

**Annual Consolidated Progress Report on Programmes Implemented under the**

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

***Reporting period: 1 January-31 December 2019***

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

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*Main abbreviations and acronyms*

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| AIDS - Acquired Immune Deficiency Syndrome |
| AEFI- Adverse event following immunizationARV - Anti-retroviral treatment |
| BTN - Beyond the numbersCAHD - Child and Adolescent Health and DevelopmentCCM TB/AIDS - Country Coordination Mechanism on TB/AIDS |
| CSO - Civil society organizations |
| DV- Domestic ViolenceEHRN - Eurasian Harm Reduction Network |
| GBV- Gender based violenceGE- Gender equalityGFATM - The Global Fund to Fight AIDS, TB and Malaria |
| EPI - Expanded Programme on ImmunizationHT- Human traffickingHRBA - Human Rights based ApproachHIV - Human Immunodeficiency Virus |
| IDU – Injecting Drug Users |
| IEC - Information, education, communication |
| ICATT IMCI computerized adaptation and training toolIMCI Integrated Management of Childhood IllnessesLEA – Law Enforcement AgenciesMCH mother and child healthNAPH - National Agency of Public HealthNGO- Nongovernmental organizationMoHLSP- Ministry of Health, Labour and Social ProtectionMPTF – Multi-Partner Trust Fund |
| MSM – Men who have sex with men |
| NMCR - Near-miss case reviewNTP - National TB ProgramNRA National Regulatory Authority |
| OST – Opioid Substitution Treatment |
| PMTCT - Prevention of mother to child transmission |
| PrEP - Pre-exposure prophylaxisPTM - Pharmacotherapy with methadone |
| P**w**D – People with disabilities |
| PHUD- People who use drugsPWID – People who Inject Drugs |
| PLWH- People living with HIVSDC- Swiss Development and CooperationSW – Sex Workers  |
| TB – Tuberculosis  |
| UNICEF ECARO - UNICEF Europa and Central Asia Regional Office (Geneva)UCIMP - Unit of Programme Coordination, Implementation and Monitoring |
| UNPF - United Nations - Republic of Moldova Partnership Framework |

# 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 2019 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 March 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 two of the three windows (Governance and Human Rights and Social Inclusion).

In 2019 the development context in Moldova was volatile and unpredictable. Three Governments changed and with these, the reforms and the country development vision have been changed and/or discontinued in many aspects. The persistent development challenges, such as massive outmigration, decline in human development due to inequalities, ageing of population, modest economic growth and gloomy outlook, endemic corruption and the frozen conflict, persisted through 2019.

In February-June 2019, though with no clear majority in the Parliament, the country was ruled by a Democratic Party-led Government. A constitutional crisis occurred when an unexpected parliamentary coalition was formed. During June-November the new coalition government implemented governance reforms, with focus on justice and anti-corruption. Following a no confidence motion, the third Government was approved with Socialist/Democratic party support in November.

The country lost thousands of people due to outmigration and more than 10% of the human development was vanished due to inequalities. The real GDP growth is around 4-5% and below forecasts. Corruption and lack of trust in key institutions impacts almost all areas of social and economic life. Overall, more than 70% of people believe that ‘things’ are going into a wrong direction. Business loose potential and competitiveness due to an unstable environment. Against such political and economic background, the development partners’ propensity for supporting the Government varied throughout the year: frozen support by EU and IMF at the beginning of the year, followed by massive release of the support to the next government.

The Transnistrian settlement process regained some previously stalled momentum early in the year, with renewed hope for implementation of additional confidence building measures such as the facilitation of unimpeded travel of officials. However, as no major agreements have been reached within the 5+2 negotiation format, the process hasn’t moved forward.

Two joint programmes have been implemented in the reporting period under the Trust Fund: 1. “Contribution to the Confidence Building Measures Program in Transnistria - Health Sector, Phase II” and 2. Joint Action to Strengthen Human Rights in the Transnistrian Region.

# Programmes Implemented under the Fund

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

**PROGRAMME OVERVIEW**

Overall there has been significant progress achieved by the project during the reference period. Building upon the success achieved during phase I, this Project has been framed around the new 2030 agenda for sustainable development (SDGs) and its targets, priority WHO regional strategies – most importantly the European Policy for Health and Wellbeing Health 2020 – and aligned with the Government’s key health priorities and ongoing health sector reform agenda, aiming at reaching universal health coverage with quality services.

The Project has been primarily focusing on mother and child health (MCH), including immunizations, as a good opportunity for building trust across borders, building upon many activities started during phase I and which required additional efforts and/or investments. It was intended to approximate perinatal care in the Transnistria region to international standards and to improve the access to and quality of MCH services at primary and secondary levels, thus cutting the divide in the quality and availability of care between the two banks of the Dniester River. Whole-of-country approach has been used whenever possible, i.e. targeting the population from both banks of the Dniester River (e.g., breastfeeding and immunizations), while strengthening some activities that have been started before on the right bank of the River.

The Project’s target groups were health professionals at hospital, outpatient and primary health care levels, including managers and emergency medical care staff, as well as health decision-makers in Chisinau and Tiraspol. The ultimate beneficiaries of the project were the community members, in particular mothers, newborns, infants and older children, as well as fathers and other family members.

The Project was in line with relevant health policies applied in Chisinau and Tiraspol and is in line with the projects’ main donor- SDC Moldova Country Strategy 2014-2017 for the health sector, focusing on primary health level and community involvement and aiming at providing additional support to the Transnistria region, as per the region’s evolving needs. Wherever applicable, the project has been seeking synergies with other initiatives (e.g., REPEMOL related to regionalization of pediatric emergencies, Transition Plan funded by the Gavi Vaccine Alliance, implementation of HPV vaccine with Gavi support, EU-funded SCBM/Support the creation of cross-river specialized platforms and partnerships to facilitate the cooperation between communities from the left and right banks of the Nistru River).

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

**RESULTS**

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

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

***Outcome 1 Perinatal care services***

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

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

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

The training center in perinatal emergencies from Tiraspol organized within the project, started its’ activities; during 2019 trainings for the professionals from lift bank Moldova were conducted.

Based on the preliminary results of the pediatric hospital care assessment was thought to organize a series of events in pediatric emergencies. In this regard, 11 events conducted on the right bank Moldova were aimed to target the professional community from hospital, PHC and pre-hospital levels. During the events the WHO Pocket Book (translated into Romanian), the protocols and the algorithms on paediatric emergencies were distributed to the participants and the institutions they are representing. The events were conducted during November-December 2019. For the professionals in pediatrics, PHC and emergency care from the left bank Moldova, in the Clinic of Pediatrics from Odessa were organized three simulation trainings on pediatric emergencies during November 2019.

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

The Supportive Supervision assessment mission in Transnistrian region was conducted during 19-27 February 2019. The assessment visits were made to Tiraspol, bender and Camenca pediatric hospitals. The practice of the internal and external audit based on the supportive supervision mechanism was observed. The international expert was assisting local supervisors to conduct the supervisory visits provision of the recommendations for the practice improvement.

The ICATT training was conducted in Moldova during 16-20 September. The ICATT is a self-learning tool developed on the IMCI platform. The ICATT tool was introduced at national level giving the possibility for professionals to be involved in in-service training, with its’ (tool) further integration into the pre-service curriculum. Until December 2019, the international experts provided distance guidance for the local experts involved into the adaptation of the tool. The ICATT training was conducted for PHC professionals from left bank Moldova as well.

The Child Care and Development Standards that includes as a key component provision of universal progressive Home Visiting for children aged 0-3, developed with project support, were approved by the Ministry of Health, Labour and Social Protection in September 2019.

Guidelines for nurses on applying universal-progressive home-visiting were developed in accordance with newly approved standards and universal progressive home visiting programme. Guidelines were multiplied and disseminated.

