



**UNITED NATIONS**  
**MOLDOVA**



**Annual Consolidated Progress Report on Programmes Implemented under the  
Towards Unity in Action Multi-Donor Trust Fund**

*Reporting period: 1 January-31 December 2018*

**UN Country Team in the Republic of Moldova**

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## Introduction

This Annual Consolidated Progress Report on Programmes Implemented under the Towards Unity in Action Multi-Donor Trust Fund (henceforth 'the Fund') covers the period from 1 January to 31 December 2018 and reports on the implementation of programmes approved for funding under the Fund. As per the provisions in the Memoranda of Understanding between the Fund and Participating United Nations Organizations (PUNOs), and the Terms of Reference of the Fund, the Annual Consolidated Progress Report is compiled based on information and data submitted in PUNOs' individual Annual Narrative Programme Reports. As of March 2019, eleven PUNOs are parties to the Fund: FAO, ILO, IOM, UNAIDS, UNDP, UNFPA, UNICEF, UNODC, OHCHR, UN Women, and WHO.

The "Towards Unity in Action Multi-Donor Trust Fund" has been established for a period of five years covering the 2013-2017 UNPF. On the request of the UN Country Team, the fund was extended to December 2019 in order to accommodate the duration of the programmes under the fund. However, the extension is only for the ongoing activities and prohibits the initiation of new projects under the fund. The Fund now has programmes under two of the three windows (Governance and Human Rights and Social Inclusion).

In 2018, the political situation in Moldova was fragile and unstable. Democracy continued to face many challenges stemming from erosion of human rights and rule of law, non-transparent and inefficient public institutions, systemic corruption, deeply divided society, lack of sense of statehood and identity, and shrinking space for opposition. These issues cause serious concerns about the stability and sustainable development of the country in 2019 and beyond.

Over the past few years, the public trust in institutions has been a record low, which is one of the major barriers for active citizen engagement and participation. About 72% of the population considers that the country is not moving into the right direction. Amongst the top three issues that people are particularly worried about are (a) the future of their children, (b) high prices, and (c) poverty.

In summer 2018, the EU suspended its macroeconomic support aid package because of the shrinking democratic space and stagnated justice sector reform. The cancellation of the mayoral elections in the capital was a strong proof of the disrespect for the rule of law. There were also worrisome violations of human rights, such as the detention and extradition of Turkish nationals on unsubstantiated grounds and in breach of the non-refoulement principle, defamation campaigns against human rights defenders, increased number of hate-speech instances, etc. During the same period, the Parliament adopted one of the most controversial laws – the Capital Amnesty Law, according to which any citizen can legalize hidden capital by paying a fee of 3% of the asset's declared value.

The GDP grew by 4.5% in the first half of 2018. This is mainly due to strong agricultural output and private consumption driven largely by remittances, wage increases, and social transfers. Moldova is facing a massive outgoing migration, which is the reason for the country being one of the largest recipients of personal remittances as a percent of GDP in the world. Remittances constituted approximately 20% of Moldova's GDP in 2017. The flip side of this phenomenon is brain-drain and rapid depletion of human capital. Migration is on the rise, with almost 1/3 of the labour force living abroad. Migration also leads to an ageing population and puts heavy pressure on the social security system.

## Programmes Implemented under the Fund

### Joint Action to Strengthen Human Rights in the Transnistrian Region

#### *Programme overview*

Due to its disputed status, the Transnistrian region of the Republic of Moldova on the left bank of the Nistru River has been excluded from major developments occurring within the international human rights system during the past two decades. None of the UN Treaty Bodies have received sufficient information on human rights in the Transnistrian region. Following a report by UN Senior Expert on Human Rights Thomas Hammarberg, published in February 2013, UN has stepped up its efforts to support protection of human rights in the region.

The Joint Action to Strengthen Human Rights in the Transnistrian Region of the Republic of Moldova (Phase 2) is grounded in the United Nations human rights-based norms and standards and aims at strengthening the effective exercise of human rights by people residing in the Transnistrian region through fostering improvement of institutional frameworks concerning disability, gender based violence and HIV, PWIDs and people in prisons. The joint action builds upon previous work in the aforementioned areas, carried out during 2014-2016.

The project is funded by the Government of Sweden, is implemented through the UN Multi-Donor Trust Fund Towards Unity in Action, and is framed around three inter-linked components (rights of persons with disabilities, women in vulnerable situations, and HIV/AIDS) which are led by OHCHR, UNDP, and UNAIDS/UNODC. These are aiming to advance Moldova's progress towards the achievement of Sustainable Development Goals 16 (Peace, Justice and Strong Institutions), 5 (Gender Equality), and 3 (Good Health and Well-Being).

#### *Results*

##### **Component 1: Non-Discrimination and social inclusion of children and adult persons with disabilities (OHCHR)**

In 2018 an assessment of the existing social services for the people with disabilities (PwDs) in the Transnistrian region was conducted and proposals for creation of community-based services developed. Based on the assessment of existing services for PwDs in the Transnistrian region of the Republic of Moldova and following the consultations with representatives of NGOs working with PwDs in the region, it was decided to focus on three services: legal, psychological support and assisted employment. In the framework of this cooperation, two study visits were organised to the right bank of the Nistru River to show-case the good practices in providing social services for PwDs at local level. Centers for provision of legal and psychological assistance, as well as assisted employment, for PwDs in Chisinau, Orhei and Rezeni village were visited. Many participants were very enthusiastic and have expressed interest in replicating such services on the left bank.

In April 2018 four consortiums of NGOs from right and left bank of the river Nistru started their projects in creating community services for PwD in Ribnita, Dubasari, Tiraspol, Grigoriopol and Slobozia. Over 120 men and women participated in trainings and activities organized by NGO consortiums and 70 PwD (around 40 women with disabilities) received support during activities organized in the process of development of community-based services.

The declaration of 2018 the Year of Equal Opportunities, with the focus on PwDs, by the de-facto leader of the Transnistrian region, have opened more opportunities. One of the important steps was development of the action plan in March 2018 which describes the actions of the de-facto authorities in the area of rights of PwDs. It focuses more on accessible environment for PwDs, facilities for the employment of PwDs, Paralympic sport support etc.

Another important action is the unilateral recognition of CRPD in April 2018, as a framework for the regional legislation in this field. This can be considered as first step towards the ratification of the Convention on the Rights of PwDs. On 27th of June, the de-facto Supreme Council adopted a resolution recognizing its framework rule of law on the territory of the republic that can be considered ratification of the CRPD.

One of the highlights of the year 2018 in the Transnistrian region was the follow-up visit of the UN Senior Expert on Human Rights in the Transnistrian Region, Thomas Hammarberg. The visit was organised under the current programme, including focus groups meetings and preparation of the background documentation. Mr. Hammarberg has visited the region during May – June 2018 and has met with both de-facto authorities and representatives of civil society. Areas of interest during this visit were rights of PwDs, rights of minority groups, with a special focus on Roma, gender-based violence, HIV/AIDS and the rights of detainees. Thomas Hammarberg has stated that some progresses on overall human rights understanding, attitude towards PwDs and civil society mobilisation was noticed. However, there is a lot to be done in the area of deinstitutionalisation of PwDs, their access to education and labour market, social inclusion of minority groups, especially Roma, and overall planning in the area of human rights. It was noted that there is a need for a general, strategic document/plan, which would outline what are the actions and resources needed at the level of the region in order to advance the realisation of human rights. This would be impossible without a modern data collection system, that would allow gathering, analysis and planning based on disaggregated data. Also, general human rights education of the population requires further attention of the de-facto authorities, according to Mr. Hammarberg.

In order to show-case the best practices in the area of rights of PwDs, a study visit was organised in June 2018 to Sodertalje, Sweden. Among others, five de-facto decision-makers from four Transnistrian localities took part in the study visit. The development of the legislation in the field of rights of PwDs and services was an important part of the discussion.

An informal Platform for Sustainable (Community) Development was created. In June 2018, 22 NGOs and initiative groups (including 16 from Transnistrian region) working with PwDs have signed the MoU for the creation of the Platform. The statutory structures, such as Coordinating Council and Secretariat, were created. The process was participatory, and members and partners of the Platform suggested and voted for the candidates of these structures. On 22nd of June 2018 at the meeting of the Platform the secretariat and coordination committee of the Platform was elected, coordination committee is represented by NGOs from 4 different raions of the Transnistrian region and 3 regions from right bank of the river Nistru, including Gagauzia.

In 2018, following the launch of the piloting activities in the area of service provision at the local level for PwDs, the capacity building activities were organised in Dubasari, Grigoriopol, Ribnita, Slobozia and Tiraspol regions. The focus of this round of trainings was on peer-to-peer support, legal and psychological support, as well as assisted employment.

About 210 women and 160 men from a wide geographical representation (circa 57 localities from the whole Moldovan territory), have been informed on the rights of PwDs and developed their capacities on advocacy and networking. Out of these, more than 190 PwDs (114 of them - women), many of whom for the first time, have been informed on their rights and had the chance to interact with peers and representatives of NGOs from the other bank of the Nistru River. One unusual aspect of this component was participation in May 2018 of one PwDs, one female journalist and a Roma woman from the Transnistrian region in an interview at one of the right-bank's TV channels talking on the situation of human rights on the left bank of the Nistru river. This was a rare occasion for viewers from the right bank of the Nistru to hear peoples voice directly.

## **Component 2: Enhancing gender equality and combating violence against women (UNDP)**

Since the establishment of the services to assist victims of domestic violence, namely the temporary shelter located in Bender and the regional centers in Grigoriopol and Slobozia, 1,270 people, of which 1019 of them from the target group and 251 collateral beneficiaries were assisted.

The issue of domestic violence has received visibility for the first time in 45 communities, increasing awareness of people about the phenomenon and consequences of domestic violence, as well as about existing support services. Thanks to the new services, 88 women managed to start their lives again, 72 leaving the aggressor and another 16 divorcing. More than 120 victims managed to re-enforce their rights, particularly when it comes to property rights, the restoration of parental rights, receiving social payments, obtaining ID cards for them and their children, being also assisted to address to the police department on the facts of the violence from the intimate partner. According to data presented by the partner NGOs, a number of 209 women can be considered socially integrated, after the intervention of the newly trained specialists.

One of main conclusions for the implementation of this component is that there is a high degree of interest proved by an impressive number of applications (98 registered participants, out of which 28 participated at all trainings), willing to take part and participate in the capacity building events. This speaks about the existence of the considerable pool of specialists willing to promote the rights of victims of violence in the Transnistrian Region of the Republic of Moldova and their readiness to build on their capacity in the field.

Another key achievement of the component is the establishment of a new service for referring and assisting victims of Domestic Violence. Assessing the performance through the existing set of indicators, it can be concluded that 7 out of 11 targets were achieved; one is close to be achieved and three targets are not measurable because the initial approach was changed, and the targets were not reviewed. It worth mentioning, that the interventions within this component have been adjusted mainly due to the changed context during the project implementation which shows the project flexibility. Thus, some activities under the objectives two and four related to the study visits for strengthening the capacities of local professionals and implementing an awareness campaign, were adjusted to better meet the local needs and the savings were redirected to construction works of the Shelter.

Few other achievements under the given component include:

- The functional temporary shelter for DV victims providing support services, both outpatient and in residential regime (it can concomitantly host at least five victims with their children). A permanent Shelter is being established with EU and Swedish financing.
- Two regional hubs in Slobozia and Grigoriopol providing referral services and direct assistance to victims, reaching remote areas, informing the population and authorities, etc.
- Cumulative number of beneficiaries for both, the shelter and hubs include: 1270 people (1088 women, 143 children and 39 perpetrators) have received one or more services: psychological counselling; legal support. 209 women are socially integrated, after the intervention of specialists of created services.

## **Component 3: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons (UNAIDS/ UNODC)**

Nineteen specialists from public institutions and NGOs from the both banks of the river Nistru were exposed to best HIV practices and standards within two study visits: one in Paris, France (April 2018) and one Stockholm, Sweden (June 2018). The first study visit organized in Paris, France concerned the communitarian HIV counseling and testing and the implementation of the pre-exposure prophylaxis of HIV (PrEP). PrEP is one of the most innovative and efficient

prophylaxis measures among the most at-risk population, which is only available in Moldova since June 2018 and is scheduled to be implemented in Transnistrian region since 2019.

