertised, and subsidized condoms under the brand shall be sold at low prices through public and private pharmacies. A marketing company shall be contracted to assist the National AIDS Centre in developing and advertising the social marketing brand. Selling and distributing the new brand of condoms through non-traditional outlets such as hotels, marketplaces, sports grounds, and all entertainment places shall be a component of the social marketing programme.

In order to ensure effective scale up of counseling and BCC, capacity building for NGOs shall be provided. In order to reach out to the general public, trainings for mass-media on condoms and HIV/AIDS shall be organized. Support to the activity of NGOs distributing free of charge condoms and carrying out interventions promoting condom use among risk groups and among PLHA shall be granted.
In order to measure the impact of BCC activities, assessment of number of condoms sold and distributed through public and private networks and behavioural studies of contraceptive use among young people shall be carried out.

The third outcome of the reproductive health component is:

All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care.

One output will contribute to this outcome.

23. Output 3: Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security.

UNFPA will help to strengthen the capacity of the Government and NGOs to develop and use tools, standards and protocols for reproductive health service delivery and management. The programme will seek to ensure the effective monitoring of the implementation of the RH Strategy, including RHCS, contraceptive availability and the proper use of contraceptives at all levels and in multiple service outlets. Support shall be granted for developing evidence-based clinical standards and protocols based on WHO recommendations and international best practice. Such standards and protocols shall be institutionalized in the in-training of doctors. Quality of care indicators shall be developed and used to assess the SRH services provided by RH doctors and family doctors.

Contraceptives are available in only 24% of the rural medical facilities, hence territorial availability of family planning services and commodities in an issue of concern. Rural population is poorer, particularly in terms of cash income, hence more dependant on contraceptives distributed free of charge. UNFPA shall support MoHSP to undertake a population segmentation study, thereby ensuring that those who can afford to pay are directed to the commercial sector for supplies, while exploring subsidy mechanisms for other population segments, including compensated contraceptives under the health insurance scheme, cost recovery and/or social marketing. UNFPA shall advocate that MoHSP establish a functional RHCS coordination mechanism, to include procurement of at least one contraceptive method in the annual health budget. Effective LMIS shall constitute an element of the RHCS system, to prevent contraceptive stock-outs. Given the relative poverty of rural areas, and the discrepancy, in availability of contraceptive between urban and rural areas, mechanisms will be explored to specifically increase the availability of contraceptives within rural clinics. UNFPA shall advocate for the operationalization of the national Focal Point for Condom

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Quality Assurance within the National AIDS Centre, for clear Terms of Reference, and clear supervisory and oversight role.

Population and Development Component

The population and development component will contribute to achieving the UNDAF outcome on governance and participation. All interventions under this component shall aim at consolidating national capacity at the central and local levels.

The first Outcome of this component is:

Pro-poor policies addressing development and population issues are formulated, implemented and monitored in a transparent and participatory manner.

One output will contribute to this outcome.

Output 1: Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact.

UNFPA will engage in policy dialogue and advocacy to establish clear institutional responsibilities in assessing population and development linkages, making demographic projections, and using population data in developing all national plans and policies. UNFPA will advocate for the establishment of a system of population data flows, and institutional capacity to collect and process demographic data. A Population Data Register shall be developed and constantly updated. Support shall be granted to the NSB for collection of disaggregated demographic data. Capacity building activities for staff of designated institutions shall be undertaken. The programme will provide technical assistance to strengthen institutional and professional capacities in formulating and monitoring evidence-based population- and development-related policies. these areas.

The second Outcome of the population and development component is:

Improved readiness to prevent and mitigate natural and man-made disasters.

One output will contribute to this outcome.

Output 1: Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies.

UNFPA will work with government counterparts, civil society organizations, donors and other United Nations agencies to assist in developing comprehensive contingency plans. UNFPA will engage in policy dialogue and will advocate the earmarking of funds and resources for emergency reproductive health care and for humanitarian assistance for affected populations, especially girls and women.

Gender component

The gender component will contribute to achieving the UNDAF outcome on access to quality basic services. Interventions under this component shall be undertaken on the central level as well as in selected raions.

The Outcome of the gender component is:

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Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect women from violence, abuse, exploitation and discrimination.

One output will contribute to this outcome.

Output 1: Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence.

UNFPA will help to strengthen the gender machinery at national and regional levels, and will advocate for and assist in developing a National Action Plan to combat GBV. A communication strategy shall be developed and various BCC activities shall be implemented with the aim to incriminate GBV as socially-unacceptable, and to prevent GBV.

At the level of a pilot raion, UNFPA shall assist in building an integrated system to address gender-based violence, including a management information system. UNFPA shall grant technical assistance in developing a model Centre providing quality evidence-based rehabilitation and referral services for victims, as well as services for the aggressors. Capacity building activities shall be implemented for professionals from various fields in charge of detecting victims of violence, supporting them and granted them medical and/or psychological assistance.

Part V. Partnership Strategy

UNFPA will involve a wide range of partners, including governmental agencies, education and research institutions, non-governmental organizations, UN agencies, and multi and bilateral international organizations in implementation of the programme for 2007-2011. The partnerships, built by UNFPA during the past assistance will be strengthened through the widened programme interventions; introduction of the country programme, and the new components on Population Development and gender will promote new partnerships and thematic alliances. UNFPA will contribute to these partnerships available financial, human and technical resources and expertise. As a UN Agency, it is placed uniquely to promote partnerships with the Government, civil society, international and bi-lateral organizations, and mass media. This asset will be fully utilized by UNFPA for establishing new and maintaining the existing partnerships.

The main categories of partners shall be:

1. Government institutions
   - Office of First Deputy Prime Minister
   - Office of Deputy Prime Minister in charge of social issues
   - Inter-Governmental Gender Commission
   - Ministry of Foreign Affairs and European Integration
   - Ministry of Health
   - Ministry of Social Protection, Family and Childhood
   - Ministry of Education and Youth
   - Ministry of the Interior
   - Ministry of Justice / Penitentiary Department
   - Ministry of Informational Development
   - Ministry of Economy and Trade
   - National Statistics Bureau
   - National Public Health and Medical Management Centre
   - National Reproductive Health and Medical Genetics Centre
   - National Center of Preventive Medicine

The UNFPA Country Programme and CPAP have been developed with full participation of Government counterparts, and Government has assumed full ownership over the programme. National counterparts shall be key in developing AWPs, and in their implementation and monitoring the achievement of the CP outputs.

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The Office of the First Deputy Minister undertakes the overall strategic coordination of all external aid, and the First deputy Prime Minister chairs the National Committee on Aid Coordination. The strategic coordination of UN assistance in Moldova rests with the Office of the First Deputy Prime Minister that shall act as the common National Coordinating Authority for planning, monitoring and evaluation, simplification and harmonization, and resource mobilization.

The Ministry of Health has been the most important national counterpart for UNFPA throughout past cooperation, and shall continue to play the role of Programme Component Manager for the RH and gender components. The Ministry of Health, in this capacity, shall act as an efficient coordinator with other UNFPA national counterparts, and shall further support the active participation of the civil society, the framework of managing the implementation of the two programme components.

2. Educational and Academicals Institutions

- Academy of Science
- Family Medicine Chair, State Medical University
- Ob/Gyn Chair, State Medical University
- Medical colleges
- Geography and Demography Chair, Academy for Economic Studies
- Psychology Department, State University of Moldova

UNFPA shall grant support to building a knowledge base by enhancing support to academic institutions, including for the establishment of higher education institution educating demographers. Support shall be granted for institutionalizing trainings on RH and on counselling in the curricula of medical universities and colleges, and for institutionalizing trainings on GBV and counselling of GBV victims in the curricula of psychology and social assistance university departments.

3. UN Agencies and Multilateral Partners

- UNICEF
- UNDP
- UNAIDS
- WHO
- IOM
- ILO
- WB
- UNHCR
- UNIFEM
- UNESCO
- EU
- OSCE/ODIHR

The UN Agencies and particularly, UNDP, UNICEF, WHO, WB, ILO, and IOM, will be the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation.

UNFPA will actively support the strong efforts of the UNCT for further coordination and joint programming. An example shall be the joint project on health education scaled up through formal and non-formal programmes, implemented under the parallel funding modality with UNICEF. Implementation of UNAIDS–led UN Implementation Support Plan (ISP) will be another joint effort by the UN system. Further joint programme opportunities will be pursued for effective delivery on the results collectively agreed upon in the UNDAF.

UNFPA chairs the UNDAF Theme Group on access to basic quality services, and participates actively in the UNDAF Theme Group on Governance.
Partnership with the EU will have to be considerably strengthened. This is especially important in view of Moldova's participation in the Europe's wider neighborhood initiative, and the growing support the EU provides both to Moldova and UNFPA.

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Cooperation with UNIFEM and OSCE/ODIHR shall be strengthened in the area of prevention of Gender Based Violence.

4. Donors and Bilateral Partners

- SIDA
- SDC
- DFID
- USAID

Cooperation with SIDA shall be strengthened in the area of addressing Gender Based Violence as root cause for trafficking. UNFPA shall also build upon previous cooperation with USAID in the support of the Demographic and Health Survey, and shall aim to scale up such cooperation. The support of bilateral donors shall be sought for population and development interventions, according to the resource mobilization plan that shall be developed by the UNFPA CO.

5. NGO

- Family Medicine Association
- Family Planning Association
- Gender-Centre NGO
- Social NGO Network
- AIDS NGO Network
- Network of NGO working with elderly
- Rural Initiative NGO
- Partners for Community NGO

Local and national NGOs shall be involved in programme delivery, and support shall be granted for their capacity development. Among major partners, there will be the

6. Private Sector

UNFPA shall seek to ensure the consistent access to commodities and their security by strengthening cooperation with the private sector. More specifically, cooperation with local representative offices of the manufacturers Gedeon Richter and Schering and Innotex International shall be strengthened to offer education and training for doctors from the RH cabinets and information to the general population. UNFPA will advocate for projects "Use 3 cycles and get 1 free" through RH cabinets and YFS centres. UNFPA shall continue its cooperation with the largest pharmaceutical wholesaler and distributor *"Sanfarm – Prim"* for receiving, storing and distributing contraceptives, and together with MoHSP shall advocate for a waiver of the service fee.

The partnership strategies for each programme component are detailed bellow:

Partnership strategy in implementation of the programme's Reproductive Health (RH) component

The National Public Health and Medical Management Centre acts as a focal point for the mechanism of aid coordination in health, a practice similar to a Sector Wide Approach Program (SWAP) that aims at increasing aid effectiveness and ensuring donor support to national priorities in healthcare. Such priorities are listed in the National Health Policy, developed with technical and financial assistance of UN Agencies, including UNFPA. The PCM for RH, the MCH Division of MoH, shall liaise up with the Public Health Centre to ensure effective coordination of the efforts of Implementing Partners.

The National Public Health and Medical Management Centre shall also assist in the implementation of the RH component, more specifically coordinating the development and implementation of the RHCS framework and ensuring the functionality of the contraceptive Logistic Monitoring Informational System (LMIS).

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The National Reproductive Health and Medical Genetics Centre shall coordinate the development and institutionalization of quality of care standards and protocols, as well as capacity building for RH cabinets, empowering them to act as service delivery points providing comprehensive services of good quality, as well as resource centres for family doctors providing RH counselling and information. The RH Centre shall also be key in scaling up access to quality RH information and Behaviour Change Communication (BCC) for young people.

The Family Medicine Department of the State Medical University and the Family Medicine Association shall coordinate the development and implementation of mechanisms for involvement of family doctors in RH service delivery, counselling and referrals, and mechanisms for monitoring their performance and quality assurance.

The Ministry of Education and Youth shall coordinate the development and implementation of formal and non-formal programmes for sexual and reproductive health education for adolescents and young people. Capacity building for teachers and local youth councils supported by local public and school administration shall also be coordinated by MoEY.

Partnership strategy for the programme's Population and Development Strategy (PDS) component
Due to the importance of population and development issues, the Office of the Ministry of Economy and Trade shall also undertake the role of PCM for the PDS component of the UNFPA Country Programme.

