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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for the Republic of Moldova**

Proposed indicative UNFPA assistance:	\$12.2 million: \$2.7 million from regular resources and \$9.5 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Fourth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

## I. Programme rationale

1. The Republic of Moldova is a landlocked country with a population of 2.6 million, facing demographic challenges from large-scale out-migration, decreased fertility rates and an increased share of older people. The population is expected to continue declining by 0.6 per cent to 1.6 per cent annually until 2035.
2. The Government is committed to implementing the 2030 Agenda for Sustainable Development, and the new national development strategy 2030 is fully aligned with the Sustainable Development Goals (SDGs).
3. Despite progress on poverty reduction over the last decade, the absolute poverty rate was 31.6 per cent in rural areas in 2018, compared to 10.6 per cent in urban areas. Its human development index (0.750) is below the average of Europe and Central Asia, according to the Human Development Report 2019. Recent studies on inequalities have shown that women, children, older people and people with disabilities are among the poorest groups and have less access to economic and social rights.
4. The linkages between sustainable peace and the humanitarian-development nexus need to be addressed by reinforcing integration of the immediate needs of most vulnerable populations and strengthening dialogue and social cohesion, including in relation to the protracted conflict with the Transnistrian region and the heightened geopolitical tensions in the region.
5. The Republic of Moldova is one of the main refugee-hosting and transit countries for refugees from Ukraine. As of end of May 2022, more than 475,000 refugees had arrived in the country since the end of February and around 100,000 remain. The influx of refugees poses significant challenges, especially for health and protection.
6. The Republic of Moldova is vulnerable to and affected by energy and economic crisis, and the impact of climate change and natural hazards pose higher risks in rural areas.
7. The total fertility rate (1.77 children per woman) is below the population replacement level. Slow economic and social developments, limited gender-responsive family policies, strong gender stereotypes, and poor quality of social services constrain couples and individuals to realize their desired fertility levels.
8. The current demographic situation, characterized by declining fertility, a rapidly ageing population and significant population loss through emigration, is fuelling concerns about economic growth and sustainability of social safety nets. There has been significant traction in formulating people-centred population policies that focus on gender and youth as key entry points for sustainability.
9. Despite progress, reliable and disaggregated data is limited and prevents national and local authorities from developing and implementing policies and programmes that respond to the needs of the most vulnerable groups. Even though the SDGs are nationalized, many key indicators are not properly monitored.
10. To improve the data situation, the population and housing census, planned for 2024, will integrate innovative approaches and build on lessons learned from the 2014 census.
11. Over the last decade, the national framework for sexual and reproductive health and rights improved, including State budget allocations for the National Programme on Sexual and Reproductive Health and Rights, 2018-2022, the procurement of contraceptives for vulnerable groups, and the law on reproductive health that incorporates access to comprehensive sexuality education. Maternal mortality decreased over the last decade from 44.5 to 16.3 per 100,000 live births (2010-2020). Most cases occurred due to non-obstetric causes in poor and rural families. The main challenges preventing the attainment of zero preventable maternal deaths is the lack of access to information and education on reproductive health, including antenatal care, among vulnerable women.

12. Despite the increased screening, cervical cancer continues to be one of the most frequent cancers among women. Its prevalence is the highest in the European region. While the HIV epidemic is concentrated among key populations, in 2020, the HIV prevalence rate for the general population was 0.24 per 1,000 persons.

13. The modern contraceptive prevalence rate among all women stagnated during the last decade at 38.1 per cent. The unmet need for family planning among all women of reproductive age (15-49) is twice as high in rural areas (20.2 per cent) as in urban areas (11.9 per cent). Despite the increased budget for contraceptives and updated clinical protocols, women, especially the most vulnerable, still lack awareness of family planning methods, the capacity of health providers requires improvement, and the performance of public health supply chains, including the contraceptive logistics management information system, must be strengthened. As highlighted in the United Nations common country analysis (CCA), women and girls with disabilities face stigma and discrimination, creating obstacles for them to realize their sexual and reproductive health and rights.

