

# **Republic of Moldova**

## **National Progress Report Review of the implementation of The World Fit for Children Plan of Action**

**Report prepared for the UN Secretariat**

**Chisinau, April, 2007**

## **I. Introduction**

This is a review of progress achieved by the Republic of Moldova towards the goals and strategies in the World Fit for Children (WFFC) Plan of Action adopted in 2002 after the UN General Assembly's Special Session on Children. The report was produced by the Government of Moldova under the leadership and supervision of the National Council for Child Rights Protection (NCCRP) with the participation of several working groups from line ministries. The report has been circulated and discussed, and the comments received have been incorporated into this current version. In addition to government organisations, relevant nongovernment organisations (NGOs) and youth resource centres reviewed the draft; their contributions are also reflected.

This report is based on various surveys and analyses of the situation of children in Moldova. Some were produced by state institutions while others were the result of projects implemented by civil society.

## **II. Major National Actions taken for Children and towards the World Fit For Children targets since 2002**

National strategies, programmes and action plans developed after the UN special session in 2002 are based on the objectives established in the WFFC programme and in the Millennium Development Goals (MDGs). The overarching policy framework for sustainable development in Moldova in the medium term is the Economic Growth and Poverty Reduction Strategy Paper (EGPRSP). The EGPRSP promotes the fundamental aspirations of the Moldovan people through the year 2015 and aims to harmonize medium- and long-term objectives. Its priorities for children are in direct compliance with those of the MDGs and WFFC: improving access to basic healthcare services, especially for poor people; providing access to quality education; improving social assistance and better prevention and treatment of certain diseases (Table A1 in the Annex). The EGPRSP contains a range of strategic measures to achieve these goals.

In addition to the EGPRSP, other policies and programmes have been adopted that promote WFFC and MDG objectives for children. Among the most important are the following.

- The Youth Strategy 2003 establishes youth issues as a priority in government policy and sets out a range of actions addressing young people by establishing five priorities, each with expected outcomes.
- The National Human Rights Action Plan 2004–2008 contains a range of actions aimed at improving the situation of children.
- The European Union-Republic of Moldova Action Plan 2005–2008 contains important measures for improving the situation of children.

Beginning in 2002, several laws were adopted that contain a range of regulations that will improve the implementation of children's rights in various fields (Law on Social Assistance, Family Code, Criminal Procedure Code, Criminal Code, Civil Code and Enforcement Code). As of 7 May 2004, Moldova became party to the Optional Protocol to the Convention on the Rights of the Child concerning Children's Involvement in Armed Conflicts, and on 22 February 2007, it became party to the Optional Protocol to the Convention on the Rights of the Child Concerning the Sale of Children, Child Prostitution and Child Pornography.

### **2.1 Promoting Healthy Lives**

For improving basic healthcare, the following programmes and strategies have been implemented.

- The National Programme on Promoting Quality Perinatal Services (2003–2007) aims to reduce the rate of maternal mortality by 30 per cent, reduce perinatal mortality by 30 per cent, reduce early neonatal mortality by 30 per cent and reduce the stillbirth rate from 7.2

to 5.0 per 1000. The programme provides various activities to increase access to quality perinatal services.

- In 2006, the National Health Policy was developed and endorsed to the government for approval. It presents priorities for 15 years to improve health and to reduce the inequalities between social groups and regions. Special emphasis is placed on ensuring a healthy start in life and on maintaining and strengthening the health of the younger generation.
- The National Reproductive Health Strategy approved in 2005 makes the sexual and reproductive health of adolescents and young people a priority.
- The National Concept on Youth Friendly Health Services was approved in 2005 to offer better health and protection to adolescents.
- The development of youth friendly health services was initiated nationally by UNICEF in 2001. By the end of 2006, 12 youth-friendly health centres (YFHCs) were functioning. UNICEF, World Bank International Development Association, Swiss Development Cooperation DC and one national methodological centre are responsible for monitoring and evaluating the centres and for the overall coordination of the network. In 2006 alone, 33,124 adolescents and young people benefited from consultations and counselling and 57,000 benefited from information, education and communication (IEC) activities provided by YFHCs. These initially NGO-based services have now been fully integrated into the existing healthcare system and are currently financed from National Health Insurance Company (NHIC) funds.

## **2.2 Providing Quality Education**

One major step taken by the government during last five years was the development of the national strategy for Education for All (EFA) for 2004–2015 to provide all children access to quality education. It includes special provisions for children with learning difficulties. Based on this strategy, the action plan Education for All 2004–2008 was developed. It includes four basic components: early education and development, access to basic quality education, education and development of the child with difficulties and non-formal education. The actions planned in each component comply with legal and institutional frameworks and are appropriate for the human and teaching resources and community-based services available.

The Consolidated Education Sector Strategy and Plan on Education was developed for 2006–2008 based on the EFA strategy and action plan. In addition to the four basic components of that action plan, these policy documents include the following priorities: computerization of the educational system; vocational secondary and post-secondary education and higher and post-graduate education. Developing the consolidated strategy and plan was a pre-requisite for eligibility for the Education for All/Fast Track Initiative (EFA/FTI). This project has an important role to play in implementing the consolidated strategy's provisions on early education and development. According to the agreement concluded in 2006 with the World Bank, Moldova will receive \$13.2 million from the EFA/FTI Catalytic Trust Fund to revitalize and develop pre-school education. It includes measures to (i) rehabilitate kindergartens/establish alternative educational centres for children and families; (ii) endow kindergartens; (iii) develop curricula, academic and teaching standards and (iv) train teaching and administrative staff for kindergartens.

Additional programmes include the following.

- The Gifted Children Programme provides financial support to general secondary students from poor families and rural areas.
- The presidential programme SALT offered information and communication technologies in 2004–2006 (computers, Internet connections).
- The national programme Moldovan Village also covers a range of actions for improving rural school environments.

## 2.3 Protection against Abuse, Exploitation and Violence

Following the 2002 UN General Assembly's Special Session on Children the government set out explicit priorities for reforming the system for protecting children.

- A child protection policy was developed in the National Strategy on Child and Family Protection approved in 2003. The strategy addresses the decreasing role of the family in children's development and education. It includes a list of categories of children who traditionally are disadvantaged and in difficulty and need special protection. It comprises five interdependent components that cover child and family issues: a legal framework, an institutional framework, capacity building, community-based services and financing resources. The strategy establishes a number of objectives that cover all aspects of child protection starting with developing a policy and ending with bringing the legal framework into compliance with international standards, developing resources and institutional and human capacities, establishing a monitoring mechanism and developing family and community capacities to help children and to prevent institutionalization and the risk of becoming a child in difficulty.
- The National Reproductive Health Strategy approved in 2005 aims at preventing and managing family violence and sexual abuse. It provides (i) a legislative framework adequate for preventing family violence and sexual abuse; (ii) specific services for victims of violence; (iii) information and education on violence; (iv) social assistance for families that do not adequately fulfill their responsibilities towards children; (v) programmes for psychologically rehabilitating child victims of and witnesses to violence; and (vi) counseling services for abusers.

