GROWING UP
IN THE REPUBLIC OF MOLDOVA
An entire generation of children has grown up since the Republic of Moldova adopted the United Nations Convention on the Rights of the Child 15 years ago on February 25, 1993. This research study by a team of national and international experts of the United Nations Children’s Fund (UNICEF) in partnership with individuals and institutions in Moldova presents recent data on successes achieved since then in respecting children’s rights and on problems that must still be addressed. The aim is to make the rights of children a national priority because if their rights are promoted and protected, children will prosper.

Moldova’s independence from the Soviet Union transformed the lives and futures of its children as it changed the national economy, outlook and aspirations. Although the country has experienced sustained economic growth since 2000, it is still the poorest country in Europe. Many families depend on subsistence agriculture, salaries are low and large numbers of young adults have migrated in search of better paying jobs.

Despite these challenges, Moldova has to some extent successfully supported the healthy development and education of its children. For example, 90 per cent have been vaccinated against childhood diseases such as polio, diphtheria and measles, and virtually all women deliver their babies in a medical facility with medically trained assistance. A total of 90 per cent of children attend and complete primary school, and large numbers of students continue their educations into secondary school and beyond. UNICEF and other organizations have also begun to partner with local authorities in Transnistria on HIV/AIDS, immunizations, maternal and child health and other priorities.

Moldova has begun to modernize its legal framework and has signalled its intention to protect children’s rights through national strategies and plans of action that include the National Action Plan to Prevent and Combat Violence against Children, the National Strategy and Plan of Action on Child and Family Protection, the National Youth Strategy and the Education for All Strategy and Plan of Action among others. The National Development Strategy for 2008–2011 focuses especially on children and senior citizens and places a high priority on extending them the support they need.

Despite these positive steps, the quality of health, education and social services is still poor, and the infrastructure supporting institutions that deliver these services is outdated, deteriorating and in some cases inadequate. Heating and sanitation conditions in many public schools, for example, are substandard. Moreover, children’s access to both basic and specialized services is frequently limited by family finances and education, traditions and geographic unavailability.

This report describes selected aspects of the difficult environment in which Moldovan children grow up. It highlights some of the factors that contribute both to inequalities among children and to their social exclusion and reviews and analyzes the situations of specific groups of children with special needs that are either not recognized or not addressed.

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1 Ministry of Health and Social Protection, Demographic and Health Survey, Chisinau, 2005.
3 Ibid.
Children in vulnerable groups face significant inequities and increased risks of social exclusion. Particular attention should be paid to these groups in order to assure that all children receive the protection and care to which they are entitled.

VICTIMS OF VIOLENCE AND NEGLECT

Violence against children and women, including domestic violence, and the failure of public authorities to protect them are violations of human rights. In accordance with Article 19 of the UN Convention on the Rights of the Child, states are obliged to take, “…all necessary legislative, administrative, social and educational measures in order to protect the child against any form of violence.” The consequences of being a witness to or a victim of violence have been demonstrated; they are profound and have long-term effects that can cause damage to the physical, emotional and psychological well being of a child. Violence also affects society. In the long term it has negative effects on the economy as it reduces the productivity of victims, including children and their ability to learn. It also places an additional burden on the health and education systems.

Violence has many forms and includes not only physical acts or torture. Article 9 of the Law of the Republic of Moldova on the Rights of the Child prohibits all forms of violence and makes state authorities responsible for protecting children from “…any form of exploitation, discrimination, physical and psychological violence, cruelty, neglect, contemptible behaviour, insults and maltreatment, training for criminal activities, initiating the consumption of alcohol, illegal use of narcotic and psychotropic substances, gambling, begging, coercion to provide illegal sexual services, exploitation for the purpose of prostitution or other illegal sexual practices like pornography and materials of a pornographic character including actions on behalf of parents or legal guardians or relatives.”

In 2006, the Ministry of Education and Youth (MEY) and the Ministry of Social Protection, Family and Child commissioned two studies on violence against children with support from UNICEF: State Responsiveness to Violence against Children and Violence against Children. What the researchers learned was that many Moldovan children suffer from violence and neglect due to prevailing social attitudes, to a lack of social services and to ineffective mechanisms for protecting them. Only in the gravest situations are cases of abuse or neglect officially reported, and there are few services for the care and protection of child victims (Box 1). Moreover, specialists in the various fields that have responsibility for cases of child violence often have no rules to guide them and little specialized training. They rarely make the referrals outside of their specialties that would ensure coordinated services for abused children.

The study Violence against Children found that almost half the parents interviewed considered

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ON THE BRINK OF PESPAIR

Elena, a 12-year-old child, went to her neighbours asking for pills and about what happens when people die. Her neighbours understood that she wanted to commit suicide and called the Amicul Centre for Child Abuse Prevention. Since the age of five, she and her younger sister had been staying with their grandmother while their mother worked in Israel. The director of Amicul said, “Her grandmother is an aggressive, authoritarian and rigid person who verbally and physically abused her.” Elena had to do all the housework, to wash all her clothes, to wash dishes, to do the cleaning and many other things for which she was rewarded with insults and beatings. Elena had already made a suicide attempt a month before.

This time she was taken to a placement centre in Chișinău. She felt that it was her fault that her grandmother beat her. She found it difficult to adapt; she felt very lonely. She was scared of what would happen, of the unknown. The girl’s mother frequently called the centre and repeatedly insisted that Elena should be returned to her grandmother. “This is the way she raised and educated us and we have become people,” the mother argued. This is the educational philosophy of many Moldovan families.

Elena refused to go back. The centre helped her to find her biological father who was divorced from her mother. She went to him for holidays in a village far away from the capital and far away from her problems. Her father’s relatives insisted that she stay in their community, but she misses her younger sister and worries that she could be beaten by her grandmother.

The community social assistant did not know about Elena’s case nor had the police been informed about the acts of physical and emotional violence against the child. Elena’s teacher knew what was happening as she had temporarily lived in the grandmother’s house, but she did not get involved. Neighbours called the centre only when they understood Elena wanted to commit suicide. “If she beats her, the girl must deserve it” is the philosophy of co-existence in Moldova.

Violence is more than only bodily injuries: tension and mental suffering caused by insults, poverty, neglect and exploitation are also acts of violence. Children say that humiliation hurts them very much and leaves deep wounds in their souls.

Amicul was created in 1999 and is supported by UNICEF. Currently it is the only assistance centre for abused children in Moldova though eventually local public authorities will develop the services needed by abused children and their families. In 2007, Amicul assisted 124 children. How many other children like Elena were not helped as communities silently looked on?
that beating was an acceptable form of punishment when children disobeyed, and 10 per cent agreed that there were moments when physical punishment was necessary. In the same study, one third of the child respondents said that they had been beaten at home in the past year, 40 per cent stated that they had been slapped and 25 per cent reported that they had been threatened with physical abuse or had been verbally abused at home.