14. The COVID-19 pandemic deteriorated access to quality of sexual and reproductive health services, including contraception, due to lockdown policies, limited staff at the primary health-care level, and lack of sexual and reproductive health supplies during the pandemic. Women and girls in rural and remote areas and women with disabilities suffered the most from the lack of services.

15. There has been significant progress reducing adolescent births by 20 per cent, which is reflected as the main commitment in the last country programme. It is still nevertheless a challenge, with rates three times higher than the European average, at 27.3 births per 1,000 girls aged 15-19. Most adolescent births take place in rural areas, where access to information and services is still limited, compounded by traditional gender norms.

16. Young people face challenges caused by lack of parental support and limited opportunities for youth engagement at the community level. Over one third of adolescents have at least one parent working abroad, and about 10 per cent of adolescents have both parents working abroad. Lack of parental support in their transition to adulthood leads many young people, especially the vulnerable, to adopt risky behaviours. While access to age-appropriate, rights-based information on sexual and reproductive health and rights is among the top priorities, the institutionalization of comprehensive sexuality education is viewed with caution due to a complex social environment with strong traditional beliefs.

17. Civic involvement of youth in the decision-making processes at the national and local levels has improved but needs to be stepped up to ensure stronger youth participation at the local level.

18. Gender stereotypes remain a concern. Sixty per cent of the population believes that mainly women should take care of their family and household. Traditional gender roles for both women and men limit their personal and professional opportunities, lead to gender-based discrimination and gender-based violence and affect the overall well-being of women and girls.

19. In 2018, 26.8 per cent of women and girls (aged 15-65) experienced either physical, sexual, or psychological violence from intimate partners in the past 12 months. Three of five women aged 15 and above (63.4 per cent) had experienced domestic violence at least once during their lifetimes. Domestic violence cases are twice as significant among women with disabilities. The risk of domestic violence went up with the COVID-19 pandemic and lockdown. The multisectoral approach to gender-based violence improved, but it requires investment in the health system response and overall multisectoral coordination. With the influx of refugees, there is the need to strengthen the gender-based violence multisectoral response capacities of health and social protection services through improved referral pathways and capacities for the gender-based violence information management system.

20. The new country programme, 2023-2027, capitalizes on existing accomplishments, builds on the evaluation results and lessons learned from the United Nations Cooperation Framework, 2018-2022, and the previous country programme, 2018-2022. The new country programme follows the main recommendations to maintain the ongoing strategic priorities with greater focus on reaching the most vulnerable groups; increasing the demand for sexual and reproductive health

and rights services and improving quality; supporting the holistic approach in promoting comprehensive sexuality education, supporting the development of rights-based, data-driven local youth policies and the meaningful participation of young people in decision-making processes and their engagement in building community resilience; strengthening the capacities of key national stakeholders to develop and promote demographic resilience and family-friendly policies; and continuing investments in building a robust statistical system.

21. To achieve the three transformative results, the country programme will continue the innovative vision, including intergenerational dialogue between young and older people, innovative digital solutions and interactive tools to promote comprehensive sexuality education, and engaging private sector and telecommunication companies to scale up the programme.

22. The country programme is based on the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, and contributes to outcome 1 and outcome 2, underscoring the comparative advantage of UNFPA in sexual and reproductive health and rights and gender-based violence prevention, improving demographic resilience, and empowering young people to fulfil their potential and contribute to the resilience-building of communities and institutions. The country programme contributes to fulfilling the 2030 Agenda for Sustainable Development by supporting the achievement of Goals 3, 5, 10, 16 and 17.

## II. Programme priorities and partnerships

23. The new country programme contributes to the UNSDCF, 2023-2027, vision: By 2030, the Republic of Moldova is a country where people want to live and where all people fully exercise their human rights and enjoy better quality of life in a more inclusive and resilient society. The country programme vision is to ensure the rights of women and youth left furthest behind through increasing demand for sexual and reproductive health and rights, supported by social norms and behaviour change approaches while enhancing quality services and integrating evidence-based demographic policies.

