



COVID-19

SOCIO-ECONOMIC RESPONSE AND RECOVERY PLAN

Updated version – September 2020



Photo credit: UNDP Moldova



Photo credit: UN Women Moldova



Photo credit: WHO Moldova



Photo credit: UNFPA Moldova

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The COVID-19 pandemic is affecting everyone. Globally, millions of people have been infected with the virus, while hundreds of thousands have lost their lives.

In Moldova, the pandemic is placing an ever-increasing pressure on the health care and social protection systems, causing major disruptions to economic processes and limitations to social life, deepening inequalities and proving how vulnerable we are.

While we have been fighting the pandemic, one thing has become clear: global challenges require strong commitment and coordinated efforts and actions at all levels and from all stakeholders, solidarity and sustainable partnerships.

Based on assessment of the impacts, the COVID-19 Response and Recovery Plan designed by UN Moldova is intended to offer support for the immediate but also the long-term socio-economic response and recovery from the COVID-19 pandemic.

The plan also complies with the country's national recovery and development plans to mitigate the effects of the pandemic and ensure that Moldova pulls through this challenging time and can continue with its pre-pandemic reform agenda.

Mr. Ion Chicu,
Prime Minister of the Republic of Moldova



On 31 January, the Director General of the World Health Organization declared the outbreak of the coronavirus disease 2019 (COVID-19) to be a Public Health Emergency of International Concern.

In Moldova, the first case was confirmed on 7 March. This was followed by a lockdown period and the declaration of an emergency situation in public health. Nonetheless, we are still witnessing a steady increase in positively confirmed cases. We must admit that the COVID-19 pandemic is far more than a health crisis: it is affecting the whole of the Republic of Moldova, and nearly every aspect of social and economic life.

The United Nations in Moldova was actively involved in COVID-19 preparedness planning prior to the declaration of a Public Health Emergency of International Concern. It has been in constant communication with the Government of Moldova and the Ministry of Health, Labour and Social Protection (MHLSP), offering support in three main areas: health system preparedness, technical support and capacity building, and information and communication on COVID-19.

This Recovery and Response Plan and the programme portfolio that accompanies are the United Nations' offer of support. The design and aim of the plan highlight the commitment of UN Moldova to supporting national leadership and ownership through their links to the Government Action Plans and the recover better principle. Integrated policy solutions are offered with gender equality and human rights at their core.

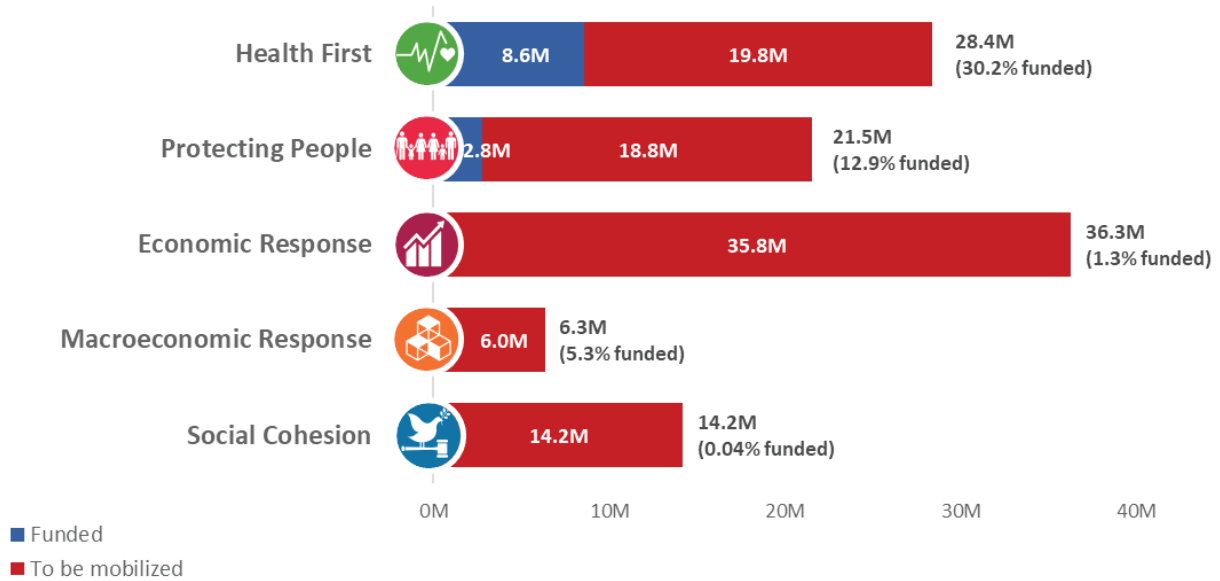
I would like to thank the government, international financial institutions for reviewing the plan, development partners for the coordinated efforts and line ministries for working with UN partners to develop the portfolio. I look forward to continuing to develop this offer to ensure that collectively, with the Government and development partners, we are able to mitigate the effects of the pandemic in a way that no part of the population is left behind.

Mr. Simon Springett
United Nations Resident Coordinator

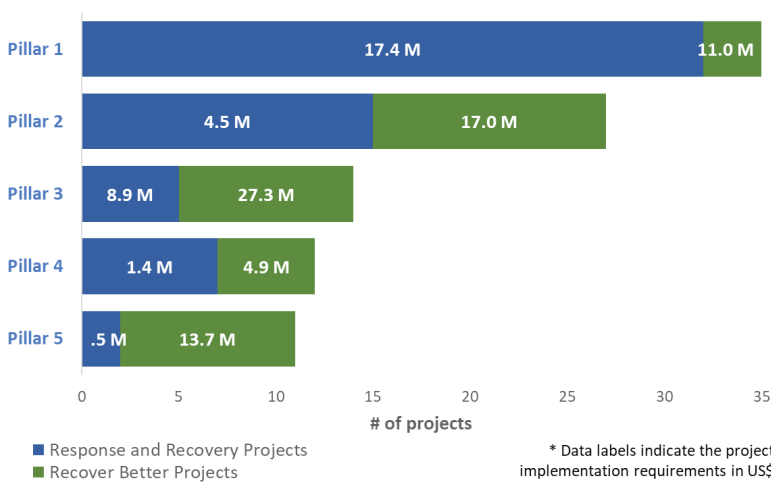
Plan at a Glance

| Actions/ projects | Requirements | Funded | Repurposed funds from 2020 budget |
|-------------------|-------------------|--------------|-----------------------------------|
| 99 | \$ 106.7 M | 11.4% | 7% |

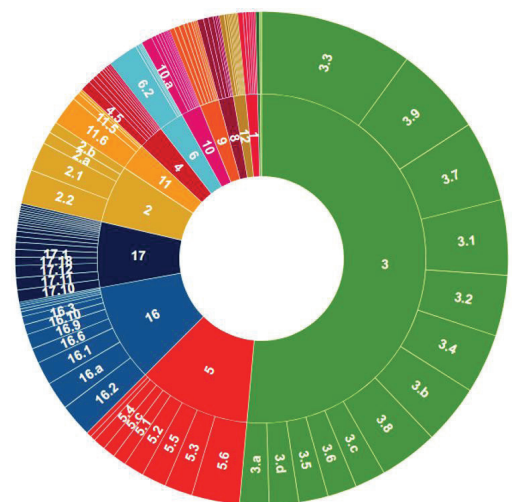
Required & Funded by Pillar



Response and Recovery & Recover Better Projects



List of SDGs and targets covered by the Plan



I. Introduction

As an immediate offer of support to the Republic of Moldova, the United Nations developed a Response and Recovery Plan, with an 18-month horizon (June 2020 to December 2021) based upon ongoing assessments and the United Nations framework for the immediate socio-economic response to COVID-19. This updated Plan has been peer-reviewed by a cross-section of development partners and government officials to ensure properly sequenced priorities and overall policy coherence.

The COVID-19 pandemic is far more than a health crisis: it is affecting the whole of the Republic of Moldova and is impacting on nearly every aspect of social and economic life. The aim of this response and recovery plan is to anchor the socio-economic response to COVID-19 firmly within the national COVID-19 response and long-term development plans, and to leave no one behind. As such, this Plan supports and remains fully cognisant of:

- [The National COVID-19 Response Plan and its updated version](#)¹
- The World Health Organization's Strategic Preparedness and Response Plan
- [The Government Action Plan 2020 – 2023](#)
- The National Development Strategy Moldova 2030²
- The findings of the Moldova [Voluntary National Review of the 2030 Agenda](#)
- The Sustainable Development Goals

The Plan furthermore applies a human rights-based approach and agencies will be guided by a set of [nationalized human rights indicators](#), developed by OHCHR, in both project and programme development,

as well as in the process of assessing and monitoring the extent to which implementation of the projects and programmes contributes to respect for, protection of and fulfilment of human rights.

Since the initial plan was released in June 2020, the United Nations system has conducted ten assessments, initiated 11 new projects (of a total value of \$898,900.01) and convened 10 Social Economic Task Force meetings with partners and the Government. The total value of the implemented United Nations response as of today is \$12,165,635.00, and the United Nations entities have reprogrammed 7 per cent of the resources allocated for 2020 (before COVID-19 the planned budget for 2020 for the United Nations system was \$26m).

The update of this plan benefited from the contributions and expertise of 23 United Nations Agencies, Funds, and Programmes (see back cover) through the leadership and coordination of the Office of the Resident Coordinator and with the technical leadership of the UNDP on the formulation and consolidation. This plan and programme portfolio has been updated based on data from impact assessments (see Annex III) and continuous partner and community dialogue. The updated Plan includes:

- a status update on the response;
- additional analysis regarding the impact of COVID-19; and
- updating of the response and recovery programme portfolio

The Response and Recovery Plan remains a living document and will be updated on the basis of ongoing assessments.

1 The Government of Moldova developed the National COVID-19 Preparedness and Response Plan with the support of the WHO (available at <https://covid19partnersplatform.who.int/country-info>), and the Plan was approved on 13 March by the Prime Minister. It covers 7 operational pillars (2 to be added). An update of the National Plan will be finalized by September 2020.

2 Approved by Government Decision 377/2020 and submitted to the National Parliament for adoption.

II. The Theory of Change

The Socio-economic Response and Recovery Plan is focused on supporting the Government of the Republic of Moldova to tackle the health emergency as well, to address the social and economic impact of the pandemic, and to contribute to the principle of leaving no one behind (LNOB). It is also intended to reduce the country's vulnerability to the pandemic, enabling a transparent, human-rights-compliant, gender-sensitive and effective recovery process, paying attention to populations for whom this emergency has compounded pre-existing marginalization, inequalities, and vulnerabilities.

The United Nations in Moldova has started by protecting the health system during the COVID-19 crisis; at the same time, and equally urgently, we are:

- Mapping those most at risk of being left behind (by understanding both the root causes of why people are left behind and the longer-term effects of being left behind)
- Helping to protect people through social protection and basic services to enable them to have access to and to claim their rights

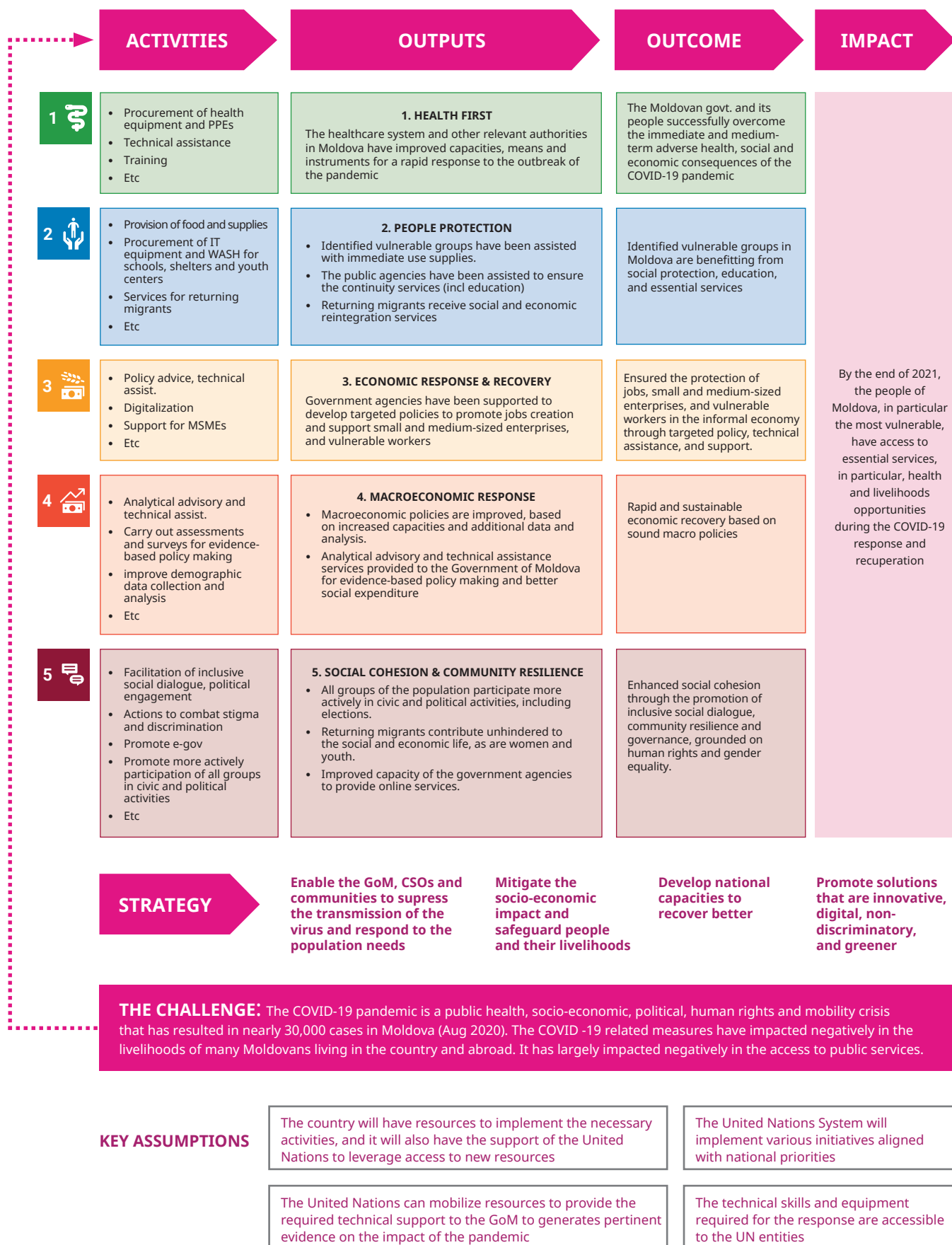
- Protecting jobs, small and medium-sized enterprises, and vulnerable workers in the informal sector through economic recovery, including enhancing the social responsibility of business towards their labour force
- Helping to guide the necessary surge in fiscal and financial stimulus to make the macroeconomic framework work for the most vulnerable and marginalized, to foster sustainable development and to strengthen multilateral and regional responses
- Promoting social cohesion and building trust through social dialogue and political engagement and investing in community-led resilience and response systems through all our interventions

The Plan's theory of change (ToC) relies on the collaborative advantages of the United Nations system to expand partnership opportunities and develop a coherent response to the COVID-19 crisis. It is also linked to contributions within the United Nations Cooperation Framework outcomes and the SDGs.



Photo credit: IOM MOLDOVA

Figure 1: ToC of the UN Moldova Socio-Economic Response and Recovery Plan



III. Assessment

The United Nations in Moldova was actively involved in COVID-19 preparedness planning before the declaration of a Public Health Emergency of International Concern.³ This long-term support for capacity assessment, policy development, training, clinical support, community outreach and risk communication, along with provision of materials and supplies, has placed the United Nations, together with development partners, at the forefront of supporting the Government’s response.

Since the outset of the crisis, the United Nations system has focused on speed, and worked with the Government, civil society and partners to assess, programme and respond almost simultaneously, rather than sequentially. This update to the Response and Recovery Plan has been designed with this in mind, using a number of internal and external

assessments and feedback loops to continuously revise and update programme priorities.

The United Nations is working to ensure the integration of multi-dimensional perspectives into existing and new assessments. As part of our promise and commitment to “do no harm” and conflict-sensitivity, all the assessments include an analysis of human rights and gender impacts, to inform the design of policies that address these risks and protect development gains.

Programmes will ensure that everyone is protected and included in the response to this crisis. Therefore, the United Nations support, from assessment to programming, from policy advice to advocacy, will be driven by the following guiding questions:

| OUR PURPOSE | THE UN’S GUIDING QUESTIONS |
|--|---|
| Tacking the immediate emergency | <ul style="list-style-type: none">Who has been targeted when devising the country's health and socio-economic response measures?What is the demographic and where do they reside?Where are the gaps? |
| Focusing on the social impact and the economic response | <ul style="list-style-type: none">Which barriers keep people beyond the reach of infrastructure, employment, services, jobs and other socio-economic response measures? |
| “Recovering better” | <ul style="list-style-type: none">How can those who are excluded, marginalized and vulnerable come into the fold? How can they be made more resilient to shocks an crises?How can the responses help remove and avoid exacerbating structural drivers of exclusion, inequalities and discrimination? |

3 Declared on 30 January 2020.

The above questions have been strengthened through the development by the United Nations in Moldova of background policy notes on COVID-19 in the following areas:

1. [The International Covenant on Civil and Political Rights, Restrictions and Limitations](#) (OHCHR)
2. [Labour rights in the context of COVID-19. What the International Covenant on Economic, Social and Cultural Rights Provides For](#) (OHCHR)
3. [Human rights compliant communications in times of crisis](#) (OHCHR) – developed for media professionals
4. [Guide on human rights compliant crisis communications](#) (OHCHR) – developed for communication officers of state authorities
5. [International Covenant on Economic, Social and Cultural Rights. The right to the highest attainable standard of health](#) (OHCHR)
6. [The rights of persons with disabilities and COVID-19](#) (OHCHR)
7. [Older persons in the context of COVID-19](#) (OHCHR)
8. [To older persons: know your rights during COVID-19 pandemic and beyond](#) (OHCHR), available also in Russian and Romanian
9. [The role of social protection in responding to the COVID-19 pandemic](#) (OHCHR)
10. [Joint statement on COVID-19 in prisons and other closed settings](#) (UNODC, WHO, UNAIDS and OHCHR)
11. [Ensuring access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic. Statement of the Joint UN Programme on HIV/AIDS \(UNAIDS\) Interagency Working Group on Key Populations](#) (UNODC, UNAIDS, UNFPA and UNDP)
12. [The impact of COVID-19 on education in Moldova and how to turn it into an opportunity to build a more resilient education system](#) (Education Task Force)
13. [Social and economic impact assessment of COVID-19 in the Republic of Moldova: a human rights-based approach \(HRBA\)](#) (OHCHR)

Additionally, the United Nations Country Team has initiated a COVID-19 Policy Dialogue Series to ensure complementarity to ongoing assessments. To date this has included the following publications:

1. [COVID-19 Thematic Brief on Migration](#) (IOM)
2. [COVID-19 Thematic Brief on the Impact on the World of Work](#) (ILO)
3. [COVID-19 Thematic Brief on the Impact on the Agriculture and Food Value Chains](#) (FAO)

4. [COVID-19 Thematic Brief on Industrial Development](#) (UNIDO)
5. [COVID-19 Thematic Brief on Green Transformation - The Time is Now](#) (UNDP)
6. [COVID-19 Thematic Brief on Investing in Resilient Communities in Moldova](#) (UNDP)
7. [COVID-19 Thematic Brief on Collaborative use of new evidence to support the Government of Moldova's response to COVID-19 crisis](#) (UNDP)
8. [Digitalization of public services in Moldova in the COVID-19 era](#) (UNDP)

Concurrently, over 26 UN-led thematic assessments (22 of which have been completed) will complement this work by focusing on and deepening the analysis in specific areas. For the full list of assessments, see Annex III.

An overarching and comprehensive socio-economic impact assessment of the COVID-19 pandemic on vulnerable groups and sectors in the Republic of Moldova is being led by UNDP, in partnership with UNFPA, and in close collaboration with the United Nations system agencies. The Assessment is intended to support the Government to evaluate the immediate effect and project the medium-term and long-term impact of the COVID-19 crisis. An [Initial Impact Assessment Report](#) was produced in July 2020, and its results were integrated into the updated version of the United Nations Socio-Economic Response and Recovery Plan (UN SERR Plan), putting specific emphasis on the impact of the crisis on the most vulnerable and the 'new vulnerable'. The assessment also reviewed the impact of COVID-19 and the response on the private sector and small and medium-sized companies across all sectors of the economy. Based on themes emphasized during research and consultations, the study has focused on seven vulnerable groups (children and youth, poor households, vulnerable women, youth not in employment, education or training (NEET youth), returning migrants, the elderly population and freelancers) and seven economic sectors (wholesale and retail non-food trade, transportation and storage, the hospitality industry, light industry, health, education, and agriculture).

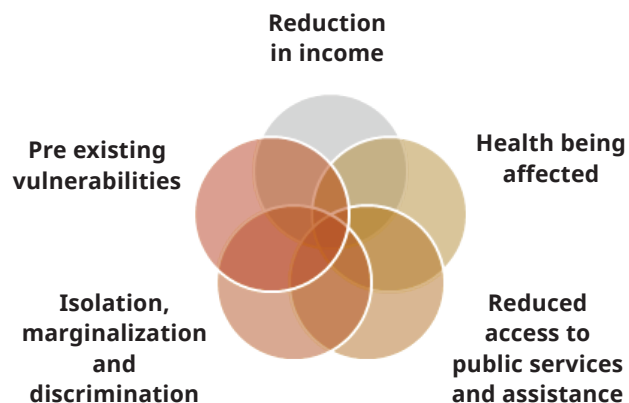
Besides the social and economic impact, the Assessment analyses the environmental dimension and how the crisis is affecting Moldova's overall sustainability, against the progress achieved so far towards the [nationalized SDGs](#). The revised and final Socio-Economic Impact Assessment Report will be ready in September 2020, with specific policy recommendations and programmatic opportunities for the Government, United Nations system agencies, and development partners.

VULNERABLE POPULATIONS

The COVID-19 pandemic has exposed several populations already at risk to additional socio-economic marginalization; this requires specific attention in the response. The United Nations Country Team (UNCT) has identified several vulnerable groups at high risk of being left behind and at the same time suffering from multiple vulnerabilities during the emergency. The pandemic has a disproportionate and different impact on vulnerable groups, with some groups facing more than one constraint at the same time. This reinforces the need to introduce systems for capturing and monitoring the multi-dimensional vulnerabilities of the identified population groups, and to design policy responses accordingly.

In addition, given the diverse challenges that the following groups are facing, integrated support is required on health, livelihoods, social services, social cohesion:

- **Women**, including survivors of domestic violence, single mothers and women with pre-school-aged children.
- **Older persons**
- Persons in **prison** and other detention facilities
- Ethno-linguistic **minorities**, including the Roma community
- **Children, adolescents, and youth**, especially girls and young women including those in institutions and youth not in employment, education and training (NEET youth)
- Persons with **disabilities**, and persons with mental health conditions
- Adults and children in **institutionalized** settings (e.g. persons in psychiatric care, drug rehabilitation centres, old age homes, and institutions for persons with disabilities)
- Persons living with **HIV and AIDS** and other people with pre-existing and/or chronic medical conditions



- Groups that are particularly **vulnerable and marginalized** because laws, policies and practices do not protect them from discrimination and exclusion (e.g. lesbian, gay, bisexual, and transgender and intersex (LGBTI) people)
- **Front line workers (health care workers first)**
- **Returning migrants and migrants under informal working conditions**, asylum seekers, refugees and stateless persons
- People in **extreme poverty**, unemployed, seasonal workers, persons facing insecure and informal work and incomes, including as a result of loss or decline of income from remittances, or returning from abroad following the loss of job or income
- Small **farmers, rural workers** in informal and formal markets, and other people living in remote rural areas as well as urban informal sector and self-employed who depend on the market for food
- **Freelancers** and small entrepreneurs
- Persons who use **drugs** and persons who are undergoing drug dependency treatment

A detailed description of the impact of the pandemic on vulnerable groups is provided in the following section and also in Annex IV.



IV. Five Strategic Pillars: The impact of COVID-19 in Moldova and the United Nations response

This socio-economic response framework consists of five streams of work to protect the needs and human rights of people living under the effects of the pandemic, with particular focus on the most vulnerable and marginalized groups and persons who risk being left behind. These five

streams are connected by an emphasis on environmental sustainability, gender equality and human rights, and an imperative to recover better. Building a better post-pandemic future will require social and economic interventions today for more resilience to future shocks.

