

# UNFPA Country Programme Evaluation: Republic of Moldova

2018-2022

## FINAL EVALUATION REPORT



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**Disclaimer**

This was an independent external evaluation, so the analysis and recommendations of this report are the product of the evaluation team and do not necessarily reflect the views of the United Nations Population Fund.

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common Country Analysis
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CO	UNFPA Country Office
CP	UNFPA Country Programme
CPD	UNFPA Country Programme Document
CPE	Country Programme Evaluation
CRVS	Civil Registration and Vital Statistics
EBRD	European Bank for Reconstruction and Development
EQ	Evaluation Question
ERG	Evaluation Reference Group
FP	Family planning
GE	Gender equality
GII	Gender Inequality Index
FSW	Female Sex Worker
HDI	Human Development Index
HIV	Human Immunodeficiency Viruses
ICPD	International Conference on Population and Development
KAP	Knowledge, Attitude and Practice
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex people
LPA	Local Public Authorities
MMR	Maternal mortality ratio
MSM	Men who have Sex with Men
NBS	National Bureau of Statistics
NCSD	National Council for Sustainable Development
NEET	Not in Education, Employment, or Training
NGO	Non-governmental organization
OECD	Organization for Economic Co-operation and Development
OECD DAC	OECD Development Assistance Committee

PD	Population and development
PHC	Primary health care
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
RHC	Reproductive Health Cabinet
SCORE	Social Cohesion and Reconciliation Index
SDGs	Sustainable Development Goals
SP	UNFPA Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
ToC	Theory of Change
ToR	Terms of Reference
VET	Vocational Education and Training
UNDAF	United Nations Development Assistance Framework
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YC	Youth Center
YFHC	Youth Friendly Health Clinic

### **Box 1. Structure of the Evaluation of the Moldova UNFPA Country Programme 2018-2022**

This report includes executive summary, six chapters, and annexes presented in a separate file. Report structure follows recommendations provided in the UNFPA Evaluation Handbook “How to design and conduct a country programme evaluation” (2019 edition).

Chapter 1, **Introduction**, presents evaluation purpose and scope and describes evaluation process, methodology and methodology limitations.

Chapter 2, **Country context**, discusses the situation and recent development in Moldova related to the focus areas of the country programme, as well as factors that influence provision of development assistance.

Chapter 3, **UNFPA response and Country Programme for Moldova 2018-2022**, describes the design of the UNFPA country programme and its financial structure.

Chapter 4, **Findings**, presents answers to evaluation questions.

Chapter 5, **Conclusions**, presents strategic level conclusions on key success and failure factors emerging from the evaluation findings as well as programmatic level conclusions on the overall progress achieved by the programme.

Chapter 6, **Recommendations**, presents strategic and programmatic level recommendations.

**Annexes** include the terms of reference, stakeholder map, list of persons consulted, list of consulted documents, evaluation matrix and data collection instruments.

The report was not professionally edited.

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## Key facts table

<b>Land</b>	
Geographical location	Eastern Europe
Land area	33,846 sq km <sup>1</sup>
Border countries	Romania and Ukraine
<b>People</b>	
Population	2.59 million (2021) <sup>2</sup>
Life expectancy at birth	69.8 years (2020) <sup>2</sup>
Urban population (%)	42.7% (2019) <sup>3</sup>
<b>Economy</b>	
GDP per capita (current US\$)	4,494 (2019) <sup>3</sup>
GDP annual growth (%)	3,58% (2019) <sup>3</sup>
<b>Social indicators</b>	
Human Development Index	0.750 (2019) <sup>4</sup>
Employment to population ratio (% ages 15 and older)	40,1 (2019) <sup>3</sup>
Youth unemployment (% ages 15–24)	10.4 (2019) <sup>3</sup>
HIV incidence, all population (per 1,000 uninfected population)	0.23 (2019) <sup>3</sup>
HIV incidence, ages 15-24 (per 1,000 uninfected population ages 15-24)	0.3 (2019) <sup>3</sup>
National public budget spending on social protection (%)	35.2 (2019) <sup>2</sup>
National public budget spending on health (%)	13.1 (2019) <sup>2</sup>
National public budget spending on education (%)	6.5 (2019) <sup>2</sup>
Government expenditure on education (% of GDP)	17,4% (2018) <sup>3</sup>
Internet users (% of population)	76,1% (2017) <sup>3</sup>
Mobile phone subscriptions (per 100 people)	89,3 (2019) <sup>3</sup>

<sup>1</sup> <https://data.un.org/CountryProfile.aspx/ Docs/CountryProfile.aspx?crName=Republic%20of%20Moldova>

<sup>2</sup> National Bureau of Statistics of the Republic of Moldova. <https://statbank.statistica.md/>

<sup>3</sup> <https://data.worldbank.org/country/MD>

<sup>4</sup> <http://hdr.undp.org/en/countries/profiles/MDA>

SDGs/ Targets	Indicator/ Source	Status*
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio	16.8 per 100,000 live new-borns (2019) <sup>1</sup>
	3.1.2 Proportion of births attended by skilled health personnel	99.70 (2014) <sup>1</sup>
	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	60.40 (2012) <sup>1</sup>
	3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group	27.34 births per 1,000 girls aged 15-19 <sup>3</sup>
Goal 5. Achieve gender equality and empower all women and girls	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months	
	a) Physical violence (%)	8.9 (2010) <sup>1</sup>
	b) Sexual violence (%)	4.1 (2010) <sup>1</sup>
	c) Psychological violence (%)	25.7 (2010) <sup>1</sup>
	5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	72,9% (2020) <sup>2</sup>
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority	99.60 (2018) <sup>1</sup>

<sup>1</sup> UN Moldova (2020). Common Country Analysis.

<sup>2</sup> <https://data.worldbank.org/country/MD>

<sup>3</sup> National Bureau of Statistics, <https://statbank.statistica.md/>

## Executive summary

This report presents the findings of the final evaluation of the UNFPA Country Programme (CP) for Moldova 2018-2022. The overall objectives of this evaluation are: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives are:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- To provide an assessment of country office positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results, including as a result of the COVID-19 pandemic.
- To draw key lessons from the past and current cooperation and provide a set of clear, specific, and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.
- To document good practices and innovation in programme intervention design or strategy development, if available.

The evaluation was carried out in accordance with the Evaluation Implementation Plan. The primary users of this evaluation are the decision-makers within the UNFPA country offices and organization as a whole, government counterparts in the country, the UNFPA Executive Board, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation covered the Republic of Moldova and the following four programmatic areas: sexual and reproductive health and rights, adolescents and youth, gender equality and population and development.

The evaluation covered all activities planned and/or implemented during the period 2018-2021. Cross-cutting areas included partnership, resource mobilization and communication.

The evaluation analyzed the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans 2018--2021, Republic of Moldova-United Nations Partnership Framework for Sustainable Development 2018-2022 and national development priorities and needs.

### **Methodology**

Evaluation design was informed by analysis of the country programme strategic intent, including reconstruction of the theory of change, and mapping of programme stakeholders. Evaluation data was collected through review of relevant documentation as well as zoom-based remote semi-structured interviews and focus groups with 129 programme stakeholders conducted on June 11 – July 6, 2021.

Based on the analysis and triangulation of the data collected from different sources the evaluation team has developed evaluation findings and constructed answers to the evaluation questions. Evaluation conclusions and recommendations were developed in consultation with Evaluation Reference Group and UNFPA Country Office.

### **Findings**

#### ***Relevance***

UNFPA CP for Moldova is fully aligned with UNDAF 2018-2022, SDGs, national priorities and strategies as well as the UNFPA Strategic Plan 2018-2021. Needs analysis included in the CP has a strong focus on the

needs of young people which is relevant given that young people make a significant share of Moldova population. In addition, while the CP provides a broad framework for UNFPA interventions, specific interventions are often informed by targeted assessments of the needs of specific beneficiary groups.

### ***Effectiveness***

On the output level the CP has already achieved or made significant progress towards achieving the majority of its targets in all focus areas. On the outcome level the CP has either achieved or exceeded intended results in the SRH focus area. In the Adolescents and Youth focus area UNFPA support facilitated some progress towards reduction of the adolescent pregnancy rate, but it is unlikely that the CP target for reduction in adolescent pregnancy rate will be achieved by the end of the programme. It is likely that UNFPA efforts contributed towards greater knowledge in the area of HIV prevention among adolescents and young people, but the extent of achievement of the related target cannot be assessed because of the lack of data. The outcome level target for the Population and Development focus area to have national development plans that explicitly integrate demographic dynamics has already been achieved.

Key factors that facilitate achievement of the CP results across all focus areas include the long-term systemic approach that undergirds UNFPA work and UNFPA access to international expertise. Common constraining factors include high staff turnover in the public sectors that erodes results of the UNFPA capacity building efforts and low levels of public awareness and understanding of the importance of SRH and youth issues which translates, for example, into reluctance of teachers to deliver SRH education. Another constraint is the existing architectures of the service provision. Reproductive health cabinets, Youth Friendly Health Clinics and Youth Centers are located only in district centers. As a result people in rural areas have limited access to services.

UNFPA advocacy and support was instrumental for integration of the sexual and reproductive health issues, needs of adolescents and young people, gender equality, and relevant population dynamics were integrated in the National Development Strategy “Moldova 2030” adopted in 2018. Other national policies developed with UNFPA support include the National Health Strategy 2030, the National Programme on Sexual and Reproductive Health and Rights 2018-2022. UNFPA has already started advocacy and support to the development of the next National Youth Sector Development Strategy as well as for national gender-responsive family policies. Demographic issues were the main entry points for UNFPA in the relationship with the Government and Parliament of Moldova.

### ***Efficiency***

Facilitative approach used by UNFPA Moldova to manage its relations with donors and implementing partners as well as within the CO team contributes towards efficient use of human and financial resources by reducing duplication of efforts and creating synergies within and between interventions as well as supporting resource mobilization.

### ***Sustainability***

UNFPA interventions in all focus areas include capacity development components. In SRH focus area UNFPA supported direct capacity building for health care professionals and integration of SRH topics into the curricular of the Nicolae Testemitanu State University of Medicine and Pharmacy and medical colleges which contributes towards greater national ownership and continued access to training for national health care professionals. UNFPA efforts to build capacity of the Youth Centers have already translated into enhanced institutional capacity of individual centers and consolidation of a Youth Centers network. UNFPA interventions in the area of gender equality have a strong focus on building capacity of service providers. UNFPA support to the National Bureau of Statistics has already translated into its greater capacity to integrate new approaches into the current frameworks.

UNFPA has strong partnership relations with the Ministry of Health, Labour and Social Protection and the Ministry of Education, Culture and Research (MECR). Both Ministries recognize UNFPA expertise in SRH and Adolescents and Youth areas. Within the framework of this CP both Ministries financially contributed to implementation of the programmes managed by UNFPA: the Generations and Gender Programme (2018-2022) and the National Program for Development of Youth Centers. MECR has become the second largest donor for UNFPA Moldova.

The national health system is able to continue application of approaches introduced with UNFPA support, but this support remains crucial for further development, especially introduction of modern approaches. National education system is not ready to deliver health education courses without external support yet. VET system has sufficient capacity to continue and scale up delivery of the “Decisions for a healthy lifestyle” curriculum, but additional support is needed to strengthen teacher’s capacity to assess the impact of the course on the students. UNFPA interventions in combating gender stereotypes and engaging men as well as family-friendly policies areas are early pilots and require continued support.

### ***UNFPA CO coordination with UNCT***

Due to a strong culture of cooperation UNFPA plays an active role in functioning and consolidation of coordination mechanisms within UNCT and between UNCT and national partners. UNFPA leadership was instrumental for integration of the SDGs no-one-left-behind principle in the UNCT joint activities.

### ***UNFPA added value***

UNFPA Moldova added value comes from its unique mandate that focuses on sexual and reproductive health, including sexual and reproductive health of adolescents, prevention of gender-based violence, working with elderly and strengthening national data collection systems, as well as from its strong advocacy power to advance this mandate

## **Conclusions**

### ***Strategic level***

Conclusion 1: Evidence-based systemic approach that undergirds UNFPA work facilitates effectiveness and sustainability of achieved results.

Conclusion 2: UNFPA Moldova's strong culture of cooperation facilitates its strong partnerships with national ministries, implementing partners and members of UNCT, high efficiency of implementation and strong national ownership.

Conclusion 3: The need to continue working under COVID-19 related restrictions facilitated rapid adaptation of the UNFPA supported activities for online delivery.

Conclusion 4: Gender, human rights and disability considerations are strategically integrated in many UNFPA interventions.

### ***Programmatic level***

Conclusion 5: UNFPA made significant progress in terms of strengthening provision of services in the areas of family planning and cervical screening. But actual use of these services is still limited because of persistent stereotypes and low level of SRH literacy among the Moldova population, both young people and adults.

Conclusion 6: UNFPA Moldova work within the framework of this country programme laid the foundations for making the optional Health Education course mandatory.

Conclusion 7: UNFPA Moldova work within this country programme laid the foundations for establishment of the comprehensive cross-sectoral youth services system.

Conclusion 8: UNFPA Moldova interventions in the area of gender equality are still on the stage of early pilots and will require a long-term consistent support to ensure their full national ownership and integration.

Conclusion 9: UNFPA's strategic interventions and efforts around demographic resilience are acknowledged by national partners as being essential drivers in helping shape public policies and research based on timely, accessible, accurate data. These interventions create opportunities for a wide range of national stakeholders to strengthen their knowledge and skills base for social science, public policy making, and research based on timely, accessible, accurate data, however, constraints related to the capacity of various stakeholders to use the data still remain.

## **Recommendations**

### ***Strategic level***

Recommendation 1: To further strengthen application of the evidence-based systemic approach consider using ecosystem approach to the analysis of the state of targeted systems to identify priority areas for interventions.

Recommendation 2: Consistently model the culture of cooperation and encourage its adoption by all implementing partners.

Recommendation 3: Explore the option of developing short online self-study courses to support introduction and application of important regulatory documents.

Recommendation 4: Explore and test options to reach the most vulnerable groups of people, especially vulnerable young people in remote rural areas, with SHR and youth services

### ***Programmatic level***

Recommendation 5: The next country programme shall have a strong focus on building SRH literacy of the population to maximize utilization of available SRH services.

Recommendation 6: Advocate for making the optional Health Education course mandatory.

Recommendation 7: Consider advocating for and supporting establishment of the comprehensive cross-sectoral youth services system.

Recommendation 8: Continue advocating for more private companies to join in the efforts around implementation of family friendly policies at the workplace. To strengthen synergies within the gender focus area consider offering the Father's Club model to companies participating in the family-friendly policies interventions.

Recommendation 9: Continue strengthening the capacities of key relevant national stakeholders to develop and promote demographic resilience and family friendly policies based on data.

Recommendation 10: Continue support to NBS capacity development.

## CHAPTER 1: Introduction

This chapter presents the purpose, objectives and scope of this evaluation. It also provides an overview of the methodology used by the evaluation team, including evaluation criteria and questions, evaluation process, sample, methods for data collection and analysis, as well as evaluation limitations and related mitigation measures.

### 1.1 Purpose and objectives of this evaluation

The overall objectives of this evaluation are: (i) an enhanced accountability of UNFPA and its country office for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives are:

- To provide an independent assessment of the progress of the country programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
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### 1.2 Scope of the evaluation

The evaluation covered the Republic of Moldova and the following four programmatic areas: sexual and reproductive health and rights, adolescents and youth, gender equality and population and development.

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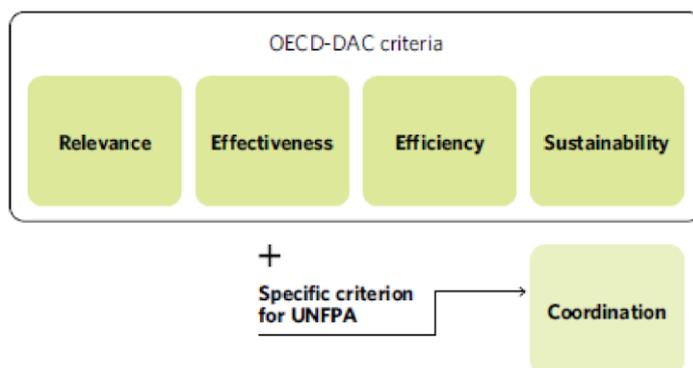
### 1.3 Methodology and process

#### 1.3.1 Evaluation criteria and questions

This evaluation was structured around four OECD-Development Assistance Committee (OECD-DAC) criteria of relevance, effectiveness, efficiency and sustainability, as well as a criterion of UNFPA CO

coordination with UNCT specific to UNFPA (Fig. 1). In addition, the evaluation had to assess the added value of the UNFPA Country Programme.

Figure 1. Evaluation criteria.



Source: UNFPA Evaluation Handbook (2019).

During the preparatory phase UNFPA Country Office in Moldova developed a set of evaluation questions related to the above criteria that was reviewed and approved by the regional evaluation advisor (Table 1).

Table 1. Evaluation questions.

Criteria	Evaluation questions
Relevance	EQ1.To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis on the most vulnerable population (ii) and in line with the priorities set by international and national policy frameworks (iii) aligned with the UNFPA Strategic Plan (iv) aligned with the UNDAF, as well as SDGs?
Effectiveness	EQ 2. Were the country programme intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?  EQ3. What were the constraining and facilitating factors and the influence of context on the achievement of results?  EQ4.To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health, needs of adolescents and young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks?
Efficiency	EQ5. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA country programme?
Sustainability	EQ6.To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?  EQ7. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding

	and promoting the national ownership of supported interventions, programmes and policies?  EQ8. Are stakeholders ready to continue supporting or carrying out specific programme activities; replicate the activities; adapt programme results in other contexts?
UNFPA CP coordination with UNCT	EQ 9. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and achieving the SDG goals?
UNFPA CP added value	EQ10.What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders in achieving the national and SDG goals?

### 1.3.2 Methodology

Methodology used by the evaluation team was based on the recommendations and guidance provided by the UNFPA Evaluation Handbook<sup>1</sup>, as well as the UNEG Guidance Document “Integrating Human Rights and Gender Equality in Evaluation” and Guidance on Disability Inclusion in UNFPA Evaluations. Evaluation Matrix (Annex 5) presents a detailed overview of the evaluation methodology.

In the course of this evaluation the evaluation team followed the UNEG Ethical Guidelines (2008) and Norms for Evaluation in the UN System (2016).

#### Evaluation process

The evaluation included three main phases: (i) design phase; (ii) data collection phase; and (iii) synthesis and dissemination phase. The evaluation team started the **design phase** with inception interviews with the staff of the UNFPA country office to get an understanding of the set of interventions implemented within the framework of the country programme and involved stakeholders. Then the evaluation team reviewed documentation provided by the country office. Results of this analysis informed reconstruction of the programme logic, development of the stakeholder map and design of evaluation methodology that was presented in the inception report and discussed with the country office (CO) and the Evaluation Reference Group (ERG).

The **data collection phase** took place from June 22 till July 6, 2021. Due to COVID-19 related travel restriction all interviews and focus groups were conducted remotely via zoom platform. Interviews were conducted in Romanian, Russian and English. The choice of the language was made by the respondent. When necessary, the international consultant was supported by a team of interpreters who provided simultaneous Romanian-English translation. Preliminary results based on the initial analysis of the collected data were presented to the UNFPA Moldova on July 9, 2021.

During the **synthesis and dissemination phase** the evaluation team carefully analyzed all collected data and triangulated information from different sources to arrive at the evaluation findings, conclusions and recommendations and prepared the first draft of the evaluation report. This draft was reviewed by the CO. Key findings, conclusions and recommendations were presented to and discussed with members of the ERG. The final version of the evaluation report was developed with consideration of the comments made by the CO and the ERG.

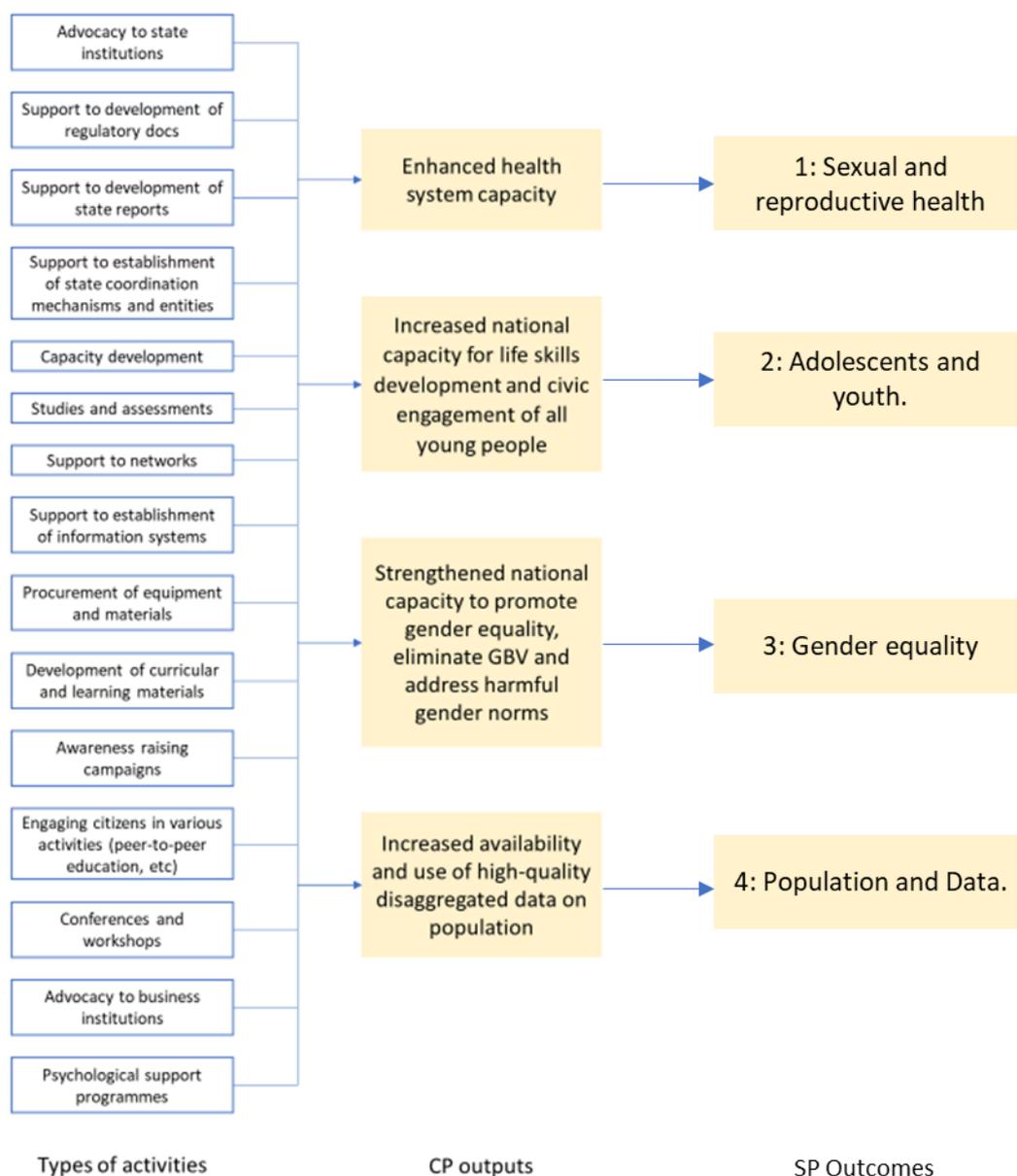
#### Reconstruction of the programme logic

Reconstructed programme logic was one of the products of the evaluation design phase. Based on the analysis of the documentation provided by the CO and information from the inception discussions with

<sup>1</sup> UNFPA Evaluation Handbook. How to design and conduct a country programme evaluation. 2019 edition.

the CO team, the evaluation team identified the types of interventions used to achieve intended CP outputs: from advocacy efforts targeting state institutions to capacity development, to creating opportunities for engagement for young people and other citizens, to provision of supply and equipment as well as of psychological support programs, especially during COVID-19 crises. This analysis informed the reconstruction of the Theory of Change for the country programme (CP) (Fig. 2)

Figure 2. Reconstructed Theory of Change for revised UNFPA CP 2018-2022.



Source: developed by the evaluation team.

### Evaluation approach, data collection methods and sources of information

The evaluation used a **participatory mixed methods design**. Throughout the evaluation process the evaluation team paid special attention to the cross-cutting themes of partnership, resource mobilization, communication, gender and human rights responsiveness, and disability inclusion. Special attention was paid to integration of the gender, human rights and disability inclusion considerations in the context analysis, evaluation questions, evaluation methods, data collection and analysis and reporting.

The evaluation team used the following data collection methods and sources of information:

- Review of the programme documentation and other relevant secondary data, including surveys and research papers.
- Online individual and group semi-structured interviews with CP implementing partners, national partners and donors.
- Online focus groups with representatives of local institutions involved in the CP (Youth Centers, local authorities, VET schools, etc.) and businesses involved in piloting of youth-friendly policies.
- Online focus groups with some of CP volunteers and beneficiaries, including Y-PEER volunteers, VET students and participants of Father's clubs.
- Semi-structured interviews with members of UNCT.

Overall, the evaluation team reached 129 CP stakeholders (Table 2).

*Table 2. Composition of the stakeholder sample.*

Stakeholder category	Females 	Males 	Girls 	Boys 	Total
National institutions	45	4			<b>49</b>
CSOs	32	7			<b>37</b>
Volunteers	5		5		<b>10</b>
Beneficiaries		3		2	<b>5</b>
Private sector	3				<b>3</b>
Donors	4	3			<b>7</b>
UN agencies	7	9			<b>16</b>
<b>Total</b>	<b>96</b>	<b>26</b>	<b>5</b>	<b>2</b>	<b>129</b>

Source: developed by the evaluation team.

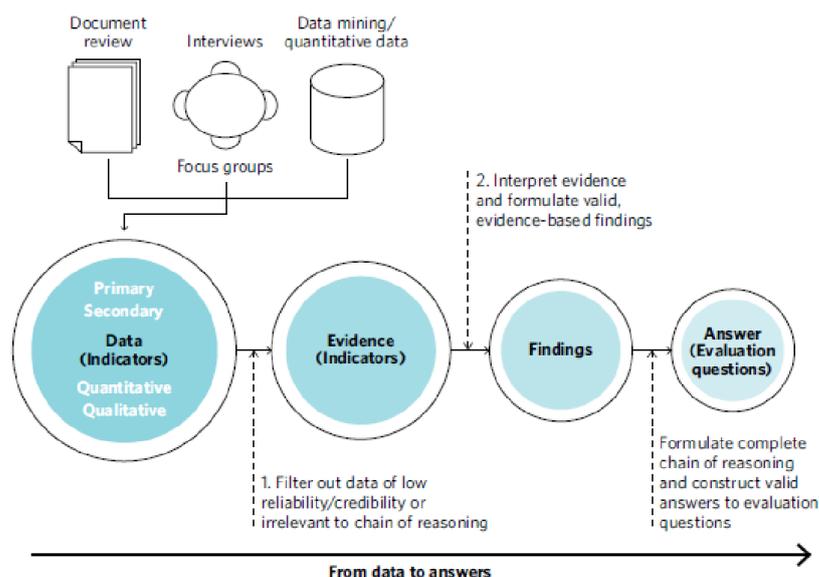
### Data analysis

Analysis of the collected data was conducted in line with the recommendations provided in the UNFPA Evaluation Handbook (Fig. 3). Data analysis involved several stages. During the data collection stage members of the evaluation team held regular debriefing meetings that were used to compare and validate data from interviews and involved preliminary analysis of the topics and themes emerging from the data.

After the field phase was completed the evaluation team reviewed all collected data and triangulated data from different sources to identify findings and answers to evaluation questions.

Further analysis of the evaluation findings in consultation with the CO staff and members of the ERG informed evaluation conclusions and recommendations.

Figure 3. Data analysis process.



Source: UNFPA Evaluation Handbook (2019).

### Human rights, gender and disability considerations

The evaluation team made a number of steps to integrate disability, human rights and gender equality considerations in the evaluation design:

- Evaluation sample included both duty bearers (representatives of state institutions) and rights holders (including young people).
- The evaluation team had a limited degree of control over the final composition of focus groups. To make sure that perspectives of people with disability were included in this evaluation, the evaluation team interviewed representatives of two NGOs representing people with disability - the Alliance of Organizations for Persons with Disabilities in the Republic of Moldova and NGO Motivatie - that are familiar with UNFPA CO work.
- Indicators on integration of disability, gender and human rights considerations in the CP design and implementation (including policy advocacy efforts) were included in the Evaluation Matrix.
- Analysis and interpretation of the collected data was done from the perspective that individuals are subjects of rights and therefore entitled to assistance and with a focus on structural causes and their manifestations as recommended in the UNEG Guiding Document “Integrating Human Rights and Gender Equality in Evaluation”.
- To the extent possible the evaluation team tried to get a more granular and nuanced understanding of ways in which integration of disability, gender and human rights in the CP design and implementation processes affected achievement of the CP results.

### Ethical considerations

In the process of this evaluation the evaluation team followed the UNEG Ethical Guidelines for Evaluation. Efforts to make the evaluation process ethical included the following measures:

- Evaluators always obtained informed consent of stakeholders prior to an interview or a focus group discussion. The purpose of evaluation, respondent’s right to decline any of the questions and to stop interview at any moment as well as measures that the team would take to protect his/her anonymity were explained to all respondents in the beginning of each interview/focus group.

- The evaluators were open with the stakeholders about the limitations of their mandate and their ability to influence decisions about UNFPA future programming.
- The evaluation team did not include in the list of consulted persons provided as attachment to the evaluation report names of underage young people who participated in focus groups.
- The evaluation team decided not to use illustrative quotes in the evaluation report to ensure protection of the identity of respondents.

### **Methodology limitations and corresponding mitigation measures**

Limitations of this evaluation and corresponding mitigation measures include:

- Indicators included in the UNFPA CP RRF did not fully capture the changes due to the programme interventions. The evaluation team carefully documented the changes due to CP efforts and included this data in the analysis of the CP effectiveness.
- Because of COVID-19 related restrictions, the majority of interactions with the CP stakeholders throughout the data collection process were remote. Online interviews and especially focus groups are more challenging for participants as people cannot observe each other's body language. In addition, many people did not have access to high quality internet connection. The evaluation team opted to have small size focus groups to make them more comfortable for participants. People also had an option to respond in chat rather than verbally.

## CHAPTER 2: Country context

This chapter describes the development challenges in Moldova relevant to the UNFPA mandate, country situation in the context of UNFPA three transformative results, relevant SDGs and government plans to achieve SDGs, as well as the role of external assistance.

### 2.1 Development challenges and national strategies

This section describes the context of the UNFPA CP implementation in the Republic of Moldova. Analysis of the context was largely informed by the Common Country Analysis (CCA) developed by the UNCT Moldova in 2020.

The Republic of Moldova (hereinafter Moldova) is a small landlocked country located between Romania and Ukraine, at the cultural, geographical, and economic crossroads between Europe's East and West. The population of 2.59 million people is 52.3% women and 47.7% men<sup>2</sup>. Moldova is a diverse and multi-ethnic country: Russian-speaking minorities make at least 25% of the population.<sup>3</sup>

From the administrative point of view, the country is divided into 32 districts, 898 municipalities, and two special status regions.<sup>4</sup> This fragmentation translates into high public administration costs and leads to less efficient delivery of health care and social assistance services. Currently, there are ongoing efforts to define conceptual frameworks related to the amalgamation of local communities in order to improve the efficiency and effectiveness of local public service delivery, ensuring quality education for all, healthcare and other key services.

Moldova has been pursuing the democratic agenda since gaining independence in 1991, with EU integration being the top priority of the past decade. However, one of the major obstacles to democratic development of the country has been lack of accountability across various levels of governance, which generated a severe decline of trust in Government among citizens. According to the Public Opinion Barometer, a low level of trust in central government still prevailed as of June 2020: 48.1% of respondents said they did not trust their government at all, 27.3% somewhat trusted the government, while only 5.2% trusted the government fully.<sup>5</sup> This negative political environment has excluded citizens from decision making processes, undermined the rule of law, impeded the delivery of basic services, enabled corruption to thrive, and all these have deepened even more with the COVID-19 pandemic.

While the economy has been growing in the past several years, Moldova remains one of the poorest countries in Eastern Europe. Moldova's economy is dependent on remittances from labor migrants. At the same time foreign direct investment is steadily growing, and Government investment in infrastructure is becoming more significant. The private sector is still largely dominated by agriculture, with low productivity and underinvestment in innovation and technology.

23% of the population lives in poverty.<sup>6</sup> The middle-class layer is very thin. Social transfers make up a significant share of household income. Many households remain vulnerable to economic shocks which could push them into poverty.

The general population is declining – as a result of large-scale outmigration, decreased fertility rates and an increased share of older people. 30.7 thousand babies were born in 2020, 1.7 thousand (or 5.2%) fewer than in the previous year, 2019, according to the NBS. The total fertility rate remained at the

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<sup>2</sup> Calculated in the basis of the National Bureau of Statistics data: <https://statbank.statistica.md/>

<sup>3</sup> Majority of factual data in this section comes from UN Moldova (2020). Common Country Analysis. Specific references are provided to data taken from other sources.

<sup>4</sup> UN Moldova (2020). Common Country Analysis.

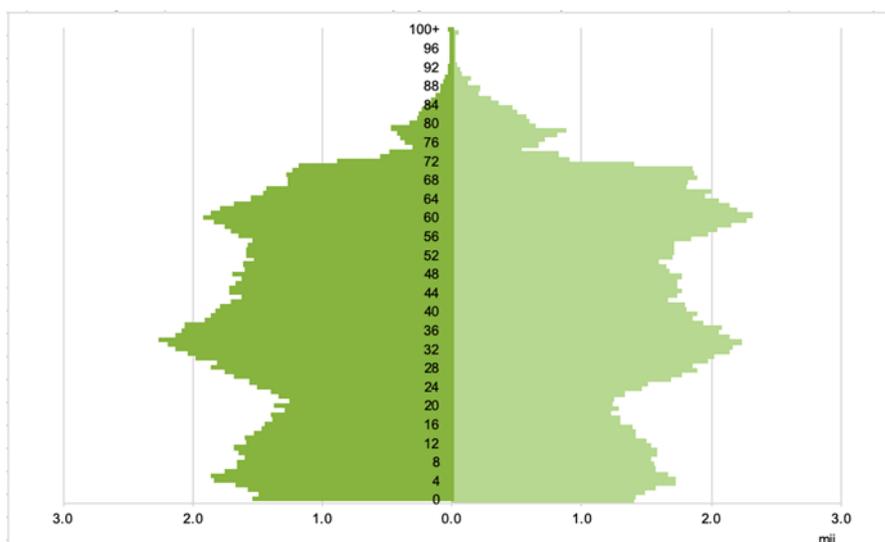
<sup>5</sup> UN Moldova (2020). Common Country Analysis

<sup>6</sup> UN Moldova (2020). Common Country Analysis

same level in 2020 compared to the previous year - 1.78 children per woman which is below the generation replacement level of 2.1 live-born children per woman of reproductive age.<sup>7</sup>

The provisional number of usual resident population on 1 January 2021 was 2597.1 thousand persons, by 46.8 thousand persons less (by 1.8%) compared to the beginning of 2020 and by 272.1 thousand persons (by 10.5%) over the last 8 years (01.01.2014-01.01.2021), according to the NBS.<sup>8</sup> The female population, as in previous years, prevails. According to estimates, at the beginning of 2021, the female population made up 1357.2 thousand people or 52.3% of the country's population. At the same time, the male population accounted for 1239.9 thousand people or 47.7% of the country's population (Fig. 4).<sup>9</sup>

Figure 4. Moldova demographic pyramid – January 2021.



