Acronyms

AIDS  Acquired Immune Deficiency Syndrome
ASRH  Adolescent Sexual and Reproductive Health
AWP   Annual Work Plan
BCC   Behavioural Change Communication
CCA   Common Country Assessment
CO    Country Office
COAR  Country Office Annual Report
CP    Country Programme
CPAP  Country Programme Action Plan
CPD   Country Programme Document
CT    Country Team
DHS   Demography and Health Survey
EGPRSP Economic Growth and Poverty Reduction Strategy Paper
EU    European Union
GBV   Gender Based Violence
GE    Gender Equality
GFATM Global Fund for AIDS, Tuberculosis and Malaria
GoM   Government of Moldova
HD    Human Development
HDI   Human Development Index
HIV   Human Immunodeficiency Virus
HBS   Household Budget Survey
HRBA  Human Rights Based Approach
ICPD  International Conference on Population and Development
ILO   International Labour Organization
IMR   Infant Mortality Rate
IOM   International Organization for Migration
LMIS  Logistics and Management Information System
MCH   Mother and Child Health
MDGs  Millennium Development Goals
MoE   Ministry of Education
MoH   Ministry of Health
MYFF  Multi-Year Funding Framework
NGO   Non-Governmental Organization
NSB   National Statistics Bureau
P&D   Population and Development
RH    Reproductive Health
RHCS  Reproductive Health Commodity Security
SRH   Sexual and Reproductive Health
STIs  Sexually Transmitted Infections
UN    United Nations
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDAF United Nations Development Assistance Framework
UNDG  United Nations Development Group
UNDP  United Nations Development Programme
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children Fund
WHO   World Health Organization
YFHS  Youth Friendly Health Services
Content

Executive Summary 5
1. Introduction 9
2. UNFPA Programme Background 10
3. Development Context 15
4. Methodology and Limitations of the Evaluation 20
5. Purpose, scope, objectives and key questions of the evaluation 22
   5.1 Purpose 22
   5.2 Scope 22
   5.3 Objectives and key evaluation questions 23
      5.3.1 Key Evaluation Criteria and Specific Evaluation Questions 23
6. Findings 26
   6.1 Status of the Outcome 26
      6.1.1 Reproductive Health 26
      6.1.2 Population and Development 28
      6.1.3 Gender 29
   6.2 Relevance 30
   6.3 Effectiveness and Efficiency 34
      6.3.1 Effectiveness 34
      6.3.2 Efficiency 46
   6.4 Impact / Degree of Change 48
   6.5 Sustainability 56
7. Conclusions 57
8. Recommendations 58
9. Lessons learned and good practices 63

Annex
A.1 Meeting list 65
A.2 Stakeholder consultation and participation list 69
A.3 Interview questionnaires 71
A.4 Revised documents 73
A.5 Terms of Reference 75

List of Tables
Table 1: UNFPA Country Programme results chain and available resources by programme component 13
Table 2: Achievement of output targets 36
Table 3: Views on sex education for young people 50
Table 4: Types of domestic violence throughout their lifetime and during the last 12 months 56
Table 5: Governance indicators Moldova 57
List of Boxes
Box 1: Examples of UNFA CP’s alignment with GoM Activity Programme 2010-2014  32
Box 2: Case Study - Youth Friendly Health Centres (YFHC)  39
Box 3: CSO work on Gender  44
Box 4: Concepts for effectiveness strategies  45
Box 5: Protection and Empowerment of Victims of Human Trafficking and Domestic Violence  54

List of Figures
Figure 1: Resource Gap in the UNFPA extended Country Programme for 2007-2012  49
Figure 2: Trends in HIV incidence among pregnant women screened for HIV  51
Figure 3: Perceptions about rights and roles of women and men in the society and family  54
**Executive Summary**

Having supported Moldova’s development since 1996 on project basis, an integrated country programme cycle was put together for the first time for the period 2007-2011. The country programme focused on three pillars: i) reproductive health, ii) population and development and iii) gender. This is the background against which outcomes of the implementation of this first Country Programme (CP) have to be evaluated on a mandatory basis. The purpose of the exercise is to carry out an end of programme cycle evaluation to assess the achievements of the Country Programme’s development interventions, the factors that facilitated/hindered achievements, and to compile lessons learned to inform the development of the next country programme cycle (2012-2016).

Under the reproductive health component UNFPA supported mainly medical staff training, commodity security and monitoring and reproductive health education for youth. The population and development component supported the generation of indicators, statistics and research on demographics, the creation of an institutional framework for the definition of demographic policies and their formulation. Activities under the gender component focused on the victims of domestic violence.

The evaluation’s methodology follows the traditional approach of desk review, followed by a data collection mission with stakeholder and UNFPA staff interviews, site visits, document review and triangulation of all different sources.

The evaluation reveals that significant progress has been made on all CP Outputs. All of these can be considered as successfully achieved, although not always through the expected channels, delivery mechanisms and types of intervention, as illustrated in the case of education for reproductive health.

The CP’s strategies were highly relevant regarding the country’s priorities and have been able to produce results, which go far beyond what can be expected from UNFPA interventions, whose areas of expertise are related to RH, P&D and Gender. For instance, in Moldova, UNFPA interventions have been able to produce facts on the ground, which fit precisely into Moldova’s political strategy of confidence building measures for a possible future Transnistrian reintegration. UNFPA Moldova has been able to select adequate intervention strategies and adjust them to the circumstances. Through a systematic effort in furthering and delivering through joint programming and coordinated interventions with other UN agencies, UNFPA has managed to be more resourceful, attaining results they would not have been able to achieve alone, creating synergies with other UN’s and other partners’ activities and thus becoming an invaluable actor within the UN reform process.

The evaluation brought evidence to show that the UNFPA CP implementation was highly effective. Three out of five quantitative targets have been fully achieved while one (LSBE) continues to record concrete and substantial progress and one (i.e. the commodity security) has yet to be fully achieved. This however is not the result of a lack of capacity or commitment on the part of UNFPA but rather the result of circumstances entirely beyond the grasp of UNFPA, which made the objective of ensuring national commodity security difficult to achieve.
Despite the many structural and administrative constraints that could have significantly affected internal efficiency and restricted the margins of operations of the UNFPA CO team, the implementation of activities has been efficient from all perspectives. This suggests that addressing the structural and administrative weaknesses would enable the CO to better meet the programme delivery requirements.

UNFPA’s activities and support have on the whole resulted in successful processes prompting positive developments and trends in a range of RH, P&D and Gender areas. For instance, RH health indicators related to programmes and activities supported by UNFPA show significant improvements compared to indicators in health areas not supported by the Fund. Similarly, the capacity building and policy advisory activities in P&D brought about important changes at the institutional and policy formulation level, although it is yet at its early stages of implementation. Programme and advocacy activities in the Gender, Human Rights Based Approach (HRBA) and gender equality (GE) component have helped to successfully implement normative and policy changes and to institutionalize HRBA and GE mainstreaming in policy making and programme management. Here again, implementation is at its early stages. Work implemented in Transnistria deserves special attention, where positive results go far beyond technical and programme achievements in the RH component and achieved the creation of confidence building measures on the ground and with Transnistrian authorities, perfectly in line with the government’s strategy for reintegration of Transnistria. UNFPA carries the merit for being a pioneer in this field.

The sustainability of the results achieved during this first programme cycle depends on the extent to which they can be consolidated in a systematic follow-up and capitalized upon on the side of both government and UNFPA, including ensuring appropriate UNFPA funding and adequate human resource and operational delivery capacity (notwithstanding UNFPA MOLDOVA’s resource mobilization efforts of more than 25% of the core resources).

Since the start of the CP 2007, UNFPA has been a trusted partner for Moldovan public authorities, including Transnistria, as well as for a range of civil society institutions. The CP proved to be relevant regarding its thematic approaches and its implementation strategies, which effectively led to the successful achievement of most of the expected results. This achievement was possible despite very limited financial resources and consequently limited implementation capacities in the CO.

UNFPA MOLDOVA has been able to engage in strategic partnership, or via joint programming or via non-formalized cooperation in activities with other UN agencies and has therefore been able to achieve an effectiveness level beyond expectations, considering the limited resources that were available to the office.

Key recommendations:

- Continue with the same programme components: Reproductive Health, Population and Development and Gender. Highly positive results have been achieved for all these components. The consolidation of all these achievements and the institutionalization of policies and strategies related to these achievements require follow-up activities from UNFPA.
• Continue joint programming with other UN agencies; throughout the next complete Country Programme Cycle.
  o Joint programming has helped UNFPA Moldova so far to achieve good results. It enables UNFPA to be resourceful and creates synergies with other UN agencies. Joint programming should be based on the design of joint activities right from the start and not consist of an ad hoc composition of previously designed activities.

• UNFPA should make use of strategic advantage regarding its already existing base for the outreach of activities. Compared to other UN agencies in Moldova UNFPA has established a extended network with activities in the ground, in communities and in Transnistria.
  o This privileged position can be used specifically for joint programmes with other UN agencies, helping them to engage in activities in Transnistria.
  o It can be a valuable support for other UN agencies, via joint activities with UNFPA for outreach in RH or in activities related to P&D.

• UNFPA should advocate between GoM and other UN agencies for the definition new social policies, which offer specific services and social protection in the context of demographic change.
  o Moldova stands today at a critical turning point for confronting the challenges and issues generated by a projected rapidly decreasing and ageing population. This phenomenon calls for the formulation of new social policies and the finding of the necessary resources for the successful implementation of these policies. UNFPA, as a specialized agency in demographic issues, can provide valuable help for a better understanding on how this phenomenon has to be reflected in social policies.

• The draft text of the future national development strategy “Moldova 2020” includes the reform of the social insurance and pension system as one of its priorities. UNFPA Moldova should include this area in its next country programme.
  o UNFPA can make use of the global network of expertise in this field.
  o Explore the possibility for a joint programme in this regard, possibly with UNDP, UNICEF and IOM.

• Develop a position and clear strategy to work with civil society as a complement to national programmes and in an effort to reach marginalized populations.
  o Engaging civil society can potentially help to improve outreach and quality of services faster as well a to better identify vulnerable groups at local level and thus help to achieve their inclusion.
  o Additionally, the UNDAF evaluation of early 2011 showed that the System of United Nations as a whole lack a clear and common understanding how civil society should be addressed in the country and what would be their role in cooperating with UN. A clear definition of the relationship and roles would help to improve the efficiency and effectiveness of the cooperation.
• Enhance monitoring and evaluation as well as Results Based Management capacities of implementing partners.
  o The experience of the monitoring system for commodity security showed clearly the importance of such a system, as well as the difficulties from government side to implement such a system without donor support. This is only one example for the lack of monitoring and RBM.
  o The achievement of both of these objectives would help to make the cooperation with implementing partners more effective and hence increase their potential impact.
  o Since UNFPA Moldova depends heavily on non-UNFPA resources, an improvement of these capacities in implementing partners would facilitate fundraising and would make it more sustainable since a better reporting of achievements would be possible.

• Ensure competitive working conditions in the UNFPA CO in order to avoid staff turnover.
1. Introduction

The United Nations Population Fund’s (UNFPA)“overall goal as an institution is to achieve universal access to reproductive health, promote sexual and reproductive health and reproductive rights, and reduce maternal mortality, achieving progress towards MDG 5, in order to empower and improve the lives of underserved populations, especially women and youth, enabled by our understanding of population dynamics, human rights and gender equality and driven by country needs and tailored to country context.”

This reformulated vision responds to the fact that “key elements of the International Conference on Population and Development (ICPD) agenda remain incomplete, and while only a few years remain until the 2015 completion date for the Millennium Development Goals (MDGs), many of the goals are still far from being met. Of particular concern is the fact that the Millennium Development Goal that UNFPA most directly contributes to - MDG 5, on improving maternal health - has recently been found to be the furthest from attainment. 

This is also true for Moldova, where the MDG 5 indicator of maternal mortality decreased until 2007, increased sharply in 2008 and returned to its decreasing trend in 2009. Similarly, other Reproductive Health indicators currently show a slower improvement compared to previous years meanwhile the demographic situation worsens due to migration and an ageing population.

After having supported Moldova’s development since 1996 on a project basis, an integrated country programme cycle was put together for the first time for the period 2007-2011. The country programme focused on three pillars: i) reproductive health, ii) population and development and iii) gender. This is the background against which outcomes of the implementation of this first Country Programme (CP) have to be evaluated on a mandatory basis. The purpose of the exercise is to carry out an end of programme cycle evaluation to assess the achievements of the Country Programme’s development interventions, the factors that facilitated/hindered achievements, and to compile lessons learned to inform the development of the next country programme cycle (2012-2016).

In addition, the evaluation derives recommendations, good practices and lessons learned from measuring the achievements, outputs and outcomes produced by the programme. The evaluation also highlights UNFPA’s comparative advantage and makes recommendations on alternative cost efficient strategies to be used by implementing partners and UNFPA in planning the next country programme for UNFPA support within the next UNDAF (United Nations Development Assistance Framework). The field visit for data collection for this evaluation was implemented during the second half of July 2011.

---

1 Preliminary formulation of UNFPA vision for the global strategic plan 2011-2013, restated in May 2011
2 Held in Cairo 1994
2. UNFPA Programme Background

The UNFPA country programme (2007-2011/12) was developed in close cooperation with national partners, the United Nations (UN) system and donors, and approved on 15 December 2005. The Government took a leading role in this process to ensure programme owners hip and sustainability.

The UNFPA Country Programme is strategically embedded within the United Nations Development Assistance Framework (UNDAF) outcomes and the UNFPA multi-year funding framework and closely aligned with the national development priorities, including the MDGs; the goals and objectives of the International conference on Population and Development (ICPD) and its five-year review (ICPD+5); the EU–Moldova Action Plan; the (Moldovan) Economic Growth and Poverty Reduction Strategy Paper (EGPRSP); and the principles of human rights.

The UNFPA country programme has three components: (a) reproductive health; (b) population and development; and (c) gender. Human rights, reproductive rights, advocacy and behavioural change communication (BCC) are crosscutting issues to be addressed throughout the programme. Geographical coverage is nationwide, including the region of Transnistria. The Country Programme (CP) is implemented through a Country Programme Action Plan (CPAP). For each component, the following principal CP Outcomes have been formulated in the CPAP.

a. Reproductive Health
   • All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education;
   • People of reproductive age adopt safe behaviours and seek health commodities and information on HIV/AIDS/STIs and Reproductive Health;
   • All individuals, especially the vulnerable, enjoy improved access to essential health care of good quality.

b. Population and development
   • Pro-poor policies, addressing development and population issues, are formulated, implemented, and monitored in a more transparent and participatory manner;
   • There is improved readiness to prevent and mitigate natural and man-made disasters and crises.

c. Gender
   • Vulnerable groups, women and female adolescents in particular enjoy improved access to quality social protection services, including systems to prevent and protect from violence, abuse, exploitation and discrimination.

The CPAP establishes that the overall goal of the country programme is to contribute to improving the quality of life of the people of Moldova, in particular the vulnerable groups. Change in these aspects, through the implementation of the CPAP was expected to be achieved by strengthening the national capacity to respond to population and development issues, including gender, and by strengthening monitoring and quality assurance systems for improved access to comprehensive sexual and
reproductive health information and services. Capacity building was at the core of UNFPA’s overall strategy and addressed institutional, human, technical and operational capacity gaps in population and development, reproductive health and gender, analysed and assessed previously to the formulation of the CP.\(^5\)

Strategies for the achievement of these results were expected to be:

- Advocacy and Policy Dialogue
- Building and Using a Knowledge Base
- Promoting, Strengthening and Coordinating Partnerships
- Developing Systems for Improving Performance strategies

The application of these strategies was expected to maximize the impact of the interventions and to create synergy with the UN and other development partners.

Advocacy and policy dialogue was expected to contribute by specifically enhancing the networking and advocacy skills of civil society organizations and by increasing awareness on population and reproductive health issues among decision-makers. Regarding the building and using a knowledge base, the programme wanted to support capacity building in population data collection, analysis and use. Partnerships were expected being promoted based on the focus on capacity building of state institutions, research institutions, civil society and young people, for a better and more open participation in local and national planning activities. Finally, improved performance of service delivery was expected being achieved via the implementation of assessments and via the strengthening of reproductive health commodity security, and the development of an institutional system for commodity security, in order to ensure its long-term sustainability.

The United Nations Development Group (UNSG) Results Based Management (RBM) Handbook\(^6\) defines results chain as “the causal sequence for a development intervention that stipulates the necessary sequence to achieve desired objectives – beginning with inputs, moving through activities and outputs, and culminating in outcomes, impacts and feedback”.\(^7\) Table 1 provides an overview of the results chain for the UNFPA CP under evaluation, output targets and available resources. Resources shown in Table 1 refer to core resources from UNFPA. During the process of the CP additional fundraising from other donors and private sector complemented core resources for implementation. The amount of additional non-core resources reached approximately 80 per cent of the initial budget for the CP.\(^8\)

---

\(^5\) Cited according to the CPAP, highlighting the elements of change made by this evaluation.


\(^7\) Page 13

\(^8\) A more detailed discussion is provided in Chapter 6.3.2 on efficiency.
Table 1: UNFPA Country Programme results chain and available resources by programme component

<table>
<thead>
<tr>
<th>Activities</th>
<th>Expected Outputs</th>
<th>Output targets and indicators</th>
<th>Expected Outcomes</th>
<th>Impact(^\text{10})</th>
<th>Available resources (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• RH training for medical staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Development of teaching materials for training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advocacy for RH training in schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Peer to peer education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support to the establishment and functioning of youth friendly health centres</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support for commodity security</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support for the establishment of a LMS system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 1.1</strong></td>
<td>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</td>
<td><strong>Output indicators:</strong> Percentage of children and youth covered by life skills-based education, both in and out of school and in rural/urban areas</td>
<td><strong>Outcome1</strong> All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education</td>
<td></td>
<td>150,000</td>
</tr>
<tr>
<td><strong>Output 2.1</strong></td>
<td>Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people</td>
<td><strong>Output indicators:</strong> Percentage of young people aged 15-24 years, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission</td>
<td><strong>Outcome2</strong> People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health</td>
<td></td>
<td>160,000</td>
</tr>
</tbody>
</table>

\(^9\) Only principal activities mentioned here
\(^{10}\) UNDAF Outcome
### Outcome Evaluation

**UNFPA Moldova Extended Country Programme (2007-2011/12)**

#### Outcome Evaluation

**Output 3.1**
Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive reproductive health service delivery, and for reproductive health commodity security

**Output indicators:**
- % of RH cabinets using LMIS
- Reproductive health commodity security system in place

**Baseline:**
- 60%
- No

**Outcome3**
All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care

| 90,000 |

---

<table>
<thead>
<tr>
<th>POPULATION AND DEVELOPMENT (P&amp;D)</th>
</tr>
</thead>
</table>

- Support for research on P&D
- Support and advocacy for the setup of an adequate institutional framework for P&D
- Support for the formulation of a P&D strategy and policy

**Output 4.1**
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

**Output indicators:**
- National population council established number and quality of population policies initiated

**Baseline:**
- NPC non-existent
- No holistic population policies.

**Outcome4**
Pro-poor policies addressing development and population are formulated, implemented and monitored in a transparent and participatory manner

| 220,000 |

---

<table>
<thead>
<tr>
<th>GENDER</th>
</tr>
</thead>
</table>

**Output 5.1**
Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies

**Output indicators:**
- Number of actions within plan addressing age-specific, gender, and RH needs and rights of claim holders

**Baseline:**
- N/A

**Outcome5**
Improved readiness to prevent and mitigate natural and man-made disasters

| 80,000 |
**Output 6.1**  
Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence

**Output indicators:** Management information system to monitor gender-based violence cases in place in selected regions  
**Baseline:**  
MIS non-existent

**Outcome 6**  
Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect women from violence, abuse, exploitation and discrimination

<table>
<thead>
<tr>
<th>By 2011, vulnerable groups enjoy increased equitable and guaranteed access to basic services of good quality provided by the state with the support of civil society</th>
</tr>
</thead>
<tbody>
<tr>
<td>300,000</td>
</tr>
</tbody>
</table>

Source: Compiled by the authors based on information provided by the CPAP and UNFPA Moldova resource mobilization plan 2007-2012.
3. Development Context

Since the approval of the first UNFPA CP in December 2005 the political and overall development context in Moldova has changed considerably. These changes represent the principal external factors likely to affect the success of the implementation of the CP. This chapter gives an overview of the general development context of the country at the beginning of 2011. Political changes and delays in decision making, as well as weaknesses in public administration, decentralization and the unsolved political situation regarding Transnistria, are the most important issues which have affected the implementation of the UNFPA CP since 2007.

