

# Appeal 2003-2004



International Federation  
of Red Cross and Red Crescent Societies

## MOLDOVA

### Appeal no. 01.83/2003

*Click on programme title or figures to go to the text or budget*

	2003 (In CHF)	2004 <sup>2</sup> (In CHF)
<b>1. Health and Care</b>	<b>52,260</b>	<b>55,300</b>
<b>2. Disaster Management</b>	<b>322,296</b>	<b>338,600</b>
<b>3. Organizational Development</b>	<b>77,463</b>	<b>81,400</b>
<b>4. Federation Coordination</b>	<b>24,655</b>	<b>25,900</b>
<b>5. International Representation</b>	<b>4,449</b>	<b>4,700</b>
<b>Total</b>	<b>481,483<sup>1</sup></b>	<b>505,900</b>

### Introduction

The Republic of Moldova is a small country in Europe with a geographical area of 33,700 square kilometres. The total population is 4.28 million, making it the second smallest of former Commonwealth of Independent States (CIS) countries (after Armenia). The population density, however, ranks highest in the former Soviet Union, at 129.1 per square kilometre (1994). The country borders Romania to the west and Ukraine.

According to the last national census, the ethnic composition of the country is made-up of Moldovans (64.6 per cent), Ukrainians (13.8 per cent), Russians (13 per cent), as well as different minorities (8.7 per cent), including Gagauz and Bulgarian. According to the UN classification, Moldova ranks as the 52nd country (after El Salvador and before Algeria) in the list of countries with medium human development (UN Human Development Report 2002).

Moldova gained independence in 1991 following the break-up of the former Soviet Union. Since then, while attempting to modify its political and socio-economic systems, the country has suffered from economic disruption and political instability. Despite a promising start in the introduction of wide ranging economic and social reforms, the rapid succession of governments has made it difficult to translate policies into better practices.

Serious social discrepancies have emerged, increasing the gap between the rich and the poor. High inflation and sluggish nominal wage growth prompted a steady decline in real wages throughout 1999 and the first half of 2000. An economic turnaround and sharp disinflation since then have prompted a renewed rise in real wages throughout 2001, particularly as the government has moved to raise minimum wage levels. Average monthly wages in the public and private sector were both extremely low in US dollar terms, at around US\$ 32 and US\$ 47, respectively.

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<sup>1</sup> USD 330,111 or EUR 326,897.

<sup>2</sup> These are preliminary budget figures for 2004, and are subject to revision.

As a result of recent wage increases, the average monthly wage has grown to cover around 53 per cent of the minimum consumer basket, up from the 44 per cent during the same period a year ago. The majority of the population, still receives a large share of its income from non-wage sources, including from remittances sent by relatives working overseas and from produce grown on personal land plots. The poverty resulting from low wages is further compounded by the widespread problem of salary arrears.

### **Human Development Indicators in Moldova at a glance**

Life expectancy at birth (years)	66.6
Adult literacy rate (per cent age 15 and above), 2000	98.9
GDP per capita (PPP\$), 2000	2,109
Life expectancy index, 2000	0.69
Education index, 2000	0.90

Source: UNDP HDR 2002

### **Country Context**

A comparative study undertaken by the World Bank suggests that Moldova was the hardest hit country of the former Soviet Union by (a) the terms-of-trade effect which accompanied the movement of domestic energy prices towards international prices; (b) the conflict with Transdnistria in 1992; (c) a series of natural disasters and their effect on the country's agricultural sector and agro-processing, which account for around half of the country's GDP; (d) the continuing regional instability; (e) and the effects of the Russian ruble crisis of 1998. The natural disasters, including the icing disaster, drought, mudslides and floods experienced by Moldova during 2000-2002, have had a particularly adverse effect on the country's living standards and poverty, especially in rural areas.

