



**The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
(UN COVID-19 MPTF)**

Proposal Project

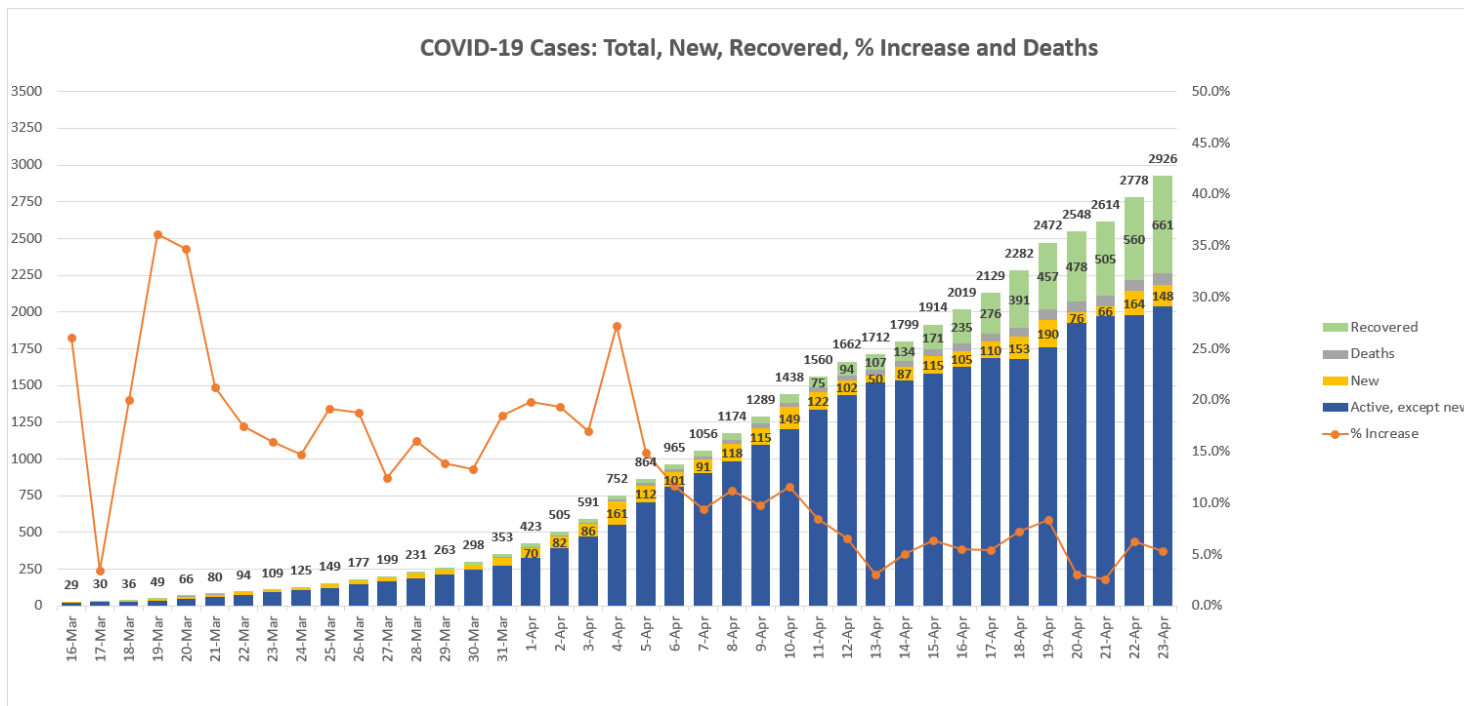
Proposal Title: Strengthening the Republic of Moldova's National Response to the COVID-19 Crisis

Amount: USD 1,000,000

I. Immediate Socio-Economic Response to COVID19

Starting in the Hubei province of China, the COVID-19 outbreak quickly spread to Europe and the rest of the world. In just 17 weeks, the outbreak of a novel coronavirus disease (COVID-19) has gone from an initially discrete outbreak to a raging pandemic. While we see some positive trends in Western Europe, Covid-19 remains a serious threat, and we see rapid escalation across Eastern Europe. The first case in the Republic of Moldova was confirmed on 7th March 2020. On the 12th of March the government announced the closure of all schools in the country. By the 13th of March, the government raised the alert to red, and on the 17th the Parliament declared a state of emergency.

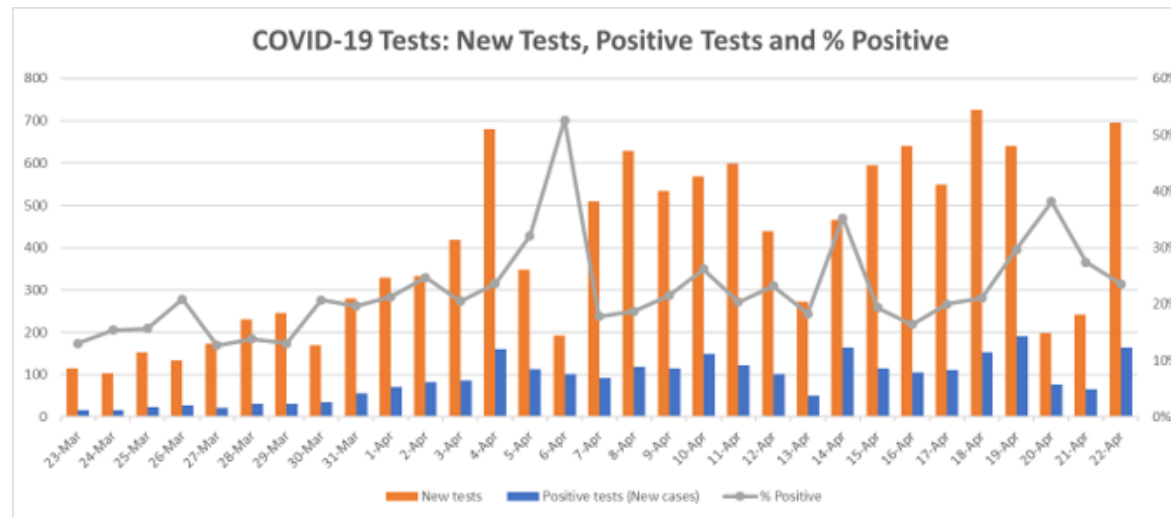
As of 24th April, the country has 2,926 confirmed cases, and 79 deaths had been reported. Moldova has the second-highest numbers of cases per million inhabitants in the region. The COVID-19 mortality rate in Moldova is 3.38%, and the crude mortality rate is at 0.86% (deaths per 100,000 inhabitants). To date, 39,000 people are quarantined at home. Real-time figures and graphs developed with the support of the United Nations in Moldova can be accessed [here](#) in Romanian and in Russian [here](#).



