

**Annual Consolidated Progress Report on Programmes**

**implemented under the**

**Towards Unity in Action Multi-Partner Trust Fund**

***Reporting period: 1 January-31 December 2020***

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

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*Main abbreviations and acronyms*

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| CBM- Confidence Building Measures |
| CMHC - Children's Mental Health Center |
| HCW - Health care workers |
| ICU – Intensive therapy units |
| IMCI - Integrated Management of Childhood Illness |
| IPC- Infection Prevention and control |
| MCH - mother and child health |
| MoHLSP- Ministry of Health, Labour and Social Protection |
| MPTF – Multi-Partner Trust Fund |
| NAPH - National Agency of Public Health |
| NAPH - National Agency of Public Health |
| NCD - Noncommunicable diseases |
| NGO- Nongovernmental organization |
| PHC - Primary Health Centre |
| PMTCT - Prevention of mother to child transmission |
| PPE – personal protection equipment |
| SDC – Swiss Agency for Development Cooperation |
| SOP – Standard Operating Procedures |
| ToT – Training of trainers |
| UNPF - United Nations - Republic of Moldova Partnership Framework |
| YFHC - Youth-friendly health care services |

# 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 2020 and reports on the implementation of programmes approved for funding under the Fund. As per the provisions in the Memorandum 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 December 2020, 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 first extended to December 2019 in order to accommodate the duration of the programmes under the fund. Subsequently, due to COVID-19 pandemic and a request from two PUNOs- UNDP and WHO the Fund was extended a second time, until **31 December 2021** to accommodate the programmes. However, the extensions are only for the ongoing activities and prohibits the initiation of new projects under the fund. The Fund now has programmes under one of the three windows - Social Inclusion.

In 2020 the development context in Moldova was dominated by the COVID-19 pandemic crisis that placed an ever-increasing pressure on the health care and social protection systems, causing major disruptions to economic processes and limitations to social life, deepening inequalities and proving the long-protracted vulnerabilities. The pandemic has exposed several populations already at risk to additional socio-economic marginalization; this required specific attention in the response. The United Nations Country Team (UNCT) has identified several vulnerable groups at high risk of being left behind and at the same time suffering from multiple vulnerabilities during the emergency.

The Fund’s programmes, working under changed priorities and facing constraints related to the pandemic restrictions, that put additional burden on logistics and delivery plans, still managed to achieve most of the set targets for the year. The Fund provided support for critical and emergency activities to improve the resilience and capacities of first-line medical workers and institutions to cope with the pandemic. The Fund’ programme managed to improve the infection prevention and control measures through capacity building activities, communication campaigns on COVID-19 prevention and recovery among professionals and general population. The critical health equipment (PPEs, ventilators, etc.) focusing on priorities developed by the MoHLSP and COVID-19 response, was delivered to support the efforts of the public authorities in fighting the pandemic and its consequences. The main donor for the Fund is the Swiss Agency for Development and Cooperation, the project being implemented by WHO and UNDP.

# Programmes Implemented under the Fund

In 2020 the Fund supported only one project – the extension of the “Contribution to the Confidence Building Measures Program in Transnistria - Health Sector, Phase II” funded by the Swiss Agency for Development Cooperation and implemented by WHO and UNDP.

## Contribution to the Confidence Building Measures Program in Transnistria - Health Sector, Phase II

**PROGRAMME OVERVIEW**

The request for project first extension until 30th September 2020 (6 months) and furthermore until December 2021 was based on the global pandemic situation on COVID-19 and WHO Country Office and UNDP involvement in the process of public health emergency preparedness and response activities, supporting main counterpart Ministry of Health, Labour and Social protection in such areas as: coordination and incident management, clinical surveillance, case management and patient pathway in the system, clinical case management, as well as infection prevention and control activities as critical component for COVID-19 prevention. Due to the globally declared emergency, Government of the Republic of Moldova cancelled all previous planned activities that made impossible the implementation of the project activities programmed until the end of March 2020 as per previously agreed extension. The Extraordinary Committee for Public Health Emergencies chaired by prime-minister decide on intersectoral involvement for COVID-19 prevention and management where WHO technical coordination and guidance role is crucial. The extension period was requested as needed to assure appropriate response measures and implementation of the specific actions based on the emergency preparedness and response plan for COVID-19 infection endorsed by the Extraordinary Committee for Public Health Emergencies, as well as to finalize the planned activities foreseen to be implemented on both banks.

