

## 1. EXECUTIVE SUMMARY

The inclusion of child rights in the EU-Moldova Association agreement was a highlight this year. Moldova ratified the UN Convention on the Rights of Persons with Disabilities, for which UN agencies jointly advocated. New laws on adoption and social services were passed, creating better protections for the most vulnerable children and families.

The MoH adopted the Youth Friendly Health Services (YFHS) approach nationwide, building on UNICEF-supported models. YFHS outreach for at-risk adolescents was developed, including in the Transnistria region, which has the highest HIV rates in the country.

Child justice reforms benefited from ongoing work with partners, coupled with the visit of an eminent jurist Robert Badinter. Solitary confinement for children was banned in the main pre-trial detention centre; child-specialised prosecutors were appointed; and juvenile pre-trial detention decreased by 40%. Some 65% of children who committed crimes were diverted from the justice system.

The official launch of the Child Friendly Schools (CFS) initiative ensured the nationwide adoption of child-centered methodology and community participation in education. UNICEF, the WB, and the MoE lobbied successfully for further FTI funds; the final USD4.4M tranche will extend pre-school education, focusing on the most disadvantaged. Significant challenges in the sector remain, with a continuously decreasing enrolment rate, lack of inclusion of children with disabilities, and the pressure to cut expenditures risking further marginalization of vulnerable children.

The number of children in residential care declined by 14% in 2010, and transformation models were developed in eight institutions around the country. Nevertheless, a few private/NGO orphanages have recently opened, and more efforts are required to ensure national commitments are not sidestepped.

UNICEF's partnership with the EU broadened in 2010, particularly around justice for children. Collaboration with the WB on social protection and education has helped leverage resources, shape common advocacy, and focus programming on the most vulnerable children. UNICEF and IOM continued to monitor the impact of migration on children's lives. Work with UNDP and UNIFEM provided a better understanding of the impact of the economic crisis on vulnerable families.

## 2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

2010 was characterized by some progress in the country's political and economic stabilization. While Moldova's economy grew by 6% in 2010 (compared to minus 6.5% in 2009), unemployment remains high and poverty in rural areas increased. In July 2010, Moldova was severely hit by floods, affecting 12,000 people.

[http://un.md/news\\_room/pr/2010/Floods\\_in\\_Moldova/PDNA.shtml](http://un.md/news_room/pr/2010/Floods_in_Moldova/PDNA.shtml).

The Government remained committed to achieving the MDGs and protecting expenditures in the health, education and social protection sectors. The national MDG report ([http://www.un.md/mdg/mdg\\_in\\_moldova/Millennium\\_ENG.pdf](http://www.un.md/mdg/mdg_in_moldova/Millennium_ENG.pdf)) showed that, while 21 out of 27 targets have already been achieved, the lack of progress – and sometimes even regression – in education, in addressing HIV/AIDS and in water and sanitation are very worrying.

Disaggregated data show deep inequities among Moldova's children. The most vulnerable are from the poorest quintile, large families, living in one parent or no-parent households, or Roma families, children with disabilities, children in institutions, and children in contact with the law. Health statistics are poorest among rural, southern and

Transnistrian children. Major determinants are poverty, discrimination, poor knowledge of parents and communities, and low quality and access to services.

While **MDG 1** is officially on track, rural poverty continued to grow and children are disproportionately affected. While the child poverty rate overall was 28%, in rural areas it reached 38%. Some 53% of rural families with four or more children are below the poverty line ([http://mpsfc.gov.md/file/rapoarte/Raport\\_Social\\_2009\\_eng.pdf](http://mpsfc.gov.md/file/rapoarte/Raport_Social_2009_eng.pdf)).

In education (**MDG 2**), despite an increasing education budget, the gross enrolment rates (GER) in primary (93.5%) and lower secondary (88.8%) education have remained stagnant or have even decreased, with a significant discrepancy between rural and urban areas. Only in pre-school education has the GER increased to 75%. Inclusive education is still not a reality in Moldovan schools. Among the most excluded are children with disabilities, Roma children, very poor children and children affected by HIV/AIDS.

Continued prioritization of child health interventions has led to further improvements in **MDG 4 and 5** (maternal and child health). The infant mortality rate (IMR) and under-five mortality rates stand respectively at 12.1 and 14.3 per 1,000 live births, but there are significant geographical disparities, with the IMR varying between 4 and 19 per 1,000 live births. Inequities are determined by the place of residence, wealth or education status and some Moldova indices remain far behind the countries of the European region.

The maternal mortality rate declined to 17.2 cases per 100,000 live births in 2009. However, in rural areas it is 1.8 times higher than in urban areas. Social determinants, particularly poverty and migration play an important role in half of the maternal mortality cases.

Achieving **MDG 6** on HIV/AIDS continues to be a challenge. While 82% of HIV positive pregnant women received antiretroviral drugs to reduce the risk of mother to child transmission, the number of HIV infected women increased in 2010. The incidence of HIV/AIDS among 15-24 year olds also increased in Moldova, particularly in the region of Transnistria, with respectively 20 and 39.5 cases per 100,000 inhabitants. In 2010, the Government developed the 2011-2015 National HIV/AIDS Programme, allocating 10% of resources to vulnerable groups, including children.

Regarding **Child Protection**, Moldova has one of the highest rates of child institutionalization in the region, but has made significant strides in reforming the residential care system and creating community-based services for children. Even so, nearly 7,000 children are in residential institutions, half of them with some form of mild/moderate disabilities.

In 2010, the number of children in detention decreased from 88 in 2009 to 75; 70% of convicted children were given non-custodial sentences; children also spent less time in pre-trial detention.

Migration continues to be an important factor in children's lives. Every fifth household with children has at least one parent abroad, rising to 25% in rural areas.

A new study supported by ILO/IPEC and UNICEF revealed that child labour affects 18% of children aged 5-17, mostly in rural areas.

([http://www.unicef.org/moldova/2010\\_Child\\_Labour\\_Summary\\_Rom.pdf](http://www.unicef.org/moldova/2010_Child_Labour_Summary_Rom.pdf))

## **3. COUNTRY PROGRAMME ANALYSIS & RESULTS**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview:**

The Moldova Country Programme focuses on supporting system reforms, with an emphasis on improvements with the greatest impact on the most vulnerable children and families. In line with a human rights-based approach, the Country Office (CO) helps build partners' capacities, while also enhancing demand for and participation in change and respect for child rights from communities, including children. These efforts were further reinforced this year through UNICEF's enhanced focus on equity globally.

Capacity development initiatives in 2010 helped improve child rights monitoring and enforcement with UNICEF working with the Office of the Deputy Prime Minister, line ministries and civil society. Social and justice sector reforms were enhanced through support to costing and budgeting, policy development and monitoring. Demonstration modelling was used to assist in the rollout of system reforms in education and child protection. Capacity development support was critical to work in the Transnistria region, particularly around child justice, health and child protection.

UNICEF's advocacy was more systematic and evidence-based in 2010, due to a more explicit strategy and targeted use of research and monitoring findings. This led to tangible results in legal and policy reforms in justice for children and social protection, inclusion of child rights in the EU-Moldova agenda, and improved policy and allocation of resources for children affected by HIV/AIDS.

Strong partnerships with the government, development partners and NGOs resulted in significant progress in child-sensitive social protection, development of public-private partnerships, and justice for children.

Knowledge management was significantly strengthened and linked to advocacy and national priorities, influencing the government and partners' agenda and receiving wide public interest, particularly in health, WASH and child protection.