1 HEALTH FIRST: Protecting health services and systems during the crisis

UN entities

10

Partners

14

Projects

35

Requirements (US\$)

\$28.4M

The United Nations will support targeted actions to maintain essential lifesaving health services and a complementary effort to targeting health system recovery, preparedness and strengthening. Emphasis will be on primary health care (PHC) and universal health coverage (UHC), and preparedness for future waves of COVID-19.

This will be done by supporting the Government's COVID-19 response in the following areas:

- Providing analytical and policy support and rapid technical guidance
- Providing supplies and equipment
- Conducting risk communication and outreach, including for persons with impaired hearing

- Providing technical support for programme implementation
- Enhancing capacities at points of entry to ensure infection control and management
- Tracking and reaching vulnerable and marginalized populations without discrimination
- Ensuring the continuity of essential health services such as sexual and reproductive health, and maternal, newborn, child and adolescent health services, including vaccination
- Digitalizing healthcare, including telemedicine (e-solutions) for essential health services, as well as for those affected by COVID-19

Recovering better requires a new outlook about how to achieve the SDGs on health care – including flagging the links between health and nature. Steps to recovery will include:

- Helping primary care systems to get back on their feet in a stronger and more resilient position
- Strengthening monitoring and information systems, including enabling rights holders to understand recovery needs
- Strengthening the capacity of the health system to respond to public health emergencies
- Supporting civil society and private sector engagement to optimize services and better meet people's needs

IMPACT OF THE PANDEMIC

The public health emergency created by COVID-19 is still unfolding. The Moldovan health system has performed relatively well, given the heavy strain placed on it. This appears to bear out previous assessments based on international health regulations, which revealed the country's health care system to have good or average capacities.⁴

Medical equipment and supplies:

At the beginning of the outbreak, there were shortages of personal protective equipment (PPE) and specific antiviral drugs. International supply chains were disrupted, and the Government's procurement processes were not sufficiently prepared to respond to such a large-scale public health emergency. This was in part because of longstanding challenges associated with the annual procurement process, but largely connected to the global shortages of health care supplies.⁵

In order to address the urgent needs to procure equipment during the pandemic, the Government has established a number of mechanisms to facilitate procurement (Gov Decision 493/2020). For continuous access to equipment in health facilities, multi-year contracts are recommended to ensure the availability of strategic life-saving medical equipment, supplies, medicines, vaccines and contraceptives.

The pandemic has created a stream of waste (disposable PPE, and waste liable to be contaminated) that requires specific treatment or processing.

At the initial stages of the pandemic, all suspected cases were tested in 4 public and 3 private laboratories in Chisinau, with a total testing capacity of about 470 tests per day. Lately, the lab capacity was extended to 10 laboratories, with a total testing capacity of about 2,200-2,300 tests per day.

Coordination of response:

A National Emergency Preparedness and Response Plan was developed and endorsed by the National Committee for Public Health Emergency on 31 January 2020.⁶ The National Commission for Emergency Situations (NCES) declared a state of emergency on 17 March 2020, to run until 15 May 2020,⁷ with strict quarantine and sanitary measures imposed.

After 15 May, economic stresses and socio-economic factors led to a relaxation of restrictions. While health experts' opinions were considered when important policy decisions were made, socio-economic factors generally prevailed.

During the response, the Ministry of Health, Labour and Social Protection (MoHLSP) has had to advise other line ministries on the development of public policies, regulations and measures concerning the functioning of public and private actors in the context of COVID-19 and beyond (for example, the reopening of kindergartens and schools, indoor and outdoor farmers' markets and so on). This has highlighted a lack of cross-sectoral capacity for public health emergencies, including at local level.

At the beginning of the pandemic, the points of entry to Moldova (airports, ground crossings and ports) were insufficiently prepared to respond to the demand, as they required better coordination and specialized training and lacked PPE. At the points of entry, border police lacked sufficient capacity and equipment to identify suspected cases of COVID-19.

Communications:

A Working Group of Communicators (chaired by the MoHLSP) has been established to ensure effective coordination on risk communication and community engagement as part of the national response structure. The Group facilitates the coherence in messages from development partners and national stakeholders, and meeting the specific needs of target audiences. The Government has included a communication strategy in its Preparedness and Response Plan to the new Coronavirus (COVID-19) infection.

71.6% of hospitals do not have
an epidemiologist

Moldova has suffered from the spreading of false or inaccurate information about the virus, its effects and the actions that the general public, or the authorities, have to take in response. In addition, the pandemic is being used as an opportunity for various scams and cyber-attacks. All of this is dangerous for public trust in the response.

Health system:

The pandemic has had a complex effect on the health system that will continue to affect it in the post-pandemic period. On the one hand, financial management rules have been loosened, and if this is not reversed, it could affect the long-term resilience of the system. On the other, certain measures introduced during the response – such as disease surveillance, public-private partnerships and telemedicine – have the potential to

4 WHO, 2018, Joint external evaluation of IHR core capacities of the Republic of Moldova, at www.who.int/ihr/publications/WHO-WHE-CPI-2019-54/en/.

5 WHO and EU, COVID-19 health system response monitor, at www.covid19healthsystem.org/countries/moldova/livinghit.aspx?Section=2.1%20Physical%20infrastructure&Type=Section

6 Ministerul Sanatatii, Muncii si Protectiei Sociale, Ordine COVID-19, at <https://msmps.gov.md/legislatie/COVID-19/ordine/>

7 Parliament of the Republic of Moldova, Hotarare nr. 55 of 17 March 2020, https://www.legis.md/cautare/getResults?doc_id=120817&lang=ro

strengthen the system in the longer term. Difficulties in (or complete lack of) contact between doctor and patient, delays in diagnostics, and lack of access to treatment all highlight a need for digitalization of health services and the introduction of telemedicine.

The number of
infection control specialists
per **250** beds is only **0.8**

The challenges brought about by the health emergency have highlighted or deepened more systemic and structural problems plaguing the health system, such as the oversized, outdated, and expensive health infrastructure, low technical capacities and shortages of health professionals, in particular in rural areas. Private providers and NGOs only played a minor role in the response to the pandemic.

There is a general shortage of health care personnel, particularly in rural areas. Young professionals leave the country because they are not motivated by the working conditions and wages. The number of family doctors is falling every year. The COVID-19 Preparedness and Response Plan highlights the specific shortage of doctors and nurses specialized in epidemiology and infection prevention and control. In total, 71.6 per cent of hospitals do not have epidemiologists, and there are only 0.8 infection control specialists (including 0.3 infection control doctors) per 250 beds.

Impact on other health services:

Initially, clinical case management of COVID-19 only took place in designated hospitals, with other hospitals continuing to provide their regular medical care. However, as the outbreak evolved, hospital capacity for other services was reduced, and regular health services were suspended to avoid in-person contact and to focus resources on the pandemic.⁸ This has caused delays and even a lack of care for a large proportion of the population. The most affected fields of health care include:

- management of chronic non-communicable diseases;
- sexual and reproductive health (including family planning and contraception; safe abortion care; prevention and treatment of HIV and other sexually transmitted infections; detection and

clinical management of gender-based violence, including sexual violence cases; and reproductive cancer prevention and management);

- antenatal, intrapartum and postnatal care;
- neonatal, child and adolescent health care; and
- immunization and screening services.

The duration of the confinement induced by the state of emergency has also had a detrimental effect on mental health. **This has particularly affected youth, women, persons with disabilities, persons living with HIV, and survivors of domestic violence.** Women's psychological and mental health is being affected at higher rates than that of men (49 per cent) due to the disproportionate impact of restrictive measures, resulting in increased unpaid care work, efforts to maintain paid employment and elevated exposure to domestic violence. **The prison population is also particularly vulnerable to COVID-19** spread due to the high density of prison occupancy.

Disruption of health care has been more severe in rural areas, where access to health services is more limited.⁹ This is partly because of shortages of health personnel, lack of adaptation to the new situation, and diminished or suspended service provision because of fear of contamination.¹⁰ In addition, the confinement measures have reduced transportation services that facilitate access to medical services. More than half of the surveyed women who reported a need for sexual and reproductive health services reported difficulty in accessing such services. Older people, most of whom are elderly women, do not have the financial resources they need to access medical assistance.

Economic hardship and restrictions on movement have also made it difficult for vulnerable groups to procure medicines, even those paid for by the Government. Despite increased allocations to the mandatory health insurance system, financial protection of the population has deteriorated over time.¹¹ While access to health services has improved, increasing people's use of health care, it has also increased their exposure to out-of-pocket payments, particularly for medicines. In the context of the COVID-19 pandemic, special attention should be paid to extending the range of essential outpatient medicines covered by the National Medical Insurance Company (CNAM), and at the same time introducing exemptions from co-payments for poor households and regular users of health care, including older people, to avoid catastrophic health expenditures.

8 WHO and EU, 2020

9 UNFPA, June 2020, Impact of COVID-19 on older people: risks and vulnerabilities.

10 UNDP and PWC, July 2020, Initial social and economic impact assessment of COVID-19 in Republic of Moldova, at <https://moldova.un.org/en/89779-social-and-economic-impact-assessment-covid-19-republic-moldova>.

11 WHO, 2020, Can people afford to pay for health care? New evidence on financial protection in the Republic of Moldova, at <https://www.euro.who.int/en/countries/republic-of-moldova/publications/can-people-afford-to-pay-for-health-care-new-evidence-on-financial-protection-in-the-republic-of-moldova-2020>

UN entities

12

Partners

21

Projects

27

Requirements (US\$)

\$21.5M

In the field of social protection and basic services, the United Nations will support the Government to adapt, extend and scale up services in several areas:

- Resilient and pro-poor social protection systems
- Essential food and nutrition services
- Uninterrupted quality water and sanitation services
- Sustained learning for all children, and adolescents, preferably in schools and non-formal education
- Uninterrupted services and programmes for young people through youth centres and other local institutions, including programmes on mental well-being
- Uninterrupted social services and identification of alternative types of care services
- Targeted social assistance to vulnerable families affected by the decrease of income from remittances, and unemployment benefits for eligible returning migrants
- Uninterrupted public services (police, penitentiaries, National Statistical Office, etc.)
- The redesign and digitization of public services
- Ensuring a framework for safe and orderly migration for returning migrants deciding to re-emigrate
- The development of social and economic reintegration services for returning migrants and their families
- Uninterrupted tuberculosis/HIV health services (prevention (including prevention of mother-to-child transmission), antiretroviral treatment, care and support, including for women)
- Provision of online psycho-social and legal support and access to shelters for survivors of gender-based violence (GBV)
- Services for older persons, people with disabilities, refugees and other vulnerable groups
- Awareness campaigns regarding the risks of COVID-19 and promoting the idea that people are socially responsible for stopping the spread

Recovering better should focus on strengthening progress towards universal social protection; building on the increase of coverage during the COVID-19 response, redesigning social protection systems so they are more responsive to shocks, including climate shocks; and strengthening care systems so they respond to the needs of women and men as well as vulnerable and marginalized groups throughout their lifecycle without discrimination.

IMPACT OF THE PANDEMIC

The COVID-19 pandemic began as a public health crisis, but it has had a socio-economic impact and evolved into a development crisis, with much broader ramifications that affect various groups and their rights.

The measures taken to control the pandemic have put **many groups in Moldovan society further behind**, including **children, women, older persons, adolescents and youth (particularly NEET youth), refugees, Roma, persons with disabilities and in institutionalized care; persons living with HIV, and persons living at or below the poverty line.**¹²

12 OHCHR, June 2020, Asigurarea drepturilor omului în Republica Moldova în contextul pandemiei cu COVID-19. The most affected groups are: Roma; persons living with HIV and AIDS; women who have experienced domestic violence; older people; persons with disabilities; single mothers; women with several children; and people with chronic diseases.

In addition, new vulnerable groups have emerged during the crisis, such as returning migrants and their families, and self-employed people (particularly in agriculture).¹³

Poverty:

Poor households were affected more severely by the pandemic as they lack the necessities to properly fight COVID-19 and the related economic impact. The Government's main anti-poverty programme was found in March to be insufficient and reaching too few of the poorest to alleviate the situation. Those with less space and access to water and sanitation – as well as protective and hygiene supplies – have less opportunities to adopt preventive and isolation measures. All this is happening in an already challenging context, where 31.6 per cent of the rural population and 10.6 per cent of the urban population live in poverty. Households with three or more children, of which 42 per cent are already under the poverty line, are at high risk.¹⁴

Education:

On 11 March, in response to the outbreak, the Government of Moldova closed all schools. Approximately 434,000¹⁵ students in all academic institutions at all levels were asked to stay at home, and schools were tasked with providing distance learning opportunities.

Pupils in all age groups were not able to evenly access quality online education due to lack of devices, connectivity issues and limited teacher familiarization with online methods. Over 150,000 children of preschool age were unable to attend school and pursue their schooling.

In June 2020, almost 50 per cent of students in the vocational education and training system reported limited constructive feedback from the teachers, with 16 per cent reporting very limited feedback and another 7 per cent reporting no feedback at all. This has demotivated students and increased the level of uncertainty and frustration.¹⁶

Food security:

For many children, school feeding programmes were an important part of their daily food intake. School closures, coupled with reduced incomes, may mean

a worsening of the country's malnutrition rates. Before the crisis, it was reported that every eighth teenager had excess body weight, and every fifth was underweight, while only half of the adolescents had breakfast every day. More than 20 per cent of the women and men who responded to a rapid assessment, faced limitations when trying to access food due to COVID-19 restrictions.

Gender:

Women have been affected more severely by the pandemic than men, due to the already persisting gender inequalities recorded before the COVID-19 crisis. The pandemic caused women to lose their jobs or incomes, as they had to manage remote working while performing all domestic and caring responsibilities, which increased significantly with the restrictive measures. The existing gender norms and stereotypes concerning women's and men's roles in the society led to women bearing a disproportionate burden of performing domestic activities, caring for children and supporting them with online learning, while continuing to perform their work responsibilities (for working women) distantly from home, which became unsafe space due to increased risk and exposure to all forms of gender-based violence.

The Burden Index¹⁷ indicates the number of household activities for which women (or men) reported increases in time spent during the COVID-19 outbreak. On average, women reported an increase in time spent on at least three household chores – 3.2 activities per woman, compared to 2.3 activities per man.¹⁸

30% increase in the domestic violence-related emergency calls

A significant increase in domestic violence and lack of protection for women and children has been observed due to measures requiring people to remain confined to their homes. In Moldova, 5,157 complaints of domestic violence were registered in the first five months of 2020,¹⁹ a 2.4 per cent increase compared to 2019.²⁰ At the same time, emergency calls related to domestic violence increased by as much as 30 per cent

13 UNDP and PWC, July 2020.

14 UNDP and PWC, Idem.

15 NBS, Educația în Republica Moldova publicație Statistică 2019/2020, at https://statistica.gov.md/public/files/publicatii_electronice/Educatia/Educatia_editia_2020.pdf

16 National VET Pupils Council, June 2020, Assessment on distance learning among VET students

17 The index ranges from 0 to 11, where 0 represents no increase in any household tasks, and 11 corresponds to an increase in all tasks.

18 UN Women, 2020, Women at the forefront of COVID-19 response in Europe and Central Asia, at www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/07/the%20impact%20of%20covid%20on%20women%20and%20men%20lives%20and%20livelihoods%20in%20europe%20and%20central%20asia.pdf?la=en&vs=5703.

19 MHLSP, June 2020, Pandemia a crescut numarul cazurilor de violenta domestica, <https://msmps.gov.md/comunicare/buletin-informativ/pandemia-a-crescut-numarul-cazurilor-de-violenta-domestica/>

20 Data provided by the Moldova's General Police Inspectorate.

compared to 2019. The situation of victims of violence was further aggravated by the fact that placement and assistance centres for victims of violence suspended their activities during the period of the state of emergency.

NEET youth, who make up about 25.9 per cent of all 15-29 year olds,²¹ **have lost opportunities for employment.** The lack of formal jobs or opportunities to learn, and of alternative solutions to ensure their livelihoods (such as restricted opportunities to migrate), coupled with a drop in remittances – one of the most important sources of income for a large share of NEET²² – will further constrain them to a higher level of inactivity, increased mental stress, and anxiety.

Older people, of whom 60 per cent are women,²³ were already vulnerable because of their low incomes, with those living in rural communities particularly struggling. Their access to public services has been limited during the confinement period, and they have had difficulties accessing vital goods. Another factor affecting older persons is loneliness, which was aggravated by the pandemic.²⁴ Isolation was and also has been the main protective measure for older persons throughout the pandemic, as 29 per cent declared that they could not afford to buy basic PPE. Older women were affected by gender-based violence, with some having the possibility of several aggressors within the same household (partner and other members of household), and 50 per cent of them declared that they would not report GBV cases. Only 10 per cent of older persons have regular access to the internet, both because of lack of skills and equipment, but also limited financial affordability. In the short and long term, this limits their access to information and increases the negative impact of isolation. To reduce the risk of further spreading of infection, it was decided to deliver pensions at home, as many pensioners do not use bank cards. However, for other social allocations, such as cash to cover public transportation costs, recipients still need to go in person to collect them at the post office.

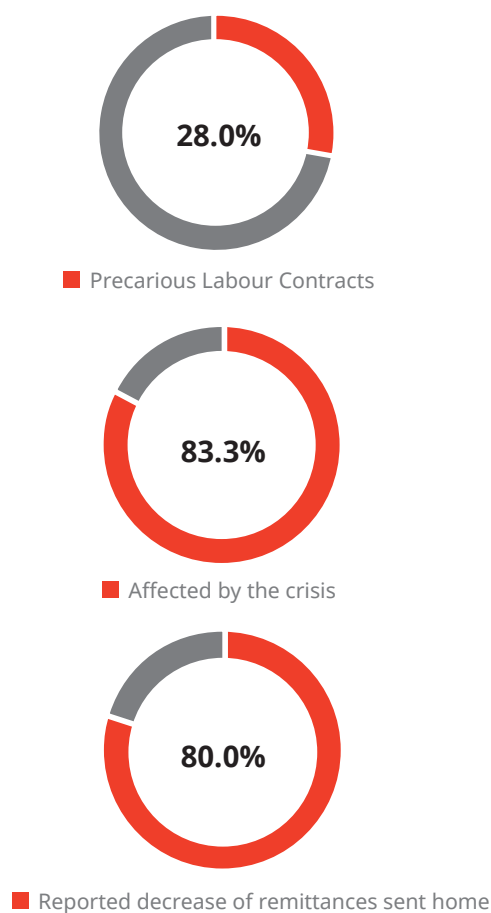
Adolescents and youth:

In a national survey and analysis²⁵ on the impact of COVID-19 on the mental wellbeing of young people, 20 per cent of young people reported a worsening of their mental well-being during the crisis compared to the first months of the year before the public health emergency. Social isolation led to increases in alcohol and tobacco consumption and other unhealthy behaviour among

young people. In total, 40 per cent of young people reported increases in smoking during social isolation. The negative effects of social isolation measures had a larger impact on girls, young people in urban areas, and those on low incomes.

Returning migrants and their families have been hit hard by the pandemic. The IOM is for the time being estimating conservatively that, as of July, some 55,000 Moldovans had returned to the country because of the COVID-19 pandemic, and a total of around 250,000 migrants planned to return in the near future.²⁶ Of this number, 32 per cent planned to remain in the Republic of Moldova to work or start a business.²⁷ The most affected are seasonal migrants, many of whom came back without opportunities to return to their jobs abroad and support their families; they frequently have no savings and face difficulties finding employment in the country.

Figure 2. Highlight of migrants rapid assessment, 2020



Source: IOM

21 NBS, Moldova Labour Force Survey, Quarter 1 2020. <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6681>

22 UNDP, UNFPA, CNTM and INCE, 2017, Inclusion of Youth not in Education, Employment, or Training (NEET Youth)

23 National Bureau of Statistics

24 UNFPA, June 2020, Impact of COVID-19 on older people: risks and vulnerabilities

25 UNFPA and Partnership for Development Centre, 2020, Impact of COVID-19 on the mental wellbeing of young people in the Republic of Moldova

26 IOM, 2020, Rapid field assessment of the impact of COVID-19 on the wellbeing of the Moldovan diaspora, at [https://moldova.iom.int/sites/moldova/files/documents/IOM Diaspora Survey Report-EN_FINAL_3.pdf](https://moldova.iom.int/sites/moldova/files/documents/IOM%20Diaspora%20Survey%20Report-EN_FINAL_3.pdf)

27 IOM, Idem

The self-employed and small entrepreneurs were left without access to work, business opportunities and financial support. Those working in seasonal agriculture jobs were particularly affected.²⁸

Targeted social assistance:

The main anti-poverty programme (Ajutor Social: a means-tested cash benefit programme launched in 2010) has low coverage, although it is considered to be well targeted as most of the beneficiaries are among the poorest families. Of the poorest 20 per cent of the population, only 19 per cent benefit from it, and its size is inadequate, as it makes up only 8 per cent of recipients' total disposal income.²⁹

In **Transnistria** region, according to local NGOs, during the quarantine most social services were halted by the de facto structures. The only social support available to vulnerable groups has been provided by volunteers and NGOs.

The COVID-19 pandemic has revealed the lack of preparedness of the public services to work remotely and online in most sectors, including social protection. A significant proportion of public services (regular health services, work permit and visa processing, car

registration and so on) has been interrupted.

Water and sanitation:

Access to sanitation and hygiene items at home and in educational institutions are crucial to combat the spread of the virus. In total, 79 per cent of the population in rural areas and 16 per cent in urban areas of Moldova do not have sanitation services (water supply and sewerage service) and baths or showers within their dwellings.³⁰ According to the National Public Health Agency, in 20.7 per cent of schools, the sanitary condition of the toilets is unsatisfactory, and more than 80 per cent of village schools only have toilets in their grounds.³¹

Vulnerable groups are affected by the lack of food and hygiene items and protective equipment, such as masks. Thirteen per cent of the population in Moldova do not have elementary hygiene items like handwashing facilities, including soap and water. During the first two months of the emergency, masks were not available in pharmacies or local shops. Since May, it has been possible to procure them locally. However, a large proportion of the population cannot afford the high cost of these basic items.

3 ECONOMIC RESPONSE & RECOVERY: Protecting jobs, small and medium-sized enterprises, and the informal sector workers

| UN entities | Partners | Projects | Requirements (US\$) |
|-------------|-----------|-----------|---------------------|
| 9 | 11 | 14 | \$ 36.3 M |

Protecting and improving the productive sectors, protecting jobs and promoting decent work will be the focus of the United Nations response. This will include:

- Rapid and gender-responsive socio-economic assessments and advice on nature-based solutions for development, including for small and medium enterprises
- Integrated, country-specific policy advice and programme support
- Support to young people and social partners for entrepreneurship and social innovation in response to COVID-19 (including social entrepreneurship)

- Support for strategies for green fiscal stimulus packages
- Business match-making and advisory services support, expanding small business start-up support services, so as to provide affected groups – including returning migrants and persons affected by the decrease of remittances – with gainful livelihood opportunities
- Addressing the specific needs and vulnerabilities of returning migrants and households affected by the decline of remittances-sourced income and valorizing their skills and assets

28 UNDP and PWC, July 2020.

29 United Nations and Oxford Economics, 30 April 2020, Bracing for Domestic and External COVID-19 Shocks, at <https://moldova.un.org/en/44744-republic-moldova-bracing-domestic-and-external-covid-19-shocks>

30 National Bureau of Statistics, Statistics for Sustainable Development Goals. 2020, p.18.

31 National Public Health Agency.

- Investments to improve the productivity and working conditions in micro and small firms
- Technical support to women micro and small entrepreneurs
- Support for the digitalization of industrial and production processes, stimulating innovation in local enterprises to improve productivity and trade readiness
- Support for mechanisms to rebuild skills, requalify returning migrants and develop skills in sectors affected by deskilling, brain drain and brain waste
- Digital payments support, e-commerce and digital solutions to enable secure access to services needed at a time of crisis, particularly by vulnerable groups

Recovering better should include:

- Redoubling efforts to create green and sustainable jobs
- Increasing fiscal spending on public employment programmes to promote greater labour market resilience to future crisis, while combatting discrimination and addressing inequalities
- Ensuring decent work, equal treatment, with respect to rights and benefits among workers in various contractual arrangements and the self-employed, as well as unpaid care workers

The recovery phase will highlight the scope and limits of existing productive development strategies – bringing the potential of green economy solutions, e-commerce and the digital economy into sharper focus.