At school, 33 per cent of children said they had been verbally abused by teachers and 13 per cent had been subjected to physical punishment. In addition, 40 per cent of young people interviewed in another study said that they personally knew someone who had experienced sexual violence, and nearly 80 per cent said that they knew someone who had been subjected to physical abuse. The 2005 Demographic and Health Survey (DHS) revealed that 25 per cent of women had experienced violence after turning 15 and 33 per cent had done so by the age of 30. In most cases the source was a family member or a spouse: 75 per cent of those who had experienced violence had done so at the hand of their husbands or ex-husbands. The DHS also revealed that women living with children were more frequently subjected to violence which means that those children may well have witnessed those violent events. UNICEF, the National Council for the Protection of Children’s Rights, MEY and the National Centre for Prevention of Abuse against Children implemented a nationwide communication campaign titled “Childhood without Violence” in 2006 to address these problems.

In general, people hesitate to intervene in cases of violence against or neglect of children. Only 8 per cent of parents thought that a person should be reported to the police for beating a child. Even professionals working with children, teachers, social assistants, health workers, police and local public authorities avoided officially recording 75 per cent of the cases of violence and neglect that they had heard about or that they knew about. Justice and law enforcement officials were the most likely ones to record such incidents, and representatives of local public authorities and public health workers were the least likely to do so (Figure 1). Interventions usually occurred only in the most serious cases; the rest qualified as “usual domestic misunderstandings.”

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7 Ibid.
Fewer than 20 per cent of these specialists said they had specific knowledge about violence against children, knew how to identify child abuse or could, "react promptly and correctly in cases of violence against children." In addition, although most specialists were aware of the institutional framework that should be used in cases of violence against children, fewer than 25 per cent said that they coordinated their activities with other institutions.11

Women often accept, tolerate or even try to justify domestic violence and the need to keep it secret. Figure 2 shows data from the DHS that indicate that 21 per cent of married women and 19 per cent of married men thought there was at least one justification for violence against wives, and 34 per cent of divorced, separated or widowed men agreed. Domestic violence goes largely unreported either because women do not have confidence that they will get adequate assistance, or because of perceptions that they themselves provoked it or because violence is an acceptable way to remind women of their roles or to punish them for doing something wrong.12

An additional problem is that there is no general agreement in Moldovan society about which actions are, in fact, acts of violence. Some people do not consider economic abuse and moderate physical aggression to be violence,13 and sexual harassment of women in the work place is not perceived as a problem. Similarly, in the knowledge, attitude and practice survey that

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11 Ibid.
UNICEF did in 2005 the majority of young people did not associate violence with verbal threats, destroying objects or neglect. As a result, “A limited or distorted understanding of the basic notions of violence could lead to confusion and could result in a low level of awareness of the problem of violence against children.”

Acceptance or indifference towards violence and the lack of proper coordination among agencies offering social protection has created a dangerous environment for the women and children who suffer from it. They are taught that violence against them is justified; they have no safe shelter in their families or communities. Without assistance and security, victims have fewer chances to stop the abuse, and they become marginalized socially and economically. In order to improve this situation, significant changes are needed in coordinating services and in public education. As a response to this situation and as a result of commitments made at the Regional Consultations on Violence against Children in Ljubljana, Slovenia in 2005, the Government of Moldova drafted the National Plan of Action to Prevent and Combat Violence against Children which has yet to be approved. The plan identifies vulnerable areas and existing opportunities and encourages the creation of alliances between professionals, parents and children. In 2007, Parliament approved the Law on Preventing and Combating Domestic Violence which was formally adopted on 29 February 2008. It offers a framework of measures for protecting victims of domestic violence and establishes responsible bodies to intervene in specific cases.


FIGURE 2:
PERCENTAGE OF PERSONS WHO SAID THERE WAS AT LEAST ONE REASON FOR VIOLENCE AGAINST WIVES

Source: 2005 Moldova Demographic and Health Survey
CHILDREN IN INSTITUTIONS

A rapid assessment of the system of residential child care in Moldova found that on January 1, 2007, the total number of children registered in the country’s 67 institutions was 11,096. Of that number, 3 per cent were actually orphans. The vast majority (83 per cent) had been placed there “temporarily” and had biological parents or extended families. In fact, 32 per cent had two living parents, 39 per cent had one living parent, 13 per cent went home every day and 21 per cent went home every week end.15 These data demonstrate that in many situations placing children in institutions is a way to solve other difficult problems. If the focus were on addressing those problems, many placements could be prevented.

The number of institutionalized children has decreased significantly over the last few years. In 2006, Moldova had 67 institutions with overall number of 11,561 children - three institutions administered by the Ministry of Health with 367 children 0-7 years of age, two institutions administered by the Ministry of Social Protection, Family and Child with 678 children with moderate/severe disabilities aged 7-18, and 10,516 in 62 institutions for school-age children mostly from vulnerable families and families with poor economic and living conditions administered by the Ministry of Education and Youth. The data from May 2008 indicates that the overall number of children in educational institutions under the MEY decreased to 8,866 children (by 15,7%). In addition, one institution under the Ministry of Education and Youth closed permanently in 2007. The number of institutions for youngest children and children with severe disabilities remained the same, but the number of children placed in these institutions decreased, though less sharply.

Children have also been abandoned and placed for long periods in medical institutions such as maternity hospitals and paediatric departments.16 The most common reasons for abandoning young children recorded in their institutional records are poverty, single motherhood, abuse, neglect and the health of the child (Figure 3). Very few are actually orphans; in fact, 90 per cent of abandoned children under the age of seven have two living parents17 (Box 2).

17 Ibid.
Children who spend many years in institutions are to a great extent excluded socially. They do not have many opportunities to emotionally interact with adults, they do not learn about ordinary family life and they socialize very little with children from outside their institutions. The direct consequences of their isolation include anxiety, difficulties in adapting, delays in development.
FAMILY REUNITED

Emilia’s father left when she was only 8 months old. Her mother was unemployed; a plot of land was their only source of subsistence. Emilia left the school after the seventh form. “I had neither clothes nor footwear,” she says. She helped her mother work the land, and when she turned 23, she enrolled in a hairdressing school. She graduated but did not get a chance to start practicing her profession because she was pregnant. The man responsible asked her to have an abortion. Emilia refused. She went to Moscow. Her mother found out about her pregnancy only when she was in the eighth month and told Emilia never to cross her threshold again because she had disgraced her in front of the whole village. Emilia decided to give birth to her baby and leave it at the maternity home.

“When Emilia came to us, she was in a state of mental shock,” said Vera Coptu, psychologist, Head of Department at the Materna Center in Chişinău established by the Ministry of Health with UNICEF support. “The maternity home referred her to us because she had been rejected by her partner and her mother, and she did not have anywhere to go. She was about to abandon her child.”