The continuing separation of the breakaway region of Transdnistria has deprived Moldova of most of its industrial base and the associated lack of security in the region has created opportunities for extensive smuggling and criminal activities, causing a serious threat to the political and economic stability of the country. Transdnistria, situated east of the river Dniestr, has since 1991 tried to become an independent state, initially with military help of Russia. Since 1992 the open conflict is 'frozen' and the Moldova government is trying to incorporate Transdnistria as an autonomous region into its territory but is doing so from a centralized point of view.

Russia's military units posted in Transdnistria as well as a large arsenal of outdated weapons still remain in the country. According to the Istanbul agreement from 1999, Russia should destroy these arms and withdraw its troops by the end of 2002, although without the Russian's support this issue is unlikely to be settled. Since Moldova is located directly on the border of an enlarged EU, instability and poverty in this country are a matter of concern for the EU.

In terms of commonly used living standard and human development indicators, Moldova's ranking is lower than all the transition countries in Central Europe, South-Eastern Europe and all the former Soviet Union economies, with the exception of Tajikistan, that follows closely behind (please refer to the Human Development Index listed in the introduction).

Other indicators reveal the deteriorating social welfare system: about 10 per cent of the population consume less than 1,500 calories per day; many young children and women are anaemic; infant mortality rates are 1.5-2 times those of other European countries; the incidences of infectious diseases such as tuberculosis (TB), hepatitis and HIV/AIDS have grown markedly; a growing number of children are being neglected, abused, and abandoned. Crime has increased dramatically,

prostitution has become widespread and there is a growing trade in women. At least 400,000 Moldovans have left the country in search of work.

Since the government's capacity to fund health and social welfare systems has reduced dramatically, the national society (NS) plays an important role in assisting the most vulnerable in the country. The Red Cross Society of the Republic of Moldova (RCSR) was officially recognized in 1992 by a Decree of the President, and in 2001 by the Red Cross Law as an auxiliary to the public authorities in the humanitarian field.

### **National Society Priorities**

The RCSR is a well-known organization across Moldova and the work of the society reinforces the image of the International Red Cross and Red Crescent Movement in the country. The NS has concentrated on the most vulnerable groups providing basic medical and social aid, through commitment of the members of the Red Cross.

The society's statutes were revised at the 16th Congress conducted in June 2000, reflecting a separation of governance and management functions, as well as a reorganization of the national society in line with the reforms of the administrative structure of the country. The new statutes of the RCSR define the Chief Executive Officer as the full-time manager of the national society, although this position is currently vacant.

In October 2001, the RCSR was recognized by the International Committee of the Red Cross (ICRC) as a full member of the International Red Cross and Red Crescent Movement, and in November 2001 at the 13th Session of the General Assembly, the RCSR was admitted as a member of the International Red Cross and Red Crescent Movement.

The national society has a network of committees throughout the country organized according to the territorial principle. It consists of the municipal committees of Chisinau and Tiraspol, the committee of the territorial administrative unit Gagauzia, ten county (*judets*) committees, and 36 branches of the county and Gagauzia committees.

Since the government's capacity to fund health and social welfare systems was reduced dramatically, the NS plays an important role in assisting the most vulnerable. The Red Cross Society of the Republic of Moldova was officially recognized in 1992 by a Decree of the President, and in 2001 by a Red Cross Law as auxiliary to the public authorities in the humanitarian field. The national society estimates that it can most effectively assist its government by focusing on social assistance, health care, disaster preparedness and response.

The RCSR cooperates with the Ministries of Health, Labour, Social and Family Protection, Education and Science, the Department of Civil Protection and Emergency Situations and with the local authorities. The RCSR also cooperates with various institutions involved in dissemination of international humanitarian law (IHL). Among them are the national committee for consultation and coordination of IHL implementation created by the government, national Army headquarters, 'Alexandru cel Bun' Military College of Chisinau city and others.

The law on the use and protection of the Red Cross emblem was adopted by the Parliament in 1999. The national society is tax-exempt and supported by its government in provision of rooms and infrastructure made available in hospitals and other public buildings. The government also assists the RCSR in selection of beneficiaries and teaching nurses about TB, HIV/AIDS and sexually transmitted diseases (STDs).