C4D initiatives in child protection and health supported by UNICEF were closely related to advocacy and capacity development focused on the most vulnerable families and children. During the year, three key areas were identified (care and education of children with disabilities, ECD, and safe adolescent practices), which will be implemented in 2011.

UNICEF continuously monitors and analyses gender disaggregated data and plans, and while gender is not an issue in the implementation of many child rights, the Office will strengthen its gender equality and mainstreaming in 2011.

### **3.1.2 Programme Strategy**

#### **3.1.2.1 Capacity Development:**

UNICEF helped reinstate and develop the capacity of the National Council for the Protection of Child Rights under the Deputy Prime Minister for Social Issues, which oversees and coordinates the promotion and enforcement of child rights across the Government.

The Organisation worked with the Government, the NGO Alliance for Child Rights and parliamentarians to enhance their capacity to monitor child rights, based on a common set of indicators. The CO further developed the capacity of the media to report ethically on children and the capacity of civil society working with the media to monitor progress.

UNICEF strengthened the capacities of the Ministry of Finance and social ministries to cost social services by developing a methodology and training social ministries on applying it. This tool will be extended to local authorities.

The MoE and the districts education departments received training to implement the child friendly school initiative, and supportive supervision mechanisms are being developed. Teachers, education managers and academia are now able to implement the new competency-based curriculum.

The capacity of the Probation Service to provide quality services was strengthened through training and the development of a nationwide monitoring mechanism.

Over 1,600 professionals and decision-makers from 7 districts where residential institutions are being transformed have increased their capacity to implement the nationwide reforms of the residential care system.

With UNICEF assistance, the Municipality of Balti strengthened its capacity to develop and implement integrated social services at the local level, targeting the most vulnerable children and adolescents, and developing a model for Moldova, based on existing laws and strategies.

Transnistrian local authorities obtained knowledge and skills to introduce child friendly procedures in court proceedings of children in conflict with the law. Their capacity to provide quality health services to children under 5 was also strengthened, ensuring that Integrated Management of Childhood Illnesses is implemented nationwide. This will contribute to bringing policies and practices closer on both sides of the Nistru river.

### **3.1.2.2 Effective Advocacy:**

UNICEF developed an advocacy strategy, which was implemented and monitored throughout the year, focusing on promoting justice for children reform, inclusive education, and social protection reform for vulnerable children.

UNICEF's advocacy efforts resulted in the inclusion of child rights in the negotiation's agenda of Moldova EU-Association agreement. The Office supported the Government by providing data, and positive examples of child rights promotion in EU countries, and conducted high level advocacy with the EU Commission and the Chief Negotiator in collaboration with UNICEF Brussels.

UNICEF promoted the approval of the laws on social services and adoption, and amendments to the law on social assistance and social aid. Through advocacy with the Parliament, particularly the health and social protection commission, the law on social aid included a winter index, allowing more families with children to receive winter compensations when it is mostly needed. Major articles and components of the Law on Adoption were aligned with EU and international standards.

UNICEF advocated for the inclusion of HIV affected children and the most vulnerable adolescents in the 2011-2015 National Programme on HIV/AIDS and STI Control and Prevention. As a result, 10% of the projected National Programme budget is allocated for the most vulnerable groups, including adolescents.

Following high-level UNICEF advocacy, including the visit of an eminent French Jurist (former Minister of Justice), Robert Badinter, the solitary confinement cells for juveniles in Penitentiary 13 were closed and conditions of detention were improved. The Prosecutor's Office established a Division on Juveniles and Human Rights, appointed specialized prosecutors and changed the data collection system to include data on child victims and witnesses.

As part of technical assistance, UNICEF coordinated UN advocacy and inputs to ensure that inclusive education would be included in the draft Code of Education, which should be adopted in 2011.

UNICEF joint advocacy with the MoE and the World Bank resulted in the EFA/FTI Board approving a new tranche of US\$4.4 million for Early Childhood Development.

Following joint UN advocacy, Moldova ratified the UN Convention on the Rights of Persons with Disabilities.

### **3.1.2.3 Strategic Partnerships:**

Together with the Ministry of Social Protection, UNICEF co-chaired the Social Sector Council for Coordination of External Assistance, bringing to the agenda important issues such as means testing for social assistance, its impact on the most vulnerable families, and development of the sector strategy, while also ensuring a joint donor's position on crucial issues.

The Ministry of Social Protection, the World Bank, UNICEF and the EU formed a partnership to promote an integrated monitoring system for social services and monetary compensations (to be introduced in 2011).

UNICEF actively participated in the Coordination Council on De-institutionalisation and Inclusive Education chaired by the MoE, which brings together concerned ministries, NGOs and local authorities to coordinate the implementation of existing sector strategies and laws.

Partnership with the Parliament resulted in the adoption of several laws and the creation of the "Partnership for Children" with the private sector.

UNICEF worked with UN agencies on decentralization, and advocated to include access to education, development of social services, and improved local data collection on the most vulnerable in key documents (e.g., draft decentralization strategy and action plan, and law on local public finances).

The CO partnered with CSOs such as the Youth Media Center, Center for Investigative Journalism, and Association of Independent Press to enhance the role of the media and CSOs in advocating for child rights and participation.

UNICEF built an innovative public-private partnership with the Veolia Environment Foundation in the promotion of Child Friendly Schools (CFS), resulting in the first CFS models compliant with European standards of physical conditions.

UNICEF's close collaboration with the WB and the MoE resulted in increasing Early Childhood Development enrolment, developing new child-centred ECD policies and educational model, institutionalizing ECD alternatives, and fund leveraging.

Partnership with the MoH, WHO and SDC resulted in the nationwide implementation of Integrated Management of Child Illnesses and the adoption of Youth Friendly Health Services as a national strategy.

#### **3.1.2.4 Knowledge Management:**

UNICEF made increasingly effective use of studies and data in 2010 for advocacy and policy purposes. In partnership with the Government, the following studies were launched and received wide media coverage: Maternal and Child Health Equity Analysis; Assessment of the Juvenile Justice System; Quality of Water, Sanitation and Hygiene Practices in Moldovan Schools; Family Knowledge, Attitudes and Practices in Early Childhood Care and Development; and Working Children in Moldova. Several studies on adolescents and young people were presented as part of the International Year of Youth. Internal processes were enhanced to integrate and strengthen Knowledge Management (KM) and advocacy, resulting in better internal KM and capacity. The UNICEF Moldova website was used to share findings with a wider audience.

As part of UN assistance, UNICEF supported the Government in elaborating its MDG progress report, presented at the ECOSOC. The Report incorporates the equity agenda. The Government is developing a National Acceleration Plan for MDGs to implement the recommendations.

UNICEF and the Government of Moldova started the implementation of MICS4, successfully leveraging resources from SDC, UNFPA and WHO.

UNICEF supported the Ministry of Economy to disseminate disaggregated data on MDG indicators and Small Area Deprivation Index through DevInfo, and strengthened the capacity of the government in poverty monitoring, analysis and evaluation of the impact of policies on poverty. As a result, the poverty monitoring framework will be revised with a focus on social inclusion and in line with EU practices.

The analysis of young child abandonment trends provided evidence to the government on successful preventative measures including targeted interventions in the health sector and strengthened social support to vulnerable mothers.

The UN Guidelines on Alternative Care were disseminated and UNICEF partnered with other organizations to advocate for their official adoption by the Parliament. UNICEF Guidelines on Inter-country adoption in CEE/CIS were disseminated and influenced the content of the new Adoption Law.

Together with UNIFEM and UNDP, UNICEF supported the Government in generating data on the impact of the economic crisis at community level, helping authorities and donors to prioritize resources.