Relations between Chisinau and Tiraspol have soured in the aftermath of COVID-19 crisis as the Transnistria de-facto authorities declared State of Emergency on the left bank of the Nistru in a bid to prevent the spread of coronavirus infection, tightening up crossing rules for checkpoints and limiting people’s movement. This led to tensions with Moldova, as doctors and many other people who lived on the left bank of the Dniester but worked in hospitals on the right bank could no longer travel to their places of work.

Citing coronavirus outbreak and soaring infection statistics on the right bank, the authorities of the Transnistrian region have controversially set up 37 new barriers and checkpoints on around the villages on the left bank that are under Moldova’s control, which impacted Moldova’s ability to supply these villages and provide assistance to them. This was interpreted as Tiraspol’s effort to use the coronavirus outbreak amidst the general political turmoil on right-bank Moldova to create fait accomplished on the ground that would be difficult to reverse later.

Overall, against this background, despite initial attempts from Chisinau, efforts to communicate and design a joint response to the coronavirus outbreak have failed as tensions and contradictions deepened, rather than lessened, during the crisis. The cooperation through official channels, like 5+2 negotiating format, 12 bilateral working groups, including on healthcare, non-existent. The only remaining mechanisms for cooperation were those informal communication and non-political, established within CBM program, which were used to solve several issues without political grandstanding.

Based on the above described reasons and limitations, the further described activities were implemented only in all institutions from the right bank Moldova.

**RESULTS**

The following results were achieved under the planned outcomes, with consideration for the supply and demand dimensions:

1. ***Infection prevention and control measures and capacity building activities for Primary Health Care, Mother and Child Care, including perinatal care as respond to COVID-19 (and other related issues):***

During the reporting period the next activities were organized 25 online-trainings on clinical case management based on the guidelines for COVID-19 IPC, PPE and clinical management at all levels were conducted by the local experts, due this the training was assured for 3026 connecting points (meaning that at one device could be more than one person), among those:

* 6 trainings on IPC/PPE for 387 connecting points;
* 12 trainings on MCH and Adolescent health in the context of COVID-19 for 1376 connecting points;
* 4 trainings on NCD during COVID-19 for 701 connecting points;
* 2 trainings on home care for elderly people during COVID-19 – 500 connecting points;
* 1 training on pharmacovigilance of the drugs used in treatment of COVID-19 (based on provisional protocol approved at national level) 62 connecting points; as well a live stream on medicines used in COVID-19 treatment for general population was organized (22000 vies).
* 11 online-trainings on clinical case management based on the guidelines for COVID-19 clinical management at all levels were conducted by the local experts, due this the training was assured for 1055 connecting points (meaning that at one device could be more than one person), among those:
* 3 training on IPC for Rehabilitation services in the context of COVID-19;
* 3 training on revised clinical PHC protocol;
* 3 trainings on updated hospital care approach to patients with different level of disease severity;
* 2 training on drug abuse and adolescent health in the context of COVID-19;

Taking into consideration that children were identified as a specific group during the COVID-19 pandemic, not so much on epidemiological or clinical aspect, but due to the social issues related to childcare and children themselves.

During the reporting period the MCH profile was worked sufficiently well, mainly based on the provisions of the WHO IMCI and Oxygen Therapy for children guidelines:

* 9 live streams with general population as total, from the current project were covered only two (2):
* Breastfeeding during the pandemic – 26000 views;
* Risks for adolescent health during the pandemic – 33100 views;
* 15 online trainings on childcare and health for health care workers from primary and hospital care levels:
* 3 trainings on Child health and care during pandemic – 392 connecting points;
* 2 trainings on standards vaccination during pandemic – 389 connecting points;
* 2 trainings on Supportive care during pandemic for other acute respiratory infections – 287 connecting points;
* 2 trainings on Nutrition hydric support for children, including during the COVID-19 pandemic – 304 connecting points;
* 2 trainings on Frequently ill child and pandemic (including digestive issues in children) – 241 connecting points;
* 2 trainings on Mental health and emotional issues in children and adolescents during the pandemic – 204 connecting points;
* 2 trainings on Autoimmune diseases in children and pandemic – 177 connecting points.