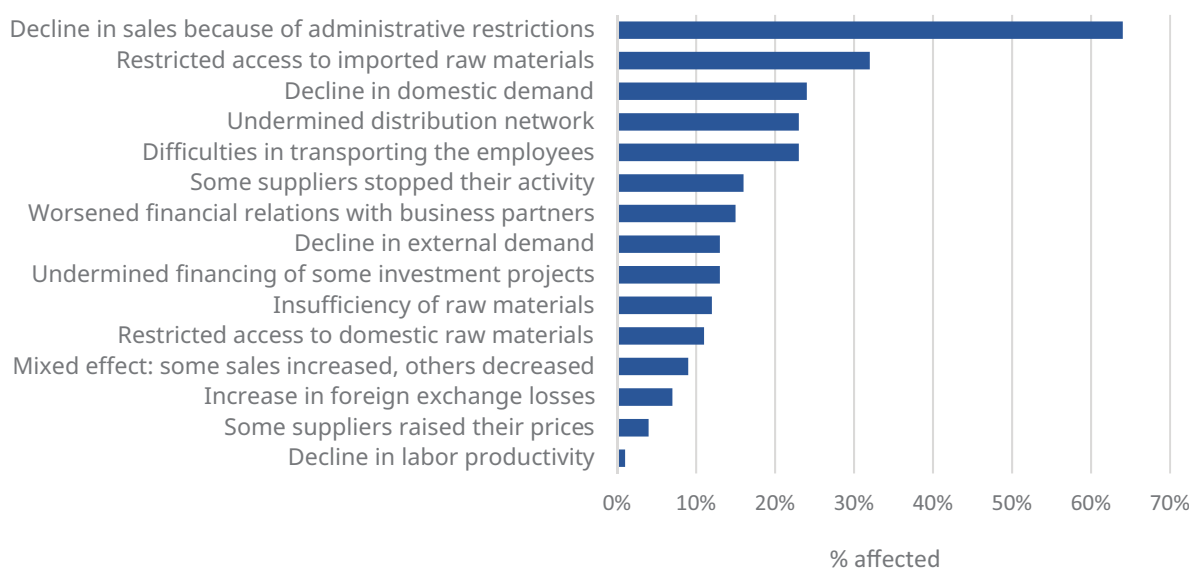
IMPACT OF THE PANDEMIC

The business environment in Moldova is being affected by the limitations imposed during the pandemic crisis, but also faces pre-existing challenges in its distribution networks. These challenges include administrative and mobility limitations, broken supply and distribution networks, limited access to markets (mostly external but also internal), weak or absent information and communications technology (ICT) infrastructure and solutions, slow or inflexible governmental bureaucracy and regulations, and limited access to capital.³²

Micro, small, and medium sized enterprises (MSMEs) account for 71 per cent of the value added and employ 60 per cent of the workforce in Moldova’s economy,³³ primarily in retail and wholesale, agriculture, manufacturing and construction. Most MSMEs have reported declines in sales, of up to 75-100 per cent.³⁴

Of the total population engaged in the private sector, 54 per cent are men and 46 per cent are women. Women are proportionately more frequently found in micro business than men (90.3 per cent and 82.3 per cent respectively), and only 1.3 per cent of women in the private sector own medium or large businesses,

COVID-19 IMPACT ON MSMEs



32 UNDP and PWC, July 2020.

33 United Nations and Oxford Economics, 30 April 2020.

34 UNDP, June 2020, Needs Assessment and Evaluation of COVID-19 Impact on MSMEs.

75%–100%Experienced declines
in sales**1/3**Have capital/
liquidity that covers no
more than 3 months of
operations**Only 12%**Have access to
external financing
sources**50%**Have no proper internal
procedures for crisis
management

compared to 3.3 per cent of men. Women are more likely to be engaged in the retail and services sector, while men predominate in industry, construction and agriculture.³⁵

Companies have suffered falling demand for products and services, restrictions to their activities, and disruption of supply (particularly for imported materials). The companies expect to mitigate these challenges by reducing personnel costs (83 per cent), reducing administrative expenses (75 per cent), postponing strategic investments (83 per cent), and reducing production (75 per cent).³⁶

Many MSMEs are fragile, and they are affected by any type of disruption and were poorly prepared for the shock. Only a third of them had enough liquidity for three months of operation, while only 12 per cent have access to external financing sources. MSMEs do not use insurance. Half of all entrepreneurs lack proper internal procedures for crisis management. Their low level of legal literacy is reflected in unfavourable contracts with suppliers, distributors, and other organizations. Thirty-six per cent of companies have low levels of ICT skills and access to tools. While ICT is used by high proportions of entrepreneurs for business administration (81 per cent) and communication (47 per cent), only 7 per cent of MSMEs use ICT for marketing and 4 per cent for production processes.³⁷

E-commerce is still not used by most local companies and most of their transactions are conducted in traditional ways. Stimulating digitalization of operations and skills development in this regard would enable a possible increase in commerce at national and international levels. The fact that there is limited competition for delivery and transportation services in the country increases costs and leads to an overload of orders for companies that started making one-off sales using e-commerce.

The biggest losses in income for women and men are those generated from family businesses (66 per cent), farming (42 per cent) and remittances (40 per cent). Around 21 per cent of women and 19 per cent men from Moldova surveyed for the rapid assessment experienced reductions in remittances.³⁸

35 National Bureau of Statistics, <https://statistica.gov.md/newsview.php?l=ro&idc=30&id=6724>

36 AMCham and PWC 2019, Impactul pandemiei COVID-19 asupra companiilor din Moldova: realitati, asteptari, actiuni.

37 UNDP, June 2020, Needs Assessment and Evaluation of COVID-19 Impact on MSMEs.

38 UN Women, 2020, Women at the forefront.

39 UNDP and PWC, July 2020.

40 National Bureau of Statistics.

41 IOM, 2020, Rapid field assessment.

42 National Bank of Moldova presentation, 15 July 2020.

Agriculture accounted for 11 per cent of Moldova's gross domestic product (GDP) in 2019. Although demand is expected to be relatively stable in 2020,³⁹ the pandemic-related restrictions and insufficient rainfall between January and April have pushed farmers and agricultural producers into economic precarity and vulnerability. Food supply chains have been affected by the confinement measures, which have reduced demand from tourism and restaurants, closed open markets, and led to a lack of export demand and restrictive procedures. Government programmes have generally not reached more than 50 per cent of agricultural workers who are in the informal sector.⁴⁰

Medium and large enterprise and producers depend on financing and availability of debt, and they risk bankruptcy if the Government does not provide support or relief. There is a lack of credit and liquidity in the system. Meanwhile, Moldovan producers lack technical capacity to meet the COVID-19 related requirements of importers, and issuance of certificates and permits has sometimes been delayed because government agencies were not working at full capacity.

Remittances:

Remittances to Moldova are falling due to the pandemic, as migrants lose overseas jobs and return home.⁴¹ With a million migrants abroad (a third of the population), Moldova received US\$1.91 billion of remittances in

Without remittances, **224,000**
people in Moldova would fall
below the poverty line

2019 (16 per cent of GDP), making Moldova one of the 20 most remittance-dependent countries in the world. Only 10 per cent of remittances come through SWIFT transfers, with 88 per cent arriving via the international remittance systems and 1.8 per cent through bilateral agreements.⁴²

While remittances are critical to families, particularly in rural areas, financial services are either not developed or are difficult to access for vulnerable migrants' families. Migrants and their dependents lack sufficient opportunities to channel savings into income-generating activities or to investment opportunities.⁴³ **Without remittances, 224,000 people in Moldova would fall below the poverty line.** An estimated 150,000 labour migrants will return in 2020, 10 per cent of the domestic Moldovan working population. This may increase unemployment by up to 8.5 per cent in 2020. However, only 9 per cent of potential returnees thought they would require social assistance when they were home.

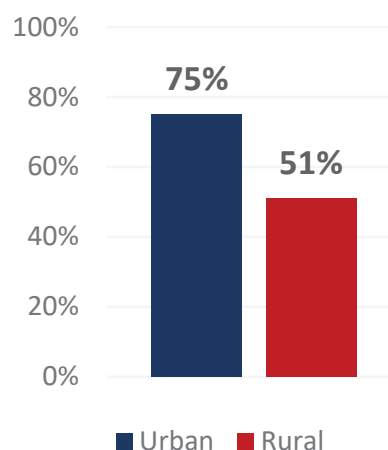
Survey results suggest about 21,000 returning migrants will require financial support and consultancy to open new businesses in Moldova.⁴⁴ However, a limited entrepreneurship culture, limited financial literacy of migrants and their families, insufficient use of the banking system, and insufficient investment products targeting migrants make this difficult. Other migrants will require career guidance, recruitment support, requalification and/or vocational training. Certification of skills gained abroad is often not recognized in Moldova, further complicating job hunting.

Digitalization:

Digitalization's potential to create jobs in Moldova has not been fully realized, primarily because digitalization of the economy does not extend beyond the core ICT industry. However, around 14 per cent of jobs may be automated in the next two decades, and about 60 per cent of jobs may require reskilling because of digitalization, but workers appear unprepared for this.⁴⁵ In response to COVID-19, companies have shifted further to digital commerce. Small businesses were scrambling to set up digital presence through online platforms. More businesses are expected to set up direct-to-customer commerce platforms that will give them better control of customer experience than third party platforms.⁴⁶

However, many elderly, rural households, rural children and young people are unable to access services and products because of poor digital literacy, lack of hardware and lack of infrastructure. Only 51 per cent of rural households have access to the internet, compared to 75 per cent in urban areas, while only 41 per cent of households in the lowest income quintile have internet access.⁴⁷ Ownership of computers and internet use are higher in male-headed households

Households with access to internet, %



(57.4 per cent have computers and 55.8 per cent have an internet connection) than in those run by women (where 45.7 per cent have computers and 44.1 per cent internet connection).⁴⁸

At national level, integration of innovation in enterprise activity is low, with only 19 per cent of enterprises using it. MSMEs are less engaged in innovative activities (13 per cent) than large enterprises (61 per cent). Introduction of new products and services is evidenced more in enterprises managed by men than those managed by women (19.7 per cent and 4.4 per cent of new products respectively and 18.3 per cent and 5 per cent of new services respectively).

Adopting innovative solutions requires both financial means and knowledge and entrepreneurial skills. Additionally, innovation can be hindered by inadequate strategies, policies and regulatory frameworks, and difficulties responding to regulatory compliance demands.

As Moldova is highly vulnerable to climate change and disasters, efforts to respond to and relaunch the economy in the aftermath of the crisis caused by COVID-19 are an opportunity to transform the economy and build it back to be more sustainable and environmentally friendly.

43 Joint call on International Day of Remittances, 16 June 2020, UK, Switzerland, UNDP, IOM, World Bank, UNICEF.

44 IOM, 2020, Rapid field assessment.

45 UNDP and PWC, July 2020.

46 UNDP and PWC, Idem.

47 UNDP and PWC, Idem.

48 NBS, UNDP, UN Women and SIDA, 2020, Accesul și utilizarea de către populația Tehnologiei Informației și Comunicațiilor (TIC), at https://statistica.gov.md/public/files/publicatii_electronice/Femei_barbati_TIC/5_Accesul_utilizarea_TIC_de_populatie.pdf

UN entities

7

Partners

12

Projects

12

Requirements (US\$)

\$ 6.3M

The macroeconomic response to COVID-19 and multilateral collaboration need to be guided by evidence. This evidence should include a rapid assessment of the potential impact of the crisis (to quantify the spending necessary to contain it); an assessment of the fiscal space available for increasing spending; and analysis of policy priorities and available policy measures, given both the financing and the implementation constraints faced by Moldova. To enable this response, the United Nations will:

- Provide analytical, advisory and technical assistance services
- Step up technical support to the Government to improve the evidence base for policymaking
- Support the production and analysis of population figures, including internal and external migration and demographic indicators at both national and sub-national levels
- Analyse the specific impact of the COVID-19 crisis on the well-being of returning migrants and households affected by the reduction in income from remittances
- Advise on social expenditure monitoring and mapping of budgets for gender equitable social development priorities to assist the Government in rebalancing public expenditure
- Conduct comprehensive impact assessments at the household level, and undertake context-specific socio-economic impact analyses of the crisis
- Coordinate closely with partner international financial institutions (such as the World Bank, the International Monetary Fund, the European Bank for Reconstruction and Development, the European Investment Bank and the Council of Europe Development Bank)
- Enhance national capacities for macroeconomic policy, including creating an early warning system hosted by the Ministry of Economy and Infrastructure to ensure continuous collection and analysis of relevant data, assessment of risks, and policy options for response
- Support the rationalization and continuation of capital investment programmes

Recovering better will require:

- Creating fiscal space to accelerate implementation of the SDG agenda
- Invest in health, education, social protection, sustainable infrastructure and crisis preparedness, while directing the economic recovery along a significantly more sustainable and carbon-neutral trajectory
- Review strategies to curb inequalities, and conduct human rights and gender impact assessments of suggested economic reforms
- Facilitate multilateral and regional collaboration on issues including data, technology innovation and transfer, closing the digital divide, sustainable finance, debt management and crisis preparedness; and making a coordinated push towards the suspension of debt repayments.

IMPACT OF THE PANDEMIC

Economic slowdown:

The COVID-19 pandemic has led to a slowdown of Moldova's economy and a decrease in GDP. While the

economy grew by 3.6 per cent in 2019 and 3.8 per cent growth was expected in 2020, as a result of COVID-19, the World Bank now estimates that a recession will likely reduce GDP by 5.2 per cent.⁴⁹ This projection is in line with a joint United Nations and Oxford Economics assessment, which showed an expected fall in GDP of

⁴⁹ World Bank, 2020, Moldova Economic Update Spring 2020, at <http://pubdocs.worldbank.org/en/466481588799156228/Moldova-Economic-Update-Spring-2020.pdf>.

between 1.4 per cent in an optimistic scenario (not taking into account the impact of external demand and falling remittances) and 6 per cent in a downside scenario. The recession would be linked to a reduction in remittances (which are predicted to fall by 24-27 per cent year-on-year in 2020),⁵⁰ a disruption of supply chains and other spillover effects from the global crisis.

Moldova's inflation rate has fallen to 3.45 per cent in September 2020 (against a 5 per cent target) from 7.5 per cent in December 2019⁵¹ as a result of continued weak internal demand and decreasing commodity prices (including a seasonal decrease in food prices). This has led to a deeper relaxation of the monetary policy to a historically low policy interest rate of 2.75 per cent⁵² in September 2020, from 5.5 per cent in December 2019. The economic crisis has found the Moldovan banking sector well capitalized. However, the share of new loans decreased by 8.3 per cent between December 2019 and March 2020 followed by a slight increase in the next months, while new deposits have decreased by 5 per cent in July compared to the same period of the last year as the stock was maintained at the 2019 level.⁵³ As a result of the worsening of the financial situation of businesses and individuals, the share of non-performing loans (8 per cent in 2019) will increase, and the overall profitability of banks will decline.

Consumption, investments and exports are expected to decline while lower imports and higher government spending are likely to mitigate the negative effect of this on GDP. Furthermore, imports are likely to decline even faster as consumer spending and investments fuelled by remittances, the main source of import demand, will drop. The current account deficit is expected to widen slightly to 10 per cent in 2020 from 9.7 per cent in 2019, due to a sharp drop in exports and remittances. Net foreign direct investment will remain low, while national reserves will weaken due to a fall in foreign inflows of 6 per cent to US\$2.9 billion (a figure which still covers five months of imports).⁵⁴

On the bright side, the revenues collected by the State Tax Service for the national public budget increased by 4.8 per cent in the first quarter of 2020 compared to the same period of 2019. In addition, the revenues collected by the customs service increased by 16.9 per cent.⁵⁵

About 85 per cent of Moldova's GDP consists of consumption,⁵⁶ with services accounting for 65 per cent of output and manufacturing only 23 per cent. MSMEs play an important role on both the supply and the demand sides, providing 70.6 per cent of employment and 70.7 per cent of value added, higher than the European Union averages (66.5 per cent and 56.3 per cent respectively). A sudden drop in demand will likely complicate the financial situation of businesses, which will reduce income and consumption. Moldova's key export categories, agricultural products and ICT services are less vulnerable to the impact of containment measures. However, the impact of unfavourable weather conditions (drought followed by flooding) will reduce crop productivity and negatively affect capacity for agriculture exports. Furthermore, the impact of disruptions to European supply chains will be prolonged and significant due to relatively low adaptability.

Among other issues, the high female labour participation in key sectors of the economy is affected more by containment measures (such as school and kindergarten closures) and is likely to push women out of the labour market. Returning migrants will add to the strain on the labour market, pushing up unemployment and increasing spending needs.⁵⁷

Microeconomic impact:

The economic impact will also include a severe drop in disposable income, depressed private consumption due to a substantial fall in remittances, reduced investment, disruptions to supply chains and diminished exports, all on the back of reduced domestic output induced by the restrictions on movement.⁵⁸ COVID-19 has depleted the savings of many households, which currently face a severe risk of over-indebtedness to the country's microfinance companies, which are known for the particularly high interest rates they apply. Agricultural output has decreased due to the unfavourable weather conditions. This affects vulnerable households, which may fall into poverty and adopt coping mechanisms that could negatively impact their health and nutrition, or the education of their children. It also may affect informal workers, who make up 54 per cent of workers employed in agriculture.⁵⁹

50 United Nations and Oxford Economics, 30 April 2020.

51 National Bank of Moldova, Annual inflation, at <https://bnm.md/en/content/inflation>.

52 United Nations and Oxford Economics, 30 April 2020.

53 World Bank, Spring 2020.

54 World Bank, 2020, Idem.

55 Data provided by the Ministry of Finance as part of the review of the SERR Plan.

56 United Nations and Oxford Economics, 30 April 2020.

57 IOM, 2020, Rapid field assessment.

58 UNDP and PWC, July 2020.

59 National Bureau of Statistics.

Macroeconomic stability:

While the overall economic impact of the crisis remains highly uncertain, the COVID-19 pandemic has demonstrated once more that preserving macroeconomic and financial sector stability are essential for improving resilience to economic shocks. Without adequate support, there is a danger of fiscal instability and limited access to finance for economic actors (particularly MSMEs). Macroeconomic stability is also required to maintain the financial sector's stability and liquidity, keep employment levels up, help businesses to adapt and overcome the crisis, and protect the most affected people while leaving no one behind. Challenges are aggravated by Moldova's underlying issues of low human capital, declining productivity, weak competition policy and weak judiciary,⁶⁰ and high levels of emigration.

Data and evidence:

Formulation of macroeconomic and response and recovery policies will also depend on the availability of accurate demographic data on population numbers and international and internal migration trends, especially at sub-national level. The revised population estimate published recently by the National Bureau of Statistics with the support of UNFPA and Swiss

Development Cooperation – as well as revised indicators on the demographic structure of the population, the fertility rate, ageing, life expectancy and migration – will have an important impact on the overall policy framework, including in sectors such as health, social protection, economic policy and public finance. Additional efforts are required to speed up the process of revising estimates of population numbers and structure at sub-national level, as this could considerably modify and in some cases even improve the allocation of public finances at the local level.

There is also a need for additional or alternative data with a shorter lead time to complement conventional statistics in Moldova. Many of the essential macroeconomic data – GDP, labour market indicators, household income and expenditure – come at quarterly frequency and with delays. COVID-19 has dramatically affected the liquidity reserves of micro- and small companies which, while potentially having a dramatic effect on the system due to their high numbers, are largely not reflected in official statistics. In all cases, fast, company-level and household-level survey-based data streams are required for operational situation monitoring and for the design of optimal macroeconomic policies and regulations.

5 SOCIAL COHESION AND COMMUNITY RESILIENCE

UN entities

9

Partners

24

Projects

11

Requirements (US\$)

\$ 14.2 M

The urgent response to the COVID-19 pandemic requires the consolidation – and not the side-lining – of important ongoing processes of social dialogue, civic participation and democratic engagement, including gains in gender equality over past decades.

It is important to base the socio-economic response to COVID-19 on social dialogue and political engagement, grounded on fundamental human rights such as peaceful assembly, freedom of association and the right to collective bargaining, access to the justice system, freedom of expression, press freedom, gender equality and empowerment of women, among others. Communities must be at the centre of all efforts to strengthen social cohesion. In this context, the United

Nations will:

- Facilitate gender-equitable, inclusive social dialogue, advocacy and political engagement
- Empower community resilience, participation and equitable service delivery
- Support good and transparent governance, fundamental freedoms and human rights, access to justice and the rule of law
- Develop community-level programming to improve the economic, social and psychosocial reintegration of returning migrants
- Raise awareness and prevent stigmatization of the returning population

⁶⁰ World Bank, 15 April 2020, Moldova Assessment of COVID-19 Impact on Economy.

Recovering better will rely on the assessments of the next 12 months that will help to identify structural vulnerabilities and inequalities. This will present opportunities to reverse the trend of shrinking civic space, institutionalize community-led response systems, foster social dialogue, empower local governments for inclusive decision-making, scale up community and city-level resilience, and enhance legal and institutional frameworks.

During and after the COVID-19 pandemic, public institutions, democracy, multilateralism, social dialogue, social cohesion and the rule of law will be tested. Hard-won gains on equality, human rights, and civic freedoms could be lost, and inequalities increased. While the Government has an obligation to try to control the pandemic, doing so should not be used as a pretext for discrimination, repression or censorship. Gender equality commitments must be put into practice and good governance strengthened.

IMPACT OF THE PANDEMIC

Moldova is a diverse and multi-ethnic country with a highly fragmented administrative and territorial structure of 898 municipalities, 32 raions and two regions with special status. This diversity and fragmentation in such a small country make it challenging to bring the elements of society together and to effectively deliver public services. The overall fragile social cohesion, as well as tensions in the ongoing settlement process with the Transnistria region and lack of progress of the work of the Moldovan-Gagauz parliamentary working group, warrant continued monitoring of social cohesion in Moldova.⁶¹ The appearance of the COVID-19 pandemic in Moldova has also aggravated these ongoing dynamics, as highlighted by a recent survey on the impact of COVID-19 on social cohesion in Moldova.⁶²

Trust in government is key to the response of society during the pandemic. As people have suffered a drop in quality of life, income and job security, the pandemic has cast a spotlight on systemic inequity and asymmetry.⁶³ As many as 27 per cent of survey respondents stated that to a great extent they lacked money even for food, while 34 per cent said that as a result of restrictions they were to a great extent only able to cover the cost of food and utilities in the short

term.⁶⁴ Edelman's Spring 2020 Update on Trust⁶⁵ also found that 67 per cent of respondents believe that those with less education, less money and fewer resources are bearing a disproportionate burden of the suffering, risk of illness and need to sacrifice in the pandemic, and more than half are very worried about long-term, COVID-19-related job losses.

Migrants:

An IOM survey⁶⁶ conducted in April and May on the impact of COVID-19 has found that up to 30 per cent of migrants abroad (equivalent to 255,000 persons) intend to return. Of these, 67 per cent (170,000 persons) wanted to return as soon as possible. Migrant men are more likely to return than migrant women (38 per cent and 25 per cent of respondents respectively). Thirty-one per cent of those planning to return (79,000 persons) indicated they intend to remain in Moldova for a longer period of time. Of the returnees, 26 per cent (about 21,000 people) can bring investment and can create jobs, but they indicated that they would need financial support and consultancy to open new businesses in Moldova. Moldovan migrants who are forced to repatriate because of COVID-19 should be valued as potential major contributors to the development of their home country. Many will come back to stay, invest their savings and put their acquired skills to use, if the appropriate policies and conditions are in place, first and foremost at the local community level. For returning migrants, the main risks are difficulties accessing social assistance programmes and the internal labour market, and potential stigma and lack of acceptance in the communities. The survey on the impact of COVID-19 on social cohesion found that 53 per cent of the respondents strongly or somewhat agreed that returning migrants have put their fellow citizens at health risk and 25 per cent strongly or somewhat agreed that returning migrants are taking away resources from those who never left, against 65 per cent who somewhat or strongly disagreed.

61 SCORE Moldova, Social Cohesion and Reconciliation Index, at <https://www.scoreforpeace.org/en/moldova/2018-General%20population-0>

62 United Nations Resident Coordinator's Office, July 2020, Survey measuring the impact of COVID-19 on social cohesion in Moldova.

