

**Country:** Republic of Moldova

**Programme Title:** Promoting Confidence in the Health Sector

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**Programme Outcomes/Outputs as per United Nations Partnership Framework:**

**Outcome 2.1:** People have access to more sustainable regional development, economic opportunities - innovation and agriculture in particular - and decent work

**Output 2.1.2:** Local public authorities and partners in the North, Centre, South, Chisinau, UTA Gagauz Yeri and Transnistria development regions are better able to ensure equitable access to quality services

**Outcome 2.2:** People enjoy equitable access to quality public health and health care services and protection against financial risks

**Output 2.2.4** Health care and public health service providers, particularly at primary health care level, have enhanced capacity to ensure equitable access to deliver integrated quality health services, medicines and vaccines, with a focus on vulnerable populations including reproductive health, mother & child health and immunization

<b>Programme Duration: 2013-2015</b>  <b>Anticipated start/end dates:</b> <b>November 2013 – October 2015</b>	<b>Total estimated budget*:</b> <b>15,640,254 USD</b>  <b>Out of which:</b> 1. Regular 1,466,666 USD 2. Other: o EC 12,666,668 USD o SDC 1,506,920 USD  <small>* Total estimated budget includes both programme costs and indirect support costs</small>
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**Names and signatures of participating UN organizations**

<i>Nicola Harrington-Buhay</i> Resident Representative UNDP Moldova Signature Date & Seal
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# 1. Executive Summary

The healthcare system for pregnant women and newborns in the Transnistrian region faces difficulties and problems inherited from the ex-Soviet system. There are many issues the mother and child health care system face, but the most acute ones refer to: absence of a regionalized system of perinatal care, partial and limited endowment of the regional maternities, lack of knowledge of medical staff about cost-effective, evidence based practice during pregnancy, lack of guides/protocols in management and treatment, lack of managerial skills in perinatal services, as well as limited awareness of pregnant women and their families on care and danger signs during pregnancy and delivery. The current intervention will address at least partially these issues.

**Objective** of the health project: **To improve access to quality, evidence-based and cost efficient mother and child health care, including perinatal care and immunization in the Transnistrian region of Moldova.**

## **Outcomes:**

1. Newborns and mothers from Transnistrian region benefit from qualitative integrated services during the antenatal, intra-, and post-partum periods
2. Vaccine coverage and immunization rates for traditional and new / underutilized vaccines (NUVI) under GAVI graduation conditions improved

## **Intervention strategy:**

The project will be implemented jointly by specialized UN Agencies (UNDP, UNICEF and WHO), coherence and close coordination will be ensured with the ongoing EU/UNDP funded Support to Confidence Building Programme (SCBM).

In order to achieve the results the project will employ the following **strategies**:

- **Provision of specific equipment** for improving the conditions in the maternity hospitals
- **Capacity building** of the health care providers and managers
- **Health care workers** will receive training on a number of issues
- **Health care managers** responsible for the organization of mother and child health services will receive quality management tools.

The Programme beneficiaries will be local public health 'authorities' both at central and district levels, health care providers rendering public health services in general, and immunization and perinatal care services in particular, relevant decision-makers, civil society, and lay population. More specifically will be targeted the perinatal and paediatric health care in the Transnistrian region, with a focus on the Tiraspol and Bender Center for the Mother and the Child care and the Rybnitsa Maternity as part of the Rybnitsa Regional Hospital.

## 2. Background and Situation Analysis

The healthcare system for pregnant women and newborns in the Transnistrian region faces difficulties and problems inherited from the ex-Soviet system. Although constant efforts to direct the pendulum in mother and child care to cost-effective interventions, family environment in maternity hospitals, participation of women in the decision-making process on the provided care have been made on the left bank of the Nistru river, outdated interventions focused mainly on in-patient medical care, multiple medication, isolation of children from mothers after birth, lack of an adequate psycho-emotional environment in maternity hospitals are still practiced in the region, which complicates recovery of women and newborns within the postpartum period. Family members (especially fathers) do not have access to mother and child and cannot participate in postpartum care. Physicians and medium-level medical staff involved in providing health services to women and children have not benefited from an adequate training in cost-effective technologies recommended by WHO and promoted by UNICEF. Medical equipment used in Transnistrian medical institutions is outdated having been used for the last 20-25 years.

According to the Local Health Authorities from the Transnistrian region, there were 5,118 births reported in Transnistria in 2010. In the same year 64.3% of all pregnant women under observation have been registered before 12 weeks of pregnancy – up from 51.4% reported in 2001. Abortion is legal in Transnistria, accounting for 30.4 per 1,000 women of reproductive age. Infant mortality rate was 10.3 per 1,000 live births in 2010 – down from 18.5 per 1,000 live births in 2001. The main causes of death in the first year of life are respiratory diseases, diseases of the digestive system, infectious and parasitic diseases, and congenital malformations. There were 3 cases of maternal mortality in 2009 and 3 cases in 2010, accounting for 58.34 and 58.56 per 100,000 respectively. Bleeding was the main cause of death. There have been some limited previous efforts to beef up the perinatal care in Transnistrian Region undertaken by UNICEF (Integrated Management of Childhood Illness) and UNDP.