Following the flood, UNICEF actively participated in Government's Post Disaster Needs Assessment, taking the lead with relevant Ministries in education, health/nutrition and social protection.

### **3.1.2.5 C4D Communication for Development:**

In the four districts where residential institutions are being closed (including in Chisinau and in Transnistria), a wide C4D campaign was implemented to inform the public and professionals about community-based services, and motivate them to develop and get involved in family-support programmes and family-substitute services. It directly resulted in the placement of dozens of vulnerable children in newly created family-type homes and foster families.

UNICEF, in close consultation with the main stakeholders, supported the development and dissemination of a brochure for parents whose children are in conflict with the law to inform them about their rights and help them protect their children.

The implementation of the Integrated Management of Childhood Illnesses in the Transnistria region included a strong C4D component targeting medical staff and parents on danger signs, and child care and development. These materials had been previously tested with health professionals and parents in other regions of Moldova.

As a result of the WASH study in Moldovan schools, some 5,000 posters on hand washing were developed and tested with teachers, students and parents, to be distributed in all schools. Leaflets containing the study's recommendations are being developed for local public authorities and schools administrators in consultation with the main stakeholders (MoE, MoH and the National Public Health Centre). In addition, every community (including parents, teachers, medical staff and local authorities) will receive the key results of the study relevant to their schools, along with the obligations of local authorities in these areas under existing laws.

Using a capacity gap analysis, UNICEF has identified the following key areas for future C4D interventions: information on young child-related basic health, care and stimulation practices, targeting parents, especially in the most vulnerable families; care for and education of children with disabilities to keep them in their families and ensure their

school enrolment; and safe practices for adolescents, especially the most vulnerable ones.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation:**

UNICEF supported interventions in capacity development with focus on the capacities of duty-bearers to protect child rights. The duty-bearers include medical staff in the Integrated Management of Childhood Illnesses initiative; judges, prosecutors and lawyers in Justice for children; social staff and local authorities in Social protection; parents, education staff and local authorities in Education. This is supported by the strengthening of monitoring and reporting mechanisms such as the Ombudsman's Office for Child Rights and CSOs, leading as well to broader awareness in the community. For instance, UNICEF's support to the Ombudsman's Office has resulted in a lively debate at the local and national level on child rights, making parents and children more aware of their rights.

UNICEF emphasised a human rights approach in its advocacy and technical support to the Government and the Parliament for the development of normative and policy documents related to child rights. For instance, it advocated for and provided technical support to the development of the Code of Education and the National Concept on Inclusive Education to ensure that they are based on non-discrimination and promote inclusive education, especially for children with disabilities. The same approach was used for the development of the 2011-2015 National AIDS Programme to promote a human-rights based approach to the development of services to affected/infected persons.

With the media, UNICEF supported the adoption of human rights-based standards for ethical reporting on children, and the participation of vulnerable children in partnership with Youth Media Centre (e.g., One Minute Jr with detained children).

UNICEF supported central and local authorities to identify and assist the most vulnerable families and children affected by the flood, in line with its approach to emergency programmatic planning.

Together with UN agencies, UNICEF advocated for and supported the adoption of the National Human Rights Action Plan, which covers important issues related to the most vulnerable children. In close partnership with UN agencies and associations of persons with disabilities, UNICEF supported the ratification of the UNCRPD.

UNICEF-supported research, conducted by the CO or partners, systematically analyses data disaggregated by gender, geographical location, ethnicity and poverty quintile where relevant. This has enabled the Office to focus its advocacy and programming on the most vulnerable children.

#### **3.1.3.2 Gender Equality and Mainstreaming:**

All programmes gathered gender-disaggregated data. Although the analysis showed that gender does not pose an issue in a number of child rights areas, there are aspects (such as domestic violence) that deserve a deeper analysis from a gender perspective. The fact that virtually all children in detention are boys also suggests some gender issues. The CO continues to monitor education statistics which show boys' enrolment, particularly in secondary education, is slightly lagging behind girls'.

The analysis of abandonment trends indicated that 76% of children aged from 0 to 6 who were placed in institutions came from single-mother families. This is shaping future actions for the prevention of abandonment, focusing on the empowerment of and support to single-mother households.

UNICEF supported the National Bureau of Statistics in assessing trends related to priority issues identified in the Women in Transition Report and identifying emerging issues based on the gender analysis of disaggregated data over the last ten years. The Moldova Country Analytical Report will be used for the comparative analysis of main trends across the region.

UNICEF collaborated with UNIFEM in monitoring the impact of the economic crisis on the most vulnerable people in Moldova and ensured that the gender dimensions were taken into account. UNICEF plans to strengthen its partnership with the newly established UN for Women Office in Moldova and to conduct a gender assessment in 2011.

### **3.2 Programme Components:**

**Title: *Social Policy and Advocacy***

#### **Purpose:**

The programme focuses its efforts on generating and sharing knowledge and information needed to improve budgetary mechanisms and increase allocation for excluded children; increase awareness of children's and women's rights and of the importance of investing in children and women among central and local authorities; and improve Government and CSO capacity to monitor and report on child rights.

The main objective of the programme is that, by the end of 2011, the fulfillment of child rights is improved through key normative and legal documents which are evidence-based, operational and reaching the most vulnerable.

The programme has three intermediate results (IR):

IR 1: The Government of Moldova, the Parliament and CSOs work together to develop key normative and legal documents, addressing the rights of the most vulnerable children

IR 2: The central and local authorities have increased capacity to use better data for policy monitoring and crisis response focusing on the most vulnerable families and children

IR 3: By the end of 2011 the media and the civil society organizations work together to advocate for the rights of the most vulnerable children and families

#### **Resources Used:**

Total approved for 2010 as per CPD: US\$239,000.00

Total available for 2010 from all sources: RR: US\$251,108.00; OR: US\$290,248.00;

Total: US\$541,355.00

List of donors:

- Global - Girls Education Thematic Funds
- Basic Education and Gender Equality;
- Swiss National Committee for UNICEF
- Belgian National Committee for UNICEF
- French National Committee for UNICEF
- German National Committee for UNICEF
- Swedish International Development Cooperation Agency
- Child Protection Thematic Funds
- Policy Advocacy and Partnership Thematic Funds

#### **Result Achieved:**

##### *Results*

The new Moldova-EU Association Agreement will include a chapter on child rights, and it is expected that the EU will support UNICEF and the Ministry of Social Protection to develop the capacity of local authorities to provide social services and to further develop social protection standards.

Following UNICEF advocacy and partnership with the Government and the Parliament, the Law on Social Services included a clear funding procedure, and the updated Law on Social Aid increased the number of beneficiaries of social aid in winter time, particularly those in rural areas.

In collaboration with the National Bureau of Statistics and other stakeholders, key information on the situation of children in Moldova was updated and widely shared.

A new partnership with a local Roma NGO and the Swiss Pestalozzi Foundation resulted in the development of a model of mediators in communities with Roma children, and the enrolment of all Roma children in Grade 1 in the seven model communities.

UNICEF support to the Ombudsman Office for Child Rights resulted in a higher visibility of child rights in the public debate, over 200 child rights violations remedied, and a more effective institution.

UNICEF worked with the NGO alliance to strengthen its capacity to advocate on child rights issues, focusing on the most vulnerable children.

The capacity of the media to ethically report on children and to write from the child rights perspective increased due to a monitoring mechanism put in place with UNICEF support. The quality of media reports on child rights improved, and child participation in the media increased.