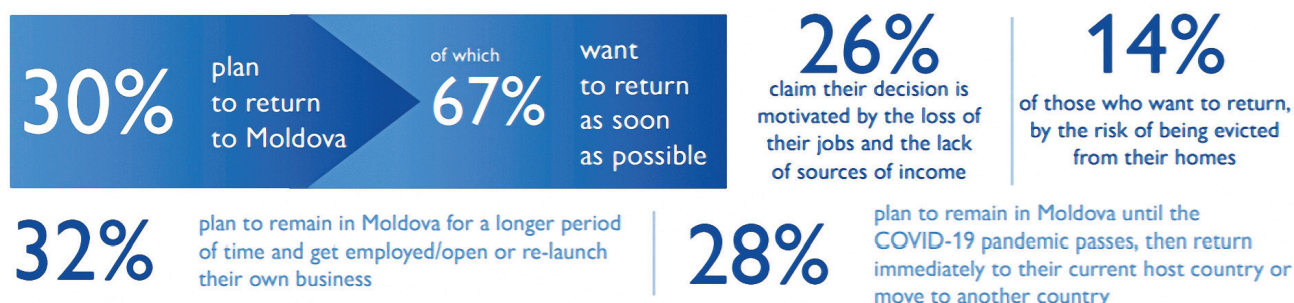
63 UNDP and PWC, July 2020.

64 United Nations Resident Coordinator's Office, July 2020.

65 Edelman, 2020, Trust and the COVID-19 pandemic, at <https://www.edelman.com/research/trust-2020-spring-update>.

66 IOM, Rapid field assessment.

Migrants' plans to return as a result of COVID-19



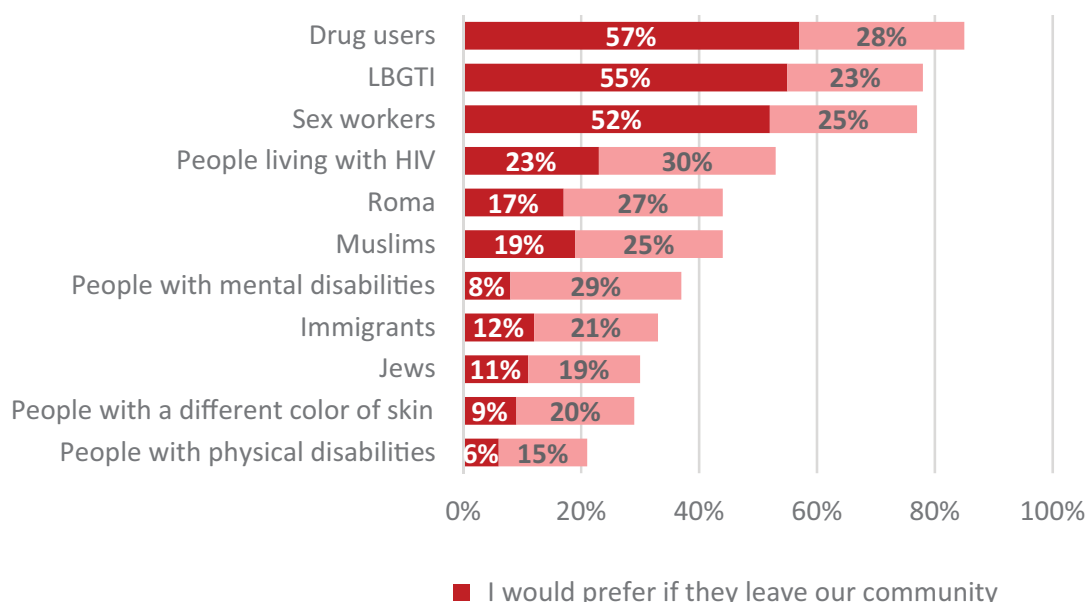
Equality and non-discrimination:

The process of response and recovery should address the principle of equality and non-discrimination and have a special focus on underrepresented groups or groups vulnerable to human rights violations. According to the 2018 Equality Council's Study on perceptions and attitudes concerning equality in the Republic of Moldova,⁶⁷ the groups in the country most discriminated against are persons from the LGBTI community, persons living with HIV, ex-detainees, and persons with intellectual and psychosocial disabilities. Acceptance of certain groups, such as Roma and members of the LGBTI community, is low in Moldova.⁶⁸ Twenty-seven per cent of respondents reported that they would prefer not to interact with Roma, and 17 per cent reported that they would prefer Roma to completely leave their communities. For LGBTI the results were even more striking, with 23 per cent of the

respondents reporting that they would prefer not to interact with people from the LGBTI community and 55 per cent reporting they would prefer members of the LGBTI community to leave their communities.

The main risks to gender equality are the impact on women's jobs and livelihoods, the (adverse) gender response in community, family and work environments, and the increase in gender-based violence. The survey on the impact of COVID-19 on social cohesion showed that 31 per cent of respondents believed that when women work they are taking jobs away from men and 46 per cent believed that the women should give up work to raise the children if the man can provide for the family. It was also concerning that 33 per cent of respondents believed that men should have the final word in the family when important decisions are made.

Acceptance of vulnerable and marginalized groups



67 UNDP, EU, Council of Europe and Magenta Consulting, 2018, Studiu privind perceptiile si atitudinile fata de egalitate in Republica Moldova, at <https://egalitate.md/wp-content/uploads/2016/04/Studiu-privind-percep--iile.pdf>, p.26

68 United Nations Resident Coordinator's Office, July 2020.

Children and adolescents are a particularly at-risk group, as they have experienced significant socio-economic marginalization and require specific attention in the response. Many children and adolescents were and still are negatively affected by discontinued education after the closure of schools and pre-schools, including the fact that they no longer receive school meals.⁶⁹ Many children have faced an increase in violence and abuse during the confinement.

Youth employment and entrepreneurship are hampered by the economic shutdown.⁷⁰ According to a national survey on the impact of COVID-19 on youth civic engagement supported by UNFPA,⁷¹ most of the youth continued to undertake their responsibilities as part of an NGO, youth centre or volunteering group, making use of the online platform to hold meetings. However, the participation of youth during the pandemic crisis between April and June this year is evidently low, and this has had a significant negative impact on youth's

ability to participate in decision-making processes in their local public authorities. All these effects and risks could have permanent negative effects for the country's future social cohesion if not addressed.

Transnistria Region:

The United Nations continued to support the Region during the emergency through confidence building between the sides and addressing issues related to the health crisis. Several issues – such as the travel of doctors who live on the right bank of Nistru river but work on the left bank of the river, and the delivery of essential medical supplies and PPE to local partners in the security zone and the left bank – have been addressed through non-formal mechanisms. Such collaboration mechanisms could prove even more efficient as the effects of the pandemic develop into an economic crisis on both banks.

V. Response Delivery

To ensure a development response of the required speed, the principles outlined below will guide our actions:

- Transaction costs must be minimized to the extent possible by using existing platforms, capacities, institutions and systems.
- Flexibility must be enhanced by drawing on programming and operational modalities usually reserved for high-risk, conflict-related and humanitarian responses.
- Risks must be taken and managed, by making full use of entity-specific and joint risk management tools, and by speeding up the sharing of information on what works and what does not at all levels inside and outside of the United Nations system.
- Coherence and discipline must be everyone's focus, and should be achieved by working with and through collective initiatives and frameworks, including when it comes to resource mobilization.

PRINCIPLES OF THE RESPONSE

From its origin as a health crisis, the COVID-19 pandemic has broadened into a global humanitarian and economic crisis. It has exposed the structural cracks of our society, and the huge inequalities that threaten to hit the most

vulnerable the hardest. Recovery should be based on several key principles.

Leave no-one behind.

The response should ensure that the interventions bring benefits to all members of society; that access, ownership and utilization of resources are equitable; and that participation is broad and inclusive. The process should also ensure that the most vulnerable and at-risk are given priority attention, on the basis of inclusive policies based on disaggregated data that identify the specific needs and risks. A comprehensive analysis of these groups and the impact of the emergency on them will enable targeted interventions.

A nexus approach is needed to respond to the interdependent and complex effects of the public health emergency on the population, society and economy. The policy response and implementation should bridge the need for immediate humanitarian response, stabilization and long-term development which is more inclusive and sustainable.

Recover better implies that the recovery process strengthens the resilience of the affected communities and does not rebuild using unsustainable practices and perpetuate old risks. There will be no return to the "old normal". The linkages between health and nature are

69 UNICEF, July 2020, De la criza la solutie: Perspectiva Structurilor Teritoriale de Asistență Socială asupra problemelor familiilor cu copii și specialiștilor din domeniul protecției drepturilor copilului în contextul pandemiei de COVID-19 în Republica Moldova.

70 UNDP and PWC, July 2020.

71 UNFPA and CPD, 2020, Impact of COVID-19 on youth participation in the Republic of Moldova.

clear, as is the need to bridge the lessons learned from this crisis to the climate crisis ahead.

The United Nations response and recovery plan will fully support the delivery of the **Sustainable Development Goals (SDGs)** and the aim to recover better. To this end, particular focus will be given to:

- Developing technical tools and capacities at national and local level that can enhance preparedness for future possible COVID-19 outbreaks or other epidemics. The general aspiration is to underpin systemic changes that will ensure risk-informed policies and resilient institutions.
- Building knowledge among national CSOs of how to reduce the vulnerabilities of the various underrepresented groups they work with.
- Implementing innovations and accelerate digitalization to help the country to stay on track to enjoy a sustainable future and, in general, to achieve the SDGs.
- In the recovery phase, highlighting the scope and limits of existing productive development strategies – bringing the potential of green economy solutions, e-commerce and the digital economy into sharper focus.

A human rights-based approach (HRBA) to any intervention, including the Social and Economic Impact Assessment of the COVID-19 Pandemic, requires due attention to be given to the international human rights framework, which treats *all human beings, without discrimination, as rights holders*. In other words, the HRBA puts *human beings, with their needs, choices and preferences at the centre of any intervention*.

Building forward greener implies strengthening environmental policies during recovery, strengthening policies to develop cleaner energy sources and sustainable mobility, protecting and enforcing conservation of nature and biodiversity, and developing sustainable practices in industry. These policies should create an enabling environment for a green transition, supported not only by more sensitized policy makers but also by a more aware and knowledgeable public and stakeholders. The policies should also ensure that investments are backed by innovative financing instruments for the green agenda and rely on the engagement of the private sector.

Good governance and social cohesion are principles which imply rebuilding trust in the government-citizen relationship through an approach grounded in integrity, participation, non-discrimination, ethics, accountability and transparency, as well in technology, boundary-breaking collaboration and innovative ways of working to advance the (new) social contract and strengthen social cohesion. In times of social distancing and beyond, platforms should be established based on digital democracy solutions.

To achieve **gender responsiveness and equality** in the response requires gender-sensitive policy making, based on gender-disaggregated data, and wider involvement of women in decision making. The public finance management system must consider the specific needs of women and men across the country to ensure equitable and fair distribution of resources. Furthermore, women should be provided with equal economic opportunities and access to the job market, as well as social protection and special programmes for those with care responsibilities. Support services related to gender-based violence should be enhanced.

Digitalization and innovation are needed to facilitate the provision of public services, including health services, and to accelerate adaptation of the private sector to new conditions. This implies digitalization of government operation and service provision, allowing central and local authorities to operate remotely through digital platforms. Businesses, particularly MSMEs, need support to adopt ICT tools, develop and operationalize new digital payment platforms and e-commerce environments, rethink their business models, and focus on e-commerce and digital solutions. Digital literacy, skills and tools – as well as internet access – should be provided, particularly to vulnerable groups in rural areas, to reduce inequalities and ensure that the people are able to access both public and private services.

COORDINATION OF THE RESPONSE

In order to ensure a coherent and coordinated response among UN entities by promoting the spirit of the One UN, the mechanisms outlined below are being utilized.

- **Six inter-agency groups** are currently active:
 - ▶ The United Nations-coordinated Education Task Force for COVID-19 (with the participation of United Nations agencies and the World Bank)
 - ▶ The Socio-Economic Impact Task Force (with the participation of the European Union, the World Bank, the International Monetary Fund, the European Bank for Reconstruction and Development and others)
 - ▶ The Big Data for COVID-19 response task team
 - ▶ The Transnistria Region Task Force
 - ▶ The Gender Thematic Group
 - ▶ The Migration Task Force
- **The United Nations Communications Group** is supporting the Government of Moldova's Crisis Communications Centre chaired by the Ministry of Health, Labour and Social Protection
- **Situational Reports** are produced every week and shared with all partners and government counterparts in order to facilitate access to information about the crisis, epidemic curve

progress, the political situation and measures taken by the Government.

- **A Crisis Management Team** is chaired by the United Nations Resident Coordinator and includes all United Nations agencies, the World Bank, the International Monetary Fund, the European Bank for Reconstruction and Development and the European Investment Bank. Meetings have been held regularly since early March to discuss standard procedures and policies.

DEVELOPMENT PARTNERS LIAISON

Development partners have several mechanisms through which to liaise with United Nations entities and with each other and the Government of Moldova:

- In order to provide policy advice and to promote coordination with development partners and the Government of the Republic of Moldova, the United Nations Resident Coordinator and WHO Representative attended the **Exceptional Situations Commission of Moldova** and remain permanent invitees to the **Extraordinary Public Health Commission**
- **Situational reports** are distributed to more than 50 development partners
- **Policy and Thematic Briefs** are distributed to more than 50 development partners.

- Briefings are held on the outcome of **Assessments**.
- The Resident Coordinator, WHO and the World Bank organize frequent online **Development Partners Meetings**. More than 90 representatives from embassies, international financial institutions, donors, and United Nations agencies participate: including senior management from the State Chancellery; the Ministry of Health, Labour and Social Protection; the Ministry of Finance; and the Ministry of Foreign Affairs and European Integration. The meetings have enabled partners to communicate with government counterparts and have a single point of reference on Covid-19 epidemiology and statistics.
- **Mapping of donors' contributions** to the health system in Moldova. The information produced has been shared with partners on a weekly basis to facilitate understanding of gaps and enabled coordination of the response.
- **Contributions to and reviews of the Socio-Economic Response and Recovery Plan** have been ensured by allowing international financial institutions and government agencies to provide inputs during the development of the Plan. Inputs have been received from the World Bank, the State Chancellery, the Ministry of Finance and the Ministry of Economy.

VI. Communications

On 26 February the Minister of Health, Labour and Social Protection created a [Working group of communicators at the national level regarding emergency situations in public health to build a strategic risk communication on COVID-19 pandemic involving all relevant stakeholders](#). The United Nations in Moldova is actively engaging the group, represented through WHO (leading agency), UNICEF and the Office of the Resident Coordinator. Under the guidance of the MoHLSP and WHO, an **Action Plan on Risk Communication** has been developed.

To ensure a higher impact and a coordinated approach to COVID-19 risk communication, the United Nations entities have been synchronizing their communication actions and messages through:

- The Working Group of Communicators chaired by the MoHLSP; and
- The United Nations Communications Group, which includes representatives from United Nations agencies resident in Moldova.

Building on the five strategic pillars of the United Nations' Moldova COVID-19 Socio-Economic Response and Recovery Plan, the envisaged umbrella messages of the risk communication are "Recover Better" and "Stronger Together". The communication strategy also echoes the fundamental principle of the plan to leave no one behind.

Crisis and risk communication plays a crucial role in public health and the wider pandemic response. Accurate, coordinated, and timely information enables citizens and communities to make informed decisions to protect themselves and their loved ones. All communications must take into consideration the concerns of citizens, be flexible and accountable, and anticipate any upcoming communication crises or gaps.

Within the support offered to the Government on strategic communication, the United Nations in Moldova has contributed to the development of campaigns at national level, which imply building core

messages for different target groups, the printing of over two million flyers, 40,000 posters and over 210 billboards. At the same time, 15 short video spots were developed for dissemination on television and social media, and at least five audio spots for placement on radio channels. Taking into account that crisis communication needs to reach every person, the United Nations in Moldova has also provided support in translating the information materials into Gagauzian, Romani and Ukrainian languages, spoken by minorities present in the country.

Since the pandemic started, United Nations agencies have developed over 15 policy briefs, including on crisis communication from a human rights perspective, for the use of state authorities, civil society and the mass media. To complement the communication actions deployed by the authorities at national level agencies have implemented a certain number of communication activities and developed communications products that include, but are not limited to, the following:

- Video, audio and printed information materials on COVID-19 for various target groups
- Webinars, thematic training and workshops

- Social media communication/promotion (stories, calls to action, information dissemination)
- The involvement of influencers to support messaging on COVID-19
- A real-time dashboard on COVID-19 cases developed, offering detailed and updated information on the pandemic situation in the country

The One UN Communication principles and values that guide the United Nations Moldova Country Team's communications imply ensuring equitable access to information for all citizens, especially the vulnerable and marginalized who are affected the most in a crisis, leaving no-one behind. Consequently, all materials should be developed in Romanian and Russian languages, as well as in other minority languages when possible. The information should be accessible, easy to understand, adapted for persons with disabilities, and send a call to action.

United Nations agencies should ensure that adequate financial and human resources are available within their agencies and projects to support both targeted and nationwide risk communication.

VII. Resource Mobilization and Partnerships

The total budget of this Plan stands at US\$106 million, of which US\$12 million has already been secured. To implement these ambitious response and recovery actions, the United Nations will continue to focus on high-quality joint communications and outreach, as well as on constant and efficient information sharing and dialogue on the Plan's actions, priorities and funding gaps.

The projects and programme contained in the Plan's portfolio have all been discussed with line ministries and relevant partners. Once initiated, all the projects will be subject to Government Decision 377/2018 on the regulation of the institutional framework and the mechanism for coordination and management of external assistance, and will be entered into the [Aid Management Platform](#) managed by the Ministry of Finance.

The UNCT and the Office of the Resident Coordinator will explore all available options for mobilizing resources and engaging partnerships, such as pooled funding and project-specific partnerships. The United Nations will reach out to as many mechanisms as possible, such as the United Nations COVID-19 Multi-Partner Trust Fund (MPTF), the United Nations in Moldova SDGs MPTF

COVID-19 Window, the Joint SDG Fund, and any other relevant thematic, regional or global vertical funds (UN Partnership on the Rights of Persons with Disabilities Trust Fund, the UN Human Security Trust Fund, and the Global Fund to Fight AIDS, Tuberculosis and Malaria).

The United Nations will continue to liaise and work closely with our international financial institution partners in Moldova (the World Bank, the International Monetary Fund, the European Bank for Reconstruction and Development, the European Investment Bank and the Council of Europe Development Bank), to ensure maximum policy coherence, cooperation, and programme leverage.

In addition, special emphasis will be placed on expanding the Government's cost-sharing options, as well as the development of effective partnerships with the private sector and civil society. Positive partnership with local companies and civil society organizations (CSOs) proved to be essential for the COVID-19 response. For instance, through partnerships with local telecom companies, the United Nations shared important messages with the population to raise awareness regarding COVID-19 and protective measures. In addition, the partnerships with the CSOs enabled coordination, collection of data

and reaching the most vulnerable groups with urgent supplies and information regarding the virus. The United Nations will continue promoting these and new partnerships to expand our network.

The United Nations Resident Coordinator’s Office will play an important role in coordinating the joint efforts for mobilization of resources and creation of effective partnerships.

Finally, the [WHO Partner Platform](#) has been updated with requests of resources for more than US\$35 million to support health system capacity. The WHO Partner Platform currently includes eight United Nations agencies, eight member states, and the Government of Moldova participating (39 total registered users, with some organizations having multiple registered users).

UNITED NATIONS RECOVER BETTER FUND

The [United Nations Recover Better Fund](#) is a United Nations interagency finance mechanism launched by the United Nations Secretary-General to support low- and middle- income programme countries to overcome the health and development crisis caused by the COVID-19 pandemic. The Fund’s assistance targets those most vulnerable to economic hardship and social disruption. The Fund is open for donors that wish to provide earmarked contributions for a specific country operation.

Additionally, the Fund allows [donations from individuals](#). The Fund’s coverage extends to all low-and middle-income programme countries, helping to safeguard their progress towards the Sustainable Development Goals.

MOLDOVA 2030 SDGS PARTNERSHIP FUND

To address the COVID-19 pandemic, UNCT Moldova created the [Moldova COVID-19 Response and Recovery Window under the Moldova 2030 SDGs Multi-Partner Trust Fund](#). The new Window is a pooled funding instrument targeted for COVID-19 related actions, which is offering the possibility for development partners to contribute funds through a pooled mechanism. This will enable a rapid and efficient disbursement of funds to implement actions and procure essential supplies and services, and also support the design and implementation of medium-term recovery interventions. The theory of change of the Fund Window is focused on supporting the Government of Moldova to tackle the health emergency as well as to address the social and economic impact of the pandemic in the social and economic sectors. Additionally, the Window is intended to reduce the country’s vulnerability to the pandemic, and to enable a transparent and effective recovery process. The Window complements and will also contribute to WHO’s Strategic Preparedness and Response Plan.

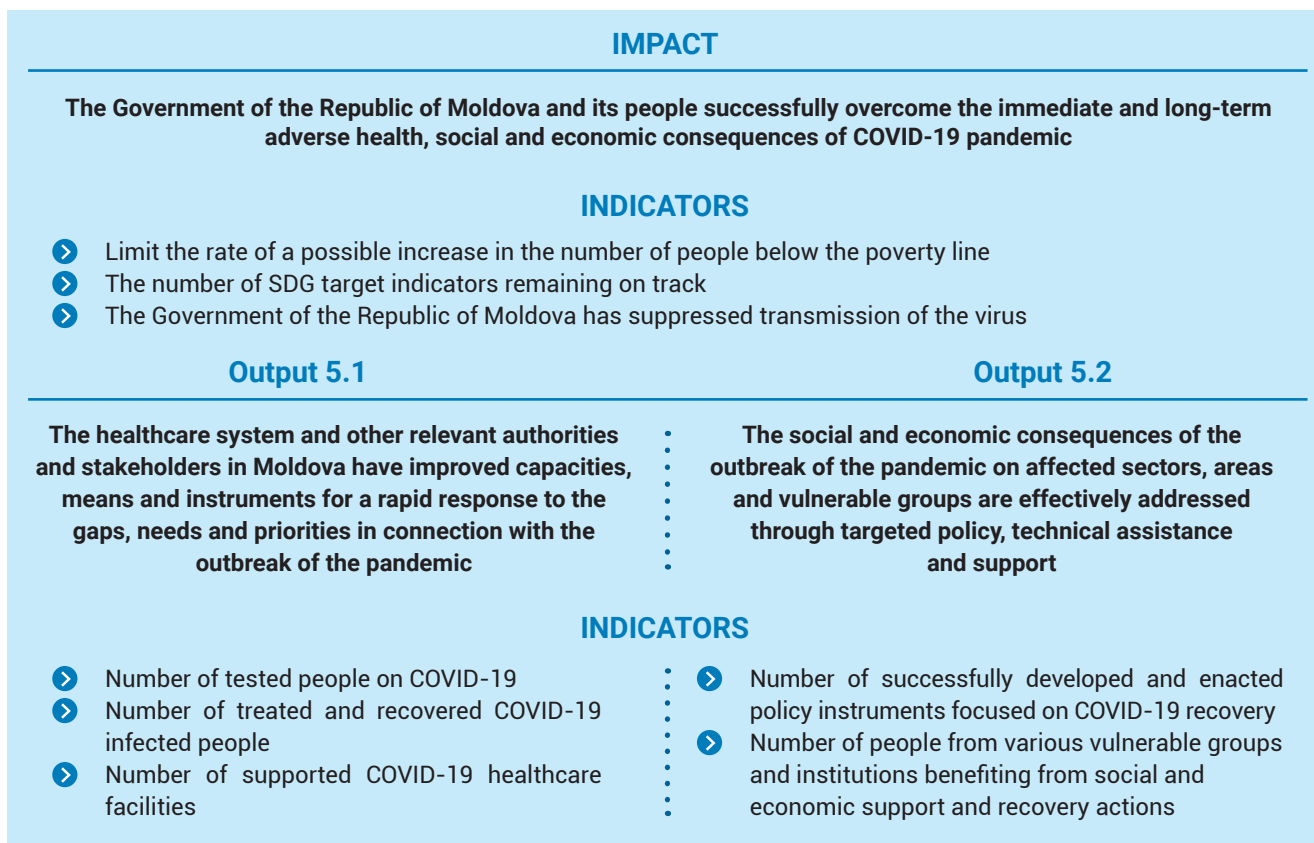


Figure 2: Programmatic priorities of the UN Moldova COVID-19 Partnership Window

ANNEX I: RE-PROGRAMMING OF **EXISTING** RESOURCES AND **NEW PROJECTS** FOR COVID-19 RESPONSE

Pillar 1: Health First

Output: The healthcare system and other relevant authorities and stakeholders in Moldova have improved capacities, means and instruments for a rapid response to the gaps, needs and priorities in connection with the outbreak of the pandemic