The second study visit was in Stockholm, Sweden, focused on taking over the best practices in reaching UNAIDS global strategy 90-90-90 and in implementation of the best gender sensitive HIV policies. As a result of a set of four trainings organized in April 2018, 85 medical specialists and civil society representatives are able to provide qualitative and friendly treatment and testing services. Medical specialists and NGO representatives are better capacitated to provide qualitative services of HIV testing and treatment according to the new HIV clinical protocols and testing guidelines approved in 2018.

In May 2018 Prof. Kazatchkine, UN Secretary General special envoy on HIV/AIDS, has paid a visit to the Republic of Moldova travelling to both banks of the country. In Tiraspol Prof. Kazatchkine meet de facto representatives of health, justice/prisons and foreign affairs and NGOs. During the meetings he has raised high concern about the region's fast-growing epidemics in terms of HIV and TB and has brought in some calculation according to which left bank has at the moment 2nd fastest growing HIV/AIDS epidemics in the world and the 1st fastest growing MDR-TB epidemics in the world. Prof. Kazachkine has also concluded that the epidemics on the right bank is very fragile and special attention should be paid to prisons were Harm Reductions services are dropping down.

During a study visit to Olaine prison in Latvia, the capacity of eight prison and NGO specialists has been increased. The scope of the visit, coming at the request of the Ministry of Justice, was to twine Latvian positive experience in running a Therapeutic Community (TC) in prisons and ensure that the newly opened Therapeutic Community (as of November 2018) in two prisons will be functioning properly. During the visit, the delegation had also the chance to meet Latvian probation services and learn from their good practices. During the visit it became clear that Moldovan prisons and NGO specialists need specialized trainings on skills with regards to substance use rehabilitation and further re-socialization of prisoners. The visit was organized on May 30<sup>th</sup> to June 2<sup>nd</sup>, 2018.

Another study visit to Bucharest, Romania, took place for nine specialists to build their capacities in alternatives to incarceration. NGO representatives, interior, justice and health state secretaries, probation services and persecutors' office from the right bank visited the Romanian ANA – National Antidrug Agency and twine the Romanian good experience in applying alternatives to incarceration for PWUDs.

Ten representatives from governmental, medical and civil society sector were capacitated in HCT and PrEP implementation. PrEP as a very innovative HIV prevention measure especially focused on the most at-risk populations was only adopted in Moldova in February 2018. So, it was imperative to learn from advanced best practices, in order to have a smooth implementation of the service, both in public and in community-based services. Participants got acknowledged with the entire process of PrEP treatment, the role of doctors and civil society, particularities of each stage of PrEP implementation, methodology and results of the studies implemented in France, evidence of effectiveness and cost-effectiveness of the treatment. Participants had the opportunity to participate during the patient's consultations at Saint Luis Hospital and also visited the NGO Le Spot and got acknowledged with their work and their role in the response to HIV. The participants appreciated it as very informative, useful and the lessons learnt were presented at the CCM TWG on HIV in May 2018.

Assessing this output through the existing sets of indicators it can be concluded that it was mostly achieved even if it started with almost one-year delay due to the election of the de facto authorities.

***Normative and policy changes-related results are as follow:***

- A road map on **sustainable development of HIV response in Transnistrian region by 2020** has been developed involving other 30 stakeholders.

- An assessment of about 50 policy documents from Transnistrian region realized to **understand how HIV policies are aligned to international human rights standards**.
- First ever **assessment of HIV and TB services on the left bank** in prisons was conducted, the final report includes 13 recommendations.
- First-ever joint document between local police on the **left bank**, and the civil society organizations was signed on December 1<sup>st</sup>, 2017 (WAD – World Aids Day). A Memorandum of collaboration was signed with 6 Non-Governmental organizations providing services in this field.
- Up to 82% of participants to an opinion pool are **in favor of alternatives to punishment**, following a **national raising awareness campaign on alternatives** to punishment for people who use drugs organized under the leadership of UNDOC.
- Stigma Index research conducted, indicating that discriminatory treatments are faced quite often by the PLHIV.
- In the period December 2016 – December 2017, four **substantive awareness campaigns** were conducted on both banks of the Nistru River which covered more than 60000 women and men in about 35 rayons, involving around 14 NGOs and six line ministries.

**Capacity building activities** for medical and civil society representatives, de-facto Law enforcement authorities, drug dependency specialists educational and psychological staff, as well as exposure to best practice of communitarian approach in Austria, allowed to sensitize the de-facto authorities about Harm Reduction and referral services. As an outstanding result, in May 2018, 11 people who use drugs were referred by police to Harm Reduction services provided by the NGO in Ribnita.

### **Evaluation, Best Practices and Lessons Learned**

A final evaluation of the project was carried out during June-August 2018 performed by an international contractor with the following conclusions:

- The project is consistent with the national priorities of Moldova and priorities of the de facto authorities from Transnistrian region of Moldova. The project is also consistent with the SDGs and has the HRBA and confidence building elements mainstreamed.
- The project operated in complex, sensible and sometime unpredictable context, but proved flexibility during the implementation and encouraged three scale partnerships among state and non-state actors at the: local level, national (cross-river) and international.
- Although each component has its own distinct portfolio of interventions, the common approaches included: consistent capacity development actions, initiatives on awareness raising and de facto policy and normative framework review (component I and III).
- Altogether, the project managed to reach majority of its targets (with some exceptions), if judging through existing set of indicators. In majority of the cases the project significantly contributed to: 1) Augmentation of the local, national and international partnerships between the key actors; 2) Strengthening the competencies of existing duty bearers and rights holders; 3) Institutionalization of the new services and entities and 4) Increasing the visibility of the tackled human rights aspects.
- Some of the initiatives did not generated expected results, despite the efforts of the partners, which delivered all planned activities (e.g. review and adjustment of the de facto policy and normative framework), while one initiative (work in TN prisons) was blocked, although at the initial stage it was promising in terms of effectiveness.
- The project was and remained mostly cost-efficient during the delivery but was affected by the so called elections in TN region. This factor determined changes among TN decision makers and represented a serious bottleneck, which caused substantive delays, especially in the initiatives based on the involvement of de facto authorities.
- The sustainability prospects of the results achieved, so far, are generally weak, although there are some isolated positive examples achieved within each of the three components of the project. Those sustainability achievements are far not enough to ensure a continuity in the case of ceasing of the development support. Therefore, it is not the case to advance the idea for an exit strategy, even on the step-by-step approach; on contrary - it is necessary to consolidate the efforts for maximizing the effects achieved, adjusting the approach,

reaching in-depth results and generating long-lasting changes, incl. in the cases of “unfinished businesses”, which proved to be sensible and resistant to change.

### **The key lessons/challenges drawn from the implementation of the Joint Actions:**

- Political processes affect development work in the Transnistrian region to a greater extent than in the rest of the country, and constant communication with the main stakeholders is constantly needed, leading to potential delays in activities. Issues related to domestic violence, HIV prevention methodology, etc. are politically controversial and need to be approached with care;
- To ensure effective change and full institutional commitment, involvement of senior management and high-level officials is required. At the same time, every activity needs to be considered carefully and the involvement of senior administrative staff from de facto authorities balanced with political risks due to the sensitivity of the subject matter;
- Care should be exercised in the selection of the location for exposing staff from the Transnistrian region to international standards and best practices.
- Joint activities, such as study visits, trainings, and exchanges involving stakeholders from both banks of the Nistru river create bridges for confidence building;
- The most successful activities are the ones based on priorities and development needs of both sides of the Nistru river, that are not imposed but closely coordinated with them. As soon as this crucial ingredient goes sideways, project work tends to stumble. It is of paramount importance to carefully inform the stakeholders and not to try cutting corners, that lead to the opposite– lack of trust. Projects that people understand, that are transparent, lead to reducing pre-conceptions and “opening-up” the region for more.
- The cases that the domestic violence services established through the project are typically the most complex, where public institutions cannot achieve results. The reasons for this are different: from bureaucratic constraints to the lack of relevant professional knowledge and skills in public institutions;
- Law enforcement agencies often do not take proper measures to respond to calls from citizens about domestic violence. The partner NGOs need to work to establish contacts, to familiarize law enforcement officers with programs to help women in crisis situations and discuss possible prospects for cooperation.
- An in-depth knowledge and understanding of the operating environment is constantly needed, as this helps determine what is possible and what not at any given stage. Even though the programme itself is not political, it depends on the political environment and is sensitive to changes within that environment. Careful management is required; lack of it may unravel the program.
- It is of paramount importance to enhance the capacity of organizations from both sides for joint project work, as it is quite limited. Both implementing capacity - to “deliver” large joint projects need support, as well as local capacities for peace – i.e. to approach arising conflicts in a constructive, positive manner, and the capacities that would enable partnerships across the divide to last.

**Indicator based performance assessment**

	Achieved indicator targets	Reasons for variance with planned target (if any)	Source of verification
<b>Component 1 - Non-discrimination and social inclusion of children and adult persons with disabilities</b>			
<p><b>Output 1.1</b></p> <p>a) <i>De facto</i> authorities of central and local level, ombudsperson's office, other specialized de facto authorities and institutions trained and capacitated on international standards with regard to rights of persons with disabilities;</p> <p>b) <i>De facto</i> normative framework reviewed and adjusted – to the furthest possible extent – in line with the international standards with regard to rights of persons with disabilities (as amendments to de facto laws, regulations and/or as executive order, operational guides, etc.).</p>	<p>104 responsible officers and professionals trained and capacitated in applying international standards with regard to rights of persons with disabilities and provision of social services for them.</p>	<p>The difference from the achieved results and target is due to inconsistent participation of the de-facto authorities' representatives (confirmed participation, but did not come). Final disaggregated results will be presented at a later date.</p>	<p>Trainings participants lists</p>
	<p><b>Indicator 1.1.1</b></p> <p>- No. of responsible officers and professionals (of which % of women) capacitated in applying international standards with regard to rights of persons with disabilities.</p> <p><b>Baseline:</b></p> <p>- 0 responsible officers and professionals (of which 0 women) capacitated in applying international standards with regard to rights of persons with disabilities.</p> <p><b>Planned Target:</b></p> <p>- At least 100 responsible officers and professionals (of which at least 60% - women) trained and capacitated in applying international standards with regard to rights of persons with disabilities.</p>	<p>5 normative acts reviewed and proposals for amendments to comply with CRPD developed</p> <p>Law on CRPD ratification was passed by de facto Parliament in June 2018</p> <p>Action Plan for the implementation of Year of Equal Opportunities developed in March 2018</p>	
<p><b>Indicator 1.1.2</b></p>			

<p>- Existence of policy and normative framework compliant with UN standards on persons with disabilities (to be measured through a study on this framework at the very first stage of project implementation);</p> <p><b>Baseline:</b></p> <p>- No policy, normative and institutional framework for implementation of rights of persons with disabilities compliant with UN standards on persons with disabilities;</p> <p><b>Planned Target:</b></p> <p>- Policy and normative framework in place – to the furthest possible extent – (at minimum soft – Strategy/roadmap and/or guidelines endorsed by the <i>de facto</i> authorities);</p>			
<p><b>Output 1.2</b></p> <p>a) Organizations of women and men with disabilities empowered to take action in protection and advancement of non-discrimination and their fundamental human rights as per the international standards and establish close collaboration with the similar organizations from the right bank of the Nistru-river;</p> <p>b) Women and men, as well as children with disabilities from the pilot 1-2 communities have access to a range of inclusive CRPD-compliant community services</p> <p><b>Indicator 1.2.1</b></p> <p>- No. of empowered organizations of women and men with disabilities;</p> <p><b>Baseline:</b></p> <p>- 1 empowered organization persons with disabilities (“World of Equal Opportunities” from Bender);</p> <p><b>Planned Target:</b></p>	<p>Representatives of 24 NGOs and initiative groups have been involved in the activities of the programme and are cooperating with their counterparts from both banks of the Nistru River.</p> <p>1 NGO from the Transnistrian region have submitted an alternative report to the Committee on Economic, Social and Cultural Rights.</p> <p>22 representatives of NGOs and initiative groups, of which 16 from the left bank, have agreed to cooperate in the framework of the Platform for Sustainable (Community) Development.</p> <p>Started development of 12 community-based services – 3 in Ribnita (psychological support, legal support and assisted employment); 1 in Dubasari (assisted employment); 2 in Tiraspol (psychological and legal support); 3 in Slobozia and 3 in Grigoriopol (psychological support, legal support and assisted employment)</p> <p>One PwDs included in the Tiraspol City Constructions Approval Committee.</p> <p>Over 70 PwDs (40 women) received support from community-based services</p>		<p>MoU signed</p>