#### *Critical factors or constraints*

Capacity of the Ministry of Labour, Social Protection and Family needs further development as its role and scope are increasing.

Insufficient inter-ministerial cooperation slowed down the creation of a comprehensive Child Rights Monitoring System, despite increasing data availability and a stronger national statistical system.

#### *Publications and studies*

DevInfo was a main source of data for assessing MDG progress and monitoring the socio-economic situation at the local level.

The UNICEF study on the Cost of non-action in the implementation of the national programme for the implementation of child care reform was used by the MoE to develop its 2011-2013 Mid-Term Expenditure Framework.

The ILO/IPEC/UNICEF/NBS Child Labour Study produced evidence that served as a basis for the draft National Action Plan to eliminate child labour.

#### *Key partnerships*

UNICEF developed a strong partnership with the UNDP and UNIFEM on decentralisation, contributing to the inclusion of education, social protection and health, particularly issues related to addressing the disparities and access to services in the draft decentralization strategy. Partnership with UN agencies was further strengthened through the UN Joint Project for the national statistical system development.

A successful partnership was established with the Pestalozzi Foundation and the local NGO Tarna Rom.

UNICEF partnered with HelpAge International to develop and share a report on the impact of migration on families, which will be used for joint advocacy efforts with the Government.

UNICEF strengthened its collaboration with the Youth Media Centre to increase participation of the most vulnerable children in the media, including in Transnistria where a new radio youth programme was created.

#### **Future Workplan:**

UNICEF will support the development of secondary legislation on the development of social services and the capacity strengthening of local authorities to promote, plan and budget these services.

Particular attention will be paid to the protection of the most vulnerable and to addressing the disparities resulting from the transfer from nominal compensations to means-tested social assistance.

UNICEF will focus on empowering the new Parliament with evidence-based data on the situation of the most deprived children, particularly in relation to access to social services, health and education.

UNICEF will continue to work with the Government, the Parliament, the Ombudsman for Child Rights and CSOs to set up a child rights monitoring system.

Support to line ministries in strengthening their capacities in strategic planning and policy monitoring will be continued. In close collaboration with UN agencies and the WB, UNICEF will support the MoE in policy monitoring and developing its vision of decentralization in education.

UNICEF will support the Government to conduct MICS4.

**Title: *Child protection***

**Purpose:**

The main purpose of the programme is to ensure that children, adolescents and families, especially the most vulnerable ones, increasingly use quality social protection services and child friendly procedures in the justice system.

The programme component has 2 intermediate results:

- 1) By end of 2011, the social protection system addresses the needs and closes the gaps in access of vulnerable children, adolescents and families to quality social services, including systems to prevent family separation, violence, abuse, exploitation, neglect and discrimination.
- 2) By end of 2011, justice system and police structures increasingly provide child-friendly procedures and services to children in contact with the law or police, in civil and criminal cases, in line with acquis communautaires and international human rights instruments

**Resources Used:**

Total approved for 2010 as per CPD: US\$ 1,620,000

Total available for 2010 from all sources: RR: US\$ 202,409.16; OR: US\$ 786,495.56;

Total: US\$ 988,904.72

Special allocations (list): US\$ 19,689.77 – Emergency funds from Swiss Development Cooperation Agency

List of donors:

- Belgian National Committee for UNICEF
- French National Committee for UNICEF
- German National Committee for UNICEF
- Swedish International Development Cooperation Agency
- Ireland
- Child Protection Thematic Funds
- Swiss Development Cooperation agency

**Result Achieved:**

The following results were achieved:

- 8 of the 62 residential institutions began the process of closure/transformation in 2010.

- In 12 months, the number of children in these 8 institutions, decreased by 26%. The overall number of children in institutions in Moldova decreased from 8,130 in 2009 to 6,960 in 2010.
- Moldova passed a new Adoption Law and new Law on Social Services, and amended the Law on Social Aid, aiming to reach its most vulnerable citizens.
- Moldova ratified the UN Convention on the Rights of persons with Disabilities.
- Children in conflict with the law are significantly less likely to receive a punitive treatment, i.e. get sent to jail, especially for non-violent crimes. There are 60% less children in jails today than in 2006.
- The number of children in pre-trial detention decreased by 40% in 2010 compared to 2009.
- In 2010, the number of crimes committed by children increased by 15% compared to 2009, but 65% of those were diverted or dismissed and only 438 (out of 1,241) were processed and sentenced.
- 73 prosecutors specialized to work with children were appointed nationally in 2010. Approximately 1,000 children in conflict with the law received free legal representation. These children were more likely to receive alternative sentences.
- The Special School for under-aged offenders was closed as part of the reform of the child care system, but no new services have been created.
- Children are increasingly diverted from the justice system to other services: 70% of sentenced children received alternative sentences.
- Children in pre-trial detention continue their schooling, while awaiting trial and during the trial, in 100% of detention facilities.

#### *Critical factors or constraints*

- As a consequence of the economic crisis, the Moldovan authorities introduced significant budget cuts in all central and local state structures which slowed down the development of new alternative and support services, as well as the establishment of specialized child and family courts.
- Residential institutions are being closed. However, the cost savings are not being invested in community services. Without a defined mechanism to transfer resources between systems (e.g. from the education sector where most of the residential institutions are placed, to the social protection system) and from the central to the local level, the progress in favour of alternative care will not be sustainable.
- The plethora of local level committees that individually address the issues of children is counter-productive and a nationwide approach to integrated services needs to be reinforced at all levels.
- Collecting data on the disparities in children's access to services and the impact it has on the quality of children's lives as well as on the fulfilment of their rights remains a major challenge.

#### *Publications and Studies*

The Juvenile Justice Reform Assessment was published and launched. Its recommendations provided a basis for formulating the work plan of the Justice for Children Work Group, newly created under the National Council for the Rights of the Child.

#### *Key partnerships*

In the Child Protection component, the major partners were: Ministry of Labour, Social Protection and Family, Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Interior, Department of Penitentiary Institutions, National Council for Free Legal Aid, Public Prosecutors Office, Institute of Justice, Probation Office, local authorities, local NGOs, international NGOs and academia.

#### *Humanitarian action*

Following the devastating floods in 2010, UNICEF supported the provision of psycho-social support to more than 1,000 children, parents and teachers, enabling them to resume their lives without additional problems. Notably, as a group, these children have increased their school grades and self-esteem.

**Future Workplan:**

In 2011, UNICEF will provide technical assistance to the Government and CSOs to continue the implementation of the childcare system reform in the following areas:

- a) further implementation of the residential care system reforms (including the development of family support and family-substitute services to support the transformation of residential institutions)
- b) development of a referral mechanism within an integrated system of social services for vulnerable children, including those in contact with the law and those at risk of separation
- c) improvement of the legal and regulatory framework to protect children
- d) improvement of statistics on children in residential care and in contact with the law.

**Title:**

***Equal Access to Quality Services (Health, nutrition and HIV/AIDS)***

**Purpose:**

The main purpose of the programme is to ensure that all children and adolescents, especially the most vulnerable, increase their use of equitable health, early childhood and basic education services.

The programme has 2 intermediate results (the first intermediate result is described in previous section):

Intermediate Result 2: By the end of 2011, the Government addresses disparities in access to quality health services for children and adolescents

**Resources Used:**

Total approved for 2010 as per CPD: US\$1,695,000 (for both education and health) (see EAQS education part)

Total available for 2010 from all sources: RR: US\$184,292.81: OR: US\$248,608.88;

Total: US\$432,901.69

Special allocations– US\$21,866 for Emergency

List of donors:

- French National Committee for UNICEF
- Swiss Development Cooperation Agency
- Ireland
- Dutch National Committee for UNICEF
- Swiss National Committee for UNICEF.

