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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Moldova

Proposed indicative UNFPA assistance: \$3.0 million: \$2.0 million from regular resources and \$1.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Third

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$): 3

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.9	0.8	1.7
Outcome 2	Adolescents and youth	0.9	0.2	1.1
Programme coordination and assistance		0.2	0	0.2
Total		2	1	3

I. Programme rationale

1. The Republic of Moldova is a landlocked, low middle-income country situated in Eastern Europe. Moldova has a population of 2,998,235, of whom 51.8 per cent are women and 48.2 per cent are men (2014 Census). The country's demographic profile is characterized by a low fertility rate, low life expectancy (68.1 years for men and 75.6 years for women), a rapidly ageing population and high emigration. According to national statistics, young people aged 14-35 years represent 33.9 per cent of the population, while those aged 15-24 years represent 14.8 per cent. The demographic dividend will last until 2035, which means prioritizing investments in the health and education of adolescents and youth.
2. The experience of the last 10 years shows that extreme weather events are no longer the exception in Moldova. The preparedness and response of the health system, including access to sexual and reproductive health services and prevention of gender-based violence, to humanitarian situations is inadequate.
3. Due to the demographic situation, the sexual and reproductive health and education of adolescents and youth is a priority for the Government and is affirmed in national Sustainable Development Goals (SDGs) and the United Nations Development Assistance Framework (UNDAF) 2018-2022.
4. Over the past five years, the national framework for sexual and reproductive health and rights has improved. It includes a national programme on sexual and reproductive health and reproductive rights 2021, a national strategy for youth sector development 2020, the law on youth, and a law on reproductive health that incorporates access to comprehensive sexuality education. The Ministry of Health has established a public network of youth-friendly integrated health clinics and, in 2015, the Government took ownership of the procurement of contraceptives for vulnerable groups including young people. Maternal mortality fluctuates from 31.1 per 100,000 live births in 2015 to 16.1 in 2016 (Ministry of Health).
5. Despite progress at the policy level, young people face poor access to integrated sexual and reproductive health services and sexuality education due to weak enforcement of policies and lack of budgetary support. Around 100,000 young people are left behind by their parents due to a labour migration that increases pressure on the education sector to equip young people with life skills and knowledge. The quality of comprehensive sexuality education is poor, and teachers frequently lack the capacity to deliver sexuality education. The universal periodic review report expressed concerns about reduced access to comprehensive sexuality education among young people.
6. The adolescent birth rate remains high in the European context (27.9 per 1,000 women aged 15-19 years in 2015) with disparities between rural (35.14) and urban (13.64) areas (National Bureau of Statistics). The contraceptive prevalence rate for modern methods among all women is 31.6 per cent. Modern contraception is less available for young people, which means an unmet need for family planning, 39.6 per cent among all women aged 15-19 years, compared with 16.9 per cent for all women aged 15-49 years. (Multiple Indicator Cluster Survey, 2012).
7. The HIV response remains a concern. The HIV incidence among young people aged 15-24 years per 100,000 people continues to increase (from 12.2 in 2000 to 20.3 in 2015 – National Bureau of Statistics), and there is a concentrated HIV epidemic among those in key populations and their sexual partners, with sexual transmission as the main route. Only 35.7 per cent of youth, aged 15-24 years have comprehensive knowledge on HIV, and only 49 per cent of sexually active young people aged 15-24 years used a condom during their last sexual intercourse (Knowledge, attitudes and practices study on HIV/AIDS, 2012).
8. Cervical cancer remains among the leading causes of death in women, with an incidence rate of 16.5 per 100,000 women (Centre for Health Management), which is among the highest rates in Europe. Human papilloma virus vaccination of adolescent girls and cervical cancer screening are thus key priorities for the Ministry of Health.
9. A culture of high tolerance of gender-based violence persists in the country. One third of young people, aged 15-24 years were subjected to physical, sexual or psychological violence by a current or former intimate partner in the last 12 months.

