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Center for Health Policies and Studies (PAS Center)

Final Report

End-of project evaluation of the interventions aimed to promote an integrated approach to developing services for most-at-risk adolescents and youth implemented during March 2012- December 2014

Executive summary

More than a quarter of the total population in Moldova are young people aged 10-24 years. Given the political, social and economic distress in the 1990s and the following rapid impoverishment of the Moldovan population, many families are confronted with economic hardship, increased unemployment, social pressures and the collapse of existing social safety nets. In many families, these problems have led to extreme tension and violence, use of alcohol, leading to many parents not providing adequate care for their children. In addition, outmigration of parents leaves children and youth behind without parental support and supervision. Local organizations estimate that at least 11,000 children¹ are in a position of extreme vulnerability in Moldova and face the highest risk of becoming infected with Human Immunodeficiency virus (HIV).

To address specific unmet needs of most vulnerable children and adolescents, United Nations Children's Fund (UNICEF) has started the project Because They Need Protection from HIV and AIDS (*further the most-at-risk adolescents (MARA) Project*) that was implemented in Moldova during the years 2012-2014. The project has come to an end in December 2014 and UNICEF has commissioned an independent evaluation.

The evaluation was conducted at the end of the project, assessing the situation in six localities where the interventions took place: Chisinau, Balti, Donduseni, Orhei, Ungheni and Rybnitsa.

The primary audiences for this evaluation consist of UNICEF Moldova and the Netherlands National Committee for UNICEF, project implementers, the Government of Moldova and local authorities. The results will also benefit the country itself, especially the Ministry of Health (MoH), Ministry of Labour, Social Protection and Family (MLSPF), and other partners and organizations interested in sustainability of outcomes and impact of their involvement in health sector and especially in the Most-at-risk adolescents (MARA) programmes in Moldova.

The main purpose of the evaluation

To assess end of project results and achievements in relation to the project objectives and document good practices, lesson learned for future programming.

Specific objectives

1. To assess the improvement of the first-line aid for project beneficiaries (vulnerable and excluded youth)
2. To evaluate coordination and capacity of professionals to provide quality services through the circles of solidarity
3. To measure the increase of HIV/AIDS awareness on the part of the young people.

¹ Terms of Reference included in the Request for Proposal LPS-DSU-2014_9116547 End-of project evaluation of the interventions aimed to promote an integrated approach to developing services for most-at-risk adolescents and youth implemented during March 2012- December 2014 ("Because they need protection from HIV and AIDS" project supported by Dutch National Committee for UNICEF).

4. To evaluate contribution of the project to improvement of government policy on vulnerable youth.

Evaluation criteria

In accordance with Terms of Reference and UNEG Evaluation standards, the following main criteria (each having 3-5 key evaluation questions) were to be addressed by the evaluation: relevance, coordination, coherence efficiency, coverage, effectiveness, sustainability, contribution to impact, human rights-based approach, gender and relevant cross-cutting issues.

METHODOLOGY

Desk review – a comprehensive review of the available information on project documents, activity reports, laws strategies and regulations, monitoring and evaluation report and other relevant sources was analyzed and summarized for the report. Desk review was used to analyze and synthesize all available statistics and project-based quantitative data to feed into the evaluation report in lieu of quantitative data collection.

Individual interviews–PAS Center experts conducted site visits and on-site individual in-depth interviews with project coordinators, direct and representatives of partner organizations as key informants.

- (i) Coordinators and project staff of involved sites (10 people) and outreach workers and peers (17 people)
- (ii) Key informants – partner organisations (13 people)
- (iii) Direct beneficiaries (12 people)

Interviews with coordinators and key informants assessed the views of key stakeholders in how successful the project was and its sustainability, the comparative advantage of UNICEF and Non-Governmental Organizations (NGOs) as implementers, and opinions about impact and sustainability of the project after its end.

Interviews with direct beneficiaries gained a diversity of opinions of beneficiaries from different categories as defined in the project document, sought diversity to include equal representation of boys and girls, younger and older ages and participation of different ethnicities. The interviews asked their opinions about the level of satisfaction quality of services they have received, the extent to which their needs were met, the type of needs that were not met and the effects and changes in their lives as a result of the project.

Limitations

The evaluation team has noted a few limitations of the project M&E system: while the monitoring framework focused mostly on tracking the number of young people reached with outreach activities, information, educational sessions, it did not allow to track if referred young people have actually used the services and the results, i.e. if people referred to YFHCs have actually used the services. Therefore, the actual numbers of people who

have used services are likely lower than those recorded as referred. In terms of actual coverage by each group, the M&E system was not set up to provide data by each specific group and numbers can only be derived as a general number of from outreach with specific groups. In the event that this program is replicated and expanded to the national level, there need to be made upfront efforts to improve tracking of MARA and EVA across services and plan for assessment of systematic changes in the knowledge, behaviors and skills of MARA and EVA.

It was not possible to assess impact, due to limitations of the used the monitoring and evaluation (M&E) system, since there was no quantitative measurement of use of any of the services to which youth have been referred, nor assessment of risks or improved behaviors, nor health outcomes. Similarly, it was not possible to assess the impact and how the project contributed to improving life and health of vulnerable boys and girls, most at risk adolescents, ethnic minorities, adolescents at risk of getting in contact with law, risk of violence and abuse, street children, children without parental care (including of migrant parents), children graduated or about graduate from institutions, nor any quantitative measures of impact. Anecdotal evidence from qualitative interviews with beneficiaries during evaluation exercise have outlined positive self-reported statements, such as increased awareness and risk perceptions around HIV/AIDS and statements of adoption of safer sex practices, as well as personal development and better communication skills and increased social status gained by outreach workers, but these cannot be generalized to project level, given, small sample, selection bias and self-reported nature.

KEY FINDINGS

Relevance, Coordination and Coherence

Overall, the MARA Project support was relevant to country needs and responded to wider national priorities for child and adolescent health, development and protection, as defined in the National Programme on HIV and STI control for 2014-2015, Child Protection Strategy 2014-2020 and National Youth Strategy 2016-2020. The project responded adequately to the needs of boys and girls in the districts and was well received by both target groups and partners of this project. The component of strengthening circles of solidarity took into account existing institutional and human capacities and built further these capacities. Of note is that the initial project design that was based on Ukraine and Odessa setting had to be adapted and adjusted to Moldova context, thus its relevance has increased in early implementation stages.

Role of central and local public authorities and institutions. The project component that aimed central authorities was implemented to fulfill the following outcome: Policy on youth amended following advocacy and evidence on the needs of MARA and especially vulnerable adolescents (EVA) at community level. An initial study on perceptions of youth regarding barriers to access based on mystery shopping identified a set of needs, that were complemented by a review of national legislation and policies that helped identify the needed regulatory changes. UNICEF was directly responsible for advocacy with MoH on decreasing the age barrier to access health services without mandatory parental consent (to be included in the draft of the new Law on Health Care); advocacy with MLSPF to adopt

a national strategy on child and family protection (approved in June 2014); generating evidence to improve policy related to youth and most vulnerable children on preventing peer-violence and involvement in criminal activity through adoption of the Law on Special Protection of Children at Risk and Those without Parental Care (adopted in 2013 and entered into force on 1 January 2014 and through an inter-sectorial referral mechanism for child victims of abuse and violence to support implementation of this law (approved in 2014)

Given the local nature of the project components related to service delivery, the implementing NGOs have consistently and regularly involved the district and local public authorities in their capacity building and network developing activities to develop integrated services to support the outreach work to MARA and EVA. Moreover, in most sites the evaluation team has observed a very close and productive collaboration between the NGOs and the local authorities, the public institutions, the Youth Friendly Health Centers (YFHCs), deeming this as one of the most important outcomes of this project.

The project ensured coordination and coherence with other similar interventions to encourage synergy and avoid over-laps. The project ensured synergy and integration of activities with a similar effort from the EU regional project Strengthening Capacity of non-state actors (NSA) for HIV/AIDS Testing & Counseling of Most-at-Risk Adolescents and Young People that aimed at increasing HIV awareness among adolescents and young. In addition, the project coordinated closely activities with SDC-supported project Healthy Generation. At local level, each of the project sites informed and collaborated with local public authorities to avoid overlaps and maximize use of limited resources.

Comparative advantage of UNICEF as implementer was key to implementation. The NGO project implementers have mentioned the crucial comparative advantage of having UNICEF as the project implementer as providing them with initial credibility and gaining trust of local authorities. Given the reputation of UNICEF in the Republic of Moldova, the NGOs involved in the MARA Project were able to establish relationships within their communities and promote their work outside Moldova, which increased the status of these NGOs within their communities. Additionally, UNICEF has effectively used its leverage and advocacy experience by working at central level to generate evidence and improve national regulations and policies.

Effectiveness

Implementation objectives and programmatic targets were fully met. The targets were achieved or surpassed for most key indicators, i.e. number of young people referred for services at YFHC or other institutions part of circles of solidarity, number of people receiving legal, social and psychological aid and the number of young people reached with HIV/AIDS information, and the number of service providers trained and adolescents trained as peers.

The majority of activities planned under the MARA Project were implemented by the end of the project, with a few changes in timing and sequence of the originally planned, as

many of the activities were adjusted and adapted to fit the local context and the specific needs in each of the sites. In Chisinau, the implementation of activities was delayed due to the Government request to put on hold capacity building activities awaiting a new Government Decision on Intersectorial Referral Mechanisms which was made in early 2014 and thus the project was extended until May 2015.

Coverage

Different groups have been reached by the project in each of the project sites. The outreach deployed three strategies: (1) community actions, aiming the general youth in public spaces; (2) mobile outreach, aiming to identify MARA at EVA by going in specific places where vulnerable youth gathers for primary contact and (3) outreach with specific groups, after risks and vulnerabilities have been identified. In Balti outreach workers targeted young men who have sex with men, young sex workers, and young drug users, in Orhei the outreach work covered young drug users, Roma and adolescents coming from vulnerable context; in Donduseni the outreach work targeted young people in college (outside parental supervision and having multiple sexual partners); in Ungheni the outreach workers targets neighborhoods with especially vulnerable adolescents coming from families using alcohol, domestic violence, monoparental families etc. Rybnitsa was the only site where outreach workers kept low profile and left it fully to peer-to-peer approach where vulnerability and risk was not discussed in an open manner.

There are indications that MARA project used the available resources in an efficient manner to achieve its objectives. At local level, the coordinators have mentioned cost-sharing and providing in-kind contributions from other projects, such as informational materials, condoms, lubricants, HIV tests. At the same time, it was not possible to conduct a detailed cost analysis to determine unit costs by beneficiary or by each outcome, given the different types of coverage and package of services and insufficient detail of budget by site.

The implementation team has made significant efforts to provide a well – thought and balanced management to sites adapted to local context. Coordinators and partners in all sites have highly appreciated support and supervision received from the Balti implementation team and their technical and managerial capacities in setting up and implementing project activities as planned and where necessary, adapting to local context.

Sustainability

Some elements of the project have a higher degree of sustainability than others.

The interviews with project implementation teams, partners and outreach workers revealed that the activity that has the highest potential for sustainability is the established circles of solidarity and their strengthened capacity to work with MARA and EVA, as it has built the capacity of existing structures and service providers and have managed to establish personal and professional networks and cross-referrals at local level that were not there before the project.

The component most appreciated by the NGOs themselves and the local partners and institutions, yet with the lowest sustainability has been identified to be the outreach work

using peers, as there are no financial resources for such activities in the local budget and other available resources in the country. This work has been discontinued gradually after project end in some sites, while others have continued it at a more limited scope and frequency dependent on enthusiasm and availability of the peer outreach workers, but with very limited potential of continuation or replication in the absence of external funding.

Human rights-based approach, gender and relevant cross-cutting issues

The MARA project was implemented to contribute to achievements of children's rights to ensure non-discrimination and equity and this was the added value of having NGO implementers that were able to provide services in a non-discriminatory way by peers and link to services that would be friendlier than if the person would access it without the referral from project. The project was gender sensitive and has equally targeted boys and girls with sensitivity towards gender balance of peer outreach workers. The project has encouraged and brought adolescent participants as outreach workers in its core activities and the outreach work has been designed and implemented by adolescent peers with their ideas and approaches embedded in continuous improvement and adaptation of approaches for community-based work.

Summary conclusion

Overall, the MARA Project support was relevant to country needs and responded to wider national priorities for child and adolescent health as defined in the National Programme on HIV and STI control for 2014-2015, Child Protection Strategy 2014-2020 and National Youth Strategy. The project responded adequately to the needs of boys and girls in the districts and was well received by both target groups and partners of this project. The component of strengthening circles of solidarity took into account existing institutional and human capacities and built further these capacities. Of note is that the initial project design that was based on Ukraine and Odessa setting had to be adapted and adjusted to Moldova context, thus its relevance has increased in early implementation stages.

UNICEF support was relevant and timely for needs of MARA and EVA and young people in Moldova. The interventions used were in line with project design and have met and exceeded the targets. The majority of activities planned under the project were implemented, though in a different sequence and with some adaptations compared to initial project design, which has increased local relevance. The sustainability of these activities beyond project has been better ensured for circles of solidarity and referral patterns of young people between different services available in the communities, however the peer-based outreach work has been discontinued after project end.

Lessons learned

The interviewed implementation staff has noted that there were initial difficulties related to the model that was built based on Odessa model for street children of service integration that was not relevant for Moldovan context. Given this, the initial stage took longer than expected to adapt the intervention model to Moldovan context and to diversify to make it more relevant and bring added value to each of the sites. In the event the project is replicated or scaled-up, local experience and knowledge should prime in setting up interventions.

