



Independent evaluation of the capacity of UNFPA in humanitarian action 2019–2025

Case Study

Moldova



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Acronyms and Initialisms

ANPVC	National Agency for preventing and combatting violence against women and domestic violence	PHC	Primary healthcare
CMR	Clinical management of rape	PSB	Procurement Services Branch
CNAN	National Health Insurance Fund	RAC	Refugee Accommodation Centre
CPD	Country Programme Document	RCF	Refugee Coordination Forum
CPE	Country Programme Evaluation	RRRP	Regional Refugee Response Plan
CSO	Civil Society Organization	SCMU	Supplies Chain Management Unit
EECARO	Eastern Europe and Central Asia Regional Office	SRH/R	Sexual and reproductive health/rights
EVAW	Ending violence against women	SSTC	South to south and triangular cooperation
FGD	Focus group discussion	SWG	Sub-working group
FTP	Fast track procedure	TFGBV	Technology-facilitated gender-based violence
GBV	Gender-based violence	UNCT	United Nations Country Team
GBViE	Gender-based violence in emergencies	UNEG	United Nations Evaluation Group
HRD	Humanitarian Response Division	UNHCR	United Nations High Commissioner for Refugees
IARH	Inter-agency reproductive health (kit)	UNICEF	United Nations Children's Fund
IMCH	Institute of Mother and Child Health	UNRC	United Nations Resident Coordinator
IOM	International Organization for Migration	UNSDCF	United Nations Sustainable Development Cooperation Framework
IPV	Intimate partner violence	WFP	World Food Programme
MHI	Mandatory health insurance	WG	Working group
MHM	Menstrual hygiene management	WHO	World Health Organization
MISP	Minimum initial services package		
MoH	Ministry of Health		
MoLSP	Ministry of Labor and Social Protection		
NGO	Non-governmental organization		
NSO	National Statistics Office		
PDM	Post-distribution monitoring		

Introduction

The purpose of this evaluation is to:

- Assess and report on how the UNFPA capacity to prepare for and respond to emergencies has evolved based on the lessons learned and recommendations from the 2019 evaluation of the UNFPA capacity in humanitarian action (accountability).
- Draw lessons for UNFPA's present and future humanitarian action in view of the implementation of the next UNFPA strategic plan (learning).

The objectives of the evaluation are to:

- a. Assess the relevance of UNFPA's humanitarian programming and, in particular, its ability to adapt to emerging changes in both the scale and nature of emergency responses worldwide and the related needs of different categories of affected people;
- b. Assess the extent to which UNFPA's internal systems, processes, policies and procedures (in particular human and financial resources) allow for efficient and timely humanitarian action at all levels of the organization (global, regional, and national). progress on institutionalization and standardization of processes related to its SRHR and GBV inter-agency mandates, as well as UNFPA's approach on preparedness and pre-positioning of humanitarian supplies;
- c. Assess the effectiveness as well as the coverage of UNFPA's humanitarian interventions, in terms of preparedness, anticipatory action, response to and recovery from humanitarian crises across different thematic areas (GBViE, SRHRiE, young people in emergencies, and data for humanitarian assistance etc.) and locations;
- d. Analyze the extent to which humanitarian principles, humanitarian minimum standards, human rights, gender equality, disability inclusion, climate action, and social and environmental standards are integrated in UNFPA's humanitarian programming;
- e. Analyze UNFPA's ability to strengthen the "resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts" in line with the humanitarian-development-peace (HDP) nexus approach;
- f. Propose recommendations for UNFPA's present and future humanitarian action.

The scope of the evaluation has the following dimensions:

- o Geographically: All countries, regions, and globally, with a focus on all countries considered as "priority countries" by UNFPA since 2019.
- o Thematically: All UNFPA strategies and programmes implemented in humanitarian settings.
- o Temporally: From 2019 to the end of the data collection phase in 2024/2025.

The primary intended users of the evaluation are:

- (i) UNFPA senior management;
- (ii) The UNFPA Humanitarian Response Division;
- (iii) Other UNFPA business units at headquarters;
- (iv) UNFPA regional and country offices.

The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

The purpose of this country briefing note is to complement the evaluation report with a standalone country-specific document (annexed to the evaluation report) that presents initial findings within the framework of the evaluation questions for Moldova.

Methodology

Evidence for this country note (both qualitative and quantitative) has been collected through a range of methodologies, including:

- Key informant interviews (see Annex I for list of key informants),
- Desk review of documentation (see Annex II for list of documentation reviewed),
- Group interviews with providers of services supported by UNFPA through its implementing partners,
- Community-based focus-group discussions (FGDs) (see Annex III for FGD methodology).

The country field visit was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence (GBV) and sexual and reproductive health and rights (SRHR)
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

The Moldova country field mission was conducted from the 17th to 23rd March 2025 by evaluation team member Katie Tong. The evaluator conducted interviews with 35 key informants and 3 FGD discussions with a total of 34 FGD participants. For a full list of key informants, see Annex I. The schedule of interviews and visits is presented in Annex V.

Background

Moldova Country Context

Moldova is an upper middle-income country bordering Ukraine, Moldova is a potential EU accession candidate, but needs strong reforms for this to happen.¹ Moldova has a 2022 Human Development Index (HDI) score of 0.763, putting it in the 'high' HDI tier.²

Table 1 Key Indicators³

Indicator	Moldova	Regional mean
Population -2024	3.3 mill	-
Population annual doubling time, years	-	71 years
Population aged 10-24, %	18%	21%
Total fertility rate	1.8	2.1
Life expectancy (M/F)	67M / 76F	72M / 79F
Maternal mortality ratio (deaths per 100,000 live births)	12	21
CPR, all women	49	46
mCPR, all women	40	36
Child marriage by 18	12%	10%
FM among girls 15-19	-	-

Within the gender inequality index GII, which is a composite measure of gender inequality using three dimensions (reproductive health, empowerment, and the labour market) Moldova has consistently performed well from its inclusion in 2000.

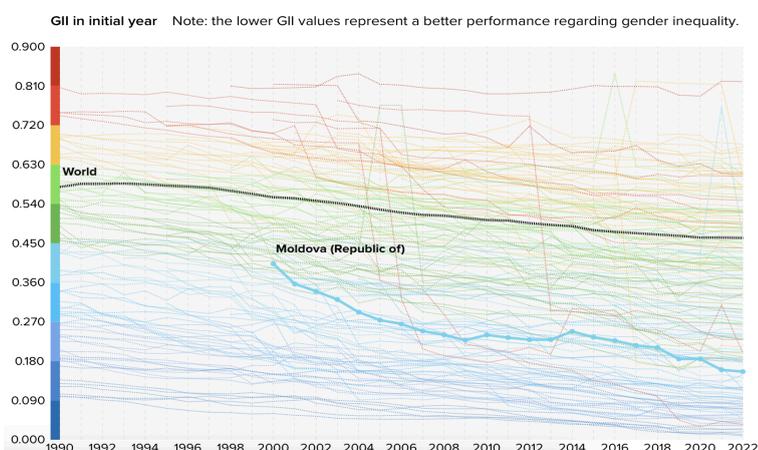


Figure 1: Moldova gender inequality index (GII)⁴

Prior to the invasion of Ukraine in February 2022, Moldova was not considered a humanitarian context. However, since then Moldova has experienced one of the largest per capita influx of refugees in Europe. UNHCR estimated more than 100,000 refugees fled to Moldova as of February 2023, comprising around 4 percent of the population.⁵ From the beginning of the crisis, Moldova welcomed refugees both at the societal and individual level, with many Moldovan citizens offering shelter and

¹ Source: <https://www.worldbank.org/en/country/moldova>

² Source: <https://worldpopulationreview.com/country-rankings/hdi-by-country>

³ Source: <https://www.unfpa.org/data/world-population-dashboard>

⁴ Source: <https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII>

⁵

<https://www.jointdatacenter.org/activities/refugees-in-moldova/#:~:text=More%20than%20100%2C000%20refugees%20were.in%20Ukraine%20in%20March%202023.>

accommodation at the beginning of the crisis, and providing immediate assistance at the border and other places.⁶ Similar to other European countries hosting Ukrainian refugees, Moldova is providing temporary protection status for those fleeing the war in Ukraine, with many refugees being either single-headed households (usually women), older people, people with disabilities and minority groups such as Roma.

The refugee crisis has had a clear impact on the economy and social fabric of Moldova. Inflation has risen and the war has created severe supply chain disruptions which increased the strain on the economy.⁷ As of September 2024, Moldova continues to host 124,000 refugees.⁸

UNFPA Moldova Country Office

UNFPA has been working in Moldova since 1995, but humanitarian response has only been implemented since the invasion of Ukraine. Prior to this, UNFPA Moldova supported the Government of Moldova in areas of sexual and reproductive health and rights (SRHR), adolescents and youth empowerment, gender equality, and population and development. A key concern in Moldova is demographic changes, particularly the combination of low fertility and out-migration to western Europe.



Figure 2: Map of Moldova

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

The current humanitarian response efforts of UNFPA in Moldova are included within the extant five-year Country Programme Document (CPD) for 2023-2027, which is the fourth cycle for Moldova.

⁶ Multiple KIIs.