10. According to a situation analysis, bottlenecks preventing the achievement of universal access to sexual and reproductive health and reproductive rights include: (a) inadequate financing of sexual and reproductive health services including family planning from the domestic budget, (b) poor quality of sexual and reproductive health services at the primary health care level including a lack of rights-based protocols (c) frequent stock-outs of contraceptives due to an inadequate supply chain management system; (d) a lack of disaggregated data on sexual and reproductive health, especially related to young people, and capacity to use the data by policymakers, (e) weak capacity of teachers to deliver comprehensive sexuality education; (f) 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; (g) a lack of preparedness of the health system for humanitarian situations.

11. To support the Government in achieving SDGs and targets 3.3, 3.7, 5.2, 5.6, 17.18 and 17.19, UNFPA will build on the achievements of the past country programme which 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. It will draw on lessons learned by focusing on: (a) the marginalized and vulnerable population, young people and key population groups; (b) improving quality of comprehensive sexuality education in schools; (c) increasing access to modern contraceptives; (d) strengthening monitoring of policy implementation, and (e) improving the availability and accessibility of reliable data for decision-making.

12. UNFPA will leverage its leading role in convening partnerships to support: the sexual and reproductive health and reproductive rights of young people left behind; evidence-based advocacy for equal access to high quality services and education on sexual and reproductive health and; ensuring availability of reliable data.

II. Programme priorities and partnerships

13. The country programme is aligned with the national development strategy 2020 and the UNDAF (2018-2022). The proposed programme will assist the Government to achieve its SDG targets (3.3, 3.7, 5.2, 5.6, 17.18 and 17.19), as well as meet the country's international human rights commitments and the reform agenda linked to the European Union accession process.

14. The development of the country programme was an inclusive and participatory process, bringing together all relevant stakeholders: the Government, United Nations organizations, development partners, civil society, representatives of vulnerable and young people and academia. UNFPA will continue to foster strategic partnerships with national and local government entities, Parliament, civil society, the private sector, media and international partners based on the programme priorities.

15. The programme will reduce adolescent pregnancy by improving sexual and reproductive health behaviours, strengthening sexual and reproductive health and education services, and preventing gender-based violence. The programme will focus on the needs of vulnerable populations including young people and key populations. It will support government efforts to combat inequalities, and strengthen national accountability mechanisms for the protection of human rights and gender equality. The programming strategies include evidence-based advocacy, policy dialogue and technical assistance to address the needs of the vulnerable and young people at the national and district levels.

16. The programme will contribute to confidence-building measures, as part of the United Nations country team joint approach, by expanding interventions in the Transnistria region and supporting implementation of comprehensive, conflict-sensitive area-based development interventions. The programme will be implemented through national coordination mechanisms, such as the National Commission on Population and Development, council commissions on health and social protection, donor coordination meetings, and the state chancellery. Achievement of programme results depends on the progress of national reforms, clear long-term national policy priorities, strong government commitment to agreed reforms, sustained implementation capacity of public institutions, strong inter-institutional coordination, and effective resource usage.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Enhanced health system capacity to develop and implement policies, standards and programmes at all levels that ensure equal access to high-quality sexual and reproductive health services, including commodities by those women, adolescents, and youth left furthest behind, including in humanitarian settings. UNFPA will advocate for and support: (a) development, revision and monitoring of sexual and reproductive health clinical protocols and standards implementation at the primary health care level; (b) institutionalization of quality of care improvement mechanisms for sexual and reproductive health services, (c) revision of sexual and reproductive health curricula in higher education with a focus on counselling and reaching vulnerable groups of young people and key populations; (d) increasing the national budget to procure contraceptives and strengthen the reproductive health supply chain management system; (e) improving humanitarian preparedness mechanisms, and incorporating the sexual and reproductive health needs of women and young people in national humanitarian contingency plans.

18. Output 2: Increased availability and use of quality disaggregated data on sexual and reproductive health, with a focus on young people and gender-based violence, by policy and decision makers at the national and local levels. This output will be achieved through advocacy, policy dialogue and technical assistance for (a) availability and use of disaggregated data in planning and decision-making by local public authorities to address the needs and rights of young people; (b) real-time monitoring of youth policy implementation at the local level, and improving accountability mechanisms in partnership with the Ministry of Youth and civil society organizations, (c) strengthening national statistical capacity in population forecasting and in producing evidence for harnessing the demographic dividend through investment in young people's sexual and reproductive health, (d) improving disaggregation of sexual and reproductive health and reproductive rights data including on gender-based violence in the context of the SDGs.