A Materna social assistant called the village and asked Emilia’s mother to come to Chişinău, and she talked to village and raion social assistants, the inspector for protecting children’s rights and the family doctor. At the same time, specialists helped the young mother to bond with her baby. While the child’s father refused to be a part of this story, Emilia’s mother came to Chişinău. She had a change of heart and took her daughter and granddaughter home. Their relatives also offered them help and moral support, and the village is now on their side.

“As a rule, women who come to us have serious relationship and financial problems. We try to help them solve these problems. Creating a family, or reintegrating them into a biological or extended family is what we try to do first of all. If it is impossible, we help them get on their feet as young mothers and find a place to live, a job and a kindergarten for the child,” explained the interim director of the centre.

The four employees of Materna believe that mothers should get involved in making their own lives as much as possible. They discuss the future and the way they see it with each mother individually. Together they develop a reintegration plan and try to implement it. Mothers stay at the centre until there is a solution. Sometimes it takes 30 days; sometimes it can take six months or even a year. In its four-year history, the centre has had 76 successes and only 3 failures. They follow up each case for several months with visits and phone calls and discussions with relatives, social assistants and other local specialists. Mothers visit the centre as well. Some of them even baptize their children there and come for holidays as Materna has become their second family.

Materna can help eight mothers at a time. There are seven temporary placement centers nationwide for mothers in difficulty like Emilia who are thinking of abandoning their newborn children. This is not enough for a country with 30 raions and 3,000 villages.
FIGURE 3:
REASONS FOR ABANDONING CHILDREN 0 TO 7 YEARS

Source: Abandonment of Children in the Republic of Moldova
and learning and sometimes aggression. In the absence of psychologists and specialized social assistants, institutionalized children do not get help to face the challenges of life, and they are particularly vulnerable to poverty, violence, trafficking or exploitation when they leave at the age of 18.\textsuperscript{18} Because they are less prepared for social life, graduates have more difficulties finding jobs and may get into trouble with the law.\textsuperscript{19}

The rapid assessment also found that the majority of childcare institutions are more than 30 years old and many of them do not have sufficient heating, drinking water or adequate sanitation.\textsuperscript{20} Compared to children living with their families, institutionalized children face a greater risk of infectious diseases and developmental problems, but only 25 per cent of children in institutions are permanently placed in foster care. The study on abandonment found that the rest stay in institutions for their entire childhoods as part of a system that until now has functioned without common decision-making principles, without a structure for managing specific cases, without efficient supervision and without services that are adequate to meet the needs of children.\textsuperscript{21}

Alternatives exist in family-type homes, with guardians, in the homes of professional parental assistants, in day care centers and maternal centers and in temporary placement centers. The government is currently reforming the residential child care system and aims to reduce by half the number of institutionalized children by 2012 (Box 3).\textsuperscript{22} Efforts will be made to develop childcare standards for the institutions, to create community services to address the problems that lead to institutionalization to prevent new cases and to create an individual development plan for every child.

\textsuperscript{18} UNICEF, Children and Disability in Transition in the CEE/CIS and Baltic Region (Innocenti Insight 11), 2005
A FAMILY FOR EVERY CHILD

Lidia and Alina were the poster children for the campaign “A Family for Every Child.” With their brother Ion and their elder sister Viorica, they were one of the best examples of family reintegration after their parents had placed three of them in the Cazanesti boarding school in 2005 because their family was in a difficult situation.

Alina Pascaru, one of the five social assistants of the Telenesti team of the UNICEF-European Union project “Integrated Social Services for Families and Children” manages the file on the Cazacu children. She got understanding and support from a number of people in this case. “First of all, I spoke to the children to find out whether they wanted to go back to their family. Then I had a discussion with their parents. I assessed their living conditions. We also managed to help them by buying them a cow. They used to have one but had to sell it.” In a village, a family with four children needs milk to survive.

“We have several goats and one foal. The cow is healthy. We breed ducks,” says Nina Cazacu explaining how she manages now that their family is together again. “The children help me to clean the house. They do their homework. They clean up after the animals and do not have much time to play. When I see that their marks are getting worse, I go to school to see what is going on.”

Even knowing that they would have a lot of work around the house or could not always wear new clothes, the Cazacu children were very glad that they came back home. “In this case we closely cooperated with the social assistant of the Cazanesti Mayor’s Office and with the administration of the boarding school,” says Ms Pascaru. Her team is now part of the Social Assistance Centre of the Telenesti Department of Social Assistance and Child and Family Protection and has changed the fate of many children and families for the better. The same is true in the other five target regions of the project: Hincesti, Falesti, Floresti, Stranesti raions and Bălți municipality. According to the Director of Telenesti Social Assistance Centre they have reintegrated 56 children from the boarding school into 35 families and have helped to prevent the institutionalization of 50 children from 15 families.

Nationally, the total number of children in boarding schools has dropped by 22 per cent, and the number of children newly placed in 2007 was down by 46 per cent compared with the previous year. These data were presented in December 2007 at the national conference “A Family for Every Child” at the end of the first year of the reform of the residential child care system.
CHILDREN WITH DISABILITIES

Children with disabilities are one of the most vulnerable and marginalized groups in Moldova. Many are excluded from society because of their differences, and many of them live in conditions of extreme poverty and isolation without access to services that could help them compensate and learn to take care of themselves and become productive citizens. In 2002, the Committee on the Rights of the Child expressed profound concern regarding the growing number of children with disabilities in the country and on the insufficient support provided to them and to their families. The Committee also noted that few efforts were made to integrate children with disabilities into the general education system and into society including into cultural and recreational activities. The Committee was also concerned about the terminology used with reference to children with disabilities like the term “invalid” as it could lead to prejudice and stigma and could have negative psychological effects.

Between 2004 and 2006, the number of children with disabilities under the age of 16 grew from approximately 12,800 to 13,200.23 There are no data about the age group 16–18 years. Most disabilities registered in 2005 were mental and behavioural disorders including mental retardation (21 per cent), disorders of the nervous system like cerebral palsy or congenital malformations and chromosome anomalies (21 per cent).24 In all, 5649 (43 per cent) of the total number of children with disabilities under the age of 16 suffered from one of these three types of disorders.25

In 2005, only 33 per cent of children registered with disabilities (4,540) benefited from special educational services; nearly all of them lived in residential institutions. An additional 700 children received

24 Ibid.
specialized training in sanatoriums.26 There are no data on special educational services for children with disabilities in local public schools, and there are no official records on children who benefit from this type of service. According to a study carried out by The Swedish Disabled Persons International Aid Association on families with children with disabilities in Chișinău in 2005, only 25 per cent were educated by a school teacher.27 Parents who have children with disabilities thus have to choose between sending their children to a residential institution where they live apart from their families and communities and from children without disabilities or keeping them at home without support services.