The technical support offered to the Perinatal Center from Tiraspol in the previous phase of the SCBM Programme, by endowing it with modern equipment and professional development of physicians increased the ability to offer quality care to pregnant women and newborns, including the premature infants, or with low birth weight. Although it is too early to draw some conclusions out of the SCBM interventions in the perinatal health care system of Transnistrian region, some positive trends can still be observed for the last two years in the table below. There is still a high ratio of deaths during the neonatal period; deaths that can be influenced by care in the perinatal period and an increased perinatal mortality indicator, in particular a high number of stillbirths, indicator strongly influenced by the prenatal care<sup>1</sup>.

**Table 1: Demography and health care indicators in 2011 and 2012.**

Indicator	Year 2011	Year 2012
Number of births	5021	5202
Infants mortality	11,1 ‰	9,4 ‰
Neonatal mortality	7,8 ‰	6,0 ‰

<sup>1</sup> Alin Stanescu, Technical Advisor on Health, Mission report, May 2013

Post neonatal mortality	3,4 ‰	3,3 ‰
Perinatal mortality	10,4 ‰	9,4 ‰
Stillbirths	4,4 ‰	5,6 ‰

Medical staff in the Transnistrian region does not apply modern scientific evidence-based protocols / standards in their daily practice; care standards in this region still include outdated interventions, which even threaten the health of women and children, such as: enema, pubic hair shaving, administration of different fluids in addition to mother's milk (glucose, water, tea) to newborns, isolation of the newborn from their mother, which prevents formation of microbial biocenosis in the child that would protect them against infections originating from external environment, etc.

The existing problems can be solved by reforming the perinatology system in the region, including regionalization of obstetrical and neonatal (perinatology) services, which would allow developing human resources and institutional capacity based on limited financial resources; training of medical staff (obstetricians, neonatologists, midwives, medical assistants) in cost-effective and evidence-based interventions recommended by WHO; development of protocols of supervision, diagnostics and treatment of normal and pathological conditions during pregnancy, labour and in newborns that would eliminate outdated practices; provision of medical equipment that will allow improving the process of referring pregnant women at risk during pregnancy and labour, as well as that of in utero transportation at less than 32 weeks of gestation for further adequate care of children with low (under 2500 g) and very low (under 1500 g) birth weight. Equipment of maternity hospitals of level I will allow improving the quality of services provided in physiological labour and with low risk for both mature and premature newborns.

Development of measurable process and result indicators will contribute to monitoring of project implementation efficiency. At the same time, one should take into account that without phase II (provision of other maternity hospitals in the region with medical equipment) it will be impossible to significantly reduce morbidity and mortality rates in the region.

### **Immunization**

The incidence of vaccine preventable diseases has been very low in the territory for the past ten years. However, reported coverage rates for routine infant immunizations are low, in most cases under 80%, in part due to reported delays in vaccines supply, which are purchased by the Minister of Health in Chisinau. Another reason for low coverage rates may be due to the immunization information system which, while paper-based, is structured largely on a similar system that was developed for Ukraine in the late 1990's; it involves careful documentation at the point of immunization, and is less susceptible to over-estimation. Of greater concern is the practice in Transnistria, which is common in the region, of not including children with contraindications (thus, unvaccinated) in the denominator. There was some evidence that the proportion of children who fall into this category every month is high (as high as 50%). Most of them have to be caught up during subsequent months, but without recording them in the denominators and accounting for them in the coverage statistics, the true measure of prevalence on immunized children in any cohort is at risk of significant inaccuracy. Transnistria is included in Moldova's GAVI eligibility and, as such, receives new and under-used vaccines provided under GAVI assistance. Current subsidized GAVI vaccines include pentavalent DTP-HepB-Hib. In 2012 the region started introducing the rotavirus vaccine procured by the National Immunization Program (NIP) in

Chisinau with GAVI funds. Moldova's graduation from GAVI support raises sustainability issues over the funding of traditional and new vaccines in Transnistria, too.

Starting with 2012, the Russian Federation has been analyzing the possibility to introduce additional instruments for its financial support to the Transnistrian region, besides the traditional budget support and earmarked funds that had been provided so far. In April 2013, a non-commercial autonomous organization 'Eurasian Integration'<sup>2</sup>, headquartered in Moscow has announced that it will spend USD 60 million on 12 projects to develop the social infrastructure in Transnistria by the end of 2014. Five of these projects involve health care infrastructure development, as follows: construction of the Tiraspol Pediatric Stationary Hospital „Mother and Child Center”, construction of a Radiotherapy section on the territory of the Republican Clinical Hospital in Tiraspol, construction of a TBC Dispensary on the territory of the city hospital Bendery, construction of a TBC Dispensary in Rybnita, construction of an additional facility for the medicine department of the Tiraspol State University. Additionally, eight emergency ambulances are provided – 4 are already in use, 4 will be brought to Transnistria in the near future.