The initial planning stage took much longer than expected for both the project implemented through NGO TDV Balti in five sites and for the project in Chisinau. The teams in five sites thought they needed more steer and outside technical support to understand how to better approach and what is realistic and feasible given the available resources and context.

A key lesson learned from this project was the initial assessment of the capacity to penetrate to the most vulnerable and the most at-risk groups of adolescents through chosen modalities of outreach and using peers. The level of outreach to most vulnerable adolescents highly depended on the previous experience of the NGOs to work with adult key populations, an experience extrapolated to target younger groups.

While the project has managed to build many sustainable activities through circles of solidarity and capacity strengthening of service providers, and work at policy level, the peer-led outreach is the first one to be discontinued after project end and has not been integrated in the current services in the five sites. Of note is that in Chisinau, it appears that the use of public structures has increased the sustainability of the outreach component, based on progress reports, but given that this happened only in the last few months during project extension, it is premature to assess sustainability and quality of this outreach work.

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List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
CNAM	<i>Compania Națională de Asigurări în Medicină</i> –National Health Insurance Company
CRC	Convention of the Rights of the Child
EVA	especially vulnerable adolescents
HIV	Human Immunodeficiency virus
HTC	HIV testing and counseling
II	In-depth interview
IPR	Institute for Penal Reform
FG	Focus Group
M&E	Monitoring and evaluation
MARA	Most-at-risk adolescents
MARA Project	the project Because They Need Protection from HIV and AIDS
MLSPF	Ministry of Labour, Social Protection and Family
MoH	Ministry of Health
MSM	Men who have sex with men
NGOs	Non-Governmental Organizations
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
OB/GYN	obstetrician-gynecologist
PWID	People who inject drugs
SDC	Swiss Development Cooperation Agency
STI	Sexually transmitted infections
SW	Sex workers
UNICEF	United Nations Children’s Fund
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
YFHC	Youth Friendly Health Center

CHAPTER 1: INTRODUCTION

Background

More than a quarter of the total population in Moldova is young people aged 10-24 years. Deaths from injuries, trauma (including self-inflicted trauma) and intoxications, levels of sexually transmitted infections (STI) including HIV, early pregnancy and mental difficulties and disorders rose sharply during the 1990s and kept high in this age group. The political, social and economic upheaval after the breakup of the Soviet Union, and the ensuing period of instability, had an enormous impact on the health and welfare of families and children. Many Moldovan families are still confronted by economic hardship, increased unemployment, social pressures and the collapse of existing social safety nets. In many families, these problems have led to extreme tension and violence. With all these problems and the widespread use of alcohol, many parents can no longer provide adequate care for their children. In addition, outmigration of parents leaves children and youth behind without parental support and supervision.

While the socio-economic status has redressed for a part of the population during 2000s, a number of children are confronted with this hard reality on a daily basis today. After they lose their faith in adults and lose interest in school, they often end up taking risk behaviors to cope with their lack of hope. These children have nothing to live for, receive no love or support, and have no future prospects. It is they who face the highest risk of becoming infected with HIV. Although no statistics are available, local organisations estimate that at least 11,000 children there are in a position of extreme vulnerability in Moldova.

To address problems of children and young people, the MoH put in place a multi-component response, which includes health service provision as one component. With the support of UNICEF three pilot youth-friendly health centers (YFHC) were opened in 2001-2003. In 2005, nine more YFHC were set up across the country, with support from the International Development Agency, the World Bank, and the Swiss Development Cooperation Agency (SDC). The national health insurance company (CNAM) started to provide financial support for the YFHCs in 2008 based on global budgets (providing fixed amounts on a per capita basis). In 2013, the Ministry of Health scaled up network of YFHCs to national level and 37 YFHCs are present in each district and municipality. Currently, YFHCs benefit from support of SDCs' project Health Generation, aimed at scaling up and improving its outreach and quality of services.

Despite the fact that YFHCs were established in each districts, the quality of services differ from centre to centre and most of professionals have incipient skills to provide quality services for MARA and EVA. Recently, under SDC project, professionals have started to provide basic assessment of socio-economic vulnerabilities and risks in young people and have started to build some competencies around how to address the multitude of arising problems, but there is still a long way to go to reach the most vulnerable, those who do not come themselves to these public centers.

To address specific unmet needs of most vulnerable children and adolescents, UNICEF has started the MARA Project that was implemented in Moldova during the years 2012-2014. The project has come to an end in December 2014, with extension of a few components until May 2015 and UNICEF has commissioned an independent evaluation.

Additional efforts of UNICEF in HIV Prevention and MARA include: economic analysis of YFHS, including costing of services for most-at-risk adolescents; development and institutionalizing the monitoring system of YFHS, advocacy for contracting YFHC by Health Insurance Company, in order to provide outreach services for most-at-risk and especially vulnerable adolescents; advocacy for the institutionalization and proper public funding of outreach services for most at risk and especially vulnerable adolescents.

Project theory of change

To address the needs of MARA and children, the project envisaged an integrated approach in which a child in desperate need could get help quickly. This was intended to be done through bringing all stakeholders together to form a common front and bring a halt to the HIV epidemic in Moldova². The project interventions were built around four main components:

1. Improvement of first-line aid for vulnerable and excluded youth through reinforcement of walk-in centers, investing in staff and service providers of local and partner organisations.
2. Creating of circles of solidarity to provide a better care to coordinate aid of all service providers, training all stakeholder organisations and involving them in the care of children.
3. Medical and social assistance for 1,000 youth and children through providing free HIV testing and counseling, legal aid, back-to-school guidance, referral to vocational training, resilience training, recreational activities for personal development and prevention-oriented youth activities.
4. Improving government policy on vulnerable youth through a lobbying strategy to encourage government to do more and reporting on analyses of government policy and coordination and knowledge transfer.

The project performance was to be measured using the following key indicators presented in the table below.

² UNICEF Project Ukraine and Moldova document Because They Need Protection from HIV and AIDS, p. 11

Table 1: Key project planned results

First-line aid
At least 1,400 young people will be able to move to youth friendly health centre where they will get the care and guidance they need. This will be at least six locations in Moldova.
Circles of solidarity
Six circles of solidarity offer young people an effective and specially tailored youth care programme.
200 service providers in Moldova trained.
30 former street children in Moldova have been given training in how to help vulnerable children.
Prevention and education
1,000 young people in Moldova have been tested for HIV and given HIV information.
600 vulnerable young people in Moldova are receiving legal, social and psychological aid.
10,000 vulnerable youth in Moldova have been reached with HIV/AIDS information. They are learning about their rights and where they can get help.

A list of interventions were to take place in the three-year project time span to lead to the intended results:

1. Strengthening YFHC and NGOs working with adolescents at community level to respond to the needs of most at risk and vulnerable adolescents
2. Contributing to the capacity of temporary placement Centre for Assistance and Protection of Victims and Potential Victims of Human Trafficking
3. Identifying existing services at community level to better respond to the needs of most at risk and vulnerable adolescents and development cross-sectoral referral for vulnerable adolescents
4. Strengthening the capacity of service providers (public & private) to reach out, assist and refer most at risk and vulnerable adolescents
5. Model and test behavioural change program for adolescents at risk of engaging in criminal activity and their families
6. Support communities to reach out most at risk and vulnerable adolescents
7. Training most at risk and vulnerable adolescents to reach out their peer and refer them to medical and social services
8. Trained adolescents conducting activities with MARA to prevent drug abuse, HIV and exploitation of extremely vulnerable
9. Advocacy with MoH on decreasing the age barrier to access health services without mandatory parental consent
10. Advocacy with MLSPF to adopt a national strategy on child and family protection
11. Generating evidence to improve policy related to youth and most vulnerable children on preventing peer-violence and involvement in criminal activity

12. Adoption of the Law on special protection of children at risk and those without parental care

The Theory of Change framework with linkages between interventions, expected systemic changes and outcomes for children are presented in *Annex 1*.

Project implementation arrangements

The project was implemented in seven sites: Balti, Orhei, Ungheni, Donduseni, Leova (the last site working specifically with children in conflict with the law), Chisinau and Rybnitsa (Transnistrian region). UNICEF Moldova had the leading role in project design and coordination of the various components and implementing agencies, as well as a direct role in implementing the fourth project component related to lobbying and advocacy for better youth policy and monitoring. The NGO Youth for Right to Live Balti has led the technical assistance in provision of services for vulnerable and at-risk adolescents, capacity building and monitoring function for the NGOs conducting activities in the other NGOs in several sites. In Chisinau, the implementing agencies were the Municipal Council for Child Protection and the NGO Children in Need, the National Center for Training, Assistance, Counseling and Education and the NGO Young Peer Educators (Y-peer). In addition, UNICEF had a partnership agreement with Institute for Penal Reform (IPR) to facilitate cross-sectorial cooperation at the local level in five project districts (Orhei, Leova, Ungheni, Causeni and Balti) and model diversion schemes for children at risk and those in conflict with the law in these districts.

Table 2: Implementation framework of the project

Organization/site	Project focus
UNICEF Moldova	Lobbying and advocacy for better child and youth policy & monitoring Project management and oversight Technical support to partners in developing services for MARA and EVA
NGO Youth for the Right to Live Balti	Providing first-entry services, multidisciplinary approach and outreach for MARA and EVA in Balti; Capacity building and technical assistance, monitoring and supervision for other sites; Development and strengthening of the “circle of solidarity” at the local level Technical support to other stakeholders in working with MARA and development of circle of solidarities in other sites .
Orhei	Providing first-entry services, multidisciplinary approach and outreach for MARA and EVA in Orhei. Development of the “circle of solidarity” at the local level
Ungheni	Providing first-entry services, multidisciplinary approach and outreach for MARA and EVA in Ungheni. Development of the “circle of solidarity” at the local level
Donduseni	Providing first-entry services, multidisciplinary approach and outreach for MARA and EVA in Donduseni. Development the “circle of solidarity” at the local level
Rybnitsa	Providing first-entry services, multidisciplinary approach and outreach for MARA and EVA in Rybnitsa

National Centre for Training, Assistance, Counselling and Education in Moldova “CNFACEM”	Strengthen the capacity of temporary placement Centre for Assistance and Protection of Victims and Potential Victims of Human Trafficking
Association Children in a Need and Municipal Council Chisinau	Mapping services for the city of Chisinau and capacity building (developing guidelines and protocols, trainings) Capacity building of professionals from youth centers in working with vulnerable adolescents Delivering education and counselling services to vulnerable adolescents in 5 community centers
NGO Y-peer	Capacity building of professionals from Chisinau community centers in topics related to peer education, HIV prevention, communication skills and social theater techniques in education
Institute for Penal Reform	Facilitating cross-sectorial cooperation at the local level in 5 project districts (Orhei, Leova, Ungheni, Causeni and Balti) and model diversion schemes for children at risk and those in conflict with the law in these districts. Capacity building of stakeholders in working with children at risk and those in conflict with the law in these districts.

The project span was from March 1st 2012 to December 31st 2014, with a no-cost extension through May 2015 to finalize the activity Strengthen the capacity of temporary placement Centre for Assistance and Protection of Victims and Potential Victims of Human Trafficking in Chisinau and the activities implemented by the IPR.

CHAPTER 2: EVALUATION PURPOSE AND METHODOLOGY

Purpose and Scope of the Evaluation

The evaluation has been conducted at the end of the project, assessing the situation in six localities where the interventions took place: Balti, Donduseni, Orhei, Ungheni, Rybnitsa and Chisinau.

The main purpose of the evaluation was to assess end of project results and achievements in relation to the project objectives and document good practices, lesson learned for future programming.

Objectives:

1. To assess the improvement of the first-line aid for project beneficiaries (vulnerable and excluded youth).
2. To evaluate coordination and capacity of professionals to provide quality services through the circles of solidarity.
3. To measure the increase of HIV/AIDS awareness on the part of the young people.
4. To evaluate contribution of the project to improvement of government policy on vulnerable youth.

Evaluation Questions

In addition to the logical framework of evaluation analyzing the chain of results from inputs to impact, as written in the terms of reference and in accordance with UNEG Evaluation standards, the key evaluation questions followed the main criteria:

- **Relevance:** To what extent did the Project respond to the priorities defined in the National Programme on HIV and STI control for 2014-2015, Child Protection Strategy 2014-2020, Youth Strategy and Justice Sector Reform?
- **Efficiency:** Did the programme use the resources in the most efficient manner to achieve its objectives?
- **Effectiveness:** To what extent did the Project meet the outcomes as defined by the Project log-frame?
- **Sustainability:** To what extent were the achieved project outcomes sustainable?
- **Contribution to impact:** To what extent and in what way did the project succeed in improving the situation of MARA and EVA in targeted localities?
- **Human rights-based approach, gender and relevant cross-cutting issues:** To what extent do the project outcomes contribute to achievements of children's rights and to what extent have they contributed to addressing key cross-cutting issues?
- **Coverage:** Which groups have been reached by the project? Have vulnerable adolescents been reached, including girls, most at risk adolescents, ethnic minorities, adolescents at risk of getting in contact with law, risk of violence and abuse, street children, children without parental care (including of migrant parents), children graduated or about graduate from institutions?
- **Coordination:** What was the role of the MoH, MLSPF, LPAs and other key actors in coordination of project activities? What was the role and comparative advantage of UNICEF?
- **Coherence:** What are areas and ways of cooperation with other UN and donor agencies' in regard to development of services for most at risk and especially vulnerable adolescents? What is the existing national and/or local policy on adolescent health, child protection? Is there coherence across interventions supported by different agencies?