⁷ Source: <https://www.jointdatacenter.org/activities/refugees-in-moldova/>

⁸ Source: <https://reporting.unhcr.org/operational/operations/republic-moldova>

This aligns with the overarching United Nations Sustainable Development Cooperation Framework (UNSDCF) with the Government of Moldova 2023-2027. The UNFPA 2023-2027 CPD remains focused around the four key pillars of intervention for UNFPA in Moldova (SRHR, adolescent and youth empowerment, gender equality, and population dynamics) but includes a refugee response, including GBV interventions and coordination. UNFPA Moldova seeks to integrate the response through working across the development-humanitarian nexus.⁹ The following table sets out the outcome and output areas of the third and fourth CPD s, covering the period of this evaluation.¹⁰

Table 2 UNFPA Moldova CPDs

3 rd CPD 2017-2022	4 th CPD 2023-2027
<p>Outcome 1: Sexual and reproductive health</p> <p>Output 1: Enhanced health system capacity to develop and implement policies and programmes at all levels that ensure equal access to high-quality sexual and reproductive health and reproductive rights services, including commodities by those women, adolescents and youths left furthest behind, including in humanitarian settings</p> <p>Output 2: Increased availability and use of high-quality disaggregated data on sexual and reproductive health, with a focus on young people and gender-based violence, by policy and decision makers at national and local levels</p>	<p>Output 1: Improved policies and accountability frameworks for enhanced capacities of the health system, institutions and communities to deliver human rights-based, client-centered sexual and reproductive health information, services and supplies to women and young people, particularly those furthest behind, including in humanitarian settings.</p>
<p>Outcome 2: Adolescents and youth</p> <p>Output 1: Increased national capacity for addressing sexual and reproductive health and reproductive rights of all young people in national policies, educational and health programmes that promote human rights and gender equality</p>	<p>Output 2: Strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to respond and prevent gender-based violence in advancing gender equality and women’s decision-making</p> <p>Output 3: strengthened national capacity and policy in the youth and education sectors to empower adolescent girls and youth through life-skills development and participatory civic engagement for advancing human rights, bodily autonomy and gender equality</p> <p>Output 4: strengthened data systems and evidence-based policies that consider population dynamics and regional developments for building demographic resilience</p>

⁹ Source: <https://moldova.unfpa.org/en/unfpa-moldova>

¹⁰ It is noted that even though this evaluation covers the period from 2019 onwards, as Moldova was not considered a humanitarian context prior to 2022, this Moldova case study only covers the period from 2022 onwards.

Findings

EQ1. (Relevance/Appropriateness) To what extent do UNFPA's humanitarian strategy and programmes correspond to the identified needs of affected populations, including the needs of the marginalized and vulnerable groups, while remaining aligned with the UNFPA mandate?

Findings:

1. UNFPA Moldova overcame a lack of humanitarian preparedness with the outbreak of war in neighboring Ukraine, demonstrating rapid scale-up of responses in line with other UN agencies, and has applied important learning from this.
2. Both GBV and SRHR are well-recognized thematic areas within successive regional refugee response plans.
3. As with the UN community, the Moldovan Government, including state health systems, was unprepared for the Ukraine conflict: MISP was found to be effective and useful as a needs assessment tool to frame the health system strengthening needs which formed the foundation of UNFPA's response activities and training plans.

Finding 1. UNFPA Moldova overcame a lack of humanitarian preparedness with the outbreak of war in neighboring Ukraine, demonstrating rapid scale-up of responses in line with other UN agencies, and has applied important learning from this.

While the outbreak of full-scale conflict in Ukraine in February 2022 caught both the Moldova UNFPA Country Office and the Eastern European and Central Asia Regional Office (EECARO) off-guard, UNFPA managed to adapt well to the evolving refugee crisis in Moldova and position itself as a humanitarian actor over the subsequent years. The 2021 Country Programme Evaluation (CPE) of the 2018-2022 UNFPA Moldova Country Programme Document (CPD) identified eight specific bottlenecks within the 2018-2021 programme, one of which was lack of preparedness, specifically of the health system within Moldova for humanitarian situations.¹¹ The 2023-2027 CPD for Moldova was drafted in 2022, amid a full response to the regional refugee crisis precipitated by the invasion. This CPD stated that UNFPA intended to address the refugee crisis by “increasing the capacities of health and social systems and by mainstreaming the needs of refugees across all outputs and supporting them with service delivery.”¹²

The regional EECARO programme evaluation in 2024 highlighted that in Moldova, the heightened awareness of the necessity for strong national emergency preparedness was catalyzed by the war in Ukraine and the subsequent influx of refugees into the country.¹³ Key informants in UNFPA Moldova noted awareness of the lack of preparedness for such a significant humanitarian crisis, not just within UNFPA Moldova but within the region: “Our region is small with small COs that have never faced crisis; it is all small scale. We were not prepared. So when it happened it was a shock for everyone including the RO and honestly speaking they couldn't provide clear guidance, so the HR part, this was the first thing we thought about was to bring people, but it took one month back and forth to come up with a HR plan, debating every position.”¹⁴ Further to this, there was no real knowledge of humanitarian systems within UNFPA at UNFPA Moldova, such as fast track procedures (FTPs) or IARH kits, dignity kits etc.¹⁵ However, with the support of HRD-facilitated surge deployments, and a rapid expansion of

¹¹ UNFPA. Country Programme Evaluation: Republic of Moldova 2018-2022. 2021.

¹² UNFPA. Country Programme Document for the Republic of Moldova 2023-2027. 2022.

¹³ UNFPA. Moldova Country Note: Formative Evaluation of the UNFPA EECA Regional programme 2022-2025. 2024.

¹⁴ UNFPA KII.

¹⁵ Ibid.

humanitarian expertise within EECARO, UNFPA Moldova staffing went from 15 people to 52 people in 2022 to respond to the refugee crisis.¹⁶

To avoid establishing a parallel humanitarian system in addition to development interventions, UNFPA Moldova took the decision, together with the government, not to include a separate humanitarian action output in the CPD 2023-2027, with the strategic approach being to integrate development and humanitarian staff to facilitate programmatic synergies, and to position UNFPA as a humanitarian actor with a strong focus on systems strengthening, which aligns well with the government approach of including refugees within national systems for services. UNFPA also immediately assumed interagency responsibilities, specifically in terms of activating the GBV Sub-sector Working Group which, at the time of research, had more than 50 members, which the CO is co-chairing with UNHCR.

Finding 2. Both GBV and SRHR are well-recognized thematic areas within successive regional refugee response plans.

In terms of GBV: The first regional refugee response plan (RRRP), for January-December 2023, highlighted that women and children made up 81 per cent of the refugee population (across all refugee-hosting countries surrounding Ukraine). The plan states clearly that the age and gender composition of this particular refugee population, along with the high incidence of single-parent families, underscores the increased risk faced by refugee women and girls being exposed to GBV in various settings and forms, including Intimate Partner Violence (IPV), sexual exploitation and abuse, and trafficking.¹⁷ This was confirmed in the 2024 refugee response plan¹⁸ and in high level RRRP planning documents for 2025-2026 through reference to a focus on protection and rights as Strategic Objective 1, “with a particular focus on vulnerable groups and including age and gender considerations”.¹⁹

The GBV sub-working group, jointly co-chaired between UNFPA and UNHCR, contributed to the integration and prioritization of GBV in emergencies (GBViE) in the Moldova chapter of the RRRP and resulted in considerable humanitarian funding being secured, for instance for dignity kits; (mobile) safe spaces for women, young people and older persons; technical capacity building for the health and social sectors; collaboration with the National Health Insurance Company to guarantee female refugees a full package of RH care services; and creation of SRH service centres across the country.²⁰

In terms of sexual and reproductive health (SRH): within the 2023 RRRP, a clear reference to SRH being a key priority is made under health and nutrition. This was replicated in the 2024 RRRP, and in the 2025-2026 RRRP planning documents is highlighted clearly within Strategic Objective 2 in terms of supporting host countries to include refugees in national health systems.²¹ Other UN agencies have confirmed that UNFPA's continued and reliable presence during the Moldova RRRP consultation processes through the health working group significantly contributed to how SRH is presented in the Moldova chapter of the RRRP.²²

Finding 3. As with the UN community, the Moldovan Government, including state health systems, was unprepared for the Ukraine conflict: MISP was found to be effective and useful as a needs assessment tool to frame the health system strengthening needs which formed the foundation of UNFPA's response activities and training plans.

The SRHR outcome area within the 2018-2022 CPD included establishment of a national humanitarian contingency plan to address SRH needs of women, young people and survivors of sexual violence in

¹⁶ UNFPA. Moldova Country Note: Formative Evaluation of the UNFPA EECA Regional programme 2022-2025. 2024.

¹⁷ UN. Ukraine Situation. Regional Refugee Response Plan January-December 2023. 2022.

¹⁸ UN. Ukraine Situation. Regional Refugee Response Plan January-December 2024. 2023.

¹⁹ UN. Planning Parameters: 2025-2026 Regional Refugee Response Plan for the Ukraine Situation. 2024.

²⁰ UNFPA. Moldova Country Note: Formative Evaluation of the UNFPA EECA Regional programme 2022-2025. 2024 and UNFPA and other UN agency KIIs.

²¹ UN. Ukraine Situation. Regional Refugee Response Plan January-December 2023. 2022, UN. Ukraine Situation. Regional Refugee Response Plan January-December 2024. 2023, UN. Planning Parameters: 2025-2026 Regional Refugee Response Plan for the Ukraine Situation. 2024.