The Ministry of Informational Development, the National Bureau of Statistics and the Ministry of Inferior shall act as implementing co-partners for the PDS component. The institutional capacity shall be developed in order to establish a functional system of disaggregated data collection, and information flows for appropriate data processing and use. The Ministry of Economy and Trade in its capacity as coordinator of DevInfo database, shall integrate population indicators in the database and existing data collection systems. The Academy of Science shall assist the state institutions in the development of policies and plans making proper use for population data.

UNFPA shall advocate for the establishment of a National Population Council, with primary responsibilities to assess population data and formulate national policies and plans based on such data and demographic projections and analysis. The Council shall also have supervisory functions and shall monitor the implementation of national policies and plans, assessing their impact. The Council shall act as a coordination body, supervising population information flows.

Partnership strategy for Gender Component
The Equal Opportunities Division of the Ministry of Social Protection, Family and Childhood shall serve as PCM for the Gender component, in its capacity as Secretariat for the Inter-ministerial Gender Commission. The Parliament Commission for family, health and social protection shall advocate for the adoption of the Law on Domestic Violence, and for earmarking of resources for GBV prevention and management programmes. Local public administration, local health, education and police authorities shall also act as partners in promoting an integrated approach to GBV prevention and management, and rehabilitation of GBV victims.

Part VI. Programme Management

The Government and the UNFPA country office in Moldova will have the primary responsibility for management of the programme. The overall strategic guidance for the UN Development Framework is assumed by the Office of the First Deputy Prime Minister, while the Government Coordinating Authority with overall strategic responsibility for the UNFPA country programme is assumed by the Ministry of Foreign Affairs. The UNFPA country programme shall be nationally executed. The implementation will be shared with accredited NGOs, at central and local levels. The programme will be implemented in close collaboration with other United Nations agencies within the context of the UNDAF. One output shall be implemented through a joint project with UNICEF, and another output – through a joint project with UNDP

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and UNICEF. Certain other interventions may be implemented through joint programming with other UN Agencies. UNFPA will coordinate and work with development and multi-lateral partners, including the European Union; the Global Fund for AIDS, Tuberculosis and Malaria; the World Bank; and bilateral donors to maximize impact.

The UNDAF Theme Groups on Access to services and Governance, composed of key government counterparts and civil society representatives, as well as UN programme staff, shall provide recommendations on the key operationalization and implementation issues important for the achievement of the UNDAF Outcomes, and shall act as forums for partnership and information sharing, as well as effective mechanisms for programme implementation and M & E. The Theme Groups are expected to meet twice annually (May and October) for full day reviews of progress against the UNDAF outcome areas.

The Mother and Child Health Division of the Ministry of Health shall act as the Programme Component Manager for the RH component. The Equal Opportunities Division of the Ministry of Social Protection, Family and Childhood shall serve as PCM for the Gender component. The Labour Force Division of the Ministry of Economy and Trade shall act as Programme Component Manager for the Population and Development component. The three PCM shall coordinate the annual work plans and shall facilitate information-sharing of lessons learned and effective practices through component work group meetings. The compilation of annual component progress reports and the preparations for the UNDAF annual review shall also constitute the responsibilities of the PCM.

Component Work Groups with broad decision-making powers shall be established for the purpose of developing AWP, monitoring their implementation and deciding upon any adjustments if such need may arise. Component Work Groups shall also play a central role in the development and operationalization of the resource mobilization plan. Technical work groups may be established at the output level for effective coordination of AWPs implementation by Implementing Partners.

The UNFPA country office in Moldova consists of a UNDP/UNFPA Representative; a non-resident UNFPA Country Director based in Bucharest, Romania; a Programme Coordinator; a Programme Associate; and administrative support staff. Programme funds will be earmarked for one national programme post and one administrative support post, within the framework of the approved country office typology. National project personnel and short-term consultants may be recruited. The Country Support Team in Bratislava, Slovakia, and DASECA HQ will provide technical support and backstopping.

Part VII. Monitoring and Evaluation

The UNDAF Monitoring and Evaluation Framework will serve as reference document for tracking programme's progress towards set results. Monitoring and evaluation of the programme will be undertaken in accordance with the UNFPA procedures and guidelines.

UNFPA and the Government will cooperate closely with United Nations agencies and other development partners in implementing and coordinating the programme. Joint reviews and joint monitoring of activities will be undertaken.

Programme monitoring and evaluation will be results-based, and will include periodic reports such as annual project reports, annual component progress reports and reports of assurance activities. Stakeholders will be actively involved in monitoring and evaluation throughout the programme.

The CPAP Planning and Tracking Tool and CPAP M&E Calendar will be used to ensure consistency of follow-up. All monitoring and evaluation activities will be placed as parts of the AWPs. Regular audits of components implemented by programme partners will be scheduled on an annual basis. The Country Office Annual Report (COAR) will synthesize programme progress and monitoring indicators at various levels and will be a highlight of an annual implementation process.

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The implementing partners, coordinating with the respective programme component managers, will organise the field visits to the programme sites. The UNFPA country office will conduct field visits to programme sites several times a year. Once a year each implementing partner will complete a AWP Monitoring Tool and submit it to the PCM of the respective component and to the UNFPA country office. Yearly, UNFPA, working with PCMs and implementing partners will prepare Standard Progress Reports (SPR) for each programme component. In the last quarter of each year the National Coordinating Authority will jointly conduct review meetings involving the UNFPA country office, PCMs and implementing partners for all CPAP outputs. At the end of every year the UNDAF Annual Review will be performed according to procedures laid down in the UN guidelines.

The final evaluation of the programme, scheduled for 2011, will be carried out with UNDAF partners. This will document best practices, achievements and lessons learned and provide directions for the future.

Part VIII. Commitments of UNFPA

UNFPA's commitment, approved by Executive Board, in support of the Republic of Moldova Country Programme for the period of 1 January 2007 - 31 December 2011 is equal to US$1.25 million from Regular Sources (RR), subject to the availability of funds. UNFPA has been also authorized by the Executive Board to seek additional funding (Other Resources) amounting to US$1 million to support the implementation of the CPAP. Total financial resources approved by the Executive Board for the First Country Programme for Moldova, 2007-2011, amounts to US$2,25 million.

UNFPA will advocate with the donor community to secure the additional resources. Country programme resource mobilization plan will be prepared in early 2007. This plan will serve as main reference document for activities related to mobilization of additional financial resources.

The Regular and Other resource funds are exclusive of funding received in response to emergency appeals. The release of UNFPA funds in response to emergency appeals will be performed in accordance with guidelines and financial procedures as provided by UNFPA.

In the framework of the country programme, UNFPA will provide the following types of support:

- Technical assistance and expertise in all the areas related to the programme, using the resources of its Technical Country Support Team, local and external consultants and experts; as well as the resources of the UNFPA inter-country and inter-regional programmes;
- Support for recruitment of project personnel in accordance with the AWPs;
- Support to procurement of goods and services for the programme needs, at request of the implementing partners;
- Administrative, operational, and technical support by the UNFPA Moldova office to the implementing partners as regards the implementation of the UNFPA assistance to the country.

Part IX. Commitments of the Government

The Government will make in-kind contributions, as necessary, such as personnel or facilities, in order to facilitate the implementation of the programme. The Government is also committed to steady increase of budgetary allocations to the programme priority areas, in accordance with the national priorities and National Development Plans, in particular to reproductive health and safe motherhood programmes, procurement of contraceptives for free of charge distribution, young people sexual and reproductive health, population policies, and combating violence against women.

The Government will support UNFPA in its efforts to raise the funds required to meet the financial needs of the country programme.

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The National Coordinating Authority and PCMs will organize annual planning and component level meetings, and the UNDAF annual review meetings. The PCMs will coordinate the activities under their respective components and will contribute to preparation of SPRs, AWPs as appropriate, ensuring participation of donors, NGOs, and other stakeholders in these processes.

Part X. Other Provisions

This Country Programme Action Plan and its annexes supersede any previously signed project documents, and become effective upon signature.

The Country Programme Action Plan and its annexes may be modified by mutual consent of both parties based on the outcome of annual reviews, the mid-term review or compelling circumstances.

Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Workplan, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

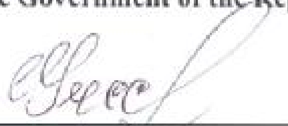
Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and sense of the United Nations Convention on Privileges and Immunities, to which the Republic of Moldova is a party.

IN WITNESS THERE OF the undersigned, being duly authorized, have signed this Country Programme Action Plan on 30 January 2007 in Chisinau, Moldova.

For United Nations Population Fund:

Dr. Peer Sieben
UNFPA Country Director
for Republic of Moldova

For the Government of the Republic of Moldova:



Ms. Zinaida Greceanîi
First Deputy Prime Minister

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Annex 1: THE CPAP RESULTS AND RESOURCES FRAMEWORK

Country: **Republic of Moldova**
CP Cycle: **First (2007-2011)**

Expected UNDAF outcome:										
UNFPA/Moldova CP component: REPRODUCTIVE HEALTH										
Expected Outcomes	**Expected Outputs**	**Output targets and indicators**	**Implementing Partners**	**Indicative Resources by programme component (per year, US$)**						
					2007	**2008**	**2009**	**2010**	**2011**	**Total**
Outcome 1 All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education	**Output 1.1** Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups	Output indicators: Percentage of children and youth covered by life skills-based education, both in and out of school and in rural/urban areas Baseline: 85% in the academic year 2005 – 2006 in schools and 30,000 out of schools	Ministry of Health; Ministry of Social Protection, Family and Childhood; Ministry of Education and Youth; rayonal health and education administrations; NGOs	*Regular Resources*	0,04	0,02	0,02	0,01	0,01	0,1
				Other Resources	0,02	0,06	0,06	0,03	0,03	0,2
Outcome 2 People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health	**Output 2.1** Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people	Output indicators: Percentage of young people aged 15-24 years old, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission Baseline: 28,33%	Ministry of Health; National RH Centre; RH cabinets; YFS Centres; NGOs	*Regular Resources*	0,06	0,06	0,03	0,03	0,02	0,2
				Other Resources	0,01	0,02	0,02	0,02	0,03	0,1
Outcome 3 All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality	**Output 3.1** Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service	Output indicators: • % of RH cabinets using LMIS • Reproductive health commodity security system in place Baseline:	Centre for Public Health; National RH Centre; Ministry of Health;	*Regular Resources*	0,06	0,06	0,06	0,06	0,06	0,3
				Other Resources						

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health care	delivery, and for reproductive health commodity security	• 60% • No		0,01	0,02	0,02	0,02	0,03	0,1
Expected UNDAF outcome:									
UNFPA/Moldova CP component: POPULATION AND DEVELOPMENT									
Outcome 4 Pro-poor policies addressing development and population are formulated, implemented and monitored in a transparent and participatory manner	**Output 4.1** Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact	Output indicators: • National population council established • Number and quality of population policies initiated Baseline: • NPC nonexistent • No holistic population policies. Pro-natalist stipulations, without proper costing and resources attached to them	Ministry of Economy and Trade; National Bureau of Statistics; Ministry of Health; Ministry of Social Protection, Family and Childhood; Academy of Public Administration	*Regular Resources* 0,07	0,06	0,06	0,03	0,03	0,25
				Other Resources 0,3	0,06	0,06	0,025	0,025	0,2
Outcome 5 Improved readiness to prevent and mitigate natural and man-made disasters	**Output 5.1** Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies	Output indicators: • No of actions within plan addressing age-specific, gender, and RH needs and rights of claim holders Baseline: • N/A	Ministry of Health; Ministry of Social Protection, Family and Childhood; Ministry of Education and Youth; Agency for contingency stocks; Ministry of Internal Affairs; Ministry of Ecology and Natural Resources; Ministry of Defence; Department of Civil Protection; Department of Exceptional Situations	*Regular Resources* 0,01	0,02	0,01	0,005	0,005	0,05
				Other Resources 0,02	0,02	0,03	0,02	0,01	0,1
Expected UNDAF outcome:									
UNFPA/Moldova CP component: GENDER									
Outcome 6 Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and	**Output 6.1** Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence	Output indicators: • Management information system to monitor gender-based violence cases in place in selected regions	Ministry of Health and Social Protection; Ministry of Education and Youth; Ministry of Justice; Ministry of Internal Affairs Rayonal health and education	*Regular Resources* 0,01	0,02	0,04	0,02	0,01	0,1
				Other Resources					

