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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for the Republic of Moldova

Proposed indicative UNFPA assistance:	\$3.5 million: \$2.5 million from regular resources and \$1 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2013-2017)
Cycle of assistance:	Second
Category per decision 2007/42:	C
Proposed indicative assistance (in millions of \$):	

Strategic Plan Outcome Area	Regular resources	Other	Total
Family planning	0.9	0.4	1.3
Prevention services for HIV and sexually transmitted infections	0.7	0.4	1.1
Data availability and analysis	0.6	0.2	0.8
Programme coordination and assistance	0.3	-	0.3
Total	2.5	1.0	3.5

I. Situation analysis

1. The Republic of Moldova is a lower middle-income country. Since gaining independence in 1991, it has undergone political and economic transitions. The economy has benefited from remittances sent by approximately 30 per cent of the migrant labour force. The country has experienced stable economic growth. Gross domestic product grew by 6.9 per cent in 2010.

2. Absolute poverty fell from 21.9 per cent in 2006 to 1.4 per cent in 2010. However, poverty persists in the central and southern regions, in rural areas, and in households with many children as well as those headed by elderly people. The country, which has the lowest development indicators in Europe, has set European integration as its main political objective.

3. Recently, the Republic of Moldova has been affected by political instability. However, this instability has not impacted development policies. Overseas development aid increased threefold between 2006 and 2010. The national strategic programme on demographic security was approved in 2011. The national development strategy for 2012-2020, known as 'Moldova 2020,' is being finalized.

4. Social exclusion is a major challenge. It hampers access to comprehensive sexual and reproductive health services and rights for vulnerable groups, including victims of gender-based violence, people living with HIV, Roma, the elderly, rural residents, and youth, especially those without parental care.

5. The Republic of Moldova is entering into a period of profound demographic transition. The population, estimated at 3.5 million in 2010, has decreased 0.9 per cent annually over the last four years. The total fertility rate is 1.3 children per woman. The low fertility rate, coupled with a high incidence of migration and increased life expectancy, is fuelling a change in the

population structure. The population is ageing rapidly.

6. The Republic of Moldova is prone to emergencies. From 2000-2009, nearly 87,000 people were affected by natural disasters. Emergency preparedness and humanitarian response efforts are crucial to life-saving efforts during emergencies.

7. The contraceptive prevalence rate for modern methods was 32.8 per cent in 2005. The number of abortions decreased from 17,551 in 2003 to 14,785 in 2010. The abortion ratio is 36.6 abortions to 100 live births. In 2010, 9.1 per cent of abortions occurred among adolescents aged 15-19, a situation attributed in part to the limited access of young people to sexual and reproductive health education.

8. Life skills-based education has not been incorporated into the mandatory school curriculum, despite continuous advocacy urging such a measure. Knowledge about reproductive health is still relatively low: only 38.2 per cent of youth aged 15-24 have comprehensive knowledge about HIV and AIDS.

9. Inadequate post-graduate education limits the effectiveness of the primary health-care system. There is a need to improve post-graduate education in order to provide integrated sexual and reproductive health care, including family planning and services that address gender-based violence. Improved primary health care will help to prevent the occurrence and spread of transmittable diseases, including HIV. It will also help to prevent breast and cervical cancer, which represented 30 per cent of all cases of cancer among women in 2010.

10. The HIV/AIDS epidemic is concentrated among high-risk populations. The HIV cumulative incidence from 2000-2010 was approximately 156 per 100,000 persons. There is evidence that HIV infection is spreading to the general population. HIV prevalence among persons aged 15 and over, estimated at 0.42 per

cent in 2009, was projected to increase to 0.5 per cent by 2015. Heterosexual transmission has been the main probable route of infection in the last six years, as reported by newly registered HIV cases.

11. Over the last two decades, the Republic of Moldova has achieved a significant reduction in maternal mortality. According to World Health Organization estimates, maternal mortality decreased by 49 per cent between 1990 and 2008. The current maternal mortality ratio is 44.5 maternal deaths per 100,000 live births.