²² Other UN Agency KIIs.

crises - this was achieved in 2021. Further, UNFPA provided support to the development of the Moldovan Action Plan for 2019-2022 on strengthening national preparedness capacities to respond to SRH needs of populations in humanitarian crises, which was approved by the Ministries of Health, and Labour and Social Protection (MoLSP) in December 2019. This support also included training of health care service providers on the MISP²³ and the implementation of a MISP Readiness Assessment in 2021.²⁴ This was not followed by an action report, due to the conflict,²⁵ and despite this invaluable support framed around MISP, the MoH acknowledges that the health system in Moldova was not prepared for the scale of the refugee crisis in 2022. However, the MoH also give credit to UNFPA to support before, during the immediate crisis, and since in terms of how well UNFPA understood the Government's strategy and how well aligned to those plans UNFPA support has remained.²⁶

MISP continued to be a useful guiding framework immediately after the invasion and UNFPA Moldova used the 2021 assessment to follow the steps outlined and the objectives that were required to be met, including the procurement of RH kits, continued training, and coordination of actors. That was the focus in 2022, followed by, in 2023, a focus on training and provision of supplies for clinical management of rape (CMR).

²³ UNFPA. Country Programme Evaluation: Republic of Moldova 2018-2022. 2021.

²⁴ UNFPA KIIs.

²⁵ Ibid.

²⁶ Government KIIs.

EQ2 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to an improved access to and increased use of quality sexual and reproductive health services for affected populations, including the most vulnerable and marginalized groups?

Findings:

4. UNFPA has provided significant support to health facilities for SRHR, framing the refugee response around systems strengthening for Moldovan public institutions, which fits well with the overall framework of the response vis à vis temporary protection and health insurance mechanisms for refugees.
5. Longer-term systems strengthening and impact is evident through the UNFPA SRH support to the refugee response.

Finding 4. UNFPA has provided significant support to health facilities for SRHR, framing the refugee response around systems strengthening for Moldovan public institutions, which fits well with the overall framework of the response vis à vis temporary protection and health insurance mechanisms for refugees.

As referenced above, the initial UNFPA response was framed around the 2021 MISP readiness assessment and a rapid April 2022 assessment of capacity of regional hospitals.²⁷ Aligned with the government approach, all support was channelled through existing systems.

The 2022 assessment found that gaps included updated or modern medical equipment and devices, and training gaps.²⁸ In 2022, UNFPA purchased a number of RH kits for distribution to regional hospitals where large concentrations of Ukrainian refugees had fled and provided training and technical assistance to local healthcare workers on proper handling, storage and use of the equipment and supplies provided through the RH kits.²⁹

From the beginning, the emergency RH response was framed under the overall Moldova CPD 2023-2027, under output 1 on SRH, which has two pillars: policies and accountability and access to quality-of-care SRH services. Humanitarian indicators are embedded within this overall output.³⁰ The UNFPA response was also well aligned with the national government decision to include all refugees in national health services. This decision was cemented by Decision 21 in January 2023 to extend Temporary Protection measures to all refugees, and this has been subsequently extended, currently until March 2026.³¹ The evolution was: initially all refugees could access health services freely. Refugees were then brought under the Moldovan mandatory health insurance (MHI) system, run by the National Health Insurance Fund (CNAN), with financial support provided by multiple UN agencies.³²

A major component of the SRH support was the provision of updated equipment. UNFPA provided updated equipment to 200 gynaecological examination rooms in PHC covering 25 per cent of PHCs across the country. In hospitals, 20 surgery rooms, 36 delivery rooms, and 12 intensive care units were also repaired and refurbished.³³

UNFPA has also provided 32 ambulances (20 Type B ambulances; 9 Type A ambulances; and 3 Type C ambulances.) to medical facilities across Ukraine.³⁴

²⁷ UNFPA. MISP Readiness Assessment. 2021. And UNFPA. Assessing the capacity of regional hospitals to provide life-saving maternal and newborn health care to refugees from Ukraine. 2022.

²⁸ UNFPA KIIs and UNFPA. Assessing the capacity of regional hospitals to provide life-saving maternal and newborn health care to refugees from Ukraine. 2022.

²⁹ UNFPA KIIs. Kits provided included 1A, 3, 4, 5, 6A, 6B, B1, 9, 10, 11A, 11B, 11B1, 11B2. https://www.unfpa.org/sites/default/files/resource-pdf/IARH-Kits-6th-Edition_Manual_English.pdf

³⁰ UNFPA. Country Programme Document for the Republic of Moldova 2023-2027. 2022.

³¹ <https://cda.md/wp-content/uploads/2023/11/Studiu-final-traducere-Eng.pdf>

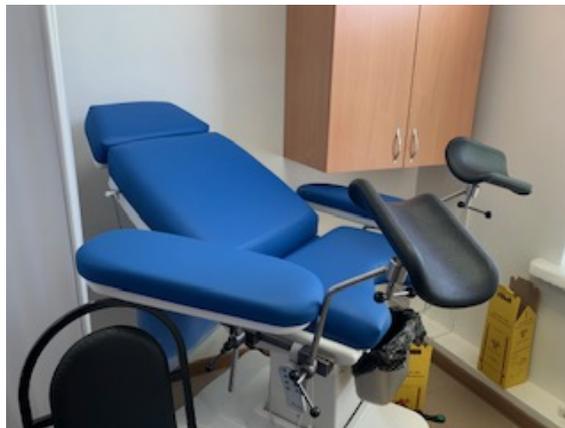
³² This is discussed further under the next finding and under EQ8.

³³ UNFPA and MoH KIIs.

³⁴ UNFPA KIIs. Types of ambulances explained: <https://falck.pl/en/rodzaje-i-oznaczenie-karetek-pogotowia/>

UNFPA Moldova has also utilized cash and voucher-based assistance for the SRH response. This includes providing vouchers for menstrual hygiene management (MHM) items for adolescent girls and young women (aged 12-24). From October 2024 to February 2025 UNFPA distributed 4281 vouchers to 3,266 adolescent girls and young women. PDM findings highlighted 96 per cent satisfaction with the method of voucher delivery; 86 per cent satisfaction with the voucher amount; but only 59 per cent satisfaction with the list of items that could be purchased using the voucher.³⁵

Figure 3 UNFPA-supported updated medical facilities



Finding 5. Longer-term systems strengthening and impact is evident through the UNFPA SRH support to the refugee response.

The UNFPA strategic approach to the refugee response in Moldova, in its entirety, has been founded on systems strengthening and alignment with the government response. Moldova is not a typical ‘humanitarian’ country but rather an upper middle-income country in eastern Europe with ongoing planning for European Union succession who just happen to border a country in conflict and had to respond to a significant volume of refugees arriving. Since arriving, refugees have benefited from a welcoming context and access to health care services from the start, formalized in January 2023 under the MHI system of Moldova, with UN agencies including UNFPA contributing financial support for this. From the beginning, the UNFPA SRH response has been fully aligned with this government strategy and approach, understanding the opportunity to strengthen healthcare systems for the benefit of refugees and Moldovan citizens alike, and using humanitarian funds to achieve this. Government stakeholders expressed satisfaction with both the UNFPA support and their own response, with interviewees from CNAN reporting that in a recent regional meeting on healthcare access for Ukrainian refugees including, among others, Bulgaria, Poland, Romania and Estonia, Moldova was deemed to be successful in their approach. Stakeholders ascribe this success, in part, due to support from different UN agencies, including UNFPA.³⁶ Other UN agencies also report that UNFPA was particularly strategic in terms of harnessing humanitarian funding for overall systems strengthening, clearly showcasing a nexus approach that allows for both immediate response with services *and* longer-term sustainability outcomes.³⁷

An interesting facet to this is how the UNFPA CPD was designed, as referenced above, with humanitarian results mainstreamed across outputs. This has meant that humanitarian funds have supported the achievement of some of the overall SRH (output 1) indicators within the CPD. For example, indicator 2 of output 1 is the percentage of primary health care (PHC) facilities with a trained logistics staff member; the use of humanitarian funds and the application of MISP standards allowed for this indicator to be achieved. Also, indicator 5 within output 1 of the CPD relates to clinical management of rape (CMR) and this indicator was also achieved with the use of humanitarian funds

³⁵ UNFPA KIIs and UNFPA. Exercising the right to dignity: Voucher assistance for menstrual hygiene items for Ukrainian refugee adolescent girls and young women in Moldova. 2023.

³⁶ Government KIIs.

³⁷ Other UN agency KIIs.

applied to systems strengthening approaches. In many instances, where humanitarian response is mainstreamed it can get somewhat lost, with no clear humanitarian results or outputs and a lack of expertise to drive this.³⁸ However, in the case of Moldova the mainstreaming of humanitarian results across the CPD was both relevant to the context and the response strategy of the government of Moldova and the UN system writ large, and also an effective way of framing the UNFPA response.

³⁸ For example, see the previous 2019 UNFPA humanitarian capacity evaluation on mainstreaming.

EQ3 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to preventing, mitigating and responding to gender-based violence and harmful practices for affected populations, including the most vulnerable and marginalized groups?

Findings:

6. UNFPA Moldova has implemented a strong GBV response through a variety of services supported including cash, commodities and a functioning referral system. UNFPA has been active with risk assessments and GBV audits.
7. WGSS services provide both immediate and longer-term integration support to Ukrainian women and are inclusive of age and disability status, although some social norms change work critical to longer-term outcomes, such as male engagement interventions, is currently more limited.

Finding 6. UNFPA Moldova has implemented a strong GBV response through a variety of services supported including cash, commodities and a functioning referral system. UNFPA has been active with risk assessments and GBV audits.