Source: National Bureau of Statistics, 2021.

In 2019, 20.3 thousand marriages were registered<sup>10</sup>. The number of “first-time marriages” was 14.4 thousand. The majority (94%) were registered by young people aged 16-34. Most men who got married in 2019 belonged to the age group 25-29 years (35.1%), and most married women - to the age group 20-24 years (34.7%). The average age at first marriage was 28.9 years for men and 26.0 years for women.<sup>11</sup>

The younger generation is in continuous decline in Moldova. From 2017 to 2021, the population aged 14-19 decreased by 18.5 thousand people (or by 10.1%), aged 20-24 decreased by 61.5 thousand people (31.6%), aged 25-29 by 53.3 thousand (23.6%).<sup>12</sup> During the 2019/20 academic year, the number of students in the 14-29 age group was 186.9 thousand, or 14.4% less than in the 2015/16 academic year.<sup>13</sup>

The shrinking of the population of Moldova continued throughout the past few years. The net migration of the usual resident population in 2019 was negative (- 38.2 thousand persons), as in previous years, while it was also down compared to 2018 (- 41.8 thousand persons).<sup>14</sup>

<sup>7</sup> UN Moldova (2020). Common Country Analysis

<sup>8</sup> <https://statistica.gov.md/>

<sup>9</sup> UN Moldova (2020). Common Country Analysis

<sup>10</sup> <https://statistica.gov.md//newsview.php?l=ro&id=7072&idc=168>

<sup>11</sup> UN Moldova (2020). Common Country Analysis

<sup>12</sup> <https://statistica.gov.md//newsview.php?l=ro&id=7072&idc=168>

<sup>13</sup> <https://statistica.gov.md>

<sup>14</sup> <https://statistica.gov.md>

Of all emigrants, about 43% are young people in the age groups 20-29 and 30-39, 21% and 22% respectively, as per NBS data.<sup>15</sup> A similar situation is specific for immigrants, the same age groups hold a share of about 42% of the total, (19% for the age group 20-29 and 23% for the age group 30-39).<sup>16</sup>

The proportion of people above 60 years old is steadily increasing. During the last five years, the share of the 65-69 age group has increased the most - by 2.7 p.p. (from 25.8% at the beginning of 2016 to 28.5% at the beginning of 2020).<sup>17</sup>

At the beginning of 2020, the ageing coefficient of the population was 21.8%, which corresponds to a high level of demographic ageing<sup>18</sup>. Compared to the beginning of 2016, it increased by 3.3 percentage points. Differences are also marked in the gender distribution, with the female population ageing ratio at the beginning of 2020 being 7.0 p.p. higher than that of men and amounted to 25.1%, compared to 18.1% for men.<sup>19</sup>

According to the Household Budget Survey data, in 2019, 38.8% of all households had at least one person aged 60 years and over, of which 71.0% were households consisting only of the elderly, and the rest were households with other ages/persons. Of the total elderly-only households, 63.4% lived in rural areas and 36.6% in urban areas.<sup>20</sup>

Social cohesion in the country is fragile as a result of negative attitudes towards women, persons with disabilities, LGBTQI persons, as well as the protracted Transnistria region conflict.

Access to high quality healthcare remains challenging, particularly for vulnerable groups and those living in rural areas. This has a negative impact on health outcomes and contributes to lower life expectancy for Moldovans. On the positive side, access to mandatory health insurance has been continuously improving in recent years.

## **COVID-19**

The Moldovan health system has performed relatively well, given the heavy strain placed on it by the pandemic. The Ministry of Health, Labour and Social Protection developed a National Emergency Preparedness and Response Plan which was endorsed by the National Committee for Public Health Emergencies on 13 March 2020.

The COVID-19 pandemic has exacerbated pre-existing vulnerabilities and increased the exposure of existing and new population groups to the specific risks of poverty, exclusion, and limitations on their human rights. A number of already vulnerable groups in particular have been hard hit, such as people living in poverty, older people, persons with disabilities, Roma, young people not in education, employment, or training (NEETs), and vulnerable women, among others.

### **Most vulnerable groups**

Within the framework of the 2020 CCA the UNCT conducted analysis of the vulnerable groups and the deprivations they suffer. The summary of this analysis in relation to the UNFPA mandate is presented in Table 3.

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<sup>15</sup> <https://statistica.gov.md>

<sup>16</sup> <https://statistica.gov.md>

<sup>17</sup> <https://statistica.gov.md>

<sup>18</sup> <https://statistica.gov.md/newsview.php?!=ro&id=7072&idc=168>

<sup>19</sup> <https://statistica.gov.md>

<sup>20</sup> UN Moldova (2020). Common Country Analysis

Table 3. Most vulnerable groups and their status in relation to the UNFPA mandate.

Group	Deprivations
Ethno-linguistic minorities	Very limited use of minority languages by public institutions and in public life. Most government websites and public documents are available in only Romanian.
Roma	<p>Members of the Roma community in Moldova are among the most marginalized, vulnerable and excluded people in the country. Roma have reduced access to public services, including health care and social assistance.</p> <p>Roma women suffer double discrimination – as both women and Roma. They are exposed to greater risks of social exclusion and poverty than Roma men and suffer greater gender-based discrimination than non-Roma women.</p> <p>The rate of domestic violence faced by Roma women is higher than that faced by non-Roma women.</p>
Women with disabilities	<p>Women with disabilities face multiple discrimination and exclusion in all areas of life. This includes low participation of women with disabilities in public and political life, and the fact that mainstream services developed to prevent and combat gender-based violence are inaccessible for women and girls with disabilities.</p> <p>Women with disabilities lack opportunities to escape domestic violence, as most institutions and services are not accessible to them. Besides this, women with psychosocial disabilities face a high risk of violence, including sexual abuse, if they are institutionalized.</p> <p>Women with disabilities face certain disadvantages when it comes to sexuality, reproductive health and starting families. Stereotypes prevalent in society that discriminate against and stigmatize women with disabilities lead some of them to give up family life, especially those with severe disabilities. Women with disabilities have limited access to health care, including SRH services, as health care institutions lack accessible facilities and specialists trained on disability-inclusive human rights based care.</p>
Women victims of violence	Women face multiple forms of domestic violence. Around 60% of women have experienced, at a certain point in their lifetime, psychological violence, 55% were subjected to psychological violence oriented toward making them socially isolated, and 10% suffered economic violence at least once.
Older women	<p>Women aged 55 - 65 are most affected by gender-based violence (GBV), as they are more likely to be living with several aggressors within the same household (partner and other members of household). Furthermore, many older women do not report GBV cases.</p> <p>Victimization of older women stems from vulnerabilities associated with ageing, but also with patriarchal power dynamics and forms of abuse not necessarily coming from partners, but also from caregivers and other household or community members.</p>
Children victims of violence	About two out of five girls (36.8%) and boys (37.8%) had experienced some type of violence. About one in seven girls (14.4%) and one in

	<p>twenty boys (5.3%) experienced sexual violence before the age of 18. Many victims of sexual violence did not tell anyone about their experiences. While three out of five girls (61.9%) and two out of five boys (43.4%) knew a place to go for help, seeking and receiving help was rare.<sup>21</sup></p>
Persons living in rural areas	<p>Girls and women living in rural areas face difficulties in exercising their sexual and reproductive rights, due to limited access to family planning services and contraceptives because of the shortage of primary healthcare personnel in some rural areas and Youth Friendly Health Clinics located in district centers don't have mobile teams to regularly conduct visits to all villages in the served territories.</p> <p>Women from rural areas who are victims of gender-based violence do not have access to protection services because of the lack of shelters and support services for victims, including psychosocial counselling, legal assistance and rehabilitation programmes.</p>
Key Populations (Sex Workers, Men Having Sex with Men, Drug Users and Transgender People)	<p>Key Populations (KPs) face barriers in accessing information and services needed to protect their health and wellbeing, including HIV prevention services, due to poor referral mechanisms and the fragility of the financing sustainability of the HIV Prevention Interventions for KPs. Because of the criminalization of sex work, community of sex workers have little capacity to address the challenges they face and advocate for their rights. Transgender people face stigma and discrimination.</p>

Source: developed by the Evaluation Team based on UN Moldova 2020 Common Country Analysis and inputs from the UNFPA Moldova CO team.

### 2.1.1 Sexual and Reproductive Health and Rights

#### Family planning

Since 2015 the procurement of contraceptives for vulnerable groups including young people is done by the government of Moldova. Use of modern contraceptive methods by women is still fairly low, despite significant progress in ensuring access to sexual and reproductive health services and information. Only 31.6% of women of reproductive age use modern contraceptive methods, compared to an average of 52% across the Eastern European countries. The highest rates of unmet need for modern contraceptives are among those living in rural areas, among those with the lowest levels of education and among the poorest 20% of the population.<sup>22</sup>

Girls and women with disabilities face particular obstacles to realizing their sexual and reproductive rights. Not all facilities that provide sexual and reproductive health services are physically accessible, and often lack equipment adapted to the needs of women with disabilities, particularly those with locomotor disabilities. Girls and women with disabilities also face discriminatory attitudes among healthcare providers regarding their rights to give birth to children; this particularly affects women with intellectual and psycho-social disabilities. Girls and women with disabilities also have limited access to information about their sexual and reproductive rights and available SRH services.<sup>23</sup>

<sup>21</sup> UN Moldova (2020). Common Country Analysis

<sup>22</sup> UN Moldova (2020). Common Country Analysis

<sup>23</sup> UN Moldova (2020). Common Country Analysis

## Youth Friendly Health Clinics

A network of 41 Youth Friendly Health Clinics that are part of the primary health care system provides a variety of health care and counselling services to young people, including SRH services. The spectrum of health problems faced by adolescents and young people is very diverse and includes the use of psychoactive substances, STIs and HIV, unplanned pregnancies, mental health problems, violence, trauma, and stigma and discrimination.

Young people aged 10-24 can use reproductive health services free of charge, including access to contraceptives. In 2018, the Youth Friendly Health Clinics network covered about 27% of young people aged 10-24, compared to 5% in 2011.<sup>24</sup> However, young people in rural areas still face barriers to accessing reproductive health services because of their limited financial resources to travel to the district centres where the Youth Friendly Health Clinics are based and the need to get parental consent to access services, as well as because reproductive health issues are still taboo in the family, school and community.<sup>25</sup>

## HIV

Moldova is experiencing a concentrated HIV epidemic, with the largest portion of new infections occurring among three key populations:

- people who inject drugs (PWID);
- men who have sex with men (MSM); and
- female sex workers (FSWs), their clients, and their sexual partners.

As of the end of 2020, Moldova had 9,679 registered cases of HIV. 81.26% of people living with HIV (PLHIV) were from the 15-49 age group. Young people in the 15-24 age group make 1.78% of all PLHIV, young people in the less than 15 year old age group make 1.43% of PLHIV.<sup>26</sup>

## Cervical cancer

Cervical cancer remains among the leading causes of death in women. According to 2018 estimates Moldova is among the countries with the highest incidence rate of cervical cancer, at 30.4 per 100,000 women, compared to an average of 16.0 per 100,000 for Eastern Europe.<sup>27</sup> Cervical cancer is the most common oncological disease in women.<sup>28</sup>

Since 2014 the government is focusing on prevention and early detection of cervical cancer under the Action Plan for Implementation of the Cervical Screening in the Republic of Moldova 2014-2015; the Action Plan for Strengthening the Capacities for Implementation of the Cervical Screening in the Republic of Moldova 2016-2018; and the National Cancer Control Program 2016-2025.<sup>29</sup>

## COVID-19 impact on SRH

At least half of women in need of family planning services reported major difficulties in accessing these services, due to travel restrictions and periods of lockdown.<sup>30</sup>

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<sup>24</sup> UN Moldova (2020). Common Country Analysis

<sup>25</sup> Moldova VNR. 2020.

<sup>26</sup> Monitorizarea controlului infecției HIV în Republica Moldova, anul 2020. [https://sdmc.md/wp-content/uploads/2021/08/SPITALUL.pdf?fbclid=IwAR3Mxzg7FYhElcEZB\\_LITa\\_kSuQW33mUtOsPkR---WnGbwUbK2M-aqofsZo](https://sdmc.md/wp-content/uploads/2021/08/SPITALUL.pdf?fbclid=IwAR3Mxzg7FYhElcEZB_LITa_kSuQW33mUtOsPkR---WnGbwUbK2M-aqofsZo)

<sup>27</sup> Moldova VNR. 2020.

<sup>28</sup> Post-intervention KAP Survey on Assessment of Knowledge, Attitudes and Practices on Cervical Cancer Prevention in the Republic of Moldova. 2020.

<sup>29</sup> Post-intervention KAP Survey on Assessment of Knowledge, Attitudes and Practices on Cervical Cancer Prevention in the Republic of Moldova. 2020.

<sup>30</sup> UN Moldova (2020). Common Country Analysis.

### 2.1.2 Adolescents and youth

As of January 1, 2021, young people aged 14-34 years make 26.2% of Moldova population.<sup>31</sup> Young people face a lot of challenges, including low quality of education that does not provide them with the required skills for a successful integration in the labor market, lack of opportunities for self-awareness and life skills development as part of the formal education system.

At the beginning of the 2019/20 school year, about 194 thousand students were enrolled in general secondary education (1.4% less compared to the school year 2015/16), including 81.8% - in secondary education and 18.2% - in high school. Another, 43.6 thousand students were enrolled in VET institutions, including 14.7 thousand in secondary technical vocational institutions and 28.9 thousand - post-secondary technical vocational institutions.<sup>32</sup>

Every third young person aged 15-29 is neither working nor learning. Nearly one third of the young population aged 15-29 (27.4%) is neither in education nor employment (NEET youth). The value of this indicator for women is higher than for men (35.5% for women and 19.4% for men).<sup>33</sup>

Unemployment among young people is higher compared to other age groups or the country average. Thus, in 2019 the unemployment rate among young people aged 15-34 was 6.8%, and respectively 10.4% among young people aged 15-24, 8.5% in the age category 15-29, while the country average was 5.1%. Young people in long-term unemployment (12 months and more) accounted for 13.0% of all unemployed 15-34 year olds.<sup>34</sup>

Young people predominantly rate their health as good or very good (about 85%), 13.4% say their health is satisfactory and only 1.8% say it is bad or very bad. The positive perception of health declines with age, from 91.7% for 14-19 years old to 77.3% for 30-34 years old.<sup>35</sup>

#### Life skills development and health education

There have been a number of interventions aiming to integrate healthy lifestyle and life skills development in the formal education sector since 2005, with more formalized approaches starting in 2009, when GFA Consulting Group (Germany) and CMB Training Center (Moldova) with support from GIZ<sup>36</sup>, piloted the curriculum on "Decisions for a Healthy Lifestyle". Since September 2012, the "Decisions for a Healthy Lifestyle" optional course has been formally approved for implementation across all VET institutions in Moldova. All 97 VET institutions received hard copies of the curriculum document, teachers' guide and student's guide, CDs with video lessons and one set of interactive posters for each theme of the course.

Few years later, a "Personal Development and Career Planning" module was introduced as part of Civic Education and Class hours in the secondary general and vocational institutions in Moldova<sup>37</sup>. The "Personal Development and Career Planning" module became compulsory from January 2017 for all general secondary and secondary technical vocational schools.

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<sup>31</sup> <https://statistica.gov.md//newsview.php?l=ro&id=7072&idc=168>

<sup>32</sup> <https://statistica.gov.md>

<sup>33</sup> <https://statistica.gov.md>

<sup>34</sup> <https://statistica.gov.md>

<sup>35</sup> <https://statistica.gov.md>

<sup>36</sup> Part of the "HIV/AIDS Prevention in Eastern Europe, Moldova component" project, supported by German Agency for Technical Cooperation.

<sup>37</sup> RE-ENGINEERING VOCATIONAL ORIENTATION AND CAREER COUNSELLING (REVOCC) FOR MOLDOVAN LABOUR FORCE COMPETITIVENESS, implemented by CEDA - Centre for Entrepreneurial Education and Business Support with support from Austrian Development Agency.

The optional course “Health education” was introduced in 2015 in secondary schools and since then it has been provided as an optional course in secondary education.

### **Youth policies and participation**

Youth issues are not sufficiently addressed in the policymaking:

- youth programmes are underfinanced because Local Public Authorities (LPAs) do not allocate resources for youth support and development, due lack of efficient implementation at local level,
- there is no mechanism for effective youth engagement in decision-making at local level (youth and CSOs representing them are not sufficiently consulted during implementation of local policies).

Civic involvement of youth is low because of the lack of the culture and traditions for civic participation and a lack of mechanisms for policy dialogue with youth. Only 5% of young people are involved in local public budget consultation processes. As a result, up to 72% of the total number of programs created for adolescents locally do not meet their needs and aspirations. Besides this, the low level of information and awareness of young people is a barrier that limits their participation in decision-making processes. Many young people, who are not part of formal participation structures, are unaware of the existing opportunities for participation at local and national level.<sup>38</sup>

Involvement of youth in volunteering activities remains modest. About 11% of youth aged 15-24 and 8% of those aged 25-34 are involved in volunteering activities, such as assistance to schools; kindergartens, religious, charitable or cultural organizations; NGOs; trade unions; town halls; businesses and companies; or political parties (10.1% and 5.2%); work for the benefit of the community (19.9% and 17.5%); or conduct other volunteer activities (3.2% and 2.6%).<sup>39</sup>

Some groups of children, including children with low academic performance, children from disadvantaged groups, including children of Roma ethnicity, children with disabilities, children from at-risk groups and vulnerable groups, are often excluded and do not participate in decision-making processes.

### **2.1.3 Gender**

Under the Gender Inequality Index, Moldova ranked 46th out of 162 countries in 2019, with a score of 0.204 points.<sup>40</sup> Women continue to be under-represented in the Parliament, district and local councils, as well as in central and local government. Women’s labour force participation is still lower than men’s, even though female students outnumber male students in tertiary education.

Patriarchal social norms and gender stereotypes impact women’s and men’s, girls’ and boys’ lives differently. Socially constructed roles typically assign women and girls to the private, unpaid domestic sphere, and men and boys to the public, paid working sphere. The 2017 Gender Barometer Study conducted in Moldova found that only 20.5% of respondents disagreed with common gender stereotypes related to family decision-making roles and perceptions on men’s role as primary breadwinners. When disaggregated by sex, women were nearly five points less likely than men to hold stereotyped perceptions on gender roles. On the other hand, 58.3% agreed with at least one of two of the following stereotypical gender roles: (i) men have more responsibility to bring money into the house, and (ii) decisions should be taken predominantly by one gender (i.e., men). Overall, 21.2% of respondents supported both statements with little difference between male and female respondents.<sup>41</sup>

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<sup>38</sup> UN Moldova (2020). Common Country Analysis.

<sup>39</sup> UN Moldova (2020). Common Country Analysis.

<sup>40</sup> UN Moldova (2020). Common Country Analysis.

<sup>41</sup> UN Moldova (2020). Common Country Analysis.

Such perceptions and beliefs exert strong pressure on men and shape expectations of masculinity, contributing to unhealthy habits and shorter life expectancy. Men face barriers in exercising their parental rights on an equal footing with women. On the other hand, women bear a disproportionate burden of unpaid care work in the home, which often impacts on their ability to secure economic independence and creates numerous barriers for women's engagement in public life. The unequal power relations that exist in the family and in the society lead to gender-based discrimination and gender-based violence. These inequalities reflect differently in the overall well-being of women and men.

Specific groups of women, such as Roma women, women with disabilities, women from rural areas, women living with HIV, and single mothers face multiple and intersecting forms of discrimination based on their gender and other characteristics, such as age, ethnicity, health status, disability, place of residence, sexual orientation etc. Women with disabilities face additional and different challenges in accessing sexual and reproductive health services and face stigma and discrimination concerning the recognition of their sexual and reproductive rights.

Women-headed households are 11.7% less likely to have a computer at home than households headed by men. Over time, these differences are accentuated: the number of men-headed households with access to computers and the Internet is growing faster than the number of households led by women who have access to these resources. In rural areas, 24.1% fewer people have access to a computer at home than those living in urban areas. Public services are accessed more frequently by men (28% in 2016) than by women (21%).<sup>42</sup>

Women continue to represent the majority of survivors of gender-based violence. Almost 40% of women report physical violence from a current or recent husband or partner over the course of their lifetime; 9 % experienced violence from a partner or former partner in the last 12 months. Rates of physical violence are particularly high in rural areas. Women aged 45-59 are most vulnerable to physical violence over their lifetime, while women aged 15-34 are more likely to have suffered violence in the last 12 months. Divorced and separated women reported higher rates of sexual abuse perpetrated by husbands or partners compared to married women and widows.<sup>43</sup>

The national women's machinery and gender equality mechanisms lack decision making power and sufficient human capacities and financial resources to implement the country's commitments to gender equality. Gender equality has not been mainstreamed into central and local level processes for strategic planning, policy development and budgeting. Placing this issue at the periphery instead of the centre of decision-making processes. The average level of gender mainstreaming in public policies in 2015-2016 was 0.88 out of a maximum of four possible points and showed a low level of gender mainstreaming in public policies.<sup>44</sup>

During **COVID-19** lockdown many women reported increased incidences of domestic violence during lockdown and challenges in accessing the already limited number of support services. While alternative solutions to continue providing services were sought and offered through the civil society sector in cooperation with the Government.

#### **2.1.4 Population and development**

The population with usual residence decreases at a fast pace and the size of the emigrated population increased from about 700 thousand in 2014 to 1,159 thousand in 2020.<sup>45</sup> Emigration is the main factor causing the decline of the resident population.

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<sup>42</sup> UN Moldova (2020). Common Country Analysis.

<sup>43</sup> UN Moldova (2020). Common Country Analysis.

<sup>44</sup> UN Moldova (2020). Common Country Analysis.

<sup>45</sup> Demographic Resilience in the Republic of Moldova: the Theory of Change and the Action Plan

Unemployment rate in Moldova decreased to 3.60 percent in the second quarter of 2021 from 4.30 percent in the first quarter of 2021<sup>46</sup>.

The main strategic planning document of the country, the National Development Strategy "Moldova 2030", is under Parliament review. The strategy sets long-term sectoral development priorities, focusing on improving the quality of citizens' lives and is in line with the 2030 Agenda for Sustainable Development and the EU-Moldova Association Agreement. "Moldova 2030" is based on four pillars of sustainable development with 10 long-term objectives. Population and development are addressed under the **strong human and social capital** pillar, with the goal to provide quality education for everyone, ensuring a solid and inclusive social protection system, and balance between work and family.

According to the 2020 report of the National Bureau of Statistics of the Republic of Moldova<sup>47</sup>, population & demographic data are some of the most solicited data. Thus, in 2019 an important achievement in the field of population and migration statistics has been the revision of the population for the last five years by NBS, by applying the international definition of usual residence and by using, for the first time, data on international migration, estimated based on state border crossings provided by the Inspectorate General of Border Police.

At the same time, Moldova has a robust methodology for publication of open data<sup>48</sup> and a well-developed open data portal (<https://date.gov.md/>). However, more work needs to be done to support the NSB to publish and disseminate population data in open data format, as well as to mandate all administrative units to disclose data in open data formats on a regular basis. Regrettably, the open data agenda has been losing high level political support in the past few years.

## 2.2 Country situation in the context of three UNFPA transformative results

According to UNFPA strategic plan 2018-2021, in the period leading to 2030 UNFPA organizes its work around three transformative and people-centred results: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. This section describes the situation in Moldova in relation to these three transformative results.

### 2.2.1 End to preventable maternal deaths

While the maternal mortality rate was steadily declining (Fig. 5), recently it increased from 15.3 per 100,000 live new-borns in 2018 to 16.8 per 100,000 live new-borns in 2019.<sup>49</sup> This is less than the target of 70 per 100,000 live births set by the SDGs but does not meet the UNFPA goal of zero preventable maternal deaths.

Support to the Moldovan government in the area of maternal health is provided by WHO. For example, the biennial collaborative agreement for 2018-2019 included initiatives aimed to improve the access to services and get better health outcomes for women, newborn, children and adolescents through the technical assistance, including:

- in improving quality of antenatal, postpartum and hospital care for pregnant women, mothers and newborns and monitoring progress;
- support to improve quality of health care services in different settings through the use of the WHO Quality of care assessment packages, quality improvement approaches like near-miss case reviews and confidential enquiries into maternal deaths;

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<sup>46</sup> <https://statistica.gov.md/category.php?l=ro&idc=107>

<sup>47</sup> [https://statistica.gov.md/public/files/despre/Raport\\_activitate/Raport\\_activitate\\_2019.pdf](https://statistica.gov.md/public/files/despre/Raport_activitate/Raport_activitate_2019.pdf)

<sup>48</sup> Government Decision Nr 701 from 2014

<sup>49</sup> UN Moldova (2020). Common Country Analysis.

- capacity building of national experts in operational research, implementation of the research projects (such as Global maternal sepsis survey) and collecting new evidence on reducing reproductive, maternal and newborn health inequities.<sup>50</sup>

Figure 5. Maternal mortality rate per 100,000 live births.

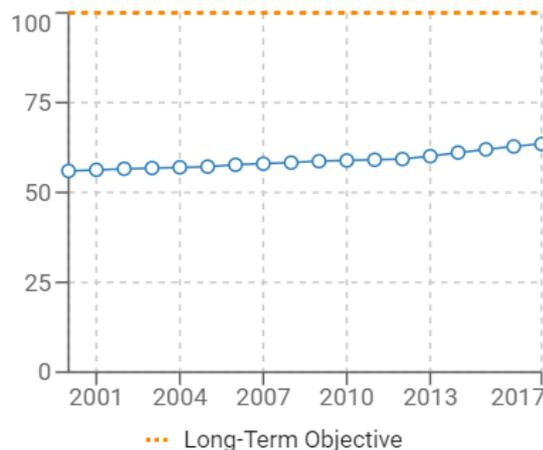


Source: <https://dashboards.sdindex.org/profiles/mda>

### 2.2.2 End to the unmet need for family planning

The demand for family planning satisfied by modern methods has been steadily growing over the past 20 years (Fig. 6). The highest rates of unmet need for modern contraceptives are among those living in rural areas, in the north of the country, among those with the lowest levels of education and, significantly, among the poorest 20% of the population.<sup>51</sup>

Figure 6. Demand for family planning satisfied by modern methods (% of females aged 15 to 49 who are married or in unions).



Source: <https://dashboards.sdindex.org/profiles/mda>

<sup>50</sup> WHO. Republic of Moldova: <https://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/country-work/republic-of-moldova>

<sup>51</sup> UN Moldova. 2020. Common Country Analysis.

### 2.2.3 End to gender-based violence and all harmful practices

Women continue to represent the majority of survivors of gender-based violence. According to official data, the number of victims of domestic violence and sexual assault (crimes that mainly affect women) increased by 13% and 137% respectively between 2013 and 2018.<sup>52</sup> Almost 40% of women report physical violence from a current or recent husband or partner over the course of their lifetime; 9 % experienced violence from a partner or former partner in the last 12 months. Rates of physical violence are particularly high in rural areas. Women aged 45-59 are most vulnerable to physical violence over their lifetime, while women aged 15-34 are more likely to have suffered violence in the last 12 months. Divorced and separated women report higher rates of sexual abuse perpetrated by husbands or partners compared to married women and widows.<sup>53</sup>

## 2.3 Country situation in the context of relevant SDGs and targets and government plan to achieve SDGs

This section discusses national institutional arrangements and policies related to implementation of the SDGs relevant to the UNFPA mandate.

SDGs implementation in Moldova is coordinated by the National Council for Sustainable Development (NCSD) led by the Prime Minister. NCSD is a permanent body that supervises the adaptation, integration and implementation of the 2030 Agenda and its goals. It is made of representatives of ministries, the National Bank, the statistics authority, trade unions, employers' associations and the national association of local authorities.

The National Development Strategy "Moldova 2030" developed by NCSD has a strong focus on human rather than economic development. The strategy established ten priority areas for development:

1. Sustainable increase in incomes and reduction of economic inequalities;
2. Improvement in public infrastructure, utilities and housing;
3. Enhancement of working conditions and reduction in unemployment;
4. Ensuring quality of education and promotion of life-long learning;
5. Ensuring fundamental rights to physical and mental health;
6. Development of a solid and inclusive social protection system;
7. Ensuring work-life balance;
8. Establishment of efficient and inclusive governance and rule of law;
9. Promotion of a peaceful, safe and inclusive society; and
10. Ensuring the fundamental right to a healthy and safe environment.

National priorities in the SRH area are defined by the National Programme on Sexual and Reproductive Health and Rights 2018-2022. One of its main objectives is to ensure equitable access for all groups of beneficiaries to sexual and reproductive health services, including in the humanitarian context and public health emergencies.

National policies that aim to promote gender equality include the Strategy for Ensuring Equality between Women and Men for 2017-2021, the National Strategy on Preventing and Combating Violence against Women and Domestic Violence for the period 2018-2023, the National Strategy for Preventing and Combating Trafficking in Human Beings for the period 2018-2023. Since 2018 the Government was implementing the National Programme to implement United Nations Security Council Resolution 1325 on Women, Peace and Security for 2018-2021. Several important legislative amendments were adopted including: introduction of 14 days of paternity leave; ban of sexist language and advertising; introduction

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<sup>52</sup> Moldova VNR. 2020.

<sup>53</sup> UN Moldova. 2020. Common Country Analysis.

of 40% quota for women and men in lists of candidates for all elections; provisions on the financing to political parties depending on how they ensure gender equality, and promotion of gender equality.

In 2019 the Government approved a draft law on ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), but the law was not adopted by the parliament.

SDG task 17.19 implicitly includes statistical capacity building in developing countries. Statistical demographic capacity building is also a commitment agreed in the Republic of Moldova – European Union Association Agreement. Article 43 of the Chapter 6 ‘Statistics’ states that the cooperation between parties shall include a focus, inter alia, on demographic statistics, including censuses, and social statistics.<sup>54</sup>

The new government established after July 2021 elections conformed Moldova commitments to human development. The Programme “Better times for Moldova”<sup>55</sup> adopted by the new government set the following priorities for education and health sectors:

- development and promotion of policies in the fields of education, research, youth and sports to ensure inclusive, equitable and quality education, training qualified personnel for the national economy, development of lifelong learning opportunities, increasing the quality of scientific research and the relevance of scientific results for the business environment, development of opportunities for young people, development of sports for all and performance sports.
- improvement of the health of the population by developing and monitoring health policies, strategies and action programmes that ensure equitable access to quality, continuous, sustainable and cost-effective health services for all citizens; supporting and promoting interventions to protect, prevent and promote health and healthy lifestyles.

The “Better times for Moldova” also explicitly recognizes that the country is facing an acute shortage of human capital because of emigration, population aging, depopulation of communities and proposes policy measures to address this issue.

## 2.4 The role of external assistance

This section discusses the role of external assistance in Moldova development.

Moldova heavily relies on external assistance for financing its structural reforms and development. Donors are very active in Moldova. This has led to a major stream of projects that aim to support the Moldova government to implement reforms and develop infrastructure projects, reaching and covering the main sectors, including education, health care, transportation, justice, etc.

According to the Aid Management Platform, the majority of development assistance comes from the European Union, followed by the World Bank, US Government, European Investment Bank, EBRD (Fig. 7).

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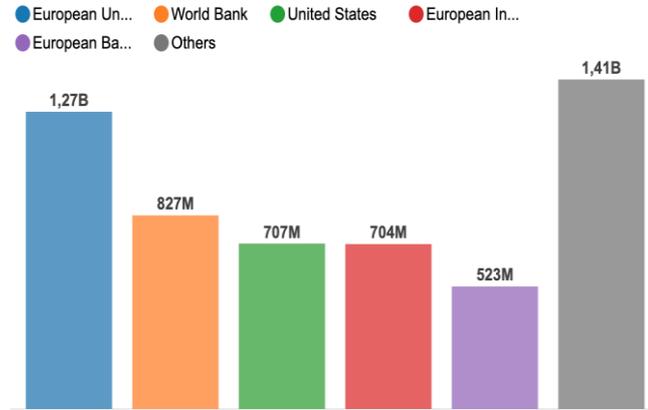
<sup>54</sup> Theory of Change on Demographic Resilience, April 2021

<sup>55</sup> Moldova Vremurilor Bune (Ro); Better times for Moldova (Eng)

Figure 7. Top donor groups for Moldova (million Euro).

**TOP DONOR GROUPS**

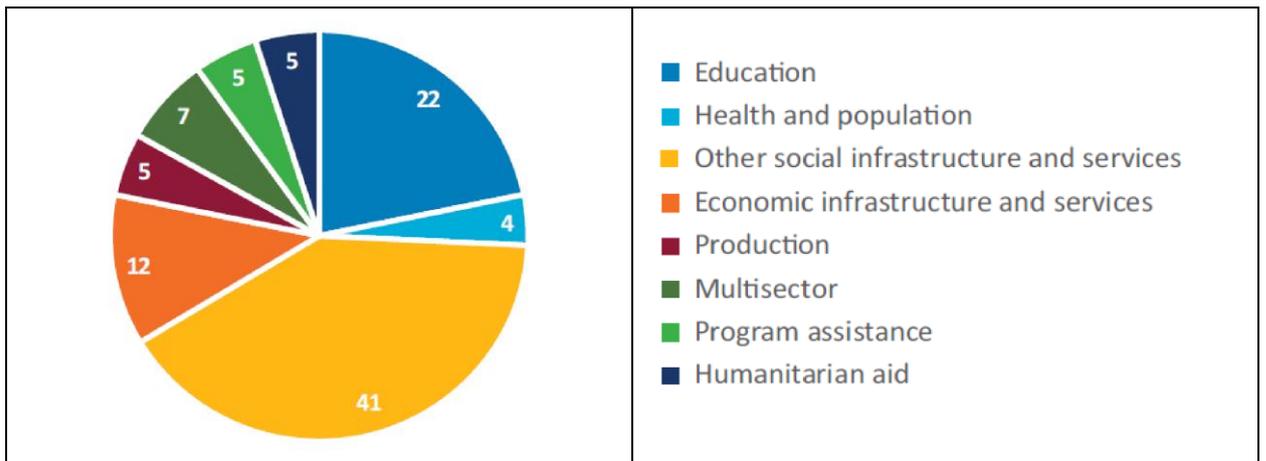
**5,4B** EUR



Source: Aid Management platform.

