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**UNFPA**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Romania**

Proposed UNFPA assistance: \$3 million: \$1.8 million from regular resources and \$1.2 through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2005-2009)

Cycle of assistance: First

Category per decision 2000/19: Country with economy in transition

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.3	1.0	2.3
Population and development strategies	0.2	0.2	0.4
Programme coordination and assistance	0.3	-	0.3
<b>Total</b>	<b>1.8</b>	<b>1.2</b>	<b>3.0</b>

## I. Situation analysis

1. Since 1990, Romania has made significant progress towards a democratic model of governance and an economic system that promotes efficiency and sustained growth. The process of accession to the European Union has guided the development of the country. Poverty still affects approximately one third of the population, mainly in rural areas, limiting access to education, health facilities and adequate housing. The Government has adopted a national anti-poverty plan, and the President recently initiated efforts to formulate a national sustainable development strategy.

2. According to the results of the March 2002 population and housing census, Romania has approximately 21.7 million inhabitants, nearly 1 million less than a decade ago. The decrease in population is due to high mortality rates, low fertility rates and external migration. The crude birth rate decreased continuously after 1990, with the lowest level, 9.7 live births per 1,000 inhabitants, occurring in 2002. The total fertility rate is 1.23 children per woman, well below replacement level. The crude death rate increased from 10.6 deaths per 1,000 inhabitants in 1990 to 12.4 deaths per 1,000 inhabitants in 2002, one of the highest rates in Europe.

3. The overall dynamics of the socio-economic transition and the health-reform process have put pressure on the health sector, adversely affecting access to and the quality of services. Population ageing and the economic downturn have also influenced this trend. In addition, there is an alarming resurgence in infectious diseases, including tuberculosis and sexually transmitted infections (STIs).

4. Romania has a high maternal mortality ratio: there were 33 maternal deaths per 100,000 live births in 2001. Nearly half of these deaths were related to abortion. The official abortion rate decreased from 3.15 abortions per live birth in 1990 to 1.17 abortions per live birth in 2002. Most of these abortions occurred among women between the ages of 20 and 34.

Abortion continues to be used as a fertility regulation method, and is regarded as a serious public health issue. Unwanted pregnancies also result in a high number of abandoned and institutionalized children. Mortality rates among women are on the increase, in particular those related to breast and cervical cancer.

5. Although knowledge of modern contraception and STIs is high, risky sexual and reproductive health behaviour is common. The contraceptive prevalence rate for modern methods is 30 per cent, and only 10 per cent of people aged 15 to 49 use condoms. Only about 60 per cent of pregnant women visited their physicians in the first trimester of their pregnancies; half of the pregnant women who died during delivery had not received prenatal care.

6. At the end of 2002, approximately 75 per cent of the 14,000 reported cases of HIV/AIDS involved children 14 years of age or younger, who had been infected between 1986 and 1991 through a variety of medical interventions. At the same time, the epidemic began among adults, primarily through heterosexual transmission. By the end of 2001, the overall HIV/AIDS prevalence rate was 44 per 100,000 inhabitants. Given the lack of a nationwide, systematic surveillance system, actual prevalence rates could be higher. Limited condom use, the decreasing age of initial sexual activity, an increase in prostitution, the trafficking of women and girls, and the increasing use of intravenous drugs are factors that could expand the epidemic.

7. Vulnerable groups, such as the rural poor and the Roma, have limited access to education. In addition, youth are increasingly at risk of being recruited into the drug trade and into trafficking in human beings. Furthermore, the educational system does not provide pupils with training in life skills.

8. Despite the fact that men have been more adversely affected by the general economic situation than women, the wage gap between men and women is still wide, and more pronounced for rural and elderly women. The gap between men's

and women's income is 24 per cent, one of the highest in the region. Trafficking in human beings is a major concern, since Romania is a country of origin, transit and destination for victims. Other concerns include domestic and gender-based violence and sexual exploitation.

## II. Past cooperation and lessons learned

9. UNFPA cooperation with Romania began in 1973, when the Fund assisted in organizing the 1974 World Population Conference, held in Bucharest. UNFPA assistance to Romania continued on an ad hoc basis until 1990. Since then, UNFPA has intensified its support to reduce levels of maternal mortality and morbidity and abortion rates.