Since its declaration of independence in 1991, the Republic of Moldova has gone through a series of difficult transitions at an enormous social cost. The first decade of independence was marked by political instability and a deep economic recession. In 2011, Moldova is a country still in transition and in the midst of numerous reforms of its public institutions, legislations, and policy agenda. Renewed economic growth in 2010 and potential opportunities from European Union integration have created an environment conducive to modernization and positive change in Moldova.

Politics

The complexities of the on-going democratic political transition are evident from the fact that Moldova had at least one electoral exercise every single year between 2007 and 2011. At the same time, the parliamentary elections since 2009 have failed to secure the nation’s president, creating significant political uncertainty. Additionally, power rests on the shoulders of a multi-party coalition, which in its initial stage in office have shown still weak abilities to lead complex and difficult reforms. A degree of stability in the political context can be attributed to recent improvements in the management of electoral processes. Since 2009, Moldovan electoral processes have managed to maintain credibility despite frequent elections. This has helped reaffirm the democratic process and strengthen national stability at a time of frequent political transition.

Economy

The country achieved relatively high economic growth rates between 2000 and 2005 but showed changing trends in recent years, mainly due to external factors. After the international crisis between 2008 and 2009, Moldova returned to a growing trend in 2010. Throughout the last decade, economic growth was mainly driven by remittances (which stimulate domestic consumption) and export. Both economic motors make the growth process vulnerable to external shocks e.g. through the costs of energy, demand in export markets or the reception of remittances. This vulnerability is reinforced by adverse climatic events, which in recent years have frequently hit the country.

Agriculture is traditionally the main branch of the national economy of the Republic of Moldova. Its contribution to GDP was about 12 per cent in 2010, reaching 17 per cent together with the food processing industry. Half of the production is exported. Agricultural production has a high growth potential (8 per cent in 2010), but is vulnerable to climatic risks. The sector provides roughly one third of

---

11 The content of the chapter is based on the first chapter of the UN Country Analysis (CA) Moldova June 2011. The Team Leader of this evaluation (Thomas Otter) is also the author of the first chapter of the UN CA. Hence, resuming the first chapter of the CA does not represent a conflict with intellectual property.
the existing jobs in the country. Agriculture still remains the basic source of livelihoods in rural areas; the average monthly salary of employees in the sector reaches only half of what is the mean wage of the economy. Frequent extreme weather conditions in recent years forced the sector to be re-oriented to a new level of production in agriculture, taking into consideration adaptation and mitigation measures.

_Evaluation of the existing jobs in the country._

**Millennium Development Goals and Human Development**

Moldova has adopted the Millennium Development Goals (MDG) at the country level and has remained committed to achieving these goals through various means, including an increased level of prioritization and an intensification of collaboration with all relevant partners, including civil society. Moldova progressed on MDGs, with 21 out of 27 targets on track to be met. However, during the last decade progress was not uniform. MDGs on education, HIV/AIDS and environment (water and sanitation) will not be reached. Other MDGs are likely to be reached but with a deep inequity that will affect the rights of very poor and excluded children and women. Inequalities expected to deepen, following the trends observed in many Western European countries. Good progress has been made in the health sector regarding child and maternal mortality but more efforts are still needed for HIV/AIDS and contagious diseases (TB) as well as regarding access to safe water. In terms of education, important improvements have been made regarding early childhood development and pre-school enrolment, but more efforts are also required at other levels of formal education.

In spite of the steps forward towards MDG achievement, Moldova remains one of the least developed countries in the European and Commonwealth of Independent States region. The Republic of Moldova’s 2010 Human Development Index (HDI) stood at 0.623, below the achieved levels of neighbouring countries Ukraine and Romania. Differences in human development achievements between these countries are mainly driven by much lower production levels in Moldova (GDP per capita), but also by lower achievements in education and in a minor degree of life expectancy. Throughout the last two decades Moldovan HDI dropped from 0.616 in 1990 to 0.552 in 2000 and recovered to 0.623 in 2010. This trend is symptomatic for many development processes in the country regarding a generally worsening situation in the first decade of independence and a recovery in the second decade. However, achieved improvements have still not lifted the welfare levels beyond the initial levels in 1990.

**Health, exclusion, vulnerable groups and health reform**

Life expectancy at birth in Moldova was 69.3 years in 2009, -73.4 years for women and 65.3 years for men, steadily increasing since 2000. The improvement can be attributed to a reduction in infant mortality and under-5 mortality rates. Life expectancy for women is 8.1 years longer than for men while the average life expectancy for urban residents is 3.5 years longer than for rural residents. In consequence of policies implemented in the field of mother and child assistance (including state insurance), the infant mortality rate fell over the years 2000-2009 by about 6.6 percentage points, while the under-5 mortality rate fell by about 8.1 percentage points. Nonetheless, compared to the EU-27, these indicators in the Republic of Moldova are still about 2.7 times higher.

---

12 All information of this subchapter based on UNDP Moldova National Human Development Report 2010/2011 “From Social Exclusion Towards Inclusive Human Development”, Chapter 5 and the Moldova 2010 MDG report. All indicators based on information from the Ministry of Health in Moldova, the National Bureau of Statistics or the WHO.
In 2008, for the first time in the five years, maternal mortality increased (from 15.8 to 38.4 cases per 100,000 births), but in 2009 it declined again (17.2 cases per 100,000 births). Deaths are predominantly caused by bleeding, followed by late gestosis, septic states, thromboembolism, hepatic cirrhosis and, rarely, cases of anaesthesia-related complications. Social determinants (particularly poverty and migration) play a determinant role in half of the cases of maternal mortality. Although the absolute number of maternal deaths is small, the non-linear evolution of the maternal mortality rate raises some concerns. In 2007-2008 the proportion of births attended by skilled health personnel was 99.5 per cent, while in 2009 it grew to 99.8 per cent.

Limited coverage and limited services provided through medical insurance system restrict access of vulnerable groups and individuals to quality healthcare. The compulsory health insurance system that covered in 2009 about 78.6% of the population was introduced in 2004. The basic package of healthcare services was reviewed and extended, the emphasis being placed on children, women, elderly people and the vulnerable groups of the population who are insured by the state. Nevertheless, in 2009, about 23.2% of households still were outside the insurance system, the biggest part of them being from the rural area – 28.5%. Thus, about 46.5% of farmers, 34.4% of employees in the agricultural sector and a quarter of households with children declared they have no medical insurance policy. The share of individuals in rural areas that do not access healthcare and do not visit the doctor because they have no policy is about 23.8%, 14 times higher than in urban areas.

The economic crisis of the 1990s led to a decrease in budget funding of state healthcare institutions as well as to a reduction in the accessibility of healthcare services. Within the 1996 – 1996 period, budget allocations for the healthcare sector fell from 6.9% of GDP in 1996 to 2.9% in 1999. As a result, over 9,000 medical personnel (doctors and nurses) left the healthcare system during the period 1996- 1999. After the introduction of the compulsory medical insurance system and mechanisms of hospitals optimization, the financial situation of the system improved and its budget increased to 6.4% of GDP in 2009. The exodus of medical personnel from the system slowed down. During 2000-2008 about 10,000 medical personnel left the system. Only in 2009 was a tendency observed of people returning back to the system, with an increase of 170 persons (99 doctors and 71 medium medical personnel) compared to 2008.

In the process of transition it became clear that a fully funded state healthcare system is unable to meet new challenges. A series of reforms were implemented: new principles of funding and organization of primary and secondary healthcare were introduced, private healthcare emerged, the mechanism of hospitals and hospital beds number optimization was implemented, and a package of free medical services guaranteed by the state was defined. Reforms include: (i) expansion and strengthening of primary healthcare network; (ii) introduction in 2004 of compulsory health insurance and determination of main vulnerable categories insured by the state; (iii) development of private medicine; (iv) consolidation of Emergency Medical Service infrastructure; (iv) activities for maintaining and strengthening medical staff in the system (especially from rural area) (v) standardization of healthcare services quality in accordance with WHO requirements and (vi ) monitoring of services quality through accreditation. Since 2008 the policy of an annual increase of insurance premiums is being implemented. Health system decentralization
has started through direct contracting of primary healthcare providers by the National Health Insurance Company. During the period 1997-2004 the number of hospitals decreased by 26.5% (rural hospitals, which were not economically and medically efficient, were closed), and the number of beds was reduced by about 50%. A significant part of resources saved by optimization of beds were redirected to the primary care sector. 48 family doctors centres were created in towns, as well as 383 rural health centres and 554 family doctors offices, providing primary health care until now by means of family doctor team. In order to reduce inequalities and increase the access to the healthcare system, including of vulnerable groups, the National Health Policy, which determined priorities and directions of healthcare development for a 15-year term, was adopted in 2007. In the context of compulsory health insurance, all expenses related to healthcare of mothers and children at all levels are covered from the public budget. Perinatal care was regionalized, which ensured proper division of pregnant women and new-borns, and implementation of transportation in utero. In the recent years the optimization of the system’s operation was promoted as a result of the strengthening of a specialized regional ambulance service for transporting infants.

**Poverty, Income and Inequality**

Since 2000, monetary (consumption) poverty levels have more than halved, after a previous period of poverty increase. Throughout the last decade, the country’s strong growth performance and the reception of remittances helped to reduce monetary poverty quickly. However, these important achievements have not been accompanied at the same rate with improvements in other social indicators (MDGs, HD), as seen above. Additionally, it is still not clear if the achieved poverty results will be sustainable, since at the moment they still depend heavily on the vulnerable rates of growth and reception of remittances and on the limited financial capacities of the government to counteract critical income situations at a household level with social protection. Income (consumption) poverty reduction can be sustainable throughout efforts coming from the very households labour market participation. In recent years however labour markets participation and activity rates in the country have been constantly decreasing. This fact increases the vulnerability of poverty reduction achievements. An additional concern regarding the distribution of the welfare outcomes of growth and remittances is the inequality of household incomes, which has remained unchanged in recent years (roughly at a Gini of 0.3). The global Human Development Report 2010 argues that the inequality level of the income distribution reduces the potential positive impact which income has on Moldova’s HDI by 19.4%.

**European Integration**

The Government of Moldova regards European integration as the most fundamental priority of domestic and foreign policy. The assumption behind this policy objective is that the responsible implementation of commitments, deriving from the European course, is the most efficient way to achieve political, economic and social modernization. In practice, this means that the government will undertake further reforms in areas related to freedom of mass media, independence of judiciary, and liberalization of the economy.

**Public Administration**

The National Development Strategy 2008-2011 (NDS) acknowledged the weakness of the existing capacity of the public administration and its ability to render good public service. As recently as 2007, the situation in the central public administration could be characterized by non-compliance with the current
legal framework provisions with European Union standards and inefficient law enforcement mechanisms; significant staff turnover caused by insufficient civil service salaries; a lack of a central body to develop and promote staffing policy and procedures in civil service; a fragmented approach to continuous training for civil servants; a low quality and efficiency of public services; and an insufficient dialogue with the civil society. A currently on-going reform process of the central public administration targets improvements in five sectors: i) organization, ii) legal frameworks, iii) decision making processes, iv) human resource management, and v) public finance management. In 2011, despite the progress, the implementation of public administration reforms has been slow due to multiple factors, including frequent elections, insufficient budgets, and significant brain drain. Additionally, the reform process has formulated many legislative and policy steps, but key elements of implementation are lagging behind legislative and policy pronouncements.

**Decentralization and Local Development**

The decentralization process in Moldova has gone through several stages and was affected by changes in the political power systems in charge of state administration and produced improvements and lost grounds. Local governments in Moldova play a significant role in the provision of social services and bear primary responsibility for water supply, road construction, maintenance and heating. Currently, with 32 rayons, the local governments are left fragmented and underfinanced, providing services that are still largely inadequate and of poor quality. Local authorities have limited fiscal autonomy and limited fiscal potential and their budgets depend on higher levels of government. The transfer system is inefficient, unpredictable, opaque, and provides little incentive for fiscal responsibility.

**Transnistria frozen conflict**

The breakaway region of Transnistria continues to pose a silent threat to the stability of Moldova. European Union engagement with Moldova and the Transnistria conflict has increased over the past years, particularly with the 2004 negotiation of the European Union-Moldova Emerging Neighbourhood Policy Action Plan, which calls for “shared responsibility in conflict prevention and conflict resolution”; the establishment of the European Union Border Assistance Mission to Moldova and Ukraine in 2005; and the appointment of a European Union Special Representative to Moldova in 2005.

Since 2007, development programmes and confidence-building measures aimed at improving cooperation between Chisinau and Tiraspol have accelerated. The confidence-building-related proposals and activities include economic and trade cooperation, infrastructure projects, transport, health care and social welfare, education and science, demilitarization, humanitarian aid, and agriculture. The proposals and activities were warmly welcomed by the international community, being considered as a first step in the right direction. In Transnistria, the reactions were mixed, ranging from outward rejection by advocates of the region’s independence to a wait-and-see attitude from more progressive interest groups. However, local beneficiary population warmly welcomes implemented activities.

**Environment**

Weather and climate-related natural hazards like drought, floods, hail, soil erosion, and landslides are negatively affecting the country’s development outcomes. Climate change is now recognized in Moldova as a key challenge given the increasing frequency and intensity of natural hazards and the high
vulnerability of Moldova’s population, economy and environment. Environmental degradation and the management and halting of biodiversity and landscape deterioration are key priorities for the country. However, capacities and resources for taking action on all these issues are still very low.

**Human Rights**

In September 2009, the government made human rights part of its new agenda and has since made significant progress. Moldova was elected for the first time to the United Nations Human Rights Council in May 2010. During the second half of the year, the government ratified two major international treaties: the Rome Statute of the International Criminal Court and the International Convention on the Rights of Persons with Disabilities. New policies, strategies, and plans were developed to address gender equality, child labour, torture and ill treatment in detention, and social inclusion of persons with disabilities. A new National Human Rights Action Plan 2011-2014 and a draft law on anti-discrimination await adoption by parliament. The legal framework was improved in the areas of domestic violence, workers’ rights, public assembly, sexual and reproductive health, protection of refugees and asylum seekers, and the judiciary. New developments were registered under the institutional framework that were aimed at ensuring a better protection of the rights of children, of people subject to human trafficking and of people deprived of their liberty.

**Gender**

Moldova’s gender sensitive Human Development Index (HDI) achieves 0.429 against 0.623 for the whole population. The difference reflects the loss in human development for women due to their disadvantages in reproductive health, empowerment, and economic activity. The persistence of inequalities in Moldova hinders the development of the country and restricts the ability of disadvantaged sectors to fully realize their human capabilities.

Laws and policies in the area of gender equality are well established in Moldova. Gender equality is included in the constitution and elaborated in the 2006 Law on ensuring equal opportunities for women and men. Moldova has signed on to a broad range of international conventions that mandate gender equality including the Millennium Development Goals and the Convention on the Elimination of Discrimination against Women. While the policy foundation for gender equality laid out by the Government of Moldova is laudable, patriarchal norms have proven resistant to change, and policies and laws aimed at enabling gender equality have not been sufficiently backed by resources required for full realization.

4. **Methodology and Limitations of the Evaluation**

The methodology implemented for this evaluation included a wide range of data gathering methods.

- **Document Review**, including relevant UNDP, partner programme documents, government strategies, statistical reports as appropriate, as well as general contextual analyses.
- **Individual semi-structured interviews** with key stakeholders (staff, government, partners, beneficiaries).
- **Group interviews or focus groups** where there is an advantage in encouraging reflection and response, or where time is limited (also semi-structured).
- **Site visits** were proposed to better understand the context and achievements of the programme, as well as the dynamic interaction of stakeholders in programme activities.
- **Small case studies** were considered if appropriate to illustrate results chains or other programme achievements.

The principles of triangulation (use of multiple sources, including key informants) and stakeholder participation were implemented for this evaluation.

The assessment of CP strategies was established as a core element for the evaluation exercise, in the terms of reference. The evaluators felt that the adequateness and meaningfulness of UNFPA’s implementation strategies could not be properly described by traditional evaluation criteria. In order to capture more precisely the character of the strategies this evaluation presents in Box 4 below a new set of criteria. We suggest that UNFPA should consider these new criteria for the description of a CP strategy as a proposal or an experiment, since they are not part of traditional literature on evaluation. UNFPA should feel free to consider or reject this proposal as useful for their needs.

All interview partners and site visits were selected jointly between UNFPA and the evaluation team. The stakeholder consultation process started with a joint meeting between all interview partners to be visited during the mission, UNFPA and the evaluation team, for presentation of the evaluation purpose and approach. This “ice-breaking” meeting proved to be useful in the following sense. First, stakeholders and interview partner were aware of the central approach evaluation approach on outcomes and could get prepared for the interview meetings with specific documentation, this way avoiding providing only general information talking from memory. However, before starting interviews and site visits the evaluators had an initial meeting with the steering committee of this evaluation, composed by high ranking officials from the main government partners regarding the three CP components. At the end of the country visit a second multi-stakeholder meeting was realized providing a presentation of preliminary findings of the evaluation.

Given the very limited time period for the implementation of the data recollection field mission, most of the stakeholders were not addressed individually. Interviews were frequently conducted as group meetings with three or more participants.

Gender and human rights are crosscutting issues in the CP. They were addressed directly and indirectly. Specific gender focused activities such as the support to protection of victims of domestic violence were assessed applying all evaluation criteria defined in the terms of reference. All remaining activities, which should incorporate gender and human rights issues as crosscutting areas of attention were assessed

---

13 Boxes within the text of this report
14 The steering committee is composed by vice ministers or department directors within ministries; for a detailed list of interviewed stakeholders, as well as their position and function see annex.
15 Identity and number of participants in interview meetings can be found in the annex.
through questions to interview partners and based on the thematic and country specific knowledge of the national evaluator.

**Limitations**
The evaluators have not faced major logistical limitations during the implementation of this evaluation. Access to all stakeholders and counterparts has been assured, as well as to documentation and guidance from the UNFPA country and regional office was comprehensive. However, the evaluators felt an important limitation considering the extension of the evaluation of only 15 working days for two consultants, considering the ambitious TORs and the scope of the exercise. UNFPA justifies these limitations with budget constraints. Regarding the implementation of the exercise, the evaluators feel that the field mission for data collection was too short. Fortunately no evaluation questions or thematic areas of the evaluation had to be left out, but even if all necessary stakeholders have been met, several meetings were held with an important number of participants, so they rather resembled more of a focus group meeting than individual interviews. Regarding the collection of information and stakeholders’ opinions, important details might have been lost as a result. A longer field mission would have allowed an even deeper and better analysis than the one presented in this report. It would have allowed for a higher number of individual meetings and would have allowed to go into more details, since frequently an important amounts of the limited time for meetings was additionally lost because of the need of translation from Moldovan or Russian to English and vice versa. To reduce the loss of time as far as possible evaluators opted frequently for simultaneous translation.

5. **Purpose, scope, objectives and key questions of the evaluation**

5.1 **Purpose**
The purpose of this evaluation is to assess the achievements of the Country Programme’s development interventions, the factors that facilitated or hindered achievement, and to compile lessons learned to inform the development of the next country programme cycle (2012-2016). In addition, the evaluation shall derive recommendations, good practices and lessons learned from measuring the achievements, outputs and outcomes produced by the programme. The evaluation also highlights UNFPA’s comparative advantage and makes recommendations on alternative cost efficient strategies to be used by implementing partners and UNFPA in planning the next country programme for UNFPA support within the next UNDAF.

5.2 **Scope**
Regarding its scope, the evaluation covers the period 2007 to the present, regarding all three programme components, (a) reproductive health; (b) population and development; and (c) gender. Human rights, reproductive rights, advocacy and behavioural change communication (BCC) being crosscutting issues are also addressed. The assessment refers to activities implemented in Moldova, including Transnistria. The data collection field mission for this evaluation was implemented from July 19 to July 26.
A total of 24 meetings and interviews were carried out, addressing 70 different beneficiaries and stakeholders. The field mission also included five project site visits.16

5.3 Objectives and key evaluation questions

The evaluation consulted with national stakeholders, policy and project managers and beneficiaries and addresses the criteria of relevance, effectiveness, efficiency, impact, and sustainability and performance-management. In addition, the evaluation focuses on the question of whether and how UNFPA’s support played a role in developing national capacity, enhancing national ownership, and fostering partnership and coordination.

The following general evaluation objectives have been defined by UNFPA for this exercise:

- Assess the extent to which the country programme interventions are in line with national development priorities identified in EGPRSP, National Development Strategy, EU Moldova Action Plan and Sector Strategic plans;
- Evaluate the extent to which planned results, including agreed outputs and outcomes have been achieved as result of programme implementation;
- Evaluate how economically or optimally financial, human and technical inputs have been used to produce outputs;
- Provide concrete recommendations at every level to inform the development of the 2013 Country Programme to continue the support in the context of the new National Development Strategy and the UNDAF.

5.3.1 Key Evaluation Criteria and Specific Evaluation Questions

The evaluation addresses the following general criteria17 and specific questions defined by UNFPA.