24. The country programme will focus on the Strategic Plan, 2022-2025, outcome 1 (by 2025, the reduction in the unmet need for family planning has accelerated) and outcome 3 (by 2025, the reduction in gender-based violence and harmful practices has accelerated). The country programme will contribute to reducing maternal deaths through family planning and empowerment initiatives, especially in rural areas, focusing on the most vulnerable: poor women, adolescents, women with disabilities and older persons.

25. The rights of women and young people left furthest behind will be prioritized by empowering women and girls to fulfil their reproductive choices, increasing demand for and utilization of quality sexual and reproductive health services among vulnerable women and young people, using new solutions to promote healthy behaviours and youth participation, preventing gender-based violence in communities, and supporting the development and implementation of sustainable people-centred demographic policies for demographic resilience. The programme commits to reducing the adolescent birth rate by one fourth from 27.3 to 20 per 1,000 women aged 15-19.

26. The strategic directions of the country programme are informed by the national development agenda, in line with the commitment to the SDGs and the achievement of the International Conference on Population and Development (ICPD) Programme of Action and the voluntary commitments made by the Republic of Moldova at the 25th anniversary summit of the ICPD in Nairobi (ICPD+25). The country programme contributes to the implementation of the national development strategy, Moldova 2030, the national programme on sexual and reproductive health and rights, the national strategy on prevention and combating violence against women and domestic violence, the national programme on active and healthy ageing, national strategy on education, the national youth strategy and the voluntary commitments made at ICPD+25, which are integrated into the above strategies.

27. The Republic of Moldova spearheads the regional demographic resilience programme, which focuses on rights-based approaches to address the demographic situation. These investments can yield multiple future social, economic and health benefits and contribute to the reduction of

inequalities. UNFPA will support building back better to strengthen the resilience of institutions, communities and individuals and to mitigate the socioeconomic impact of the COVID-19 pandemic and the refugee influx.

28. The CCA identified the following vulnerable groups: persons with disabilities, persons from rural areas, ethno-linguistic minorities, women victims of violence, Roma, children, asylum seekers, refugees and stateless persons, persons living with and affected by HIV, victims of human trafficking, lesbian, gay bisexual, transexual, queer and intersex (LGBTQI) persons, persons in detention centres, returning migrants, families dependent on remittances, and smallholder agriculture producers.

29. Leaving no one behind is a central principle of the country programme, targeting particularly women and girls with disabilities, older people, rural adolescents, refugees and host communities. UNFPA will focus on rural and remote areas. Data and evidence-generation and use, including the investment case on the socioeconomic cost of adolescent pregnancies, will be employed for advocacy purposes.

30. The country programme will use the five modes of engagement: (a) evidence-based advocacy and policy dialogue and support; (b) knowledge management; (c) capacity development; (d) coordination, partnership and South-South and triangular cooperation; and (e) service delivery to respond to emergency crisis on refugees. The programme will strengthen partnerships with government entities at the national and subnational levels, civil society organizations, academia, scientific and professional associations, the private sector, media and representatives of beneficiaries.

31. The country programme will emphasize joint programming and collaboration with United Nations organizations and their development partners to ensure coordination and coherence. The programme will contribute to confidence-building measures, as part of the United Nations country team joint approach, by expanding interventions in the Transnistrian region and supporting comprehensive, conflict-sensitive and peace-responsive area-based development interventions.

32. South-South and triangular cooperation will be scaled up to support the national statistical system to improve disaggregated population data, including on the population and housing census. The programme will shift from funding towards financing based on established strategic partnerships with the private sector and it will advocate for increased public investments and expenditures. Catalytic interventions and bold acceleration of the programme are aimed to contribute to the three zeros and the achievement of the national SDG targets.

33. The country programme addresses the refugee humanitarian crisis by increasing the capacities of health and social systems and by mainstreaming the needs of refugees across all outputs and supporting them with service delivery. The programme highlights the importance of emergency preparedness, prevention and response to the crisis, building community resilience, systems and integration of refugees.

34. The following six accelerators will be used: (a) human rights-based and gender-transformative approaches; (b) innovation and digitalization; (c) partnerships, South-South and triangular cooperation, and financing; (d) data and evidence; (e) leaving no one behind and reaching the furthest behind first; and (f) resilience and adaptation, ensuring complementarity between development, humanitarian and peace-responsive efforts.