Assessment of the procedures for applying of oxygen therapy as a priority treatment for children was conducted by WHO, MoHLSP, State University of Medicine and Pharmacy "Nicolae Testemitanu" and the Institute of Mother and Child in autumn 2020. The assessment was conducted in three phases:

1. Self-assessment – WHO standardized questionnaire was sent to all pediatric hospitals at national/municipality and district levels and units at rayonal level – during September 2020 (38 filled self-assessment tools received out of 41),
2. Field visits – were selected 7 institutions and the field visits were organized,
3. 3 off-line training sessions on WHO guideline on Oxygen Therapy conducted for hospital care professionals from all rayons of the Republic of Moldova.

As well, into support to health care professionals in response to COVID-19 pandemic were organized 6 off-line trainings together with the field visits aimed to strengthen the ICU capacities for adults and children at rayonal level;

The SOPs for PHC on infection prevention and control measures were developed and disseminated during the ToT and further continued through the on-line webinars. All PHC institutions from right side Moldova were covered. The rapid assessment on Infection prevention and control core components were planned to be conducted in Transnistrian region as well.

1. ***Development of the Mental health and psychological support for health workers due and after the outbreak***

To support of the mental wellbeing of the health care workers (HCWs) and general population during the acute pandemic phase the following activities were promoted:

* 6 trainings on MH support to HCWs during COVID-19 - 527 connecting points;
* 4 trainings for psy-professionals from CMHCs, YFHCs, psychologies from MIA system on psychological support practices to prevent the burn-out syndrome in colleagues and to offer the psychological support to general population directly/indirectly affected by COVID-19;
* 18 trainings for HCWs from all hospitals involved into COVID response specifically dedicated to prevention of the burn-out syndrome. During the trainings was worked with all six phases of the burn-out syndrome development.

Based on conducted training and built capacities the referral system for psychological support was created and formalized through the MoHLSP ordinance. The guide on reference and collaboration between first line entities from different sectors in catchment area was developed. The guide for mental health assistance and psycho-emotional support for patients with COVID-19 and in the post-recovery period and the non-pharmacological and pharmacological treatment of moderate or severe patients for mental health professionals and counsellors was developed, printed and distributed to the respective facilities.

A series of guidelines on targeted mental health services and COVID-19 patients’ rehabilitation were developed and approved by the MOHLSP (Order no. 889 of 28.09.2020). Following trainings for the HCWs had been conducted in order to improve the quality of rehabilitation health care for COVID-19 patients at all stages of medical treatment. The MOHLSP organized the trainings based on the WHO guide "Recommendations for the development of self-care skills during the rehabilitation period after COVID-19". As well, the SOPs for Mental Health support schemes and algorithms during COVID-19 for different population groups were developed targeting the hospital administration, HCW, general population, including people with MH problems, children with special needs – autism, intellectual disorders. The trainings for psychologies and non-medical staff were organized. The algorithm for psychological support in medical institutions was developed and institutionalized.

1. ***Communication campaign on COVID-19 prevention and recovery among professional and general population***

In the frame of the project, the awareness campaigns with the messages “***Stay home! Take care! Stay safe!***” were implemented and repeated at different stages of epidemic. The visuals for social media, infographics, printed posters with messages and health advices were produced.

The sticker-posters on handwashing and hand rub were translated into Romanian and Russian and printed out for public institutions, healthcare facilities and schools. Part of the information materials produced in Russian have been successfully distributed in the Transnistrian region.

Public adherence to recommended protection behaviors and restrictions requires that the public understands, trusts and accepts the recommended behaviors as well as the government and health authorities issuing such guidance. The project supported printing of the information posters and flyers on protection behaviors for the kindergartens, educational staff and other staff, parents from the Chisinau Municipally. Also, a dedicated poster on health measures for postal offices visitors’ was developed with Project support under the request from Poșta Moldovei.