As with the SRH component, gender work (incorporating social norms change) was already included (as Output 2) as part of the UNFPA Moldova CPD with the intention of mainstreaming humanitarian response within this. This has aligned with the Government of Moldova's increasing focus on preventing and responding to GBV as a crucial element of EU accession plans.³⁹

Under this component of the CPD UNFPA Moldova proposed four pillars (policy frameworks, capacities, prevention and response) with nine performance indicators across these pillars that capture both development and humanitarian interventions.⁴⁰ UNFPA launched an immediate GBV response to the refugee crisis in February 2022, and then this was refined following a joint UNFPA, UNHCR, and United Nations Children's Fund (UNICEF) GBV safety audit in August 2022 based on GBViE minimum standards.⁴¹ A subsequent GBV safety audit was conducted in late 2023⁴² Which highlighted a variety of gaps, for example around trafficking; barriers to accessing services; lack of services in remote areas; limited national capacity for CMR; absence of GBV preparedness plans; and gaps in policy frameworks. This was then followed by further revision, amendment and refinement of both the UNFPA interventions and broader GBV work coordinated through the GBV Sub-Working Group (SWG) to try and address these gaps.

The UNFPA GBV refugee response prioritized the establishment of safe spaces, capacitating specialized GBV services, increasing out-person community outreach, and addressing harmful norms through women-led organizations. Examples of achievements under specific programme modalities are as follows:

Safe Spaces: UNFPA operationalised its standard WGSS response in February 2023, working through national structures, including the Refugee Accommodation Centres (RACS) that the Government established at border points, transit points and temporary locations such as train stations, and through local partners with both static and mobile sites. Initially 31 safe spaces were established but due to closures of some RACs and handover to Government UNFPA supported 23 at the time of research. By March 2025, 110,785 women and girls, and men and boys had received essential services through these facilities. Services and activities include psychosocial first aid, individual counselling, family counselling, case management, provision of MHM products, referrals to specialized services, and SRH

³⁹ UNFPA and various Government KIIs. In 2021 Moldova signed the Istanbul Convention. In 2024 Moldova established the National Agency for the Prevention and Combating of Violence Against Women and Domestic Violence and launched a national programme for preventing and combatting GBV: <https://tinyurl.com/474uka88>

⁴⁰ UNFPA KIIs.

⁴¹ Gender-based violence AoR. The inter-agency minimum standards for gender-based violence in emergencies programming. 2020.

⁴² UNHCR, UNFPA, and UNICEF. GBV Safety Audit August 2022. 2022. And UNHR, UNFPA, and UNICEF. GBV Safety Audit November 2023. 2023.

services and referrals.⁴³

In December 2024 UNFPA Moldova commissioned a review of the supported WGSS. This review found that UNFPA had been successful in developing guidelines and building the capacities of implementing partners in running WGSS, but gaps persisted in consistent application of minimum standards. While Safe Spaces addressed, and continue to address, current and emerging needs for refugees, the review identified outreach and access gaps to GBV and SRH services for both refugees in RACs and host communities.⁴⁴

The WGSSs serve a dual role by providing both response services and contributing to the GBV prevention efforts, as clearly outlined in the revised SOP for WGSS for 2025.⁴⁵

Distributions: By early 2025, just over 20,000 women and girls had received dignity kits. Within the first few weeks of the conflict response, UNFPA procured (locally) and distributed 300 dignity kits and then within two months had received another 2,000 from Procurement Services Branch (PSB) for distribution. 1,000 women and girls received menstrual hygiene management (MHM) kits, while others (see below) received cash vouchers for MHM.

Cash: UNFPA Moldova has utilized cash for GBV case management. The establishment of the cash working group in Moldova (led by UNHCR, and of which UNFPA is an active member)⁴⁶ did not occur immediately at the onset of the crisis and, as a result, different agencies piloted different interventions. UNFPA Moldova received surge cash and voucher assistance (CVA) support from Geneva and as the cash working group was established, the UNFPA surge CVA specialist worked with this group, utilizing the established minimum expenditure basket (MEB) as a reference point for appropriate values for cash as a case management component. The CVA specialist also trained cash working group members on cash for GBV case management, which is different from other cash interventions in terms of why it is provided, how it is used, and criteria for selection. This means that there is no justification for aligning the amount of cash for GBV case management with other cash grants provided vis à vis minimum expenditure baskets: however, this distinction was never fully internalised amongst the cash WG members, which caused some challenges for UNFPA. This cash for GBV case management was provided both as a one-off emergency cash assistance modality and as recurring cash assistance for up to three months. Over the course of 2023, 224 individuals received this assistance, with a PDM survey⁴⁷ finding that this approach had a generally positive impact on improving safety, mitigating further risk of GBV and enhancing access to lifesaving GBV services.⁴⁸

Finding 7. WGSS services provide both immediate and longer-term integration support to Ukrainian women and are inclusive of age and disability status, although some social norms change work critical to longer-term outcomes, such as male engagement interventions, is currently more limited.

In terms of establishing the GBV refugee response with a systems strengthening approach, UNFPA has seen an evolution of the landscape vis à vis populations who benefit. The initial response mostly benefited refugees, and safe spaces still do. These safe spaces provide a long-lasting impact on individuals who have attended (see side box). But in addition to this, the support to government has ensured the maximum effectiveness over the longer-term of humanitarian funding, with coverage continuing to benefit and support more vulnerable Moldovan women and girls as well as refugee populations, and in this regard the UNFPA GBV work has addressed both GBV prevention and response among refugee and host communities, and contributed to broader efforts on building resilient communities (see below, EQ8, for more information on this).

⁴³ UNFPA KIIs.

⁴⁴ UNFPA, Review of Safe Spaces for UNFPA in Moldova: Assessing GBV Response and Humanitarian Support Amidst the Ukrainian Refugee Crisis. 2024.

⁴⁵ UNFPA. Guidelines for teams working in UNFPA Women and Girls Safe Spaces on dealing with Gender-Based Violence (GBV). August 2022. Updated February 2023. Last updated: January 2025.2025.

⁴⁶ <https://data.unhcr.org/en/working-group/318>

⁴⁷ UNFPA. Post Distribution Monitoring for GBV Case Management Cash, December 2023. 203.

⁴⁸ UNFPA. Leveraging cash assistance in GBV case management as a tool in Moldova's Ukrainian refugee response. 2024.

Support to national systems. UNFPA has supported MoLSP since before the refugee crisis but once the crisis started in 2023, UNFPA has supported a mapping study to assess the GBV-specialized social services across the country. There were some challenges within this study around the perceived accuracy of information provided across different Government departments, and the low participation level, but the study still provided a level of understanding of the availability of GBV services.⁴⁹ UNFPA also provided training for community-based social workers on GBV. UNFPA now also support the National Agency for the Prevention and Combating of Violence Against Women and Domestic Violence (ANPCV), which works alongside the MoLSP on GBV prevention and response,⁵⁰ and the Institute for Maternal and Child Health (IMCH), and Nicolae Testemitanu State University, specifically on CMR. This CMR support included UNFPA supporting IMCH staff to attend international training in Türkiye in 2022 to help implement the 2021 national protocol on CMR.⁵¹

Analysis of trends. A key achievement of UNFPA has been promoting the analysis and monitoring of changing GBV trends for Ukrainian women. This is done through regular meetings and discussions with implementing partners and has, to date, surfaced emerging trends such as pressure on women from husbands to return to Ukraine; increased violence against women by husbands when they do return to Ukraine to visit husbands fighting in the war; and increased violence against women by adult sons fighting in the war. This presents a potential opportunity for UNFPA Ukraine and UNFPA Moldova to identify issues to be addressed jointly, and have longer-term impact, such as working with perpetrators. This is something that both the ANPCV in Moldova and the Commission for gender equality in Ukraine⁵² believe to be critical and require the assistance of UNFPA to design and implement. Issues such as technology-facilitated gender-based violence (TFGBV), not a normal 'humanitarian' issue, but one extremely relevant to the Ukrainian Moldovan situation are also being discussed within UNFPA Moldova and UNFPA Ukraine, with resource mobilisation efforts ongoing.⁵³ UNFPA Moldova and UNFPA Ukraine are fully aware of the breadth of possibilities for collaboration and have evolving joint initiatives, on GBV, with a visit from the UNFPA Moldova Country Representative to Ukraine taking place in March 2025 to discuss these evolving initiatives further.

Perspectives of refugee women in Donduseni

Women in a safe space within the Donduseni RAC report: "We like everything!". Some have been here since the beginning of the war and come from different places such as Kharkiv, Donetsk, and Luhansk. All arrived traumatized and feeling unsafe. Individual, group, and family counselling sessions have all helped, and all women report that help with referral to different sessions have proved invaluable. However, it is the ongoing sense of support and inclusion that is beyond measure for these women. Within the safe space they attend art classes, they play chess, they have dance, they sing, and mostly, they support each other: "We go to bed late and first thing in the morning, we ask what we will do in this friendly room." These women particularly appreciate field trips and the chance to interact and integrate within their host communities and learn Moldovan customs and celebrations. "We have this feeling we have a normal life here, we no longer feel like we are refugees, and this safe space helps us to live like ordinary people."

⁴⁹ Government KIIs.

⁵⁰ UNFPA and government KIIs.

⁵¹ UNFPA and IMCH KIIs.

⁵² Ukraine government KII.

⁵³ Donor KII.

EQ4 (Effectiveness/Coverage) To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?