35. The country programme will pursue innovation by: (a) supporting digitized solutions to advance reproductive rights of those furthest behind; (b) fostering the collection and use of big data for evidence-based decisions at the national and local levels; (c) facilitating youth participation in country office programming; and (d) mobilizing the private sector for development work and social accountability.

**A. Output 1: Improved policies and accountability frameworks for enhanced capacities of the health system, institutions and communities to deliver human rights-based, client-centred sexual and reproductive health information, services and supplies to women and young people, particularly those furthest left behind, including in humanitarian settings**

36. This output contributes to UNSDCF outcome 1 by strengthening the health system and empowering rights holders, particularly those from vulnerable groups, to access quality sexual and reproductive health services. It addresses emergencies and immediate sexual and reproductive health needs of those left behind. The output contributes to two UNFPA Strategic Plan outputs: policy and accountability, and quality of care and services. It will strengthen the national policy framework on sexual and reproductive health and rights, and support quality improvement for the provision of integrated, client-centred, human rights-based sexual and reproductive health services. The programme will support an enabling environment for women and girls to realize their sexual and reproductive health and rights, considering the development-humanitarian-peace continuum, with interventions for stronger national preparedness plans and resilience systems.

37. This will be achieved by: (a) providing technical expertise and facilitating policy dialogue for the development, approval and implementation of a new costed National Programme on Sexual and Reproductive Health and Rights, 2023-2027; (b) advocating for the integration of sexual and reproductive health and rights provisions into universal health coverage policies and strategies and adequate annual resource allocation for contraceptive procurement from the State budget for vulnerable groups and target utilization; (c) advocating for increasing engagement of primary health-care providers in improving delivery of human rights-based family planning services to reach out to rural women and youth; (d) strengthening contraceptive supply chain management and information systems; (e) enhancing national capacities in cervical cancer prevention and increasing awareness, targeting furthest left behind first; (f) strengthening interlinkages between HIV prevention and other sexual and reproductive health services for key populations, and increasing awareness and scaling up HIV prevention effort among key populations; (g) advocating for creating an enabling environment and support for the expansion of demand-side interventions for family planning services that empower women and girls, particularly those furthest behind, including people with disabilities, to make their own reproductive health decisions; (h) applying innovative solutions to reach those furthest behind with sexual and reproductive health and rights information and services; (i) advocating and providing technical support for integration of sexual and reproductive health and rights provisions into disaster risk management policies, strengthening further the capacities of national partners in humanitarian preparedness and response, and building resilient communities and institutions that can withstand shocks, including from climate change; (j) supporting the health system with supplies and infrastructure for sexual and reproductive health to absorb increased refugee caseload, and supporting the provision of sexual and reproductive health information and life-saving services, including clinical management of rape for refugees and internally displaced persons through the development-humanitarian-peace continuum and building context-specific humanitarian responses.

**B. Output 2: Strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to respond and prevent gender-based violence in advancing gender equality and women's decision-making**

38. This output refers to the UNFPA Strategic Plan output on gender and social norms. It contributes to the UNSDCF outcome 1 by focusing on three main areas: (a) policy and advocacy; (b) changing gender social norms through male and youth involvement in programmes to prevent gender-based violence; and (c) the health sector response to gender-based violence.

39. UNFPA will: (a) advocate for the implementation and monitoring of recommendations in human rights mechanisms of global commitments, including the Istanbul Convention: Action Against Violence Against Women and Domestic Violence, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the universal periodic review, and facilitate the participation of young people and civil society; (b) support the operationalization of