Majority of external assistance supports provision of social services, including education and health (Fig. 8).

Figure 8. Bilateral ODA by sector for Moldova (percent, 2017-2018 average)



Source: OECD.

## CHAPTER 3: United Nations/UNFPA response and programme strategies

This chapter presents a brief description of the evaluated UNFPA country programme for Moldova 2018-2022, including its relation to the previous country programme, design of the current programme and its key financial parameters.

### 3.1 UNFPA response through the country programme

#### 3.1.1 Brief description of UNFPA previous cycle strategy, goals and achievements

Achievements of the past UNFPA country programme 2014-2017 included: a strengthened national statistical capacity, availability of demographic dividend data, legislation and policies on sexual and reproductive health, expanded peer-to-peer education networks and successful comprehensive sexuality education models.

#### 3.1.2 Current UNFPA country programme

UNFPA Country Programme (CP) 2018-2022 is the third UNFPA programme for the Republic of Moldova. The CP was developed through an inclusive and participatory process that involved all relevant stakeholders: the Government, UN agencies, development partners, civil society, representatives of vulnerable and young people and academia. The CP development was guided by UNFPA Strategic Plan 2018-2021, the Moldova National Development Strategy 2020 and the UNDAF 2018-2022.

The compact of commitment for CP 2018-2022 was to reduce the adolescent birth rate by one third – from 32.09 in 2017 to 20.8 in 2022. Compared to the CP 2014-2017, the current CP has an explicit focus on adolescents and young people (Table 4). Initially the CP 2018-2022 was built around three outputs contributing towards two UNFPA Strategic Outcomes. In 2020 the UNFPA Moldova Country Office (CO) conducted the mid-term revision of the Results and Resource Framework (RRF) to align it better to the national context and UNFPA Strategic Plan. The output to increase availability and use of data was moved under SP Outcome 4: Population and Data, and gender efforts were put under a separate output under SP Outcome 3: Gender equality.

*Table 4. Evolution of the UNFPA response through the country programmes in Moldova.*

CP 2014-2017	CP 2018-2022	CP 2018-2022 - revised
<p>SP Outcome: <b>Family planning services.</b></p> <p>CP Output 1: Strengthened national systems for reproductive health commodity security.</p> <p>CP Output 2: Increased capacity of primary health-care facilities to provide family planning within integrated sexual and reproductive health services, with a focus on vulnerable populations and on the victims and perpetrators of domestic violence.</p>	<p>SP Outcome 1: <b>Sexual and reproductive health.</b></p> <p>CP Output 1: Enhanced health system capacity to develop and implement policies and programmes at all levels that ensure equal access to high-quality sexual and reproductive health and reproductive rights services, including commodities by those women, adolescents and youths left furthest behind, including in humanitarian settings.</p> <p>CP Output 2: Increased availability and use of high-quality disaggregated data on sexual and reproductive health, with a focus on young people and gender-</p>	<p>SP Outcome 1: <b>Sexual and reproductive health.</b></p> <p>CP Output 1: Enhanced health system capacity to develop and implement policies and programmes at all levels that ensure equal access to high quality sexual and reproductive health and reproductive rights services, including commodities by those women, adolescents and youths left furthest behind, including in humanitarian settings.</p>

	based violence, by policy and decision makers at national and local levels.	
	<p><b>SP Outcome 2: Adolescents and youth.</b></p> <p>CP Output 1: Increased national capacity for addressing sexual and reproductive health and reproductive rights of all young people in national policies, educational and health programmes that promote human rights and gender equality.</p>	<p><b>SP Outcome 2: Adolescents and youth.</b></p> <p>CP Output 1: Increased national capacity for addressing life skills development and civic engagement of all young people in national policies, educational and health programmes that promote human rights and gender equality.</p>
		<p><b>SP Outcome 3: Gender equality.</b></p> <p>CP Output 1. Strengthened national capacity to promote gender equality, eliminate gender –based violence and address harmful gender norms through effective policies and programmes.</p>
<p><b>SP Outcome: Services to prevent HIV and sexually transmitted infections.</b></p> <p>CP Output 1: Enhanced capacity of national institutions and civil society organizations to plan, implement and monitor age-appropriate sexual and reproductive health education, as well as a programme to prevent HIV and sexually transmitted infections for young people and key populations.</p>		
<p><b>SP Outcome: Data availability on population dynamics, sexual and reproductive health, and gender equality.</b></p> <p>CP Output 1: Enhanced capacity of national institutions to produce and analyse statistical data on population dynamics, youth, gender equality and sexual and reproductive health.</p> <p>Output 2: Strengthened national capacity to utilize and disseminate data to inform decision-making and policy formulation on population dynamics, youth, gender. Equality and sexual and reproductive health.</p>		<p><b>SP Outcome 4: Population and Data.</b></p> <p>CP Output 1: Increased availability and use of high-quality disaggregated data on population, including on sexual and reproductive health, young people and gender-based violence, by policy and decision makers at national and local levels.</p>

Source: developed by the evaluation team based on CP RRFs.

## 3.2 CP focus areas

### 3.2.1 Outcome 1: Sexual and reproductive health and rights

CO work towards this Outcome is structured around six focus areas:

- Advocacy and policy advice on sexual and reproductive health and rights,
- Family planning,
- Cervical cancer prevention,
- HIV prevention,
- Humanitarian preparedness,
- COVID response.

Under the **advocacy and policy advice** focus area the CP advocated for and contributed to the development of policy documents, including the National Programme on Sexual and Reproductive Health and Rights (SRHR) 2018-2022, the National Strategy on prevention and combating violence against women and domestic violence for 2018-2023, integration of SRHR provisions into the National Development Strategy “Moldova 2030” & National Health Strategy 2030. UNFPA also supported development of regulations and clinical protocols. Other activities included support to the partnership between Nicolae Testemitanu State Medical University and the international Academic Network for Sexual and Reproductive Health and Rights Policy, advocacy to the Moldovan Diaspora which facilitated provision of gynecological chairs adapted for the needs of women with disabilities to 5 healthcare facilities, and integration of SRH issues into the national UPR and CEDAW reports.

Under the **family planning** focus area the CP efforts focused on ensuring that vulnerable groups have access to free contraceptives – through development of necessary regulation, building national capacity to deliver family planning services, including the development of clinical protocols, their integration in the curricular of relevant medical institutions, organization of capacity building activities to practitioners and assessment of the quality of family planning service provision, support to integration of the module on contraceptives into the national Health Information System, implementation of economic analysis in support of policy decisions for contraceptive security, support to integration of on-line modules of family planning and contraceptive supply chain management into curricular of the State Medical University as well as through the public awareness campaigns.

Within the **cervical cancer prevention** focus area CP worked to strengthen necessary regulatory frameworks as well as technical capacity of healthcare facilities involved in cervical screening. It also supported training for practicing medical staff and development of the cervical screening training curricular and supported its teaching with necessary training props. CP also supported the establishment of the Cervical Screening Coordination Unit and the National Colposcopy Referral Center within the Institute of Mother and Child and the Cervical Screening Registry. To strengthen demand for cervical cancer screening CP supported, developed and implemented a national communication campaign on cervical cancer prevention "Stay healthy! Do the PAP test!" (with pre- and post-KAP-surveys).

Under the **HIV prevention** focus area CP worked on improving access to HIV prevention for Key Populations – through strengthened regulations, better capacity of NGO and health care providers, as well as updating the curricula of the medical education institutions and development of the distance learning course on HIV Prevention among Key Populations.

Activities in the **humanitarian preparedness** focus area included advocacy and support to integration of provisions on preparedness to respond to population SRH needs in case of emergency into the National Development Strategy “Moldova 2030”, the National Health Strategy 2030, the National Programme on Sexual and Reproductive Health and Rights 2018-2022, framework on family planning and HIV prevention among Key Populations, draft National Disaster Risk Reduction Strategy and Action Plan for 2019-2022 on strengthening national preparedness capacities to respond to SRH needs of population in

case of humanitarian crisis, exceptional situations or public health emergencies. CP also supported capacity building of the practicing health care providers, public health specialists and medical students in the provision of SRH care in emergency situations,

**COVID-19 response** efforts included advocacy and support for integration of sexual and reproductive health and rights provisions into the UN COVID-19 Socio-Economic Response and Recovery Plan, setup of on-line interactive dashboard, provision of personal protective equipment, capacity development activities for healthcare providers to ensure continuity of SRH services in the context of public health emergency. CP also supported awareness raising for women on the importance and modality of accessing ante-natal and postnatal care in the context of COVID-19. In addition, SRH issues were integrated into the Multi-stage Assessment of Continuity of Essential Health Services in the context of COVID-19 jointly conducted by UNFPA, WHO, UNAIDS and UNICEF.

### 3.2.2 Outcome 2: Adolescents and youth

There are two broad streams of activities towards this outcome: support to life skills development and health education of young people and support to youth policies and participation.

#### Life skills development and health education

UNFPA work in the area of life skills development and health education is organized across five focus areas, specifically:

- Integration of education for health in general education;
- Integration of life skills health-based education in Vocational Education and Training;
- Non-formal and peer-to-peer health education, including sexuality education;
- Advocacy and community mobilization for increasing support for comprehensive sexual and reproductive health education and services for young people;
- COVID-19 response.

Efforts related to **integration of education for health in general education** are anchored under advocacy for and revision of the curriculums of the optional course "Education for Health" and the mandatory course "Biology", along with development of the didactical support for "Education for Health" and "Biology" courses, development of digital manual for of "Education for Health" grades VII-IX and capacity building for teachers of "Education for Health" and "Biology". UNFPA works directly with the Ministry of Education, Culture and Research and Pro-Didactica Educational Center, a well-established and renowned institution with more than 20 years in the field of teacher training, curriculum development and education policy making.<sup>56</sup>

When it comes to **integration of life-skills health based education into the VET**, UNFPA provides continuity for several years of efforts around integration of the "Decisions for a Healthy Lifestyle" course into the VET system. This curriculum has been formally approved as an optional course for all VET institutions in June 2011, by the Ministry of Education. It is now provided as mandatory for Centers of Excellence and colleges (about 53% of total VET institutions) and is still optional for professional schools. As part of its efforts, the main activities are concentrated around developing innovative teaching materials for this optional course, as well as providing capacity building for teachers teaching the "Decisions for a healthy lifestyle" and developing a training programme for continuous education. It was also agreed with the MoEC to revise the 2012 curriculum and extend it for 1 year (the current curriculum is for I semester).

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<sup>56</sup> <http://prodidactica.md/>

UNFPA focuses on creating youth friendly learning classrooms and equipping schools with educational materials and IT equipment as well as supports peer to peer education in VET institutions on healthy lifestyle. Additionally, UNFPA works on broadening the base of stakeholders and raising their awareness on the life skills health-based education, by engaging parents, teachers, dormitories staff in creating enabling environment to support young people's healthy development. Another important priority of this component is working with private companies from dual VET around ways to create youth friendly environment at workplace; as well as building partnerships between VET institutions, Youth Friendly Health Clinics and Youth Centers. UNFPA aims to use the results of KAP (knowledge, attitudes and practices) survey on healthy behaviors and life skills knowledge conducted among VET students to further inform its work and priorities in the field. Conducting a communication campaign in VET on healthy lifestyle and increasing employability skills based on KAP results. UNFPA works with Terre des Hommes Moldova around these priorities.

**Peer-to-peer education** on sexual and reproductive health and rights is part of UNFPA intervention within the framework of the Integration of life skills health based education in Vocational Education and Training. Peer-to-peer educators play an important role, according to some respondents, in supporting the delivery of health education in VET institutions. 3-4 peers are involved in co-presenting during the health education sessions for all 1st year students across VET institutions.

**Advocacy and community mobilization for increasing support for comprehensive sexual and reproductive health education and services for young people** brings several implementing partners such as Youth Media Center, Youth for Health (coordinating center of Youth Clinics), Partnership for Every Child and Youth Peer Educators Network "Y-PEER Moldova" in organizing Annual National Conference on Health Education; Implementing in 5 targeted rayons (Cahul, Ungheni, Rezina, Falesti, Orhei) of MECR and UNFPA programme on Promoting Education for Health via discussions with parents, schools, young people, LPAs, religious leaders, etc.; supporting local youth initiatives to promote education for health and. engaging local mass-media and Youth Clinics, Youth Centers, etc.

**COVID-19** response is approached by UNFPA through conducting analysis of the impact of COVID on young people's wellbeing to help inform decision making of the Government. UNFPA aims to support the Ministry of Education on development of the students guide for Vocational, Education and Training (VET) institutions on learning in the context of COVID-19 pandemic. UNFPA focuses on capacity building for a few hundred teachers, nurses and students of VET institutions on providing professional and peer support in their schools to prevent the spread of COVID-19 infection. Additionally, UNFPA provided masks and sanitizers for VET institutions to ensure continuity of education process and aims to provide a psychological support programme for students & teachers from general education and VET "My choice is to be ok". Additionally, UNFPA supports the development of youth friendly learning videos to be applied by schools and social media.

### **Youth policies and participation**

UNFPA CO work in the area of youth policies and participation is structured around four focus areas:

- Youth policies and budgeting,
- Development of the national network of Youth Centers,
- Civic engagement and participation of young people,
- COVID-19 response.

Efforts in the **youth policies and budgeting** area focused on creating evidence to inform the development of the National Youth Strategy, support to establishment of the National Agency on Youth, support to development, implementation and monitoring of district youth strategies and organization of Annual National Conferences on youth sector development.

Activities for the **development of the national network of Youth Centers** included support to the development and implementation of the individual development plans for each Youth Center (YC) (including implementation of visibility campaigns and collecting data on YC users), capacity building activities for YC staff, provision of various resources to YCs.

In the **civic engagement and participation of young people** focus area CP activities included fostering partnership between schools and YCs; capacity building for professionals working with young people, including civic education teachers, youth workers, volunteers; promoting community joint actions facilitated by YCs; supporting YC outreach activities for most vulnerable adolescent girls and boys and remote areas.

**COVID-19 response** efforts included provision of protective equipment to YCs as well as analysis of the impact of the pandemic on youth participation.

### 3.2.3 Outcome 3: Gender equality

UNFPA CO work in the area of gender equality is structured around four focus areas:

- Combating gender stereotypes and engaging men,
- Prevention of gender based violence,
- Family friendly policies,
- COVID response.

Efforts in the area of **combating gender stereotypes and engaging men** focused on support to establishment and operation of Father's Clubs by local partners, including provision of necessary guidance and training to local partners that operate the clubs, as well as on provision of technical guidance for health care providers to encourage the engagement of men in pre- and post-natal care and at birth.

In the area of **GBV prevention** the CP focused on support to violence prevention programmes for perpetrators, including establishment of and capacity development for multidisciplinary teams of health care providers, social workers, LPAs and the police that shall work with aggressors to support their rehabilitation. The CP also contributed towards stronger data collection on GBV in the health system.

Activities towards adoption of the **family friendly policies** included advocacy and support to align national legislation to EU family friendly policies, partnerships with five private companies to pilot corporate-level family-friendly policies, analysis of the economic implications of family-friendly policies and implementation of Moldova Gender Assessment in cooperation with UNCT and the World Bank.

**COVID-19 response** efforts included provision of protective equipment and hygienic kits to CSOs and shelters for victims of domestic violence to ensure continuity of services.

### 3.2.4 Outcome 4: Population and development

UNFPA CO work in the area of population and development is organized around four focus areas:

- Demographic resilience and evidence-based policies,
- Improving national statistics,
- Intergenerational dialogue,
- COVID response.

UNFPA's efforts around **demographic resilience and policies** aim at raising awareness and improving the understanding among key relevant stakeholders in Moldova around the demographic and social

developments, and of the factors that influence these developments, through data, evidence based policies and improved capacities around data use. UNFPA is working closely with a number of national stakeholders such as the Ministry of Health, Labour and Social Protection, National Bureau of Statistics, Expert-Group, Center Partnership for Development, who provide policy advice and support both at strategic and programmatic levels, on demographic changes and population, ensuring the “no one is left behind” principle across the interventions. UNFPA supports the development of the national development strategy “Moldova 2030” and of the Theory of Change on demographic resilience and its integration into the National Development Programme.

Activities under this component also comprise the development of a National Action Plan on Demographic Resilience, conducting the largest and most comprehensive demographic study - Generations and Gender Survey, which monitors the demographic trends and changes in the family structure. UNFPA supports study visits and strengthening the institutional capacity of the National Bureau of Statistics on a number of important and emerging topics. Another important dimension here is providing accurate population and migration data and development of demographic policy scenarios and providing technical support to Moldovan Government in addressing demographic changes of the country.

**Improving national statistics** is done in close collaboration with the National Bureau of Statistics (NBS), with several important priorities being supported by UNFPA among which, supporting national statistical systems to revise population numbers at national and sub-national level and migration estimates, based on international standards and best practices. UNFPA supports NBS in building capacity in using administrative data sources for the production of population statistics, including migration. As well as providing appropriate technical equipment to enable NBS to process data from administrative sources, moving from paper to digital data collection. UNFPA supports the assessment of the available administrative data and the ways of developing the Information System "Population and Migration Statistics", including 1) State population register of the Agency of Public Services; 2) Real Estate Cadastre of the Agency of Public Service; 3) Border Police of Ministry of Internal Affairs; 4) Bureau for Migration and Asylum; 5) Agency of Public Health. UNFPA focuses on providing amendments to the Law on official statistics and facilitating NBS access to individual data from other administrative data sources and facilitating data exchange between data holders. UNFPA supports the Evaluation of the Statistical Strategy for 2016 – 2020 as well as the development of the new Statistical Strategy, Programme and Action Plan for 2030.

**Intergenerational dialogue** component allows UNFPA to intervene on a number of areas such as: supporting the Platform for Population Ageing along with promoting policies on active and healthy ageing, building digital skills of most vulnerable older women and men to seek medical, social, informational and psychological assistance through intergenerational dialogue with young people. UNFPA supports psychological and informational support, social and medical advice to lonely and isolated older people and supports the development of the Active Ageing Index and ageing-related policies and programmes.

**COVID-19 response** is addressed by UNFPA via conducting a socio-economic impact assessment of COVID-19 on vulnerable people together with strategic partners. The findings of these assessments are used by Moldovan Government in developing the Recovery Plan and in allocating domestic funding that targets the most vulnerable population, including older people. UNFPA supports directly the creation of support mechanisms between older and younger people in helping them overcome the psychological challenges caused by the COVID-19 pandemic. UNFPA supports via providing hygienic kits to elderly persons from rural areas, as well as providing protective items for 1,000 NBS staff as essential measures to prevent the spread of COVID- 19 at the workplace.

### 3.3 The financial structure of the country programme

The Country Programme Document foresaw that the total volume of UNFPA support would be about USD 3.0 million, including USD 2.0 million from UNFPA core resources and USD 1.0 million through co-financing modalities and/or other resources, including regular resources (Table 5).

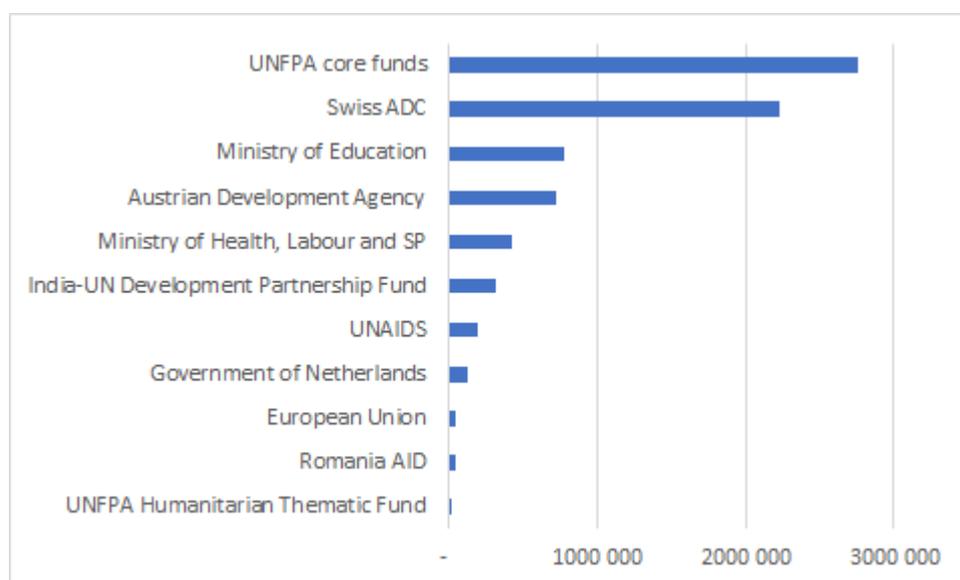
Table 5. Planned allocation of resources (million USD).

Strategic plan outcomes	Regular resources	Other resources	Total
1: Sexual and reproductive health	0.9	0.8	1.7
2: Adolescents and youth	0.9	0.2	1.1
Programme coordination and assistance	0.2	0	0.2
Total	2.0	1.0	3.0

Source: UNFPA. Country Programme Document for Moldova.

But due to successful fundraising efforts and decision of the Government of Moldova to entrust UNFPA CO with implementation of the government plans in youth and demographic sectors, the CP expenditure (including planned expenditure till the end of 2021) has reached almost USD 7.7 million. It is quite notable that the Ministry of Education, Culture and Research is the second largest external source of funding for the UNFPA CP – after the Swiss Agency for Development and Cooperation (Fig. 9).

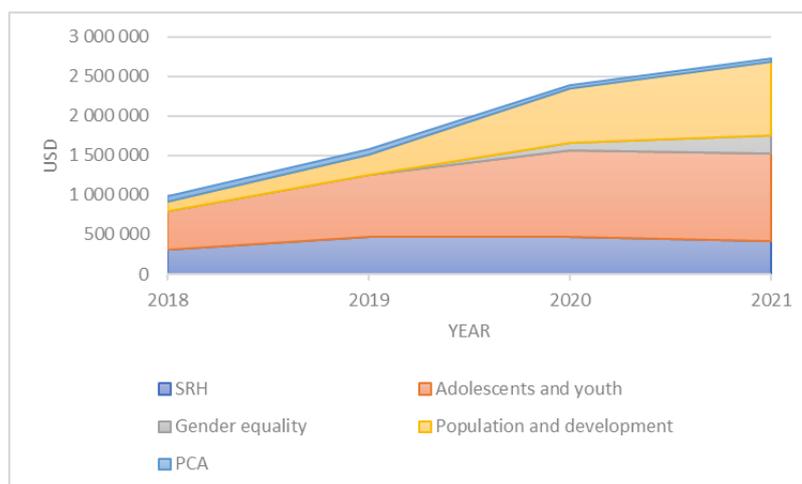
Figure 9. 2018-2021 CP expenditure by source of funding (USD).



Source: developed by the evaluation team based on the UNFPA CO Moldova financial records.

The CP expenditure was steadily growing since 2018 (Fig. 10). The greatest share of funds went towards Adolescents and Youth output/outcome, with expenditure on improving data availability and use coming second. It should be noted that the amount of expenditure recorded under the gender equality output/outcomes does not fully reflect the actual level of effort in this area as issues of gender equality are integrated in all other areas of work.

Figure 10. Actual CP expenditure by Outcome – 2018-2021.

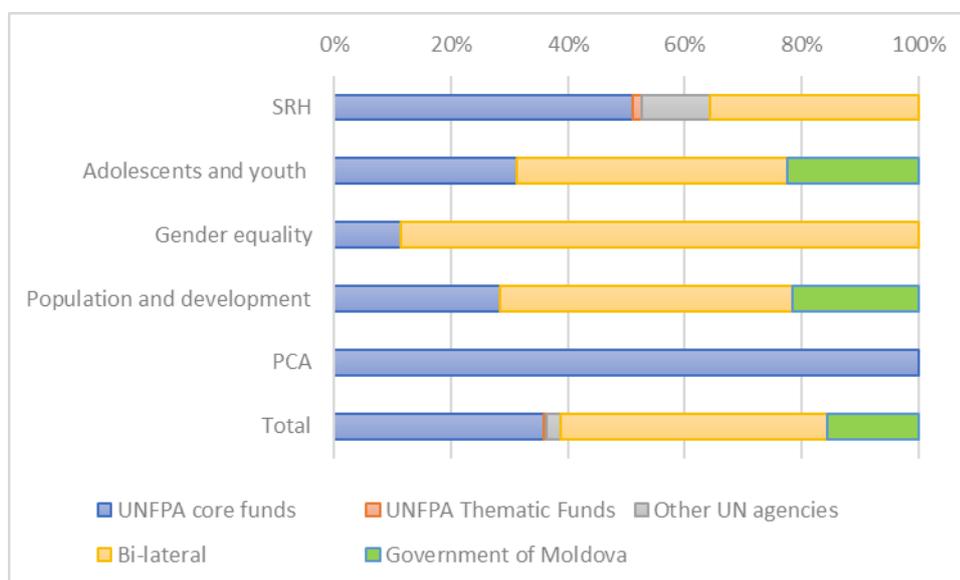


<sup>1</sup> Data for 2021 is the volume of planned expenditure is used to correctly reflect the trends in the CP finances.

Source: developed by the evaluation team based on the UNFPA CO Moldova financials records.

The role of UNFPA core funds for implementation of the CP varies significantly by output/outcome. While under the SRH output/outcome UNFPA core funding covers over half of expenditure, under the gender equality components it makes less than 5% of total expenditure. (Fig. 11). Funds of the Government of Moldova make over 20% of the budget under Adolescents and Youth and Population and Data outputs/outcomes. Overall, UNFPA funds, including core funds and thematic fund resources make 36% of the budget used so far.

Figure 11. Role of funding from different sources – by Outcome (2018-2021).



Source: developed by the evaluation team based on the UNFPA CO Moldova financials records.

## CHAPTER 4: Findings

This section presents the findings of this evaluation organized around each evaluation question.

### 4.1 Relevance

EQ1. To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis on the most vulnerable population (ii) and in line with the priorities set by international and national policy frameworks (iii) aligned with the UNFPA Strategic Plan (iv) aligned with the UNDAF, as well as SDGs?

UNFPA CP for Moldova is fully aligned with UNDAF 2018-2022, SDGs, national priorities and strategies as well as the UNFPA Strategic Plan 2018-2021. Needs analysis included in the CP has a strong focus on the needs of young people which is highly relevant in Moldova context given that young people make a significant share of Moldova population and face significant challenges in realizing their SRH rights. In addition, while the CP provides a broad framework for UNFPA interventions, specific interventions are often informed by targeted assessments of the needs of specific beneficiary groups.

#### **Finding 1: UNFPA support is fully aligned with UNDAF 2018-2022 and SDGs as well as national priorities and strategies.**

The CP contributes to two of four outcomes set forth by the Republic of Moldova–UN Partnership Framework for Sustainable Development (United Nations Development Assistance Framework for the Republic of Moldova (UNDAF)) 2018–2022. UNFPA contributes to achievement of one of seven targets for indicators on UNDAF Outcome 1, and two of eight indicators for UNDAF Outcome 4 (Table 6).

*Table 6. UNDAF Outcomes and related indicators where UNFPA CP contributes.*

UNDAF Outcome	Related indicators and target supported by UNFPA CP
UNDAF Outcome 1: The people of Moldova, in particular, the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender- sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.	<ul style="list-style-type: none"> <li>Proportion of SDG-related data produced at the national level with full disaggregation relevant to national targets (Baseline: Disaggregated data available for 35% of SDGs indicators, partially available for 17% and are lacking for 50%; Target: Disaggregated data available for 50% of SDGs indicators and partially available for 30%)</li> </ul>
UNDAF outcome 4: The people of Moldova, in particular, the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable education, health and social policies and services.	<ul style="list-style-type: none"> <li>Adolescent birth rate per 1,000 women in the age group 15-19 years, urban and rural (Baseline 2017: 32.09; Target: 20.8)</li> <li>Proportion of women and girls aged 15 years or older subjected to physical, sexual or psychological violence by an intimate partner in the previous 12 months, by form of violence. (Baseline: Physical: 8.9%, Sexual: 4.1%, Psychological: 25.7%; Target: Physical: 6%, Sexual: 3%, Psychological: 18%).</li> </ul>

Source: UNFPA CP RRF.

All UNDAF Outcomes are explicitly aligned with relevant national strategies and policies as well as relevant SDGs. In addition, the UNFPA CP document explicitly links the UNFPA support with the following SDGs targets:

- 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- 5.2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- 5.6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.
- 17.18. Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology.
- 17.19. Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.

**Finding 2: CP is fully aligned with the UNFPA Strategic Plan 2018-2021.**

Original CP focused on two Outcomes of the UNFPA Strategic Plan 2018-2021: Outcome 1: *Sexual and reproductive health* and Outcome 2: *Adolescents and youth* (Table 8). Still through Output 2: *Increased availability and use of high-quality disaggregated data on sexual and reproductive health, with a focus on young people and gender-based violence, by policy and decision makers at national and local levels* the Moldova CP was contributing also towards SP Outcome 4: Population and Development.

After mid-term revision UNFPA CO aligned the CP with all four SP Outcomes. Revision included adding a new output on gender equality to reflect and monitor the UNFPA interventions in this area as a result of an emerging opportunity to intensify the work on combating gender stereotypes and male engagement. In addition, the CP output on data was moved under UNFPA SP Outcome 4 for better alignment (Table 7).

*Table 7. CP alignment with UNFPA Strategic Plan 2018-2021 Outcomes.*

UNFPA Strategic Plan 2018-2021 Outcomes	Original Moldova CP	Revised Moldova CP
Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	Yes	Yes
Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts	Yes	Yes

Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings		Yes
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development		Yes

Source: developed by the evaluation team.

**Finding 3: Needs analysis included in the CP has a strong focus on the needs of young people. This focus is highly relevant in Moldova context given that young people make a significant share of Moldova population and face significant challenges in realizing their SRH rights.**

According to the CP Document, the CP was developed through an inclusive and participatory process bringing together all relevant stakeholders: the Government, UN agencies, development partners, civil society, representatives of vulnerable and young people and academia. CP Document also says that CP will focus on the needs of vulnerable populations including young people and key populations.

The section explaining the rationale for the CP focuses on the situation with sexual and reproductive health and rights (SRHR) of young people. Attention to SRHR of young people is seen as relevant by many national stakeholders. With 16% of the population below the age of 15, and youth (aged 14-35) accounting for about one third of the population, Moldova is a youthful country.<sup>57</sup> Young people also form the foundation of Moldova's human capital, one of the few resources that can offer a comparative advantage to the country.<sup>58</sup>

The CP Document also identifies eight bottlenecks preventing the achievement of universal access to sexual and reproductive health and reproductive rights. All of these bottlenecks affect young people, and two are specific to them (Table 8).

*Table 8. Bottlenecks preventing the achievement of universal access to sexual and reproductive health and reproductive rights in Moldova.*

Bottlenecks to be addressed by CP	Relevant to young people	Relevant to general population
Inadequate financing of sexual and reproductive health services including family planning from the domestic budget	√	√
Poor quality of sexual and reproductive health services at the primary health care level including a lack of rights-based protocols	√	√
Frequent stock-outs of contraceptives due to an inadequate supply chain management system	√	√
A lack of disaggregated data on sexual and reproductive health, especially related to young people, and capacity to use the data by policymakers	√	√
Weak capacity of teachers to deliver comprehensive sexuality education	√	

<sup>57</sup> OECD Development Center (2018). Youth Well-Being Policy Review of Moldova. EU-OECD Youth Inclusion Project, Paris.

<sup>58</sup> Moldova 2020. National Development Strategy: 7 solutions for economic growth and poverty reduction. 71 pages.

Poor support from communities, especially parents and religious leaders, for comprehensive sexuality education due to traditional norms and gender stereotypes, and a lack of understanding of its benefits for the well-being of young people	√	
A lack of preparedness of the health system for humanitarian situations.	√	√

Source: developed by the evaluation team.

**Finding 4: Specific interventions implemented within the CP framework are usually based on targeted needs assessments.**

The CP Document, including Results and Resources Framework, provides a broad framework for UNFPA CO work which is operationalized through specific interventions developed in close cooperation with national and implementing partners, other UN agencies and donors. Many of these interventions start with a needs assessment of target beneficiaries that informs the design of the following activities. A needs assessment can also be conducted in the course of an intervention to inform its further implementation. For example, an intervention that supports the development of the national network of Youth Centers (YCs) started with the assessment of the institutional capacity of YC as well as needs and interests of young people. Later UNFPA conducted an assessment of YC accessibility for young people with disability (YPWD). Findings informed the following UNFPA support to renovation and changes of premises of some YCs to ensure YPWD access. One of the first activities implemented with the framework of an intervention piloting the Father’s club model was the focus group discussions with target groups to identify what content they needed and were interested in.

#### 4.2 Effectiveness

EQ 2. Were the country programme intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?

On the output level the CP has already achieved or made significant progress towards achieving the majority of its targets in all focus areas.

On the outcome level the CP has either achieved or exceeded intended results on the outcome level in the SRH focus area. In the Adolescents and Youth focus area UNFPA support facilitated some progress towards reduction of the adolescent pregnancy rate, but it is unlikely that the CP target for reduction in adolescent pregnancy rate will be achieved by the end of the programme. It is likely that UNFPA efforts contributed towards greater knowledge in the area of HIV prevention among adolescents and young people, but the extent of achievement of the related target cannot be assessed. The outcome level target for the Population and Development focus area to have national development plans that explicitly integrate demographic dynamics has already been achieved.

#### Sexual and Reproductive Health

**Finding 5: UNFPA CO has already achieved and exceeded its targets for the majority of SRH output and outcome indicators.**

Table 9 presents information on the status of achievement of targets for SRH output and outcome indicators at the time of this evaluation.

Table 9. Degree of achievement of outputs and outcome in the SRH area.

Output/Outcome	Indicator	Baseline	Target	Actual
Output 1: Enhanced health system capacity to develop and implement policies and programmes at all levels that ensure equal access to high-quality sexual and reproductive health and reproductive rights services, including commodities by those women, adolescents and youths left furthest behind, including in humanitarian settings.	Number of clinical protocols and standards developed/ revised on cervical cancer, family planning and gender-based violence.	0*	3	24
	Percentage of primary health care facilities that use a logistics management information system for forecasting and monitoring of contraceptive supplies.	0%*	80%	100% of facilities have access to information system, but actual use is still limited
	A national humanitarian contingency plan addresses sexual and reproductive health needs of women, young people and survivors of sexual violence in crises.	No*	Yes	Yes
Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.	Contraceptive prevalence rate for modern methods among all women aged 15-49 years	31.6% (2012)*	45%	43,9% <sup>59</sup> (2020)
	Percentage of primary health care facilities with “no stock-out” of at least three types of modern method of contraceptives for vulnerable groups in the last 6 months	5% (2016)*	60%	100%
	National budget for procurement of contraceptives for vulnerable population	\$80,000 (2016)*	\$110,000	\$160,000 (2021)

\*Baseline data is provided as per RRF.