Findings:

- 8. UNFPA Moldova monitoring and data systems are sophisticated, fit-for-purpose and link to national platforms for capturing refugee data although system implementation can be challenging for partners.**

Finding 8. UNFPA Moldova monitoring and data systems are sophisticated, fit-for-purpose and link to national platforms for capturing refugee data although system implementation can be challenging for partners.

UNFPA systems and dashboards for quantitative indicator output and outcome monitoring are efficient and effective. Data is captured against individuals and services, with a number of factors (age, sex, origin location etc) that can be used for disaggregation for monitoring, reporting, and planning activities. Quantitative data is supported by a robust and systematic process of gathering, recording, monitoring and acting upon more qualitative feedback. This includes regular focus group discussions (FGDs) in each of the safe spaces, building up to and then building on the review commissioned in 2024. UNFPA Moldova has specific disaggregation and trend analysis points whereby different trends can be identified (see previous finding under EQ3). PDMs for distribution and cash assistance are routinely and systematically conducted.⁵⁴ UNFPA Moldova provides support to implementing partners for data tracking systems and results management such as capacity building on monitoring and also ad hoc assistance if challenges arise.⁵⁵

Moldova has good national systems for capturing data and as health services for Ukrainians under temporary protection came under CNAN and the MHI scheme (financially supported by different UN agencies for different services) data collection is managed by CNAN.⁵⁶ Initially service providers within hospitals and PHCs had to manually note services provided to temporary protection holders and report monthly to CNAN. However, as CNAN updated systems and added a category for refugees, and worked with the interagency cash working group, systems have improved by becoming more automated. Health service providers are no longer required to manually record services provided to refugees, but can enter into the same system used for Moldovan citizens.⁵⁷ While this improvement has greatly improved efficiency for service providers: however, the onward-reporting of data by CNAN to different UN agencies has proved a challenge in terms of the different reporting requirements of UN agencies and their donors, and CNAN would prefer for this part of the system to be more streamlined.

Another continuing data challenge is that of different government departments requiring significant and onerous data collection outside of the health services captured through data. MoLSP needs to have an overview of GBV services being provided but are pushing for partners to report weekly which is a heavy burden on service providers and unusual for humanitarian / refugee response operations. MoLSP has proposed to donors such as UNFPA to include an activity line in contracts for civil society / non-governmental organizational partners to report directly to MoLSP as well as reporting to their direct donor. While government oversight is understood, this would place too heavy a burden on partners providing services and is something UNFPA still needs to resolve.⁵⁸

⁵⁴ UNFPA KIIs and monitoring reports, and results dashboard.

⁵⁵ UNFPA and implementing partner KIIs.

⁵⁶ Government KIIs and presentation of data.

⁵⁷ PHC and CNAN KIIs.

⁵⁸ Government partners.

EQ5 (Effectiveness) To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?

Findings:

9. Although there is no standalone RH sub-working group in Moldova, UNFPA is well respected as an engaged, vocal, and leading member of the WHO-led Health and Nutrition working group.
10. UNFPA has been very active in leading the GBV SWG across a variety of activities, trainings and a sustainability strategy.

Finding 9. Although there is no standalone RH sub-working group in Moldova, UNFPA is well respected as an engaged, vocal, and leading member of the WHO-led Health and Nutrition working group.

The refugee response coordination structure in Moldova is led jointly by the Government of Moldova (being represented by the Prime Minister's Office), the United Nations Resident Coordinator (UNRC) and the United Nations Country Team (UNCT) Refugee Coordination Forum (RCF). There are a number of working groups and sub-working groups, i.e. accommodation and transport, logistics supply, education and inclusion and livelihoods, cash, information management, health and nutrition (led by the MoH and WHO, and including SRH) and protection (led by UNHCR) which has sub-working groups of GBV and child protection. There are additional Task Forces for gender and PSEA.

For SRH, the primary leading entity for health coordination is the Ministry of Health, with the support of WHO. From the beginning of the crisis, all efforts were coordinated through existing state systems (see discussion under EQ2, above) and due to this, and the relatively small number of actors in health, separate sub-working groups were not deemed appropriate or necessary.⁵⁹ Since the start of the crisis, UNFPA reports playing a key role in positioning both SRH and GBV issues within the health working group, both in terms of ensuring the visibility of the two issues in bi-monthly WG meetings and also leading on associate action points.⁶⁰

As of early 2025 there were 23 active partners in the health working group, which sees its role as one of ensuring that the refugee response is aligned with needs but also forward-looking for the future, in terms of systems strengthening across the nexus. As co-lead, the WHO views UNFPA as a core partner in the health response, both through support to CNAN for specific RH services, and through the provision of IARH kits, training, and capacity support.⁶¹ Site visits to hospitals and PHCs show a clear strengthening of SRHR capacity by UNFPA, and the active collaboration of UNFPA with WHO and others for contribution to CNAN payments for refugees highlights the visibility of SRHR within the refugee response.

Finding 10. UNFPA has been very active in leading the GBV SWG across a variety of activities, trainings and a sustainability strategy.

UNFPA co-leads the GBV SWG, together with UNHCR, with 64 active members (as of early 2025) across national and international partners, including women-led organizations, and different government entities. The GBV SWG was activated very quickly after the start of the refugee crisis in February 2022, as a key priority for both UNFPA and UNHCR.⁶² An immediate rapid GBV assessment was conducted in February 2022.⁶³ Priorities in the first year included resource mobilization, initial needs assessments and establishing trend analysis mechanisms for monitoring changing risks and needs and supporting service delivery and multi-sectoral GBV prevention and response interventions through a wide modality of service delivery points. Other priorities reported by UNFPA included

⁵⁹ UNFPA and other UN agency KIIs.

⁶⁰ UNFPA. PRM project number SPRMCO22VC0056, Final progress report 2022. 2022.

⁶¹ Other UN agency KIIs.

⁶² UNFPA and other UN agency KIIs.

⁶³ UNFPA KIIs.

mainstreaming GBV risk mitigation across other sectors and applying and further contextualizing and refining GBV guidelines.⁶⁴

The GBV SWG conducted the first GBV Safety Audit in 2022 as well as translation into national language (Romanian) of some of the key global guidance, such as the GBV pocket guide and the GBV coordination handbook and establishing and updating GBV referral pathways. A second GBV Safety Audit was conducted in 2023. Six referral pathways exist across the country as of early 2025, updated every three months.⁶⁵ In 2024, the GBV SWG has also conducted a rapid GBV risk assessment of CVA in Moldova, jointly with the cash WG, exercise to assess potential GBV risks and associated mitigation measures for cash response for refugees and also conducted an analysis of the GBV Legal Framework of the Republic of Moldova, including the mandatory reporting requirements within the country.⁶⁶

Over 500 frontline service providers have been trained through the efforts of the GBV SWG. Training topics have included safe referrals, survivor-centred approaches, GBViE minimum standards, MHPSS, and conflict resolution, among others.⁶⁷

Feedback from UNHCR is very positive in terms of both the expertise UNFPA were able to provide in co-chairing a coordination platform (through initial surge deployments) but also the strategic approach taken by UNFPA vis à vis a systems strengthening approach nexus approach from the very beginning.⁶⁸

⁶⁴ UNFPA. PRM project number SPRMCO22VC0056, Final progress report 2022. 2022.

⁶⁵ UNFPA KIIs.

⁶⁶ UNFPA. PRM project number SPRMCO22VC0056, Final progress report 2022. 2022.

⁶⁷ UNFPA KII.

⁶⁸ Other UN agency KIIs.

EQ6 (Efficiency) To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?

Findings:

11. UNFPA Moldova has had robust and diverse sources of funding for its humanitarian response, well supported by UNFPA rapid deployment mechanisms facilitated by HRD and EECARO. However, administrative and procurement bottlenecks have led to inefficiencies and delays.

Finding 11. UNFPA Moldova has had robust and diverse sources of funding for its humanitarian response, well supported by UNFPA rapid deployment mechanisms facilitated by HRD and EECARO. However, administrative and procurement bottlenecks have led to inefficiencies and delays.

UNFPA Moldova has raised over USD 20 million for the refugee response since 2022.⁶⁹ In 2024 UNFPA Moldova conducted a donor mapping which established the top humanitarian donors for the UNFPA Moldova refugee response were the United States, Switzerland, Japan, Czech Republic, the UK, and Norway.⁷⁰

Funds received to date have been implemented through a human resource approach that supported the integrated programme delivery approach outlined within the CPD with key humanitarian support from surge through HRD. Surge deployees arrived within a week of the refugee crisis starting. Both programme and operational surge support was provided with a “living” human resources plan that continually evolved based on increasing internal capacity, ongoing learning, support from EECARO and surge, and the changing needs and evolving context.⁷¹ As a regional response to the crisis, EECARO provided humanitarian leadership training to the Country Representative and the Assistant Country Representative in October 2022.⁷²

UNFPA Moldova has struggled with some systems and procurement issues over the last two years of the refugee response.⁷³ These challenges have been primarily based around length delays with procurement and limitations of the procurement and logistics systems of UNFPA to respond as rapidly as required.⁷⁴ Establishing a UNFPA warehouse was extremely valuable to mitigate various challenges (for example, poor storage, poor stock control, long lead times) and allowed for the rapid scale up of existing RH supplies and better coordination. When supplies such as IARH kits were provided to government partners, UNFPA provided related necessary training and technical assistance for proper storage and use of the supplies and equipment.

