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"Moldova: Contribution to the Confidence Building Measures Program in Transnistria - Health Sector, Phase 2"

Signed:

(on behalf of UNDP)

Dafina Gercheva

Resident Representative

(on behalf of UNICEF)

Nune Mangasaryan

Representative

(on behalf of WHO)

Zsuzsanna Jakab

WHO Regional Director for Europe

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Name:	Swiss Agency for Development and Cooperation (SDC)
Address:	23, Mateevici Str., Block B
	Chisinau, MD2009, Republic of Moldova
Tel. Number:	+373 22 79 69 38
Fax Number:	+373 22 79 69 35
	Local Beneficiaries
Names:	WHO, UNICEF, UNDP
	Country Offices in the Republic of Moldova
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Address:	31 August 1989 street 131
	Chisinau, MD2012, Republic of Moldova
Tel. Number:	+373 22 26 91 24

Content

List of Acronyms

AA	Administrative agent
AEFI	Adverse event following immunization
ARV	antiretroviral
BCA	Biennial Collaborative Agreement
bOPV	bivalent oral polio vaccine
BTN	Beyond the numbers
CBM	Confidence Building Measures
cMYP	country multi-year plan
DIM	Direct implementation modality
EPC	Effective perinatal care
EU	European Union
EVAP	European Vaccine Action Plan
EVM	Effective vaccine management
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPEI	Global Polio Eradication Initiative
IMCI	Integrated Management of Childhood Illnesses
IPV	Inactivated polio vaccine
M&E	Monitoring and Evaluation
MCH	mother and child health
MDTF	Multi-Donor Trust Fund
MoH	Ministry of Health
MPTF	Multi-Partner Trust Fund
NIP	National immunization program
NMCR	Near-miss case review
NPO	National Professional Officer
ODA	Official development assistance
OPV	Oral polio vaccine
PCV	Pneumococcal vaccine
PHC	Primary health care
PSC	Project support cost
QoC	Quality of care
RV	Rotavirus vaccine
SDC	Swiss Agency for Development and Cooperation

SDG	Sustainable development goal
SIDA	Swedish International Development Agency
SOP	Standard operating procedure
TA	Technical Assistance
TB	tuberculosis
tOPV	trivalent oral polio vaccine
ToR	Terms of Reference
ToT	Training of trainer
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNPF	United Nations Partnership Framework
VIS	Vaccine Information Statements
WHO	World Health Organisation
WHO CO	World Health Organisation Country Office
WHO/Europe	World Health Organisation Regional Office for Europe

Project proposal

Context

There has been a deepening financial and social crisis reported in Transnistria region over the last couple of years, exacerbated by global crisis, depreciation of Russian rouble and embargo imposed on certain companies from Russia – a key trade partner in the region – and ongoing armed conflict with rebels in eastern Ukraine. The political stalemate in formal negotiations in the '5+2' format is not conductive to investments and business development. Public deficit widened, with significant cuts and delays in salaries and social indemnities in the region, which coupled with dwindling exports, provides little tax revenues and public spending, also resulting in severe health program deficits, including immunizations and mother and child healthcare. Major donor funding for selected healthcare programs (HIV, TB and vaccines) is still handled through the right bank, managing to meet its financial obligations set forth under the GAVI Alliance cost-sharing policies (with Moldova poised to graduate from GAVI support in 2016). Specific HIV and TB related activities, including purchase of ARV and TB drugs and related commodities, including in the prison sector, still planned for the Transnistria region for the next couple of years, despite an increasing share of costs already being taken over by the right bank for a growing number of HIV and TB patients. GAVI Alliance graduation for vaccines overlaps with GFATM gradual withdrawal of its financial support available to Moldova, including for Transnistria region, resulting in additional burden on the public budget. Overall, the political stability on both sides of the river is a burning issue, including recent Governmental reshuffles in Chisinau and pending elections in Transnistria region in November 2015.

Health system in Transnistria region is largely based on the Soviet Semashko model getting global state funding, with a number of upper level and district-level clinical service providers for inpatient and outpatient care. Health professionals from Transnistria region have had limited opportunities to learn from evidence-based practices and hands-on experience of Western Europe. A rapid health system assessment in Transnistria region was conducted with WHO support in 2012.

Public health, in general, and MCH and immunization, in particular, stayed high in the agenda of health authorities both in Chisinau and Tiraspol over the years. These priority areas are rather well aligned with the reform agenda under the confidence building measures (CBM) taken in Transnistria region, focusing on MCH, including vaccination. Those initiatives were crucial in accelerating a series of complex and challenging reforms in all areas outlined in the National Health Policy 2007-2021 and the Healthcare System Development Strategy 2008-2017, addressing in parallel the most stringent issues of the sector. The Health 2020 vision is integrated in the national health policies and strategies that are implemented under the leadership of health authorities through cross-sector collaboration at all levels. As a strategic entry points for implementation is a National Health Policy 2007-2021 with goal of creation of optimal prerequisites for the maximum achievement of the health potential throughout entire life and reduction of health inequalities through contribution of all the sectors and society.

Despite some good progress in certain population health outcomes, some health indicators has shown some steady decline (e.g., vaccination coverage rates for selected vaccines), being indicative of the need for continued reform efforts and systematic approaches to further development of health policies and interventions in the area of MCH. Likewise, there have been wide fluctuations in maternal deaths (also owing to relatively few cases reported overall).

Over the last decade, the high level of access to health services in general and to perinatal care, in particular, has been maintained and this has contributed to sustaining a high rate of medically assisted deliveries. Effective tools were implemented over the last years to identify the underlying causes and to develop cost-efficient measures to address the maternal, neonatal and infant mortality and morbidity. The final targets for infant mortality and under-5 mortality rates, set for 2015, have already been achieved, representing one of the areas in which the greatest progress has been made. Nevertheless, deteriorating social and economic conditions in the country have been influencing this area negatively. Although overall still high, vaccination rates of children has been slowly dropping in recent years, mainly due to provider and parental hesitancy, and wide variations in vaccination rates across districts, especially in Transnistria region, amidst Moldova's graduation from GAVI Alliance financial support.

During recent health sector reforms, several significant interventions have been initiated in the area of maternal and child health over the last decade. Affordable and high quality care has been one of the key issues of the health agenda of authorities to accelerate progress towards Millennium Development Goals (MDG) targets 4 and 5 and to continue the monitoring and evaluation of the achievements as part of the post-2015 agenda. There are specific national health policies and programs focusing on mother and child health. The development of a regionalized perinatal assistance system, strengthening and regionalization of paediatric emergencies and intensive therapy departments, as well as an increase in the level of knowledge through continuous medical training are just some examples of major efforts with sizeable impact undertaken recently. The implementation of Integrated Management of Childhood Illness (IMCI) and the system of individual evaluation of the neonatal mortality cases allows the collection of relevant data for developing effective interventions. Supporting communities and building a resilient health system is particularly important in the context of the Sustainable Development Goals (SDG) agenda, with the health goal to “ensure healthy lives and promote well-being for all at all ages”. Despite high population coverage with antenatal and hospital care, the quality of health services requires further analysis and improvement. All routine vaccines for children are available, including in the Transnistria region, but with slower-than-expected up-take of new vaccines (rotavirus (RV), pneumococcal (PCV)) or reluctance to implement new vaccines in Transnistria region due to dire financial situation, before engaging in adopting the inactivated polio vaccine during late 2015.

WHO together with UNDP and UNICEF have been and continue to be engaged in the on-going process of improving the quality of care for mothers and children at all levels of health services and promote an integrated and comprehensive approach on both banks of the Dniester River. Despite all the efforts taken to implement a mechanism for inter-sector collaboration in the social sector, poor coverage with social services is one of the major drivers of child mortality. At the same time, inequalities persist in access to and quality of services.

The latest developments in the health system have been determined by a number of external and internal drivers, such as: improving communication with health authorities in Tiraspol, increased participation of counterparts from Transnistria region in different WHO sub-regional events and workshops, resulting in improved knowledge and capacities. Yet, there are certain barriers to be overcome, such as aging workforce, increasing brain drain and brain waste, dropping motivation within the health system, economic crisis, and political instability.

Results and lessons learnt

Significant results have been reported under the UN umbrella within the framework of the different projects and initiatives to date, including also under phase-one CBM-3 project and extension. In particular, WHO Country Office in Moldova, together with the WHO Regional Office for Europe (WHO/Europe), has been continuously engaged in improving the quality of care (QoC) for mothers and new-born babies at all levels of health services, including near-miss case reviews. Current achievements built upon the work performed with various partners and donor funding (e.g., EU, SDC, SIDA). To assess the quality of maternal and newborn care within perinatal institutions, WHO has developed a specific methodology and assessment tools to improve existing procedures and/or introduce new practices, developed based on international standards and covering the main clinical aspects of care that help Moldova identify areas requiring further improvement.

With WHO and UNICEF technical assistance and support, health professionals’ capacity to provide quality perinatal care services has been strengthened. International expertise was brought in to support effective perinatal care. UNICEF supported strengthening managerial capacities on planning, organizing and monitoring provision of care to pregnant women and babies. As a result, more than 95% of health professionals from all 7 perinatal institutions of the region (Tiraspol, Bender, Ribnita, Slobozia, Grigoriopol, Dubasari and Camenca) improved their practical skills by practicing on special dummies and are able to deliver better quality services to pregnant women and new-borns. Additionally, a team of international experts taught health professionals from perinatal institutions in Tiraspol and Bender how to apply evidence-based technologies in perinatal care. UNICEF provided support to revision, development of the medical record of

pregnant woman for antenatal care and baby care, including child immunization, interpersonal communication and crisis communication related to vaccine preventable diseases, and cold chain upgrading, among other things.