Source: developed by the evaluation team.

The target for the **number of clinical protocols and standards** developed with UNFPA support was significantly exceeded. By mid-2021 UNFPA has already supported development of 24 clinical protocols, standards and guidelines, including:

- Regulation on National Clinical Protocols Development/adaptation.
- 19 Standardized Clinical Protocols on Family Planning Methods of Contraception (Emergency Contraceptive Pills, Combined Vaginal Ring, Copper-Bearing Intrauterine Device, Combined Oral Contraceptives, Injectable Contraceptives, Progestin-Only Pills, Lactational Amenorrhoea Method, Implants, Levonorgestrel Intrauterine Device, Combined Patch, Male Condoms,

<sup>59</sup> World Bank Data: data.worldbank.org

Monthly Injectables, Progesterone-Releasing Vaginal Ring, Female Condoms, Spermicides and Diaphragms, Cervical Caps, Female Sterilization, Male Sterilization, Fertility Awareness Methods).

- Regulation on access of vulnerable groups to free contraceptives. Regulation has extended the list of groups eligible for free contraception from 7 to 12 categories, underlined the importance of availability of at least 5 methods of contraception at the primary healthcare facilities (as a standard method mix), introduced provisions on estimation of needs in contraceptives of the vulnerable groups, and on modality of their distribution to vulnerable groups, including in the context of public health emergencies. According to national stakeholders, provisions of this Regulation enable doctors to provide free contraceptives to any woman who may need them.
- Standard on Organizing and Functioning of Cervical Screening Services, including four components (for Primary Healthcare, Cytology, Colposcopy and Histopathology Services)
- Standard on organizing and functioning of the HIV prevention services in Key Populations, including young key people.
- Standardized Protocol on Clinical Management of Rape (draft).<sup>60</sup>

According to national stakeholders, the CHANNEL module on contraceptives was integrated into the Automated Information System for Primary Healthcare (AISPH) and is already available at **100% of primary health care facilities**. But the use of the CHANNEL module is still limited. Reportedly initially many primary health care facilities had technical difficulties with accessing AISPH. This situation was resolved after management of AISPH was transferred to the National Health Insurance Company. But the use is still limited because of insufficient capacity of the staff of the primary health care facilities.

It should be noted that UNFPA has already contributed to building this capacity. In 2019 UNFPA supported training in Chisinau on the Contraceptive Supply Chain Management for 30 representatives of the Ministry of Health, Labour and Social Protection, the Institute of Mother & Child, the Center for Centralized Public Procurement in Health, staff of the Family Medicine and Obstetrics & Gynecology Departments of the Nicolae Testemitanu State University of Medicine and Pharmacy (SUMP), as well as representatives of primary health care facilities, including Chisinau-based Youth Friendly Health Clinics. In 2019 UNFPA supported integration of the online module on Contraceptive Supply Chain Management into the curricular of the Nicolae Testemitanu SUMP. In 2020 this module was completed by 3 national health professionals.

In the area of **humanitarian preparedness**, UNFPA support led to the development of the **Action Plan** for 2019-2022 on strengthening national preparedness capacities to respond to SRH needs of population in case of humanitarian crisis, exceptional situations or public health emergencies by ensuring the Minimum Initial Package of Sexual and Reproductive Health Services. This plan was approved by the Ministry of Health, Labour and Social Protection in December 2019.

On the **outcome level**, according to national stakeholders, procurement and availability of contraceptives at the primary health care facilities have improved. UNFPA support in this area is seen as crucial as procurement and distribution of contraceptives are based on the assessments developed with UNFPA support.

According to national stakeholders, in 2018 contraceptives were procured directly by primary health facilities, and there were shortages of contraceptives. Since 2019 procurement of contraceptives is funded from the state budget and is done by the Center for Centralized Public Procurement in Health, and since 2019 **contraceptives were always available in all primary health care facilities**. Each facility is

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<sup>60</sup> Standard was validated by the Council of Experts in June 2021 and is expected to be approved in September 2021.

provided with 5 types of contraceptives, including 3 types of combined oral contraceptives, progestin-only injectable contraceptives, copper-bearing intrauterine device, male condoms.

According to interviewed national stakeholders, reproductive health cabinets complain that they are given excessive amounts of contraceptives but are not able to provide accurate data on the necessary quantities. The issue may have to do with the fact that the need for contraceptives was calculated based on a 3.6 million population number.

In 2020 the **contraceptive prevalence rate** for modern methods among all women aged 15-49 years reached 43.9%<sup>61</sup> which is close to the CP target of 45%.

**Finding 6: UNFPA support has also led to a number of significant positive changes towards enhanced SRH system capacity (output level) and extent of utilization of integrated SRH services (outcome level) that are not captured by the CP indicators.**

Due to support of UNFPA and its partners<sup>62</sup> the **national cervical cancer screening system has been significantly strengthened**. According to national stakeholders, before 2018 the national cervical cancer screening system was in a poor state: there were dedicated medical offices, but staff was not certified and had random training, equipment was old. The screening coverage did not exceed 30%, and in some years was as low as 10%. Due to UNFPA support the cervical cancer screening system was restructured, the National Coordination Unit for Cervical Screening and the National Referral Center in Colposcopy were established. UNFPA also supported development of the Standard on Organizing and Functioning of Cervical Screening Services, training of the medical staff, procurement of modern laboratory equipment and development of the cervical cancer registry (to be completed by the end of 2021) that would allow to follow all cases identified through screening. UNFPA also supported building public awareness about the importance of the screening through a communication campaign.

Due to these efforts, according to national stakeholders interviewed by the evaluation team, in 2019 in some districts **the coverage of women by cervical cancer screening increased** to 40-70%. During COVID-19 coverage initially dropped to 20% but then increased to 54% and continued to grow in 2021.

UNFPA support has also facilitated **strengthening of the provision of the HIV-prevention services for key populations**. In 2018-2020 UNFPA supported development of the Standard on organizing and functioning of the HIV prevention services in Key Populations, including young key people. UNFPA also supported the introduction of this standard with training to representatives of health facilities and NGO representatives working with key populations, including from Transnistria (3 trainings were provided in 2020, another 3 – in 2021). The training activities reached all 12 NGOs working on HIV issues. Overall training reached over 1,000 people. Assessment of the application of these tools found that the quality of services improved.

Standard shall also be used for accreditation of service providers interested to receive state funding to serve key populations. According to national stakeholders, the accreditation mechanism is not fully working yet, but the National Health Insurance Company is already making contracts with NGOs that serve key populations.

**During COVID-19 UNFPA support enabled continuation of provision of SRH services.** For example, UNFPA provided protective equipment to the staff of all 49 reproductive health cabinets and to all 41 Youth Friendly Health Clinics which enabled them to continue operation. UNFPA support helped Youth

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<sup>61</sup> World Bank Data: [data.worldbank.org](https://data.worldbank.org)

<sup>62</sup> SDC, WHO, ICCPA, etc.

Health Centers to move their activities, including those provided with the support of the Youth Clinics peer-to-peer volunteer in online format.

UNFPA, in collaboration with WHO, UNAIDS and UNICEF, also supported an online training programme for healthcare personnel of all Perinatal Centers in the country reaching to over 80 healthcare providers. Training covered the aspects on COVID-19-related epidemiological situation and the measures to combat the transmission of infection and protect the healthcare personnel and patients including caring of pregnant women with COVID-19; clinical management of severe complications caused by COVID-19 infection in pregnant women; prevention of mother-to-child transmission of HIV, etc.

Other activities included:

- Integration of SRH provisions into the UN COVID-19 Socio-Economic Response and Recovery Plan.
- Development and maintenance of an on-line interactive dashboard, based on the ArcGIS COVID-19 global platform, that enables real-time monitoring of COVID-19 cases in Moldova including among young people and pregnant women.
- Support to building women awareness on the importance and modality of accessing antenatal and postnatal care in the context of COVID-19.
- Integrating guidance on operation in the COVID-19 content into all capacity building interventions held for healthcare providers in 2020 - on cervical screening, HIV prevention, family planning – to ensure the continuity of SRH services provision under COVID-19;
- Assessment of Continuity of Essential Health Services, including SRH services, in the context of COVID-19 (jointly supported by UNFPA, WHO, UNAIDS and UNICEF).

## Adolescents and youth

**Finding 7: UNFPA CO has made significant progress in achieving targets for the majority of A&Y output indicators.**

Table 10 presents information on the status of achievement of the targets for Adolescents and Youth output and outcomes indicators at the time of this evaluation.

*Table 10. Degree of achievement of outputs and outcome in the Adolescents and Youth area.*

Output/Outcome	Indicator	Baseline	Target	Actual
Output 1: Increased national capacity for addressing life skills development and civic engagement of all young people in national policies, educational and health programmes that promote human rights and gender equality	Available health education is mandatory and optional school curricula is revised in accordance with the international standards on comprehensive sexuality education	No*	Yes	In progress
	Number of young people who received peer-to- peer life skills education, including on sexual and reproductive health and rights each year	10,000*	12,000 annually	13,242 (2018)
	Advocacy participatory platform for increasing support for comprehensive sexual and	No*	Yes	The platform was

	reproductive health education and services for young people, including for key population is in place			established in five districts
	Percentage of the targeted local public authorities (included annually in the Mentorship Programme) using disaggregated data on youth, including on adolescent sexual and reproductive health in decision-making	0*	80%	4 districts adopted data-based youth action plans in 2019
	Country has a functional network of Youth Centers that provide safe and friendly space for young people, offering opportunities for personal development, participation, leisure and socialization. <sup>63</sup>	No*	Yes	In progress
Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts	Adolescent birth rate	32.09 (2017)*	20.8	27.34 <sup>64</sup> (2020)
	Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	35.7% (2017)*	55%	N/A

\*Baseline data is provided as per RRF.

Source: developed by the evaluation team.

Due to UNFPA's support, health education is available for young people through an **optional course in secondary schools** (grades 1-12) and through a **mandatory/optional course** in the VET system.

UNFPA supported a series of capacity building programs for curriculum developers, Ministry of Education, Culture and Research staff, education policy makers on Health Education. Implementing partners have also benefited from capacity building on sexuality education, through international experience sharing and learning events. UNFPA has also built the capacity of local stakeholders on literacy around sexual education and education for health.

The optional course "Health education" was introduced as a pilot in 2017 in secondary schools and since then it has been provided as an optional course in secondary education. UNFPA has contributed to the revision of the course, which currently comprises 5-7 comprehensive modules. It responds to the national context and is aligned with the needs of the learners. Even if current teaching guides comprise 2 classes under the same guide, it still serves as a great foundation for further work and improvement.

<sup>63</sup> Indicator was added after the RRF revision in 2020.

<sup>64</sup> National Bureau of Statistics. Number of live births by mother's age group and birth rate, by average, in 2020. <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=7023&parent=0>

Only in 2019 alone, the course was taken by about 22,000 students, which is approximately 10% of all adolescents.<sup>65</sup> One of the respondent teachers in a focus group shared that only in the school she teaches, a total of 668 pupils requested the Health Education optional course throughout the past four years. The general tendency related to the optional course is that the students are signing up for it more and more often, with the course having a positive impact and responding to a wide range of age needs, including of primary grades students. In some instances, it is due to this course that students become interested in other health related initiatives, such as peer-to-peer or other extra-curricular activities, i.e. there are examples of schools managing to fundraise resources to implement extracurricular activities related to health education. One of the success indicators for the course is when a teacher, who has taught grade 6 or 7, managed to motivate the students in such a way, that the next academic year, at least 15<sup>66</sup> of them will sign up for the course. In case the teacher did not manage to motivate the pupils, this means that during the next academic year they will not sign up for the course.

Respondents in the focus groups highlighted that all the efforts around health education curriculum development, the number of meetings at the district level to discuss progress made, the teacher training provided, are clear evidence of a strong support from the Ministry of Education, Culture and Research and from other relevant national stakeholders for this agenda. UNFPA's support in this initiative has been incremental. Respondents in focus groups highlighted the positive impact of the optional course on all key stakeholders ranging from the students, teachers, the school and the community. Students find the topics promoted through the curriculum as highly relevant and useful. However, more needs to be done to outreach students of all ages.

Respondent teachers mentioned that students would prefer to have a compulsory/mandatory course on health education rather than an optional course.

Some schools have from three to four classes choosing the health education course on a regular basis. At the same time, however, there were respondents who shared that throughout specific academic years since 2017, the optional course was not taught in their institution and they remain hopeful that students will choose it in the upcoming academic year, given that they might lose interest in the optional courses they are already taking. Thus, the optional course is being selected during some academic years by the students and is not selected during other years.

When it comes to the teacher training: respondents highlighted a stringent need to continue teacher training and provide teachers with regular teachers training programs, specifically given the turnover of teaching staff in schools and the rapidly changing contents, numbers, related to the topics of Health Education. More emphasis on the needs of the educational institutions; conducting regular needs assessments and surveys among students, understand ways in which some sensitive topics might be taught by specialists from the community and ways to strengthen partnerships in this regard; identify solutions for creating a supportive environment in which students would open up about certain challenges they are facing, or would be able to better articulate their thoughts about sensitive issues.

Participants added that the didactic materials should be diversified: i.e. a textbook, or a wider spectrum of resources particularly video guides, to allow the teacher to choose from and adjust depending on the age of the students, grade, i.e. adding updated statistics, others. Respondents in focus groups and interviews mentioned the need to expand Health Education across the system and incentivize schools to adopt it as an optional course or better as a mandatory one.

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<sup>65</sup> National commitment to promote youth health education. 20 May 2019.

<https://moldova.unfpa.org/en/news/national-commitment-promote-youth-health-education>

<sup>66</sup> 15 students is a minimum number of students to sign up for an optional course needed for the academic hours to be allocated for an optional course per class

**“Decisions for a Healthy Lifestyle” has been introduced as a mandatory course in half of VET institutions** (centers of excellence and colleges) after several years of the course being an optional one, for 1st year VET students.

The curriculum was originally developed back in 2009, with support from GIZ.<sup>67</sup> As part of the project, the curriculum on “Decisions for a Healthy Lifestyle” has been elaborated and piloted in 4 VET institutions. The original curriculum for the optional course on “Decisions for a Healthy Lifestyle” had 17 sessions (35 academic hours) and aimed at first year vocational school students. The course covered the following 17 topics/sessions: Introduction, Gender Stereotypes and Decisions; The Role of Values in Decision Taking; Violence and Decision; Sexual Abuse; Puberty and Adolescence – the Age of Changes; Sexual-Reproductive Health; Sexually Transmissible Infections (STI); Hygiene– Types of Personal Hygiene; HIV/AIDS Prevention; HIV Informed Decisions; HIV/SIDA – Stigma and Discrimination; Stress and Decision; A Healthy Lifestyle without Alcohol, Tobacco and Drugs; Nutrition and Physical Activity; Life Planning for a Healthy Lifestyle; Referral System.

After the piloting phase, the curriculum was reviewed by the CMB Training Center team and approved by the Ministry of Education Council for Curriculum and Evaluation on June 14, 2011, as an optional course for all VET institutions. During September 2011- June 2012, with support from UCIMPRSS<sup>68</sup> based on funding from the Global Fund for Moldova<sup>69</sup>, “Decisions for a healthy lifestyle” course was piloted in 97 VET institutions in Moldova. 113 teachers have participated in three-days training program and accordingly, taught the course in their institution. The course was attended by a total of 2,960 first year students (as intervention group), of which 1581 students in higher technical institutions and 1,379 students in vocational institutions. Up to 2000 first year students were involved as control group. A pre and post KAPs survey was applied during the national piloting. A Teachers’ Guide, Students’ Guide, Video guide for teachers (with all 17 sessions covered), interactive posters (for each topic of the course), Teachers’ Blog and Student’s Blog were developed and made available for the national piloting phase.

Throughout 2012 until 2020, there have been no systematized efforts in place on the revisions of the contents or delivery methods for this course nor have there been any teacher training programs provided to the teachers. Teachers were in the position to individually identify solutions there, where they felt gaps or met difficulties. What helped, even during this phase, was that teachers trained back in 2011 - 2012, were partnering with Youth Friendly Centers, with family doctors, for the purpose of “Decisions for a Healthy Lifestyle” course delivery. Some teachers mentioned that once the course starts, they would organize the first 4-5 lessons in the school, while for the rest of the lessons/topics, which were directly health related, they would organize visits to the Youth Friendly Centers and those lessons would be delivered in pairs by the health experts and the teacher. What made a difference is the set-up for support around more sensitive thematic areas. So, the referral system has proven to be crucial during the past decade.

With UNFPA’s support, innovative teaching materials for the optional course “Decisions for a Healthy Lifestyle” have been developed. Teachers were provided with capacity building sessions, and this served as a basis for the development of the training programme for continuous education. Creating youth friendly learning classrooms and equipping schools with educational materials and IT equipment

One of the participants in the focus group mentioned that their institution received a printer, interactive games, and relevant supplies. Another participant, on the contrary, mentioned lack of such supplies i.e. markers, papers, posters, and the difficulty of covering these needs from personal resources. Thus, one

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<sup>67</sup> Part of the “HIV/AIDS Prevention in Eastern Europe, Moldova component” project, supported by German Agency for Technical Cooperation.

<sup>68</sup> UCIMP RSS - Instituția Publică “Unitatea de Coordonare, Implementare și Monitorizare a Proiectului de Restructurare a Sistemului Sănătății”

<sup>69</sup> Grant MOL-S10-G07-H

recommendation teachers have in this regard is whenever UNFPA is distributing or providing resources to “Decision for a Healthy Lifestyle” teachers, to provide directly to the teachers, and get them to sign for what they’ve received.

The original curriculum for the “Decision for a Healthy Lifestyle” course envisaged a more formative approach to evaluation. The course was optional so it was based on accepted/rejected; pass/non pass, etc. This made the engagement of the students much more open, they felt more at ease to share their experiences and reflections, teachers shared. Currently, with the course being optional/mandatory, but keeping the assessment as it was envisaged for the optional course, creates some constraints.

Focus group participants also mentioned that in addition to the themes covered already in the curriculum, nutrition should be paid more attention to in the long run, given a stringent problem related to unhealthy nutrition habits among students, particularly among those living in campuses.

When it comes to partnerships between VET and Youth Friendly Health Clinics (YFHCs), some institutions have signed such partnership agreements only this year, in 2021. While other VET institutions have longer term partnerships with health centers or youth centers. However, these partnerships are not always able to deliver on the needs or expectations of the VET, according to some respondents. At the same time, however, many active peer-to-peers become later volunteers at YFHCs. In general, VET institutions would like to have tighter connections with YFHCs.

Traditionally, the YFHCs would organize at least once a year an event in a VET institution and would bring students together for a presentation. Unfortunately, those presentations are not necessarily very interactive. Thus, the dynamic has to change, and stronger partnerships are needed for better results. Nonetheless, there are good examples of longer-term partnerships between VET and YFHCs - in which the two do not only collaborate around specific sessions, presentations, but YFHCs organize together, within their communities, health dedicated events, i.e. organizing the Tuberculosis Day, etc. Additionally, there are cases when students prefer to go to a YFHC for a consultation rather than visiting the hospital, and that comes as a result of a longer-term collaboration and the trust developed through collaboration between the VET schools and the YFHCs.

**The Network of Peer-to-peer educators on Life Skills in VET**, who are in most cases the first and second year VET students (less in year three) year one, had high expectations when they joined the program. They received the tablets and other supplies only close to the end of the program, and the tablets were greatly appreciated. Peer-to-peer educators play an important role, according to some respondents, in supporting the delivery of health education in VET institutions. 3-4 peers are involved in co-presenting during the health education sessions for all 1st year students across VET institutions. One respondent mentioned that peer-to-peers organize on average 3 sessions with 1st year students. While they do receive support from their teachers, including from “Decisions for a Healthy Lifestyle” teachers, in terms of supplies, handouts or any other materials, they would still need additional support, i.e. a guidebook or additional new handouts they can use.

UNFPA support to the development of the **advocacy participatory platform** in support of comprehensive sexual and reproductive health education and services for young people that brings together teachers, young people, parents and religious leaders started in 2018 in five districts: Cahul, Ungheni, Rezina, Falesti and Orhei (Fig. 12). In 2018 there were 60 community activities organized in 22 communities reaching over five thousand people to increase their awareness on youth reproductive health and rights. In 2019 new communities joined the platform bringing the number of involved communities to 33. Members of the platform organized 40 community events reaching over three thousand parents, teachers, religious leaders, decision makers, young people, etc. In 2020 the network of communities was again expanded.

To further strengthen the advocacy participatory platform in 2019 UNFPA supported the First National Conference on comprehensive sexuality education "School-Community Partnership in Promoting Youth Health Education" under the patronage of the Ministry of Education, Culture and Research. The conference brought together members of advocacy platforms from the five target districts, decision-makers, representatives of district education directorates, school principals and teachers, doctors and adolescent health professionals, youth workers, school students and parents as well as development partners.

The second National Conference on comprehensive sexuality education was conducted in 2020 within the framework of the international online Conference on Adolescent Health 2020 / IV Biennial National Conference on Adolescent Health "Protection of Adolescent Health and Development in the Context of the COVID-19 crisis".

Advocacy efforts undertaken by members of the advocacy participatory platforms in the target district had translated into increased attendance of the optional Education for Health course - by 43.75% in 2019 and by additional 11% in 2020.

*Figure 12. Pilot districts where UNFPA supports establishment of the advocacy participatory platforms.*



Source: developed by the evaluation team using datawrapper.com.

In 2019 six **local public authorities** (LPA) joined the **Mentorship Program** supported by UNFPA. Representatives of these LPAs were provided capacity building on results-based management and participatory budgeting and developed local data-driven, result-oriented and budgeted annual youth action plans. In four districts these plans were officially enacted. In 2020 UNFPA supported capacity building of 11 LPAs and Youth District Councils.

Implementation of the Mentorship Program for LPAs was supported by development and presentation of analytical reports on the local public expenditure on youth produced in 2019 and 2020.

First efforts to establish a **national network of Youth Centers** (YCs) started in 2003 when the first pilot centers were created.<sup>70</sup> In 2017 the Ministry of Education, Culture and Research (MECR) adopted the National Program for Development of Youth Centers that aims to increase the level of civic participation and involvement of young people in local communities. UNFPA became the core partner for MECR for

<sup>70</sup> OECD Development Center (2018). Youth Well-Being Policy Review of Moldova. EU-OECD Youth Inclusion Project, Paris. Available at: [https://www.oecd.org/dev/inclusivesocietiesanddevelopment/Youth\\_Well-being\\_Policy\\_Review\\_Moldova.pdf](https://www.oecd.org/dev/inclusivesocietiesanddevelopment/Youth_Well-being_Policy_Review_Moldova.pdf)

implementation of this program. MECR and UNFPA established a Joint Fund, worth about USD 1.5 million. In 2018 the Swiss Government joined the Fund and contributed another USD 1 million.<sup>71</sup> In 2020 the Swiss Government contributed another USD 564 thousand bringing its total contribution to the fund to over USD 1.5 million.

The network of YCs supported by UNFPA within the framework of this CP includes 44 YCs (including YC branch offices outside of district centers) in 22 districts. UNFPA supported the development of the national framework that established the portfolio of services to be provided by YCs as well as values and principles of the youth work. UNFPA also supported assessment of organizational capacity of individual YCs as well as needs and interests of young people. Results of these assessments informed development and implementation of targeted capacity building for YCs. YCs were also supported to establish partnerships with local communities and to implement community youth projects.

UNFPA also made investment in the infrastructure and equipment of YCs. Special attention was paid to accessibility of YCs for young people with disability (YPWDs). In 2019 accessibility of all YCs was assessed. And based on the assessment results seven centers were supported to do necessary infrastructural changes.

The stakeholders interviewed by the evaluation team already see some positive changes in the capacity of YCs and the level of their interest and commitment to improve. There is also a growing interest in community activism: in 2021 YCs developed 29 youth initiatives compared to 28 in 2020.

Respondents in the focus group **highlighted positive developments** registered by the YCs in the past years, along with the **emerging challenges**:

**Stronger partnerships with LPAs:** UNFPA provides support to YCs on the basis of an agreement signed with the Ministry of Education, Culture and Research (MECR) in December 2017. Due to the interventions by the UNFPA, LPAs have a better understanding about what a YC should look like both in terms of physical space and in terms of the programmatic interventions. UNFPA is seen as playing an intermediary role between the YCs and the MERC: YCs are able to make themselves heard by the Ministry through UNFPA, rather than when acting alone.

YCs have been struggling with limited resources for several years, while youth workers failed to make themselves heard in their interaction with LPAs and advocate for the kinds of resources which would have made the centers more attractive for youth.

With support from UNFPA, the YCs have completely transformed and managed to position themselves as important local hubs for youth. Through these partnerships with UNFPA, YCs have become the second home for youth in the communities due to the approaches, improvement of physical space, equipment, training, and other aspects supported by the UNFPA. YCs demonstrated that all the supplies and equipment are extremely useful, relevant and are used by the YCs in the most effective way. Photo cameras are just one example of something that is highly used by the YCs and resources for them were impossible to get through support from the LPAs. A focus group participant mentioned that as a result of a recent activity report of the YC, in which this collaboration with the UNFPA has been presented and all the support the YC received through this partnership, the LPA acknowledged its role and value and started supporting some of its activities, more specifically, contributed to the improvements of the infrastructure of the center, by replacing windows and providing resources for interior renovation work. Until this moment, LPA would have never supported any developments of the center, always

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<sup>71</sup> UNFPA (2019). Joint Fund for the development of Youth Centers and strengthening participation and civic engagement among young people in the Republic of Moldova for 2017 -2022. Project's fact sheet. Available at: <https://moldova.unfpa.org/en/publications/joint-fund-development-youth-centers-and-strengthening-participation-and-civic>

mentioning lack of financial resources. So, what happened, according to the respondents, is a situation in which LPAs saw some external partners do more work and support the YCs in a way that they never did before, and this might have created some discomfort and they decided to get engaged as well.

**Emerging National Network of Youth Centers:** Currently, YCs representatives perceive themselves as being part of a network, in which there is a common agenda and shared values and principles. Participants in the focus group mentioned that throughout 2012-2017/2018 they felt completely disconnected and with the feeling that they were “working somewhere on a remote island”. Since 2017/2018, there have been organized experience and knowledge sharing events at least once or twice a year between YCs. The communication gap between YCs has been addressed through support from UNFPA, and this has helped Youth workers reiterate themselves that the work they do is important, that there are several other YCs out there struggling with the same issues, and they are not alone. This also improved their image and reputation as a network. If previously, a YCs submitted a request or sent a letter to a specific public entity, it could have simply been completely neglected. Now, requests come from the network, rather than from solo centers and this changes completely the attitude of different stakeholders vis-a-vis the issues that need to be addressed. Participants mentioned that the emerging consolidated network is a rather unexpected outcome for them, given that it has not been a clear target of the program.

YCs consider themselves to be strong enough and having sufficient experience and expertise to facilitate the network, regardless of the availability of external support, such as from UNFPA. At least, someone from across the network would be able to facilitate the communications part a few times a year and convene an annual meeting of all YCs. Respondents in the focus group highlighted that the new Centers are picking up quickly, while the older ones would be able to provide support to the entire network through rotation. Without any doubt, having a well-established Secretariat would provide more guarantees that activities would be implemented successfully across the network. At the same time, however, participants mentioned that UNFPA’s support is of great value, and it would still be needed in order to cover the resources’ gaps. Things have considerably changed for YCs with UNFPA’s support and benefiting from it for the next few years would consolidate the sector even more. The great aspects of today’s Centers is the fact that they have local branches, for example a district level Youth Center has its local/rural branches and this allows the engagement of more young people in various activities. These branches have received the same technical support as district level centers, without making any differentiation between village or small town.

Currently, Moldova does not have a clear *conceptual framework for training of youth workers*. UNFPA provided support on filling in this gap through its training and interventions. Youth workers managed to benefit from a comprehensive knowledge refresh along with new knowledge.

**Volunteers at Youth Centers:** During the focus group meetings, volunteers at YCs have shared their experiences and reflections on both their role with Youth Centers and their role in UNFPA supported activities. Their involvement in YC activities ranges from 0,5 to 3 years, accordingly, the experiences shared are very diverse, from having been involved in informative sessions, specific projects, to facilitating activities and sessions during national conferences or forums on youth. Volunteers are also part of local annual debates when it comes to identification of youth needs, challenges, and opportunities. Such events bring together representatives of LPAs, Local Youth Council, Youth Friendly Health Clinics and other local partners. Some of the respondents have managed to get promoted from their role of volunteers to a youth worker.

UNFPA’s support for YCs and more specifically, the equipment, sports supplies, photo cameras, games, play stations, everything has completely transformed the Centers, according to the volunteers, making them more attractive for young people. However, the overall number of young participants attending

YCs is still low. Sometimes, even the parents are the ones who don't allow teenagers to attend the Centers, given their overall poor impression about youth's reputation.

Volunteers appreciate the fact that they have access to all these resources which they can use for the purpose of their activities, particularly, many appreciated the photo cameras.

Volunteers mentioned that "Without Tabu" game is better fit for Youth Friendly Health Clinics and not with YCs. To address the desired objectives of the game, YCs might need a trained specialist. Not any youth worker is prepared to organize the game with young people. Those who played the game, shared that YCs should collaborate with Youth Friendly Health Clinics around the game.

According to the volunteers, usually, the girls are the most active participants of YCs. There is a need for more efforts to motivate the boys to engage and participate in the YC activities. However, there are communities where the number of girls is equal to that of the boys, but this is more of an exception.

When it comes to participation of youth from marginalized communities or young people with disabilities, volunteers shared that they have experience in organizing activities in the schools and reaching out to everyone, including to youth with disabilities. As a result, young people with special needs would later reach out to the volunteers and ask about activities at the YCs and how they can engage as well.

**Finding 8: On the outcome level UNFPA support facilitated some progress towards reduction of the adolescent pregnancy rate (one of outcome indicators), but it is unlikely that the CP target for adolescent pregnancy will be achieved by the end of the programme. It is also likely that UNFPA efforts contributed towards greater knowledge in the area of HIV prevention among adolescents and young people, but the extent of achievement of the related target cannot be assessed.**

Reduction of the **adolescent pregnancy rate** was one of the CP targets on the **outcome** level. Available data indicates that there is a discrepancy in the baseline value for adolescent pregnancy rate between revised UNFPA CP RRF (32.09 in 2017) and the NBS data (24.46 in 2017)<sup>72</sup>. Table 11 presents the dynamics of the adolescent pregnancy rate in 2016-2020 based on the NBS data. The data indicates that while in 2016-2018 the rate was going down, in 2019-2020 it went up again.

*Table 11. Dynamics of the adolescent pregnancy rate (2016-2020).*

Indicator	2016*	2017*	2018*	2019**	2020**
Number of live births per 1000 women at the age of 15-19	27.15	24.46	23.90	28.51	27.34

Source: developed by the evaluation team based on:

\*NBS data from Voluntary National Review 2020: Youth Power – on the implementation of the 2030 Agenda for Sustainable Development, page 21.

\*\*NBS data: Numărul nașcuților-vii după grupa de vârstă a mamei și rangul nașcutului, pe medii, în anul 2020. Available at: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=7023&parent=0>

Available data suggests that UNFPA efforts might have made some contribution towards reduction of adolescent pregnancy rate. In 2017-2019 UNFPA implemented the Speak Up for Young People Sexual and Reproductive Rights Project in five pilot districts: Cahul, Orhei, Rezina, Falesti and Ungheni. Within the framework of this project UNFPA supported training of teachers on the updated curricular of the

<sup>72</sup> NBS data from Voluntary National Review 2020: Youth Power – on the implementation of the 2030 Agenda for Sustainable Development, page 21.

Health Education course and roll-out of this course in 20 schools in the pilot districts in September 2018. The course was attended by over 3,000 students. Roll-out was supported by the information campaign “Health Education: My Right, My Choice”. Young people trained as Peer Trainers on Adolescent SRH conducted information sessions reaching 1,055 students in pilot districts in 2018.

According to the data provided in the final report for the Speak Up for Young People Sexual and Reproductive Rights Project the number of adolescent pregnancies in all target districts in 2018 was lower than in 2016 (Table 12). This change, at least partially, can be attributed to the project.

*Table 12. Number of pregnant adolescent girls (10-19 years old) in five districts targeted by UNFPA Speak Up for Young People Sexual and Reproductive Rights Project.*

District	2016	2018	Reduction, %
Cahul	165	111	33%
Orhei	230	189	18%
Rezina	37	27	27%
Falesti	66	59	11%
Ungheni	110	97	12%

Source: UNFPA (2020). Speak Up for Young People Sexual and Reproductive Rights Project. Final Narrative Report, page 4.

Still, given the limited reach of UNFPA activities, they could not affect the adolescent pregnancy rate nationwide. So it is unlikely that UNFPA will reach the target for reduction of the adolescent pregnancy by the end of this CP.

The current data on **percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission** was not available at the time of this evaluation. Issues of HIV are covered both within the optional school course “Health education” and the mandatory “Decisions for a Healthy Lifestyle” delivered in VET schools, it is likely that UNFPA efforts will lead to some progress towards the CP target for this indicator.

## Gender equality

**Finding 9: Though the implementation of activities leading to achievement of output targets in the gender equality area started only in 2020-2021, UNFPA has already made progress on all of these targets.**

The output on Gender equality with three corresponding indicators were added to the CP RRF in 2020 as a result of its mid-term revision to better align the UNFPA interventions on gender equality and prevention of gender-based violence (GBV) to the UNFPA Strategic Plan, as well as to better reflect the growing UNFPA support in the area of gender equality (Table 13).

Table 13. Degree of achievement of outputs and outcome in the Gender Equality area.

Output/Outcome	Indicator	Baseline	Target	Actual
Output 1. Strengthened national capacity to promote gender equality, eliminate gender –based violence and address harmful gender norms through effective policies and programmes	Number of persons reached through awareness raising campaigns on the importance of men’s involvement in caretaking	0*	200,000	133,768 (2021) <sup>73</sup>
	Number of men reached out through male engagement initiatives in targeted regions (Falesti and Straseneni)	0*	200	140 (2020) <sup>37</sup>
	Number of private sector companies engaged by UNFPA in implementing gender-responsive family policies	0*	5	5
Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	Proportion of ever-partnered women and girls aged 15 years and older subject to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	33.3% (15-24 age group) (2011*)	25% (15-24 age group)	N/A

\*Baseline data is provided as per RRF.

Source: developed by the evaluation team.