The challenges faced by the national society include a dramatic decrease of membership since independence, estimated to be 93,600 in 2001. The majority of the volunteers are from the

population's elderly. There are very few youth volunteers and no programmes are developed targeting the youth. Financial resources are very limited due to the country's difficult economic circumstances and lack of fund-raising experience. The management capacity of the NS needs to be developed as well.

A further challenge for the RCSR is to achieve a self-sustainable visiting nurses service (VNS) network. In the past the Red Cross visiting nurses (VNs) were paid by the government. Later on, the International Federation helped sustain a minimum number of nurses, during which time they have strengthened in numbers through its three-year involvement in the European Commission's Humanitarian Aid Office (ECHO) funded TB/AIDS programme. To compensate for the lack of financial support to the VNS service, the government has reduced social security tax for them from 36 per cent to 4.5 per cent.

The priority activities of the RCSR for the period 2000-2004 are reorganization and capacity building through organizational and resources development, including establishing the international, information and youth departments, provision of social and medical assistance to socially vulnerable categories of the population, disaster preparedness and response, as well as international humanitarian law dissemination.

### **Red Cross and Red Crescent Priorities**

During the past three years, the RCSR was focusing on strengthening its VNS with funding from ECHO via the Federation and the Belgian Red Cross Society (Flanders). Bilateral programmes with the Netherlands Red Cross Society were recently implemented in the area of social welfare, and with the Swiss Agency for Development and Cooperation in the area of relief.

Between 1998 and 2000, the Netherlands Red Cross Society supported the VNS in establishing a network of medical-social centres, supplying equipment, nursing kits and salary subsidies. At present, support to the VNS is being provided by the Austrian Red Cross Society through a small-scale TB project, planned to be implemented by the end of May 2003. In support of the recognition and admission process of RCSR, in 2001, the Austrian Red Cross Society made available the services of a legal advisor.

With the support of the ICRC, the RCSR conducts seminars on IHL and dissemination of knowledge about the Movement. The seminars on international humanitarian law are targeted at various population categories (students, public officers, physicians, military, etc.). The tracing service was operating since 1991 and supported by the ICRC since 1994.

In 2001, approximately 300 people from the republic and abroad applied for assistance in locating and clarifying the fate of their relatives declared missing after the armed conflicts and the "cold war". Approximately 100 families made contact with relatives living in conflict areas (Afghanistan, Abkhazia, Chechnya, Angola, Yugoslavia, Iraq, etc.) through the Red Cross messages.

### **Priority Programmes for Secretariat Assistance**

The overall aim of Federation's assistance is to support the RCSR to deliver the services which will improve the lives of people who are at risk from situations that threaten their ability to live in socio-economic security and with human dignity.

To this end the Federation will support and encourage the RCSR to build itself into a well functioning organization with the necessary capacities to put into action strategic directions of the Federation's Strategy 2010 and to implement a common strategy for the Movement.

While taking into account the various strengths and weaknesses of the NS, as well as known donor trends, in 2003 the Federation will prioritize the following assistance to RCSR:

***Health and Care***

The overall goal of this programme is to improve the health situation of the vulnerable people in Moldova. To this end, the NS seeks to build the capacity of its VNS to deliver services to the lonely elderly and the disabled. The programme will further strengthen the Red Cross network of 42 nurses and 14 medical-social centres.

***Disaster Management***

Through this programme the NS aims to contribute to the nation-wide disaster preparedness and response effort. In 2003, the disaster management (DM) programme will focus on improving disaster preparedness and response (DPR) skills of the staff and volunteers of the Red Cross through training and competition, development of the DPR infrastructure of the Red Cross, public education and networking with governmental and other DPR-related agencies.

***Organizational Development***

The organizational development programme aims to strengthen the capacity of the RCSRSM to deliver services to the most vulnerable through building up human resources in the headquarters and three selected branches of the RCSRSM, enhancing basic material and technical resources of the NS, and identifying an in-country financial resource base and piloting new fund-raising activities. The delegation will continue to support branch development through capacity building and training of staff at headquarters and branches in beneficiary identification, programme management, report writing, planning and designing of programmes, monitoring, as well as other areas.