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protect women from violence, abuse, exploitation and discrimination		Baseline: • MIS nonexistent	administrations; regional police forces NGOs	0,06	0,08	0,06	0,05	0,05	0,3

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Annex 2: CPAP Planning and Tracking Tool
Country: Republic of Moldova
CP Cycle: First (2007-2011)

RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
UNDAF Outcome: 2 By 2011, vulnerable groups enjoy equitable and guaranteed access to basic, good-quality services provided by the Government with the support of civil society	§ Coverage rates with essential health services by: sex (when appropriate), rural/urban *Antenatal care:* % of pregnant women with early registration and care (before 12 weeks of pregnancy) *Care in delivery:* Skilled attendance at birth *Contraception*	MoH reports; MOSPFC reports; M&E Unit, Centre for PH; National RH Centre reports	MoHSP Centre for PH National RH Centre	• % of pregnant women with early registration and care – 72 % • Skilled attendance at birth: 99% • Availability of hormonal contraceptives and condoms - 90% of urban and 24% of rural medical institutions	sustaining existing rates By 2011 - increase availability of contraceptives in rural institutions to 40%			
					YEAR 1		**YEAR 2**	
					Target	**Achievement**	**Target**	**Achievement**
CP Outcome 1. All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education	§ Drop-out rates in basic education, by: grade, sex, urban/rural, vulnerable group, SES (when possible);	- Official statistics by the National Bureau of Statistics; - Administrative data by the Ministry of Education and Youth;	Ministry of Education and Youth	TBD	Decrease by 5%			
Output 1.1 Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups	§ % of children and youth covered by SR health education, both in and out of schools by: gender, age, rural/urban;	- Progress reports by the Ministry of Education and Youth and relevant projects; - Evaluation of LSBE implementation (2008);	Ministry of Education and Youth	– 85% in the academic year 2005 – 2006 in schools and 30,000 out of schools	- 87% in schools - out of schools – TBD			
	§ % of schools with at least one teacher trained in LSBE			– 80% of regular schools	– 20% of boarding schools – 20% of vocational schools – 80% of regular schools			

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Outcome 2 People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health	§ Contraceptive prevalence rate, by rural/urban areas and socio-economic status	• DHS/RHS • SiCON (contraceptive LMIS)	National PH Centre National RH Centre MoHSP	CPR – 68% of women in union (67.2% - urban, 68.2% - rural)	**Target** By 2011 – increase CPR by 10%	**Achievement**	**Target**	**Achievement**
Output 2.1 Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people	§ The percentage of youth aged 15-24 reporting the use of a condom during last sexual intercourse with a non-regular, non-cohabiting partner	§ KAP Studies § DHS/RHS § M&E Unit, PH Centre	National RH Centre	73%	75%			
	• Percentage of young people aged 15-24 years old, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission	• KAP Studies • DHS/RHS • M&E Unit, PH Centre	National RH Centre National AIDS Centre National PH Centre YFS Centres RH cabinets	28,33%	32%			
	• % of primary healthcare providers applying the YFS concept			12 YFS centres	47 RH cabinets			

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RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement	Target	Achievement
Outcome 3 All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care	Use of modern contraceptive methods	• M&E Unit, PH Centre • SiCon (Contraceptive LMIS)	National PH Centre National RH Centre	Use of modern contraceptive methods – 43.8% (47.8% - urban, 41% - rural)	By 2011 – increase by 10%			
	Nr of visits to RH cabinets			164,417 or 0,05 visits per capita				
Output 3.1 Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security	% of RH cabinets using LMIS (logistics and monitoring informational system)	- PH Centre Reports - National RH Centre Reports	MoH National PH Centre	60%	80%		By 2011 – 93%	
	RHCS system in place (Yes/NO)	- MoHSP decrees	MoH	No	Yes			
	Proportion of RH cabinets and family medicine centres that follow quality of care protocols and standards;	- PH Centre Reports - National RH Centre Reports	MoH National RH Centre	FP protocols, developed according to WHO standards, followed by 47 RH cabinets and 4 SRH Centres	TBD			

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RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
UNDAF Outcome 1: By 2011, public institutions, with the support of civil society organizations, are better able to ensure good governance and the rule of law, equal access to justice, and promote human rights	Government effectiveness indicator HDI	- "Governance Matters" Governance Indicators by D. Kaufmann / WB http://www.worldbank.org/wbi/governance/wp-governance.html		-0.73 (Governance matters, Kaufman, 2004)	Increase of quality of policy formulation and implementation			
					YEAR 1		**YEAR 2**	
					Target	**Achievement**	**Target**	**Achievement**
CP outcome 4 Pro-poor policies addressing development and population are formulated, implemented and monitored in a transparent and participatory manner	§ No. of pro-poor policies, addressing development and population issues	- Government reports; - Agencies' programme reports	Government; UN Agencies	TBD	Increased number of the pro-poor policies developed/revised		Increased number of the pro-poor policies developed/revised	
Output 4.1 Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact	National Population Commission (NPC) established	"Monitorul official"	Office of the Deputy Prime Minister Ministry of Economy and Trade	No	• NPC established and operational • Relevant State Institutions, academics and civil society represented		NPC functional	
	Number and quality of population policies initiated	• "Monitorul official", • Reports of the National Population Commission	National Population Commission	No holistic population policies. Pro-natalist stipulations, without proper costing and resources attached to them	• Assessment of existent normative framework • Amendments to existent normative framework • Overarching P&D concept		P&D Strategy in place	
	Information sharing and data flows system between relevant institutions operational	Reports of Ministry of Economy and Trade	National Population Commission Ministry of Economy and Trade National Statistics Bureau	No	• Protocols for data flows developed • ICT network created among relevant institutions • Migration soft integrated		15	

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RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
					YEAR 1		YEAR 2	
					Target	Achievement	Target	Achievement
Outcome 5 Improved readiness to prevent and mitigate natural and man-made disasters	Existence of an up-to-date emergency plan and response complying with international standards, developed in consultation with CSOs and UN specialized agencies	• Service of management of natural disasters • Programme reports	Department for Emergency Situations; UN Agencies	There is a national plan, which should be reviewed and updated regularly (on yearly basis)	Existence of an effective action plan for emergency situations – by 2011			
Output 5.1 Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies	• Contingency plan in place, updated regularly, and appropriate resource allocation • No of actions within plan addressing age-specific, gender, and RH needs and rights of claim holders	• Service of management of natural disasters • Programme reports	Department for Emergency Situations; UNFPA	• Contingency plans; emergency fund; contingency stocks • N/A	Checklist TBD			

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Annex 3: The CPAP Monitoring and Evaluation Calendar

Country: Republic of Moldova
CP Cycle: First (2007-2011)

		Year 1 (2007)	Year 2 (2008)	Year 3 (2009)	Year 4 (2010)	Year 5 (2011)
M&E activities	Surveys/studies					
	Monitoring systems	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS
	Evaluations					Programme Component Final Evaluations
	Reviews	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR
	Support activities	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports
Planning references	UNDAF final evaluation milestones					UNDAF Final Evaluation
	M&E capacity- building	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E
	Use of information	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau
	Partner activities	MDGR EGPRSP Review DevInfo	MDGR National Development Plans DevInfo	MDGR National Development Plans DevInfo	MDGR National Development Plans DevInfo	MDGR National Development Plans DevInfo

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COUNTRY PROGRAMME ACTION PLAN

BETWEEN

THE GOVERNMENT OF MOLDOVA

AND

THE UNITED NATIONS POPULATION FUND

2007-2011

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavioural Change Communication
CCA	Common Country Assessment
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CST	Country Support Team
DHS	Demography and Health Survey
EGPRSP	Economic Growth and Poverty Reduction Strategy
EU	European Union
EVYP	Especially vulnerable young people
FP	Family Planning
GBV	Gender Based Violence
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GoM	Government of Moldova
HIV	Human Immunodeficiency Virus
HBS	Household Budget Survey
ICPD	International Conference on Population and Development
ICPD PoA	ICPD Programme of Action
IEC	Information, Education, and Communication
ILO	International Labour Organization
IMR	Infant Mortality Rate
IOM	International Organization for Migration
LMIS	Logistics and Management Information System
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MoEY	Ministry of Education and Youth
MoH	Ministry of Health
MSPFC	Ministry of Social Protection, Family and Childhood
MYFF	Multi-Year Funding Framework
NGO	Non-Governmental Organization
NPHMMC	National Public Health and Medical Management Centre
NRHMGC	National Reproductive Health and Medical Genetics Centre
NSB	National Statistics Bureau
PHC	Primary healthcare
PCM	Programme Component Manager
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWAP	Sector Wide Approach Program
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WHO	World Health Organization
WB	World Bank
YFHS	Youth Friendly Health Services

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Framework

The Government of Republic of Moldova and the United Nations Population Fund (UNFPA) in Moldova are in mutual agreement to the content of this Country Programme Action Plan (CPAP) document and on their respective roles and responsibilities in the implementation of the country programme.

Furthering their mutual agreement and cooperation for the fulfilment of ICPD Programme of Action (PoA-ICPD, 1994); Beijing Declaration and Platform of Action (1995) and Millennium Declaration (2000);

Building upon the experience gained and progress made during the implementation of the Assistance provided;

Entering into a new period of cooperation as described in the United Nations Development Assistance Framework for the Republic of Moldova 2007-2011 and UNFPA Country Programme Document for the Republic of Moldova 2007-2011;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation, the

Government of Moldova and the United Nations Population Fund have agreed as follows:

Part I. Basis of Relationship

The relationship between the Government of the Republic of Moldova and the UNFPA (United Nations Population Fund) is governed by the Standard Basic Assistance Agreement (SBAA) signed by the Government and the United Nations Development Programme (UNDP) on 2 October 1992 and the Amendment to it dated 2 July 1997, which, mutatis mutandis, is accepted as a basis of cooperation between the Government of Moldova and the United Nations Population Fund and applies to UNFPA activities and personnel as specified in the UNDP/UNFPA Agreement on organizational arrangements of UNFPA Country Offices (1996).

The programme described herein has been agreed jointly by the Government and UNFPA.

Part II. Situation Analysis

Country overview

The Republic of Moldova is a small country bordered by Romania and Ukraine, and includes the autonomous region of Gagauzia and the secessionist post-war region of Transnistria. The Public Administration Law in 2003 established an administrative-territorial structure based on 32 districts (raions), three municipalities, and two territorial and autonomous units. Due to political issues surrounding the secessionist region of Transnistria, there are little reliable population and development data for the region, however needs assessments undertaken by donors indicate the need for urgent assistance.

Since its independence in 1991, Moldova's development has been impaired by numerous challenges. Its development indicators rank amongst lowest in Europe. The normative framework of rights, inherent in its constitution and in its ratified international treaties, is both positive and significant. Implementation of this framework, however, needs urgent attention. Achievement of most of the Millennium Development Goals (MDGs) is assessed as probable. The National MDG Report 2005 stipulates that Republic of Moldova still has to make continuous efforts to eradicate poverty, improve child health and combat tuberculosis and HIV/AIDS. The priorities of the World Summit Outcome Document have been dully taken into consideration in the process of developing the National Health Policy that shall provide an overarching framework for complex multidisciplinary interventions aiming to ensure better health and

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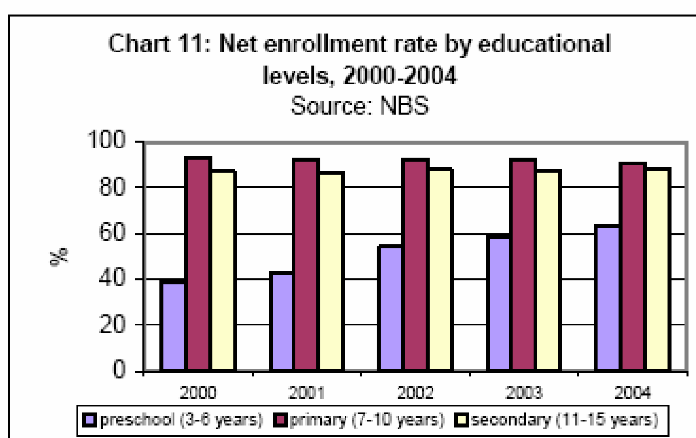
wellbeing of the Moldovan population. In the context of the changing aid environment, the government of Moldova and international and bilateral donors have signed a Partnership Framework, aiming to enhance the aid effectiveness through aid harmonisation and co-ordination, for the betterment of the Moldovan population, in achieving poverty reduction and the Millennium Development Goals

Poverty and Access to Basic Services

In 2002, the per capita income in terms of purchasing power parity was US $2,428. Forty percent of Moldovans were poor, and more than 1 in 4 lived in extreme poverty. Rural regions and small towns are most affected by poverty. The Economic Growth and Poverty Reduction Strategy (EGPRSP) 2004–2006 and other national plans are in place but there are challenges in implementation. Certain improvements can be attested as seen in the gross domestic product (GDP) growth of 7.3% in 2005.