Source: RCO Moldova

Moldova has a high number of health professionals affected by the disease. To date, over 708 doctors, nurses, medical assistants and other staff from the health care sector have been infected with the virus since the beginning of the outbreak. This group represents 25.5% of the total positive cases, of which 27% are doctors, 29% are auxiliary doctors, and 36% are nurses. This has put an additional strain on the available workforce and response operations.

While the current trend shows a stable 5.5% daily rise of positive cases, the health system is currently overwhelmed by the demand for services generated by the COVID-19 outbreak. On the 16th of April, the government has announced that patients with mild symptoms will stay at home and will not be treated anymore in hospitals as their capacity has been reached. To date, more than 53 hospitals have been assigned for the response, and on 10th of April the COVID-19 Triage Center was opened, with support of the UN system, to treat patients with suspected conditions. Testing capacity remains stable with 12,899 testes performed. However, there is limited capacity in the laboratories in case of need for massive testing.



Source: RCO Moldova

Prior to the pandemic, public health surveillance reform aimed at strengthening emergency preparedness, NCDs prevention and healthy life promotion was not completed. Therefore, the health system remained weak, with an unfinished reform agenda and unable to respond quickly and diligently to the pandemic challenges and being largely dependent on external support.

According to [Global Health Security Index](#), before the COVID-19 crisis, Moldova’s index score was 42.9 out of 100 suggesting that the healthcare system was vulnerable to public health crises and preparedness for epidemics was weak (2019) with particular concerns in the area of rapid response, health system capacity, detection and reporting, hence placing Moldova at 78 out of 195 countries.

Limited resources for inpatient care are spread thinly across too many facilities and are used to only maintain services at a low level of functionality. There is an imbalance in inpatient capacity between the capital city where 40.3% of the national hospital bed capacity are in national institutions, and the rest of the country. The total number of hospital beds has been in decline over the last decades reaching 16,702 acute and long-term care beds, however the number of adequately “equipped” beds is substantially lower. The average length of in-patient hospital stay of 8 days in 2019 is commensurate with the EU level average, while bed occupancy rates is 75.1% (in the EU this number varies between 65% and 82%) and hospital admission rates reaching 16.2 per 100 population in 2019 (similar to Croatia). With all this, the in-patient infrastructure is obsolete, with low hospital safety levels particularly with regard to functional capacity (disaster preparedness and response resources) and non-structural safety (connection to utilities, energy efficiency, among others). In order to respond to the needs for equipment in the health system during the COVID-19 pandemic, the Government of Moldova is negotiating a loan from the World Bank and the European Investment Bank that will allow the procurement of medical equipment and infrastructure.

As a result of strict and relatively early lockdown measures, the day on day increase of COVID-19 positive cases has been on a downward trend. However, this trend is subject to the vagaries of the testing regime, which is still facing some methodological challenges. There remains a growing risk that with the relaxation

of quarantine measures contamination in social institutions (including residential and non-residential), including day care centres and prisons, the incidence of COVID-19 increase. In particular, there have been few cases of COVID-19 contamination in day care social centres for socially vulnerable population groups which led to strict quarantine.

II. Solutions proposed

The overall objective of the project is to ensure effective and accessible health service for COVID-19 patients in Moldova, with a focus on vulnerable groups. In order to achieve this objective, the project activities will allow improving access to personal protective equipment (PPEs) for front line workers in the health system and non-health agencies (police, penitentiaries, etc.) to ensure the efficient and safe provision of public services during the COVID-19 crisis. Additionally, it will assist most vulnerable women and their dependents with immediate supplies (e.g. food and sanitizers). Finally, it will enhance the capacities of the border police in the points of entry to ensure infection control and management.

The proposed response seeks to address the urgent needs of the Government of the Republic of Moldova to reinforce emergency preparedness and response capacity in the wake of the ongoing COVID-19 outbreak by:

1. Enhance the capacity of the National System to protect front line workers during the COVID-19 pandemic and provide health care to all COVID-19 patients.

A priority will be Health System Strengthening in the context of COVID19 is to ensure the timely availability of reliable, quality-assured supplies that will improve the capacity of the health system and other entities to respond to this crisis.

The COVID-19 is spread by different means: contact (direct or via a fomite); droplet infection (droplets from the respiratory tract of an infected individual); via aerosols (particularly during procedures such as intubation); and faeco-oral. [Research](#) shows that COVID survived longer than other respiratory viruses when artificially aerosolized. The [infection prevention and control and preparedness for COVID-19 in healthcare settings](#) recommend the strictly use of PPEs to all health care workers and other workers in contact with suspected cases. The likelihood of infection of health workers is three times higher than the general population. A large component of this project will address the urgent need for supplies and Personal Protective Equipment (PPE).

Personal protective equipment will be procured and distributed in the hospitals, the COVID-19 Triage Center, and non-health institutions as outlined below.

MoHLSP	Non-health ministries
<ul style="list-style-type: none">• COVID-19 Triage Center in Chisinau• 53 hospitals (in all regions of the country)	<ul style="list-style-type: none">• Border police,• National Police,• National Administration of Penitentiaries• Penitentiaries and Police in Transnistria Region

The current COVID-19 outbreak is putting pressure on global manufacturing production capacities and supply chains, which has led to a global supply shortage of critical items such as personal protective equipment (PPE) - surgical face masks, N95 respirators, gowns, coveralls, gloves, and hand sanitizers. This is because of both, increasing demand (which for some products had risen to 1000 times pre-outbreak levels) and export restrictions for these commodities. To address the

problem of scarcity of PPE in the country, UNICEF Moldova will use the established supply chains managed through the Global UNICEF Supply Division and its hubs to ensure quality control, prompt delivery of PPE and materials. The forecast for PPE is developed by UNICEF Moldova Country Office based on the need assessment conducted by Ministry of Health, Labor and Social Protection with WHO support and guidance, and in close coordination with RCO Office. It includes such items as hygienic goods, a disinfectant solution, N95 Masks, full-body cover waterproof gowns, gloves, goggles, and thermometer.

- 1. Assist most vulnerable populations by providing immediate and preventive supplies to women from underrepresented groups (victims of gender-based violence, women living with HIV/AIDS, Roma women, women with disabilities) and PPEs to social workers in shelters and centers for placement of people with disabilities, among others.**

Recognizing that past disease outbreaks and crisis settings affect women and men differently is a fundamental step to creating effective, equitable preventative plans and long-term response interventions. An analysis of WHO's COVID-19 Novel Coronavirus (2019-nCoV) - Strategic Preparedness and Response Plan shows that the gendered impacts of the virus outbreak have either not been taken into consideration or there are limited planned actions to address the vulnerabilities faced by women. There are minimal specific measures to prevent, mitigate and respond to the outbreak with a gender perspective. Whilst there is one mention of "vulnerable populations" there hasn't been much support to specifically to vulnerable women such as survivors of violence, the elderly, women with HIV, Roma women, and women with disabilities. Additionally, infection control measures undertaken by the government such as isolation, social distance and quarantine have further worsened vulnerabilities faced by women in the country.