***Federation Co-ordination***

The Federation aims to increase its capacity to act as an effective coordination body for the benefit of the RCSRSM by securing long-term financial support, as well as providing technical support to the national society, contributing towards achieving the goal of a stronger national society, able to better respond to the needs of most vulnerable, resulting from disasters, as well as the negative effects of social and economic difficulties.

***International Representation***

This programme aims to raise the international profile and resource base of the Federation and the RCSRSM and to increase its influence on policy making and programme delivery at the multilateral and national levels.

**1. Health and Care W [<Click here to return to the title page>](#)****Background and achievements/lessons to date*****Visiting Nurses Service programme***

The declarations from the Almaty Red Cross conference (1996) and the European Conference of Red Cross and Red Crescent Societies from 1997 and 2002 provide the priorities for the activities of the Red Cross in Moldova and other CIS countries. The traditional Visiting Nurse Service of the Red Cross is one of the four key areas receiving the Federation's support. The VNS structure plays an important role in welfare support and in contributing to prevention and treatment of TB, HIV/AIDS and other communicable diseases.

The VNS is one of the main activities of the RCSRSM. The service provides free assistance to the lonely elderly and disabled in the target areas, through home visits, distribution of medicines, clothing, food and hygiene items. These basic medical-social activities are providing the assistance which the government can not fulfil at present due to the lack of resources. Although the Ministry of Health recognizes the important work of the RCSRSM, at present there is no financial support from the government for the salaries of the visiting nurses.

At present there are 42 nurses providing home-based medical and social care for over 1,570 disabled and elderly persons including 320 bedridden patients. They are also working at 14 medical-social centres (MSCs) established in different localities of the republic and equipped with medical supplies and the most necessary first aid medications. On average there are one to two VNs attached to each MSC. In addition to the VNS, a number of doctors and specialists work in shifts at the branch level of the MSCs on a voluntary basis. This enables patients to obtain free health consultations from health therapists, neurologists and physicians. Health and hygiene items are also distributed.

The medical-social centres also serve as the branch offices of the Red Cross, evenly located across the country, and providing a positive image of the national society within the local communities, with the network, which can potentially be developed into strong services of the Red Cross, integrated with the local population.

The community nursing practised by the VNs is likely to become increasingly important and valued as primary health care principles are being implemented in Moldova. Clearly this is a long process and dependent on many external factors, but it is an opportunity for the RCSR to increase its profile in the country.

The VNS remains dependent on external funding. The number of VNs dropped dramatically each time when an ECHO allocation ended, and extra VNs were re-employed with the beginning of new ECHO contracts. To make VNS more effective and sustainable, its activities should strive more towards preventive health (information and education, first aid, awareness campaigns and community mobilization) rather than medical treatment and distribution of relief items.

With this in view, the Federation will continue to build up the capacity of the NS in primary health care. The community-based structure of the VNs and MSCs of the Red Cross is yet too small to make a significant change in the health situation in the country. The capacity of the VNS will be further strengthened and the volunteers network of the NS will be developed as part of its identity.

In 2003, funding is sought to further strengthen the Visiting Nurses Service, as well as fourteen medical-social centres in the areas of first aid, as well as through recruitment and training of youth volunteers. This will be achieved through seven first aid kits for MSCs and seven first aid kits for VNSs, as well as through a training seminar (three-day training for 40 VNSs participants), thus strengthening their capacities in providing the health services to the population. The programme will also provide fax machines to all 14 MSCs and basic furniture to seven MSCs.

#### ***TB/HIV/STDs programme***

The RCSR was actively engaged in raising public awareness of TB and HIV/AIDS in a programme funded by ECHO between September 1999 and April 2002. The programme was implemented through the existing VNS service of the national society, with the main objectives of providing social and nutritional support to TB and HIV/AIDS patients and socially vulnerable people exposed to the risk of developing TB.

