UNFPA Moldova
Reproductive Health Component Emergency Response
The minimum, life-saving sexual and reproductive health needs that humanitarians must address at onset of an emergency with in the first 48 hours is a set of priority life-saving SRH services and activities to be implemented at the onset of every humanitarian emergency to prevent excess sexual and reproductive health-related morbidity and mortality. All service delivery activities of the MISP need to be implemented simultaneously through coordinated actions with all relevant partners.
Prevent mortality, morbidity, and disability in crisis-affected populations

OBJECTIVE 1: Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.

OBJECTIVE 2: Prevent sexual violence and respond to the needs of survivors.

OBJECTIVE 3: Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.

OBJECTIVE 4: Prevent excess maternal and newborn morbidity and mortality.

OBJECTIVE 5: Prevent unintended pregnancies.

OBJECTIVE 6: Plan for comprehensive SRH services, integrated into primary health care as soon as possible.
➢ **Scenario 1: Current situation - 106,000 refugees**
  - ~ 1,000 pregnant women which need assistance (ANC, RH services, assisted normal delivery and surgical intervention)

➢ **Scenario 2: Number of refugees – 250,000**
  - ~ 4,000 pregnant women which need assistance (ANC, RH services, assisted normal delivery and surgical intervention)
➢ GVT supports on only emergency services for pregnant women (normal delivery, caesarian section) (~ cost of services between 180 – 380 EURO)

➢ Not providing RH services at primary health care level including ANC

➢ From April GVT (State Insurance Company) will need financial support for service delivery at all levels – budget deficit as refugees are not part of insurance scheme
Demographic data projection for worse case scenario (250,000)

Break-down of adolescents (10-19) of affected population

- Adolescent boys (10-19): 25%
- Adolescent girls (15-19): 52%
- Adolescent girls (10-14): 23%
Referral (secondary) level of service delivery
The Public Medical Sanitary Institution Institute of Mother and Child (PMSI IMC)

40,000 hospitalized patients and 150,000 outpatients consulting from all over the country. Records over 5,500 births annually. Total bed capacity is 1003 and more than 2,000 employees (both medical and administrative staff).

The Public Medical Sanitary Institution Municipal Clinical Hospital no.1 ”Gheorghe Paladi”, Perinatal Centre

Records of 7,500 assisted deliveries annually. The Center provides services to the population of the Chisinau municipality and the adjacent localities (about 1 mln. population), as well as receiving births from all over the country. The staff of the Center consists of 55 obstetricians-gynecologists, 25 neonatologists and 20 professors. At present, the Center provides urgent inpatient and consultative medical care to Ukrainian refugees and has so far provided medical care more than 30 of refugee women.
Public Medical Sanitary Institution, Cahul Rayon Hospital, Perinatal Center

According to the regionalization plan, Cahul Hospital is designated as a regional hospital for the Southern region of the country. The Perinatological Center is a secondary level medical institution with a total capacity of 40 beds, including for obstetrics profile - 20 beds, pregnancy pathology profile - 10 beds, gynecology profile - 10 beds. There are about 1,000 assisted deliveries annually. The center offers perinatal services to women from Cahul district, partially the population from Vulcanesti and Taraclia districts, over 280 thousand population.

Public Medical Sanitary Institution, Balti Clinical Hospital, Perinatal Center

The institution solves the most difficult and critical medical cases by providing medical services to about 1.05 million people of Balti municipality and 11 districts from the North region of the country. The hospital bed capacity is 750 out of which 75 are in the Perinatal Center. The Center receives up to 3,000 births per year. Because many maternity hospitals are closed in the adjacent rayons (as have less than 500 births per year), it is expected that the number of women who will give birth at the Balti Perinatal Center will grow.
## Procurement of Emergency RH kits

<table>
<thead>
<tr>
<th>Kit No</th>
<th>Description</th>
<th>Kit Q-ty</th>
<th>Total cost in $</th>
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<tbody>
<tr>
<td>Kit 1 A</td>
<td>Condoms</td>
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<td>Kit 3</td>
<td>Post rape treatment</td>
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<td>Kit 4</td>
<td>Oral and injectable contraception</td>
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<td>Kit 5</td>
<td>Treatment of sexually transmitted infections</td>
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<tr>
<td>Kit 6 A</td>
<td>Clinical delivery assistance. Midwifery Supplies, Reusable Equipment</td>
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<td>11,318</td>
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<tr>
<td>Kit 6 B</td>
<td>Clinical delivery assistance. Midwifery Supplies, Drugs and Disposable</td>
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<td>12,027</td>
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<td>Kit 7 A</td>
<td>Intrauterine devices (IUDs)</td>
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<td>Kit 8</td>
<td>Management of miscarriage and complications of abortion</td>
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<tr>
<td>Kit 9</td>
<td>Suture of tears (cervical and vaginal) and vaginal examination</td>
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<td>Kit 10</td>
<td>Vacuum extraction delivery</td>
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<td>Kit 11 A</td>
<td>Obstetric Surgery and Severe Obstetric complications, Reusable Equipment</td>
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<td>3,351</td>
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<tr>
<td>Kit 11 B</td>
<td>Obstetric Surgery and Severe Obstetric complications, Drugs and Disposable Equipment</td>
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<td>Misoprostol</td>
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<td>Mifepristone</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>176,475</strong></td>
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</table>
Medical equipment in four perinatal centers to strengthen the capacities of:

- operating theatre
- delivery rooms
- postoperative ICU unit for mother and neonatal ICU
- Assessment of the capacities of primary level to provide SRH services with priority in the border areas in the North and South parts of the country

- Assess of availability of ambulance emergency services for pregnant woman

- UNFPA will initiate to co-financing of service delivery on RH issues including assisted normal delivery and caesarian section

- Transnistria ???

- Women for postnatal care ?