National development priorities or goals: GoM AP 2020-2023 – Section VI-VII: Effective and efficient social protection, healthcare services and education for all

Moldova UNPFSD 2018-2022 outcomes:

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 3

| | Implementing UN Entity | Source of funding | Time-frame for Impact | Project description | Total Cost |
|---|------------------------|---------------------------------|-----------------------|---|--------------|
| RE-PROGRAMMING OF EXISTING RESOURCES | UNICEF | EU | April – June 2020 | <i>EU4Moldova Focal Regions Project</i> – Provision of PPEs for Cahul and Ungheni authorities. | \$20,000.00 |
| | UNICEF | UNICEF Regular Resources | May – August 2020 | Procurement of PPE and 10 Oxygen concentrators for health facilities responding to COVID-19 pandemic. | \$150,000.00 |
| | UNDP | Swiss Cooperation | April – June 2020 | <i>Migration and Local Development Project</i> – Basic medical equipment and protection kits for 35 target communities. | \$37,000.00 |
| | UNDP | EU | April – June 2020 | <i>EU4Moldova Focal Regions Project</i> – Basic medical equipment and protection kits for 70 target communities. | \$81,000.00 |
| | UNDP | EU | April – June 2020 | <i>Confidence Building Measures Programme</i> – Basic medical equipment, protection kits and awareness raising materials for communities from both banks of the Nistru river. | \$22,000.00 |
| | UNAIDS | UNAIDS | March – June 2020 | Procurement of masks, disinfectants and gloves for the NGO staff involved in the delivery of drugs to targeted patients. | \$10,000.00 |
| | UNODC | UNODC | July – 20 | Procurement of PPE for staff working in prisons. | \$2,000.00 |
| | IAEA | IAEA | June – August 2020 | Procurement of COVID-19 tests and consumables | \$98,000.00 |

| | | | | | |
|---------------------|--------|-----------------------------------|----------------------------|--|----------------|
| | UNODC | UNODC Regular Resources | July 2020 – September 2020 | Procurement of PPE for front line workers in the prisons | \$21,000.00 |
| | UNFPA | UNFPA Regular Resources | April – December 2020 | Procurement of PPE for Youth Friendly Health Centres Network; capacity building of healthcare providers on ensuring continuity of SRH services in the context of COVID-19; increasing public awareness on the importance and modality of accessing SRH services during public health emergency, etc. | \$80,000.00 |
| NEW PROJECTS | UNDP | Swiss Cooperation | March – May 2020 | Procurement of PPE (gowns) for hospitals responding to COVID-19 pandemic. | \$200,000.00 |
| | UNDP | Swiss Cooperation | April – July 2020 | Procurement of respiratory ventilators for hospitals responding to COVID-19 pandemic. | \$271,995.00 |
| | WHO | Swiss Cooperation | March – December 2020 | Risk communication, technical support for monitoring and laboratory materials, among others. | \$310,546.00 |
| | WHO | USAID | April – November 2020 | Technical support to the MoHLSP on risk communication and surveillance. | \$650,000.00 |
| | One UN | Gov of Sweden | April – August 2020 | Support to the GoM on risk communication. | \$32,800.00 |
| | WHO | EU | March 2020 – March 2022 | Procurement of PPE and equipment for hospitals, among others) | \$4,863,015.00 |
| | WHO | Gov of Norway | April – December 2020 | Provision of training, health equipment, technical support on monitoring, and Public Health Emergency Centre, among others. | \$100,000.00 |
| | WHO | Gov of Germany | March – December 2020 | Provision of training, health equipment, technical support on monitoring, laboratory tests and consumables, and capacity building for the MoHLSP. | \$131,950.00 |
| | UNICEF | COVID TF | May – September 2020 | Procurement and delivery of PPE for the MoHLSP, border police and penitentiaries. | \$750,000.00 |
| | IOM | COVID TF | May – September 2020 | Contribution to strengthening the infection control system and prevention measures by assisting the Ministry of Interior with improved procedures and infrastructure at points of entry. | \$120,000.00 |

| | | | | | |
|--|--------|--------------------------------|------------------------------|---|--------------|
| | WHO | WHO Europe | January 2020 – December 2021 | Laboratory supplies for COVID-19 tests. | \$47,000.00 |
| | UNDP | Gov of UK | June – September 2020 | Humanitarian support to most vulnerable groups and procurement of PPE for health centres (including the Transnistria region). | \$198,000.00 |
| | UNDP | Gov of Estonia | May – September 2020 | Procurement of equipment for General Inspectorate of Exceptional Situations triage centres (including air heaters, inflatable tents, self-contained mobile toilet, etc.). | \$48,000.00 |
| | UNDP | Soros Foundation | June – August 2020 | Procurement of medical equipment (Oxygenators, pulsometer, and patient monitors). | \$47,075.00 |
| | UNDP | ENDAVA (private sector) | April – August 2020 | Procurement of medical equipment (pulsometers, syringe infusion pumps, patient monitors etc) for hospitals in Moldova. | \$35,600.00 |
| | UNAIDS | UNAIDS | July – August 2020 | Procurement of UV irradiators (infection control) in all 4 HIV treatment centres on both banks of the Nistru river. | \$7,000.00 |
| | IOM | Netherlands | September – December 2020 | Procurement of PPE for border police and prison personnel. | \$200,000.00 |

Total Pillar 1

\$8,570,680.00

Pillar 2: Protecting People

Output 2: Identified vulnerable groups in Moldova are benefiting from social protection, education and essential services

National development priorities or goals: GoM AP 2020-2023 – Section VI-VII: Effective and efficient social protection, healthcare services and education for all

Moldova UNPFSD 2018-2022 outcomes:

Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 1, SDG 4, SDG 5 and SDG 16

| | Implementing UN Entity | Source of funding | Time-frame for Impact | Project description | Total Cost |
|---|------------------------|----------------------------------|----------------------------|--|----------------|
| RE-PROGRAMMING OF EXISTING RESOURCES | UN Women | Sweden | March – April 2020 | Procurement of sanitizers, food and PPE. The support will be offered to shelters/NGOs and social assistants in all districts and Transnistria. | \$200,000.00 |
| | IOM | EU – EUBAM project | May 2020 | Procurement of 1,500 protective shields, antiseptic spray 240 bottles (5 litres each) and 36 digital thermometers for the Border Police. | \$11,884.80 |
| | UN Women | EU | April – May 2020 | <i>Strengthened Gender Action in Cahul and Ungheni districts</i> | \$100,000.00 |
| | UNICEF | | April – May 2020 | Procurement of a) hygiene and personal protection sets for members of the MDTs in Cahul and Ungheni; b) hygiene and food boxes for vulnerable families with children; c) educational materials and books for children of different age groups. | \$55,000.00 |
| | IOM | Gov of Norway | July – December 2020 | Support for the return of Moldovan migrants stranded due to COVID-19 and raising awareness of COVID-19 in Moldova’s efforts on trafficking in human beings. | \$15,000.00 |
| | UNFPA | UNFPA Regular Resources | March 2020 – December 2020 | a) Real time monitoring dashboard on COVID-19 cases; b) assessment of the impact of COVID-19 on young people and older persons; c) procurement of hygiene kits for shelters, food and hygiene kits for most vulnerable older people; d) risk communication; e) support to the education sector: psychological support programme for young people and support to VET institutions and students to ensure continuity of the education programme. | \$425,000.00 |
| NEW PROJECTS | UNICEF | Global Partnership for Education | April – July 2020 | Procurement of computers and educational kits for the most vulnerable children. National online training for pre-school teachers on positive parenting during the COVID-19 pandemic, transition and recovery period. | \$70,000.00 |
| | UNICEF | USAID | - | Support on risk communication, infection prevention, provision of critical hygiene materials, and assessment of the socio-economic impact of COVID-19 on the most vulnerable families and children. | \$1,550,000.00 |

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|--|----------|-----------------|------------------------------|---|--------------|
| | UN Women | COVID TF | May – September 2020 | Provision of immediate and preventive supplies that will be delivered to targeted affected groups of vulnerable women, including women affected by violence, women living in shelters, women living with HIV and AIDS, disabled women, and Roma women | \$130,000.00 |
| | IOM | UK | April – September 2020 | Support to victims of domestic violence; support for the functioning of the shelter for protection and assistance of victims of domestic violence and trafficking in human beings. | \$71,900.00 |
| | UN Women | ADA | September 2020 – August 2021 | Provision of relief assistance and service to women and men in risky situations due to the COVID-19 outbreak from both banks of Dniester/ Nistru river, including 11 raions. | \$159,626.01 |

Total Pillar 2

\$2,788,410.81

Pillar 3: Economic Response and Recovery

Output 3: Ensured protection of jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy through targeted policy, technical assistance and support

National development priorities or goals: GoM AP 2020-2023: Section IV – Sustainable Economic Development-development and support for job creation, SME development

Moldova UNPFSD 2018-2022 outcomes:

Outcome 2: The people of Moldova, in particular the most vulnerable, have access to enhanced livelihood opportunities, decent work and productive employment, generated by sustainable, inclusive and equitable economic growth.

Outcome 3: The people of Moldova, in particular the most vulnerable, benefit from enhanced environmental governance, energy security, sustainable management of natural resources, and climate and disaster-resilient development.

SDGs: SDG 1: End poverty in all its forms everywhere; SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5: Achieve gender equality and empower all women and girls; SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; SDG 10: Reduce inequality within and among countries; SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable; SDG 12: Ensure sustainable consumption and production patterns; SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

| | Implementing UN Entity | Source of funding | Time-frame for Impact | Project description | Total Cost |
|--------------------------------------|------------------------|--------------------------------------|------------------------------|---|--------------|
| RE-PROGRAMMING OF EXISTING RESOURCES | UNDP | UNDP (Rapid Response Facility Funds) | May – October 2020 | Conduct a socio-economic impact assessment of the COVID-19 pandemic with a focus on vulnerable groups and SMEs from specific economic sectors. | \$294,000.00 |
| | ILO | ADA | September 2020 – August 2021 | Approximately 100 unemployed persons (young seasonal workers and women migrants who have returned due to the COVID-19 crisis, in particular from the care economy in Western Europe). | \$169,843.88 |

Total Pillar 3

\$463,844

Pillar 4: Macroeconomic response and multilateral collaboration

Output 4: Analytical advisory and technical assistance services provided to the Government of Moldova for evidence-based economic policy making and better social expenditure

National development priorities or goals: GoM AP 2020-2023: Section IV – Sustainable Economic Development and Section VI – Social Protection and Healthcare- improve policy management

Moldova UNPFSD 2018-2022 outcomes:

Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 8 and SDG 16

| | Implementing UN Entity | Source of funding | Time-frame for Impact | Project description | Total Cost |
|--------------------------------------|------------------------|---------------------------|---------------------------|--|-------------|
| RE-PROGRAMMING OF EXISTING RESOURCES | UNECE | UNECE – regular resources | August – December 2020 | Strengthening the capacity of the National Bureau of Statistics (NBS) to produce reliable and timely data oriented to accelerating evidence-based decision-making processes for COVID-19 recovery. | \$20,000.00 |
| NEW PROJECTS | UNICEF | UBRAF/UNAIDS | September – December 2020 | Development of a socio-economic profile and needs assessment of persons living with HIV affected by COVID-19. | \$18,000.00 |

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|--|----------|--------------|-----------------------------|---|--------------|
| | UNDRR | UNDRR | September 2020 – March 2021 | Building local-level resilience to disasters, including biological hazards: – City Disaster Resilience Scorecard and its health addendum rolled out to identify gaps in selected cities' resilience capacity; – Good practices in risk reduction measures disseminated at local level to enhance peer learning and lessons learned in responding to COVID-19 at the local level; – City resilience reinforced through support to local authorities for conducting resilience assessments, including a dedicated track on the health dimension, and promoting the integration of biological hazards and pandemic risks into local disaster risk reduction plans or strategy. | \$30,000.00 |
| | UN Women | Japan | June 2020 – May 2021 | Procurement of PPE and supplies for vulnerable women. | \$268,700.00 |

Total Pillar 4

\$336,700

Pillar 5: Social Cohesion and Community Resilience

Output 5: Enhanced social cohesion through the promotion of inclusive social dialogue, community resilience and governance, grounded on human rights

National development priorities or goals: GoM AP 2020-2023 – Section I – State of Rule of Law: Justice Sector reform and respect for Human Rights and fundamental freedoms

Moldova UNPFSD 2018-2022 outcomes:

Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 16

| | Implementing UN Entity | Source of funding | Time-frame for Impact | Project description | Total Cost |
|-----------------------|-------------------------------|--------------------------|------------------------------|---|-------------------|
| RE-PROGRAMMING | UNRCO | UNDP/ DPPA | June – August 2020 | Survey on the impact of COVID-19 on social cohesion in Moldova. | \$6,000.00 |

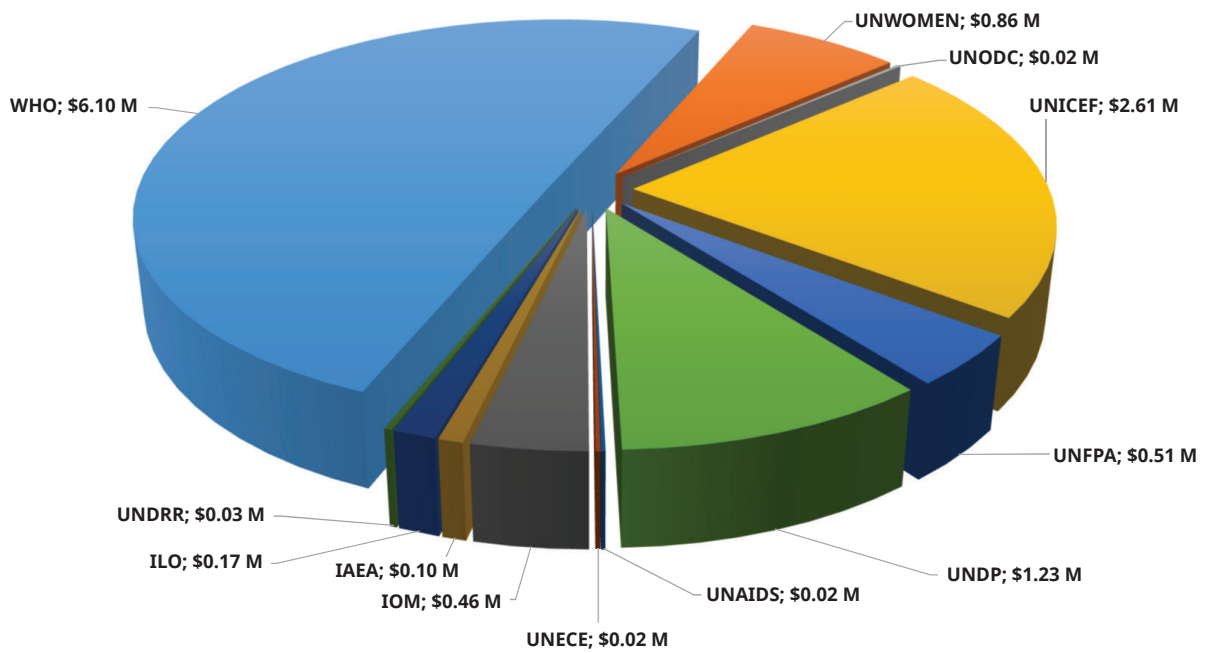
Total Pillar 5

\$6,000.00

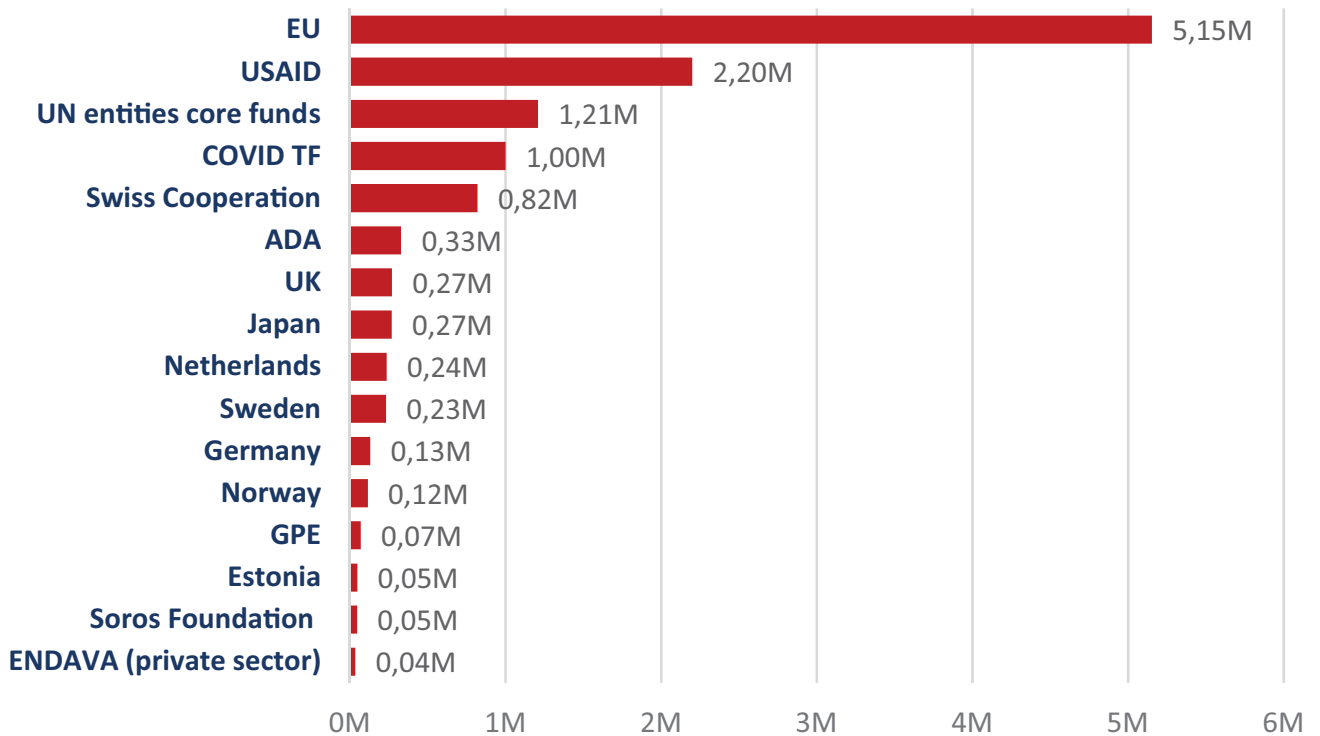
TOTAL (Pillars 1-5)

\$12,165,635

IMPLEMENTED CONTRIBUTIONS BY UN ENTITY



CONTRIBUTIONS FROM DONORS THROUGH THE UN SYSTEM



ANNEX II: COVID-19 JOINT PROGRAMME PORTFOLIO

Globally, the United Nations has identified five key pillars for support to countries in the COVID-19 response. Protecting the **health system** itself during the COVID-19 crisis is the first priority. At the same time, and also urgent, are the following: helping to protect people through **social protection and basic services**; **protecting jobs, small and medium-sized enterprises, and the most vulnerable productive actors** through economic recovery; helping to guide the necessary **surge in fiscal and financial stimulus** to make the macroeconomic framework work for the most vulnerable, and fostering sustainable development and **strengthening multilateral and regional responses**; and finally, promoting **social cohesion** and building trust through social dialogue and political engagement, and **investing in community-led resilience and response systems**.

The Outcome of the Socio-Economic Response and Recovery Plan is “*The Government of the Republic of Moldova and its people successfully overcome the immediate and medium-term adverse health, social and economic consequences of the COVID-19 pandemic*”

Given the large number of projects and initiatives identified, the United Nations in Moldova will prioritize:

- Projects with the capacity to leverage additional funding (including in-kind contributions) and to complement the Government’s efforts;
- Projects with gender marker 2-3, meaning that they represent clear efforts to address the root causes of gender inequalities; and
- Projects that can be implemented promptly and are responding to a present need.

Pillar 1: Health First

Output: The healthcare system and other relevant authorities and stakeholders in Moldova have improved capacities, means and instruments for a rapid response to the gaps, needs and priorities in connection with the outbreak of the pandemic

National development priorities or goals: GoM AP 2020-2023 - Section VI-VII: Effective and efficient social protection, healthcare services and education for all

Moldova UNPFS 2018-2022 outcomes:

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 3: Ensure healthy lives and promote well-being for all at all ages

| No. | Project Title | Timeframe for Impact | Project Outputs | Total Cost | Government Counterpart | Implementing UN Entity |
|-----|---|-------------------------|---|-------------|------------------------|------------------------|
| 1.1 | Strengthening national health system capacity to respond to the COVID-19 public health emergency and prepare for future waves, and enhancing the surveillance system for communicable diseases and public health events | Long (6 months or more) | <ul style="list-style-type: none"> - Essential health services and systems during and following the outbreak are maintained by prioritizing services, shifting service delivery and actively managing the health workforce, supplies and data to support essential clinical and outreach services - Financial barriers to essential services are reduced, and access to emerging technologies such as diagnostics, vaccines and treatments that will support the safe delivery of effective essential services is accelerated - The most vulnerable populations are reached and protected by ensuring the continuity of services in fragile settings | \$7,000,000 | MHLSP | WHO |

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|-----|--|--|-------------|--|-------|--------------------------|--|
| | | | | <ul style="list-style-type: none"> - The surveillance system to detect suspect cases, as well as the testing of suspect cases, is enhanced and digitalized - The national system of contact tracing (including the contacts database) is confirmed as an integral part of the national surveillance system for communicable diseases, as part of a whole-of-society approach - The performance of the existing surveillance system is tested and documented, through actual experience and/or table-top or simulation exercises, and the findings are used to inform future preparedness and response activities | | | |
| 1.2 | Enhancing national capacities to ensure the continuity of sexual and reproductive health services and the rights of people in the context of public health emergencies | Medium (3-6 months) to Long (6 months or more) | \$500,000 | <ul style="list-style-type: none"> - The capacity of health providers is built for provision of sexual and reproductive health services during public health emergencies, including counselling and prevention of COVID-19 - Most vulnerable groups are reached with sexual and reproductive health information and services - PPE is procured for the network of Youth Friendly Health Clinics - Minimum Initial Service Package training curricula for public health specialists are developed and integrated into the programme of medical education institutions - Healthcare providers are capacitated to use SOPs on the response of healthcare facilities to domestic violence and to use the Standardized Protocol on the Clinical Management of Rape Survivors as well as to ensure the continuity of family planning services in emergency situations - The Minimum Initial Service Package is integrated into the National Civil Protection Preparedness Plan and the Public Health Emergency Preparedness and Response Plans, and the provisions are fully implemented - A field simulation exercise is conducted on preparedness and response in case of emergencies | MHLSP | UNFPA | |
| 1.3 | Improving the access of health workers in Moldova to essential health protective equipment | Short (1-3 months) | \$6,608,757 | <ul style="list-style-type: none"> - COVID-19-related supplies are made available to 400 medical facilities, including hospitals, primary health care facilities, youth-friendly health centres, and so on | MHLSP | UNICEF, UNDP, UNOPS, WHO | |

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|-----|--|-------------------------|--|-------------|---|------------------------------------|
| 1.4 | Supporting the development and implementation of a displacement tracking system | Medium (3-6 months) | <ul style="list-style-type: none"> - A displacement tracking system developed and functional - Up-to-date data and analysis on the numbers and profiles of returning migrants and vulnerable families affected by the loss of remittances are available through use of rapid surveying solutions developed using IOM's Displacement Tracking Matrix methodology | \$25,000 | MHLSP, MoI, GIBP | IOM |
| 1.5 | Enabling the justice system to reduce the number of people in prisons and suppress the transmission of COVID-19 among prisoners | Long (6 months or more) | <ul style="list-style-type: none"> - The prison population is reduced by 15% by December 2022 to decrease the risk of COVID-19 infection among prisoners and prison staff - Alternatives to incarceration are applied to reduce the burden on the criminal justice system and prevent new people from entering prisons | \$1,500,000 | Moj, MoI, MHLSP, NPA, NIJ, PO, NPO | UNODC (lead), OHCHR, UNAIDS, UNDP. |
| 1.6 | Strengthening the health system's crisis response and service delivery capacities through the institutionalization of telemedicine | Long (6 months or more) | <ul style="list-style-type: none"> - A legal and normative framework, financial coverage schemes and treatment protocols for telemedicine services are developed based on existing best practices - A telemedicine pilot, involving the provision of software, strengthening of the hardware base, staff training, and public awareness-raising and communication, are implemented in Chisinau Municipality - The roadmap for scaling up elaborated, pilot results is widely communicated and public awareness on the access to telemedicine is strengthened - Methodological guidance on telemedicine, including standards of service and guidance on psychological aspects, for health staff, is developed | \$2,000,000 | MHLSP, NHIH, E-Governance Agency, Chisinau Mayor's Office | UNDP, UNFPA, UNICEF |
| 1.7 | Responsible management of potentially infectious waste in relation to the COVID-19 public health crisis | Long (6 months or more) | <ul style="list-style-type: none"> - This intervention is intended to support authorities to offer an effective response to the management of medical waste in Moldova, including potentially infectious waste, during and immediately after the COVID-19 outbreak. - Households with members confirmed to have COVID-19 or those in self-isolation dispose of their waste responsibly and safely, while the general population is aware of responsible behaviour in terms of waste disposal during the public health crisis. - Medical waste management practices and facilities in health care institutions in the areas most affected by COVID-19 are rapidly assessed and capacitated to accommodate the newly-generated waste, as well as to prepare the system for events of a similar nature in the future - Public utilities for waste management are capable of effectively and safely providing waste services in the public health crisis | \$2,000,000 | MHLSP, NPHA, LPAs, selected hospitals | UNDP and WHO |