To address geographical discrepancies in provision of health care to pregnant women and new born children, new Antenatal Care Standards and neonatal protocols were validated and endorsed for the health institutions on the left bank of the Nistru River.

In addition, a training course on implementation of neonatal protocols for pediatricians and neonatologist from left bank of the Nistru River was conducted by partner organization Association of Mother and Child Health ‘Nova” and neonatologist from MCH Institute in Chisinau. 30 specialists from left bank of the Nistru River enhanced their knowledge and abilities to apply protocols on the most common conditions if neonatal period: neonatal jaundice, neonatal shock, neonatal seizures, hypoxic-ischemic neonatal disorders, neonatal resuscitation and hypothermia, neonatal injury and neonatal polycythaemia

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

The quality of care and the breastfeeding initiation along with other criteria of the happy life start were assessed within the Baby Friendly Hospital Initiative (BFHI) assessment conducted in Autumn 2018. In the follow up of the assessment on the left bank of the Nistru River, tools for auto-assessment were shared with multidisciplinary teams involved in assessment of maternity wards on the left bank of the Nistru River (Tiraspol, Bender, Slobozia, Grigoriopol, Dubasari, Ribnita, and Camenca). On the right bank Moldova, the National workshop on presentation of the assessment results was conducted. At the workshop were invited directors of the hospitals and the deputy directors on MCH from PHC institutions from all rayons of the Republic of Moldova.

In addition, two rooms for antenatal classes targeting pregnant women (one in Tiraspol and one in Bender) were equipped with furniture, TV sets, informational materials, and sport equipment. Due to that , pregnant women from two biggest localities have friendly environment in perinatal centers/ outpatient facilities to learn about pregnancy, nutrition, breastfeeding, vaccination and nurturing care as part of antenatal classes.

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

Moldova was model country for BTN implementation starting with 2004, until now the BTN tools were well implemented at country level but taking into consideration the high level of the health workers migration it is important to revitalize the BTN technologies, like NMCR implementation, especially that the methodology was recently revised. In this regard the stakeholders meeting was organized in Chisinau in November 2019, where professionals from all second and third referral level institutions, together with MoHLSP and University staff participated. As meeting objectives were identified: 1. To present WHO recommendations from the assessment conducted in 2016; 2. To discuss the current status of the NMCR implementation and quality of the analysis conducted at facility level; 3. To discuss and elaborate the recommendations to make NMCR implementation sustainable in Moldova. The participants debate on the NMCR implementation and future steps for practice improvement, the assessment report with recommendations is available. A follow-up visits on **near-miss case review** (NMCR) implementation in the Transnistria region were conducted during 2019.

In 2019, 80 health specialists from maternity wards from both banks of the Nistru River were trained and conducted perinatal audit with the support of the MCH Institute.

The quality of pediatric care assessment was conducted during 24-30 September in 4 regional and 1 municipal hospital from Chisinau. The assessment revealed the system’s obstacles that jeopardize the successful performance of hospital pediatric care. The international expert together with local assessors presented summary of findings and recommendations during the stakeholders meeting at the MoHLSP. The same assessment was conducted in Transnistrian region during 21-25 October 2019.

The Quality of care of ante- and post-natal (perinatal) care assessment was conducted on the right (7-17 October) and left (18-29 October) bank Moldova. The specificity of the current assessment is that both PHC and maternity facilities from one rayon were assessed during the same organized mission. On the right bank Moldova the field visits were organized during the 8-15 October and included visits to Soroca, Orhei and Causeni rayons. On the left bank Moldova the field visits were organized during 18-15 October and included visits to Tiraspol, Bender and Rybnita. The preliminary results were presented to the stakeholders’ communities from both banks – on 17th and 29th October, respectively. The final assessment mission report is available.

WHO has been engaged in ongoing process for improving quality of care (QoC) for mothers and newborn babies and children at all levels of health services in the Republic of Moldova, including Transnistrian region. Among the findings and the high prioritized recommendations were to assess the implementation of protocols and standards of care. Based on this, a mission on assessment of the protocols’ implementation was planned for period of 25-29 November 2019. Professionals from Transnistrian region with the WHO CO support developed and approved 6 obstetric protocols in early 2016, the proposed assessment mission is aimed to review the 3 years practice of the protocols’ implementation and to record the changes in practice before and after protocols’ introduction.

In 2019 UNICEF Moldova continued to build the capacity of health care providers in quality child healthcare. About 470 nurses of family doctors acquired skills and competencies in delivering home-visiting services for children under 3 and their families in accordance with newly developed standards. Modules were developed and delivered by the representative of Pediatric Department of the State University of Medicine and Pharmacy “Nicolae Testemitanu” and partner organization MCH Institute (tertiary level pediatric hospital care institution).

In 2019, 86 health professionals from out-patient care that provide services to pregnant women from both banks of the Nistru River improved their knowledge and abilities of provision of services in accordance with the 2017 WHO Recommendation on antenatal care for a positive pregnancy, including counselling on nutrition, early initiating and exclusive breastfeeding in the first 6 months of life.

***Outcome 2 Immunizations***

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

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

Acting upon the recommendations of previous AEFI surveillance assessment missions conducted during 2017 and 2018, the WHO has support developing the **national guideline on AEFI surveillance.** The guideline in both Romanian and Russian languages is based on WHO recommendations and stipulates the minimum capacity of AEFI surveillance systems to detect and respond effectively in case of AEFIs. A national Expert committee established by the MoHLSP is engaged in the AEFI evaluation and case classification. The guideline stipulates interventions to improve case detection, notification, evaluation and reporting and presumes involvement of EPI, NRA, clinicians from PHC and hospital care, and medical education representatives. Based on the national guideline on AEFI surveillance a training package for health care workers was developed.

The country wide **trainings on Adverse Event Following Immunization surveillance system** have been conducted during *Oct – Nov 2019* for 1200 professionals from the national health care institutions and in 11 regions, including from Transnistrian region of the Republic of Moldova. The national team of experts have developed training package and later it was used for trainings of HCW from both sides of the Nistru river. During the trainings the primary health care doctors and public health professionals were familiarize with the AEFI surveillance components such as: cases and clusters investigations, supporting documents and data flows, assessment of the AEFI causalities and communication activities. Gained knowledge will allow primary health care doctors to identify adverse events, to notify and conduct assessment of the event with further implementations of the appropriate measure to prevent cases.

**Supportive supervision field visits for improvement of vaccine coverage** rate have been conducted in health care institutions from 17 administrative territories from both sides of the Nistru river during Aug-Dec 2019. Supportive supervision (SS) in the area of immunization is the most efficient type of performance assessment that allows excellent opportunity to provide follow-up training, improve performance, and solve other systemic problems that contribute to poor immunization coverage. Supervision in the delivery of public health services promotes quality at all levels of the health system through development of professional competence among the health workforce. SS strengthens relationships within the system, focuses on the identification and resolution of problems on the site, optimizes resource allocation, and promotes team work and two-way communication. Supportive supervision encourages open, two-way communication, and building team approaches that facilitate problem-solving.

A series of training courses (2,5 days) on **safety of vaccines and false contraindications** have been conducted for 48 health care workers during *27 Feb – 01 March 2019* and *04 - 06 March 2019.* Thetrainings aimed at addressing the concerns about the safety of vaccines and false contraindications which have led to downturns in vaccination rates and outbreaks of disease (eg. measles outbreak, 2018) during last years. Possible solutions and actions to address the concerns regarding vaccine safety as well as to reduce skeptical attitude and resistant of primary caregivers were developed by the training participants. The low trust in health services and questions on the quality and necessity of immunization could be influence via transparent and consistent communication.