Children with physical disabilities in Moldova and their families face extreme difficulties when they simply try to go from one place to another. Most buildings do not have special access ramps. Roads and sidewalks are poorly maintained and public transport lacks facilities for special access. These conditions create barriers to accessing public institutions like hospitals, health centers or schools and can preclude participation in community life even for children cared for at home.

Although families caring for children with disabilities receive monthly allowances, the money does not cover basic subsistence or the costs of medical assistance or other services they need. In 2005, half the families with at least one child with a disability declared that they did not have incomes sufficient to satisfy their basic needs.28

There is little information about the number of children with disabilities who live with their families or about the quality of their lives. The Swedish study stated that only half the families questioned benefited from assistance from the Department of Protection of Children’s Right in Chişinău Municipality, and only 20 per cent of them received benefits from the Social Assistance Department.29 The situation of children with disabilities who live in institutions is better known, although it is not positive. Children with disabilities are affected by institutionalization in the same way as children without disabilities. Their health and well being are under threat which can cause their conditions to deteriorate further. Institutionalizing children with disabilities was common during Soviet times when they were regarded as hopeless causes without rights to an education.30 Moldova was no exception.

The cost and unavailability of medical equipment, medication, specialized services and nutrition can also be a factor in the quality of life of many children with disabilities. Children with psychiatric or behavioural disabilities are often misunderstood, and while sophisticated, long-term treatment could have very positive effects, there are few practitioners in Moldova who are qualified to diagnose and treat children with such disabilities. In addition, parents have a limited understanding of the value and success of such interventions which could preclude children from receiving appropriate treatment.

The Soviet heritage, the modest efforts of the state to provide care and social discrimination have led to social exclusion and to a lack of promoting the interests of children and persons with disabilities in Moldova. Isolation from society aggravates the differences between children with disabilities and those without and perpetuates the perception that they should be separated. Rejection and stigmatization affect not only persons with disabilities but also members of their families who feel ashamed of the way their children are treated and frustrated because of the lack of services that would help them to keep their children home.31

The obstacles, segregation and discrimination faced by children with disabilities violate both the Moldovan Constitution and the laws of the country. Social services and protection programs should support the unique needs of this group of children and should address inequities. For deinstitutionalization to be successful, programs and standards for inclusive education for children with disabilities will be necessary accompanied by changes in social attitudes. Children without disabilities, teachers, parents, school administrators and public authorities will all need to treat children with disabilities as full and equal members of the community and to protect them when their rights are not respected. Similar steps should be taken to include people with disabilities in all aspects of society (Box 4).

28 Ibid.
29 Ibid.
31 Ibid.
THE TASTE OF INCLUSIVENESS

Victor Musteata lives in Sadaclia Village in Basarabeasca raion. He has been diagnosed with spinal amyotrophy, a disease of the nervous system that causes progressive muscle wasting; he is confined to a wheelchair. In Sadaclia as in the majority of Moldovan villages, there is no centre for people with special needs where they can learn to overcome their disabilities and become productive citizens. Victor has been to one of the few such centres in the country: the Centre for Independent Life established by Motivatie Association in Vadul lui Voda.

“At our centre, children with special needs learn to move around in their wheelchairs correctly and efficiently, clean their own rooms, cook, sing karaoke, dance and communicate. In this way, they raise their self-esteem,” explains Ludmila Iachim, a peer group coordinator at the centre. “Here, they understand that they can have a more active life, they can do more, they can move on. They are encouraged to develop themselves. We who work at the centre try to be examples for them: we study at university, we drive, we do community work and we do it all from our wheelchairs.”

Victor’s mother says that her son is much more optimistic after his stay at Vadul lui Voda. “He saw that there were other children like him as well. He made new friends. He still talks to his recovery trainer on the phone. He was glad to stay there without me,” she added. She confessed that she has also changed for the better: she has more confidence in her son’s abilities, she trusts him with more housekeeping tasks. She even returned to her work as a teacher after not working for many years because Victor needed her at home.

“Parents change even more than their children after visiting our centre. They let their children develop. In fact, the development of a child with special needs depends very much on the parents. Parents have to understand that these children have to learn and to become more independent because parents do not live forever,” adds Ms Iachim.

“I have always thought that I am a child with a disability. I found out at the centre that I am a person with special needs,” says Victor. Since he was a small child, Victor has understood that people are judged by their appearances and not by who they are. He likes the computer and is the family’s expert on the Internet. He always searches for information that will help him understand his illness and what he has to do. He wants to become a programmer, and his parents support his choice.

People in Moldova very seldom see those with special needs. People with disabilities choose to stay at home because they cannot overcome all the obstacles society has created to isolate them. They need schools and buildings where they can easily move from one room to another, apartment blocks and public institutions with elevators for wheelchairs, wheelchair ramps, adjusted public transport access and streets and sidewalks without holes. People think Victor has problems, but he thinks this is the way he is. Victor’s problem is not his disease: it is the attitude and prejudice of Moldovan society and its lack of desire to adapt the environment to his special needs. A society that is not able to adapt to people with special needs is a society with a disability. Victor has learnt to live with his disease; Moldova could learn to live with him as well.
CHILDREN IN CONFLICT WITH THE LAW
AND IN DETENTION

Article 40 of the UN Convention on the Rights of the Child obliges signatories to ensure children legal treatment in their best interests and in proportion with their situations and the crimes they have committed. The majority of the 1,785 crimes committed by children in 2006 in Moldova were non-violent thefts.

The situation of children in conflict with law is a great concern due to the consequences that detention can have on the future development of a child. Even short-term detention has a negative impact. Detention creates stigma and estranges children from their families and communities and restricts their opportunities for education and personal development. Prior to their placement in detention, a majority of these children have abandoned school, have been living in the street or have run away from home. The rapid assessment found that many have been victims of parental violence or neglect and that some have been abandoned.

In 2006, Moldovan legislation on children in conflict with the law was modified significantly which had immediate, positive effects not only on the nature of sentences but also on the way in which children’s cases are treated. The maximum detention term allowed and the period of time during which children can be held before being officially charged were both reduced. In addition, the responsibility for conducting criminal investigations of children was transferred from the police to the General Prosecutor’s Office. Amendments also offered children in detention the right to review their own files. The system of juvenile justice in Moldova has thus become more child friendly and is approaching European and international standards.

Children in conflict with law now also benefit from additional promising programs under development in Moldova. Negotiations between children committing crimes and their victims that focus on constructively resolving the conflict, including compensation for emotional and material damage, are now held in cases of non-violent crimes. Pre-sentencing reports that evaluate and analyze the circumstances, the context and the behaviour of the child focus on rehabilitation and are especially useful for making appropriate decisions on sentencing. Changes in the Penal Code that authorize unpaid community work as an alternative to detention have also gone into effect.

As a result, more than 550 children who might have been incarcerated have instead done community service. In addition, a department of probation was officially created in the Ministry of Justice in January 2007 that will train and assign officers specifically to deal with children’s cases. This department is a positive signal that additional alternative ways of treating children who are in conflict with the law are under way.