However, the speed and comprehensiveness of the response was still hampered by UNFPA systems at global level that were not conducive to the needs. UNFPA Moldova reports that the catalogue of allowed supplies is limited, and lead time remains (at least in 2022) 7-8 months.⁷⁵ There are missing items, such as chairs suitable for women with special mobility needs. Further, many of the items are reported to not be aligned with the national standards in Moldova. The IARH kits have a number of different items that are irrelevant to a country such as Moldova, such as anti-malaria drugs in Kit 11B, and anti-retroviral drugs that are no longer in use in Moldova in Kit 3. Moldova also has strict regulations with regard to disposal of drugs – this proved to be a challenge for UNFPA.⁷⁶

⁶⁹ UNFPA KIIs.

⁷⁰ UNFPA. UNFPA Moldova Donor / Partner mapping. Updated April 2024. 2024.

⁷¹ UNFPA KIIs.

⁷² Ibid.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Ibid.

UNFPA Moldova purchased a number of ambulances in 2022 and 2023 for the refugee response, donated to the Ministry of Health. However, the LTA provided by the Procurement Services Branch⁷⁷SCMU was for an ambulance not in compliance with mandated Moldovan standards. The UNFPA Moldova operations team expressed that commodities have been a vital programme pillar from the start of the refugee response: “no product, no programme” and the delays and barriers within the procurement processes have been a hindrance.⁷⁸ This points to a wider issue of a growing number of countries where UNFPA must comply with increasingly robust national standards and regulations which (notably in middle-income countries) are more stringent than the UNFPA-approved standard.

A further challenge has been with allocation of fund codes in quantum plus, delays to which meant delays putting workplans into the system for implementing partners, and that has onward impacts on cash advances for programming. It has resulted in delays that did not need to happen, when funding was secured and programmes ready to start, but internal UNFPA administrative systems hampered timely implementation.⁷⁹

⁷⁷ Now restructured as the Supplies Chain Management Unit, SCMU.

⁷⁸ UNFPA KIIs.

⁷⁹ Ibid.

EQ7 (Coherence) To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

Findings:

12. UNFPA in Moldova has successfully integrated SRH and GBV across some of the responses with clear potential for scaling up specific initiatives.
13. There are multiple examples of good coordination by UNFPA within the UN system, across sectors such as cash, GBV and health, and with several sister agencies.

Finding 12. UNFPA in Moldova has successfully integrated SRH and GBV across some of the responses with clear potential for scaling up specific initiatives.

UNFPA Moldova has taken an integrated approach to SRHR and GBV humanitarian work, with SRH services and referrals being offered through safe spaces, and with support to state systems for improved GBV identification and response through SRH services. The UNFPA Moldova approach has focused on:

- (a) support to providing GBV units in hospital emergency rooms, of which there were 11 across the country at the time of research; and
- (b) training and capacity strengthening for quality CMR services and GBV case management.

For the GBV units; UNFPA has provided funds for the establishment and furnishing of GBV units in 11 hospitals. Approximately 50 survivors have been supported in these GBV units to date.⁸⁰

Figure 4 UNFPA-supported emergency room GBV unit



These rooms allow for a calm, quiet, confidential and welcoming space for any woman or girl suspected of being a GBV survivor to be able to speak with a medical service provider.

A second key strategy has been to provide training and capacity building to state health structures on CMR. In addition to providing RH kits (including RH kit 3 for CMR) to the Moldovan MoH for distribution to hospitals, UNFPA supported the Institute for Mother and Child Health (IMCH) to roll-out CMR training across the country. In 2022 UNFPA supported IMCH attendance at CMR training in Türkiye which then contributed to the finalization of the national CMR protocol first established in 2021, and implementation of this protocol after the refugee crisis started in 2022. The MoH instructed IMCH to distribute the RH kits and lead, with support from UNFPA, on training of multidisciplinary

⁸⁰ Government KIIs.

medical service providers, including forensic doctors, emergency doctors, and and psychosocial specialists. IMCH also provided training to family doctors in PHCs.

Service provider staff within hospitals interviewed for this evaluation demonstrated good knowledge of CMR protocols. However, family doctors within PHCs visited during the evaluation were neither familiar with CMR protocols nor demonstrated a clear understanding of the scale or nature of GBV, with one suggesting that rape was not something that had occurred to any Ukrainian refugee woman in that particular area of Moldova⁸¹ (which seems unlikely to be true). This suggests that ongoing training is required, which was acknowledged by stakeholders at the UNFPA Moldova, who reported ongoing CMR training at all levels of the state healthcare system.⁸²

Finding 13. There are multiple examples of good coordination by UNFPA within the UN system, across sectors such as cash, GBV and health, and with several sister agencies.

The refugee response in Moldova is clearly led and coordinated by the Government of Moldova, and the UNFPA strategy has been to consistently support this (see next finding under EQ8). UNFPA has also coordinated well with other UN agencies across numerous areas. For example, in 2022 and 2023 two GBV safety audits were conducted as a collaboration between UNFPA, UNHCR, UNICEF, and IOM, These GBV safety audits have been used by the GBV SWG to effectively position GBV prevention and response programming and services in Moldova.

These agencies, and particularly UNFPA, UNHCR, and UNICEF, all have strong and intersecting protection mandates and in some contexts this can prove to be a challenge to good collaboration without duplication. UN agencies report that in Moldova cooperation across these protection agencies is positive and impactful.⁸³ When the refugee crisis started in 2022 few UN agencies had a significant presence in Moldova: scale-up across agencies was rapid and reportedly somewhat chaotic at the beginning and this could have easily led to coordination challenges and duplication.⁸⁴ However, evidence from UNHCR, UNFPA and UNICEF stakeholders indicates the converse – a strong partnership since the “very first day of the response” was the norm,⁸⁵ with sharing of information, plans, ensuring UNHCR ‘blue dot’ safe spaces complement UNFPA safe spaces, and support and respect for each others’ mandates and expertise.⁸⁶

Another example of good collaboration is with WFP on cash assistance. A joint WFP, UNFPA and IOM cash assistance programme to 56,000 vulnerable Moldovan households between November 2022 and May 2023. This project was designed specifically under the principles of integrating emergency and development programming, and the ‘era of collaboration’ embedded within the UNSDCF ethos.⁸⁷ UNFPA has also demonstrated strong coordination within the Cash Working Group.

There have been some challenges with coordination, not specific to UNFPA but rather in terms of how the UN system interacts with the Moldovan Government and how different government ministries coordinate between themselves. Firstly, CNAN has had some challenges with health insurance where different services are provided by different UN financial support, with a lack of a harmonized approach in terms of reporting requirements from UN agencies.⁸⁸ Secondly, there are a number of government entities involved in GBV in particular, with resulting coordination requirements across all of these and UN stakeholders. Government respondents acknowledged initial confusion when the ANPCV was established in 2024, which has not been fully resolved (e.g. the different roles and responsibilities of the ANPCV and MoLSP, although at the time of research MoLSP had just produced a document that distinguishes these). However, for GBV, MoLSP also has to coordinate with other line ministries, such as MoH, and this has an impact on the whole area of coordination across and between UN agencies

⁸¹ PHC KII.

⁸² UNFPA KIIs.

⁸³ Other UN agency KIIs.

⁸⁴ UNFPA, other UN agencies, and government KIIs.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ WFP. Provision of cash assistance to vulnerable Moldovan households. Final Report. 2024.

⁸⁸ Government KIIs.

and line Ministries, given the systems-strengthening approach of the UN infrastructure in Moldova.⁸⁹ This said, the role of the newly-established ANPCV is to coordinate activities across different Government actors, and coordinate with the UN system, so there are prospects for further improvements in the short-term.⁹⁰

⁸⁹ UNFPA, other UN agencies, and government KIIs.

⁹⁰ Ibid.

EQ8 (Connectedness) To what extent is humanitarian action at UNFPA linked to preparedness and longer-term development processes and programmes, across the humanitarian-development-peace nexus?

Findings:

- 14. The overall humanitarian response within Moldova, and UNFPA's role within it, is an excellent example of work in alignment with the H-D-P Nexus. Work with national counterparts and integration of Ukrainian refugees into suitably-strengthened national health systems is appropriate, relevant, efficient, and sustainable.**

Finding 14. The overall humanitarian response within Moldova, and UNFPA's role within it, is an excellent example of work in alignment with the H-D-P Nexus. Work with national counterparts and integration of Ukrainian refugees into suitably-strengthened national health systems is appropriate, relevant, efficient, and sustainable.

The UN vision for support to the refugee response crisis in Moldova has always been clear: the UN system is supporting the government response, and doing so by strengthening systems, utilizing a nexus strategy and approach as the foundation of the whole response.⁹¹ The UNFPA CPD is well-aligned with this approach, with key principles of the UNFPA refugee response being systems strengthening, social cohesion, and supporting increased resilience of the people of Moldova, refugees, and the Government of Moldova.⁹² Through humanitarian work it is also possible to see the footprint of UNFPA on lasting government policies, such as the CMR protocol, and practices, such as GBV units in emergency rooms in hospitals. The systems strengthening work is extremely apparent in the SRHR humanitarian support work: the provision of health services, including reproductive health services to refugees through CNAN and financially supported, for now, by UN agencies, which is effective and appropriate for the context. UNFPA support to equipping and refurbishing medical facilities and providing training benefits both refugees and Moldovan communities.

