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Draft country programme document**

Republic of Moldova

Summary

The draft country programme document for the Republic of Moldova is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$3,595,000 from regular resources, subject to the availability of funds, and \$15,250,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

<i>Basic data[†]</i> <i>(2004 unless otherwise stated)</i>	
Child population (millions, under 18 years)	1.1
U5MR (per 1,000 live births)	28
Underweight (% , moderate and severe) (1996)	3
Maternal mortality ratio (per 100,000 live births) (2001)	44
Primary school enrolment (% net, male/female) (2000)	98/99 ^a
Primary schoolchildren reaching grade 5 (%) (2000)	99
Use of improved drinking water sources (%) (2000)	92
Adult HIV prevalence rate (%) (2003)	0.2
Child work (% , children 5-14 years old)	28
GNI per capita (US\$)	710
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	96

[†] More comprehensive country data on children and women are available at www.unicef.org.

^a Number of children attending primary or secondary school who are of official primary school age, expressed as a percentage of the total number of primary school age children.

The situation of children and women

1. Moldova is a small, landlocked country with a population of 4.2 million, that is ageing and mostly rural. There are 1.1 million children, 26 per cent of the population (down from 33 per cent in 1990). Over the last five years, Moldova has enjoyed political stability and has increased its commitment to European Union (EU) integration. Major public sector reforms were launched to accelerate economic growth, increase Government services, and promote social rights.

2. In 2004 an Economic Growth and Poverty Reduction Strategy Paper (EGPRSP) was finalized, and in 2005 a four-year agenda was adopted, consistent with the Millennium Development Goals and additional national goals set by the country. Moldova's pursuit of these goals is especially commendable, and it is encouraging that there has been progress in Goal 1 (extreme poverty). After years of slow transition, economic and living conditions have improved. Since 2000, real gross domestic product (GDP) has increased by 30 per cent, and poverty has declined by half. However, 26.5 per cent of Moldovans live in poverty.

3. The United Nations Common Country Assessment highlighted the fact that the country lags behind its neighbours in terms of well-being, equality and social inclusion. The latest household budget survey indicates that, despite fast economic growth, disparities hobble economic and social development and the achievement of Millennium Development Goal 2 (education), Goal 4 (child mortality) and Goal 6 (HIV/AIDS). There is inadequate information on the situation of children in Transnistria.

4. In the two last decades, rapid de-industrialization in smaller cities, erosion of production and purchasing power in rural areas, and some of the highest migration

rates of young and educated people in the world have resulted in large segments of society facing persistent and chronic poverty that effectively excludes them from services social protection, education, health and HIV/AIDS. Children living in rural areas and in smaller cities are particularly affected by exclusion. Even with the country's fast growth rate, it is estimated that it will take 17 years for this group of children to recover the 1989 living standards.

5. One of the most visible forms of deprivation is the increased number of children deprived of parental care. With 11,500 children in residential care institutions (87 per cent of whom have living parents), Moldova has one of the highest rates of such care in Central Europe. A full 5,500 of these children have disabilities. Nevertheless, living conditions in institutions have improved, and the Government is engaged in a de-institutionalization process, but progress is slow. At least one child aged 0-6 is abandoned each day, and one third of children are abandoned within the first four days of life. Children left by migrant parents are a growing national problem. According to the 2005 Moldova Demographic and Health Survey (MDHS), 31 per cent of all children aged 0-14 were left without one or both parents, compared with 16 per cent in 2000. Not enough is known about the living conditions of these children. Anecdotal information indicates that they are disproportionately likely to become victims of trafficking and school dropout; there are no services available at institutional or community levels to support them.

6. MDHS findings show the high vulnerability of children and women, with 7.3 per cent of girls aged 15-19 and 13.7 per cent of women aged 20-49 victims of physical violence. This violence is often a precursor of trafficking for commercial sexual exploitation. Between 2000 and 2005, the International Office for Migration identified and assisted 1,706 victims of trafficking of whom 10 per cent were children and 70 per cent were victims of family violence. Although juvenile justice reform has improved, children still constitute 2 per cent of the prison population, and pre-trial detention averages 10 months. In 2005, only 40 per cent of children in pre-trial detention received legal assistance.