Due to the UNICEF and other international organisation’s advocacy efforts, the new law on probation was approved by the Moldovan Parliament in June 2008. The document provides for probation specialists to work with children in conflict with the law in the country.

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A PAIR OF SHOES COULD HAVE CHANGED A CHILD’S LIFE

Viorica, a young girl of 17 from Ungheni, tried to fulfil her dream of owning stylish shoes by stealing a pair from a friend. According to the letter of law this was, “embezzlement of another person’s property causing material damage.” Possible penalties included a fine, community work or jail. The court wisely decided to give Viorica 120 hours of unpaid community work because it was in her best interest as expressed in the UN Convention on the Rights of the Child. If a fine had been levied, Viorica’s mother would have had to pay and her two younger children would have suffered as a result. As for jail, re-socialization and reintegration in society are very difficult after imprisonment. Community service shifted the focus of juvenile justice from penalty to rehabilitation.

Viorica performed her duties responsibly and conscientiously and did not require supervision. In fact, according to her co-workers, she showed an even more conscientious attitude than many older employees who were paid for their work. Community service was therefore not only good for her, it was good for the community as well. Viorica has since married, she has a job and studies at the university and she has given birth to a child.

Local public authorities play an important role in the efficient administration of juvenile justice. They can promote community-based options in order to prevent the detention of children and adolescents in conflict with law. The key concepts according to the Chief of the Enforcement Office of Ungheni are correction, education, legal assistance and counselling. He added that guidance from the Institute for Penal Reform and UNICEF had helped them to make faster progress and to do their work better.

Not all cases of community service have been successful. There is still much to be done to change the attitudes of communities and other adolescents towards adolescents in conflict with the law.
Children in conflict with law still face a number of challenges as 80 per cent of those interviewed during pre-trial detention had not met with an attorney, in half the cases no legal representative attended the hearing and no psychologist or teacher was present during the child’s interrogation. A total of 40 per cent of the children had spent more than four months in pre-trial detention. Authorities as a rule also do not inform children about the consequences of legal proceedings or about their rights including the right to appeal a court decision.\textsuperscript{36}

No educational services are offered during pre-trial detention even for children who are detained for long periods. Boys who have been convicted get education through the ninth grade and then are offered modest vocational training. Convicted girls are not offered any education at all.

To improve their situations, alternatives to incarceration for children such as community service, probation and negotiation must be further developed. Also, the quality of legal, social and psychological assistance for children in the juvenile justice system must be improved by raising public awareness and by training professionals.


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\caption{PERCENTAGE OF CHILDREN LIVING IN POVERTY IF PARENTS WORK ABROAD IN 2006}
\end{figure}

\textbf{Source:} Child Poverty in the Republic of Moldova based on data from the 2006 Household Budget Survey
CHILDREN LEFT BEHIND BY PARENTS WORKING ABROAD

The out migration of a significant percentage of Moldova’s productive work force is one of the main political challenges the country faces. A study done by CBS AXA in 2006 estimated that 75 per cent of migrants were between the ages of 21 and 40. Another study in 2006 found that one third of Moldova’s economically active population was working abroad. All though men migrate more frequently than women, a significant number of women go abroad searching for jobs and spend longer periods of time away from home. Statistics from the United Nations Development Programme (UNDP) survey in July and August 2006 reported in the CBS AXA study indicated that 177,195 children had parents working abroad, 21,860 of whom had both parents abroad. Eighty per cent of parents working abroad send money to their families which improves their lives economically and gives them more opportunities to continue their educations. In fact, parents working abroad can lift their children out of poverty (Figure 4).

Parents from rural areas leave their children behind more often than parents from urban areas, and the majority of children left with no parental care are 10 years or older. Most are supervised by close relatives although there are children who are left with acquaintances or even without an adult in the house. Some of these children are truly invisible because their parents migrate illegally and do not tell anyone about their plans to leave. While younger children usually live in the houses of their caretakers, older children frequently remain at home and are regularly visited. Many must maintain the household and take care of animals in addition to attending school and doing homework. The quality of the relationship with the caretaker is extremely important for the emotional well being of children without parental care. Children may not wish to recognize the authority of caretakers or may resent them when they are perceived as being too strict. The money sent by parents to caretakers for children left behind can also create tension if the children are not involved in decisions regarding its management.

Most parents working abroad try to maintain frequent contact with their children. The telephone and parcels are the main connections. A study done by the Child Rights Information Centre (CRIC) and UNICEF found that nearly 50 per cent of children communicated with their parents two to three times per week and 12 per cent talked with them daily. Although frequent visits home can considerably reduce the psychological and social costs of separation from children, such visits are not possible for parents who work in Western Europe because of the high cost of travelling and the difficulty of obtaining visas (legally or illegally) and holding down a job.

The CRIC study and one by the United Nations Development Programme (UNDP) cited the two biggest risks for children left behind in the opinions of adults in the community as abandoning school and poor academic

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40 Ibid.
HOME ALONE

Alexandru’s parents were divorced a number of years ago. His mother left to work in Italy two years ago when he was 15 years old. Initially, Alexandru lived with his aunt’s family. Later, after his mother purchased an apartment, he started to live there with his grandmother who was 62. His father had another family and barely communicated with or cared for him. Alexandru studied at the high school his grandmother once taught at before she retired. He was a good student. If he had academic problems, his grandmother solved them by paying for tutoring. Alexandru’s mother called home every week and regularly sent money.

His grandmother said that problems had started to appear gradually. She was mostly focused on education and nutrition. Initially, Alexandru started to come home late. Then many adolescents and young people started coming to their place. He started to drink excessive amounts of alcohol. He did not respond to his grandmother’s admonitions. He also started to have sexual relations at 16. His mother was not aware of Alexandru’s problems. Alexandru told her over the telephone that everything was great and the grandmother confirmed this in order not to disturb her. The grandmother and the aunt were trying to deal with Alexandru, but he lied to them and was disobedient.

When Alexandru was taken in for counseling, he said he did not think he had problems. He was fulfilling his mother’s main wish: to study hard. When talking about his behavior, he said that all his peers behaved in the same manner. All of them drank alcohol and had active sex lives. He said that even magazines for adolescents wrote about this life style and that there were television shows about it too. He said his grandmother was old and that he was not going to listen to her. “I have to get everything from life, especially now while I am young.” When the psychologist pointed out that he used his mother’s money, he said she sent it voluntarily and wanted him to have everything he wanted. When the psychologist attempted to initiate a discussion on the dangers of alcohol abuse and unprotected sex, Alexandru joked and tried to avoid answers.
performance. Both are related to social problems later on. Truancy is associated more frequently with boys from rural areas because they have agricultural work in addition to their household work. Additional dangers include risks of isolation caused by the lack or insufficiency of community activities and restricting their circle of friends to those who are in similar situations which can lead them to engage in risky behaviour such as drug use, early sexual activity, delinquency, and other socially reprehensible conduct (Box 6).