In the framework of the project, the team will follow up on this issue to get more details on how Russian funds are planned to be used (i.e. interventions, time frame, etc.). Though it's unlikely that the soft interventions (technical assistance, capacity building, etc.) would be duplicated and the focus of Russian support is on infrastructure construction, attention will be paid to hard components, in particular type of equipment to be procured, the geographical coverage and the institution to be supported, so that no activity is overlapped. The possibility of assisting Mother and Child Centers of first level shall be also examined, thus contributing to the regionalization of the service.

### 3. Current and previous relevant interventions

Listed below is a synopsis of key WHO, UNICEF and UNDP activities, but not limited to, undertaken in the Transnistrian region in the health sector:

#### WHO

- Technical assistance, policy setting, support to develop the National Immunization Programs, including a follow-up assessment of such programs
- Support to developing multi-annual plans to ensure sustainability
- Support for GAVI
- Effective Vaccine Management
- Certification of the National Vaccine Warehouse in 2005
- *Panenza* vaccine for the pandemic influenza in 2010
- Training of PHC and evaluation of the quality of data (program monitoring)
- Support in introducing new vaccines (rotavirus in 2012 and pneumococcus in 2013) and putting in place a rotavirus sentinel surveillance system
- Participation in the rotavirus vaccine post-introduction evaluation (PIE) mission in April 2013
- CBM-3 immunization and perinatal components (implementation envisaged starting in July 2013)

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<sup>2</sup> <http://www.eurasianintegration.ru/>

- Global Immunization Week 2013

#### UNICEF

- Procurement of specific cold chain equipment, and related mobilization of resources
- Training in VPI surveillance for PHC staff (pilot projects in two districts)
- Communication, incl. printouts, a child card for mothers (incl. immunizations)
- Involvement in the procurement of vaccine through the Supply Division in Copenhagen
- Integrated Management of Childhood Illnesses (IMCI)

#### UNDP

- Re-equipment of two perinatal centers (Tiraspol and Bender), (including items strictly necessary for normal functioning of a regional perinatal centre, which is supposed to serve the most severe cases from the whole region)
- In partnership with the Perinatal Association of Moldova, **capacity building** for the medical staff from 7 district maternity hospitals: Ribnita, Camenca, Dubasari, Grigoriopol, Slobozia, as well as Tiraspol and Tighina municipalities
- Renovation of the Tiraspol blood transfusion center, and strengthening the cooperation with the relevant institution from Chisinau

#### Why there is a gap in the EU funded project

However as underlined above perinatal conditions are the major cause of infant mortality. It is conditioned by inadequate quality of health care provided during pregnancy, labour and birth, and in the immediate period after birth. While about 150,000 USD are foreseen for provision of basic equipment for the Perinatal Centers from Rybnitsa, the needs are much higher, considering further gaps existing in Tiraspol and Bender.

Extensive capacity building of health professionals is mandatory to ensure effective use of equipment and to improve the quality of services delivered to pregnant women and newborns. There is a pressing and obvious need to train medical staff on modern evidence-based approaches, while combining theoretical lectures with practical internships. Additional efforts are necessary to integrate the services provided by various health professionals during the antenatal, intra-, and post-partum periods.

The first stage of the project has proved a success: careful, professional and non-political negotiations with all stakeholders have enabled to overcome obstacles, opening the way to the training of medical personnel in the Transnistrian region and work on the ground at the perinatal centers in Tiraspol and Bender, which required urgent support. Building on that successful experience, this voluntary collaboration will be extended and deepened, which will enable to finalize the first stage of creating a comprehensive system of intensive perinatal care units as well as launch the second stage by extending the project to the other crucially underdeveloped and vital area – pediatrics.

Repeated Primary Health Care and hospital care assessments suggested under the SDC-funded project are the next step to closing the care quality improvement cycle, as the initial assessments would recommend steps to improve the quality of the services provided, ultimately requiring appraising the impact on population MCH (better maternal health, lower infant mortality) and system performance. Additional activities have been considered for life-saving interventions under the emergency care

system review and general population mobilization and involvement in mother and child health (MCH) issues.

On the immunization side, building the capacity of relevant care providers and managers in selected relevant topics (financing, procurements) will ensure post-GAVI sustainability of the immunization programs. Besides the care providers' focus, it would aim at the lay population through better informed decisions (as per the vaccine information statements developed for key vaccines) regarding immunization. Additional activities have been considered for health commodities (e.g., vaccines, drugs, supplies etc.) under the Good Distribution Practices recommended regionally and globally.

#### **4. Justification for the project**

Despite some progress observed in recent years, the following problems remain to be solved in perinatal health services in the Transnistrian region:

- Lack of a regionalized system of perinatal care
- Lack of managerial skills in managers of perinatal services
- Partial endowment of some regional maternities
- Lack of knowledge in medical staff from primary health care about cost-effective and evidence-based practices during pregnancy
- Lack of guides / protocols on management and treatment, overmedication of women during pregnancy, delivery and postpartum period
- Lack of knowledge of pregnant women and families on care and danger signs during pregnancy and delivery.