Other major initiatives undertaken in Moldova recently include the following.

- A national strategy and plan of action were developed on reforming the residential care system; they are currently being discussed at the highest level of government. A range of activities is being implemented in selected districts to reduce the number of children living in institutions, but progress is slow. Despite substantial funding provided by the EU and technical assistance from UNICEF, quantifiable progress has not yet been achieved.
- A national plan of action to combat violence against children has been developed, and activities have recently started (studies on violence and communication campaigns). Provisions for children were included in the law and national plan of action to combat trafficking.
- The Law on preventing and combating violence in the family has been adopted by the Parliament.
- A nationwide network of 1,135 professional community social workers was established by the government in 2006. This will provide Moldova with a much needed mechanism to ensure that children have access to the cash benefits that are being revised with EU and World Bank support and that all excluded or vulnerable children are identified and have access to all basic services.

This comprehensive framework helped implement a series of activities by local stakeholders.

- The NGO Alliance on the Social Protection of Children and Families led the regional communication campaign "Let Us Not Exclude Any Child" from June 2003 to June 2004. Behaviour change campaigns were implemented to improve parenting practices as well as practices that should be followed by pregnant women. Several issues were addressed: the right of children to be protected against any form of discrimination and exclusion (2003); preventing child abuse, neglect and trafficking (2003); the problems of children separated from their families and of institutionalized children (2003 and 2004) and the problems of children with disabilities (2004). The slogan of this campaign was, "I am a child equal to other children!" The campaign had an extensive media component including audio and video materials, posters,

newsletters and magazines in addition to press conferences, TV and radio marathons, workshops, exhibitions, children's rallies and other special events.

- The campaign "Life without Violence" aimed to raise parental awareness on this issue. It was carried out in July and August of 2006 and involved meetings with children at 30 centres for children and with 1500 parents. At these meetings, parents received the *Life Without Violence* parents' guide, and children received pocket guides with the same title.
- Taking into consideration that over the past decade international migration has become a growing phenomenon in Moldova and in order to increase the awareness of decision makers and civil society on this issue, several qualitative and quantitative studies were carried out to assess the magnitude and impact of migration on families and children.

## **2.4 Combating HIV/AIDS**

In 2003, a study of young people's knowledge, attitudes and practices on health was carried out to assess factors that influence their health and development. It included access to services, evaluating young people's health behaviours, especially with regard to HIV, and developing recommendations to improve young people's health and development.

The National Programme on Prevention and Control of HIV/AIDS and Sexually Transmitted Infections (STIs) 2006–2010 includes priority activities and strategies for protecting and ensuring children's best interests. These include (i) developing infrastructure for and building the capacities of healthcare providers; (ii) social and palliative assistance for HIV/AIDS-infected children and their family members; (iii) voluntary confidential counselling and testing services for 100 per cent of the population requesting them, especially persons aged 15–24; (iv) building capacities and extending IEC activities for HIV/AIDS-infected young people and (v) cultivating a sense of responsibility for one's own health.

The activities included in the programme provide life skills for young people both in and out of school. They are based on extra-curricular programmes including peer-to-peer education and outreach activities; a strategic communication framework for preventing HIV/AIDS/STIs; IEC campaigns for young people and for the population in general; strengthening IEC and creating and supporting a hotline (0800) nationally for everyone including HIV-positive persons.

## **III. Resources for Children**

Sustaining economic growth and poverty reduction requires a set of policies that will encourage stronger private sector investment and innovation as well as better and more efficient use of resources by the public sector. Because public resources are limited, there is a need to prioritize and plan government investment strategically.

### **3.1 Medium Term Expenditure Framework (MTEF)**

Over the last few years, the government has significantly improved the budget preparation process and the strategic allocation of resources mainly by introducing the MTEF. In 2002, the government started implementing MTEF on a pilot basis; it has been fully operational since 2003.

This improvement in budget preparation helped to increase allocations for children. Social sector expenditures accounted for the bulk of public spending in 2005 reaching about 63 per cent of total expenditures (Table 1). Specifically, social protection, education and healthcare were the leading recipients with respective allocations of 30.4 per cent, 19.3 per cent and 11.3 per cent. The expenditure framework for some of sectors, however, still needs to be aligned with EGPRSP priorities.

**Table 1: Social Expenditures as a Percentage of the National Budget from 2003 to 2006**

	2003	2004	2005	2006*
Percentage of Social Sector Expenditures in the National Budget	62.4	62.5	63.3	63.6
for:				
Education	20.1	19.2	19.3	17.6
Healthcare	12.0	11.9	11.3	12.3
Social assistance and insurance	28.1	29.9	30.4	31.4
Culture, art, sport and youth activities	2.2	2.4	2.3	2.2

Source: MTEF, 2007-2009 Republic of Moldova, Annex 3.3, \* 2006 – planned

### 3.2 Promoting Healthy Lives

Moldova has made significant progress in reforming its healthcare system. Since the end of the 1990s, expenditures on health have increased dramatically. National budget expenditures for healthcare have been approximately 4 per cent of the country's Gross Domestic Product (GDP) (Table 2).

**Table 2: National Budget Expenditures for Healthcare from 2003 to 2006**

	2003	2004	2005	2006*
National budget expenditures for healthcare in millions of lei	1095.2	1339.7	1572.4	2031.0
National budget expenditures for healthcare as a percentage of gross domestic product	4.0	4.2	4.3	4.6

Source: MTEF, 2007-2009, Republic of Moldova, Annex 3.1, 3.2. \* 2006 – planned

The introduction of the health insurance system in 2004 significantly changed the composition of health spending in Moldova and contributed to increasing the participation of the government in overall spending on health. By 2005, total expenditures from NHIC were almost 39 per cent of total health spending and 80 per cent of total public spending. It is important to note, however, that 63 per cent of NHIC funding still comes from budget transfers. The provision of universal health insurance coverage is one of the key objectives of the Moldovan Health Insurance (MHI) system. Currently health insurance premiums cover only one fourth of total public health expenditures as participation among productive groups of the population is weak. This threatens the financial sustainability of the health system. As of 2005, 74.8 per cent of the Moldovan population was covered by mandatory health insurance. While children aged 0 to 14 years old and people over 65 years old (pensioners) were reported fully covered, less than half of the 25 to 44 year age group was affiliated with the MHI system.

Hospitals have been transformed from budgetary institutions to self-governing entities, and primary health care has been strengthened. However the hospital sector continues to be burdened by overcapacity. About 40 per cent of healthcare facilities are outside the control of the Ministry of Health and as such have not benefited from recent reform efforts. While hospital efficiency has improved, performance indicators are still among the lowest in Europe. Efficiency gains can be achieved by improvements in utility management, by increases in ambulatory surgery, by outsourcing of services (such as laundry) and by further hospital consolidation. While public health expenditures have increased, hospital activity has decreased. This suggests the need to control expenses through improved resource allocation mechanisms and to emphasize the quality rather than quantity of spending. Clinical practices will need to be modified to promote more cost-effective care and quality-based initiatives.