7. Although the national response to HIV/AIDS is strengthening, with support from Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank, prevention, treatment and care are not commensurate with the rapid spread of HIV/AIDS. There are 2,471 known persons living with HIV/AIDS, but documented cases increased from 199 in 2002 to 533 in 2005. HIV/AIDS decreased among drug users in the last several years, while cases of sexual transmission in the general population rapidly increased (from 20 per cent in 2001 to 55 per cent in 2004). The situation of children affected by HIV/AIDS and the social impact on them is not well known. Recently, a national programme to combat HIV/AIDS in line with the EGPRSP was adopted. Moldova must prioritize prevention among children and vulnerable adolescents, and increase access to paediatric care and social assistance for HIV/AIDS-affected children.

8. The shift to a primary health care system supported by a new Compulsory Health Insurance is ensuring free-of-charge access to health services for pregnant women and children. Immunization coverage exceeds 95 per cent; antenatal care coverage is 99.5 per cent; and births attended by qualified staff are over 99.6 per cent. The consumption of iodized salt increased from 34 per cent in 2000 to 59.2 per cent in 2005. These achievements contributed to a decline between 2000 and 2005 in under-5 mortality from 19.2 to 15.3 per 1,000 live births. In the same period, the

maternal mortality ratio decreased from 27.1 to 23.2 per 100,000 live births. More efforts are needed to remove barriers in access to services for 50 per cent of the poorest families; to reduce the proportion of child deaths occurring at home, now at 25 per cent; and to reduce iron-deficiency anaemia affecting 30 per cent of children 6-24 months old.

9. During the transition period, Moldova maintained good education outcomes, except in pre-school education, in which only 35 per cent of rural children aged 3-7 enrol, compared with 57 of children in the same age group in urban areas. However, recent assessments show a 7.2 per cent drop in net enrolment from 2000 to 2005, concentrated in rural areas. With support from the Fast Track Initiative (FTI) and the World Bank, Moldova is pursuing reforms in access and quality, among others, for the education system, which must better meet the needs of disabled and excluded children.

10. Following the 2002 Concluding Observations of the Committee on the Rights of the Child, Moldova reduced child and maternal mortality, developed a comprehensive Strategy on Family and Child Protection, strengthened the legal and institutional framework in juvenile justice and trafficking, and developed the National Education for All Plan of Action. However, further efforts are required in de-institutionalization, eliminating violence against children, combating HIV/AIDS, reducing child injuries, improving basic education quality, and overcoming micronutrient deficiencies. The significant number of civil society organizations (CSOs) in Moldova need to be integrated into decision-making processes.

11. The national development framework and reform processes centre on the EGPRSP and the EU Moldova action plan. It is crucial that the resulting initiatives pay more attention to the needs of the most vulnerable children.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

12. The previous country programme focused on maternal and child health; child protection; and young people's health, development and participation. The mid-term review (MTR) indicated that the development and costing of the social assistance and Basic Benefit Package brought about free provision of essential health services to pregnant women and children and increased allocations to primary health care. The national Integrated Management of Childhood Illnesses strategy and the Perinatal Care Programme, developed with World Health Organization (WHO) collaboration, achieved nationwide coverage with the support of the Japan International Cooperation Agency, Swiss Agency for Development and Cooperation and the World Bank. Family education and counselling on child care practices were mainstreamed into the health system as a result of health providers' revised job description, training, and the development of supervision tools. These achievements were instrumental in reducing perinatal and child mortality.

13. The Government set up a National Council for the Protection of Children's Rights and a National Strategy on Family and Child Protection, and several norms, including a law on Preventing and Combating Trafficking in Human Beings and a

law on adoption, were developed. The country programme provided innovative social service models that went to scale, including maternal centres and day care centres for vulnerable children. The participatory approach in policy development and experience with alternative programme models contributed to strengthening the capacities of child protection professionals. Residential institutions for young children concentrated their efforts on prevention and de-institutionalization. Largely as a result, the number of newly institutionalized children under 7 decreased from 479 in 2000 to 354 in 2003, and the average length of stay in institutions was reduced from 20 to 10 months. These results were achieved with the support of the World Bank, the Swedish International Development Agency (Sida) and United Kingdom Department for International Development (DFID).