The proposed intervention will be implemented complementary to the ongoing EU/UNDP funded Support to Confidence Building Measures programme by UNDP, WHO and UNICEF.

Subsequently, most relevant UN Agencies will be engaged as described below:

**UNICEF:** Provision of technical assistance to national and regional health authorities to ensure that quality integrated and continuous care is delivered to pregnant women during the antenatal, intra-, and post-partum periods. Communication for Development expertise in supporting health professionals to improve family and community practices having a positive impact on mother and newborn health.

**WHO:** will assure the continuity of the proposed actions under the main SCBM programme within the perinatal and immunization programs and will support health authorities from Transnistrian region and healthcare facility managers at different levels to identify the main areas/services that require more attention to improve the quality of care offered to pregnant women, mothers and newborns/children working not only with the professional community, and including the general population.

**UNDP:** will be responsible for the procurement of equipment, training and retrofitting within component 1. Based on the needs assessment conducted under the EU/UNDP funded project, the necessary equipment for Rybnitsa mother and child care centre will be procured and delivered, as well as critical equipment for the Paediatrics department of the Tiraspol Medical center. Improvement of



conditions in Tiraspol and Bender mother and child care centers, as a result of the needs assessment conducted. Further to the needs identified by the WHO assessment, UNDP will procure and deliver the emergency assistance equipment.

In order to ensure coherence and linkages with the EU/UNDP funded SCBM Programme, UNDP will also be responsible for the overall coordination of the current intervention, ensuring it is implemented in line with the confidence building approach.

## 5. Proposed programme

### 5.1 Programme Objectives and Outputs

**Overall objective** of the project: Access to quality, evidence-based and cost efficient mother and child health care, including perinatal care and immunization in the Transnistrian region improved

**Outcomes:**

1. Newborns and mothers from Transnistrian region benefit from qualitative integrated services during the antenatal, intra-, and post-partum periods
2. Vaccine coverage and immunization rates for traditional and new / underutilized vaccines (NUVI) under GAVI graduation conditions improved

**Outputs:**

- 1.1. Mother and Child Care Centers from Rybnita, Bender and Tiraspol endowed (equipped and refurbished) with modern conditions and equipment for perinatology and pediatric emergency care
- 1.2. The healthcare professionals, women and other community representatives, have the knowledge, skills and tools to deliver quality integrated and continuous care for pregnant women and newborns, and have proper knowledge of risk signs during pregnancy and children under 1 y.o.
- 1.3. A system to assess the quality of care provided to mothers and newborns in place
- 2.1. Relevant health care providers and/or managers are able to better plan and manage the immunization process, and are aware of vaccine benefits and potential side-effects (together with population)
- 2.2. Public authorities have the evidence and tools to plan, budget and implement / scale up immunization activities
- 2.3. Health commodities requiring cold-chain are properly managed

## **5.2 Programme components and proposed activities**

### **Component 1: Support for the Perinatal Care System**

Reforms of the perinatal care system in the Transnistrian region have been long overdue and the first phase of the project has partly addressed them, bringing Moldova's specialists to the left bank to launch the initial stage of reforms and create a 3-level perinatal system to match the one that exists on the right bank. The scope of the intervention was by necessity limited but has proven highly successful both in terms of technical implementation and in terms of confidence building. The assessment clearly identified the needs and the Transnistrian region accepted the trainings performed by Moldovan specialists. These two components contributed to the development of a regionalized perinatal health system in the region according to WHO standards, accepted and promoted in Chisinau.

As a result of the trainings provided by Moldova's specialists, perinatal reforms in the Transnistrian region are modeled on those in Moldova and Transnistria's perinatal care system has taken the first step towards regionalization of services, developing human resources and institutional capacity. However, as mentioned above, the process was limited in scope and is not complete, as only the maternal centres in Bender and Tiraspol have been addressed, leaving out one crucial regional perinatal centre in Rybnitsa, where the situation is similar to what it was in Bender and Tiraspol before the project.

In order to reach sustainable effect, a particular attention will be paid to proper use and maintenance of the procured equipment, extending the taught topics, developing new clinical protocols, promoting team actions and full integration of services delivered to pregnant women and new-borns during the antenatal, intra-, and post-partum periods. Trainings should cover obstetricians, neonatologists, midwives, intensive care specialists, and health managers. An appropriate balance between theory and practical internships will be reached. Additionally, pregnant women, their families and communities should be empowered to adopt safe behavior and informed about the available services and referrals.

The equipment following to be purchased by UNDP, will endow the medical institutions from three different regions of Transnistria: Tiraspol, Bender and Rybnitsa improving access to qualitative care of mothers and children from the region. The improved conditions in these three health care institutions will contribute to prompt interventions of first aid medical assistance on place, thus reducing mortality rates for newborns and children in the region. Improvement of the quality of health equipment for perinatal care will contribute alignment of these regional health institutions to international quality standards.