national policies, strategies and action plans that address gender-based violence and gender inequalities; (c) address perceptions around gender stereotypes and patriarchal norms that limit women's rights and lead to gender-based violence by scaling up programmes engaging men and boys; (d) advocate against stigma and discrimination towards women and girls with disabilities by building alliances and partnerships, and informational and advocacy campaigns, to support sexual and reproductive health rights, raise awareness and strengthen service provision, build skills of service providers to ensure inclusion, and address different forms of gender-based violence; (e) facilitate innovative partnerships for engaging men in advocating for gender-responsive family policies through private and other non-traditional partnerships; (f) strengthen the capacities of health sector institutions to respond to gender-based violence and gender stereotypes as part of a multisectoral mechanism, including the response to sexual violence through the clinical management of rape; (g) provide life-saving services for refugees to prevent and respond to gender-based violence; (h) ensure awareness of gender-based violence referral pathways and existing services for refugees; and (i) provide technical support across sectors to mainstream gender-based violence risk mitigation measures as part of the humanitarian response to refugees.

**C. Output 3: Strengthened national capacity and policy in the youth and education sectors to empower adolescent girls and youth through life-skills development and participatory civic engagement for advancing human rights, bodily autonomy and gender equality**

40. This output contributes to UNSDCF outcome 2 by empowering young people to exercise their human rights and meaningfully participate in public and civic life and decision-making processes. It also directly contributes to UNSDCF outcome 1 by strengthening the education system to deliver life skills-based education for young people and overall capacity of institutions to provide human rights, evidence-based and gender-responsive services for all, with a focus on those left behind. The output corresponds to the UNFPA Strategic Plan output on adolescents and youth and contributes to the three transformative results by accelerating the demand for family planning services and rights by empowering adolescents and youth to make informed decisions about their bodies and lives, adopt healthy and safe behaviours, and meaningfully participate in decision-making processes at all levels.

41. UNFPA will: (a) support increased operationalization of in-school life-skills-based comprehensive sexuality education in general education and vocational education and training; (b) enable the educational system to ensure quality and sustainable life-skills-based comprehensive sexuality education delivered by prepared teachers who make effective use of interactive and digitized learning materials and a youth-friendly learning environment; (c) advocate for the benefits of comprehensive sexuality education for the healthy transition of adolescents to adulthood and the role of schools; (d) empower young people and build the capacities of national stakeholders to implement out-of-school comprehensive sexuality education programmes, focusing on vulnerable young people, including rural youth, young people with migrant parents, refugees, and persons with disabilities; (e) facilitate partnerships and referral mechanisms to increase the access of adolescents and youth to information and services for the realization of sexual and reproductive health and rights and build psycho-emotional resilience; (f) advocate and provide technical expertise to develop and implement evidence-based funded youth policies and programmes at the national and local levels, including based on youth indices; (g) support mechanisms and platforms and promote volunteerism to increase civic engagement and meaningful participation of young people in decision-making processes at all levels, including youth engagement in peace building and conflict prevention; (h) strengthen the capacities of the network of public youth centres to deliver tailored and needs-based programmes for young people, including for refugees, focusing on those left furthest behind, by engaging local public authorities, schools, youth councils and youth organizations; and (i) support establishment of safe spaces for adolescents and youth refugees, and support youth refugees in building resilience, developing life skills and integrating in communities.

**D. Output 4: Strengthened data systems and evidence-based policies that consider population dynamics and regional developments for building demographic resilience**

42. This output contributes to UNSDCF outcome 1 on supporting policy frameworks that are evidence-based and consider demographic trends by supporting institutions to increase capacities to produce, share and utilize quality disaggregated data, in line with national priorities and in accordance with international standards and methodologies. It also contributes directly to UNSDCF outcome 2. The output contributes to UNFPA output 1 and 4 and supports the three transformative results by supporting public policies to promote demographic resilience, strengthen population data collection and dissemination, and enhance data use, including population projections, in policy and budgetary frameworks.