The CCA provides evidence that the increasing burden of disease in Moldova is linked to unemployment and poverty. Regional variations in infant mortality suggest significant differences in the quality and provision of essential services, and an unequal distribution of financial resources, staff, and equipment. Lack of universal access to family planning and reproductive health services, as well as a low contraceptive prevalence rate and unmet contraceptive needs, are putting a strain on the sexual and reproductive health on men and women. While the HIV/AIDS epidemic is at an early stage, the pattern of infection is shifting from intravenous drug use to sexual transmission, with a significant increase in infections among women. Decreases in spending and poverty have also limited access to public education and intensified disparities. According to the National Statistics Bureau in 2004, the net enrolment rate registered 91%, 95.5% in the urban area and 88.7% in the rural area, respectively[1]. A major impediment in granting access to quality education is the absence of educational institutions in some of the rural communities - 38% of children from the rural areas that do not attend schools have not been enrolled due to the absence of schools in the close neighbourhood, while 36% of children – due to the lack of money.



Currently, there are 63 boarding schools and special education institutions, covering 11,180 children. The reasons for children enrolment in boarding schools are diverse: 36% of children have been enrolled due to their health condition, i.e. diseases or disabilities, 16% - due to the death of one or both parents, 27% - due to poverty of their parents, 8% - due to problems in their family and 4% - due to unemployment of their parents[2].

At independence, Republic of Moldova inherited the Semashko model of health care, with its vertical structures and over-emphasis on secondary and tertiary levels of care, and consequent disregard for primary health care. The Health Reform process introduced the mandatory health insurance, decentralisation and emphasis on primary health care, however overall spending on health remains low. Budget allocations to the health sector declined by two thirds between 1993 and 2003[3]. Health expenditure represents 4 percent of GDP[4]. A National Health Insurance Company, with branches in the

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[1] Annual Evaluation Report on the implementation of EGPRSP 2005, www.scers.md

[2] Ministry of Education, Youth and Sport, Special Education Division, January 2005

[3] World Bank. Moldova Health Policy Note: The Health Sector in Transition. Europe and Central Asia Region. Human Development Sector Unit. Report No. 26676-MD. November 2003

[4] Annual Evaluation Report on the implementation of EGPRSP 2005, www.scers.md

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raions, and a Mandatory Health Insurance Fund (MHIF) with co-payment system has been established, providing a Basic Benefits Package for the insured and those in exempt categories.

A variety of RH services, including FP, are provided by a network of 47 RH cabinets, part of the PHC system, mostly located in raion centres. The distribution of human resources, budgets and equipment between raions is unequal, and results in significant differences in the quality and provision of basic health care services. The ratio of family doctors per 1,000 people is ten times lower in rural compared to urban areas, and 15% of villages have no doctors. Between 1995 and 2001, the number of both doctors and nurses in both urban and rural areas has declined by as much as 30% and 42%[5]. According to the data provided by HBS, the prosperous households spend on medical services 8 times more than the poor households, and 17 times more compared to extremely poor households.

Overall, Moldova health system is poorly prepared to address the issue of lifestyles and prevention of non-communicable diseases. Limited financing of health promotion and disease prevention activities translates in poor motivation and lack of incentives for primary health care workers to deliver preventive services and information. Inadequate counselling and communication skills of primary health care providers and lack of educational materials for general population limit the effectiveness of health promotion. Inefficient strategies on healthy lifestyles and weak inter-sectoral cooperation in addressing public health issues in the Republic of Moldova further hinders the implementation of health promotion initiatives.

Demographic Situation and major population and development issues

The 2004 census which did not include the post-war conflict region of Transnistria put the population at 3,607,435; of which 52 percent are women. The population in Transnistria is estimated to be 550,500, or about 16 percent of the total population. The census estimated 10 percent of the population to be abroad. Unofficial estimates put this figure at one million.

According to a recent survey, the main factors that impel citizens of the RM to go abroad are lack of money to pay the current expenses (76,5%), to invest in house (47,6%), for special expenditures (education tuition, health, furniture, loans etc. - 32,7%). Population from areas most affected by poverty – villages and small towns – are more likely to go abroad: the ponderability of families from rural and urban localities (except Chisinau and Balti) having members presently abroad or within the last 2 years is about 25%, while in Chisinau - about 11%, and in Balti - 19%. The number of households that have somebody working abroad at the moment constitutes 21,9% out of the total number of households of the country[6].

The high number of irregular migrants has left the door wide open to criminal organizations ready to exploit an already vulnerable group. Moldova, by far, has the greatest number of trafficking victims in the region. More than 1.144 women and minors have been returned home through the IOM's countertrafficking reintegration programme, but this is only a fraction of the numbers of those still trafficked abroad. Many are also trafficked for the purpose of labour exploitation and find themselves living in dismal conditions, which provide little or no remuneration and which are conducive to violation of their human rights.

The population in Moldova is mostly rural. Urban population was 39 percent in 2003. People over 60 account for 15.2 percent of the rural and 11.8 percent of the urban population. Overall, 1 in 7 people is over 60.

Life expectancy at birth is 65 years for men and 72 for women. In rural areas, life expectancy is 3 years lower for both sexes. The birth rate dropped from 18 to 10 births per 1,000 between 1990 and 2003. During the same period, mortality rate increased from 10 deaths per 1,000 to nearly 12. The population growth rate is negative. Total fertility rate was 1.4 in 2003.

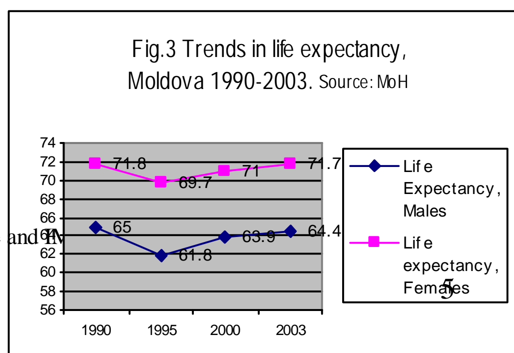

Fig.3 Trends in life expectancy, Moldova 1990-2003. Source: MoH

[5] CCA 2005

[6] Migration and Remittances in Moldova, IOM, EC Food Security Programme and IM

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There is no institution authorized to collect and process demographic data, and to formulate and monitor population policies. A period of 15 years has elapsed between the last two censuses, and no demographic projections have been made in the last decade. The 2004 census, as well as the 2005 DHS, have not included Transnistria. There are no institutions of higher learning offering specialised training in population studies/demography.

Reproductive Health

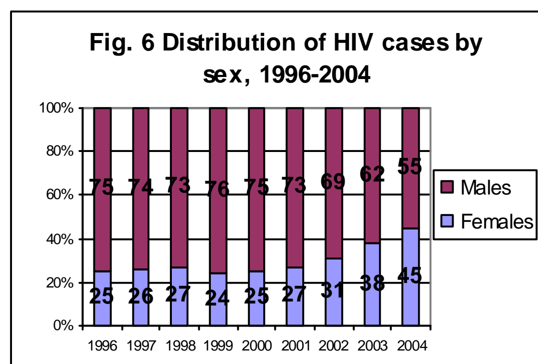
Maternal mortality is 22 deaths per 100,000 live births. The difference between urban and rural areas is almost twofold. Despite the fact that legislation in the Republic of Moldova permits abortion on request, unsafe abortions account for 37.5% of maternal deaths. Over 70% if abortions are performed through obsolete and intrusive methods[7]. Abortion continues to be used as a method of fertility control, largely because of unintended, unwanted pregnancy and poor access to modern contraceptive methods. There is a network of public Family Planning Cabinets at the primary healthcare level, and their status is currently reviewed for a holistic and comprehensive approach to sexual and reproductive health services and information. Allocations to the health sector from the state budget are limited, representing 40 USD per person per year. Despite best efforts to ensure access to quality services and commodities, cost of contraceptives is not compensated or reimbursed under the Basic Benefits Package. Due to financial constraints no national budget is available for contraceptive procurement for free of charge distribution.

In 2005, abortions represented 418 for every 1,000 live births. According to the 2005 DHS, 68 percent of currently married women use some methods of contraception. The DHS estimated that 91 percent of the total demand for family planning among married women has been satisfied. Public (government) facilities provide contraceptives to more than two in three contraceptive users (69 percent), while 28 percent are supplied through private medical sources, and 3 percent through other private sources (e.g., shops).The unmet need is especially high in Transnistria, where there is no family planning network. Abortions in Transnistria are about 1,190 for 1,000 live births[8].

Recent data suggest significant rural-urban inequities in the availability of contraceptives: condoms, oral contraceptives, IUDs and injectables are found in significantly fewer rural health facilities compared to their availability in urban facilities[9].

	Urban (%)	Rural (%)	Difference (%)
Condoms	89	27	62
Oral contraceptives	100	23	77
Injectable contraceptives	44	2	42
Intra Uterine Device (IUD)	89	8	81

The levels of infant and under-5 mortality declined twice during 1990-2003 (to 14.3 and 17.8 per 1,000 live births in 2003). There are disparities in infant mortality rates; these being above 20 per 1,000 live births in four regions, while lower in other regions.



Adolescent pregnancy accounts for 14 percent of total pregnancies[10]. Almost 10 percent of abortions annually are performed on adolescents. Nearly half of sexually active young people have one or more reproductive tract infections. Girls are twice more likely to be affected than

[7] UNFPA. Reproductive Health Guide for Family Doctors. Chisinau: 2005

[8] RH Needs Assessment in Transnistria region, November 2005

[9] Review of Experience of Family Medicine in Europe and Central Asia: Moldova Case Study - World Bank, May 2005

[10] Department of Statistics and Sociology, Health Care in Moldova. Chisinau: 2004

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boys. While 1 in 4 young people are sexually active, with average age of first sex at 16, only 1 in 10 can identify correctly modes of HIV transmission[11]. More than half of young people did not use a condom during their first sexual intercourse and their knowledge on HIV is low.

In terms of annual HIV-incidence Moldova ranks third among CIS countries in 2004, up from fifth in 2003. Analysis of new cases by gender reveals a significant increase among women (45 percent of HIV cases in 2004). Sexual transmission of HIV has increased from 20 percent in 2001 to 56.3 percent in the first 6 months of 2005.

Life Skills Based Education has been identified as one of the preventive strategies in the National HIV/AIDS Programme, and has constituted part of the grant provided by GFATM to the Republic of Moldova, the Ministry of Education being the sub-recipient of the health education component. In the academic year 2004 – 2005, LSBE has been piloted in 35 schools, providing children with knowledge and skills necessary for responsible sexual behaviour. The course became mandatory in all schools nationwide in September 2005. A month later, a vehement response of the church, certain political parties and certain elements of the civil society has occurred. The opposition has been well organized and though it may have been used as political advertisement for a new political party that shares the same leaders with the opposition, it has indicated at certain gaps in the consultation and validation process. Playing upon certain fears and morality issues, the opposition has managed to push for making the LSBE course optional and for withdrawing manuals.

Gender

There is growing evidence of gender-based violence as well as gender gaps in employment and income. Women are more frequently employed in less important or lower remunerated jobs than men. The gender pay gap constitutes 28 percent.