In order to standardize the quality of services delivered to pregnant women and new-borns, 13 clinical protocols were customized to local needs and disseminated among professionals. In order to further strengthen knowledge of the general population and improve practices of pregnant women and their families, informational materials for health professionals and families and video-spots on smoking cessation during pregnancy, antenatal care, breastfeeding, and on immunization were developed, disseminated and broadcasted among the target groups.

UN agencies have an extensive experience with the confidence building and development activities in the Transnistria region of Moldova, working in the health sector since 2009, while boosting up their efforts over the last 3-4 years. Besides ensuring that the current SDC supported interventions are aligned with the EU-funded Support to Confidence Building Programme or other projects implemented in the region (e.g., SIDA-funded Human Rights project), UNDP was also responsible for the procurement and the refurbishment of equipment at two perinatal institutions in Tiraspol and Bender (including essential items required to keep the regional perinatal institutions in Tiraspol up and running, which is supposed to handle the most severe cases from the whole region) and in partnership with the Perinatal Association of Moldova, organized capacity building sessions for health workers from 7 district perinatal institutions: Ribnita, Camenca, Dubasari, Grigoriopol, Slobozia, as well as Tiraspol and Bender municipalities. Based on a thorough needs assessment, important medical equipment was procured and installed in above mentioned institutions, contributing to better services to mothers and their new-borns during the antenatal, intra-, and post-partum periods. Refurbishment of Slobozia and Grigoriopol perinatal institutions were also conducted.

WHO and UNICEF have been implementing a number of vaccine related activities in Transnistria region over the last five years, such as effective vaccine management assessments and capacity building events, cold chain assessment and upgrade, comprehensive immunization program review (IPR), support to introduction of new vaccines, post-introduction evaluations, and vaccine communication / contraindications related workshops, including vaccine information statements (VIS).

Considering the worsening overall environment and particularly economic crisis deeply affecting the Transnistria region, there were some additional needs identified. Considering the need to ensure the sustainability of previous interventions, continuous support for health professionals, institutions and target population (mothers, new-borns, and children) has to be provided in:

- Continuing the improvement of the quality of care provided at hospital level by implementing the ‘Beyond the number’ (BTN) approach, in particular near-miss case reviews, the QoC assessments in perinatal institutions and/or paediatric hospitals, as well as the re-enforcement of the Baby-Friendly Hospitals initiative and its principles, capacity building for health professionals to improve the quality of care provided based on a client-centred approach;
- Producing sustainable change, which besides acting locally and at facility level, requires support for reforms at upper level through neonatal mortality audits, revision of university/college curricula to ensure better knowledge among young professionals;
- Improving the quality of services provided at primary healthcare level (antenatal and postpartum services) by strengthening the knowledge and breastfeeding practices of women and health professionals, improving the supportive supervisory system for child health, and implementing the positive parenting and home visiting practices;
- Vaccine related communication, given the growing hesitancy among providers and parents alike, including workshops on contraindications for general practitioners and selected specialists, as well as updating and distribution of vaccine information statements with balanced information for health workers and parents on vaccines and preventable diseases, and standard operating procedures in health facilities, among other things. Regular immunization program reviews and comprehensive multi-year plans (cMYP) for new vaccines shall help keep track of progress and evolving needs, and steer efforts strategically towards better immunization coverage rates;

- Ensuring further support for the health sector with equipment and consumables is paramount, according to the data made available by health authorities in Tiraspol and following the findings of previous needs assessments;
- Based on the missions conducted by international experts and rapid assessment of emergency medical care delivery, another area for further support is the provision of emergency equipment, while optimizing the overall approach to emergency medical care, including retrofitting and basic equipment for the emergency simulation centre.

Some of the barriers to smooth project implementation encountered during first phase of the project included a rather long chain of communication with local authorities, requiring additional efforts and visits to discuss technical and logistic arrangements, need to ensure official correspondence well in advance, need to build up the baseline level of knowledge / practices before employing advanced tools to bring health professionals and their practices in line with their counterparts from elsewhere.

Furthermore, there are issues related to the banking system and currency in Transnistria region, severely handicapping direct transactions with companies there. There are also limited venue options to conduct different workshops and limited human resources to work with given the overall high staff turnover and outbound migration. The latter is common for both banks of the river, requiring a standalone human resources development plan, which is beyond the overarching goal of this project proposal. Some of the activities could be outsourced to international experts, in coordination with technical officers from the regional offices and headquarters.

During the implementation of the first phase of the project a number of lessons were learned:

- Regular coordination meetings with relevant counterparts and stakeholders and other implementation partners (UNICEF) for better coordination and avoid overlaps.;
- Preliminary dialogue with key beneficiaries on TA is required to agree on the scope of work and technical expertise, thus ensuring acceptance of findings, recommendations and strategic guidance and follow-up. Where access of international experts to specific strategic documents is not possible for any reasons, WHO tools are made available to national counterparts for self-testing;
- Initiatives are better implemented and results/recommendations used by the national partners when these are backed up by additional activities designed to provide expert, logistical and management support;
- Involvement of local experts from different national and sub-national health care facilities and decision-makers during programs reviews, assessments, development of recommendations ensure active uptake and participation in subsequent implementation;
- Certain activities require a longer period of implementation and/or piloting before being launched full-scale, at times local health authorities exerting caution at adopting them right away. Some products have been developed during previous phase, but shall be implemented / upgraded during the new project proposal (e.g., vaccine information statements);
- Getting both sides of the river to participate in common regional and sub-regional WHO workshops and consultations proved extremely instrumental in building the trust at technical level, and breaking both banks even in terms of technical knowledge and expertise, and subsequent unification of approaches across the river;

Lessons learned during the first phase of the project have been taken into account in the process of development the new project proposal. By and large, none of the challenges outlined above is strong enough to hinder the timely implementation of the project.

Objectives

The impact hypothesis is that the new knowledge and competences passed on by international experts through joint assessments and close work with local specialists, including ToT, shall contribute to regular QoC check-ups and ongoing paediatric care / near-miss case reviews. Coupled with development of new

guidelines by applying the international best practices and WHO tools in MCH, both banks of the river shall start using the same approach and methodology, resulting in better quality care for mothers and children, including access to latest body of evidence. Exposure to international best practices and capacity building events at regional and global level shall boost up the confidence, motivation and raise the awareness among decision-makers and health professionals to change practices, while removing system barriers to further achieve better service provision and quality. Working on both the supply and demand dimensions shall help population get access to much-needed life-saving interventions and services, provided that proper communication channels and techniques will be employed at all levels across all districts. Where possible, latest training materials shall be embedded into pre-service and in-service training curricula for relevant healthcare providers.

The overarching goal of the SDC-funded WHO/UNCEF/UNDP 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 overall objective is that the population of Transnistria region benefits from comprehensive quality health services, with specific focus on Maternal and Child Health (MCH) and Immunization.

Ultimately, the project extends to all geographic areas of Moldova, with primary focus on Transnistria region. Most interventions lay at national and sub-national policy development level (e.g., cMYP). Some are implemented at facility level (e.g., NMCR). All suggested interventions are driven by global and regional guidelines in respective areas of work, subject to further changes following WHO regional consultations. Ultimately, the whole population of Moldova, but especially Transnistria region, will benefit from project activities, while health care facilities and health policy-makers are to indirectly benefit from it. Therefore, it is difficult to estimate the total number of beneficiaries.

For the current phase, the original outcomes were reviewed in consultation with the Swiss Development and Cooperation (SDC) Office in the Republic of Moldova in order to better reflect the expectations of all stakeholders. Hence, the following three outcomes were defined, with consideration for the supply and demand dimensions:

- Newborns and mothers from TN 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 Nistru River (entire Moldova, including TN).
- The population on both banks of Nistru 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.

The target groups of the proposal consist of health professionals at hospital (94 obstetrician-gynecologists, 120 – midwives, 35 – neonatologists, 70 - pediatricians), outpatient and primary health care levels (94 obstetrician-gynaecologists, 180 – midwives, 220 – nurses, 70 paediatricians), including program managers, emergency medical care staff, while the final beneficiaries are women, new-born babies and children, who will enjoy improved access to and better quality of health services as a result of implemented activities.

Implementing strategy

All activities shall be undertaken in close coordination with representatives of the foreign affairs and health authorities in Chisinau and Tiraspol to ensure a comprehensive approach and confidence building between the two banks of the river. Whenever possible, training of trainers (ToT) approach shall be used to ensure continuity of services after project completion. All training and communication materials shall be customized to local context, tested and translated into Russian and Romanian. Once health care facilities are trained in applying international best practices and WHO tools, local health authorities will have to exert control and oversight of implementation and follow-up beyond project lifespan, with continuous WHO and UNICEF support by making use of existing tools and guidelines, and having been trained in how to use those. Differences in strategic papers shall be considered when applying same approach to both banks (e.g., child vaccination schedule differ in Tiraspol and Chisinau).

The three outcomes of the project proposal will be reached through a number of outputs and activities. The actions under the outcomes aim towards the same overarching goal and are synergistic to achieve the expected project objectives.

Outcome 1 Perinatal 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 will be accomplished through actions in three key areas:

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

As a result of these actions, the provision of health care services at all levels, as well as the quality of services, will have been improved, while making use of cost-effective evidence-based interventions in their daily practice. Health system actions will have been better coordinated to generate synergistic effects and provided services / interventions will have complemented each other to reduce costs and duplication. MCH services and interventions will have met the population needs and expectations in the best possible way. These measures would also provide the framework for actions set forth in Outcome 3.