To respond the urgent need to protect vulnerable women, the project will include a component that will build upon experiences of initial interventions undertaken by the UN through UN Women and UNFPA; where immediate supplies (food, hygienic products, etc.) were delivered to approximately 250 women victims and survivors of violence, including those with children, who are beneficiaries of 15 public institutions, NGO and shelters from across the country.

As well, the intention is to support local and district Multidisciplinary Teams (MDT's) which consist from a group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to respond to cases of gender-based violence at local and districts level. Members of the team represent the service providers (health workers, police officers, social workers, teachers mayors, CSO's representatives and experts responsible for investigating violence against women and protection/access to justice for women and girls in communities). As a result of this support, the multidisciplinary teams will be well equipped to respond in a coordinated way and within a safe and secured environment to cases of gender-based violence. Thus, 70 MDT's from 90 communities be representing the North part of the country will be able to deliver a coordinated response to cases of gender-based violence, as well as other vulnerable groups.

In specific terms, UN Women will work in coordination with 10 CSOs to provide immediate and preventive supplies (sanitizers, hygienic products) and food for 4 months to 3,500 women from underrepresented groups, including women affected by violence, Roma women, women with HIV, women with disabilities, elderly women. Additionally, communication, visibility and outreach activities will be implemented through social media, cards and infographics to promote increased awareness on how to prevent COVID-19 infection.

- 2. Improved readiness and response measures at Moldova's points of entry**

In order to ensure infection control and prevention of COVID-19 at 10 Points of Entry (PoEs) into the country with the highest traffic¹, the IOM will support the updating and dissemination of PoEs-specific Standard Operating Procedures (SOPs) for detection, notification, isolation, management and referral of travelers ill with COVID-19 infection, in full compliance with international human rights law and other relevant standards and practices. Furthermore, IOM will also support the development and implementation of a training curricula; and delivery of trainings. Additionally, IOM will assess the needs and gaps in PoE infrastructure, upgrade hygiene, water and sanitation facilities and waste management, and the provide necessary supplies for screening to help prevent the spread of the disease. Finally, IOM will support the emergency response of the national institutions through production of up-to-date data and analysis, and on the numbers and profiles of the returning migrants through the use of rapid surveying solutions.

This project component will be in line with IOM's Health, Border and Mobility Management (HBMM) Framework, the Standard Operating Procedures (SOP) for Front-line Border Officials at the PoEs in Response to COVID-19 Outbreak, the WHO instructions ["Management of ill travelers at points of entry – international airports, ports and ground crossings – in the context of the COVID-19 outbreak"](#) and in coordination and partnership with relevant actors at global, regional and national levels. IOM will contribute to the overall objective of the [COVID-19 Global Strategic Preparedness and Response Plan](#) (Pillar 4 "Points of Entry") to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including its social and economic impacts, in particular, working to meet the priority 2 and 4, which contributes to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.

III. What is the specific need/problem the intervention seeks to address?

Support for the health System first

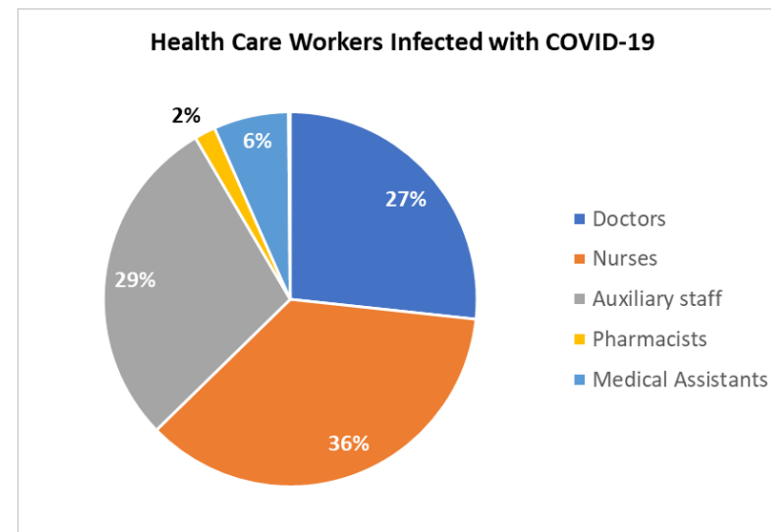
The health system in Moldova is being overwhelmed by the increasing number of COVID-19 infected patients. Currently, more than 53 hospitals in all districts, including Transnistria Region, are part of the COVID-19 response. As a result of strict lockdown measures, the daily increase of COVID positive cases has been decreasing. Yet, there is a growing risk that with the relaxation of quarantine measures contamination in social institutions, including day care centres and penitentiary institutions, the incidence of COVID-19 may increase.

Population at risk - Front line workers

Some groups are more affected than others by the pandemic. Frontline health workers, the majority of whom are women, are more exposed to infection. On the other hand, non-health front line workers (e.g. police, border police, workers in penitentiaries, emergency service, etc.) and social care workers in shelters, personal assistants of persons with disabilities, social workers working in elderly homes, residential institutions of persons with intellectual disabilities, children's placement centers, residential institutions, and placement centres are also at risk of infection and passing on the virus.

¹ The 10 concerned PoE are: Leușeni; Chisinau International Airport; Tudora; Sculeni; Otaci; Giurgiulești-Galați; Palanca; Criva; Cahul; Giurgiulești-Reni.

Moldova has a high number of health professionals affected by the disease. To date, over 708 doctors, nurses, medical assistants and other staff from the health care sector have been infected with the virus since the beginning of the outbreak. This group represents 25.5% of the total positive cases, of which 27% are doctors, 29% are auxiliary doctors, and 36% are nurses. This has put an additional strain on the available workforce and response operations. For comparison, Italy and Spain (with the highest number of cases in Europe) registered only 14-15% of infected medical staff from total cases.

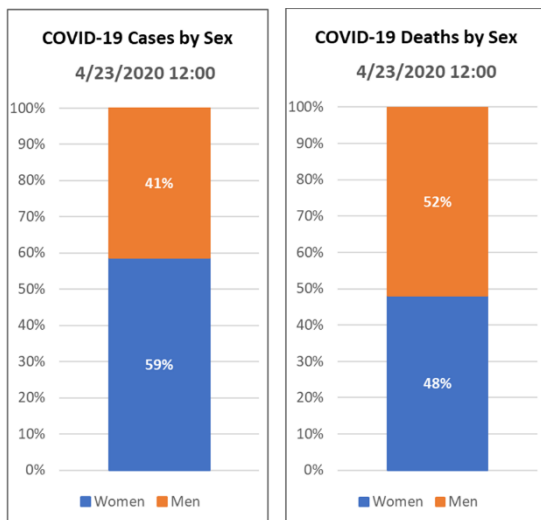


This might be caused by ineffective safety measures within hospitals, reduced access to personal protection equipment and weak diligence in respecting personal protection procedures by medical staff. While the personal protection was improved as a result of extensive training and instalment of vigilance procedures, the other two factors are still persisting thus posing a severe threat to the human resource capacity to respond to COVID-19 treatment.