Within GBV work, while the footprint of UNFPA can be seen clearly, the safe spaces strategy includes transition to government-led coordination structures and the newly formed ANPCV is very keen for continued partnership with and support from UNFPA. Thus, there are multiple ways in which UNFPA can leverage its GBV humanitarian experience for the benefit of Moldova and Moldovan women. One example noted from the evaluation research is around best-practice GBV standards, such as promotion of empowering terminology (the term 'victim' of GBV rather than 'survivor' is common practice among all GBV actors in Moldova, including UNFPA, other UN agencies, government and civil society) and other service-oriented global best practices, which Moldovan counterparts expressed eagerness to learn.⁹³ While safe spaces were initially for refugees only, as more and more refugees move out of RACs and into the community, the GBV SWG is increasingly discussing how more host-community women can be included. Again, social cohesion is a key principle of the overall approach that integrates well with this demand, and UNFPA support to women-led organizations has added to this.

UNFPA is part of the overall UN discussion on the future of the humanitarian response in Moldova. The current 2025-2026 two-year Moldova-specific section of the RRP discusses full transition to government ministries for many of the services being currently offered to refugees. The UN system, under the leadership of UNHCR, started contingency planning for the future in March 2022. While this process did not initially include UNFPA, it joined discussions in July 2022. Since then, contingency planning has considered different scenarios, including destabilization in Transnistria and the triggering of an internally displaced person (IDP) crisis, making it a more complex mixed situation.

⁹¹ UN. Planning Parameters: 2025-2026 Regional Refugee Response Plan for the Ukraine Situation. 2024.

⁹² Country Programme Document for the Republic of Moldova 2023-2027. 2022.

⁹³ Government and implementing partner KIIs.

More positive forward planning involves those refugees who have secured employment and wish to pay for MHI, as do Moldovan citizens: there is currently not a way for this to happen within the CNAN system, but the government is investigating possibilities, with a working group meeting at the MoH held in March 2025 on this topic.⁹⁴

Finally, donors are expressing a keen interest in how humanitarian funds can be used for social cohesion, systems strengthening and nexus working. In this regard, some UNFPA donors of UNFPA expressed satisfaction with the overall approach taken by UNFPA to date.⁹⁵ In a world of decreasing funding, better value for money gained by 'stretching' humanitarian funds, to result in both immediate needs met and longer-term sustainable outcomes, is something donors are on board with. However, donors themselves are limited by systems and specific funding streams, and therefore this idea of 'stretched' humanitarian funding does, to a significant degree, rely on UNFPA's ability to rationalize and provide a compelling case for how humanitarian funds can be innovatively 'stretched' into development results alongside humanitarian results.⁹⁶

One clear opportunity for UNFPA Moldova is close linkages with the Ukraine Country Office, particularly on longer-term issues through a modality of localization.

Two key areas where UNFPA Moldova could potentially play a clear role arose out of this evaluation, being (a) in understanding disaggregated pockets of tensions between host communities and refugees, and resentment towards refugees (i.e. across geographic, age, and other factors of disaggregation) in order to address and mitigate these challenges; and (b) developing a strong 'women-led social cohesion' model using WGSS as a starting point.

For the first point, in terms of trends in social cohesion: UNFPA has a very good, diverse and balanced selection of implementing partners across civil society and Government in Ukraine and can well act as a bridge between the two. More importantly, through safe spaces and RH interventions, UNFPA has a clear reach into the views and perspectives of women; both Ukrainian and Moldovan. UNHCR has been conducting social listening activities in order to monitor any potential trigger points for risk to social cohesion. However, these are not disaggregated (i.e. by sex and age) and there is an opportunity for UNFPA to supplement and complement this with more qualitative data from ongoing FGDs with both host and refugee communities through safe spaces, RH service delivery points, and even other, non-refugee response programming. This evaluation found that while older Moldovan populations still seem very welcoming to Ukrainian refugees, a FGD with adolescent girls surfaced some underlying tension in more rural areas. This is useful information for the whole UN system to understand as time goes on and some refugees settle in Moldova and is prime nexus-working information.

For the second point, in terms of women-led social cohesion models: there is an opportunity for UNFPA Moldova to develop a clear idea of what women-led social cohesion model can be, through safe spaces opening up more to host community Moldovan women and thus not just using entry points to monitor trends but indeed using entry points to influence trends.

⁹⁴ Government KIIs. CNAN report attending a study visit in Lithuania, supported by IOM, where the Lithuania Government has amended the legal framework to introduce a foreigner category into the national health system

⁹⁵ Donor KIIs.

⁹⁶ Ibid.

Conclusions

Relevance and Coverage

As identified within the 2021 CPE, lack of preparedness of health systems in Moldova was a recognized weakness before the refugee crisis triggered by the invasion of Ukraine by Russia in February 2022. Both the Government of Moldova and the small-scale UN system in Moldova were unprepared for the crisis, including UNFPA. However, UNFPA was still able to scale up a response in line with other UN agencies. More importantly, UNFPA positioned itself very clearly with the 2023-2027 UNFPA country programme document (CPD) which was founded on a clear strategy to address the refugee crisis by systems strengthening. This approach has served UNFPA well, and UNFPA has become a respected and key refugee response actor across UN, civil society and government partners within Moldova.

Effectiveness

UNFPA has provided significant support to health facilities for SRH services, framing the refugee response around systems strengthening for Moldovan public institutions, which has aligned perfectly with the response plans of the Moldovan Government. The MISP has been a highly useful tool to frame SRHR response activities and training plans. UNFPA Moldova has undertaken strong and effective GBV response work, including support to fully inclusive services for Ukrainian women and girls. UNFPA also supports longer-term systems strengthening and with clear opportunities to expand SRH and GBV integration in terms of both strategic vision and specific practical actions, such as supporting the government to use PHC units as entry points for screening and referrals.

Coherence and Connectedness

The overall humanitarian response in Moldova, and UNFPA's role within it, is an excellent example of nexus working and can be considered as a best-practice model. It is important to acknowledge that the effectiveness of the UNFPA response is clearly linked to how the Government of Moldova has framed its own response: working within the existing health insurance framework to integrate Ukrainian refugees into Moldovan health systems. For UNFPA to focus on supporting the strengthening of those systems for both Moldovans and Ukrainian refugees is appropriate to the context and, should the resources exist, sustainable: it is both the 'right' thing to do as well as the 'smart' thing to do.

For GBV, longer-term impact should be considered within the framework of the changes at national level and the division of roles and responsibility between MoLSP and the ANPCV and with a view to maximizing male engagement work. There is some potential to link more closely with Ukraine in this and use UNFPA's expertise in south-south and triangular cooperation to provide linkages with Ukraine.

Suggestions for Recommendation

Key suggested recommendations at country level (all recommendations are for UNFPA Moldova).

1. UNFPA has provided a robust RH response to the refugee crisis, but now is the time for reflection: Specific areas for reflection should include:
 - o UNFPA Moldova should develop a broader, more holistic, and more visionary SRH strategy, integrated with gender and social norm work, to guide and direct UNFPA Moldova's work over the course of the rest of the CPD.
 - o With EECARO support, UNFPA Moldova should work on developing a women-led social cohesion model framework to implement within the safe spaces.
 - o UNFPA Moldova should start a lessons-learned paper on integration of refugees within the national health insurance scheme, with a view to EECARO coordinating experiences from other countries hosting refugees in the region. This could potentially be conducted in partnership with WHO or UNHCR.
 - o UNFPA Moldova should prepare a short paper on lessons learned from the issue of misunderstanding within the inter-agency cash working group of how cash for GBV case management is used (and how it does not need to align to other cash programmes) with reflections on (a) what the challenges were; (b) how UNFPA Moldova overcame these challenges; and (c) possible considerations for the future, i.e renaming cash for GBV case management as something other than 'cash', for example, financial support. UNFPA Moldova should provide these learnings to CVA colleagues at HRD.
2. UNFPA Moldova should look to longer-term sustainable results through social norm change, expanding work on male engagement and should do this in collaboration with the Ukraine Country Office to address the issue of increased GBV among the families of combatants.
3. UNFPA Moldova should implement a light-touch monitoring of social cohesion risks through additional FGD questions in feedback mechanisms already in place in safe spaces, to share disaggregated data on potential or arising / increasing tensions with UNHCR.
4. UNFPA Moldova should prepare a short paper on lessons learned from the issue of misunderstanding within the inter-agency cash working group of how cash for GBV case management is used (and how it does not need to align to other cash programmes) with reflections on (a) what the challenges were; (b) how UNFPA Moldova overcame these challenges; and (c) possible considerations for the future, i.e renaming cash for GBV case management as something other than 'cash', for example, financial support. UNFPA Moldova should provide these learnings to CVA colleagues at HRD.