12. Gender-based violence is widespread. The prevalence rate of violence among intimate partners aged 15-65 is 63.4 per cent. The number of protection orders increased from one in 2008 to 270 in 2011.

13. The Government is planning a census for 2014. The United Nations country team has delegated UNFPA to coordinate census-related activities.

14. The Government will finalize the national development strategy for 2012-2020 by April 2012. The Government has adopted a programme and an action plan for midterm planning for the years 2011-2014. It has also enacted sectoral strategies for health, reproductive health, youth, population and development, and gender.

II. Past cooperation and lessons learned

15. UNFPA began implementing activities in the Republic of Moldova on a project basis in 1996. It established a country office in 2003. The first integrated country programme cycle was approved for the period 2007-2011. During this period, UNFPA mobilized \$2.5 million, including \$1.5 million in regular resources. UNFPA and the Government extended the programme cycle by one year.

16. An evaluation of the programme pointed to the following achievements: (a) the establishment of 54 reproductive health offices (including seven

in Transnistria, the breakaway territory) to improve access to sexual and reproductive health services, including family planning; (b) the integration of youth-friendly counselling in sexual and reproductive health services into school curricula for medical professionals; (c) the endorsement of the first national demographic policy, developed with support from UNFPA; and (d) the development of legislation and government endorsement of a policy framework to prevent and combat gender-based violence.

17. Lessons learned included: (a) the establishment of a partners' network at the grass-roots level helped to achieve programme results nationwide; (b) the analysis of population and development issues and advocacy efforts to promote reproductive health are critical to the success of national policies; and (c) the documentation and communication of good practices regarding the collaboration of the Government, civil society and donors helped to enhance the sense of ownership among stakeholders.

18. Additional lessons included: (a) the United Nations joint programme enabled UNFPA to have broader and more effective outreach efforts, especially among vulnerable groups; and (b) building the capacity of national statistical institutions was a challenge, including retaining staff and sustaining programme activities. Support will be required to ensure the regularity and consistency of the national monitoring and reporting system.

III. Proposed programme

19. The proposed programme is based on government priorities as articulated in the draft of 'Moldova 2020' and the One United Nations Partnership Framework, 2013-2017. It incorporates recommendations of the programme evaluation and draws on the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the UNFPA strategic plan, 2008-2013.

20. The proposed programme focuses on reproductive health and rights, with an emphasis on underserved groups. It covers population policies and dynamics and addresses gender-based violence. Cross-cutting issues include human rights and gender equality, the concerns of young people, inclusive partnerships, national ownership and humanitarian assistance.

21. The nationwide geographical coverage of the proposed programme allows it to target regional disparities and reach vulnerable populations, including those in rural areas and in the post-conflict region of Transnistria. The programme addresses the reproductive health needs of young people and adolescents, the aged, the Roma population and people with disabilities. It encourages collaboration with public officials, academia and civil society, with a view towards developing their individual and institutional capacity.

22. The proposed programme seeks to support government efforts to build regulatory and institutional mechanisms to promote good governance and equity. To that end, it will develop national capacity to ensure equal access to basic social, health and reproductive health services.

Family planning

23. Output 1: Strengthened national systems for reproductive health commodity security. In cooperation with the Government, UNFPA will support efforts to increase the demand for, and the effective monitoring and proper use of, commodities in multiple service outlets at all levels, including at the grass-roots level. UNFPA will help to upgrade the monitoring system, train health professionals on commodities management and assist the Government in implementing a supply system and distribution mechanism for reproductive health commodities and services.

24. 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. UNFPA will support the integration of family planning within comprehensive reproductive health services, including maternal health care and HIV prevention. UNFPA will support the Government in institutionalizing training on integrated sexual and reproductive health services, including family planning for family doctors, nurses and multidisciplinary teams at the primary health-care level. UNFPA will support national institutions in using a multidisciplinary approach to providing integrated sexual reproductive health and family planning services for the victims and perpetrators of domestic violence.