As it was envisaged in the project document, evaluation has been conducted in accordance with standard OECD-DAC criteria, considering human rights perspective as well and how the project was implemented from duty bearers and right holders perspective.

For this specific project, the evaluation team has decided to make a few changes regarding priority, order and combination of different evaluation criteria in the findings section of the evaluation report, so that they are more congruent with the proposed evaluation framework. Three criteria *Relevance, Coordination and Coherence* are presented together under one section, given the overlap in key questions under this specific project and their relation to initial project design and input phase. The next criteria *Effectiveness, Coverage and Efficiency and Human rights-based approach, gender* relate to process and outputs. Finally, *Sustainability* covers the outcome and impact dimension. Of note is that given the short duration of project (three years) and that the project did not design an outcome- or impact-driven M&E framework, key performance criteria being output-based, any

quantitative assessment of impact under this project was not possible. Qualitative interviews with a few project beneficiaries provide an indication of measures to look for when assessing impact, should a similar project be continued for a longer term. Therefore *Impact* was combined with *Sustainability* under one section. A detailed list of evaluation criteria, data source and how they were approached is presented in *Annex 2. Evaluation matrix*.

Evaluation methodology

The evaluation assessed the results of interventions and their effect on the situation of MARA and EVA in target localities at the end of the project (summative, equity focused evaluation). Objectives-based approach was applied and included mixed methods (quantitative and qualitative) with participation of professionals and vulnerable boys and girls (gender and human rights responsive evaluation).

Desk review – a comprehensive review of the available information on project documents, activity reports, laws strategies and regulations, monitoring and evaluation report and other relevant sources were analyzed and summarized for the report. Desk review was used to analyze and synthesize all available statistics and project-based quantitative data to feed into the evaluation report in lieu of quantitative data collection. The desk review analyzed existing national policies and priorities, i.e. the National Programme on STI and HIV/AIDS Control for 2014-2015, MoH decisions, Government decisions and Laws, project related documents, relevant reports and surveys, communication and training materials,. A detailed list of consulted materials is presented in Annex 5.

Individual face-to-face interviews (II) – to achieve the goals of the assignment, the PAS Center experts conducted site visits and on-site individual in-depth interviews with project coordinators, direct beneficiaries and representatives of partner organizations as key informants. A detailed list of number and geographic distribution of all interviews is presented in Annex 3.

- (i) Coordinators of involved sites
- (ii) Key informants – partner organisations and stakeholders (LPA, social assistants, managers of the placement centres for street children and children in risk situation, youth centres, service providers, representatives of YFHC and other members of “circle of solidarity”);
- (iii) Direct beneficiaries: boys and girls who have been covered by the project

Interviews with coordinators and key informants looked into assessing the views of key stakeholders in how successful the project was and its sustainability, the comparative advantage of UNICEF and NGOs as implementers, and opinions about impact and sustainability of the project after its end.

Interviews with direct beneficiaries pursued to gain a diversity of opinions of beneficiaries from different categories as defined in the project document, and sought diversity to include equal representation of boys and girls, younger and older ages and participation of different ethnicities. The interviews sought their opinions about the level of satisfaction

quality of services they have received, the extent to which their needs were met, the type of needs that were not met and the effects and changes in their lives as a result of the project. *Annex 3. List of interviews by site* presents a detailed view of the type of interviews, number of interviewed people.

Focus group discussions (FGDs) - were used with outreach workers in each site. The objectives for FGD with service providers and outreach workers and volunteers was to gain their perspective on project design, quality of inputs and if the mix was right, effectiveness, any barriers met that have impeded to achieve the desired impact, their outlook for sustainability beyond project life. Interview guides are presented in Annex 4. One FGD was conducted in Balti, one FGD was conducted in Chisinau and two focus groups have been conducted in Donduseni.

Data analysis – FGD and interviews were transcribed verbatim, coded initially for emerging core descriptive content and then further refined in an iterative process of data coding, charting and interpretation. Data analysis also included intersubjective validation of the evaluation team and internal discussions of observations, findings and emerging themes from qualitative data.

Ethical Considerations

UNEG Ethical Guidelines guided the evaluation process. The evaluation team ensured impartiality and consistence in presenting findings and results of the evaluation through the collection of diverse perspectives on the subject of this evaluation. Only anonymous and depersonalized data was analyzed during this evaluation, and informed verbal consent was requested and obtained prior to participation in in-depth interviews with beneficiaries and audio recording. Individual interviews with beneficiaries were conducted in space permitting confidentiality and privacy and no third parties were present. All interviewers have training on how to discuss conduct interviews on sensitive issues with minors, respect for their rights and non-discrimination, protection of confidentiality and anonymity, protection of dignity of children. No negative impact has been perceived to be borne by beneficiaries as a result of participation in this study.

Limitations of the Evaluation

Given resources and time consideration, as well as the sensitivity of the topic of the project dealing with the most vulnerable categories of adolescents, several limitations arise as to impact evaluation.

As mentioned before, it was not possible to assess impact. The project did not include systematic and quantitative measurement at the outcome and impact level that would allow determining attribution of the changes to the project. Given the short project span and the types of interventions used, impact analysis has limited relevance in this case. Therefore, this evaluation exercise has established that it was not possible to systematically assess the effect of the project on the life of MARA and using existing data, it would be highly speculative to make statements about impact.

CHAPTER 3: EVALUATION FINDINGS

Relevance, Coordination and Coherence

In this section relevance and coherence of the project design and implementation is examined by assessing the extent to which the project was in line with national priorities and wider context, how it addressed key issues of MARA, how it fits in the existing funding landscape and other donor priorities and the role of national authorities. Coordination dimension has been assessed by looking at the roles of key actors and comparative advantage of UNICEF.

National policy context

The project was well aligned with a few national policies: the National Youth Strategy, the National Child Protection Strategy, and the National HIV/AIDS and STI control Program. In fact, not only the project was well aligned, it has effectively shaped the policy agenda regarding children and adolescents, as some of these policies have been developed during project implementation and UNICEF has provided inputs in their development (*see detail in the section below on the role of central authorities*).

National Programme on HIV and STI

control for 2014-2015 includes an objective to prevent HIV transmission and STIs especially in key populations (people who inject drugs, sex workers, men having sex with men, prisoners) through harm reduction projects in these key populations, and prevention of HIV transmission from them to general population. One of the activities includes also establishing referral mechanisms between HIV prevention services to YFHCs, NGOs, family doctors etc. and HIV counseling and testing strategy that would focus on HIV prevention from key populations to their sexual partners.³ The project has directly responded to the needs of young key populations (People who inject drugs: PWID, Sex workers: SWs, Men

Relevance

- To what extent does the Project respond to the priorities defined in the National Programme on HIV and STI control for 2014-2015, Child Protection Strategy 2014-2020, Youth Strategy and Justice Sector Reform?
- How the project fits to wider context of national child and adolescents' health and social protection priorities?
- Do the project outcomes address key issues, their underlying causes and challenges?
- To what extent does the Project respond to the needs of the target groups, in particularly boys and girls?
- To what extent and how the Project took into account existing institutional and human capacities and results of the previous efforts as a basis for planned interventions?
- Were the project objectives set realistically to be achieved in a given period of time?

Coordination

- What was the role of the MoH, MLSPP, LPAs and other key actors in coordination of project activities?
- What was the role and comparative advantage of UNICEF?

Coherence

- What are areas and ways of cooperation with other UN and donor agencies' in regard to development of services for most at risk and especially vulnerable adolescents?
- Is there coherence across interventions supported by different agencies?

³ Government of the Republic of Moldova (2014). Decision no. 806 from 06.10.2014 regarding Approval of National Program for prevention and control of HIV/AIDS and STIs for years 2014-2015. Monitorul Oficial no. 297-309 from 10.10.2014. Accessed: <http://lex.justice.md/md/354938/>

who have sex with men: MSM) and therefore responds to the needs identified in the HIV control program.

Youth Strategy for Years 2014-2020 establishes under Priority II Services for Young People with the general objectives to contribute to developing knowledge, capacity, skills and behaviors necessary to successful integration in the society, including those from groups with reduced opportunities. Expected sub-priorities are: 2.1 establishing youth-friendly services providers, 2.2. outreach services and 2.3. promotion of healthy lifestyle. Expected outcomes include: establishing quality assurance and efficiency of youth-friendly health services, self-development opportunities for service providers, and expansion of youth-friendly services; establishing and delivering outreach services and start accreditation of these services, and intensifying healthy lifestyle work and monitoring of these activities by involving youth organizations.⁴ The project has had a role into supporting development of this strategy.

*Child Protection Strategy 2014-2020*⁵ has as its 1st objective *ensuring necessary conditions for child education in family environment* (one specific sub-objective being reducing negative consequences of parent migration on children left behind) and 2nd objective being *To reduce violence, neglect and exploitation of children.*

The Law on Special Protection of Children at Risk and Those without Parental Care,⁶ adopted in 2013 is a legal tool to secure protection and safeguard the rights of vulnerable children, including children left behind and in contact with law, entered into force on 1 January 2014 and includes an inter-sectorial referral mechanism for child victims of abuse and violence to support implementation of this law (approved in 2014) and is related to the component no 4 of the project.

Relevance of project design to context of adolescents in Moldova

The project initially has been designed with the idea to disseminate the Odessa model to both sites in Ukraine and Moldova. The project team has analyzed the Odessa model and has adapted it to Moldovan context given a few differences and constraints: the difference in the profile of EVA, as there is no open street scene in any of the Moldovan cities and the level of vulnerability of those within project reach in Moldova was different than in Odessa; children and adolescents targeted by the project did not live outside their homes or outside community or public-offered solutions (residential living); existence of new types of community centers and social services for children and adolescents in Moldova and existence of YFHC in each district and city; lack of mobile team and transportation unit to be able to provide on-site services and first-line aid to EVA besides peer-based information and education. Given these differences, the project outreach work was directed mainly at

⁴ National Strategy for Development for Youth Sector for years 2014-2020. Approved by the GoM on 07.11.2014.

⁵ Government of the Republic of Moldova. Decision no 134 regarding approval of the Child Protection Strategy 2014-2020. Approved by the GoM on 20.06.2014. Monitorul Oficial no. 160-166, art 481

⁶ Parliament of the Republic of Moldova (2013). Law no 140 regarding Special Social Protection of Children at Risk and Those without Parental Care, adopted on 14.06.2013. Monitorul Oficial no. 167-172,art 534

street outreach to identify and establish first contact with MARA and EVA, conduct street-based peer-driven behavior change activities and link those in need to the existing services in the city or district center after mapping and establishing circles of solidarity.

Responding to the needs of boys and girls

The project design was based on establishing teams of volunteers and outreach workers in the community, and their main activities included conducting community activities (aimed at general population and general young people), mobile outreach (street outreach in particular neighborhoods aimed at establishing first contact with potential MARA) and specific outreach, aiming to work with specific groups of MARA by establishing regular meetings, discussing various topics and linking MARA to specific services in the YFHC and other services available. The adapted project design of using of peers and young volunteers for outreach work was effective at establishing first contact and acting as the intermediary to introduce available services, build trust and then making specific interventions and referrals to services. The disadvantage of such an outreach approach was that in the sites where there was no prior experience in having a sustained reach to MARA, the managers could not identify MARA to act as peer outreach workers and volunteers and they have resorted to students and school age adolescents who were not skilled enough to reach out to EVA and MARA and spent more time and energy on selecting MARA from street contacts with adolescents.

The street-based outreach approach taken to identify the MARA and EVA has likely limited the outreach to the most vulnerable adolescents. A few key informants have mentioned that unlike Odessa, the children without parental supervision and living outside their homes or shelters in Chisinau and Balti avoid the public spaces and live an underground life and there is no hotspot mapping readily available. In the absence of size estimations or mapping of sites where children and adolescents might congregate, it is not possible to estimate the extent to which the project was not able to reach these categories of children and adolescents.

Given this limitation, the decision to support establishing a safe shelter for children in Chisinau was a relevant one and has helped to achieve the goal of the project. In Balti at least two shelters exist: one for street kids and another one for children and adolescents in crisis situation and the project team took on the role to visit these two centers, conduct information activities there and link children from these centers to other services.

*All I need I can get it here.
Boy, urban.*

*I can say that they helped me a lot and I received the services I needed and everything is well. I have now made friends, now everything is well.
Girl, urban*

*Well, I have been at [another center]. Here everything is very nice, civilized, people are educated, welcoming. After talking to the psychologist I have the desire to come again. Here everything is much better. They would call you again the next day, will invite you again.
Female sex worker, urban*

The interviews with direct beneficiaries have highlighted that adolescents were satisfied with the outreach and the services to which they have been referred to meeting their needs.

The role of previous experience and existing institutional and human capacities in project design

Each project site has established a list of groups of MARA and EVA to which they targeted their outreach based on their previous experience and human and institutional capacity, existing contacts and other ongoing projects. The description of the different target groups is provided in the section *Coverage*. This approach has increased local relevance of outreach and meeting specific needs of particular groups in the region, tailored as well to the skills and social networks of peer outreach workers. Since not all project sites had previous experience in working with MARA, as mentioned in the point above, some sites have initially struggled to reach out to MARA and EVA and needed more supportive supervision to attain their goals than others.