14. To promote youth health, development and participation, the Government adopted a National Youth Strategy and a plan of action, and developed relevant regulations. The Ministry of Education, Sport and Youth began extending two models of youth-friendly services through a network of 60 youth resource centres and 12 youth-friendly health centres. More than 25,000 adolescents, including 2,500 young counsellors covering 25 per cent of the country, are participating in decision-making processes and implementing projects through 250 local youth councils. More than 160,000 young people have benefited from peer education, and a life skills-based education curriculum was developed and implemented. These achievements, with support from the Global Fund, the World Bank and the Governments of Ireland, Netherlands and Sweden, enabled the Government to incorporate youth objectives into the EGPRSP.

Lessons learned

15. Knowledge generated by UNICEF-supported evaluations and studies was instrumental in policy reforms. The National Health Insurance Company used the results of the Basic Benefit Package costing study to increase allocations to primary health care by 42 per cent, contributing to improved health outcomes. This demonstrated that, even with limited resources and high poverty, appropriate strategies and resources can improve affordability and service access for people in poverty. Closer analysis showed, however, that benefits are still insufficient and not well targeted. National capacity needs to be improved in situation assessment and analysis of trends so that a larger proportion of resources can be directed to vulnerable groups.

16. Substantial improvements were made to the legal framework covering youth issues and concepts, and effective models were developed to combat HIV/AIDS among young people. With UNICEF support, Moldova established a dynamic network of youth non-governmental organizations (NGOs), including a wide peer educator system with thousands of members. However, the MTR indicated that the programme did not fully target vulnerable adolescents or prevention of vulnerability.

The country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child protection	1 000	7 000	8 000
HIV/AIDS and vulnerable adolescents	600	3 600	4 200
Equitable access to quality services	700	3 700	4 400
Social policy and child rights	695	500	1 195
Cross-sectoral	600	450	1 050
Total	3 595	15 250	18 845

Preparation process

17. The country programme for 2007 to 2011 has been developed by the Government of Moldova and UNICEF based on the United Nations Development Assistance Framework (UNDAF), the Concluding Observations of the Committee on the Rights of the Child, and lessons learned. Consultations were carried out with NGOs and donors. During the February Joint Strategy Meeting, key outputs were discussed and appropriately revised in cooperation with other United Nations Agencies.

Goals, key results and strategies

18. Moldova is faced with a fragile economic growth that is still not benefiting disadvantaged children. The goal of the programme is to support the Government in further developing its planning, policy and programme capacity to ensure that public sector reforms and implementation of economic and social policies deliver outcomes for excluded children. Special emphasis will be placed on enabling the Government to assess needs and make reforms and investments in the social sectors, with the support of the EU, the World Bank and donors. Priorities will include, first, protecting children against violence, abuse, neglect and deprivation of a family environment; second, preventing HIV/AIDS particularly among vulnerable adolescents; and third, ensuring equitable access to quality services in early childhood and basic education for marginalized children.

19. The programme aims for several key results: (a) a decrease of 30 per cent in the number of institutionalized children; (b) a decrease of 50 per cent in the number of children in detention; (c) 80 per cent of vulnerable adolescents having access to quality information and services that reduce their vulnerability to HIV/AIDS; (d) the most vulnerable children made a priority in national efforts to address poverty and social exclusion; and (e) an increase of 20 per cent in the number of families applying positive care practices, focusing on vulnerable and underserved groups (rural and poor).

20. Programme strategies, including knowledge generation and quality assessments, will help the Government to further develop its capacity to address

disparities. Improved data systems and evidence-based practices will inform social policies and help to guide decision makers in mainstreaming good practices for the effective use of aid, including budgetary support for programmes benefiting the most disadvantaged children. Inter-Ministerial and intersectoral approaches will be encouraged as means to increase synergy between child protection, HIV/AIDS, and education activities, and to ensure the efficient delivery of social programmes for the most-at-risk and underserved children. Social mobilization and communication strategies will better enable the Government to systematically include the voices of disadvantaged children in policymaking.

21. Nationally, the programme will promote pro-poor policies in HIV/AIDS, health, micronutrients, and education. The Government is currently pursuing a decentralization strategy, and the programme will support efforts in *raions* (administrative units) showing higher rates of deprivation among children. In close consultation with the Government, and in collaboration with the Organisation for Security and Co-operation in Europe (OSCE) and United Nations agencies, assistance will be provided to children in Transnistria.