Specific outputs and activities under Outcome 1

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

- Organize Effective Perinatal Care (EPC) training course for health professionals at hospital level
- Organize training course in management of perinatal healthcare related emergencies
- Renovate and equip (furniture) the emergency training center
- Provide relevant equipment for the 5 regional perinatal institutions (Tiraspol, Bender, Slobozia, Grigoriopol, Ribnita)
- Develop guidelines and protocols in MCH at hospital level
- Update the Medical University and medical college pre- and in-services training curricula
- Develop a system of periodic MCH curriculum updates at hospital level

The **Effective Perinatal Care** (EPC) course is a training package designed for midwives, obstetricians/gynaecologists, neonatologists and paediatric nurses. Its objective is to improve the quality and outcome of care for mothers and babies by updating and upgrading the professional and managerial knowledge, skills and practice of health care providers at all levels. EPC includes tools that allow health care providers to question and sometimes discard routine practices that have previously been considered to be appropriate or essential. EPC is designed to encourage health professionals to engage in that questioning process. EPC covers essential midwifery, obstetric and neonatal care, as well as a number of areas of special care, such as pre-eclampsia, postpartum haemorrhage, perinatal asphyxia and infection control. The format is based on multidisciplinary collaboration, adult learning methods, group work, plenary sessions and supervised clinical practice. During the course of the project, it is expected to have all the professionals not covered earlier to take the EPC training course. The training package gives great hints for the revision and improvement of the clinical guidelines.

During the rapid assessment of **emergency medical care** in Transnistria region conducted in March 2015, a key recommendation was to invest in in-service training for health professionals providing emergency care, especially for pregnant women and new-borns. Emphasis was put on improvement and better collaboration and coordination of perinatal care between primary health care, hospital and emergency services that could have deep impact on maternal and new-born health. There is a need for capacity building in perinatal emergencies for staff of the ambulance service in Transnistria region, along with the assessment of medical emergency care delivery on the right bank of the river, providing the opportunity to identify the gaps between the service delivery models and develop scenarios to improve and level up the care offered to target groups.

The aforesaid capacity building activities shall be enhanced through providing the much-needed **emergency equipment**. Following the request for additional support by the authorities in Tiraspol, more detailed monitoring and additional needs assessment were conducted by an international expert, with recommendations for additional consideration. Considering the worsening environment and deepening economic crisis in the Transnistria region, and in view of maintaining sustainability of previous interventions, the importance of ensuring the procurement of additional consumables had emerged. With this, the capacity of the five regional perinatal institutions (Tiraspol, Bender, Slobozia, Grigoriopol, Ribnita) to operate and provide improved services shall be strengthened. To complete the capacity building efforts, support shall be secured for the **retrofitting and equipment for the emergency training centre (ETC)**. ETC shall be based in a clinical hospital to serve as in-service refreshing courses (basic / core skills) for daily management of MCH emergencies. It is directly linked with the NMC component of the project. For more complex and advanced interventions, the setup and methodological support of the ETC centre in Chisinau shall be required. Both centres shall collaborate on a wide range of health emergency issues, on an as needed basis.

The assessments aiming at improving health service delivery shall result in the development of **guidelines and clinical protocols** and shall improve the overall provision of MCH services at hospital level, coupled with reviews and updates to the Medical University and medical college **pre- and in-services training curricula**.

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

- Conduct a training course for family practitioners / nurses in supportive supervision in child health and integrated child care provision
- Develop MCH guidelines and protocols for perinatal care
- Update the Medical University and medical college pre- and in-services training curricula
- Develop a system for periodic MCH curriculum updates at ante- and postnatal level
- Develop guidelines and training courses for primary health care professionals on nutrition status of pregnant women

The existing **antenatal standards** shall be reviewed in order to ensure the equitable access of pregnant women to antenatal care. An additional chapter on nutrition shall be incorporated into existing antenatal care standards (including WHO and UNICEF recommendations on prevention of micronutrient deficiencies). Based on developed standards, a training module for gynaecologists, family doctors and nurses shall be developed and integrated into the in-service and pre-service curricula. Additional capacity building for professionals shall be secured. Reference materials shall be developed and disseminated among professionals.

Also, **growth health-care monitoring standards**, including **home visiting,** shall be revised and adjusted to the WHO guidelines and to the 'Every New-born Action Plan', including Care for Development in Health Facilities as a promotion component. Health professionals shall be provided with guidelines, knowledge and skills to work with caregivers to ensure proper care, nutrition, safe and enabling environment for child development. Additionally, the home visits, or "patronage" system, shall be further strengthened by developing home visiting standards as part of the growth healthcare monitoring standards, capacity building and revision of in-service and pre-service curricula for nurses. Home visiting programs for pregnant women, parents and young children shall be based on a three-fold rationale:

- First, from conception to 3rd year of life there are windows of vulnerability and opportunities that remain unparalleled over the entire life course and can yield considerable return;
- Second, during this period the family represent the primary social agency and the key mediators of child health and development outcomes. Nurses and doctors meet the family in their own environment which provides an unique insight into the families' challenges and coping strategies; and
- Third, pregnant mothers, parents and children who are most in need are those who are more likely to fall through the cracks in the health system and thus not access health services.

The conducted assessments and implementation of the updated practices as positive parenting and home visiting aiming at improving the provision of health service delivery shall underpin the development of **guidelines and clinical protocols** and shall generally improve MCH service delivery at hospital level and

respective review and updates to the Medical University and medical college **pre- and in-services training curricula**. The reviews targeting children under five shall build on the IMCI program provisions, including home visiting and positive parenting.

As well, above mentioned guidelines, clinical protocols and training curricula (pre- and in-service) will include modules on nutrition status of pregnant women, including prevention of anaemia. That is why the infant and young child feeding are the cornerstones of care for childhood development. Malnutrition is responsible, directly or indirectly, for about one-third of deaths among children under five. Well above two thirds of these deaths, often associated with inappropriate feeding practices, occur during the first year of life. Malnourished children who survive are more frequently sick and suffer the life-long consequences of impaired development. Rising incidences of overweight and obesity in children are also a matter of serious concern, further increasing the risks of developing heart disease, diabetes mellitus type 2, and several forms of cancers. It is well recognized that the period from birth to two years of age is the “critical window” for the promotion of good growth, health, and behavioural and cognitive development. Therefore, optimal infant and young child feeding is crucial during this period.

Moreover, the supportive supervisory system (see Output 4) shall provide capacity building for health professionals in provision of **positive parenting programs and support** for families with children regarding care, nutrition (breastfeeding, complementary feeding, micronutrient deficiency prevention), immunization, early stimulation, education for development, violence prevention etc. The in-service and pre-service curricula shall be complemented with modules on growth monitoring standards, including home visiting, monitoring of child development milestones, early development stimulation, nutrition and positive parenting programmes. Positive and supportive parenting is integral to the child’s physical and mental health, development and wellbeing, not only in their early years but also throughout childhood and adolescence and into adulthood. It includes providing a positive role-model, setting appropriate boundaries and applying them consistently, all of which is integral to a secure, safe and nurturing home environment. Additional the project will use home visiting as an entry point to develop/ improve cross-sectorial cooperation and strengthen the linkages with other social services in order to support the holistic development of all young boys and girls and caregivers competences and skills on positive parenting. Social assistants/workers shall be involved in supporting families with children in order to improve their abilities in positive parenting through existing mechanisms for inter-sectorial collaboration.

Besides, the integrated supportive supervisory system aims at strengthening the parents’ knowledge regarding immunization and contributes to building an immunization culture. Increased outreach to parents relies to a great extent on increased knowledge and awareness and a change of mind-set among medical professionals. Thus, clear information and capacity building of the medical community at large and vaccine administrators in particular is vital to ensure understanding of the benefits of immunization and the risks of diseases. Having developed vaccine information statements, it would be paramount to build the capacity of health workers to use those, and constantly update vaccine information statements available to the public and health workers. This will be reached through the implementation of the specific activities under Output 8.

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

- Review and strengthen the Baby-Friendly Hospital Initiative implementation
- Train primary health care professionals in ensuring an enabling environment for breastfeeding, maintenance of breastfeeding practices
- Review the relevant regulatory framework ensuring an enabling environment for breastfeeding, including maternity and paternity leaves, and working conditions for breastfeeding mothers
- Support Government bodies/central authorities in promoting the International Code of Marketing of Breast Milk Substitutes and development of mechanisms to control complementary foods marketing practices

In order to ensure the **institutionalization** of practices advocating for breastfeeding, the **accreditation criteria** of perinatal institutions shall be adjusted to the **Baby Friendly Hospital Initiative** criteria. BFHI criteria in Transnistria region shall be institutionalized through a certification process. BFHI is an effort by UNICEF and WHO to make sure that all perinatal institutions - on either side of the river - become hubs for breastfeeding support. A perinatal institution can be designated 'baby-friendly' when it has implemented the

10 specific steps[1] to support successful breastfeeding. Health professionals (doctors and nurses) shall build their capacity in the area of baby feeding and shall promote exclusive breastfeeding during antenatal, intra-natal and postnatal care. Informational materials for professionals and families shall be developed and disseminated in order to support breastfeeding and complementary feeding.

Any changes shall be based on the recommendations from the assessment of the quality of outpatient antenatal and postpartum care, given that PHC services have good conditions to promote and support **exclusive breastfeeding** starting even from the antenatal education, with considerable room for professional capacity building. Exclusive breastfeeding for 6 months has many benefits for the infant and mother alike. Key among these is protection against gastrointestinal infections that are equally observed in developing and developed countries. Early initiation of breastfeeding, within one hour of birth, protects the new-born from acquiring infections and reduces new-born mortality. The risk of mortality due to diarrhoea, respiratory infections and sepsis can increase in infants who are either partially breastfed or not breastfed at all.