Moldova has emerged as one of the main countries of origin for trafficking in human beings, particularly young women for sexual exploitation. Domestic Violence has been recognised as a key root cause of trafficking of women (notably some 70 to 95% of victims of trafficking repatriated to Moldova suffered DV and abuse at home prior to their traffic experience). There are few official data attesting the true proportions of domestic violence due to underreporting. According to RHS of 1997, 21.5 percent of women reported abuse by a partner or ex-partner.

In 1994, the Republic of Moldova ratified the Convention regarding the elimination of all forms of discrimination against women (CEDAW). In 2003, the First Report and the Second Report, a governmental periodical for the national implementation of CEDAW, was created. An important step towards the implementation of the international recommendations and of the goals of The Action Platform of the International Women's Conference (Beijing 1995) was made by establishing the national gender machinery through the Law on Equal Opportunities in 2006.

National Legislative and Regulatory Framework

The Law on Health Protection was adopted in 1995, which recognizes primary health care (PHC) or family medicine as a speciality. In 2001 the Law on RH/FP has been adopted to guarantee the rights to free decisions concerning reproduction, to information on RH/ FP, and access to RH/ FP services. Between 1999 – 2003, the MoH implemented the National Programme on FP/ RH, provided for continued development of RH care services, including FP and health education for safe behaviour. In June 2001 a Law on prevention of STIs, including HIV/AIDS, has been adopted. A national programme on prevention of HIV/AIDS, ARV treatment and VCT has been developed for the timeframe 2001-2005.

In 2003 the Government has developed a strategy on the protection of the child and family. A Strategy on Youth (15 – 29 years of age) has been adopted in 2004 as a component of the PRSP that has been developed for 2004-2006. A strategy for employing the labor force has been in place since 2002, having

[11] UNICEF, National Baseline Evaluation of Knowledge, Attitudes and Practices of Young People. Chisinau: 2005

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as one of the objectives the prevention of the migration of the labor force. A Law on migration has followed, in force since January 2003. In order to combat trafficking in human beings, the Government has established a National Committee and an Action Plan in November 2001. Trafficking is incriminated by the Criminal Code in force since 2003. The Law on Equal Opportunities has been adopted in 2006.

A draft Law on HIV/AIDS is currently reviewed by the Government. A draft Law on Domestic Violence is currently in the Parliament for approval. The National Health Policy, to constituting the overarching framework for better health and wellbeing of the population, is currently under development. It expressly commits to ensuring universal access to RH by 2015 for all couples and individuals, and to contributing to the achievement of the MDG.

Part III. Past cooperation and lessons learned

With technical and financial support to the Government of the Republic of Moldova for the past 11 years, UNFPA succeeded in building close and effective partnerships with governmental bodies, NGOs and international donors at both central and local levels. UNFPA has supported RH service delivery points and the FP cabinet network; providing technical assistance, education and information materials and RH commodities. By means of its standalone projects, UNFPA contributed to the improvement of the RH of women, men and adolescents in the country, with focus on poor, disadvantaged and rural population.

The main areas of intervention have been: (a) trainings on management of Reproductive Health (RH) services, Family Planning (FP) counseling and contraceptive technology for gynaecologists, FP doctors, family doctors and nurses/midwifes; (b) establishment of a contraceptive LMIS by developing the soft, creating a national computer network among RH cabinets, and providing capacity building; (c) support to education on SRH through formal and non–formal programmes for adolescents and young people, with a focus on the especially vulnerable; (d) production and distribution of educational materials for health care providers and of IEC materials for general population; (e) provision of contraceptives; (f) establishment and support to 4 Sexual Reproductive Centers (SRH) Centres of Excellence; and (g) support to the 1997 Reproductive Health Survey and the 2005 Demographic Health Survey in the Republic of Moldova.

Among major lessons learnt has been the importance of active participation and fostering partnerships at all levels. Wider access to quality services, both in health and in education, is needed. Improved access to quality health services, including RH/FP counselling and services especially for the majority rural population living in under served areas is essential. Access improvement depends on quality of services; and to further improve RH, the involvement of family doctors is necessary. Establishing a system of cooperation between the family doctor and RH Centres/FP doctors will contribute to improving quality and access to care at the local level, as well as establishing a referral system to be used as and when required for those clients needing more specialised RH/FP care.

Specific reproductive health interventions should build on the successes of previous projects. In this context, bringing local and national authorities from the health and education sectors, and the local administration on board is essential for improving the quality of services and scaling up access to such services and information. Experience has shown that the participation of managers in capacity building activities is important for securing support for quality of care, as well as for ensuring sustainability. Interventions targeting vulnerable population depend ultimately on the support of local public administration.

More resources need to be invested in developing and implementing comprehensive BCC activities. Tools for monitoring and evaluating the impact of these activities need to be designed and used effectively.

Interventions shall be developed taking into account regional specificities and helping to reduce disparities in access to services and information. Promoting successful practices is important for the sustainable development of the programme at the national scale.

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Policy dialogue and advocacy at the highest level as well as at the level of local public administration is imperative for securing political commitment for the implementation and sustainability of interventions. Cooperation with the Government, public institutions, NGOs and the private sector shall be strengthened under the Country Programme, which is built on the results achieved and the lessons learned through past cooperation.

The Moldova Country Programme Action Plan has been developed in close partnership with national counterparts, building upon findings of the annual reports and final project evaluations. Through extensive consultations with all relevant stakeholders, main priorities have been identified and specified in the UNFPA Country Programme and in its CPAP. Meetings at the highest level have been held and national priorities reiterated and dully taken into consideration in formulation of the CPAP.

Part IV. Proposed Programme

Country Programme Linkage with National Development Plans, UNDAF and UNFPA MYFF

The programme was formulated through a consultative and participatory process. The Government took a leading role in this process to ensure programme ownership and sustainability.
The UNFPA country programme (2007-2011) was developed in close cooperation with national partners, the United Nations system and donors, within the United Nations Development Assistance Framework (UNDAF), approved on December 15, 2005. The UNDAF goal is to support the accession of Moldova to the European Union and the policy priorities of the Government, and to address the needs of vulnerable groups through three priority areas of assistance: (a) good governance; (b) reducing regional and local disparities; and (c) access to quality basic services.

UNFPA role, programme contributions and partnership strategies within the UNDAF are based on conclusions and recommendations of the Joint Strategy Meeting.

The UNFPA country programme is aligned with the development priorities and goals of the Government. These include the MDGs; the goals and objectives of the ICPD and its five-year review (ICPD+5); the EU – Moldova Action Plan; the EGPRSP; and the principles of human rights.

The country programme has three components: (a) reproductive health; (b) population and development and (c) gender. Human rights, reproductive rights, advocacy and BCC are cross-cutting issues to be addressed throughout the programme. Geographical coverage will be nationwide, including the post-war conflict region Transnistria. UNFPA support will contribute to the achievement of UNDAF Outcome One; on Governance and Participation; and UNDAF Outcome Two; on Access to quality basic services.

The goal of the country programme is to contribute to improving the quality of life of the people of Moldova, in particular the vulnerable groups. This will be achieved by strengthening the national capacity to respond to population and development issues, including gender, and by strengthening monitoring and quality assurance systems for improved access to comprehensive sexual and reproductive health information and services. The goal is aligned with the national MDGs, the national EGPRSP, the UNDAF outcomes and the UNFPA multi-year funding framework.

Capacity building will be at the core of UNFPA's overall strategy and will address institutional, human, technical and operational capacity gaps in population and development, RH, and gender, analyzed and assessed during the CCA and the development of the UNDAF.

The programme will fully and effectively use the four MYFF strategies during the implementation of the programme. In particular, the *Advocacy and Policy Dialogue; Building and Using a Knowledge Base; Promoting, Strengthening and Coordinating Partnerships; and Developing Systems for Improving Performance strategies* will be used for implementation of specific activities under each output of the programme, as well as for provision of UNFPA technical and operational support to implementation of

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the country programme. The application of these strategies will maximize the impact of the interventions and will create synergy with the UN and other development partners.

Advocacy and policy dialogue is a key: based on results achieved the programme will develop a strong evidence based advocacy, contributing to enhanced networking and advocacy skills of civil society organizations. By increasing awareness on population and reproductive health issues among decision-makers, the programme will foster an environment conducive to integrating reproductive rights and population issues into broad-based public policies and programmes.
Innovative and replicable approaches based on international experiences will be scaled up through dialogue with policy and decision-makers. With regard to building and using a knowledge base, the programme will support capacity building in population data collection, analysis and use and will address the increased need for disaggregated data to be utilized in monitoring progress toward achieving MDGs, CEDAW and ICPD goals as well as UNDAF outcomes.
Due to its direct linkage with UNDAF, the programme will address the capacity gaps, identified during the CCA exercise. The capacity building efforts will be linked and coordinated between all UN agencies. With focus on capacity building of state institutions, research institutions, civil society and young people, the programme will enhance the partnership and facilitate participation in local and national planning.

The programme will be focused on developing systems for improving performance by conducting assessments, baseline surveys, all of which will provide a basis for meaningful support under the programme. In view of the on-going health reform, creating system for continuous improving quality of reproductive health care services will be a priority of the programme RH component. The assistance will also aim at strengthening reproductive health commodity security, and at developing and institutionalizing systems that will ensure its long-term sustainability.

The chain of the Country Programme results is based on the UNFPA MYFF 2004-2007. All six outcomes and six outputs of the programme are directly linked and contribute to the MYFF outcomes:

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UNFPA Country Programme Results Linkages with National and Global Development Frameworks

	UNFPA CP Outcomes & Outputs*	UNFPA Global MYFF Outcomes & Outputs	UNDAF/Moldova Outcomes	Moldova National Priorities	ICPD Goals
RH COMPONENT	(2.1) All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education (2.1.2) Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups	Outcome: Demand for reproductive health is strengthened Output: Increased availability of life skills-based education (formal and non-formal) for adolescents	By 2011, vulnerable groups enjoy increased equitable and guaranteed access to basic services of good quality provided by the state with the support of civil society	**National MDG** MDG 2: Achieve universal access to secondary school education (target 3) MDG 3: Promote gender equality and empower women (target 4) MDG 4: Reduce child mortality (target 5) MDG 5: Improve maternal health (target 6) MDG 6: Combat HIV/AIDS, tuberculosis, and other diseases (targets 7,8) **EGPRSP** **National Development Plans** - Sustainable socially oriented development. - Poverty and Inequality Reduction, and Increased Participation of the Poor in Economic Development. - Human resources development for better quality of medical and educational	(i) Universal access to reproductive health services, including family planning, by 2015; (ii) Reduce maternal and child mortality; (iii) Reduce HIV/AIDS
	(2.2) People of reproductive age adopt safe behaviours and seek health commodities and information on HIV/AIDS/STIs and Reproductive Health (2.2.5) Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people	Outcome: Demand for reproductive health is strengthened Output: Increased availability of culturally-sensitive behaviour change communication programmes for adolescent/youth, including HIV/AIDS prevention			

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	(2.3) All individuals, especially the vulnerable ones, enjoy improved access to essential health care of good quality (2.3.7) Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security	Outcome: Access to comprehensive reproductive health services is increased Output: Improved quality of RH services		services, as well as increased access of the poor to these services. **EU Moldova Action Plan** - Human rights and fundamental freedoms - Economic and social reform and development – improved welfare, employment and social policy, - People to people contacts – public health - Ensuring an increased level of health and epidemiological safety	
PD COMPONENT	(1.1) Pro-poor policies, addressing development and population issues, are formulated, implemented, and monitored in a more transparent and participatory manner (1.1.11) Institutional capacity developed to establish a system to collect and analyze disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact	Outcome: Utilization of age and sex-disaggregated population-related data at all levels is improved Output: Enhanced national capacity to manage data and information management systems	By 2011, public institutions with the support of Civil Society Organizations (CSOs) are better able to ensure good governance, rule of law and equal access to justice and promotion of human rights	**National MDG** MDG1: Eradicate extreme poverty (targets 1, 2) MDG 3: Promote gender equality and empower women (target 4) MDG 7: Ensure environmental sustainability (targets 9, 10) MDG 8: Create a global partnership for development (targets 12, 14, 15) **EGPRSP** **National Development Plans**	

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	(1.5) There is improved readiness to prevent and mitigate natural and man-made disasters and crises (1.5.1) Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies	Outcome: National, sub-national and sectoral policies, plans and strategies take into account population and development linkages Output: Improved national capacity to integrate gender, and population and development issues into national and sectoral development policies, programmes, strategies and action plans in line with ICPD PoA			
GENDER COMPONENT	(2.4) Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect from violence, abuse, exploitation and discrimination (2.4.2) Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence	Outcome: Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity Output: Enhanced capacity to formulate, implement, evaluate and monitor policies to combat GBV and harmful practices.	By 2011, vulnerable groups enjoy increased equitable and guaranteed access to basic services of good quality provided by the state with the support of civil society	**National MDG** MDG 3: Promote gender equality and empower women (target 4) MDG 5: Improve maternal health (target 6) **EGPRSP** **National Development Plans** - Sustainable socially oriented development. - Human resources development for better quality of medical and educational services, as well as increased access of the poor to these services. **EU Moldova Action Plan** - Human rights and fundamental freedoms - Economic and social reform and development – improved welfare, employment and social policy, - People to people contacts – public health Ensuring an increased level of health and epidemiological safety	(i) Gender equity, equality and empowerment of women

* Please note that the numbering of outcomes and outputs is not contiguous; it replicates the numbering from the UNDAF Results Matrix.