Relationship to national priorities and the UNDAF

22. Moldova priorities for 2005-2009 target poverty and vulnerability reduction alongside the acceleration of economic growth, the strengthening of public service delivery, the improvement of social-protection targeting, and improved monitoring systems. Much is being done with EU support through the EU Neighbourhood Policy. The UNDAF strongly supports these priorities and has planned outcomes in governance and participation, access to basic social services, and local and regional development. UNICEF will contribute to all the three outcomes, focusing on strategies to lift children out of poverty, and within the UNDAF, will lead in child protection, education, nutrition, and child-centred activities.

Relationship to international priorities

23. The programme will support Moldova in implementing the Millennium Declaration and the Millennium Development Goals, and in fulfilling its obligations under international agreements and treaties, especially the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS, and the conclusions of the Ljubljana Regional Consultation for the United Nations Study on Violence Against Children in Europe and Central Asia. Results are aligned with the Millennium Development Goals and the UNICEF medium-term strategic plan (MTSP) for 2006-2009.

Programme components

24. **Child protection.** Poverty and migration have contributed to the breakdown of the family structure, the large number of children deprived of parental care, and the high level of institutionalization. Violence against children and women and trafficking are major concerns. The legal framework has significant gaps and there is no regulation of community-based services such as foster care, day care centres,

family-type temporary placement centres and family support programmes. System capacity for, and legislation on, the prevention of violence needs to be greatly strengthened, as does punishment of perpetrators. Victims are unaware of complaint mechanisms, and procedures and specialized services remain limited. The juvenile justice legal and institutional framework has been improved, but professional capacities need to be further developed, and alternatives to deprivation of liberty mainstreamed into the administration of justice. The programme will enable the Government to manage and implement social protection reforms for excluded children, to improve levels and beneficiary-impacts of social budgets, as well as to develop and expand family support services at the community level.

25. In line with the MTSP objectives regarding violence, exploitation and abuse, this programme will support prevention strategies in the Government's social protection reforms that enable vulnerable children and families to access social services and benefits. This approach will contribute to (a) reducing the number of children deprived of parental care; (b) reducing placement in residential care; and (c) reintegrating institutionalized children into family care. The programme will also contribute to (a) building the Government's capacity to improve the legal framework and institutional response mechanisms for violence and abuse; (b) strengthening the juvenile justice system; (c) reducing by 50 per cent the length of pre-trial detention of children; and (d) ensuring 100-per-cent legal representation for all children deprived of liberty. The Government will be assisted with evidence-based research processes, and communication strategies will increase family knowledge and capacities.

26. The Ministry of Health and Social Protection will be supported in establishing a network of social workers as part of a sector-wide approach by all donors, with the participation of the World Bank, DFID, Sida and the EU. The Ministry of Education, Youth and Sports will be enabled to design and manage the residential care system reform supported by the EU and to strengthen the skills of child protection specialists. The programme will also contribute to strengthening the Government's capacity to coordinate the efforts of all national and international actors in social sector reform.

27. UNICEF will support the Government in improving the policy, legal and regulatory framework for the prohibition of violence against children. A special focus will be on enabling national and local authorities to detect, monitor, and report cases of violence against children, including trafficking, and to better equip law enforcement and social protection professionals to prevent, identify and respond to such cases. The Government's capacity will be enhanced to ensure that investigation procedures respect the rights of victims; that the administration of justice applies child-friendly procedures; and that specialized services are developed for the protection and recovery of child victims of violence.

28. Support will be given to the Government to reform juvenile justice in the areas of legislation, policy and institutional capacity-building. The capacity of professionals will be strengthened to implement the recently established national curriculum on children's rights, and to mainstream into the justice system alternatives to deprivation of liberty for children.

29. UNICEF regular resources will go towards making core technical local and international expertise available to the Government for the management and

implementation of reform; other resources will fund the majority of programme assistance.

30. This programme will continue to partner with the National Bar Association, NGOs, universities and media. It will work in synergy with the International Labour Organization (ILO) Programme on the Elimination of Child Labour and with the United Nations Development Programme (UNDP) initiatives on trafficking of human beings. The programme will also enhance national coordination and collaboration in child protection with the EU, OSCE, the World Bank, Sida, DFID, the United States Agency for International Development, and other donors and organizations.