### 3.3 Social Protection

Social protection in Moldova includes two interdependent domains: social insurance and social assistance. Expenditures for both grew in relation to GDP from 9.3 per cent in 2003 to 11.7 per cent in 2006 (Table 3). They currently represent over one third of the national budget.

**Table 3: Social Assistance and Social Insurance Expenditures from 2003 to 2006**

	2003	2004	2005	2006*
Social assistance and social insurance expenditures in millions of lei	2569.7	3265.9	4242.7	5178.1
Social assistance and social insurance expenditures as a percentage of gross domestic product	9.3	10.2	11.5	11.7

Source: MTEF, 2007-2009, Republic of Moldova, Annex 3.1, 3.2 \* 2006 – planned

Social assistance comprises a set of activities and services provided by the state to support people in need. In spite of attempts to make cash assistance efficient and rational, most beneficiaries receive benefits based on the category they fall under without considering their real needs. This leads to an inefficient and a non-transparent use of budget resources. The system is, however, in the initial stages of development.

The recent reform of the social insurance system improved its budgetary situation. Social security payments have increased markedly in recent years supported by the introduction in 2003 of annual indexing. An individualized registration system was also developed to track personal contributions and to note contributions by employers in order to match contributions with benefits. There is, nevertheless, concern regarding the medium- and long-term financial viability of the system. For some families, especially the poor, payments from the mandatory social insurance system are their main source of income, so the dynamics, level and depth of poverty depend on the efficiency of this system.

### 3.4 Providing Quality Education

Spending on education in Moldova is broadly comparable to other countries in Europe and Central Asia. However, the sector suffers from a number of weaknesses including low enrollment rates, persistent problems with the quality of services and institutional arrangements that do not facilitate the most efficient use of public resources.

Education expenditures were over 7 per cent of GDP in 2005 and have steadily risen from about 5.7 per cent of GDP in 2001 (Table 4). Expenditures on education are projected to fall to below 6 per cent of GDP by 2009. Because of GDP growth, the education budget will still increase but only by about 4 per cent in real terms over the period 2004–2008. Over the same period, the number of school-aged children is expected to fall by 9 per cent in the case of 3–6 year olds, by 24 per cent for 7–15 year olds and by 18 per cent for 16–18 year olds. In addition, the number of 19–24 year olds is expected to increase by only 6 per cent.<sup>1</sup> These demographic trends may help the search for fiscal space in the education budget.

**Table 4: National Budget Expenditures for Education from 2003 to 2006**

	2003	2004	2005	2006*
National budget expenditures for education in millions of lei	1840.9	2162.8	2697.0	2907.7
National budget expenditures for education as a percentage of GDP	6.7	6.8	7.3	6.6

<sup>1</sup> These are unofficial projections based on estimates of population by age group. Official census-based projections are not yet available.

Source: MTEF, 2007-2009, Republic of Moldova , Annex 3.1, 3.2

\* 2006 – planned

The proportion of public educational expenditures on personnel (salaries, social contributions and medical insurance) increased from 2002 to 67 per cent of current and 61 per cent of total expenditures in 2004. Other important categories of expenditure are heating and fuel (6 per cent of the total in 2004), electricity and gas (5 per cent) and food (5 per cent). Capital expenditures (including purchasing equipment and repairing and constructing buildings) accounted for about 9 per cent of total spending in 2004 (about the same as the Organisation for Economic Co-operation and Development average), but only 10 per cent of the total could be regarded as directly relevant to the quality of education (teaching materials, books and magazines, maintenance, repairs and purchase of equipment, professional retraining, information technology work and repairs to buildings).

According to the comprehensive analysis on enhancing the efficiency of resource use in education prepared by the World Bank in 2006, the following measures could be undertaken to improve the financing of the educational system: optimization of the school network including providing transport to school; training teachers in multi-grade teaching; reducing non-teaching staff and heating expenditures and optimization and more effective redistribution of educational expenditures in the system.

#### **IV. Development and Use of Monitoring Instruments to Track World Fit For Children/Millennium Development Goal Targets**

Moldova has a good statistical system that provides valid data on socio-economic development; however, there is no specific, regularly updated, well-structured information on the protection of children's rights. Routine statistics and specific studies, surveys and research are used to monitor the achievement of WFFC and MDG objectives. They are also used to monitor EGPRSP progress and that of other strategies and action plans and to prepare the report for the Committee on the Rights of the Child (CRC).

##### **4.1 Routine Statistics**

The data system has been significantly improved in various ways.

- In 2003, the country released the second version of *Children of Moldova*. This publication included detailed information on the number of children, on their health and education, on social protection and on juvenile justice.
- In 2004 the government addressed the lack of a centralized system to monitor progress on national strategies and plans. The National Bureau of Statistics (NBS) was given the leading role in collecting, coordinating and disseminating data that are also collected by ministries and government agencies for their own use. In addition to various reports on sectors like education and health, NBS annually prepares a note on the situation of children in Moldova that is available to the general public on its web page. NBS also regularly provides the Innocenti Research Centre (IRC) with a compilation of statistical data and patterns and with quantitative information and analyses. Country analytical reports provide information for IRC social monitoring publications and help to identify gaps and improvements needed in the data collection system to improve the monitoring of the situation of Moldovan children.
- Census methodology has been reviewed. The census provides information on the size of the population and its distribution and structure as well as information on economic and social parameters. Also, the census has provided a sample framework for various household surveys. The vital registration system records births, deaths and marriages and serves as a main source for demographic indicators. Since 2004, vital registration data have been disaggregated by age and gender.

- Since 2005, the EGPRSP has been backed by a monitoring system that includes some of the most important MDG indicators. The EGPRSP monitoring system represents a major change in preparing and monitoring development programmes as it contains objectives, indicators for monitoring progress, planned activities and funds necessary for their implementation. A department responsible for monitoring and evaluating EGPRSP progress was established at the Ministry of Economy and Trade. It operates in close cooperation with NBS and with line ministries. The system has been significantly improved within the last two years. Beginning in 2005, poverty and policy impact reports and reports on EGPRSP implementation have been produced annually. Also in 2005, the first national report on MDG progress was developed including a detailed description and evaluation of achievements. The system is gradually introducing DevInfo, a unified database for monitoring indicators. Currently, this database contains only EGPRSP and MDG indicators. The first use of DevInfo in Moldova was in the middle of 2006. The online version will be released at the beginning of 2007. Although the EGPRSP and MDG monitoring system represents significant progress towards a coordinated mechanism for monitoring children's rights, the indicators do not cover some protection issues including children with disabilities, orphans, children in residential institutions and victims of abuse.

## **4.2 Surveys, Studies and Research**

In addition to collecting routine statistics, Moldova has recently increased knowledge of the situation of children and women by reinforcing existing mechanisms and conducting additional surveys and studies.