<p>- 5 empowered organization persons with disabilities (in addition to the “World of Equal Opportunities” from Bender);</p> <p><b>Indicator 1.2.2</b></p> <p>- Establishment of the regional alliance of persons with disabilities;</p> <p><b>Baseline:</b></p> <p>- No regional alliance of persons with disabilities;</p> <p><b>Planned Target:</b></p> <p>- One regional alliance of persons with disabilities established;</p> <p><b>Indicator 1.2.3</b></p> <p>- No. of community-based services for persons with disabilities developed;</p> <p><b>Baseline:</b></p> <p>- 1 community-based service/mechanism for persons with disabilities developed (Accessibility Review within the Bender City Constructions Approval Committee);</p> <p><b>Planned Target:</b></p> <p>- 5 community-based services/mechanisms for persons with disabilities developed (in addition to the Accessibility Review within the Bender City Constructions Approval Committee);</p> <p><b>Indicator 1.2.4</b></p> <p>- No. of persons with disabilities (% of women and girls) enjoying the developed community-based services.</p> <p><b>Baseline:</b></p>			
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<p>- 0 persons with disabilities (% of women and girls) enjoying the developed community-based services.</p> <p><b>Planned Target:</b></p> <p>- 50 persons with disabilities (of them 60% women and girls) enjoying the developed community-based services.</p>			
<p><b>Output 1.3</b></p> <p>a) Raised awareness among broader range of opinion and decision-makers (de facto MPs, local authorities, media, etc.) and wider society about the rights-based concept of disability</p> <p><b>Indicator 1.3.1</b></p> <p>No. of region residents covered by awareness-raising activities.</p> <p><b>Baseline:</b></p> <p>0 region residents covered by awareness-raising activities.</p> <p><b>Planned Target:</b></p> <p>At least 100,000 region residents covered by awareness-raising activities</p>	<p>More than 120,000 of region residents covered by TV materials produced, articles published in local newspapers and internet portals on the rights of PwDs and the programme's activities</p> <p>368 persons follow the programme's Facebook page</p>		<p>Media outlets coverage information</p> <p>Facebook page</p>
<p><b>Component 2: Enhancing gender equality and combating violence against women</b></p>			
<p><b>Output 1</b> The new created services help the women – victims of DV and/or HT and their children, to break the wheel of violence.</p> <p><b>Indicator:</b> Victims of Domestic Violence and Human Trafficking (HT) from Transnistrian region have improved access to complex social reintegration/rehabilitation service, including one shelter and two regional hubs</p>	<p>1. <b>The temporary shelter is functional</b> and continues to provide assistance in most complicated cases of Domestic Violence from the Transnistrian region;</p> <p>2. <b>Two regional hubs in Slobozia and Grigoriopol were created</b> at the end of 2016 and ensure outreach to local communities, identifying, assisting and referring cases of domestic violence.</p> <p>3. <b>A location for the future shelter has been identified</b>, complying with the project requirements. The partner NGO Resonance obtained the right to manage the building for a period of 10 years. The reconstruction works of the</p>	<p>As in 2014 the local authorities from Transnistrian region found it difficult to identify a rent-free location to be used on a permanent basis as a shelter, the project team has elaborated an intermediary step, allowing to start work with survivors of Domestic Violence and to achieve the assumed outputs. The idea consisted in renting an adequate house from the</p>	<p>Project reports and results of monitoring and evaluation activities.</p>

	<p>new, permanent shelter have been conducted, with the financial support of the EU and of the Government of Sweden.</p> <p>4. <b>The continuity of the process of assistance to victims of DV has been ensured</b> through signing amendments to the grant agreements with partner NGOs, covering the period November 2017- May 2018.</p> <p>5. During the reported period, the <b>temporary shelter offered assistance</b> (in both, the residential and daily regimes) <b>to 259 persons, out of which 160 were women, 95 children and 4 perpetrators</b>. Depending on personal needs, all beneficiaries received psychological support, legal consultation, food supplies, medical examinations and professional orientation. <b>Ninety-two women were helped to find a job.</b></p>	<p>private sector (which would become a “temporary” shelter, until the building for the permanent shelter was identified, retrofitted and finally commissioned to the local partners. Starting with February 2015, one house from the private sector and in very good condition was rented in Bender, for a period of 18 months. This house has the role of temporary shelter and allows assisting victims of domestic Violence and their children, in a residential regime.</p>	
<p><b>Baseline:</b></p> <p>1 Lack of services (unities) for assisting victims of DV and HT</p> <p><b>Indicators:</b></p> <p>1.1. Number of created services (unities)</p> <p>1.2.Exact types of created services in the units</p> <p>1.3. Number of partnerships with local NGOs for transfer of the management of the Shelter and regional hubs</p> <p><b>Planned Target:</b></p> <p>1.1.1 1 effectively established, functional and capacitated Residential Women Centre (Shelter) &amp; Women’s Safety &amp; Prevention Services (non-residential) in Tiraspol with functioning regulations and rules for social reintegration services</p> <p>1.2.1. 2 effectively established, functional and capacitated regional hubs Women’s Safety &amp; Prevention Services (non-residential) in Grigoriopol and Rabnita</p>	<p>1.1.1.1. On track. The temporary shelter will work until the permanent shelter is established.</p>		

<p>1.3.1. Partnerships created with 2 NGOs in order to transfer the management of the Shelter and the 2 hubs.</p>	<p>1.2.1.1. Target reached. Two regional HUBs (one in Grigoriopol and one in Slobozia) have been established.</p> <p>1.3.1.1. Target is reached. Two Grant Agreements and two extensions have been signed.</p>		
<p><b>Output 2</b> Increased number of professionals contribute to diminish the consequences of Domestic Violence and Human Trafficking (HT) phenomena  <b>Indicator:</b> The presence of professionals (in shelter, in two regional hubs, in services managed by other local NGOs) who can deliver qualitative services for victims of DV and HT</p>	<p>2 psychologists, 2 social assistants, and one lawyer have been recruited for the regional hubs. The mentioned left bank specialists took part in a two-week internship in the Drochia Maternal Centre and the Drochia Centre for assisting Perpetrators.</p>		<p>Project reports and results of monitoring and evaluation activities.</p>
<p><b>Baseline:</b>  2. Lack of trained specialists, specifically case managers, psychologists, social workers, lawyers, PR specialists from the shelter, regional hubs and other local NGOs to deliver qualitative services for victims of DV and HT.  <b>Indicators:</b>  2.1. Number of specialists from service delivery institutions (shelter, regional hubs, other partner NGOs, representatives of de-facto ministry) trained;  <b>Targets:</b>2.1.1. Capacities strengthened through trainings to 15 professionals from specialized services of the key service delivery partners.</p>	<p>2.1.1.1. Target is reached. 98 specialists (psychologists, social assistances, managers of services, lawyers, teachers, doctors, representatives of local institutions, policemen) representing 11 NGOs and 5 public institutions participated in 6 trainings. The number of trainees exceeded with 6.5 times the initial estimates.</p>		
<p><b>Output 3</b> Created opportunities are in line with the victims needs and contributes to economic empowerment of the survivors/victims</p>	<p>Six psychological software for VET and Labor Market activities were purchased and offered to the partner NGOs.</p>		<p>Project reports and results of monitoring and</p>

<p><b>Indicator:</b> Enhanced opportunities for, victims of DV and HT to attend the labour market</p>			<p>evaluation activities.</p>
<p><b>Baseline:</b> 3. Lack of specialists (social workers, psychologists), who applies vocational counselling techniques and tests</p> <p><b>Indicators:</b> 3.1. Number of psychologists trained to use vocational counseling techniques and psychological tests for career counselling and planning 3.2. Number (80) of victims professionally oriented 3.3. Number (20) of women who graduated VET courses 3.4. Number (40) of women employed</p> <p><b>Targets:</b> 3.1.1. Capacity of partner NGOs developed to implement economically oriented programs for victims of DV and HT, including 5 trained psychologists 3.2.1. 80 victims professionally oriented 3.3.1. 20 women graduated vocational courses 3.4.1. 40 of women employed</p>	<p>All targets are achieved. Since July 2016, the psychologists from the temporary shelter and regional hubs oriented professionally 103 beneficiaries; 57 people were professionally trained; 92 people were employed.</p>		
<p><b>Output 4</b> Public awareness raised to support prevention/disclosure of DV and HT cases</p> <p><b>Indicator:</b> The information and public awareness campaign produced effects among the general public, and generated public debate</p>	<p>4. The target has been partially changed. The Informing population activity will be done through the regional hubs' mobile teams. A part of the financial resources is directed to the construction works of the permanent shelter.</p>		<p>Project reports and results of monitoring and evaluation activities.</p>

<p><b>Baseline:</b>4.1. Domestic Violence – a hidden social problem  4.2. Relatively high tolerance of Domestic Violence phenomena among society  4.3. Lack of public debates regarding Domestic Violence phenomena</p> <p><b>Indicators:</b>  4.1.1. Number of awareness raising activities carried out  4.1.2. Number of NGOs, trained to develop local campaigns</p> <p><b>Targets:</b>  4.1.1. Support the organization of awareness raising campaigns and joint events (involving the right bank) on DV and HT - 5 awareness raising activities carried out  4.2.1. Empower 5 NGOs to develop local mid-term plans to prevent DV  4.3.1. 5 NGOs trained to develop local campaigns</p>	<p>The modified target is reached. 1250 brochures, 500 flyers and 500 calendars were printed and disseminated.</p>		
<p><b>Component 3 - Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons</b></p>			
	<p><b>Achieved indicator targets</b></p>	<p><b>Reasons for variance with planned target (if any)</b></p>	<p><b>Source of verification</b></p>

<p><b>Output 1. Increased access to comprehensive package of services for PWIDs, including drug dependency in community</b></p> <p><b>Indicator 1.1</b> 10 specialists participated at the working visit on HIV/OST to Minsk</p> <p><b>Baseline:</b> Weak understanding of OST benefits among decision makers on both banks</p> <p><b>Planned Target:</b> 10 Authorities and relevant specialists have increased knowledge on addressing public health policies on drug use</p> <p><b>Indicator 1.2</b> A report including normative document adjusted to incorporate OST is prepared</p> <p><b>Baseline:</b> Lack of normative acts to incorporate OST on the left bank</p> <p><b>Planned Target:</b> A clear normative health treatment related regulation/ordinance in place on the left bank to enable OST, including basic guidance for medical specialists (Clinical Protocol) implementation</p> <p><b>Indicator 1.3</b> Targeted capacity building of 7 drug dependency and infectious diseases specialists from both banks to ensure piloting and scaling up of drug dependency treatment on both banks.</p> <p><b>Baseline:</b> Lack of knowledge and skills of health and NGO staff to provide OST on both banks of Nistru.</p>	<p>Achieved</p> <p>1.1 11 specialist had their capacities enhanced during a in a study visit to Belarus, Minsk</p> <p>1.2 6000 Booklets and guiding procedures for police officers printed in Ru and Ro</p> <p>1.3 80 police officers had their capacities built during the 4 trainings in Balti in Chisinau</p> <p>1.4 3 OST sites on the right bank opened, including 1 in Rezina</p>		<p>Photos, list of participants, list of tickets</p>
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<p><b>Planned Target:</b> All staff (at least 7 persons) skilled to provide OST in the new 4 OST sites (2 on left bank and 2 on right bank)</p> <p><b>Indicator 1.4</b> Ensure adequate functioning of the new 4 OST sites by providing equipment</p> <p><b>Baseline:</b> No OST available on the left bank. OST in partly available on the right bank.</p> <p><b>Planned Target:</b> 4 new sites (2 on left bank and 2 on right bank) available and including 4 medical personnel trained to provide OST in the new opened sites</p>			
<p><b>Output 2 Increased access to HIV services for 2000 prisoners</b></p> <p><b>Indicator 2.1</b> Assessment report shared with the prison authorities</p> <p><b>Baseline:</b> Lack of needs assessment of HIV response in prisons</p> <p><b>Planned Target:</b> Conduct the assessment in comprehensive package of services to HIV in TN prisons to identify major challenges and adjustments (including on the normative framework)</p> <p><b>Indicator 2.2</b> 20 NGO and prison staff trained in comprehensive services to HIV in prisons</p> <p><b>Baseline:</b> Weak integrated HIV and TB skills of prison and NGOs staff</p>	<p>2.1 Target achieved. Assessment conducted. Report in English and Russian submitted.</p> <p>2.2 Overachieved (25 participants)</p> <p>2.3 overachieved. 8 specialists had their capacities built during a study visit to Olaine prison. 9 specialists had their capacities built in alternatives to incarceration during the study visit to Bucharest, Romania</p>		<p>Report, photos and list of participants</p>