43. This will be achieved by: (a) supporting the local and central authorities in promoting policies and programmes that build demographic resilience and address population changes, including ageing and declining fertility; (b) strengthening policies and institutional capacities for the implementation of gender-responsive family policies in the workplace, with a focus on the private sector, to support women and men in achieving their desired fertility; (c) providing expertise on the economic implications of demographic changes and mainstreaming pertinent findings into relevant policy framework to achieve the SDGs and ICPD Programme of Action; (d) advocating for policies and programmes that build active and healthy ageing as well as intergenerational dialogue; (e) strengthening the capacities of the national statistics system to produce high quality, fully disaggregated data; (f) providing expertise to create a strong administrative data-based national statistical system, relying on available administrative sources and big data; (g) supporting the Government in conducting the next generations and gender surveys to develop rights-based and data-driven demographic policies; (h) advocating for quality implementation of censuses, including through technical expertise; (i) supporting processes that allow for the identification of population groups that are the most excluded or marginalized; (j) supporting institutionalization of the production of population projections as official statistics at the national and subnational levels and their integration into budgetary and policy frameworks; (k) enhancing the use of data for risk-informed decision-making, including population projections, in policy and budgetary framework by increasing the capacities of government at the national and local levels as well as other relevant stakeholders; and (l) supporting the development of tools to accessing georeferenced data.

### **III. Programme and risk management**

44. UNFPA will be part of the UNSCDF coordination mechanisms led by the Joint National Steering Committee, co-chaired by the designated representatives of the Government and the United Nations Resident Coordinator. UNFPA will contribute to UNSDCF results groups and other relevant interagency groups, as part of internal country team coordination mechanisms towards the achievement of the SDGs and support the aspiration of the Government related to European Union accession.

45. UNFPA will partner with government institutions, the private sector, academia and civil society, including non-governmental and community-based organizations to deliver the programme outputs. The harmonized approach to cash transfers will be used, following the risk and capacity assessment of each implementing partner. The partners will be selected using competitive and strategic partnership approaches.

46. The country office structure will ensure integrated programme delivery with intersectional approaches. It will be tailored to ensure UNFPA strategic positioning and enhanced results-based management through innovative and pilot models centred on those left furthest behind. The country office will strengthen its multiple-level advocacy and programme integration capacity in gender equality, humanitarian preparedness and response, resilience-building and innovation for efficient programme delivery, and high-level policy advocacy. The office structure will be supplemented by additional humanitarian surge staff on surge and international and national positions to support the humanitarian response.

47. Country programme implementation will benefit from UNFPA regional and global expertise on behaviour change programming, regional and global sexual and reproductive health expertise and networks, demographic resilience expertise. The programme will engage national partners in working with vulnerable women (poor urban and rural women, women with disabilities), key populations, people living with HIV, and older and young people. UNFPA will maintain effective partnerships while reaching out to new, non-traditional partners.

48. UNFPA will regularly assess operational and programmatic risks and make required adjustments. Key risks include: an increased turnover of high and mid-level officials, post-COVID-19 budgetary cuts, and political sensitivity to UNFPA issues. UNFPA will: (a) support the Government and partners in assessing critical information about public health emergencies and in evaluating the capacities of the health systems to manage potential public health crises and in responding to humanitarian and climate related ones; (b) design a more ambitious partnership and resource mobilization plan to attract new funding and scale up interventions; (c) advocate for and monitor the implementation of the country's voluntary commitments made at ICPD+25; (d) encourage cost-sharing by the Government; (e) work with parliament and its bodies; (f) accelerate the efficiency of existing programmes; (g) enhance innovative methods for the implementation of programme activities aimed at reaching vulnerable women and youth, especially from rural areas and people with disabilities; and (f) regularly monitor and revise the UNSDCF and country programme results matrices to reflect changes in national priorities.

49. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to the country programme are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

#### **IV. Monitoring and evaluation**

50. UNFPA, with the Government and the United Nations country team, will establish a framework to monitor and evaluate UNSDCF implementation. UNFPA will contribute and participate in the end-of-cycle UNSDCF evaluation.

51. UNFPA and partners will implement participatory quality assurance activities and regular annual reviews to improve accountability and it will foster a budgeted results-based management culture. Milestones and targets will be monitored to improve programme implementation.

52. A country programme evaluation will be conducted, adopting innovative and participative approaches to generate evidence for the design of the next programming cycle, ensure accountability and promote a learning culture.