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

In the context of global switch from the trivalent oral polio vaccine (t-OPV) to bivalent OPV (b-OPV) worldwide Moldova strengthens its acute flaccid paralysis (AFP) surveillance, which continued throughout 2019. Hence, support was provided to the national reference laboratory (poliolab) at the National Center for Public Health to continue AFP surveillance to keep the country’s polio-free status, by collecting samples and transporting those to the international polio reference laboratory in Moscow, Russian Federation, based on a multi-year agreement, while benefiting from on-site training.

The Republic of Moldova have aligned to the polio global surveillance and improve the laboratory component. New polio laboratory testing methods being adjusted to the international recommendations were implemented. Alignment of the polio lab methods to the international requirements will allow to improve the performance of the national polio laboratory. Laboratory quality management include not only new laboratory testing methodologies but also revision of the **standard operational procedures for samples transportations.** New appropriate **mechanism for transportation** of the samples from national to the regional reference laboratories was developed, tested and is functional now.

In 2019 UNICEF and WHO continued to provide technical support to MHLSP and NAPH on increasing the demand for safe and high-quality vaccines for children. A forecasting exercise of the National Immunization Programme was conducted in partnership with NAPH, MHLSP and UNICEF Supply Division, which resulted in the procurement of almost 1,5 mln doses of vaccines and consumables worth more than USD 1,400,000 in 2019. In addition, 43,400 doses of inactivated polio vaccine (IPV) were procured with the support of GAVI in 2019.

An Assessment of Root Causes of low coverage with immunization was conducted in November 2019 in three of the most underperforming districts with UNICEF ECARO support.

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

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

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

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

Republic of Moldova, including Transnistrian region, was represented during the Regional Workshop on Optimal Infant and Young Child Feeding for prevention of double-burden of malnutrition in Europe and Central Asia, hold on 1-6 July 2019 in Belgrad Serbia. The participants from both banks worked on a joint workplan on promotion of breastfeeding and young child complementary feeding for Moldova. The outcomes of the event were mainstreamed into CAHD Strategy development process. Commitment to alignment to the Code of Breast milk marketing, and to BFHI initiative was also expressed.

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

In 2019 UNICEF and WHO continued to provide technical support to the MHLSP and the NAPH on raising the demand for safe and high-quality vaccines for children. UNICEF and WHO supported the Government and contributed to the concept and design of the materials produced for the European Immunization Week (EIW) 2019, during which partnerships with TV, radio, written media and online media have been established for wider dissemination of pro-immunization messages. The European Immunization Week was marked through the transmission of the Live Stream on 24th April 2019 at the UNICEF premises together with representatives from WHO, NAPH, Medical University and CSOs. The aim of the event was to answer questions and concerns about vaccination. This Live Stream reached an audience of about 10,000 population (almost 95% women audience).

The World Breastfeeding Week traditionally celebrated yearly during 1-7 August, this year was marked through a series of events joint under the umbrella of the Breastfeeding Caravan. The series of events included into Caravan are aimed to support the communities to involve pregnant women, nursing mothers, fathers and other family members to support and promote the exclusive breastfeeding. The Caravan visited 9 localities, including two cities from Transnistrian region and covered the period of 31 July – 20 August 2019. Due to specific issue on fatherhood and support in breastfeeding, 30% of audience were males. The Breastfeeding Caravan was organized jointly with MHLSP, WHO and UNICEF reached 676 pregnant women, parents, medical staff.

**National Action Plan for implementation of the Governmental Inter-Sectorial Strategy on development Parenting Abilities and Competencies 2016-2022** was drafted by a team of experts in health, education and social protection under the lead of Ministry of Education, Culture and Research. As the final draft will be compiled, it will be shared with national stakeholders for consultation and validation.

National Immunization Programme (NIP) remains one of the most important health programme for Government from the Republic of Moldova. NIP achieved significant achievements in surveillance and control of vaccine preventable disease, but recent studies identified gaps and challenges for achievement of national targets stipulated in NIP and cMYP for 2016-2020. NIP coordination and management include three levels: national, district and primary health care levels. NIP activities are coordinated by MoHLSP, which brings together and coordinates institutions, resources and actions for the reduction of morbidity, disability and mortality from vaccine-preventable diseases and ensure inter-sector cooperation. The **comprehensive review of existing National Immunization Programme (2016-2020)** was based on last studies and assessments of NIP done by national and international experts. The assessment methodology for NIP with cost-financial components evaluation was developed to identify strengths and gaps as well as what strategies need to be developed in order to increase vaccine coverage. The findings of the assessment will be used for development of the new NIP, which is in the pipeline.

Assessment of key functions and responsibilities of the **new structure of the public health service in immunization field** after public health & primary health care service reforms was conducted. Mapping methodology and description for the key functions and responsibilities of the new structure of the public health service in immunization field after public health & primary health care service reforms have been developed. Moreover, it is assumed that the results of the study will contribute, by also, to know the benefits of immunizations and the cost efficiency for the health system and the social and economic. At the same time, the results of this study will enable decision makers to promote and approve evidence-based policies that will allow for expanded vaccine coverage, and therefore, estimating and allocating the financial resources and other resources needed for expansion

**CHALLENGES AND MANAGEMENT RESPONSE**

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

* Project activities started during phase I and continued during phase II have been more likely to succeed in effectively achieving intended results, provided that continuous follow-up is ensured and further scale-up of actions as applicable;
* Project activities have created synergies with other relevant initiatives, where applicable, thus ensuring quick implementation and attainment of outputs and outcomes;
* Bridging project activities with other ongoing WHO and UNICEF initiatives brings additional value for either by expanding the scope of work;
* Relatively limited capacity in place in certain institutions required more time for implementation because of the needs to first build their capacity, consuming more staff time and resources as well;
* Besides the initial dialogue with key beneficiaries of support, one has to consider reiterating the specific technical support needs on a regular basis, given the frequent reshuffling in health planners and decision-makers benefiting from this project, thus redefining the scope of work and technical assistance, as needed, while ensuring ownership over and acceptance of findings, recommendations and strategic guidance, and efficient allocation of resources;
* Recommendations provided during assessment missions are better embarked upon by national stakeholders if followed by technical support and follow-up on selected topics between technical staff and relevant national stakeholder institutions;
* Strong political commitment, open ongoing dialogue and engagement of partners all along the way were critical to the success of implementing health sectors reforms, in particular in more sensitive areas (e.g., practices in obstetrics, vaccine contraindications), which is time-consuming and resource-intensive, requiring full dedication of involved personnel;
* Joint activities, such as study visits, missions and trainings involving stakeholders from both banks of the Dniester River have been creating bridges for confidence building and knowledge transfer. Whenever the case, mixed teams of professionals have been involved during missions with international consultants and experts;
* Whenever relevant and possible, the training of trainers (ToT) approach was employed to ensure long-term sustainability;
* Given the frequent reshuffles in the Government, MoHLSP included (merging of the MoH and MoLSP into one MoHLSP), with lengthy selection of the State Secretary General for the MoHLSP and subsequent selection of state secretaries for specific areas of work, including public health, and long-pending creation of the National Public Health Agency instead of the current NCPH – periods during which basically no strategic decisions have been taken – there was need to convene additional coordination / negotiation meetings with stakeholders, in order to ensure smooth Project implementation;
* Some guidelines that were supposed to underpin the work in specific areas of work (e.g., perinatal audits) have been issued by WHO headquarters later than expected, thus delaying the implementation of related activities at country level. Besides, no suitable consultancy options were available who would be knowledgeable about the new guidelines;
* Some activities envisaged in the project were developed almost two years ago, requiring rethinking (e.g., cMYP process as a one-off procedure which is already completed and not requiring yearly disbursements), while other project activities might require additional funding (mid-term review of EPI) as the costs of such have been optimized during project drafting due to financial limitations. Other activities have been co-funded by other partners, thus also providing some costs-savings. Therefore, reprogramming of certain activities from co-funded components to under-funded ones could be expected, provided that the donor is duly informed and consulted with;
* Challenges were encountered with finding suitable local consultants (due to the relatively limited pool of skilled consultants available locally on the market at the time of contracting), leading to delays in project implementation for certain components. Hence, the services of international consultants have been secured for specific tasks instead, raising the costs for certain budget lines. At times, even international consultancy was challenging to secure given the short notice for some tasks, which otherwise were not possible to perform earlier (mostly due to political uncertainty) and had to be rescheduled for later (e.g., specific vaccination communication activities);
* As the experience of other health systems has shown, the lack of a functional medical supplies management and planning system inevitably leads to unstable supply of medical consumables for provided equipment. Thus, to mitigate existing risks, the project assisted the beneficiary institutions to develop the existing medical supplies management and planning system, based on the right bank’s experience. The activity is to be followed up during 2019;