Relevance:
The assessment of relevance examines the degree to which the outputs/outcomes of the project are in line with national priorities and needs. It considers whether the strategies and interventions are relevant for the environment under which UNFPA operates. In particular, the evaluation examines the extent to which the CPAP interventions are suited and consistent with national policies, priorities and needs.

- Are the project strategies adapted to the environment in which it operates, in line with national needs, policies and priorities?

---

16“Artemida” Maternal Centre, Drochia; “Ana” Women’s Healthcare Centre, Drochia; RH Centre in Tiraspol, Transnistria; Causeni Law Centre and Rusca prison for women. For more details regarding the work agenda of the field mission, refer to the annex.

17Regarding the definition of concepts, this evaluation follows the OEC/DAC norms: Relevance - The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor. Effectiveness - A measure of the extent to which an aid activity attains its objectives. Efficiency - Efficiency measures the outputs - qualitative and quantitative - in relation to the inputs. Impact/Degree of Change - The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic and other development indicators. Sustainability - Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Sources: OECD 1986, 1991, 2000.

UNFPA Moldova Extended Country Programme (2007-2011/12) Outcome Evaluation
- Are there synergies or complementarities between the development actors, both government and UN entities?
- How successfully has the country office engaged in the UN reform process, strengthening cooperation with other UN Agencies through joint initiatives?
- To what extent did the joint programme modality contribute to the achievement of Country Programme results?
- What are the areas of UNFPA’s comparative advantage that the country office needs to focus on in the next Country Programme of support to Moldova and within the context of UNDAF and the rapidly evolving aid environment in the country?

**Effectiveness:**
The assessment of effectiveness considers or examines the extent to which the CP has achieved its planned results, including outputs and outcomes and the extent to which the achievement of outputs and outcomes were as a consequence of UNFPA assistance and support rather than other interventions and factors.

- As per quantitative/qualitative targets of the CPAP, to what extent have knowledge and skills on sexual and reproductive health among students and vulnerable young people effectively improved due to support provided by the programme, such as institutionalized peer-to-peer education and special education for vulnerable groups?
- To what extent have availability of quality reproductive health information and services as well as STI/HIV infection prevention and care services for young people and vulnerable groups effectively increased?
- To what extent has the Programme effectively strengthened the mechanism of quality assurance and commodity security?
- How effectively has demographic research been used to support the Programme implementation?
- Did the programme activities increase the capacity of local NGOs to develop and implement programmes on gender-based discrimination and violence prevention?
- How have human rights and gender equality considerations been effectively mainstreamed throughout Country Programme development and implementation? Has the programme design been appropriate for a sustainable mainstreaming of human rights and gender equality considerations throughout its implementation?

**Efficiency**
The assessment of efficiency considers or examines how economically and optimally inputs of the technical assistance (financial, human, technical and material resources) have been used to produce outputs. The assessment of efficiency attempts to link outputs to resources expended and assesses whether this happened as economically and as feasible as possible and the extent to which the quantity and quality of the results justify the quantity and quality of the means used for achieving the mandate whether these were achieved on time. In the implementation of the CPAP, assess how efficiently the inputs and resources were utilized to produce the results or outputs regarding the following:

- How efficiently has result-based management been applied in achieving country programme results?
- Were inputs provided and outputs met on a timely basis?
**Impact/Degree of Change**

The assessment of the impact of the project considers the longer term and ultimate results attributable to the CPAP interventions that were being implemented. It considers the positive and negative long-term effects, which may be economic, socio-cultural, institutional, technological and environmental or other effects. Thus in the evaluation of the interventions, the assessment should determine the positive and negative changes produced by the intervention directly or indirectly, intended or unintended.

- Do the beneficiaries and other stakeholders affected by the programme perceive the effect of the programme interventions on themselves?
- What are the perceptions of the different stakeholders, particularly those of the Government of Moldova, implementing partners and other United Nations organizations, regarding the overall impact of the UNFPA programme?

**Leadership, Management and Institutional Arrangements**

Leadership, management and institutional arrangements considers the governance structure of the assistance, the leadership and management of the interventions by UNFPA in terms of technical advice, coordination, consultations, reporting, support and backstopping, funding modality and arrangements. How effectively and efficiently has UNFPA technical assistance facilitated the above and ensured the relevance, impact and sustainability of the project?

- How efficient have the processes and systems followed been including the application of results based management (RBM) in achieving country programme results?
- Assessment of the effectiveness of the CP’s monitoring and information system;
- To what extent has the joint programme modality (in the context of Delivering as One) contributed to the achievement of Country Programme results?
- Is there effective coordination amongst the government, UNFPA and other implementing partners?

**Sustainability**

The criteria of Sustainability had not been included as specific evaluation criteria in the TORs. However, the authors decided to include a brief section on sustainability in order to provide a complete report, including all standard criteria. Since no specific questions regarding sustainability have been formulated in the TORs, general questions regarding these criteria are addressed in this report.
6. Findings

6.1 Status of the Outcome

Finding 1: Significant progress has been made on all CP Outputs. All of these can be considered as successfully achieved, though not always through the expected channels, delivery mechanisms and types of intervention, as illustrated in the case of education for reproductive health.

6.1.1 Reproductive Health

In 2005, when the CP was defined, the main Reproductive Health (RH) indicators (abortion, child and infant mortality, maternal mortality, HIV/AIDS, STI) had shown high levels and slow trends of decrease. Assessments carried out before the definition of the 2007-2011/12 CP suggested that the slow trends of improvements of the principle RH indicators were related with levels of exclusion and a lack of targeting in vulnerable groups. Hence UNFPA defined a CP with special focus on RH/Youth and vulnerable groups (e.g. Rusca and Lipcani prisons).

**RH CP-Outcome 1: All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education.**

UNFPA contributed successfully to this outcome by promoting high-quality education on sexual and reproductive health though formal and non-formal education programmes, targeting adolescents and young people (aged 10-24). The intervention has been more successful through non-formal education mechanisms. The expected chain of cause and effect is that better information (improved services) and knowledge lead to lower incidence rates for STIs. RH CP outcome 1 and 2 are closely linked (see below).

**RH CP-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.**

**Progress:** Besides extensive efforts and joint advocacy of UNFPA together with UNICEF and WHO, UNFPA MOLDOVA has not been able to implement all planned activities under this output. Life Skills Based Education (LSBE) has still not been incorporated in the mandatory school curriculum in response to opposition from the church, conservative political parties and conservative sectors from civil society. However, LSBE is at least offered as an optional course, even within public teaching institutions. As an alternative channel for promoting LSBE, apart from school education, UNFPA used the peer-to-peer education system. The Ministry of Education endorsed this alternative teaching methodology and is cooperating in its implementation. This way the output can be considered as achieved. Even if the formal (institutional) obligation for LSBE does not exist, peer-to-peer activities managed to reach approximately 50% of the adolescent population. Since there is still no legal permission for health education (using a modern approach) in school curricula, the sustainability of achieved results will depend on the ongoing support and advocacy of UNFPA and other relevant actors (UNICEF, WHO, UNAIDS) in this field.

---

18 For a detailed assessment on how far and how successfully this contribution was see chapter 6.3.1 on effectiveness.
19 Estimates from the UNFPA CO Moldova
**RH CP-Outcome 2:** People of reproductive age adopt safe behaviour and seek reproductive health commodities and information on HIV/AIDS, STIs and reproductive health.

UNFPA contributed to this outcome by scaling up access to information and behaviour change communication for young people, and by fostering inter-sectorial partnerships aiming at promotion of healthy lifestyles among young people. This outcome is closely linked to the previous one, where the increased information and knowledge on RH combined with specific health services together are expected to lead to lower incidence rates of STIs.

**RH CP-Output 2:** Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people.

**Progress:** 80% of family doctors and 50% of nurses have been trained in counselling, which is the proactive provision of information on sexual and reproductive health issues and rights. The training provided by UNFPA included contraceptive methodologies, HIV/STIs prevention and the promotion of Youth Friendly Health Services (YFHS). YFHS are implemented with UNFPA support in 12 (+2 Transnistrian) centres. Even if all 12 of these centres are operating, only seven of them were currently performing at a highly satisfactory level. Continuous YFHS training is provided by UNFP for the medical staff working in 47 RH cabinets, offering national coverage. The support to the RH cabinets is implemented in cooperation with the WHO.

**RH CP-Outcome 3:** All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality healthcare.

UNFPA’s interventions under this outcome concentrated on commodity security and the improvement of monitoring commodity use and security. Meanwhile outcome 1 focuses on knowledge and outcome 2 on services, outcome 3 focuses on commodity security regarding availability and performance. Especially this component provides services to vulnerable groups. All three outcomes have to be seen as complementary.

**RH CP-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.

---

20 For a detailed assessment on how far and how successfully this contribution was see chapter 6.3.1 on effectiveness.
21 Estimates from the UNFPA CO Moldova
22 Information provided by the UNFPA country coordinator. The National Youth Resource Centre shared the perception regarding the centres’ performance.
23 Information provided by UNFPA and confirmed by Ministry of Health
24 For a detailed assessment on how far and how successfully this contribution was see chapter 6.3.1 on effectiveness.
Progress: Based on a Logistics and Management Information System (LMIS) created by UNFPA in other countries, UNFPA Moldova has developed software for Reproductive Health Commodity Security (RHCS), which deals with information regarding consumption, stocks and supply of commodities. All 47 reproductive health cabinets (national coverage) have been equipped with Personal Computers and Internet access by UNFPA, in order to be able to implement the LMIS. UNFPA considers that at least 75% of the national consumption is realized via these cabinets (free of charge for vulnerable groups). However, even if there is an operational LMIS in place, commodity security is currently compromised due to the lack of contraceptives procurement allocated in the Ministry of Health (MoH) budget. Based on UNFPA extensive advocacy, the ministry is already providing post-abortion contraception in the Basic Benefits Package within the System of Compulsory Medical Insurance. This fact can be considered as a first step towards commodity security.

6.1.2 Population and Development

Strategies carried out by UNFPA regarding population and development issues are highly relevant, considering demographic trends of migration and an ageing population and their social impact. UNFPA’s support enabled the adequate training of human resources for dealing with demographic issues, the generation of information and statistical evidence, the creation of spaces for debate and policy design, the creation of an institutional set-up for the development of demographic policies and a general awareness increase of the importance of demographics for the future development of Moldova.

**PD CP-Outcome 1:** Pro-poor policies addressing development and population issues are formulated, implemented and monitored in a transparent and participatory manner.

Since at the moment of the definition of the 2007-2011/12 CP no demographic policy existed, UNFPA concentrated successfully on the formulation of such a policy. Here closing the gap of lack of information is expected to enable research, which then will be used for policy formulation, supported an adequate institutional framework.

**PD CP-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.

Progress: Before 2007, no institutional body for demographic issues existed in the country. The National Commission for Population and Development (NCPD) was established in 2007 with direct UNFPA collaboration. The commission is now the only governmental body in MOLDOVA dealing with demographic issues. UNFPA also worked on the capacity building and training of civil servants in the area of demographics and in the creation of the department for demographic policy within the Ministry of Labour, Social Protection and Family (MLSPF). Since 2009, government ownership in the development

---

25 The remaining 25% of consumption is comprised of commodities purchased by the economically better-off population in commercial facilities).
26 IUD and Depo Provera
27 For a detailed assessment on how far and how successfully this contribution was see chapter 6.3.1 on effectiveness.
of demographic policies has been achieved, after the implementation of the demographic baseline research published in the Green Book of Population, supported by UNFPA. In response to the findings of the Green Book, the government developed, again with UNFPA support, a strategy for demographic security. UNFPA expects that the GoM will approve this strategy before end of 2011, thus converting it into an official government policy. However, financial constraints at government side put at risk the future implementation of the demographic strategy. Finally, GoM has already approved the creation of a Demographic Centre under government finance before the end of 2013.

**PD CP-Outcome 2: Improved readiness to prevent and mitigate natural and man-made disasters.**

UNFPA’s interventions focused on supporting the inclusion of reproductive health issues in contingency plans for emergency situations. Responding to changing climatic conditions and increased natural disasters the GoM already developed contingency plans. These however did not address reproductive health and gender issues in a coherent and comprehensive way. General RH conditions in Moldova are improving but the achievements are still at risk. This is especially true for vulnerable population groups. In case of a natural or man-made disaster, affected population becomes automatically a vulnerable group and requires specific attention.

**PD CP-Output 2: Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies.**

**Progress:** After 2007, the National Disaster Medicine Centre has developed a contingency plan with support from UNFPA and WHO. The UNFPA supports the centre with innovative training on the delivery of RH services in emergency situations. The newly created capacities have already been tested during the 2008 and 2010 floods in the Hincesti district. The main lesson learned from these experiences dealing with real disasters is that, in an emergency situation, the government pays less attention to reproductive health, compared to other priorities.

### 6.1.3 Gender

UNFPA Moldova pays special attention to gender issues, because of their power in determining levels of social and economic exclusion. This is even more important since, as a result of the existing demographic trends in the country, the gender perspective is becoming more and more relevant.

**Gender CP-Outcome 1:** Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect women from violence, abuse, exploitation and discrimination.

UNFPA’s interventions concentrated on the successful implementation of protection systems for victims of domestic violence. Rational of interventions here is based on the understanding that it is not sufficient to improve legal frameworks on domestic violence but that it is as well necessary to provide institutional

---

28 For a detailed assessment on how far and how successfully this contribution was see chapter 6.3.1 on effectiveness.

29 For a detailed assessment on how far and how successfully this contribution was see chapter 6.3.1 on effectiveness.
platforms and networks and mechanisms and tools which will enable institutions to fulfil the functions defined for them in the law against domestic violence.

**Gender CP-Output 1:** Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence.

**Progress:** Advocacy work and technical support for the approval of the law against domestic violence, technical support and training for the implementation of the protection order mechanisms for victims of domestic violence, and work on the ground, have been implemented as the strategy pillars for the gender component. Effects from all three of these sectors of activity have proved to be able to change women’s lives through the possibility of finding shelter in centres for victims of domestic violence (e.g. the Drochia centre) and to be protected by a legal framework additionally backed-up by a mechanism for its enforcement (victims protection act). Achievements in the real protection of victims have helped to ensure that the government supports 50% of the cost of the Drochia centre in 2011, and will fund 100% as of 2012, thus showing its ownership of the policy and its commitment with the positive results. This achievement additionally opens space to begin addressing an additional aspect of domestic violence; the work with the aggressors. First steps have already been implemented in Drochia where infrastructure for a “perpetuators’ centre” and resources for the renovation of this infrastructure have already been made available.

### 6.2 Relevance

**Finding 2:** The CP’s strategies were highly relevant regarding the countries’ priorities and have been able to produce results, which go far beyond what can be expected from UNFPA interventions, whose areas of expertise are related to RH, P&D and Gender. For instance, in Moldova UNFPA interventions have been able to produce facts on the ground, which fit precisely into Moldova’s political strategy of confidence building measures for a possible future Transnistrian reintegration. UNFPA Moldova has been able to select adequate intervention strategies and adjust them to the circumstances. Through a systematic effort in furthering and delivering through joint programming and coordinated interventions with other UN agencies, the UNFPA has managed to be more resourceful, attaining results they would not have been able to achieve alone, creating synergies with other UN’s and other partners’ activities, thus becoming an invaluable actor within the UN reform process.

Considering past, current and future development priorities set out by different governments of Moldova; the thematic areas addressed by the UNFPA CP are highly relevant. The CP is fully in line with the UNDAF 2007-2011, since the UNDAF and the UNFPA CP have been put together in a parallel planning process, initiated in 2005, and being in line at the time with the development priorities of the communist government ruling the country until 2009. Even after the government change to a Western Europe oriented democracy, social development priorities did not change importantly. Hence UNFPA CP’s priorities regarding reproductive health, population development and youth and gender remained on the top of the reconfirmed agenda for social development.

---

30Information provided by Mr Simion Sirbu, director of the centre.
The NDS 2008-2011 defines the MDGs as a long-term strategic development set of goals for Moldova and human rights as medium term priorities. The reintegration of Transnistria and the improvement of the quality of health services are defined as other prominent goals.

The NDS 2008-2011 did not provide a deep level of definition of activities for implementing priority policies. However, the Government Activity Programme 2010-2014 closes this gap providing more insight on how the development goals are expected to be achieved through policy implementation. Health, gender, demographic policies and youth are defined by the new document as priority sectors for activities. Themes and strategies defined by the UNFPA CP by end of 2005 also remain highly relevant to the new Government Activity Programme as shows Box 1 below.

<table>
<thead>
<tr>
<th>Box 1: Examples of UNFA CP’s alignment with GoM Activity Programme 2010-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH</strong></td>
</tr>
<tr>
<td><strong>Objectives (selected)</strong></td>
</tr>
<tr>
<td>• Guarantee all Moldovan citizens have access to quality public health, healthcare and pharmaceutical services, including for the purpose of achieving the Millennium Development Goals</td>
</tr>
<tr>
<td>• Ensure access of the population to quality, efficient, harmless and affordable medicines</td>
</tr>
<tr>
<td><strong>Government priority activities (selected)</strong></td>
</tr>
<tr>
<td>• Upgrade primary healthcare for family and community</td>
</tr>
<tr>
<td>• Increase the role of local governments in the final stage of decentralization by implementing financial contribution mechanisms at local levels to upgrade the territorial healthcare institutions</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
</tr>
<tr>
<td><strong>Objective (selected)</strong></td>
</tr>
<tr>
<td>• Ensure equal opportunities in the social-economic area</td>
</tr>
<tr>
<td><strong>Government priority activities (selected)</strong></td>
</tr>
<tr>
<td>• Implement the 2010-2015 National Programme on Gender Equality</td>
</tr>
<tr>
<td>• Ensure protection of the victims of domestic violence through the efficient execution of protection ordinances by law enforcement bodies</td>
</tr>
<tr>
<td>• Ensure access of victims of domestic violence to assistance and rehabilitation, by providing support in the development of specialized services for the victims of domestic violence and assistance centres/services for domestic violence aggressors</td>
</tr>
<tr>
<td>• Develop the system of legal counselling and assistance provided free-of-charge to the victims of domestic violence</td>
</tr>
<tr>
<td>• Build the capacities of the specialists dealing with domestic violence cases</td>
</tr>
<tr>
<td>• Encourage non-violent education and build the capacities of the school system for timely detection and prevention of cases of domestic violence, as well as finding solutions for these</td>
</tr>
</tbody>
</table>

---

31 Priorities defined in the GoM Activity Programme 2010-2014 are cited
- Engage men in preventing and combating violence against women, including domestic violence

**DEMOGRAPHIC POLICIES**

*Objective (selected)*

- Consistently address the demographic challenges in order to reduce population decline and create conducive conditions for population growth, in terms of quantity and quality, making the link between the demographic security and the economic and social security for development purposes.

*Government priority activities (selected)*

- Approve and implement the National Demographic Security Strategy, giving priority to policies aimed at boosting the birth rate, reducing morbidity and mortality rates
- Ensure efficient management of population ageing issues; include the objectives of adapting to changes in population structure and improving the quality indicators of the human capital for better productivity in the development strategies
- Create the Demographic Centre in the Academy of Sciences to deal with research and scientific evidence for demographic policies, identification of monitoring and impact assessment mechanisms

**YOUTH**

*Objectives (selected)*

- Social integration of youth and development of their potential
- Ensure access of youth to education and information services
- Build up the human and institutional capacities of the youth associative sector.

**REINTEGRATION OF TRANSNISTRIA**

*Objectives (selected)*

- Create conditions propitious for the real integration of the Transnistrian region in the economic, information, political, social and cultural areas of the Republic of Moldova.
- Mobilize our external partners’ efforts in the process of Transnistrian conflict settlement.

*Government priority activities (selected)*

- Undertake confidence building measures; enhance inter-human relations, engage the residents of the region in the transformation and Europeanization of the Republic of Moldova
- Develop a dialogue with the administration, businesses and civil society in the Transnistrian region in order to create a conducive environment for country reintegration
- Develop and implement joint projects, including the support of external partners, which would lead to a better life of the populations on both banks of the Nistru river and would create a propitious environment for the "5+2" negotiations

Source: Government of Moldova Activity Plan 2010-2014
“Rethink Moldova” is the title of third planning document published by the new government in 2009. “Rethink Moldova” complements the development goals defined in the NDS 2008-2011 with the vision of the Government for achieving a five-pillar reform agenda: European integration, economic recovery, rule of law, decentralization and reintegration of the country. These pillars were put together after the definition of European Integration as a long-term political goal. Regarding social policies, all priorities defined in the NDS remain untouched.