B. Outcome 2: Adolescents and youth

19. Output 1: Increased national capacity for addressing sexual and reproductive health and rights of all young people in national policies and education and health programmes that promote human rights and gender equality. UNFPA will advocate and provide technical support for: (a) provision of technical expertise to the Ministry of Education to improve the quality of health education curricula in schools in line with international standards on comprehensive sexuality education; (b) revision of health curricula in teaching universities to equip teachers with knowledge on the sexual and reproductive health and rights of young people; (c) establishing monitoring mechanisms to assess the quality and the coverage of sexual and reproductive health education in schools; (d) collaboration with youth civil society organizations to reach the most vulnerable and key populations; (e) mobilizing parents to support adolescent sexual and reproductive health, (f) strengthening the advocacy and communication skills of religious leaders on sexual and reproductive health and reproductive rights, including prevention of gender-based violence; (g) establishment of an advocacy platform for increasing access to comprehensive sexuality education and monitoring of implementation of universal periodic review recommendations; (h) expanding the mass media coverage of health education and sexual and reproductive health-related issues.

III. Programme and risk management

20. The country programme 2018-2022 faces the following risks: (a) political instability; (b) changing national policy priorities and reduced support for sexual and reproductive health and reproductive rights; (c) a lack of professionals in health and education due to outward migration; (d) a reduction in the domestic budget for health and education due to economic deterioration.

21. Mitigation strategies include (a) monitoring the political situation and utilizing delivering as one communication and advocacy mechanisms to influence sensitive policy decisions; (b) building demand for sexual and reproductive health at the grassroots level and ensuring scope for adjustment during the implementation period; (c) UNFPA will engage with national counterparts to maintain the adequate implementation capacity of the country programme; (d) UNFPA and the United Nations country team will advocate for human rights,

including reproductive rights, to be high on the political agenda, and regularly engage senior government officials and development partners in country programme implementation.

22. Programme implementation will be in line with the standard operating procedures of the United Nations Development Group for “Delivering as One”. UNFPA and the Government will share responsibility for coordinating programme implementation. The programme will be implemented using national and direct execution modalities. UNFPA will select implementing partners based on their capacity, strategic positioning and ability to deliver high quality programmes and be monitored.

23. UNFPA will continue to closely coordinate the programme with other United Nations organizations, and will participate in results groups as articulated in UNDAF 2018-2022. A resource mobilization plan, supported by a partnership plan and communication strategy, will guide mobilization of \$1,000,000 for effective country programme implementation. The resource mobilization plan includes joint programming, engagement of the private sector, and programme co-financing.

24. The country office includes staff funded through the institutional budget to perform management and development effectiveness functions. UNFPA will allocate regular and other resources for staff assigned to communication, policy and technical expertise in the areas of sexual and reproductive health, population and development and youth. Population and development will be mainstreamed into two outcomes to ensure that data on sexual and reproductive health and young people is used for policy development and implementation at national and local levels. The country office will seek enhanced support from the regional office and UNFPA headquarters.

25. 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 country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

26. UNFPA will apply a results-based management approach for country programme planning, implementation, monitoring, and evaluation in accordance with UNFPA guidelines and procedures. Monitoring and evaluation is the joint responsibility of UNFPA and the Government, and national systems will be used to the fullest extent possible. The country programme results and resources framework serves as the main tool against which progress will be measured. A monitoring plan will be developed based on the results and the resources framework, and it will include annualized targets for each output indicator. The UNFPA country office will monitor implementation partners to ensure effective programme implementation and achievement of results. UNFPA will undertake an annual review of the country programme implementation in consultation with stakeholders including young people.

27. UNFPA will participate in the annual UNDAF review, and contribute to the annual country results report. UNFPA will use innovative and participatory methods for monitoring and evaluation such as micro-surveys and self-assessments. Nationally owned sources of data and analysis will be used to track country programme progress and UNFPA contribution to national priorities.