To reinforce messages on personal hygiene, hand wash, cough etiquette and safe winter’s holidays celebration, a series of 3 video spots were produced. To tackle the pandemic fatigue, the developed scenarios consist of special sense of humor aimed to catch the public attention. The videos were widely shared on governmental and partners communication platforms and reached a public of 400.000 people.

An awareness campaign "***Support for physical and psychological rehabilitation after COVID-19 related illness*** was launched " into support the rapid and effective recovery of patients. The campaign included production of 3 podcast episodes on management of the daily activities, management of stress/anxiety/depression, management of problems related to attention, memory and lucid thinking. The webinars addressed the breathing and voice issues; daily exercise and food consumption; lucid thinking and management of daily activities. The webinars were broadcast live on 4 platforms – privesc.eu (the largest live platform in the Republic of Moldova), the Facebook pages of the WHO and the Ministry of Health, Labor and Social Protection, as well as the “Ask a mom” group. Thus, following the great coverage and having an important support from the “Ask a mom” group, popular on Facebook, which contributed to their promotion, they had a major impact and reached many people, being perceived as very useful, informative and understandable to all.

The strategic approach of the campaign was an innovative one, with targeted communication according to people's information needs, the topics being very niche. As communication tools it includes a digital information campaign for the general public, including explanatory visuals. It also continues the “Cealaltă pandemie” (The Other Pandemic) podcast with the second season of 3 episodes, distributed on the following platforms: moldova.org, Facebook, ok.ru, Instagram, anchor.fm and SoundCloud.

Another effective tool of the campaign were the video fillers – 7 short explainer video graphic videos were developed with the following topics: “Management of breathing difficulties”, “Physical activity after discharge”, “Management of voice problems”, “Nutrition management”, “Management of memory problems, attention and lucid thinking”, “Management of daily activities”, “Management of stress and mood problems”. The video fillers were broadcasted by several national and regional television stations. The benefit of the regional expansion, where there is usually a lack of access to useful information, is that it positions this campaign as very effective through the video fillers, because people have suffered from COVID-19 in the regions as well, not just in the capital, so the campaign is reaching national coverage. Through all campaign’s instruments, the messages on post-COVID-19 rehabilitation have reached out about 300.000 citizens.

1. ***Continued need assessment for COVID-19 during outbreak and post-outbreak response***

Due to travel restrictions imposed by the Government which led to the impossibility to engage international or local experts, also emergent actions that needed to be taken during the acute response COVID phase, that is why the activity was implemented by WHO CO staff in collaboration with MoHLSP and NAPH based on WHO tools and guidelines. The first estimations of needs for COVID-19 response were performed based on the WHO Commodity package for COVID-19, WHO COVID-19 PATIENT KITs for PPE, Devices, Drugs, and consumables, also, was tacking in to account the capacities of the health system as of December 2019. The list of items with needed quantities was presented to donors and used for further activities related to procurements of identified necessary supplies and devices at central level.

Further updating process of the estimations was improved by using WHO COVID-19 Essential Supplies Forecasting Tool (COVID-ESFT) v2.0 PLUS, tacking in to account the stocks for items available (public procurements, institutions' own procurement, donations, etc.) collected at MoHLSP. The WHO COVID-ESFT tool is used monthly in order to update the estimations of resources needed to effectively respond to COVID-19, forecasting the quantities and costs of essential supplies, including personal protective equipment (e.g., masks and gloves), biomedical equipment for case management (e.g., ventilators and oxygen concentrators), diagnostic reagents and equipment, essential drugs for supportive care, and consumable medical supplies.

Previous experience related to donor coordination, build in the framework of SDC project Support to strengthening governance and policy dialogue in health sector, was effectively used for monitoring external and informing donors regarding the EPI situation and public health measures for COVID-19 outbreak management, the needs of the health system, resource mobilizations and ongoing procurements.