First of all a comprehensive **revision of national legislation** is necessary, in order to ensure full alignment with provisions of the International **Code of Marketing of Breast-Milk Substitutes**. As a result, it will create an enabling environment for promotion of breastfeeding, on the one hand, and gradual exclusion of milk substitutes, on the other hand.

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

- Assess the quality of care in inpatient facilities available to pregnant women, mothers and new-born babies
- Assess the quality of outpatient care for pregnant women, mothers, new-borns, and children
- Implement regular near-miss case reviews (NMCR) in perinatal care
- Implement regular perinatal audits and strengthen the monitoring & evaluation mechanisms at national level
- Conduct regular quality of care (QoC) assessments in paediatric hospitals
- Initiate, where missing, or scale up, if existing, the monitoring and surveillance systems for the child's nutritional status

There is an ongoing process of further improving the quality of care (QoC) for mothers and new-borns at hospital health care level. In order to assess the quality of maternal and new-born care in perinatal institutions, the WHO has developed specific methodology and assessment tools for improving existing procedures and/or introducing new practices, based on international standards, focusing on key clinical aspects of care. It implies running a second round of QoC assessments in Moldova, including Transnistria region, following the baseline assessment conducted in Moldova in 2013 and the follow-up assessment in 2 perinatal institutions in Transnistria region in 2015, to track the progress achieved in putting to practice the recommendations of previous assessments and to better understand the gaps between the services on the right and left banks of the Dniester river and ways to bridge the gap. All recommendations for improvement of perinatal care shall comply with the 'Every New-born Action Plan'. To close the gap between the two river banks, there will be an **assessment of hospital care for mothers and new-borns** (using the WHO QoC assessment tool) conducted on the right bank at the beginning of project implementation (spring 2016) and end-of-project assessment for both river banks (spring 2019). The assessments will be conducted by international and national experts.

Near-miss case reviews is the identification and assessment of cases in which pregnant women survive obstetric complications and acting upon the findings of the assessments as tools for improving the quality of care at facility level. The support provided to health professionals in performing such analysis of cases of severe morbidity occurring during delivery and not resulting in death shall continue, along with the support to enter the data on severe morbidity occurring during pregnancy/delivery to administrative statistics. The analysis at each relevant facility will be conducted on a monthly basis, with quarterly reports to Health Authorities and with joint conferences for the discussion of the progress achieved over the last 6 months of

[1] http://www.unicef.org/programme/breastfeeding/baby.htm

the project (February 2019) using the same methodology on both banks of the Dniester river. An international expert shall provide guidance and consultancy to professionals involved in the analyses in pilot facilities, while joining during monitoring visits.

Perinatal mortality audits have a more specific goal of safeguarding quality improvement in patient care and outcomes through systematic reviews of care against clear-cut criteria with brief descriptions of optimal care. Analysis of perinatal mortality allows for improving the quality of care rendered at national/system level. A baseline training on methodology implementation shall be offered to professionals, mainly neonatologists, along with regular supervision; thereafter, regular meetings shall be conducted, with joint conferences organized until the end of the project implementation period (convening professionals from both sides) to discuss the implementation. An international expert shall provide guidance and consultancy to professionals involved in the analyses in pilot facilities, while joining during monitoring visits.

The assessment of **the quality of care (QoC)** for children in hospitals (**paediatric hospital care**) helps evaluate the way the care is offered, based on standards derived from the WHO Pocket Book of Hospital Care for Children. The information is collected from four different sources of information: hospital statistics, medical records, direct observation of cases, and interviews with staff and with mothers/caretakers. By employing a mix of information from different sources, the tool allows building an overall diagnosis of the quality of care and singling out those areas that are most critical and in need of action to improve QoC. The assessment shall be conducted by international and national experts. The first assessment is scheduled for the beginning of project implementation (spring 2016) and the second - for the end of project implementation (spring 2019), covering facilities on both banks.

To assess **the quality of maternal and new-born care at primary health care** (PHC) level, WHO has developed specific assessment tools, based on international standards, covering the main clinical aspects of care that help identify areas requiring further improvement. The aim of the assessment is to help health authorities, key stakeholders, national experts and partners carry out assessments of care provided at PHC level and contribute to the identification of key areas in pregnancy, postpartum and new-born care requiring improvement. This is the second round of QoC assessments at PHC level (ante- and postpartum care), whereas the previous assessments were conducted on right bank of the river in 2011 and on the left – in 2013 and 2015. During the implementation of the proposed project, it is suggested to have an assessment conducted in the beginning (spring 2016) and at the end (fall 2018), on both banks. The assessments shall be conducted by a team of international and national experts. It shall make use of the **WHO Integrated Child Care Health Facility Survey** targeting the quality of care for children at PHC facilities as compared to the IMCI guidelines, Early Childhood Development and Infant and Young Children Feeding recommendations.

The **supportive supervision in child care** need to be institutionalized at primary health care (PHC) services and is one of the key requirements for successful and sustainable implementation of national policies, strategies and programs in area of mother and child health. The overall objective is to strengthen the capacity of the primary health care professionals in child care, contributing to better access to quality health services for children and their mothers. some key elements of integrated supportive supervision system include: patronage visits, prevention of mother-to-child transmission (PMTCT), Integrated Management of Childhood Illness (IMCI), infant and young child nutrition, including feeding practices (breastfeeding, appropriate complementary feeding, implementation of the provisions of the code of marketing breast milk substitutes), child growth monitoring and surveillance, immunization (in pregnancy and childhood), care for development (sick and well babies), and care of mothers and children in special conditions (HIV).

Outcome 2 Immunization

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

Specific outputs and activities under Outcome 2

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

- Train selected health professionals in diagnosis and management of adverse events following vaccination (AEFI)
- Conduct vaccine contraindications workshops for selected healthcare workers
- Adapt standard operation procedures (SOP) to local context
- Train selected health professionals in effective vaccine management through updated SOPs

Vaccination coverage rates have been consistently lower in the Transnistria region due to a number of issues, as outlined in the immunization program review conducted by WHO in 2014, including false medical contraindications by primary care physicians and specialists, parental hesitancy, poor / biased coverage of immunization related issues in the media etc. Vaccination is often significantly delayed beyond children's age eligibility criteria. Only 23% to 37% of children born from January to December 2013 received primary series of vaccination on time. UNICEF supported the procurement and transportation of cold chain equipment, so that adequate quantity of vaccines is available at all times in all health facilities, and 100% of administered vaccines maintain their full potency. This equipment shall ensure proper storage and transportation of vaccines in all health facilities of the region.

To strengthen the **capacities of public health authorities and professionals** in the area of effective vaccine management (EVM), trainings for mid-level managers in public health in EVM were organized in Transnistria region by WHO and UNICEF to ensure better hands-on skills in planning, management, monitoring and evaluation of the immunization system. The capacity building events shall develop managerial skills, particularly in the following areas: management of logistics, the cold chain, vaccines and safe-injection equipment; waste management and monitoring to ensure vaccine safety; monitoring, supportive supervision and evaluation of immunization services; measurement of the performance of all components of the immunization system; developing district immunization plans. In order to strengthen the standardized procedures for ensuring cold chain of vaccines and Good Distribution Practices (GDP), trainings on **Standard Operating Procedures (SOP)** as significant part of Quality Management of Vaccines will be carried out for both banks. Additionally, public health professionals will adjust SOP to the local context and will ensure the management of cold chain in accordance with SOP.

Given the growing hesitancy among health professionals (both general practitioners and specialists), a number of workshops on **vaccine contraindications**, **adverse events following immunization (AEFI)** and EVM shall be organized on a regular basis (including a training of trainers component).

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

- Conduct immunization program reviews, with recommendations for actions
- Develop and update comprehensive country multi-year plan (cMYP) to support the National Immunization Program (NIP) implementation and introduction of new vaccines
- Provide technical support to shifting from t-OPV to b-OPV and introduction of inactivated polio-vaccine (IPV)
- Provide technical support to carry out measles and rubella elimination activities

The **National Immunization Programme** (NIP) aims at eliminating or reducing morbidity, disability and mortality by ensuring coverage of population with compulsory immunization (as per the vaccination schedule).

Currently, a new **NIP 2016-2020** is being drafted, with special focus on financial sustainability following gradual GAVI graduation, as per the GAVI Graduation Support Plan 2015-2016. NIP requires **mid-term evaluation** and **end-of-program evaluation** to update existing practices and strengthen specific efforts, through program reviews. WHO advocates with member states to develop **comprehensive multi-year work plans** (cMYP) for the GAVI new vaccines based on specific recommended templates, including financial sustainability and annual implementation plans. WHO led a team of international experts to conduct a comprehensive immunization program review in Transnistria region in April 2014, outlining specific recommendations for action. Since procurement of vaccine and some other health commodities is performed through the NIP in Chisinau, same review shall be performed for the NIPs on both sides of the river. NIP / cMYP and specific operational plans are the key strategic documents underpinning immunization work for the next five years. It also relates to the joint assessments of NIP conducted by the WHO and the GAVI

Alliance as a precondition for further disbursements of GAVI funds and use of GAVI preferential prices after graduation.