- The quality of the Household Budget Survey (HBS) implemented by NBS since the mid-1960s was recently reviewed to take account of the most recent adjustments made internationally. The HBS measures living standards from various aspects of income and expenditures. The information is used to calculate the consumer price index, the total consumption of households, minimum subsistence levels and the poverty threshold and profile. This survey also identifies the most vulnerable categories of people/households and evaluates the impact of socio-economic programmes. Using HBS information for 2005, the report Child Poverty in Moldova was prepared. It represents an integral part of the National Report on Poverty and Policy Impact produced by the Ministry of Economy and Trade.
- In 2005, the government carried out the second National Demographic and Health Survey (NDHS). It generated information of international standards on the demography, health, nutrition and social problems of Moldova. Data from this survey have been widely disseminated and can be used for advocacy and for monitoring progress and evaluating the efficiency of programmes in healthcare, education, nutrition and social protection. The data can also be used to measure EGPRSP impact.
- A wide range of surveys was conducted to better evaluate the condition of the most vulnerable groups and to improve knowledge about children. Several assessments helped to understand the magnitude and the situation of children left behind by migrant parents. A thorough assessment helped to map the situation of children in the 67 existing residential institutions. Also, an assessment on child poverty was carried out in 2006. Between 2003 and 2007 the country conducted various surveys and evaluations including Abandonment of Young Children in Moldova, State Responsiveness to Violence against Children in Moldova, Domestic Violence, The Situation of Children Left behind by Migrating Parents and Child Poverty in Moldova.

## **4.3 Child Rights Monitoring Institutions**

Moldova was one of the first former Soviet countries to establish an institutional ombudsman in Parliament, namely the Centre for Human Rights (Law No. 1349 of 17.10.1997). It is an important mechanism for protecting constitutional rights and freedoms especially those of children. The centre develops proposals based on petitions and on materials published in the media or statements

made by doctors, professors, public officials, lawyers and NGOs. These proposals are addressed to Parliament, the President and the government. As a result, several actions have been undertaken to ensure that national legislation is compatible with international agreements to which Moldova is party and to develop state programmes and adopt acts that will meet children's vital needs. In 2005 under the United Nations Development Assistance Framework, the government agreed to establish an ombudsman for children.

The National Council For Child Rights Protection (NCCRP) is another important mechanism. It was established in 1998 to monitor and ensure the observance of the rights stipulated in CRC and include them in Moldovan legislation. The council is a government agency that develops and applies policies for promoting children's interests in society. It is headed by the Vice Prime-Minister responsible for social issues. Council members are representatives of local and central public administrations and are public officials whose fields of activity include children's issues. In 2006 the supervision of the council was strengthened and now falls under the authority of the Prime Minister.

## **V. Improving Partnerships and Alliances for Children**

The Government of Moldova and Civil Society Organizations (CSOs) are fully aware that it is impossible to carry out children's programmes without the full involvement of stakeholders and of children themselves. That is why project implementation is based on the wide participation of all interested parties.

### **5.1 Civil Society Organizations in promoting WFFC and MDGs**

In 2002, a group of NGOs with activities supporting children and families joined forces and established the Alliance in the Field of Child and Family Social Protection (CFSPA). Since then, the number of alliance members has increased from 30 to over 100. CFSPA aims to build the capacities of its member NGOs in sharing information, participating in decision making at the central and local levels and promoting respect for children's rights. Since its establishment, the alliance has been very actively involved in developing important child protection policies. In partnership with the government, it has implemented capacity building activities for specialists in child protection, for local public administration authorities and for mass media. Also, the alliance carried out a survey on how issues related to family and child protection are covered in the media. The alliance is a member of NGO/UNICEF Regional Network for Children. They also developed the CRC alternative report.

NGO involvement in children's rights has resulted in major changes in the range and quality of services provided to them. NGOs operate residential and day care services for various beneficiaries (children with disabilities and their families, street children, abandoned children, children with special educational needs) with various assistance packages (counselling, rehabilitation and residence). This diversification has led to more exact identification of children's needs and problems.

Services provided by civil society are usually of a higher quality than those provided by the state. These services are not, however, provided on a contractual basis but are rather the result of decisions of local or municipal councils to sign partnership agreements with NGOs. Recently, this trend in establishing partnerships among NGOs and local authorities has grown, and some activities are planned cooperatively.

Recently service providers have begun establishing partnerships with the young people they serve. Thus, children and youth are becoming more and more involved in developing, implementing and monitoring policies and plans that directly affect them. These improvements have taken place thanks to projects such as Local Youth Councils (LCYs), the Peer Educators' Network and Youth Resource Centres. The participation of children and young people has had an impact on public discussions of issues that were previously considered topics forbidden to them.

## 5.2 Children and Youth commitments in promoting WFFC and MDGs

**Local Youth Councils.** With a view to encouraging young people to participate in decision making, especially at the local level, LYCs have been established and work the same way local adult councils do. All their members are elected. The councils have the right and capacity to submit proposals and to initiate activities in the interests of their electorates. LYCs are also qualified to inform authorities about young people's expectations and needs. In 2002, 73 LYCs were operational, and in 2006 their number increased to 315 in 26 raions including Transnistria. The National Network of Local Youth Councils was established in 2004 to facilitate communication and to exchange experiences and disseminate information and successful practices among members. The national network has developed "Standard Regulations for Local Youth Councils" that were approved by a decision of the Department for Youth and Sports Board on October 1, 2004. LYCs provide rapid, easy access to information and motivate young people to participate in local decision making. In cooperation with local NGOs, public authorities and donors, they also develop the capacities of the specialists who work with young people as outlined in the Law on Youth, the Youth Strategy and the EGPRSP.

**Youth Resource Centres.** These centres were established starting in 2003 with the support of local authorities, UNICEF Moldova and the World Bank/Japanese Social Development Fund. Currently, there are 57. They provide a wide range of services for young people and specialists working with youth based on their rights, needs and interests. All young people have access to these services though vulnerable young people and young people at risk are a priority. Services are provided both in and outside the centres to reach more vulnerable youth and to increase the number of beneficiaries. To facilitate communication among the centres, the National Network of Youth Information and Resource Centres was created. It holds regular meetings focused on exchanging experiences and best practices, planning activities and assessing results. Youth resource centres have proved successful in promoting services focused on youth and planned with youth, and an increasing number of NGOs have expressed intentions to create similar organisations in their communities.

**Youth Media Initiatives.** These initiatives have provided a wealth of opportunities for young people from all over the country to make their voices heard. Currently, the Youth Media Network coordinated by the Youth Media Centre includes 75 school newspapers and 27 radio and 6 TV studios managed by young people. Youth media proved to be one of the most efficient channels for improving young people's participation in issues that interest them. The initiatives are now reaching beyond youth and to get actively involved in solving community issues.