Additionally, more than 50 police officers were infected, and a number of residents and medical doctor of two temporary placement centers for persons with disabilities tested COVID-19 positive.

Vulnerable women

Evidence shows that disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse.² Evidence also shows that disease outbreaks often generate waves of stigma, discrimination, racism and xenophobia, potentially further exacerbating vulnerabilities.



Currently, in Moldova more women continue to be infected with the virus than men, 59% vs. 41%. Slightly more men have died from the disease compared to women, 52% vs. 48%. The case fatality rate among men is also higher than among women at the moment, 3.4% vs. 2.2%.

Women comprise the majority of social and health care workers and are on the front lines of the fight against COVID-19 (79.1%). Despite the fact that it remains critical for these women to deliver services to the affected groups, protection measures have not been widely accessible for them – such as protective equipment and other supplies. Women in shelters, older women, women and girls with chronic conditions, or weakened immune systems are suffering from limited access to services. Supply of basic immediate and preventive items for women in shelters and the vulnerable groups under lockdown are limited. Affected groups of vulnerable women, including women survivors and victims of violence; women living in shelters, HIV positive women, women with disabilities, female members of

² UN Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19 and “A UN framework for the immediate socio-economic response to COVID-19”. 2020.

ethno-linguistic minorities and the older women; and women migrants. With the national measures that have been imposed to control the spread of the virus, the above categories of women are not able to access essential services in most districts, including Transnistria Region.

Due to the lock-down measures and their economic impact, there are concerns that survivors may not be able to access internet or use mobile phones to report remotely (either because they are unable to find private spaces, or do not have the credit to contact hotlines). Therefore, it is evident that women and girls are at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household and extended time in the house. Consultations with women networks and civil society have recorded reports of cases at the household level; also considering that violence against women and particularly sexual violence is generally underreported including in well-developed settings; women's shelters across Moldova are unwilling to accept hosting survivors of violence due to fear of COVID-19 contagion, reporting mostly the lack of protective equipment and that those who are seeking for services have to prove that they do not have COVID-19 as well as the measures installed by the state of emergency suspended to a large degree the functionality of the state social and judiciary mechanisms, including the functionality of the MDT's (Multidisciplinary Teams) with no solutions on cases of violence against women being identified and established until now.

Based on the weekly reports provided by "La Strada NGO", the number of appeals to the national hotline decreased during COVID-19 in the first weeks of March by 50 % compared to the similar period in 2019. While in the last 2 weeks of March - the number of calls doubled in comparison with the first week. From the total number of appeals, received during March, 61 % were related to domestic violence including 5 cases of sexual violence. As per available data from [General Police Inspectorate](#), in the first three months of 2020 police registered also 267 offences related to domestic violence which is by 15,5 % higher than the same period of last year (231 offences). Police protection orders were applied in 173 cases in the first three months of 2020, up by 10.2 % to the same period of 2019.

Finally, the lockdown has negatively impacted women's income and livelihood activities, increasing poverty rates, and exacerbating food security issues – particularly to the already vulnerable groups, resulting into limited access to food during this crisis.

Migrant population, infection control and prevention.

The global epidemic of COVID-19 poses a clear risk to the health and wellbeing of the Republic of Moldova considering the country's borders and internal migration dynamics. A third of the Republic of Moldova's citizenry is currently residing abroad (approx. 820,000 persons) on a temporary or permanent basis (predominantly in EU and Russian Federation).

IOM is for the time being estimating conservatively that as of 15 April, some 55.000 Moldovans have returned because of the COVID-19 pandemic, using a baseline starting from 15 March when the Government declared the State of Emergency and the PoEs were clearly seeing more entries to the country than exits. Although migrants face the same health threats from COVID-19 as other populations categories, they may face vulnerabilities due to the circumstances of their precarious status in the countries of destination, journey and poor living and working conditions. They have also been facing issues of stigmatization and discrimination by fellow Moldovans adding to their vulnerability.

According to the statistical data of the Medical Center of General Inspectorate of Border Police (GIBP), 43 employees, including officers, border agents, have tested positive for COVID-19, due to the lack of urgently related supplies, PPE, disinfectors, as well as WASH related materials, with further 78 suspect cases (the first COVID-19 case within GIBP was registered on the 5th of April 2020). Preparing for the scenario of large(r) numbers of returning citizens and crossing the borders of Moldova, in order to reduce the spreading of the disease under a second wave of COVID-19, it is important to support the efforts for screening for

COVID-19 of frontline Border Police staff and suspected migrants' cases and provision of Water, Sanitation and Hygiene (WASH) services at PoEs (including water dispensers, hygiene and disinfection equipment and materials for both persons and vehicles; bio-toilets, handwashing stations, backpack sprayer, UV lamps, etc).

Competent border management authorities are required to conduct inspections, provide vector control program, supervise service providers, including monitoring and supervising the application of sanitary measures. Standard Operating Procedures (SOP) are required to provide quick guidance to border officials to prevent disease transmission and contamination of the working and living premises by COVID-19, as well as effectively manage suspected and/or probable COVID-19 cases.

A particular challenge is related to the limited availability, accuracy, relevance and degree of disaggregation of the data related to the prognosis and the actual number of returning migrants their needs and vulnerabilities profile, needs and intentions of diaspora, vulnerability profile of the family members left behind, affected by the decline of remittances.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

This programme is constructed as an emergency response to the acute needs in PPEs and emergency infrastructure in the midst of the COVID-19 outbreak. It is based on the main assumption that rapid and efficient provision of the necessary materials, supplies and capacity assistance to target groups and beneficiaries will slow down considerably the infection rate with COVID-19 in the country. By this project we plan a visible decrease in infection rate of front line workers to about 14% from the current rate.

Involved agencies have adequate capacities, resources, skills and knowledge to effectively procure, deliver and distribute the necessary supplies and equipment. In this sense all involved agencies have activated simplified and more streamlined procurement procedures as to be able to react promptly to increased procurement and delivery needs on regional and global levels.

The principles of gender equity and human rights-based approach are mainstreamed throughout the project.