Project objectives were set realistically to be achieved in project timeframe. The objectives were formulated as activities and the deliverables and targets of the project were set realistically to be achieved within the project timeframe. The four main objectives were:

1. Improvement of first-line aid for vulnerable and excluded
2. Creating circles of solidarity to provide a better care process
3. HIV prevention among vulnerable youth
4. Improving government policy on youth

The achievement of these objectives was to be measured with input and coverage indicators and was realistic for the number of providers selected to take part in this project. In fact, many of the targets have been achieved and overachieved, as presented in the section *Effectiveness*.

Role of central and local public authorities and institutions in the project

The project component that aimed central authorities was implemented to fulfill the following output: *Policy on youth amended following advocacy and evidence on the needs of MARA/EVA from community level*. An initial study on perceptions of youth regarding barriers to access based on mystery shopping identified a set of needs that were complemented by a review of national legislation, policies and regulations that helped identify the needed regulatory changes. UNICEF was directly responsible for advocacy with Ministry of Health (MoH) on decreasing the age barrier to access health services without mandatory parental consent (to be included in the draft of the new Law on Health Care); advocacy with Ministry of Labour, Social Protection and Family (MLSPF) to adopt a national strategy on child and family protection (approved in June 2014); generating evidence to improve policy related to youth and most vulnerable children on preventing peer-violence and involvement in criminal activity through adoption of the Law on Special Protection of Children at Risk and Those without Parental Care (adopted in 2013).

Given the local nature of the project components related to service delivery, the implementing NGOs have consistently and regularly involved the district and city public authorities in their capacity building and network developing activities to develop integrated services to support the outreach work to MARA and EVA. Moreover, in most sites the evaluation team has observed a very close and productive collaboration between

the NGOs and the local authorities, the public institutions and the YFHCs. The collaboration was cross-sectoral and teams under different systems have worked together, deeming this as one of the most important outcomes of this project.

Comparative advantage of UNICEF as implementer

The NGO project implementers have mentioned the crucial comparative advantage of having UNICEF as the project implementer as it provided them with initial credibility and gaining trust of local authorities. Given the good reputation of UNICEF in the Republic of Moldova, the NGOs involved in the MARA Project were able to establish relationships within their communities and promote their work outside Moldova, which increased the status of these NGOs within their communities.

The public institutions and local authorities perceived UNICEF Moldova as a key agency in the area of child and adolescent programs and have been open and proud to be implementing partners in this project.

*Initially we were perceived as an NGO, so we were not perceived as equals. Thanks to UNICEF and their recommendation, inviting external team to make a documentary about the project, and giving us the opportunity to conduct a training for public entities, things have changed, now we are invited everywhere, we are asked to talk to family doctors and our reputation with health administration has increased.
Urban service provider, female*

Same has been stated related to the component of better protection for children with criminal liability and in conflict with the law – being associated with UNICEF increased credibility and the importance of the interventions and has ensured the willingness of the district authorities to start the project, despite initial low level of awareness and understanding of its need in the selected sites.

Additionally, UNICEF has effectively used its leverage and advocacy experience by working at central level, to generate evidence and improve national regulations and policies, as described in the previous section *National policy context*.

Coordination and coherence with other interventions built for adolescents to encourage synergy and avoid over-laps.

The project ensured a high level of synergy and integration of activities with a few ongoing initiatives for adolescents in the country. A similar effort with sources from the EU regional project Strengthening Capacity of non-state actors (NSA) for HIV/AIDS Testing & Counseling of Most-at-Risk Adolescents and Young People aimed at increasing HIV awareness among adolescents and these two projects have been integrated by UNICEF into a single project, making the difference seamless for local project implementers.

Given UNICEF Moldova's participation in the SDC-supported project Healthy Generation aimed at establishing and strengthening the capacity and quality of Youth Friendly Health Centers in each district, the two projects have developed mutual collaboration at both central and community levels in the project sites.

Additionally, UNICEF has also closely collaborated with the NGO Y-Peer, a project receiving additional support from UNFPA and has provided support to the Y-peer network in Chisinau to provide more relevant services in community centers linked through circles of solidarity in Chisinau, build capacity of adolescents in communication and life skills, including HIV prevention, use social theater techniques in communicating with their peers and formulation of recommendation to the alternative report of CRC.

As part of establishing circles of solidarity, the project sites mapped the available services in the community and ensured streamlining and awareness of existing services. At local level, each of the project sites informed and collaborated with local public authorities to avoid overlaps and maximize use of limited resources.

Which groups have been reached by the project and what is the different impact on those groups?

- Have vulnerable adolescents been reached, including girls, most at risk adolescents, ethnic minorities, adolescents at risk of getting in contact with law, risk of violence and abuse, street children, children without parental care (including of migrant parents), children graduated or about graduate from institutions?

Coverage

According to the interviews with implementation teams and project document review, each site has developed its own targeting strategy for MARA, based on their institutional capacities and the type of volunteers that they have involved in their outreach teams. Some project sites have been more effective at targeting specific segments of MARA, e.g. Balti, Orhei, Donduseni given their prior experience in working with key populations in HIV prevention programs, while Ungheni has focused on vulnerable categories of adolescents based on social vulnerabilities of their families or being outside parental support. The only exception was the project site in Rybnitsa, which did not manage to implement a strategy to outreach to adolescents with higher needs and risks due to local political constraints and have focused their activities on school-based adolescents instead and community actions on the street aiming general population of adolescents and young people. In Chisinau, the project activities focused on the adolescents coming to the five community centers, assumingly been referred to these centers because of social vulnerabilities, but who in fact had very different profiles that did not ensured selection of most-in-need. The IRP targeted children with criminal liability and in conflict with the law that have already had contact with either social services or the judiciary.

Of mention is that while the project did some targeting of MARA, all the sites had a large share of work directed towards general population of young people and adolescents, who they covered through community actions and street mobile outreach.

The table 3 below provides detail about the type of groups and approaches employed.

Table 3: Prioritized groups by site and strategic approaches to ensure access to them

Site	Target groups	Approaches
Balti	General population of adolescents and young people	Community action; Mobile outreach
	Young MSM, SW, young people who use substances (alcohol, tobacco, marijuana), beggars	Specific outreach
Orhei	General population of adolescents and young people	Community action Mobile outreach
	Young people who use drugs, Roma, adolescents from socially vulnerable families	Specific outreach
Ungheni	General population of adolescents and young people	Community action and mobile outreach
	Adolescents from socially vulnerable families, left behind by migrating parents, those who smoke and drink	Specific outreach
Donduseni	General population of adolescents and young people	Community action
	School population of adolescents in district center and villages	Mobile outreach
	Young people who go to professional college in the district center (who have occasional sex and multiple sexual partners); adolescents at risk or using non-injecting drugs	Specific outreach
Rybnitsa	General population of adolescents and young people	Community action
	School-based adolescents	Mobile outreach
Chisinau	Adolescents who attend five community centers for children and adolescents	Peer-to-peer information, social theater
	Child victims of abuse and exploitation at risk to health and life	Short-term shelter, social support, educational activities
Institute for Penal Reform	Children under criminal liability and in conflict with the law in (Orhei, Balti, Ungheni, Leova and Causeni)	Services in community for children and their parents: psycho-educational activities, leisure activities

The monitoring system established in the project was designed to measure and validate inputs and measure and check quality of process indicators. Specifically, it collected data on number of adolescents covered with HIV prevention activities and different services by site and by gender (boys and girls) and counted the number of educational activities for mobile and specific outreach, but did not allow to separately count number of adolescents covered by specific outreach, to be able to provide detail on coverage of different segments of MARA and EVA at site level or aggregated level, thus it was not possible to measure neither coverage nor impact for the different groups identified by project as key in their community.

Effectiveness

Achievement of outcomes as defined by the project log-frame

Significant progress has been made in achieving the project key outputs and outcomes and coverage targets as they were defined by the project log-frame (*table 4*) and Theory of Change (*table 5*).

At national level, the policy work has been implemented as planned. The only component still pending is the implementation of legal changes to decrease age-related barriers to access to services, depending upon adoption of the Law on Health Care, which is still under development and part of continuing efforts of UNICEF under SDC funded project.

UNICEF Moldova has developed specific sub-projects with each implementer. And they had different pace of implementation. The project implemented in the five sites: Balti, Orhei, Donduseni, Ungheni, Rybnitsa, has been well aligned to the initial timeline. The planned results, adapted by the project team in the initial phase, have been mostly achieved during project life in the five sites.

In Chisinau the project design and the timeline have been different than the original project and have not been a significant part of the initial description in the project document. The project span has also been shorter, as the project started later, in mid-2014 and had a shorter implementation period compared to the project in the five sites outside Chisinau. To meet the set objectives, the timeline of the project in Chisinau has been extended to May 2015. Yet, the key activities have been conducted in a shorter time and have been achieved in most program areas, as designed and planned (*table 6*).

Effectiveness: key questions

- To what extent does the Project meet the outcomes as defined by the Project log-frame?
- What progress has been made towards the realization of project outcomes? Have the planned results been achieved to date?
- What are the result of intervention in terms of: number of adolescents reached with HIV/AIDS comprehensive information; number of most at risk, especially vulnerable adolescents and adolescents at risk of getting in contact with law reached with HIV prevention and education services, counselling and support services; numbers of medical personnel, psychologists, police and social assistants that can provide appropriate services for especially vulnerable adolescents boys and girls; number and functionality of established circles of solidarities in targeted localities.
- To what extent did the project succeed in strengthening capacities of authorities and service providers, realization of human rights, promoting gender equality and reflecting the equity dimensions?
- To what extent did project contribute to improving life and health of vulnerable boys and girls, most at risk adolescents, ethnic minorities, adolescents at risk of getting in contact with law, risk of violence and abuse, street children, children without parental care (including of migrant parents), children graduated or about graduate from institutions?
- Which are the main factors that contributed positively or negatively to the progress towards the outcomes?

Table 4: Achievement of key performance indicators of the project

Key indicators	2012	2013	2014	Cumulative	Status
First-line aid					
At least 1,400 young people will be able to move to youth friendly health centre where they will get the care and guidance they need. This will be at least six locations in Moldova.	3,964	1,320	1,462	6,746	✓
Circles of solidarity					
Circles of solidarity in Chisinau, Balti, Rîbnita + three more regions	2 Balti, Rîbnita	4 Orhei, Ungheni, Donduseni, Leova*	1 Chisinau	7	✓
200 service providers in Moldova trained	50	166	220	436	✓
30 former street children in Moldova have been given training in how to help vulnerable children.	15	11	8	34	✓
Prevention and education					
1,000 in Moldova have been tested for HIV and given HIV information.	400	2,713	1,400	4,513**	✓
600 vulnerable young people in Moldova are receiving legal, social and psychological aid.	137	313	180	630	✓
10,000 vulnerable youth in Moldova have been reached with HIV/AIDS information. They are learning about their rights and where they can get help.	6,268	9,370	9,600	26,238	✓

* The Solidarity circle in Leova has been developed for children in conflict with law or at risk to be in conflict with law

**This is the number of adolescents and youth referred to HIV testing, as no system was established to track actual testing

Table 5: Implementation of interventions and systemic change according to the Theory of Change

Systemic change	Interventions	Status
First-entry services adapted to the needs of most at risk and especially vulnerable adolescents	Strengthening YFHS at community level to respond to the needs of most at risk and vulnerable adolescents	✓
	Contributing to the capacity of temporary placement Centre for Assistance and Protection of Victims and Potential Victims of Human Trafficking	✓
Services for adolescents apply a multi-disciplinary approach to meet the	Identifying existing services at community level to better respond to the needs of most at risk and vulnerable adolescents	✓

Systemic change	Interventions	Status
needs of MARA/EVA at community level	Strengthening the capacity of service providers (public & private) to reach out, assist and refer most at risk and vulnerable adolescents	✓
	Model and test behavioral change program for adolescents at risk of engaging in criminal activity and their families	✓
Adolescents at risk reached out with info, counselling and medical and social assistance and empowered to access services	Support communities to reach out most at risk and vulnerable adolescents	✓
	Training most at risk and vulnerable adolescents to reach out their peer and refer them to medical and social services	✓
	Trained adolescents conducting activities with MARA to prevent drug abuse, HIV and exploitation of extremely vulnerable	✓
Policy on youth amended following advocacy and evidence on the needs of MARA/EVA from community level	Advocacy with MoH on decreasing the age barrier to access health services without mandatory parental consent	✓
	Advocacy with MLSPF to adopt a national strategy on child and family protection	✓
	Generating evidence to improve policy related to youth and most vulnerable children on preventing peer-violence and involvement in criminal activity	✓
	Adoption of the Law on special protection of children at risk and those without parental care	✓

In Chisinau the key indicators and results were defined by input and process-type of deliverables and targets set up at the time of sub-grant negotiations and were not included in the initial project document. Most of these targets have been either fully achieved or overachieved, as provided in the table 6 below. At the same time, given the short time, extension of the project for all components, the systemic changes intended by the ToC document, such as adapted first-entry services to the needs of MARA and EVA, services for adolescents applying a multidisciplinary approach to meet the needs of MARA/EVA; adolescents at risk reached out with info, counselling and medical and social assistance and empowered to access services; policy on youth amended following advocacy and evidence on the needs of MARA/EVA from community level have only been achieved in the project extension period and need further support for their proper integration into the system.