**INDICATOR-BASED PERFORMANCE ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Achieved Indicator Targets** | **Reasons for Variance with Planned Target (if any)** | **Source of Verification** |
| **Outcome 1[[1]](#footnote-1) Perinatal Services****Percentage of pregnant women benefiting from antenatal care according to standards.** Baseline: 74% (2011)Target: 80%**Percentage of children of one year of age benefitting from health-care supervision according to standards, including home visits.** Baseline (Moldova, excluding Transnistria region): 73% (2014)Target: 80% (2019) **Percentage of perinatal institutions accredited and certified as baby/family friendly (Transnistria region)** Baseline: 0 (2014)Target: at least 50% (out of 8 perinatal institutions) are baby/family friendly (2019) | 87% (2019)75%0%Assessment of perinatal institutions conducted, and recommendations provided.  | Based on assessment conducted in 2017Follow up assessment conducted in 2019  | The Quality of Care assessment of antenatal care offered to mother and newborn babies, 2019Assessment of compliance to BFHI, 2018 |
| **Output 1**Indicator 1: 5 regional perinatal institutions (Tiraspol, Bender, Slobozia, Ribnita and Grigoriopol) are fully equippedIndicator 2: At least 60% of health care professionals trained (out of 135 obstetrician-gynecologists, 253 – midwives, 29 – neonatologists) Indicator 3: At least 4 curricula developed (2 curricula modules on perinatal care for doctors and midwives and 2 curricula modules on pediatric care for doctors and nurses)Indicator 4: At least 2 guidelines and/or protocols developed for MCH services at hospital care level based on latest WHO provisions (perinatal & pediatric care) | 575% of the plannedThe curriculum, both university and college curriculum was revised and adjusted to the new standard on antenatal care at the primary health care level8 neonatal protocols drafted, child growth monitoring standard and antenatal care standard revised | The remaining health professionals are planned to be trained during the next years of the projectOn approval list in the nearest future | Training related documents (agendas and lists of participants) and related ordinancesProtocols validated by stakeholders and decision makers (left bank Moldova) |
| **Output 2**Indicator 1: At least 4 curricula modules for university and college education on ante- and postnatal care developed.Indicator 2: At least 2 guidelines and/or protocols for MCH ante- and postnatal services developed | College in-service and preservice Curricula was revised and include newly approved standards on child care and development, including home visiting modules In-service Curricula for Medical University was adjusted to the newly approved child care and development standardsGuideline on antenatal and child 0-3 y.o. home visiting for nurses developed, approved and implementedAntenatal care standard and clinical on physiological pregnancy for PHC developed,  | Completed | Standards approved (right bank), standards validated (left bank)Curricula adjusted on right bankApproved and implemented on right bankApproved – on left bank; pending approval – on right bank  |
| **Output 3**Indicator 1: At least 2 curricula modules on breastfeeding developedIndicator 2: At least 1 guideline and/or protocol on young child feeding practices developedIndicator 3: Accreditation criteria/certificates for Baby Friendly Hospital Initiative (BFHI) developedIndicator 4: Legislative framework adjusted to the International Code of Marketing of Breast-milk Substitutes (ICMBS) | The curriculum, both university and college curriculum revised and include breastfeeding modulesYoung child feeding practice incorporated into Guideline on home visiting for family doctors’ nursesThe working group was established by MHLSP, recommendations are drafted70-85% compliance of maternity awards at second and third level to BFHI criteriaN/A for the Transnistria region;In the rest of Moldova it has been revised | Completed  | Approved for right bankApproved in July 2017 by MHLSPReport to IBFAN submitted in 2017 |
| **Output 4** Indicator 1: Perinatal audits institutionalized.Indicator 2: Near-miss case reviews in perinatal care institutionalized.Indicator 3: Supportive supervisory system in CH developed, including mentoring plan.Indicator 4: Growth health-care monitoring standards approved and available at facility level. | The trainings for the perinatal audits teams conducted in August 2018, the piloting period set for 6 monthsQuarterly NMCR meetings, the training workshop on updated NMCR tool conductedThe assessment of the supportive supervision functioning conducted (right bank Moldova – Autumn 2018, left bank – planned for February 2019)Standard on childcare and development adjusted to the WHO-UNICEF-WB Framework on nurturing care drafted agreed among stakeholders and validated (on left bank of Nistru River) and approved on the right bank of Nistru River | Completed | The follow up meetings conducted during February-March 2019 in TRN regionMeeting minutes (left bank – quarterly, right bank - annualy)Meeting agenda, LoPMission reportGuideline on home visiting available.Standard available |
| **Outcome 2 Immunizations****Vaccination coverage rates with DTP[[2]](#footnote-2) and MMR[[3]](#footnote-3) vaccines (Republic of Moldova)** Baseline Target DTP1 94.1% 95%DTP3 90.3% 95%MMR1 89.8% 95%MMR2 93.4% 95%*Baseline and targets are for Moldova, including Transnistria region* | 96% (2017)93% (2017)93% (2018)96% (2018) | Changing this outcome indicator requires more time and efforts, amidst growing anti-vaccination movement and parent / provider hesitancy. Still, MMR2 coverage rate in 2018 improved as compared with 92% in 2017. | WHO/UNICEF Joint Reporting Form (JRF) 2018 |
| **Output 5** Indicator 1: 50% of public health professionals trained on both banks of the Dniester River Indicator 2: At least 2 public health professionals per district covered with trainings on both banks of Dniester RiverIndicator 3: At least 8 Standards Operation Procedures (SOP) developed | 114 specialists (72 females vs 42 males) from all relevant areas, including public health specialists were trainedImmunization in practice (IIP) training courses were conducted in Moldova in 2017 (through the WHO Collaborating Center for Vaccine Trainings in Ankara)8 SoPs developed and approved |  | MoH/authrities ordinance, list of participants MoH/authroties ordinance, list of participants Approved, available |
| **Output 6** Indicator: b-OPV and IPV vaccines are introduced in National Immunization Program | b-OPV – introducedIPV – introduced in April 2018HPV introduced in 2018 | Completed | MoHLSP statistics |
| **Outcome 3 Raising awareness and community mobilization****Rate of early registration of pregnant women (before 12 weeks of gestation)**Baseline (Moldova excluding Transnistria region) - 70% (2014)Target – 80% (2019)Baseline (Transnistria region) - 63% (2015)Target – 75% (2019)**Percentage of children 0-5 months of age exclusively breastfed**Baseline (Moldova excluding Transnistria region): 36% (2012)Target – at least 50% (2019)Baseline (Transnistria region): 13.9% (2014)Target – at least 35% (2019) |  87%N/A | Although few things have been done under the project towards this outcome, the work done in other related areas and/or by other partners had a trickle-down effect to slightly influence the indicator | Quality of care assessment 2015 and Annual statistics’ report 2016 |
| **Output 7** Indicator 1: At least 3 communities established community support groupsIndicator 2: At least 5 types of promotion materials about MCH and a breastfeeding developed and distributed through community based parents’ support groups and health professionals | 3 support groups established in Slobozia, Tiraspol and Dnestrovsk districtsMaterials developed and distributed (7 posters on breastfeeding, flyers on pregnancy and smoking, calendar for breastfeeding mothers’ for 2018)Flyers on breastfeeding (3 flyers) developed and distributed through primary health care and in maternities in 2018. All above mentioned materials were distributed during the Breastfeeding caravan organized July-August 2019. | Completed  | Materials availableNews items posted on FB and the video produced  |
| **Output 8** Indicator 1: At least 50% of public health and PHC authorities/professionals (out of 200 persons) have strengthened capacities in communication for better parenting and child care practices, including nutrition.Indicator 2: Public health authorities/professionals from 5 districts and 2 municipalities (at least 75 persons) in the Transnistrian region, and from the National Centre of Public Health in Chisinau have strengthened capacities in communication for immunizationIndicator 3: VaccinApp upgraded and regularly updated for main smartphones (Windows, Android, iPhone)Indicator 4: At least 10 vaccine Information Statements for key vaccines and vaccine-preventable diseases developed and usedIndicator 5: At least 5 vaccination advocates identified and trained | Action Plan on implementation of the National strategy on positive parenting is drafted.Guideline on nutrition during the pregnancy is developed and approved.National vaccine communication strategy and Action Plan approved in July 2017384 PHC professionals and pediatricians were trained from 5 districts and 2 municipalities in 2017Crisis Communication action plan to address measles outbreak developed and implemented in 2018120 pediatricians and nurses from Transnsitrian region and 50 family doctors and nurses from the right bank of Nistru River trained in interpersonal communication for immunization in 2018The activity is postponed, will be launched in 201910 information statements for key vaccines developed and disseminated through social media, flash mobs, workshops and other related activitiesLivestream on vaccination covered 14,000 Parliamentary hearings on busting vaccination and addressing measles outbreak conducted in 2018Flyers on immunization developed and distributed through primary health care and maternities in 2018 | Expected to be approved by the end of 2019The guideline expected to be approved by the end of 2019trainings for PHC professionals conducted in 2019Completed Trainings conducted. CompletedCancelled.CompletedCompleted | Drafts availableStrategy and Action Plan budgeted and approved by MHLSPMHLSP ordinance, list of participantsVaccinApp available in the application store (Android)Available at [www.cnsp.md](http://www.cnsp.md) and Facebook page “Vaccinarea: da sau ba” |

