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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for the Republic of Moldova

Proposed UNFPA assistance: \$2.25 million: \$1.25 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: First

Category per decision 2005/13: C

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

	Regular resources	Other	Total
Reproductive health	0.60	0.40	1.00
Population and development	0.30	0.30	0.60
Gender	0.10	0.30	0.40
Programme coordination and assistance	0.25	-	0.25
Total	1.25	1.00	2.25

I. Situation analysis

1. Since independence in 1991, the Republic of Moldova has faced numerous development challenges. In 2002, the per capita gross domestic product was \$2,428 (in purchasing power parity). By 2004, 26.5 per cent of Moldovans lived in extreme poverty. The economic growth and poverty reduction strategy paper and other national plans are in place, but implementing these plans remains a challenge.

2. The 2004 census, which did not include the region of Transnistria (with approximately 550,500 people), estimated the population at 3.6 million, with 52 per cent women. According to the census, about 10 per cent of Moldovans live abroad. Unofficial estimates put this figure at one million. The urban population was 39 per cent in 2003. One in seven Moldovans is over 60.

3. Life expectancy at birth is 65 years for men and 72 years for women. In rural areas, life expectancy is three years lower. Between 1990 and 2003, the birth rate dropped from 18 births per 1,000 persons to 10 per 1,000. During the same period, the mortality rate increased from 10 deaths per 1,000 persons to nearly 12 per 1,000.

4. Budget allocations to the health sector declined by two thirds between 1993 and 2003. The ratio of family doctors in rural settings is 10 times lower than in urban areas. Fifteen per cent of villages lack family doctors. The maternal mortality ratio is 22 deaths per 100,000 live births, and is nearly twice as high in rural areas. Unsafe abortions account for 37.5 per cent of maternal deaths and are the major cause of maternal mortality. In 2003, the total fertility rate was 1.4 children per woman.

5. In 2004, there were 441 abortions per 1,000 live births. Sixty-eight per cent of women in a union use contraception. In 1997, the unmet need for contraceptives was 29 per cent. In Transnistria, which lacks a family planning network, there are approximately 1,190

abortions per 1,000 live births. Contraceptives are available in nearly 90 per cent of urban health facilities but in only 25 per cent of rural health facilities.

6. In four regions, the infant mortality rate is above 20 deaths per 1,000 live births. Regional disparities persist regarding the quality of and access to essential services. Adolescents account for 14 per cent of total pregnancies and almost 10 per cent of abortions annually. Nearly half of sexually active young people have sexually transmitted infections (STIs). Girls are twice as likely to be infected. While one in four young people is sexually active, only one in 10 can identify modes of HIV transmission. More than half did not use condoms during their first sexual encounter.

7. Based on annual HIV incidence in 2004, the Republic of Moldova ranked third among the Commonwealth of Independent States. An analysis of new cases reveals an increase among women (45 per cent of new cases in 2004 were among women). Sexual transmission increased from 18 per cent in 2001 to 61 per cent in 2005.

8. Women, on average, earn 28 per cent less than men. The Republic of Moldova is a primary country of origin for human trafficking. More than 80 per cent of trafficked women have been victims of domestic violence. The Government has adopted an equal opportunity law, but attention to gender is limited. The law on domestic violence has not yet been approved by parliament.

9. A law and a strategy (2005-2015) on reproductive health and family planning are in place. The HIV/AIDS programme covers the period 2006-2010. In 2004, the Government adopted a strategy on youth, and a law on migration has been in force since 2003. In 2001, the Government established a committee and an action plan on human trafficking.

10. There is no authorized institution to collect and process demographic data, or to formulate and monitor population policies.

Fifteen years have elapsed between the last two censuses, and no demographic projections have been made in the last decade. There is no higher education institution to train demographers.

II. Past cooperation and lessons learned

11. Over the past 10 years, UNFPA has provided technical and financial support. UNFPA built close and effective partnerships with governmental bodies, non-governmental organizations (NGOs) and international donors. UNFPA has supported reproductive health service delivery points and family planning centres through technical assistance, education and information materials, and reproductive health commodities.