The first **awareness raising campaign** that promoted the importance of men's involvement in taking care of children was conducted in 2020 by UNFPA and NGO Child Rights Information Center (CRIC) as an implementing partner in support of the launch of Father’s clubs. Campaign included publication of articles on UNFPA and CRIC websites and posts on CRIC Facebook page. Campaign reached over 133 thousand people. In summer of 2021 another awareness raising campaign addressing stereotypes conducive to gender-based violence was launched. At the time of this evaluation results of this campaign were not available yet.

Father’s clubs is a **male engagement initiative** that has already been launched with UNFPA support. At the time of this evaluation Father’s clubs model was piloted in two districts: Falesti and Straseneni. Father’s clubs target young men as current or future fathers and engage them in a series of 12-15 moderated discussion sessions to transform the stereotypes they may have regarding gender roles and fatherhood. At the time of this evaluation there were 9 active Father’s clubs (established in different locations: schools, Youth Centers, Youth Friendly Health Clinics, Creation and Recreation Centers and a police station) that were running 14 groups with 140 male participants in total. Because of the COVID-19, some of the groups were meeting online, which - according to stakeholders consulted by the evaluation team – allowed to expand the reach of the club’s and even include participants based abroad. UNFPA also supported training of 14 local facilitators for the clubs and development of the Framework Regulation for club operation.

Introduction of **gender-responsive family policies** is also a new initiative. Following review of about 40 private companies UNFPA selected and entered into Cooperation Agreements with five private companies: Orange Moldova S.A., S.C. Panilino SRL, Fidesco SRL, ICS Premier Energy Distribution SA,

<sup>73</sup> First year progress report (March 2020-February 2021).

Aseña Textil SRL., that agreed to adopt and implement family-friendly policies. Five participating companies provide employment to over 5,000 people, 64% of their workforce are young people aged 19-39.<sup>74</sup> By the time of this evaluation UNFPA has already supported assessments of company policies to identify potential areas for improvement as well as the survey and focus groups with company employees to identify their expectations regarding necessary support from employers to achieve the work-life balance. Results of these studies informed individual company road maps for introduction of improved family-friendly policies that will be implemented in June 2021 - November 2022. UNFPA is also working with the Government and Parliament on promoting family-friendly policies based on the Generations and Gender Survey data and taking into account recommendations received from private sector companies engaged by UNFPA in the above-mentioned programme.

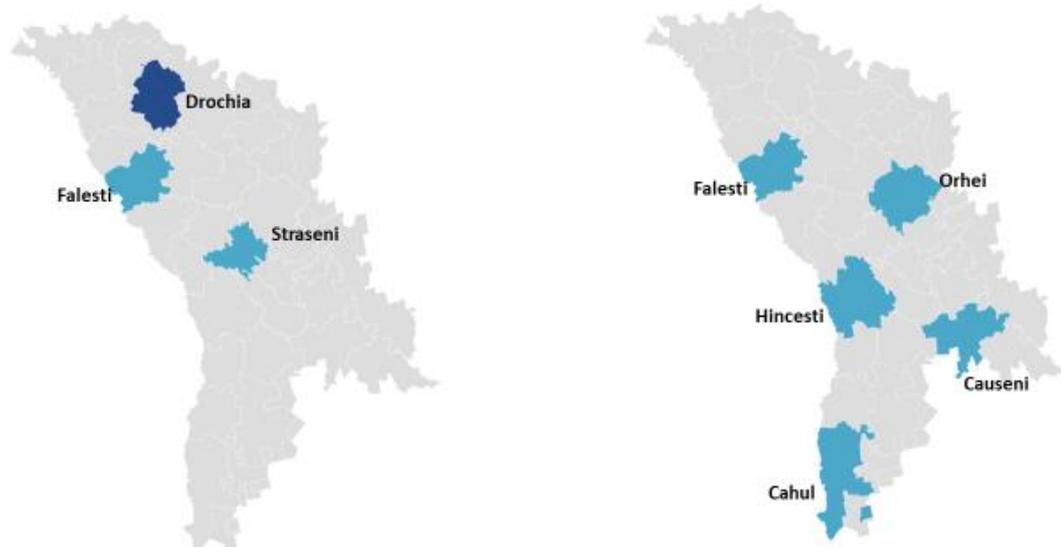
**Finding 10: UNFPA CO has also supported several interventions that contribute towards strengthened national capacity to eliminate gender-based violence but were not reflected in the CP RRF output level indicators.**

Within the framework of the current CP UNFPA continued support to operations of the Centre for Family Aggressors (domestic violence perpetrators) that was established in 2012 in Drochia and is managed by NGO Artemida. The center was supported to revise the minimum quality standards, which represent the national methodological framework for institutions providing integrated assistance and counselling services to those who commit domestic violence. In 2018 the **programme for domestic violence perpetrators** piloted by the Center was introduced in three more locations in Falești and Straseni districts (Fig. 13-a).

*Figure 13. Districts where UNFPA supports activities within the gender equality focus area.*

a) *programme for domestic violence perpetrators*

b) *piloting of sectoral SOPs on GBV*



Source: developed by the evaluation team using datawrapper.com

<sup>74</sup> Five private sector companies have signed a Cooperation Agreement with UNFPA to promote family-friendly working conditions for about 5,000 employees. 26 April 2021. <https://moldova.unfpa.org/en/news/five-private-sector-companies-have-signed-cooperation-agreement-unfpa-promote-family-friendly>

Domestic violence perpetrators are referred to the programme by law enforcement structures and face penalties if they don't complete it. Over a period of 4-5 months twice a week a perpetrator has to participate in a series of group discussions covering 10 topics. Situation in a perpetrator's family is monitored during three months after his completion of the programme. Before COVID-19 pandemics perpetrators had to attend group meetings in person. During pandemic meetings were moved online.

According to national stakeholders interviewed by the evaluation team, the programme for domestic violence perpetrators is highly effective: 70% of participants change their behavior patterns to non-violent ones.

UNFPA also continued to support the introduction of the model of local **multifunctional teams** that respond to domestic violence cases. Teams are made of social workers, doctors, police officers, local authorities and – if a family has children – representatives of educational institutions. In 2018-2019 UNFPA piloted sectoral Standard Operational Procedures (SOPs) on GBV (for police, health-care professionals and social workers) in five districts (Fig. 13-b). Results of these pilots informed the following adaptation and finalization of SOPs that were formally adopted in 2019. After COVID-19 outbreak UNFPA provided protective equipment and materials for multidisciplinary teams which facilitated continuity of service provision as well as food packages for female victims of domestic violence.

UNFPA also contributed towards **better collection of data on GBV** by the national health system by developing corresponding statistical forms that should be officially adopted by the end of 2021.

Intervention **combating gender stereotypes and engaging men** piloted in Falesti and Straseni districts in addition to operation of Father's clubs included capacity building events for primary health care professionals on involving both parents in taking care about their child's health. In 2020 27 medical professionals were reached in Straseni district and 18 - in Falesti district.<sup>75</sup>

**Finding 11. Despite the progress in terms of strengthening national capacity to eliminate gender-based violence and address harmful gender norms, achieving the CP target of reducing the prevalence of GBV in the 15-24 age group from 33.3% to 25% is unlikely.**

Out of all UNFPA interventions within the gender equality focus area only the programme for domestic violence perpetrators directly contributes towards the reduction of the violence against women committed by their intimate partners. But its effect on the national prevalence is very limited because the programme is currently available only in three districts.

Given that traditional attitudes and norms hold by the Moldova society contribute to the high GBV prevalence<sup>76</sup>, Father's clubs may have some positive effect on the reduction of the GBV in the long-term - beyond the present CP, but because of their small present coverage this effect will be negligible. Awareness raising campaigns conducted within the framework of this CP also will not have any immediate effect of the GBV prevalence.

## Population and Development

**Finding 12: UNFPA has made significant progress towards achieving CP results in the Population and Development area.**

<sup>75</sup> Child Rights Information Center. Workplan Progress Report 2020-1.

<sup>76</sup> OSCE (2019). OSCE-led survey on violence against women: Moldova. 118 pages.

Table 14 presents intended CP results in the Population and Development area.

*Table 14. Degree of achievement of outputs and outcome in the Population and Development area.*

Output/Outcome	Indicator	Baseline	Target	Actual
Output 1: Increased availability and use of high-quality disaggregated data on population, including on sexual and reproductive health, young people and gender-based violence, by policy and decision makers at national and local levels	The national health information system includes disaggregated data on sexual and reproductive health and gender-based violence	No	Yes	In progress
	A population forecast is produced by the national institutions	No	Yes	In progress
	The National Bureau of Statistics has in place an information statistical system on population and migration	No	Yes	In progress
	Population and migration estimates are revised in alignment with international recommendations	No	Yes	In progress
	Gender and Generation Survey results are available for evidence-based policies	No	Yes	In progress
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	The country has national development plans that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization	No	Yes	Yes

Source: developed by the evaluation team.

UNFPA Moldova has been implementing an ambitious programme focusing on population and development. To strengthen UNFPA work around demographic resilience, the interventions were targeted into three main direction: (1) policy framework, that looks at macro policies (development strategies) where demographic changes are integrated, along with sectoral policies to address specific demographic challenges; (2) data, by improving population and migration data at national and local level and setting-up the process for establishing a statistical population register that will help Moldova move towards a register-based census and (3) research, by strengthening the research around demographic issues, with the Generations and Gender Survey pioneering the research and availability of demographic data for identifying core drivers of demographic changes in a longitudinal manner and using this data for policy development.

It is important to note that population and development is a highly strategic portfolio of the UNFPA, and the organization is fully dependent on the capacities, openness, and commitment of the national partners.

Given the emerging developments in this sector, the demographic resilience and strategic intervention of the UNFPA builds on the previous CPD efforts, which have originally addressed aspects such as data gaps for youth, SRH and GBV. UNFPA had an indicator on the number of LPAs using data on SRH.

Another indicator was on data on gender-based violence and SRH in the health system (which is still under this output) and population forecast produced by NBS. However, as a result of the CPD revisions in 2020, the UNFPA team has added additional indicators under this outcome among which:

- revision of the population number at national and subnational level;
- building a statistical population register;
- conducting a Generation and Gender survey.

Currently, the CPD has more indicators than it was originally planned. The approach by the UNFPA towards demographic issues used to be much narrower than it is now; while some of the activities in the previous CPD discontinued in the current program and aging is one example. Covid pandemic has affected the approach again and UNFPA had to re-bring aging back under its focus, thus, attempting to ensure a more holistic approach on the demographic output. UNFPA looks at the three major strategic interventions:

- Demographic resilience and policies.
- Data related to the national statistics.
- Intergenerational dialogue and COVID-19 as a cross-cutting issue.

UNFPA acknowledged that policy priority should shift from demographic security to demographic resilience or demographic wellbeing. The demographic policy thinking and policy making in Moldova has been caught in the Soviet approaches for the past three decades, that speaks mostly in quantitative terms. UNFPA promotes among its key stakeholders and partners the concept of demographic resilience as an aspiration that involves the ability to predict demographic shifts, understand their implications and develop policy responses that are based on evidence and human rights.

Thus, UNFPA's aim with the new CPD was to change the paradigm and embed these approaches by moving away from demographic security (which was a priority in the previous CPD) and adopting priorities which have the potential to provide support the Moldovan Government on planning for the shocks and stresses associated with several emerging challenges from political instability, migration, aging, others. In practical terms, it means moving beyond narrow quick-fix approaches focused on population numbers towards comprehensive population and social policies aimed at ensuring prosperity and well-being for all. With this at the core of its approaches, UNFPA team integrated the key elements on demographic issues in the Moldova 2030:

- Aging,
- Desired fertility,
- Life-expectancy,
- Migration.

Thus, Moldova 2030 integrates very well demographic changes, resilience, rather than looking at shrinking population numbers or population threats. One positive aspect about the new "Moldova 2030" Strategy document is the fact that it foresees that at the end of the two intermediate stages of implementation (in 2022 and 2026), an evaluation report, which will analyze the impact of the implementation of the Strategy on the basis of the interim targets, and will propose relevant adjustments of the final targets according to the progress achieved and social-economic trends at national and international level. The mid-term review process will analyze the territorial demographic security index, a tool for measuring level of demographic well-being at the local level, allowing to assess the impact of the strategy in each administrative-territorial unit in terms of demographic. This will provide the UNFPA team with additional input in 2022 and 2026 for this specific strategic priority.

Back in 2019, UNFPA team showcased and shared with the Government of Moldova about the value of having more granular data on demographic issues might help understand the demographic resilience

much better and the need for relevant policy documents on demographic aspects. The UNFPA team used the Belarus experience as an example, given that it conducted a national sociological survey entitled “Belarus: family structure, family relations and birthrate in the changing social and economic context” in May-November 2017 with the use of the Generations and Gender Program methodology. The philosophy of the Belarus experience was anchored in the idea that “The country's population policy is not chaotic. Before you craft any measures and make decisions, you need to study the demographic processes and compare them with the processes in the neighboring countries in the European region”.

Thus, UNFPA Moldova managed to successfully convince the government to allocate internal resources for **Generation and Gender Survey**, and in August 2019, a co-financing agreement was signed between the Government of Moldova and UNFPA for an amount of USD 460,000 from the Ministry of Health, Social Protection allocated for Generation and Gender survey, with two major objectives:

- Collect the data (activity completed in 2020);
- Provide policy documents on the specific issues to the Government of Moldova (in progress).

The GGS is the core component of the Generation and Gender Program<sup>77</sup>. The GGP Infrastructure provides scientists and policy makers around the globe with high quality and timely data about families and life course trajectories of individuals to enable researchers to contribute insights and answers to current societal and public policy challenges. Moldova joined for the first time this program under these efforts led by the UNFPA.

Currently, this project is implemented together with the Ministry of Health, Social Protection, NBS, and International Demographic Institute from the Netherlands. Back in 2019 a sample frame was developed, and it included complex listing activities, with around 60,000 households included. The sample was finalized in 2020, with the data collection conducted by Magenta Consulting, a sociological company. It started the data collection in January 2020, however, due to Covid situation, data collection was put on hold for three months, while the processes resumed in July 2020, in close coordination with the Ministry of Health and Social Protection and the Public Health Agency.

The field work was completed in November 2020. UNFPA, together with the Expert Group, started working on the Report but also on understanding how data collected through the GGS can feed into the Action Plan on Demography. Accordingly, at the request of the Ministry of Health, Labour and Social Protection, the Expert Group drafted a Theory of Change on Demographic Resilience and produced a Draft of Action Plan on Demography that was integrated into the National Programme of Development Strategy (in progress at the moment of focus groups and interviews). In parallel, the UNFPA team works with the Center Partnership for Development, that provides support to the development of policy documents on work-life balance documents, specifically around involving fathers in distribution of household responsibilities, facilitate return of mothers to the labour market, among others.

It is important to note that UNFPA regards the Generation and Gender Survey results not only as being valuable from the perspective of the data being used for policy documents, policy briefs. Data collected as part of GGS should serve academic and scientific purposes and comparability at international level as well. Accordingly, a dissemination and communication plan was developed by the UNFPA and to be implemented in partnership with NIDI, and the four strategic directions identified for stakeholder engagement around the use of data. Data will be available for free, in an open form, from the GGP platform. Data will also be available from the PDP platform, coordinated by the UNFPA HQ. Several GGS indicators related to family planning were already published by the UN Secretariat.

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<sup>77</sup> <https://www.ggp-i.org/about/>

UNFPA has conducted thorough consultations with civil society, academia on the data that is most valuable for their institutional interventions and priorities, and those indicators were reflected in the final GGS. Thus, through the partnerships to be established with organizations from across the academia and civil society organizations, policy makers, the aim is to encourage the use of data for deeper analysis and elaboration of specific policy papers. UNFPA is in the process of identifying national researchers to carry out such analysis. The survey will be repeated once again in 3 years, to allow tracking any progress made across a specific set of indicators, allowing to understand the factors leading to changes and ways these changes are impacting the overall developments in a specific area covered by the GGS. Such an exercise is extremely valuable for the Moldovan context, where for years emphasis was put on quantity rather than quality. It could be considered a breakthrough practice in the field, allowing several organizations to engage in the use of data to understand the population and development phenomena, dominant trends and patterns. UNFPA will get a lot of attention on the GGS data, given an upcoming international event in fall during which the findings are going to be presented. Currently, anyone interested in accessing this data, can do that from the GGP web page. UNFPA has deployed a team of national researchers working closely with international data experts and SPSS, and once NIDI will carry out the validation of the data, UNFPA will also provide some contextual analysis, as part of the report, for the event in fall.

Additionally, the UNFPA team worked on using the methodology on National Transfer Accounts (NTA), to better understand economic implications of demographic changes. Moldova joined the global NTA network in 2016, and the UNFPA Moldova provided support to the development of the first ever national NTA estimations in the country (the first report being published in 2017). This is an innovation not only for Moldova, but for several countries globally. The estimations for Moldova have been made twice, and UNFPA has partnered with the Expert Group on this deliverable.

To support **improvement of national statistics and statistical systems** the UNFPA has been working closely with the NBS on this intervention. Back in 2019, UNFPA supported the NBS to revise for the first time in 30 years the population number at the national level, and for the first time to estimate international migration, using border police data. This was a truly breakthrough for the entire statistical system. Moldova moved from 3.5 million to 2.6 million people and changed all statistical indicators where population number was used as a denominator. This is the result of the change in the methodology and aligning the methodology with the EU and UN recommendations related to the 'usually resident population'<sup>78</sup>.

Currently, UNFPA is providing support to the NBS in helping to revise the population number in every single community of Moldova, in estimating international migration for every single district, estimating internal migration and is planning to support Moldova in conducting population retro-projections between 2014 and 2004. These estimations are extremely important in order to help ensure consistency across national and sub-national level data on the same indicators. Population data in Moldova is very fragmented and diverse. The biggest challenge lies in the fact that different institutions use different numbers both national, such as NBS and international, such as the UN. UNFPA has been implementing relevant communications campaigns to help provide a user-friendly explanation to the users on the methodological changes adopted by the UNFPA and its partners.

**Collaboration between the NBS and UNFPA:** according to the respondents, collaboration has always been fruitful. In the past few years the collaboration became more intensive, with monthly, sometimes

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<sup>78</sup> The 'usually resident population' of a country is composed of those persons who have their place of usual residence in the country at the census reference time and have lived, or intend to live, there for a continuous period of time of at least 12 months. A 'continuous period of time' means that absences (from the country of usual residence) whose durations are shorter than 12 months do not affect the country of usual residence. The same criteria apply for any relevant territorial division (being the place of usual residence) within the country. [https://unece.org/DAM/stats/publications/2015/ECECES41\\_EN.pdf](https://unece.org/DAM/stats/publications/2015/ECECES41_EN.pdf)

weekly meetings. NBS representatives find UNFPA's overall approach as being agile and appreciate their capacity to adjust fast to the situation based on the emerging needs, realities and changes. Usually, the collaboration goes beyond what has been originally included in the plan. It is fluid, and in continuous ascendance/advancement.

UNFPA supports NBS's current/ongoing organizational needs along with identifying necessary resources with other donors for conducting such complex activities as Population Census. (the costs of the Census would be above 260 million MDL, which is not enough and here is where UNFPA will provide support needed). UNFPA acts as a major co-organizer on Population and Housing census and information system on population and demography. UNFPA plays a crucial role in the activities of NBS and brings valuable contributions. It will play a key role in the upcoming population census in 2023.

However, UNFPA's support is not limited to supporting Censuses or other major demographic initiatives. UNFPA provides considerable support on building institutional capacities of NBS based on the emerging needs. One recent example connected to personal data protection included supporting NBS with a national expert on assessing the situation with personal data protection in Moldova, by providing NBS with relevant analysis to help make further decisions. Personal data protection is a challenge for the NBS given how the regulatory framework on personal data protection is being treated by the National Center for Data Protection. Given this persistent challenge, UNFPA not only supported the assessment/audit, experts subcontracted by the UNFPA to carry out the audit, provided support on the development of an Action Plan for remediating the situation. In the immediate run, population and migration teams will be equipped according to the Law on Personal Data protection with access control, cameras, allowing NBS to process personal data. In the event of an external audit by the Center for Personal Data Protection, NBS would meet all the requirements for personal data processing.

The two projects implemented currently with support from UNFPA have been designed based on the request and the needs of the NBS and together with NBS. One project is aimed at institutional support of the NBS. And even if the support is focused on more general institutional capacity development, it is primarily focusing on populations and statistics, demography, and censuses. Throughout the past year NBS managed to equip two departments with relevant equipment: department on population statistics and migration; and department on censuses; along with providing technical support to subdivisions such as those working with administrative data sources, those working with georeferencing technologies, IT staff. This was a stringent need at the NBS. Funds for these needs have been expected through EU funding and it has been 5 years now since such procurements would have taken place, but never happened.

UNFPA currently has a more in-depth approach when it comes to data, as opposed to how it was a few years back (as per focus group participants). Most of the support to NBS comes from UNFPA, and the agency managed to successfully fundraise and work with other donors and partners in securing resources for this agenda and have a more consistent fundraising approach.

UNFPA does also have its own reserve funds and was able to provide support during the pandemic right away (both to the staff in the central office but also across the regional offices), and specially to support interviews' operators, who needed protective gear in their visits to the households during the pandemic. It would have taken NBS a long time to secure them through public procurement processes.

UNFPA is very prompt, has easy practices for subcontracting experts (human resources), it has direct sub-contracting procedures, allowing them to immediately address some needs or gaps. This is very different from other UN Agencies, who have to undergo a formal selection process of the experts or consultants, and sometimes it may last for a few months. This flexibility of UNFPA is highly appreciated by the NBS.

What is also an advantage for UNFPA is the fact that it covers not only population, rather, is able to look into the various institutional aspects of the NBS and co-create the interventions based on the needs across the wider spectrum of issues. UNFPA is supporting NBS to move from paper-based data collection to using digital tools for data collection. It has supported the purchase of tablets, which are currently used for other census preparation related activities, such as listings, housing georeferencing - which will help the NBS representative to have a clear mapping of all households. It is crucial to have this prepared in order to understand how big the population sample is going to be in the upcoming census.

UNFPA is supporting the NBS in evaluating the previous Statistical Strategy and developing a new one, with UNFPA leading on behalf of the UN. The expected deliverable is Statistical Strategy 2030. Additionally, NBS has been supported on revision of interventions in sectoral areas: such as in social dimension and labour.

Another positive example is a project implemented with funds from India Development Fund, which has originally focused on developing the IT system for population statistics and demography, NBS has later expanded the project and the concept to encompass social statistics. UNFPA has accepted and endorsed this approach. The National Statistical System will be modernized by extending the use of administrative data in the production of official statistics. NBS has somehow, traditionally, not produced internal documentation on information systems. Accordingly, lack of such documents by the NBS, which would describe the approaches related to data protection, data security, others, leads to difficulties in interaction with National Center for Data Protection, or General Inspectorate of Border Police (GIBP). These projects allowed NBS staff to become more aware about the need to have relevant and well-developed internal documentation.

Additionally, UNFPA managed successfully, as part of the CPD, and with very small funds (\$50,000) to **revise the population numbers and estimate international migration**. Global Assessment Review provides an in-depth and comprehensive analysis of the institutional, organizational and technical capacity of the countries to produce official statistics that comply with international and European guidelines and recommendations, including the United Nations Fundamental Principles of Official Statistics (FPs) and the European Statistics Code of Practice (CoP). Such assessments are carried out once in 5 years, with the last report being published in February 2019<sup>79</sup>, with the recommendation that NBS should urgently review the population number.

In addition to the review of the general population number, there are efforts in place to revise the population number for all localities in Moldova. This might potentially put high pressure on the NBS in publishing the data. At the same time, it is important to prepare for a potential push back from local public authorities. Accordingly, UNFPA is working on a communication/information plan to ensure that all stakeholders are part of the communication that explains about the methodology applied by the NBS, so that they understand the methodology without providing the data. It is important that all public authorities understand how the data was calculated. There will be a shift in population number longer term, which will affect the structure of LPA, etc. particularly given the ongoing efforts around the development of the Methodology for volunteer amalgamation of territorial administrative units in Moldova (scheduled to be ready in 2022).

A new area of UNFPA that emerged within the framework of this CP is **intergenerational dialogue**. UNFPA works to raise awareness about population ageing and the need to harness its opportunities and address its challenges. Ageing - was an activity that discontinued in 2017, but was relaunched in 2020 because of the Covid pandemic, and the focus being the intergenerational dialogue. The entry point under this intervention is through the digital skills development, specifically on the transferability of the skills from young generation to the older ones.

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<sup>79</sup> [https://unece.org/DAM/stats/documents/technical\\_coop/GA\\_Moldova\\_2018\\_EN.pdf](https://unece.org/DAM/stats/documents/technical_coop/GA_Moldova_2018_EN.pdf)

UNFPA managed to establish a partnership with Help Age International on bringing young people and older people closer to each other, and HelpAge International is responsible for identifying the beneficiaries of the services provided. There is a holistic approach in place for the selection of the beneficiaries, and that is involvement of the social worker from the community, of the local NGO (if it is available), an LPA's representative, thus, it is a very robust process ensured. A representative of the implementing partner mentioned during the interview about the strength of the Help Age and their capacities to identify beneficiaries in such a participatory manner. The partnership is unique due to its strong and highly reputable private sector partner, the Moldcell Foundation. Moldcell and UNFPA have donated mobile phones to older people, provided training to young people on how to engage with older people.

The training provided has two major components: what is a mobile phone, how to connect to mobile data, how to use messenger, Facebook, zoom and other platforms. In 2021, the training component is expanded and covers public services which could be accessed from the Agency for Public Services, from National Health Agency, and Social Insurance Agency, via mobile device.

All the beneficiaries are predominantly from rural areas, exception being Soldanesti district, both elderly and young people. Young participants are selected through the support of the local NGOs involved in the project. UNFPA is planning to organize a bigger event on the digital dimension and ways IT companies can sustain intergenerational dialogue, through developing digital skills. UNFPA aims to bring Google Romania, Facebook and other IT companies to come and share about ways to address the digital gap and digital divide in Moldova.

The digital devices, gadgets are chosen smartly by Moldcell and UNFPA, with big screens, and are easy to use by the elderly. At the same time, however, when it comes to the elderly with specific impairments or physical disability, UNFPA relies on the young people visiting the elderly and providing support directly in their homes. In the long run, UNFPA could pay more attention and target specific support and training for the elderly with specific impairments i.e. such as visual impairment and identify ways this could be addressed through digital technologies.

In addition to the above, the UNFPA team is also working on providing psychological support to older persons, through various sessions, and uses the latest GGS data in order to develop the Active Aging Index.

UNFPA is supporting the Government of Moldova on evaluating the Action Plan on Active Aging and developing a new action plan. At the moment of evaluation, the UNFPA team was ready to sign an agreement with the Swiss Agency for Development and Cooperation, who is interested to co-fund these activities.

**As part of the COVID-19 response** UNFPA provided protective equipment and supplies including sanitizers, masks, gloves. NBS has greatly appreciated the rapid support for its interviews' operators. Additionally, in the context of the pandemic, the UNFPA did an impact analysis on older persons and discussed the results at policy level with the Ministry of Health, Labour and Social Protection, and the UN Agencies. Thus, the UNFPA plays a key role in:

- Providing demographic data for preparedness.
- Advocating for investment in rights and health of older persons within the COVID-19 Response and facilitating coordination of UN system action for older persons.
- Bringing a gender perspective to the analysis of challenges faced by older persons in the context of COVID-19.
- Supporting older people to remain autonomous and important pillars of their communities.
- Harnessing the Inter-generational Solidarity and address age-based discrimination.

UNFPA joined efforts with other UN Agencies, on conducting an overarching and comprehensive socio-economic impact assessment of the COVID-19 pandemic on vulnerable groups and sectors in Moldova. The Assessment was intended to support the Government of Moldova to evaluate the immediate effect and project the medium-term and long-term impact of the COVID-19 crisis. Based on themes emphasized during research and consultations, the study has focused on seven vulnerable groups (children and youth, poor households, vulnerable women, youth not in employment, education or training (NEET youth), returning migrants, the elderly population and freelancers).

Additionally, the UNFPA has independently applied the methodology of National Transfer Accounts in understanding the impact of Covid. The findings, however, as per UNFPA team members, were so far from UNFPA's areas of work, that the team decided not to publish those. However, findings were discussed internally with several stakeholders.

EQ3. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Key factors that facilitate achievement of the CP results across all focus areas include the long-term systemic approach that undergirds UNFPA work and UNFPA access to international expertise. Common constraining factors include high staff turnover in the public sectors that erodes results of the UNFPA capacity building efforts and low levels of public awareness and understanding of the importance of SRH and youth issues which translates, for example, into reluctance of teachers to deliver SRH education. Another constraint is the existing architectures of the service provision. Reproductive health cabinets, Youth Friendly Health Clinics and Youth Centers are located only in district centers. As a result people in rural areas have limited access to services.

## Sexual and Reproductive Health

**Finding 13: Key constraining factors in the SRH area include low levels of public awareness and understanding of family planning and other SRH issues, limited capacity of the national health system to provide SRH services, especially on the level of primary health care facilities, and limited access to SRH services in rural areas.**

Evaluation data indicate the low level of SRH literacy among Moldova population, both young people and adults. Several national stakeholders mentioned this issue as an important constraining factor. Within the framework of this CP UNFPA was consistently working to build SRH literacy. For example, in 2019 "Let's Talk" campaign involved social media influencers, opinion leaders, NGOs and private sector representatives to combat myths and misconceptions related to family planning and methods of contraception. In 2020 UNFPA also supported a public campaign to build awareness of the importance of cervical cancer screening "Stay healthy! Do the PAP test!".

At the same time, the capacity of the national health system to provide SRH services is still limited, especially at the level of primary health care facilities. Because of low salaries and high demand for Moldovan health professionals abroad national health system suffers from high staff turnover, shortage of medical professionals and significant share of older staff members among family doctors and nurses<sup>80</sup> who may be reluctant to provide family planning services. Within the framework of this CP UNFPA was providing training opportunities to national health professionals, but this cannot fully mitigate the above problems.

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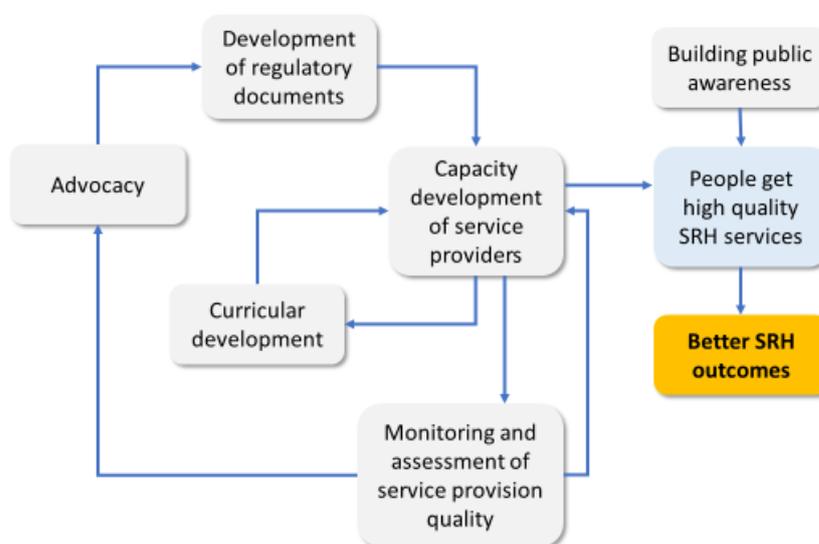
<sup>80</sup> National Development Strategy "Moldova 2030" indicates that 27% of practicing doctors and 17% of nurses have already passed the retirement age.

In addition, people in remote rural areas have less access to SRH services. For example, all Youth Friendly Health Clinics that provide SRH services to young people are located in district centers. Reproductive health cabinets that serve the general population are also located in district centers.

**Finding 14: Long-term systemic approach that undergirds UNFPA work in the SRH area is the key factor that facilitates achievement of SRH results.**

Evaluation data indicates that in the SRH area UNFPA is consistently using a systemic approach and strengthens both the supply and demand side of SRH services (Fig. 14). Application of the systemic approach is facilitated by UNFPA ability to provide long-term support to development of specific focus areas that spans that timeframe of individual country programmes.

Figure 14. Generic model of the approach used by UNFPA in the SRH area.



Source: developed by the evaluation team.

For example, UNFPA support for the development of the national **cervical screening system** started in 2012. Under the previous CP 2013-2017 UNFPA supported assessment of the national capacity in the area of cervical screening which informed the 8-year plan for implementation of assessment recommendations. UNFPA advocacy efforts led to adoption of the National Action Plans for implementation of cervical screening for 2014-2015 and 2016-2018. Prevention of cervical cancer is integrated into the National Cancer Control Programme 2016–2025. UNFPA also supported development of the Standard Operating Procedures for screening services (Pap smear collection, cytology and colposcopy services and pre-cancerous lesions treatment) adopted in 2015. UNFPA also supported a number of capacity development activities for health professionals.<sup>81</sup> UNFPA supported the implementation of the Cervical Cancer Prevention in the Republic of Moldova Project 2017-2020 in collaboration with the Ministry of Health, Labor and Social Protection (MHLSP), SDC, International Cervical Cancer Prevention Association and WHO.<sup>82</sup>

<sup>81</sup> UNFPA (2016). Independent evaluation of the UNFPA 2nd Country Programme 2013-2017 for Republic of Moldova. Final report.

<sup>82</sup> The cervical cancer will be prevented in Moldova through organized screening programme. Fact Sheet. Available at: [https://moldova.unfpa.org/sites/default/files/pub-pdf/Cervical%20Cancer%20Fact%20sheet%20Eng\\_0.pdf?\\_ga=2.116698566.1182976533.1627478018-1944795864.1611585812](https://moldova.unfpa.org/sites/default/files/pub-pdf/Cervical%20Cancer%20Fact%20sheet%20Eng_0.pdf?_ga=2.116698566.1182976533.1627478018-1944795864.1611585812)

Within the framework of this CP UNFPA continued its support to development of regulatory documents, including development of the Standard on Organizing and Functioning of Cervical Screening Services, including 4 components (for Primary Healthcare, Cytology, Colposcopy and Histopathology Services) approved by the MHLSP in 2020, revision of the cost of the cervical screening test in line with international standards and recommendations for its inclusion into the state Healthcare Services Unique Tariffs' Catalogue, and development of the Statistical Reporting Forms on Cervical Screening Services that will be integrated into the Cervical Screening Registry.

UNFPA also supported strengthening of the operational structure of the national cervical screening system, including support to establishment of the Cervical Screening Coordination Unit and the National Referral Center in Colposcopy at the Institute of Mother and Child and development of the Cervical Screening Registry that shall be operational by the end of 2021.