Currently the GoM is drafting a new National Development Strategy for the period 2012 – 2020 with the working title of “Moldova 2020”, which should be approved before end of 2011. A draft text of “Moldova 2020” available in late July 2011 showed that, compared to the previous NDS, the Government Activity Plan and Rethink Moldova, the new document is much more focused on economic growth and resource mobilization for future development. At least in the draft text, no specific chapter on health and on demographic policies can be found.32 During a meeting held in late July in Chisinau between the Government and donors33, government officials explained that the social and sector development strategies already defined in standalone documents remain valid and unchanged regarding their content. The government sustains that the social development agenda is hence already defined and that Moldova 2020 should be considered as a complementary resource mobilization strategy to the social development agenda.

**Strategies and Partnerships**

Regarding strategies to be pursued by UNFP, the CPAP specifically mentions that the following points will be used for the implementation of specific activities under each output of the programme, as well as for provision of UNFPA technical and operational support to implementation:

- Advocacy and Policy Dialogue;
- Building and Using a Knowledge Base;
- Promoting, Strengthening and Coordinating Partnerships; and
- Developing Systems for Improving Performance strategies

All of these strategies have clearly been used and have been carried out in most of the CPAP components to the expected results (as described in other parts of this report). Advocacy and Policy Dialogue were clearly used as first steps for the construction of an institutional framework for P&D policies. The strategy of building a knowledge base was pursued in support of the NBS and the use of knowledge can be seen in the implementation of RH policies on the ground. The strengthening of partnerships is present in the successful implementation of joint programmes together with other UN agencies and in the work in Transnistria. The development of systems for improving performance strategies has been used successfully in the area of reproductive health. This evaluation considers that the strategies have been adapted to the environment in which they have been implemented; they would otherwise not have been

---

32 So far, seven priorities have been defined for Moldova 2020: Studies (relevant for career); Roads (good, everywhere); Finance (accessible and inexpensive); Business (clear and appropriate rules); Energy (safely delivered and efficiently used); Social Insurance (equitable and sustainable) and Justice (responsible and incorruptible).

33 This evaluation had the opportunity of being present as a guest during the meeting.
successful. The UNFPA CO management and team have been able to select for each component the adequate intervention strategy and have been able to adapt them to the circumstance. One example here can be the change of strategy for LSBE from its inclusion in the teaching curricula to peer-to-peer education.

UNFPA MOLDOVA has adjusted its programme modalities and interventions to the internal UN reform process, which seeks for a closer cooperation between different UN agencies. Through the UNDAF, as a planning and coordination framework, a joint programming and deeper coordination is encouraged in Moldova. Immediately since the beginning of the first CP cycle in 2007, UNFPA has been involved in joint activities together with WHO (in emergency medicine, in the training health cabinet staff and in commodity security), together with UNICEF and WHO (YFHS) and together with UNDP, UNICEF, ILO and UN Women (Joint Programme for Capacity Building in the generation of development statistics) is supported. Given that UNFPA has a considerably small budget framework, working together with other agencies in joint programming helps UNFPA to achieve results, which would not have been achieved if UNFPA were acting alone. The success in the R&D component, for example, benefited clearly from the joint programme on statistics, since this programme helped to provide the necessary information for putting together the Green Book on Population, and consequently the demographic security strategy. Ensuring commodity security is clearly more successful since it can build on the WHO supported health cabinets and improvements in the gender component regarding the legislation and state intervention in domestic violence shows clear synergies with the high level of attention and programmatic support provided to the sector of human rights by UNDP and UNHCR.

6.3 Effectiveness and Efficiency

Finding 3: Effectiveness
The UNFPA CP implementation was highly effective. Three out of five quantitative targets have been fully achieved while one (LSBE) continues to record concrete and substantial progress and one, i.e. the commodity security, has not been fully achieved. This is however not the result of a lack of capacity or commitment on the part of UNFPA but rather the result of circumstances entirely beyond the grasp of UNFPA, which made the objective of ensuring national commodity security difficult to achieve

Finding 4: Efficiency
Despite the many structural and administrative constraints that could have significantly affected internal efficiency and restricted the margins of operations of the UNFPA CO team, the implementation of activities has been efficient from all perspectives. This suggests that addressing the structural and administrative weaknesses would enable the CO to better meet the programme delivery requirements

6.3.1 Effectiveness

Effectiveness measures if products and services delivered by the programme’s implementation have helped to achieve the expected targets and thus move forward towards the expected outcomes. Table 2
shows at a glance the achieved progress towards the established targets. The impact of this progress on development outcomes will be discussed in Chapter 6.4 on the impact and degree of change.

In the CPAP, six specific outputs have been defined, and quantitative target indicators have been defined for five of them. We can confirm a full achievement for three out of these five indicators. Table 1 shows a complete achievement of targets for safe behaviour regarding HIV/AIDS, population and development policies and monitoring of domestic violence, and important improvements can be observed regarding reproductive health education. The only target with modest achievements is commodity security.

Table 2: Achievement of output targets

<table>
<thead>
<tr>
<th>Expected Outcomes (A)</th>
<th>Expected Outputs (B)</th>
<th>Output targets and indicators (C)</th>
<th>Target achievement (D)</th>
<th>Degree of achievement (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children, especially the most vulnerable, enjoy access to early childhood care, development programmes and high-quality basic education</td>
<td><strong>Output 1.1</strong> 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</td>
<td><strong>Output indicators:</strong> Percentage of children and youth covered by life skills-based education, both in and out of school and in rural/urban areas</td>
<td><strong>LSBE only optional in school curricula. No data available regarding optional coverage</strong></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Baseline:</strong> 85% in the academic year 2005–2006 in schools and 30,000 out of schools</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of reproductive age adopt safe behaviour and seek health commodities and information on HIV/AIDS, STIs and reproductive health</td>
<td><strong>Output 2.1</strong> Increased availability of counselling and information services on sexual and reproductive health, and HIV/AIDS and STI prevention for young people</td>
<td><strong>Output indicators:</strong> Percentage of young people aged 15-24 years, disaggregated by gender, who correctly identify ways to prevent the sexual transmission of HIV and who reject misconceptions about HIV transmission</td>
<td><strong>40.8% (2009, Indicators framework National Aids Centre MOLDOVA)</strong></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baseline: 28.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All individuals, especially the most vulnerable, enjoy improved access to essential, good-quality health care</td>
<td><strong>Output 3.1</strong> Mechanisms strengthened for supervisory and monitoring systems, including for quality assurance in comprehensive</td>
<td><strong>Output indicators:</strong> % of RH cabinets using LMIS Reproductive health commodity security system in place</td>
<td><strong>RH cabinets using LMIS: 100% (Source: UNFPA)</strong> Commodity security system is</td>
<td>40%</td>
</tr>
</tbody>
</table>

---

34 Last available information from July 2011
35 This is a subjective assessment of the evaluator, indicating approximate results.
<table>
<thead>
<tr>
<th>Outcome 4</th>
<th>Output 4.1</th>
<th>Output indicators</th>
<th>NPC existent Strategy for Demographic Security developed and about to be approved Foundation of Demographic Centre approved</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-poor policies addressing development and population are formulated, implemented and monitored in a transparent and participatory manner</td>
<td>Institutional capacity developed to establish a system to collect and analysed is aggregated demographic and population data, and to formulate national policies and monitor their implementation and impact</td>
<td>National population council established number and quality of population policies initiated</td>
<td>NPC non-existent No holistic population policies.</td>
<td></td>
</tr>
<tr>
<td>Outcome 5</td>
<td>Output 5.1</td>
<td>Output indicators</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Improved readiness to prevent and mitigate natural and man-made disasters</td>
<td>Age-specific needs, reproductive health and gender integrated into a comprehensive and coherent contingency plan for a humanitarian response to emergencies</td>
<td>Number of actions within plan addressing age-specific, gender, and RH needs and rights of claimholders</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Outcome 6</td>
<td>Output 6.1</td>
<td>Output indicators</td>
<td>A referral system for gender based violence is in place in selected regions, which not only manages case information but also the process of legal assistance and if necessary shelter for the victims.</td>
<td>100%</td>
</tr>
<tr>
<td>Vulnerable groups enjoy improved access to quality social protection services, including systems to prevent and protect women from violence, abuse, exploitation and discrimination</td>
<td>Institutional capacity strengthened in selected regions to ensure effective prevention, monitoring, protection and support systems addressing gender-based violence</td>
<td>Management information system to monitor gender-based violence cases in place in selected regions</td>
<td>MIS non-existent</td>
<td></td>
</tr>
</tbody>
</table>

Source: CPAP for columns A, B and C. Columns D and E were elaborated by the evaluators.

In Chapter 6.1, Status of the Outcome, the progress made regarding outputs has been described as well as how these outputs are expected helping moving forward towards the envisaged outcomes. A chain of cause and effect has been shown. According to findings and assessment of this evaluation, all causal
relations have proved to work out as expected, when it comes to the link between outputs and outcomes. In some cases the progress towards the outcomes is lower then in others as will be discussed below. In these cases generally the expected output has not fully be achieved. Hence a lower level of output leads to a lower level of progress towards the outcome. It is important to mention that in no case a lower level of outcome was consequence of a misunderstood or badly established link between causes end effects, between the nature of outputs and their link with expected outcomes.

Reproductive Health

RH training
At a primary level, a number of reproductive health (RH) services, including family planning (FP), are provided by a network of 47 RH/FP cabinets, mostly located in rayon centres, which should in principle take a holistic and comprehensive approach to sexual and reproductive health services and information. Under the current situation, the purpose of the RH/FP network has to expand to embrace.

UNFPA has been actively supporting Family Planning and Reproductive Health (FP/RH) in the Republic of Moldova, including the Training of Trainers (TOT), for over fifteen years - the very first TOT for FP/RH district coordinators in Moldova was held in January 1995. Thereafter, with the support of the UNFPA CO, the team of national trainers in FP/RH have trained around 1400 family medical doctors (of an official total number of 2200 in the country) and 1600 nurses (of a total of 5000 in the country) in this field. By the end of the current CPAP, it is planned for UNFPA to have facilitated the training in FP/RH of all family doctors in Moldova. It is anticipated that a probable priority of the next CPAP cycle will be completing the FP/RH training of all nurses in Moldova. It is necessary to complete FP training for all primary care doctors and nurses, especially since the “fear” of dealing with hormonal contraception remains.

The Ministry of Health has requested assistance to update the training curriculum for medical practitioners, including an additional module on domestic violence. The national team of trainers are expected to undertake a revision and update of the training curriculum as mentioned above.

Commodity security
Commodity security remains a serious issue in Moldova. UNFPA Moldova has been able to establish and implement a nationwide LMIS system for commodity security monitoring, but in spite of intensive advocacy efforts it has still not been possible to achieve commodity security through a firm commitment of national authorities to provide them free of charge to all vulnerable groups. Nevertheless, the achieved commitment to provide them at least for one (a first) vulnerable group (post-abortion) can be considered as a step in the right direction and a positive sign for the future.

36 Source for all data - UNFPA
Available data suggest significant rural-urban inequities in the availability of contraceptives - condoms, oral contraceptives, IUDs and injectables are found in significantly fewer rural health facilities compared to their availability in urban facilities\(^{37}\).

Although the use of modern contraceptive methods has increased, there is still an unmet need as evidenced by the number of unwanted pregnancies and consequent resort to induced abortion. Despite the fact that legislation in the Republic of Moldova permits abortion upon request, unsafe abortions account for 37.5\% of maternal deaths\(^{38}\) and abortion remains a major method of birth control. Availability of trained medical staff, thereby providing better access to services, has to be complemented by easy and appropriate access to supplies, especially for vulnerable groups.

Thus, having trained large numbers of family doctors under various UNFPA supported initiatives, as well as having supported the procurement of modern contraceptives; the UNFPA supported in 2010 the first rapid review of the present status of Reproductive Health Commodity Security (RHCS) in Moldova.\(^{39}\) The review found that the most significant change since the June 2005 mission is the initiation of UNFPA programme activities to support RH/FP services, including procurement and distribution of contraceptives free of charge in the Transnistria region. Furthermore, the importance of having a LMIS in place was recognized by the review. However, the authors criticised that the FP training offered to primary health care providers had not addressed how to use it; hence users do not necessarily understand the need for the data collection and have difficulties in completing forms and using the system in general.

Through its concentration of improve service quality via medical staff training outside the Chisinau area, UNFPA efforts reach the more vulnerable population in small urban or rural areas and specifically in Transnistria. Commodity security by providing free of charge commodities are targeted to low-income groups of population.

**RH education and YFHS**

Even if reproductive health education has not been successfully included in official school curricula as a mandatory subject for teaching\(^{40}\), peer education has been scaled-up to try and reach out to the same target group outside institutional teaching. Taking a look at peer education alone, the activity can be considered as a 100\% success. Peer education has been institutionalized from the Ministry of Health. Already back in 2005, peer education was included in the Reproductive Health Strategy as an approved method for health education. The Ministry of Education has also indorsed it as an alternative outreach method. In response to this, peer educators frequently address school directors asking for permission to offer their peer-to-peer training activities inside schools. Frequently this permission is granted. Performing peer educators have also been created for outreach activities on RH and youth. There are

\(^{37}\) Review of Experience of Family Medicine in Europe and Central Asia: Moldova Case Study - World Bank, May 2005

\(^{38}\) UNFPA Moldova – Rapid review of commodity security, June 2010.

\(^{39}\) UNFPA Moldova, June 2010 (Mission Report of Katy J Shroff and Mihai Corciova)

\(^{40}\) We are referring to a LSBE approach for reproductive health education, which includes modern concepts and content delivered to adolescents of both sexes in an understandable language, which they themselves address with openness and interest. Of course, there are aspects of reproductive health included in the current curricula, but these are not up to date in scope, approach, concepts and the way they are being communicated.
some critical voices in Moldova who state that peer education has so far not been able to show that it has an impact on HIV/AIDS prevalence rates. According to the understanding of this evaluation, peer education is not meant to reduce HIV/AIDS prevalence but avoid its increase through higher infection rates among adolescents. In this sense, the peer education strategy has been fully successful in Moldova, since the increase of HIV/AIDS prevalence among adolescents is slower than the increase in other groups (see Chapter 6.4 on impact).

In the Moldovan context, peer education activities have proved to be a perfect complement to institutionalized reproductive health services, which are systematically provided by the Ministry of Health through two different channels; on the one hand, through specific Youth Friendly Health Services (YFHS) (see Box 2), and on the other hand, through the reproductive health cabinets. On the one hand, public health staff (doctors and nurses) has been trained in up-to-date RH service and treatment approaches and they have also been provided with previously non-existent knowledge support material for their daily work. UNFPA not only delivered and produced (printed) teaching materials for the trainings; UNFPA also developed and produced gynaecological handbooks and manuals in order to facilitate correct diagnostics and to provide correct procedures in RH problem treatment. These training materials represent an invaluable support for on the job training since they are the only existing ones in the country. Training materials are developed by UNFPA in Romanian and in Russian for their use in Transnistria.

**Box 2: Case Study - Youth Friendly Health Centres (YFHC)**

Moldova embarked on the road of reforming its health system that targets youth after the Inter-Agency Group (WHO, UNICEF and UNFPA) adopted the Youth Friendly Health Services (YFHS) Concept in 2001. The concept is based on capacity and service creation for addressing youth health needs, such as problems related to drug consumption, reproductive health, or HIV/AIDS, in a youth-friendly way.

The first steps taken in 2001-2003 were to establish pilot YFHCs and, in parallel, to advocate for a policy development on YFHCs, capacity building for service providers within existing services, and for the development of national norms and standards for quality YFS.

Several new norms and standards regarding health service provision have been established following the initial donor input for YHCS. The Ministry of Health approved the national concept of YFHCs in November 2005. Additionally, the government developed the National Strategy on Reproductive Health for 2005-2015. Improvements in reproductive health and the promotion of a sexual education programme for adolescents are part of the Strategy. Furthermore, the Ministry of Health approved the Youth Friendly Health Services (YFHS) Quality Standards in June 2009. They are focusing on seven priorities in adolescents’ health – STI/HIV/AIDS prevention and control, Mental Health problems and substance abuse, psycho-emotional and personality disorders, violence, nutritional disorders, including

---

41 The production of handbooks and manuals was implemented together with WHO.  
42 For the present UNFPA CP evaluation no field visit to YFHC was implemented. However, the lead author of this report was earlier in 2011 part of the UNDAF evaluation mission, where he conducted the YFHC field visit and case study.
malnutrition and developmental disorders.

YFHCS have proven that they reached out to their targeted population and that they have been accepted. A recent assessment (2009) implemented by UNFPA on YFHCS services shows that more than 70% of young people know when and where to ask for health services, 68% consider that YFHCS respect youth confidentiality and intimacy and 67% consider that young people have easy access to health services needed by them at the right moment. Young people appear to be well informed about condoms; the method is well used, easily accessible and sold at several outlets. YFHCS services reach out to Transnistria.

“In the YFHCS I have been able to talk to a gynaecologist who did not make me feel ashamed at all talking and thinking about having sex with my boyfriend before marriage” – (a YFHCS focus group participant).

Youth and young adulthood are risky and hence vulnerable periods in each person’s lives. By nature they are periods of change. The initiation of sexual activity exposes to the risk of HIV/AIDS and STI, difficult transitions from school to work, first periods of independent live outside the family and the general propensity of a more risky behaviour at that specific stage of live paint a panorama of permanent threat for this age group. However, these multiple risks are addressed by public services in a much lower degree than for example risks existing during early childhood. UNFPA interventions try to reduce to some degree some of the risks youth is facing.

**Population and Development**

The full achievement expected result in the P&D component is based mainly on two facts, according to the findings of this evaluation; first, massive migration and demographic change is a relatively recent phenomenon in Moldova and second, virtually no policy or institutional setup existed before 2007 to address these phenomena. Massive migration did not start in Moldova until a decade ago and strong social and economic impacts were not felt before the middle of the last decade. However, when these impacts began to be felt, little knowledge on demographic issues existed, there was no demographic policy, and no institutional framework for an implementation of such a policy existed at all.

Recognizing the importance of demographic trends and the lack of policies to address these, UNFPA Moldova correctly fulfilled one of its core mandates, starting to address these issues together with government authorities, thus making full use of its strategic positioning of being the principle UN agency in the country for addressing demographics and making use of this expertise as a global agency.

UNFPA has been able to address this problem effectively through a process of several stages; at first generating information (the green book) and awareness, then creating the institutional platform (the demographic commission), which would be able to provide a policy response, the elaboration of policies (the strategy for demographic security) and the still pending step to broaden the institutional platform (the
demographic institute) with the idea that the institute will provide permanent input of new information for holding policy response up to date.

However, more specific activities than general demographic policies are required to comprehensively address the impact of migration and demographic change. The UNFPA Moldova country office is aware of the fact that migration and ageing population are the principal threats and challenges in this context and, together with partners, has already implemented several studies in order to better understand how these phenomena can be addressed.43

A comprehensive demographic analysis of the population in Moldova (Green Book of Population) has been carried out with support from the UNFPA Moldova and indicates that the country will be confronted with a decrease in population size (Matei, Paladi, Sainsus, & Gagauz, 2009) of up to 20% by 2050, due to reduced fertility rates and increased out-migration. Moreover, the number of marriages has already decreased, divorces have increased, and the number of children out of wedlock has increased, especially in rural areas. International migration is a significant phenomenon in the region. Due to economic difficulties, many people from Moldova are leaving to work in other countries. Sixteen percent of the active labour force in Moldova is working abroad (about a third of migrants are illegal) (Luecke, Mahmoud, & Steinmayr, 2009). About 30% of Moldovan children are living without one or both parents (Sarbu, 2007). The number of children without family care has considerably increased as a result of parental migration (177,069 in 2006 and more than 200,000 in 2007).

Consequently, the attention to family issues and family policy is a necessary step, for the next UNFPA CO cycle, in the effort to control the demographic concerns. Similarly with other countries in the region, the number of educational programmes and services focused specifically on families is currently limited in Moldova. While psychology, sociology or social work departments are present at university level, programmes focused on families, such as Family Studies, Family Psychology, or Family Counselling, do not exist, resulting in a shortage of local family scholars and practitioners.

The aforementioned facts show clearly how the UNFPA has been able to effectively address the knowledge, institutional and policy gaps regarding the situation of P&D given before 2007. At the same time, implemented strategies by UNFPA have given valuable input to initiate a process of awareness and debate regarding P&D, whichbymid-2011 has evolved to new levels of understanding. The need for additional policy action beyond a strategy for demographic security has been understood. UNFPA has a key role in the future of this process. Aware of its limited possibility of action in this field, the UNFPA has already initiated the creation of alliances engaging Moldovan government institutions with international partners, which can support future policy processes in different ways. For example, following suggestions from UNFPA, the demographic commission from the Moldovan Parliament has already applied for membership in the European Parliamentary Forum on Population and Development and a MoU has been signed between the UN International Institute of Ageing in Malta and UNFPA Moldova regarding collaboration for the period 2011-2014.

Gender

The implementation of the gender component of the UNFPA’s CP during the period under review made many significant contributions to the improvement of the institutional framework and social context needed to promote gender equality and to advance the rights of women and girls, particularly in terms of reproductive health rights.