When interviewed for the CRIC survey, migrants’ children cited an urgent need to develop the personal skills they need to succeed in adult life, especially how to make sound decisions, how to develop self-confidence and how to manage their time and control their emotions. Most of them felt their futures were with their families abroad, and they intended to leave the country which could put them at risk of being trafficked, exploited or institutionalized.

Many children of migrants live in good conditions in renovated and well-furnished houses, they can pay school fees and they can buy luxury goods like computers. Because they are economically better off, they are rarely identified as a group that needs support or additional services. These children, especially those left at home without either parent or unoffically with a caretaker, do not have the legal and social protection that they are entitled to. The perception that they do not need additional support leads to profound inequalities and, as a result, to their social exclusion. They need to be identified and protected and offered any assistance that they are entitled to in such a way that they are not marginalized. Communities need to create an environment in which the children left behind by parents working abroad remain integral community members.

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OTHER SOCIALLY EXCLUDED CHILDREN

Children of Roma origin and children affected by HIV/AIDS are outside mainstream Moldovan society and lack the attention, care and services of public institutions and policy makers. Their exclusion is so profound that very little is known about them.

There is little information available about the number of Roma children including about those enrolled in primary and secondary school. In 2005, the Government estimated the total Roma population in the country to be 12,900, but unofficial statistics indicated there were twice as many. The financial situation of Roma households and communities in rural areas has remained extremely modest in spite of the sustained economic growth in Moldova in the last five years. A UNDP study found that Roma are twice as likely to be poor as non-Roma and that half Moldova’s Roma live in extreme poverty.

Roma also spend less on education which further reduces their chances of alleviating their poverty. Roma education and literacy levels are thus well below the national average; 20 per cent are illiterate. Only 4 per cent have a college or higher education compared with 38 per cent of the non-Roma population. Early marriage and the perception that they face discrimination in the school system are additional factors influencing their educational levels. Fewer Roma families own land than non-Roma families which also contributes to their poverty. The government recognizes that children of Roma origin do not regularly attend school or abandon educational institutions before completing the minimum required number of years.

There are no comprehensive data on the situations or the numbers of Moldovan children with HIV or who are living with AIDS though in 2005, the National AIDS office in Chişinău estimated that 10 per cent of HIV positive Moldovans were between the ages of 1 and 19 and that the number of persons affected would continue to grow. There is also little or no information on the fate of children whose parents either have HIV/AIDS or have died from it. This is due in part to the fact that discrimination against people living with HIV/AIDS is widespread. Most people would abandon their friends if they had HIV/AIDS, and many would refuse to take care of relatives with the disease. A significant number of people would not allow persons with HIV/AIDS to work in jobs like teaching and would not buy products in a shop managed by persons known to have HIV. These social attitudes coupled with inaccurate information about the way the virus is transmitted maintain silence on the subject and exclude those who are infected from the services and care they need.

To address these issues, UNICEF, the United Nations Fund for Population Activities and MEY organized training for adolescent peer educators in HIV prevention. The peer educators in turn organize instructional activities for their classmates wearing shirts, carrying ID cards and toting bags that say “HIV/AIDS. We care” provided by the National Youth Resource Centre (Box 7).

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46 Ibid.


SMALL DEEDS, BIG CHANGES

Elena, Ion and Ala are peer educators who can answer any question on HIV/AIDS prevention and protection in Hartopul Mare Village, Criuleni. They are one of 34 such teams of educators in the raion. They talk to their peers about AIDS through group activities in the sports hall that can host large gatherings and where it is easier to communicate. “We tell them to think first before doing anything,” said Ion explaining one of the messages for responsible behaviour promoted especially among students from senior forms of the secondary school attended by 270 children.

“Knowledge will help us be healthier and avoid dangers,” continued Ala.

Elena described the first social theatre they organized in Hartopul Mare. “We proposed different situations related to HIV/AIDS, discussed them, and then got our colleagues involved in the action.”

“The support of our parents and relatives is very important to us. With their help, we can save many lives,” added Ala.

Viorel Babii, coordinator of UNICEF project Youth for HIV/AIDS Prevention says there are teams of peer educators in Criuleni, Soroca, Falesti, Ungheni, Cahul, Basarabasca and the Posta Veche sector of Chișinău for a total of 188 active groups in all.

Thanks to their efforts, for the first time in the history of the community, the pharmacy in Hartopul Mare not only sells medicines, it is also a distribution site for leaflets and brochures with information about HIV/AIDS. The team also organized interesting activities that were widely attended by their peers on World AIDS Day.

In 2007, over 1,000 adolescents and 300 adults were trained in 10 summer school sessions for peer educators in HIV/AIDS prevention organized with the support of UNICEF, the United Nations Fund for Population Activities, and the Ministry of Education and Youth. “With the help of these trained adolescents, we hope to increase the share of young people informed about HIV/AIDS from 8 to 80 per cent,” says Larisa Lazarescu-Spetetchi, chef of HIV/AIDS and Vulnerable Adolescents UNICEF programme.
CAUSES OF INEQUALITY

POVERTY

Child poverty is one of the most serious causes of social exclusion. Children are one of the most disadvantaged categories in Moldovan society as they constitute 27 per cent of the poor and 30 per cent of the extremely poor. The incidence of poverty among children is 33 per cent while that of the general population is 30 per cent. Most of Moldova’s poor children live in villages and rural areas (Table 1). 52

Child poverty is directly related not only to residence but also to other factors. Most poor children live in large families: 70 per cent of families with four or more children are poor but only 30 per cent of families with one child are. In addition, 50 per cent of agricultural families are poor. Higher levels of parents’ education, especially of the mother, have a powerful positive impact on children’s well being, and children with younger parents (up to 35 years old) and those from families headed by women are also less likely to be poor. Boys and girls are almost equally at risk of poverty. Children aged 3–10 are the most vulnerable as 35 per cent of them are poor compared with 30 per cent of children outside this age group. In rural areas, this figure is 46 per cent for 3–10 year olds. 53

Access to drinking water, sanitary conditions and transport infrastructure in rural areas are all poor. 54 According to the DHS, in 2005, only 7 per cent of families in rural communities had running water in their houses and one third of them did not have adequate means to dispose of garbage. 55 Most rural households use wells for drinking water though in some cases the water does not meet basic sanitation standards. The situation in urban areas is better, but access to potable water is still not universal. This partially explains the significant increase in the rate of acute intestinal infections in children in 2005 and 2006. 56

The social protection system in Moldova comprises a total of 15 types of benefits and services to various categories of the population, but only one benefit is actually targeted to poor people and a UNICEF-Expert Grup study found that in 2005 only 8 per cent of the poorest people in the country actually received it. In order to evaluate the general impact of social assistance on households with children, the same study compared poverty rates before and after benefits were paid in 2004 and 2005 and found that they differed by only 1 per cent. 57 The system should be reviewed and reformed so that vulnerable children become the first beneficiaries.