1. ***Support to the development of the post-outbreak measures at national level***

COVID-19 pandemic, declared on 11 March 2020, caused an enormous negative effect on the health sector and whole society. The National Extraordinary Committee for Public Health declared the Public Health Emergency on March 2020 and afterwards this emergency situation was expanded several times to address increasing number of COVID-19 cases and deaths and to reduce the burden on the health system. At the beginning of the pandemic several scenarios were developed in order to estimate the COVID-19 outbreak epidemiological evolution and health system necessities. The health system need assessment for COVID-19 during outbreak were repeatedly conducted based on the WHO standardized electronic tool. The assessment allowed to identify and update the list of COVID-19 associated items and needed resources and the assessment tool was presented to the MoHLSP to be further institutionalized.

In addition, the inter-sectoral Intra Action Review was conducted to identify the performance made with regards to nine COVID-19 pandemic preparedness and response activities. The evaluation was conducted with involvement of more than 110 professionals from different sectors, however the main roles were attributed to the health professionals from the primary health care, pre-hospital ambulance and hospital care as well public health professionals. The set of indicators for evaluation was developed by the team of national and international experts. During the evaluation best practices were underlined, challenges and recommendation were identifies using the participatory approach. The recommendations are classified in short- and long-term actions which will be implemented during the response (acute) pandemic phase as well as will be institutionalized as post-outbreak measure dedicated to further public health emergency management capacities improvements.

1. ***Strengthening the MoH and ANSP capacities in communication, emergency risk communication and interpersonal communication.***

The risk communication and community engagement are an essential part of the national response to pandemic. Communicating health advice and guidance often stands as the most important public health tool in managing a risk. Pro-active communication encourages the public to adopt protective behaviors, facilitates heightened disease surveillance, reduces confusion and creates trust.

The Ministry of Health, Labour and Social Protection (MoHLSP) of the Republic of Moldova, in partnership with the National Agency for Public Health (NAPH), were the main institutions managing the communication in COVID-19 pandemic and national emergency response. The MoHLSP is also leading the National Communication Group on Emergency Risk Communication and COVID-19 Communication Task Force. In the frame of project was provided technical communication support to the MoHLSP and NAPH in risk communication and community engagement, aiming to strengthen and improve external institutional communication of the Ministry and NAPH, to strategically disseminate messages and take actions in line with the Government of Republic of Moldova actions in COVID-19 pandemic response. The communication strategy on risk communication and action plan were developed and updated. The awareness campaigns with the messages ***Stay home! Take care! Stay safe!*** were implemented at different stages of epidemic. An effective coordination mechanism (National Communication Group on Emergency Risk Communication and COVID-19 Communication Task Force) was established to better address public concerns, messages, mass media quires, infodemic and rumors.

To ensure effective communication, promotion and collaboration of all relevant actors, medical community, development partners, a COVID-19 e-newsletter was produced. More than 30 issues have been reached 5.000 subscribers weekly. A series of posters and sheets on handwashing, handrub, infection prevention and control for health professionals were produced. The materials were disseminated in hospitals, ICU and other units, emergency units, and health centers across the country.

1. ***Monitoring of the outbreak response capacities of national counterparts involved in referral system.***

The MoHLSP and inter-sectoral Coordinators meetings were organized on daily basis with regards the evaluation of COVID-19 epidemiological situation and adjustment of public health and social measures. EPI data is used to increase the health care capacities following well-known scenarios: “zero”, imported cases, clusters and community transmission. Different strategies on clinical case management and referring system were implemented such as isolation/quarantine the suspected cases. The home treatment of the mild cases was implemented starting from 10 April 2020 and COVID-19 hospitalization based on clinical algorithm.

The COVID-19 case management strategies were updated in accordance of the scenarios, the referral system were adjusted as the COVID-19 hospitals were activated gradually when the level of their readiness was acceptable to initiate the treatment and following referring in case of health status deterioration and addition tertiary level treatment would needed. The clinical case management protocols as well as MoHLSP orders have been guided and managed the COVID-19 treatment and rehabilitation process. The WHO COVID-19 Essential Supplies Forecasting Tool (COVID-ESFT), Ro monitoring tool and other tools were used by the national professionals for outbreaks monitoring as well as human, infrastructure and medical devices&goods and EPP resources estimation in order to manage the Pandemic response in a better way.