53. UNFPA will support the strengthening of national statistical capacities to ensure effective monitoring and evaluation of the SDGs. UNFPA is committed to conducting high-quality generation and gender surveys on a regular basis (every three years) to gather the most relevant data on ICPD-based SDG indicators and beyond, filling the gap in evidence for effective decision-making. UNFPA will support the overall United Nations contribution to the voluntary national reviews, the universal periodic review, and CEDAW reporting plans.

## RESULTS AND RESOURCES FRAMEWORK FOR MOLDOVA (2023-2027)

<p><b>NATIONAL PRIORITY:</b> <i>National Development Strategy – Moldova 2030:</i> poverty eradication; health and well-being for all; inclusive, equitable and quality education and long-life learning; physical and mental health; solid and inclusive social protection system; family-friendly policies; efficient and inclusive governance and the rule of law; a peaceful, secure and inclusive society; <i>Government action plan, 2020-2023:</i> security and demographic development; preventing and combating domestic violence and ensuring gender equality; quality health services; conduct the population and housing census; develop statistical register of the population; population and migration estimates at subnational level; prevent and combat violence in schools; develop youth policies and enhance the quality of youth services.</p>				
<p><b>UNSDCF OUTCOME(S):</b> 1: By 2027, institutions deliver human rights, evidence-based and gender-responsive services for all with the focus on those who are left behind. 2: By 2027, more accountable and transparent human rights-based and gender-responsive governance empowers all the people of Moldova to participate in and contribute to development processes.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1: By 2025, the reduction in unmet need for family planning has accelerated. 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Unmet need for family planning among women aged 15-49 years. <i>Baseline: 16.9% (2021); (urban: 11.9%; rural: 20.2%) Target: 9.8% (2027) (urban:4.8%; rural: 13.1%)</i></li> </ul>	<p>Output 1. Improved policies and accountability frameworks for enhanced capacities of the health system, institutions and communities to deliver human rights-based, client-centred sexual and reproductive health information, services and supplies to women and young people, particularly those furthest left behind, including in humanitarian settings.</p>	<ul style="list-style-type: none"> <li>National programme on sexual and reproductive health and rights, 2023-2027 with costed action plan, developed and validated. <i>Baseline: No (2022); Target: Yes (2027)</i></li> <li>Percentage of primary health-care facilities with at least one health provider trained on logistics management for forecasting and supply of contraceptives to vulnerable groups. <i>Baseline: 0% (2022); Target: 50% (2027)</i></li> <li>Percentage of women aged 25-61 covered with cervical screening services. <i>Baseline: 36% (2021); Target:55% (2027)</i></li> <li>National disaster risk reduction and management strategy and national health strategy 2030 integrate sexual and reproductive health and rights and priorities of the ICPD Programme of Action. <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Percentage of primary health-care facilities with at least one capacitated health service provider on clinical management of rape, including in humanitarian contexts. <i>Baseline: 0% (2021); Target: 50% (2027)</i></li> </ul>	<p>Parliament, State Chancellery, Ministry of Health, National Health Insurance Company, National Agency of Public Health, State University of Medicine and Pharmacy, Institute of Mother and Child, Romanian Agency for International Development, UNAIDS, UNDP, UNICEF, WHO, the private sector, civil society organizations (CSOs).</p>	<p>\$1.6 million (\$0.6 million from regular resources and \$1.0 million from other resources)</p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Prevalence of violence against women and girls (aged 15-65) by partner/spouse in the last 12 months, by age and form of violence <i>Baseline: total: 26.8% (2010); (physical: 8.9%; sexual: 4.1%; psychological: 18%) Target: decrease prevalence by at least 1.5 percentage points (2027)</i></li> </ul>	<p>Output 2. Strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to respond and prevent gender-based violence for advancing gender</p>	<ul style="list-style-type: none"> <li>The national strategic programme on gender-based violence prevention includes gender transformative initiatives involving men and boys. <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Proportion of regions covered with transformational initiatives on gender social norms. <i>Baseline: 5.7% (2021); Target: 25% (2027)</i></li> </ul>	<p>Parliament, State Chancellery, Ministry of Labour and Social Protection, Ministry of Health, Ministry of Education and Research, National Health Management Centre, National Bureau of Statistics, Demographic Research Centre, UNDP, UN-Women, the private sector, CSOs.</p>	<p>\$2 million (\$0.5 million from regular resources and \$1.5 million from other resources)</p>