12. UNFPA is aware of the importance of participation and partnerships at all levels. Partnerships between family physicians and family planning physicians are key to efforts to scale up reproductive health and family planning services. The participation of health-care managers, education managers and the local public administration in capacity-building activities helps to ensure the sustainability of the programme. Interventions targeting vulnerable populations depend on the support of the local public administration. There is a need to increase the access to and the quality of reproductive health and family planning counselling and services for rural populations.

13. Programme interventions will consider regional needs and will seek to reduce disparities in access to services and information. Promoting successful practices is key to sustaining the programme on a national scale. The programme will promote policy dialogue and advocacy, from the local public administration level to the highest levels of government. Such efforts will help to secure the political commitment needed for programme implementation and sustainability.

III. Proposed programme

14. UNFPA and the Government formulated the programme through a consultative, participatory process, in which the Government played a leading role. The proposed country programme was developed in close cooperation with national partners, the United Nations system and donors, within the United Nations Development Assistance Framework (UNDAF). The UNDAF goal is to support the accession of the Republic of Moldova to the European Union; to support government policy priorities; and to address the needs of vulnerable groups through three priority areas: (a) good governance; (b) reducing regional and local disparities; and (c) increasing access to quality basic services.

15. The proposed country programme is aligned with the development priorities and goals of the Government. These include the Millennium Development Goals; the goals and objectives of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5); the European Union–Republic of Moldova action plan; the economic growth and poverty reduction strategy paper; and the principles of human rights.

16. The country programme will have three components: reproductive health; population and development; and gender. Human rights, reproductive rights and advocacy will be addressed throughout the programme. Geographical coverage will be nationwide, including Transnistria. UNFPA support will contribute to the achievement of the UNDAF outcomes on governance and access to quality basic services.

17. The goal of the programme is to help to improve the quality of life of the people, in particular vulnerable groups. It will strengthen the national capacity to respond to population and development issues, including gender, and will strengthen the monitoring and quality assurance systems to improve access to comprehensive sexual and reproductive health information and services.

Reproductive health component

18. The results of this component will contribute to achieving the UNDAF outcome on quality basic services. The first outcome of the reproductive health component is: all children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education. UNFPA will contribute to this outcome by promoting high-quality education on sexual and reproductive health in schools and in programmes for out-of-school children and young people (aged 10-24). One output will contribute to this outcome.

19. Output 1: Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups. UNFPA will help to scale up the training of trainers, enabling them to integrate sexual and reproductive health into the school curriculum and other educational programmes. UNFPA will support: (a) advocacy efforts to institutionalize peer-to-peer education in schools; and (b) special educational programmes for vulnerable young people. UNFPA will cooperate closely with the United Nations Children's Fund (UNICEF) in this effort.

20. The second outcome is: people of reproductive age adopt safe behaviour and seek reproductive health commodities and information on HIV/AIDS, STIs and reproductive health. One output will contribute to this outcome.

21. Output 2: Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people. UNFPA will support family planning centres and primary health-care facilities in scaling up counselling and information services for young people aged 10-24. This includes providing information, education, behaviour change communication and outreach activities. The programme will

promote contraceptive social marketing approaches and HIV/AIDS prevention.

22. The third outcome is: all individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care. One output will contribute to this outcome.

23. Output 3: Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security. UNFPA will help to strengthen the capacity of the Government and NGOs to develop and use tools, standards and protocols for reproductive health service delivery and management. The programme will seek to ensure the effective monitoring of contraceptive availability and the proper use of contraceptives at all levels and in multiple service outlets.

Population and development component

24. The population and development component will contribute to achieving the UNDAF outcome on governance and participation. The first outcome of this component is: pro-poor policies addressing development and population issues are formulated, implemented and monitored in a transparent and participatory manner. One output will contribute to this outcome.