UNFPA support to building capacity of the national service providers in the area of cervical screening included:

- Provision of 3000 printed copies of the Standard on Organizing and Functioning of Cervical Screening Services to all healthcare facilities providing cervical screening services in the country (primary healthcare facilities, cytology and histopathology laboratories and colposcopy offices).
- Procurement of equipment for the Cytopathology Laboratory of the Republican Medical Diagnostics Center, National Referral Center in Colposcopy,<sup>83</sup> the Histopathology Laboratory of the Institute of Mother and Child, the Morphopathology Department of the Republican Clinical Hospital.
- Training for 120 primary healthcare professionals to correctly take Pap smears and Pat tests (2018).
- Training for 325 primary healthcare professionals (including 75 healthcare providers from Transnistria) to provide cervical screening services (2019).
- Online training for 311 primary healthcare professionals to ensure continuation of cervical screening services in the COVID-19 context (2020).
- Support to representatives of the Morphopathology Chair of the Nicolae Testemitanu SUMP to attend training on cervical cytopathology at the Southwest Regional Cytology Training Center, Bristol, United Kingdom (2019).
- Training and certification in cytopathology for 19 cytopathologists and cyto-screeners (2019).
- Training and certification in gynecological histopathology for 7 pathologists (2020).
- Support to representative of the Obstetrics and Gynecology of the Nicolae Testemitanu SUMP to complete training and certification course in Colposcopy at the Royal College of Obstetricians and Gynecologists & British Society for Colposcopy and Cervical Pathology (2019).
- Support to six gynecologists to participate in training on colposcopy within the framework of the UNFPA/ IFCPC/IARC Regional Programme on Colposcopy and Cervical Cancer Prevention. Four of them obtained international certification in colposcopy by the International Federation of Cervical Pathology and Colposcopy and the International Agency for Research on Cancer.

UNFPA support to the development and revision of curricular in the area of cervical screening included:

- Update of the Cervical Screening Training Curricula for primary healthcare personnel and its integration at the Nicolae Testemitanu SUMP, the Center of Excellence in Medicine and Pharmacy "Raisa Pacalo", four Regional Medicine and Pharmacy Colleges, the Center for Continuing Medical Education of Medical and Pharmaceutical Personnel with Secondary Education. UNFPA also supported teaching of these curricula by provision of ten Gynecological

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<sup>83</sup> In case of the National Referral Center in Colposcopy - UNFPA advocated for and supported leveraging resources that as a result were provided by the Government of Japan, with the equipment being purchased by the Institute of Mother and Child.

Examination Simulators that are used to build practical skills of application of the Pap smear test.

- Development of the Cervical Screening Training Curricula for cytology and histopathology laboratory personnel and its integration at the Nicolae Testemitanu SUMP.
- Development of the Cervical Screening Training Curricula for colposcopy offices personnel and its integration into the university residency and CME programmes.

UNFPA support to monitoring and quality assessment in the area of cervical screening included on-line monitoring “visits” to 82 primary healthcare facilities, 7 cytology laboratories, 5 histopathology laboratories, and 19 colposcopy offices to assess their compliance with the Standard on Organizing and Functioning of Cervical Screening Service (2020).

To build public awareness on the importance of cervical screening and promote its use in 2020 UNFPA implemented the national communication campaign "Stay healthy! Do the PAP test!". Campaign was informed by the 2018 Knowledge, Attitudes and Practices (KAP) Study. Similar study was conducted in 2020 after the campaign to measure its effectiveness.

Results of the KAP studies demonstrate significant increase of the level of awareness about the cervical screening and actual use of this service (Table 15).

*Table 15. Changes in parameters measured by KAP studies.*

Indicator	2018	2020
Share of women who declared they know about the cervical screening service.	24%	51%
Share of women who declared they did the cytology test (after being explained what the test consisted of).	36%	63%
Share of women who were told the result of the last cytology test.	73%	68%
Share of women who declared they were very satisfied or satisfied with each of the following two aspects: a) Overall quality of cervical screening medical service; b) Overall access to cervical screening services.	73%	69%

Source: UNFPA, MHLSP, SDC (2020). Post-intervention KAP Survey on Assessment of Knowledge, Attitudes and Practices on Cervical Cancer Prevention in the Republic of Moldova.

## Adolescents and Youth

**Finding 15: Factors that facilitated integration of the Education for Health course in pilot schools included school prior experience with delivering health education and existing partnerships between schools and Youth Friendly Health Clinics. Key constraining factors include teacher reluctance to deliver the Education for Health course and strong competition among teachers for the optional courses.**

The evaluation found a number of factors facilitating integration of education for health in general education. During focus groups some teachers shared that their institutions had **prior experience** in delivering health education related activities prior to the 2017 pilot. Back then, those educational institutions acknowledged the need to address specific health issues such as hygiene or nutrition. Accordingly, where some prior experiences around health education activities existed at the school level, introducing a Health Education course was much easier. There were more teachers willing to

engage in teaching the course, and more students interested in health education contents. Some teachers shared that they had previous experiences on conducting quick needs assessments among students on the specific thematic areas, discussed during health education activities; i.e surveys, or brainstorming on 'what does health education mean to the students', others. For many students, health education is associated with life skills.

In schools that had previous collaborations with Youth Friendly Health Clinics, implementation of the optional course was supported via engagement of health experts in the delivery of more sensitive topics. At the same time, participants in the focus groups mentioned that they receive support from the school administrations related to the teaching of the Health Education optional course. Y-PEERS are also extremely valuable in creating a more supportive environment for health education. Informative notes, social theatre, surveys, and questionnaires are just a few examples of tools applied with the students by the Y-PEERS, particularly as they organize visits to rural schools. Here, school administrations are very open and supportive.

At the same time there are a number of constraining factors. A strong emphasis on sexual and reproductive health education does still generate a lot of **reluctance among teaching staff** and this leads to lower motivation and engagement in teaching health education courses. The so- called tabu topics might be revised and analyzed through the new prisms. There are strong voices on the need to promote health education holistically, without too much emphasis on sexual education.

The **use of condoms as demonstration material** during the teacher training sessions **was regarded as intimidating**. This generated more reluctance than acceptance among participants, and while the teachers agree that the medical part of the process is very important, they opt for a holistic approach in addressing young learners. Thus, Health Education interventions should bring a diverse base of experts/specialists, in addition to health ones. This course could provide space for discussing issues such as spirituality, mental health and other aspects.

There is **strong competition among teachers for the optional courses/academic hours**. Currently, the web page of the Ministry of Education shares a list of up to 98 optional courses for general education grades I-XII<sup>84</sup>. All these courses are in competition with each other, and this affects the role of Health Education and the extent to which it is chosen by the students. There is still a tendency to put emphasis on the optional courses which come to complement the compulsory subjects, i.e. foreign languages related, or "Have fun with maths", etc. Additionally, some school principals might adopt 'favoritism' practices, meaning that they can favor a certain teacher and assign the optional course without him/her having the necessary training for it.

**Lack of qualified teaching staff in schools:** several public schools (both gymnasium and high school) face lack of teaching staff, thus, one teacher might be teaching several school subjects in order to address the lack of teaching staff gap, and he/she might not be trained in all those school subjects. While Health Education is an optional course, it covers thematic areas which could not be easily taught by any teacher. Sometimes, it is taught by the psychologist, biology, personal development or by a history & geography teacher. It is predominantly taught by those teachers who usually need to supplement their number of academic hours.

**Role of the parents in influencing students' choice of optional courses**, especially during the primary grades or when there are strong religious beliefs behind not opting for one course or another. Respondents mentioned that they had examples of situations in which, regardless of the fact that the student had signed up for the Health Education optional course, there are circumstances when parents would not allow the child to attend, because of 'too sensitive themes'.

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<sup>84</sup> <https://mecc.gov.md/ro/content/invatamint-general>

**Lack of a well-developed methodological guide for the teachers** that would explain the step-by-step methodology of the teaching process of the options course: teachers should have access to a well-designed methodological support/guide for this optional course, a guidebook, an educational soft, short videos, others, in order to be fully equipped to address contents, especially sensitive ones, in a comprehensive manner. The methodological guide for teachers should provide examples of teaching techniques and methods for each stage of the teaching and learning framework such as Evocation, Realization of Meaning, Reflection and Extension.

**Limited didactic materials in Russian language** - a respondent mentioned that it is very hard to teach the course in Russian without relevant support materials, both for the teachers and students.

**Video materials for each topic** would have the potential to make the course more attractive for both teachers and students in the long run. Participants mentioned that it is very difficult to capture students' attention during the mandatory subjects, with optional courses it is even harder. Some participants shared about the ways some artistic movies helped address sensitive issues, teachers shared a few examples of movies or documentaries which proved to greatly attract students' interest and curiosity for specific topics. Feedback from students was very positive. Participants shared that teachers received teaching materials on a stick after the training programs, including short videos, and most of the schools have TV sets in their school which allow them to easily display any video materials during the classes.

Limited number of case studies for the overall course: more examples and case studies could help the students understand topics in a more meaningful manner.

**Statistical data** integrated into the contents of the Health Education become outdated very fast and there is no process for updating those, this element is not part of the teacher training, or other capacity building efforts. A potential textbook for the pupils should definitely contain a list of web pages of key national institutions in charge of national statistics or relevant data, i.e. the National Bureau of Statistics, others; and details about how to access the most updated statistics per certain topic. Participants shared that even though through partnerships with Neovita and Youth Friendly Centers relevant health data is shared with students, there is no systematized process to ensure that both teachers or the students are able to map and identify updated data for a specific topic. It is helpful that such data is currently presented in a user-friendly manner on the web pages of health centers, and other relevant institutions.

**Schools don't have a transparent process** in which all optional courses would be presented to the students and parents in an open, interactive manner, allowing them to anchor their decision, based on a clear presentation, details, advantages, competencies developed, etc. During the month of May, all class teachers receive the list with all optional courses for the next academic year, for each grade, that will be delivered in their respective school. Students enrolling into the high school, grade 10, for example, have to indicate their choice of optional courses when submitting the enrollment form, without them necessarily having all the details about the specific optional courses. For all the other grades, details about what is covered by each optional course are being presented by the class teachers, during a class hour. Later, during the parents' meeting (either online or offline), the list of optional courses is being shared. In some instances, students can also have access to the names of the teachers who will teach the optional courses. This might influence their decision on the choice of the courses.

The difficulty lies in the fact that when these processes are organized in May, there is no guarantee that in September there will be a teacher available to teach any of the optional courses which the students have signed up for. There are many uncertainties related to the optional courses. With all the formal requests from the students collected at the end of May, this allows the school administration to understand what the optional courses are demanded and decide what optional courses will be delivered in the new academic year. However, these decisions are made closer to the beginning of the academic

year, which might be too late, given that some teachers could leave the school throughout the summer time. Another important aspect is related to how big is the school: the bigger the school the bigger the choice of optional courses; the smaller the school (i.e. grades 1-9), there will be fewer optional courses offered to choose from.

Another constraint shared during the interviews by implementing partners is the fact that health experts had a lead voice in the design and delivery of Health Education teacher training, contents, presentations, while education specialists had a less active role or not much to say. They acted more as logistic partners rather than providers of knowledge or expertise in the field of teacher training. UNFPA conducted the selection process of the health experts involved in the teacher training processes. Implementing partners noted that there has been no unified approach to the methodological aspect of the teacher training and each expert came with his/her approach, these aspects influencing the quality of the teacher training. Thus, the overall conceptual framework of teaching methods was not fully addressed with the teachers during the training, such as the ERRE framework (Evocation, Realization of Meaning, Reflection and Extension). Emphasis was put on the thematic areas or topics related to Health Education, while the quality of the handouts and other learning materials was not reviewed by the implementing partner and was the sole responsibility of the health experts only.

In the long run, such approaches might lead to disengagement of certain implementing partners because of potential reputational risks or challenges they might face among their target beneficiaries and clients, such as teachers. During the interview, the implementing partner mentioned that in case a new partnership would be established again, they would have certain conditionalities and the partnership would be based on a clear description of roles and responsibilities.

**Finding 16: Factors that facilitated integration of life skills health based education in VET schools include training delivered by highly qualified health experts and establishment of student friendly classrooms.**

**Teacher training and didactic materials:** participants highlighted the value of the teacher training along with the classrooms created for this course. Teachers appreciated the fact that highly qualified experts were involved as trainers/facilitators, such as a gynecologist.

**Creating friendly classrooms for Decisions for a Healthy Lifestyle:** UNFPA has provided support for creating student friendly classrooms, which serve as model classrooms. Other teachers in the schools have never seen such classrooms before. Students really enjoy these well-furnished and equipped spaces. One participant described the value of using visuals and how great the TV is in this regard: the students' notebook does not provide visuals for STIs session, for example. Even if a gynecologist is invited to come to the session, he/she does not use visuals. What the teacher did, she captured images showing the side effects of each STI (Sexually transmitted infection) and used those during the specific session with the help of the TV.

There is space for the students to keep their learning materials/folders, besides, they can prepare and serve tea in these classrooms too. In order to preserve the furniture, i.e chairs, one of the teachers organized the confection of the seat covers, and the choice of colors was based on the overall colors used in the classroom, i.e grey, yellow, green to match with the rest of the objects in the classroom. A respondent in the focus group mentioned that she has been teaching in the VET school for the past 40 years and she's never had such a wonderful working space.

Having the classrooms equipped with a printer, laptop, shelves, cupboards, games, boards, and other supplies, has been highly appreciated by all the respondent teachers. In some instances, the classrooms

were partially used by the teachers, given that they completed the course prior to the classroom being finalized.

At the VET school level, the activity of the peer-to-peers in some instances is coordinated by the “Decisions for a Healthy Lifestyle” teacher given that both cover more or less the same topics; in other instances, it is coordinated by the head of class teachers department (and this is a psychologist). There are other examples, however, when the person responsible for peer-to-peers in VET does not have any connection with Decisions for a Healthy Lifestyle, i.e. is neither a psychologist, or does not have any connection with health education at all. And this is regarded, by the respondents, as a serious challenge for the continuity and quality of the efforts. Accordingly, one of the recommendations by the participants is to have a commonly agreed approach to designating responsible persons for Peer-to-Peers in VET, either through a Ministry of Education order, or a clearer ToR, but avoiding to leave this decision, fully, at the discretion of the VET Institution.

Another constraint of the “Decisions for a Healthy Lifestyle” is that with the course being mandatory, there is a big challenge associated with the need to assess/grade the students, moving it towards a summative evaluation approach, and the teachers find it very difficult to do so without having clear guidance. There is a need to revise the curriculum and its original reference and specific objectives, which are anchored in the ‘theory of planned behavior’ and which serve as key elements for the assessment modality.

Currently, a digital test is available for the students via <http://www.ipt.md/ro/profesori> and a lot of personal data is being requested from those interested in taking the test, under the students’ consent.

With the assessment element being present, students are more reluctant to open up, accordingly, it is important to carefully review this aspect of the course, so that it helps the teachers be objective when it comes to grading their students. Teachers mentioned that they have access to a textbook and a classroom, equipped with a screen, while peer-to-peer students have tablets and games (i.e. Fara Tabu). Teachers would appreciate more posters dedicated per each theme, with key statistics.

One additional constraint highlighted by the focus group participants, is that teachers used to have, as part of their total number of hours for the course, an hour dedicated to individual students. There are instances in which several students might require additional time or attention from the teacher, while the teacher does not have any additional time outside his/her working hours for the course. Oftentimes, even together with support from Y-peers they are not able to address all the emerging questions from their peers. Further discussions with the Ministry of Education, Science and Research about this additional individual hour is key to have in the immediate future.

**Finding 17: Youth Centers have limited access to rural areas and face limited interest of young people to engage in volunteer work. Effect of UNFPA capacity building efforts is undermined by high turnover of Youth Centers staff.**

The evaluation has found that young people from remote rural areas have limited access to Youth Centers activities. Some might not even have the possibility to cover the costs of traveling to the district center. So, it is crucial to consider other modalities to provide them with access to youth services. Volunteers mentioned the idea of opening up more branches of Youth Centers, thus, addressing youth from remote areas; and another idea shared was ‘mobile centers’ - when district level youth center representatives are travelling to remote areas for a day and conduct a series of activities based on the needs and interests of the young people.

Volunteerism and volunteer work is still considered as an opportunity by a very limited number of young people. One participant in the focus group mentioned that out of 30 high school students in her class, it

is only her who does volunteer work at the Youth Center. Many have too high expectations about volunteerism when they come to learn about it at the Youth Center. The role and the tasks are perceived by many as being too serious or too complex and prefer to do something else. One of the respondents mentioned that 'volunteerism is not for everyone'.

However, when it comes to incentives or what motivates current volunteers to engage in such a role, the following have been mentioned: recognition about the work well-done, learning and developing new skills, having a good reputation and image at the community level, being someone trustworthy, learning by doing, getting to understand specific thematic areas much better and accordingly, get ready for the future career in a more meaningful way. Volunteers would like to see the following changes happen until 2030 when it comes to the Youth Development in Moldova:

- A more open mindset among young people and adults, with fewer stereotypes related to gender, sexual and reproductive health;
- Volunteerism to be embraced by much more young people with less efforts to motivate or convince young people to join the efforts;
- Thematic areas such as sexual and reproductive health are longer be tabu and are more openly discussed and addressed at different levels;
- More empathy and openness towards people with disabilities, marginalized communities and less bullying among youth.

Additional constraints currently faced by Youth Centers include:

- High turnover of youth specialists in Youth Centers. Every year there is a change in personnel and sometimes the volunteers of Youth Centers are promoted as staff members.
- Lack of an approved guide for Youth Workers: a resource that would provide techniques and approaches in working with youth is something that is crucial for the system. The guide would be accompanied by hands-on on job support or mentoring. There have been efforts in place to develop such a guide, however, there is nothing approved up to date.
- Even though there is a significant improvement in terms of the Youth Centers' Network, it currently does not have any formal status.
- During the summer time, it is more difficult to mobilize youth participation in the activities given the seasonal nature: supporting parents, taking vacation time, and others.

**Finding 18: Youth Centers have the potential to serve as local hubs for intergenerational dialogue.**

When it comes to the role that Youth Centers might play in the broader intergenerational dialogue, Centers could become local hubs in supporting healthy and active aging. They are placed well, their infrastructure has been considerably improved and those physical spaces could be explored for this component of the UNFPA's portfolio as well. Any training activity for elderly could take place within the premises of the Youth Centers as well, and the dialogue strengthened through different other projects and interventions. The investments in the Youth Centers and Youth Clinics throughout the years can be now fully explored from the perspective of the role they can play in the intergenerational dialogue.

**Finding 19: Relying on local partners who hold no decision-making role is risky and affects the implementation and delivery of specific interventions at the local level.**

A representative of the implementing partner organization shared that when they found themselves in the 5 selected districts to implement a local project on developing Action Plans on Youth, they found themselves dealing with LPAs that had no commitment or ownership of the processes at all. They were reluctant to engage or support the interventions. The implementing partner had to reach out and

convince each LPA individually to engage in the project activities. Discussions were conducted with mayors and other relevant local stakeholders. The UNFPA office might have worked with Youth Specialists from the target districts around securing their commitment for this intervention, however, the respondent mentioned that such a role is not a decision-making position. Youth Specialists are constantly changing (high turnover of personnel for this position), and this has led to a significant gap in communication and consistency around the intervention. Better mapping and scoping is very important to be conducted prior to including any specific activity into the Action Plan of the UNFPA.

## Gender equality

### **Finding 20: High staff turnover in the public sector erodes positive changes in the national capacity to respond to gender-based violence created with UNFPA support.**

According to stakeholders consulted by the evaluation team, there is a high staff turnover in the state institutions that are involved in the operation of the multidisciplinary teams responding to cases of domestic violence. For example, turnover among police officers is up to 50% per year. As trained people leave, new members of the multidisciplinary teams need to be trained again.

### **Finding 21: Factors that facilitate achievement of the results in the gender equality focus area include UNFPA access to international expertise and adaptation of this expertise to the national context through pilots as well as human-centered systemic approach to intervention design.**

All UNFPA interventions in the gender equality focus area include elements that involve bringing proven international experiences to Moldova and their evidence-based adaptation to the national context. For example, the programme for domestic violence perpetrators was brought by UNFPA to Moldova and piloted in one center prior to this CP. Once the programme was fully adapted to the national context and proved to be effective, UNFPA started support for its replication in additional locations.

Sectoral Standard Operation Procedures (SOPs) on GBV (for police, health-care professionals and social workers) officially approved in 2019 are based on the Essential services package for women and girls subject to violence jointly developed by UN Women, UNFPA, WHO, UNDP and UNODC within the framework of the UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence.<sup>85</sup> After the essential services package was adapted to the regional level, UNFPA Moldova supported its translation and adaptation to the national context. Adaptation involved a series of consultations with national stakeholders. Then SOPs were piloted in five districts. Experience of professionals involved in this piloting was carefully reflected through a series of focus groups and informed the finalization of the SOPs.

Model of the Father's clubs is inspired by the ideas of the Brazilian sociologist Paulo Freire. Guidelines for the operation of Father's clubs - Papa School Manual – was developed by Promundo-US, a leading NGO in the area of promoting gender justice and preventing violence by engaging men and boys in partnership with women and girls. The manual builds on Promundo's own experiences and incorporates European best practices.<sup>86</sup> Lessons learned through implementation of the first round of Father's clubs in Moldova will inform further development and adaptation of this model to the national context.

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<sup>85</sup> Essential services package for women and girls subject to violence. <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

<sup>86</sup> UNFPA, UN Women (2021). Papa School Manual. 71 pages. Available at: [https://eeca.unfpa.org/sites/default/files/pub-pdf/papa\\_schools\\_manual\\_web.pdf](https://eeca.unfpa.org/sites/default/files/pub-pdf/papa_schools_manual_web.pdf)

Design of Interventions in the gender equality focus area is usually undergirded by a human-centered systemic approach. For example, the intervention to combat gender stereotypes uses several instruments to reach men: through awareness raising campaigns, Father's clubs and primary health care providers trained to engage men in child-care. The description of the approach used within the framework of this intervention explicitly says that it "follows a socioecological model that aims to affect a broad array of influences on fathers - including individual perceptions and attitudes; relationships with partners, children, employers and healthcare providers; media; and local, regional and national policies - to promote a sustained change in individual attitudes and behaviors, as well as in deeply entrenched societal norms and power structures".<sup>87</sup> Interventions in the area of domestic violence also promote a holistic approach of offering services both to victims and perpetrators as well as their children.

**Finding 22: Factors that facilitate implementation of the introduction of family-friendly policies include strategic selection of the implementing partner, regular communication and coordination with pilot companies and access to the international experience.**

The Chamber of Commerce and Industry of the Republic of Moldova, UNFPA implementing partner for introduction of the family-friendly policies, is the chair of the Working Group No. 6 "Labour Market Development" of the Economic Council under the Prime Minister of the Republic of Moldova. This working group serves as a platform for sharing information between private companies. Strategic selection of the implementing partner facilitated access to the business community: in 2019 45 companies participated in the *Analysis of the HR policies from the perspective of family-friendly policies* and *Analysis of the degree of satisfaction of the employees within the company through the lens of family-friendly policies*.

Regular communication and coordination between UNFPA, the Chamber of Commerce and executives of five companies piloting introduction of the family-friendly policies served as an additional enabling factor for successful implementation and facilitated shared learning from their mini pilots of various tools and practices related to creating a family friendly working environment.

Exposure to regional experiences with introduction of family-friendly policies and knowledge sharing with several countries, particularly with Albania and Kosovo, and the fact that Moldova was the first country to pilot support to companies to adopt such policies served as an additional incentive for all stakeholders involved in the intervention.

Companies start to acknowledge that the Quality Management of a company is not only about the services or products, but it is also about having a dedicated component focusing on Human Resources. Companies start embracing this challenge and implement ambitious practices at the workplace.

## Population and Development

**Finding 23: Facilitating factors that supported the implementation of the Generation and Generation Survey (GGS) included use of innovative GIS technology and implementation of the communication and awareness raising campaign that motivated participation.**

The UNFPA used innovative technology for conducting the listing activity for the GGS, using for the first-time geo spatial related technology and digital devices, i.e. UNFPA has provided NBS with 100 tablets to allow for digital data collection. Additionally, UNFPA developed and provided the NBS with GIS software, which allowed NBS to conduct the activities within 2 months. At the same time, the communication and

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<sup>87</sup> UNFPA, UN Women (2021). Papa School Manual, page 13.

awareness raising campaign by the UNFPA team, allowed to increase confidence and motivate participation of respondents in the survey.

As a result, GGS data allowed UNFPA to start developing several policy documents, as well as providing data for the nationalized SDGs:

- 5.6.1: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care;
- 5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.

This fact positions Moldova among few countries in the world which collect data around these specific SRH related SDGs.

**Finding 24: Currently, there is limited capacity for data use among national and local civil society organizations, academia, media, including GGS data.**

The need to build capacity for data use in Moldova has been underscored during the past decades, as this encompasses the processes of decision-making at all levels of the data collection, storing, processing, reporting, etc. Capacity building programs on data literacy, open data, others, have been very sporadic and still donor dependent. Today, UNFPA provides a strong base of institutions able to generate highly valuable data, however, the next step in the chain is to build capacity around data use.

**Finding 25: UNFPA's capacity to build on the extensive experience of its private and international partners facilitated implementation of the intergenerational dialogue component.**

Both Moldcell Foundation and Help Age International bring to the partnership a solid experience in the two areas: digital transformation and working with older persons. Both organizations mentioned that the current partnership is extremely valuable and allows each one of them to bring to the table their unique experiences. At the same time, this partnership provides them with continuous incentives such as greater visibility, exposure to global and regional debates on the issues of population and demographics, continuous learning and sharing, which is a very strong motivational factor for the institutions.

**Finding 26: Challenges that constrain progress in the population and development area include limited capacity of NBS, lack of capacity among public agencies to interpret and understand population data and their resistance to share data with NBS.**

There are several constraints which have influenced the results of this component:

- Lack of capacity among public agencies to interpret and understand population data based on the post census 2014 enumeration survey.
- The IT team/staff of the NBS does not have the necessary skills and competences to address the emerging challenges, tasks and needs of the organization. This should be either addressed through re-training or training of the staff, hiring new staff, or conducting an internal reform within the NBS.
- It is very challenging to work with the Agency for Public Services, and during the pandemic it was even more complicated. For example, everyone was keen to get access to covid deaths, and yet, no one had accurate and complete data. Report for 2020 was published mid 2021 only. This creates a negative reputation to the NBS.
- NBS is currently facing a serious shortage of personnel: most of the staff members are quite senior when it comes to their age; NBS is not attractive for young specialists and accordingly, there are several unfilled vacancies. NBS urgently needs solutions as it is faced with the choice

of: either to reduce from the categories of data it collects, but this could lead to frustrations among the users, who are expecting data; or another modality is to explore the full potential of the already existent administrative data. There is a lot of duplication of efforts when it comes to administrative data collection, and this has to change.

- Another challenge is that NBS would not be able to immediately proceed with the usage of the already collected and available administrative data, given its low quality (from the perspective of criteria and requirements for statistical data). It would require a couple of years to revise and clean up the existing administrative data and the information system, data collection modalities.
- Public agencies are resistant to sharing their data with NBS given the weaknesses of the internal systems for data collection, storage, dissemination, etc.
- The NBS has never been part of the Open Data Agenda ever since this agenda was adopted by the Government back in 2010. This greatly affects the image of the NBS, but also limits the engagement of the NBS in the emerging and important data related agendas such as big data, AI, open government data. Both the State Chancellery and EGovernment agency have 'monopolized' the open data agenda on one hand; on the other hand, none of the institutions is currently fully accountable for the Open Data Agenda and open data portal (<https://date.gov.md/>). The NBS should have played a key role in this agenda since the beginning of the process, however, similar situation is across several other countries across the globe, with the NBSs being left out of the agenda. and be part of the design process. Currently, public institutions are focused more on following the placement of Moldova in global rankings (per sector), rather than conducting a proper monitoring process around sectoral reforms, policies etc.

**Finding 27: UNFPA heavily relies on national partners to achieve results in the population and development area. This dependence makes progress vulnerable to the political factors, transitions in power and lack of openness among some national stakeholders affects the delivery of the results.**

UNFPA heavily relies on national partners for this specific outcome. The quality of the deliverables, managing the organizational changes, the personalities in key partner organizations, lack of human capacities, others, are all influencing the timelines, the quality of the deliverables, the nature of the partnerships established. The UNFPA team is keen to have all the planned activities for the current CPD achieved successfully and on time. UNFPA has supported capacity development of its key partners, such as the NBS, for example. However, this has not been enough to always generate the kind of response, feedback and engagement as per expected. NBS, for example, might still require additional support to be able to position itself as a strong portavoce in the field, playing an equal role alongside with other line Ministries, within the Government.

Every year, UNFPA supports participation of NBS staff in regional capacity building activities. The last training was focusing on providing support to an NBS staff on how to work with SPSS. Oftentimes, NBSS staff working on the population revision are not even able to use the SPSS (a software package used for interactive, or batched, statistical analysis.). The same about English language learning, with staff still not being able to apply the language after several efforts and courses attended. Thus, the constraint is not with the capacity of personnel to learn fast or adapt per ce, it is rather with organizational culture and overall management of the organization.

EQ4.To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health, needs of adolescents and young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks?

UNFPA advocacy and support were instrumental for integration of the sexual and reproductive health issues, needs of adolescents and young people, gender equality, and relevant population dynamics were integrated in the National Development Strategy “Moldova 2030” adopted in 2018. Other national policies developed with UNFPA support include the National Health Strategy 2030, the National Programme on Sexual and Reproductive Health and Rights 2018-2022. UNFPA has already started advocacy and support to the development of the next National Youth Sector Development Strategy as well as for national gender-responsive family policies. Demographic issues were the main entry points for UNFPA in the relationship with the Government and Parliament of Moldova.

**Finding 28: Due to UNFPA CO efforts, sexual and reproductive health issues, needs of adolescents and young people, gender equality, and relevant population dynamics were integrated in the National Development Strategy “Moldova 2030” adopted in 2018.**

Established working relations with national ministries that enable UNFPA to advocate for policy and regulations aligned with its mandate are seen as one of strong assets of UNFPA CO in Moldova.

Due to UNFPA advocacy efforts the National Development Strategy “Moldova 2030” adopted in 2018 includes a number of provisions that contribute towards realization of UNFPA vision of universal access to sexual and reproductive health and reproductive rights. Sexual and reproductive health issues, needs of adolescents and young people, gender equality, and relevant population dynamics are appropriately integrated in the strategy.

For example, the education component of the strategy calls for the development of life skills education that contributes towards physical and psychological health of young people. The component on realization of rights for physical and psychological health includes analysis of demographic process and situation with HIV prevalence. Vulnerable groups identified in this section include children, adolescents, people with disability, elders, ethnic minorities, women of reproductive age, rural and poor people, people living with HIV. Strategic priorities on health include achievement of SDG target 3.7 that calls for universal access to sexual and reproductive health care services by 2030. Health-related priority activities include integration of obligatory health education courses that provide information on healthy lifestyle, nutrition, and sexual and reproductive health; provision of universal access to SRH services including modern contraceptive methods, including under humanitarian emergency, especially to adolescents and representatives of vulnerable groups; integration of SRH services, including safe abortion, in the obligatory medical insurance package. Seven indicators that will be used to measure national progress on health include the adolescent pregnancy rate. The strategy sets forth intermittent and ultimate targets for this indicator (Table 16).

*Table 16. National targets for adolescent birth rate till 2030.*

Adolescent birth rate (in 15-19 age group)	Baseline (2016)	2022	2026	2030
Total	27.15	19	15	7
In urban areas	14.02	11	9	6
In rural areas	33.87	25	17	9

Source: National Development Strategy “Moldova 2030”

Section of peaceful and inclusive society sets the strategic goal to reduce domestic and sexual violence. Priority activities include provision of opportunities for young people to engage in activities outside of school; provision of programs that build parental skills; strengthening multifunctional response to cases of domestic violence.

**Finding 29: UNFPA support was instrumental for adoption of several national policies on sexual and reproductive health.**

Provisions for universal access to SRH rights are also included into the following regulatory documents developed with UNFPA support:

- National Health Strategy 2030,
- National Programme on Sexual and Reproductive Health and Rights 2018-2022 (includes budget allocation for implementation from the state budget and the national health insurance fund),
- Regulation providing for establishment of a National Coordination Committee on Sexual and Reproductive Health and Rights.<sup>88</sup>

The Ministry of Health sees the adoption of the National Programme on Sexual and Reproductive Health and Rights as the key achievement made with UNFPA support. National partners also appreciate that UNFPA is consistently advocating for moving the national SRH agenda forward.

In 2021 UNFPA Moldova supported a range of SRH-related assessments and analyses that shall inform development of the next National Programme on Sexual and Reproductive Health and Rights 2023-2027.

**Finding 30: UNFPA Moldova has already established the evidence base to advocate for the next Youth Strategy that shall replace the National Youth Sector Development Strategy 2020.**

The National Youth Sector Development Strategy 2020 was adopted in 2014. The strategy was informed by the results of the evaluation of the National Youth Strategy 2009-2013 implemented with UNFPA support.<sup>89</sup> In 2020, within the framework of this CP, UNFPA initiated evaluation of the current Youth Strategy. Evaluation, conducted by the National Center of Studies and Information for Women's Problems "Partnership for Development", included online public consultations that involved young people (volunteers, youth leaders, young people using services of Youth Centers, students, etc.), representatives of organizations providing services to young people (Youth Centers, NGOs) as well as representatives of local authorities. According to national stakeholders, the UNFPA CO team played an important role in the evaluation process facilitating engagement of the national level authorities. Results and recommendations of this evaluation will be used to advocate for and inform the development of the next Youth Strategy.

**Finding 31: Within the framework of this CP UNFPA Moldova continued to push the national gender equality policy agenda.**

Within the framework of the previous CP UNFPA Moldova advocated for and supported the development of the National Strategy for Gender Equality 2017–2021 and the National Strategy for

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<sup>88</sup> It is expected that Regulation will be approved by the end of 2021.

<sup>89</sup> UNFPA (2016). Independent evaluation of the UNFPA 2<sup>nd</sup> Country Programme 2013-2017 for Republic of Moldova. Final report.

Preventing and Combating Violence against Women and Domestic Violence 2018–2023. The latter one is the first ever national strategy specifically devoted to GBV. Main provisions of the strategy include:

- Preventing violence against women and domestic violence by cultivating zero tolerance for violence. Combating stereotypes and prejudices leading to violence against women and domestic violence. Encouraging the reporting of cases of violence.
- Pre-service and in-service training of the professionals engaged in the prevention and combating of domestic violence based on a common vision at the state level.
- Strengthening of the education system to ensure the education of new generations from the perspective of gender equality values and a non-violent communication culture.
- Strengthening the mechanisms of protection and assistance for victims of violence against women and domestic violence. Developing specialized services for victims of violence, including sexual violence, in line with the international standards.
- Promoting women’s economic empowerment and socio-economic independence.
- Providing integrated policies in cases of violence against women and domestic violence, based on multi-sectorial cooperation and data collection.

UNFPA interventions implemented with the framework of this CP support implementation of the National Strategy for Preventing and Combating Violence against Women and Domestic Violence 2018–2023.