**Result Achieved:**

The following results were achieved:

- With UNICEF and SDC support, the implementation of the Integrated Management of Childhood Illnesses initiative in the Transnistria region, where the indicators are worst, was finalized. Over 90% of medical staff in Transnistria are now applying IMCI standards in their daily work. Capacity development and sustainability were ensured through the inclusion of IMCI in the curricula of the local university and two nursing colleges, and the introduction of IMCI monitoring in the health system.

- To improve access to health services, especially for the most vulnerable, the MoH developed a list of drugs for children for the most common health problems, to be budgeted and provided for by the National Health Insurance Company.
- As a result of UNICEF advocacy, the 2011-2015 National Programme on HIV/AIDS and STI control includes interventions for the most vulnerable adolescents and youth. Nearly 10% of the National Programme budget is foreseen for the most vulnerable groups, including children and adolescents.
- With UNICEF support, two Youth Friendly Health Services (YFHS) centres in Transnistria, where the prevalence of HIV/AIDS is the highest, became functional in 2010.
- The network of YFHS centres strengthened its capacity to reach the most vulnerable adolescents and youth. A practical guideline for case management and referral mechanism for the most vulnerable adolescents was developed, and staff from all YFHS centers, including in Transnistria, have been trained in outreach services and referral mechanism to cover the most vulnerable adolescents and youth. Over 50,000 adolescents and youth (61% girls and 39% boys) benefited from YFHS, including 5,864 via outreach.
- The third National IDD Programme, the National Programme on Eradication of Iron Deficiency Anemia, and a monitoring system for micronutrient deficiencies were developed with UNICEF support.

#### *Critical factors or constraints*

- Despite advocacy with the MoH, early detection and intervention for children of disability has yet to be developed as a national concept or plan of action.
- As YFHS alone cannot cover all the needs of adolescent and young people nationwide, the scaling up process will require strengthening the capacity of staff in Primary Health Care Centres and Family Planning Offices in their work with adolescents, especially the most vulnerable.
- Inter-sectoral cooperation among education, social and health services for vulnerable adolescents requires strengthening at both national and local levels.

#### *Publications and studies*

The Maternal and Child Equity Study showed inequities in health outcomes, especially among Roma population, children from rural areas and from the Southern part of the country, and families in the lowest quintile. The results of the study are used for advocacy, and planning the MCH intervention with focus on equity, by government and other counterparts including UN/Donor Agencies.

The results of the Prevention of Mother-to-Child Transmission evaluation were used for the development of the 2011-2015 National HIV/AIDS Programme.

The results of the Evaluation of YFHS are being used by the MoH in developing the YFHS scaling-up strategy, and for improving the quality of services.

#### *Key partnerships*

UNICEF continued its successful partnership with UNAIDS, WHO, UNFPA and SDC, which resulted in finalizing IMCI implementation and the adoption of YFHS at the national level.

#### *Humanitarian action*

UNICEF worked closely with the MoH during the emergency and, together with UNFPA, provided hygiene packages, bio toilets, purification tablets, and cash for nutrition for 211 children below 2 years of age, and was the lead development agency for the post-disaster needs assessment in the health sector.

### **Future Workplan:**

UNICEF will continue to provide technical assistance to the Government at the national and local level for the implementation of the health reform by:

- a) Further supporting the MoH in strengthening the legal and regulatory framework in the area of health and nutrition
- b) Strengthening the capacity of the health system to provide quality health services to all children
- c) Increasing the participation of parents and communities in the health of children and adolescents and using C4D to promote positive care practices for parents, and safe and healthy behaviour for children and adolescents.

### **Title: *Equal Access to Quality Services (Education)***

### **Purpose:**

The main purpose of the programme is to ensure that all children and adolescents, especially the most vulnerable, increase their use of equitable health, early childhood and basic education services.

The programme has 2 intermediate results

Intermediate Result 1: By the end of 2011, the Government addresses disparities in access to quality ECD and Basic Education Services.

Intermediate Result 2: This is described in another section

### **Resources Used:**

Total approved for 2010 as per CPD: US\$1,695,000 (for both education and health) Total available for 2010 from all sources: RR: 00: OR: US\$645,851.82; Total: US\$645,851.82  
Special allocations: US\$104,667.77 for Emergency

List of donors:

- Girls' Education Thematic Funds
- Basic Education and Gender Equality Thematic Funds
- Swiss National Committee for UNICEF
- Consolidated Funds from National Committees (IKEA)
- French National Committee for UNICEF (including funding from the Veolia Environment Foundation)
- Swiss Development Cooperation agency

### **Result Achieved:**

- The following results were achieved:  
Policy documents supporting education reforms and Child Friendly School initiative (CFS), such as the Code of Education and Education Strategy and Action Plan were developed in consultation with UN Agencies, relevant donors, civil society and academia.
- CFS was launched at the national level, supported by methodological recommendations, training of education and school administrations and CFS models in five communities, thus linking upstream work and community-based initiatives.
- The revised competency-based school curricula were introduced in all schools. Owing to school mediators, supported by UNICEF in 7 communities with Roma population, 100% of school-age Roma children in these communities are attending school.
- 90% of pedagogical institutions and preschool institutions are applying new child-centered policy documents.
- As a result of ECD investment, including through FTI, over 75% of children were enrolled in pre-school institutions (92% urban vs. 66% rural; 75% girls/76% boys), which brings Moldova close to Education for All and MDG 2.

- Early Learning Development Standards for Children were validated, thus strengthening the education system in ECD.
- Moldova's experience in scaling-up ECD services was recognized internationally and included in the global 2010 UNDG Best Practices publication.

#### *Critical factors or constraints*

- Need to further develop the capacity of the Ministry of Education in policy development, analysis, evaluation as well as coordination of assistance.
- Need for international assistance in improving the learning environment (including water and sanitation) in most Moldovan schools.

#### *Publications and studies*

- The assessment of WASH in all schools was completed and results used by the Government in subsequent analyses for advocacy purpose and discussion with the Ministry of Environment to influence EU budget support for WASH. Results show that 61% of children, especially in rural areas, are exposed to health risks due to the poor quality of water. Hygiene practices are poor with only 26% of children washing their hands before meals at school and 55 % of children in rural schools having access only to outside latrines that lack conditions for hand washing. Based on the results, information materials are being developed for all schools, health centres, and local authorities.
- The study on Knowledge, Attitude and Practice in Early Childhood Care and Development showed little progress or even regression: 80% of parents know at least 2 danger signs (from 83% in 2003); 29% of parents read every day to their children (from 37% in 2003); over 20 % of families are not tolerant about children with disabilities and prefer that they are kept in boarding schools; some 16% of children below 1 year of age and 57% of 6-7 year old children are beaten. These and other findings were used for advocacy, the development of C4D, as well as by the Government in the development of new policy documents.

#### *Key partnerships*

The partnerships with the WB, the NGO Step by Step, the Institute of Educational Sciences, the State University, the Veolia Environment Foundation and the Moldova Social Investment Fund were strengthened and helped to build the capacity of the education system.

UNICEF chaired the EFA/FTI Advisory Group on ECD, comprising representatives of the Government, academia, donors and civil society. The strong partnership with the MoE and the WB resulted in Moldova accessing the 3rd EFA/FTI tranche.

#### *Humanitarian action*

UNICEF worked closely with the MoE during the emergency ensuring that 1,184 vulnerable children in flood-affected areas went back to school, and providing ECD kits for affected pre-schools. UNICEF was the lead development agency for the post-disaster needs assessment in the education sector.