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

**PROGRAMME OVERVIEW**

The project was developed as a management response to the recommendations developed by the Senior UN Expert on Human Rights, Thomas Hammarberg, who undertook a complex human rights assessment mission in Transnistrian region of Moldova in February 2013. Following the recommendations of the expert, the UN Agencies identified three key areas where de facto authorities of Transnistrian region of Moldova have expressed openness and which were considered feasible for implementation and with strong potential to expand crossriver networks, particularly: work on people with disabilities; gender/domestic violence and HIV/AIDS. Each of the HR areas represents a distinct project component and is coordinated, respectively by: OHCHR, UNDP and UNADS/UNODC.

**Project Objectives:**

* An increased number of women and men, as well as children with disabilities, enjoying the range of community-based services for ensuring the effective exercise of their rights on an equal basis with others, as per the UN human rights standards;
* Enhanced protection to victims and potential victims of domestic violence and empowerment of individuals to prevent and address the problems at their roots in the region;
* Scaled up access to quality and integrated prevention, treatment and care services for people living with HIV, TB and people who inject drugs in the civilian and prison sectors of the region.

**RESULTS**

The project operated in a complex, sensible and sometime unpredictable context, but proved flexibility during the implementation and encouraged three scale partnerships among state and non-state actors at the: local level, national (cross-river) and international. Although each component had its own distinct portfolio of interventions, the common approaches included: consistent capacity development actions, initiatives on awareness raising and de facto policy and normative framework review (component I and III). Altogether, the project managed to reach majority of its targets, if judging through existing set of indicators. In majority of the cases the project significantly contributed to: 1) Augmentation of the local, national and international partnerships between the key actors; 2) Strengthening the competencies of existing duty bearers and rights holders; 3) Institutionalisation of the new services and entities and 4) Increasing the visibility of the tackled human rights aspects.

**Component 1 - Non-discrimination and social inclusion of children and adult persons with disabilities**

Regarding the key achievements of the component, assessing the performance through the existing set of indicators, it can be concluded that 4 out of 5 targets were achieved, while the 5th one with the most transformative potential focused on *de facto* policy and normative which is long-term one focused on changing attitude at the society level as the result of raised awareness, which usually requires permanent, consistent and coherent interventions and goes beyond a singular action project or even program.

Final evaluation showed that the project achieved this output and contributed to sensitization and to increasing the competences of the de-facto authorities by transferring the knowledge and best practices sharing on international standards with regard to rights of PwDs. This represents an immediate positive effect and a starting point.

* **Over 316 women and men** (incl. 141 PwDs and 62 duty bearers) have an **increased awareness on human rights standard**s and sustainable development after trainings organized.
* The **cross-river Platform for Sustainable Community Development** served as a cooperation framework duringseven meetings organized, a good result being the partnership agreement signed by 22 NGOs and initiative groups (16-from the left bank).
* **Assessment of the existing social services for the PwDs** in the Transnistrian region has been conducted.
* **Assessment of the existing regulatory framework** relevant to the situation of PwDs in the Transnistrian region has been conducted.
* **Implementation of the initiatives for the creation of community-based services** for PwDs started in 4 localities in May 2018.
* **3 donor coordination** meetings on HR have been organized.
* **The visit of Thomas Hammarberg to TN region** during 28 May – 1st June 2018 was organized, resulting in an assessment of the progress in Human Rights issues in the region, to be reflected in a report to follow.

**Component 2: Enhancing gender equality and combating violence against women**

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

**In addition to the establishment of the new service for referring and assisting main achievement were the following:**

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

**Component 3 - Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons**

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

***Normative and policy changes-related results****:*

* A road map on **sustainable development of HIV response** **in Transnistrian region by 2020** has been developed involving other 30 stakeholders.
* An assessment of about 50 policy documents from Transnistrian region realized to **understand how HIV policies are aligned to international human rights standards**.
* First ever **assessment of HIV and TB services on the left bank** in prisons was conducted, the final report includes 13 recommendations.
* First-ever joint document between local police on the l**eft bank,** and the civil society organizations was signed on December 1st, 2017 (WAD – World Aids Day). A Memorandum of collaboration was signed with 6 Non-Governmental organizations providing services in this field.
* Up to 82% of participants to an opinion pool are **in favor of alternatives to punishment**, following a **national raising awareness campaign on alternatives** to punishment for people who use drugs organized under the leadership of UNDOC.
* Stigma Index research conducted, indicating that discriminatory treatments are faced quite often by the PLHIV.
* In the period December 2016 – December 2017, four **substantive awareness campaigns** were conducted on both banks of the Nistru River which covered more than 60000 women and men in about 35 rayons, involving around 14 NGOs and 6 line ministries.

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

**Qualitative assessment**

Overall, the project contributed to strengthening human rights aspects on the targeted areas in the Transnistrian region of Republic of Moldova and augmentation the cooperation between the main thematic actors both within the region and cross-river.

The project represented a multi-stakeholder complex intervention and included both policy level initiatives and grass-roots level ones, as well as public awareness, e.g. service delivery by the local actors to final beneficiaries from TN region, as well as public awareness raising and capacity strengthening support of the key state and non-state actors and encouraging transferability of positive practice from the right bank and elsewhere.