25. Output 1: Institutional capacity developed to establish a system to collect and analyse disaggregated demographic and population data, and to formulate national policies and monitor their implementation and impact. UNFPA will engage in policy dialogue and advocacy to establish an institution to collect and process demographic data. This will help the Government formulate and monitor population- and development-related policies. The programme will provide technical assistance to strengthen institutional and professional capacities in these areas.

26. The second outcome of the population and development component is: improved readiness to prevent and mitigate natural and man-made disasters. One output will contribute to this outcome.

27. Output 1: Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies. UNFPA will work with government counterparts, civil society organizations, donors and other United Nations agencies to assist the Government in developing comprehensive contingency plans. UNFPA will engage in policy dialogue and will advocate the earmarking of funds and resources for emergency reproductive health care and for humanitarian assistance for affected populations, especially girls and women.

Gender

28. The gender component will contribute to achieving the UNDAF outcome on access to quality basic services, which is: vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect women from violence, abuse, exploitation and discrimination. One output will contribute to this outcome.

29. Output 1: Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence. UNFPA will help to strengthen the gender machinery at national and regional levels, and will assist in building an integrated system to address gender-based violence, including managing information. This will begin with a pilot *rayon* (county), which will be scaled up to cover the remainder of the country. The programme will support the development and revision of laws and policies that impact gender equality and gender-based violence.

IV. Programme management, monitoring and evaluation

30. UNFPA will work with other United Nations agencies and encourage increased government ownership, primarily through national execution. Accredited NGOs, at both national and local levels, will help to implement the programme. Some interventions will be implemented through joint programming with other United Nations agencies. UNFPA will coordinate the programme and will work with the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; and other donors to maximize the impact of the programme.

31. The Government will provide in-kind contributions, including salaries, premises and operational costs. The country office will seek to mobilize additional resources. Key partners will include the parliamentary commission on family and social protection, the intergovernmental gender commission, the Ministry of Health and Social Protection, the Ministry of Education, Youth, and Sports, and their local structures.

32. Programme monitoring and evaluation will be results-based. Stakeholders will be actively involved in this process. UNFPA and the Government will undertake joint reviews, joint monitoring and evidence-based evaluations. The final evaluation of the programme, in 2010, will be undertaken with UNDAF partners. The evaluation will document best practices, achievements and lessons learned, and will provide directions for future action.

33. The UNFPA country office consists of a UNDP Resident Representative who serves as the UNFPA Representative, and a non-resident UNFPA Country Director, based in Romania; a programme coordinator; a programme associate; and three administrative support staff, within the framework of the approved country office typology. National project personnel and short-term consultants may be recruited. The UNFPA Country Technical Services Team in Bratislava, Slovakia, along with UNFPA headquarters, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR THE REPUBLIC OF MOLDOVA

National priorities: (a) improve maternal health and reduce child mortality; (b) combat HIV/AIDS and tuberculosis; and (c) improve welfare and health UNDAF outcome: by 2011, vulnerable groups enjoy equitable and guaranteed access to basic, good-quality services provided by the Government with the support of civil society				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Drop-out rates in secondary education <p><u>Outcome 2:</u> People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Contraceptive prevalence rate increased by 10 per cent, by rural/urban areas and socio-economic status <p><u>Outcome 3:</u> All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Coverage rates with essential health services, including contraception services 	<p><u>Output 1:</u> Education on sexual and reproductive health that is promoted within the school curricula and through non-formal programmes is expanded to reach the most vulnerable groups</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Percentage of children and youth covered by life skills-based education, both in and out of school and in rural/urban areas <p><u>Output 2:</u> Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Percentage of young people aged 15-24 years old, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission <p><u>Output 3:</u> Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Logistics and monitoring system for health commodities operational • Reproductive health commodity security system in place • Quality-of-care protocols, standards and oversight mechanisms developed and followed 	<p>Ministry of Health and Social Protection; Ministry of Education, Youth and Sports</p> <p>Regional health and education administrations</p> <p>NGOs</p> <p>United Nations country team; UNICEF; World Health Organization</p>	<p>\$1 million (\$0.6 million from regular resources and \$0.4 million from other resources)</p>