The Y-peer project has been the least effective, as it has partially met two targets and has not met three targets. The interview highlighted that one unmet target by the Y-peer was not relevant to the design of the project. According to the manager of the Y-peer project, it has focused primarily on provision of workshops on life skills and health topics for the

children attending the five pilot community centers and involving them in social theater activities. The project manager described a passive recruitment strategy: full reliance on staff of the community centers for inviting young people to the workshops and children and adolescents bringing other peers, if they found the activities interesting. The reasons for poor achievement of the scope of work and limited activities have been explained by the manager through shortened grant duration (August 2014 – May 2015), the limited numbers of children coming to these selected five centers and the slow pace of establishing working relationship with the management of these centers.

Table 6: Key results of the projects in Chisinau

Targets	Achievements	Status
CNFACEM		
Child victims of abuse and exploitation have a safe haven to be protected from immediate risk to health and life, in a separate wing within the Centre	The newly constructed separate wing for children of the Centre is fully furnished, designed to protect and assist children at risk of abuse and exploitation; 12 children have used the services of the new wing.	✓
AO Children in need		
Build a functional referral system between all social services in Chisinau	Social service mapping conducted and published; MoU signed with 16 partners; coordination meetings conducted; a draft new regulations on community centers developed	✓
Strengthening capacity of 5 community centers to work with at-risk adolescents and young people	3 study visits conducted; participatory sessions to improve work of community centers (279 adolescents and 46 parents)	✓
Strengthening the capacity of service providers	233 trained in different topics; leaflets about the centers printed and disseminated; a guide for professionals and for a guide for parents printed and 32 providers trained on its use	✓
Improving knowledge of children and adolescents regarding children's rights, HIV life skills	156 workshops with 4151 adolescents conducted; peer-to-peer program guidelines	✓
Establishing standards for street services for street kids	Standards and regulation of street assistance developed and distributed to community centers, police departments, health and social services; 227 professionals and 82 volunteers trained	✓
Public sensitisation regarding issues of MARA and communication methods	Activities with participation of 523 adolescents conducted; 10 activities with 493 participants organised in the community	✓
Y-peer		
1,000 adolescents provided with more relevant services at community centers and supported through circles of solidarity	According to the interview with the program manager, providing relevant services was not in the scope of interventions of the Y-peer project.	✗

Targets	Achievements	Status
540 out of 1,000 adolescents supported with communication skills, life skills (including reproductive health), and understanding of HIV prevention.	700 attended at least one workshop organized by Y-peer trainers in five community centers.	✓
50 out of 1,000 vulnerable adolescents in community centres are able to and use peer to peer and social theatre techniques in communicating with their peers.	3 vulnerable adolescents able to do peer to peer education session in their center	✗
30 adolescents are able to express their voice and participate in the decision making process that influence their lives.	153 adolescents have taken part in the data collection on their needs – they have expressed voice in a standard opinion poll, but were not in the decision making process.	✓
Recommendations to the alternative report on the CRC implementation formulated by adolescents.	Survey of adolescents have been conducted, but the recommendations were not readily available at the end of the project extension. The provided report was a very rough analysis of distribution of answers.	✓
Improved capacities of community centers from urban and rural areas, and 30 centres' staff in providing services for vulnerable adolescents.	Staff members from five community centers in Chisinau have been working in collaboration with the Y-peer, but the Y-peer manager mentioned lack of capacity building for the staff as a critical barrier in ensuring program scale-up.	✗

The project component implemented by the IPR related to children with criminal liability and in conflict with law has been implemented as planned and according to the timeline, in the period 2012-2014. The project has been successful in implementing and finalizing its activities as planned (table 7), however neither specific log frame nor a description of the project component to measure achievement against was initially available.

Table 7: Key results of the project implemented by the Institute for Penal Reform

Expected results	Achievements	Status
Consolidate Working Groups on diversion composed by representatives of law enforcement agencies (prosecutor, police officer, judge) and institutions of social services.	Mapping of social services, development of intersectorial referral mechanisms, 16 Memorandums of Understanding signed	✓
Mediation services for children in conflict with law	Established in two out of 5 sites: Balti and Ungheni, as foreseen by the MARA project	✓
Services in community for children and their parents (psycho-social programs, educational services for ex: efficient use of free time, youth clubs etc.)	409 children covered (90% boys, 10% girls) 210 parents	✓
Monitoring legal procedures and follow up services with involvement of children	Monitoring of hearings with involvement of children Report on monitoring legal procedures for their compliance to children's rights produced	✓

Coverage with informational and educational activities and with services

The project monitored at length the number of different informational activities, distribution of various materials and referrals. As seen in the table 8 below, the number of informational sessions with MARA and EVA was a significant one, the topics of HIV prevention and testing and healthy lifestyle being the most frequent, but the range of topics was broad and responding to all the requests from beneficiaries.

Table 8: Number and range of topics for informational sessions with specific groups of MARA, aggregated data five sites: Balti, Orhei, Donduseni, Ungheni, Rybnitsa

Topics	2013-2014	2013	2014
Healthy lifestyle	129	28	101
General information about HIV	154	58	96
HIV prevention/rapid testing	121	34	87
Sexually transmitted infections	74	28	46
Protected sex	52	20	32
Condom use	21	9	12
Unplanned pregnancy	18	5	13
Contraception	34	10	24
How to keep happy and healthy	44	15	29
Prevention of drug use	69	19	50
Smoking	78	15	63
Alcohol	75	18	57
Non-discrimination	23	6	17
Children and youth rights	28	6	22
Violence	12	2	10
Human trafficking	9	5	4
Love	24	5	19
Creative workshops	9	0	9
TB prevention	6	1	5
Right to life	4	0	4
Children in conflict with law	2	0	2
Personal development	3	0	3
Negative effects of internet	3	0	3
Leisure time	45	0	45
Child labor in Moldova	2	0	2
Stress, depression and anxiety	1	0	1
Getting to know yourself	16	6	10

Team building	3	3	0
Viral Hepatitis	11	3	8
Total	998	284	714

The project has also established monitoring of distribution of published informational materials (those produced on ad-hoc basis using a simple printer were not monitored). In addition to monitoring the distribution of IEC, the projects that had additional support from other sources (i.e. Balti, Orhei, Donduseni) have also distributed condoms.

Table 9: Distribution of informational materials and prevention supplies, aggregated data five sites: Balti, Orhei, Donduseni, Ungheni, Rybnitsa

	2013-2014	2013	2014
Visit cards	8,344	995	7,349
Project flyer adolescents	4,855	734	4,121
Project flyer adults	2,642	618	2,024
Flyer HIV testing and counseling	7,141	1,531	5,610
Poster HIV testing and counseling	2,544	750	1,794
Booklet Girls	1,987	-	1,987
Booklet Boys	1,784	-	1,784
Risk self-assessment	5,099	-	5,099
Condoms (hetero)	7,569	450	7,119
Condoms (anal sex)	2,850	-	2,850
Lubricant	338	-	338

Referrals to different services were also monitored and the figure 1 below presents the structure and the range of referrals in the period 2013-2014 and the distribution by gender (figure 2). The top four referrals were to HIV testing and counseling, psychologist, OB/GYN and STI specialists.

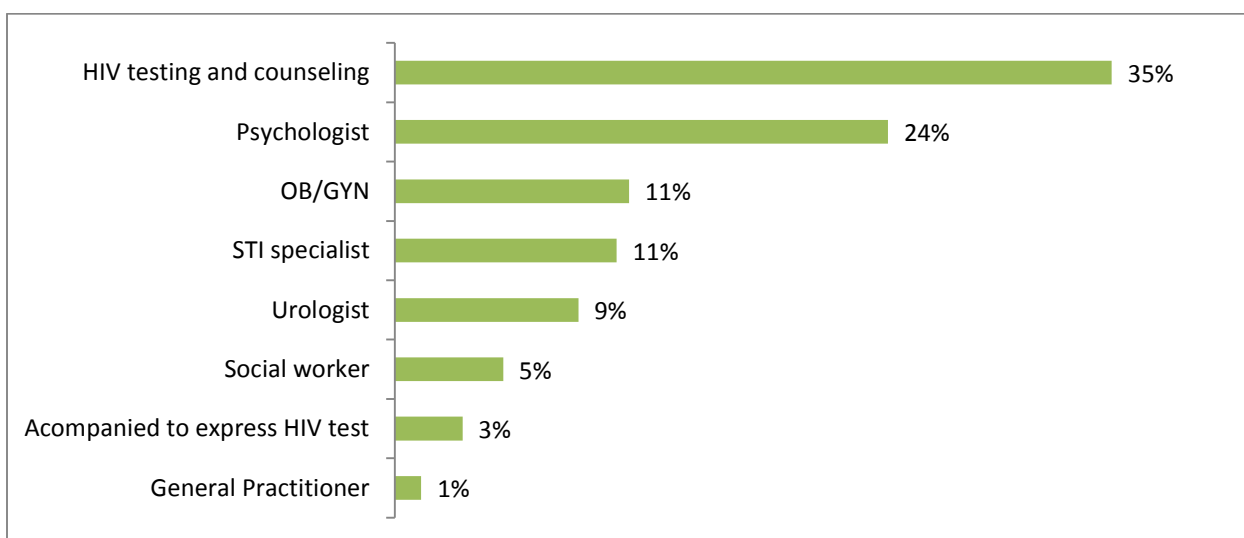


Figure 1: Referral to different services available in the community, by frequency, years 2013-2014, data from five sites (Balti, Orhei, Donduseni, Ungheni, Rybnitsa)

By gender, for almost all services girls received more referrals compared to boys, (except referrals to urologist) and for two services the balance was close: referrals to HIV testing and counseling (57% girls and 43% boys) and to STI specialist (50%/50%).

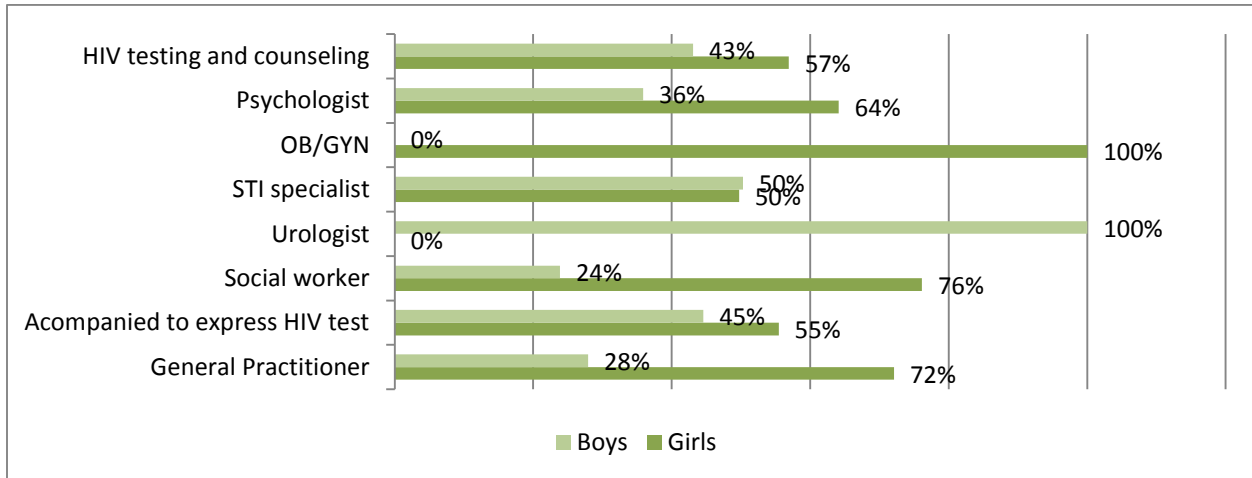


Figure 2: Share of adolescents referred to services, by gender, years 2013-2014, data from five sites (Balti, Orhei, Donduseni, Ungheni, Rybnitsa)

Strengthening capacities of authorities and service providers

Based on interviews with managers, service providers and partners in each site, there was a unanimous high appreciation of the capacity building component of the project, this being noted the most frequently as one of key strengths of the project. The capacity building component was varied in scope and topics and highly adapted to the context of each of the project components. An important strength was that these seminars and workshops included interdisciplinary teams of community actors that had a potential role of improving the services to MARA and EVA and they have built a common awareness of the need to change the existing services, as well as actual skills to provide more sensitive services. In the case of children with criminal liabilities and in conflict with the law, a new alternative service was established of providing psychological counseling and leisure activities, which has significantly changed the approach to deal with their cases, and capacity building was a crucial element that determined the existence of this option.

Setting up circles of solidarity was perceived as highly helpful in its first stage of the service mapping. As one informant from Balti noted *“this was the first time people in the district centers would here about having specific services, so we had to come from Balti to help them meet each other”*. Also, the MARA project has helped the NGOs to establish a much better interaction and understanding from the local authorities and public institutions of their role and their comparative advantage.

Personal story

Katya (nickname) has been left by her mother with her grandmother and aunt ever since she was seven months old. She rarely saw her mother who lived outside Moldova. She remembers vividly she was laughed by her schoolmates and called orphan. When she was 13 years, she went to a disco club and one of her peers made fun of her being orphan and was told to leave the disco, Katya was hurt and she beat that girl. Since then she was taken on police radar.

After she graduated general school, she did not continue her studies and her mom did not oppose it. Katya spends most of her time with her friends in night clubs and gambling. She started drinking, smoking tobacco and marijuana and had first sex early, at 14. She confessed to have had multiple sexual partners for several years, trying to use protection every time.