<p>Problems that will be addressed</p>	<ul style="list-style-type: none"> - 24% of the confirmed COVID-19 cases in Moldova are being attributed to health workers. To avoid epidemic concentration of COVID-19 among health care workers, besides all measures undertaken by central authorities, WHO emphasizes the importance of adequate procurement and availability of necessary PPE and other supplies in health facilities with rational and appropriate use of all PPE. The intervention will address the acute needs and shortages of PPE, equipment and preventive materials for these target groups. - <u>Women comprise the majority of social and health care workers</u> and are on the front lines of the fight against COVID-19 (79.1%). Women and girls are at <u>higher risk of intimate partner violence</u> and other forms of domestic violence due to increased tensions in the household and extended time in the house. - Border management authorities lack means, capacities, tools (SoPs) and necessary infrastructure for an effective infection control at Moldova's points of entry.
<p>Expected</p>	<p>Improved capacities of the healthcare system and other relevant authorities and stakeholders in Moldova to provide a</p>

Result(s)/Outcome	rapid response to the needs of the population during the COVID-19 pandemic
Planned Outputs	<p>1.1.1 Healthcare facilities staff and non-health front line workers provided with Personal Protective Equipment (PPE) for infection control, prevention and case management.</p> <p>1.1.2 Vulnerable and marginalized women, young girls and their dependents access and benefit from immediate and preventive supplies during the country lockdown.</p> <p>1.1.3 National health-related emergency response at points of entry is enhanced, including through the upgrading of border infrastructure</p>
Planned activities	<ul style="list-style-type: none"> ● Procurement of essential PPE to meet the demands based on agreed quantities with MoHLSP ● Arrangement and organization of transportation and logistics for international and local delivery ● Arrangement and organization of efficient in-country distribution and installation ● Support the development and dissemination of up-dated PoE-specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral of travelers ill with COVID-19 infection, in full compliance with international human rights law and other relevant standards and practices,, including the development and implementation of training curricula and delivery of trainings ● Assess the needs and gaps in PoE infrastructure, upgrade hygiene infrastructure, water and sanitation facilities and waste management, and provide necessary supplies for screening to help prevent the spread of the disease ● Produce up-to-date data and analysis on the numbers and profiles of the returning migrants through the use of rapid surveying solutions

Assumptions:

- It is assumed that identified needs for PPE will be approved by the UNICEF SD and PPE will be made available for front line workers as per requested amount, which will lead to a decrease in the ratio of cases among service providers thus contributing to a more effective response to the COVID19 pandemic and will ensure provision of safe services in health, social and other facilities.
- If adequate supplies are provided to workers in shelters, NGOs, CSO, vulnerable and marginalized women and girls and their dependents will benefit.
- If Government’s preparedness and response capacity is enhanced for efficient public border and health management response; if policymakers and implementers have adequate evidence base on of COVID-19 affected groups; then Moldovan returning migrants will benefit of access to disease prevention services and efficient health screening.

The actions under this project provide immediate, and desperately needed solutions to the COVID-19 outbreak. At the same time, they are delivered in line with the highest global standards and international guidance developed for this and other types of emergency situations, drawing on a wealth of experience from the United Nations system as a whole. This enables the simultaneous transfer of skills and know-how to national counterparts, and the testing of existing and newly et-up national emergency protocols for planning, responding and coordinating multi-stakeholder efforts in crisis situations. These mechanisms are constantly reviewed and strengthened to become more efficient and effective, and this process will continue in the post-crisis period, enabling a more effective national response to similar crises in the future.

The project is based in the principle of *“build back better*. On this regard, UN Women will work with CSO organizations, their members and beneficiaries on building the

knowledge on how to reduce the vulnerabilities of the different underrepresented groups they work with and for, during the COVID as well as in the post COVID era. Based on its Strategic Note UN Women will continue to work with the same target groups on development programs, capacities development and will contribute to build and develop their resilience during the hazardous times, but also on the impact of COVID 19. In addition, UN Women will engage and support the government and district leadership with tools for integrating these interventions in the national and district development/crisis management plans and budgets, as part of gender responsive budgeting in preparation for future outbreaks and crisis.

Moreover, PoEs-specific standard operating procedures (SOPs) implemented for detection, notification, isolation, management and referral of travelers potentially ill with COVID-19 infection, will foster the preparedness of Moldova’s border and health management authorities’ capacity to manage ill travelers at PoEs (international airports and land border crossings), in the context of future possible COVID-19 outbreaks or other epidemics.

V. Documentation

The Government of Moldova (GoM, from now on) has developed the COVID-19 Preparation and Response Plan with the support of the WHO (available in the [WHO Partner Portal](#)), which was [approved on 13th of March](#) by the Prime Minister. The Plan covers the 7 pillars (1 to be added) mentioned in the WHO guidelines.

By 23rd of March, the RCO and WHO have developed a comprehensive [Needs Assessment of the Health System in Moldova](#) to respond to the COVID-19 crisis. The document has guided the support of different development partners (Sweden, WB, Norway, Switzerland, etc.) and also the investment from the Ministry of Health Labour and Social Protection. As a result, a large deficit was identified on PPEs, health equipment (ventilators, oxygen concentrators, etc.), medicine and consumables. The total cost of the response has been estimated at \$38,366,494.61, of which \$ 35,642,013.39 were requested to be covered by development partners. Additionally, the GoM has manifested reduced capacity to import materials and equipment and has requested support from the UN system in this regard. Detailed breakdown of those costs is presented in the table on the right.

In line with the mentioned Assessment, the RCO has updated [WHO Partner Platform](#) with requests of resources for more than \$35mln. The WHO Partner Platform currently has eight UN agencies, eight member states, and the GoM participating (33 total registered users).

It is estimated that the capability of the Health System to provide intensive care will be at its maximum capacity when 9,000 or more COVID patients require support at the same time. While the country has reasonable availability of beds for patients with mild symptoms, it only has a maximum of 452 ventilators for assisted respiration and 481 ICU beds.