Prevention services for HIV and sexually transmitted infections

25. 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. UNFPA will advocate with and provide technical assistance to the Government to improve the access of youth to sexual and reproductive health information, education and counselling in schools and in out-of-school settings. Interventions will include strengthening peer-to-peer initiatives, with a focus on at-risk youth. UNFPA will work with youth organizations to promote communication and knowledge sharing in the areas of sexual and reproductive health and rights and HIV prevention. UNFPA will strengthen the capacity of civil society organizations to mobilize and empower community networks, deliver interventions aimed at preventing HIV and sexually transmitted infections, and encourage the use of sexual and reproductive health and HIV services.

Data availability and analysis

26. Output 1: Enhanced capacity of national institutions to produce and analyse statistical data on population dynamics, youth, gender equality and sexual and reproductive health. UNFPA will provide assistance to establish a training course for the demographic community to generate and use gender-disaggregated data for public policy

formulation. UNFPA will also help the Government to prepare for the population and housing census and to analyse the resulting data.

27. 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. UNFPA will support the capacity development of national statistical institutions in the use and dissemination of data at national and subnational levels. UNFPA will facilitate the use of data by the Government in developing evidence-based policies and programmes in the following areas: (a) access to sexual and reproductive health services, including family planning; (b) migration; (c) the low fertility rate; and (d) ageing. UNFPA will advocate the use of data to develop a legal framework, and to implement mechanisms, to prevent gender-based violence.

IV. Programme management, monitoring and evaluation

28. UNFPA will employ a results-based approach to implement, monitor and evaluate programme performance. It will cooperate with the State Chancellery of the Government to harmonize the implementation of monitoring and evaluation efforts. Monitoring and evaluation will be based on indicators drawn from the results and resources framework. UNFPA and the Government will undertake joint reviews, joint monitoring and evidence-based evaluations.

29. UNFPA will continue to cooperate with United Nations organizations in programme implementation. UNFPA will support United Nations reform by gradually aligning the programme with the ‘delivering as one’ modality.

30. Local partners and UNFPA will implement the programme, using the national execution modality whenever possible. UNFPA will select implementing partners based on their ability to deliver high-quality programmes. UNFPA will continuously monitor their performance and periodically adjust implementation arrangements, as

necessary. The country office will ensure that the appropriate risk analysis is performed, in conformity with the harmonized approach to cash transfers. UNFPA will use the national capacity-development approach and will employ national and international consultants to provide technical assistance, as required.

31. The Government will provide in-kind contributions, including salaries, premises and other operational costs. UNFPA will mobilize additional resources in cooperation with United Nations organizations and bilateral and multilateral donors, including private-sector partners. UNFPA and the Government will embed programme interventions in national programmes and policies, ensuring the sustainability of the results. They will also document good practices and share them within and outside the country.

32. Public partners will include the Parliamentary Commission for Social Protection, Health and Family; the National Commission for Population and Development; the National Commission for Gender Equality; the Ministry of Education; the Ministry of Health; the Ministry of Justice; the Ministry of Labour, Social Protection and Family; the Ministry of Youth and Sports; and their local structures and local administrations. Other partners will include private-sector, faith-based organizations, civil society organizations, the media and academia.

33. The UNFPA country office includes staff funded by the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff members who provide technical and programme expertise, as well as associated support, to implement the programme. UNFPA will upgrade the personnel of the country office to a chief operations officer, an assistant representative, two programme officers and various support staff.