#### **Future Workplan:**

UNICEF will continue to provide technical assistance to the Government at the local and central level for the implementation of the education reform by:

- a) Further supporting the MoE in strengthening the legal and regulatory framework
- b) Strengthening the capacity of the education system to improve access and provide quality education to all children, focusing on the most vulnerable ones;

c) Increasing participation of parents and communities in the education of children and adolescents and use of C4D to promote enrolment of children with disabilities and special educational needs in mainstream schools.

## **4. OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure:**

All statutory Committees met regularly and functioned well in 2010. Office objectives and priorities were well defined in the Rolling Management Plan developed by the Country Management Team with inputs from all staff, and communicated and monitored through fortnightly programme meetings, monthly all staff and Country Management Team meetings, and mid-year and annual reviews.

Improvements in the work process, results-based management, and internal communications were made during the year, in response to the 2009 Management Mid-Term Review findings, introduction of the simplified programme results structure, and as follow-up to the Global Staff Survey. The Office also responded effectively to an emergency, demonstrating the efficacy of the preparedness plan.

Work processes for Partnership Cooperation Agreements, Direct Cash Transfers, Special Service Agreements and Supply were reviewed and streamlined, with particular attention to risk management approaches, and user-friendly flow charts were introduced for each. Updates were developed by committees coordinated by Programme Assistants and involving staff from operations and programmes, maximizing the use of highly qualified staff in administrative posts. Results were validated through the Programme meeting or CMT and approved by the Representative.

Further management improvements resulting from Mid-Term Review findings were: (a) revision of programme and management indicators to focus on key indicators (b) empowerment of section chiefs with greater financial approving authority, and (c) further delegation of responsibilities to officers and assistants, with concomitant support.

Results-based planning was improved through the introduction of the simplified programme results structure, for which the CO had volunteered to be a pilot. Programme Component Results and Intermediate Results were introduced in PROMS and reflected in new rolling workplans, with links also to UNDAF results.

Intra-office communication efficiency was improved in 2010 through the following changes and innovations: general staff meetings were made more frequent, a weekly short agenda-setting meeting and office calendar were introduced and CMT summaries were shared with staff weekly.

#### **4.1.2 Strategic Risk Management:**

The CO has in place a number of positive risk management practices, which were further strengthened in 2010.

Regular Section and Programme meetings are used to reinforce and apply risk management principles. Programme Assistants, the Operations Manager and the Deputy Representative meet every two months to identify and solve operational issues and share good practices. Focal points are established for key functions and partnerships. Weekly senior management meetings are used to further discuss strategic concerns including those raised in these fora or in statutory bodies. Weekly stand-up meetings to agree on office priorities and exchange section priorities have also helped the Office to identify risks and opportunities and act on them early. These processes assisted the CO to successfully manage an office structure transition in 2010, identify and act on

opportunities to strengthen national child rights commitments, and build alliances with the EU and major donors.

Work process reviews undertaken in 2010 focused on how to simplify and improve our processes in order to mitigate risk and avoid duplication of work. Risk management approaches are incorporated into the resulting flow charts. As a result also of the wide participation in these review processes, risk management principles are better understood throughout the office.

The table of authority clearly defines the segregation of duties between authorising, certifying, approving and paying officers to ensure chiefs of sections are given authority and responsibility to manage funds up to a limit, and based on risk assessment, to take decisions promptly and ensure smooth project implementation.

All programme sections have weekly meetings including updates on their respective sectors. Focal points for change management initiatives were identified to keep the CO informed.

A risk profile exercise was undertaken in the last quarter of 2010, and actions identified which will be incorporated into the 2011 Office plans and management oversight mechanisms. This was also used as an opportunity to further develop the understanding and capacity of the CO in risk management.

#### **4.1.3 Evaluation:**

The IMEP is an integral part of the Country Programme. It is included in the management plan, reflected in workplans, and updated in annual review and planning processes. Evaluation results are systematically discussed with partners and used for guiding decision-making, including and beyond the specific cooperation with partners.

In 2010, the results of a 2009 Evaluation of PMTCT were used for the development of the 2011-2015 National Programme for HIV/AIDS and STI control and Prevention. Responding to the evaluation recommendations, the Ministry of Health has begun to strengthen PMTCT monitoring within the wider HIV/AIDS M&E system, with special attention to confidentiality and protection of personal data. In addition, the Ministry is considering expanding the capability to treat HIV positive pregnant women to all maternity hospitals.

The evaluation of the IMCI Initiative was initiated to analyze interventions over a ten year period in the wider context of Mother and Child Health Care system. The evaluation will be finalised in 2011 and its findings will be used by the Government and development partners to further enhance access to quality health services for children and their families, especially to the most vulnerable.

As the majority of evaluations included in IMEP during the last 2-3 years were focused on mother and child health related issues, the evaluation capacity of local partners in the health domain has been improved with UNICEF support, and with the involvement of external consultants. The in-country capacity for evaluation in other areas such as education, child protection, policy impact etcetera need to be further developed.

UNICEF has been active in the development of the 2007-2012 UNDAF and the planning of the 2013-2017 UNDAF.

#### **4.1.4 Information Technology and Communication:**

A number of IT software and hardware updates were undertaken in 2010 to support the Office operations and information exchange, maintain emergency preparedness, and disseminate information about child rights in Moldova and UNICEF's work more broadly.

In order to maintain UNICEF applications and infrastructures, routine installation and troubleshooting were carried out throughout the year. UNICEF's ongoing ERP improvements were supported through an update to our system and migration to Proms 9.1.

To facilitate remote access to office resources and to be in compliance with the BCP-IT Disaster Recovery Plan:

- CITRIX was installed on new laptops and all staff trained in using the application;
- Inmarsat BGAN high-speed data satellite terminal was checked and sim-cards renewed;
- A New Active Directory server was installed;
- The DRP was updated;
- Staff members' feedback on the quality of the remote service was recorded and used for continuous service improvement.

As a result, all staff members are able to work remotely, and an increasing number are regularly effectively using remote technologies for telecommuting and when on travel, increasing office efficiency.

Standardized UNICEF video conferencing was installed this year and successfully used on three occasions. While further work is needed to ensure its effective functioning, this technology already enhanced inter-office collaboration in 2010 and has potential also to reduce travel costs in 2011.

The office maintained appropriate IT emergency preparedness and security standards. Nine VHF radio stations were reprogrammed according the country security tree and several radio check exercises were done during the year. Security and virus protection were improved with the installation of a new version of Symantec Endpoint Protection.

In order to meet current UNICEF IT standards, four laptops and one server were procured in 2010. Counterparts were supported and recycling promoted through the donation of two laptop and 3 desktop computers.

## **4.2 Financial Resources & Stewardship**

### **4.2.1 Fund-raising & Donor Relations:**

UNICEF maintained close contacts with current and potential donors as well as locally represented member states who contribute to RR to keep them informed of its activities and identify opportunities for collaboration, including leveraging, technical cooperation and funding. New partnerships were sought, keeping in mind the changing development partner scenario in Moldova, including the withdrawal of some from the social sector, increased activity of emerging donors, and expanding role of the EU Delegation as a key partner.

Existing donor funds were well managed. All the donor reports were submitted on time and in accordance with donor reporting requirements. All expiring PBAs funds were utilized optimally, with a utilization rate of 100%, due to effective monitoring via programme and section meetings and with clearly assigned oversight roles for the Deputy Representative, budget focal point and programme chiefs.