With the aim to ensure effective coordination in the COVID-19 response, the UNCT has maintained

Summary of needs to address Scenario 4		
Nr	Area	Total cost
Coordination and space for trainings		
Pillar 1: Country-level coordination, planning, and monitoring	1 COVID-19 coordination and training office	\$ 125,000.00
Risk Communication		
Pillar 2: Risk communication and community engagement	2 Information materials - banners, flyers, posters, stickers (ROM/RU), including Transnistria.	\$ 220,000.00
Epidemiological reports		
Pillar 3: Surveillance, rapid response teams, and case investigation	3 Produce weekly epidemiological reports	\$ 25,000.00
Monitoring of results in points of entry		
Pillar 4: Points of entry	4 Assessment report of the correct progress in the points of entry	\$ 7,000.00
COVID-19 tests		
Pillar 5: National laboratories	5 Labs needs and tests	\$ 389,895.36
Capacity building		
Pillar 6: Infection prevention and control	6 Training on infection prevention and control	\$ 105,000.00
	7 Monitoring of IPC and WASH implementation	\$ 70,000.00
Health System needs		
Pillar 7: Case management	8 Health Workers needs	\$ 10,664,996.43
	9 Drugs - Hospitals needs	\$ 1,170,963.87
	10 Equipment - Hospital needs	\$ 15,071,415.12
	11 Accessories, consumables - Hospital needs	\$ 10,285,223.83
	12 Waste management	\$ 12,000.00
	13 Vehicles and others	\$ 220,000.00
	14 Incentive for the doctors and nurses	\$ 1,000,000.00
15 Psychological support to different group of p	\$ 120,000.00	
Total		\$ 38,366,494.61

the existing inter-agencies groups (Transnistria Region Task Force, Gender Team Group, Migration Task Force, and) and created in early March four (4) new task teams in to coordinate supports in the following areas: education, socio-economic impact, Procurement Task Force, and Big Data. The RCO, WHO, and UNICEF are also part of the crisis and risk communication Task Force under the Ministry of Health.

Under this groups a number of assessments are in progress:

- Socio Economic Impact Assessment (UNDP)
- Assessment of the impact of COVID-19 on Education (UNICEF)
- Effects of COVID-19 crisis on women (UN Women)
- Rapid needs assessment for organizations supporting people with HIV (UNAIDS)
- Rapid mapping of Moldova's economic vulnerabilities in the context of challenges posed by the Covid-19 pandemic (macroeconomic assessment) (RCO)
- Rapid surveying of diaspora plans/intentions and profile of vulnerability in 9 countries of destination of Moldovan migrants (IOM)

The RCO is keeping track of all contributions from development partners to support the GoM (table [here](#)). This mapping allowed the identification of the most needed actions and goods for the development of this project proposal. Additionally, the RCO has been organizing a series of informative meetings with Development Partners in Moldova jointly organized with the World Bank and the Ministry of Health, Ministry of Finance, Ministry of Foreign Affairs and the Center for Aid Coordination. This last one, created by the Prime Minister Office after successful lobbying by the RC, is to ensure effective communication with all development partners during the COVID-19 crisis.

Among other actions, UNFPA, WHO and the RCO have supported the development of the [Moldova COVID-19 real-time monitoring platform](#) (available in Russian and Romanian language). Additionally, the RCO [keeps track](#) of the crisis situation (number of cases, death, distribution per region, etc.) and generates visual information based on real time data which is shared with Development Partners and Government counterparts.

The UNCT has opened a [Covid-19 Response and Recovery Window](#) in an already operational Multi-Donor Trust Fund. The objective of the country-based Trust fund is to support the Government of the Republic of Moldova and its people to successfully overcome the immediate and long-term adverse health, social and economic consequences of the pandemic. It has two main outputs: 1. The healthcare system and other relevant authorities and stakeholders in Moldova have improved capacities, means and instruments for a rapid response to the gaps, needs and priorities in connection with the outbreak of the pandemic; and 2. The social and economic consequences of the outbreak of the pandemic on affected sectors, areas and vulnerable groups are adequately addressed through targeted policy, technical assistance and support.

The following guidelines were followed for the development of this project document:

- [WHO guidelines](#) to support countries preparedness and response
- ToR for UN COVID-19 Response and Recovery Multi-Partner Trust Fund
- [Gender Marker](#)
- [OHCHR Covid-19 Guidance](#)

- IOM's Standard Operating Procedures (SOP) for Front-line Border Officials at the PoEs in response to COVID-19 Outbreak
- [IOM's Health, Border, and Mobility Management \(HBMM\) framework](#),
- [Guidance for Local Procurement of Personal Protective Equipment](#), 16.04.2020
- UNICEF COVID-19 Health Emergency Supply note
- UNICEF Supply Catalogue

VI. Target population

Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]

The project will directly benefit:

- 12,000 health facilities staff in 53 hospitals with the provision of PPEs;
- More than 300 front line workers in non-health entities, namely police officers, border police officers, workers in penitentiaries and social workers will be equipped with PPEs;
- Over 3,500 women from underrepresented groups, including women affected by violence, Roma women, women living with HIV, women with disabilities, elderly women will receive immediate and preventive supplies (sanitizers, hygienic products, food packages etc.);
- Over 500 members of MDT's will benefit from protective equipment to timely and better respond to cases of GBV in the North part of the country.
- 10 CSOs NGOs providing services to women victims of violence, women with disabilities and HIV affected, including in the Transnistria Region;
- 200 front-line immigration and health staff at of 10³ points of entry (PoEs) through the up-dated SOPs, and provision of WASH services.
- 10,000 returning migrants and mobile population.

The project partners are the General Inspectorate of the Border Police of the Ministry of Interior and the Ministry of Health, Labour and Social Protection.

The identification of the needs was determined in coordination with the Ministry of Health Labour and Social Protection, Center for Aid Coordination (Prime Minister Office), the Ministry of Interior and Penitentiaries Administration. Additionally, the PUNOs have consulted with NGOs, shelters and other CSOs in rural areas.

The project activities will contribute to the [Needs Assessment](#) for the health system response based on a scenario of 20,000 infected people in the country.

³ The 10 concerned PoE are: Leușeni; Chisinau International Airport; Tudora; Sculeni; Otaci; Giurgiulești-Galați; Palanca; Criva; Cahul; Giurgiulești-Reni.

VII. Who will deliver this solution?

UNICEF will be responsible for the procurement and delivery of Personal Protective Equipment. Quantities were estimated based on the needs assessment developed by WHO and RCO and the requests from the MoHLSP.

UNICEF will use their supply chains managed through the Global UNICEF Supply Division and its hubs to ensure quality control, prompt delivery and effectiveness. UNICEF has adapted its list of SARS consumables and supplies that are available for procurement and use in the event of an acute respiratory infection outbreak to be suitable for the current knowledge on COVID-19. UNICEF country offices can identify commodities online via [UNICEF's Supply Catalogue](#).

Additionally, UNICEF has local office capacity for procurement (2 full-time staff dedicated to procurement and supported by UNICEF Medical Doctor staff members) who can support ensuring the supplies are delivered on time and within the budget. Local purchase of PPEs will also be encouraged in coordination with Moldovan companies. The RCO in Moldova is currently mapping all local companies with capacity and certification to provide protective equipment for the COVID-19 response. UNICEF will further leverage on these agreements and facilitate direct coordination with vendors and the MoHLSP. To ensure the high quality standards for supplies procured locally a [Guidance for Local Procurement of Personal Protective Equipment](#) to provide directions to UNICEF COs for local procurement to address the unmet public health need for PPE that protects health care workers while caring for COVID-19 patients was issued on 10th April 2020 with clear technical specifications for PPE.