Refurbishing and endowing with equipment the perinatal center from the Rybnitsa Rayon (district) hospital in order to create possibilities to offer specialized medical services to pregnant women and children from Rybnitsa and even from Kamenka and Dubasari Rayons is in line with the local authorities' aspirations. Due to the fact that the distance from Tiraspol to Rybnitsa is relatively big - 120 km, it requires the existence of a regional medical center that ensures the stabilization of serious cases and having the possibility to provide appropriate care to high-risk pregnant women and premature newborns until an eventually transfer to the Perinatal Center in Tiraspol. Providing professional medical

services to children within the pediatric intensive care unit within the Tiraspol Medical Center, where all the children with severe ailments are referred from all the Transnistrian territory is also significant.

#### **Activities component 1:**

1. Development and revision of evidence-based monitoring tools for antenatal care
2. Capacity building for health professionals involved in monitoring and care of pregnant women at the pre-maternity and maternity levels
3. Capacity building for health managers to deliver quality integrated and continuous care for pregnant women and new-borns
4. Capacity building for health professionals in communication with pregnant women on safe behaviour
5. Rapid assessment in emergency care
6. Individual, family and community (IFC) involvement into MCH
7. Assessment of the antenatal and hospital care for mother and newborns
8. Based on the needs assessment procurement of perinatal equipment for Rybnitsa, Tiraspol and Bender Mother and Child Care Centers. Provide training in equipment use.
9. Procurement of emergency assistance equipment, following needs identified by the assessment conducted by WHO. Provide training in equipment use.
10. Based on the assessment, procurement of critical pediatric equipment for Tiraspol Medical Center

#### **Component 2: Immunizations**

Often, parents and providers alike do not have balanced and fair information about vaccines, including individual and public health benefits that far outweigh the seldom possible side-effects. Therefore, it is proposed to develop specific balanced messages to be designed together with local counterparts and tailored to the regional needs and made available as handouts or pamphlets during targeted interventions and clinical consultations, based on the best available regional and international experience (e.g., CDC)<sup>3</sup>.

Additionally, the Good Distribution Practices (GDP) developed by the WHO will be adjusted to the national context. GDP provide for the flow of various health commodities within the health system, including vaccines, based on the WHO/Europe Guidelines for the Health Commodities requiring Cold Chain. The process implies the translation of GDP guidelines into Russian, establishing a working group and adjusting those to the regional context to benefit all health commodities, beyond vaccines. It will help improve current practices and the cold chain system<sup>4</sup>.

Following the introduction of rotavirus vaccine (RV) in 2012 on both sides of the river, it is worth documenting the experience in implementing this new vaccine to benefit future planning and implementation of other new vaccines (e.g., pneumococcal PCV) while beefing up the uptake of RV in the region. Conducting studies to look into the cost-efficiency and feasibility of new vaccines, with

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<sup>3</sup> For more information about vaccine information statements, see: <http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

<sup>4</sup> For more information about the WHO GDP guidelines, see: [http://www.who.int/medicines/areas/quality\\_safety/quality\\_assurance/GoodDistributionPracticesTRS957Annex5.pdf](http://www.who.int/medicines/areas/quality_safety/quality_assurance/GoodDistributionPracticesTRS957Annex5.pdf)

participation of the teams of international experts and locals doing field visits to selected districts and facilities, data entering and analysis, will help better understand the current needs, barriers and solutions to scale up vaccination coverage. Lastly, it is expected to have relevant representatives from TN region participate in regional workshops to be conducted by WHO Regional Office for Europe on selected vaccination related topics of strategic importance under GAVI graduation (e.g., vaccine procurement, immunization financing, GAVI graduation etc.)<sup>5</sup>

In dealing with perinatal care and immunizations, the WHO is making use of its health system approach, focusing on stewardship and leadership, human resources and resource generation, service delivery, financing, health information and M&E. The WHO always makes use of evidence-based tools it has. The experience of implementing similar planned activities from the right bank of the Nistru River may prove instrumental in carrying out similar activities in Transnistria. Efforts on both sides of the Nistru River, where relevant, shall be united in most areas to ensure sustainability, cross-comparability of data and quality. In its approach, the WHO shall employ human rights based interventions and shall provide for gender-mainstreaming, wherever the case.

#### **Activities component 2:**

1. Development of vaccine information statements
2. Implementation of Good Distribution Practices (GDP) to the regional context
3. Conducting cost-efficiency and feasibility studies on new vaccines (e.g., RV, PCV etc.)
4. Participation in trainings / workshops (vaccine procurement, financing etc.) organized by WHO/Europe and WHO/Headquarters
5. Technical assistance/capacity building for public health authorities/professionals in communication for immunization

### **5.3 Intervention strategy**

In order to achieve the results the project will employ the following **strategies**:

- **Provision of specific equipment** for improving the conditions in the maternity hospitals. For this purpose, a needs assessment will be made and the list of the necessary equipment will be prioritized in line with the identified needs and the available budget.
- **Capacity building** of the health care providers and managers through provision of training, technical assistance and supervision; vaccine procurement and vaccine financing regional workshops. Training courses will promote cost-effective and evidence-based interventions promoted by WHO & UNICEF in child health programmes.
- **Health care workers** will receive training on a number of issues related to antenatal, intranatal and postnatal high quality interventions, the use of new equipment provided by the project, as well as on communication for safe behaviour, immunization and outbreak/crisis communication;

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<sup>5</sup> For additional information about NUVI, see: <http://www.who.int/nuvi/en/>

- **Health care managers** responsible for the organization of mother and child health services will receive quality management tools to be able to appropriately plan, **implement and evaluate activities in the area of perinatal and immunization services;**
- **Partnerships and exchanges:** in all interventions, professionals from both banks of the river will be brought together (particularly in training activities) and the health standards and practices in the region of Transnistria will be progressively brought in line with those already adopted on the left bank of the river.