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Reproductive Health component

All interventions under the Reproductive Health (RH) components shall aim to address disparities and cover the most vulnerable groups. The geographical coverage shall be nationwide, including the post-war conflict region of Transnistria, with a focus on rural areas.

The first Outcome of the reproductive health component is:

All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education.

UNFPA will contribute to this outcome by promoting high-quality education on sexual and reproductive health though formal and non-formal education programmes, targeting adolescents and young people (aged 10-24). One output will contribute to this outcome.

Output 1: Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups.

UNFPA will cooperate closely with the United Nations Children's Fund (UNICEF) in this effort, implementing a joint project under the parallel fund modality. In the framework of this project, UNFPA will assist in scaling up the training of trainers among teachers, enabling them to integrate sexual and reproductive health into the school curriculum and other educational programmes. UNFPA will support: (a) advocacy efforts to institutionalize peer-to-peer education in schools; and (b) special educational programmes for vulnerable young people. Coverage of rural areas with peer educators shall be ensured.

Peer educators, speakers of minority languages, shall be trained. Special education modules shall be developed and implemented in boarding schools, prisons, summer camps for adolescents from vulnerable families. Particular emphasis shall be put on building upon the capacity of teachers and educators to pass age-appropriate and culture-sensitive information to adolescents and young people. Training materials and a special curriculum shall be developed for adolescents and young people with mental disabilities.

The second Outcome of the reproductive health component is:

People of reproductive age adopt safe behaviour and seek reproductive health commodities and information on HIV/AIDS, STIs and reproductive health.

UNFPA will contribute to this outcome by scaling up access to information and behaviour change communication for young people, and by fostering inter-sectoral partnerships aiming at promotion of healthy lifestyles among young people. One output will contribute to this outcome.

Output 2: Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people.

UNFPA will support RH centres, YFHS centres and primary health-care facilities in scaling up counselling and information services for young people aged 10-24. The doctors from RH cabinets shall be equipped to act as focal points for SRH promotion in the respective raions. This includes providing information, education, behaviour change communication and outreach activities. Doctors from RH cabinets and family doctors shall be trained according to the national YFHS concept, and shall be equipped with skills and abilities to reach out to young people, providing them with age-appropriate information.

A long term condom promotion strategy shall be developed stressing upon their dual purpose - prevention of pregnancy and protection against STIs. The condom promotion strategy shall encourage demand, augment distribution channels, including through non-traditional outlets, and shall set price caps for

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condoms. The strategy shall also set the framework for consistent free of charge distribution of condoms to high-risk groups: CSW, MSM, IDU, young people, including EVYP. As part of advocacy for the development and endorsement of such Strategy by the Government shall be advocacy for gradual committing of funds from the national budget for purchasing condoms for free of charge distribution.

A condom social marketing programme shall be implemented, with a specific focus on young people, 15 – 29 years old. The programme shall be developed and implemented under the auspices of the National AIDS Centre. A specific brand name shall be developed and widely advertised, and subsidized condoms under the brand shall be sold at low prices through public and private pharmacies. A marketing company shall be contracted to assist the National AIDS Centre in developing and advertising the social marketing brand. Selling and distributing the new brand of condoms through non-traditional outlets such as hotels, marketplaces, sports grounds, and all entertainment places shall be a component of the social marketing programme.

In order to ensure effective scale up of counseling and BCC, capacity building for NGOs shall be provided. In order to reach out to the general public, trainings for mass-media on condoms and HIV/AIDS shall be organized. Support to the activity of NGOs distributing free of charge condoms and carrying out interventions promoting condom use among risk groups and among PLHA shall be granted.
In order to measure the impact of BCC activities, assessment of number of condoms sold and distributed through public and private networks and behavioural studies of contraceptive use among young people shall be carried out.

The third outcome of the reproductive health component is:

All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care.

One output will contribute to this outcome.

23. <u>Output 3: Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security</u>.

UNFPA will help to strengthen the capacity of the Government and NGOs to develop and use tools, standards and protocols for reproductive health service delivery and management. The programme will seek to ensure the effective monitoring of the implementation of the RH Strategy, including RHCS, contraceptive availability and the proper use of contraceptives at all levels and in multiple service outlets. Support shall be granted for developing evidence-based clinical standards and protocols based on WHO recommendations and international best practice. Such standards and protocols shall be institutionalized in the in-training of doctors. Quality of care indicators shall be developed and used to assess the SRH services provided by RH doctors and family doctors.

Contraceptives are available in only 24% of the rural medical facilities, hence territorial availability of family planning services and commodities in an issue of concern. Rural population is poorer, particularly in terms of cash income, hence more dependant on contraceptives distributed free of charge. UNFPA shall support MoHSP to undertake a population segmentation study, thereby ensuring that those who can afford to pay are directed to the commercial sector for supplies, while exploring subsidy mechanisms for other population segments, including compensated contraceptives under the health insurance scheme, cost recovery and/or social marketing. UNFPA shall advocate that MoHSP establish a functional RHCS coordination mechanism, to include procurement of at least one contraceptive method in the annual health budget. Effective LMIS shall constitute an element of the RHCS system, to prevent contraceptive stock-outs. Given the relative poverty of rural areas, and the discrepancy, in availability of contraceptive between urban and rural areas, mechanisms will be explored to specifically increase the availability of contraceptives within rural clinics. UNFPA shall advocate for the operationalization of the national Focal Point for Condom

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Quality Assurance within the National AIDS Centre, for clear Terms of Reference, and clear supervisory and oversight role.

Population and Development Component

The population and development component will contribute to achieving the UNDAF outcome on governance and participation. All interventions under this component shall aim at consolidating national capacity at the central and local levels.

The first Outcome of this component is:

Pro-poor policies addressing development and population issues are formulated, implemented and monitored in a transparent and participatory manner.

One output will contribute to this outcome.

Output 1: Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact.

UNFPA will engage in policy dialogue and advocacy to establish clear institutional responsibilities in assessing population and development linkages, making demographic projections, and using population data in developing all national plans and policies. UNFPA will advocate for the establishment of a system of population data flows, and institutional capacity to collect and process demographic data. A Population Data Register shall be developed and constantly updated. Support shall be granted to the NSB for collection of disaggregated demographic data. Capacity building activities for staff of designated institutions shall be undertaken. The programme will provide technical assistance to strengthen institutional and professional capacities in formulating and monitoring evidence-based population- and development-related policies. these areas.

The second Outcome of the population and development component is:

Improved readiness to prevent and mitigate natural and man-made disasters.

One output will contribute to this outcome.

Output 1: Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies.

UNFPA will work with government counterparts, civil society organizations, donors and other United Nations agencies to assist in developing comprehensive contingency plans. UNFPA will engage in policy dialogue and will advocate the earmarking of funds and resources for emergency reproductive health care and for humanitarian assistance for affected populations, especially girls and women.

Gender component

The gender component will contribute to achieving the UNDAF outcome on access to quality basic services. Interventions under this component shall be undertaken on the central level as well as in selected raions.

The Outcome of the gender component is:

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Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect women from violence, abuse, exploitation and discrimination.

One output will contribute to this outcome.

Output 1: Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence.

UNFPA will help to strengthen the gender machinery at national and regional levels, and will advocate for and assist in developing a National Action Plan to combat GBV. A communication strategy shall be developed and various BCC activities shall be implemented with the aim to incriminate GBV as socially-unacceptable, and to prevent GBV.

At the level of a pilot raion, UNFPA shall assist in building an integrated system to address gender-based violence, including a management information system. UNFPA shall grant technical assistance in developing a model Centre providing quality evidence-based rehabilitation and referral services for victims, as well as services for the aggressors. Capacity building activities shall be implemented for professionals from various fields in charge of detecting victims of violence, supporting them and granted them medical and/or psychological assistance.

Part V. Partnership Strategy

UNFPA will involve a wide range of partners, including governmental agencies, education and research institutions, non-governmental organizations, UN agencies, and multi and bilateral international organizations in implementation of the programme for 2007-2011. The partnerships, built by UNFPA during the past assistance will be strengthened through the widened programme interventions; introduction of the country programme, and the new components on Population Development and gender will promote new partnerships and thematic alliances. UNFPA will contribute to these partnerships available financial, human and technical resources and expertise. As a UN Agency, it is placed uniquely to promote partnerships with the Government, civil society, international and bi-lateral organizations, and mass media. This asset will be fully utilized by UNFPA for establishing new and maintaining the existing partnerships.

The main categories of partners shall be:

1. Government institutions
   - Office of First Deputy Prime Minister
   - Office of Deputy Prime Minister in charge of social issues
   - Inter-Governmental Gender Commission
   - Ministry of Foreign Affairs and European Integration
   - Ministry of Health
   - Ministry of Social Protection, Family and Childhood
   - Ministry of Education and Youth
   - Ministry of the Interior
   - Ministry of Justice / Penitentiary Department
   - Ministry of Informational Development
   - Ministry of Economy and Trade
   - National Statistics Bureau
   - National Public Health and Medical Management Centre
   - National Reproductive Health and Medical Genetics Centre
   - National Center of Preventive Medicine

The UNFPA Country Programme and CPAP have been developed with full participation of Government counterparts, and Government has assumed full ownership over the programme. National counterparts shall be key in developing AWPs, and in their implementation and monitoring the achievement of the CP outputs.

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The Office of the First Deputy Minister undertakes the overall strategic coordination of all external aid, and the First deputy Prime Minister chairs the National Committee on Aid Coordination. The strategic coordination of UN assistance in Moldova rests with the Office of the First Deputy Prime Minister that shall act as the common National Coordinating Authority for planning, monitoring and evaluation, simplification and harmonization, and resource mobilization.

The Ministry of Health has been the most important national counterpart for UNFPA throughout past cooperation, and shall continue to play the role of Programme Component Manager for the RH and gender components. The Ministry of Health, in this capacity, shall act as an efficient coordinator with other UNFPA national counterparts, and shall further support the active participation of the civil society, the framework of managing the implementation of the two programme components.

2. Educational and Academicals Institutions

- Academy of Science
- Family Medicine Chair, State Medical University
- Ob/Gyn Chair, State Medical University
- Medical colleges
- Geography and Demography Chair, Academy for Economic Studies
- Psychology Department, State University of Moldova

UNFPA shall grant support to building a knowledge base by enhancing support to academic institutions, including for the establishment of higher education institution educating demographers. Support shall be granted for institutionalizing trainings on RH and on counselling in the curricula of medical universities and colleges, and for institutionalizing trainings on GBV and counselling of GBV victims in the curricula of psychology and social assistance university departments.

3. UN Agencies and Multilateral Partners

- UNICEF
- UNDP
- UNAIDS
- WHO
- IOM
- ILO
- WB
- UNHCR
- UNIFEM
- UNESCO
- EU
- OSCE/ODIHR

The UN Agencies and particularly, UNDP, UNICEF, WHO, WB, ILO, and IOM, will be the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation.