In line with the global strategy for **polio eradication** and the **Polio Endgame Strategy**, all member states have to introduce inactivated polio vaccine (IPV) during 2015 and shift from trivalent OPV (tOPV) to bivalent OPV (bOPV) by April 2016, requiring additional technical support and capacity building, including strengthened zero-reporting at district level, surveillance of acute flaccid paralysis (AFP) etc. Like other member states in the European region, Moldova is contemplating the prospects of **measles and rubella elimination** in the future for all its districts and regions, while identifying actions to be taken[2]. Such actions require higher vaccination coverage rates, better disease surveillance and evaluation of programmatic efforts, developing outbreak preparedness & response and case management, and enhanced communication, among other things.

All vaccination activities covered by the project shall be continued with UN support by the immunization programs in the National Centre for Public Health in Chisinau and Centre for Hygiene and Epidemiology in Tiraspol.

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. The proposed programme reaches this through the following interventions:

- 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, like advocacy for exclusive breastfeeding , as well as the sharing of 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, involvement of information technology 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

As a result of these actions, the overall level on information of health professionals and community members will have improved, as well as the communication skills of relevant health care providers.

Specific outputs and activities under Outcome 3

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

- Support communities in setting up parent support groups with civil society engagement
- Develop and disseminate information materials for health professionals and public on MCH issues

UNICEF and WHO will have developed informational materials for community members to promote evidence-based practices in child care, nutrition and early stimulation, through different channels like health professionals at all health care levels, mass- and social-media, civil society, as well as general population. The informational materials will be developed in compliance with local health strategies and plans related to MCH and immunization, furthermore will contribute to inform the population about breastfeeding, including dissemination of findings of assessments, reports, advocacy for updated and approved policy papers. Positive attitudes and good interpersonal communication skills of health professionals from all care levels will be strengthened in order to ensure the proper dissemination of the communication messages. Messages will be tailored to specific segments of the population, health professionals and decision-makers. Breastfeeding support groups will be created at the community support with the joint engagement of the

[2] WHO Global Measles and Rubella Strategic Plan 2012-2020, and the WHO Eliminating Measles and Rubella Framework for the verification process in the WHO European region, 2014

primary health care professionals and civil society that will contribute to improve the early baby feeding practices.

Output 6 Health professionals enabled to promote better parenting, child care practices and immunization

- Raise the awareness of providers and public about breastfeeding
- Train health care professionals in vaccine information statements (VIS), with regular VIS updates
- Identify and train potential advocates of immunization among the academic medical community, ensuring knowledge of diseases, immunization and key messages
- Update the VaccinApp software for Moldova for smartphones with maintenance ensured and regular updates
- Screen social media on a regular basis to identify new possible safety-related events before they develop into an actual crisis

Working with general public and health professionals on vaccination related issues is another dimension of WHO-UNICEF joint efforts, including scaling up and updating of vaccine information statements, and making use of modern technology to boost vaccination coverage rates through smartphone applications, among other things. WHO started to develop **vaccine information statements** (VIS) starting in late August 2015, providing balanced information on vaccines and diseases they prevent for both health professionals and public, using different language and terminology to ensure proper apprehension of information. Further, a pool of **vaccination advocates** from among the existing well-reputed professionals from the medical academia (e.g., primary health care, narrow specialists) and community shall be built up. Also, WHO/Europe and WHO/CO in Moldova developed **software application** for Android and iPhone with vaccine schedule and baseline information for parents, available for download on the public domain. However, this application is no longer functional due to latest updates by some major software developers, while also identifying some bugs or outdated information. Additional support is needed to fix the bugs and update the information, while scaling it up for other smart phone operating systems, where the case.

Social media is playing a growing role in modern society and may point to first signs of growing discontent with immunization services, vaccination related issues and myths / misconceptions at an early stage and to address immunization issues of interest to the public through existing social channels to open up new avenues to improve vaccination uptake before and during potential public health crisis. The national immunization program and communication officers shall continue the good practices of engaging with media, including use of social media, blogs, websites, as shall be outlined in a vaccination communication action plan for Transnistria region currently being developed with WHO support.

Coordination of project activities

The project shall be implemented in close collaboration with health authorities, with continuous technical support from the WHO, UNICEF and UNDP regional and country offices, and involvement of key partner organizations (e.g., Trieste WHO Collaborating Centre for Perinatal Health, GAVI Alliance) wherever case. Technical support and advice is expected to continue even after the closure of the project through existing collaborative agreements and other related commitments.

National ownership of the project and follow-up shall also be ensured by involving health authorities in the drafting of progress and final reports, monitoring and evaluation of progress on project indicators, materials or any other relevant papers. Mixed teams of international consultants and local experts shall do the program reviews and assessments, where possible. Preparatory and negotiation meetings shall be conducted before assessment missions to Transnistria region, used to adjust project materials to local context (e.g., adjustment of review questionnaires). Existing donor coordination meetings shall be used to share project implementation progress updates with all relevant stakeholders.

The project builds upon partnerships with stakeholders, the interaction with which is based on complementarity, with work being coordinated through existing sectorial coordination mechanisms and regular partners' meetings. Any new partner may be involved in the planning and implementation of activities at any time during the project, by employing different working mechanisms and creating sustainable conditions going beyond the period of the project implementation.

Transparency and accountability

As with other past UN initiatives before, the project transparency and accountability will be ensured all throughout the implementation period through constant communication with all relevant stakeholders and media. All mission recommendations shall be shared with health authorities and other partners within existing communication and decision-making platforms (e.g., Sector Coordination Council's meetings, annual Health Forum, policy dialogues on both banks of the river etc.) Once ready, study reports shall be made available for further planning and action. All events and activities shall be duly reflected in the media and engagement of representatives of civil society, professional organizations / associations and other relevant stakeholders. Relevant websites, blogs and social media channels will be used to widely disseminate the findings and recommendations of missions.

Risk assessment

The successful implementation of this project is contingent on managing a number of inherent or potential risks, as follows.

Main identified risks	Probability of incidence	Impact	Mitigation measures
Lack of support from Moldova authorities and TN stakeholders of reforms and pre-agreed measures due to instable political situation	High	Some health reforms could be put on hold. Local authorities reshuffling and change of priorities, lack of ownership and participation that could delay the project implementation.	Additional advocacy with the new health management recently appointed at the MoH, additional meetings and negotiations. High level advocacy and regular meetings and dialogues with key stakeholders from both banks sides, and through their exposure to WHO regional events.
Veto from TN authorities through their "Ministry of external affairs" concerning civil society involvement and activities on community mobilization and empowerment.	Medium	Activities put on hold	Regular meetings with TN authorities to explain the benefits of project interventions and to maintain good relations. Present all activities pro-actively. Avoid "red flags" in communicating with TN authorities (f.e. not to talk about 'community empowerment' but about 'health promotion')

Main identified risks	Probability of incidence	Impact	Mitigation measures
Continuous **economic crisis**, with dramatic public spending cut, especially in TN region.	High	Sustainability of activities depends on available resources. Local procurements could be "frozen" until better economic prospects.	High level advocacy to argue that the project will lead to cost-savings due to optimization of processes in MCH, and cost-efficiency of vaccination.
Resistance from Health professionals to changes, especially second level specialists	Medium	Changes in practice and task shifting will be adopted inconsistently, curbing positive effects on service delivery.	Advocacy with de facto health authorities to issue orders. Capacity building of professionals. Exposure to international practitioners.
Brain drain due to high turnover of staff / health professional involved in project implementation.	Medium	Implementation of activities delayed, institutional memory affected.	Use of Training of Trainers approach and embed training into pre- and in-service curricula, where possible.
Armed conflict and/or **civil unrests** due to growing discontent with unpopular social and salary cuts in TN region	Low	No access to areas involved in the arm conflict / civil unrests.	Project activities would be halted until at least access is re-established.

On a general note, **public sector** and structural **health system reforms** in the country may influence the health sector in general. Some stakeholders at decisional level are no longer willing to support health reforms, and many health professionals don't want to get involved in new initiatives or are reluctant to adopt new approaches. One reason could be lack of expertise and poor knowledge in specific areas. This risk can be minimized by involving them in policy dialogues, providing capacity building opportunities, technical support in areas of interest and constant dialogue, including exposure to WHO regional events. The Briefing Book prepared by development partners that has been presented and discussed at Government level provides additional support to lobby with decision-makers; it brings common understanding of the needs of health system reforms, shares reflections concerning policy development in short and medium terms and the position of international partners.

There could be different development scenarios depending on future changes in Transnistria region. The current political commitment to health reforms may change due to general unstable political environment in the whole region. That would require intensified efforts and additional negotiation and preparatory meetings to meet the management to coordinate all activities, to ensure continuous interest in the project, and uptake after project completion. Any governmental reshuffling may delay project implementation dates due to the

need to go through the project proposal from the beginning. So far no changes at senior health management level are expected[3].

The deepening economic crisis, unless mitigated over time, could result in some of the project activities becoming unaffordable in the short to medium run. Current funding is not conducive to staff motivation and retention in the Transnistria region. New vaccines – traditionally more expensive than the routine vaccination – may be of interest to health authorities from an epidemiological and public health point of view, but could be unaffordable for the time being, widening the gap in vaccination coverage and vaccine diversity between the two banks. It may also make Transnistria region buy cheaper vaccines from manufacturers that do not hold the WHO pre-qualification, i.e. health commodities of unknown quality. Current global prescriptions (switch from tOPV to bOPV) may result in shortage of vaccine in the short term, as all countries have to make the transition at the same time. The only viable solution other than to ever-increasing health funding, which is not considered seriously given the protracted economic crisis, would be to optimize current immunization services and use cost-saving interventions. Benefiting from lower GAVI prices five years following graduation may also yield cost savings for the immunization program.