## 5.3 Private Sector

Though the private sector in Moldova is still consolidating, it supported several initiatives for children and achieved important results.

The partnership with the private sector was crucial in promoting the use of iodised salt in the country. An absolute majority of salt importers supported the initiative and ensured sufficient quantities of iodised salt for the market. With this support, the consumption of iodized salt by households increased from 34 per cent<sup>2</sup> to 60 per cent in 2005.<sup>3</sup>

Several partnerships with local private companies were established in early childhood care. Some were successful and mobilized parental education activities and good family practices (Agroindbank, Union Fenosa and MOLDCELL).

## VI. Achievements of World Fit for Children Plan of action and related MDG targets

Significant progress in many fields was achieved following the implementation of relevant programmes and strategies; in some, the goals set for 2006 were exceeded. At the same time,

<sup>2</sup> 2000 MICS (Multiple Indicators Cluster Surevy)

<sup>3</sup> 2005 National Demographic and Health Survey

however, set-backs were recorded in other areas for various reasons. Outcomes for WFFC goals are as follow.

## **6.1 Promoting Healthy Lives**

Since 2004, children, pregnant women, women in labour and postpartum women have been covered by mandatory health insurance which has provided them increased access to free healthcare services. The quality of care has also been enhanced by training programmes for medical staff. Antenatal care beneficiaries increased from 93.4 per cent in 2002 to 99.5 per cent in 2005. From 2002 to 2004, no cases of maternal mortality in teenage girls were recorded. In 2005, out of 7 cases of maternal mortality, 1 was a girl aged 15; in 2006 no cases of maternal mortality in teenage girls were recorded.

Other health outcomes have also improved. The infant mortality rate fell from 14.7 in 2002 to 11.8 in 2006 per 1,000 live births (Table A2 in the Annex). The under-five mortality rate also fell from 18.2 in 2002 to 14.7 in 2006. This rate has consistently decreased in rural areas as well and in 2005 almost equalled the urban rate. The same positive trend occurred in the mortality rate of children aged 5–15. The decrease is largely due to the improved access to healthcare for children and mothers provided by mandatory health insurance.

Nevertheless, mortality and morbidity rates in Moldova are still far from European Union (EU) regional rates. Infant mortality rates are 2.5 times higher in Moldova than in the EU, while maternal mortality rates are 4 times higher.

An alarming fact is the high rate of deaths in children under one year of age occurring at home: it has consistently been over 20 per cent in recent years. The risk is higher in rural areas, in families of low socio-economical status, in single-parent families and in families with parents with low levels of education. Regarding under-five mortality, in 2005 trauma and poisoning were the causes in 42.1 per cent of deaths, congenital malformations in 14.9 per cent and respiratory infections in 14 per cent. One of the contributing factors is poor supervision and inadequate care-seeking practices that result in late admissions to healthcare facilities.

In 2005, the number of children suffering from active tuberculosis (TB) and malignant tumours decreased (Table A4 in the Annex). Morbidity from TB is generally very high, and active cases among children are still a problem. Still, the implementation of the National Tuberculosis Control Programme made it possible to reduce the rate of TB in the general population from 30.2 per cent in 2000 to 12.6 per cent in 2004. BCG vaccinations in the first year of life cover 99 per cent of children which helps to control the spread of the disease.

After a gradual decrease in the number of children abusing drugs, unfortunately the number increased from 221 in 2004 to 318 in 2005 and to 259 in 2006 (Table A5 in the Annex). According to a recent study, drug abuse was higher in rural areas (82.9 per cent) than in urban areas (79.2 per cent) for the first time. On the other hand, in urban areas, occasional drug use was more widespread. Intravenous drug use was reported in 2.8 per cent of teenagers who took drugs.<sup>4</sup>

Nutrition remains a problem in Moldova. 2005 MDHS survey results showed that about 8 per cent of children under the age of five were stunted. Overall, about one third of children under five had some level of anaemia; iron-deficiency anaemia has been associated with impaired cognitive performance, motor development, coordination, language development and scholastic achievement. Iron deficiency also increases the susceptibility of children to poisoning from heavy metals, including lead. Anaemia also increases morbidity from infectious diseases because of its adverse impact on the immune system.

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<sup>4</sup> Young People's Health and Development: National Baseline Evaluation of the Knowledge, Attitudes and Practices of Young People. UNICEF. 2005

From 2002 to 2005, living standards that influence health improved. Thus, the population with access to improved water sources increased from 38.5 to 44.5 per cent, and the population with access to sewage systems increased from 40 to 43.6 per cent (Table A1 in the Annex). Rural households with sewage and water systems were, however, only 4 per cent of the total.

## 6.2 Providing Quality Education

At present, the educational system in Moldova is in transition from a traditional, mainly informative, centralized system to a modern, dynamical, formative, student-oriented system receptive to the needs of a democratic society with a market economy. According to educational indicators, during recent years the system has achieved specific results.

The net enrolment rate of children in preschool increased from 54 per cent in 2002 to 68.6 per cent in 2005, and coverage in rural areas doubled in this period (Table A8 in the Annex). The number of kindergartens grew from 1192 in 2002 to 1269 in 2005.

On the other hand, the net enrolment rate for primary education decreased from 92.4 per cent in 2002 to 87.8 per cent in 2005 (Table A8 in the Annex). The enrolment rate is lower in rural areas due to the inability of families to support additional costs related to primary education, the growing number of children left without parental care and the withdrawal from school of children who have gone abroad with their parents. To reverse the decrease in enrolment, starting with the 2005–2006 academic year, the government has provided hot breakfasts for pupils in primary school and free schoolbooks. To protect children's rights to study in their mother tongues, the Ministry of Education and Youth developed teaching materials in Russian, Ukrainian, Gagauz and Bulgarian.

The net enrolment rate in gymnasiums (lower secondary school) decreased from 87.9 per cent in 2002 to 86.8 per cent in 2005, and the enrolment rate in post-secondary, non-compulsory education was sustained at the rate of about 50 per cent (Table A8 in the Annex). Thus, approximately 12,000–15,000 children aged 15–16 leave the education system after the compulsory ninth grade. Nevertheless, the enrolment rate in higher educational institutions is still growing. From 2002 to 2005, the total number of students increased 1.3 times.

High quality, accessible education is an essential element for sustaining the fight against poverty. According to statistical data, the risk of poverty diminishes when the level of education increases.<sup>5</sup> In 2005, the risk of poverty faced by Moldovan families headed by a person with a university degree was seven times lower than the poverty risk faced by families headed by people without any education or by illiterates. Similarly, people with advanced educations have higher levels of consumption than those with lower levels. In other words, incomes rise as the level of education rises.

According to the 2003 Trends in Mathematics and Science Study (TIMSS), the quality of education in Moldova is reasonably good as Moldova ranked in the middle of participating countries. Taking into account the resources available to the education system compared with those in other countries, this is a positive result.