It encouraged local, national (cross-river) and international cooperation, which involves several international, national and local actors such as: UN Agencies, line ministries and state actors of the Republic of Moldova, de facto authorities of the TN region of Moldova, media outlets and civil society organizations from the both banks of the Nistru river in the targeted areas.

The project supported cooperation at three scales: 1) *Local cooperation* between the civil society representatives – (*de facto*) public authorities; 2) *National (cross- river) cooperation* and encouraging confidence building between the thematic actors from the both banks of the river as well as and 3) *International cooperation* between the visited entities of the European countries and the participants of the study visits.

The elements of HRBA were mainstreamed and both dimensions duty bearers and right holders were targeted. Thus, the project targeted capacity strengthening interventions of both duty bearers, such as: representatives of ministries and state actors from Moldova and de facto authorities from TN region of Moldova dealing with the public health, social protection, internal affairs and penitentiary system to fulfil their obligations and of the right holders, such as: people with disabilities, victims of domestic/gender-based violence, PLWH etc. to claim their rights.

**INDICATOR-BASED PERFORMANCE ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Achieved indicator targets** | **Reasons for variance with planned target (if any)** | **Source of verification** |
| **Component 1 - Non-discrimination and social inclusion of children and adult persons with disabilities** |
| **Output 1.1**a) *De facto* authorities of central and local level, ombudsperson's office, other specialized de facto authorities and institutions trained and capacitated on international standards with regard to rights of persons with disabilities; b) *De facto* normative framework reviewed and adjusted – to the furthest possible extent – in line with the international standards with regard to rights of persons with disabilities (as amendments to de facto laws, regulations and/or as executive order, operational guides, etc.).**Indicator 1.1.1**- No. of responsible officers and professionals (of which % of women) capacitated in applying international standards with regard to rights of persons with disabilities.**Baseline:**- 0 responsible officers and professionals (of which 0 women) capacitated in applying international standards with regard to rights of persons with disabilities.**Planned Target:**- At least 100 responsible officers and professionals (of which at least 60% - women) trained and capacitated in applying international standards with regard to rights of persons with disabilities.**Indicator 1.1.2**- Existence of policy and normative framework compliant with UN standards on persons with disabilities (to be measured through a study on this framework at the very first stage of project implementation);**Baseline:**- No policy, normative and institutional framework for implementation of rights of persons with disabilities compliant with UN standards on persons with disabilities;**Planned Target:**- Policy and normative framework in place – to the furthest possible extent – (at minimum soft – Strategy/roadmap and/or guidelines endorsed by the *de facto* authorities); | 104 responsible officers and professionals trained and capacitated in applying international standards with regard to rights of persons with disabilities and provision of social services for them. | The difference from the achieved results and target is due to inconsistent participation of the de-facto authorities representatives (confirmed participation, but did not come). Final disaggregated results will be presented at a later date. | Trainings participants lists |
| 5 normative acts reviewed and proposals for amendments to comply with CRPD developedLaw on CRPD ratification was passed by de facto Parliament in June 2018Action Plan for the implementation of Year of Equal Opportunities developed in March 2018 |  | Consultant reportDe facto Parliament website |
| **Output 1.2** a) Organizations of women and men with disabilities empowered to take action in protection and advancement of non-discrimination and their fundamental human rights as per the international standards and establish close collaboration with the similar organizations from the right bank of the Nistru-river;b) Women and men, as well as children with disabilities from the pilot 1-2 communities have access to a range of inclusive CRPD-compliant community services **Indicator 1.2.1**- No. of empowered organizations of women and men with disabilities;**Baseline:**- 1 empowered organization persons with disabilities (“World of Equal Opportunities” from Bender);**Planned Target:**- 5 empowered organization persons with disabilities (in addition to the “World of Equal Opportunities” from Bender);**Indicator 1.2.2**- Establishment of the regional alliance of persons with disabilities; **Baseline:**- No regional alliance of persons with disabilities; **Planned Target:**- One regional alliance of persons with disabilities established; **Indicator 1.2.3**- No. of community-based services for persons with disabilities developed;**Baseline:**- 1 community-based service/mechanism for persons with disabilities developed (Accessibility Review within the Bender City Constructions Approval Committee);**Planned Target:**- 5 community-based services/mechanisms for persons with disabilities developed (in addition to the Accessibility Review within the Bender City Constructions Approval Committee);**Indicator 1.2.4**- No. of persons with disabilities (% of women and girls) enjoying the developed community-based services. **Baseline:**- 0 persons with disabilities (% of women and girls) enjoying the developed community-based services.**Planned Target:**- 50 persons with disabilities (of them 60% women and girls) enjoying the developed community-based services. | Representatives of 24 NGOs and initiative groups have been involved in the activities of the programme and are cooperating with their counterparts from both banks of the Nistru River. 1 NGO from the Transnistrian region have submitted an alternative report to the Committee on Economic, Social and Cultural Rights. |  |  |
| 22 representatives of NGOs and initiative groups, of which 16 from the left bank, have agreed to cooperate in the framework of the Platform for Sustainable (Community) Development. Started development of 12 community-based services – 3 in Ribnita (psychological support, legal support and assisted employment); 1 in Dubasari (assisted employment); 2 in Tiraspol (psychological and legal support); 3 in Slobozia and 3 in Grigoriopol (psychological support, legal support and assisted employment)One PwDs included in the Tiraspol City Constructions Approval Committee.Over 70 PwDs (40 women) received support from community-based services |  | MoU signed |
| **Output 1.3**a) Raised awareness among broader range of opinion and decision-makers (de facto MPs, local authorities, media, etc.) and wider society about the rights-based concept of disability **Indicator 1.3.1**No. of region residents covered by awareness-raising activities.**Baseline:**0 region residents covered by awareness-raising activities.**Planned Target:**At least 100,000 region residents covered by awareness-raising activities | More than 120,000 of region residents covered by TV materials produced, articles published in local newspapers and internet portals on the rights of PwDs and the programme’s activities368 persons follow the programme’s Facebook page |  | Media outlets coverage informationFacebook page |
| **Component 2: Enhancing gender equality and combating violence against women** |
| **Output 1**The new created services help the women – victims of DV and/or HT and their children, to break the wheel of violence. **Indicator:** Victims of Domestic Violence and Human Trafficking (HT) from Transnistrian region have improved access to complex social reintegration/rehabilitation service, including one shelter and two regional hubs | 1. **The temporary shelter is functional** and continues to provide assistance in most complicated cases of Domestic Violence from the Transnistrian region;2. **Two regional hubs in Slobozia and Grigoriopol were created** at the end of 2016 and ensure outreach to local communities, identifying, assisting and referring cases of domestic violence.3. **A location for the future shelter has been identified**, complying with the project requirements. The partner NGO Resonance obtained the right to manage the building for a period of 10 years. The reconstruction works of the new, permanent shelter have been conducted, with the financial support of the EU and of the Government of Sweden.4. **The continuity of the process of assistance to victims of DV has been ensured** through signing amendments to the grant agreements with partner NGOs, covering the period November 2017- May 2018.5. During the reported period, the **temporary shelter offered assistance** (in both, the residential and daily regimes) **to 259 persons, out of which 160 were women, 95 children and 4 perpetrators**. Depending on personal needs, all beneficiaries received psychological support, legal consultation, food supplies, medical examinations and professional orientation. **Ninety-two women were helped to find a job**. | As in 2014 the local authorities from Transnistrian region found it difficult to identify a rent-free location to be used on a permanent basis as a shelter, the project team has elaborated an intermediary step, allowing to start work with survivors of Domestic Violence and to achieve the assumed outputs. The idea consisted in renting an adequate house from the private sector (which would become a “temporary” shelter, until the building for the permanent shelter was identified, retrofitted and finally commissioned to the local partners. Starting with February 2015, one house from the private sector and in very good condition was rented in Bender, for a period of 18 months. This house has the role of temporary shelter and allows assisting victims of domestic Violence and their children, in a residential regime. | Project reports and results of monitoring and evaluation activities. |
| **Baseline:**1. Lack of services (unities) for assisting victims of DV and HT