If the Ukrainian armed conflict goes beyond current boundaries, eventually involving Transnistria region, project implementation might be halted altogether. The impact that this could have shows the experience in Ukraine where the low vaccine coverage rates led to the emergence of polio outbreaks in parts of Ukraine, requiring additional efforts to conduct supplemental vaccination campaigns, as prescribed by the Global Polio Eradication Initiative (GPEI) and intensified communication at public level, and need for additional fund-raising. In such a case, the WHO shall facilitate the activation of the 'no regrets' financing policy[4] to provide financial and technical support, as indicated in the latest GPEI guidelines.

End of Project Vision and Exit Strategy

The project is meant to integrate new approaches and interventions, as set forth in the project proposal, into ongoing health sector reforms, as agreed with key stakeholders during health sector and donor coordination meetings. Many of the actions require continuous follow-up, which is beyond the timeframe of this project. Moreover, one of the deputy ministers of health in Chisinau is responsible for coordinating all health related activities for the Transnistria region. A general approach to implementing project activities has been to have mixed teams of international experts and local professionals from the Transnistria region working together, as a training of trainers component, and ensuring transparency and continuous engagement and local ownership.

The phasing out activities will focus on the institutionalization of best practices developed within the project. Based on the project environment and activities started under the project, the subsequent phase-out interventions under the exit strategy may include, by levels of implementation:

• Interventions at higher decision-making level: continuous dialogue with senior health management in Tiraspol and Chisinau before, during and after project end shall provide political commitment to sustain project outputs and outcomes;

• Interventions at service provision level: ongoing monitoring and evaluation of MCH services, including immunizations, through the WHO and UNICEF tools and guidelines. Moreover, local professionals were trained during the project activities (ToT) and have been constantly engaged in implementation;

• Interventions at community level: further support to the development of a vaccine communication related activities (vaccine communication action plan), involvement of social media and care-givers (e.g., in advocating for evidence-based information about vaccines as part of the vaccine information statements and beyond).

[3] http://president.gospmr.ru/ru/news/prezident-podpisal-ukaz-o-naznachenii-tatyany-skrypnik-ministrom-zdravoohraneniya-pmr

[4] In terms of financial resources, this policy provides the Health Emergency Leader with the authority to spend up to US$500 000 without having to obtain the normal WHO programmatic approvals in advance of expenditure

Moreover, the implementing UN partner agencies (WHO, UNICEF, UNDP) have surge capacity at regional and headquarter levels to deal with any unexpected health crisis situation to support and mitigate potential public health emergencies.

Organization, Management and Administration

The Project will be managed as a Joint Programme using the pass-through fund management modality within the "Towards Unity in Action" Multi-Donor Trust Fund in Moldova.

The UNDP Multi-Partner Trust Fund (MPTF) Office will act as the Administrative Agent (AA). Donor's contributions will be channelled for the programme through the AA. Each participating UN organization receiving funds will sign a standard Memorandum of Understanding with the AA.

The Administrative Agent will:

- Establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received from SDC. This Joint Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it; and
- Make disbursements to Participating UN Organizations from the Joint Programme Account, in line with the budget set forth in the Joint Programme Document.

The MPTF Office will charge administrative agent fee of one per cent (1%) of the total contributions made to the Joint Programme.

The Participating UN Organizations will:

- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA;
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent; and
- Each UN organization is entitled to deduct their indirect costs on contributions received according to their own regulation and rules, taking into account the size and complexity of the programme. Each UN organization will deduct 7 % as overhead costs of the total allocation received for the agency, subject to own internal rules and regulations.

The Direct Implementation Modality (DIM) will be used. According to this modality the project is implemented using Implementing Partners' (UN Agencies) operating, procurement, human resources and other procedures that are compliant to the best international standards and contain sufficient safeguards against potential corruption or misuse of funds. The implementation and monitoring of the project activities will be carried out by each agency in accordance with its applicable regulations, rules, directives and procedures.

The WHO Country Office (WHO CO) in the Republic of Moldova will be leading the project, having established a team that has worked efficiently to manage similar packages of projects and technical assistance to the health sector under previous and/or other donor agreements (e.g., EU, SIDA/Sweden, SDC) and other initiatives, which were all treated as integral parts of the Biennial Collaborative Agreements (BCA) signed between the WHO Europe and the Ministry of Health of the Republic of Moldova, and relevant country work plans under the UN Partnership Framework. WHO shall be responsible for the overall narrative reporting, based on individual technical reports provided by each of participating UN agencies, while the financial reporting shall be managed through the AA. Likewise, UNDP and UNICEF country offices are highly qualified to perform specific technical work, given the extensive experience gained during previous CBM activities, including management of the procurement of health commodities and refurbishments.

During the last five years the country office teams of the aforesaid UN agencies have gained valuable experience and developed important working relationships with key technical units at regional and global level, as well as with WHO's Collaborating Centres and individual UN consultants. The existing team of WHO, UNICEF and UNDP professionals *(See post descriptions of the involved staff from WHO, UNICEF*

and UNDP in Annex), holding relevant competencies in MCH, including communication, shall be involved in the management and administration of current project proposal along with its core business operations and will form the ***Interagency Implementing Group***. The Interagency Implementing Group will meet will meet at least on a quarterly basis or more often, when needed. This will guarantee continuity and high quality of the provided assistance, as well as will permit to start activities immediately after the funds are available, without losing time for recruitment of project staff, which would be both a cumbersome process because of the UN rules and regulations, and lengthy due to limited availability of competent human resources at country level.

Resources

UN agencies will use their premises and equipment to implement the activities under the proposal. The project will just partially contribute to running costs.

Most of the activities under the proposal will be co-financed by UN agencies by earmarking their own resources for some activities, while contributing with staff time of the technical units and collaborating centres involved.

The proposal covers a period of 3 years and 5 months, with an overall budget of about 2.3 million CHF (equivalent USD 2.45m).

Monitoring and Evaluation

Monitoring and evaluation will represent an integrated part of the project activities. Both qualitative and quantitative methods will be employed to assess the progress of the project towards its objectives.

Process monitoring will aim at measuring the type and quality of events conducted, service providers covered, materials printed and disseminated, number of beneficiaries covered, etc. Main monitoring activities will include attendance of meetings, site visits, participation in project activities, reviewing progress reports.

The Interagency Implementing Group (IIG) will have a leading role in monitoring and evaluation of the progress of the project. Periodical trips will be organized for the team to monitor the regional and district changes at institutional level. At the same time health authorities will contribute to the process by providing up-dated information on changes at policy- development and decision-making levels. This information will be shared in the policy dialogues, meetings of the Sectorial Coordination Council's meetings, ODA monitoring reports and implementing health system strategies/programs evaluation reports, as well as in other bilateral and multi-lateral meetings and events during the implementation period. Regular informal meetings between technical and management teams of implementing UN agencies and SDC at country level will be organised to exchange information and coordinate the project process.

The main goal of the M&E will be to ensure continuous feedback on implementation, early identification of potential problems to facilitate timely adjustments to project operation, and implementation in accordance with the overall strategic plan for the project.

The reports will be submitted to SDC after clearance by the leading agency, as designated above. Annual narrative progress report and the final narrative report, will be provided no later than five months after the end of each full project year.

The Participating UN Organizations will assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA.

The UNICEF country office will:

- Provide inputs to the narrative and financial progress report to be prepared by the WHO Country Office, by the deadline set forth in the agreement.

The UNDP country office will:

- Provide inputs to the narrative and financial progress report to be prepared by the WHO Country Office, by the deadline set forth in the agreement.

The World Health Organization (WHO) Country Office will:

- Prepare consolidated narrative and financial progress reports, based on contributions submitted by each of the participating UN organizations in accordance with the timetable established in the agreement;
- Provide these consolidated reports to SDC, in accordance with the timetable established in the Administrative Arrangement (no later than five months after the end of each full project year, as per the agreement).

The Multi-Partner Trust Fund (MPTF) Office will:

- Provide SDC and Participating Organizations with:
    - Certified annual financial statement ("Source and Use of Funds" as defined by UNDG guidelines) to be provided no later than five months after the end of each full project year;
    - Certified final financial statement ("Source and Use of Funds") to be provided no later than seven months of the year following the financial closing of the Joint Programme.

A detailed consolidated financial report, the template of which shall be agreed upon with MPTF office and/or IIG will be presented (by outcome and output budget lines) to SDC.