The new issue that UNFPA raised within this CP is family-friendly policy. Under the project “Gender-Responsive Family Policies for the Private Sector in the Western Balkans and Moldova” launched in September 2020 UNFPA Moldova is advocating for and contributing towards better government understanding of and commitment to gender-responsive family policies. Planned activities include analysis of the national legislation to identify gaps and necessary improvements.

National NGOs consulted by the evaluation team noted that UNFPA advocacy efforts within the framework of this CP were crucial for introduction of new instruments and approaches in the area of gender equality and addressing GBV: national authorities are more open to listen to UNFPA rather than to national NGOs promoting the same agenda.

**Finding 32: Within the demographic resilience and policies area, UNFPA continued to support national partners by shifting policy priorities from demographic security to demographic resilience or demographic wellbeing. The UNFPA approach to demographics opens up doors for other emerging issues such as the SRH.**

Demographic issues were the main entry points for the UNFPA in the relationship with the Government and Parliament of Moldova, with a number of public hearings in the Parliament, specifically on the ICPD<sup>90</sup>. It is a strategic dimension and much easier to approach in a country like Moldova as opposed to issues such as contraceptives or others. Demographic issues are much more prominent in Moldova at the moment, and this is something UNFPA builds on. The UNFPA was able to address the emerging needs related to the SRH and contraceptives, through the demographic lens, which allows the have a completely different dialogue with policy makers or political parties, traditionally, being more conservative about SRH and others.

UNFPA’s aim with the new CPD was to change the paradigm and move away from demographic security (which was a priority in the previous CPD) and adopt priorities focusing on demographic resilience. With this at the core of its approaches, the UNFPA team integrated the key elements on demographic issues

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<sup>90</sup> International Conference on Population and Development

in Moldova 2030 Strategy: Aging; Fertility; Life-expectancy and Migration. Thus, Moldova 2030 has embedded very well the demographic changes and resilience, rather than looking at shrinking population numbers.

During the interviews with implementing partners, they mentioned the great role UNFPA plays in providing support to the Government of Moldova on developing the Theory of Change on demographic resilience – which is linked with the National Development Program (Moldova 2030 Action Plan 2021-2024) and integrates demographic issues in the specific Action Plan on Demographic Resilience (upon the request from the Government).

At the same time, UNFPA is working closely with its partners on exploring the results of the Generation and Gender Survey carried out in 2020, by understanding how the data collected can feed into the Action Plan on Demography. In parallel, the UNFPA team works with Center Partnership for Development, which provides support on the development of policy documents on work-life balance documents, specifically around involving fathers in distribution of household responsibilities, among others.

### 4.3 Efficiency

EQ5. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA country programme?

Facilitative approach used by UNFPA Moldova to manage its relations with donors and implementing partners as well as within the CO team contributes towards efficient use of human and financial resources by reducing duplication of efforts and creating synergies within and between interventions as well as supporting resource mobilization.

**Finding 33: UNFPA Moldova was highly successful in terms of mobilizing and leveraging external resources: the actual amount of attracted funding exceeds the original target several times.**

The original CP document foresaw those two of three dollars spent on the CP would come from UNFPA core funds. The actual situation is the opposite: funds mobilized by UNFPA Moldova make almost two thirds of the actual expenditure in 2018-2021 (Table 17). And due to successful resource mobilization CP budget more than doubled.

Table 17. Ratio between UNFPA core funds and other funds in the CP budget – planned and actual.

	UNFPA core funds, million USD/ share of total CP budget	Other resources, million USD/ share of total CP budget	Total, million USD
Planned as per the original CP Document	2 67%	1 33%	3
Actual expenditure (2018-2021)	2.76 36%	4.92 64%	7.68

Source: developed by the evaluation team based on the UNFPA CO Moldova financial records.

About half of mobilized resources are targeted for interventions in the Adolescents and Youth area (Table 18).

Table 18. Resource mobilization by UNFPA Moldova.

Outcome	Target – original, USD	Target – revised, USD	Actual, USD	Ratio of actual resource mobilization to original target
1. SRH	250 000	250 000	844 748	3.4
2. Adolescents and Youth	200 000	2 900 000	3 580 575	17.9
3. Gender equality	0	800000	835 428	N/A
4. Population and development	550 000	1 600 000	1 738 790	3.2
<b>Total</b>	<b>1 000 000</b>	<b>5 550 000</b>	<b>6 999 541</b>	<b>7.0</b>

Source: developed by the evaluation team based on the UNFPA CO Moldova financial records.

While the majority of funds came from bi-lateral donors, with the Swiss Agency for Development and Cooperation being the largest contributor, a significant share of resources came from the Moldova government (Table 19), with the Ministry of Education, Culture and Research being the second largest contributor to UNFPA CP.

Table 19. Resource mobilization by UNFPA Moldova – by source.

Donor	Outcome	Project	Implementation period	Amount, USD	Total, USD
Swiss Agency for Development and Cooperation	SRH	Cervical Cancer Prevention in Moldova	2017-2022	600 000	2 852 927
	A&Y	Strengthened Participation and Civic Engagement among Young People in Moldova	2018-2022	1 564 000	
	PD	Revision of population indicators based on census data	2018-2019	49 975	
		Improve institutional capacity of NBS	2019-2021	561 010	
		Building intergenerational dialogue	2021-2022	77 942	
Ministry of Education, Culture and Research	A&Y	Joint Fund for developing youth services for young people, including most vulnerable	2018-2022	1 144 303	1 144 303
ADA Moldova	A&Y	Develop life skills and healthy behaviours of students in Vocational Education & Training for their development and job readiness	2019-2022	698 000	698 000

India-UN Development Programme	PD	Improve availability of administrative data for tracking progress of the ICPD agenda in the framework of SDGs	2019-2022	533 982	533 982
European Commission	GE	EU4Gender Equality: Together against gender stereotypes and gender-based violence	2020-2023	501 721	501 721
Ministry of Health, Labour and Social Protection	PD	Generations and Gender Programme	2018-2022	466 632	466 632
ADA HQ	GE	Expanding Choices: Gender-Responsive Family Policies for the Private Sector in the Western Balkans and Moldova	2019-2022	333 707	333 707
UBRAF	SRH	UBRAF Country Envelope: HIV Prevention among Key Populations (Funds executed by UNFPA)	2018-2021	194 000	194 000
Government of Netherlands	A&Y	Speak Up for Youth Sexual and Reproductive Rights	2017-2019	174 272	174 272
RoAid	SRH	Cervical Cancer Prevention in Moldova	2018	22 789	50 748
		Enhanced health system capacity to develop and implement policies and programmes at all levels that ensure equal access to high-quality sexual and reproductive health and reproductive rights services, including commodities by those women, adolescents and youths left furthest behind, including in humanitarian settings	2021	27 960	
Russian Federation	PD	Better data for better policies	2019-2023	49 250	49 250

Source: developed by the evaluation team based on the information provided by the UNFPA CO Moldova.

In some cases, UNFPA was also able to leverage resources of its partners that directly supported some of the activities initiated by UNFPA. For example, the Embassy of Japan to the Republic of Moldova directly supported the Institute of Mother and Child to procure equipment necessary for cervical screening (worth over USD 80,000) for the National Colposcopy Referral Center established with UNFPA support. Several private companies supported UNFPA awareness building campaigns. For example, when UNFPA launched a campaign to encourage fathers to be more involved in childcare activities in May 2021, the National Social Insurance Office committed to inform over 40 thousand mothers and

fathers about paternal leave and the Premier Energy Distribution printed information about paternal leave on the back of the bills for the month of May that were sent to 900 thousand households.<sup>91</sup>

The data collected by the evaluation team indicates that UNFPA Moldova is using several strategies that facilitate successful resource mobilization, including:

- Being responsive to opportunities to participate in regional projects launched by UNFPA ECARO (about 13% of mobilized funds came for implementation of ECARO projects in Moldova).
- Effective communication with donors. UNFPA Moldova regularly shares with donors diverse communication materials (e.g. human interest stories, data-based stories, newsletters etc.) and invites them to relevant technical and public events and campaigns. Reportedly, UNFPA is the only organization that engages with donors in that way. This approach clearly helps UNFPA to establish strong relations with donors conducive for resource mobilization.

In addition, UNFPA has an impeccable reputation with donors for high quality of project implementation and reporting. Donors also appreciate continuity of management and communication style across changes in UNFPA Moldova management.

**Finding 34: UNFPA evidence-based adaptive management and planning facilitate a high degree of achievement of results set in annual work plans and a high degree of resource utilization.**

While the CP Document provides a broad framework for UNFPA work, actual activities implemented by UNFPA Moldova and its implementing partners are planned on an annual basis with annual plan being informed by lessons learned and evidence obtained during the previous implementation periods. According to implementing partners, they have genuine partnership relations with UNFPA CO: UNFPA is listening to their opinion, is open to adaptations of the work plans and is ready to provide support when necessary. This translates to a high degree of achievement of the targets set in the annual work plans and a high level of utilization of annual budgets which was over 95% for most areas in 2018-2020 (Table 20).

*Table 20. Burn rate by CP Outcome – 2018 – 2021.*

Outcome	2018	2019	2020	2021 <sup>1</sup>
SRH	94%	98%	99%	22%
Adolescents and youth	98%	97%	93%	31%
Gender equality			96%	45%
Population and development	84%	97%	96%	28%
PCA	99%	97%	99%	42%
<b>Total</b>	<b>95%</b>	<b>97%</b>	<b>95%</b>	<b>30%</b>

<sup>1</sup> Burn rate by May 2021.

Source: developed by the evaluation team based on the UNFPA CO Moldova financials records.

<sup>91</sup> United Nations Population Fund is launching a new campaign to promote opportunities for fathers to engage more in child-rearing. 17 May 2021. <https://moldova.unfpa.org/en/news/united-nations-population-fund-launching-new-campaign-promote-opportunities-fathers-engage-more>

**Finding 35: Facilitative management approach practiced by UNFPA both within the CO team and with implementing partners helps to avoid duplication of efforts and create synergies between interventions.**

The common theme that emerged from interviews conducted by the evaluation team is that the UNFPA Moldova team facilitates exchange and cooperation between implementing partners working on the same initiative as well as between different initiatives to avoid duplication of efforts and promote synergies. For example, for implementation of the Father's club intervention UNFPA established a planning and monitoring group that includes representatives of institutions that operate the clubs, UN Women, implementing partner NGO Child Rights Information Centre, representatives of the district education department and the Ministry of Education, Culture and Research. The group meets quarterly.

There are also regular coordination meetings within the UNFPA Moldova team which supports synergies between interventions. For example, some of Youth Centers (YCs) that are supported by UNFPA under the Adolescents and Youth focus area are also involved in the piloting of Father's club model which offers YCs to expand their portfolio of services for young people in their communities.

#### 4.4 Sustainability

EQ6. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

UNFPA interventions in all focus areas include capacity development components. In SRH focus area UNFPA supported direct capacity building for health care professionals and integration of SRH topics into the curricular of the Nicolae Testemitanu State University of Medicine and Pharmacy and medical colleges which contributes towards greater national ownership and continued access to training for national health care professionals. UNFPA efforts to build capacity of the Youth Centers have already translated into enhanced institutional capacity of individual centers and consolidation of a Youth Centers network. UNFPA interventions in the area of gender equality have a strong focus on building capacity of service providers. UNFPA support to the National Bureau of Statistics has already translated into its greater capacity to integrate new approaches into the current frameworks.

#### SRH

**Finding 36: Capacity development efforts in the SRH area within the framework of this CP included both direct capacity building for health care professionals and integration of SRH topics into the curricular of the Nicolae Testemitanu State University of Medicine and Pharmacy and medical colleges which contributes towards greater national ownership and continued access to training for national health care professionals. Establishment of the on-line learning course for NGOs staff that will be managed by the Union of Organizations working in the area of HIV Prevention and Harm Reduction will ensure continued opportunity to build staff capacity for NGOs working with key populations.**

In the area of **family planning** UNFPA invested mostly in the capacity building on two levels:

- building capacity of medical professionals and health system managers,
- building capacity of the Nicolae Testemitanu State University of Medicine and Pharmacy (SUMP) to teach family planning and contraceptive supply chain management courses.

In 2018 with UNFPA support the Nicolae Testemitanu SUMP integrated the Virtual Contraceptive Consultation (VIC) online learning platform into its curricular. (VIC is an online learning platform for evidence-based family planning in Eastern Europe and Central Asia provided free of charge by UNFPA to

strengthen capacities of service providers.) In 2018-2020 the ViC course on family planning was completed by 843 health care professionals.

In addition, in 2018 27 OB-GYN professionals, including staff of the Nicolae Testemitanu SUMP, received training on Quality of Care and Client-Centred Approach in Maternal Healthcare and Family Planning

In 2019 UNFPA supported the training on Contraceptive Supply Chain Management that reached 30 health care professionals, including representatives of the Ministry of Health, Labour and Social Protection (MHLSP), the Institute of Mother & Child, the Center for Centralized Public Procurement in Health, staff of the Family Medicine and Obstetrics & Gynecology Departments of the Nicolae Testemitanu SUMP as well as primary health care providers. This training also informed the development and integration of the online learning module on Contraceptive Supply Chain Management based on ViC platform into the curricula of the Nicolae Testemitanu SUMP. In 2020 the module was completed by 3 health professionals.

In 2018 and 2019 UNFPA supported representatives of the MHLSP and the Centralized Public Procurement in Health to participate in the EECA regional workshops on public procurement of family planning commodities in Bishkek.

In 2020, 1146 health care professionals (including family doctors, medical assistants and gynecologists based at the Reproductive Health Cabinets and Youth Friendly Health Clinics) were reached through 30 online Dialogue Sessions on Family Planning/ Modern Methods of Contraception conducted by UNFPA in collaboration with WHO to build their capacity to apply the new Regulation on ensuring vulnerable groups of reproductive age with modern contraceptives and 19 Standardized Clinical Protocols on Family Planning/ Modern Methods of Contraception developed with UNFPA support. Sessions also covered the provision of family planning services within the COVID-19 context.

While support to building capacity of medical professionals and health system managers is important to ensure ongoing provision of family planning services, integration of family planning and contraceptive supply chain management course into the curricular of the Nicolae Testemitanu SUMP for medical residents (third to fifth year of training) laid the foundation for national ownership and continuity of this training.

In the area of **cervical screening** UNFPA Moldova supported capacity development of national partners at the three levels:

- individual capacity of health care providers,
- capacity of the Nicolae Testemitanu SUMP and medical colleges to deliver training to health care providers,
- provision of necessary modern equipment to ensure quality of services and training.<sup>92</sup>

In the **HIV prevention area** UNFPA supported building capacity of health care professionals and staff of NGOs working with key populations. In 2018-2019 135 people (including 33 from Transnistria) were trained in person on application of Comprehensive HIV Implementation Tools for Key Populations (TRANSIT, MSMIT, IDUIT and SWIT). In 2020 1093 individuals were trained online to apply the new Standard on Organizing and Functioning of HIV Prevention Services for Key Populations, including Young Key Populations.

UNFPA also supports development of an innovative on-line learning course for NGOs staff (including 5 induction thematic training modules on HIV Prevention among Key Populations, including Young KPs) that will be integrated into the <https://formare.md/> platform administered by the Union of Organizations working in the area of HIV Prevention and Harm Reduction.

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<sup>92</sup> The details of this support were already discussed under Evaluation Question 3.

In the area of **humanitarian preparedness** UNFPA Moldova supported capacity development of national partners at two levels:

- individual capacity of health care providers on Minimum Initial Package of Sexual and Reproductive Health Services in Emergencies (MISP) and Clinical Management of Rape & Intimate Partner Violence,
- capacity of the Nicolae Testemitanu SUMP to deliver training on MISP within the framework of its continuous medical education programme for family doctors and gynecologists as well as capacity of medical colleges to deliver MISP training to their students and practicing medical assistants and midwives within the framework of professional development programmes.

In 2019-2020 27 healthcare professionals were trained on MISP through Nicolae Testemitanu SUMP continuous medical education programme. In addition, in 2019 99 specialists participated in 4 training workshops on MISP supported by UNFPA and delivered by the staff of the Nicolae Testemitanu SUMP. In 2019 UNFPA also supported the training on MISP for teachers of medical colleges to facilitate integration of MISP into their curricula.

Under the previous CP UNFPA supported building of the national capacity to develop clinical protocols. With UNFPA support staff of the Nicolae Testemitanu SUMP was trained in the development of clinical protocols. The knowledge they got was used to develop the national methodology for development of clinical protocols and new Regulation on National Clinical Protocols development/adaptation in accordance with international standards, adopted in 2018. According to national stakeholders the capacity to develop clinical protocols they obtained with UNFPA support was crucial for the development of a number of clinical protocols in the area of family planning adopted in 2018-2020.

## Adolescents and Youth

### **Finding 37: UNFPA support to Youth Centers has already translated into enhanced institutional capacity of individual centers and consolidation of a YC network.**

Youth Centers have greatly benefited from consolidating their institutional capacities with UNFPA's support, have improved their organizational management and practices, such as learning to develop results based frameworks with clear indicators, with elements of participatory budgeting being incorporated into the overall approaches (by bringing relevant local stakeholders into the processes), Youth Centers learned to develop their Action Plans using relevant organizational development approaches. Capacity building sessions for specialists of the Youth Center continued during the pandemic. All these efforts around capacity development allowed Youth Centers to be better prepared in their interaction with LPAs and negotiate their needs in a more structured and organized way. A participant shared that in their community, youth (14-35 years old) representing Youth Centers, beneficiaries, service providers of youth services, local councils, and general youth population, are part of the consultation processes around the needs and priorities of youth from their community. This is done via surveying youth, participation in meetings, etc. Recommendations provided to the LPA reflect the views around budgeting, and accordingly, are reflected in the Youth Center Action Plan as well as the Action Plan of the District Council (Youth and Sports department).

Youth Centers benefitted from self-assessment tools that allowed each Center to define its current development stage. After a year from this self-assessment exercise, one more evaluation/assessment took place, looking into each component of the organizational development.

Participants mentioned that once they benefited from capacity building with UNFPA's support, they realized how little they knew or were practicing, and those sessions helped see their activity through a new lens. Another aspect mentioned here is the fact that national level trainers/experts have high daily

fees and Youth Centers are not in the position to be able to cover their costs. Oftentimes, not even transportation costs are available for reimbursement. Youth Centers would highly benefit from UNFPA's support in this regard.

Due to UNFPA's support, Youth Centers started adopting a more human rights approach in their activities, learning how to advocate for specific changes, engage or support a young person with disabilities. A participant in the focus group mentioned that several efforts have been put in place to create accessibility to the center for young people with special needs, however, these efforts have not resulted yet in the improvements of the physical space. Accordingly, in the next few years, Youth Centers would benefit from any further support from the UNFPA in this regard.

Volunteers at Youth Centers have also shared about a strong impact Youth Center had for them: they developed new skills, they became more confident, they are more open towards exploring new opportunities, they managed to understand what might be the future career options they could explore.

## Gender equality

**Finding 38: UNFPA interventions in the area of gender equality have a strong focus on building capacity of service providers.**

**Combating gender stereotypes and engaging men** in gender-sensitive behavior is a new focus area for UNFPA Moldova, but activities have already included capacity building for "service providers" – local facilitators of pilot Father's clubs. 14 facilitators were trained in two pilot districts. UNFPA made a deliberate decision to have local facilitators even for the first pilot to ensure strong local owners of the model. Another intervention in this area focused on building capacity of primary health care providers to engage parents, especially fathers, in bringing up healthy children. In 2020 42 family doctors in 2 pilot districts were involved in the first round of discussions on their role in guiding parents towards healthy choices for their children, building the capacities of LPA to share good practices related to parental leave and men's involvement in caretaking, on benefits of work-life balance for both women and men.

Support for the introduction of **family-friendly policies** is also a new area. UNFPA support in this area has a strong focus on building the capacity of five pilot companies to implement internal policies that would support the work-life balance of their employees.

In the area of gender-based violence prevention, UNFPA built the capacity of local institutions to run the programme for perpetrators of domestic violence as well as for the members of local multifunctional teams responding to cases of domestic violence.

## Population and Development

**Finding 39: UNFPA support to NBS has already translated into NBS greater capacity to integrate new approaches into the current frameworks.**

UNFPA has considerably supported the NBS in improving its organizational culture, through introducing better systematized and organized processes around internal documentation related to NBS's information systems. UNFPA supported the NBS, during times when no one else believed in the potential of NBS. One respondent mentioned that "NBS got reborn as phoenix" with UNFPA's support. It has come to support during the times when NBS was suffering from the consequences of less positive image/reputation after the 2014 census (given coverage issues, especially in Chisinau; the political affiliation of the former head of the organization and the implications that followed, among others). Support provided by the UNFPA on both capacity building but also equipping the NBS staff with relevant

digital devices, software and training, will allow the organization to carry out the upcoming Census and other ongoing population and demographics interventions much more successfully and with greater impact.

**Finding 40: UNFPA support to national implementing partners from civil society and private sector has been transformational for the organizations.**

Capacity building support provided by the UNFPA to its implementing partners has been instrumental in the achievement of the results. A respondent mentioned that the organization has learned a lot and benefited significantly from the partnership with UNFPA. Additionally, the implementing partner managed to consolidate even more its portfolio and competencies across the thematic areas it has been already covering (public policies development, evidence-based approaches for policy making). Additionally it managed to develop capacities for conducting innovative analysis and studies, i.e. conducting twice the study on the Transfer of Accounts, thus, increasing the institutional visibility and demonstrating openness towards new thematic areas. The implementing partner organization managed to become a member of the demographic network, presenting at very high level events learning related to integration of the demography in the national statistics.

**Finding 41: UNFPA investment resulted in domestic capacity to produce population projections.**

UNFPA has invested a lot in the Center for Demographic Research, which is now able to produce population projections without donors' support. These projections were used to support the development of the Theory of Change on Demographic Resilience.

EQ7. To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

UNFPA has strong partnership relations with the Ministry of Health, Labour and Social Protection and the Ministry of Education, Culture and Research (MECR). Both Ministries recognize UNFPA expertise in SRH and Adolescents and Youth areas. Within the framework of this CP both Ministries financially contributed to implementation of the programmes managed by UNFPA: the Generations and Gender Programme (2018-2022) and the National Program for Development of Youth Centers. MECR has become the second largest donor for UNFPA Moldova.

**SRH**

**Finding 42: UNFPA Moldova work in the SRH area has a strong focus on ensuring national ownership through strong partnership with the Ministry of Health, Labour and Social Protection.**

Strong partnership with the Ministry of Health, Labour and Social Protection (MHLSP) established by UNFPA Moldova is seen as one of its comparative advantages within the Moldova context which enables UNFPA to effectively advocate for and promote the SRH agenda. National partners in the health sector shared with the evaluation team several critical factors that form the basis for their interest in partnership with UNFPA Moldova:

- UNFPA always has a big picture: every activity is clearly a part of a bigger strategy and there is always a room for more development.

- UNFPA connects Moldova health sector with international level experts, and these connections often continue beyond specific interventions.
- All international expertise is adapted to local context through national working groups.
- National partners feel that partnership with UNFPA is equal.

All activities in the SRH sector are implemented in coordination and upon approval of MHLSP which ensures national ownership. All UNFPA interventions include development of regulatory documents, especially clinical protocols and Standard Operational Procedures. UNFPA pays special attention to ensuring that implementation of developed regulation is supported financially from the state sources. For example, introduction of a more advanced Papanicolaou test into the cervical screening practice was supported by a revision of its cost in the National Healthcare Services Unique Tariffs' Catalogue which is used by the National Health Insurance Company to pay for health service provision. Due to UNFPA Moldova advocacy efforts, Standards on organizing and functioning of the HIV prevention services for key populations will be used for accreditation of service providers interested to receive state funding to serve representatives of key populations. According to the stakeholders interviewed by the evaluation team, the accreditation mechanism is not fully functional yet, but the National Medical Insurance Company is already making contracts with NGOs that serve key populations.

Within the framework of this CP strong partnership with MHLSP was elevated to a new level: MHLSP entrusted UNFPA Moldova to implement the Generations and Gender Programme (2018-2022) funded from the state budget.

## Adolescents and Youth

**Finding 43: UNFPA Moldova is the key implementing partner of the Ministry of Education, Culture and Research for implementation of the National Program for Development of Youth Centers. The Ministry is the second largest donor for UNFPA Moldova within the framework of this CP.**

Strong partnership established by UNFPA Moldova with the Ministry of Education, Culture and Research (MECR) has also translated into a new interaction model. In 2017 MECR and UNFPA established a Joint Fund for developing youth services for young people, including most vulnerable, to implement the National Program for Development of Youth Centers that aims to build capacity of Youth Centers and improve the quality of services they provide to young people. Implementation of activities under the Joint Fund is led and managed by UNFPA Moldova.

MECR contribution to the fund is over USD 1.1 million making it the second largest donor for UNFPA Moldova within the framework of this CP.

## Gender equality

**Finding 44: UNFPA work in the area of gender equality includes measures, e.g. development of necessary regulatory documents, that should facilitate the national ownership of introduced models.**

UNFPA interventions in the areas of combating gender stereotypes and engaging men in gender-sensitive behavior, working with domestic violence perpetrators and family-friendly policies have not yet led to the adoption of corresponding national regulations which is necessary to ensure national ownership. But in all these areas there were already some steps in this direction. The framework Regulation for Fathers' Club model has already been developed, and UNFPA plans to advocate for its official adoption by the Ministry of Education, Culture and Research (MECR) to support replication of the model nationwide. Activities in the family-friendly policy area include analysis of alignment of the national legislation with EU family-friendly policies and advocacy for necessary changes to improve this

alignment. UNFPA is also supporting the Center for Family Aggressors to revise the minimum quality standards, which represent the national methodological framework for institutions providing integrated assistance and counselling services to those who commit domestic violence.

Additionally, UNFPA together with its implementing partners is currently working on the development of four policy documents based on the GGS data, that will serve as guiding documents for public policies in the area of parental leave, fathers' involvement/engagement, flexible labour arrangements, and individual services for childcare.

EQ8. Are stakeholders ready to continue supporting or carrying out specific programme activities; replicate the activities; adapt programme results in other contexts?

The national health system is able to continue application of approaches introduced with UNFPA support, but this support remains crucial for further development, especially introduction of modern approaches. National education system is not ready to deliver health education courses without external support yet. VET system has sufficient capacity to continue and scale up delivery of the "Decisions for a healthy lifestyle" curriculum, but additional support is needed to strengthen teacher's capacity to assess the impact of the course on the students. UNFPA interventions in combating gender stereotypes and engaging men as well as family-friendly policies areas are early pilots and require continued support.

## SRH

**Finding 45: The national health system is able to continue application of approaches introduced with UNFPA support, but this support remains crucial for further development, especially introduction of modern approaches.**

UNFPA Moldova did not provide any direct SRH services within the framework of this CP which is fully in line with its "pink quadrant" country status.<sup>93</sup> Capacity development activities supported by UNFPA in the SRH area largely supported the introduction of the new national regulations (clinical protocols, regulations and standards of operation) developed with UNFPA support.

According to the national partners interviewed by the evaluation team the national health system is able to continue application of approaches introduced through new regulations, but UNFPA support remains crucial for further development, especially introduction of modern approaches.

## Adolescents and Youth

**Finding 46: National education system is not ready to deliver health education courses without external support.**

At present there is no sufficient capacity across educational institutions to deliver health education optional courses in a consolidated, comprehensive manner. UNFPA might consider conducting additional outreach and training more health education teachers, while exploring the opportunity to advocate for health education becoming a mandatory course as a guarantee to the course being fully embedded in the school curriculum, benefiting all students.

<sup>93</sup> UNFPA (2017). UNFPA strategic plan, 2018-2021, page 15.

**Finding 47: VET system has sufficient capacity to continue and scale up delivery of the “Decisions for a healthy lifestyle” curriculum, but additional support is needed to strengthen teacher’s capacity to assess the impact of the course on the students.**

While there is sufficient knowledge in the VET system to capitalize on when it comes to the “Decisions for a healthy lifestyle” curriculum, the next steps would be to scale up and ensure national scale coverage of all practices, materials, and support. Currently, there is enough capacity in the system to replicate practices, and capacitate teachers, teaching staff, staff of dormitories, psychologists, nurses, and others on ways to create an enabling and supporting environment for this curriculum.

One important aspect mentioned by the respondents in the focus group is that in moving forward, there is a need to provide teachers or other relevant staff with support to carry out continuous assessment of the impact of the course on the students across their institutions; and how that is affecting the school in general and the community.

### Gender equality

**Finding 48: UNFPA interventions in combating gender stereotypes and engaging men as well as family-friendly policies areas are not ready for replication yet.**

UNFPA interventions in the **combating gender stereotypes and engaging men and family-friendly policies** area are still at the “prototype”, that is the very first piloting, stage, so at least one more round of piloting with UNFPA support would be necessary to fully develop the models and prepare them for dissemination and integration in the national regulation and development frameworks.

## 4.5 UNFPA CO coordination with UNCT

EQ 9. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and achieving the SDG goals?

Due to a strong culture of cooperation UNFPA plays an active role in functioning and consolidation of coordination mechanisms within UNCT and between UNCT and national partners. UNFPA leadership was instrumental for integration of the SDGs no-one-left-behind principle in the UNCT joint activities.

**Finding 50: UNFPA actively contributes to the functioning and consolidation of UNCT coordination mechanisms.**

UNFPA Moldova is actively involved in the operation of UNCT coordination mechanisms and plays a leadership role in several groups, task forces and joint teams (Table 21).

*Table 21. Moldova UNCT coordination mechanisms where UNFPA CO plays a leadership role.*

UNCT coordination mechanism	UNFPA role
PFSD (UNDAF) Result Group 4 - social inclusion	Chair
Adolescents and Youth Thematic Group	Co-chair
Gender Thematic Group	Co-chair
Disability Inclusion Task Force	Co-chair
Joint Team on HIV	Co- chair

Source: developed by the evaluation team based on collected data.

UNFPA engagement and leadership is recognized by other UN agencies. UN agencies appreciate a strong culture of cooperation demonstrated by the UNFPA Moldova team and continuity of this culture across the organization hierarchy and with the changes in leadership. “UNFPA is a partner we like to work with” – this is a common theme that emerged from interviews with other UN agencies conducted by the evaluation team.

UNFPA also actively engages in UNCT coordination mechanisms led by other UN entities. For example, when the Resident Coordinator Office (RCO) established a mechanism for collection of information on the interventions done by UNCT members, not all agencies engaged, but UNFPA did and even distributed responsibilities for providing information among the CO staff. UNFPA also coordinated with RCO its research activities, which is a unique practice within UNCT. UNFPA played an active role in the process of development of the Common Country Analysis (CCA). UNFPA actively engaged in the process of development of the national UPR and CEDAW reports led by OHCHR.

UNFPA is also involved in the operation and establishment of several mechanisms that facilitate coordination between UNCT and national stakeholders. For example, UNFPA is a member of the National Coordination Council (NCC) on TB/HIV, along with other 30 members, including UN agencies (UNAIDS, IOM, UNDP, WHO, UNFPA, UNODC, UNICEF, UN Women), state agencies and representatives of the community. UNFPA is actively involved in the operation of two technical working groups of the NCC – on TB and on HIV.

UNFPA – along with UNICEF – led the establishment of the UN Youth and Adolescents Advisory Panel in 2021 that shall facilitate input of young people into UN processes. The idea of this group emerged in the course of discussions within the Adolescents and Youth Thematic Group.

**Finding 51: UNFPA active engagement in the UNCT coordination mechanisms facilitates joint programming with other UN agencies.**

Within the framework of this CP UNFPA was involved in several joint projects and activities with other UN agencies. UNFPA and UN Women cooperate within the framework of the joint regional project addressing GBV issues that started in March 2020. Two agencies share the cost of the communication manager position. There is a strong coordination of the implementation process through the Technical Working Group that includes representatives of implementing UN agencies and of the EU which is supporting this project financially. The group meets monthly. Coordination ensures a clear role distribution between agencies based on their added value.

UNFPA, UNAIDS, UNICEF and WHO are jointly supporting an assessment of continuity of provision of essential health services (including SRH care) in the context of COVID-19. Essential health services is a new topic for Moldova, so initially there was some resistance from the national partners. Joint advocacy efforts of UN agencies helped to overcome it.

UNFPA and OHCHR jointly developed a project proposal for support of elderly (UNFPA component) and disabled people (OHCHR component) during COVID-19 pandemic.

**Finding 52: UNFPA supports integration of the SDGs one-one-left behind principle in the UNCT joint activities.**

Members of the UNCT appreciate UNFPA attention to the needs of vulnerable groups and human rights mainstreaming. For example, throughout the Common Country Analysis (CCA) process UNFPA tried to provide information disaggregated by gender and disability status. UNFPA also reviewed the CCA text to ensure integration of gender, human rights and disability issues.

UNFPA was actively engaged in the development of the Moldova national VNR submitted in 2020. UNFPA and UNICEF also jointly supported development of a complementary report reflecting young people's perspective on SDGs implementation in Moldova.

#### 4.6 UNFPA CP added value

EQ10. What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders in achieving the national and SDG goals?

UNFPA Moldova's added value comes from its unique mandate that focuses on sexual and reproductive health, including sexual and reproductive health of adolescents, prevention of gender-based violence, working with elderly and strengthening national data collection systems, as well as from its strong advocacy power to advance this mandate.

**Finding 53: UNFPA Moldova added value comes from its unique mandate and ability to innovate within this mandate.**

UNFPA added value in the context of Moldova comes from its unique mandate. According to national stakeholder and UNCT members interviewed by the evaluation team, UNFPA is the only agency that promotes and supports SRH issues, SRH education for adolescents, national statistical system and data collection, prevention of gender-based violence and working with elderly. UNFPA work in the area of national statistics is seen as important and beneficial both for national and development communities. In addition, UNFPA models the use of quality data: all statements used in UNFPA communication are based on evidence.

National stakeholders also appreciate UNFPA's ability to innovate within its mandate. UNFPA was the first UN agency that started working in Transnistria and Gagauzia. UNFPA was the first to emphasize the importance of men's involvement to ensure gender equality. UNFPA is the first UN agency that started supporting VET schools.

**Finding 54: Continuity of UNFPA work and attention to the national needs facilitated strong partnership with key national stakeholders and an advocacy power to advance UNFPA mandate even on sensitive issues of SRH and gender-based violence.**

According to the national NGOs and UNCT members, UNFPA's strong partnership with the Ministry of Health, Labour and Social Protection (MHLSP) and the Ministry of Education, Culture and Research (MECR) gives UNFPA advocacy power on sensitive issues like gender-based violence and sexual and reproductive health. This is seen as especially critical in the context of Moldova as the national NGO community is not sufficiently consolidated to lead effective advocacy efforts.