The main achievements of the TB and HIV/AIDS programme included the assistance to 21,760 of the most vulnerable, including TB and HIV/AIDS patients, the elderly, disabled and orphans; training of VNs in prevention of TB, HIV/AIDS and in the directly observed treatment short (DOTS) course; publication of a home care manual for the VNs; retraining of visiting nurses in basic home care according to the Russian/American standard and training of VN instructors; closer cooperation of the national society with the health care system and the WHO; as well as strengthened visibility of the VNS among the general public and beneficiaries, and its enhanced capacity to provide preventive health care.

Since May 2002, the activities in this area continued, although on a much smaller scale, with bilateral support from the Austrian Red Cross Society. This new project funds 43 nurses and seven staff members of the headquarters until May 2003, and delivers 10,000 food and 5,000 hygiene parcels to TB patients, who receive directly observed treatment in compliance with the WHO recommended strategy for TB control. Current needs, mainly in primary health care, are intended to be addressed through the VNS, the core structure of the RCSR.

The social implications of HIV/AIDS are already evident in neighbouring countries and it is essential that Moldova acts decisively to minimize the harm HIV/AIDS could cause. Moldova has one of the highest incidence of HIV/AIDS among the countries of the CIS region and needs to take urgent steps to prevent an epidemic. This will require efforts to raise awareness and to create efficient means of dealing with treatment, counselling, information and social integration.

The Government of Moldova deems HIV/AIDS, STDs and TB as major public health care problems requiring important attention due to the health and social impact of these conditions. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), recently announced its first round of grants to programmes aimed at preventing and treating the three diseases in severely affected countries. Moldova's proposal was awarded US\$ 1.7 million for the first year, out of the total grant of US\$ 11.7 million. The RCSR is included into the planned activities with a budget of US\$ 400,000 for five years, and plans to assist the 6,000 TB patients starting from 2003. These activities are complementary to the current project of the Austrian Red Cross Society.

The World Bank assisted Moldova in the preparation of the Global Fund proposal and has lent support through its US\$ 20 million Moldova Health Investment Fund which will handle the management of the grant.

Although the Federation is not actively seeking funds to support this important priority of the Red Cross Society of the Republic of Moldova, it continues to provide technical support to the national society in realizing the funding potential from the county coordinating mechanism of the GFATM, so that the TB and HIV/AIDS activities may successfully continue.

### **Overall Goal**

The health status of the population is strengthened through an increased awareness of HIV/AIDS, STDs and TB and minimized negative impact on those infected and affected, and their quality of life improved.

### **Programme Objective**

The operational capacity of the visiting nurses service of the RCSR is strengthened considerably, able to provide socio-medical services to the targeted, most vulnerable population.

### **Expected Results for this objective are:**

- By the end of 2003, the RCSR has a well-trained and equipped network of 40 visiting nurses, familiar with new methodologies in nursing care and first aid, through provision of seven first aid kits, as well as a three-day training of 40 nurses.
- By the end of 2003, the communication capacities of fourteen medical-social centres will be strengthened through provision of fax machines. In addition, seven MSCs will be provided with basic furniture support.

## **2. Disaster Management W [<Click here to return to the title page>](#)**

### **Background and achievements/lessons to date**

Nearly all of Moldova is highly prone to disasters such as earthquakes, landslides, floods, hailstorms, droughts, heavy snowfall, various epidemics and radioactive and chemical contamination. In this

context, disaster preparedness and response was so far one of the most important responsibilities of the RCSRM.

The national society plays a complementary role to the government in the area of disaster preparedness and response. This is being accomplished, in part, through training, disaster and emergency planning, public education and information, disaster exercises, response and recovery operations. Close contacts are established and maintained with the relevant authorities. The RCSRM regularly takes part in meetings of governmental bodies dealing with emergency situations and civil defence. The VNS of the Red Cross also supports the disaster preparedness activities.

Between 1998 and 2002, the RCSRM provided assistance to victims of local natural disasters (landslides, floods, storms, ice storms) with financial allocations from the Federation's disaster relief emergency fund (DREF) and support of the national societies of the Netherlands, Belgium, Great Britain, Canada, France and Switzerland. Food parcels, hygiene items and clothes were distributed to the affected population.