The programme assisted the Government and NGOs in strengthening the capacities and capabilities of institutions working in the field of gender equality, domestic violence and women to enable them to advocate for their empowerment in all areas of development, as well as to promote and protect their rights including their sexual and reproductive health and rights. In this regard, efforts by the Ministry of Labour, Social Protection and Family and other stakeholders supported under this programme, in ensuring the enforcement of existing laws that have been promulgated towards eliminating all practices that negatively affect women’s rights, have resulted in accelerating the enactment of some of the following laws and national strategies or the enforcement of others, for example:

- Law on Preventing and Combating Domestic Violence
- The referral system for GBV
- National Demographic Security Strategy
- National Strategy on Ensuring Equality between women and men

There is no separate programme on gender equality within the current CP, although it is one of the three core programme areas of the UNFPA in Moldova. The increased focus on gender equality emerged from UNFPA’s support for human rights issues and its involvement in women’s empowerment and a high level of response from the UNFPA country team.

While women in Moldova have equal rights under marital and inheritance laws, according to the Constitution, decision-making in the family context is in practice mainly a male domain with women having a lower status and being economically dependent on men, especially in rural areas. In public life, the situation is almost the same, women are under-represented in high positions at the decision-making levels, but much progress has been achieved over last years.

So far, UNFPA’s engagement on gender equality issues has included responding to gender issues with a special focus on gender-based violence (GBV), by building new networks and partnerships amongst the UN agencies, government and NGOs. UNFPA has played an important role in supporting policy dialogue and advocacy leading on to the development of the National Strategy on Gender Equality and on sex-disaggregated data joint project, implemented by NBS.

Since 2008, the evaluation found that UNFPA had played an influential and leading role in advancing the agenda towards gender equality in Moldova. Discussions with stakeholders and other partners confirmed the value of the intensive support provided by UNFPA through its leadership of the Technical joint meeting.
Stakeholders highly appreciated the usefulness of the related training that UNFPA had so far supported. The MLSPF would welcome extending gender-related training across the public service in Moldova, particularly to staff in Ministries and with local multi-disciplinary teams dealing with DV cases in communities. It is needed to also extend beyond training to changes in organizational structures, work systems and the capacity of the organizations themselves. Changing attitudes regarding gender-related issues is not easy. It will take time as patriarchal behaviour is likely to be entrenched and gender promotion may be perceived as a challenge to traditional male roles.

While a needs assessment has not yet been undertaken, separate discussions with the MLSPF, the UNFPA and members of the Government Counterpart Evaluation Group suggested that there are only a limited number of government institutions and staff that already have knowledge and skills in gender equality analysis and gender mainstreaming. Beyond supporting attitudinal change, it is obvious that capacity development in Ministries is now needed to help build the necessary research, analytical and policy development skills related to gender issues that will assist government in progressing all national strategies and plans regarding UNFPA’s areas of concern.

It is important when supporting capacity development in gender to overcome any unfounded assumptions regarding gender that policy-makers might have, for example, that the interests of women are always the same as men. Policy analysis has to include analysis using a gender lens. This approach is crucial to health policies, aging and pension system reforms, and education and poverty reduction.

The UNFPA CP has contributed considerably to strengthening the capacity building of its partners. This evaluation found that in most partner institutions “gender change agents” are already in place and thus their major task may become more explicit, with regard to influencing change towards the institutionalization of the Human Rights Based Approach and Gender (HRBA and GE). However, partners still seem to not be fully acquainted with gender mainstreaming. This highlights the importance of the next steps of the CP, which have to be focused on capacity building in HRBA and GM out of the accomplishment of their specific professional trainings. In some institutions, it was obvious that it must begin with sensitization on gender as many representatives still have a stereotyped idea about this concept (such as equating gender to women).

UNFPA Moldova has a good partnership with civil society in Moldova (NGOs, media and academic groups), but the most fruitful collaboration is established with non-governmental organizations. Thus, up to 10 NGOs (in Chisinau and the regions) are UNFPA’s partners on a systematic basis. NGOs enjoyed a very friendly environment working within UNFPA and its activities have played a major role in strengthening CSO’s capacities, especially those from communities (e.g. Law Centre in Causeni, “Artemida” Association in Drochia, etc.), by facilitating a series of trainings and seminars and workshops on many topics related to gender discrimination, and particularly on gender-based violence.

**Box 3: CSO work on Gender**
UNFPA’s work with CSOs aimed to put together each partners’ expertise and skills for the implementation of public campaigns to raise awareness about different gender issues (e.g. domestic violence and gender discrimination, as well as women’s situation or the father role in raising children, etc.). A wide outreach had the hotline for victims of Domestic Violence (DV) implemented by La Strada NGO in Moldova, as well as the renowned and moving exhibition called “Voiceless witnesses” representing many female figures – victims of DV, made in wood or paper), carried out annually by Gender-Centru (NGO in Chisinau) within the National campaign “16 Days against domestic violence”. Also, UNFPA initiated for the first time in Moldova, in 2009, The Family Festival and the event became so popular that it is now carried out annually, in partnership with governmental and non-governmental organizations, as well as other UN agencies and donors in Moldova.

Strategies for effectiveness

In Chapter 6.2 (Relevance), traditional strategies for programme implementation, such as advocacy or the use of knowledge as vehicles, which can be used to bring about expected results, have already been discussed. Compared to many other donors in Moldova, UNFPA faces the special condition of having very limited financial resources. This limitation increases pressure on UNFPA of “being resourceful rather than having a lot of resources”. In order to be resourceful, to the understanding of this evaluation, UNFPA has been quite creative in the implementation of a second set of strategies, which can be understood as strategies which help to move the implementation vehicles (advocacy, use of knowledge, etc.) forward in the required scope, even with limited resources. We consider that it is worthwhile to take a look at these strategies. Concepts for these progress strategies, which help the delivered products and services to be effective, are developed in Box 4.

Box 4: Concepts for effectiveness strategies

In order to respond comprehensively the question of a results achievement strategy we propose the use of the following (non-official UN of UNFPA) evaluation criteria:44

- **Strategy for Preparing Change**: this strategy includes activities for advocacy for the necessary attention that should be given to important issues or new concepts or technical approaches for policy interventions
- **Strategy for Enabling Change**: this strategy includes activities for preparing the necessary bases of a change, such as the adjustment of legal or institutional frameworks
- **Strategy for “Fuelling” Change** (putting fuel into a process of): this strategy includes activities, which allow an already initiated process of change to move forward. It is important to maintain a distinction between the idea of “fuelling” change which refers more to inputs which keep this process going and/or help it to improve its quality and more widely used/known concepts such as driving change (the driver of policy change for example is expected to be the government)

44 These definitions are formulated by the author of this evaluation and cannot be found in literature.
and speeding up or scaling-up change, which refer to the scope and the velocity of change.

To a certain degree, the defined categories can help to understand up to which stage a change process has been progressed. Considering if these stages refer, for example, to a process of updating legal or institutional frameworks, or of updating concepts and technologies for policy implementation (public services) or of real changes occurring already on the ground affecting people’s lives, we can get a clearer idea regarding how immediate CP strategies (advocacy, use of knowledge, partnerships, etc.) are able to bring about a quick and sustainable change on the ground (impact).

Taking into consideration the concepts proposed in Box 4, the effectiveness of UNFPA CP implementation can be re-assessed. Certainly, insights from this exercise also refer to effectiveness as an impact.

**RH-Strategies**

For the implementation of the RH component in the Moldovan territory (excluding Transnistria) we can find the strategy of Fuelling Change. Many of the RH activities are concentrating on training and capacity building, frequently as well as a complementary activity for projects financed by other donors (for example, in the emergency health sector where UNFPA builds upon WHO’s work). The strategy frequently identifies existing activities where other donors provide the “hardware” (understood as a necessary condition for change) and UNFPA provides the “software” (know-how, capacity building, training) in order to create the required skills so that the existing hardware can be used accordingly, in order to make the expected change happen.

For Transnistria, we can find an approach of Enabling Change. In Transnistria, given the absence of other donors (in an early stage of the 2007-2011 period), the UNFPA concentrated on a strategy of Preparing Change and later on Enabling Change. Even if there are no tangible results in the sense of legal or institutional adjustments (given the special political status of Transnistria), it can clearly be seen that UNFPA had to implement a complete process of Preparing, Enabling and Fuelling. Even if in the current phase of implementation the element of capacity building (fuelling change) is the most visible, throughout the complete programme cycle, UNFPA’s strategy in Transnistria focused mainly on Enabling Change.

**P&D-Strategies**

For the P&D component, we find a classic approach of building up from scratch, preparing change (green book) and enabling change (population development department, demographic commission, and demographic security strategy). This evaluation considers that the process shows a highly satisfactory level of implementation so far, but the process has reached a bottleneck. Even if the strategy of demographic security was approved, there is no clear picture regarding available resources and a feasible strategy for its implementation. Additionally, even if a group of human resources already trained in demographic issues (students having finished their masters degree in demographics supported by UNFPA) does exist, these additional human resources might not be enough for a fruitful implementation.

**Gender-Strategies**
Regarding the gender component, we can see a strategy of Enabling Change, where UNFPA’s efforts have helped putting “gender change agents” in place in different institutions and processes. In a second approach, we can see the strategy of Fuelling Change through training, training materials and awareness raising. This is especially true for the case of the Dromia centre where the “hardware” of the centre was financed by other donors (USAID, UNDP, OSCE) and UNFPA provided the “software” (training) in place, thus making the change finally happen (the centre’s work would have been less successful without UNFPA training).

6.3.2 Efficiency

When assessing the efficiency of the CP’s implementation we are asking for delivery. Has the UNFPA been able to deliver planned services and products during the implementation period within the expected timeframe, and additionally, has the timing of this delivery been appropriate for a dynamic progress towards the expected results and has this generated synergies?

This evaluation has not come across mayor efficiency constraints. All available COARs for the years 2007 to 2010 rate the category “percentage of outputs in (the) Annual Work Plans (AWP) which have achieved their indicator targets” in the highest category (at least 75%). Of course, different CP components show variation of their performance levels from year to year, but the overall efficiency of delivery is always above 75%, and this way at levels, which can be accepted, as satisfactory. Taking into account that COARs contain self-assessed information, this evaluation crosschecked with UNFPA’s implementing partners (IPs) from the government side. IPs confirmed that they experience and consider a high level of efficiency from the UNFPA side and highlight that they appreciate UNFPA’s commitment and trustworthiness as a partner when it comes to the implementation of activities. High-level government officials mentioned to this evaluation that according to their experience, once there is an agreement regarding the implementation of a given activity, UNFPA fully fulfils their part in the shortest possible timeframe. IPs highlighted to this evaluation that the “UNFPA is concerned about our success” and that this concern helps IPs to accomplish in a better way their part of the CP implementation, recognizing however that the government’s limitations are responsible for a bigger share of still existing efficiency gaps.

This opinion is in line with UNFPA’s self-assessment in the COARs, which describe the most important government limitations in the following way. Principle obstacles for an efficient CP implementation can be found in “state structures (which are) not fully functional”; consequently “many programme activities had to be adjusted and re-phased”; “scarce government resources to implement joint programmes with UN agencies and obligations of Moldova as part of UN conventions” and “a slow decision making in the partner institutions for advancing”.

All other UNFPA core management indicators such as staff capacity development, monitoring activities, the participation in South-South capacity development, knowledge sharing, staff satisfaction, joint UN programming (participation in UN reform) and accountability achieve high scores in the COAR UNFPA self assessments 2007 to 2010. This evaluation has not found information, which would put the COAR, results into doubt.
Leadership, Management and Institutional Arrangements

The UNFPA CO management and team has had a clear leadership in the implementation of the CP. Leadership of the CO does not mean a lack of ownership from the government side. It rather means that UNFPA was the leading force when it came to the proposal of innovative ideas (e.g. address aggressors within the approach of domestic violence), concepts (e.g. ICPD principals for safe abortion), activities (e.g. Family Day Festival) and outreach (e.g. programme activities in Transnistria), and used its advocacy capacities to achieve governments ownership of these processes.

The initial programme budget for the 2007-2011 period was 1.25 million USD. UNFPA CO’s management has further been able to raise an additional (approx.) 1 million USD from other donors. The mobilized resources were financing mostly gender and RH component activities, but also supported UNFPA’s activity in emergency response. Additional resources have been mobilized from the United Nations Trust Fund for Human Security (UNTFHS), Romanian Ministry of Foreign Affairs (Romania ODA), from the humanitarian response fund of UNFPA, from UN-DESA and from Orange (private company / GSM operator). Additional indirect financial and implementation support to UNFPA’s activities arose from joint implementation of projects together with other UN agencies, for example the organization of the International Family Day (with UNIFEM and IOM), Transnistria programme (with IOM), human rights activities (with UNDP) and maternal health and strengthening the capacity of the health system (with WHO).

---

45 Since most of management aspects are related to the efficiency of implementation the authors of this evaluation decided to include their aspects in the efficiency chapter.
46 Orange is the principle GSM operator in the country. The IT share in GDP composition in Moldova is near 10%. National shareholders from Orange recognized in 2008 their social responsibility and the shareholders general meeting instructed Orange to spend part of their revenues on social benefits for the country. Due to their expertise and access to government, UN agencies are amongst the favourite partners for the Orange Foundation for the implementation of joint projects. UNFPA is not the only UN partner for Orange.
47 Specifically the following long term joint programmes with UNFPA participation have been established:
- Protection and Empowerment of Victims of Human Trafficking and Domestic Violence in Moldova, since 2008, joint with UNDP, 20.2% financial contribution UNFPA.
- Strengthening the National Statistical System, since 2008, joint with UNDP, UNICEF, UN Women, 6% financial contribution UNFPA.
All positive results reported so far, have been achieved despite important staff and human resource limitations inside the CO. High staff motivation and excellent management skills can account for the high level of achieved results and suggests that a fully staffed CO would be able to perform even better. The principal source of limitations in the office is the absence of BSB, for the payment of core staff salaries. Having a full CP, UNFPA Moldova should have had BSB, according to corporate regulations, but in fact never received it. Consequently, during the CP implementation UNFPA has been using about 25% of project resources for paying salaries of the office staff. This kind of practice is formally not allowed, but de facto tolerated from HQ. The fact that the CO does not count with BSB significantly narrows down its operational capacity and advocacy potential. Additionally, a non-attractive classification of posts (and their associated salaries) has resulted in six of the staff members (of usually 7 to 8 staff in the CO) leaving UNFPA Moldova CO in recent years. This staff turnover has seriously compromised the overall capacity of the office and put at risk the CP implementation process. A fully operational office would require at least one professional coordinator at NOA or NOB level for each programme component, plus a desirable gender specialist. Upgrading positions would not mean having more staff in the office, but being competitive, avoiding staff turnover and being able to use all project resources for project implementation.

6.4 Impact / Degree of Change

Finding 5:
UNFPA’s activities and support have on the whole resulted in successful processes prompting positive developments and trends in a range of RH, P&D and Gender areas. For instance, RH health indicators related to programmes and activities supported by UNFPA show significant

---

48 In July 2011 the UNFPA CO team consisted of 4 core staff and 3 non-core staff, including the office driver.
improvements compared to indicators in health areas not supported by the Fund. Similarly, the capacity building and policy advisory activities in P&D brought about important changes at the institutional and policy formulation level, although it is yet at its early stages of implementation. Programme and advocacy activities in the Gender, HRBA and gender equality GE component have helped to successfully implement normative and policy changes and to institutionalize HRBA and GE mainstreaming in policymaking and programme management. Here again, implementation is at its early stages. Work implemented in Transnistria deserves special attention, where positive results go far beyond technical and programme achievements in the RH component and achieve to create confidence building measures on the ground and with Transnistrian authorities, perfectly in line with governments strategy for reintegration of Transnistria. UNFPA carries the merit of being a pioneer in this field.

Reproductive Health
Activities implemented under the UNFPA CP contribute to development trends that are under multiple influences of government activities (policies and services), multi-donor activities and the participation (e.g. behavioural change) of the people themselves who benefit from these activities. All principle indicators for the RH sector show a positive trend and we can attribute that the implementation of the UNFPA CP (this is joint action of UNFPA and their implementing public and private partners) contributed to this trend. Some figures can give an impression about the general degree of change brought about in the RH sector.

- The number of abortions (per year) dropped from 90,000 in the early 1990s to 14,000 (2008)
- This trend continues since the number of abortions for every live new-born child dropped from 0.7 in 2000 to 0.4 in 2008
- The maternal mortality rate from dropped from 27 in 2000 to 17 in 2009
- The infant mortality rate dropped from 18 in 2000 to 12 in 2009
- The under-five mortality rate dropped from 23 in 2000 to 14 in 2009
- The overall HIV incidence rate increased from 4 in 2000 to 17 in 2009
- The HIV incidence rate population between 15 to 24 increased from 10 in 2000 to 19 in 2009
- National health costs/expenditure as share of GDP increased from 3% in 2000 to 6% in 2009

These indicators show a clear positive impact on reproductive health policies and the use of contraceptives but also show that there is still a lot of work to be done. HIV incidence increase for adolescent population is less than half of what it is for the overall population. Even if we cannot establish a causal link here in a scientific sense, the finding strongly suggests that peer-to-peer education has a positive effect. Figure 2 shows in a more specific example how the capacity building in RH service provision to vulnerable groups shows a positive impact, since HIV incidence among pregnant (screened) women decreases constantly for the first time ever. The first year of decrease was 2007, coinciding with the UNFPA CP cycle initiation.
Figure 2: Trends in HIV incidence among pregnant women screened for HIV

Source: National AIDS Centre Moldova

A second detailed example regarding positive impacts refers to public opinion regarding the sex and RH education. Remember that conservative forces from church and political parties inhibited an obligatory inclusion of RH education in school curricula. Table 3 below confirms that even in the population these conservative trends exist, since roughly 1/3 of the respondents have concerns about the usefulness of sex education (young males start sex earlier) or have moral concerns. However, the table also shows that the share of population who considers that sex education should be taught in school is at least twice as big as the share that have concerns against it. What is more, people consider the school as an even more adequate place for sex education than the family. Combining these findings with the fact that currently up to 200,000 children, adolescents in the future are living only with one or without either parent. For them, without a doubt, RH and sex education at school is the best option. These findings confirm that UNFPA should strongly insist in the future inclusion of LSBE in the school curricula and that the strategy of bridging the period until this might happen with peer-to-peer education was the right decision.

Table 3: Views on sex education for young people, breakdown by residence type (%)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex education makes young people start sex earlier</td>
<td>29.7</td>
<td>21.9</td>
<td>32.1</td>
<td>0.002</td>
</tr>
<tr>
<td>Sex education is not in line with Christian moral norms</td>
<td>32.8</td>
<td>25.7</td>
<td>35.0</td>
<td>0.006</td>
</tr>
<tr>
<td>Sex education should be taught by parents</td>
<td>48.6</td>
<td>44.8</td>
<td>49.8</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Sex education should be taught in school</td>
<td>65.2</td>
<td>70.8</td>
<td>63.5</td>
<td>0.004</td>
</tr>
</tbody>
</table>

Source: UNFPA Moldova, Women’s Vulnerability to HIV and AIDS in the Republic of Moldova 2010

Strategies pursued by UNFPA under the RH component focused on capacity building mainly on the supply side of public services. In spite of positive impacts, there is also evidence that only addressing the supply side of services does not ensure a complete solution of the problems or closing of existing gaps. For example Under Five Mortality decreased from 23.3 in 2000 to 15.7 in 2005 and further on much slower to only 14.3 in 2009. Similarly, Maternal Mortality dropped from 27.1 in 2000 to 18.6 in 2005 and then to 17.2 in 2009 and the share of underweight new-born children even increased from 4.3 in 2000 to
5.3 in 2008. These findings suggest that even if the strategy of focusing on vulnerable groups generates an impact, there is also a need to address the demand side aspects for services, trying to induce behavioural changes in people. This evaluation strongly suggests that UNFPA should explore the possibilities of how to best address demand side obstacles. Frequently demand side problems for social services are addressed either with training and capacity building for consumers or via the creation of incentive structures.

**Population and Development**

Regarding P&D the degree of change goes along the exact lines of outputs and the effectiveness of strategies already described above, since in 2007 work in this field started virtually in an empty space. Achieved change includes the setup of an institutional framework for demographic policies (the commission), generation of knowledge and empiric evidence on demographic problems (green book), the formulation of a policy (strategy of demographic security) and an achieved commitment of the government to continue this process with its own efforts, since the approval of the strategy is expected before end of 2011 and the creation of a demographic institute is already included in the government’s activity plan and is expected to happen before the end of 2013.