## 5.4 Target beneficiaries

The Programme aims at, but is not limited only to, local public health 'authorities' both at central and district levels, health care providers rendering public health services in general, and immunization and perinatal care services in particular, relevant decision-makers, civil society, and lay population.

- a) **Direct beneficiaries** – main counterpart – health authorities (both national and regional ones), health services' managers of different levels and health professionals from perinatal care (delivering care during the antenatal, intra-, and post-partum periods) and immunization services
- b) **Indirect beneficiaries** – pregnant women, mothers and newborns, parents, children, other community representatives

More specifically will be targeted the perinatal and pediatric health care in the Transnistrian region, with a focus on the Tiraspol and Bender Center for the Mother and the Child care and the Rybnitsa Maternity as part of the Rybnitsa Regional Hospital.

The project beneficiaries are health professionals from these three upper mentioned medical institutions from Transnistrian region will benefit from training activities and experience exchanging with professionals from the right bank of the river. In all interventions where professionals from both banks of the river will be brought together, International health standards and practices will be adopted in the region of Transnistria and progressively brought in line with those already adopted on the left bank of the river.

## 6. Sustainability of results

The advancement of the reform in the field of perinatal care and immunizations in the Transnistrian region of Moldova in line with international standards and in strong cooperation with the counterparts from Chisinau will represent in itself a long term and sustainable investment. The fact that institutions and professionals from both sides will have to cooperate will contribute to sharing of knowledge and overall improve the confidence between sides. Additionally, through the assessments to be conducted, access to important information from the region will be available to Chisinau decision makers and thus influence long term decisions regarding access to vaccines, immunizations and MCH related issues.

The donation of the equipment will also contribute to the self-sustainability and increase the quality of the health care services. The project team will ensure that the equipment is properly maintained through site visits and further assessments. Also, according to the already existing practice, the

beneficiary institution will be responsible for the good functioning of the equipment delivered, the provision of all the necessary materials for the well-functioning of the equipment, as well as the overall conditions of its placement.

Through the provision of trainings, technical assistance and supervision on antenatal, intranatal and postnatal care the health care service providers will be able to conduct high quality interventions and will better plan, implement and evaluate the health services for mothers and children. Pregnant women and mothers of newborns and young children will be empowered through better communication and access to information provided by health professionals in the region.

## 7. Risk Log

Description of risk	Type and Category	Risk management actions
Volatile political and security environment, subject to unforeseen and sudden changes	Political/ High	The programme will take into account the specific political setting that will exist in the region at the moment of implementation. The implementation of the activities will be planned and approached with caution, including the timing, visibility and presentation issues.
Activities may be delayed due to the regional context	Operational / Medium	The programme team will ensure that the local administration is informed on an on-going basis about the aims and the activities planned, including inviting them to the events. All activities have to remain non-political.
Lack of engagement on behalf of TN stakeholders	Operational/ Medium	Prior consultations were in place to guarantee a buy-in on behalf of TN beneficiaries. Continuous engagement with key stakeholders will be ensured, as well as mobilisation of local resources to promote the local ownership of the results of the implemented action.
Different financial systems in the Transnistrian region	Operational / Medium	Financial flows to Transnistrian banks for TN social institutions have facilitated delivery of activities. UNDP will continue to further explore the issue of higher incurred costs for transfers and currency exchanges.

## 8. Management and Coordination Arrangements

Each component of the Programme will be managed by the relevant agency: UNDP, UNICEF and WHO.

UNDP will manage the programme under Direct Implementation Modality in accordance with UNDP rules and regulations. UNDP follows in the implementation of project and programmes internationally recognized standards (<http://content.undp.org/go/userguide/results>).

This Programme Proposal and the attached common Work Plan clearly indicate the activities to be supported by each participating agency. The indirect support costs (ISC) to be charged by each organization are reflected in the respective budgets (8% for UNICEF and UNDP and 13% for WHO). All UN development activities in Moldova are tax-exempt. Programmatic and financial accountability will rest with each participating agency responsible for managing respective parts of this joint Programme.

The overall CBM Programme is managed at the highest level by the **CBM Programme Board**, consisting of the representatives of the EU Delegation, UNDP, OSCE, Moldovan Bureau for Reintegration and other stakeholders. The Health Component will be coordinated by a **CBM Health Component Steering Committee (SC)**, consisting of the representatives of the EU Delegation, SDC, UNDP, UNICEF, WHO, Moldovan Ministry of Health and Moldovan Bureau for Reintegration.

