### CONSOLIDATED RESULTS REPORT

**Country:** Moldova  
**Programme Cycle:** 2007-2012

<table>
<thead>
<tr>
<th>1. Key Results Expected</th>
<th>2. Key Progress Indicators</th>
<th>3. Description of Results Achieved</th>
<th>4. Constraints and facilitating factors</th>
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</table>
| **1.1 A decrease of 30 per cent in the number of institutionalized children** | **Indicator:** Number of children living in residential care  
**Baseline:** 11,544 (2005)  
**Current Status:** 5,650 (2011) | The programme contributed to reducing the number of children in residential institutions by 43 percent. Ongoing reform of the child care system in Moldova, led by the Government, has focused on family support services, preventive interventions and the expansion of alternative care services.  
UNICEF supported the government in the development of legal and policy frameworks and regulations that created modern structures and enhanced existing ones to help address the complex nature of child protection. A National Strategy and the 2007-2012 Action Plan on transformation of the residential child care system were approved and implemented. New services were established, including a nationwide network of community-based social workers, gate keeping commissions, and family-type care services such as foster care and family-type home.  
Financial bottlenecks to de-institutionalisation are being increasingly addressed at local level.  
Coordination among the various stakeholders– a key element to this complex reform- has been strengthened.  
Parents are more aware of alternatives to abandonment and new services. Parents of new born babies from vulnerable families receive support and information from health and social workers, resulting in a significant decrease in abandonment at birth. | Despite political changes, this reform has received continuous support from the Government at the central level.  
However, implementation of child care policies remains challenging as tools are not always in place, vulnerable families need more empowerment and support and institutionalization remains accepted by society. Existing financial flows and low capacity of local authorities do not encourage the development of services at local level. As a result, vulnerable families and children are facing a lack of support services at the community level, undermining prevention and reinsertion efforts. There is no unified cross-sectoral referral at the local level and social workers are overloaded with administrative work related to social aid. Young children and children with disabilities are the last ones to benefit from deinstitutionalisation.  
Despite some progress, the institutionalisation rate in the region of Transnistria remains twice as high as in the rest of Moldova. |
Some of these initiatives have started being implemented in the region of Transnistria.

1.2 A decrease of 50 per cent in the number of children in detention

**Indicator:** Number of children in detention  
**Baseline:** 260 (2005)  
**Current Status:** 68 (2011)

The country made significant progress in the area of juvenile justice. The number of children in detention decreased by 70 per cent, against a target of 50 per cent. With UNICEF support, the legal and normative framework is increasingly aligned with international and European standards and the justice system now provides alternative mechanisms and services such as probation, mediation and diversion. The new National Justice Strategy identifies justice for children as a priority, the upcoming Plan of Action will elaborate costed activities, and EU budget support to the justice sector has been leveraged. Under the National Council for the Protection of Child Rights, there is an active Working Group on Justice for Children that assists the Ministry of Justice in aligning legislation, indicators and practices in line with EU and international practices and standards.

Gaps in capacity among professionals from the Justice sector (judges, prosecutors, lawyers etc) related to children in conflict with the law have been reduced. Children in conflict with the law benefit from the services of free lawyers.

There is an increased awareness of children in conflict with the law and their parents about their rights.

There has been a steady commitment from the Republic of Moldova to implement reforms in the area of juvenile justice. The country has recently expanded the reform to justice for children.

While policies are generally in place, the lack of services at local level slows down their implementation. Prevention efforts need to be strengthened to address the causes that bring children in contact with the justice system.

A closer collaboration between the justice, the social and the education sectors, the police, and local authorities would be required to ensure that children in contact with the law, as victims, offenders or witnesses, are treated and receive services in accordance with international and European standards.

Collection of data and use for policy work need further improvement.

While there is some openness to work in the area of justice in the region of Transnistria, progress has been modest.

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<table>
<thead>
<tr>
<th>1. Key Results modified or added</th>
<th>2. Key Progress Indicators</th>
<th>3. Description of Results Achieved</th>
<th>4. Constraints and facilitating factors</th>
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| 2.1 A decrease of 10 per cent in the incidence of HIV and STI among adolescents aged 15-19 years | **Indicator:** Incidence of HIV and STI among adolescents aged 15-19 years  
**Baseline:** | The HIV epidemic remained concentrated among at risk-population which is hard to reach. Efforts to provide outreach services to vulnerable adolescents via state and non-state actors started at the end of 2009 and will require more time to show impact. Nonetheless, some progress was made. UNICEF supported the Ministry of Health and NGOs to provide | The Ministry of Health and the Coordination Council on HIV/AIDS, together with many NGOs and development partners, has shown a strong leadership in the area of HIV/AIDS. This has already resulted in a reduction in mother to child transmission and HIV transmission through |
### 2.2 Reduction in under-five mortality rate by 10% by 2011

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<tr>
<th>Indicator:</th>
<th>Under-five mortality rate</th>
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<tbody>
<tr>
<td><strong>Baseline:</strong></td>
<td>14.4 per 1,000 live births (2008)</td>
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<tr>
<td><strong>Current Status:</strong></td>
<td>13 per 1,000 live births (2011)</td>
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The country programme contributed to some notable improvements in the quality of health services and in supporting the most vulnerable families to access to health services. Integrated Management of Child Illnesses and better pre- and post-natal care are now applied nationwide. Health and social services increasingly work together to identify, refer and provide treatment to disadvantaged young children and information to their parents. Several maternities, including in the region of Transnistria, are equipped with modern equipment, increasing the survival chances of newborn babies, especially premature ones.