The most important element of impact of the achievements mentioned above consists in the fact that these achievements constitute a base on which to build upon. This base consists of knowledge (the Green Book), the capacity of the NBS to update P&D indicators, a draft policy and a network consisting already of several national and international institutions that started working on P&D (MLSPF, National Demographic Commission, Parliamentary P&D Commission, University of Moldova, INIA, European Parliamentary Forum on P&D). This platform should be used for the development of specific P&D policies whose feasibility has already been preliminarily explored by UNFPA Moldova, such as Family Policy, a specific policy framework for ageing population and migration.

Within this context, the implementation of the next National Population Census in Moldova, currently announced for 2013 by the authorities but still not confirmed, will be of fundamental importance. A population and housing census is the primary source of information about the number and characteristics of a given population in each locality. It takes stock of the most important asset of countries: their human capital. The last census in Moldova took place in 2004. Since a census updates the knowledge regarding the real situation of the country, it is thus the basis for the formulation of appropriate policies. Hence, a possible support to the census from the UNFPA side needs to be addressed as a matter of priority, since only a considerable amount of time, financial and human resources can ensure an adequate preparation and implementation of the census. An inadequate preparation and implementation might seriously jeopardize census results, its credibility and hence its usefulness for policy formulation or update.

Family policies are frequently a powerful tool to adequately manage the adverse impacts of demographic change (ageing) and migration. They enclose a wide range of functions addressing issues of gender inequality or childrearing (providing a safe and thriving environment for raising children) and parenting, amongst others. Family policies are conducive to maintaining family values by creating a favourable environment for children. The child rearing policy areas include family planning and birth control, promoting parent education, promoting father involvement in parenting, preventing child abandonment and promoting deinstitutionalization, preventing teenage pregnancy, promoting parents’
involvement in child’s education, preventing child abuse, supporting migrant families and children, and developing after-school programmes. Parenting education serves as both a prevention and intervention strategy, including classes on child development, childcare, nutrition, and effective discipline techniques (reducing thus DV).

Population ageing poses unique challenges. Moreover, this phenomenon is in actual fact irreversible and is not easily modified. Because of this fact, attention from the government side should be aimed at the very issues that arise from this process. The Madrid Plan of Action on Ageing has identified Mainstreaming Ageing and the concerns of older persons into national development frame works and poverty eradication strategies as the cornerstone for any country to meet the challenges of population ageing. As a policy tool, mainstreaming needs to systematically integrate ageing issues into the present and future development agendas, plans of actions, legislations, work programmes and budgets. It should lead to the inclusion of ageing issues and concerns into all aspects of social, political, economic, health and cultural life.

In the context of the upcoming census, the pending implementation of the strategy for demographic security and the challenges family policies and the ageing population represent, the still pending setting upon the National Demographic Centre has been a matter of great importance. It is expected that the Centre will serve as the catalyst in the country for demographic research as a basis for national policies and programmes focusing on health, economic and social issues.

Gender

Changes brought about by UNFPA work regarding Gender and Human Rights forms part of a wider context of joint efforts made by the State and by donors in promoting the implementation of social, economic and cultural rights. This commitment can clearly be seen through the adoption of the National Programme for Gender Equality 2010 – 2015; the inclusion in the Criminal Code of sexual harassment as a crime, the adoption of the Strategy and National Action Plan on Reform of the residential care system 2007 -2012 or the adoption of the Law on Preventing and Combating Domestic Violence of 2007. Since these commitments, in a first stage, do not go beyond the establishment of rules and norms, the contribution of UNFPA consists in supporting activities for the implementation of these new norms and thus creates evidence on the ground regarding the possible success of these norms and its positive impact. This kind of evidence is a necessary condition for the creation of an environment of a rapid expansion of practices established in the new normative framework, for daily life. UNFPA has been supporting the implementation of this framework in direct approaches, for example via the law centre which implements the system of protection order of victims of domestic violence, or in a more indirect approach, for example via de Drochia centre which offers shelter for victims of domestic violence. Additionally, regarding advocacy work for mainstreaming HRBA and GE, UNFPA has achieved the institutionalization of the ideas and concepts of HRBA and GE but has still not achieved that these concepts be internalized at the formulation and implementation of policies.

At present, the Republic of Moldova has an advanced gender legal and institutional framework and a high-level political commitment to address gender inequalities in the country. In fact, according to OECD
ranking in Social Institutions and Gender Index (SIGI)\(^49\), the Republic of Moldova ranks 12\(^{th}\) out of 102 countries. However, even the institutional gender framework is internationally assessed as modern and providing important spaces of equality, the reality on the ground looks different as shown in Figure 3 below, which reveals a conservative and unequal picture of women’s role in daily life. Hence, even if there are already important institutional achievements regarding gender policy, the impact on the ground is still limited due to reduced progress regarding its implementation.

**Figure 3: Perceptions about rights and roles of women and men in the society and family**

<table>
<thead>
<tr>
<th>Perception</th>
<th>Strongly agree</th>
<th>Mostly agree</th>
<th>Agree</th>
<th>Somewhat disagree</th>
<th>Disagree</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried pregnant woman is a shame for her family</td>
<td>26.1%</td>
<td>24.7%</td>
<td>15.7%</td>
<td>16%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Women should be virgins before marriage</td>
<td>25.3%</td>
<td>28.2%</td>
<td>19.4%</td>
<td>13%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Women should get married before 25 years</td>
<td>21.5%</td>
<td>26.7%</td>
<td>23.7%</td>
<td>15%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Men should take of elderly parents</td>
<td>37.1%</td>
<td>41.2%</td>
<td>13.8%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The role of the woman is to give birth and raise healthy children</td>
<td>38.3%</td>
<td>40.1%</td>
<td>12.1%</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and men have the same opportunities to become political or business leaders</td>
<td>36.7%</td>
<td>36.9%</td>
<td>12.7%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and men have the same right to migrate for work</td>
<td>36.3%</td>
<td>40.2%</td>
<td>11.4%</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women should raise kids and man should provide for the family</td>
<td>29.3%</td>
<td>28.1%</td>
<td>18.5%</td>
<td>12%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Women earn less money than men</td>
<td>19.6%</td>
<td>24.1%</td>
<td>27.5%</td>
<td>17%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Women and men have equal rights</td>
<td>40.3%</td>
<td>32.8%</td>
<td>11.3%</td>
<td>8%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

Source: UNFPA Moldova, Women’s Vulnerability to HIV and AIDS in the Republic of Moldova 2010

**Box 5: Protection and Empowerment of Victims of Human Trafficking and Domestic Violence**

The 3-year Project “Protection and Empowerment of Victims of Human Trafficking and Domestic Violence”, launched in October 2008, is implemented jointly by four agencies: United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), and International Organization for Migration (IOM) and the Organization for Security and Cooperation in Europe (OSCE). The project is the result of an intensive collaboration between the participating agencies of UNDP, UNFPA, IOM Mission and OSCE Mission to Moldova, key public institutions\(^50\) and other relevant partners in the anti-trafficking and gender communities in Moldova.

---

\(^49\) [http://genderindex.org/ranking](http://genderindex.org/ranking) The index was estimated for the first time in 2009 and has not been updated since, hence it still does not allow to assess trends.

\(^50\) After the reform of the Government structure (approved in September 2009), the Ministry of Social Protection, Family and Child was renamed the Ministry of Labour, Social Protection and Family and the Ministry of Local Public Administration (MLPA) was liquidated. The responsibilities of the MLPA were divided between the Ministry
The overall goal of this Project is to improve: 1) the ability of the Government of Moldova, in partnership with civil society, local communities, and other service providers, to provide its vulnerable citizens with a life free from the threat or experience of domestic violence and human trafficking, and 2) the access of vulnerable citizens to quality, comprehensive, necessary medical, psychological, social, legal, employment and housing services, to achieve and sustain such a life.

Throughout the Project implementation, the Government demonstrated responsiveness by leading the process of design and validation of important mechanisms to implement the rights of victims of human trafficking and domestic violence. The Project’s successful work to bolster the Government and civil society organization’s advocacy and awareness raising programmes targeting different groups, led to the following intermediate results:

- The 1st phase of the nation-wide awareness-raising campaign on domestic violence resulted in a higher level of identification (including self-identification) of victims of domestic violence. The Trust Line for victims of domestic violence registered about 1,464 calls following the launch of the national awareness raising campaign on domestic violence in October 2009.
- The Project was successful in providing support, capacity building, and training to expand the National Referral System (NRS) for victims and potential victims of human trafficking to the victims of domestic violence.
- The NRS Strategy concept was upgraded and approved by the National Committee for Combating Trafficking in Human Beings and the Ministry of Labour, Social Protection and Family Board.
- The wide territorial discrepancies within Moldova concerning the access to social services for all vulnerable groups represent a considerable impediment for the National Referral System (NRS) operations throughout the country. By expanding the NRS both geographically and thematically, the Project partners contributed to the elimination of the above gaps.
- 1,622 victims, 772 potential victims, 336 perpetrators and 12 victims or perpetrators benefited from direct assistance provided in all Project districts. Drochia shelter for victims of domestic violence assisted 263 beneficiaries (women and children) through psychological, legal, medical assistance, housing, job counselling, and job placement, amongst others.

Source: UNFPA Moldova/IOM/UNDP/OSCE, Public Report on Human Touch Stories and Good practices documented under the Project “Protection and Empowerment of Victims of Human Trafficking and Domestic Violence in Moldova” – October 2008 at March 2011 (V. Ghimpu)

According to the 1997 Reproductive Health Survey over 21% of women reported abuse by a partner or ex-partner. Table 3 below shows that initiatives as the one cited exemplarily in Box 6 contribute to a positive trend in DV, since values for adverse situations during the past 12 months are clearly below lifetime events.
### Table 4: Types of domestic violence throughout their lifetime and during the last 12 months, breakdown by residence type and age group (%)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
<th>Level of significance</th>
<th>15-18</th>
<th>19-24</th>
<th>25-49</th>
<th>50 and older</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>51.3</td>
<td>38.9</td>
<td>55.0</td>
<td>&lt;0.001</td>
<td>44.4</td>
<td>44.9</td>
<td>50.4</td>
<td>54.1</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Physical</td>
<td>24.2</td>
<td>14.1</td>
<td>27.1</td>
<td>&lt;0.001</td>
<td>11.1</td>
<td>16.9</td>
<td>24.3</td>
<td>25.8</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Sexual</td>
<td>12.1</td>
<td>6.0</td>
<td>13.9</td>
<td>0.001</td>
<td>0.0</td>
<td>13.5</td>
<td>12.4</td>
<td>11.8</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td><strong>Past 12 months</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>26.8</td>
<td>15.8</td>
<td>30.0</td>
<td>&lt;0.001</td>
<td>33.3</td>
<td>33.7</td>
<td>29.7</td>
<td>21.4</td>
<td>0.014</td>
</tr>
<tr>
<td>Physical</td>
<td>10.3</td>
<td>6.0</td>
<td>11.5</td>
<td>0.014</td>
<td>11.1</td>
<td>10.1</td>
<td>12.5</td>
<td>7.4</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Sexual</td>
<td>7.1</td>
<td>3.4</td>
<td>8.2</td>
<td>0.001</td>
<td>0.0</td>
<td>14.6</td>
<td>8.6</td>
<td>3.7</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Source: UNFPA Moldova, Women’s Vulnerability to HIV and AIDS in the Republic of Moldova 2010

In the same way as seen in the example of an adequate institutional framework for gender equality which does not correspond with the women’s role in daily life, the successful implementation of projects as the one described in Box 4 only represents the first step on a long journey. Their impact is still low, since not even 15% of victims of gender-based violence are seeking currently for (institutional help).\(^{52}\)

### Transnistria

A special recognition is deserved by UNFPA’s work in Transnistria. Even though UNFPA’s work in Transnistria focuses on RH, the level of change brought about goes far beyond positive results in this area. Support in RH is provided in Transnistria through public authorities to people on the ground. Thus, several important aspects of cooperation are addressed. First, Transnistria receives from UNFPA side support and cooperation, which the region has not been able to get from anywhere else. This makes UNFPA support unique. Second, it is provided to people on the ground through public health services, thus it involves Transnistrian institutions and authorities and is officially accepted. Positive changes for people’s daily lives are this way achieved as well as a deeper involvement with authorities. Confidence is thus created at both levels, with authorities and with the people. The creation of such confidence is the heart of government’s strategy for a future reintegration of Transnistria. Without a doubt, the UNFPA has the merit to have been the first UN institution that started implementing this kind of activities. Since the activities proved to be successful, other UN agencies (currently UNDP, IOM and UNICEF) started already from their side to implement activities in Transnistria as well. But UNFPA has clearly been the pioneer in this field.

### Institutional Development

Even if it is not a CP component, an important share of UNFPA work can be considered as support to institutional development and the update of legal frameworks. A core activity in this sense is UNFPA’s participation in the support to the joint UN support to the National Bureau of Statistics (NBS). It was the

---

\(^{52}\) Most women never address to any institutions enabled to help them in such situations. Only 11.2% would address sometimes to a hospital, 12.2% sometimes to the police, 6.3% to a justice system and 5.1% to mayorlty. Source: UNFPA Moldova, Women’s Vulnerability to HIV and AIDS in the Republic of Moldova 2010
institutional development of the NBS and it increased ability to provide indicators, which enabled the GoM in recent years to put give support to national and sector development strategies. In this sense, the institutional development of NBS is also a support to all UNFPA programme components which again support the institutional development, for instance of the MoH of the MLSPF.

Throughout its support to institutional development at different levels, the UNFPA contributed to political stability and a generally positive development trend regarding governance and rule of law in Moldova, as can be seen in the trend of the following indicators considered under UNDAF.

Table 5: Governance indicators Moldova

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voice and accountability</td>
<td>-0.610</td>
<td>-0.310</td>
</tr>
<tr>
<td>Government effectiveness</td>
<td>-0.732</td>
<td>-0.558</td>
</tr>
<tr>
<td>Rule of law</td>
<td>-0.522</td>
<td>0.454</td>
</tr>
<tr>
<td>Political stability</td>
<td>-0.558</td>
<td>0.505</td>
</tr>
<tr>
<td>Corruption perception</td>
<td>2.3</td>
<td>2.9 (2010)</td>
</tr>
</tbody>
</table>

Source: D. Kaufmann et al, World Bank Governance Index

6.5 Sustainability

Finding 6: The sustainability of the results achieved during this first programme cycle depends on the extent to which they can be consolidated in a systematic follow up and capitalized upon on the side of both government and UNFPA, including ensuring appropriate UNFPA funding and adequate human resource and operational delivery capacity (notwithstanding UNFPA MOLDOVA’s resource mobilization efforts of more than 25% of the core resources).

Regarding the sustainability of achieved results, recent trends in core RH indicators showed an increase in 2008, after a previous positive trend, and then back to this positive trend in 2009. These events show that even if the achieved results in RH are positive, they are at risk and still not consolidated. Management staff from the Ministry of Health indicated to this evaluation that there is some evidence that, for example, an important share of existing maternal mortality seems to be related to non-obstetric health complications and that part of the 2008 increase can be related to this phenomenon. Regarding P&D, the bottleneck in this process has already been described. Meanwhile, the sustainability of gender-related achievements will depend on how wide, deep and quickly adjusted legal frameworks can be fully implemented, making use of the capacities built up with UNFPA support. Hence, all achieved results require follow-up activities for their consolidation, in order to achieve full government support and in order to be taken on board by the authorities. UNFPA however suffers important limitations regarding available funds as it has been shown already in the efficiency part of Chapter 6.3.2. Additionally, an important part of resources is coming from outside and its availability is not guaranteed.

7. Conclusions

Since the start of the CP 2007, UNFPA has been a trusted partner for Moldovan public authorities, including Transnistria, as well as for the civil society. The CP proved to be relevant regarding its thematic approaches and its implementation strategies, which have been able to effectively bring about most of the expected results. The overall highly satisfactory level of results has been achieved despite very limited financial resources and consequently limited implementation capacities in the CO.

UNFPA Moldova has been able to engage in strategic partnership, or via joint programming or via non-formalized cooperation in minor activities with other UN agencies and has this way been able to achieve an effectiveness level which goes beyond what could be expected, considering the limited resources the office has available.

The CP has been able to position its activities strategically in fields that are relevant for the country regarding its policy priorities, regarding people’s needs on the ground and regarding UNFPA’s core mandates and additionally is fully in line with the UNFPA Regional Programme Action Plan 2008-2013 for Eastern Europe and Central Asia. The CP implementation has been able to break new ground and be innovative in its work in P&D and in its approach to Transnistria.

Implementing partners from public and private sectors appreciate UNFPA’s support for training and capacity building, access provided by UNFPA to training materials and support provided for outreach and awareness. On the operational side, partners appreciate UNFPA’s flexibility in the definition of activities based in annual work plans. This flexibility goes beyond what other UN agencies usually offer.

All results achieved require follow-up for their sustainability. Additionally, P&D and Gender component achievements are still at an early stage and require consolidation and if possible an extension of activities addressing additional aspects as have shown the examples of family policy or ageing population regarding the P&D component.

The implementation of the CP since 2007 has provided UNFPA with a unique strategic position and advantage compared to other donors. Given its work on the ground, UNFPA has a much wider outreach than most of the other agencies, since it is working permanently in at least 50 districts regarding RH, has the complete peer education network and related contacts available, works in regional centres regarding domestic violence and has much better, deeper and wider access to Transnistria.
8. Recommendations

General recommendations

- Continue with the same programme components, Reproductive Health, Population and Development and Gender. For all these components highly positive results have been achieved. The consolidation of all these achievements and the institutionalization of policies and strategies related to these achievements require follow-up activities from UNFPA.

- Continue joint programming with other UN agencies, throughout the complete next Country Programme Cycle.
  - Joint programming helped UNFPA Moldova so far to achieve good results. It enables UNFPA to be resourceful and creates synergies with other UN agencies. Joint programming should be based on the design of joint activities right from the start and not consist of an ad hoc composition of previously designed activities.

- UNFPA should make use of strategic advantage regarding its already existing base for the outreach of activities. Compared to other UN agencies in Moldova UNFPA has established an extended network with activities in the ground, in communities and in Transnistria.
  - This privileged position can be used specifically for joint programmes with other UN agencies, helping them to engage in activities in Transnistria.
  - It can be a valuable support for other UN agencies, via joint activities with UNFPA for outreach in RH or in activities related to P&D

- UNFPA should advocate between GoM and other UN agencies for the definition new social policies, which offer specific services and social protection in the context of demographic change.
  - Moldova stands today at a critical turning point for confronting the challenges and issues generated by a projected rapidly decreasing and ageing population. This phenomenon calls for the formulation of new social policies and the finding of the resources needed for implementing these policies successfully. UNFPA, as a specialized agency in demographic issues, can provide valuable help for a better understanding on how this phenomenon has to be reflected in social policies.

- The draft text of the future national development strategy “Moldova 2020” includes the reform of the social insurance and pension system as one of its priorities. UNFPA Moldova should include this area in its next country programme
  - UNFPA can make use of the global network of expertise in this field
  - Explore the possibility for a joint programme in this regard, possibly with UNDP, UNICEF and IOM

- Develop a position and clear strategy to work with civil society as a complement to national programmes and in an effort to reach marginalized populations
Engaging civil society can potentially help to improve outreach and quality of services faster as well as to better identify vulnerable groups at local level and thus help to achieve their inclusion.

Additionally, the UNDAF evaluation of early 2011 showed that the System of United Nations as a whole lack a clear and common understanding how civil society should be addressed in the country and what would be their role in cooperating with UN. A clear definition of the relationship and roles would help to improve the efficiency and effectiveness of the cooperation.

- Enhance monitoring and evaluation as well as Results Based Management capacities of implementing partners
  - The experience of the monitoring system for commodity security showed clearly the importance of such a system, as well as the difficulties from government side to implement such a system without donor support. This is only one example for the lack of monitoring and RBM.
  - The achievement of both of these objectives would help to make the cooperation with implementing partners more effective and hence increase their potential impact.
  - Since UNFPA Moldova depends heavily on non-UNFPA resources, an improvement of these capacities in implementing partners would facilitate fundraising and would make it more sustainable since a better reporting of achievements would be possible.

- Ensure competitive working conditions in the UNFPA CO in order to avoid staff turnover

**RH component**

- Continue supporting commodity security in kind but also with technical support for identifying correctly vulnerable groups, which receive contraceptives free of charge and with a continuous advocacy with the GoM regarding their responsibility for commodity security. Currently the share of responsibility GoM assumes in this field is still small. UNFPA should continue supporting the country until government’s share is big enough, to allow UNFPA’s withdraw of without putting the achieved commodity security at a high risk.

- For capacity building in RH, consider also addressing demand side problems (behavioural change), especially for vulnerable groups, since only addressing the capacity of service delivery is not sufficient for influencing all causes of exclusion.