UNICEF hosted visits from two major private sector donors – Veolia and Ikea, providing visibility and giving them a chance to see firsthand the concrete results for children towards whose achievement they are contributing.

UNICEF mobilized over 75% of its annual OR ceiling. Sources of new funds included Global Thematic Funding in all 5 MTSP areas as well as set-aside funding from NYHQ for the MICS4 and for focused work on equity issues, contributions from the Swiss Development Cooperation Agency and tranches from the French, German and Dutch National Committees for UNICEF, SIDA, Ikea and the Veolia Environment Foundation (through the French NC). Ikea pledged a further USD 500,000 for ECD in 2011.

Emergency fundraising was successfully undertaken in 2010 following the flood emergency and subsequent government request. UNICEF mobilised over 60% of the initially appealed amount of US\$298,000, through a contribution from the SDC.

Following joint MoE-WB-UNICEF advocacy and fund-raising efforts, Moldova will receive the 3<sup>rd</sup> tranche of EFA/FTI grant (Moldova had initially been disqualified as a middle income country). The Ministry of Health will receive US\$1.5 million from SDC to implement youth friendly health services at the national level.

In 2010, notably, the OR ceiling was increased from some US\$15 million to nearly US\$20 million for the 2007-2012 Country Programme.

#### **4.2.2 Management of Financial and Other Assets:**

The Country Office continued to apply standard UNICEF financial and administrative control systems to ensure good management of financial and other assets.

Financial resources are monitored regularly using ProMs and Briefing Book reports, as well as through regular monitoring visits and spot check, particularly under Direct Cash Transfer (DCT). Counterparts and partners, especially new ones, are trained every year on DCT reporting requirements. Implementation and management indicators are reviewed at least quarterly by the Country Management Team, with some indicators reviewed bi-weekly by the Deputy Representative and the budget focal point. These tools and mechanisms allow early identification of corrective actions needed, including support to counterparts, adjustments to proposals, and timely reprogramming and re-phasing of funds.

Updates to DCT work process this year allowed for greater standardization of budget items across all partners based on identified government and market norms. Partners assessed to be low risk are able to present more consolidated budgets. These innovations increase efficiency and transparency and are also in line with international aid effectiveness principles.

A new initiative this year relates to processing payments twice a week to ensure appropriate accounting procedures are respected, transactions are recorded accurately, and costs related to errors are reduced. To ensure best practices in managing cash, the CO improved cash forecasting and ensured bank optimisation reporting on regular basis.

Financial management indicators for 2010 demonstrate good performance: 99% of RR was spent in 2010, 100% of PBAs were used within the original duration of the PBA life, and 0% of outstanding DCTs are over 6 months.

#### **4.2.3 Supply:**

The supply planning through exporting supply requisition list from ProMS to Excel functioned well and the supply plan was submitted on time to Regional Office. The percentage of supply requisitions issued in the last three months of the year was less than 10% indicating the overall focus of programme to outsource it through DCT.

In July 2010 the office provided emergency response jointly with UNDP and UNFPA to the flood affected areas in the central part of the country (villages Nemteni, Obileni, Cotul Morii and Sarateni). As a part of the emergency response, the CO provided essential supplies (hygiene kits, ECD Kits, Bio toilets and water purification pills worth 7,500 USD) to affected communities. The hygienic kits were procured locally and were delivered within 48 hours, whereas the water purification pills and ECD Kits (worth 7,900 USD) were procured from the Supply Division and delivered later.

Most procurement has been done locally (64%) due to competitive prices, immediate availability or shorter lead times, as well as availability of service facilities. Locally procured supplies are usually delivered directly to the end users, in most cases delivery costs being included in the price of goods. Consequently, the office does not undertake customs clearance, warehousing and in-country distribution thus saving time and money.

The procurement through Direct Order (36%) arrangements and through Supply Division functioned well and shipments were received on time and in good condition.

The office continued to provide in-country support related to customs clearing and logistics to assist with Government procurement of DTP-HIB vaccines through GAVI for the National Centre of Public Health.

#### **4.3 Human Resource Capacity:**

The 2009 Mid-Term Review had an impact on the CO's staffing structure with several posts abolished and new posts created. Section structures also changed, resulting in new responsibilities and reporting relationships for some staff members. Following the UN contractual reform, the remaining two temporary posts under the previous system were also converted and recruited this year.

The CO managed these changes by assuring transparency and discussion via the CMT, and giving support to all affected staff members to understand the upcoming changes and options open to them. Competitive open recruitments were undertaken for all vacant posts with internal staff encouraged to participate. Overall, nine posts were advertised and eight recruitments finalised in 2010. Four new staff members joined the office this year.

Performance management is undertaken systematically, with clear deadlines for PER task definition and discussions monitored by the CMT. Efforts have been made to harmonize PER tasks across similar job responsibilities to respond to staff concerns regarding workload distribution and staff assessment. All staff had at least three PER discussions during the year.

The Office continued to apply UNICEF Human Resources policies on learning days, flexi-time, compressed working hours and working from home that were widely encouraged and used by staff with positive results. In 2010, 22% of staff used learning days and 85% of all staff used flexi time.

During the year all staff benefited from training on team development and organisational communication by external consultants organised during the staff retreat. Further training in negotiation skills, communication, and conflict resolution was provided to all staff by a local consulting company. All staff also completed on-line trainings on HIV and IPSAS introduction course. As part of UN Cares, the Office conducted a session on HIV/AIDS for all staff.

Nine staff members were trained and certified for conducting competency-based interviews, and in the second half of the year, the Office started to conduct competency-based interviews for recruitment.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement:**

Throughout the year, the office benefited from long-term arrangements for translation services, fuel and transportation as well as UN negotiated arrangements covering printing, hotel, translators and travel agency. These arrangements helped increase efficiency and decrease the burden of transaction costs.

The office space distribution within UN house was recalculated leading to a decrease in UNICEF contribution to common services costs and capital improvements, saving an estimated US\$ 3000. Agreement was reached towards the end of the year on harmonised bank charges and commissions for UNDP and UNICEF with our common provider of banking services; this will create additional savings in 2011.

##### **4.4.2 Changes in AMP:**

A Rolling Management Plan was introduced in 2010 with several updated features; changes in 2011 will be modest. These will include modification to several management indicators to make them more sensitive to oversight needs, updated composition of the Statutory Committees, and appointment of focal points for all ongoing change management initiatives.

The office also undertook a risk profile exercise in 2010, with useful results for guiding 2011 management initiatives. The profile will be included in the Rolling Management Plan and monitored by the Country Management Team.