While, each agency will apply its specific rules and regulations, the CBM Health Steering Committee will serve as a coordination platform, assess progress, discuss lessons learned and guide the strategic orientation of the intervention, facilitating cooperation between relevant partners and stakeholders (public and private), and ensuring continuous and effective communication and coordination between the project and its beneficiaries. The SC will also provide a forum for sharing the key results, as well as discussing changes or challenges in the sector and proposing solutions. Other stakeholders (OSCE, WB, Embassies, NGOs from both sides of Nistru River) might be invited to take part in the meetings for consultations.

## 9. Monitoring and Reporting

Monitoring occurs throughout the year and culminates at the annual review of the common work plan. The planned monitoring activities and evaluation(s) of the joint programme should form part of the United Nations Partnership Framework M&E plan.

**Monitoring** will be conducted based on the indicators and results outlined in the current proposal. This will be done to ensure continuous feedback on implementation, early identification of potential problems to facilitate timely adjustments and implementation in accordance with the overall strategic plan for the Program.

Monitoring, having its emphasis on systematic assessment at the Program level, provides the basis for making decisions and taking actions, and it is indispensable in providing information and data for evaluations. This process is based on data collection, and it is essential that such data and information is accumulated in an organized, planned, and routine way in accordance with the M&E Plan.

The participating agencies agree to assume responsibility for performing joint monitoring of activities under the Programme. The results of monitoring activities will be presented on a quarterly basis to the Programme Board. The Programme Board will meet on a quarterly basis to review progress on the

Programme, and more often, as requested by any two members. Members will provide regular feedback on implementation of the Program and propose any necessary corrective actions to resolve problems, ensure accountability, and make recommendations on how to improve the quality and impact of current and future interventions.

**Reporting:** UNDP shall submit on behalf of all the participating agencies, narrative progress reports in line with the donor schedule:

- 1st consolidated narrative (operational) report, including the reports provided by UNICEF and WHO, for the period of 01.11.2013-31.12.2014 no later than 30.06.2015.
- 2nd consolidated narrative (operational) report, including the reports provided by UNICEF and WHO, for the period of 01.11.2013-31.10.2015 no later than 30.04.2016.

Substantive reports will detail the activities, achievements, and results of the Programme to date, as well as highlight major activities planned in the coming year.

Each participating agency shall contribute substantive material for progress reports two months before the joint reporting to the donor and shall apply a common reporting format for their submissions based on key principles such as results-based annual reporting. The consolidated progress report will be endorsed by the Programme Board, and submitted to the donor.

Financial reporting will be conducted individually by each agency, according to the schedule agreed with the donor and as reflected in their respective contribution agreements.