31. **HIV/AIDS and vulnerable adolescents.** Moldova ranked third among Commonwealth of Independent States countries in 2004 for HIV incidence, which has increased, particularly among adolescents and young women. The situation calls for urgent information and other services.

32. In line with MTSP objectives on HIV/AIDS and children, the programme aims for the following results: (a) 80 per cent of the vulnerable adolescents and at least 30 per cent of the most-at-risk adolescents have access to information and services; and (b) all mothers and children who are HIV positive have access to treatment and care.

33. The programme will support the Ministry of Health and Social Protection unit implementing the Global Fund Grant and the World Bank-funded project to further strengthen Government capacity to prevent HIV/AIDS transmission among children and adolescents. The programme will also assist the Department of Youth in the Ministry of Education, Youth and Sports in (a) developing and updating the legal framework, in line with international and European standards; and (b) in developing an accreditation system for youth-friendly services; and (c) using peer-centred approaches to disseminate HIV/AIDS information to the most-at-risk adolescents. Strategies will be developed to promote outreach services for these adolescents. The participation of vulnerable and most-at-risk adolescents will be encouraged in decision-making and programme processes.

34. The prevention of mother-to-child transmission (PMTCT) will be supported through voluntary counselling and testing, referral services, antiretroviral treatment for pregnant women and children, and counselling of mothers who are HIV positive on young-child feeding options. The programme will enhance the capacity of the National AIDS Centre to coordinate assistance to children and women. Strategies will be tailored to benefit marginalized children and women not covered by social services, and to improve communication within communities to prevent stigmatization of women and children who are HIV positive.

35. Regular resources will fund technical assistance for existing initiatives facilitating exchanges of experiences and access to international expertise for standards-setting and skills development; other resources will fund other programme interventions.

36. HIV/AIDS calls for inter-sectoral approaches linking health, protection, and education services. UNICEF will partner with the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Global Fund and the World Bank to support projects targeting vulnerable and most-at-risk adolescents and children affected by HIV/AIDS and improving PMTCT services as part of the global

campaign “Unite for Children, Unite against AIDS”. Partnership with Irish Aid will continue, and UNICEF will facilitate the strategic partnership between NGOs and Government authorities.

37. **Equitable access to quality services.** While a significant reduction has been made in infant and maternal mortality rates, over half of child deaths are still due to preventable causes. Micronutrient deficiencies among young children and women of reproductive age are problematic, and people living in poverty still have low access to primary health care. In education, the challenges are to improve pre-school access for underserved populations, reduce urban-rural disparities, and reverse school dropout in basic education. The programme will help to ensure equal opportunities for the excluded groups in health and education.

38. In line with selected MTSP results for young child survival and development and basic education and gender equality, the programme will aim for these results: (a) improved parenting skills of vulnerable families for better care-seeking, child injury prevention and early childhood stimulation; (b) a strengthened policy and regulatory framework covering health and micronutrient deficiencies; (c) revised concepts, regulations, and norms for pre-school education; and (d) appropriate policies and standards for inclusive and quality basic education to prepare pupils to acquire skills relevant to global labour markets.

39. The Mother and Child Health Services in the Ministry of Health and the Ministry of Education will be supported in the promotion of better parenting, using primary health care centres and kindergartens as entry points and targeting families and communities with communication interventions. The Ministry of Economy and Trade and Ministry of Agriculture, in partnerships with the private sector, will be supported to strengthen the policy and regulatory framework, improve monitoring and evaluation systems, and develop social marketing of micronutrient-fortified foods.

40. UNICEF will support the Ministry of Education in implementing its Consolidated Action Plan. The programme will complement the World Bank-funded Quality Rural Education project and Early Education and Development project, funded through the FTI mechanism, by identifying capacity gaps, providing technical expertise and building institutional capacity in child-friendly policies, standards for teacher training and inclusive and quality education. Existing normative frameworks and standards in early childhood education will be revised. *Raion* Education Departments will receive support to generate and analyse data on inequities and identify children excluded from mainstream education.

41. Regular resources will mainly be used to provide international expertise and technical support to the Government; most interventions will be funded from other resources.

42. UNICEF will partner with the EU, the World Bank, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO), academia, professional associations and local public authorities. The partnership for eliminating micronutrient deficiencies, which includes the Ministry of Health and Social Protection, Ministry of Agriculture, Ministry of Economy and Trade, food producers, and salt importers, will be strengthened.