In disaster management, the RCSRM prioritizes further development of its community-based first aid programme through training of instructors and volunteers. Past experiences show that the ability to save lives depends on the local population's ability of rapid response to disasters and accidents. Professional first aid often makes the difference between life or death, rapid recovery or long hospitalization. To strengthen the community knowledge in this area, emergency response and first aid exercises are conducted annually for the staff and volunteers of the Red Cross.

Voluntary disaster response teams are set up in large localities and at some private enterprises. Regional competitions are organized regularly for these teams. The RCSRM has a first aid manual ready for translation into the national language and printing. This manual is based on the American/Canadian standard.

In 2003, the national society aims to improve its immediate disaster preparedness and response capacity by reinforcing its human, material and technical resources. The RCSRM intends to pre-position shelter and relief supplies required to assist 2,500 people, as well as to equip and re-train 30 disaster response staff and volunteers. The shelter and relief supplies will include 100 tents, 2,000 blankets, 1,000 bed linen sets, 1,000 kitchen sets, 2,000 towels, 2,000 food parcels, 2,000 hygiene parcels and 100 first aid kits. Training will be delivered to a total of 100 persons through two six-day disaster response seminars.

The RCSRM will also continue its public education efforts and networking with the governmental and other DPR-related agencies in order to ensure that emergency preparedness is given a high priority within local government and the community at large.

### **Overall Goal**

The vulnerability level of the population was reduced through increased effectiveness and efficiency of the disaster response and disaster preparedness activities of the national society.

### **Programme Objective:**

The disaster preparedness and response capacity was strengthened through support to the human, technical and material resources of the RCSRM.

### **Expected results for this objective are:**

- By the end of 2003, the emergency centre of the national society is established and supplied with disaster preparedness stocks: 2,000 food and 2,000 hygiene items, 100 tents, 2,000 blankets, 1,000 bed linen and 1,000 kitchen sets, as well as 100 first aid kits and clothing.

- During 2003, 30 disaster response staff and volunteers will be on standby, trained, equipped and prepared to provide shelter, first aid and emergency relief assistance to 2,500 disaster victims.
- By the end of 2003, the RCSRM has improved methodologies in hazard identification, post-disaster damage assessment, needs analysis and reporting, so as to optimize mobilization and utilization of resources for relief at the local and national levels.

### **3. Organizational Development**W [\*<Click here to return to the title page>\*](#)

#### **Background and achievements/lessons to date**

The RCSRM is currently engaged in redefining its role within the current social and economic environment, which is characterized by an increasing number of vulnerable and limited coping mechanisms of the most vulnerable. Despite the growing needs, the current level of the activities of the Red Cross is low, due to limited external funding, as well as low-level funding opportunities locally. The membership of the RCSRM has decreased dramatically, following the collapse of the Soviet Union and was estimated to be at 93,600 in 2001.

The financial situation does not allow any sustainable activities, except for externally funded programmes. Therefore, financial resource development is identified as high priority for the RCSRM. The resource base of the national society was previously secured through membership fees from primary organizations, complemented by a contribution of the government, and fees for services. While the national society still depends on these sources, they are greatly reduced, currently affecting the salaries of its staff.

The public's awareness of the Red Cross and its activities is decreasing and the public image of the RCSRM is now very much health-care related and needs to be widened. At the same time, despite its traditional role in health and care, the capacity of the headquarters' health department is weak, and its development should be a strong priority, particularly in the light of the high priorities in HIV/AIDS and TB programming. In addition, the RCSRM is already quite experienced in relief activities. Therefore, a strong health department will contribute towards strengthening the local branches, and health related disaster preparedness programmes.

The RCSRM needs to develop its capacity in the areas of youth volunteering and fund-raising. In addition, it needs to set up computer systems, so that the information can be transferred between headquarters and regional branches including the e-mail system.