## **5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 List of Studies, Surveys & Evaluations:**

- 1. Working Children in the Republic of Moldova: the Results of the 2009 Children's Activities Study*
- 2. Impact of migration and remittances on children and elderly persons in multi-generational households (Moldova)*
- 3. Cost of non-action in the implementation of the National Strategy Action Plan on Reforming the Residential Child Care System for the years of 2007-2012*
- 4. Assessment of Juvenile Justice Reform Achievements in Moldova*
- 5. Audit on the Quality of Water, Sanitation and Hygiene Practices in Schools*
- 6. Maternal and Child Health Equity Analysis*
- 7. National Survey on Early Childhood Care and Development: Family Knowledge, Attitudes, and Practices (KAP)*
- 8. Country Analytical Report "Gender Issues 10 Years after the 'Women in Transition' Report"*

### **5.2 List of Other Publications**

- 1. Education in the Republic of Moldova (statistical publication)*
- 2. OneMinJr (short movies produced by children)*
- 3. Leaflet on Foster Families*
- 4. Poster on Foster Families*
- 5. Leaflet on Family Type Home*

6. *Ghidul Avocatului care acorda asistenta juridica garantata de stat copiilor aflati in conflict cu legea* (Lawyer's Guide on the provision of legal aid to children in conflict with the law)
7. *Implementarea Probatiunii in privinta copiilor in conflict cu legea in Republica Moldova - Raport de Monitorizare* ("Monitoring Report - Implementation of Probation for children in conflict with the law in the Republic of Moldova")
8. *Committee on the Rights of the Child Concluding Observations: Republic of Moldova*
9. *Convention on the Rights of the Child*
10. *Ghid pentru o calatorie sigura in adolescenta* (Guide for a safe trip through adolescence)
11. *Poster on prevention of children's institutionalization*
12. *Ce faci cand copilul tau este in conflict cu legea? Indrumar pentru parinti si copiii lor* ("What should you do when your child is in conflict with the law?" Guide for parents and their children)
13. *Ghid juridic si de bune practici pentru personalul care lucreaza cu copiii aflati in detentie* ("Legal and Good Practices Guide for personnel working with children in detention")
14. *"Ghidul Consilierului de Probatiune specializat in lucrul cu copiii"* ("Guide for Probation Officers for Children")
15. *Comentariu la Legea cu privire la Probatiune* ("Commentary to the Law on Probation")
16. *Annual Social Report 2009*
17. *Ghidul de implicare comunitara in activitatea de probatiune in privinta minorilor* ("Guide on community involvement in probation activities for children")
18. *Ce trebuie sa cunoasca beneficiarul minor al probatiunii?* ("What should children on probation know?")

## **6. INNOVATION & LESSONS LEARNED:**

**Title:** *Inequalities in Maternal and Child Indicators*

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### **Abstract:**

UNICEF Moldova commissioned a study to assess and analyse the extent and type of inequalities in Maternal and Child Indicators and in other related key indicators in the Republic of Moldova. This analysis focuses on differences by various categories to check whether, and what groups of, children and women in the population of the country suffer disproportionately. The analysis was made on the basis of the data resulting from the 2005 DHS and annual 2006-2008 NHBS, using World Bank equity analysis tool.

The qualitative analysis was based on a desk review of the evidence on determinants of MCH, combined with information from focus group discussions with mothers, and communication with MCH experts.

The study revealed large inequalities in the underlying determinants of health (availability, quality, discrimination and affordability), and insufficiency in monitoring of health equity. It was launched during a round table with health experts, counterparts and donors, and received wide media coverage.

### **Innovation or Lessons Learned:**

The study generates data-based evidence using an internationally recognized methodology developed by the World Bank. This was the first time that this type of study was undertaken in Moldova. The analysis was guided by the concept of multi-factorial determinants of health, taking into account that inequalities in health arise from, and are maintained by unequal distribution of welfare, knowledge and lifestyle practices, discrimination, attainment of employment, access to education, water and

sanitation, food production and social support. The study focused on three types of indicators: high-level outcomes, key intermediate outcomes, and structural outcomes.

Among lessons learned, the following are noteworthy:

- 1) Even achieving universal coverage with programmes is not enough to ensure that all children and mothers *use* health services or derive equal benefits from them. Whereas the Government of Moldova, with support from UNICEF and other development agencies, successfully implemented the Integrated Management of Childhood Illnesses initiative, the peri-natal programme, Youth Health Friendly Services, etcetera, and managed to improve health indicators for children and mothers overall, the results of the study proved that more efforts are needed to reach the most vulnerable who are not faring as well. These additional efforts entail strengthening the capacity of the health and social systems at the national and local levels to reach out to vulnerable families, and expand their access to as well as utilisation of the services offered.
- 2) Even in a middle income country like Moldova, health inequities are closely related to social inequities, and disparities are invariably shaped by socio-economic and cultural determinants of health. Therefore, cross-sectoral/integrated efforts, with a strong C4D component, are required to address health inequities as well as socio-economic and cultural forces that hinder equitable healthcare for all children.

### **Potential Application:**

As part of UNICEF's renewed emphasis on achieving MDGs with equity, this study could be useful to other countries working on strategies to identify and address disparities.

The study's methodology is replicable in middle income countries, especially in CEE/CIS and MENA regions, and particularly in those that share similar trends in health care indicators and healthcare system performance. In addition, the methodology used in this report can be applied to other thematic areas, including education and social protection.

Towards its potential application, the Moldova Country Office recommends a multi-country inequity research in various sectors (health, education, etcetera), which will map the situations and inform interventions in Moldova and in the region.

Both the Country Office and the Regional Office need to develop a sound knowledge management and advocacy strategy to maximize the impact of the study.

### **Issue/Background:**

Maternal and child mortality have decreased significantly in Moldova, allowing the country to reach its MDGs in these areas. However, disparities remain. Although UNICEF and the MoH had identified social factors among the main determinants in child and maternal health, no systematic analysis had been conducted. UNICEF had some indication that many children and women did not benefit from the same access to health services, resulting in higher morbidity and mortality rates. The Country Office needed hard evidence to convince the MoH of inequities, and to draw the attention of donors and government counterparts on the need to address those inequities.

### **Strategy and Implementation:**

The study looked into the estimates of the degree of inequity in Maternal and Child Health and Nutrition indicators. It is intended as a working document for policy-makers and health care managers and may effectively assist them in the process of planning, allocation, and monitoring of MCH resources in an equitable manner.

The results of the study were presented, disseminated and discussed during a round table with the Government, international agencies and civil society. The study and its findings received wide media coverage.

Based on the findings, UNICEF is advocating for incorporating equity monitoring into the health system (including through the prioritization of the current list of healthcare indicators) to ensure systematic monitoring of equity in the use and availability of health services, based on internationally/EU recognized indicators, including MDGs.

The second largest donor for mother and child health, the Swiss Development Cooperation Agency (SDC), has incorporated equity into its advocacy and is planning to strengthen the focus on equity in its technical and financial support to the government and civil society.

UNICEF's own programming is taking into account the outcome of the study to further focus on the most vulnerable children and mothers.

### **Progress and Results:**

Key findings from the study are:

- Children living in rural areas have 1.5 times greater chance of dying before the age of 5 than those living in urban areas.
- A child from the poorest quintile is 1.8 times more at risk of dying and 1.7 times more at risk of being anaemic before the age of five than a child from the highest wealth quintile.
- A Roma child has 1.7 times greater chance of dying before the age of one than a non-Roma child.
- A reproductive age woman from the poorest quintile is 1.7 times more at risk of being anaemic than one from the highest wealth quintile.

Although all children receive free state-provided health insurance, the lack of information among parents, discrimination against Roma and very poor families in the health system, and additional out-of-pocket costs make the most vulnerable families more at risk of not accessing health care services. The study and its results mark a new approach to programming in health in Moldova as its findings overall have been accepted by the MoH. The SDC too, has incorporated equity into its advocacy and is planning to strengthen the equity focus within its technical and financial support to the government and civil society.

### **Next Steps:**

The study is a major tool for UNICEF Moldova and our partners for strengthening an equity-based approach for advocacy, policy and programme work. It allows UNICEF to further focus on ensuring that the poorest and most marginalized Moldovan children and families are not left behind.

Based on the results of the study, UNICEF will focus on:

- Supporting the Government to ensure that the health system reaches out to the most vulnerable children and mothers, and works together with the social system.
- Ensuring that decentralization addresses inequity in health.
- Strengthening C4D to inform and empower vulnerable families and communities.