## **10. Annexes**

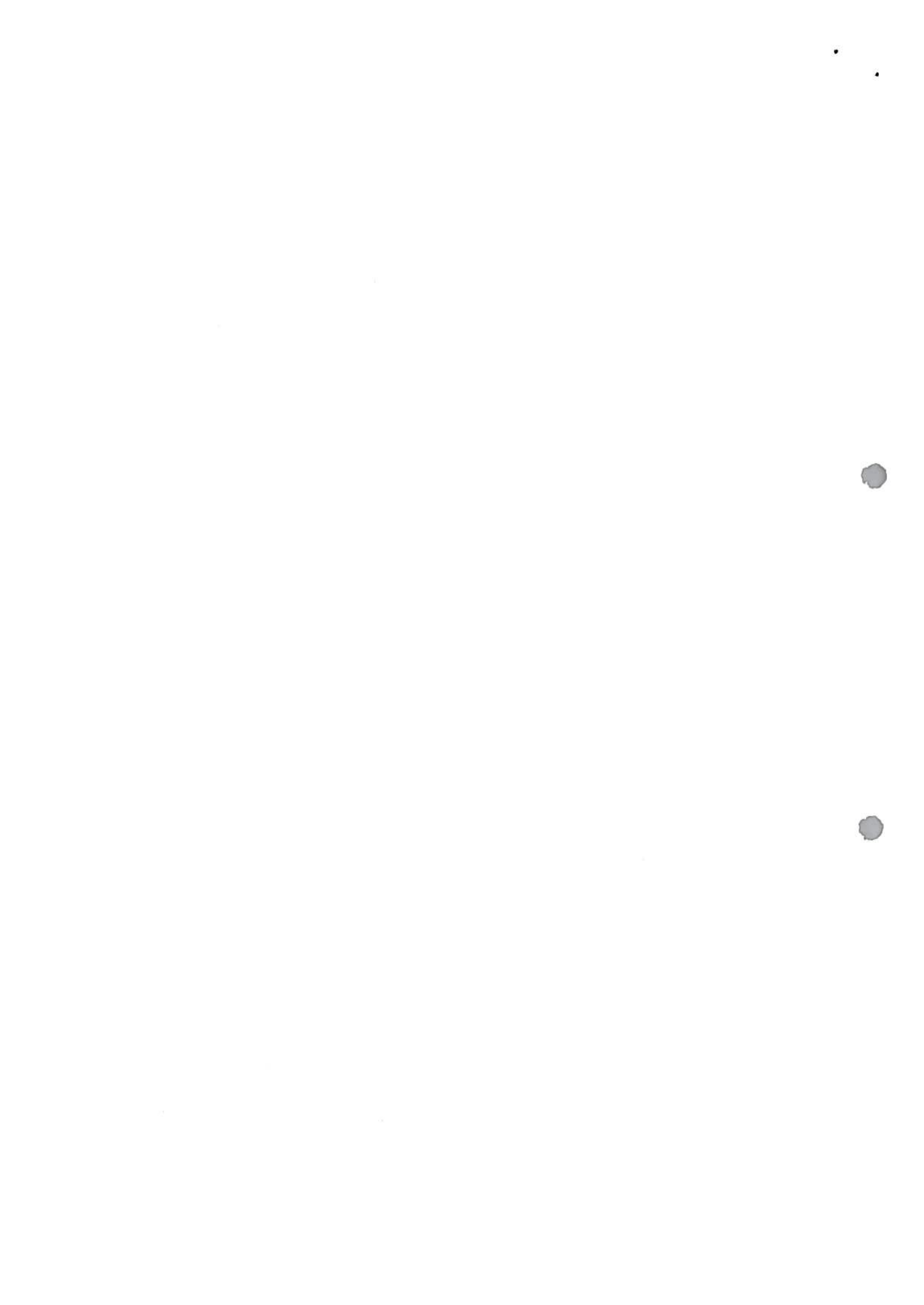
### **1. Logical Framework**

### **2. Budget**



## Acronyms

AWP	Annual Work Plan
EU	European Union
GAVI	Global Alliance for Vaccines and Immunization
GDP	Good Distribution Practices
IFC	Individual, Family and Community
IMCI	Integrated Management of Childhood Illness
MCH	Mother and Child Health
M&E	Monitoring and Evaluation
MPTF	Multi-Partner Trust Fund
NIP	National Immunization Program
NUVI	New and Under-utilized Vaccines Implementation
OSCE	Organization for Security and Co-operation in Europe
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
PIE	Post-Introduction Evaluation
PSC	Programme Support Costs
RV	Rotavirus Vaccine
SCBM	Support to Confidence Building Measures
SDC	Swiss Agency for Development and Cooperation
TN	Transnistria
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VPI	Vaccine-preventable Diseases and Immunization
WB	World Bank
WHO	World Health Organization



# Annex 1. Work plan and budget UNDP

Promoting Confidence in the Health Sector Programme

Period (Covered by the WP) 2013-2015

JP Outcome		UN organization	Activities	TIME FRAME		Implementing Partner	PLANNED BUDGET			
UN organization-specific Annual targets	Year 1			Year 2	Source of Funds		Budget Description	Amount, USD		
<b>Component 1: Support for the Perinatal Care System</b>										
<b>Outcome 1:</b>										
<p>Newborns and mothers from Transnistrian region benefit from qualitative integrated services during the antenatal, intra-, and post-partum periods</p> <p><b>Outputs:</b></p> <p>1.1. Mother and Child Care Centers from Rybnita, Bender and Tiraspol endowed (equipped and refurbished) with modern conditions and equipment for perinatology and paediatric emergency care</p> <p>1.2. The healthcare professionals have the knowledge, skills and tools to deliver quality integrated and continuous care for pregnant women and newborns, and have proper knowledge of risk signs during pregnancy and children under 1 y.o.</p> <p>1.3. A system to assess the quality of care provided to mothers and newborns in place</p>	UNDP	<p>Based on the needs assessment procurement of perinatology equipment for Rybnitsa, Tiraspol and Bender Mother and Child Care Centers. Provide training in equipment use</p> <p>Procurement of emergency assistance equipment, following needs identified by the assessment conducted by WHO. Provide training in equipment use.</p> <p>Based on the assessment, procurement of critical paediatric equipment for Tiraspol Medical Center</p>	200,000	300,000		SDC	<p>Consultancy fees, translation, equipment, logistics, training</p> <p>Logistics, equipment, training</p> <p>Consultancy fees, Technical Design, constructions, equipment, logistics, training</p>	550,000	100,000	259,000
	<b>Output 2: Immunizations</b>									

*But*

<b>Outcome 2:</b> Vaccine coverage and immunization rates for traditional and new / underutilized vaccines (NUVI) under GAVI graduation conditions are improved  <b>Outputs:</b> 2.1. Relevant health care providers and/or managers are able to better plan and manage the immunization process, and are aware of vaccine benefits and potential side-effects (together with population) 2.2. Public authorities have the evidence and tools to plan, budget and implement / scale up immunization activities 2.3. Health commodities requiring cold-chain are properly managed	WHO& UNICEF																				
<b>Total programme Cost</b>																			909,000		
<b>Including: 1. GMS (8%)</b>																			67,879		
<b>2. Direct Programme Cost</b>																			841,121		

\* The Total Planned Budget by UNDP should include both programme cost and indirect support cost

*TSE Peery*