UNFPA will actively support the strong efforts of the UNCT for further coordination and joint programming. An example shall be the joint project on health education scaled up through formal and non-formal programmes, implemented under the parallel funding modality with UNICEF. Implementation of UNAIDS–led UN Implementation Support Plan (ISP) will be another joint effort by the UN system. Further joint programme opportunities will be pursued for effective delivery on the results collectively agreed upon in the UNDAF.

UNFPA chairs the UNDAF Theme Group on access to basic quality services, and participates actively in the UNDAF Theme Group on Governance.
Partnership with the EU will have to be considerably strengthened. This is especially important in view of Moldova’s participation in the Europe’s wider neighborhood initiative, and the growing support the EU provides both to Moldova and UNFPA.

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Cooperation with UNIFEM and OSCE/ODIHR shall be strengthened in the area of prevention of Gender Based Violence.

4. Donors and Bilateral Partners

- SIDA
- SDC
- DFID
- USAID

Cooperation with SIDA shall be strengthened in the area of addressing Gender Based Violence as root cause for trafficking. UNFPA shall also build upon previous cooperation with USAID in the support of the Demographic and Health Survey, and shall aim to scale up such cooperation. The support of bilateral donors shall be sought for population and development interventions, according to the resource mobilization plan that shall be developed by the UNFPA CO.

5. NGO

- Family Medicine Association
- Family Planning Association
- Gender-Centre NGO
- Social NGO Network
- AIDS NGO Network
- Network of NGO working with elderly
- Rural Initiative NGO
- Partners for Community NGO

Local and national NGOs shall be involved in programme delivery, and support shall be granted for their capacity development. Among major partners, there will be the

6. Private Sector

UNFPA shall seek to ensure the consistent access to commodities and their security by strengthening cooperation with the private sector. More specifically, cooperation with local representative offices of the manufacturers Gedeon Richter and Schering and Innotex International shall be strengthened to offer education and training for doctors from the RH cabinets and information to the general population. UNFPA will advocate for projects "Use 3 cycles and get 1 free" through RH cabinets and YFS centres. UNFPA shall continue its cooperation with the largest pharmaceutical wholesaler and distributor *"Sanfarm – Prim"* for receiving, storing and distributing contraceptives, and together with MoHSP shall advocate for a waiver of the service fee.

The partnership strategies for each programme component are detailed bellow:

Partnership strategy in implementation of the programme's Reproductive Health (RH) component

The National Public Health and Medical Management Centre acts as a focal point for the mechanism of aid coordination in health, a practice similar to a Sector Wide Approach Program (SWAP) that aims at increasing aid effectiveness and ensuring donor support to national priorities in healthcare. Such priorities are listed in the National Health Policy, developed with technical and financial assistance of UN Agencies, including UNFPA. The PCM for RH, the MCH Division of MoH, shall liaise up with the Public Health Centre to ensure effective coordination of the efforts of Implementing Partners.

The National Public Health and Medical Management Centre shall also assist in the implementation of the RH component, more specifically coordinating the development and implementation of the RHCS framework and ensuring the functionality of the contraceptive Logistic Monitoring Informational System (LMIS).

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The National Reproductive Health and Medical Genetics Centre shall coordinate the development and institutionalization of quality of care standards and protocols, as well as capacity building for RH cabinets, empowering them to act as service delivery points providing comprehensive services of good quality, as well as resource centres for family doctors providing RH counselling and information. The RH Centre shall also be key in scaling up access to quality RH information and Behaviour Change Communication (BCC) for young people.

The Family Medicine Department of the State Medical University and the Family Medicine Association shall coordinate the development and implementation of mechanisms for involvement of family doctors in RH service delivery, counselling and referrals, and mechanisms for monitoring their performance and quality assurance.

The Ministry of Education and Youth shall coordinate the development and implementation of formal and non-formal programmes for sexual and reproductive health education for adolescents and young people. Capacity building for teachers and local youth councils supported by local public and school administration shall also be coordinated by MoEY.

Partnership strategy for the programme's Population and Development Strategy (PDS) component
Due to the importance of population and development issues, the Office of the Ministry of Economy and Trade shall also undertake the role of PCM for the PDS component of the UNFPA Country Programme.

The Ministry of Informational Development, the National Bureau of Statistics and the Ministry of Inferior shall act as implementing co-partners for the PDS component. The institutional capacity shall be developed in order to establish a functional system of disaggregated data collection, and information flows for appropriate data processing and use. The Ministry of Economy and Trade in its capacity as coordinator of DevInfo database, shall integrate population indicators in the database and existing data collection systems. The Academy of Science shall assist the state institutions in the development of policies and plans making proper use for population data.

UNFPA shall advocate for the establishment of a National Population Council, with primary responsibilities to assess population data and formulate national policies and plans based on such data and demographic projections and analysis. The Council shall also have supervisory functions and shall monitor the implementation of national policies and plans, assessing their impact. The Council shall act as a coordination body, supervising population information flows.

Partnership strategy for Gender Component
The Equal Opportunities Division of the Ministry of Social Protection, Family and Childhood shall serve as PCM for the Gender component, in its capacity as Secretariat for the Inter-ministerial Gender Commission. The Parliament Commission for family, health and social protection shall advocate for the adoption of the Law on Domestic Violence, and for earmarking of resources for GBV prevention and management programmes. Local public administration, local health, education and police authorities shall also act as partners in promoting an integrated approach to GBV prevention and management, and rehabilitation of GBV victims.

Part VI. Programme Management

The Government and the UNFPA country office in Moldova will have the primary responsibility for management of the programme. The overall strategic guidance for the UN Development Framework is assumed by the Office of the First Deputy Prime Minister, while the Government Coordinating Authority with overall strategic responsibility for the UNFPA country programme is assumed by the Ministry of Foreign Affairs. The UNFPA country programme shall be nationally executed. The implementation will be shared with accredited NGOs, at central and local levels. The programme will be implemented in close collaboration with other United Nations agencies within the context of the UNDAF. One output shall be implemented through a joint project with UNICEF, and another output – through a joint project with UNDP

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and UNICEF. Certain other interventions may be implemented through joint programming with other UN Agencies. UNFPA will coordinate and work with development and multi-lateral partners, including the European Union; the Global Fund for AIDS, Tuberculosis and Malaria; the World Bank; and bilateral donors to maximize impact.

The UNDAF Theme Groups on Access to services and Governance, composed of key government counterparts and civil society representatives, as well as UN programme staff, shall provide recommendations on the key operationalization and implementation issues important for the achievement of the UNDAF Outcomes, and shall act as forums for partnership and information sharing, as well as effective mechanisms for programme implementation and M & E. The Theme Groups are expected to meet twice annually (May and October) for full day reviews of progress against the UNDAF outcome areas.

The Mother and Child Health Division of the Ministry of Health shall act as the Programme Component Manager for the RH component. The Equal Opportunities Division of the Ministry of Social Protection, Family and Childhood shall serve as PCM for the Gender component. The Labour Force Division of the Ministry of Economy and Trade shall act as Programme Component Manager for the Population and Development component. The three PCM shall coordinate the annual work plans and shall facilitate information-sharing of lessons learned and effective practices through component work group meetings. The compilation of annual component progress reports and the preparations for the UNDAF annual review shall also constitute the responsibilities of the PCM.

Component Work Groups with broad decision-making powers shall be established for the purpose of developing AWP, monitoring their implementation and deciding upon any adjustments if such need may arise. Component Work Groups shall also play a central role in the development and operationalization of the resource mobilization plan. Technical work groups may be established at the output level for effective coordination of AWPs implementation by Implementing Partners.

The UNFPA country office in Moldova consists of a UNDP/UNFPA Representative; a non-resident UNFPA Country Director based in Bucharest, Romania; a Programme Coordinator; a Programme Associate; and administrative support staff. Programme funds will be earmarked for one national programme post and one administrative support post, within the framework of the approved country office typology. National project personnel and short-term consultants may be recruited. The Country Support Team in Bratislava, Slovakia, and DASECA HQ will provide technical support and backstopping.

Part VII. Monitoring and Evaluation

The UNDAF Monitoring and Evaluation Framework will serve as reference document for tracking programme's progress towards set results. Monitoring and evaluation of the programme will be undertaken in accordance with the UNFPA procedures and guidelines.

UNFPA and the Government will cooperate closely with United Nations agencies and other development partners in implementing and coordinating the programme. Joint reviews and joint monitoring of activities will be undertaken.

Programme monitoring and evaluation will be results-based, and will include periodic reports such as annual project reports, annual component progress reports and reports of assurance activities. Stakeholders will be actively involved in monitoring and evaluation throughout the programme.

The CPAP Planning and Tracking Tool and CPAP M&E Calendar will be used to ensure consistency of follow-up. All monitoring and evaluation activities will be placed as parts of the AWPs. Regular audits of components implemented by programme partners will be scheduled on an annual basis. The Country Office Annual Report (COAR) will synthesize programme progress and monitoring indicators at various levels and will be a highlight of an annual implementation process.

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The implementing partners, coordinating with the respective programme component managers, will organise the field visits to the programme sites. The UNFPA country office will conduct field visits to programme sites several times a year. Once a year each implementing partner will complete a AWP Monitoring Tool and submit it to the PCM of the respective component and to the UNFPA country office. Yearly, UNFPA, working with PCMs and implementing partners will prepare Standard Progress Reports (SPR) for each programme component. In the last quarter of each year the National Coordinating Authority will jointly conduct review meetings involving the UNFPA country office, PCMs and implementing partners for all CPAP outputs. At the end of every year the UNDAF Annual Review will be performed according to procedures laid down in the UN guidelines.

The final evaluation of the programme, scheduled for 2011, will be carried out with UNDAF partners. This will document best practices, achievements and lessons learned and provide directions for the future.

Part VIII. Commitments of UNFPA

UNFPA's commitment, approved by Executive Board, in support of the Republic of Moldova Country Programme for the period of 1 January 2007 - 31 December 2011 is equal to US$1.25 million from Regular Sources (RR), subject to the availability of funds. UNFPA has been also authorized by the Executive Board to seek additional funding (Other Resources) amounting to US$1 million to support the implementation of the CPAP. Total financial resources approved by the Executive Board for the First Country Programme for Moldova, 2007-2011, amounts to US$2,25 million.

UNFPA will advocate with the donor community to secure the additional resources. Country programme resource mobilization plan will be prepared in early 2007. This plan will serve as main reference document for activities related to mobilization of additional financial resources.

The Regular and Other resource funds are exclusive of funding received in response to emergency appeals. The release of UNFPA funds in response to emergency appeals will be performed in accordance with guidelines and financial procedures as provided by UNFPA.

In the framework of the country programme, UNFPA will provide the following types of support:

- Technical assistance and expertise in all the areas related to the programme, using the resources of its Technical Country Support Team, local and external consultants and experts; as well as the resources of the UNFPA inter-country and inter-regional programmes;
- Support for recruitment of project personnel in accordance with the AWPs;
- Support to procurement of goods and services for the programme needs, at request of the implementing partners;
- Administrative, operational, and technical support by the UNFPA Moldova office to the implementing partners as regards the implementation of the UNFPA assistance to the country.

Part IX. Commitments of the Government

The Government will make in-kind contributions, as necessary, such as personnel or facilities, in order to facilitate the implementation of the programme. The Government is also committed to steady increase of budgetary allocations to the programme priority areas, in accordance with the national priorities and National Development Plans, in particular to reproductive health and safe motherhood programmes, procurement of contraceptives for free of charge distribution, young people sexual and reproductive health, population policies, and combating violence against women.

The Government will support UNFPA in its efforts to raise the funds required to meet the financial needs of the country programme.

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The National Coordinating Authority and PCMs will organize annual planning and component level meetings, and the UNDAF annual review meetings. The PCMs will coordinate the activities under their respective components and will contribute to preparation of SPRs, AWPs as appropriate, ensuring participation of donors, NGOs, and other stakeholders in these processes.

Part X. Other Provisions

This Country Programme Action Plan and its annexes supersede any previously signed project documents, and become effective upon signature.