10. UNFPA supported the Government and non-governmental organizations (NGOs) in developing and strengthening capacity for the effective implementation of the national reproductive and sexual health programme at central, district and local levels. Results included: (a) the design of national strategies on reproductive and sexual health and STIs; (b) the development of training programmes for service providers; (c) the implementation of information, education and communication (IEC) and behaviour change communication (BCC) activities focusing on disadvantaged populations; (d) support for in-school and out-of-school sexuality education for youth; and (e) support for the formulation of policies and legislation to address domestic and gender-based violence and to provide integrated services for victims.

11. One of the lessons learned was that coordination and collaboration with other funding agencies, including those within the United Nations system, is a prerequisite to strengthening and complementing programme interventions. In addition, the lack of assistance in addressing population issues contributed to a worsening of population trends.

## III. Proposed programme

12. 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.

13. The proposed country programme (2005-2009) was developed in close cooperation with national partners, the United Nations system and other donors, within the United Nations Development Assistance Framework (UNDAF). The UNDAF goal is to support the accession of Romania 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) capacity-building for good governance; (b) economic growth; and (c) basic social services.

14. The proposed UNFPA country programme is aligned with the development priorities and goals of the Government. These include the Millennium Development Goals (MDGs); the goals and objectives of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5); and the principles of human rights.

15. The proposed country programme will have two components: (a) reproductive health, including sexual health; and (b) population and development strategies, including gender. Human rights, reproductive rights, advocacy and BCC are cross-cutting issues.

16. The goal of the country programme is to contribute to improving the quality of life of the people of Romania, in particular the vulnerable and disadvantaged populations. This will be achieved by strengthening the administrative capacity to respond to population and development issues, including gender, and by improving access to comprehensive reproductive and sexual health information and services. The goal is aligned with the national MDGs, the national anti-poverty plan, the UNDAF goals and the UNFPA multi-year funding framework (MYFF).

*Reproductive health component*

17. The first outcome of the reproductive health component is increased access to and utilization of comprehensive reproductive and sexual health services, with a special focus on rural, poor and vulnerable populations. The programme will implement interventions to improve maternal, reproductive and sexual health by targeting disadvantaged, vulnerable and high-risk population groups. Two outputs will contribute to this outcome.

18. Output 1: Increased availability of comprehensive, client-oriented reproductive and sexual health services. This output will be achieved by helping the Ministry of Health, district health authorities and NGOs to operationalize national strategies, including those concerned with the supply of reproductive health commodities. UNFPA will support training programmes for medical staff, community nurses, health workers and community leaders.

19. Output 2: Increased availability of youth-friendly reproductive and sexual health information and services, focusing on the prevention of STIs and HIV/AIDS. UNFPA will support coordination meetings at the local level and training in the delivery of youth-friendly reproductive and sexual health services for school counsellors, school doctors, family doctors and nurses.

20. The second outcome of the reproductive and sexual health component is enhanced demand for reproductive and sexual health services, with a focus on vulnerable groups. Two outputs will contribute to this outcome.

21. Output 1: Improved awareness and knowledge of the population about reproductive and sexual health, gender and responsible sexual behaviour. This output will be achieved by expanding BCC interventions for reproductive and sexual health, including maternal health, family planning, the prevention of STIs and HIV/AIDS, and by promoting

available reproductive health and sexual health services.

22. Output 2: Increased availability of reproductive and sexual health education for adolescents. UNFPA will provide support to continue in-school and out-of-school educational activities, through trained peer educators and school counsellors. This will be an integral part of the national health education programme, implemented by the Ministry of Education, Research and Youth, in collaboration with NGOs, United Nations agencies and other stakeholders.

*Population and development strategies component*

23. The outcome of the population and development strategies component is as follows: the development of national and sectoral policies that consider the consequences of population dynamics and gender issues and their linkages with poverty. Two outputs will contribute to this outcome.

24. Output 1: Enhanced national capacity for effective formulation, planning and implementation of population policies. UNFPA will provide technical assistance and support to establish a national population committee under the auspices of the Ministry of Labour, Social Solidarity and the Family. The committee will address specific population issues such as ageing, negative population growth, low fertility and migration. The committee will ensure that population policy formulation and implementation are based on human rights and gender equity. The programme will also support operational research and training in population and development.