- Core development indicators in Moldova show a strong positive trend until 2005 and a weak positive or even negative trend after 2005, despite an overall positive environment.\(^{54}\) Maternal

---

\(^{54}\) Macroeconomic and poverty trends since 2000 show a strong pattern of improvement between 2000 and 2005 with a break point in 2005 and a weak trend of improvement (or even a deterioration) since 2005. Parallel to the positive economic trend in the first part of the last decade many social indicators improved with dynamic trends until 2005 and after 2005 in a much slower degree. Even if economic growth recovered after 2005 (until 2008 and
mortality, one of the core indicators for RH health, is among these indicators. More research is needed to understand what is behind this change in trends and how can it be addressed. UNFPA should support such research related to the core components of its country programme.

- Finish the training of doctors and nurses, which is currently at coverage rates of 80 per cent and 50 per cent respectively. It is especially important to plan training for Nurses, especially those based in rural areas, given that the doctors have to cover several villages, the nurse is often the only primary care provider on site.

- Institutionalize the training of doctors and nurses, since there will be a need for a permanent offer of this kind of on the job training for them. This kind of training cannot be a permanent task for UNFPA. There is a need for an exit strategy for doctor and nurse training for UNFPA.

- Regular periodic update meetings and revision of training materials at specified intervals in the future are recommended, in order to keep the curriculum and the trainers up to date and motivated. This process should also include official approval or certification or allocation of points for the Accreditation and Re-accreditation of the trainers by the MOH or other relevant authority.

- Make the LMIS more usable and user friendly and include LMIS and RHICS training in RH/FP courses and workshops.

- Continue advocacy for LSBE inclusion in school curricula. Demographic trends and public opinions preference for school based sex education rather than implemented by parents show that the need and the base for the expected change exist. Modern school curricula based LSBE is additionally of extreme importance, given the high number of young boys and girls living without their parents, in Moldova.

- However, continue as well with peer-to-peer education, since it has proved its impact in Moldova regarding the outreach of RH knowledge in adolescent population and regarding lower increase rates of HIV/AIDS incidence for their age group. Additionally peer education has the potential to reach vulnerable young people not or not any more assisting to school education.

then again starting from 2010) social indicators seem to have not been able to recover their strong positive trend before 2005 or have even shown negative results. The per capita GDP measured in purchase poverty increased from 2112 USD (PPP) in 2000 to 2843 USD (PPP) in 2009. The monetary poverty rate decreased from 67.8% in 2000 to 26.5% in 2004 and remained almost stable afterwards, reaching 26.3% in 2009 (lowest point 25.8% in 2006) despite positive economic growth (with exception of 2009). Considering social indicators, Under Five Mortality decreased from 23.3 in 2000 to 15.7 in 2005 and further much slower only to 14.3 in 2009. Similarly Maternal Mortality dropped from 27.1 in 2000 to 18.6 in 2005 and then to 17.2 in 2009 and the share of underweight new-born children increased from 4.3 in 2000 to 5.3 in 2008. The net enrolment rates in primary and secondary education decreased between 2000 and 2009 (all data UNDP National Human Development Report Moldova 2011 on social exclusion).
• The Ministry of Health suggests that UNFPA activities could be closer to the health reform agenda. Follow up on this suggestion and explore thematic alternatives for current cooperation with the ministry.

P&D component

• Continue with the advocacy for the quick constitution of the Demographic Centre, since its existence will be fundamental for the analysis of results from the next population census and since it will have the potential to provide important support to the challenges for the design of future P&D policies, such as family policies and policies which take into account ageing population

• In fulfilment of its mandate, UNFPA Moldova should play a lead role in advocating and mobilizing support for the announced population census 2013. In many countries, UNFPA helps develop capacity in technical aspects of the process, including cartography, data collection and processing and data analysis and dissemination. UNFPA Moldova should explore in a timely manner where its strengths in this process, together with other UN agencies and donors, are most likely to be successfully used.

• Develop annex it strategy regarding the support to NBS. There was a need for strengthening NBS capacities for the generation of demographic, reproductive health and gender indicators in 2007, but these capacities have already been successfully established. Additionally, since other UN agencies, led by UNDP already announced their commitment for a continuous support to the NBS also in the next UNDAF cycle, technical assistance to NBS and hence its future capacity building is ensured. UNFPA’s participation in the previous joint programme for NBS support was only 6%, hence not an important amount for NBS but an important amount which can be available for other UNFPA activities.

• Start a strong advocacy and develop proposals for the design of family policies and for the mainstreaming of family policies and the problem of an ageing population. The concept of family policies is currently almost not existent in Moldovan policies. However, growing government attention to demographic policies and to events such as the annual family day open a window of opportunity for the positioning of the concept of family policies, which has the power to integrate social policies and offers that way two simultaneous advantages for Moldova. First, it can be the perfect complement to the strategy of demographic security and build upon all the work carried out in the P&D component since 2007 and integrate at the same time achievements of all three UNFPA programme components. Second, it can serve as a platform for the still non-existent comprehensive approach for the integration and coordination of social policies.

• The platform of family policies also offers an opportunity for UNFPA to engage with migration policies and address a still unexplored area of policies related to migration in the country. From an economic, social and demographic point of view it would be desirable that migrants stay in
permanent contact with Moldova, even after the first generation of migrants. Policies, which create links and incentives for permanent contact, investment or even return, should be developed. UNFPA Moldova should explore the possibility to engage in this area, possibly with IOM as a natural UN partner for this sector.

**Gender component**

- Gender equality should be a separate component of the next UNFPA CP and to address the following issues:
  - Providing research, evidence-based advocacy and technical assistance to formulate and revise policies and legislation to promote gender equality.
  - Strengthening the institutional capacities of the government and civil society in the areas of gender analysis and mainstreaming.
  - Raising awareness on gender equality, reproductive rights, GBV, and male responsibility in RH.
  - Establishing women-friendly spaces and supporting other similar interventions for women’s empowerment with an emphasis on integrating RH, counselling and referral in such interventions.
  - Identifying and promoting areas of joint programming through the work of the UN-Women and UNICEF.

- Continuing to mainstream gender equality under all sub-components of the Country Programme:
  - To assist the Government and other stakeholders to align Moldovan policies more strongly with UN and EU frameworks and universal principles of human rights and gender equality, UNFPA could support initiatives to inform the pro-natalist policy by critical analysis and comparative research based on the principles of gender equality and human rights; review of strategies used in other countries to encourage birth; development of alternative policy proposals to encourage childbirth (e.g., improving access to and quality of public kindergartens).
  - To strengthen gender equality and DV legislation; UNFPA can consider supporting consensus-building and strategizing meetings among key proponents of the law in addition to the current support for advocacy. Another important contribution would be to support for initiatives to identify gender-discriminatory laws and policies (on employment, family, pension, etc.), development of recommendations for their elimination, and related advocacy measures to be taken.

- Continuing to provide support for building national capacity to combat GBV/ DV and increase availability of required services for victims:
  - More attention should be paid by all stakeholders to improving multi-sector coordination and cooperation, standardization and institutionalization of the referral system, institutionalization of training programmes for local level practitioners and increasing the
government role in financing and providing protection services for victims and service providers.

- Support for continuously improving quantitative and qualitative data as well as building research and analytical capacity on GBV for relevant stakeholders is of critical importance.
- Support for capacity-building can be improved by developing a strategic approach, which approach capacity-building as a long-term, staged, participatory and partnership-based process with built-in needs assessment, follow up, monitoring and technical support, addressing specific needs at particular stages.
- More concerted effort needs to be made to deepen the stakeholders’ and UNFPA staff’s knowledge and understanding of intersecting and structural nature of inequalities and discrimination (linking gender with socio-economic disparities and other factors such as ethnicity, location, age, etc.) and assist them in developing practical skills in the application of gender equality and rights-based, culturally-sensitive approaches.
- UNFPA could further strengthen its support to build up capacity at local levels by identifying best local practices/examples of gender and cultural sensitivity and rights-based approaches, and facilitating horizontal sharing of experience and home-grown techniques.
- It is important to go beyond general gender awareness.

It is important to go beyond general gender awareness.

### 9. Lessons learned and good practices

- UNFPA concentrated mainly on capacity building and was successful in its strategy to put their efforts in on-going processes (software) to make policy implementation perform better

- Success stories create commitment from government side (Drochia Centre), this would suggest that a success story of a demographic security implementation might make things get better

- UNFPA has a better outreach on the ground than other UN agencies (RH cabinets, the complete peer education net, works with a lot of NGOs/CSOs, the work in Transnistria, work in regional centre for domestic violence) – they are doing part of the work for UNFPA – good practice

- Joint programmes are good but should be put together right from the start with joint planning and not as ad hoc activity (putting existing activities together) – right approach for social security
Acknowledgements

Our sincere thanks each of the staff of the UNFPA Office in Moldova for the warm welcome, hard work and assistance, and their kind hospitality during our time in Chisinau. Especially, thank you to those who worked long hours and gave up some of their weekend time for the mission and for the field visits.

We would like to thank all the people we met during the mission for taking the time to meet with us. Special thanks to Diana Selaru for so efficiently dealing with the administrative details of the mission; and to our driver Aurel Sturza for getting us to and from meetings and field visits safely and on time. To our interpreter / translator Elena Dolghii, many thanks for helping us communicate during the meetings. Thanks as well to Richard Elsam for the language editing of this report.

Last but not least, our sincere thanks to Dr Boris Gilca, UNFPA Programme Coordinator and Dr Francois Farrah, UNFPA Country Director for their enthusiasm, inputs and support for this mission, which contributed to make it a very rewarding and rich experience.
## Annex

### A.1 Meeting list


**Detailed Evaluation Schedule**

(in-country mission 19-25 July 2011)

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, 19 July 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 9:30</td>
<td>Accommodation, individual in-office work</td>
</tr>
<tr>
<td>9:30 – 11:00</td>
<td>Debriefing / Orientation meeting on Moldova CP evaluation with the participation of:</td>
</tr>
<tr>
<td></td>
<td>Thomas Otter, Daniela Terzi-Barbarosie, Francois Farah, Boris Gilca, Viorel Gorceag,</td>
</tr>
<tr>
<td></td>
<td>Natalia Cojohari, Sandina Dicianu, Diana Selaru, Tatiana Mustea</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Meeting with UN and partner donor’s agencies:</td>
</tr>
<tr>
<td></td>
<td>Matilda Dimovska, UNDP Deputy Representative,</td>
</tr>
<tr>
<td></td>
<td>Liviu Bleoca, Counselor – Embassy of Romania</td>
</tr>
<tr>
<td></td>
<td>Jakob Schemel, UN Coordination Officer,</td>
</tr>
<tr>
<td></td>
<td>Claude Cahn, UN Human Rights Adviser</td>
</tr>
<tr>
<td></td>
<td>Sandie Blanchet, UNICEF Deputy Representative</td>
</tr>
<tr>
<td></td>
<td>Martin Wyss, Chief of IOM mission</td>
</tr>
<tr>
<td></td>
<td>Ulziisuren Jamsran, UN Women</td>
</tr>
<tr>
<td></td>
<td>Alexandrina Iovita, M&amp;E Adviser UNAIDS Office</td>
</tr>
<tr>
<td></td>
<td>Silviu Domenti, deputy WHO Representative</td>
</tr>
<tr>
<td></td>
<td>Boderscova Larisa, Programme Coordinator/WHO</td>
</tr>
<tr>
<td></td>
<td>Mr. Jakob Schemel, UN Coordination Officer</td>
</tr>
<tr>
<td>13:00 – 14:30</td>
<td>Meeting with the <strong>Government Counterpart Evaluation Group</strong></td>
</tr>
<tr>
<td></td>
<td>Victor Lutenco,</td>
</tr>
<tr>
<td></td>
<td>Sergiu Sainciuc,</td>
</tr>
<tr>
<td></td>
<td>Rodica Scutelnic,</td>
</tr>
<tr>
<td></td>
<td>Nadejda Velisco,</td>
</tr>
<tr>
<td></td>
<td>Lilia Pascal</td>
</tr>
<tr>
<td>15:00 – 17:00</td>
<td>Pre-evaluation orientation meeting with national counterparts</td>
</tr>
</tbody>
</table>

#### Wednesday, 20 July 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday, 20 July 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:00</td>
<td>Meeting with:</td>
</tr>
<tr>
<td></td>
<td><strong>Vladimir Hotineanu</strong>, Head of the Parliamentary Commission for Social Protection,</td>
</tr>
<tr>
<td></td>
<td>Health and Family,</td>
</tr>
<tr>
<td>10:30 – 11:15</td>
<td>Meeting with:</td>
</tr>
<tr>
<td></td>
<td><strong>Andrei Popov</strong>, Deputy Minister of Foreign Affairs and European Integration</td>
</tr>
<tr>
<td></td>
<td><strong>MoFAEI building</strong></td>
</tr>
<tr>
<td>Time</td>
<td>Meeting with</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:00 – 13:00</td>
<td>Meeting with: Viorel Soltan, deputy minister of Health,</td>
</tr>
<tr>
<td></td>
<td>Gheorghe Turcanu, deputy minister of Health,</td>
</tr>
<tr>
<td></td>
<td>Rodica Scutelnic, Head of Mother, Child and Vulnerable groups Department,</td>
</tr>
<tr>
<td></td>
<td>Maria Tarus, Ex-Head of Mother, Child and Vulnerable groups Department, Ministry of Health</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Meeting with: Valentina Buliga, Minister of Labour, Social Protection and Family, Sergiu Sainciuc, deputy minister, Vadim Pistrinciuc, deputy minister</td>
</tr>
<tr>
<td>15:00 – 17:00</td>
<td>Meeting with: Larisa Rotaru, head of the Demographic policies department (DPD), Liuba Valcov, senior consultant DPD, Aliona Cretu, consultant DPD, Viorica Dumbraveanu, Head of Family and Child Protection Department, Laura Greu, Head of Social Insurance Policies Directorate, Elena Pasali, Secretariat of the Board for coordinating foreign assistance in the field of labour and social protection</td>
</tr>
<tr>
<td></td>
<td>Thursday, 21 July 2011</td>
</tr>
<tr>
<td>8:30 – 9:30</td>
<td>Meeting with: Nadejda Velisco, Head of Higher Education dept. MoE, Department, Galina Gavrilita, Senior consultant MoE, Eugenia Parlucov, Senior consultant MoE, Ludmila Schiopu, school Psychologist /National Trainer on LSBE, Angela Alexeiciuc, ex-RH/Youth Associate UNFPA</td>
</tr>
<tr>
<td>10:00 – 11:30</td>
<td>Meeting with: Prof. Olga Cernetchi, Deputy rector, State Medical and Pharmaceutical University Prof. Grigore Bivol, Head of Family Medicine Dept, Natalia Zarbailov, Associate Professor, Family Medicine Department, Prof. Gheorghe Ciobanu, Director, Emergency Medical Center, Mihai Pislă, Director, National Centre for Medical Disasters, Mircea Buga, Director, National Medical Insurance Company, Luminita Suveica, Head of the City Health Department Chisinau Victor Savin, Medical Director, City Hospital nr. 1 /ex-director of City Health Department Chisinau, Dumitru Siscanu, Director, Perinatalogical Centre / City Hospital nr. 1, Mihai Ciocanu, Director, “MedPark” Clinic, ex-director of National Centre for Public Health, Ala Manolache, Director, National Medical and Pharmaceutical College, Ludmila Chitic, head of Ob/Gyn dept., National Medical and Pharmaceutical College, Rodica Comendant, Director, Reproductive Health Training Centre, Vera Melniciuc, Director, “Dalila” Healthcare Center, Galina Lesco, Director, Youth Friendly Health Centre “Neovita”, Angela Alexeiciuc, Project Coordinator CRS Moldova, ex-RH/Youth Associate UNFPA</td>
</tr>
<tr>
<td>Time</td>
<td>Meeting with:</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:00 –</td>
<td>Meeting with: Academ. Gheorghe Paladi, expert, Demographic sector / Academy of Science, Olga Gagauz,</td>
</tr>
<tr>
<td>13:00</td>
<td>Head of the Demographic sector / Academy of Science, Prof. Constantin Matei, Head of Demographic Dept. / Academy of Economics, Valeriu Sainsus, Associate Professor, Demographic Dept. / Academy of Economics, Nina Cesnocov, Head of Demographic Statistics Department, National Bureau of Statistics</td>
</tr>
<tr>
<td>14:00 –</td>
<td>Meeting with: Lilia Pascal, Head of Department, Equal Opportunities, MLSPF Valentina Bodrug-Lungu, President Gender-Center NGO, Galina Morari, deputy head of Department / MoH Maria Popovici, ex-head of Dept. / Ministry of Interior, Daniela Misail-Nichitin, International Center &quot;La Strada&quot;</td>
</tr>
<tr>
<td>15:00</td>
<td></td>
</tr>
<tr>
<td>15:30 –</td>
<td>Meeting with NGO sector: Antonita Fonari, Executive Director, “Young and Free” Resource Center, Alexandru Coica, Project officer, East Europe Foundation, ex-president National Youth Council of Moldova, Eduard Mihalas, President, National Youth Council of Moldova, Elena Sajin, Executive Director, Family Planning Association Moldova, Viorica Gherman, Programme Coordinator, Family Planning Association Moldova Anna Susarenco, Focal Point in Charge Y-PEER in Moldova, Nicolai Radita, Director, Roma National Centre, Iuliana Abramova, Director, Centre for Support and development of Civic Initiatives “Resonance”, Tighina / Transnistria Alexandr Goncear, deputy-director, Centre for Support and development of Civic Initiatives “Resonance”, Tighina / Transnistria Dina Sava, Programme Coordinator, HelpAge International</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>8:30</td>
<td>Departure to Drochia</td>
</tr>
<tr>
<td>11:00 – 12:30</td>
<td>Meeting with: Simion Sirbu, Director, “Artemida” Maternal Center Ina Gradinaru, Programme Coordinator Public authority representative of Drochia district council</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Meeting with: Svetlana Nicov, Director, Women’s Healthcare Center “Ana” - Y-PEER team</td>
</tr>
<tr>
<td></td>
<td><strong>Saturday, 23 July 2011</strong></td>
</tr>
<tr>
<td>10:00 – 11:00</td>
<td>Meeting with Svetlana Arcadieva, deputy of Health Authority in Transnistria</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Meeting with Oxana Ceban, Head of Reproductive Health /Family Planning Service in Transnistria region and the whole team</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Meeting with Ion Oboroceanu, Prosecutor of Causeni district. Visit to the Causeni Law Center</td>
</tr>
<tr>
<td></td>
<td><strong>Sunday, 24 July 2011</strong></td>
</tr>
<tr>
<td>10:00 – 14:00</td>
<td>Field visit to Rusca Prison for women</td>
</tr>
<tr>
<td></td>
<td><strong>Monday, 25 July 2011</strong></td>
</tr>
<tr>
<td>9:00 – 10:00</td>
<td>Meeting with: Ana Racu, Former Head of Public Relations office, Penitentiary Department</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Meeting with: Victoria Musteata, PR manager ORANGE Moldova</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>Post-evaluation meeting with national counterparts. Preliminary conclusions of UNFPA CP evaluation</td>
</tr>
</tbody>
</table>
A.2 Stakeholder consultation and participation list

(in-country mission 19-25 July 2011)

The Evaluation team:
1. Mr. Thomas Otter, Senior freelance consultant, selected as International Consultant/Team Leader for evaluation of the Reproductive Health and Population & Development components
2. Ms. Daniela Terzi-Barbarosie, Executive Director of the Center “Partnership for Development”, selected as National Consultant for evaluation of the Gender component

The Government Counterpart Evaluation Group (GCEG):
3. Mr. Victor Lutenco, Adviser on Social Affairs to the Prime Minister of Moldova
4. Mr. Sergiu Sainciuc, Deputy Minister of Labour, Social Protection and Family (MLSPF)
5. Ms. Rodica Scutelnic, Head of Department, Ministry of Health (MoH)
6. Nadejda Velisco, Head of Department, Ministry of Education (MoE)
7. Ms. Lilia Pascal, Head of Department, MLSPF.