She came in contact with project volunteers, then paid a visit to the Youth Center ATIS and became eager to volunteer herself. "As part of this project, I started to look around differently and understand what's going on, I thought about my life goals and the opportunity to make others think about these things as well."

"It is not easy to work with adolescents, I see myself reacting the same way as they are, and I am happy that I have convinced some of them to be aware of risks, take a test for HIV and start a more responsible life."

Girl, 17 years, urban

Project's contribution to improving life and health of vulnerable boys and girls, most at risk adolescents

The project did not plan, nor undertake quantitative assessments designed to measure changes in knowledge, attitudes, skills and the impact of the overall lives of project beneficiaries; neither this evaluation was able to assess such impact given the very limited access to beneficiaries after the project end. Therefore, this section is based on qualitative data.

The interviews with project staff, outreach workers and volunteers have highlighted a few areas where lives of adolescents and children have changed as a result of participation in this project: they noticed a change in general attitudes towards health and a better understanding of risks of some behaviors. Anecdotal evidence from qualitative interviews with beneficiaries during evaluation exercise have outlined positive self-reported statements, such as increased awareness and risk perceptions around HIV/AIDS and statements of adoption of safer sex practices, as well as personal development and better communication skills and increased social status gained by outreach workers, but these cannot be generalized to project level, given, small sample, selection bias and self-reported nature.

Some of the project beneficiaries invited for the evaluation have mentioned specific changes, such as the following quotes:

"I have changed my attitude towards sex, I became more risk-aware";

Boy, urban

"After I talk to the psychologist I react more calmly to problems, I cry less these days";

Girl, urban

"I learned about services and I had the courage to use them, knowing I trust the volunteer that has referred me".

Boy, rural

A specific case was brought up the manager of the IPR – the case of three underage brothers, living together with their

disabled mother and not being able to make ends meet. They solved the problem of not having enough food and clothes by stealing goods and selling or exchanging goods for food. Normally, they would have gotten in juvenile delinquent system for ever and "*be lost*" according to the police officer who was in charge of this case. But the fact that they sent the three brothers to the psycho-social counseling services and they have been in contact with the psychologist nine months has made space for optimism for the inter-sectorial group overseeing their case and seeing how their perceptions change and they get to aspire to achieve things in life.

Similar stories were shared by both managers and outreach workers for particular cases, as well as generalizing these observations. Unfortunately, the frequency and the depth of such changes cannot be assessed, but if difference is made even for a few cases in each of the sites, this has the catalytic role of providers changing attitudes and not being hopeless and skeptical of what can be achieved when they come in contact with MARA and EVA.

Many of the outreach volunteers mentioned more abstract and larger changes that would escape any quantitative measurement: getting a sense of the life, seeing things differently and thinking inward about purpose in life, setting specific goals, having hope for the future. This has resulted in becoming more engaged and proactive and seeking for volunteer opportunities themselves, engaging in community actions and becoming more socialized.

Efficiency

The implementation team has made significant efforts to provide a well – thought and balanced management to sites adapted to local context. Coordinators and partners in all sites have highly appreciated support and supervision received from the Balti implementation team and their technical and managerial capacities in setting up and implementing project activities as planned and where necessary, adapting to local context. The project conducted in Chisinau was an approach tailored specifically to the local situation, existing players and systems at the city level. The IPR team has ensured an overall effective management and significant presence in each of the sites by establishing a site coordinator, deemed key into ensuring continuity of activities, especially those related to inter-sectorial collaboration.

Does the programme use the resources in the most efficient manner to achieve its objectives?

- How well have the implementation of activities been managed?
- How flexible was the project in adapting to changing needs?
- How well have the financial resources been used?

An identified weakness was that even though there was some interaction between the three subproject tracks (the one implemented through TDV Balti in five sites, the one implements through IPR in five sites and the subproject in Chisinau) different components, through capacity building activities, the project implemented through the NGO the Youth for Right to Live, the project in Chisinau and the project of the IPR did not form a common understanding and implementation plan and perceived each other as different entities, with different approaches and objectives.

The project was highly flexible in adapting to the existing needs and evolving funding landscape. One example was the decision to support investment into equipping the shelter in Chisinau, adapting the project disbursements to delays and limitations of each of the players.

There are indications that MARA project used the available resources in an efficient manner to achieve its objectives. The level of coverage, the key outputs and the policy level changes are far beyond original ambitions and the project demonstrated good value-for-money. At local level, the coordinators have mentioned cost-sharing and providing in-kind contributions from other projects, such as informational materials, condoms, lubricants, HIV tests. At the same time, it was not possible to conduct a detailed cost analysis to determine unit costs by beneficiary or by each outcome, given the different types of coverage and insufficient detail of budget by site.

Table 10: Planned and actual expenditures for key project components

Budget line	Planned Budget	Actual Expenditures 2012- 2014	Share of actual spending by line
1. First-line aid (shelter)	€ 70,000	\$78,892	19%
2. Circles of solidarity, capacity building	€ 125,000	\$138,447	33%
3. Care services - HIV testing and counseling, medical care, psychological support, resilience training and leisure activities	€ 55,000	\$48,065	12%
4.1 Monitoring: documenting best practices and policy analysis	€ 15,000	\$17,250	4%
4.2. Intensive cooperation with the local and central government to work together to improve the policy on and services for children and their families in the most vulnerable situations.	€ 29,000	\$34,947	8%
4.3 Expert assistance in coordinating and monitoring the circles of solidarity in all locations, and the costs of project support	€ 40,000	\$50,263	12%
5. Evaluation	€ 40,000	\$47,818	12%
Total	€ 374,000	\$415,681	100%

Note: expenditures are reported in USD, while budget was available in euros, therefore no comparison between budgeted and actually spent is made.

Sustainability

Some elements of the project have a higher degree of sustainability than others. The interviews with project implementation teams, partners and outreach workers revealed that the activity that has the highest potential for sustainability is the established circles of solidarity and their strengthened capacity to work with MARA and EVA, as it has built the capacity of existing structures and service providers and have managed to establish personal and professional networks and cross-referrals at local level that were not there before the project.

The component most appreciated by the NGOs themselves and the local partners and institutions, yet with the lowest sustainability has been identified to be the outreach work using peers, as there are no financial resources for such activities in the local budget and other available resources in the country. This work has been discontinued gradually after project end in some sites, while others have continued it at a more limited scope and frequency dependent on enthusiasm and availability of the peer outreach workers, but with very limited potential of continuation or replication in the absence of external funding.

The components related to first-line services and circles of solidarity have medium level of potential for sustainability, based on the fact that current YFHCs and social structures have strengthened human resource capacity and are supported through public funding.

In Chisinau, the work with the municipal authorities of developing the street-based outreach service and quality standards has the potential for sustainability, especially if a follow-on effort will build on this initial first phase and start implementation of this service. It was too early to assess sustainability of the shelter, as it has only been open in the extension phase, though being a public social structure, has the potential for high sustainability. The project component implemented by Y-peer will continue to receive donor funding in the immediate future, therefore sustainability is reliant on donor funding, but has medium potential for sustainability if teams from community centers are formed.

The project component that had sustainability in mind early on was the one implemented by IPR - it had instituted alternative social services to prevent and manage system cases outside the juvenile criminal system in the existing centers and with public funding, so they had the highest level of assurance that after project ended, they continues to provide services.

To what extent were the project outcomes achieved, sustainable?

- What measures have been taken to ensure sustainability of the project?
- What are the resources (both human and financial) to be used to sustain the program? To what extent and in what way have capacities been enhanced in public institutions?
- Are the activities likely to be continued when external support is withdrawn, and will it be more widely replicated or adapted?

A detailed assessment of impact for sustainability is presented in the table 11 below and is based on perceptions from interviews with project staff and partners.

Table 11: Potential for sustainability of key activities, by site and type of activity

Site	Target groups	Approaches	Potential for sustainability
National (UNICEF)	MARA and EVA	Lobbying and advocacy for better youth policy & monitoring	High
	National decision makers Government	Technical support to partners in developing services for MARA and EVA	Medium
Balti	General population of adolescents and young people	Outreach for MARA and EVA	High (ongoing GF grants, SDC grant on strengthening YFHS for key populations)
	Young MSM, SW, young people who use substances (alcohol, tobacco, marijuana), beggars	First-entry services	High (public funding to YFHC ATIS and other YFHCs)
		Circle of solidarity Capacity building and technical assistance, monitoring and supervision for other sites; Technical support development of circle of solidarities in other sites.	High Low Medium
Orhei	General population of adolescents and young people	MARA and EVA in Orhei	Medium (ongoing GF grants, SDC grant on strengthening YFHS)
	Young people who use drugs, Roma, adolescents from socially vulnerable families	First-entry services	High (public funding YFHC)
		Development of the “circle of solidarity” at the local level	High
Ungheni	General population of adolescents and young people	Outreach for MARA and EVA	Low
		First-entry services	Low
	Adolescents from socially vulnerable families	Circle of solidarity	Medium (YFHC, social services)
Donduseni	General population of adolescents and young people	Outreach for MARA and EVA	Medium (ongoing GF grants for key populations, SDC grant)
	School population of adolescents in district center and villages	First-entry services	Medium (YFHC)
	Young people who go to professional college in the district center (who have occasional sex and multiple sexual partners); adolescents at risk or using non-injecting drugs	Circle of solidarity	Medium

Site	Target groups	Approaches	Potential for sustainability
Rybnitsa	General population of adolescents and young people School-based adolescents	Outreach for MARA and EVA First-entry services Circle of solidarity	Low Medium (public support for YFHC) Low
Chisinau	Adolescents who attend five community centers for children and adolescents	Peer-to-peer information, social theater Participation into alternative report	Medium (ongoing grant from UNFPA, UNICEF) Low
	Child victims of abuse and exploitation at risk to health and life MARA in Chisinau	Short-term shelter, social support, educational activities Regulatory work to improve services to MARA and street children Outreach work	High High (planned under SDC project) Medium
Institute for Penal Reform	Children under criminal liability and in conflict with the law in Orhei, Balti, Ungheni, Leova and Causeni)	Mediation services for children in conflict with law Services in community for children and their parents: psycho-educational activities, leisure activities	Medium (2/5 sites) High
		Monitoring of judiciary process according to human-rights	Low

Human rights-based approach, gender and relevant cross-cutting issues

The MARA project was implemented to contribute directly to achievements of children’s rights, to ensure non-discrimination and equity and this was the added value of NGO implementers that were able to provide services in a non-discriminatory way by peers and link to services that would be friendlier than if the person would access it without the referral from project. Support to capacity building for service providers addressed the right to quality services in a non-discriminatory and equitable way.

Some of the interviews mentioned the following when asked on the subject of children rights: right to confidentiality and non-discriminatory services, right to information, right to health, sensitivity to priority of studies (planning activities in the second half of the day), right to leisure time, domestic violence, human trafficking and exploitation.

To what extent do the project outcomes contribute to achievements of children’s rights and to what extent have they contributed to addressing key cross-cutting issues?

- Does the project actively contribute to the promotion of child rights, especially the most vulnerable?
- To what extent and how project ensures and non-discrimination and equity focus?
- Is the project gender sensitive?
- Does the project use child and adolescents participation?
- How are the view of adolescents feed back into the project planning and activities?

The component implemented by IPR has included monitoring of legal procedures and follow-up services with involvement of children in 5 district Courts (Orhei, Causeni, Leova, Ungheni, Balti). The observers monitored all hearings in criminal cases with involvement of children, which resulted in a published report on monitoring legal procedures.

The Y-peer network has established a partnership with the Children Rights Information Center (CRIC) as a partner in preparing recommendations for CRC alternative report. A questionnaire assessed coverage of 152 adolescents around Moldova regarding awareness and practice of children rights. A second phase included informational sessions on child rights including some creative activities done by the young people themselves with their peers, but results and findings were not available at the time of evaluation.

The project was gender sensitive and has targeted boys and girls, with sensitivity towards gender balance of peer outreach workers. The monitoring of service uptake and use was done with disaggregation by gender.

The project has encouraged and brought adolescent participants as outreach workers in its core activities and the outreach work has been designed and implemented by adolescent peers with their ideas and approaches embedded in continuous improvement and adaptation of approaches for community-based work. In addition, processes were the feedback of adolescents were taken into account were set up by the Y-peer. However the results of the process to produce alternative recommendations have not ended at the time of project extension.

CHAPTER 4: LESSONS LEARNED

The interviewed implementation staff has noted that there were initial difficulties related to the model that was built based on Odessa model of service integration that was not fully relevant for the Moldovan context and the level of understanding of the needs, the existing contacts with MARA and the available resources and opportunities to engage with EVA and MARA in a meaningful way. Given this, the initial stage took longer than expected to adapt the intervention model to Moldovan context and to diversify to make it more relevant and bring added value to each of the sites.

The initial planning stage took much longer than expected for both the project implemented through NGO TDV Balti in five sites and for the project in Chisinau. The teams in five sites thought they needed more steer and outside technical support to understand how to better approach and what is realistic and feasible given the available resources and context. Also, what has prolonged the initial phase was the little understanding from the stakeholders' side on the need to prioritize MARA and EVA outside the general youth and adolescents, their needs and the possible gains from the planned interventions, and the advocacy and preparation phase was long, but necessary.

The M&E system was designed with a limited scope to count mostly outreach and educational coverage contacts and referrals to services and was not designed to track actual use of services by adolescents and young people and difficulties around breaking

down by types of MARA and EVA at either outreach or service level. The M&E system was well designed and sufficient to track key performance indicators as designed in the project, but insufficient to provide higher outcome and impact level data for the end-of-project evaluation.