To identify the national society's priorities in organizational development for 2003, the Federation intends to carry out an assessment of the current capacities of the headquarters, and selected number of branches. Furthermore, it should be important to establish what priorities and type of systems and procedures should be introduced at the headquarters of the national society in order to ensure that the RCSRM uses full potential of new skills, tools and technologies. The assessment would follow-up on the training and define other specific areas for capacity building assistance.

Furthermore, during the year, one training of trainers workshop will be conducted on fund-raising and volunteering for the headquarters, as well as two workshops on fund-raising and volunteering for the branches. English language training for the staff and volunteers of the Red Cross will continue, as well as training in computer skills. Basic office furniture and computer and telecommunications equipment will be provided to three branches.

#### **Overall Goal**

The national society's role in society on Moldova is increased, through its ability to provide effective community-based services.

#### **Programme Objective**

The organizational capacities of the Red Cross Society of the Republic of Moldova are strengthened at headquarters and branch levels, thus increasing its effectiveness in providing assistance to the most vulnerable.

**Expected results for this objective are:**

- During 2003, an assessment of current capacities and needs of the headquarters and selected branches of the RCSRM will be conducted.
- By the end of 2003, the human resource capacity in the headquarters and three selected branches of the RCSRM will be strengthened with particular focus on youth and volunteers.

**4. Federation Coordination** *<Click here to return to the title page>*

**Background and achievements/lessons to date**

A country delegation based in Minsk, assists three national societies in the region, in Belarus, Moldova and Ukraine. This assistance consists of planning, implementing and monitoring of programmes, as well as in fundraising and capacity building initiatives. During 2002, the delegation had a head of delegation and four locally recruited staff. The position of a development delegate is vacant since September 2002.

Both the main office in Minsk and the Federation's representative office in Kiev, Ukraine provides assistance to the Red Cross Society of the Republic of Moldova in times of emergencies, as well as in supporting its ongoing programmes. Following the large-scale relief programmes, the role of the delegation changed towards providing support to the national societies and their development, particularly with respect to coordinating interaction with different donor partners and assistance coordination.

The Federation's delegation supports the RCSRM in negotiating with the government and linking with the UN agencies, World Bank, Swiss Agency for Development and Cooperation, and other international governmental and non-governmental organizations working in the country. Apart from the assistance in the planning of programmes and projects, tailored for the Federation's appeals or for special donors, the delegation supports the national society in its contacts with the Secretariat in Geneva, participating national societies (PNSs) and other partners. The Federation's delegation provides financial assistance wherever possible.

As there is at present limited capacity in all areas other than in relief and nursing services, it is necessary for the Federation to continue providing capacity building assistance. As the Federation no longer has a representative based in Moldova, this will necessitate regular visits from the Federation's offices in Minsk and/or Kiev to evaluate and monitor the process over the implementation period.

Apart from supporting national society's organizational development, the delegation will focus on facilitating its negotiation with external donors on funding applications, and linking with UN agencies, World Bank, the EU's TACIS programme and other international governmental and non-governmental organizations working in the country.

Support will be provided through coordination of activities of the partner national societies, as well as planning of programmes. Despite the reduction in donor support, the difficulties experienced by the vulnerable in Moldova did not decrease, highlighting the need to reanimate the interest of the donors of the partner national societies and governments and for the Federation to advocate a clear strategy and support of the Secretariat and the PNSs.

It is essential for the Federation to identify the sources of sufficient funding during 2003, allowing it to act as a coordinating and facilitating body, and serve the priority needs of the national society and promote all forms of partnership and cooperation.

**Overall Goal**

A well-governed and well-managed national society in Moldova working effectively together with partners within and outside the Movement and providing responsive and focused services to the most vulnerable.

**Programme Objective**

The Federation has increased its capacity to act as an effective coordination body for the benefit of the national society in Moldova.