28. An independent evaluation of the country programme will be conducted in the penultimate year of implementation according to the evaluation guidelines. It will assess the relevance, coherence, efficiency, effectiveness, impact and sustainability of the UNFPA support to the country. It will be carried out as an inclusive and participatory exercise.

RESULTS AND RESOURCES FRAMEWORK FOR MOLDOVA (2018-2022)

National priorities: Building accountable, transparent and representative governance institutions; strengthening population health; HIV prevention and control; promotion of inclusive education; promotion of human rights, prevention of gender-based violence, gender equality and women's empowerment; decentralized systems of public decision-making; effective observance of human rights and gender equality in policy and practice.

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.

Indicators: 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%)

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.

Indicators: (a) Adolescent birth rate per 1,000 women in the age group 15-19 years, urban and rural (Baseline 27.9; Target 19)

(b) 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%)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health <u>Outcome indicator(s):</u> <ul style="list-style-type: none">• Contraceptive prevalence rate for modern methods among all women aged 15-49 years <i>Baseline 2012: 36%; Target: 45%</i>• 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 <i>Baseline 2016: 5%; Target: 60%</i>• National budget for procurement of contraceptives for vulnerable population. <i>Baseline 2016: \$80,000; Target: \$110,000</i>	<u>Output 1:</u> 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	<ul style="list-style-type: none">• Number of clinical protocols and standards developed/revised on cervical cancer, family planning and gender-based violence. <i>Baseline: 0; Target: 3</i>• Percentage of primary health care facilities that use a logistics management information system for forecasting and monitoring of contraceptive supplies. <i>Baseline: 0%; Target: 80%</i>• A national humanitarian contingency plan addresses sexual and reproductive health needs of women, young people and survivors of sexual violence in crises. <i>Baseline: No'; Target: Yes</i>	Parliament, State Chancellery, Ministry of Health, National Health Insurance Company, National Centre for Health Management, Medical Schools, World Health Organization, UNDP, civil society organizations	\$1.7 million (\$0.9 million from regular resources and \$0.8 million from other resources)
	<u>Output 2:</u> 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	<ul style="list-style-type: none">• The national health information system includes disaggregated data on sexual and reproductive health and gender-based violence <i>Baseline: No; Target: Yes</i>• Percentage of the targeted local public authorities using disaggregated data on adolescent sexual and reproductive health in decision-making <i>Baseline: 0; Target: 80%</i>• A population forecast is produced by the National Bureau of Statistics <i>Baseline: No; Target: Yes</i>	Ministry of Health, Ministry of Youth and Sport, Ministry of Labour, Social Protection and Family, National Health Management Centre, National Bureau of Statistics, Demographic Research Centre, World Bank, UNDP	

<p>Outcome 2: Adolescents and youth</p> <p>Outcome indicator(s):</p> <ul style="list-style-type: none"> • Adolescent birth rate <i>Baseline 2015:</i> 27.9; <i>urban-</i> 13.6; <i>rural-</i> 35.14 <i>Target:</i> 19; <i>urban -</i> 11; <i>rural -</i> 25 • 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 <i>Baseline 2012:</i> 35.7%; <i>Target:</i> 55% • 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, by form of violence and by age <i>Baseline 2011:</i> 33.3% aged 15-24 years <i>Target:</i> 25% aged 15-24 years 	<p>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>	<ul style="list-style-type: none"> • Available health education in mandatory and optional school curricula is revised in accordance with the international standards on comprehensive sexuality education <i>Baseline:</i> No; <i>Target:</i> Yes • Number of young people who received peer-to-peer education on sexual and reproductive health and rights each year <i>Baseline:</i> 10,000; <i>Target:</i> 12,000 annually • Advocacy participatory platform for increasing support for comprehensive sexual and reproductive health education and services for young people, including for key population is in place <i>Baseline:</i> No; <i>Target:</i> Yes 	Ministry of Education; Ministry of Youth and Sport; Pedagogical Institutions, UNAIDS, OHCHR, Faith-based organizations	\$1.1million (\$0.9 million from regular resources and \$0.2 million from other resources) Programme coordination and assistance: \$0.2 million from regular resources
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