25. Output 2: Enhanced capacity of government institutions at central and local levels and of civil society to formulate, implement, monitor and evaluate policies to combat gender-based violence and trafficking in human beings. UNFPA will provide support for: (a) formulating policies and legislation; (b) training in human rights, including reproductive

rights and gender equality, for police, local authorities, medical staff, social workers and other experts to address and prevent gender-based violence and trafficking in human beings; (c) organizing integrated services for victims; and (d) increasing the awareness of the population of the consequences of gender-based violence and trafficking in human beings and promoting available services for victims.

26. The Government of Romania will implement the programme. Key implementing partners include the Ministry of Health; the Ministry of Labour, Social Solidarity and the Family; and the Ministry of Education, Research and Youth, as well as their local structures. In addition, the programme will seek to strengthen the planning and implementation capacity of these partners.

27. Civil society organizations will also be partners in implementing the proposed programme. The Government will utilize the technical expertise of civil society in formulating and executing projects. UNFPA will coordinate its interventions with development partners such as the European Union; the Global Fund for AIDS, Tuberculosis and Malaria; the World Bank; and bilateral donors to maximize the impact of the programme.

#### **IV. Programme management, monitoring and evaluation**

28. The proposed programme will strengthen partnerships among United Nations agencies and enhance government ownership, primarily through national execution. The implementation will be shared between the Government and accredited NGOs, both at central and local levels. The Government will provide in-kind contributions, including salaries, premises, contraceptive supplies, IEC materials and other operational costs. Additional resources will be mobilized from bilateral and multilateral donors.

29. Programme monitoring and evaluation will be results-based. Stakeholders will be actively involved in the monitoring and evaluation process throughout the programme. Monitoring and

evaluation will be based on selected indicators from the logical framework matrix and will include quarterly and annual project reports, annual component project reviews and field visits. UNFPA and the Government will organize annual country programme review meetings with implementing agencies and stakeholders.

30. A midterm review will be conducted in 2007 to assess progress. Lessons learned and recommendations will be used to improve programme performance. The final evaluation of the programme, scheduled for 2009, will be carried out with UNDAF partners to document best practices and provide directions for future interventions.

31. The UNFPA country office in Romania consists of a Representative, an Assistant Representative and administrative support staff. Programme funds will be earmarked for two national programme posts and one administrative support post, within the framework of the approved country office typology. National project personnel and short-term consultants may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical backstopping.



Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
		<p><u>Output 2:</u> Increased availability of reproductive and sexual health education for adolescents</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of schools providing life skills-based reproductive and sexual health education increased by 30% in target districts</li> <li>• Proportion of adolescents knowledgeable about reproductive health, including STIs, HIV/AIDS and responsible sexual behaviour increased by 30% in target districts</li> </ul>	<ul style="list-style-type: none"> <li>• Bilateral donors, NGOs</li> </ul>	
<b>UNDAF outcome: by 2009, administrative capacity is strengthened at the central and local levels to develop, implement and monitor policies and programmes, ensuring transparency, accountability and participation</b>				
Population and development strategies	<p><u>Outcome:</u> The development of national and sectoral policies that consider the consequences of population dynamics and gender issues and their linkages with poverty</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Economic development policies take account of population dynamics and gender issues</li> <li>• Annual MDG and poverty-related reports take into account population dynamics and gender issues</li> </ul>	<p><u>Output 1:</u> Enhanced national capacity for effective formulation, planning and implementation of population policies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• National population committee in place</li> <li>• Population policy papers developed</li> <li>• Number of sectors incorporating population and development issues in social policy planning</li> </ul> <p><u>Output 2:</u> Enhanced capacity of government institutions at central and local levels and of civil society to formulate, implement, monitor and evaluate policies to combat gender-based violence and trafficking in human beings</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• National policies and strategies to address gender-based violence and human trafficking in place</li> <li>• Local strategies to address gender-based violence and human trafficking prevention in place in target districts, including support and referral mechanisms for victims</li> <li>• Number of trained experts to address gender-based violence and human trafficking increased by 50% in target districts</li> <li>• Number of service delivery points providing integrated services for gender-based violence victims increased by 50% in target districts</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Labour, Social Solidarity and the Family; national anti-poverty and social inclusion commission; national institute for statistics; and the demographic research centre in the Romanian Academy</li> <li>• UNDP</li> <li>• Ministry of the Interior and Administration; institute for crime prevention and research, Ministry of Labour, Social Solidarity and the Family</li> <li>• NGOs</li> </ul>	<p>Regular resources: \$0.2 million</p> <p>Other resources: \$0.2 million</p> <p>Programme coordination and assistance: \$0.3 million from regular resources</p>