<p><b>Planned Target:</b> Improved the capacities of 20 Health and NGOs staff in providing qualitative integrated TB and HIV services for inmates</p> <p><b>Indicator 2.3</b> 6 prison staff who participated at the working visit on comprehensive package of services in prisons to Switzerland</p> <p><b>Baseline:</b> Limited knowledge of prison staff regarding the comprehensive of services</p> <p><b>Planned Target:</b> Increased understanding of 6 decision making staff with regards to integrated services in prisons as a result to best practices exposure in Switzerland</p>			
<p><b>Outcome 3. Existent HIV programming policies are human rights based and gender sensitive, including M&amp;E frameworks and budgets</b></p> <p><b>Output 3: Human rights and gender mainstreamed into HIV normative framework on both banks</b></p> <p><b>Indicator 3.1</b> Number of gender assessment performed and implemented</p> <p><b>Baseline:</b> Lack of gender assessment of HIV policies on the left bank</p> <p><b>Planned Target:</b> Nr (1) gender assessment of HIV response, present (baseline 1 – on the right bank) by end 2016</p> <p><b>Indicator 3.2</b> Number of specialists from NGOs and public sector able to develop gender and HR sensitive policies</p>	<p>3.1. Achieved. The report developed for the adjustments of the normative framework has fully integrated gender-sensitive issues and recommendations developed for the new legal acts are recognized as gender-sensitive.</p> <p>3.2. Achieved. 30 specialists from both banks trained to develop HIV gender sensitive policies and integrate HR&amp;gender base approach in HIV normative framework.</p> <p>3.3 Achieved. 9 specialists skilled to promote gender sensitive plans implementation as well as achieving UNAIDS global goals 90-90-90 as a result of a study visit in Stockholm, Sweden, June 2018.</p>		<p>Conclusions of the OHCHR and UNAIDS Human Rights Adviser.</p>

<p><b>Baseline:</b> Lack of competencies to develop gender sensitive policies in HIV response</p> <p><b>Planned Target:</b> Nr (25) specialists from both banks of Nistru river able to develop HIV gender sensitive policies and integrate HR&amp;gender base approach in HIV normative framework</p> <p><b>Indicator 3.3</b> Number of HIV working plans for 2017-2018 on both banks of Nistru river gender sensitive</p> <p><b>Baseline:</b> Lack of skills to provide HR and gender sensitive services on both banks</p> <p><b>Planned Target:</b> Nr (10) specialists skilled to promote gender sensitive plans implementation as a result of the study visit</p>			
<p><b>Outcome 4. Improved capacities of NGOs to provide HIV testing and normative framework ensured for the service</b></p> <p><b>Output 4: Increased access to communitarian testing of most at risk populations</b></p> <p><b>Indicator 4.1</b> Number of NGOs representatives able to provide qualitative HCT (HIV communitarian testing)</p> <p><b>Baseline:</b> Weak knowledge and skills of NGO service providers to realize communitarian testing</p> <p><b>Planned Target:</b> (30) NGOs representatives able to provide communitarian testing on both banks</p> <p><b>Indicator 4.2</b> Number of specialists exposed to best HCT practices</p>	<p>4.1 Overachieved. A number of 85 medical and civil society representatives able to provide qualitative HIV testing and treatment services as a result of four training on new HIV clinical protocols and testing guidelines.</p> <p>4.2 Overachieved. 10 specialists capacitated and able to provide qualitative HCT and PrEP treatment during a study visit in Paris, France.</p> <p>4.3 Achieved. 30 management staff of NGOs achieved fundraising skills as a result of three trainings. 2 NGOs have access to resources from domestic funds.4.3 Achieved. 30 specialists trained to access funds from public resources as a result of three trainings. Two NGOs already have access to domestic funds.</p> <p>1.4. Achieved. A modern waste management medical equipment procured and installed in Balti, at NGO UORN. Currently is functional.</p>		

<p><b>Baseline:</b> Weak abilities of NGO sector to ensure sustainability of communitarian testing</p> <p><b>Planned Target:</b> Nr (8) specialists exposed to best HCT practices from the region through a study visit to Baltic states</p> <p><b>Indicator 4.3</b> Number of NGO personnel who are able to get funds from public resources</p> <p><b>Baseline: 0</b></p> <p><b>Planned Target:</b> (25) management staff of NGOs have fundraising skills</p> <p><b>Indicator 4.4</b> % of waste safely managed</p> <p><b>Baseline: 0</b></p> <p><b>Planned Target:</b> 100% of waste managed safely on the right bank</p>			
<p><b>Output 5 LEAs participate in referral process of vulnerable groups to harm reduction services</b></p> <p><b>Indicator 5.1</b> 10 LEAs participated at working visit on Police Referral Services to Vienna, Austria</p> <p><b>Baseline:</b> Lack of knowledge of LEAs related to comprehensive HIV/TB/ OST prevention package</p> <p><b>Planned Target:</b> 10 LEAs are sensitized in the field of Harm Reduction and referral services as a result of exposure to best practice LEAs communitarian approach in Austria</p>	<p>5.1 Achieved, 10 participants attended the study visit to Austria</p> <p>5.2 Over-achieved 50 police and 10 NGO specialists trained</p>		<p>List of participants, photos, tickets</p>

<p><b>Indicator 5.2</b> 25 police officers trained in Harm Reduction and personal security and safety</p> <p><b>Baseline:</b> Lack of normative guidance for LEAs to address public health needs of PWID</p> <p><b>Planned Target:</b> 20 LEAs are capacitated and have the necessary skills to ensure referral to Harm Reduction and personal safety and security while interacting with the vulnerable groups</p> <p><b>Indicator 5.3</b> Regulation developed and approved to incorporate safety and security at the work place and referral schemes to Harm Reduction for police officers</p> <p><b>Baseline: 0</b></p> <p><b>Planned Target:</b> 1 Normative document developed and approved to incorporate safety and security at the work place on the left bank and referral schemes to Harm Reduction for police officers</p>	<p>5.3 Memorandum between NGOs and police signed on the left bank. Consultants contracted. Regulation developed and approved.</p>		
<p><b>Outcome 6: Stigma and discrimination of the PLWH decreased</b></p> <p><b>Output 6: HIV and drug dependency related stigma and discrimination reduced</b></p> <p><b>Indicator 6.1</b> Number of reports on stigma index</p> <p><b>Baseline:</b> Lack of Stigma index research on the right bank</p> <p><b>Planned Target:</b> Stigma Index conducted (2016)</p>	<p>6.1 Achieved. Two reports developed for the both banks of the river Nistru. Clear conclusions and recommendations provided on the stigma and discrimination reduction.</p> <p>6.2 Achieved. More than 60000 persons covered during four large informative campaigns.</p> <p>6.3 Achieved. As a result of the campaigns, 200 health workers aligned to the campaigns.</p>		

<p><b>Indicator 6.2</b> Number of population covered by the campaign</p> <p><b>Baseline:</b> High level of stigma and discrimination towards HIV on both banks which impede persons to exercise their rights</p> <p><b>Planned Target:</b> At least 5,000 Persons covered by communication campaigns</p> <p><b>Indicator 6.3</b> Number of staff tolerant towards beneficiaries</p> <p><b>Baseline:</b> High level stigma among health personnel providing services to HIV affected or infected persons</p> <p><b>Planned Target:</b> 200 health personnel providing HIV prevention, treatment and care services tolerant to their beneficiaries</p>			
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## Contribution to the Confidence Building Measures Program in Transnistria - Health Sector, Phase II

### **Programme overview**

In the context of health sector reforms, several significant interventions have been initiated in the area of maternal and child health over the last decade. Affordable and high-quality care has been one of the key issues of the health agenda of authorities to accelerate progress towards Millennium Development Goals (MDG) targets 4 and 5 and to continue the monitoring and evaluation of the achievements as part of the post-2015 agenda. There are specific national health policies and programs focusing on mother and child health. The development of a regionalized perinatal assistance system, strengthening and regionalization of pediatric emergencies and intensive therapy departments, as well as an increase in the level of knowledge through continuous medical training are just some examples of major efforts with sizeable impact undertaken recently.

The implementation of Integrated Management of Childhood Illness (IMCI) and the system of individual evaluation of the neonatal mortality cases allows the collection of relevant data for developing effective interventions. Supporting communities and building a resilient health system is particularly important in the context of the 2030 Sustainable Development Agenda and its related health goal to *ensure healthy lives and promote well-being for all at all ages*. Despite high population coverage of antenatal and hospital care, the quality of health services requires further analysis and improvement. All routine vaccines for children are available, including in the Transnistrian region, but with slower than expected up-take of new vaccines (rotavirus (RV), pneumococcal (PCV)) or reluctance to implement new vaccines in the Transnistrian region due to the dire financial situation. UN has been engaged in the on-going process of improving the quality of care for mothers and children at all levels of health services and promotes an integrated and comprehensive approach on both banks of the Dniester River.

This initiative is funded by the Swiss Agency for Development and Cooperation (SDC) and is jointly implemented by WHO, UNICEF and UNDP. It is a logical continuation of previous activities undertaken in the Transnistrian region under previous confidence building measures efforts (both EU- and SDC-funded) in the area of mother and child health (MCH) and immunizations since 2013. The overarching goal of this project is to make sure that the population of Moldova, including in the Transnistrian region, has improved health status, financial protection, equitable access to and satisfaction with health services. The ultimate objective is that the population of the Transnistrian region benefits from comprehensive quality health services, with specific focus on Maternal and Child Health (MCH) and immunizations.

### **Results**

The following three outcomes were defined under the project, with consideration for the supply and demand dimensions:

- Newborns and mothers from the Transnistria region benefit from qualitative integrated perinatal services, including nutrition;
- Vaccine coverage and immunization rates for traditional and new or underutilized vaccines are improved on both banks of the Dniester River; and
- The population on both banks of the Dniester River has increased their MCH-related health literacy related to infant feeding and awareness about availability of MCH services and their right to access them.

## Outcome 1: Perinatal care services

Activities under this outcome focus on strengthening the quality of health care services at all levels rendered to mothers, newborns and children. This is being accomplished through actions in three key areas:

- High quality MCH care services available at hospital health care level;
- High quality MCH services available at ante- and postnatal care levels, including home visiting; and
- Updated breastfeeding knowledge and competences gained by health care professionals (primary and hospital care levels) and community.

### ***Output 1: Specialized health professionals in the Transnistria region (obstetricians, midwives and neonatologists) have improved capacities and knowledge to provide MCH hospital care according to international standards***

Following a study visit to the training center on perinatal care emergencies and to the Department of Obstetrics and Gynecology of the Lithuanian University of Health Sciences 'Kauno Klinikos' in Kaunas, Lithuania, during *June* and *July 2017* to exchange experience and share best practices, information was collected for the planning phase of a **Training Center for perinatal emergencies** in Tiraspol. Specific knowledge was acquired on various technical aspects, structure of the Center, tools and equipment used by Lithuanian experts, as well as on its main functions – critical steps in developing and customizing a Training Center's concept in Tiraspol based on similar training centers in other European countries. The main scope of the training center is to improve and maintain the level of practical skills of health professionals through pre-service and in-service trainings.

With the support of de-facto authorities from the Transnistria region, relevant space has been identified for its strategic positioning within the Center for Mother and Child Care in Tiraspol - a tertiary care facility). This strategic location is meant to ensure a smooth interaction with other healthcare settings on both banks of the Dniester River. The Centre has connections with a similar unit in the Center for Mother and Child Care, where practitioners from the Transnistria region will have the opportunity to go through more advanced training courses. Within the framework of confidence building initiatives, in order to mitigate potential risks of failure, the Training Center was designed around and created based on the best practices and lessons learned from the similar center in Chisinau. The expertise was provided by a national consultant, who passed on the knowledge and healthcare related standards to the contracted construction company. The construction and **refurbishment works** were finalized in *April 2018* and the Training Center was commissioned in *May 2018*. The renovated premises have been **equipped** with furniture and IT equipment and five mannequins were supplied to the Training Center in Tiraspol. Specialists in Chisinau and Tiraspol have benefited from a day-long **induction training** to learn the proper use and functionalities of purchased human mannequins.