RESULTS AND RESOURCES FRAMEWORK FOR THE REPUBLIC OF MOLDOVA

<p>National development priorities or goals: (a) reducing poverty; (b) aligning the educational system with the needs of the labour market; (c) enhancing the financial sustainability of the social security system in order to ensure an appropriate rate of wage replacement; (d) consistently addressing demographic challenges; (e) increasing access to high-quality public health, health-care and pharmaceutical services, including for the purpose of achieving the Millennium Development Goals; (f) promoting healthy lifestyles; (g) ensuring equal socio-economic opportunities; and (h) preventing and combating gender-based violence</p> <p>United Nations Development Assistance Framework (UNDAF) outcome: people enjoy equitable access to high-quality public health and health-care services and protection against financial risks (indicators: life expectancy at birth, maternal mortality ratio and under-five mortality rate)</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Family planning services</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Unmet need for family planning <p>Baseline: 6.7%; Target: 3.5%</p>	<p><u>Output 1:</u> Strengthened national systems for reproductive health commodity security</p> <p><u>Output 2:</u> 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>	<ul style="list-style-type: none"> Number of national staff trained in the logistics management information system Baseline: 5 (2011); Target: 75 Percentage of primary health-care providers trained in integrated sexual and reproductive health services, including family planning and support to survivors of domestic violence Baseline: 50% (2011); Target: 90% Number of rehabilitation and reintegration facilities that provide family planning counselling for the victims and perpetrators of domestic violence Baseline: 7 (2011); Target: 12 	<p>Ministry of Health; National Medical Insurance Company</p> <p>Academic institutions; health professional associations; non-governmental organizations (NGOs); United Nations partner organizations</p>	<p>\$1.3 million (\$0.9 million from regular resources and \$0.4 million from other resources)</p>
<p>Services to prevent HIV and sexually transmitted infections</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of youth aged 15-24 who have comprehensive knowledge on HIV and AIDS Baseline: 38.2% (2010); Target: 50% HIV prevalence in youth aged 15-24 Baseline: 0.1% (2009); Target: 0.08% 	<p><u>Output 1:</u> 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>	<ul style="list-style-type: none"> Percentage of school nurses trained in sexual and reproductive health counselling Baseline: 3% (2011); Target: 30% Number of civil society organizations whose capacity is built by UNFPA to deliver integrated sexual and reproductive health services and HIV-prevention services to key populations Baseline: 0 (2011); Target: 5 Number of young people who participated in UNFPA-supported peer-education activities Baseline: 5,500 (annually); Target: increase by 10% (annually) 	<p>National Medical Insurance Company; Ministries of Education; Health; Labour, Social Protection and Family; and Youth and Sports</p> <p>Academic institutions; NGOs; United Nations partner organizations</p>	<p>\$1.1 million (\$0.7 million from regular resources, and \$0.4 million from other resources)</p>

<p>UNDAF outcome: people enjoy equitable access to high-quality public health and health-care services and protection against financial risks (indicators: life expectancy at birth, maternal mortality ratio and under-five mortality rate)</p> <p>UNDAF outcome: (a) people enjoy equitable access to an improved social protection system (indicators: the percentage of the poorest quintile of the population covered by social aid; the number of beneficiaries of social home care outreach services; the number of adults or families benefiting from specialized social services for persons with disabilities; and the percentage of the population covered by health insurance that ensures access to care, including primary health care)</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Data availability on population dynamics, sexual and reproductive health, and gender equality</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • 2010 population and housing census <p>Baseline: no census; Target: census data dissemination and/or utilization of census data have been completed by 2014</p>	<p><u>Output 1:</u> Enhanced capacity of national institutions to produce and analyse statistical data on population dynamics, youth, gender equality and sexual and reproductive health</p> <p><u>Output 2:</u> 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>	<ul style="list-style-type: none"> • Number of research studies in demographic analysis and policy implications Baseline: 1 per year (2011); Target: 5 per year • Number of annual graduates of master's programme on demography and family policy Baseline: 14 (2011); Target: 30 • Policy and/or road map on ageing is endorsed by the Government Baseline: under development (2011); Target: policy endorsement • Number of policy documents on labour, social protection and families that are gender-sensitive Baseline: 3 (2011); Target: 6 	<p>Ministry of Labour, Social Protection and Family</p> <p>Academic institutions; NGOs</p> <p>United Nations partner organizations</p>	<p>\$0.8 million (\$0.6 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>