As the project receives financial support through the MDTF, it will be subject to monitoring and evaluation as agreed in the United Nations – Republic of Moldova Partnership Framework (UNPF) 2013-2017 "Towards Unity in Action", and specifically in Chapter Six of its Action Plan. As such, the project will follow UN standards in terms of internal planning, monitoring and reporting procedures, which include quarterly plans and reports, a Performance Monitoring Framework (to be developed in a participatory manner), involving all stakeholders during the initial project implementation stage

Budget

	Grand Total	Total per agency			Year 1			Year 2			Year 3			Year 4		
		WHO	UNICEF	UNDP	WHO	UNICEF	UNDP	WHO	UNICEF	UNDP	WHO	UNICEF	UNDP	WHO	UNICEF	UNDP
Outcome (1) – Newborns and mothers from TN benefit from qualitative integrated perinatal services, including nutrition.	**1,139,550**	**519,000**	**219,950**	**400,600**	**182,000**	**47,400**	**226,200**	**94,000**	**68,000**	**174,400**	**93,000**	**66,300**	**0**	**150,000**	**38,250**	**0**
Output 1 Specialized health professionals in TN region have improved their capacities and knowledge to provide MCH hospital care	530,600	130,000	0	400,600	36,000	0	226,200	35,000	0	174,400	35,000	0	0	24,000	0	0
Output 2 Primary health care professionals have improved their knowledge and capacity in ante- and postnatal care of mothers and children, including home visiting.	183,250	128,000	55,250	0	36,000	10,400	0	34,000	15,300	0	33,000	15,300	0	25,000	14,250	0
Output 3 Supportive environment for breastfeeding is created at primary care, hospital care and policy level.	105,000	35,000	70,000	0	10,000	12,000	0	10,000	18,000	0	10,000	26,000	0	5,000	14,000	0
Output 4 Basic quality management mechanisms for the perinatology health services in place in TN region.	320,700	226,000	94,700	0	100,000	25,000	0	15,000	34,700	0	15,000	25,000	0	96,000	10,000	0
Outcome (2) - Vaccine coverage and immunization rates for traditional and new or underutilized vaccines are improved on both banks of Nistru River (entire Moldova, including TN)	**280,000**	**227,500**	**52,500**	**0**	**37,000**	**21,500**	**0**	**40,000**	**12,000**	**0**	**127,500**	**12,000**	**0**	**23,000**	**7,000**	**0**
Output 5 Relevant health professionals have necessary knowledge and guidelines about vaccine contraindications, adverse events following immunization, and effective vaccine management.	120,500	68,000	52,500	0	22,000	21,500	0	12,000	12,000	0	22,000	12,000	0	12,000	7,000	0
Output 6 Public authorities have the tools to plan, budget and implement / scale up immunization activities	159,500	159,500	0	0	15,000	0	0	28,000	0	0	105,500	0	0	11,000	0	0
Outcome (3) – The population on both banks of Nistru River has increased their MCH-related health literacy and awareness about availability of services and their right to access them.	**245,140**	**166,000**	**79,140**	**0**	**51,000**	**13,440**	**0**	**41,000**	**25,400**	**0**	**41,000**	**25,400**	**0**	**33,000**	**14,900**	**0**
Output 7 Community-based parents' support groups set up with the support of civil society in TN region promote breast-feeding; provide peer-support and information about access to MCH services.	77,700	53,000	24,700	0	14,000	3,500	0	14,000	6,900	0	14,000	6,900	0	11,000	7,400	0
Output 8 Health professionals enabled to promote better parenting, child care practices and immunization	167,440	113,000	54,440	0	37,000	9,940	0	27,000	18,500	0	27,000	18,500	0	22,000	7,500	0
TOTAL Outcome 1+2+3	**1,664,690**	**912,500**	**351,590**	**400,600**	**270,000**	**82,340**	**226,200**	**175,000**	**105,400**	**174,400**	**261,500**	**103,700**	**0**	**206,000**	**60,150**	**0**
Other costs																
Personnel costs	446,013	313,533	122,880	9,600	70,188	36,860	3,600	100,694	36,860	3,500	100,694	36,860	2,500	41,956	12,300	
Running costs	64,000	64,000	0	0	17,000			17,000			20,000			10,000		
Subtotal	**510,013**	**377,533**	**122,880**	**9,600**	**87,188**	**36,860**	**3,600**	**117,694**	**36,860**	**3,500**	**120,694**	**36,860**	**2,500**	**51,956**	**12,300**	**0**
Grand sub-total per years	**2,174,703**	**1,290,033**	**474,470**	**410,200**	**357,188**	**119,200**	**229,800**	**292,694**	**142,260**	**177,900**	**382,194**	**140,560**	**2,500**	**257,956**	**72,450**	**0**
PSC (7%)		90,302	33,213	28,714	25,003	33,213	18,384	20,489		10,330	26,754			18,057		
Grand total, including PSC		1,380,336	507,683	438,914	382,192	152,413	248,184	313,183		188,230	408,948			276,013		
MDTF administrative fee (1%)		13,803	5,077	4,389	3,822	5,077	2,926	3,132		1,463	4,089			2,760		
Grand Total	**2,350,202**	**1,394,139**	**512,760**	**443,303**	**386,014**	**157,490**	**251,110**	**316,315**	**142,260**	**189,693**	**413,038**	**140,560**	**2,500**	**278,773**	**72,450**	**0**
Grand Total/ year						**794,614**			**648,268**			**556,098**			**351,223**	

Logframe

Hierarchy of objectives Strategy of Intervention	Key Indicators	Data Sources Means of Verification	
Impact (Overall Goal)	**Impact Indicators**		
The population of Moldova, especially the part living in Transnistria (TN), has access to comprehensive quality maternal and child health (MCH) services and improved immunization.	**Polio status** Base-line: polio-free Target: maintain polio-free **Prevalence of anemia among women 15-49 years of age** Baseline (Moldova, without TN): 26% (2012) Baseline (TN): 19.3% (2014) Target (including TN): Decrease of 10% in total figure (2019) **Under five Mortality Rate[5]** Baseline (Moldova, without TN): Total 11.6 per 1,000 live births (2014) Target (including TN)[6]: Decrease of 10% in total figure (2019) Decrease of 15% among most disadvantaged population (2019) **Occurrence of outbreaks of vaccine-preventable diseases** Baseline: none Target: none	WHO/UNICEF Joint Reporting Forms (JRF), National Immunization Program (NIP) data MICS Survey (2012) MICS Survey TN (2014) Statistical Yearbook of the Health System of Moldova (for year 2014). Chisinau, National Center of Health Management, http://www.cnms.md	

[5] The under-five mortality rate indicator in the TN Region is reported different to the standardized WHO indicator
[6] Baseline for TN will be taken from MICS Survey TN, which is finalized but not yet disclosed.

Outcomes	Outcome Indicators		External Factors (Assumptions & Risks)
Outcome 1. Perinatal services Newborns and mothers from TN benefit from qualitative integrated perinatal services, including nutrition. *N.B.: Outcome 1 is similar to the one in the first phase. In the previous phase, the main results achieved were related to putting the system in place (perinatal centres in TN. In this phase, the focus will be on further improving the quality and ensuring sustainability of these services. In addition, a nutrition component has been added.*	**Percentage of pregnant women benefiting from antenatal care according to standards** Baseline: 74% (2011) Target: - 80%(2019) *No data from TN. Will be observed during project implementation* **Percentage of children of one year of age benefitting from health-care supervision according to standards, including home visits** Baseline (Moldova, without TN): 73% (2014) Target: 80% (2019) *No data from TN. Will be observed during project implementation* **Percentage of perinatal institutions accredited and certified as baby/family friendly (TN Region)** Baseline: 0 (2014) Target: at least 50% (out of 8 perinatal institutions) are baby/family friendly (2019)	Statistical Yearbook of the Health System of Moldova (for year 2014). Chisinau, National Center of Health Management, http://www.cnms.md The Quality of care assessment of antenatal care offered to mother and newborn babies, 2011 Assessment of Child Growth Monitoring Standards, 2014 (survey) Reports of Accreditation/ certification commissions Certificates of Baby Friendly Hospitals	The political instability in Transnistria region may not allow to collect data by the independent agency Maternal and neonatal health are considered high priorities on both banks of Dniester river that would not put at risk the implementation of the proposed activities
Outcome 2. Immunization Vaccine coverage and immunization rates for traditional and new or underutilized vaccines are improved on both banks of Nistru River (entire Moldova, including TN).	**Vaccination coverage rates with DTP[7] and MMR[8] vaccines (Republic of Moldova)** Baseline / Target DTP1 94.1% 95% DTP2 90.3% 95% MMR1 89.8% 95%	WHO/UNICEF Joint Reporting Forms (JRF), National Immunization Program (NIP) data	The epidemiological situation in Ukraine and refugees coming from polio affected areas could influence the polio-free status of the country.

[7] Diphteria-Tetanus-Pertussis, 2 doses to be administered (DTP 1, DTP 2)
[8] Measles-Mumps-Rubella, 2 doses to be administered (MMR1, MMR2)

N.B.: Outcome 2 is similar to phase 1. The economic crisis in TN did not allow to completely achieve the expected results in phase 1. The threat of the Polio outbreak in Ukraine and the retreat of the major international donor (Gavi) make continuous effort under this outcome for phase 2 necessary.		MMR2 93.4% 95% *Baseline and targets are for Moldova, without TN* *No data available from TN*		
Outcome 3. Awareness raising and community mobilization The population on both banks of Nistru 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.		**Rate of early registration of pregnant women (before 12 weeks of gestation)** Baseline (Moldova without TN) - 70% (2014) Target – 80% (2019) Baseline (TN region) - 63% (2015) Target – 75% (2019) **Percentage of children 0-5 months of age exclusively breastfed** Baseline (Moldova without TN): 36% (2012) Target – at least 50% (2019) Baseline (TN region): 13.9% (2014) Target – at least 35% (2019)	MoH statistics MICS 2012, 2014 Project reports, routine statistics, results of monitoring and evaluation activities Quality of care assessment of antenatal care offered to mother and newborn babies conducted by WHO	Reliability of statistic data provided by TN region health authorities The next MICS survey is planned for 2017 and its implementation will depend on TN region health priorities and political will.
Outputs (per outcome) and costs		**Output Indicators**		
For outcome 1: Newborns and mothers from TN region benefit from qualitative integrated perinatal services, including nutrition.				
Output 1	Specialized health professionals in TN region (obstetricians, midwives and neonatologists) have improved capacities and knowledge to provide MCH hospital care according to international standards	Number and ratio of fully equipped perinatal institutions: Baseline: 0 Target: 5 regional perinatal institutions (Tiraspol, Bender, Slobozia, Rybnita and Grigoriopol) (out of 7) Number and ratio of health care professionals trained in EPC and perinatal emergencies Baseline: 40%	Documents transferring the new equipment to the health authorities University and college education program Official Approval of Health Authorities	Political situation in TN region may jeopardize the implementation of the activities Health care professionals resistance to change may delay the on-time implementation of the proposed activities