A key lesson learned from this project was the initial assessment of the capacity to penetrate to the most vulnerable and the most at-risk groups of adolescents through chosen modalities of outreach and using peers. The level of outreach to most vulnerable adolescents highly depended on the previous experience of the NGOs to work with adult key populations, an experience extrapolated to target younger groups. If the chosen implementing NGO did not have such experience, the outreach diverted to more general segments of the adolescent populations or to segments within immediate reach (i.e. visitors of the community centers). Also, in a few places, the forefront and primary contact were well-intended and bright school-aged boys and girls who were overwhelmed and ill-placed to deal with the multitude of issues of their less fortunate peers.

While the project has managed to build some sustainable activities through circles of solidarity and capacity strengthening of service providers, and work at policy level, the peer-led outreach is the first one to be discontinued after project end and has not been integrated in the current services in the five sites. Of note is that in Chisinau, it appears that the use of public structures has increased the sustainability of the outreach component, based on progress reports, but given that this happened only in the last few months during project extension, it is premature to assess sustainability and quality of this outreach work.

CHAPTER 5: CONCLUSION

Overall, the MARA Project support was relevant to country needs and responded to wider national priorities for child and adolescent health as defined in the National Programme on HIV and STI control for 2014-2015, Child Protection Strategy 2014-2020 and National Youth Strategy 2015-2020. The project responded adequately to the needs of boys and girls in the districts and was well received by both target groups and partners of this project. The component of strengthening circles of solidarity took into account existing institutional and human capacities and built further these capacities. Of note is that the initial project design that was based on Ukraine and Odessa setting had to be adapted and adjusted to Moldova context, thus its relevance has increased in early implementation stages.

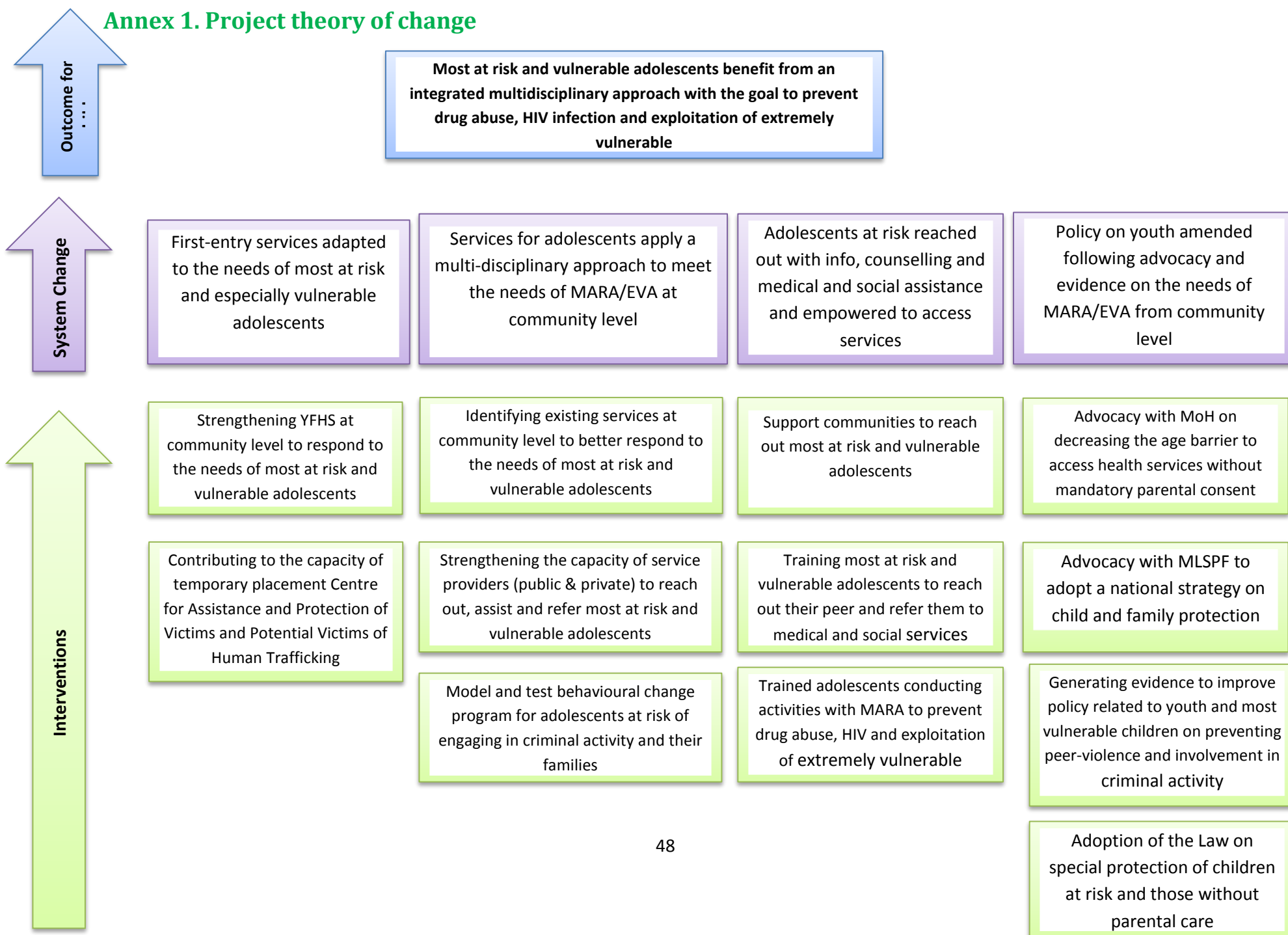
UNICEF support was relevant and timely for needs of MARA and EVA and young people in Moldova. The interventions used were in line with project design and have met and exceeded the targets. The majority of activities planned under the project were implemented, though in a different sequence and with some adaptations compared to initial project design, which has increased local relevance. The sustainability of these activities beyond project has been better ensured for circles of solidarity and referral patterns of young people between different services available in the communities, however the peer-based outreach work has been discontinued after project end.

CHAPTER 6: RECOMMENDATIONS

1. **Build on local experience and capacity to further improve the MARA programs.** In the event the project is replicated or scaled-up, local experience and knowledge should prime in setting up interventions, with building of gained and existing capacity of the project sites and local relevance and feasibility.
2. **To provide further support and focus on continuing cross-sector collaboration and strengthen circles of solidarity.** This element of the project jointly with associated capacity building were deemed by all informants as one of the most important outcomes of this project and appreciated positively in all project sites and with the highest potential for sustainability. The case-management of each MARA accessing at least one service in the circle of solidarity should be prioritized and strengthened, so that no matter the entry point, the adolescents receive available services for time as needed.
3. **Diversify and prioritize efforts to reach out to MARA and EVA.** The street-based outreach approach taken by many sites to identify the MARA and EVA has likely limited the outreach to the most vulnerable adolescents, since not all project sites had previous experience in working with MARA and have initially struggled to reach out to MARA and EVA. If the project is to be replicated, more focus should be placed on the choice of the modalities to outreach to the most vulnerable segments, finding and establishing appropriate seeds, as well as identifying and employing appropriately skilled outreach workers and volunteers with capacity to work with MARA.
4. **Strengthen and continue developing the component of street-based assistance to children, particularly in Chisinau.** A significant effort has been implemented to establish standards for street assistance services for children at the level of municipality and understanding and mapping of different types of street children, yet it was not operationalized by the end of the project extension. In order to maintain this gain, it is very important to continue focused support on implementing a street-based program in Chisinau, continuing advocacy to establish sufficient capacity for this effort, change the paradigm of street assistance, and advocate for municipal financial support for this program.
5. **Continue support to further monitoring of use of diversion schemes for children at risk and those in conflict with the law.** One of the most tangible achievements of the component aiming to use alternative methods to deal with children at risk and those in conflict with the law other than criminal justice has set precedents and demonstrated it could be done in districts. This component should be further strengthened, closely monitored and scaled up at national level.

6. **Strengthen the capacity of the M&E system to track client pathways throughout the circle of solidarity and establish an M&E component to measure outcomes and impact.** As it was designed, the project did not foresee tracking outcomes and impact. In addition, the established M&E system only measured the referrals, but not the use of health and social services. In the event that this program is replicated and expanded to the national level, there needs to be made upfront efforts to improve tracking of MARA and EVA across services and plan for assessment of systematic changes in the knowledge, behaviors and skills of MARA and EVA.
7. **Operationalize and implement the developed and approved national policies.** UNICEF has been highly effective at providing assistance, building evidence and advocating for approving key policies addressing the needs of MARA and EVA at national level. During the implementation phase of these new policies and strategies, the process of monitoring of these new provisions and measuring achievement against set objectives should be a priority for future support at national level.

Annex 1. Project theory of change



Annex 2: Evaluation matrix

Criteria	Evaluation question	Data Collection method	Data source
Relevance	To what extent did the Project respond to the priorities defined in the National Programme on HIV and STI control for 2014-2015, Child Protection Strategy 2014-2020, Youth Strategy and Justice Sector Reform?	Desk review Interview with key informants	National policy documents, Opinions of key stakeholders
Efficiency	Did the programme use the resources in the most efficient manner to achieve its objectives?	Desk review, II with managers	Project documents
Effectiveness	To what extent did the Project meet the outcomes as defined by the Project log-frame?	Desk reviews, II with managers	Narrative reports, review of data collection forms, FGD with managers re M&E processes and data quality
Sustainability	To what extent are the project outcomes achieved sustainable?	II with managers key informants and FGD with outreach workers,	Qualitative, any documentation about institutionalization of project activities
Impact	To what extent and in what way did the project succeed in improving the situation of MARA and EVA in targeted localities?	Interviews with beneficiaries, coordinators, key informants FGD with OWs	Qualitative, any quantitative documentation of impact
Human rights-based approach, gender and relevant cross-cutting issues	To what extent do the project outcomes contribute to achievements of children's rights and to what extent have they contributed to addressing key cross-cutting issues? Does the project use child and adolescents participation? How are the view of adolescents feed back into the project planning and activities?	Interviews with beneficiaries, service providers, key informants, managers	Qualitative data
Coverage	Which groups have been reached by the project and what is the different impact on those groups? Have vulnerable adolescents been reached, including girls, most at risk adolescents, ethnic minorities, adolescents at risk of getting in contact with law, risk of violence and abuse, street children, children without parental care (including of migrant parents), children graduated or about graduate from institutions?	FGD with OWs, interviews with coordinators and key informants	Qualitative data Desk review of project docs

Criteria	Evaluation question	Data Collection method	Data source
Coordination	What was the role of the MoH, MLSPF, LPAs and other key actors in coordination of project activities? What was the role and comparative advantage of UNICEF?	Interviews with key informants and managers	Qualitative data
Coherence	What are areas and ways of cooperation with other UN and donor agencies' in regard to development of services for most at risk and especially vulnerable adolescents? What is the existing national and/or local policy on adolescent health, child protection? Is there coherence across interventions supported by different agencies?	Desk review Interview with key informants	National policy documents, Opinions of key stakeholders

Annex 3. List of interviews by site

Site	Project staff	Outreach peers	Partners	Beneficiaries
Balti	4	6	2	2
Donduseni	1	3	1	4
Orhei	1	4	1	3
Rybnitsa	1	1	1	0
Ungheni	1	3	1	3
Chisinau	4	NA	7	NA
Total	12	17	13	12

Site	Interview type	#	Description
Balti	Implementation team	1 interview	4 people
	Partners	2 interviews	1 – Staff Municipal Youth department 1 – Staff Municipal Psychological and Education
	Outreach workers	3 interviews	1 – 2 OW for MSM 1 – 2 OW for SWs
	Beneficiaries	2 interviews	1 boy – 20 years 1 girl – 17 years
Donduşeni	Coordinator	1 interview	1 person
	Partner	1 interview	1 person – deputy on the Raion Council responsible for Social Care
	Volunteers	2 focus groups	1 - Outreach for young PWID 2 - Volunteers for young people
	Beneficiaries	1 interview	15 years
Orhei	Coordinator	1 interview	1 person
	Partner	1 interview	YFHC
	Volunteers	1 interview	4 persons
	Beneficiaries	3 interviews	1 - 24 years 2 - 15 years 3 - 13 years
Râbnita	Coordinator	1 interview	1 person
	Partner	1 interview	1 person Agency for Social Services Perspective
	Volunteer	1 interview	1 person
Ungheni	Coordinator	1 interview	1 person
	Partner	1 interview	Staff Municipal Psychological and Education

	Volunteers	1 interview	3 persons
Chişinău	Coordinator	1 interview	2 persons: Head of M&E and Strategy Department, Municipal Department for Child Protection and Program Coordination of the association Children in Difficulty
	Directors of Centers for	2 interviews	1 interview with one director center 2 – FG with four directors of centres
	Partners	1 interview	1 – Expert at Association Children in Difficult Situation
	IPR	1 interview	1 person
	Y-peer	1 interview	1 person

Annex 4. Interview guides

Interview Guide for coordinators

Role in the project

First, please tell me about the scope of your NGO/Institutions in the MARA project. What were the objectives of this project for your organization? What type of activities and services that you have used to achieve these objectives?

Inputs

What type of activities and services that you have used to achieve these objectives?

What were the resources you have used for these activities?

Was there any participation of public institutions and local public authorities?

Did you receive any specific resources and tools to help you in your work that you did not have previous to this this training?