Courtesy of support provided by the experts from the right bank of the Dniester River, the Training Center in Tiraspol has capabilities to provide basic simulations and capacity building workshops for obstetricians, neonatologists and midwives from all over the Transnistria region. However, an agreement was reached to have **advanced simulation exercises** and advanced medical interventions delivered at the Simulation Center in Chisinau, thus building up a strategic partnership between the specialists in Chisinau and Tiraspol, contributing towards a long-term cooperation and win-win situation for the health sectors on both sides.

Furthermore, **guidelines for the simulation modules in obstetrics and perinatology** were developed, as well as a **Training of Trainers (ToT) course**, aiming at peer-to-peer sharing of best practices with local specialists from the Transnistria region, in line with international standards. Following competitive bidding, an NGO from the right bank

of the Dniester River with relevant experience was contracted to develop the guidelines for **standardized modules** on pre-natal, post-natal and child delivery processes to be followed. The modules were prepared based on the provisions of perinatology protocols developed with WHO support jointly with local healthcare authorities and stakeholders. As a result, ten modules have been generated by specialists from both banks, on the following topics:

- 1) Dystocia;
- 2) Cardio-monitoring of fetal conditions in childbirth;
- 3) Instrument-assisted child delivery;
- 4) Management of breech presentation;
- 5) Pre-eclampsia / eclampsia;
- 6) Postpartum hemorrhage;
- 7) Basic care for newborns;
- 8) Resuscitation of newborns in the delivery room;
- 9) Resuscitation of infants; and
- 10) Resuscitation of preschool age children.

The above modules were coordinated with key healthcare decision-makers and relevant stakeholders from the Transnistria region. A training of trainers course was subsequently designed and implemented in 2 stages:

Initially, four courses totaling 8 training days were provided to the specialists/trainers from the left bank, organized at the Simulation Center in the Mother and Child Healthcare Center in Chisinau. During the courses, 12 trainers learned the ABC of simulation trainings, approaches to teaching and assessment of knowledge / skills, methodology for creating simulation scenarios, conducting briefing and debriefing sessions for analysis of learning outcomes. A particular emphasis was put on team communication between trainers and trainees, as well as between health personnel and patients, as communication is critical during childbirth. During practical sessions, the ability to log on various interventions in the system (videos and checklists) has been checked. On top of it, hands-on exercises have been conducted for each specific task, including exercise self-assessment assignments for participants at the end of the session.

During phase 2, a team of specialists from Chisinau taught the team of trainers from the left bank how to properly use the mannequins at the Simulation Training Center in Tiraspol during 3-day-long **workshops**. During the seminars, the team of lecturers and trainers developed **scenarios** and conducted **simulation exercises**, logged on and reviewed the clinical tasks for each group of specialists (obstetrician-gynecologists, neonatologists, resuscitation-neonatologists, pediatric anesthetists and resuscitators and midwifery profiles) and for each mannequin separately.

As a result of implemented activities, a team of five trainers (of the total number of 12 participants) has been trained in delivering workshops with simulation exercises on a regular basis to the obstetricians and neonatologists from the perinatal care facilities in the Transnistria region. It allowed build basic skills and knowledge on simulation of perinatal processes in Tiraspol that can be used to prepare other specialists during next rounds, but also to improve the capacities of existing health workers.

Following the recommendations from the perinatal care system assessment conducted on the left bank, the much-needed consumables and equipment were supplied to the Centers of Mother and Child Care in Tiraspol, Ribnita, Slobozia, Dubasari, Bender, Grigoriopol, and Camenca. Moreover, six vacuum extractors were purchased for all six perinatal care centers in the Transnistria region. Yet, the positive health impact of successful interventions in childbearing will likely be registered during the coming years only.

As both centers in Tiraspol and Ribnita record a significant number of deliveries and those health-care institutions are insufficiently equipped, two delivery chairs were procured and delivered to either of the Centers for Mother and Child Care in Tiraspol and Ribnita. The chairs are designed so as to ease the child delivery process for persons with disabilities; therefore, these were dispersed geographically to the North and South of the Transnistria region for easier and faster access, allowing women with disabilities from the entire region to get equal access to better healthcare services. Finally, a heated bed was supplied to the Center for Mother and Child Care in Tiraspol.

Technical support was provided during the reported period to developing **pediatric protocols**. An international WHO expert, Olena Starets, during an in-country mission conducted on *12-14 November 2018*, carried out **training sessions** for 20 local health professionals (all women – 3 neonatologists, 6 hospital pediatricians and 6 PHC pediatricians, 5 nurses) from the Transnistria region in developing pediatric protocols based on the latest available WHO standards. Throughout the working days, discussions were held on the preliminary drafts of pediatric protocols by the local expert group, with specific focus, among other, on chronic gastritis, pneumonia, chronic bronchitis, haemorrhagic vasculitis, acute respiratory infections, and chronic pancreatitis, with relevant feedback from the international expert, based on the latest available WHO standards.

***Output 2: Primary health care professionals (family doctors and nurses) have improved their knowledge and capacity in ante- and postnatal care, including home visiting***

The child care and development standards for the Transnistria region were adjusted by a mixed group of experts from both banks of the Dniester River, including Svetlana Makoveeva, Marina Arama, and Cristina Gaberi throughout 2017 and 2018. The process was guided and facilitated by Angela Capcelea, UNICEF Moldova, and Larisa Boderasca, WHO Country Office Moldova. The draft child care and development standards were developed in accordance with the latest WHO recommendations on Parenting for Lifelong Health, the latest evidence from the Early Childhood Development Series Steering Committee, The Lancet 2016 and UNICEF Framework on Home Visiting. The capacity of 130 pediatricians and nurses working at primary health care level in the Transnistria region, including the key MCH specialists, was built on the implementation of outpatient **child care and development standards**. Four **training courses** were conducted in Tiraspol and Ribnita in *December 2018* by pediatricians Natalia Chiperi, Marina Arama, neonatologist Tatiana Caraus from the Medicine and Pharmacy State University “Nicolae Testemitanu” and Cristina Gaberi, UNICEF Health Officer. The training courses focused on developing the counseling skills of health staff related to breastfeeding, immunizations, assessment of child development milestones, early stimulation and early detection of developmental delays.

Seven **Clinical Protocols** on the commonest conditions of the neonatal period (neonatal jaundice, neonatal shock, neonatal seizures; hypoxic-ischemic neonatal disorders; neonatal resuscitation and hypothermia, neonatal injury and neonatal polycythaemia) were developed by specialists from the Institute of Mother and Child Care in Chisinau and Institute of Mother and Child Care in Tiraspol in line with international guidelines and the latest WHO recommendations. The newly developed clinical protocols will be contributing to improving the quality of care rendered to newborns in the Transnistria region.

The capacity of 90 ob/gyn, midwives and managers involved in the outpatient care for pregnant women in the Transnistria region was built in implementing the **antenatal clinical protocol for physiologic pregnancy**, with the support of a WHO expert, Stelian Hodoroja, and two experienced professionals, Tatiana Caraus and Ala Curteanu, from the ‘Nova’ NGO and Perinatal Center of the Institute for Mother and Child Care in Chisinau. Three two-day training workshops took place in Tiraspol in *March 2018*. In addition, 100 ob/gyn, pediatricians, family doctors,

midwives and nurses from district levels from the right bank of the Dniester River were trained in how to apply new provision of antenatal care standards, including home visits, to pregnant women. The aforesaid two-day-long trainings were conducted during *15-16 August 2018, 17-18 and 24-25 October 2018, 07-08 and 14-15 November 2018*, as per the MHLSP ordinances no.403d of *14 August 2018*, no.1174 and no.1173 of *18 October 2018*.

Since the **international consultations on nutrition and pregnancy** conducted in Riga, Latvia, in *June 2016*, the national working group developed the National guideline on nutrition during pregnancy based on the WHO guidelines ‘Good Maternal Nutrition – the best start in life’, that was endorsed for use in *September 2018*. One thousand copies of the guidelines were printed and distributed during the dissemination training workshops (with almost 200 PHC professionals attending) organized during *November and December 2018*. Trainings are to continue throughout 2019.

A mission on assessment of supportive supervision implementation in the Republic of Moldova was conducted during *20-29 November 2018*. Assessments were conducted during the mission by a mixed expert group with focus on 6 districts / municipalities (Drochia, Balti, Comrat, Cahul, Orhei, and Chisinau), identified jointly with the MHLSP. The aim of the mission was to identify to what degree the supportive supervision was integrated into external audit practices, how it contributes to better quality of care being provided to children, what were the success stories or challenges. A wrap-up meeting to present the mission’s preliminary findings was organized at the MHLSP on *30 November 2018*. The meeting was attended by almost 70 health professionals from all regions of the Republic of Moldova, including the six ones visited throughout the mission. The preliminary recommendations ensuing from the assessment concerned the need to strengthen the role of PHC in offering services to healthy children with stronger emphasis on nutrition and development; to strengthen the prevention and early detection of risks factors (e.g., to avoid progression to child obesity etc.), to stimulate children growth and development through games and parental engagement, to review the national recommendation on iron supplementation for children and pregnant women etc. The assessment mission to the Transnistria region is scheduled for *February 2019* focusing primarily on improving internal clinical audit mechanisms.

### ***Output 3: Supportive environment for breastfeeding is created at primary care, hospital care and policy level***

Around 30 specialists (ob/gyn, neonatologists and pediatricians) from perinatal care centers, hospitals and polyclinics from the Transnistria region were trained on the Ten Steps for meeting the Baby Friendly Hospital Initiative (BFHI) criteria on *17 April 2018*, with primary focus on learning the **BFHI assessment** methodology and questionnaires for multidisciplinary teams that subsequently evaluated selected maternity wards in the Transnistria region (Tiraspol, Bender, Slobozia, Grigoriopol, Dubasari, Ribnita, and Camenca). A number of questionnaires have been used, targeting health facilities (institution data sheet); heads of institutions; surveillance; medical staff; non-medical staff; nursing mothers; breastfeeding mothers; pregnant women. All maternities from the Transnistria region have been assessed as to their **compliance with BFHI criteria** by a mixed team of professionals from the left bank of the Dniester River. Having conducted the assessment in the Transnistria region from *April to May 2018*, no maternity met the criteria to be declared a Baby Friendly facility. Preliminary results were shared with staff in maternities, local stakeholders and decision-makers. In addition, a roadmap was developed by local stakeholders and decision-makers to ensure that the maternity wards sort out the barriers identified during the assessment, so they would provide Baby Friendly services.

Following the **training for breastfeeding counsellors** conducted in Tiraspol in *November 2017*, there have been **monitoring visits** to Bender and Tiraspol maternities organized in *May 2018*. The aim of the visits was to check on the status of knowledge transfer in supporting exclusive breastfeeding starting with maternities, near-miss case review

reports, and implementation of the Pediatric Care Pocketbook. Findings from the monitoring visits were presented at a conference organized in Tiraspol on *22 May 2018*, along with the preliminary results from the assessment of BFHI compliance of maternities from the Transnistria region.

More than 50 ob/gyn specialists and neonatologists, nurses and midwives from the right bank of the Dniester River have been trained in using the assessment methodology and BFHI criteria, as per the MHLSP ordinance no.389d of *02 February 2018*. Pursuant to a MHLSP request, the maternity wards from the right bank of the Dniester River with 500 or more births a year were assessed in terms of BFHI compliance, including 20 maternities of 37 assessed during *August 2018* alone (Anenii-Noi, Edinet, Soroca, Balti, Floresti, Falesti, Orhei, Hancesti, Cahul, Causeni, Cantemir, Ialoveni, Comrat, Ceadar-Lunga, Nisporeni, Straseni, Ungheni, Municipal Maternity no.2, Municipal Hospital no.1, and the Institute for Mother and Child Care in Chisinau). The preliminary findings showed a BFHI compliance rate ranging between 70% and 85% among those. The highest **BFHI compliance** rate was reported in eight maternities (Municipal Hospital no.1, Balti, Cahul, Ialoveni, Hincesti, Floresti, and Orhei). Additional advocacy and capacity building is planned to be conducted in 2019.

A **training for breastfeeding counsellors** was conducted in Chisinau on *8-16 August 2018*, whereby 46 neonatal care nurses and midwives from all perinatal care centers in the Republic of Moldova (all women) were trained. The training was conducted by 'Mamica Alapteaza' social group based on the WHO standard 18-hours training package for breastfeeding consultants.