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| 1.8 | Equipping front line workers in NGOs active in HIV and TB control and their beneficiaries with protective equipment | Short (1-3 months) | <ul style="list-style-type: none"> - At least 150 outreach workers and social workers in NGOs provide humanitarian prevention services in a safe way - At least 35,000 beneficiaries, including persons who use drugs, sex workers, men who have sex with men, and persons living with HIV, safely receive humanitarian prevention services | \$150,000 | MHLSP | UNAIDS |
| <p>Total Pillar 1</p> <p style="text-align: right;">\$19,783,757</p> | | | | | | |

Pillar 2: Protecting People

Output 2: Identified vulnerable groups in Moldova are benefiting from social protection, education and essential services

National development priorities or goals: GoM AP 2020-2023 – Section VI-VII: Effective and efficient social protection, healthcare services and education for all

Moldova UNPFSD 2018-2022 outcomes:

Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 1: End poverty in all its forms everywhere; SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5: Achieve gender equality and empower all women and girls; SDG 10: Reduce inequality within and among countries; SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

| No. | Project Title | Timeframe for Impact | Project Outputs | Total Cost | Government Counterpart | Implementing UN Entity |
|-----|--|---|---|-------------|---|-------------------------------|
| 2.1 | Increasing the access of vulnerable women and their dependents to food and other essential supplies, including prevention supplies | Short (1-3 months) | <ul style="list-style-type: none"> Women from vulnerable groups (including Roma women, women with disabilities, sex workers, single mothers, women with low or no income and others) have access to food, personal care and hygiene products, and protection supplies. | \$350,000 | MHLSP | UN WOMEN |
| 2.2 | Increasing the access of victims of domestic violence to essential services during the crisis | Long (6 months or more) | <ul style="list-style-type: none"> Victims of domestic violence in shelters have access to personal care and hygiene products, and protection supplies NGOs and shelters are equipped with suitable spaces and all products necessary for personal care and hygiene, and protection supplies for continuous support services for beneficiaries NGOs, shelters and other service providers can provide support services using all form of communication (Zoom, Skype, WhatsApp, Viber etc.) Support is provided to local government structures and service providers to ensure safe spaces and life skills for poor and vulnerable women. Services are re-designed and diversified, including piloting of mobile services. Access of child victims of violence to psychosocial services is ensured | \$1,900,000 | MHLSP | UNFPA, UN WOMEN, UNICEF |
| 2.3 | Life-saving support to and empowerment of older women and women with disabilities in Moldova | Short (1-3 months) to long (6 months or more) | <ul style="list-style-type: none"> Life-saving packages (food and hot lunches, hygienic kits, masks adapted for people with hearing disabilities) and access to assistive technologies are provided to 20,000 most vulnerable older women and women with disabilities, including those among stateless persons, asylum-seekers and refugees All 3,663 older women and men from 40 residential institutions (10 temporary and 30 long-term placement centres) are equipped with PPE, prevention of GBV among older persons and people with disability in residential homes is supported, and interaction is facilitated with family members Psychological and informational support, social and medical advice are provided to lonely and isolated older women and women with disabilities through (1) a series of dedicated TV / radio shows and (2) a phone support programme A network of transportation services is developed to ensure access to primary health care for the most vulnerable older women and women with disabilities in remote areas. | \$1,076,564 | MHLSP, National Agency for Social Work, Ombudsperson's Office, 112 Emergency Service, Chisinau Mayor's Office | UNFPA (lead), OHCHR |

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| | <ul style="list-style-type: none"> - The digital skills of the most vulnerable older women, including older women with disabilities, are built to seek medical, social, informational and psychological assistance through intergenerational dialogue with teenage girls - The establishment of local consultative mechanisms is supported for a comprehensive response and recovery from COVID-19 at local and central levels with the participation of older women and women with disabilities in five communities - The health system's response is strengthened to GBV cases among older women and women with disabilities and a referral pathway is established for older women and women with disabilities to GBV services - The curricula for social assistance students are revised from a human rights perspective and the capacity of staff of public social assistance services, including those working in residential institutions for persons with disabilities and older women and of local NGOs, is built on a human rights-based approach to social services in the context of the COVID-19 pandemic | | | | | | |
| 2.4 | Supporting sustainable agriculture production, access to food and the development of food supply chains | Long (6 months or more) | | | <ul style="list-style-type: none"> - Technical assistance and advice are delivered to farmers contributing to the national food supply chains - Matching grants are provided for maintaining quality standards in agriculture production | | <p style="text-align: center;">MARDE</p> <p style="text-align: center;">\$1,000,000</p> <p style="text-align: center;">FAO</p> |
| 2.5 | Improving access to water and sanitation in schools, including in the Gagauzia region | Long (6 months or more) | | | <ul style="list-style-type: none"> - Access is ensured in rural schools to essential sanitation services for pupils and personnel. The initiative will focus on two major components: <ol style="list-style-type: none"> 1. Nation-wide: training is delivered on healthy and safe hygiene practices and hygiene supplies are delivered. 2. Regionally: the toilets in schools and kindergartens in the Gagauzia region are physically rehabilitated (10,000 pupils). Sanitation facilities (flush toilets with wastewater treatment) are installed to ensure adequate hygiene conditions is envisaged. | | <p style="text-align: center;">MECR, Regional Gagauz authorities</p> <p style="text-align: center;">\$2,000,000</p> <p style="text-align: center;">UNDP (lead), UNICEF</p> |
| 2.6 | Facilitating the continuity of learning through the development and provision of materials, support and IT equipment to teachers, students and parents | Short (1-3 months) | | | <ul style="list-style-type: none"> - 16,000 students and 2,600 teachers are reached with support for distance learning, including equipment, connections, training, information and materials | | <p style="text-align: center;">MECR</p> <p style="text-align: center;">\$700,000</p> <p style="text-align: center;">UNICEF</p> |

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|-----|---|---|---|-------------|--------------------------------------|--------------------------------|
| 2.7 | Support for modernization of educational services in public schools and digitalization of education services | Medium to long (6 months or more) | <ul style="list-style-type: none"> - Support is provided to the Ministry of Education and public schools to digitalize the public curriculum and offer a single/standardized training platform for the exchange of content, methods and connection between children and teaching staff. This integrates to the extent possible the platforms and tools currently used (based on the understanding among teaching staff of what tools work so far) - The private sector is connected as partners and solution providers to maintain all digital solutions - The curriculum for primary and secondary schools is fully digitalized (in Romanian, Russian, etc.) with standardized digitized content, as well as all other tools and instruments to support online learning - Teachers and pupils receive extended capacity building support in the use of digital tools - The presence of the basic infrastructure and connectivity is ensured where necessary | \$2,000,000 | MECR, public schools, private sector | UNDP (lead), UNICEF |
| 2.8 | Building the resilience of young people through life skills education programmes, including a psychological support programme | Short (1-3 months) to long (6 months or more) | <ul style="list-style-type: none"> - Young people and teachers receive psychological assistance from capacitated providers, with a focus on the COVID-19 recovery period - Schools are enabled to sustainably deliver life skills-based education programmes, including in crisis situations, based on innovative materials and increased capacities of teachers - Young people have access to life skills-based education through peer-to-peer education - Teachers, parents and community members promote and support the right of young people to life skills-based education programmes and healthy lifestyle - Stereotypes are combatted among teachers, parents and society at large and girls are encouraged to pursue STEM and ICT - Curricula of Universities providing ICT education is revised to increase the employability skills of young people | \$ 750,000 | MECR, Technical University | UNFPA (lead), UNICEF, UN Women |
| 2.9 | VET institutions and dormitories develop capacity to ensure continuity of education, particularly for those most vulnerable and from rural areas through WASH infrastructure and COVID-19 prevention training | Short (1-3 months) to long (6 months or more) | <ul style="list-style-type: none"> - 91 VET institutions and student's dormitories are equipped with sanitation and hygiene supplies for a safe environment - IT equipment is provided for VET institutions to ensure the access of 45,000 VET students (70% from rural areas) to digitalized learning - Behaviour change training is conducted for VET students and teachers on COVID-19 prevention | \$700,000 | MECR, VET institutions | UNFPA |

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|------|--|--|---|-------------|---|-----------------------------------|
| 2.10 | Ensuring continuing access to TVET in Moldova through the creation of a TVET e-learning platform | Long (6 months or more) | <ul style="list-style-type: none"> - TVET authorities and institutions have enhanced capacity to develop standards, guide and facilitate a shared approach to the implementation of digital TVET at national level - TVET schools, especially teachers and instructors, have enhanced capacities for developing and implementing quality e-learning and blended learning, including knowledge on digital safety - Pilot experiences in e-learning for TVET re applied in 3 different occupations and 3 different TVET schools lessons learnt are recorded and analysed - Continuity of TVET and accessibility to E-learning in TVET is ensured for all disadvantaged children and youth - Access to ICT resources and internet connectivity is enabled, and awareness on harassment-free virtual communication spaces for students and teachers is raised | \$600,000 | MECR, VET institutions, centres of excellence | ILO (lead), ITU, UNESCO, UN WOMEN |
| 2.11 | Equipping prisoners affected by COVID-19 and prison guards and escorts with protective equipment | Short (1-3 months) | <ul style="list-style-type: none"> - 1,000 guards and escorts have access to PPE, including gloves, masks and sanitizers, for 3 months - 2,000 electronic monitoring bracelets are procured and delivered to serve the needs of prisoners (from both banks) who are escorted to public hospitals | \$500,000 | Moj, MHLSP, NPA, NPO | UNODC |
| 2.12 | Empowering women and girls who experience violence to use available, accessible and quality essential services and break the cycle of violence via economic independence and a changed social environment at community level | Medium (3 - 6 months) to long (6 months or more) | <ul style="list-style-type: none"> - Multi-sectoral mechanism is strengthened, quality of essential services is improved and capacity of service providers is increased to respond to gender-based violence, including through the adaptation of services to the rights and needs of women with disabilities - Women are linked to income generation and employment opportunities, while building their skills and linking them to decision-making structures - The capacities of shelter services are strengthened and adapted to the needs of women with disabilities - Stigma, discrimination and harmful social norms that support practices of VAW are addressed at the community level - Vulnerable women are supported to access basic social services equitably and safely, while bringing communities together and building stronger dialogue chains between citizens and local officials | \$3,000,000 | MHLSP, MoI, Moj | UNWOMEN (lead), UNFPA, ILO |

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|------|--|--|--|-------------|---|--------------------------------------|
| 2.13 | Addressing COVID-19 human mobility-driven social protection challenges through enhancing innovative, evidenced-based emergency coordination and management planning, policy response and services and infection prevention and control capacities. | Long (6 months or more) | <ul style="list-style-type: none"> - The national evidence base is enhanced for operational and policy response to social protection challenges triggered by the COVID-19 crisis, taking into account an intersectoral approach and the multiple vulnerabilities of persons impacted by the COVID-19, including returnees and the households affected by the decrease of remittance-sourced incomes, implementing innovative, sustainable and nationally owned mechanisms - COVID-19 prevention and protection of highly mobile vulnerable groups are fostered through enhanced coordination frameworks, information, education, risk communication, behavioural change activities, the combatting of discrimination and the conducting of regular behavioural insights surveys - Infection prevention and control are enhanced in all education facilities through development and provision of staff training packages on COVID-19, the conducting of a COVID-19 sero-epidemiological investigation among children and the implementation of specific prevention activities (including immunization) - Protection of vulnerable groups affected by COVID-19 mobility challenges is enhanced by supporting the development and implementation of targeted recovery strategies, policies, plans and innovative solutions, improved emergency management planning and response and the engaging highly skilled diaspora | \$2,550,000 | MHLSP, MoI, NBS, GIBP, National Employment Agency | UNICEF, IOM, UNDP, UNFPA, WHO, OHCHR |
| 2.14 | Promoting active ageing, including productive working lives, and building resilience to pandemic situations in older persons | Medium (3-6 months) to long (6 months or more) | <ul style="list-style-type: none"> - The impact of COVID-19 on older persons is analysed, including from a gender perspective - A media campaign is conducted to increase awareness and inform older adults about protective measures and coping mechanisms in the context of COVID-19 - Programme support is provided to older people to remain autonomous and independent; - Intergenerational solidarity and dialogue are strengthened to address age-based discrimination, including through the transfer of digital skills from young people to older adults - New employment programmes are developed for older persons to reduce poverty and increase social and labour reintegration among older adults - New community social care services are piloted in rural areas for older persons from long-term placement centres and those isolated during the pandemic - A human rights-based approach is mainstreamed in the development and piloting of the new services and programmes | \$1,000,000 | MHLSP, Equality Council | UNFPA (lead), OHCHR, ILO |

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|-----------------------|--|-----------------------------------|---|---------------------|------------|----------------|
| 2.15 | Enhancing the capacity of the probation service to increase the security and access to justice of victims of domestic violence | Medium to long (6 months or more) | <ul style="list-style-type: none"> - The probation service has enhanced institutional and digital capacities to ensure the electronic monitoring of aggressors in cases of domestic violence at the national scale - Standard operating procedures and a probation programme for cases of domestic violence are developed/updated and put into practice - Interinstitutional coordination mechanisms are established among justice chain actors to ensure the prompt and effective use of electronic monitoring - The probation service has improved technical capacities for electronic case management and digital service delivery | \$600,000 | Moj, NPO | UNDP, UN WOMEN |
| 2.16 | Enhancing the capacity of the Bamahus type service for victims and witnesses of crime | Long (6 months or more) | <ul style="list-style-type: none"> - Bamahus type service premises and employees are supported to improve infrastructure and build capacities | \$200,000 | MHLSP, Moj | UNICEF |
| Total Pillar 2 | | | | \$18,750,000 | | |

Pillar 3: Economic Response and Recovery

Output 3: Ensured protection of jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy through targeted policy, technical assistance and support

National development priorities or goals: GoM AP 2020-2023: Section IV - Sustainable Economic Development- development and support for job creation, SME development

Moldova UNPFSD 2018-2022 outcomes:

Outcome 2: The people of Moldova, in particular the most vulnerable, have access to enhanced livelihood opportunities, decent work and productive employment, generated by sustainable, inclusive and equitable economic growth.

Outcome 3: The people of Moldova, in particular the most vulnerable, benefit from enhanced environmental governance, energy security, sustainable management of natural resources, and climate and disaster resilient development.

SDGs: SDG 1: End poverty in all its forms everywhere; SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5: Achieve gender equality and empower all women and girls; SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; SDG 10: Reduce inequality within and among countries; SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable; SDG 12: Ensure sustainable consumption and production patterns; SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

| No. | Project Title | Timeframe for Impact | Project Outputs | Total Cost | Government Counterpart | Implementing UN Entity |
|-----|---|-------------------------|---|--------------|--------------------------|------------------------|
| 3.1 | Stimulating a green and circular economy through policy support | Medium (3-6 months) | <ul style="list-style-type: none"> - A policy paper on stimulus measures to support a green and circular economy is completed | TBD | MoF, MEI, MARDE | UNIDO, FAO |
| 3.2 | Enhancing the capacities of women entrepreneurs | Long (6 months or more) | <ul style="list-style-type: none"> - Women entrepreneurs, women from domestic violence shelters and organizations working on addressing sexual violence are supported to produce prevention supplies and PPE, and items produced by women are marketed - Women have increased knowledge on how to start, finance and grow their own businesses and increased financial education - A support network of women mentors is created - Strategies for women's economic empowerment and recovery, including those related to decent work as well as safe and healthy work environments, are supported, with a focus on women from the most vulnerable communities - Companies are supported to implement the Women's Empowerment Principles (WEPs) in their activity. | \$1,500,000 | MEI, MHLSP, ODIMM | UNWOMEN |
| 3.3 | Rural women's economic Empowerment | Long (6 months or more) | <ul style="list-style-type: none"> - Public authorities and civil society are equipped with the knowledge and skills required to develop and implement policies that help the women most affected by the COVID-19 crisis - Rural women and girls apply their skills to tackle economic opportunities, either by becoming self-employed or by joining the formal labour sector in Moldova - Women-owned and women-led businesses from rural areas benefit from crisis-related and WEPs training and receive financial support to start/grow and digitalize their businesses. - Rural women support each other throughout the COVID-19 recovery period and are empowered to participate in local planning and budgeting process | \$ 3,000,000 | MEI, MHLSP, MARDE, ODIMM | UNWOMEN, FAO |

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|-----|--|---|--|-------------|------------|--------------------------|
| 3.4 | Enhancing regional and sectoral innovation ecosystems through an innovation cluster approach | Long (6 months or more) | <ul style="list-style-type: none"> - The regulatory framework and policies are improved to strengthen the regional and sectoral innovation ecosystems - Adoption of the regional innovation cluster model is promoted - The development of Innovation, Entrepreneurship and Technology Transfer (IET) platforms is supported - The internationalization of MSMEs is supported by increasing competitiveness, digital transformation and market access - Support is provided for the development of guidelines and mechanisms for the transparent and sustainable operation of the Fund for the Support of Digital Innovations and Technological Start-ups, created in accordance with the provisions of Law 77/2016, Article 15 paragraph (1) letter c) | \$6,557,403 | MEI, ODIMM | UNIDO |
| 3.5 | Facilitating the modernization and growth process of Moldovan MSMEs to ensure their competitiveness on both domestic and international markets | Long (6 months or more) | <ul style="list-style-type: none"> - Subcontracting and Partnership Exchange is established to increase institutional support for SME development - Profiling and matchmaking are conducted between Moldovan MSMEs and major buyers - MSME benchmarking and upgrading is conducted - Investment and export promotion for MSMEs are undertaken | \$1,695,000 | MEI, ODIMM | UNIDO |
| 3.6 | Improving the digitalization of the agriculture sector through the development of an online marketing platform | Short (1-3 months) | <ul style="list-style-type: none"> - Online platforms for the marketing and distribution of the agriculture and food products to link buyers in the national and international markets with producers in Moldova are developed and functional - Women farmers are supported in digital marketing | \$500,000 | MARDE | FAO, UNWOMEN |
| 3.7 | Supporting smallholder farms in Moldova to successfully overcome the negative effects of COVID-19 and the drought | Short (1-3 months) to medium (3-6 months) | <ul style="list-style-type: none"> - Producer groups are created to consolidate production and marketing capacities - State institutions have the required tools to monitor and assess the drought situation - Matching grants and technical support are provided to smallholders, especially women/young women from the agro-sector - The Agriculture Stress Index is integrated into the current mechanism of weather and crop monitoring | \$1,500,000 | MARDE | FAO (lead), ILO, UNWOMEN |

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|-----|---|-------------------------|---|---|-------------------------------|-----------------------------|
| 3.8 | Climate Investment and Innovation Fund Programme in Moldova | Long (6 months or more) | <ul style="list-style-type: none"> - MARDE has strengthened capacity to promote climate-smart value-chain specialization and job creation - The Climate Investment and Innovation Fund (CIIF) is established and operational to facilitate value-chain development in rural areas - MSMEs, young people and women – notably migrants and their families and small farmers – have improved skills and technical capacities to establish and develop innovative green businesses | <p>\$8,200,000</p> <p>Co-funding: Public funding (MADRE): \$ 2.3 M (\$ 580,805) IFAD: \$4 M</p> | MARDE | FAO (Lead), ILO, IOM |
| 3.9 | Supporting the early economic and social recovery from COVID-19 in the Republic of Moldova through the inclusion of returning migrants and vulnerable households dependent on remittances | Long (6 months or more) | <ul style="list-style-type: none"> - The national social protection system is assessed, supported and capacitated at national and local levels in order to respond to the increase in the return of former Moldovan migrants - Relevant public employment services reach out to 10,000 individuals and provide innovative tools for the delivery of employment services, including the skills and re-qualification of returning migrants; digital, financial and entrepreneurial literacy are enhanced; the self-employment of skilled unemployed is promoted, including in the agriculture sector; and a digital marketplace platform is developed to facilitate the successful reintegration into the labour market of persons from the targeted groups - Small business support mechanisms are established or upgraded and 500 returning migrants are integrated into entrepreneurial activities as a result - Diaspora resources are mobilized for community recovery and development; local stakeholders, including local public authorities, local business communities and returnees, are empowered to jointly put in place post-crisis recovery measures; and 20,000 persons benefit from the implemented measures as a result - Safe and organized conditions are negotiated with three countries of destination of Moldovan migrants, facilitating the “re-migration” of up to 600 returnees facing hardship and unemployment upon return to Moldova | <p>\$3,570,000</p> | MHLS, ODIMM, MECR, DRB, MARDE | IOM, ILO, UNDP, UNICEF, FAO |

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|------|---|-------------------------|--|-------------|---------------------------------|-----------------------|
| 3.10 | Supporting green resilient recovery in the Republic of Moldova | Long (6 months or more) | <ul style="list-style-type: none"> - The development of a greener, more resilient, healthier and prosperous low-carbon society is facilitated and enabled by the promotion of green and blue investment in the fair energy transition, green innovation technology, the circular economy and in financial mechanisms that will tackle climate related risks and hazards - Environmental standards and green fiscal stimulus packages are improved - Platforms, policies and regulatory frameworks for resilient societies are developed and implemented - Resilient and sustainable investments – activities with high greenhouse gas reduction potential – are promoted through innovative and smart-financing programmes, including equity, venture capital, business angel, crowdfunding, EPC, etc. - Capacity building measures and tools to achieve socio-ecological and resilient digital transformation are developed and implemented to connect innovation, education and research and ensure the delivery of environmental and energy services to the population at large, youth and vulnerable groups - Gender-based indicators are introduced in the green economy programmes . Green economy programmes of ODIMM assessed through a gender lens - Businesses are helped to identify greening opportunities, including with a gender perspective | \$5,150,000 | MARDE, MoF, MEI, LPAs, ODIMM | UNDP (lead), UN Women |
| 3.11 | Valorizing the capital and entrepreneurial propensity of returning migrants and recipients of remittances through fostering access to finance, entrepreneurship and financial literacy, self-employment, knowledge on social innovation and community development planning and safe and orderly migration options | Long (6 months or more) | <ul style="list-style-type: none"> - Self-employment of skilled unemployed persons is promoted through mentorship and guidance; start-up seed funding and support in testing alternative financing, including crowdfunding and crowd-investment; and support with creating, promoting and maintaining the platform/s of products and services to be provided online or offline by the self-employed - The economic empowerment of returning migrants and vulnerable persons who lost the income from remittances, recipients of remittances, as well as other groups impacted negatively by socio-economic factors related to COVID-19, is advanced through enhancing entrepreneurial and financial literacy, access to support infrastructure and small business set-up support - The knowledge and expertise of returning migrants is enhanced in agriculture, climate-resilient livelihoods and sustainable rural development through technical assistance, facilitating their access to information on opportunities of state and private funding programmes and capacity building on community development planning; with the Farmer Field School learning approach used to integrate migrants in rural communities and perform agriculture activities | \$3,750,000 | MHLSP; MEI, MARDE, ODIMM, ANOFM | IOM, UNDP, FAO, ILO |