The Country Programme Action Plan and its annexes may be modified by mutual consent of both parties based on the outcome of annual reviews, the mid-term review or compelling circumstances.

Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Workplan, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

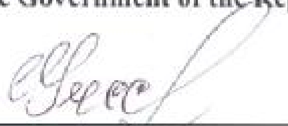
Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and sense of the United Nations Convention on Privileges and Immunities, to which the Republic of Moldova is a party.

IN WITNESS THERE OF the undersigned, being duly authorized, have signed this Country Programme Action Plan on 30 January 2007 in Chisinau, Moldova.

For United Nations Population Fund:

Dr. Peer Sieben
UNFPA Country Director
for Republic of Moldova

For the Government of the Republic of Moldova:



Ms. Zinaida Greceanîi
First Deputy Prime Minister

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Annex 1: THE CPAP RESULTS AND RESOURCES FRAMEWORK

Country: Republic of Moldova
CP Cycle: First (2007-2011)

Expected UNDAF outcome:										
UNFPA/Moldova CP component: REPRODUCTIVE HEALTH										
Expected Outcomes	**Expected Outputs**	**Output targets and indicators**	**Implementing Partners**	**Indicative Resources by programme component (per year, US$)**						
					2007	**2008**	**2009**	**2010**	**2011**	**Total**
Outcome 1 All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education	**Output 1.1** Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups	Output indicators: Percentage of children and youth covered by life skills-based education, both in and out of school and in rural/urban areas Baseline: 85% in the academic year 2005 – 2006 in schools and 30,000 out of schools	Ministry of Health; Ministry of Social Protection, Family and Childhood; Ministry of Education and Youth; rayonal health and education administrations; NGOs	*Regular Resources*	0,04	0,02	0,02	0,01	0,01	0,1
				Other Resources	0,02	0,06	0,06	0,03	0,03	0,2
Outcome 2 People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health	**Output 2.1** Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people	Output indicators: Percentage of young people aged 15-24 years old, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission Baseline: 28,33%	Ministry of Health; National RH Centre; RH cabinets; YFS Centres; NGOs	*Regular Resources*	0,06	0,06	0,03	0,03	0,02	0,2
				Other Resources	0,01	0,02	0,02	0,02	0,03	0,1
Outcome 3 All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality	**Output 3.1** Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service	Output indicators: • % of RH cabinets using LMIS • Reproductive health commodity security system in place Baseline:	Centre for Public Health; National RH Centre; Ministry of Health;	*Regular Resources*	0,06	0,06	0,06	0,06	0,06	0,3
				Other Resources						

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health care	delivery, and for reproductive health commodity security	• 60% • No		0,01	0,02	0,02	0,02	0,03	0,1
Expected UNDAF outcome:									
UNFPA/Moldova CP component: POPULATION AND DEVELOPMENT									
Outcome 4 Pro-poor policies addressing development and population are formulated, implemented and monitored in a transparent and participatory manner	**Output 4.1** Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact	Output indicators: • National population council established • Number and quality of population policies initiated Baseline: • NPC nonexistent • No holistic population policies. Pro-natalist stipulations, without proper costing and resources attached to them	Ministry of Economy and Trade; National Bureau of Statistics; Ministry of Health; Ministry of Social Protection, Family and Childhood; Academy of Public Administration	*Regular Resources* 0,07 *Other Resources* 0,3	 0,06 0,06	 0,06 0,06	 0,03 0,025	 0,03 0,025	 0,25 0,2
Outcome 5 Improved readiness to prevent and mitigate natural and man-made disasters	**Output 5.1** Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies	Output indicators: • No of actions within plan addressing age-specific, gender, and RH needs and rights of claim holders Baseline: • N/A	Ministry of Health; Ministry of Social Protection, Family and Childhood; Ministry of Education and Youth; Agency for contingency stocks; Ministry of Internal Affairs; Ministry of Ecology and Natural Resources; Ministry of Defence; Department of Civil Protection; Department of Exceptional Situations	*Regular Resources* 0,01 *Other Resources* 0,02	 0,02 0,02	 0,01 0,03	 0,005 0,02	 0,005 0,01	 0,05 0,1
Expected UNDAF outcome:									
UNFPA/Moldova CP component: GENDER									
Outcome 6 Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and	**Output 6.1** Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence	Output indicators: • Management information system to monitor gender-based violence cases in place in selected regions	Ministry of Health and Social Protection; Ministry of Education and Youth; Ministry of Justice; Ministry of Internal Affairs Rayonal health and education	*Regular Resources* 0,01 *Other Resources*	 0,02	 0,04	 0,02	 0,01	 0,1

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protect women from violence, abuse, exploitation and discrimination		Baseline: • MIS nonexistent	administrations; regional police forces NGOs	0,06	0,08	0,06	0,05	0,05	0,3

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Annex 2: CPAP Planning and Tracking Tool
Country: Republic of Moldova
CP Cycle: First (2007-2011)

RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
UNDAF Outcome: 2 By 2011, vulnerable groups enjoy equitable and guaranteed access to basic, good-quality services provided by the Government with the support of civil society	§ Coverage rates with essential health services by: sex (when appropriate), rural/urban *Antenatal care:* % of pregnant women with early registration and care (before 12 weeks of pregnancy) *Care in delivery:* Skilled attendance at birth *Contraception*	MoH reports; MOSPFC reports; M&E Unit, Centre for PH; National RH Centre reports	MoHSP Centre for PH National RH Centre	• % of pregnant women with early registration and care – 72 % • Skilled attendance at birth: 99% • Availability of hormonal contraceptives and condoms - 90% of urban and 24% of rural medical institutions	sustaining existing rates By 2011 - increase availability of contraceptives in rural institutions to 40%			
					YEAR 1		**YEAR 2**	
					Target	**Achievement**	**Target**	**Achievement**
CP Outcome 1. All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education	§ Drop-out rates in basic education, by: grade, sex, urban/rural, vulnerable group, SES (when possible);	- Official statistics by the National Bureau of Statistics; - Administrative data by the Ministry of Education and Youth;	Ministry of Education and Youth	TBD	Decrease by 5%			
Output 1.1 Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups	§ % of children and youth covered by SR health education, both in and out of schools by: gender, age, rural/urban;	- Progress reports by the Ministry of Education and Youth and relevant projects; - Evaluation of LSBE implementation (2008);	Ministry of Education and Youth	– 85% in the academic year 2005 – 2006 in schools and 30,000 out of schools	- 87% in schools - out of schools – TBD			
	§ % of schools with at least one teacher trained in LSBE			– 80% of regular schools	– 20% of boarding schools – 20% of vocational schools – 80% of regular schools			

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Outcome 2 People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health	§ Contraceptive prevalence rate, by rural/urban areas and socio-economic status	• DHS/RHS • SiCON (contraceptive LMIS)	National PH Centre National RH Centre MoHSP	CPR – 68% of women in union (67.2% - urban, 68.2% - rural)	**Target** By 2011 – increase CPR by 10%	**Achievement**	**Target**	**Achievement**
Output 2.1 Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people	§ The percentage of youth aged 15-24 reporting the use of a condom during last sexual intercourse with a non-regular, non-cohabiting partner	§ KAP Studies § DHS/RHS § M&E Unit, PH Centre	National RH Centre	73%	75%			
	• Percentage of young people aged 15-24 years old, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission	• KAP Studies • DHS/RHS • M&E Unit, PH Centre	National RH Centre National AIDS Centre National PH Centre YFS Centres RH cabinets	28,33%	32%			
	• % of primary healthcare providers applying the YFS concept			12 YFS centres	47 RH cabinets			

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RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement	Target	Achievement
Outcome 3 All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care	Use of modern contraceptive methods	• M&E Unit, PH Centre • SiCon (Contraceptive LMIS)	National PH Centre National RH Centre	Use of modern contraceptive methods – 43.8% (47.8% - urban, 41% - rural)	By 2011 – increase by 10%			
	Nr of visits to RH cabinets			164,417 or 0,05 visits per capita				
Output 3.1 Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security	% of RH cabinets using LMIS (logistics and monitoring informational system)	- PH Centre Reports - National RH Centre Reports	MoH National PH Centre	60%	80%		By 2011 – 93%	
	RHCS system in place (Yes/NO)	- MoHSP decrees	MoH	No	Yes			
	Proportion of RH cabinets and family medicine centres that follow quality of care protocols and standards;	- PH Centre Reports - National RH Centre Reports	MoH National RH Centre	FP protocols, developed according to WHO standards, followed by 47 RH cabinets and 4 SRH Centres	TBD			

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RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
UNDAF Outcome 1: By 2011, public institutions, with the support of civil society organizations, are better able to ensure good governance and the rule of law, equal access to justice, and promote human rights	Government effectiveness indicator HDI	- "Governance Matters" Governance Indicators by D. Kaufmann / WB http://www.worldbank.org/wbi/governance/wp-governance.html		-0.73 (Governance matters, Kaufman, 2004)	Increase of quality of policy formulation and implementation			
					YEAR 1		**YEAR 2**	
					Target	**Achievement**	**Target**	**Achievement**
CP outcome 4 Pro-poor policies addressing development and population are formulated, implemented and monitored in a transparent and participatory manner	§ No. of pro-poor policies, addressing development and population issues	- Government reports; - Agencies' programme reports	Government; UN Agencies	TBD	Increased number of the pro-poor policies developed/revised		Increased number of the pro-poor policies developed/revised	
Output 4.1 Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact	National Population Commission (NPC) established	"Monitorul official"	Office of the Deputy Prime Minister Ministry of Economy and Trade	No	• NPC established and operational • Relevant State Institutions, academics and civil society represented		NPC functional	
	Number and quality of population policies initiated	• "Monitorul official", • Reports of the National Population Commission	National Population Commission	No holistic population policies. Pro-natalist stipulations, without proper costing and resources attached to them	• Assessment of existent normative framework • Amendments to existent normative framework • Overarching P&D concept		P&D Strategy in place	
	Information sharing and data flows system between relevant institutions operational	Reports of Ministry of Economy and Trade	National Population Commission Ministry of Economy and Trade National Statistics Bureau	No	• Protocols for data flows developed • ICT network created among relevant institutions • Migration soft integrated		15	

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RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
					YEAR 1		YEAR 2	
					Target	Achievement	Target	Achievement
Outcome 5 Improved readiness to prevent and mitigate natural and man-made disasters	Existence of an up-to-date emergency plan and response complying with international standards, developed in consultation with CSOs and UN specialized agencies	• Service of management of natural disasters • Programme reports	Department for Emergency Situations; UN Agencies	There is a national plan, which should be reviewed and updated regularly (on yearly basis)	Existence of an effective action plan for emergency situations – by 2011			
Output 5.1 Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies	• Contingency plan in place, updated regularly, and appropriate resource allocation • No of actions within plan addressing age-specific, gender, and RH needs and rights of claim holders	• Service of management of natural disasters • Programme reports	Department for Emergency Situations; UNFPA	• Contingency plans; emergency fund; contingency stocks • N/A	Checklist TBD			

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Annex 3: The CPAP Monitoring and Evaluation Calendar

Country: Republic of Moldova
CP Cycle: First (2007-2011)

		Year 1 (2007)	Year 2 (2008)	Year 3 (2009)	Year 4 (2010)	Year 5 (2011)
M&E activities	Surveys/studies					
	Monitoring systems	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS	Contraceptive LMIS GBV MIS Population data MIS
	Evaluations					Programme Component Final Evaluations
	Reviews	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR	- Meetings of the UNDAF Theme Groups (May and October) - Programme Component annual reviews (November) - UNDAF Annual review (December) - COAR
	Support activities	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports	- Field monitoring visits - Programme Component WG meetings - Annual component progress reports
Planning references	UNDAF final evaluation milestones					UNDAF Final Evaluation
	M&E capacity- building	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E	Programme Component WG meetings on M & E
	Use of information	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau	M & E Unit, National Centre for PH and Medical Management National Statistics Bureau
	Partner activities	MDGR EGPRSP Review DevInfo	MDGR National Development Plans DevInfo	MDGR National Development Plans DevInfo	MDGR National Development Plans DevInfo	MDGR National Development Plans DevInfo

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