**Indicators:**1.1. Number of created services (unities)1.2.Exact types of created services in the units1.3. Number of partnerships with local NGOs for transfer of the management of the Shelter and regional hubs**Planned Target:** 1.1.1 1 effectively established, functional and capacitated Residential Women Centre (Shelter) & Women’s Safety & Prevention Services (non-residential) in Tiraspol with functioning regulations and rules for social reintegration services 1.2.1. 2 effectively established, functional and capacitated regional hubs Women’s Safety & Prevention Services (non-residential) in Grigoriopol and Rabnita1.3.1. Partnerships created with 2 NGOs in order to transfer the management of the Shelter and the 2 hubs. | 1.1.1.1. On track. The temporary shelter will work until the permanent shelter is established.1.2.1.1. Target reached. Two regional HUBs (one in Grigoriopol and one in Slobozia) have been established.1.3.1.1. Target is reached. Two Grant Agreements and two extensions have been signed.  |  |   |
| **Output 2** Increased number of professionals contribute to diminish the consequences of Domestic Violence and Human Trafficking (HT) phenomena **Indicator:** The presence of professionals (in shelter, in two regional hubs, in services managed by other local NGOs) who can deliver qualitative services for victims of DV and HT | 2 psychologists, 2 social assistants, and one lawyer have been recruited for the regional hubs. The mentioned left bank specialists took part in a two-week internship in the Drochia Maternal Centre and the Drochia Centre for assisting Perpetrators. |  | Project reports and results of monitoring and evaluation activities. |
| **Baseline:**2. Lack of trained specialists, specifically case managers, psychologists, social workers, lawyers, PR specialists from the shelter, regional hubs and other local NGOs to deliver qualitative services for victims of DV and HT.**Indicators:**2.1. Number of specialists from service delivery institutions (shelter, regional hubs, other partner NGOs, representatives of de-facto ministry) trained; **Targets:**2.1.1. Capacities strengthened through trainings to 15 professionals from specialized services of the key service delivery partners.  | 2.1.1.1. Target is reached. 98 specialists (psychologists, social assistances, managers of services, lawyers, teachers, doctors, representatives of local institutions, policemen) representing 11 NGOs and 5 public institutions participated in 6 trainings. The number of trainees exceeded with 6.5 times the initial estimates. |  |  |
| **Output 3** Created opportunities are in line with the victims needs and contributes to economic empowerment of the survivors/victims **Indicator:** Enhanced opportunities for, victims of DV and HT to attend the labour market | Six psychological software for VET and Labor Market activities were purchased and offered to the partner NGOs.  |  | Project reports and results of monitoring and evaluation activities. |
| **Baseline:**3. Lack of specialists (social workers, psychologists), who applies vocational counselling techniques and tests **Indicators:**3.1. Number of psychologists trained to use vocational counseling techniques and psychological tests for career counselling and planning3.2. Number (80) of victims professionally oriented 3.3. Number (20) of women who graduated VET courses 3.4. Number (40) of women employed **Targets:**3.1.1. Capacity of partner NGOs developed to implement economically oriented programs for victims of DV and HT, including 5 trained psychologists 3.2.1. 80 victims professionally oriented 3.3.1. 20 women graduated vocational courses  3.4.1. 40 of women employed | All targets are achieved. Since July 2016, the psychologists from the temporary shelter and regional hubs oriented professionally 103 beneficiaries; 57 people were professionally trained; 92 people were employed. |  |  |
| **Output 4** Public awareness raised to support prevention/disclosure of DV and HT cases**Indicator:** The information and public awareness campaign produced effects among the general public, and generated public debate | 4. The target has been partially changed. The Informing population activity will be done through the regional hubs' mobile teams. A part of the financial resources is directed to the construction works of the permanent shelter.  |  | Project reports and results of monitoring and evaluation activities. |
| **Baseline:**4.1. Domestic Violence – a hidden social problem 4.2. Relatively high tolerance of Domestic Violence phenomena among society4.3. Lack of public debates regarding Domestic Violence phenomena**Indicators:**4.1.1. Number of awareness raising activities carried out 4.1.2. Number of NGOs, trained to develop local campaigns  **Targets:**4.1.1. Support the organization of awareness raising campaigns and joint events (involving the right bank) on DV and HT - 5 awareness raising activities carried out4.2.1. Empower 5 NGOs to develop local mid-term plans to prevent DV 4.3.1. 5 NGOs trained to develop local campaigns  | The modified target is reached. 1250 brochures, 500 flyers and 500 calendars were printed and disseminated.  |  |  |
| **Component 3 - Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons** |
|  | **Achieved indicator targets** | **Reasons for variance with planned target (if any)** | **Source of verification** |
| **Output 1. Increased access to comprehensive package of services for PWIDs, including drug dependency in community** **Indicator 1.1** 10 specialists participated at the working visit on HIV/OST to Minsk**Baseline:** Weak understanding of OST benefits among decision makers on both banks**Planned Target:** 10 Authorities and relevant specialists have increased knowledge on addressing public health policies on drug use **Indicator 1.2** A report including normative document adjusted to incorporate OST is prepared**Baseline:** Lack of normative acts to incorporate OST on the left bank**Planned Target:** A clear normative health treatment related regulation/ordinance in place on the left bank to enable OST, including basic guidance for medical specialists (Clinical Protocol) implementation**Indicator 1.3** Targeted capacity building of 7 drug dependency and infectious diseases specialists from both banks to ensure piloting and scaling up of drug dependency treatment on both banks. **Baseline:** Lack of knowledge and skills of health and NGO staff to provide OST on both banks of Nistru.**Planned Target:** All staff (at least 7 persons) skilled to provide OST in the new 4 OST sites (2 on left bank and 2 on right bank)**Indicator 1.4** Ensure adequate functioning of the new 4 OST sites by providing equipment**Baseline:** No OST available on the left bank. OST in partly available on the right bank.**Planned Target:** 4 new sites (2 on left bank and 2 on right bank) available and including 4 medical personnel trained to provide OST in the new opened sites  | Achieved* 1. 11 specialist had their capacities enhanced during a in a study visit to Belarus, Minsk
	2. 6000 Booklets and guiding procedures for police officers printed in Ru and Ro
	3. 80 police officers had their capacities built during the 4 trainings in Balti in Chisinau
	4. 3 OST sites on the right bank opened, including 1 in Rezina
 |  | Photos, list of participants, list of tickets |
| **Output 2** **Increased access to HIV services for 2000 prisoners** **Indicator 2.1** Assessment report shared with the prison authorities**Baseline:** Lack of needs assessment of HIV response in prisons**Planned Target:** Conduct the assessment in comprehensive package of services to HIV in TN prisons to identify major challenges and adjustments (including on the normative framework)**Indicator 2.2** 20 NGO and prison staff trained in comprehensive services to HIV in prisons**Baseline:** Weak integrated HIV and TB skills of prison and NGOs staff **Planned Target:** Improved the capacities of 20 Health and NGOs staff in providing qualitative integrated TB and HIV services for inmates**Indicator 2.3** 6 prison staff who participated at the working visit on comprehensive package of services in prisons to Switzerland **Baseline:** Limited knowledge of prison staff regarding the comprehensive of services**Planned Target:** Increased understanding of 6 decision making staff with regards to integrated services in prisons as a result to best practices exposure in Switzerland | 2.1 Target achieved. Assessment conducted. Report in English and Russian submitted. 2.2 Overachieved (25 participants)2.3 overachieved. 8 specialists had their capacities built during a study visit to Olaine prison. 9 specialists had their capacities built in alternatives to incarceration during the study visit to Bucharest, Romania  |  | Report, photos and list of participants |
| **Outcome 3. Existent HIV programming policies are human rights based and gender sensitive, including M&E frameworks and budgets****Output 3:** **Human rights and gender mainstreamed into HIV normative framework on both banks** **Indicator 3.1** Number of gender assessment performed and implemented**Baseline:** Lack of gender assessment of HIV policies on the left bank**Planned Target:** Nr (1) gender assessment of HIV response, present (baseline 1 – on the right bank) by end 2016**Indicator 3.2** Number of specialists from NGOs and public sector able to develop gender and HR sensitive policies**Baseline:** Lack of competencies to develop gender sensitive policies in HIV response**Planned Target:** Nr **(**25) specialists from both banks of Nistru river able to develop HIV gender sensitive policies and integrate HR&gender base approach in HIV normative framework**Indicator 3.3** Number of HIV working plans for 2017-2018 on both banks of Nistru river gender sensitive**Baseline:** Lack of skills to provide HR and gender sensitive services on both banks **Planned Target:** Nr (10) specialists skilled to promote gender sensitive plans implementation as a result of the study visit  | 3.1. Achieved. The report developed for the adjustments of the normative framework has fully integrated gender-sensitive issues and recommendations developed for the new legal acts are recognized as gender-sensitive.3.2. Achieved. 30 specialists from both banks trained to develop HIV gender sensitive policies and integrate HR&gender base approach in HIV normative framework.3.3 Achieved. 9 specialists skilled to promote gender sensitive plans implementation as well as achieving UNAIDS global goals 90-90-90 as a result of a study visit in Stockholm, Sweden, June 2018. |  | Conclusions of the OHCHR and UNAIDS Human Rights Adviser. |
| **Outcome 4. Improved capacities of NGOs to provide HIV testing and normative framework ensured for the service****Output 4:** **Increased access to communitarian testing of most at risk populations****Indicator 4.1** Number of NGOs representatives able to provide qualitative HCT (HIV communitarian testing)**Baseline:** Weak knowledge and skills of NGO service providers to realize communitarian testing**Planned Target: (**30) NGOs representatives able to provide communitarian testing on both banks**Indicator 4.2** Number of specialists exposed to best HCT practices**Baseline:** Weak abilities of NGO sector to ensure sustainability of communitarian testing**Planned Target:** Nr (8) specialists exposed to best HCT practices from the region through a study visit to Baltic states**Indicator 4.3** Number of NGO personnel who are able to get funds from public resources**Baseline: 0****Planned Target: (**25) management staff of NGOs have fundraising skills **Indicator 4.4** % of waste safely managed**Baseline: 0****Planned Target:** 100% of waste managed safely on the right bank | 4.1 Overachieved. A number of 85 medical and civil society representatives able to provide qualitative HIV testing and treatment services as a result of four training on new HIV clinical protocols and testing guidelines.4.2 Overachieved. 10 specialists capacitated and able to provide qualitative HCT and PrEP treatment during a study visit in Paris, France.4.3 Achieved. 30 management staff of NGOs achieved fundraising skills as a result of three trainings. 2 NGOs have access to resources from domestic funds.4.3 Achieved. 30 specialists trained to access funds from public resources as a result of three trainings. Two NGOs already have access to domestic funds.* 1. Achieved. A modern waste management medical equipment procured and installed in Balti, at NGO UORN. Currently is functional.
 |  |  |
| **Output 5** **LEAs participate in referral process of vulnerable groups to harm reduction services****Indicator 5.1** 10 LEAs participated at working visit on Police Referral Services to Vienna, Austria**Baseline:** Lack of knowledge of LEAs related to comprehensive HIV/TB/ OST prevention package **Planned Target:** 10 LEAs are sensitized in the field of Harm Reduction and referral services as a result of exposure to best practice LEAs communitarian approach in Austria**Indicator 5.2** 25 police officers trained in Harm Reduction and personal security and safety **Baseline:** Lack of normative guidance for LEAs to address public health needs of PWID **Planned Target:** 20 LEAs are capacitated and have the necessary skills to ensure referral to Harm Reduction and personal safety and security while interacting with the vulnerable groups**Indicator 5.3** Regulation developed and approved to incorporate safety and security at the work place and referral schemes to Harm Reduction for police officers**Baseline: 0****Planned Target:** 1 Normative document developed and approved to incorporate safety and security at the work place on the left bank and referral schemes to Harm Reduction for police officers | 5.1 Achieved, 10 participants attended the study visit to Austria5.2 Over-achieved 50 police and 10 NGO specialists trained 5.3 Memorandum between NGOs and police signed on the left bank. Consultants contracted. Regulation developed and approved.  |  | List of participants, photos, tickets |
| **Outcome 6: Stigma and discrimination of the PLWH decreased** **Output 6:** **HIV and drug dependency related stigma and discrimination reduced****Indicator 6.1** Number of reports on stigma index**Baseline:** Lack of Stigma index research on the right bank**Planned Target:** Stigma Index conducted (2016)**Indicator 6.2** Number of population covered by the campaign**Baseline:** High level of stigma and discrimination towards HIV on both banks which impede persons to exercise their rights**Planned Target:** At least 5,000 Persons covered by communication campaigns**Indicator 6.3** Number of staff tolerant towards beneficiaries**Baseline:** High level stigma among health personnel providing services to HIV affected or infected persons**Planned Target:** 200 health personnel providing HIV prevention, treatment and care services tolerant to their beneficiaries  | 6.1 Achieved. Two reports developed for the both banks of the river Nistru. Clear conclusions and recommendations provided on the stigma and discrimination reduction.6.2 Achieved. More than 60000 persons covered during four large informative campaigns.6.3 Achieved. As a result of the campaigns, 200 health workers aligned to the campaigns. |  |  |