<ul style="list-style-type: none"> <li>Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 73.3% (2020)</i> <i>Target: 85% (2027)</i></li> </ul>	equality and women's decision-making.	<ul style="list-style-type: none"> <li>Proportion of regions with at least one primary health care facility trained on integration of gender-based violence prevention and response. <i>Baseline: 5.7% (2021); Target: 25% (2027)</i></li> </ul>		
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Adolescent birth rate (age 15-19) per women in same age group <i>Baseline: 27.3 (2020);</i> <i>Target: 20 (2027)</i></li> </ul>	Output 3. Strengthened national capacity and policy in youth and education sectors to empower adolescent girls and youth through life skills development and participatory civic engagement for advancing human rights, bodily autonomy and gender equality.	<ul style="list-style-type: none"> <li>Number of modules from the United Nations international technical guidance on sexuality education integrated in pre-service and in-service teachers' training. <i>Baseline: 0 (2021); Target: 5 out of 8 (2027)</i></li> <li>Proportion of vocational education and training institutions with capacities (trained teachers and innovative learning materials) to implement life skills-based education. <i>Baseline: 13% (2021); Target: 80% (2027)</i></li> <li>Out-of-school comprehensive sexuality education for youth, including young people with disabilities, is operationalized following international standards. <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Percentage of local public authorities that developed evidence-based and budgeted youth action plans. <i>Baseline: 45.7% (2021); Target: 60% (2027)</i></li> <li>Percentage of public youth centres at the district level with participatory youth civic engagement programmes <i>Baseline: 40% (2021); Target: 65% (2027)</i></li> </ul>	Ministry of Education and Research, National Chamber of Commerce and Industry, National Network of Youth Friendly Health Centres, National Youth Agency, Educational Centre Pro Didactica, Austrian Development Agency, Swiss Agency for Development and Cooperation, UNDP, UNICEF, UN-Women, WHO, the private sector, CSOs.	\$3.6 million (\$0.6 million from regular resources and \$3.0 million from other resources)
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of sustainable development indicators available at national level, according to relevant disaggregation and the Fundamental Principles of Official Statistics <i>Baseline: fully: 50%; partially: 25%; not available: 25% (2021)</i> <i>Target: fully: 70%; partially: 15%; not available: 15% (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Population and housing census conducted as part of the global 2020 census round <i>Baseline: No (2021); Target: Yes (2027)</i></li> </ul>	Output 4. Strengthened data systems and evidence-based policies that consider population dynamics and regional developments for building demographic resilience.	<ul style="list-style-type: none"> <li>Number of regions supported by UNFPA in implementing programmes and policies on demographic resilience. <i>Baseline: 0 (2021); Target: 5 (2027)</i></li> <li>Number of modules of the informational system on demographic and social statistics that are operational <i>Baseline: 0 out of 4 modules (2021);</i> <i>Target: 2 out of 4 modules (population and migration; and census) (2027)</i></li> <li>ICPD-based SDG-related indicators are available based on generation and gender surveys. <i>Baseline: Yes, collected (2021);</i> <i>Target: Yes, monitored each three years (2027)</i></li> <li>Population projections are developed to inform policy framework. <i>Baseline: (a) National: No; (b) Subnational: No (2021);</i> <i>Target: (a) National: Yes; (b) Subnational: Yes (2027)</i></li> </ul>	Ministry of Labour and Social Protection, National Bureau of Statistics, Congress of Local Public Authorities, India-United Nations Development Partnership Fund, European Union delegation, Swiss Agency for Development and Cooperation, World Bank, Netherlands Interdisciplinary Demographic Institute, Demographic Research Centre, IOM, UNDP, United Nations Economic Commission for Europe (UNECE), UNICEF, UN-Women, the private sector, CSOs, academia, local authorities, the media	\$4.6 million (\$0.6 million from regular resources and \$4 million from other resources)  Programme coordination and assistance: \$0.4 million (from regular resources)