Specific **lectures at the antenatal school for pregnant and breastfeeding mothers** were taught in Tiraspol on *3, 5 and 7 December 2018* (15 people each group for a total of 45), aiming to improve their knowledge of breastfeeding and baby's natural nutrition, with focus on community support to MCH. Several topics were covered during lectures: a) initiation to breastfeeding during pregnancy, b) breastfeeding and complementary feeding; c) breastfeeding cessation. Lectures were facilitated by the 'Mamica alapteaza' team and were attended by 23 pregnant women, ten breastfeeding mothers with kids under three years of age, seven fathers or close family members, as well as by five midwives.

#### ***Output 4: Basic quality management mechanisms for the perinatal and child health services in place in the Transnistria region***

The **perinatal audit** methodology was launched in the Transnistria region during a workshop organized in Tiraspol on *22-24 August 2018*. The orientation meeting conducted on *22 August 2018* was attended by 55 participants (12 men and 43 women) representing all seven perinatal care facilities from the Transnistria region and aimed at presenting to the community of health professionals an effective WHO tool for perinatal mortality review in order to reduce the number of avoidable deaths among beneficiaries, to strengthen follow-up of low birthweight babies, to prevent severe morbidity in preterm neonates, and to improve the quality of care offered to mothers and newborns. Two teams from maternities in Bender and Tiraspol were trained on *23-24 August 2018* in the tool implementation, with facilitation by members of the national committee for perinatal audits from the MCH Institute in Chisinau.

In 2018 UNICEF Moldova continued to build the capacity of health care providers in quality child healthcare. A total of 500 nurses from 18 districts were trained to use child and family wellbeing assessment tools that have been developed in line with the newly **approved Guidelines on home visiting** developed with UNICEF support, as per the MHLSP ordinance no.709 of *7 June 2018* and MHLSP ordinance no.1208 of *22 October 2018*. The trainings took place

from August to October 2018, during which nurses built their capacity in assessing the family environment and in detecting specific risk factors for a child's wellbeing, such as signs of violence, abuse, neglect, possible developmental delays, post-natal depression in mother, as well as in providing relevant counselling on the need of breastfeeding and early stimulation. Furthermore, 2 000 copies of the Guidelines on home visiting and family wellbeing assessment tool were printed and disseminated at primary health care level.

The **national antenatal care standard** used by health professionals on the right bank of the Dniester River was updated as per the WHO recommendations on antenatal care for a positive pregnancy experience. According to these new provisions, pregnant women shall benefit from one additional consultation (home visit). About 50 family doctors and ob/gyn professionals were trained in using the new national antenatal care standards, including counselling on nutrition, early initiating and exclusive breastfeeding in the first 6 months of life. Furthermore, all main specialists on Mother and Child Health at district level and nurses of family doctors from 18 districts have been trained on the package of home visit during pregnancy and assessment tools to be used as prescribed in the Guidelines on home visiting.

## Outcome 2: Immunizations

The goal of this outcome is that comprehensive quality immunization services are available for children.

### ***Output 5: Relevant health professionals have necessary knowledge and guidelines about vaccine contraindications, adverse events following immunizations, and effective vaccine management***

To build the capacity of pediatricians and nurses from the Transnistria region in improving communication with families with young children towards raising the demand for immunization, a module on interpersonal communication for promotion of immunization was integrated into the training courses and the child care and development standard in December 2018. The **training package for front line workers on interpersonal communication for immunization** was used to train around 120 pediatricians and nurses from the Transnistria region. This training package was developed by the UNICEF Regional Office (communication for development, or C4D, and Health Sections), jointly with Johns Hopkins University / Centre for Communication programs and UNICEF Bosnia and Herzegovina and Serbia Country Offices. The training aimed to address the biases and negative attitudes of health frontline workers towards vaccines, to strengthen health workers' skills to proactively engage with caregivers, to assess and respond to their fears and concerns, as well as to strengthen the capacity of health professionals to identify and address vaccine hesitancy.

Given reported concerns over the safety of vaccines in general, and new vaccines in particular, effective and appropriate reporting of adverse events following immunization (AEFI) is the corner-stone of making sure that vaccine products are safe and are being properly handled and administered to children. An enhanced approach to surveillance of AEFI in the Republic of Moldova required further technical support and guidance. Therefore, a **WHO technical mission** to support the MHLSP aimed at strengthening the national capacities for AEFI surveillance took place during 25-29 June 2018. A **high-level advocacy meeting** was organized during the mission on 25 June 2018 with support of international experts, convening 22 participants, consisting of heads of departments and key specialists of the MHLSP, members of Moldova's Academy of Sciences and heads of the national hospitals for children (17 women, 5men).

The new concept and minimum required capacity to ensure vaccine safety that includes detection of AEFIs, investigation of serious AEFIs, assessment of causes and final classification of events, as well as vaccine safety communication, was addressed during the mission through a **workshop** organized on *26 June 2018*. Using the vaccine safety concept as part of the medical and continuous medical education curricula was further discussed with representative of PHC, pediatric and epidemiology departments of the Medicine and Pharmacy State University “Nicolae Testemitanu” and with heads of departments from the Institute for Mother and Child Care in Chisinau.

Following the AEFI surveillance assessment missions conducted in 2017, the **draft of the national guidelines on AEFI surveillance** was developed in 2018, including a number of working group meetings and training workshops aiming to finalize the national guidelines. The national **training workshop** organized on *27-29 June 2018*, focusing on implementation of national guidelines for AEFI surveillance, targeted representatives of the national EPI from both the national and sub-national levels the national drug regulatory authorities (NRA) responsible for pharmacovigilance, PHC and hospital services, and the national expert committees involved in review of causes and classification of AEFIs (46 Participants overall:31 women; 15 men). The main purpose of the training was to strengthen in-country capacity for vaccine safety by reviewing national guidelines on AEFI surveillance and causality assessment mechanisms to detect, respond and communicate effectively following serious adverse events. Further capacity buildings activities tailored for specific groups of professionals, including from the Transnistria region, are scheduled for 2019.

**Advocacy** meetings to increase vaccine coverage and implementation of new vaccines (rotavirus (RV), pneumococcal (PCV)) were conducted with representatives of health authorities and professionals from the Transnistria region in June and October 2018. National and international experts shared available data and provided evidence to equip local experts with public health tools to aid in decision-making. Further training sessions on false medical contraindications for primary care specialists, pediatricians and specialists shall be tentatively conducted in February or March 2019 to improve vaccine coverage rates by reducing parental hesitancy through better communication, including media.

#### ***Output 6: Public authorities have the tools to plan, budget and implement / scale up immunization activities***

During 2018 specific components of the National immunization program have been evaluated by national and international expert missions. The assessments have been carried out based of standard tools and protocols that allowed identifying the gaps and further recommendations to improve the quality and accessibility to immunization services (Immunization Cold chain evaluation, 18 Oct–13 Dec, 2018, team of national experts; HPV post-introduction evaluation, 15-18 Oct, 2018, international expert mission). Besides the assessment component that aimed primarily at evaluating the situation and at identifying the gaps, it aided a knowledge transfer given that assessment tools were updated and adjusted jointly with local experts to better reflect national and local specifics and existing settings. This approach was a robust investment in strengthening the EPI capacities and preparations for the EPI review delayed by public health and PHC reforms, started during the previous reporting periods (2017) and carried out throughout 2018.

Following the global switch from the trivalent oral polio vaccine (t-OPV) to bivalent OPV (b-OPV) Moldova have successfully added the **inactivated poliomyelitis (polio) vaccine (IPV)** to its routine immunization schedule on *2 April 2018*, as prescribed in the global Polio Eradication Initiative (GPEI) and Endgame Strategic Plan 2013–2018. Due to a shortage in IPV caused by the sudden increase in global demand since 2016, priority in supplying the vaccine was given to countries considered to be at high risk of circulation in the event of vaccine-derived poliovirus emergence. The risk of poliovirus re-introduction in Moldova is considered to be lower, therefore the aforesaid postponement until 2018, when the supply situation will have improved. Given to the fact that two cohorts of children (eligible to be vaccinated

with IPV in 2016 and 2017) missed IPV vaccination, Moldova continued to strengthen its **acute flaccid paralysis (AFP) surveillance** in 2018.

The **acute flaccid paralysis (AFP) surveillance** for polio viruses in sentinel sites continued during 2018 through the national reference laboratory (poliolab) at the NAPH, facilitated through the WHO continuous technical and financial support to perform AFP surveillance in order to keep the country's polio-free status since 1996. The process implies collecting and transporting selected human samples to the national laboratory, with subsequent transportation for confirmation to the international supranational polio reference laboratory in Moscow, Russian Federation, based on a multi-year agreement, including on-site training (Mariana Apostol, new polio lab manager, and Victoria Ghidirim).

Amid concerns across the WHO European Region about ongoing measles transmission in many countries, including neighboring Romania and Ukraine, as well as the recent outbreak in the Republic of Moldova (peaking in *July through September 2018*) following the last three years free of measles in the country, health professionals in the Transnistria region were trained in measles prevention, surveillance and control on *18 July 2018*. More than 86 pediatricians, infectious diseases doctors and epidemiologists from the Transnistria region attended the training in Tiraspol. The health professionals were updated on measles situation, disease burden and surveillance; measles surveillance standards and laboratory network; prevention and control measures. Materials and guidelines, as well as the agreed recommendations, focused on ensuring early detection, appropriate treatment and management of measles cases in order to prevent any secondary transmission of measles and other possible measles outbreaks.

In 2018 UNICEF and WHO continued to provide technical support to MHLSP and NAPH on increasing the demand for safe and high-quality vaccines for children. A **forecasting exercise** of the National Immunization Programme was conducted in partnership with NAPH, MHLSP and UNICEF Supply Division, which resulted in the procurement of 1,177,000 doses of vaccines and consumables worth USD 1,115,812 in 2018 alone. In addition, 43,400 doses of inactivated polio vaccine (IPV) were procured with the support of GAVI in 2018.

National Immunization Programme (NIP) stakeholders were introduced to the Visibility for Vaccines (ViVa) tool developed by UNICEF SD through webinars, held in Russian and English, in *November 2018*. ViVa is a free, easy to use on-line tool that allows users to have an overview of the current vaccine stock status at different levels of the supply chain, to visualize upcoming orders from UNICEF Supply Division and other sources, and see have vaccine stock projections. ViVa generates alerts and indicates when potential stock-outs or overstocking could happen, and provides this key data in a clear visual format, helping countries better monitor current stock levels and plan future vaccine procurements accordingly. National Counterparts were introduced to the ViVa platform, how it works, and how it can be used to strengthen the use of data for managing the national vaccine supply chain.

Veaceslav Gutu from NAPH and Eduard Terna from The Center for Centralized Public procurement in Health attended the fourth UNICEF **Vaccine Procurement Practitioners Exchange Forum (VPPEF)** organized by UNICEF Supply Division in UNICEF Supply Division Copenhagen, Denmark, on *3-5 October 2018*. The Forum focused on facilitating exchange between participants across countries and regions, while providing a common basis for constructive debates and discussions; to exchange theoretical and practical knowledge, identify best practices for each context, and build on experience of different countries and experts. It focused on topics, such as planning, forecasting and budgeting of vaccines and vaccine related supplies and introduction of new vaccines into national immunization programs.

### **Outcome 3: Awareness raising and community mobilization**

Under this Outcome, the project aims at increasing the population's health literacy related to MCH and its awareness about availability of services and their right to access them, by means of:

- Developing and disseminating information materials to health professionals and communities regarding the services available to women, newborns and children at all health care levels;
- Raising the awareness of population on selected health topics (e.g., exclusive breastfeeding) and sharing information on the legal provisions related to the International Code of Marketing of Breast-milk Substitutes, securing enabling environment and support groups to maintain and promote breastfeeding; and
- Capacity building for health professionals involved in vaccination, and using innovative approaches in vaccination to help parents and family members be well informed about the vaccination schedule, proper timing and key information about vaccines and the diseases they prevent

***Output 7: Community-based parents' support groups set up with the support of civil society in the Transnistria region promote breastfeeding; provide peer-support and information about access to MCH services***

**Materials for parents** on nurturing care, breastfeeding, diversification of food, danger signs, prevention of neglect and violence, prevention of injuries, immunization, early stimulation, and safe environment were developed by specialists from the Institute of Mother and Child Care. A total of 203,000 leaflets in Romanian and 90,000 of leaflets in Russian were printed and distributed to families with young children through family doctors and nurses.