		Target: 60% (out of 135 obstetrician-gynecologists, 253 – midwives, 29 – neonatologists) Availability of curricula modules on perinatal and pediatric care Baseline: outdated Target: 4 developed and integrated in university and college education (2 curricula modules on perinatal care for doctors and midwives and 2 curricula modules on pediatric care for doctors and nurses) Availability of guidelines and/or protocols for MCH services at hospital health care level based on latest WHO provisions (perinatal and pediatric care) Baseline: 0 Target: 2 developed, approved by Health Authorities and applied at facility level.	Project reports, routine statistics, results of monitoring and evaluation activities.	
Output 2	Primary health care professionals (family doctors and nurses) have improved their knowledge and capacity in ante- and postnatal care, including home visiting	Availability of curricula modules on ante- and postnatal care Baseline: outdated Target: 4 developed and integrated in university and college education Availability of guidelines and/or protocols for MCH ante- and postnatal services Baseline: 0 Target: 2 developed, approved by health authorities and applied at facility level.	University and college education program Project reports, routine statistics, results of monitoring and evaluation activities Official Approval by Health Authorities	Political situation in Transnistria region may jeopardize the implementation of the activities

Output 3	Supportive environment for breastfeeding is created at primary care, hospital care and policy level	Availability of curricula modules on breastfeeding Baseline: 0 Target: 2 developed and integrated into university and college curricula. Availability of guidelines and/or protocols on young child feeding practices Baseline: 0 Target: 1 developed, approved by health authorities and applied at facility level. Availability of Accreditation criteria/certificates for Baby Friendly Hospital Initiative (BFHI) Baseline: don't exist Target: developed and approved by Health Authorities. Correspondence of the local legislation with international standards in marketing of breast milk substitutes Baseline: legislation does not correspond with international standards Target: Legislative framework revised and aligned to the International Code of Marketing of Breast-milk Substitutes (ICMBS)	University and college education program Official Approval by Health Authorities Laws Project reports, routine statistics, results of monitoring and evaluation activities	Political situation in TN region may jeopardize the implementation of the activities. Health care professionals' resistance to change may delay the on-time implementation of the proposed activities. Breast milk substitutes manufactures and suppliers resistance to support the improvement of legislative framework and to comply with ICMBS provisions.
Output 4	Basic quality management mechanisms for the perinatal and child health services in place in TN region	Practice of Perinatal audits Baseline: not done Target: institutionalized at national level with participation of all 7 institutions. Practice of Near-miss case reviews in perinatal care	Project reports, routine statistics, results of monitoring and evaluation activities Official Approval by Health Authorities	Political situation in Transnistria region may jeopardize the implementation of the activities Health care professionals resistance to change may

		Baseline: introduced in some institutions. Target: institutionalized in all 2nd and 3rd level institutions. Existence of Supportive supervisory system in CH Baseline: no system in place Target: system developed, including mentoring plan, and applied Existence of growth health-care monitoring standards Baseline: no standards Target: standards approved and available at facility level		delay the on-time implementation of the proposed activities
For outcome 2: Vaccine coverage and immunization rates for traditional and new / underutilized vaccines are improved on both banks of Nistru River (entire Moldova, including TN).				
Output 5	Relevant health professionals have necessary knowledge and guidelines about vaccine contraindications, adverse events following immunizations, and effective vaccine management	Number and ratio of health professionals trained in adverse events following vaccination, contraindications and vaccine management Baseline: Moldova without TN: no training TN Region: 24 Target: Moldova without TN: 370 TN Region: 70 Number and ratio of districts covered with trained health professionals Target: 100% (Moldova without TN) 36 rayons and 2 Municipalities (TN Region) 5 rayons + 2 Municipalities Availability of Standard Operation Procedures (SOP) on effective	WHO/UNICEF Joint Reporting Forms (JRF), National Immunization Program (NIP) data Post-training evaluations and knowledge assessment questionnaires Project reports, routine statistics, results of monitoring and evaluation activities Official Approval by Health Authorities	Health care professionals resistance to change may delay the on-time implementation of the proposed activities Lack of human resources at local level able to advocate for vaccination

		vaccine management (in TN Region) Baseline: 0 Target: 8 SOPs developed and institutionalized at facility level		
Output 6	Public authorities have the tools to plan, budget and implement / scale up immunization activities *N.B. It is necessary to keep this output, as the country still faces challenges in implementing certain vaccines, especially in TN region. Moreover, further support may be needed for introducing other new vaccines (e.g. HPV).*	Existence of a Comprehensive country multi-year plan (cMYP) Baseline: until 2015 Target: 1 cMYP 2016-2020 developed and approved	Official Approval by Health Authorities	Political and economic situation in Moldova (incl. TN region) may jeopardize the implementation of the activities
For outcome 3: The population on both banks of Nistru River has increased MCH related health literacy awareness about availability of services and their right to access them.				
Output 7	Community-based parents' support groups set up with the support of civil society in TN region promote breastfeeding; provide peer-support and information about access to MCH services	Number of community support groups established by PHC professionals and functional at local level. Baseline: 0 Target: 3	Project reports, routine statistics, results of monitoring and evaluation activities	Community members, religion leaders and some health care professionals resistance to change may delay the on-time implementation of the proposed activities
Output 8	Health professionals enabled to promote better parenting, child care practices and immunization	Number and ratio of and PHC authorities (out of 200 persons) with strengthened capacities in communication for better parenting and child care practices, including nutrition Baseline: 0 Target: 50% (out of 200 persons)	Project reports, routine statistics, results of monitoring and evaluation activities National Immunization Program, National Center for Public Health, WHO Country Office Moldova	The web sites of the health institutions are not friendly and could jeopardize easy access of health professionals and community members to reliable information Health care professionals resistance to change may

		Number of Public health authorities in the TN region, and from the National Centre of Public Health in Chisinau with strengthened capacities in communication for immunization Baseline: 14 (out of around 75) Target: 75 Availability of innovative communication tools to improve vaccine coverage Baseline: VaccinApp elaborated Target: VaccinApp upgraded and regularly updated for main smartphones (Windows, Android, iPhone)		delay the on-time implementation of the proposed activities

Main Activities (per output)

List of main activities for output 1:

- Organize Effective Perinatal Care (EPC) training course for health professionals at hospital level
- Organize training course in management of perinatal healthcare related emergencies
- Renovate and equip (furniture) the emergency training center
- Provide relevant equipment for the 5 regional perinatal institutions (Tiraspol, Bender, Slobozia, Grigoriopol, Ribnita)
- Develop guidelines and protocols in MCH at hospital level
- Update the Medical University and medical college pre- and in-services training curricula
- Develop a system of periodic MCH curriculum updates at hospital level

List of main activities for output 2:

- Conduct a training course for family practitioners / nurses in supportive supervision in child health and integrated child care provision
- Develop MCH guidelines and protocols for perinatal care
- Update the Medical University and medical college pre- and in-services training curricula
- Develop a system for periodic MCH curriculum updates at ante- and postnatal level
- Develop guidelines and training courses for primary health care professionals on nutrition status of pregnant women

List of main activities for output 3:

- Review and strengthen the Baby-Friendly Hospital Initiative implementation
- Train primary health care professionals in ensuring an enabling environment for breastfeeding, maintenance of breastfeeding practices
- Review the relevant regulatory framework ensuring an enabling environment for breastfeeding, including maternity and paternity leaves, and working conditions for breastfeeding mothers
- Support Government bodies/central authorities in promoting the International Code of Marketing of Breast Milk Substitutes and development of mechanisms to control complementary foods marketing practices

List of main activities for output 4:

- Assess the quality of care in inpatient facilities available to pregnant women, mothers and new-born babies - Assess the quality of outpatient care for pregnant women, mothers, new-borns, and children - Implement regular near-miss case reviews (NMCR) in perinatal care - Implement regular perinatal audits and strengthen the monitoring & evaluation mechanisms at national level - Conduct regular quality of care (QoC) assessments in paediatric hospitals - Initiate, where missing, or scale up, if existing, the monitoring and surveillance systems for the child's nutritional status
List of main activities for output 5:
- Train selected health professionals in diagnosis and management of adverse events following vaccination (AEFI) - Conduct vaccine contraindications workshops for selected healthcare workers - Adapt standard operation procedures (SOP) to local context - Train selected health professionals in effective vaccine management through updated SOPs
List of main activities for output 6:
- Conduct immunization program reviews, with recommendations for actions - Develop and update comprehensive country multi-year plan (cMYP) to support the National Immunization Program (NIP) implementation and introduction of new vaccines - Provide technical support to shifting from t-OPV to b-OPV and introduction of inactivated polio-vaccine (IPV) - Provide technical support to carry out measles and rubella elimination activities
List of main activities for output 7:
- Support communities in setting up parent support groups with civil society engagement - Develop and disseminate information materials for health professionals and public on MCH issues
List of main activities for output 8:
- Raise the awareness of providers and public about breastfeeding - Train health care professionals in vaccine information statements (VIS), with regular VIS updates - Identify and train potential advocates of immunization among the academic medical community, ensuring knowledge of diseases, immunization and key messages - Update the VaccinApp software for Moldova for smartphones with maintenance ensured and regular updates - Screen social media on a regular basis to identify new possible safety-related events before they develop into an actual crisis

Organizational Set-up