1. ***Printing and dissemination of COVID-19 prevention, clinical case management and recovery guidelines for health services and general population.***

At least 3 clinical case management COVID-19 guidelines, algorithms for all care levels and different scenarios were printed and distributed through the official channels of the responsible entities. All proposed materials were web-designed.

1. ***Health equipment (PPEs, ventilators, etc.) focusing on priorities from MoHLSP and COVID-19 response (delivered by UNDP)***

Aiming to support the Government in the procurement of critical medical equipment for health professionals in hospitals, emergency service and primary care systems in the current COVID-19 crisis, UNDP with financial support from Swiss Development Cooperation in Moldova procured 10 ventilators. The identification of this critical need, the technical specifications and host hospitals for the ventilators has been done in close cooperation with the MHSPL, WHO and UNDP Global Procurement unit in Copehnagen. Thus, 12 care units and hospitals and central and regional levels received the much-needed ventilators.

**CHALLENGES AND MANAGEMENT RESPONSE**

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

* Unstable political environment, elections scheduled for December 2020 and political involvement in the decision-making process, slowed down the overall coordination of public health & social measures, therefore health system require a better top-down governance and bottom-up coordination with involvement of the all levels of health care providers and public health institutions.
* The political barriers and disputes associated with differences of COVID-19 public health measures implemented in territories of the both banks of Nistru river has led to postpone of some activities in the health care facilities from the both banks of Moldova.
* The international experts and consultants’ missions were compromised due to border movement restrictions, therefore local recruited consultants were working under the distant coordination and guidance.
* Insufficient capacity and human resources available locally in the health system and public health ensuing from the limited access to international evidence-based tools, thus requiring further capacity building efforts.
* The on-line trainings and webinars were conducted using the on-line training platforms, however the assessment of the effectiveness of adult-learning process would further require adjustment of teaching strategies and evaluation methods.
* Public health emergencies, including COVID-19 pandemic, requires resilient and responsive health care system in order to meet the needs of the increasing number of patients with specific disease and, from another hand, to assure the delivery and continuity of the essential health care services. Interruption of the essential health care services, like immunization, can compromise the public health emergency response and its mitigation efforts through the creation of the additional burden on the health care services, overwhelming health care workers due to the increasing number of patients with COVID-19.
* One of the main challenges faced in the procurement of critical medical equipment amidst the pandemic was sourcing of suppliers for urgent procurements and ensuring the proper quality, considering shortages both on internal and external markets. Thus, on the quality assurance side, considering the increased risk related to the distribution of substandard or falsified medical items, it was important to monitor and apply quality assurance to all procurements processed, in close consultation with WHO, beneficiaries and corporate Quality Assurance Policy. On the timeliness of equipment delivery, constant communication with the Global Procurement at all levels was critical.

# Conclusions

The 2020 year was dominated by the COVID-19 pandemic crisis. The Fund’s and PUNOs activities were implemented at a time of big challenges for the country and the world posed by an unprecedented global health crisis, which also carried with it severe economic and social negative implications. Despite the disruptions and issues that it brought the programme carried out under the Fund were implemented efficiently and most of the planned targets and milestones were achieved.

The Fund’ programme managed to improve the infection prevention and control measures and capacity building activities in Primary Health Care and Mother and Child Care, including perinatal care as response to COVID-19 pandemic. Another important result was the development of the Mental health and psychological support for health workers due and after the outbreak. The Fund was efficient in supporting efficient monitoring and prevention mechanisms of the pandemic through communication campaigns on COVID-19 prevention and recovery among professionals and general population. The project effectively conducted needs assessment for COVID-19 during outbreak and post-outbreak response and supported the development of the post-outbreak measures at regional and national levels. The critical health equipment (PPEs, ventilators, etc.) focusing on priorities developed by the MoHLSP and COVID-19 response, were delivered to support the efforts of the public authorities in fighting the pandemic and its consequences.

The Trust Fund activities brought significant impact to the development of Moldova, with focus on most deprived regions and groups of population. The jointly delivered programme under the Fund have created stronger synergies among the stakeholders, incentivized establishment of partnerships with other similar initiatives, and ensured quick implementation of the activities.