The legislative and policy framework was further strengthened and aligned with international and European standards. Examples include the 2007-10 National health Policy, the 2007-17 National Healthcare System Development Strategy, the 2011-15 National Iodine Deficiency Disorder Programme, the 2011-15 National Immunization Programme and the

blood products. There has been less emphasis on vulnerable adolescents and young people and on prevention. Stigma and discrimination against children affected by HIV/AIDS and adolescents with risky behaviours continue to hinder the development and adaption of outreach services and information for them. Adolescents and young people living in large cities (especially in the Transnistrian region) are almost twice at risk of HIV/AIDS than the general population.

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| HIV incidence per 100,000 (2008) : 3.05 |
| STI incidence per 100,000 (2008) |
| - Syphilis: 110.2 |
| - Gonorrhoea: 83.2 |

**Current Status:**

HIV incidence per 100,000 (2011): 6.05

STI incidence per 100,000 (2010):
- Syphilis: 111.8
- Gonorrhoea: 61.2

Youth friendly services for all adolescents, including those at risk. The availability of Youth friendly health services centres was expanded (including to the Transnistria region) to serve over 50,000 adolescents and young people every year, and the quality was improved, including some outreach for most at-risk adolescents. The services are incorporate and financed by the health system.

Awareness and knowledge on most at risk adolescents and children affected by HIV/AIDS, as a distinct vulnerable group, has been made available and is being used at policy level. The national 2011-2015 HIV/AIDS programme specifically covers and allocates resources to most at-risk populations, including adolescents.

The reform of health care remained a priority for the Government of Moldova, and several donors and partners. However, the system does not reach all children and disparities remain. For example, in rural areas and the south, U5MR is 33 to 50 per cent higher than the national average. Rural and poor children and pregnant women, including Roma, miss out on medical care due to long distances to health care providers, informal payments and costs for transportation and treatments not covered by health insurance and 60 per cent of children in rural schools face water and sanitation-associated health risks.
2.3 By 2011, increase gross enrolment ratio in general secondary education (grades I-IX) to 96 per cent

| Indicator: | Gross enrolment rate in general education (grades I-IX) | The gross enrolment rate has recently stabilised, after years of decline. Progress was made in several areas, to which UNICEF contributed significantly as one of the major partners in the education system. Following adoption of the Child-Friendly Schools approach, the school curriculum was modernized, child-centred teaching methods introduced, and quality standards developed, with positive results. Inclusive education is prominently featured in the national Education Strategy. Roma mediators are expected to be introduced in localities with a large Roma community. Inclusive education features prominently in the new national Education Strategy. A recent review of the Child Friendly-School initiative indicates that these efforts are resulting in the better inclusion of children with disabilities and improved quality of education. The structural reform (resulting in the closure of schools and classes in localities with a declining child population) has been closely monitored jointly by the Ministry of Education, the World Bank and UNICEF to ensure the identification of any negative impact on the enrolment of vulnerable children. The application of the per-student financing formula is being complemented by a similar formula to support the scaling up of inclusive education for children with special needs. |
| Baseline: | 90.9% (2008) | The education sector reform, led by the Ministry of Education, has accelerated over the programme cycle, focusing on quality of education, access and governance. Urban-rural disparities persist, due to the lack of qualified teachers and inadequate infrastructure in villages. The structural reform may create risks for already marginalised students unless carefully monitored with savings invested to improve quality. Child labour and poor families’ inability to cover associated education costs likewise inhibit attainment of the Education Goal. Children with disability are frequently excluded or educated in auxiliary schools, practices still supported by the majority of parents, and Roma children sometimes face discrimination from education professionals and other children. The quality of the education system data needs strengthening for better policy development and monitoring. |
| Current Status: | 90.3% (2010) |

2.4 Legal and normative documents that are the most relevant for child well-being are operational and reaching the most vulnerable (Law on

| Indicator: | Proportion of key laws and national programmes critical for child well-being which are operational and reaching the most vulnerable | The Law on Social Aid, the Law on Domestic Violence, and the National Programme on HIV/AIDS and STI control 2011-2015 have been adopted. They all reach vulnerable children and their families. They are all costed and budgeted and they are being implemented. The public administration and public finance management reforms are having a positive impact on the adoption, costing and budgeting of laws and policies affecting children. EU integration efforts have led to the better alignment of the legal and |

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Domestic Violence, Law on Social Aid, Law on Social Services, Law on Local Public Finance, Code on Education and National Programme on HIV/AIDS)

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<th>Baseline</th>
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<td>15% (2008)</td>
<td>66% are operational or partially operational; 83% contain specific provisions related to vulnerable children</td>
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For the first time, most at risk adolescents are specifically included in the National Programme on HIV/AIDS and resources are budgeted to reach them out and support them.

The Law on Social Services focuses on vulnerable children and their families, is adopted and partially operational. The provision of services at the local level remains a challenge as local authorities lack the tools and capacity to claim financial resources from the central level, and case management and cross-sectoral referral mechanism remain insufficient. Costing tools and cross-sectoral referral instruments were recently developed with support from UNICEF.

The Code on Education focuses on vulnerable children and is expected to be adopted in 2012.

The Law on Local Public Finance is still under development.

regulatory framework with EU and international standards.

However, gaps remain in the capacity of local and central authorities to cost and budget laws and policies, which could impede implementation. The process to decentralize is ongoing and is also likely to have an impact on implementation. There are also gaps in the capacity of line ministries, the parliament and civil society to systematically monitor the impact of new or revised laws and policies on vulnerable children and their families, which need to be addressed.