Annexes

Annex I: List of Key Informants

Job Title	Agency	Agency Type
International Consultant on Humanitarian Monitoring and Evaluation	UNFPA	UNFPA
Country Representative	UNFPA	UNFPA
Assistant Representative	UNFPA	UNFPA
Emergency Coordinator	UNFPA	UNFPA
Operations Manager	UNFPA	UNFPA
Programme Analyst, SRH	UNFPA	UNFPA
Programme Analyst, GBV	UNFPA	UNFPA
RO Gender Specialist on detail assignment	UNFPA	UNFPA
Admin / Finance Associate	UNFPA	UNFPA
Procurement Analyst	UNFPA	UNFPA
Finance Assistant	UNFPA	UNFPA
Logistics Assistant	UNFPA	UNFPA
Programme Associate	UNFPA	UNFPA
Deputy Representative	UNHCR	UN Agency
Interagency Coordinator	UNHCR	UN Agency
Head of General Department of Integrated Healthcare	MoH	Government
Head of Mother and Child Healthcare	MoH	Government
Head of Department for Gender Equality Policies	MoLSP	Government
Deputy Director of Agency on EAW	Agency for EAW	Government
Health and Nutrition Working Group Coordinator	WHO	UN Agency
Program Coordinator	Artemida	Implementing Partner
Coordinator	HelpAge	Implementing Partner
Head of Youth Friendly Health Centre	Health for youth	Implementing Partner
Pediatrician	Health for youth	Implementing Partner
Medical Assistant	Health for youth	Implementing Partner
Deputy Director of PHC, Causeni	PHC Causeni	Government
Director of PHC, Causeni	PHC Causeni	Government
Director of Rayonal Hospita, Causeni	Causeni hospital	Government
Head of perinatal centre, Causeni	Causeni hospital	Government
Head of International Cooperation Section	CNAM	Other
Accountant	CNAM	Other
Specialist Coordinator, International Cooperation Section	CNAM	Other
Director of IMCH	IMCH	Government
Obstetrician-Gynaecologist within IMCH	IMCH	Government
Humanitarian Advisor	FCDO	Donor

Annex II: List of References

1. UN. Ukraine Situation. Recalibration – Regional Refugee Response Plan March-December 2022. 2022.
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25. GBV SWG. Guidelines for teams working in Blue Dots and UNFPA Safe Spaces on dealing with Gender-Based Violence (GBV) and Child Protection related disclosures. UNFPA /UNHCR/UNICEF – August 2022. Last updated: February 2023. 2023.
26. GBV SWG. UNCHR and UNFPA. GBV Sub-Working Group Moldova. Training on GBV Monitoring and Evaluation. 2023.
27. GBV SWG. UNCHR and UNFPA. Rapid GBV Risk Assessment in CVA (Moldova). *no date*.
28. UNHCR. Moldova Inter-Agency Refugee Contingency Plan (IA CP). 2024.
29. UNFPA, UNHCR, UNICEF, IOM. Gender-Based Violence Safety Audit Report: Ukraine Refugee Response, Republic of Moldova. 2024.
30. UNFPA. Exercising the right to dignity: Voucher assistance for menstrual hygiene items for Ukrainian refugee adolescent girls and young women in Moldova. 2023.

Annex III: Evaluation Tools

[KII Questions \(click to open\)](#)

[FGD Questions \(click to open\)](#)

Annex IV: Evaluation Matrix

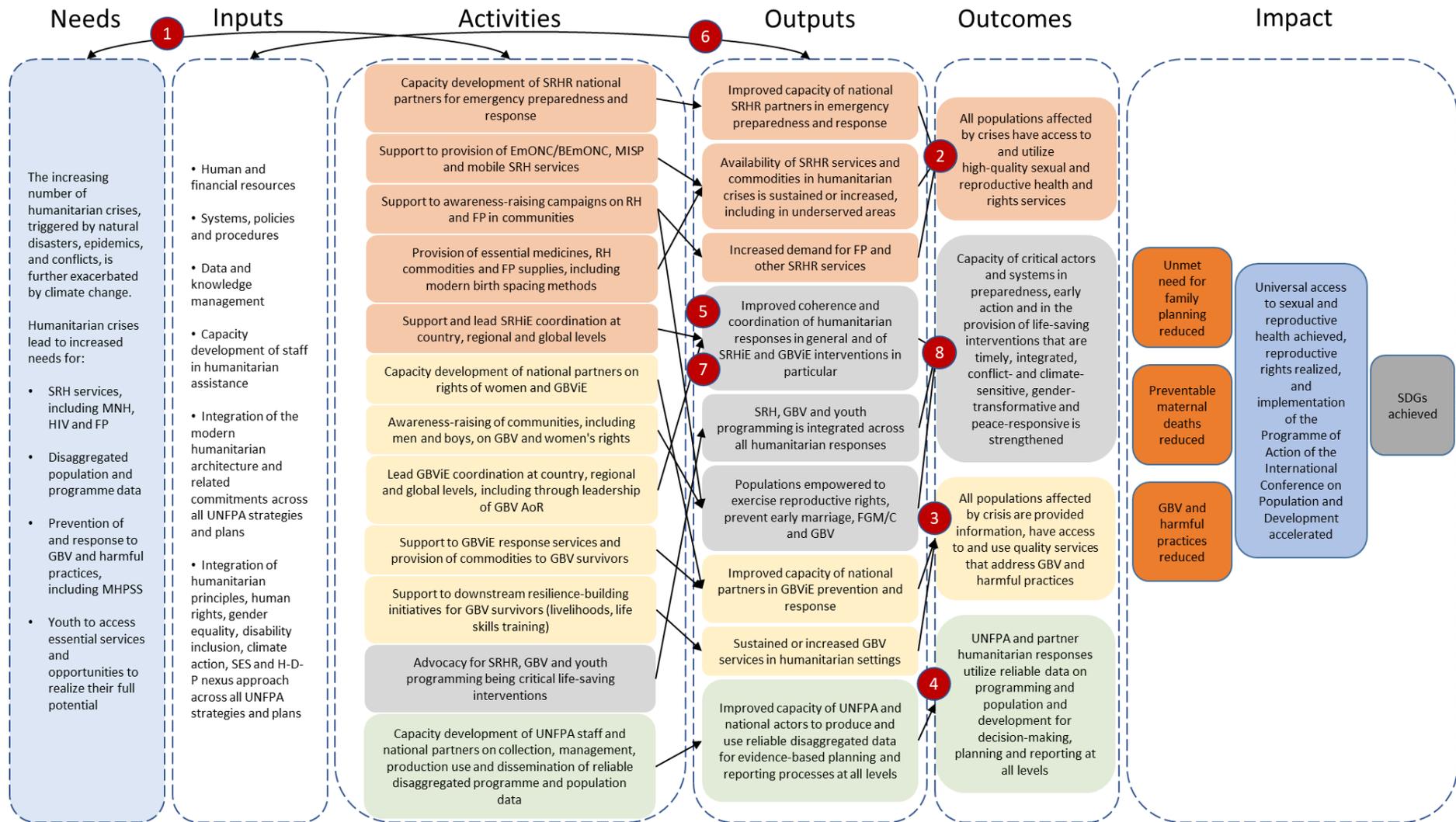
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Annex V: Moldova Country Visit Schedule

UNFPA Humanitarian Capacity Evaluation Draft Schedule Country: Moldova		
Day	Time	Activities
Day 1 March 17th	9am-9.457	Senior Management meeting: Karina Nerseyan, Country Representative, Natalia Plugaru, Assistant Representative, Saidkasim Sakhipov, Emergency Coordinator, Diana Selaru, Operations Manager
	9.45-11	Orientation with humanitarian team Cornelia Vintea-Creciun, SRH program analyst, Violeta Terguta, GBV Program Analyst, Marie Toulemonde, DA Gender Specialist
	11-12.30	Meeting with SRH team Cornelia Vintea-Creciun, SRH program analyst
	12.3-2pm	LUNCH
	2pm-3pm	Meeting with Operations Team Diana Selaru, Operations Manager, Rajeev Rajasekhar, Admin/Finance Associate, Iurie Tarcenco, Procurement Analyst, Alexei Cracan, Finance Assistant, Tatiana Straistaru, Logistic Assistant, Diana Condrat, Programme Associate
	3pm-4.30	Meeting with GBV team Violeta Terguta, GBV Program Analyst, Marie Toulemonde, DA Gender Specialist
	5pm-6pm	Meeting with UNHCR Betrand Blanc, Deputy Representative, Diego Nardi, Inter-Agency Coordinator
Day 2 March 18th	10-11	Meeting, MoH Vadim Aftene, Head of General Departement of Integrated Healthcare. Dorina Savoschin, Head of Mother and Child Health Care, MoH
	11.30-12,30	Meeting, MoLSP Aurelia Bulat, Head of Department for Gender Equality Policies
	12.30-1.30	LUNCH
	2pm-3pm	Meeting, Agency on EAW Neli Lelenco, Deputy Director Agency on EAW
	3.30-4.30	Meeting, WHO Vitalii Stetsyk, Co-chair Health and Nutrition WG
Day 3 March 19th	7.30-10.30	Travel to Drochia
	10.30-12pm	Meeting, Artemida, Observation of programme site
	12-1pm	LUNCH
	1pm-1.30	Travel to Donduseni
	1.45-3pm	FGD in RAC SS
	3pm-6pm	Travel to Chisinua
Day 4 March 20th	7.30-10am	Travel to Cahul
	10-12.30	KII with Health for Youth, FGD with adolescent girls
	12.30-1pm	LUNCH
	1-3.30	Travel to Causeni

	3.30-4.30	KII PHC Causeni
	4.45-5.45	KII Hospital Causeni
	5.45-6.45	Travel to Chisinau
Day 5 March 21st	9am-10am	KII with CNAM Maria Lifciu Head of International Cooperation Section, Adrian Barba specialist coordinator, international cooperation section, Sergiu Negritu, Accountant
	10.45-11.45	KII with IMCH Sergiu Gladun, Director of the IMC. Victoria Ciubotaru, Obstetrician-Gynecologist within Center on Reproductive Health and Medical Genetics
	11.45-12.45	LUNCH
	1pm-2pm	KII with FCDO Pippa Brown, Humanitarian Advisor
	3pm-5pm	Debrief with Country Team

Annex VI: Reconstructed Theory of Change





Driving evidence-based actions
Ensuring rights and choices for all

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