Despite progress, the system still faces problems. Children from poor families enter the education system later and with significant disadvantages as usually they do not attend pre-school. Their academic performance tends to deteriorate, and they often to drop out after primary school.<sup>6</sup>

The current educational framework is not yet sufficiently favourable for integrating disabled children, although there are positive developments in this regard. A number of national NGOs (CFSPA members) have developed programmes in cooperation with the Ministry of Education and Youth aimed at including disabled children in public schools. Currently, such projects are mostly implemented in Chişinău, but the proposed models may be replicated elsewhere.

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<sup>5</sup> Ministry of Economy and Trade. 2005

<sup>6</sup> Poverty and Policy Impact Report 2005. Chişinău : Ministry of Economy and Trade

Another challenge is the high attrition rate among teaching personnel, particularly in the compulsory grades. By the end of 2005, over 10 per cent of the teaching staff had reached retirement age, and young teachers are opting to exit the system. Thus, the teachers who remain must work an excessive number of hours.

### **6.3 Protection against Abuse, Exploitation and Violence**

In recent years, Moldova has faced an increase in the rate of child trafficking; preventing human trafficking is high on the agenda of the state. An important component in preventing trafficking is thoroughly checking documents and ensuring that state borders are legally crossed. There are special requirements for children crossing state borders. In 2006, 1120 children were prohibited from leaving Moldova. The most frequent reason for refusal was the lack of parents' consent to leave the country. Tracking down and punishing traffickers has intensified. In 2003, 2 criminal cases of trafficking in children and 1 criminal case of illegally removing a child from the country were initiated while in 2005, 15 and 6 cases respectively were initiated. In the first 11 months of 2006, 22 and 3 cases respectively were initiated.

Another major problem that Moldova faces in child protection is child labour. According to some estimates, 25 per cent of children aged 5–14 are working. Children are often even obliged to drop out of school to help parents with their work. The number of cases recorded of the worst forms of child labour increased by 2, 5 times from 2001 to 2004. As a protection response, 260 of the worst cases have been referred to courts since 2003. With the support of the International Labour Organization/International Programme on the Elimination of Child Labour (ILO/IPEC) the government developed the *Guide for Parents* and the *Guide for Children* (the latter in two age categories) about child labour in conjunction with the National Centre for Child Abuse Prevention (NCCAP). Also, they have developed a mechanism for monitoring child labour in a community using multidisciplinary teams.

The number of reported cases of violence against children increased from 2001 to 2002. According to one study (*Young People's Health and Development: National Baseline Evaluation of the Knowledge, Attitudes and Practices of Young People, 2005*) 78 per cent of young people reported that they knew someone who had suffered physical violence. Most of the cases reported by young people happened at discos (58.6 per cent), in the street (56.9 per cent), in education institutions from their peers (48.2 per cent), in education institutions from teaching staff (31.2 per cent) and in the family (19.9 per cent). The increase may not indicate that violence against children is on the rise; rather, the awareness of society concerning the rights of children has increased as has the availability of services and mechanisms for submitting complaints. These improvements have resulted in a higher number of complaints to law enforcement bodies which is a good result. The government and NCCAP in 2006 agreed also to launch a campaign "Childhood Without Violence" that aims to reach all families through radio and TV programmes and by communicating with parents, teachers, priests, doctors and policemen. The campaign promotes alternative methods of disciplining and educating minors that could contribute to their development as self-confident, responsible, creative personalities.

Out of every 100,000 children, 30 to 49.3 have been victims of violent crimes. Boys are most often subjected to violence (58 per cent). While all crimes committed against children have decreased slightly since 2003, this tendency has been even more pronounced for violent crimes. The number of crimes dropped from 20 in 2003 to 6 in 2005, and serious bodily injuries fell from 9 to 7 in the same period (Table A6 in the Annex). Unfortunately, the incidence of rape increased. In 2001, 8.7 of every 100,000 girls were raped, but in 2004 the figure was 16.5. The number decreased to 13.8 in 2005.

The government and donors are supporting specialised community services to protect street children; children without parental care because of migration; children in conflict with the law and child victims of abuse, violence and exploitation including trafficking. Initiatives against trafficking in children included prevention and providing assistance to victims. As for prevention, various initiatives have been developed, mostly by NGOs, that have focused more on information

and less on direct interventions in families at risk. The latter has been included on the agenda only recently. As far as assistance to victims is concerned, services are managed by NGOs only.

#### **6.4 Combating HIV/AIDS**

During 2006, 618 people were registered as newly infected with HIV. Among them, three were children aged 0–1; two were aged 5–7; two were 6–10 and 18 were 15–19 (5 per cent). By the end of 2006 the cumulative number of HIV-infected people had reached 3,400. Teenagers represented 9 per cent of the total, and people aged 20–29 were 54 per cent. The diagnosis of AIDS was confirmed in 220 of the cumulative number of HIV-infected people in 2006. The total number of those who died from AIDS was 106 including 10 (9.4 per cent) under 18 years old.

Many services are available in Moldova to stop the spread of HIV/AIDS. All pregnant women can take a voluntary HIV test (twice) as part of their national health insurance. In 2005, 71 pregnant women tested positive for HIV compared to 12 in 2003 and 52 in 2004. Two maternity hospitals (Chişinău and Bălţi) are specially equipped to deliver the babies of HIV-positive women. HIV-positive pregnant women have access to prophylactic ARV treatment, counselling and psychological support. Also children born to HIV infected mothers are provided with free formula for their first year of life.

At the end of 2006 a new Law on HIV/AIDS has been approved by the Parliament in the first reading. The Law was developed in a participatory manner, with the involvement of all counterparts at national level and international expertise and represents a very comprehensive and rather challenging legal act. The Law has very concrete provisions related to the protection of rights of PLWHA and children affected by HIV, combating stigma and discrimination, ensuring universal access to treatment, care and support, etc.

Besides, the overall coordination of the national response to HIV/AIDS has been improved lately. The composition of the Country Coordinating Mechanism and its working groups has been revised, assuring participation of a larger number of constituencies, and facilitating the decision-making process. Also a Conflict of interest policy has been approved before the submission of the new GFATM proposal.

### **VII. Lessons Learned**

Implementing WFFC objectives and the MDGs has offered a series of lessons that have to be taken into account for future initiatives.

- The MDGs served as basis to develop the majority of national development strategies. They are also used by many of Moldova's larger donors as the most significant reference for allocating support; however, the MDGs and WFFC goals are still underutilized as a means for planning and aid coordination. Everyone involved must make a sustained effort to use them. Staff sensitization and training should represent a basic component of the implementation of any programme.
- Certain objectives set by the government represent a challenge, taking into account that financial and human resources are limited. Strict priorities for financing programmes, more effective focus on sector priorities and mobilising financial resources are crucial for achieving results in coming years in Moldova as the country has limited human resources. Decision makers should use initiatives that have been successful as guides for creating and scaling programmes and projects. Particular attention in programme implementation should be paid both to European and international standards.
- The permanent Executive Secretariat of NCCRP established in 2002 with donor support has proved useful in carrying out reforms. The secretariat played a key role in coordinating the efforts of central and local authorities, state institutions, international organisations and civil society in developing and promoting child and family protection policies both at the national and local levels. Due to its activities, a positive change has already occurred in terms of

communication among various ministries working in child protection; however, the challenge is to establish sustainable coordination and communication among all partners including local authorities and civil society to ensure cost-efficient, sustainable, strategic interventions in accordance with policy priorities and country possibilities. A particular focus should be on using the potential of civil society organisations as they are highly effective in decision making and policy development. NGOs are also important partners at the local level for developing new community services for vulnerable families and children, for setting important examples and for providing significant support to local authorities.