Strong UNFPA partnership with national ministries is undergirded by UNFPA attention to national needs and continuity of its efforts beyond the framework of individual projects and even country programmes: it is always clear that each activity is part of a bigger picture. National partners also highly appreciate the UNFPA role of a knowledge broker that connects Moldova with best international practices.

## CHAPTER 5: Conclusions

### 5.1: Strategic level

#### **Conclusion 1: Evidence-based systemic approach that undergirds UNFPA work facilitates effectiveness and sustainability of achieved results.**

Origin: Evaluation questions 1, 2, 3, 4, 7

Evaluation criteria: Relevance, Effectiveness, Sustainability

Associated recommendation(s): 1

In all thematic areas UNFPA Moldova focuses on strengthening both the supply and demand side of service provision. For example, along with the support to strengthen the national system for cervical screening, UNFPA supported the awareness raising campaign to encourage women to use the services of the improved system. Along with the revision of the curricular for the optional Health Education course and its roll out in pilot districts, UNFPA conducted an awareness raising campaign targeting students, their parents and other community members to build demand for this course.

UNFPA work on strengthening the supply side of service provision includes support to integration of relevant issues and priorities into the national policies and programmes, development of corresponding regulations (clinical protocols, standards of operation, curricular), capacity building of service providers to enable them to apply these regulations, monitoring and assessment of the quality of service provision to identify necessary areas for further improvement.

An important aspect of UNFPA work is that it is built on evidence. For example, the national communication campaign "Stay healthy! Do the PAP test!" promoting use of cervical screening services was informed by the results of the Knowledge, Attitudes and Practices (KAP) Study conducted in 2018. Another KAP study was conducted in 2020 after the campaign to measure its effectiveness. Individual capacity development plans for Youth Centers are based on the results of their institutional capacity assessment. One of the first activities implemented with the framework of intervention piloting the Father's club model was the focus group discussions with target groups to identify what content they needed and were interested in.

#### **Conclusion 2: UNFPA Moldova's strong culture of cooperation facilitates its strong partnerships with national ministries, implementing partners and members of UNCT, high efficiency of implementation and strong national ownership.**

Origin: Evaluation questions 2, 3, 4, 5, 7, 9

Evaluation criteria: Effectiveness, Efficiency, Sustainability, UNCT coordination

Associated recommendation(s): 2

Majority of stakeholders interviewed by the evaluation team appreciate a strong culture of cooperation demonstrated by the UNFPA Moldova team (and continuity of this culture across the organization hierarchy and with the changes in leadership). This culture translates into coordination mechanisms that enable exchange of information and opinions and allow for timely adaptation of the activities when necessary. This in turn minimizes duplication of efforts and increases implementation efficiency.

UNFPA Moldova's strong cooperation culture is also manifested through its proactive communication with partners. For example, UNFPA Moldova regularly shares diverse communication materials (e.g. human interest stories, data-based stories, etc.) with donors and invites them to relevant events. Reportedly, UNFPA is the only organization that engages with donors in that way. This approach clearly helps UNFPA to establish strong relations with donors which facilitates resource mobilization.

Culture of cooperation is one of the factors that supports UNFPA's strong partnership with national ministries. This partnership gives UNFPA unique advocacy power in the context of Moldova and has already led to a unique arrangement where programmes funded by the Moldova government are implemented by UNFPA.

**Conclusion 3: The need to continue working under COVID-19 related restrictions facilitated rapid adaptation of the UNFPA supported activities for online delivery.**

Origin: Evaluation questions 2,3,4, 6

Evaluation criteria: Effectiveness, Sustainability

Associated recommendation(s): 3

UNFPA support for the introduction of online services started before the COVID-19 pandemic. In 2018 with UNFPA support the Nicolae Testemitanu SUMP integrated the Virtual Contraceptive Consultation (ViC) online learning platform into its curricular.<sup>94</sup> In 2019 Contraceptive Supply Chain Management was added to the ViC platform.

Because of the COVID-19 related restrictions many country programme activities had to be moved online. And it turned out that many things can be done online effectively. For example, reportedly online delivery of the programme for domestic violence perpetrators was effective. The national Cervical Screening Coordination Unit managed to conduct remote quality assurance "visits" to primary health care facilities via zoom.

National stakeholders have learned to work online and think that online training and service provision shall continue after COVID-19 related restrictions are removed.

**Conclusion 4: Gender, human rights and disability considerations are strategically integrated in many UNFPA interventions.**

Origin: Evaluation questions 1, 2, 3, 4, 9

Evaluation criteria: Relevance, Effectiveness, UNCT coordination

Associated recommendation(s): 4

In Moldova UNFPA CO is recognized for its attention to the needs of vulnerable groups and human rights mainstreaming. For example, throughout the Common Country Analysis (CCA) process UNFPA tried to provide information disaggregated by gender and disability status. UNFPA also reviewed the CCA text to ensure integration of gender, human rights and disability issues.

UNFPA actively promotes inclusion of young people in decision making processes. For example, UNFPA and UNICEF jointly supported development of complementary VNR reflecting young people's perspective on SDGs implementation in Moldova. UNFPA – along with UNICEF – also led the establishment of the UN Youth and Adolescents Advisory Group in 2021 that shall facilitate input of young people into UN processes.

Gender, human rights and disability considerations are integrated in many UNFPA interventions. For example, in 2019 UNFPA supported assessment of the accessibility of Youth Centers for young people with disability. Based on its results seven centers were supported to do necessary infrastructural changes. UNFPA also supported development and adoption of Standards on organizing and functioning

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<sup>94</sup> VIC is an online learning platform for evidence-based family planning in Eastern Europe and Central Asia provided free of charge by UNFPA to strengthen the capacities of service providers.

of the HIV prevention services in Key Populations, including young people, as well as building capacity of national service providers to implement these standards.

UNFPA recognizes the importance of a comprehensive approach to gender issues. Its intervention portfolio includes piloting transformational programmes for domestic violence perpetrators and Father's club model that enables men to explore and drop the gender stereotypes they have.

## 5.2: Programmatic level

**Conclusion 5: UNFPA made significant progress in terms of strengthening provision of services in the areas of family planning and cervical screening. But actual use of these services is still limited because of persistent stereotypes and low level of SRH literacy among the Moldova population, both young people and adults.**

Origin: Evaluation questions 2, 3, 4, 5, 8

Evaluation criteria: Effectiveness, Sustainability

Associated recommendation(s): 5

Due to UNFPA support Moldova has a comprehensive SRH policy that provides for national procurement of contraceptives for vulnerable populations. Within this CP UNFPA supported development of a regulation that expanded access to free contraceptives and a set of clinical protocols on application of various contraceptives and supported their application through capacity building activities. In addition the national cervical system was significantly strengthened. According to the national partners, the national health system is able to continue and sustain application of approaches introduced with UNFPA support.

UNFPA also successfully supported information campaigns promoting SRH literacy and importance of cervical screening. But the level of SRH literacy and use of SRH services are still low. For example, while the coverage of women by cervical screening almost doubled after the information campaign supported by UNFPA, it still was on the level of 56-69% in different areas of the country according to the data of KAP surveys conducted before and after the campaign. The share of women who know about cervical screening service increased from 24% to 51%. Low SRH literacy manifests itself through the reluctance of teachers to deliver the Health Education course, reluctance of parents to talk about SRH issues with their children and even reluctance of some family doctors to administer contraceptives.

**Conclusion 6: UNFPA Moldova work within the framework of this country programme laid the foundations for making the optional Health Education course mandatory.**

Origin: Evaluation questions 2, 3, 4

Evaluation criteria: Effectiveness

Associated recommendation(s): 6

Within the framework of this CP UNFPA supported revision of the curriculum of the optional Health Education course. The revised curriculum is aligned with international standards in the area of SRH education. The course was piloted in five districts and proved effective in terms of promoting healthy behaviors: reduction in the number of adolescent pregnancies was observed in all districts. In 2019 the revised curriculum was approved by the Ministry of Education, Culture and Research for nationwide delivery.

UNFPA advocacy efforts ensured integration of the SRH education agenda in the National Development Strategy "Moldova 2030" adopted in 2018. Education component of the strategy calls for the

development of life skills education that contributes towards physical and psychological health of young people. Health-related priority activities include integration of obligatory health education courses that provide information on healthy lifestyle, nutrition, and sexual and reproductive health. The strategy includes explicit targets for reduction of the adolescent pregnancy rate.

In addition, UNFPA and its implementing partners have gained experience of supporting delivery of revised optional Health Education courses and mandatory “Decision for a Healthy Lifestyle” in pilot secondary and VET schools that can inform future support to the delivery of the Health Education course when it is made mandatory.

UNFPA is deepening and broadening the engagement of relevant national stakeholders (from across education, youth-friendly service providers, civil society (based on the example of Netherland)) in shaping a national agenda on Health Education, defining together a Theory of Change on Health Education, based on the current gaps in the system, division of roles among key stakeholders. The upcoming multi stakeholder strategizing workshop in fall will set up the ground for these efforts, building on the already existent experiences in implementing health education in compulsory and VET education. UNFPA has the capacity to advocate for making the optional Health Education course mandatory.

**Conclusion 7: UNFPA Moldova work within this country programme laid the foundations for establishment of the comprehensive cross-sectoral youth services system.**

Origin: Evaluation questions 1, 2, 3, 4, 7

Evaluation criteria: Relevance, Effectiveness, Sustainability

Associated recommendation(s): 7

Within the framework of this CP, UNFPA successfully piloted several cross-sectoral models of working with young people. Roll out of the optional Health Education course was supported by the information campaign “Health Education: My Right, My Choice” that included community meetings bringing together students, parents, representatives of local authorities and other community members. Due to this campaign the number of students who enrolled in the Health Education course increased. Schools that had established relations with Youth Friendly Health Clinics involved health professionals to cover more sensitive topics within the framework of the optional Health Education course. UNFPA also supported establishment of partnerships between Youth Centers and other community institutions including schools, Youth Friendly Health Clinics, and local authorities. Young people were offered several models of positive social engagement – through Y-PEER, grant-supported community initiatives, Father’s Clubs, and support to elderly people.

Sexual and reproductive health and social engagement are integral components of adolescent well-being and their path to adulthood. The experience of the CP shows that cross-sectoral partnerships between institutions that provide services to young people create synergies and facilitate better SRH and well-being outcomes for young people. As the National Youth Sector Development Strategy 2020 came to term, it opens a window for opportunity for UNFPA to use its advocacy power to include the idea of establishment of the comprehensive cross-sectoral youth services system based on partnerships between Youth Centers, schools, VET institutions, Youth Friendly Health Clinics and other community actors into the new national youth strategy as well as for continuation of the Joint Fund with MECR to support implementation of this system beyond 2022.

**Conclusion 8: UNFPA Moldova interventions in the area of gender equality are still on the stage of early pilots and will require a long-term consistent support to ensure their full national ownership and integration.**

Origin: Evaluation questions 1, 2, 3, 4, 7

Evaluation criteria: Relevance, Effectiveness, Sustainability

Associated recommendation(s): 8

Piloting of the Father's Club model, promotion of the role of primary health care providers in engaging men in taking care about the health of their children and of the family-friendly policies started in 2020. Introduction of the programme for perpetrators of domestic violence and multifunctional teams addressing cases of domestic violence started earlier. Effectiveness of these approaches was already proved in the first pilots. Within the framework of this CP UNFPA supported the first round of their dissemination, but still in a limited number of locations.

**Conclusion 9: UNFPA's strategic interventions and efforts around demographic resilience are acknowledged by national partners as being essential drivers in helping shape public policies and research based on timely, accessible, accurate data. These interventions create opportunities for a wide range of national stakeholders to strengthen their knowledge and skills base for social science, public policy making, and research based on timely, accessible, accurate data, however, constraints related to the capacity of various stakeholders to use the data still remain.**

Origin: Evaluation questions 1, 2, 3, 4

Evaluation criteria: Relevance, Effectiveness

Associated recommendation(s): 9

UNFPA's efforts on demographic resilience included the development of a Theory of Change on Demographic Resilience, which allows key relevant stakeholders to understand the key strategic implications of the demographic outlook and provides key policy directions.

At the same time, Moldova has participated for the first time in the Generations & Gender Programme and conducted a Generations and Gender Survey, allowing thus, policy makers to have access to high quality and timely data about families and life course trajectories of individuals, and enable national and international think tanks, academia, and civil society organizations contribute with analysis, insights and research about the emerging societal and public policy challenges of Moldova. This exercise was possible under a strong partnership between the UNFPA and its strategic public sector partners. The upcoming policy scenarios have the potential to impact ongoing efforts around data across several governmental and nongovernmental organizations.

UNFPA has invested considerable efforts in improving capabilities of various stakeholders in addressing demographic policies at the country level, through the emerging GGS data, development of policy scenarios, national development strategy "Moldova 2030", supporting the development of a Theory of Change on demographic resilience and its integration into the National Development Programme, along with the development of a National Action Plan on Demographic Resilience.

Through its P&D portfolio, UNFPA managed to address demographic policies in an innovative way with interventions such as GGS data, Theory of Change (TOC), demographic prognosis, demographic dividends being reflected in the Country Program 2030. They will be presented in the fall of 2021 to the Parliament.

In moving forward, UNFPA's role is to keep strengthening the capacity of key relevant stakeholders around policy development and data use. UNFPA has created a very rich platform for data at various levels, from NBS, to GGS, SRH and private companies, and it should be further developed and

straightened in moving forward. Currently, GGS data serves as a great data resource for think tanks, academia and anyone interested in, to compare data per certain indicators and variables across countries, and understand national tendencies as opposed to other countries.

Conclusion 10: Despite the critical changes in capacity and operation of the National Bureau of Statistics (NBS) as a result of UNFPA support, this capacity remains limited. In addition, other public agencies lack the capacity to interpret and understand the population data and are resistant to share data with the NBS. These factors constrain progress in the Population and development area.

**Conclusion 10: Despite the critical changes in capacity and operation of the National Bureau of Statistics (NBS) as a result of UNFPA support, this capacity remains limited. In addition, other public agencies lack the capacity to interpret and understand the population data and are resistant to share data with the NBS. These factors constrain progress in the Population and development area.**

Origin: Evaluation questions 2, 3, 4, 7

Evaluation criteria: Effectiveness, Sustainability

Associated recommendation(s): 10

UNFPA has considerably supported the NBS in improving its organizational culture, through introducing better systematized and organized processes around internal documentation related to NBS's information systems: "NBS got reborn as phoenix" with UNFPA's support.

Still the IT team/staff of the NBS does not have the necessary skills and competences to address the emerging challenges, tasks and needs of the organization. NBS is currently facing a serious shortage of personnel. Public agencies are resistant to sharing their data with NBS given the weaknesses of the internal systems for data collection, storage, dissemination, etc. And public agencies lack of capacity among to interpret and understand population data

## CHAPTER 6: Recommendations

This section presents recommendations that were developed based on the input from the national stakeholders in the course of the data collection process and finalized in consultation with UNFPA CO and members of the Evaluation Reference Group.

### 6.1: Strategic level

**Recommendation 1: To further strengthen application of the evidence-based systemic approach consider using ecosystem approach to the analysis of the state of targeted systems to identify priority areas for interventions.**

Priority: Medium

Target level: UNFPA Country Office

Based on conclusion: 1

Operational implications:

- Consider applying the ecosystem based approach<sup>95</sup> for the development of the new Country Program. This approach allows one to have a comprehensive picture per each intervention, set up clear, measurable targets and ensure that there is a balanced approach in the development of the intervention. Activities can be planned to respond to the stage of development of each component i.e. for nascent, emerging, expanding, mature phases.
- Use the Monitoring, Evaluation and Learning (MEL) framework approach for the new Country Program to allow for a more data driven tracking of the progress made across the UNFPA portfolio. A MEL framework allows to define internal data collection methods for each programmatic area or intervention and use that data to drive internal efficiency and effectiveness as well as to communicate externally about the results.
- Consider conducting regular internal self-assessment and ‘organizational health check-ups’, as it helps track progress around portfolio performance results as well as organizational practices and emerging challenges, such as workload, life-work balance of staff members, delegation of tasks, and other important aspects.

**Recommendation 2: Consistently model the culture of cooperation and encourage its adoption by all implementing partners.**

Priority: Medium

Target level: UNFPA Country Office

Based on conclusions: 2

Operational implications:

- Conduct a team reflection exercise to identify critical aspects of UNFPA Moldova internal culture.
- Document results of this reflection in an informal document that should be made available to all team members.
- Regularly discuss during internal coordination meetings how the culture of cooperation that makes UNFPA Moldova attractive to partners can be maintained and strengthened.
- Encourage implementing partners to adopt the culture of cooperation, ‘partnerships’ building, and follow it when interacting with targeted institutions and individuals.

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<sup>95</sup> Ecosystem based approach can be developed and adjusted based on the Organizational Capacity Assessment Tool methodology: <https://www.alnap.org/system/files/content/resource/files/main/calp-ocat-user-guide-2-0.pdf>

- Use the 'vertical' vs 'horizontal' conceptual framework in establishing new partnerships. Vertical partnerships are usually established with organizations that play lead roles in setting the high-level agenda in a specific sector, strategic area. Horizontal partnerships are established with organizations having the expertise in the same thematic areas or addressing the same developmental issues.

**Recommendation 3: Explore the option of developing short online self-study courses to support introduction and application of important regulatory documents.**

Priority: Medium

Target level: UNFPA Country Office, Ministry of Health, Labor and Social Protection, Nicolae Testemitanu SUMP, Ministry of Education, Culture and Research

Based on conclusions: 3

Operational implications:

- High staff turnover in the public sector, including health care and youth sector, erodes results of the capacity building efforts implemented with UNFPA support.
- Instead of doing repeat training events on the same topic, UNFPA might consider developing e-learning courses (e.g. on the stepic.org platform), possibly with tests and certificates. For example, this would allow health professionals to take a course on application of a particular clinical protocol at any point as the first time or refresher training.
- This approach could also facilitate wider access of teachers to training on the delivery of the Health Education courses, dissemination of the family-friendly policies, Father's clubs model, etc.

**Recommendation 4: Explore and test options to reach the most vulnerable groups of people, especially vulnerable young people in remote rural areas, with SHR and youth services**

Priority: High

Target level: UNFPA Country Office, Ministry of Health, Labor and Social Protection, Ministry of Education, Culture and Research

Based on conclusions: 4

Operational implications:

- Explore international experience of reaching to the most vulnerable groups.
- One of the options could be to create an enabling environment and capabilities for development of telemedicine services to ensure the continuous delivery of essential healthcare services, including SRH services. The respective approach could be used also for reaching the population from remote /rural areas with SRH counselling and some services that could be provided remotely. This would imply the need for development and endorsement of a national regulatory framework on organizing, functioning, quality assurance and financing of the telemedicine services; development of telemedicine services, their piloting and national roll-out; capacity building of healthcare personnel on organizing and functioning of telemedicine services; increasing population awareness on the availability of telemedicine services and encouraging their use whenever needed.
- Given the shortage of primary healthcare personnel in some rural areas, and also the fact that young people particularly in small villages don't feel comfortable to access SRH, including family planning services provided by a family doctor who knows their family members, there is a need

to consider the possibility of establishing the mobile teams of Youth Friendly Health Clinics to regularly conduct visits to all villages from served territories and provide SRH care to young people.

- To improve the access of young people under the age of 16 years - to youth friendly healthcare, and particularly to SRH services, some amendments are needed to the national legal and regulatory framework in force related to the voluntary consent for getting the health services.
- Involve young people and communities in developing approaches to reaching to the most vulnerable through Innovation Challenges.
- Use the high-risk fail-fast approach to test possible approaches.

## 6.2: Programmatic level

**Recommendation 5: The next country programme shall have a strong focus on building SRH literacy of the population to maximize utilization of available SRH services.**

Priority: High

Target level: UNFPA Country Office, Ministry of Health, Labor and Social Protection

Based on conclusions: 5

Operational implications:

- It is important to continue to address the problem of limited population awareness about the benefits of modern methods of contraception and cervical screening and high prevalence of stereotypes, myths and misconceptions related to family planning and contraception through public awareness campaigns and other communication activities.
- It is also important to further increase awareness of vulnerable groups, including people with disabilities, as well as their demand for SRH services, including family planning and cervical screening services, and empower them to exercise their sexual and reproductive rights. Corresponding activities may include development of targeted information material and targeted information campaigns in partnership with NGOs representing vulnerable groups and working with them.
- The Social Norm Change/Behavior Change communication (BCC) approach may be included as a cross-cutting principle in all SRH interventions. This may require building CO capacity in the area of BCC or Communication for Development.
- Ensure consistent presence of SRH information on social media.

**Recommendation 6: Advocate for making the optional Health Education course mandatory.**

Priority: High

Target level: UNFPA Country Office

Based on conclusions: 6

Operational implications:

- Consider advocating making the Health Education course mandatory, particularly for gymnasium level (compulsory secondary education), from grade V-IX, following international practices and recommendations on mandatory Health Education, which support that essential behaviour changes or patterns are developed until the age of 15. This will help ensure that gymnasium level students are prepared for the opportunities and challenges of an “ever more complex” world, both online and offline, with healthy development of young people and wellbeing being at the core of the curriculum. This approach would allow having a more holistic and broad approach and start developing an enabling environment at the school level. In the next

iterations, UNFPA could pilot ecosystem-based approaches to health education in schools, with the schools piloting several additional potential interventions from friendly classrooms, healthy menus at the school canteen, spaces for reading and leisure, non-violent spaces in schools, doctors' cabinets, etc.

- The Health Education course shall remain optional for the high school level to avoid putting extensive pressure on the high school curriculum, which is already very heavy, and address the limited resources issue.
- UNFPA should join the existing, ongoing efforts by other stakeholders in the field of education or improving school infrastructure to ensure a healthy lifestyle, i.e. such as WASH in Schools by UNICEF.
- Use provisions of the National Development Strategy "Moldova 2030"
- Given that the Health Education course is delivered not in all schools, make a comparative study to assess the impact of this course on students' knowledge, attitudes and practices using schools where this course is not delivered as a control group.
- Continue to support the development of teacher support materials for the Health Education course.
- Develop a student assessment model for the Health Education course.
- Explore an option of integrating modules on Teaching of the Health Education course into the pre-service and in-service training programmes for teachers.
- Support the development of a Health Education Code of Conduct (based on the Code of Ethics for Teachers by the Ministry of Education 2016<sup>96</sup>) so that health education teachers, school psychologists, medical workers, staff of dormitories (in case of VET institutions) and thus, contribute to confidence building between students and relevant staff of educational establishments.
- Convene joint efforts and interventions between UNFPA, UNICEF and WHO around Health Education to support a holistic approach to the agenda.
- Continue acting as a convener and co-organizer of national conferences on Health Education, by bringing together the Ministry of Health, Ministry of Education, and Research and raising the awareness about the interdependencies of both sectors, education and health, and ways they can collaborate and support each other longer term.
- Organize a national scale campaign on the importance of health education: from video clips and user-friendly materials, to podcasts, interviews, social media and other awareness raising and learning tools.

**Recommendation 7: Consider advocating for and supporting establishment of the comprehensive cross-sectoral youth services system.**

Priority: Medium

Target level: UNFPA Country Office, Ministry of Education, Culture and Research, Ministry of Health, Labor and Social Protection

Based on conclusions: 7

Operational implications:

- Further strengthen the capacity of Youth Centers to establish partnerships with other institutions, including schools, Youth Friendly Health Centers, local public authorities, civil society organizations, youth councils, business incubators, territorial subdivision for employment, private sector, others.

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<sup>96</sup> [https://mecc.gov.md/sites/default/files/document/attachments/codul\\_de\\_etica\\_ro\\_4.pdf](https://mecc.gov.md/sites/default/files/document/attachments/codul_de_etica_ro_4.pdf)

- Continue supporting the development of evidence-based and data-driven local youth policies, as well as building capacity of youth organizations in various thematic areas such as monitoring and evaluation of public policies, advocacy, organizational sustainability, and other relevant content areas, given that lack of such competencies pose barriers to their involvement in meaningful decision-making processes at local and national level.
- Document, analyze and promote positive practices on the development of local partnerships that contribute to increasing youth participation at community level, delivering quality programmes/services for young people, recognizing them as promoters of active citizenship and ensuring their well-being.

**Recommendation 8: Continue advocating for more private companies to join in the efforts around implementation of family friendly policies at the workplace. To strengthen synergies within the gender focus area consider offering the Father's Club model to companies participating in the family-friendly policies interventions.**

Priority: Medium

Target level: UNFPA Country Office

Based on conclusions: 8

Operational implications:

- Capitalize on the experiences and practices emerging from the Expanding Choices component (ideally, both across participating countries in the Western Balkans and Moldova) and develop advocacy efforts in order to encourage new private companies to adopt family friendly policies at the workplace. The UNFPA team should continue promoting the value behind the family friendly policies ensuring that Moldovan companies understand that investing in family-friendly policies helps improve workforce productivity and a company's ability to attract, motivate and retain employees.
- In the corporate context, the Father's Club model can be positioned as a way for companies to support their male employees who have children to enhance their work-life balance and encourage use of paternal leave.
- Adoption of the Father's Club model by private companies can make its application more sustainable in the long run.
- Developing a joint project between UNFPA and UNICEF on Expanding Choices component: with UNFPA addressing family-work balance and UNICEF addressing issues of Paid Parental Leave to Care for Young Children, Supporting Breastfeeding, Affordable, Accessible and Quality Childcare, Child Benefits.
- Advocate for childcare and support at the workplace (together with other development partners working in the field), through different formats and mechanisms, to allow for a more flexible approach for working parents.
- Advocate for specific functional incentives' mechanism for companies adopting gender-responsive family practices to sustain the current efforts, champions as well as to be able to motivate other companies to join the 'movement'.

**Recommendation 9: Continue strengthening the capacities of key relevant national stakeholders to develop and promote demographic resilience and family friendly policies based on data.**

Priority: High

Target level: UNFPA Country Office

Based on conclusions: 9

Operational implications:

- Develop and implement short-term training programs and/or peer learning & sharing events to support key implementing partners and relevant national stakeholders in building their knowledge base, consolidating capacities on using the GGS data, monitor Theory of Change implementation, developing policy scenarios and ways to co-create public policies in the field of demographic resilience and family friendly policies based on any other available administrative, timely, accessible, and accurate data.
- Explore the opportunities to expand some indicators in the GGS (more additional sub questions formulated, more variables included), particularly across less positively evolving ones, to allow for a more disaggregated data collection (sexual education, contraceptives, childcare, parental involvement, others).
- Explore the opportunities to position GGS as a common database longer term, for all stakeholders, to serve as a one-stop data shop.
- Consider the opportunities to organize hackathons, techcamps or other innovative types of events with national partners such as NBS, E-Government Agency, others, to generate a more active use of the GGS data and create a repository of cases, examples, or prototypes of socially valuable apps based on this data.
- Ensure continuity to the already established partnerships between private and public stakeholders in championing and promoting gender-responsive family policies in Moldova, building on the lessons learned and good practices.
- Continue exploring and diversifying new platforms and formats at the national and local levels for both private and public sector representatives to be able to join efforts in shifting discriminatory gender norms, redistribution of unpaid care work, so that both men and women in Moldova can realize their career aspirations and fertility intentions. Expanding the partnerships with smaller companies (as opposed to the current requirements for companies to opt in), or with public enterprises, might trigger additional good practices and are worth exploring.
- Ensure continuity of the efforts in the field of demographic resilience and family friendly policies through developing capacities of relevant in-service and pre-service training institutes and educational establishments, with a longer term goal of institutionalization of capacity building programs addressing emerging thematic issues such as data, scientific use of GGS data, redesigning work places to be family friendly, gender sensitive and worker-centric policies, public policies informed by data that is evidence-based and fit-for-purpose, others.
- Establish a national Community of Practice (CoP) in the field of demographic resilience and family friendly policies, which would bring on a regular basis (monthly or every two months), all key players to share and explore both emerging challenges/issues as well as feasible solutions. UNFPA might coordinate the CoP during the first year, with coordination being then 'rotated' each 6 months among the key implementing partners and other relevant stakeholders.

**Recommendation 10: Continue support to NBS capacity development.**

Priority: High

Target level: UNFPA Country Office, NBS

Based on conclusions: 10

Operational implications:

- Ensure support for NBS to co-create the new “Strategy for development of the national statistical system 2022-2030” and the Development program for 2022-2025, with several needs

and priorities of the statistical system reflected in those documents. Support NBS in order to broaden the base of organizations which would become in long run producers of official statistics, with the implementation of all necessary preparatory measures (e.g. assessment of the quality of the data produced and statistical processes managed, development of metadata and methodologies, etc.).

- Efforts around the branding and image of the NBS should continue: with more visibility efforts, such as building the necessary capacity and supporting the participation of NBS representatives (including from territorial statistical officers) in national and local TV interviews, podcasts, production and dissemination through public agencies and other means of promoting the role of data in general, and the specific thematic related statistics. Additionally, it is recommended to provide training to chief of NBS' sub-departments on interviews and public speaking, presentation, particularly in media.
- UNFPA could explore more opportunities in order to establish relationships between NBS and other donors who could support national statistics in Moldova. UNFPA could encourage a joint project between different UN agencies to support efforts related to demography and statistics.
- As part of the strategic partnership with the NBS and UNFPA, focus should be, ideally, on the NBS priority areas, while the upcoming 2023 population and housing census should be a top priority. There is a chance that the census will take place in 2024, and more preparatory work is needed which is currently not sufficiently funded from the state budget to progress within the original timelines. NBS is able to implement several new approaches in these processes, such as data collection using electronic devices (tablets); use of a self-census approach and use of geo-referenced housing data to ensure comprehensiveness of the census process and data quality, pre-completion from existing administrative sources. These elements, in themselves, will revolutionize the whole system of data collection and production and will require considerable efforts at all levels. The NBS will be in a position to carry out such exercises for the first time. The NBS will need to exchange experience and knowledge, learning from those with solid experience and taking on board good practices from other countries. In several EU member countries, conducting censuses does not necessarily involve visiting households. National Statistical Offices use population (statistical) registers, carrying out censuses more often or whenever necessary, even annually when certain indicators are concerned. Accordingly, these new types of data collection will require new skills and new national capacity building programmes in this field.
- UNFPA should continue its active role in promoting better understanding and knowledge among key stakeholders on personal data (e.g. currently the terms "individual data" and "personal data" are used by different entities and there is no clear understanding or correlation between them). At the same time, it should continue advocating for easy access and use of personal data by the NBS for official statistical purposes (regulated in the Official Statistics Act No. 93 /2017) from existing administrative registers and information systems. More discussions should take place between various data holders and the National Centre for Personal Data Protection, in particular in relation to Law 133/2011 on the protection of personal data. UNFPA could significantly contribute to the harmonization of the conceptual and technological institutional frameworks of the different entities to allow (legally, technologically and functionally) the consumption/re-use of these data for official statistical purposes. Access to these data would allow the diversification of statistical indicators or improve the content of statistics in general, as well as the operability of their dissemination, which is extremely important. In the absence of such data, the NBS faces a number of undue delays and challenges in producing and disseminating important datasets, such as those on internal migration, international migration and estimates of the number of usual resident population at national and sub-national levels accordingly.

- NBS needs support in terms of diversifying the means in which it communicates about its agenda, data, approaches to general statistics, thus, being clearer about its mandate, role, and others.
- It is strategic to support the NBS to set up an additional council (based on the National Statistical Council model), in order to bring on board data holders or producers. Currently, there are two official data producers in Moldova (according to the Law No 93/2017 on official statistics): the NBS and the National Bank of Moldova. The NBS is in a position to expand the list of official data producers by developing a clear set of eligibility criteria for this role. The NBS is currently working on such regulations. By expanding the list of data producers, the NBS could play a more active role as a coordinator and thus, support other data producers in their methodological approaches, carry out quality checks of the data collected, and others. Similarly, the NBS could be supported in establishing a permanent platform or dialogue mechanism with data providers, in order to help strengthen communication around statistics and data, build capacity and ensure high quality data; it is important to support the NBS to review and revive the Sector Council on External Assistance: aspects related to rules and procedures, clear functions and roles of the council (only two council meetings have been convened in recent years). The NBS database is a statistical data dissemination tool that meets all open data criteria and principles. Two years ago improvements were made whereby now any table created in the Data Bank is accompanied by API to be reused in automated mode. UNFPA can play an additional role UNFPA and more specifically act as dialogue facilitator with administrative data holders in order to continue the SDA assessment process especially at the microdata level. It is only the NBS who can help data holders to significantly improve the quality of data.
- It is recommended to strengthen partnerships and collaboration between the NBS and the eGovernment Agency on open data. The NBS should now become a key player in the open data agenda and become a co-leader along with the State Chancellery and the eGovernment Agency. The NBS could create a platform through which to share data in the form of open data.
- NBS could be supported in addressing its staff deficiency: through partnerships with academia and other educational institutions, by developing and institutionalizing a curriculum focusing on data science, or other statistics related specializations. The only Statistics specialization at the faculty of Cybernetics and Informatics at Academy of Economic Studies is no longer available. It was removed a couple of years ago from the educational offer of the institution because there is no demand for it. There is a need to work with educational establishments to fully review the relevant curriculums and adjust them to these emerging needs: i.e. data science, others. UNFPA could act as a portavoce in this regard, both due to its population and development agenda, as well as their experience in working with young people. Building on similar experiences in the region might be very opportune.
- The NBS could be supported to address its staffing shortcomings: through partnerships with academia and other educational institutions, by developing and institutionalizing a degree programme focusing on data science or other statistics-related specializations. The only specialization or educational offer in statistics used to be at the Faculty of Cybernetics and Informatics of the Academy of Economic Studies. It no longer exists for a few years already, because there was no demand for it. There is a need to work with educational institutions (across academia and not only) to completely review the curricula and adjust them to these emerging needs: e.g. data science. At the same time, it is important to explore opportunities to implement educational data science initiatives starting from secondary school, based on the practices of some countries where statistical literacy is part of the school curricula. UNFPA could act as a porta voce in this regard, both because of its population and development agenda and because of its experience in working with young people. It might be opportune to build on similar regional experiences.

- There is a perception that currently there is more intense competition between UN Agencies and there is a duplication of efforts on some specific issues. It would be good to invite other UN Agencies together to discuss/address data, statistics, demographics, migration etc. Currently, NBS coordinates with all relevant agencies separately and it would save a lot of time and effort if these agencies (UN Women, UNDP, IOM, others) would come together under a common partnership or collaboration agreement. NBS is not able to provide separately timely feedback to each of the UN agencies, due to the internal limitations the NBS has.
- Another recommendation is to continue supporting the wider organizational development of the NBS, i.e. emerging management practices of the NBS, together with specific thematic interventions. Currently, some of the major issues are related with the institutional culture, internal management practices such as *delegation of tasks internally, within the NBS*, outdated practices, as they directly affect the performance and the results of the projects funded by the UNFPA and other development partners. Accordingly, the next country programme could have parallel streams of work with a balance between institutional development and thematic or policy areas.

## Annexes

Provided in a separate file.