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|-----------------------|---|-----------------------|--|-----------|-------------------------------------|------|
| 3.12 | Provision of inclusive entrepreneurial and education support for COVID-19 vulnerable groups (youth, women, unemployed, etc) by developing an innovative approach to social distancing infrastructure and programmes | Long term (6+ months) | <ul style="list-style-type: none"> - Entrepreneurship and social innovation by young people is supported by the building of innovation support infrastructure, and promotion of the development and adoption of innovation-based practices and businesses - The safe and orderly migration of Moldovan nationals is enhanced through developed programmes for facilitating temporary labour (circular) migration, the adoption of ethical recruitment framework and practices, and implementation of identity management, health assessments and pre-departure orientation programmes - An ecosystem is created for ICT industry development to help enhance Moldova's competitiveness - Vulnerable groups are supported to recover from the effects of COVID-19, and their skills are upgraded and aligned to the market's needs - IT specialists from the Republic of Moldova have access to opportunity-driven educational and entrepreneurial online programmes <p>Substantial co-financing will be provided by the Technical University of Moldova, USAID and SIDA, in partnership with Tekwill (ICT Centre of Excellence)</p> | \$367,000 | MECR, Tekwill, Technical University | UNDP |
| Total Pillar 3 | | | | | | |
| \$35,789,403 | | | | | | |

Pillar 4: Macroeconomic response and multilateral collaboration

Output 4: Analytical advisory and technical assistance services provided to the Government of Moldova for evidence-based economic policy making and better social expenditure

National development priorities or goals: GoM AP 2020-2023: Section IV – Sustainable Economic Development and Section VI – Social Protection and Healthcare- improve policy management

Moldova UNPFSD 2018-2022 outcomes:

Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

| No. | Project Title | Timeframe for Impact | Project Outputs | Total Cost | Government Counterpart | Implementing UN Entity |
|-----|---|-------------------------|---|------------|----------------------------------|---------------------------|
| 4.1 | Ensuing access of LPAs to accurate data to support COVID-19 recovery efforts at the local level | Long (6 months or more) | <ul style="list-style-type: none"> - 36 rayonal demographic profiles are developed based on the latest population and migration estimates from NBS - A Population Platform on COVID-19 Preparedness to map COVID-19 implications for each rayon is developed and operational - The NBS is supported to improve data exchange between different data holders to provide accurate and timely data in response to the COVID-19 pandemic in various sectors | \$350,000 | NBS, Demographic Research Centre | UNFPA |
| 4.2 | Developing a monitoring system for assessing the numbers and vulnerability profiles of returning migrants and vulnerable families affected by the loss of remittances following the COVID-19 crisis | Long (6 months or more) | <ul style="list-style-type: none"> - Data are regularly updated and analysed on the numbers and profiles of returning migrants and vulnerable families affected by the loss of remittances, for a duration of up to two years, through the use of rapid surveying solutions, based on IOM's Displacement Tracking Matrix methodology - Evidence is provided for policymaking and programming concerning up to 350,000 Moldovan migrants returning by mid-2022 as a result of COVID-19-induced restrictions and economic hardship in destination countries | \$380,000 | MHLSP, MoI, GIBP, NBS | IOM |
| 4.3 | Generating evidence, information and analysis on the socio-economic impact of COVID-19 on remittances and the coping mechanisms of families that rely on them | Long (6 months or more) | <ul style="list-style-type: none"> - A mid-term mitigation plan is developed with authorities at central and local levels based on the recommendations of the impact assessment, including necessary simulations and pilots, to help prevent families directly or indirectly impacted by the pandemic and the economic crisis from falling (further) into poverty | \$150,000 | NBS, MHLSP, LPAs | UNICEF (lead), IOM, UNFPA |
| 4.4 | Enhancing the capacity of the national statistical system to produce qualitative and timely administrative data for monitoring of socio-economic aspects for better responses in emergency situations | Long (6 months or more) | <ul style="list-style-type: none"> - A set of necessary indicators to support emergency responses are supported with qualitative and timely administrative data - A user-friendly platform for dissemination is in place and granulated data are published in timely fashion - Data users have skills and capacity to use data for better policy responses - SDG gender-related indicators have the methodology and collection capacities within the data producers | \$ 500,000 | NBS, MHLSP | UNWOMEN |

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|-----|--|---|--|--|--|------------------------|
| 4.5 | Improving air quality through the support to transport operators and implementation of environmentally conscious measures | Short (1-3 months) to medium (3-6 months) | <p>In the context of the COVID-19 crisis, air quality has proven to be a catalyst leading to higher incidence of severe and critical cases, and this is likely linked to higher incidence of respiratory diseases in highly polluted environment</p> <ul style="list-style-type: none"> - An extensive network of air quality monitors is developed around cities and in the country - New policies, fiscal instruments and incentives are promoted to nudge transformations in the transport sector (including the promotion of vehicles with low or zero emissions) - More efficient transport routes and schedules are established - Development of a digital map of the existing transport system is supported - Infrastructure benefitting alternative means of urban transport – such as bicycles, carpooling and electric car sharing – is improved | \$3,000,000 | MEI, ANTA, Environment Agency, LPAs, MARDE | UNDP |
| 4.6 | Building, deploying and use of an Early Warning System (EWS) based on a multi-layered system of new evidence and open algorithms | Medium (3-6 months) | <ul style="list-style-type: none"> - A concept for the EWS, structured datasets and triangulation algorithms are shared and co-designed - EWS infrastructure and environment are developed, including required partnerships with the Government, the private sector and the European Space Agency (some MOUs are in place) - Country-specific use cases on food, energy and mobility poverty and dynamic maps of insecurities are built; existing COVID-19 Dashboard and to visualize use cases is used and upgraded to also reflect aspects related to the socio-economic impact of COVID-10 (return migration, the impact of the reduction in remittances on vulnerabilities, and harnessing the skills and capital of returning migrants) - Capacity building sessions are organized for key stakeholders on the use of services, use of open algorithms and testing (machine learning/artificial intelligence) for future services and use - Thematic policy papers are developed around the specific use cases and how these are useful for tackling policy decisions; key use cases are used for sector strategy development processes, in line with the SDG Agenda | \$ 370,000 (with a potential contribution from the private sector and European Space Agency) | State Chancellery | UNDP (lead), IOM UNFPA |
| 4.7 | Multilateral collaboration for enhanced macroeconomic support in the post-COVID-19 context | Long (6 months or more) | <ul style="list-style-type: none"> - National capacities are enhanced for a more systemic and coordinated approach to macroeconomic policy - Additional or alternative data of shorter lead time is generated to complement the conventional statistics in Moldova - Rationalization of capital investment expenditures and continuation of the capital investment programme are supported | \$250,000 | MEI, MoF | UNDP |

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|-----------------------|--|-------------------------|--|-------------|-----------------|---------------------------------|
| 4.8 | Improving financing of the SDGs in the Republic of Moldova | Long (6 months or more) | <ul style="list-style-type: none"> - An in-depth development finance assessment with a human-rights focus is conducted - An integrated national financing framework (INFF) and an integrated finance strategy for the Moldova 2030 National Development Strategy are developed and implemented - The INFF is developed and implemented in the areas of early childhood development and waste management, including in-depth analyses of financial flows and financing incentives and policies in the respective areas | \$1,000,000 | MoF, MEI, MHLSP | UNDP (lead), UNICEF, UNFPA, WHO |
| Total Pillar 4 | | | | | | |
| \$6,000,000 | | | | | | |

Pillar 5: Social Cohesion and Community Resilience

Output 5: Enhanced social cohesion through the promotion of inclusive social dialogue, community resilience and governance, grounded on human rights

National development priorities or goals: GoM AP 2020-2023 – Section I – State of Rule of Law: Justice Sector reform and respect for Human Rights and fundamental freedoms

Moldova UNPFSD 2018-2022 outcomes:

Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions.

Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.

SDGs: SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

| No. | Project Title | Timeframe for Impact | Project Outputs | Total Cost | Government Counterpart | Implementing UN Entity |
|-----|---|-------------------------|--|------------|--|------------------------|
| 5.1 | Supporting the most vulnerable and marginalized women and girls and empowering them to act as agents of change during the COVID-19 pandemic through targeted gender-responsive actions | Long (6 months or more) | <ul style="list-style-type: none"> - The capacities of specialized women's organizations to provide support services at the local level are increased - Women's voices on social media are amplified and the involvement of women in decision-making and response efforts at the national and local levels is ensured - Advice is provided to the Government and civil society organizations are supported to strengthen the protection and promotion of women's rights, increase women's access to justice and prevent gender-based violence - Technical support is provided to coordination structures and processes to ensure that gender equality principles are implemented in the overall humanitarian and resilience response | \$500,000 | MHLSP, CCA | UN Women |
| 5.2 | Increasing social cohesion through combating stigma and discrimination and applying a human rights-based and conflict-sensitive approach at local level when developing strategic plans, local budgets and other local policy documents | Long (6 months or more) | <ul style="list-style-type: none"> - A roadmap and methodology on integrating a human rights-based approach in local-level decision making are developed in a consultative manner - 5 pilot communities have human rights-based and conflict-sensitive local sectoral strategies, policies and budgets, with a focus on sectors of relevance for the efficient recovery from COVID-19; lessons learned are shared nationally - The prevalence of the spread of stigma and hate speech in various forms of media, and its impact on the perceptions of media consumers related to different groups are assessed - Recommendations, draft laws and regulations, as well as mechanisms and methodologies, are prepared and put in place to monitor and prevent hate speech, and combat stigmatization and discrimination - The awareness of the general population and media professionals are raised on a human rights-based approach, stigma and discrimination - A concise survey is developed and implemented that examines the impact of COVID-19 on social cohesion, focusing on the dimensions of human rights, gender, constructive citizenship, migration and outgroup relations | \$550,000 | State Chancellery, MoF, MHLSP, MoJ, CCA, Ombudsper- son's Office, Equality Council | OHCHR (lead), UNRCO |

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| 5.3 | Strengthening the correction system's response to the COVID-19 pandemic | Long (6 months or more) | <ul style="list-style-type: none"> - Preparedness and risk reduction capacities of the corrections system for public health crisis situations are reviewed and strengthened, including by managing a reduction of the prison population and by ensuring access to justice; - The reintegration of released prisoners into the community in the context of social distancing measures is supported in at least 2 pilot communities, including through the establishment of resocialization centres and by addressing social bias and stigma - The implementation of a progressive regime of sentence execution is supported, including through the development and updating of rehabilitation programmes, the capacitation of staff on new and updated programmes and the strengthening of the prison population management system; - Digital transformation of human resource management of the prison system is supported | \$3,000,000 | Moj, NPA, NPO | UNDP, UNODC |
| 5.4 | Strengthening the justice sector's response to the COVID-19 pandemic | Long (6 months or more) | <ul style="list-style-type: none"> - The effects of the COVID-19 pandemic on effective justice delivery and remedies are assessed - The justice system's preparedness for responding to crisis situations is improved with a view to ensuring access to justice - The justice ICT ecosystem is strengthened, including through the development of a comprehensive justice sector ICT strategy - The legal aid system is assessed and its capacity to provide accessible and quality legal assistance is enhanced | \$1,000,000 | Moj, SCJ, SCM, SCP, National Legal Aid Council | UNDP, OHCHR, UNICEF |
| 5.5 | Capacity building for upholding human rights in the aftermath of the crisis | Long (6 months or more) | <ul style="list-style-type: none"> - National human rights institutions, including the Ombudsman's Office and the Equality Council, as well as civil society organizations, have enhanced capacities in monitoring and reporting on the human rights situation in the context of COVID-19 and related decisions taken by authorities - Monitoring findings are discussed with the authorities to facilitate remedial actions and feed into alternative reports submitted to international human rights mechanisms | \$800,000 | Ombudsman's Office, Equality Council | UNDP, OHCHR |
| 5.6 | Strengthening the crisis prevention and recovery framework and enhancing emergency management capacities | Long (6 months or more) | <ul style="list-style-type: none"> - The crisis prevention and recovery policy framework is enhanced by the application of a whole-of-government approach - An institutional coordination mechanism for crisis prevention and recovery is in place. Capacity is built for using the early warning and response system - The legal/normative and operational framework is improved and an Integrated e-Register of the State Resources that is interoperable with the e-Register of Defence Resources is in place | \$ 2,000,000 | General Inspectorate for Emergency Situations, LPAs, State Chancellery, MoD, MoI | UNDP |

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|-----|--|-------------------------|--|--------------|--|----------------------------|
| 5.7 | Improved and accessible SMART local public service delivery in Moldova | Long (6 months or more) | <ul style="list-style-type: none"> - National and local governments have enhanced capacities to assess the impact of and respond to the current/potential crisis at the central and local levels - Citizens have enhanced preparedness/resilience to potential crises - E-services, e-citizen participation, e-data and planning, and e-economic development are integrated into a SMART platform advanced to improve local governance modus operandi - Integrated local planning is improved and informed using data collected and generated by the SMART ecosystem - SMART economic specialization is facilitated as part of integrated local planning to support local economic development - The quality, efficiency and accessibility of public services are improved at the local level - The democratic governance process at local level is enhanced through e-citizen participation | \$ 3,000,000 | State Chancellery, E-Governance Agency, LPAs | UNDP |
| 5.8 | Fostering social cohesion and resilience of communities impacted by COVID-19 by engaging local communities, social partners and the diaspora in early economic recovery and public healthcare response, valorizing skills and promoting civic participation and community engagement of returning migrants | Long (6 months or more) | <ul style="list-style-type: none"> - The public healthcare response support to COVID-19 crisis is enhanced through the engagement of relevant diaspora specialists in sharing knowledge and expertise on healthcare management, treatment of COVID-19 patients, and provision of financial contributions and/or donation of health supplies - Local development and post-crisis recovery are enhanced, and access to basic communal public services and local public infrastructure are improved by mobilizing migrants/the diaspora's skills, expertise, and financial resources - Local communities (local public authorities and local communities, the local private sector, returnees and the diaspora) are empowered to build back better economies and more resilient communities through post-crisis local economic development/recovery projects - The reintegration of returning migrants is facilitated by developing and testing a reintegration package comprising targeted and needs-based services, particularly in rural areas, through extended awareness raising and information campaigns on existing services and job opportunities - Social cohesion, civic participation, and community engagement of young people from returning families is fostered, building upon existing programmes with young people and local public authorities at local level - Social partners and local governments are engaged in the response to COVID-19 through involving local tripartite committees in consultations and collective bargaining to drive the formulation and implementation of Local Employment Partnerships (LEPs) for migrants and their families | \$3,050,000 | MHLSP, MEI, DRB, ODIMM, ANOFM | ILO, IOM, UNDP, WHO, UNFPA |

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|----------------------------|---|-------------------------|---|-----------|--------------------------------|-------------------------------|
| 5.9 | Strengthening the Parliament's role in enhancing gender equality in the context of the SDGs and post-COVID-19 recovery | Long (6 months or more) | <p>The role of the Parliament's Women's Caucus is strengthened to ensure that the needs of both men and women are addressed through legislative and oversight work, in particular focusing on the COVID-19 response and the post-COVID-19 recovery context, through an inclusive, participatory and gender-responsive law making and oversight process</p> <ul style="list-style-type: none"> - The Action Plan of the Women's Caucus of the Parliament of the Republic of Moldova includes legislative and oversight activities targeting the needs of men and women in the COVID-19 crisis and recovery context - Cooperation is enhanced between the Women's Caucus and the Government for efficient law making and oversight, in particular, on post-COVID recovery matters - Women's Caucus actively engages and consults with women and men on their needs in the context of the post-COVID-19 recovery, to be addressed in legislative and oversight work of the Parliament through outreach activities | \$200,000 | Parliament | UNDP, UN Women, UNFPA, UNICEF |
| 5.10 | Enhancing the capacities of LPAs to develop plans and budgets from a gender equality perspective in the context of COVID-19 | Long (6 months or more) | LPAs have capacities to mainstream gender equality in plans and budgets in the COVID-19 context | \$75,000 | State Chancellery, MHLSP, LPAs | UN Women |
| Total Pillar 5 | | | | | | \$14,175,000 |
| TOTAL (Pillars 1-5) | | | | | | \$94,498,160 |

ANNEX III: ASSESSMENTS CONDUCTED BY THE UNITED NATIONS ENTITIES

By 23 March, WHO and the United Nations Resident Coordinator's Office (RCO) had developed a comprehensive Needs Assessment of the Health System in Moldova to respond to the COVID-19 crisis. In the Assessment, a large deficit was identified in the availability of PPE, health equipment (ventilators, oxygen concentrators, etc.), medicine and consumables. This initial assessment guided support from development partners (Sweden, World Bank, Norway, Switzerland and others) and also investments from the Ministry of Health, Labour and Social Protection. The initial assessed need (conducted only for the health system) was estimated at US\$38,366,494.61, of which US\$35,642,013.39 were requested to be covered by development partners.

Assessments planned and completed to date, include:

PILLAR 1 Health First

- Needs Assessment of the Health System in Moldova to respond to the COVID-19 crisis (RCO, WHO) – completed in March 2020
- Rapid assessment of front-line workers' needs in non-health related public agencies (police, border police, penitentiaries, Transnistria Region) (RCO, IOM, UNODC, WHO) – completed in April 2020 and ongoing
- Rapid assessment for organizations supporting people with HIV (UNAIDS) – completed in May 2020

PILLAR 2 People Protection

- Rapid assessment for organizations supporting vulnerable people – NGO Task Force on Human Rights and COVID-19 (OHCHR) – completed in April 2020
- [Assessment of the impact of the COVID-19 crisis on women](#) (UN Women) – concluded in June 2020 and to be repeated in October 2020
- [Rapid assessment of the needs of women affected by gender-based violence and of the systemic response to cases of violence](#) (UN Women) – concluded August 2020
- [Rapid gender assessment of the impact of COVID-19 on the Roma population](#) (UN Women) – September 2020
- [The impact of COVID-19 on women's and men's lives and livelihoods in Europe and Central Asia: Preliminary results from a Rapid Gender Assessment](#) (UN Women) – concluded in July
- [Implications of COVID-19 for people who use drugs](#) (UNODC) – October 2020
- [Issues of families with children and child rights protection professionals in the context of the COVID-19 pandemic](#) (UNICEF) – July 2020
- [Rapid diaspora survey on the impact of COVID-19 on plans and the socio-economic situation of Moldovan migrants abroad](#) (IOM) – concluded in June 2020
- [Assessment of the impact of COVID-19 on refugees, asylum-seekers and stateless persons](#) (UNHCR) – September 2020
- [Implications of COVID-19 on older people in Moldova](#) (UNFPA) – September 2020
- [Implications of COVID-19 on young people in Moldova](#) (UNFPA) – September 2020

PILLAR 3 & 4 Economic Impact

- Moldova's economic vulnerabilities to the consequences to the coronavirus pandemic (RCO) two reviews – The [Republic of Moldova – bracing for domestic and external COVID-19 shocks](#) (completed in April) and [The emerging social and economic impact of COVID-19](#) (completed in May)
- Survey-based assessment of the impact of COVID-19 induced economic crisis and changes in non-tariff measures to contain the pandemic on micro, small and medium enterprises (UNECE) – September 2020
- Assessment on the impact of the crisis on female-owned enterprises (UNECE) – December 2020
- Impact analysis of the decrease in remittances and the coping mechanisms of vulnerable families with children (UNICEF) – September 2020
- Assessment of the COVID-19 crisis policy responses in Moldova. Effects and needs for further inclusive recovery (ILO) – Late 2020
- Implications of COVID-19 on the intergenerational economy, based on national transfer accounts (UNFPA) – September 2020
- Needs assessment and evaluation of the impact of COVID-19 on MSMEs (UNDP) – June 2020

PILLAR 5 Social cohesion

- Survey to evaluate the impact of COVID-19 on social cohesion (RCO) – September 2020

PILLAR 1 to 5 Multisectoral assessments

- Social and economic impact assessment (UNDP leading in collaboration with the UNCT) – September 2020. The [Initial Social and Economic Impact Assessment of COVID-19 in Republic of Moldova](#) has been completed
- Study on the socio-economic impact of COVID-19 on returning migrants and vulnerable families affected by the decrease of remittances, employing Displacement Tracking Matrix (DTM) methodology (IOM) – September 2020



ANNEX IV: ANALYSIS OF THE IMPACT ON VULNERABLE GROUPS

| SOCIAL SECTOR | | |
|---|--|--|
| VULNERABLE GROUP | | IMPACT |
| Women | Survivors of domestic violence | <p>Women were one of the most affected groups during the pandemic. Most of them work in areas that were particularly affected (medical assistants, nurses, pre-school teachers, hospitality industry). Various forms of discrimination against women are prevalent in Moldovan society, including unequal pay for equal work, policies that discourage women to return swiftly to the workplace after maternity leave; lower wages and pensions; widespread domestic violence; and gender stereotypes.</p> <p>Income-wise, UN Women has found that about half of women's income comes from remittances and social transfers, compared to approximately a third for men.⁷² In 2018 a gender pay gap of 14.4% was recorded. Since remittances will likely recover slower than salaries due to cross-border effects, the duration of the socio-economic impact will likely be longer for women than for men.</p> <p>A study conducted by UN Women and the National Bureau of Statistics has found that up to two-thirds of Moldovan women have experienced domestic abuse at certain points over their lifetimes. Compared to the same period (Q1 and Q2) last year, this year the rate of domestic violence increased by 2.4%.</p> <p>Based on a needs assessment conducted by UN Women in partnership with the "Life Without Family Violence" National Coalition in the first months of the COVID-19 outbreak, shelters for victims and survivors of violence closed their doors for other victims/potential victims due to measures imposed to avoid spreading the virus and due to insufficient protection equipment and products available for the staff and existing beneficiaries.</p> <p>Employment loss and reduction in paid working hours as a result of the COVID-19 lockdown, has left women financially vulnerable and unable to cover basic expenses. The proportions of women who reported a decrease in working hours (44%) and that it will be difficult to maintain basic expenses such as food supplies or paying for rent and utilities (63%) were alarming. It is evident that most women who experience violence, are dependent on their spouses/partners in terms of livelihoods and income.</p> <p>More than half of the surveyed women who reported a need for sexual and reproductive health services reported difficulties in accessing such services during pandemic.</p> |
| | Rural women, Women with 3+ children Roma women | |
| Children, adolescents, especially girls and young women | Children from poor families / Children from rural areas, Girl survivors of sexual violence and of child marriage | <p>Children from poor families were found to be especially vulnerable given the modest benefits provided by the Government. According to data from the Ministry of Health, Labour and Social Protection, at the end of 2019, about 10,900 children at risk were registered, 72.6% of them from rural areas. In total, 51.1% of the children at risk were boys. In addition, the educational prospects of children (in particular rural children) have deteriorated, given lower access to computers and internet connections needed for online schooling.</p> <p>The lockdown has also led to an increase in reported domestic violence cases against children (in a context where crimes against children had fallen from 1,499 in 2018 to 1,304 in 2019⁷³). It was reported that in Moldova, 14% of girls and 5% of boys were subjected to sexual violence before the age of 18.⁷⁴</p> |

72 NBS

73 NBS, 2020, Crimes committed against children by type of crime, 2000-2019

74 IOM, IMAS and MHLSP, "Violence Against Children and Youth Survey", 2019. Page 39.

| | | |
|---------------|--|--|
| | Children with disabilities | Children with disabilities and children with special educational needs have been particularly affected by the limited access to specialized social services and mainstream medical services. |
| | Roma children | <p>The insufficient access to internet and equipment due to the economic vulnerability of their parents affected access to remote education. Children with disabilities of sight and hearing faced difficulties accessing educational services at all due to the limitations of online education. Children with intellectual disabilities also faced challenges accessing education.</p> <p>Insufficient access to the internet and equipment and high illiteracy among family members have limited the access of Roma children to education.</p> <p>According to a national survey and analysis supported by UNFPA on the impact of COVID-19 on the mental wellbeing of young people, 20% of young people reported a worsening of their mental well-being during the pandemic crisis, compared to the first months of the year before the crisis. Social isolation led to an increase in alcohol and tobacco consumption among young people, and other unhealthy behaviours. The negative effects of social isolation measures had a greater impact on girls, young people in urban areas, and those on low incomes. Moreover, 40% of young people reported an increase in smoking during social isolation.</p> |
| NEET Youth | NEET men | NEET Youth, making up 27.4% of 15-24 year olds in 2019 and amounting to over 200,000 people, ⁷⁵ will face difficult integration prospects as both the domestic and international labour markets will weaken, prolonging their vulnerability and decreasing their resources. As females have a higher NEET rate in all age segments (35.5% versus 19.4% overall for men ⁷⁶), they will have a heightened vulnerability. Potential additional difficulties for NEET youth in the current environment may lead to a higher rate of early school drop-out (standing at 15.4% for 18-24 youths in 2019 ⁷⁷). |
| | NEET women | |
| Older persons | Older persons from rural areas Older women | <p>About 57% of older persons reported that they were struggling to cope with loneliness during the pandemic.⁷⁸ Overall, according to the Active Ageing Index, there is a significant gender discrepancy in the mental wellbeing of older people: women feel significantly less happy or have less positive feelings than men. For those living in institutions, the increased risk of infection due to lack of access to information and specific protective equipment has disproportionately affected them. Isolation was and is also the main protective measure for older persons throughout the pandemic, as 29% declared that they could not afford to buy basic PPE.⁷⁹</p> <p>Older women were affected by gender-based violence due to the possibility of having several aggressors living in the same household (partner and other members of household), and 50% of them declared that they would not report GBV cases. Only 10% of older persons have regular access to the internet, because of both a lack of skills and technologies, and also limited financial affordability. In the short and long term, this limits their access to information and aggravates the negative impact of isolation.</p> |
| | Older persons living alone Women living alone | |
| | Older persons in institutions | |