**Evaluation, Best Practices and Lessons Learned**

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

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

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

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

# Conclusions

Throughout 2019, the two projects were implemented under the Towards Unity in Action Multi-Donor Trust Fund. The project “Joint Action to Strengthen Human Rights in the Transnistrian Region” has ended and closed in January 2019 while the other project funded under the TF has been extended, and so was the TF, to cover continued programmatic activities through December 2021. The finalized project has been evaluated using external expertise in accordance with the programme management procedures of the PUNOs.

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 programmes 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.

The Fund contributed to an improved health status, financial protection, equitable access to and satisfaction with health services with specific focus on Maternal and Child Health (MCH) and immunizations for the population in Moldova, including in Transnistria region. Likewise, the Fund also contributed to augmentation of the local, national and international partnerships between the key actors, strengthening the competencies of existing duty bearers and rights holders and increased the visibility of the tackled human rights aspects.

The “Moldova 2030 SDGs Partnership Fund” will cover the period of 2020-2022 and will focus on the five priority areas of the United Nations Partnership Framework for Sustainable Development 2018-2022 that focuses on (i) Democracy, good governance, human rights and gender equality; (ii) Sustainable, inclusive and equitable economic growth; (iii) Environmental sustainability and resilience; (iv) Inclusive and equitable social development; and (v) COVID-19 Management and Response.

1. Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc. [↑](#footnote-ref-1)
2. Diphtheria-Tetanus-Pertussis, 2 doses to be administered (DTP 1, DTP 3) [↑](#footnote-ref-2)
3. Measles-Mumps-Rubella, 2 doses to be administered (MMR1, MMR2) [↑](#footnote-ref-3)