## **VII. Future Plans**

The government has developed or is developing a series of programmes, initiatives and policies for future implementation to improve children's living standards based on its experience and on lessons learned from the Poverty Reduction Strategy Plan. Among the priorities are improving legislation in relevant fields; building human capacity; budgetary and extra-budgetary funding; monitoring and assessment and strengthening both vertical and horizontal interactions to better distribute responsibilities and avoid overlapping.

At the end of 2006, the EGPRSP was extended to 2007, and a new National Development Plan (NDP) 2008–2011 is currently under development. The plan will combine several already existing plans and will include specific measures for poor children and children affected by migration. Moldova will also organize a national workshop on child wellbeing and social exclusion as part of the participatory process of developing the national plan. Expected results include (i) a platform offering opportunities for various stakeholders for improving investment and services focused on children, especially for those affected by deprivation, poverty and social exclusion and (ii) addressing child well-being and social exclusion issues and reflecting them in the next medium-term agenda of the government.

The government also will appoint a children's advocate (ombudsman) from existing parliamentary lawyers. This will offer more opportunities in terms of social mobilisation and advocacy.

### **7.1 Promoting Healthy Lives**

During the last decade, Moldova was able to achieve significant improvements in children's and women's health, mainly through declines in infant and maternal mortality. However children's and women's health indicators remain well below EU averages. Accordingly, in 2006 Moldova revised its major health framework and developed a new national healthcare policy and a new health strategy for 2007–2017. A special focus in the national health policy is on maintaining and strengthening the health of the younger generation and of the most vulnerable members of society. The new health strategy is aligned with national development policies including the MDGs, the European Union–Republic of Moldova Action Plan, the national programme Moldovan Village, EGPRSP, and the programme Modernization of the Country–Welfare of the People. The main goal of the strategy is to improve the status of Moldovan health by improving the performance of the healthcare system and the quality of health services. This strategy is based on a public-private partnership and includes several specific objectives for improving the efficiency of the system, improving the quality of care, and reducing inequities by increasing access to quality health services. To implement this strategy, the government foresees (i) revising the health insurance programme to increase coverage and to make it universal and (ii) revising incentives and salary scales to encourage new medical graduates to enter family practice in rural areas to improve the quality of and access to medical services there.

In addition, the government foresees continuing the National Immunization Programme, the Health Promotion and Health Education Programme, the Integrated Management of Childhood Illnesses Strategy, the Elimination of Iodine Deficiencies Disorders (IDD), the National Programme for the Control and Prevention of Tuberculosis and the National Program for the Control and Prevention of STIs and HIV/AIDS.

## **7.2 Providing Quality Education**

Moldova will continue to reform the education sector. The consolidated strategy and plan (2006–2008) focuses on the following priorities: early education and development; access to basic quality education; the education and development of children with difficulties; non-formal education; computerization of the educational system; vocational secondary and post-secondary education and secondary and post-graduate education.

In addition, the country is developing an NDP for 2008–2011 that refers to the MDG on education and makes the development of the human resources and social inclusion national priorities. The NDP foresees increased access for children from poor families to the public education system and enhanced quality of primary, secondary and higher education.

The consolidated strategy and plan is based on the EFA National Strategy and Action Plan, the European Union–Republic of Moldova Action Plan, Moldovan Village, EGPRSP, Modernization of the Country–Welfare of the People, the SALT Presidential Programme and the MDGs. Several organisations have expressed their willingness to support Moldova in these efforts. The United Nations made specific provisions for ensuring increased access of vulnerable groups to quality basic education in the United Nations Development Framework for 2007–2011. EFA/FTI, the first-ever global compact on education to help low-income countries achieve free, universal basic education by 2015, allocated a grant of US\$4.4 million through the Catalytic Fund to support the implementation of early childhood education activities. In addition, the World Bank approved a US\$10 million half grant/credit to specifically support education in rural areas.

## **7.3 Protection against Abuse, Exploitation and Violence**

The economic crisis, poverty and migration have contributed to the collapse of social protection services and to the breakdown of the family and have resulted in a growing number of child protection issues. This deteriorating situation pushed the government to reform the social protection sector; significant social assistance benefits including specific benefits for children living in difficult conditions are now in place. The system is, however, limited in scope and the benefits on average are small and only represent between 2 and 3 per cent of household incomes.

During the next decade, in line with the Millennium Declaration and WFFC goals and within the framework of the new National Development Plan (NDP) for the period 2008–2011, the government intends to continue social protection reforms to enable vulnerable children and families to access social services and benefits. The main programmes will aim at; (a) reducing the number of children deprived of parental care; (b) reducing placements in residential care and reintegrating institutionalized children into family care, and (c) establishing adequate response mechanisms to efficiently address issues like violence, neglect, abuse and children in conflict with the law. The major activities will include (i) gradual closing of residential care institutions and developing community-based services such as foster care, day care centres and family-type temporary placement centres; (ii) building a modern and responsive system to protect children at risk and to assist victims of violence, abuse and neglect including trafficking; (iii) improving the juvenile justice and institutional system by improving professional capacities and developing alternatives to incarceration and (iv) adjusting and scaling up social protection reforms for excluded children to improve levels and impacts of social budgets as well as to develop and expand family support services at the community level through establishing social assistant networks and a consolidated database for all social assistance transfers. Social workers will deliver services in areas such as child protection, preventing violence against women, preventing trafficking and support for vulnerable young people.

## **7.4 Combating HIV/AIDS**

During the recent past, Moldova made significant improvements in addressing HIV-AIDS and its impacts on children's and women. However, national responses still need improvements.

During the next years the government will continue implementing the 2006-2010 National Programme on Prevention and Control of HIV/AIDS and STIs. This plan contains 9 main strategies, out of them 4 being focused on children and youth, and namely:

- Capacity building and expanding of IEC activities for the general public, youth and vulnerable groups in HIV/AIDS/STI prevention (including school-based education on HIV prevention).
- Infrastructure development and development of medical assistance capacities, social and palliative care of people living with HIV/AIDS, members of their families and children affected by HIV/AIDS.
- Extending the coverage of voluntary counseling and testing services in state medical institutions and their development within the framework of friendly youth health services.
- Capacity building for the prevention of HIV/AIDS and STI transmission from mother to child.