75 National Bureau of Statistics, 2019

76 Idem.

77 National Bureau of Statistics, 2019

78 UNFPA, 2020, Implications of COVID-19 on older people in Moldova

79 Idem.

| | | |
|--|---|---|
| Ethno-linguistic minorities including | Russian-speaking minorities | <p>The linguistic barrier impaired the access of minorities to the full spectrum of information about the prevention and protection against COVID-19. A survey conducted by the National Centre of Roma found that 69% of Roma women who had only primary or no education had lost their jobs since the pandemic broke out (compared to only 4% with secondary or more education), highlighting the fact that less educated Roma (and women in particular) face difficult job prospects. In addition, the strong belief in traditional gender roles among the Roma community exposes women more to time-poverty and higher rates of domestic violence.</p> <p>Roma people have also been found to have a higher level of unmet medical needs than the rest of the population (49% of Roma had health insurance, compared to 72.3% of non-Roma).</p> |
| | Roma people | <p>Acceptance of some groups, such as the Roma is low in Moldova.⁸⁰ 27% of respondents to the UNRCO-led survey measuring the impact of COVID-19 on social cohesion, reported that they would prefer not to interact with Roma.</p> |
| Persons with disabilities including those in residential institutions, and persons with mental health conditions | Persons with locomotor disabilities | <p>In 2018, there were 184,800 people with disabilities officially registered in the Republic of Moldova, making up 6.6% of the total population of the country. Most persons with disabilities live in rural areas.</p> |
| | Persons with sensory disabilities | <p>For persons with limited mobility or locomotor disabilities, the main challenge during the COVID-19 pandemic was limited access to basic goods and services due to poor infrastructure and lack of services during this period. The lack of accessibility of public spaces and limited engagement of caregivers due to the preventive measures and the lockdown added more layers to the already existing vulnerability of persons with disabilities.</p> |
| | Persons with psycho-social disabilities | <p>For persons with sensory and intellectual disabilities, the main challenge was the accessibility of the information that was delivered to the general public.</p> |
| | Persons with intellectual disabilities | <p>Persons with psychosocial disabilities had limited access to social community services due to the lockdown measures.</p> |
| | Persons with disabilities living in institutions | <p>Also, an OHCHR assessment in Moldova has concluded that around 3,500 persons with hearing disabilities who use sign language do not have access to masks that are adapted to their communication needs. This limits their communication, as well as their protection.</p> |
| Persons in prisons | <p>According to routine data from prison medical units, 44 prison staff have been confirmed positive with COVID-19, including prison guards, prison medical staff, education officers, prison administrations and escorting staff.</p> <p>As of 22 August, there have been 19 confirmed COVID-19 cases among prisoners.⁸¹ While prisoners are treated in the prison hospital, three prisoners who required intensive care unit assistance were transferred to public hospitals. All the infected prisoners were at Prison 13 in Chisinau.</p> <p>The most significant changes faced by prisoners are as follows: (a) no visits from relatives, which impacted their wellbeing and mental health; (b) no food parcels and other supplies from outside (including medicines) were allowed until 15 May; (c) since the beginning of the crisis, the prison administration has faced a large number requests for escorting prisoners to prosecution offices and to courts but also to other public institution to continue criminal investigation processes and ensure access to justice: this increases the risk of COVID-19 infection among prisoners and staff. All this is aggravated further by the ongoing issues such as the overcrowding in half of all prisons, which presents a significant risk of fast spread of COVID-19 among prisoners.</p> | |

80 United Nations Resident Coordinator's Office, July 2020, Survey measuring the impact of COVID-19 on social cohesion in Moldova.

81 Data provided by UNODC.

| | | |
|--|---|---|
| <p>Persons in institutionalized settings including closed institutions</p> | <p>This group includes persons in psychiatric care, drug rehabilitation centres, old age homes, and institutions for persons with disabilities.</p> <p>As of 24 August, five medical staff working with people who use drugs in the drug treatment facility in Chisinau have been infected with COVID-19. Four staff member from CSOs working with people who use drugs and people living with HIV have been infected with COVID-19.</p> <p>In March 2020, the biggest challenge was the stock-out of drug dependency treatment, due to closure of factories and borders. UNODC assisted the MHLSP and the Drug Dispensary to source an alternative producer and transportation, and on 5 May, methadone treatment was delivered to Moldova. Another challenge was related to the daily visits to the treatment centres by drug users. Following UNODC guidance, take-home doses were provided for seven days to all drug users under treatment. Also, CSOs active in the field of drug use treatment support and harm reduction are providing scheduled mobile services and online consultations. Persons who use drugs report high unemployment rates, and these have been exacerbated by the pandemic. Most patients reported the need for financial support with transportation costs to treatment, food and hygiene parcels.</p> | |
| <p>People living with HIV and AIDS</p> | <p>Two health staff (laboratory and tertiary staff) supporting HIV and AIDS treatments were infected with COVID-19. One patient with multiple co-morbidities, including HIV and tuberculosis, was registered at the Tuberculosis Hospital. At least 12 CSO staff were infected with COVID-19.</p> <p>Persons living with HIV and AIDS reported difficulties travelling to treatment facilities and receiving antiretroviral (ARV) treatment during the first months of the emergency. The issue was addressed by UNAIDS providing support to the National AIDS Programme's efforts to ensure the transportation of ARV drugs through CSOs to patients. About 40% reductions in HIV testing and in ARV enrolment, including among pregnant women, and a 30% increase in ARV treatment abandonment were registered in the first half of 2020, compared to the first half of 2019.⁸² This indicates a sharp reduction in the availability and accessibility of vital services for persons living with HIV. Financial hardship for persons living with HIV has also been exacerbated by the COVID-19 pandemic amid high unemployment rates.</p> | |
| <p>People living in extreme poverty, including unemployed or facing insecure, seasonal and informal work</p> | <p>Poor households (18.6% of the population lived below the national poverty line in 2019⁸³) had high pre-existing vulnerability. They are exposed more to adverse movements in the labour market, given their higher representation in unqualified or low-skilled jobs. In some rural areas, resource poverty can be observed, with only 68% of rural households having access to running water.</p> | |
| <p>Migrant workers and those that have returned</p> | <p>Returned women migrant workers</p> | <p>As many Moldovan migrants work in countries that have been significantly affected such as Italy, Russia and the United Kingdom, it is perhaps not surprising that in a mid-crisis survey conducted by the IOM,⁸⁴ 83% of the respondents reported being negatively affected by COVID-19. Moreover, 37% reported that the host country provided no support, which can also be seen as a proxy for incomplete social integration and social protection. This is also consistent with the fact that 28% of the sample reported precarious labour contracts and lack of access to social safety nets.⁸⁵</p> <p>With 17% of all migrants indicating that they had stopped sending remittances, it was expected that disruptions to remittance flows would lead to 37,500 Moldovan households falling under the poverty line (i.e. some 108,750 persons).</p> <p>Returning migrants have faced stigmatization as they were considered responsible for the spread of the virus. In the initial stages of the pandemic, they had limited access to health care and services, including the possibility of registering as unemployed and benefiting from free health care assistance. Migrant workers lost their jobs and incomes in the receiving countries and could not register for social benefits.</p> |
| <p>Returned male migrant workers</p> | | |
| <p>Returned older persons who are migrant workers</p> | | |
| <p>Returned youth migrant workers</p> | | |
| <p>Migrants and their families left behind</p> | | |

82 Data provided by UNAIDS

83 National Bureau of Statistics, 2019

84 IOM, 2020, Rapid Assessment of COVID-19 impact on migrant livelihood and wellbeing

85 Idem.

| | |
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| Asylum-seekers, refugees and stateless persons | <p>As of 1 August 2020, there were 430 refugees and 48 asylum seekers in Moldova (mainly from Turkey, Uzbekistan, Armenia, Tajikistan and Ukraine), as well as 1,899 stateless persons, 1,601 persons with undetermined citizenship, and 91 applicants for stateless status.⁸⁶</p> <p>In July 2020, UNHCR assessed the socio-economic impact of the COVID-19 pandemic on these groups and revealed that the majority had experienced serious negative consequences. Among those who were employed before the introduction of the restrictions, 76% had lost their incomes and encountered difficulties in finding new livelihoods opportunities. Among women, only one in three managed to keep their jobs. One of the main reasons for losing their jobs was the need to take care of their children, as the schools were closed in March. Most respondents (65%) stated that they had difficulties satisfying their basic needs and required financial support for food, health care, rent and utilities, hygiene materials, and clothing. About 19% of the children were not able to attend classes during the pandemic due to lack of proper equipment, internet connections, digital knowledge and support from parents.⁸⁷</p> |
|--|---|

ECONOMIC SECTOR

| VULNERABLE GROUP | | IMPACT |
|---|---|---|
| Front line workers | Healthcare staff | Healthcare workers, social care workers, personal assistants of persons with disabilities, postal workers, grocery shop staff, together with police and other law enforcement officials, among others, have found themselves at the centre of the pandemic response, thus being exposed to the risk of infection and mental strain. |
| | Social assistants and social workers | |
| | Other service delivery workers | With the re-opening of schools, the staff in the education centres are also at risk of exposure to the virus. |
| Freelancers and small entrepreneurs | In 2018 and 2019 only around 1% of new jobs were created by freelancers or craftspeople, ⁸⁸ reflecting the relative difficulty of non-industrial micro entrepreneurs to scale up their business, even in normal economic conditions. In a survey conducted by Expert Group, it was found that 65% of small and micro businesses saw a decline in sales due to the administrative restrictions imposed during lockdown (a UNDP survey gave a figure of 75-100%), and 48% raised high concerns about insufficient liquidity and decline in cashflow. ⁸⁹ | |
| Small farmers, rural workers in informal and formal markets | <p>There is clear evidence of COVID-19's impact on poor rural farmers and small-scale food producers. Restrictions on people's movement and countries' lockdowns (both within Moldova and in its key trade partners) led to disruptions in trade (in Moldova's markets and exports alike) and limited access to agricultural input products (e.g. fertilizers and seeds).</p> <p>The impact of COVID-19 might be exacerbated by unfavourable weather-related conditions throughout winter 2019 and the spring of 2020. Several waves of soil frost in spring and lack of humidity, followed by heavy rains in late April and early May could lead to significantly reduced productivity of crops (primarily cereals and fruits), and this in turn may produce spillover effects on livestock production and apiculture.</p> | |

⁸⁶ UNHCR, [Assessment of the impact of Covid-19 on refugees, asylum-seekers and stateless people](#), 2020

⁸⁷ Idem

⁸⁸ National Bureau of Statistics, 2019

⁸⁹ Expert Group, 2020, Needs Assessment and Evaluation of COVID-19 impact on MSMEs

ANNEX V: SOCIAL AND ECONOMIC RESPONSE AND RECOVERY PLAN'S INDICATORS

Pillar 1: Health First

Output: The healthcare system and other relevant authorities and stakeholders in Moldova have improved capacities, means and instruments for a rapid response to the gaps, needs and priorities in connection with the outbreak of the pandemic

| No. | Output Indicator | Agency Lead(s) |
|--|---|----------------|
| 1.1 | Number of people accessing essential (non-COVID-19 related) health services, disaggregated by sex, age group and at-risk populations | |
| | a) Vaccination programmes | WHO, UNICEF |
| | b) Maternal health | UNFPA |
| | c) Nutrition programmes | FAO |
| 1.2 | Number of health facilities that received UN support to maintain essential immunization services since COVID-19 disruptions, disaggregated by type of health worker and type of support | |
| | Type of health worker | UNICEF |
| | a) Health workers based at health care facilities b) Community health worker | |
| | Type of support | UNICEF |
| | c) Rapid training to provide essential MNCH services | |
| | d) Provision of PPE and RCCE material | |
| | e) Provision of MNCH supplies (e.g. ORS, antibiotics) and MNCH communication material | |
| | f) Remuneration for community health workers | |
| | g) Establishing community-based health delivery points | |
| | h) Ensuring supportive mechanisms | |
| i) Connecting CHWs to GBV prevention and response information and services j) Other | | |
| 1.3 | Whether the country is protecting health services and systems | |
| | a) with a set of core essential services to be maintained during the COVID-19 pandemic defined | WHO |
| | b) with multisectoral mental health and psychosocial support technical working group | |
| c) with health sector policies informed by socio-economic impact assessment focused on at-risk populations being implemented | | |
| 1.4 | Number of community health workers receiving UN support to maintain essential services since COVID-19 disruptions, disaggregated by type of support | UNICEF |

Pillar 2: Protecting People

Output 2: Identified vulnerable groups in Moldova are benefiting from social protection, education and essential services

| No. | Output Indicator | Agencw |
|-----|---|--------|
| 2.1 | Number of people reached with critical WASH supplies (including hygiene items) and services, disaggregated by sex, age group and at-risk population | UNICEF |

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|----------------------------------|--|-------------------------------|
| 2.2 | Number of children supported with distance/home-based learning, disaggregated by sex | UNICEF |
| 2.3 | Number of primary school children receiving meals or alternatives to meals, such as take-home rations, disaggregated by sex and transfer modalities | UNICEF |
| 2.4 | Whether the country has measures in place to address gender-based violence (GBV) during the COVID-19 pandemic, which | |
| | a) integrate violence prevention and response into COVID-19 response plans | UN WOMEN, UNDP, UNFPA, UNICEF |
| | b) raise awareness through advocacy and campaigns, with targeted messages to both women and men | UN WOMEN, UNDP, UNFPA |
| | c) provide options for women to report abuse and seek help without alerting perpetrators | UN WOMEN, UNDP |
| | d) ensure continued functioning of shelters for victims of violence and expand their capacity | UN WOMEN, UNDP, UNFPA |
| | e) ensure women's access to justice through police and justice response to address impunity of perpetrators and protect women and her children | UN WOMEN, UNDP, UNICEF |
| 2.5 | Number of beneficiaries of social protection schemes and services related to the COVID-19 pandemic, disaggregated by type of programme, territory (rural/urban), sex, age group and at-risk population | |
| | a) Financial aid packages | UNDP |
| | b) Cash for productivity / transfer programmes | |
| | c) Water and sanitation services | UNICEF |
| | d) Food and nutrition schemes | FAO, UNICEF, IFAD |
| | e) Legal aid services | UNDP |
| | f) Human right protection services | UNDP, OHCHR |
| g) Psychosocial support services | WHO, UNFPA | |

Pillar 3: Economic Response and Recovery

Output 3: Ensured protection of jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy through targeted policy, technical assistance and support

| No. | Output Indicator | Agency Lead(s) |
|------------------------------|--|----------------|
| 3.1 | Whether the country reinforces UN supported employment policies and a regulatory environment conducive to economic recovery and decent work, especially in high-risk COVID sectors for | |
| | a) Women | ILO |
| | b) Youth (15-29) | |
| | c) Own account workers and family workers (as proxy for informal workers) | |
| | d) Migrant workers | |
| e) Workers with disabilities | | |
| 3.2 | Number of private sector companies and formal and informal sector workers supported during and after the COVID-19 pandemic | |
| | a) Micro, small, medium enterprises (MSMEs) | UNDP |
| | b) Private sector companies, excluding MSMEs | |
| | c) Formal sector workers | |
| | d) Informal sector workers | |

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|-----|---|-------------------|
| 3.3 | Whether the country adopted fiscal, monetary and legislative stimulus packages for COVID-19 economic response and recovery, that are: | |
| | a) Climate and environmentally sensitive | UNDP |
| | b) Gender sensitive | UNWOMEN |
| 3.4 | Number of direct beneficiaries of food supply protection regimes, that are designed to: | |
| | a) Protect livelihoods by addressing food supply bottlenecks | FAO, IFAD, UNICEF |
| | b) Improve protective measures for food supply workers | |

Pillar 4: Macroeconomic response and multilateral collaboration

Output 4: Analytical advisory and technical assistance services provided to the Government of Moldova for evidence-based economic policy making and better social expenditure

| No. | Output Indicator | Agency Lead(s) |
|-----|---|-------------------------------|
| 4.1 | Whether the country undertook socio-economic impact assessments in response to the COVID-19 crisis, with a focus on at-risk populations | |
| | a) Macro-meso economic needs | UNDP |
| | b) Labor market impact assessment | ILO |
| | c) Multi-sectoral and sectoral needs assessment | UNDP, FAO |
| | d) Fiscal and public debt assessment e) Human impact needs assessment for at risk populations | UNDP |
| | f) Gender-sensitive impact assessments | UN WOMEN, UNDP |
| 4.2 | Whether the country is implementing policies informed by a socio-economic impact assessment focused on at-risk populations | |
| | a) Socio-economic policy including employment | UNDP |
| | b) Labour market policies, including food security assessment | ILO, FAO |
| | c) Fiscal policy | UNDP |
| | d) Social protection policy e) Women's empowerment policy | UNICEF, ILO, UNDP UN WOMEN |

Pillar 5: Social Cohesion and Community Resilience

Output 5: Enhanced social cohesion through the promotion of inclusive social dialogue, community resilience and governance, grounded on human rights

| No. | Output Indicators | Agency Lead(s) |
|-----|--|----------------|
| 5.1 | Number of organizations benefiting from institutional capacity building so that governments, employers' and workers' organizations can work together to shape socio-economic policy responses: | |
| | a) Employers' and business organizations (EBMOs) | ILO |
| | b) Trade unions | |

| | | |
|-----|--|---------------|
| | Number of community-based organizations capacitated to respond to and mitigate the pandemic, fight against COVID-19 related domestic violence, racism, xenophobia, stigma, and other forms of discrimination, prevent and remedy human rights abuses, and ensure longer-term recovery disaggregated by type of community | |
| 5.2 | a) Women's organizations | UN WOMEN |
| | b) Youth organizations | UNFPA, UNICEF |
| | c) National human rights institutions (NHRIs) | UNDP, OHCHR |
| | d) Community organization representing other at-risk population | UNDP, OHCHR |
| | e) Community-based organizations providing livelihoods support and basic services delivery | UNDP |
| | Number of social dialogue, advocacy and political engagement spaces facilitated with participation of at-risk populations and groups: | |
| 5.3 | a) Social dialogue spaces at national level | ILO |
| | b) Social dialogue spaces at sub-national level | |
| | c) Advocacy and political engagement spaces at national level | UNDP |
| | d) Advocacy and political engagement spaces at sub-national level | |

Addendum: Additional Policy Recommendations

Additional policy recommendations and actions have been identified by the United Nations Working Group on Socio-economic Response and Recovery, which could be further considered by the Government or by the development partners when responding to the public health emergency and the related social and economic crisis. This section is not intended to provide the full list of policy recommendations developed by the United Nations, but instead to offer the reader access to complementary recommendations that were identified by the agencies while conducting the impact assessments.

Pillar 1. HEALTH FIRST: Protecting health systems and services during the crisis^{90 91}

- Improve public procurement and supply mechanisms for medicine, materials, and PPE, creating reserves for state and medical institutions to respond to exceptional situations and public health emergencies
- Digitalize an integrated information flow in the health system, to ensure the availability of up-to-date information for evidence-based decision-making
- Improve human resource management to facilitate vertical and horizontal mobility and motivate female and male personnel.
- Improve communication between communities and central and local public authorities to ensure public information and social cohesion
- Develop institutional quality management, in particular for the associated control committee for infections associated with medical assistance
- Ensure sustainable financing of the health care system
- Provide PPE for lower-income workers, to protect them from being infected by COVID-19
- Draft and agree mobility-related health protocols and standards with the main international trade partners and countries that see high levels of migration from Moldova, to facilitate transportation of personnel and goods

90 The Government of Moldova Report on Infection Response Measures COVID-19, May 2020

91 UNDP and PWC, July 2020, Initial Social and Economic Impact Assessment of COVID-19 in Republic of Moldova

Pillar 3. **ECONOMIC RESPONSE AND RECOVERY: Protecting jobs, small and medium enterprises and informal workers**^{92 93}

- Support local and regional actors to restore supply chains and maintain the flow of goods and services
- Support strategies for green fiscal stimulus, cleaner energy sources, sustainable mobility, sustainable industry and the circular economy
- In the agriculture sector, ensure access to markets, access to agricultural inputs, affordable financing, free information and capacity building, differentiated for small farmers and medium and large enterprises
- Support investments in technology and innovation to bridge the digital divide
- Simplify the transfer of remittances and improve banking products and services, responding to the needs of migrants and their families
- Develop mechanisms to promote entrepreneurship among returning female and male migrants, including investment programmes, digital financing options, training on entrepreneurial and financial literacy, and sustainable rural development
- Provide migrants with opportunities for safe investment of remittances in the Moldovan private sector or public infrastructure
- Support the elaboration and implementation of policies offering financial and fiscal incentives and facilities, as well as equality in access to subsidies for economic actors
- Support the elaboration and implementation of policies offering financial facilities, grants, subsidies and investments for economic actors
- Support policies and programmes to promote investment in Moldova and in local economic development
- Support the modernization and digitalization of state and local authorities to improve the business environment
- Support policies and programmes that will facilitate women's (re-)integration into the workplace and women in business.

Pillar 5. **SOCIAL COHESION AND COMMUNITY RESILIENCE**⁹⁴

- Enhance the public health care response to the COVID-19 crisis by engaging relevant diaspora specialists in sharing knowledge and expertise on health care management, treatment of COVID-19 patients, and provision of financial contributions and/or donation of health supplies
- Engage the diaspora in national policy making, by channelling the best expertise of Moldovan migrants residing abroad for better and more inclusive national policy development
- Enhance local development and post-crisis recovery, and improve access to basic local public services and local public infrastructure by mobilizing migrants'/the diaspora's skills, expertise, and financial resources
- Support the preparedness and response of local public authorities to crises by supporting the development of crisis management and emergency response plans
- Empower local communities (local public authorities, local communities, local private sector, returnees and the diaspora) to recover better economies and more resilient communities through post-crisis local economic development and recovery projects
- Facilitate the reintegration of returning migrants by developing and testing a reintegration package comprising targeted and needs-based services, particularly at local level, through extended awareness raising and information campaigns on existing services and job-opportunities
- Support equitable local governance, promoting gender equality and increased participation of women in decision making processes regarding recovery policies and local planning and budgeting;
- Foster social cohesion, civic participation, and community engagement of young people from returning families, building on existing programmes with young people and local public authorities at local level
- Engage social partners and local governments in the response to COVID-19 by involving local tripartite committees in consultations and collective bargaining to drive the formulation and implementation of Local Employment Partnerships (LEPs) for migrants and their families
- Support confidence-building measures across the conflict divide by empowering grassroots cooperation platforms to generate early recovery solutions benefiting communities from both banks of the Nistru

92 UN SERR Working Group

93 UNDP and PWC, July 2020, [Initial Social and Economic Impact Assessment of COVID-19 in Republic of Moldova](#)

94 UN SERR Working Group

Acronyms

| | |
|--------------|--|
| CCA | Coordinating Council of Audiovisual |
| CEC | Central Electoral Commission |
| DRB | Diaspora Relations Bureau |
| MARDE | Ministry of Agriculture, Regional Development and Environment |
| MECR | Ministry of Education, Culture and Research |
| MEI | Ministry of Economy and Infrastructure |
| MHLSP | Ministry of Health, Labour and Social Protection |
| MoD | Ministry of Defence |
| MoF | Ministry of Finance |
| MoI | Ministry of Interior |
| Moj | Ministry of Justice |
| NPHA | National Public Health Agency |
| NBS | National Bureau of Statistics |
| NHIH | National Health Insurance House |
| NIJ | National Institute of Justice |
| NPA | National Prisons Administration |
| NPO | National Probation Office |
| ODIMM | Organization for Small and Medium Enterprises Sector Development |
| PO | Prosecutor's Office |
| PLWH | People living with HIV |
| RCO | United Nations Resident Coordinator's Office |
| SCJ | Supreme Court of Justice |
| SCM | Superior Council of Magistracy |
| SCP | Superior Council of Prosecutors |

UNITED NATIONS MOLDOVA

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