A **study visit on positive parenting** was organized to Romania through horizontal cooperation between UNICEF country offices in Moldova and Romania in *August 2018*. Counterparts delegated by MHLSP, MECR, and NGO representatives highly appreciated this exchange of experience, including lessons learned, while pledging to apply the gained knowledge to finalizing the Action Plan for the implementation of the Governmental Inter-Sectorial Strategy on developing Parenting Abilities and Competencies 2016-2022, currently pending approval with the Government.

**Community parents support groups** have been organized throughout 2018 following the launch of the mothers' schools. Specific materials related to the exclusive breastfeeding were developed and distributed during the **World Breastfeeding week** celebrated yearly in August. Two events for target population on the occasion of the World Breastfeeding week were organized in Chisinau, Tiraspol and Bender in *August 2018*.

***Output 8: Health professionals enabled to promote better parenting, child care practices and immunization***

UNICEF and WHO supported the Government and contributed to the concept and design of the materials produced for the **European Immunization Week (EIW) 2018**, including the banner to promote the live stream on immunization for parents and caregivers. The banner and information has been promoted on all three portals of 'Ask a Mom' parents' community (see, <https://www.facebook.com/events/216063199159368/>). The materials and info graphics distributed during the EIW were made available (<https://www.facebook.com/vaccinare1/>). During EIW, partnerships with TV, radio, written media and online media have been established for wider dissemination of pro-immunization messages. At least one TV show dedicated to vaccination was broadcast daily during the EIW, involving representatives

of the Medicine and Pharmacy State University, NAPH, MHLSP, parents' associations, to discuss various topics, such as medical, social and economic efficacy of vaccination; is vaccination a right or a responsibility; risks associated with non-vaccination in a modern society; HPV vaccination, among other. Two video-spots developed by UNICEF were broadcast in health care facilities and through national TV channels. Given the context and the epidemiological situation related to measles outbreaks in Romania and Ukraine, but also with the re-emergence of measles in the Republic of Moldova, communication messages focused on measles alert and HPV vaccine advocacy. Some positive deviants continued to be identified and partnered to greater promotion and awareness-raising. A series of articles have been produced and published by [www.suntparinte.md](http://www.suntparinte.md) and the biggest parents' online community 'Ask a Mom' etc. (e.g., **Suntparinte.md**, <https://suntparinte.md/discutie-despre-vaccinare-10-intrebari-si-raspunsuri-despre-vaccinarea-copiilor-din-moldova/>).

The video on MMR vaccine focused on the messages provided by a famous national pediatrician, Mihai Stratulat, collecting 15,000 views and impacting 39,050 people with 261 shares. The analysis of the audience profile showed that the article was popular among women aged 25-35 (<https://www.facebook.com/suntparinte.md/videos/1932093603788040/>). **The live streaming on immunization issues for parents and caregivers** was organized on 25 April 2018 by NAPH in partnership with WHO, UNICEF and the biggest parents' community in Moldova, 'Ask a Mom' (over 100,000 community members). The event has been moderated by 'Ask a Mom' key leading parents and targeted hesitant parents searching for more evidence, with a questions and answers session. Experts from UNICEF, WHO, NAPH, and well-reputed practitioners actively participated and shared detailed information, with simple and clear messages reaching out to the target audience and addressing the most sensitive issues, such as immunization side effects, vaccine safety and composition etc. As a result, the 90 minutes long show initially was followed by 8,000 people, which subsequently increased to 14,000 views and the interaction was also very high, with more than 80 comments and questions being put forward by parents and caregivers from both the Republic of Moldova and Romania. The live stream record may be accessed at: [https://www.facebook.com/askamommd/videos/944676969030987/?hc\\_ref=ARQd0Ix-seGp6wQgXYE6QUk8Pti1sAVEXruA5B8p2tthtfsjk\\_44kmBEnqIk\\_UChfDA](https://www.facebook.com/askamommd/videos/944676969030987/?hc_ref=ARQd0Ix-seGp6wQgXYE6QUk8Pti1sAVEXruA5B8p2tthtfsjk_44kmBEnqIk_UChfDA)

The growing trends in national vaccine hesitancy and mistrust in vaccine safety driven by antivax movements and fueled by the adversity of social and mass-media, and religious leaders, coupled with the limited ability of health care providers to properly address caregivers' concerns regarding vaccine safety due to weak interpersonal communication skills, have impacted negatively the immunization coverage rates in Moldova over the years. Thus, the MMR vaccination coverage decreased from over 96% in 2006 to 87% in 2017 and the **measles outbreak** in many countries of the European Region also reached Moldova in 2018, with a total on 335 confirmed cases, of which 239 in *August 2018* alone. The outbreak occurred at a challenging time - just ten days before the start of the school year. UNICEF and WHO advocacy and technical assistance supported the MHLSP in curbing the outbreak and limiting its further spread. Within 48 hours from the outbreak, UNICEF and WHO issued an advisory for the MHLSP and the Ministry of Education, Culture and Research (MECR) to declare a state of public health emergency, to conduct mass vaccination with a measles-containing vaccine (MCV) and information campaign, along with measures to prevent possible sustained transmission of measles beyond the start of the school year. The GoM demonstrated high political commitment, as reflected in the Prime Minister's declaring of orange code emergency for measles and MHLSP and MECR working together to contain the outbreak. The public health emergencies committee meetings were convened in ten districts with the highest incidence of measles and at national level. The MHLSP, with WHO and UNICEF support, developed and approved a **Crisis Communication action plan** and, together with the NAPH, undertook a massive media outreach campaign through traditional communication channels and through social media. A 24 hours emergency operation unit was set up in NAPH, travel advisories were issued and a daily update on measles cases was

provided on the NAPH webpage, including a national phone number available for all health professionals from all over the country to raise queries. A respective ordinance issued by MECR mandated all schools not to admit unvaccinated children. UNICEF, WHO and MHLSP engaged with leaders of confessions seeking their support for vaccination. Further advocacy supported by UNICEF and WHO included a Parliamentary hearing aiming to stress the importance of immunization as the most cost-effective public health intervention to curb the measles outbreak. As a result of common advocacy and awareness raising measures, about 9,360 children were reached out to and vaccinated with MCV through supplementary immunization activities (SIA) from *August to October 2018*.

In 2018 UNICEF Moldova continued to provide technical support to the MHLSP and the NAPH on raising the demand for safe and high-quality vaccines for children. As a result, the Government earmarked USD 265,000 in 2018 for the implementation of a **Behaviour Change Communication Strategy** for raising demand for immunization and the Action plan 2017-2020, developed in 2017.

With UNICEF's Europe and Central Asia (ECA) Regional Office support and in partnership with Sabin Vaccine Institute, 12 Moldovan journalists participated in a **workshop for journalists** in *October 2018*. The workshop focused on the measles epidemiological situation, its consequences and the correct messaging for population to raise their awareness and response was conducted.

A team of professionals involved in early detection intervention and home visiting attended the UNICEF **International Conference Early Childhood Intervention: Strengthening Systems & Empowering Families** in Minsk, Belarus, in *June 2018*. Marina Calac from 'Voinicel' Intervention Center and Adela Horodisteanu from the Institute for Mother and Child Care in Chisinau, Angela Capcelea and Larisa Virtosu from UNICEF, shared Moldova's experience in assessing the child development and early detection of developmental delays. Through key notes and panel discussions, participants learned of regional and international best practices on family-centered interventions, where families are active participants in the continuum of care, as well as the role that parents can play in designing and implementing service delivery and policy.

Two digital animated videos were produced to raise awareness on the importance of nurturing care in the first one thousand days for the child's brain development. The video animations feature, in particular, the benefits of breastfeeding and of the caring environment for a child's future health and wellbeing. Videos reached out to over 30k people through UNICEF's social media channels.

After successfully implementing the human papillomavirus (HPV) vaccine in *December 2017* with WHO support, as part of the Gavi Vaccine Alliance 'demo' project, WHO carried out a post-introduction evaluation during *15–18 October 2018*. The vaccine currently used is tetravalent Gardasil (Merck) and is recommended for girls aged 10 years. The vaccination schedule includes two doses at least six months apart and has been provided free of charge in healthcare centers, family doctor centers and family doctors' offices. After more than nine months after implementation, national coverage was 62% for the first dose of the HPV vaccine among eligible girls (the 2007 and 2008 birth cohorts, excluding the Transnistria region) from *December 2017* to *September 2018*. Because most girls from the 2008 birth cohort were not yet eligible to receive the second dose, the 23% reported national coverage for the HPV2 dose is likely underestimated. Evaluation was conducted using a standard questionnaire and included structured interviews conducted by the field teams from NAPH, three district-level public health centers, municipal PH center in Chisinau and 13 health care facilities. Tailored recommendations issued by the expert group aimed at further improving the health care workers' knowledge about HPV vaccine and HPV-determined conditions, continued implementation of the communication activities outlined in the current HPV vaccine communication plan, conducting supportive

supervision at all levels, assuring sustainable implementation of HPV vaccinations by building on the successful Gavi demonstration project and including the HPV vaccine in the national immunization program.

### ***Challenges and Management Response***

A number of key lessons can be drawn from the implementation of the program thus far:

- Much like in 2016 and 2017, frequent reshuffles in authorities at central and local levels have been causing uncertainty under the Project regarding the acceptance of pre-agreed actions by new representatives. That risk has been mitigated through regular meetings between Project team and key stakeholders from both banks of the Dniester River, seeking to engage new representatives and secure their buy-in;
- The protracted economic crisis, in particular in the Transnistria region, still bears the high risk of further public spending cuts, leading to even less funding available for the health sector in 2018. Procurement of public health commodities (especially, vaccines) could become problematic due to unaffordability of health goods in the short- to medium-term, decreasing even further the currently low vaccination coverage rates, adding to local authorities' reluctance to implement new (and quite often costlier) vaccines, despite the proven public health benefit of those in the medium to longer run. Following Moldova's graduation from Gavi funding for selected vaccines, there are concerns over the sustainability of many vaccines in the medium- to long-term. Yet, Moldova would still be eligible for preferential (lower) vaccine prices for the next five to ten years, depending on the type of vaccine, including the most recent example with HPV vaccine introduction in 2017 and implementation throughout 2018;
- Deepening vaccine hesitancy that is aggravated by adverse influence of anti-vaccine movements, animosity towards the subject in some social media and hesitancy from healthcare providers resulting in false medical contraindications to immunization, along with lack of interpersonal communication skills to properly address parents/caregivers' concerns;
- The risk of further vaccine preventable disease (VPD) outbreaks, e.g. circa 300 cases of measles reported in Moldova in 2018 following several years of documented interrupted transmission. The situation is further worsened by the epidemiological situation in the neighboring countries, with Romania reporting over 15,000 confirmed cases of measles, and Ukraine reporting a record 20,500 confirmed cases of measles, along with three cases of diphtheria, in 2018.
- Overall socio-economic situation: Mid Term Expenditure Framework (MTEF) 2019-2021 is indicative of a severe budget deficit, with 22% of the estimated funding needs unmet for the national programs, 100% for the Public Health Reform; 47.5% for the Primary Health Care reforms. Noteworthy is that the Expanded Program of Immunization (EPI) is 100% covered, according to MTEF estimates, unlike many other programs, yet the budget is planned only for vaccines and supplies, thus further fueling competition over financing with other national programs amidst graduation from other donors as well (i.e., GFATM for HIV and TB). This is underlying an increased financial challenge for public financing and overall prioritization;
- For the same reasons mentioned above, the same holds true for continuous supply of donated medical equipment with required consumables. The risk of further shortage of medical consumables, especially after project completion, remains high given the lack of resources for even the basic life-saving equipment and technology in the health sector in the Transnistria region
- The high turnover of professional staff and shortage of staff in certain areas and the growing phenomenon of health worker outbound migration on both banks of the Dniester River, have been slowing down the progress in Project activities and might be affecting the institutional memory of health facilities and health authorities on both sides. However, the Project have been pursuing the approach of regularly retraining human resources in agreed priority areas. Wherever politically feasible, training courses shall be embedded into pre- and in-service curricula;
- The vacant position for the communicable diseases technical officer in the WHO Country Office in the Republic

of Moldova, who has been responsible for the immunization component under this Project, has not been filled to date since the departure of the former WHO staff in January 2018. Therefore, the temporary WHO technical officer filling in for that component needed additional time to get acquainted with the Project activities, but could dedicate only part of her time to this Project until the new technical officer for communicable diseases is selected, tentatively in early 2019; and

- The understaffing with professional personnel in perinatal care centers in the Transnistria region might generate difficulties in using the medical equipment to its full potential.