**Expected results for this objective are:**

- The programming of various partners in the region will become more coherent and unified. Emphasis in programming will be placed on strengthening the Red Cross Society of the Republic of Moldova.
- The Federation is recognized in its role of coordinator by participating NSs in the region and as a platform for information and knowledge sharing.
- Participating national societies, the ICRC and other donors support priority programmes of the national society.
- The national society is provided with guidance and advice in preparation of its strategic development plan.
- In times of disaster, the Federation's response to local disasters is effectively mobilized in support of the disaster response capacity of the national society.

**5. International Representation W** *<Click here to return to the title page>***Background and achievements/lessons to date**

During 2002, regular contacts were maintained with authorities and various national and international organizations in the three countries, especially TACIS, UNDP, UNAIDS, World Bank, SDC, WHO and embassies, in order to ensure proper representation of the Federation and to secure more stable, diversified and long-term funding for the Federation and national societies in the region.

In 2003/04, in the profiling of the Federation, the RCSR and its programmes will be a high priority for the Federation. The delegation will take advantage of international representation to further improve external relations and to sell the uniqueness of the Red Cross/Red Crescent Movement in respect to its presence in 178 countries, its legal base and volunteer network. Personal contacts supported by improved information flow will play a vital role. It will encourage the national societies to endeavour to do the same and to ensure that their governments understand the role of the national society and the Movement and to use their great potential as part of the International Federation to improve the lives of its citizens.

**Overall Goal**

The international profile and resource base of the Federation and the RCSR were raised and their influence on policy making and programme delivery at the multilateral and national levels has increased.

**Programme Objective**

The Federation has increased its capacity for effective representation and advocacy in the international arena for the benefit of the RCSR.

**Expected results for this objective are:**

- The image and credibility of the Federation and the national society among international organizations and authorities in the region is heightened. The understanding of the Federation's policies, values and programming is also increased.

- More funding for programming of the national society is channelled through the national society due to the effective representation of the Secretariat, lobbying and negotiations with the World Bank, the UN agencies, TACIS, donor missions, governments and NGOs.
- A regional data base of donors, areas of their interest and funding requirements is developed and used by the national society.
- The capacity of the national society to work with external partners is increased.

*<Budget below - [Click here to return to the title page](#)>*

# BUDGET 2003

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.83/2003

Name: Moldova

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	41,250	0	0	0	41,250
Clothing & textiles	0	0	89,100	0	0	0	89,100
Food	0	0	39,600	0	0	0	39,600
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	9,485	1,980	0	0	0	11,465
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	19,800	0	0	0	19,800
<b>SUPPLIES</b>	0	9,485	191,730	0	0	0	201,215
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	19,800	0	0	0	19,800
Computers & telecom	12,720	0	0	0	0	0	12,720
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	12,720	0	19,800	0	0	0	32,520
Warehouse & Distribution	0	0	4,752	0	0	0	4,752
Transport & Vehicules	2,668	338	4,286	0	0	0	7,292
<b>TRANSPORT &amp; STORAGE</b>	2,668	338	9,038	0	0	0	12,044
Programme Support	5,035	3,420	20,949	0	1,603	289	31,296
<b>PROGRAMME SUPPORT</b>	5,035	3,420	20,949	0	1,603	289	31,296
Personnel-delegates	6,048	3,024	21,168	0	15,552	2,160	47,952
Personnel-national staff	13,526	9,632	18,533	0	0	0	41,691
Consultants	4,670	0	0	0	0	0	4,670
<b>PERSONNEL</b>	24,244	12,656	39,701	0	15,552	2,160	94,313
W/shops & Training	12,853	5,095	9,504	0	0	0	27,451
<b>WORKSHOPS &amp; TRAINING</b>	12,853	5,095	9,504	0	0	0	27,451
Travel & related expenses	8,280	8,040	9,480	0	0	2,000	27,800
Information	0	0	0	0	0	0	0
Other General costs	11,663	13,586	22,094	0	7,500	0	54,842
<b>GENERAL EXPENSES</b>	19,943	21,626	31,574	0	7,500	2,000	82,642
<b>TOTAL BUDGET:</b>	77,463	52,620	322,296	0	24,655	4,449	481,483