A stakeholder consultation and participation list:

<table>
<thead>
<tr>
<th>Reproductive Health and Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hotineanu Vladimir</td>
</tr>
<tr>
<td>2. SoltanViorel</td>
</tr>
<tr>
<td>3. Turcanu Gheorghe</td>
</tr>
<tr>
<td>4. BugaMircea</td>
</tr>
<tr>
<td>5. Gavrilita Galina</td>
</tr>
<tr>
<td>6. Parlicov Eugenia</td>
</tr>
<tr>
<td>7. Arcadieva Svetlana</td>
</tr>
<tr>
<td>8. Ceban Oxana</td>
</tr>
<tr>
<td>9. Ciobanu Gheorghe</td>
</tr>
<tr>
<td>10. Pisla Mihai</td>
</tr>
<tr>
<td>11. Racu Ana</td>
</tr>
<tr>
<td>12. Melniciuc Vera</td>
</tr>
<tr>
<td>13. Comendant Rodica</td>
</tr>
<tr>
<td>14. Sirbu Simion</td>
</tr>
<tr>
<td>15. Savin Victor</td>
</tr>
<tr>
<td>16. Siscanu Dumitru</td>
</tr>
<tr>
<td>17. Olga Cernetchi</td>
</tr>
<tr>
<td>18. Bivol Grigore</td>
</tr>
<tr>
<td>19. Manolache Ala</td>
</tr>
<tr>
<td>20. Chitic Ludmila</td>
</tr>
<tr>
<td>21. Zarbailov Natalia</td>
</tr>
</tbody>
</table>

Head of the Parliamentary Commission on Social Protection, Health and Family, ex-Minister of Health
Deputy Minister, Ministry of Health
Deputy Minister, Ministry of Health
Director, National Medical Insurance Company
Consultant, Ministry of Education
Deputy of Transnistria Health Authority
Head of RH services in Transnistria
Medical Director, National Centre for Emergency Medicine
Director, National Centre for Medical Disaster
Head of Public Relations office, Penitentiary Department
Director, Women’s Health Centre “Dalila”
Director, Reproductive Health Training Centre
Director, Maternal centre Drochia, ex-director Women’s Health Centre “Ana”
Medical Director, City Hospital nr. 1, ex-director of City Health Department Chisinau
Director, Perinatalogical Centre, City Hospital nr. 1
Deputy Rector, State Medical and Pharmaceutical University
Head of Family Medicine Department, State Medical and Pharmaceutical University
Director, National Medical and Pharmaceutical College
Head of Ob/Gyn dept., National Medical College
Associate professor, Family Medicine Department, State Medical and Pharmaceutical University “N. Testemitanu”
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position or Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Alexeiciuc Angela</td>
<td>Project Coordinator CRS Moldova, ex-RH/Youth Associate UNFPA</td>
</tr>
<tr>
<td>23.</td>
<td>Lesco Galina</td>
<td>Youth Friendly Health Centre “Neovita”</td>
</tr>
<tr>
<td>24.</td>
<td>Sajin Elena</td>
<td>Executive Director, Family Planning Association Moldova</td>
</tr>
<tr>
<td>25.</td>
<td>Gherman Viorica</td>
<td>Programme Coordinator, Family Planning Association Moldova</td>
</tr>
<tr>
<td>26.</td>
<td>Schiopu Ludmila</td>
<td>School Psychologist, National Trainer on LSBE</td>
</tr>
<tr>
<td>27.</td>
<td>Susarenco Ana</td>
<td>Focal Point in Charge Y-PEER in Moldova</td>
</tr>
<tr>
<td>28.</td>
<td>Coica Alexandru</td>
<td>Project officer, East Europe Foundation, ex-president National Youth Council of Moldova</td>
</tr>
<tr>
<td>29.</td>
<td>Mihalas Eduard</td>
<td>President, National Youth Council of Moldova</td>
</tr>
<tr>
<td>30.</td>
<td>Babii Viorel</td>
<td>National Youth Resource Centre</td>
</tr>
<tr>
<td>31.</td>
<td>Radita Nicolae</td>
<td>Director, Roma National Centre</td>
</tr>
<tr>
<td>32.</td>
<td>Abramova Iuliana</td>
<td>Director, Centre for Support and development of Civic Initiatives “Resonance”, Tighina</td>
</tr>
<tr>
<td>33.</td>
<td>Goncear Alexandru</td>
<td>Vice-Director, Centre for Support and development of Civic Initiatives “Resonance”, Tighina</td>
</tr>
<tr>
<td>34.</td>
<td>Ciocanu Mihai</td>
<td>Director, “MedPark” Clinic, ex-director of National Centre for Public Health</td>
</tr>
<tr>
<td>35.</td>
<td>Musteata Victoria</td>
<td>Public Relations Manager, Orange Moldova</td>
</tr>
</tbody>
</table>

**Population and Development**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position or Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Buliga Valentina</td>
<td>Minister, Minister of Labor, Social Protection and Family</td>
</tr>
<tr>
<td>2.</td>
<td>Popov Andrei</td>
<td>Deputy Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>3.</td>
<td>Rotaru Larisa</td>
<td>Head of Demographic Policy Department, Minister of Labor, Social Protection and Family</td>
</tr>
<tr>
<td>4.</td>
<td>Valcov Liuba</td>
<td>Senior Consultant, Demographic Policy Department, Minister of Labor, Social Protection and Family</td>
</tr>
<tr>
<td>5.</td>
<td>Pistrinciuc Vadim</td>
<td>Deputy minister of Minister of Labor, Social Protection and Family</td>
</tr>
<tr>
<td>6.</td>
<td>Grecu Laura</td>
<td>Head of Social Insurance Policies Directorate, Minister of Labor, Social Protection and Family</td>
</tr>
<tr>
<td>7.</td>
<td>Elena Pasali</td>
<td>The Secretariat of the Board for coordinating foreign assistance in the field of labour and social protection</td>
</tr>
<tr>
<td>8.</td>
<td>Paladi Gheorghe</td>
<td>Academy of Science</td>
</tr>
<tr>
<td>9.</td>
<td>Gagauz Olga</td>
<td>Academy of Science</td>
</tr>
<tr>
<td>10.</td>
<td>Matei Constantin</td>
<td>Academy of Economic Studies</td>
</tr>
<tr>
<td>11.</td>
<td>Sainsus Valeriu</td>
<td>Academy of Economic Studies</td>
</tr>
<tr>
<td>12.</td>
<td>Cesnecov Nina</td>
<td>Head of Demographic Statistic Department, National Bureau of Statistics</td>
</tr>
<tr>
<td>13.</td>
<td>Dina Sava</td>
<td>Country Programme Coordinator, HelpAge International Moldova</td>
</tr>
<tr>
<td>14.</td>
<td>Bodrug-Lungu Valentina</td>
<td>President, NGO “Gender Centre”</td>
</tr>
<tr>
<td>15.</td>
<td>Lutenco Victor</td>
<td>Adviser to Prime Minister on social matters</td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position or Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bodrug-Lungu Valentina</td>
<td>President, NGO “Gender Centre”</td>
</tr>
<tr>
<td>2.</td>
<td>Oborocoeanu Ion</td>
<td>Prosecutor of Causeni district, Director Causeni Law Center</td>
</tr>
<tr>
<td>3.</td>
<td>Popovici Maria</td>
<td>Head of Department, Ministry of Internal Affairs</td>
</tr>
<tr>
<td>4.</td>
<td>Daniela Misail-Nichitin</td>
<td>International Center &quot;La Strada&quot;</td>
</tr>
</tbody>
</table>
UN Agencies and Donors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dimovska Matilda</td>
<td>UNDP Deputy Representative</td>
</tr>
<tr>
<td>2.</td>
<td>Sandie Blanchet</td>
<td>UNICEF Deputy Representative</td>
</tr>
<tr>
<td>3.</td>
<td>Schemel Jakob</td>
<td>UN Coordination Officer</td>
</tr>
<tr>
<td>5.</td>
<td>Jovita Alexandrina</td>
<td>UNAIDS</td>
</tr>
<tr>
<td>6.</td>
<td>Boderscova Larisa</td>
<td>WHO</td>
</tr>
<tr>
<td>7.</td>
<td>Cahn Claude</td>
<td>UN Human Rights Adviser</td>
</tr>
<tr>
<td>8.</td>
<td>Rapold Silas</td>
<td>IOM</td>
</tr>
<tr>
<td>9.</td>
<td>Lipciu Ala</td>
<td>ILO</td>
</tr>
<tr>
<td>10.</td>
<td>Jamsran Ulziisuren</td>
<td>UN Women</td>
</tr>
<tr>
<td>11.</td>
<td>Liviu Bleoca</td>
<td>Embassy of Romania, Counsellor</td>
</tr>
</tbody>
</table>

Mass media

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tiganu Ludmila</td>
<td>Communication officer, UN Moldova</td>
</tr>
<tr>
<td>5.</td>
<td>Iojita Tatiana</td>
<td>ex-journalist, Radio Antena C</td>
</tr>
<tr>
<td>6.</td>
<td>Olaru Angelina</td>
<td>ex-journalist, newspaper “Timpul”</td>
</tr>
<tr>
<td>7.</td>
<td>Costas Natalia</td>
<td>Journalist, ex-member of UN Club of Journalists</td>
</tr>
<tr>
<td>8.</td>
<td>Guzun Igor</td>
<td>Director, Communication Agency “Urma ta”</td>
</tr>
</tbody>
</table>

Field /project visits:

1. “Artemida” Maternal Center, Drochia
2. “Ana” Women’s Healthcare Center, Drochia
3. RH Center in Tiraspol, Transnistria
4. Causeni Law Center
5. Rusca prison for women

A.3 Interview Questionnaires

A.3.1. General questionnaire

- What went well?
- What did not went well?
- What can be done better? / What you did, doing it a gain, what would you do differently?
- Where UNFPA made a difference?
- Where UNFPA did not address the issues?
- Have you been able to do what you wanted to do together with UNFPA during the last 5 years?
- What is your biggest achievement (in activities together with UNFPA)?
- Does UNFPA supported action/activity lead to a change? If so where/how? Why?
- Is UNFPA a driving force for policy design/innovation?

A.3.2. Specific questionnaires

Reproductive Health
• Have gender, age, socio economically and geographically disaggregated data been used for the situational analysis and / or the design of policies and strategies developed with UNFPA support?
• Do you consider that attention has been paid to gender and human rights as crosscutting issues? How? Why do you say so?
• Questions on the opinion of Ministry of Education regarding LSBE and peer education and their inclusion in schooling curricula
• Questions to the Ministry of Health regarding achieved progress in reproductive health, as well as the quality of this progress, how it was achieved, how sustainable it is expected to be and how valuable and important was UNFPA’s support since 2007 in order reach theses achievements
• Questions to the Ministries of Health and Education regarding the quality of teaching materials and training prepared, provided and implemented by UNFPA and the availability of alternative sources for the support received from UNFPA.
• Questions to the Ministry of Health and the Ministry of Education regarding their priority activities for the near future and where they would like to see UNFPA’s support specifically

**Population and Development**

• Questions regarding the working experience of the demographic commission (created with UNFPA support)
• Questions regarding the performance and the results so far of the process of formulation of a strategy of demographic security
• Questions regarding the expectations of stakeholder regarding the future of demographic policies in the country and where support from UNFPA would be welcome
• Questions regarding the current and future availability of data and analytical and research skills for demographic issues (including upcoming population census)
• Questions to the university regarding quality and importance of support for postgraduate studies in demographics
• Have gender, age, socio economically and geographically disaggregated data been used for the situational analysis and / or the design of policies and strategies developed with UNFPA support?
• Do you consider that attention has been paid to gender and human rights as crosscutting issues? How? Why do you say so?

**Gender**

• Questions on specific activities implemented by UNFPA in order to support the implementation of the protection order for victims of domestic violence
• Questions on the quality, importance and availability of alternative sources of support in these specific areas
• Questions regarding the
• Have gender, age, socio economically and geographically disaggregated data been used for the situational analysis and / or the design of policies and strategies developed with UNFPA support?
• Do you consider that attention has been paid to gender and human rights as crosscutting issues? How? Why do you say so?
• Questions regarding future policy and activity priorities and where and how UNFPA support would be welcome.
A.4 Revised documents

GoM, Government Activity Programme 2010-2014
GoM. National Human Rights Action Plan 2010-2013
GoM. National Development Strategy 2008-2011
GoM, Rethink Moldova, 2008
GoM, Law on Preventing and Combating Family Violence (Law Number 45-XVI of 1 March 2007)
National Commission for Population and Development, National strategy for demographic security
OECD, 1986, Glossary of Terms Used in Evaluation, in 'Methods and Procedures in Aid Evaluation', Paris
OECD, 2000, Glossary of Evaluation and Results Based Management (RBM) Terms, Paris
UECE, Road Map for Mainstreaming Ageing - Republic of Moldova, pre-final draft report 2011
UN Moldova, Moldova Country Analysis 2011
UN Moldova, UNDAF Evaluation Report 2011
UN Moldova, MDG Report 2010
UNDP and UNFPA Moldova, Institutional Development Outcome Evaluation February 2010
UNDG, Results Based Management Handbook, March 2010.
United Nations Evaluation Group (UNEG), Standards for Evaluation in the UN System, 2005/04
UNFPA EECARO, Mid-TermReviewRegionalProgramme2008-2013March 2011
UNFPA EECARO, Regional Plan Eastern Europe Central Asia 2008-2013
UNFPA 2009, Background Note, Oral briefing on the development of the UNFPA evaluation policy
UNFPA 2009, UNFPA Evaluation Policy, DP/FPA/2009/4


UNFPA Moldova/IOM/UNDP/OSCE, Public Report on Human Touch Stories and Good practices documented under the Project “Protection and Empowerment of Victims of Human Trafficking and Domestic Violence in Moldova” – October 2008 at March 2011 (V. Ghimpu)


UNFPA Moldova, Women’s Vulnerability to HIV and AIDS in the Republic of Moldova 2010 (Stela Bivol and Natalia Vladicescu)


UNFPA Moldova, Sexual and Reproductive Health and Human Rights Report Moldova 2010 (Angelina Zaporozhan-Pirgari)

UNFPA Moldova, Family Policy for the Republic of Moldova, November 2010 (Mihaela Robila et al)


UNFPA Moldova, Self-assessment gender (no date)

UNFPA Moldova, COAR 2007

UNFPA Moldova, COAR 2008

UNFPA Moldova, COAR 2009

UNFPA Moldova, COAR 2010

UNFPA Moldova, CPAP 2007 - 2011

UNFPA Moldova, Gender Report 2007
A.5 Terms of Reference (approved by EECARO on Wed 6/1/2011)

Terms of Reference for
International Consultant (Team Leader)
to evaluate UNFPA Moldova extended Country Programme (2007-2012)
UNFPA, United Nations Population Fund in Moldova
Position: International Consultant (Team Leader) to evaluate UNFPA Moldova extended Country Programme (2007-2012) /P&D and RH Components
Duty Station: Chisinau, Moldova
Duration: 15 days
Starting Date: 4 July 2011 (tentatively)
Type of Contract: SSA
Direct UNFPA Contact: UNFPA Country Office in Moldova

CONTEXT
The UNFPA Moldova in close partnership with the Government and other National Counterparts is currently in process of preparing the UNFPA Country Programme Evaluation, which is mandatory procedure and should serve as a major input for the planning process of next UNFPA CP cycle for the period of 2013-2017. The evaluation will assess all three Country Programme components (a) reproductive health; (b) population and development; and (c) gender, which are reflected in the Country Programme Action Plan (CPAP).

The UNFPA Evaluation will use standard criteria (relevance, effectiveness, efficiency, impact and sustainability of results) as well as the key issues of design, focus and comparative advantage of the UNFPA. National counterparts will be major partner in the evaluation contributing both through data from national systems and validation of UNFPA evaluation results.

The UNFPA evaluation process will also seek to capitalize on other evaluations that took place earlier or at the same time, including the UNDAF Moldova Evaluation, Assessment of Development Result (ADR) etc. The UNFPA evaluation will seek to be independent, credible and useful, and will adhere to the highest possible professional standards in evaluation. It will be responsive to the needs and priorities of the Republic of Moldova and provide accountability and learning opportunities to the UNFPA and UN system. The evaluation will be conducted in a consultative manner and will engage the participation of a broad range of stakeholders.

Please refer to the TERMS OF REFERENCE FOR EVALUATION OF MOLDOVA COUNTRY PROGRAMME (2007-2012) for more details on the proposed UNFPA CP Evaluation.

TEAM STRUCTURE, OBJECTIVES AND SCOPE
The International Consultant is expected to evaluate two programme components i.e. Population and Development (P&D) and Reproductive Health (RH) and to also act as Team Leader working with a National Consultant who will evaluate the Gender component. The UNFPA Evaluation will be conducted in close collaboration with the UNFPA Country Director for Moldova, UN RC in Moldova, UNFPA CO and national counterparts.
EXPECTED TASKS AND DELIVERABLES
The International Consultant / Team Leader will be responsible for leading overall UNFPA Moldova CP coordination and evaluation. His/her tasks include the following:

- Conclude on the formulation of the Evaluation Plan;
- Review background and reference materials provided by UNFPA CO;
- Lead the main data collection mission for both P&D and RH components and conduct data collection in accordance with the Evaluation Plan;
- Guide Evaluation Team /National Consultant in his/her preparation of inputs to the UNFPA Evaluation Report and draft strategic inputs to the Report as required;
- Compile inputs to UNFPA Evaluation. Prepare revisions, as needed, based on comments provided by the stakeholders, UNFPA Country Director, UNFPA Country Office etc.;
- Request any technical and analytical input needed from UNFPA CO and national counterparts until the completion of Report;
- Present the findings of the Evaluation Report to the UNFPA Country Director, UNFPA Programme Coordinator in Moldova and other stakeholders.

The specific deliverables of the UNFPA International Consultant / Team Leader are:

i) The Harmonized Evaluation Plan
ii) The UNFPA Evaluation Report (including relevant annexes). The final report should be prepared in accordance with the Terms TOR for the Evaluation of the Moldova CP.
iii) Presentation of the findings to stakeholders.

National consultant for the Gender component – a local consultant with broad knowledge of the Moldova Gender context will provide in-country support to the UNFPA Evaluation Team Leader, participating with him/her in all stakeholder meetings and providing other technical and advisory support as required.

DURATION OF CONSULTANCY

The UNFPA Evaluation in Moldova is due to be completed between 4 - 22 July 2011. The duration of each task is estimated in the table below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk Review, conclusion on the Evaluation plan, main data collection</td>
<td>8</td>
</tr>
<tr>
<td>and analyses (in-country scoping mission)</td>
<td>(Starting date - 4 July</td>
</tr>
<tr>
<td></td>
<td>2011)</td>
</tr>
<tr>
<td>Submission of draft UNFPA Evaluation Report</td>
<td>4</td>
</tr>
<tr>
<td>Revisions to the draft based on comments from various reviewers</td>
<td>3</td>
</tr>
<tr>
<td>(e.g. UNFPA EECARO, UNFPA Country Director, UN RC, Gov) and finalization</td>
<td></td>
</tr>
<tr>
<td>of the assigned section(s) and presentation of UNFPA Evaluation Report</td>
<td></td>
</tr>
<tr>
<td>to stakeholders</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

BUDGET

The costs of the UNFPA evaluation will be covered from 2011 CP core funds.
The International Consultant /Team Leader will be remunerated in two stages based on the quality and timeliness of the presented outputs, which are as follows: The first draft of the UNFPA evaluation report prior on comments from various reviewers (30% of total fee). The Final UNFPA evaluation report, incorporating the comments received from various stakeholders, presented during a stakeholder meeting (70% of total fee).

REQUIRED QUALIFICATIONS AND EXPERIENCE

- Advanced university degree (Master's or equivalent) in Health Economics, Social Policy, Public health, Gender, Demography, Development or transition Studies, or relevant Social Sciences with at least 8-10 years of relevant professional experience, including previous substantial involvement in evaluations and/or reviews;
- Advanced relevant professional experience, including previous substantial involvement in evaluations and/or reviews;
- Excellent knowledge of the UN system and UN common country programming processes, UNDAF and UNFPA programme activities;
- Specialized experience and/or methodological/technical knowledge, including data collection and analytical skills, particularly in one of the following areas: human rights-based approaches to programming; gender considerations; Results Based Management (RBM) principles; logic modelling/logical framework analysis; quantitative and qualitative data collection and analysis; participatory approaches; Sector Wide Approaches (SWA).
- Knowledge of development challenges in CEE/CIS region especially Moldova;
- Past experience as a team-leader in a related assignment (s);
- Previous experience on evaluation in Eastern European countries and a good understanding of the culture and context will be an advantage but not necessarily required;
- Good understanding of following approaches: Human Rights, Gender, participatory evaluation and processes and results based management for monitoring and evaluation;
- Ability for the compilation of data and its quantitative and qualitative analysis within the logical framework approach and problem tree analysis;
- Ability to work in partnership with various stakeholders: partners, governments, beneficiaries on sensitive issues like reproductive health;
- Proven experience in policy development and analysis around reproductive health, gender, population issues and poverty reduction strategies highly desirable;
• Experience and understanding of UN programming processes. Knowledge of UN reforms and Delivering as One highly desirable;

• Experience and skills in using evidence-based, knowledge base creation and ability to develop systems for improved performance;

• Experience on evaluation of UN supported programmes will be an added advantage;

• The Evaluation Report will be prepared in English. A good command and knowledge of the English language is essential. Knowledge of Romanian or Russian will be an asset.

• Excellent report writing, communication, interviewing and computer skills;

• An understanding of and ability to abide by the values of the United Nations;

• Awareness and sensitivity in working with people of various cultural and social backgrounds.