If these trends continue, thousands of children and young people will remain without equal access to nutritious food, to health care, and to public services such as clean drinking water and will probably remain poor throughout their lives. Investing in public services including education and supporting economic development in rural areas are crucial for lifting Moldovan children out of poverty.

TABLE 1:

CHILD POVERTY RATES BY DOMICILE IN 2006
(in percents)

<table>
<thead>
<tr>
<th>Domicily</th>
<th>Children (0-17)</th>
<th>Adults (over 18)</th>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Absolute poverty</td>
<td>Extreme poverty</td>
<td>Absolute poverty</td>
</tr>
<tr>
<td>City</td>
<td>22</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Town</td>
<td>30</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Village/rural area</td>
<td>37</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>5</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: Child Poverty in the Republic of Moldova
in early childhood care and development is a major factor influencing children’s physical, cognitive and psycho-social development. This lack of knowledge is more common among rural families, poorer families and caregivers with lower educational levels (primary and secondary education).58

Exclusive breastfeeding during the first six months and continuing breast feeding into the second year of life is a good strategy for child survival because breast milk is uncontaminated and contains all the nutrients newborns need in addition to the mother’s antibodies. The DHS found that breast feeding practices have improved in recent years. Research carried out between 1996 and 1998 found that by the end of the fourth month, only 5 per cent of babies had been exclusively breastfed, but the 2005 DHS results indicated that 46 per cent of babies under six months of age had been.

In terms of feeding practices, according to a 2004 UNICEF early childhood survey, nationally only 10 per cent of children between the ages of six months and two years ate fish or meat every day while 20 per cent did so two or three times a week and 50% of families said they never fed their children fish or meat. The difference in the mean weight of children who ate meat and fish on a daily basis and those who ate them only infrequently was almost two kilograms which at this stage of development is a significant difference and has implications for their overall development.

Similarly, increased intake of folic acid, vitamin A and iron by pregnant women could reduce risks of certain congenital abnormalities and could reduce infant and maternal mortality. According to the DHS, 32 per cent of children aged 6–59 months in Moldova have some level of anaemia. Those most likely to have a higher prevalence of anaemia are in the youngest age groups suggesting that infants at the age of weaning are at increased risk for iron deficiency. In addition, 28 per cent of women have some level of anaemia, and the prevalence is 50 per cent higher among pregnant women than among those who are neither pregnant nor lactating. A communication campaign by the government supported by UNICEF on the importance of folic acid and iron for the health and development of children and a new

government program providing women these supplements free of charge has led to significant increase in the proportion of pregnant women who take them.

Low levels of iodine intake particularly by rural children and pregnant women also remain a concern as iodine offers protection against a wide variety of significant health problems. While 80 per cent of parents recognize the benefits of iodized salt, only 60 per cent per cent use it regularly. Raising the level of consumption of iodine would have a positive impact on the well being of Moldovan children.

Early stimulation of children at home and educational services offered by day-care facilities could also have very positive effects on early childhood development. Raising and educating children in a safe and stable environment in an

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atmosphere of happiness, love and understanding as outlined in World Fit for Children global commitments can be achieved in simple ways such as holding young children, reading to them and playing with them. A recent UNICEF survey found that only 50 per cent of parents held their small children when they asked to be in order “not to spoil them” and 50 per cent said that they did not have enough toys for their children; in fact, 8 per cent of families had no toys at all of which 21 per cent were poor and 13 per cent were rural. Only 40 per cent of parents told or read their children bedtime stories, and only 3 per cent of fathers did so. In nearly 44 per cent of families with children under seven there were no books at all in the home. Of these families, 74 per cent were poor and 56 per cent were rural. In addition, 20 per cent of parents, 47 per cent of whom were poor, did not read to their children and 12 per cent never played with them (27 per cent of whom were poor and 16 per cent of whom were rural).64

High fees, lack of facilities, insufficient quality of services offered or low numbers of professionals may determine whether parents send their children to day-care facilities for early educational opportunities. There are multiple advantages to the early childhood programs these facilities offer. For instance, children in day care had better intelligence test results.65 Also, a total of 83 per cent of children who attended day-care facilities washed their hands before meals and after using the toilet compared with 32 per cent who did not attend.

Regarding parental knowledge of when to seek medical care, according to the 2004 early childhood development baseline study 20 per cent of parents failed to name more than one danger sign of an illness that could threaten a child’s life. According to 2005 DHS, 54 per cent of mothers sought care at a health facility for their children with symptoms of acute respiratory infection and/or fever. In the management of diarrhoea, 61 per cent of mothers knew about oral rehydration salts. In most cases mothers offered adequate quantities of liquid and food, however 12 per cent of mothers offered less liquid and 10 per cent much less than the usual amount of food which indicated a need to strengthen maternal knowledge in managing common childhood illnesses.

A family’s awareness of dangerous health conditions and symptoms and its knowledge of first aid and how to prevent accidents can mean the difference between life and death. As many childhood accidents occur when children are left with no supervision, parents need to be aware of potential dangers in their homes. In the 2004 early childhood study, 20 per cent of parents admitted that they had left their child under three years of age unsupervised/ unattended.

In addition, parental choices about how to discipline children, about including children in important family decisions like those about migration and the quality of contact between parents and children if parents do migrate all have lasting effects on children.

2. GENDER BIAS

Existing Moldovan realities and attitudes related to gender affect the well being and development aspirations of girls and boys. In addition to internalizing attitudes toward violence in the home from the time they are very young, boys and girls learn stereotypes about the roles of women and men. This limits their choices in their families, employment, education and public lives as they grow and become adults. Moldovan society is patriarchal and does not provide equal opportunities for women despite the fact that the Constitution and the laws of Moldova guarantee them.66 Women are often encouraged to get married and have children at very young ages, and they are expected to take on complete responsibility for raising children and taking care of the household, even if they are working outside the home. Men are viewed as incapable of taking good care of the household and of the children.67 Only 2

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65 Ibid.
per cent of men and 6 per cent of women thought that women should head family households.\textsuperscript{68}

Even if women are well educated, they have difficulty getting responsible positions with high pay. Instead, greater numbers of women work in lower paying jobs in education, health care, social assistance and jobs that involve caretaking. Even when they work in the same jobs as men, women are paid at lower rates.\textsuperscript{59} Moldova also has overly broad legal restrictions that prohibit women from holding certain jobs entirely and from engaging in certain kinds of work while they are pregnant.\textsuperscript{70}