Besides, the Ministry of Health will implement the National Action Plan on PMTCT based on broad consultations with all partners involved, which is going to be officially approved in the first half of 2007.

These plans will be funded from country own resources and from funds expected from the 6<sup>th</sup> Round of proposals under the GFATM, which has been preliminary approved. Thus significant financial support is expected from 2008, including for prevention activities among youth, PMTCT and children affected by HIV as important part of the proposal.



**Table A3: Maternal Mortality Ratio by Cause, 2002–2006**

	Total		Extra-uterine pregnancy		Induced abortion		Extra-hospital incipient and progredient abortion		Haemorrhage		Toxicosis		Septicaemia		Other complications	
	abs.	Per 100,000 live-births	abs.	Per 100,000 live-births	abs.	Per 100,000 live-births	Abs.	Per 100,000 live-births	abs.	Per 100,000 live-births	abs.	Per 100,000 live-births	abs.	Per 100,000 live-births	abs.	Per 100,000 live-births
2002	10	28.0	-	-	-	-	1	2.8	-	-	1	2.8	1	2.8	7	19.6
2003	8	21.9	1	2.7	1	2.7	2	5.5	-	-	1	2.7	-	-	3	8.2
2004	9	23.5	-	-	-	-	1	2.6	-	-	2	5.2	-	-	6	17.5
2005	7	18.6	-	-	-	-	-	-	-	-	-	-	2	5.3	5	13.3
2006	6	16.0	-	-	-	-	1	2.7	2	5.3	-	-	-	-	3	8.0

**Table A4: Child Mortality (aged 0-17) as a Result of Diseases, 2002–2006**

	2002*		2003		2004		2005		2006	
	Abs.	per 10,000 inhabitants	Abs.	per 10,000 inhabitants	Abs.	per 10,000 inhabitants	Abs.	per 10,000 inhabitants	Abs.	per 10,000 inhabitants
Total	879	11.71	939	10.28	869	10.27	860	9.78	804	9.9
AIDS	1	0.01	-	-	1	0.01	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Tuberculosis	2	0.03	6	0.07	2	0.02	6	0.07	2	0.02
Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Hepatitis (acute/chronic)	3	0.04	4	0.04	1	0.01	1	0.01	2	0.02
Acute affections of the upper and inferior respiratory tract	22	0.29	11	0.12	14	0.17	14	0.16	8	0.1
Road accidents	47	0.63	50	0.55	48	0.57	57	0.65	42	0.52
Self-inflicted aggression and injuries	11	0.15	25	0.27	20	0.24	28	0.32	23	0.28

\*0-14 years 11 months and 29 days

**Table A5: Adolescent Drug Abuse, 2002–2005**

Years	Number of teenagers registered as drug abusers (absolute cases)	Of these, children under 15 (absolute cases)
2002	307	11
2003	252	12
2004	221	8
2005	318	15

**Table A6: Offences against Children, 2002–2005**

	2002			2003			2004			2005		
	total	girls	boys	total	girls	boys	total	girls	boys	total	girls	boys
Total offences	342	152	190	460	172	288	433	187	246	418	172	246
including:												
murders	12	5	7	20	8	12	10	4	6	6	-	6
serious bodily harm	5	3	2	9	2	7	7	1	6	7	1	6
rapes	60	57	3	61	53	8	76	72	4	60	58	2
robbery	40	9	31	49	14	35	44	5	39	50	9	41
theft	8	5	3	5	1	4	5	3	2	5	-	5

**Table A7: Pupils/Students by Types of Institutions**

	Total number of pupils/students. ths	of which in			
		general primary and secondary education institutions	secondary vocational educational institutions	colleges	higher education institutions
2001-2002	<b>746.7</b>	620.3	23.0	17.0	86.4
2002-2003	<b>738.0</b>	605.2	22.6	15.2	95.0
2003-2004	<b>726.0</b>	580.5	22.8	18.7	104.0
2004-2005	<b>709.4</b>	548.5	22.6	23.6	114.6
2005-2006	<b>697.2</b>	519.0	25.0	27.1	126.1
per 10 000 inhabitants					
2001-2002	<b>2058</b>	1710	63	47	238
2002-2003	<b>2038</b>	1671	63	42	262
2003-2004	<b>2010</b>	1607	63	52	288
2004-2005	<b>1968</b>	1522	63	65	318
2005-2006	<b>1934</b>	1438	70	75	351

**Table A8: Enrolment Rate by Educational Levels, 2002–2005**

	2002	2003	2004	2005
Preschool education (ISCED level 0)				
Gross	57.0	61.1	66.1	70.7
Net	52.4	58.7	63.7	68.6
Primary education (ISCED level 1)				
Gross	99.5	99.8	97.9	96.7
Net	92.7	92.4	91.0	87.8
Gymnasium education (ISCED level 2)				
Gross	92.3	92.2	92.5	93.0
Net	87.9	87.5	88.5	86.8

**Girls**

Preschool education (ISCED level 0)				
Gross	52.9	60.1	65.1	70.2
Net	50.2	57.7	62.8	68.1
Primary education (ISCED level 1)				
Gross	94.9	99.6	97.2	96.1
Net	88.9	92.8	90.6	87.7
Gymnasium education (ISCED level 2)				
Gross	89.0	92.9	92.5	93.4
Net	84.0	88.0	88.5	87.3

**Boys**

Preschool education (ISCED level 0)				
Gross	55.0	62.1	66.9	71.2
Net	52.2	59.6	64.5	69.1
Primary education (ISCED level 1)				
Gross	95.1	100.1	98.6	97.2
Net	88.1	91.9	91.3	87.8
Gymnasium education (ISCED level 2)				
Gross	87.1	91.5	92.5	92.5
Net	83.7	86.9	88.4	86.2

**Table A9: Institutions, Pupils/Students and Teaching Staff by Types of Institutions**

	2002–2003	2003–2004	2004–2005	2005–2006
<b>Institutions</b>	<b>1778</b>	<b>1766</b>	<b>1749</b>	<b>1722</b>
General primary and secondary education	1587	1583	1577	1558
Vocational education institutions	83	83	81	78
Colleges	63	60	56	51
Higher education institutions	45	40	35	35
<b>Pupils/students (1000)</b>	<b>738.0</b>	<b>726.0</b>	<b>709.4</b>	<b>697.2</b>
General primary and secondary education institutions	605.2	580.5	548.5	519.0
Vocational education institutions	22.6	22.8	22.7	25.0
Colleges	15.2	18.7	23.6	27.1
Higher education institutions	95.0	104.0	114.6	126.1
<b>Teaching staff (1000)</b>	<b>51.1</b>	<b>52.4</b>	<b>51.2</b>	<b>51.6</b>
General primary and secondary educational institutions	41.7	42.7	41.1	41.0
Vocational education institutions	2.2	2.2	2.3	2.4
Colleges	1.7	1.8	1.9	2.0
Higher education institutions	5.5	5.7	5.9	6.2