43. **Social policy and child rights.** Several indicators show that the Government’s policy reforms and programmes to tackle poverty and exclusion are not benefiting

the most vulnerable. There is a need for improved understanding of how to implement and monitor re-distributive programmes so that economic growth can impact positively on excluded children. Development assistance in social sectors is increasingly delivered as budgetary support, and further investment in Government capacity is needed to ensure its effective utilization for children.

44. The programme aims for these results: (a) increased awareness of children's and women's rights and of the importance of investing in children and women among central and local authorities; (b) strengthened national capacity for participatory formulation, implementation and monitoring of socio-economic development plans; and (c) improved Government and CSO capacity to monitor and report on child rights.

45. The programme will seek synergy with UNDP, the World Bank and the Public Administration Reform Unit to ensure that issues regarding excluded children are well reflected in reform. It will also strengthen capacities of Parliament, the Ministry of Finance and the National Bureau of Statistics to generate knowledge for improving budgetary mechanisms and increasing allocation for excluded children. Together with the World Bank and European Commission, UNICEF will also support the Ministry of Health and Social Protection in adjusting the social cash benefit system and making it more efficient in assisting excluded children.

46. Support will be given to Parliament to oversee a children's rights ombudsperson function, and to the Government and civil society to report on child rights as required by the Convention on the Rights of the Child.

47. Together with UNDP and UNFPA, the programme will support, in selected *raions*, efforts to strengthen the engagement of communities, CSOs and media in development, including monitoring. In partnership with United Nations agencies, UNICEF will assist authorities in continually updating the Emergency Preparedness and Response Plan.

48. Major partners will include the National Office of Statistics, the National Council for Child Protection Rights, the Ministry of Economy and Trade, United Nations agencies, bilateral and multilateral donors, NGOs and CSOs.

49. **Cross-sectoral costs** will cover recurrent costs, programme salaries, planning and support staff, travel costs, logistics expenses, UNICEF website costs, and cross-sectoral advocacy campaigns.

Major partnerships

50. UNICEF work with the United Nations agencies through the UNDAF in several areas: (a) HIV/AIDS and adolescents and PMTCT with UNFPA, UNDP, WHO and the Joint United Nations Programme on HIV/AIDS; (b) child trafficking with ILO and complementing UNDP initiatives on trafficking in human beings; and (c) poverty reduction strategies and emergency preparedness with UNDP. UNICEF will strengthen its partnership with the World Bank in social sector reforms, quality education, scaling up the child-friendly school concept and prevention of HIV/AIDS and PMTCT. De-institutionalization activities will be developed with the EU, DFID and Sida. UNICEF will seek support from National Committees for UNICEF and from the private sector for children deprived of parental care, children affected by HIV/AIDS and other priorities. Collaboration with Parliament will be enhanced to

develop legislation protecting children's and women's rights. Other partners will include the Global Alliance for Vaccines and Immunization, Terre des Hommes, the International Organization for Migration, and international and national NGOs.

Monitoring, evaluation and programme management

51. Progress will be monitored through several indicators: (a) budget expenditures in social sectors; (b) the number of children in residential institutions; (c) the number of abused children receiving assistance; (d) the number of children deprived of their liberty; (e) the percentage of vulnerable adolescents who can name at least three behaviours to protect themselves against HIV/AIDS; (f) the proportion of poor inhabitants covered by the health insurance system; (g) the percentage of families having access to fortified flour products and iodized salt; and (h) the percentage of children enrolled in pre- and primary school.

52. The Moldova Demographic and Health Survey, budget household surveys, and routine statistics will be baselines. The Integrated Monitoring and Evaluation Plan will link to the UNDAF integrated monitoring plan. UNICEF will assist the national authorities in scaling up *DevInfo* for monitoring the Millennium Development Goals and the EGPRSP. Routine monitoring will include field trips, spot checks and audits as prescribed in the new United Nations modalities for cash transfer. Annual progress will be assessed through United Nations Joint Programme Reviews.

53. The Ministry of Foreign Affairs will be the main UNICEF counterpart for programme coordination. The country programme action plan and annual action plans will be developed and reviewed jointly with relevant Ministries. The work of thematic UNDAF steering committees will contribute to monitoring and evaluating progress.