UNICEF Moldova in coordination with MHLSP and WHO developed a forecast for PPE based on the latest assessment of needs for PPE, that is conducted weekly. The Forecast is submitted to the UNICEF Supply Division. UNICEF SD issued a joint Request for Proposal (RFP) for PPE products to cover the forecasted PPE needs for COVID-19 response from participating UN Agencies and NGOs, including IAEA, IFRC, IOM, MSF, PAHO, UNDP, UNFPA, UNHCR, UNICEF, UNOPS, UNPD, UNRWA and WHO. The tender seeks to increase production capacities, and secure large quantities of the needed PPEs. The agencies have shared forecasts, will work together to ensure equitable allocations of the supplies to countries based on needs, following WHO guidance and joint review. All documentation is available via UNGM via the following link, including the tender Document and Annexes: <https://www.ungm.org/Public/Notice/106842>

UN Women will support with the provision of immediate and preventive supplies that will be delivered to targeting affected groups of vulnerable women, including women affected by violence; women living in shelters, HIV and AIDS positive women, disabled women, and the Roma women. More than 5 shelters for victims of GBV and 5 CSOs will be assisted. The supplies will include sanitizers, sanitary supplies, food packages (for at least two months), soap, among others. As well, members of multidisciplinary teams from the North part of the country will be well equipped to ensure timely and efficient coordinated response to cases of gender-based violence.

UN Women will continue to support initiatives coordinated with the National Coalition Life without violence (Artemida, VESTA, RCTV Memoria, National Roma Center, Motivatie, Vivere, Initiativa pozitiva, TDV Balti), which also comprises NGOs from the Transnistrian region dealing with the elimination of violence against women (Interaction, Resonance).

In order to ensure effective and swift implementation of the support, UN Women will leverage on existing Agreements on Procurement with local vendors. UN Women has already provided similar support using project funds. The new resources will allow the extension in time of the support to the vulnerable groups as well as the inclusion of new groups as risks such as women with HIV and Roma women.

UN Women in Moldova is well staffed with more than 28 staff who are focused on ensuring the effective implementation of COVID-19 response and programming to vulnerable women and girls. There are existing networks and coordination mechanisms that are facilitated by UN Women both with UN and with external partners. UNW program and operations staff will provide in-kind support to ensure that the activities are delivered on time, on the scope and on budget.

IOM will contribute to strengthening the infection control system and prevention measures assisting the Ministry of Interior to deliver on procedures and infrastructure at points of entry. The support will include the up-dating and dissemination of international standards-compliant PoE-specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral of travelers potentially ill with COVID-19 infection; development, development of training curricula and delivery of trainings; assessment of PoE needs and gaps in infrastructure, upgrade of hygiene infrastructure, water and sanitation facilities and waste management, and the provision of necessary supplies for screening to help prevent the spread of the disease. The emergency response of the national institutions will be supported through production of up-to-date data and analysis on the numbers and profiles of the returning migrants through the use of rapid surveying solutions

In order to ensure timely delivery, IOM will use the existing roster of international and local experts, qualified in migration health and border management technical assistance. IOM also possesses a strong network of partnerships with national public authorities, academia, diaspora/migrant groups, civil society.

As a formal partner of the WHO, a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, and the Global Outbreak Alert and Response Network, IOM is a key player in responding to public health emergencies globally. IOM's [Health, Border, and Mobility Management \(HBMM\) framework](#), that was adopted by the World Health Assembly in 2017, forms the conceptual and operational framework for activities ranging from collection and analysis of information on human mobility dynamics to disease surveillance and strengthening response mechanisms along mobility corridors. IOM has repeatedly been called upon to provide support in international public health emergencies, for instance in 2015, IOM and the U.S Centers for Disease Control and Prevention (CDC) entered into a cooperative agreement, "[Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally](#)" in response to the 2014 Ebola. IOM's migration health programs also take place among migrants, crisis-affected populations, for instance, on TB prevention, early diagnosis, treatment, health service availability and sensitization against stigma and discrimination. In 2018 alone, IOM conducted more than 376,800 pre-departure health assessments for migrants and refugees across the globe.

The IOM Moldova Migration Health Department (MHD) works already both on programs of general capacity building and research regarding migrant health policy in collaboration with the Ministry for Health, as well carrying out health assessments of persons travelling (either permanently or temporarily) to US, Canada, Australia, New-Zealand, UK and Korea. The MHD provides and oversees the administration of comprehensive health assessment services that involve medical screening up to 2.500 migrants yearly, and since 2015 has performed more than 15.000 health assessments. MHD is currently working with a [program](#) in support of the Ministry of Health on detection of TB in vulnerable short-term migrant workers.

Cover Page

Contacts	Resident Coordinator or Focal Point in his/her Office Name: Simon Springett Email: simon.springett@un.org Position: Resident Coordinator Other Email: simon.springett@one.un.org Telephone: +37360008807 Skype: sspringett
Description	<p>The overall objective of the project is to ensure effective and accessible health service for COVID-19 patients in Moldova, with a focus on vulnerable groups. In order to achieve this objective, the project activities will allow improving access to personal protective equipment (PPEs) for front line workers in the health system and non-health agencies (police, penitentiaries, shelters, and border police) to ensure the efficient and safe provision of public services during the COVID-19 crisis. Additionally, it will assist most vulnerable women and their dependents with immediate supplies (e.g. food and sanitizers). Finally, it will enhance the capacities of the border police in the points of entry to ensure infection control and management.</p>
Universal Markers	<p><u>Gender Marker</u>: <i>(bold the selected; pls select one only)</i></p> <p>a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.</p>
Fund Specific Markers	<p>Human Rights Based Approach to COVID19 Response <i>(bold the selected)</i>: Yes Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance</p>
	<p>Fund Windows <i>(bold the selected; pls select one only)</i></p> <p>Window 1: Enable Governments and Communities to Tackle the Emergency Window 2: Reduce Social Impact and Promote Economic Response</p>
Geographical Scope	<p>Regions: Eastern Europe Country: Republic of Moldova</p>
Recipient UN Organizations	<p>UNICEF IOM UN Women</p>

Implementing Partners	National Coalition Life without violence (Artemida, VESTA, RCTV Memoria, Casa Marioarei, National Roma Center, Motivatie, Vivere, Initiativa pozitiva, TDV Balti, Interaction, Resonance)			
Programme and Project Cost	Budget	Agency	Amount	Comments
	Budget Requested		\$ 1,000,000	
	In-kind Contributions	UN Women	\$ 30 000	UNW staff time to support coordination with CSOs
		IOM	\$ 5, 000	IOM staff time to conduct rapid surveying of diaspora plans/intentions and profile of vulnerability in 9 countries of destination of Moldovan migrants
		UNICEF	\$ 12,000	This amount reflects a portion of the operational expenses incurred by the organization to implement this activity
Total		\$1,047,000		
Comments	-			
Programme Duration	Start Date: 10th May			
	Duration (In months): 6 months			
	End Date: 10th November 2020			