What specific tools do you have in working with vulnerable youth?

Was there specific capacity building activities to help you with providing necessary skills and support to your activities?

Did you receive any specific training in this project, when?

Are you familiar with the Odessa model and what do you think about it?

Coordination

What was the role of the national decision-makers (MoH, MLSPF, LPAS in coordination of these activities?

What was the comparative advantage of UNICEF as the implementer compared to other international organizations?

Attitudes towards project

- What do you think about the approach under the MARA project?
- What were the strengths of this approach?
- What were the weaknesses of this approach?
- Is participation in this project making your job easier or more difficult? Why?
- Were there barriers in applying this project in life? What are they?
- What do you think about circles of solidarity component? What are its most successes? What would you do different in this direction if you would start the project today? What is the added value that they have brought to the existing structures and processes in your locality?

Relevance

How the project fits to wider context of youth programmes in Moldova?

Do the project outcomes address key issues, their underlying causes and challenges?

What is the appropriateness of the design?

To what extent the project responded to priorities defined in the National Programme on HIV and STI control for 2014-2015?

How about any local priorities in the site?

Coverage

What did it take you to establish outreach to most vulnerable children in this project?

Roughly, how many children did you come in contact with during the life of this project (2012-2014)?

How many of them are boys or girls, what is the specific issues boys deal with, what are they issues that are specific to vulnerable girls?

Did you achieve the anticipated level of coverage? Did you exceed it? Why yes/not?

Which groups of children have been reached by the project in your site? Have these categories been reached by the project:

Girls

Most-at-risk adolescents

Ethnic minorities

Adolescents at risk of getting in contact with law, risk of violence and abuse

Street children

Children without parental care

Children that have lived or graduated from institutions

What are the main issues MARA come with? For which help is easier to offer, which ones cannot be solved? Which of these needs could only be met with project resources? Which even the project could not meet?

What kind of vulnerabilities do you see in children and youth that you were prepared for? What were the needs that you could not meet?

What is different in the way you approach at risk youth due to project inputs compared to what you did before?

Please tell me more about your monitoring system that you have established. What did you do to ensure quality of collecting numbers of children while ensuring confidentiality? How was your monitoring system been set up?

Impact

- What has happened as a result of the programme or project and why?
- Based on your experience, have you seen observable changes in the lives of vulnerable boys and girls in your locality that could be attributed to this project? Based on what? Could you provide specific examples from your practice?
- What real difference has the activity made to the beneficiaries?
- Do you have any suggestions at how to improving the effect of this project on achieving more stable changes in the lives of boys and girls?

Equity

- How many of the groups to whom you have outreached are boys or girls, what is the specific issues boys deal with, what are they issues that are specific to vulnerable girls?
- Did you come to provide services to ethnic minorities? Why yes/no? Are services and efforts any different in this case?

- What groups are the least advantaged from these different categories? Did the project bring about a change in improving access of this specific groups? Please provide a specific example.

Efficiency

- Thinking back about the implementation do you think it was complex or simple? Why?
- Was there a simpler way to achieve the same outputs and outcomes,

In your opinion, were there any benefits to your organisations and partner organisations in the circles of solidarity? What were they?

Human rights and ethics

- Thinking back about the project, were there any unintended consequences for these children and youth? Can you bring specific examples?
- How did you approach confidentiality in these cases?
- Where there any specific legal barriers that impeded from providing necessary services?
- What were the measures you were using to protect the children rights?
- Were there any activities intended to build capacity of children in claiming their human rights?
- To what extent the project was gender-sensitive and which elements addressed that?

Sustainability

- What elements of the project have been most successful and acceptable to public providers and local authorities?
- Which elements of this project have been fully taken over by local authorities?
- Which services and activities will be discontinued after project end?
- What is the plan of your organization to ensure continuation to provide these services?
- Based on your experience, do you think any of the practices in the public sector have changed as a result of this project? Which ones?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

Interview Guide Outreach workers

Personal experience in working with vulnerable children

- In your practice, how often do you work with vulnerable children?
- What is different in the way you approach them compared to other children?

Training

- Did you receive any specific training or other form of capacity building (site visits, workshops, supportive supervision meetings, etc) in this project, when?
- Are you familiar with the Odessa model and what do you think about it
- Opinion about:
 - quality of training
 - usefulness of training
 - relevance of training

Did you receive any specific resource and tools to help you in your work that you did not have previous to this training? What exactly were they?

Did you receive any support for development of outreach services, capacity building of volunteers?

Role in the project

Now tell me about your role in the MARA project. What kind of services do you provide to children – are you a frontline worker or part of circle of solidarity?

What specific tools do you have in working with vulnerable youth?

What kind of vulnerabilities do you see in children?

Which groups of children have been reached by the project in your site? Have these categories been reached by the project:

Girls

Most-at-risk adolescents

Ethnic minorities

Adolescents at risk of getting in contact with law, risk of violence and abuse

Street children

Children without parental care

Children that have lived or graduated from institutions

Please, tell me more about this experience.

Roughly, how many children did you come in contact with during the life of this project (2012-2014)?

How many of them are boys or girls, what is the specific issues boys deal with, what are they issues that are specific to vulnerable girls?

What are the main issues MARA come with? For which help is easier to offer, which ones cannot be solved? Which of these needs could only be met with project resources? Which even the project could not meet?

Attitudes towards project components

- What do you think about the approach under the MARA project?
- What are the strengths of this approach?
- What are the weaknesses of this approach?
- Is participation in this project making your job easier or more difficult? Why?
- Are there barriers in applying this project in life? What are they?
- What do you think about circles of solidarity component? What are its most successes? What would you do different in this direction if you would start the project today? What is the added value that they have brought to the existing structures and processes in your locality?

Efficiency

- What do you think about the implementation process: was it complex or simple?
- Were there any other way to achieve these results with lower inputs and contributions? Why?
- If the project activities are to be implemented with public money and lower budget, would they be able to achieve these results? Why yes/no?

Contribution to Impact

- What has happened as a result of the implementation of this project and why?
- Based on your experience, have you seen observable changes in the lives of vulnerable boys and girls in your locality that could be attributed to this project? Based on what? Could you provide specific examples from your practice?
- What real difference has the activity made to the beneficiaries?
- Do you have any suggestions at how to improving the effect of this project on achieving more stable changes in the lives of boys and girls?

Sustainability

- What elements of the project have been most successful and acceptable to public providers and local authorities?
- Which elements of this project have been fully taken over by local authorities or public services (health, education, justice)?
- Which services and activities will be discontinued after project end?
- What is the plan of your organization to ensure continuation to provide these services?
- Based on your experience, do you think any of the practices in the public sector have changed as a result of this project? Which ones
- What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

Human rights and ethics

- Thinking back about the project, were there any unintended consequences for these children and youth? Can you bring specific examples?
- How did you approach confidentiality in these cases?
- Where there any specific legal barriers that impeded from providing necessary services?
- What were the measures you were using to protect the children rights?
- Were there any activities intended to build capacity of children in claiming their human rights?

Interview guide key informants and partner organisations

Role in the project

First, please tell me about the scope of your NGO/Institution in the MARA project were you part of the circle of solidarity?–

What the role of your organization?

What type of activities and services have you been involved under this project?

Inputs

What type of activities and services that you have used for these activities?

What resources you have you used or receive under this project?

Did you receive any specific resources and tools to help you in your work that you did not have prior to this project?

What specific tools do you have in working with vulnerable youth?

Was there specific capacity building activities to help you with providing necessary skills and support to your activities?

Did you receive any specific training in this project, when?

Attitudes towards project

- What do you think about the approach under the MARA project?
- What were the strengths of this approach?
- What were the weaknesses of this approach?
- Is participation in this project making your job easier or more difficult? Why?
- Were there barriers in applying this project in life? What are they?
- What do you think about the model of circle of solidarity? Is this something new that did not exist before? Is it something that brought added value? In what way?

Relevance

How the project fits to wider context of youth programmes in your locality?

Do the project outcomes address key issues, their underlying causes and challenges?

What do you think about the design of this project – was it relevant to existing structures in Moldova?

Coverage

What kind of services do you provide to children and adolescents?

What were the specific services under the MARA project? Was it part of your previous activity or this was something new? How was it different from what you did before?

Roughly, how many children did you come in contact with during the life of this project (2012-2014)?

How many of them are boys or girls, what is the specific issues boys deal with, what are they issues that are specific to vulnerable girls?

Which groups of children and adolescents have you come in contact with during this project? Have these categories been reached by the project:

Girls

Most-at-risk adolescents

Ethnic minorities

Adolescents at risk of getting in contact with law, risk of violence and abuse

Street children

Children without parental care
Children that have lived or graduated from institutions

What are the main issues MARA come with? For which help is easier to offer, which ones cannot be solved? Which of these needs could only be met with project resources? Which even the project could not meet?

What kind of vulnerabilities do you see in children and youth that you were prepared for? What were the needs that you could not meet?

Please tell me more about your monitoring system that you have established. What did you do to ensure quality of collecting numbers of children while ensuring confidentiality? How was your monitoring system been set up?

Equity

- How many of the groups to whom you have outreached are boys or girls, what is the specific issues boys deal with, what are they issues that are specific to vulnerable girls?
- Did you come to provide services to ethnic minorities? Why yes/no? Are services and efforts any different in this case?
- What groups are the least advantaged from these different categories? Did the project bring about a change in improving access of this specific groups? Please provide a specific example.

Impact

- In your opinion, what has happened as a result of the programme or project and why?
- Based on your experience, have you seen observable changes in the lives of vulnerable boys and girls in your locality that could be attributed to this project? Based on what? Could you provide specific examples from your practice?
- What real difference has the activity made to the beneficiaries?
- Do you have any suggestions at how to improving the effect of this project on achving more stable changes in the lives of boys and girls ?

Human rights and ethics

- Thinking back about the project, were there any unintended consequences for these children and youth? Can you bring specific examples?
- How did you approach confidentiality in these cases?
- Where there any specific legal barriers that impeded from providing necessary services?
- What were the measures you were using to protect the children rights?
- Were there any activities intended to build capacity of children in claiming their human rights?
- To what extent the project was gender-sensitive and which elements addressed that?

Sustainability

- What elements of the project have been most successful and acceptable in your locality?
- Which elements of this project have been fully taken over by local authorities?
- Which services and activities will be discontinued after project end?
- What is the plan of your organization to ensure continuation to provide these services?
- Based on your experience, do you think any of the practices in the public sector have changed as a result of this project? Which ones?

Interview Guide for project beneficiaries

Please tell me anything you want about yourself.

How old are you?

How did you get to know about this center?

How did you and where meet representatives of the center (volunteers, outreach workers etc)?

Please tell me about the first time you came here, what was your first impression?

What type of activities and services that you have received in this site or by representatives of the site?

What is your opinion on the attitudes of workers here?

What did these services bring to you?

What would you say were the changes that these brought to your life?

Was there something that you did not like here? What would that be?

Would you tell your friends about this center?

Did you actually tell anyone or referred anyone here? Why yes/no?

What else you would like to receive and could not access anywhere?

Annex 5. List of documents consulted

1. Original project document: UNICEF Project Ukraine and Moldova document Because They Need Protection from HIV and AIDS.
2. Request for Proposal LPS-DSU-2014_9116547 End-of project evaluation of the interventions aimed to promote an integrated approach to developing services for most-at-risk adolescents and youth implemented during March 2012- December 2014 (“Because they need protection from HIV and AIDS” project supported by Dutch National Committee for UNICEF) and enclosed Terms of Reference
3. United Nations Evaluation Group (2005). Standards for Evaluation in the UN System
4. Government of Moldova. National Strategy for Development of Youth Sector 2014-2020. Approved by the GoM on 07.11.2014
5. Government of the Republic of Moldova Decision no. 806 from 06.10.2014 regarding Approval of National Program for prevention and control of HIV/AIDS and STIs for years 2014-2015. Monitorul Oficial no. 297-309 from 10.10.2014
6. Government of the Republic of Moldova. Decision no 134 regarding approval of the Child Protection Strategy 2014-2020. Approved by the GoM on 20.06.2014. Monitorul Oficial no. 160-166, art 481
7. Parliament of the Republic of Moldova (2013). Law no 140 regarding Special Social Protection of Children at Risk and Those without Parental Care, adopted on 14.06.2013. Monitorul Oficial no. 167-172,art 534
8. Ministry of Health, Nat. Center of Public Health, the United Nations Children’s Fund (UNICEF) (2014). Republic of Moldova. Monitoring the Situation of Children and Women: Multiple Indicator Cluster Survey (2012)
9. Kivela J, Ketting E (2013). Economic Analysis of Youth Friendly Health Services in Moldova – Final report. Unpublished work
10. Gheorghita S, Stratulat S, Lungu A (2013). Report on regulatory barriers and limitations of access to HIV counseling and testing of adolescents and young people in Republic of Moldova and Transnistrian region (2013). Unpublished work
11. Gender-doc M (2014). Study on perception of adolescent period by young LGB
12. Vladicescu N (2012). Opinion perceptions, attitudes and experiences of young people regarding counseling and voluntary HIV testing
13. Y-peer (2015). Draft results of needs assessment among young people. Unpublished report

14. Annual and Final reports from UNICEF to the donor. Unpublished reports
15. Progress reports from implementers to UNICEF. Unpublished reports
16. M&E reports, data collection forms, event reports. Unpublished reports
17. Outreach guide for social mobilization and outreach activities – training manual. Unpublished work