**Indicator based performance assessment**

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p><b>Outcome 1<sup>1</sup> Perinatal Services</b></p> <p><b>Percentage of pregnant women benefiting from antenatal care according to standards.</b></p> <p>Baseline: 74% (2011)</p> <p>Target: 80%</p> <p><b>Percentage of children of one year of age benefitting from health-care supervision according to standards, including home visits.</b></p> <p>Baseline (Moldova, excluding Transnistria region): 73% (2014)</p> <p>Target: 80% (2019)</p> <p><b>Percentage of perinatal institutions accredited and certified as baby/family friendly (Transnistria region)</b></p> <p>Baseline: 0 (2014)</p> <p>Target: at least 50% (out of 8 perinatal institutions) are baby/family friendly (2019)</p>	<p>83% (2015)</p> <p>75%</p> <p>0%</p> <p>Assessment of perinatal institutions conducted, and recommendations provided.</p>	<p>Based on assessment conducted in 2017</p> <p>Follow up assessment will be conducted in 2019 and will measure the level of compliance</p>	<p>The Quality of Care assessment of antenatal care offered to mother and newborn babies, 2015</p> <p>Assessment of compliance to BFHI, 2018</p>

<sup>1</sup> Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

<p><b>Output 1</b></p> <p><u>Indicator 1:</u> 5 regional perinatal institutions (Tiraspol, Bender, Slobozia, Ribnita and Grigoriopol) are fully equipped</p> <p><u>Indicator 2:</u> At least 60% of health care professionals trained (out of 135 obstetrician-gynecologists, 253 – midwives, 29 – neonatologists)</p> <p><u>Indicator 3:</u> At least 4 curricula developed (2 curricula modules on perinatal care for doctors and midwives and 2 curricula modules on pediatric care for doctors and nurses)</p> <p><u>Indicator 4:</u> At least 2 guidelines and/or protocols developed for MCH services at hospital care level based on latest WHO provisions (perinatal &amp; pediatric care)</p>	<p>5</p> <p>57% of the planned</p> <p>The curriculum, both university and college curriculum was revised and adjusted to the new standard on antenatal care at the primary health care level</p> <p>8 neonatal protocols drafted, child growth monitoring standard and antenatal care standard revised</p>	<p>The remaining health professionals are planned to be trained during the next years of the project</p> <p>On approval list in the nearest future</p>	<p>Training related documents (agendas and lists of participants) and related ordinances</p> <p>Drafts are available</p>
<p><b>Output 2</b></p> <p><u>Indicator 1:</u> At least 4 curricula modules for university and college education on ante- and postnatal care developed.</p> <p><u>Indicator 2:</u> At least 2 guidelines and/or protocols for MCH ante- and postnatal services developed</p>	<p>N/A</p> <p>Antenatal care standard and clinical on physiological pregnancy for PHC developed, pending approval</p>	<p>Planned for 2019</p>	<p>Draft standards' available</p>
<p><b>Output 3</b></p> <p><u>Indicator 1:</u> At least 2 curricula modules on breastfeeding developed</p> <p><u>Indicator 2:</u> At least 1 guideline and/or protocol on young child feeding practices developed</p>	<p>The curriculum, both university and college curriculum revised and include breastfeeding modules</p> <p>Young child feeding practice incorporated into Guideline on home visiting for family doctors' nurses</p>	<p>Completed</p>	<p>Approved in July 2017 by MHLSP</p> <p>Report to IBFAN submitted in 2017</p>

<p><u>Indicator 3</u>: Accreditation criteria/certificates for Baby Friendly Hospital Initiative (BFHI) developed</p> <p><u>Indicator 4</u>: Legislative framework adjusted to the International Code of Marketing of Breast-milk Substitutes (ICMBS)</p>	<p>The working group was established by MHLSP, recommendations are drafted 70-85% compliance of maternity awards at second and third level to BFHI criteria</p> <p>N/A for the Transnistria region; In the rest of Moldova it has been revised</p>								
<p><b>Output 4</b></p> <p><u>Indicator 1</u>: Perinatal audits institutionalized.</p> <p><u>Indicator 2</u>: Near-miss case reviews in perinatal care institutionalized.</p> <p><u>Indicator 3</u>: Supportive supervisory system in CH developed, including mentoring plan.</p> <p><u>Indicator 4</u>: Growth health-care monitoring standards approved and available at facility level.</p>	<p>The trainings for the perinatal audits teams conducted in August 2018, the piloting period set for 6 months</p> <p>Quarterly NMCR meetings</p> <p>The assessment of the supportive supervision functioning conducted (right bank Moldova – Autumn 2018, left bank – planned for February 2019)</p> <p>Standard on childcare and development adjusted to the WHO-UNICEF-WB Framework on nurturing care drafted agreed among stakeholders and pending approval (on both banks of Nistru River)</p>	<p>The activity is conducted in accordance to agreed schedule</p>	<p>The follow up meetings are planned for February 2019</p> <p>Meeting minutes</p> <p>Mission report</p> <p>Guideline on home visiting available.</p> <p>Draft standard available</p>						
<p><b>Outcome 2 Immunizations</b></p> <p><b>Vaccination coverage rates with DTP<sup>2</sup> and MMR<sup>3</sup> vaccines (Republic of Moldova)</b></p> <table border="1" data-bbox="86 1323 573 1386"> <thead> <tr> <th></th> <th>Baseline</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>DTP1</td> <td>94.1%</td> <td>95%</td> </tr> </tbody> </table>		Baseline	Target	DTP1	94.1%	95%	<p>91% (2017) 88% (2017) 93% (2017)</p>	<p>Changing this outcome indicator requires more time and efforts, amidst growing anti-vaccination movement and parent / provider hesitancy. Still,</p>	<p>WHO/UNICEF Joint Reporting Form (JRF) 2017</p>
	Baseline	Target							
DTP1	94.1%	95%							

<sup>2</sup> Diphtheria-Tetanus-Pertussis, 2 doses to be administered (DTP 1, DTP 3)

<sup>3</sup> Measles-Mumps-Rubella, 2 doses to be administered (MMR1, MMR2)

DTP3 90.3% 95% MMR1 89.8% 95% MMR2 93.4% 95% <i>Baseline and targets are for Moldova, including Transnistria region</i>	92% (2017)	MMR1 coverage rate in 2017 improved as compared with 88.8% in 2015, outlining overall positive trends.	
<b>Output 5</b>  <u>Indicator 1:</u> 50% of public health professionals trained on both banks of the Dniester River  <u>Indicator 2:</u> At least 2 public health professionals per district covered with trainings on both banks of Dniester River  <u>Indicator 3:</u> At least 8 Standards Operation Procedures (SOP) developed	114 specialists (72 females vs 42 males) from all relevant areas, including public health specialists were trained  Immunization in practice (IIP) training courses were conducted in Moldova in 2017 (through the WHO Collaborating Center for Vaccine Trainings in Ankara)  8		MoH/authorities ordinance, list of participants  MoH/authorities ordinance, list of participants  Approved, available
<b>Output 6</b>  <u>Indicator:</u> b-OPV and IPV vaccines are introduced in National Immunization Program	b-OPV – introduced IPV – introduced in April 2018 HPC introduced in 2018		MoHLSP statistics
<b>Outcome 3 Raising awareness and community mobilization</b>  <b>Rate of early registration of pregnant women (before 12 weeks of gestation)</b>  Baseline (Moldova excluding Transnistria region) - 70% (2014) Target – 80% (2019) Baseline (Transnistria region) - 63% (2015) Target – 75% (2019)  <b>Percentage of children 0-5 months of age exclusively breastfed</b>	81.7%  N/A	Although few things have been done under the project towards this outcome, the work done in other related areas and/or by other partners had a trickle-down effect to slightly influence the indicator	Quality of care assessment 2015 and Annual statistics' report 2016

<p>Baseline (Moldova excluding Transnistria region): 36% (2012)  Target – at least 50% (2019)  Baseline (Transnistria region): 13.9% (2014)  Target – at least 35% (2019)</p>			
<p><b>Output 7</b></p> <p><u>Indicator 1:</u> At least 3 communities established community support groups</p> <p><u>Indicator 2:</u> At least 5 types of promotion materials about MCH and a breastfeeding developed and distributed through community based parents’ support groups and health professionals</p>	<p>3 support groups established in Slobozia, Tiraspol and Dnestrovsk districts</p> <p>Materials developed and distributed (7 posters on breastfeeding, flyers on pregnancy and smoking, calendar for breastfeeding mothers’ for 2018)</p> <p>Flyers on breastfeeding (3 flyers) developed and distributed through primary health care and in maternities in 2018.</p>	<p>Completed</p>	<p>Materials available</p>
<p><b>Output 8</b></p> <p><u>Indicator 1:</u> At least 50% of public health and PHC authorities/professionals (out of 200 persons) have strengthened capacities in communication for better parenting and child care practices, including nutrition.</p> <p><u>Indicator 2:</u> Public health authorities/professionals from 5 districts and 2 municipalities (at least 75 persons) in the Transnistrian region, and from the National Centre of Public Health in Chisinau have strengthened capacities in communication for immunization</p>	<p>Action Plan on implementation of the National strategy on positive parenting is drafted. Guideline on nutrition during the pregnancy is developed and approved.</p> <p>National vaccine communication strategy and Action Plan approved in July 2017</p> <p>384 PHC professionals and pediatricians were trained from 5 districts and 2 municipalities in 2017</p> <p>Crisis Communication action plan to address measles outbreak developed and implemented in 2018</p> <p>120 pediatricians and nurses from Transnistrian region and 50 family doctors and nurses from the right bank of Nistru River trained in interpersonal communication for immunization in 2018</p> <p>The activity is postponed, will be launched in 2019</p>	<p>Expected to be approved by June 2018.</p> <p>The guideline expected to be approved by June 2018 followed by the trainings for PHC professionals.</p> <p>Not started yet</p>	<p>Drafts available</p> <p>Strategy and Action Plan budgeted and approved by MHLSP</p> <p>MHLSP ordinance, list of participants</p>

<p><u>Indicator 3:</u> VaccinApp upgraded and regularly updated for main smartphones (Windows, Android, iPhone)</p> <p><u>Indicator 4:</u> At least 10 vaccine Information Statements for key vaccines and vaccine-preventable diseases developed and used</p> <p><u>Indicator 5:</u> At least 5 vaccination advocates identified and trained</p>	<p>10 information statements for key vaccines developed and disseminated through social media, flash mobs, workshops and other related activities</p> <p>Livestream on vaccination covered 14,000 Parliamentary hearings on busting vaccination and addressing measles outbreak conducted in 2018</p> <p>Flyers on immunization developed and distributed through primary health care and maternities in 2018</p>		<p>VaccinApp available in the application store (Android)</p> <p>Available at <a href="http://www.cnsp.md">www.cnsp.md</a> and Facebook page “Vaccinarea: da sau ba”</p>
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## Conclusions

Throughout 2018, the two projects “Joint Action to Strengthen Human Rights in the Transnistrian Region” and “Contribution to the Confidence Building Measures Program in Transnistria - Health Sector, Phase II” were implemented under the Towards Unity in Action Multi-Donor Trust Fund. As in previous years, the programmes brought significant impact to the development of Moldova. The jointly delivered programmes have created stronger synergies among the stakeholders, incentivized establishment of partnerships with other similar initiatives, and ensured quick implementation of the activities.

The “Towards Unity in Action Multi-Donor Trust Fund” was extended to 2019 to cover the on-going projects. However, to the utility and benefits brought by the fund to the UN Country Team, to further strengthen the joint efforts of the UN family in Moldova a new mechanism for attracting resources from multiple partners for joint initiatives was established. The new “Moldova 2030 SDGs Partnership Fund” will cover the period of 2019-2022 and will focus on the four priority areas of the United Nations Partnership Framework for Sustainable Development 2018-2022 that focuses on (i) Democracy, good governance, human rights and gender equality; (ii) Sustainable, inclusive and equitable economic growth; (iii) Environmental sustainability and resilience; and (iv) Inclusive and equitable social development.