Results Framework

Window 1: Proposal Outcome					Outcome Total Budget USD
	1.1 Improved capacities of the healthcare system and other relevant authorities and stakeholders in Moldova to provide a rapid response to the needs of the population during the COVID-19 pandemic				USD 1,000,000
		Baseline	Target	Means of verification	Responsible Org

Outcome Indicator [Max 2500 characters]	1.1a # of supported COVID-19 healthcare facilities improved capacity for infection control and prevention	2	50	Reception notes, communications with the MHLSP	UNICEF
	1.1b # Number of new COVID-19 infections per 100,000 uninfected population, by sex, age and key populations	88	~20	National reports: WHO reports; national expert evaluators reports; up-dated SOPs; developed training curricula and manuals	UNICEF, IOM UN Women
Proposal Outputs	1.1.1 Healthcare facilities staff and non-health front line workers provided with Personal Protective Equipment (PPE) for infection control, prevention and case management.				
	1.1.2 Vulnerable and marginalized women, young girls and their dependents access and benefit from immediate and preventive supplies during the country lockdown.				
	1.1.3 National health-related emergency response at points of entry is enhanced, including through the upgrading of border infrastructure				
Proposal Output Indicators	1.1.1a # Personal Protective Equipment (PPE) for infection control and prevention procured for health facilities staff, police, penitentiaries, border police staff, and health facilities staff in Transnistria Region.	40,320	250,000	MHLSP	UNICEF
	1.1.2a # vulnerable women, girls including their dependents receiving immediate and preventive supplies (food package, sanitizers, etc.), by groups of vulnerability 1.1.2b # of members of the MDTs- equipped with personal protective equipment (social workers and social assistants is the baseline)	250 3279	3500 500	IP reports, UNW reports, delivery reports IP reports, UNW reports	UN Women

	<p>1.1.3 a # SOPs up-dated; # of PoEs hygiene infrastructure, water and sanitation facilities infrastructure assessed and improved</p> <p>1.1.3 b # existence of a training curricula on the use of the up-dated SOPs and other relevant topics; # of copies of the printed SOPs and training curricula; # of front-line border police staff who receive training by a commissioned expert on the use of the up-dated SOPs and other relevant topics for Front-line Border Officials at the PoEs in Response to COVID-19 Outbreak</p> <p>1.1.3 c # of returned migrants who benefit from enhanced access to disease prevention services and efficient health screening</p> <p>1.1.3 d Existence of enhanced and up-to-date gender disaggregated data on the numbers and profiles of the returning migrants</p>	<p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>No up-to date gender disaggregated data on the numbers and profiles of the returning migrants</p>	<p>1</p> <p>10</p> <p>1</p> <p>250</p> <p>200</p> <p>10 000</p> <p>Available up-to date gender disaggregated data on the numbers and profiles of the returning migrants</p>	<p>National reports; WHO reports; national expert evaluators reports; up-dated SOPs; developed training curricula and manuals; procurement reports; vendors delivery reports; service agreements; training reports survey reports.</p>	IOM

SDG Targets and Indicators

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input checked="" type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input checked="" type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
Target	Indicator # and Description	Estimated % Budget allocated	
TARGET_3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	75%	
TARGET_3.3 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Number of new COVID-19 infections per 1,000 uninfected population, by sex, age and key populations	15%	

<p>TARGET_3.D 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p>	<p>3.D.1 International Health Regulations (IHR) capacity and health emergency preparedness</p>	<p>5%</p>
<p>TARGET_5.2 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</p>	<p>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</p>	<p>10%</p>
<p>TARGET_6.b 6.b Support and strengthen the participation of local communities in improving water and sanitation management</p>	<p>6.B.1 Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management</p>	<p>3%</p>
<p>TARGET_9.1 9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all</p>	<p>9.1.2 Passenger and freight volumes, by mode of transport</p>	<p>2%</p>

Risk

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner	
1. Description Delays in shipment of the PPE and medical equipment	Operational	2 – Medium High	4 – Likely	4 – Major	UNICEF CO will regularly monitor and follow up with UNICEF Supply Division, including transportation unit and ECA Regional Office to ensure timely availability and shipment of supplies. Transportation from China for procured items could be facilitated with the support for the Ministry of Foreign affairs. There is a previous experience in this regard.	UNICEF, due to constraints on Global Supply Market and restrictions of international transportation	
2. Availability and/or delayed distribution of items/services to the final beneficiaries	<i>Operational</i>	2 – Medium High	4 – Likely	5 – Extreme	PUNOs have previous experience with vendors providing prioritized materials. Regular communication with suppliers will be undertaken. The LTA with the transportation company will be applied following the security rules and recommendations of the national structures in charge of crisis responses	UNW, UNCT (agencies involved)	
3. Trained personnel leaving the beneficiary institution after having been trained	Organizational	2	2	3	UN agencies will seek to involve a sufficient number of staff in project activities, with a system of focal points in place.	Participating UN agencies	

Budget by UNDG Categories

Budget Lines	Fiscal Year	Description	UNICEF	IOM	UN Women	Total
						USD
1. Staff and other personnel	2020	Cost of staff involved in the project activities	12,000.00	27,810.00	1,495.00	41,304.00
2. Supplies, Commodities, Materials	2020	For front line workers: PPE - disinfectant solution PPE- masks N95 PPE- Full body cover waterproof gowns PPEs – gloves PPE- googles Thermometers Distribution costs	683,935.00		105,000.00	830,735.00
		For vulnerable families: Food packages; Hygienic goods; distribution costs				
		For points of entry: Water dispensers, hygiene and disinfection equipment and materials for both persons and vehicles; bio-toilets, handwashing stations, backpack sprayers, UV lamps, hygiene supplies; materials and printing of training materials.				
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020			1,380.00		1,380.00
4. Contractual services	2020	Contract with video production company Contract with NGO/company Contract with audio production company Contracting national experts for 1) updating SOPs and trainings; 2) execution of assessment of POE's infrastructure needs; 3) contracting expertise for conducting rapid surveying of returned Moldovan migrants	5,000.00	37,160.00	7,500.00	49,660.00
5. Travel	2020	Fuel costs		2,800.00	1,500.00	4,300.00
6. Transfers and Grants to Counterparts	2020	Communication and distribution of supplies		-	5,000.00	5,000.00
7. General Operating and other Direct Costs	2020	Admin and other costs		1,200	1,000.00	2,200.00
Sub Total Programme Costs						
8. Indirect Support Costs * 7%			49,065.00	7,850.00	8,505.00	65,421.00
Total			750,000.00	120,000.00	130,000.00	1,000,000.00

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.