Though women outnumber men in Moldova (52 per cent to 48 per cent\textsuperscript{71}) women are poorly represented at all the levels of decision making.\textsuperscript{72} In local elections on June 3, 2007 women won 18 out of 100 mayoral elections although 25 per cent of the candidates on the electoral lists were women.\textsuperscript{73} The number of women who hold positions in central public administrations is also low at only 20 per cent.\textsuperscript{74}

3. HIV/AIDS

As of April 1, 2007, 3,400 persons had been diagnosed with HIV in Moldova out of which 127 had died from AIDS.\textsuperscript{75} In 2006, 216 new cases of HIV infections were registered, and in the first five months of 2007, there were 171 new cases.\textsuperscript{76}

An analysis of new HIV cases by gender indicated that there has been a major increase in infections among women.\textsuperscript{77} Also, while 20 per cent of infections in 2001 were transmitted through sexual contact, that figure was 60 per cent in 2006. According to the UNICEF knowledge, attitudes and practice study done in 2005, risky sexual practices are more widespread among young people, especially among children under the age of 14 and girls from rural areas. Only 8 per cent of people between the ages of 10 and 24 could correctly cite modes of transmission and prevention.\textsuperscript{78}

The attitudes of families towards HIV/AIDS and sexuality have a direct influence on young people’s behaviour and on government policies. The latter in turn have an impact on budget allocations for health, over the way in which information is distributed and used and over the access of young people to prevention, counselling and treatment services. Ensuring the confidentiality of personal health information and encouraging an understanding attitude and open discussions about health and sexuality can promote a healthy way of life for children and young people. Positive behaviour and personal responsibility can reduce risk factors for HIV/AIDS for teenagers and youngsters.

At the same time, a humane attitude toward people affected by HIV/AIDS would make government efforts to offer them assistance and protection more efficient. That attitude is a long way off, however. In 2003, when asked if they would let their child play with a child or a teacher infected with HIV in a day-care centre, 70 per cent of parents said no.\textsuperscript{79} A person infected with HIV is not necessarily a public threat to the health of others. The answers lie in targeted care and support programs and continuous psychological support for children and young people affected by HIV/AIDS, as well as their parents.

\begin{thebibliography}{99}
\bibitem{76} National Scientific and Practical Centre of Preventive Medicine, \textit{Newsletter on Epidemic Situation with HIV/SIDA}, Chisinau, February 2007
\end{thebibliography}
ACCESS TO AND QUALITY OF SERVICES

Under the Convention on the Rights of the Child, children are entitled to special protection and support from the state in order to promote and protect their development, health, welfare and human rights. All children need quality health, education and protection services to grow and to develop into healthy, productive adults. In Moldova, the access of children to these services is limited by poverty, social attitudes and practices, weak infrastructure, geographical distortions and low quality because employees in the health and education sectors make among the lowest salaries in the entire public sector. Not all schools and hospitals have running or hot water, and many have substandard sanitation facilities. Many medical facilities and laboratories do not have sufficient supplies or up-to-date equipment and procedures. Practices where unofficial payments for services exist further contribute to a lack of trust in these institutions and result in financial barriers for some families to access services.

1. ACCESS TO EDUCATION

Although the percentage of the gross domestic product allocated to education grew from 5.5 per cent in 2000 to 6.8 in 2005. Many existing schools lack teachers, monitoring, libraries and adequate infrastructure. The gross enrolment rate in pre-school is, however, growing. According to official statistics of MEY, 55 per cent of children aged 3–5 years and 86 per cent of children 5–7 years old benefited from early childhood education in 2006. Despite this progress, the educational system still faces problems. Although over 90 per cent of children attend primary school, children from poor families enter the system later and with significant disadvantages as usually they do not attend pre-school. Their academic performance tends to deteriorate, and they often to drop out after primary school.

The quality of the education system will determine the long-term economic growth of the country. In 2003 the Government approved the Education for All National Strategy for 2004–2015 to provide all children access to quality education. As a follow-up, in 2005 Moldova became eligible for the Education for All Fast-Track Initiative and in 2006 the Government started to implement this project with support from the Catalytic Fund in cooperation with UNICEF as lead agency, the World Bank and UNESCO and in partnership with local public administrations, parents’ associations, civil society, academia and the private sector. The Initiative includes building and equipping kindergartens, renovating community centers with new toys and books, training instructors and managers and encouraging parents to take an active role in the education of their children. SALT is another education project. Its aim is to create an information system in the education sector and to implement information technologies in education including getting schools access to the Internet.
2. ACCESS TO HEALTH SERVICES

With the implementation of compulsory health insurance in 2004, access to health services has improved. All children up to 18 years, pregnant women and mothers with seven or more children are insured by the state. The basic package of health care services includes free drugs for children under five years and iron and folic acid for pregnant women.

As mentioned in the introduction, over 90 per cent of children have been vaccinated against polio, tuberculosis, diphtheria, mumps, rubella, measles and Hepatitis B. In addition, antenatal care coverage is 99.5 per cent, and 99.6 per cent of births are attended by trained personnel. Moldova has recently made maternity hospitals more child and family friendly which has improved services, but there is still room for progress including the area of paediatric emergency care.

The consumption of iodized salt increased from 34 per cent in 2000 to 60 per cent in 2005 which contributed to a decline in the infant mortality rate from 18.3/1000 live births in 2000 to 11.8 in 2006 and in the child mortality rate (1–5 years) from 19.2 to 14.0/1000 live births. During the same period, the rate of maternal mortality decreased from 27.1 to 16.0 deaths per 100,000 live births. Special training for health-sector workers nationwide and new equipment for primary care units also improved the quality of services.

Prenatal conditions, respiratory diseases, congenital abnormalities and trauma are major causes of infant and child mortality. Although there have been improvements due to national programs, many more cases could have been prevented or cured. The high numbers of deaths in homes (20 per cent of the total number of infant and child mortality cases) were from causes that could have been prevented in more than half the instances if parents had had adequate health knowledge and childcare practices and had learned to recognize dangerous symptoms and ask for help. However, in the past five years infant deaths from acute respiratory infections and infectious and parasitic diseases have declined due to the efforts of the Government supported by donors and development agencies to offer a basic package of health services to children under the age of five as part of the national project Integrated Management of Childhood Diseases (Table 2).

Despite these positive tendencies at the national level, there are striking inequalities at the regional level. Four raions had infant mortality rates of over 13/1,000 in 2007. This illustrates the significant differences in the quality of basic services and their delivery as well as the unequal coverage of personnel and equipment. The number of family doctors per 1,000 people is 1.6 times fewer in rural communities in comparison with urban communities, and almost 39 per cent of the raions are below average.

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82 National prenatal program, national vaccination campaign against measles, folic acid supplements for all pregnant women and the Integrated Management of Childhood Diseases Project.
84 Government of Moldova, World Bank Health Policy Note, Chisinau, 2006
TABLE 2:
THE MAIN CAUSES OF INFANT MORTALITY IN 2001 AND 2006

<table>
<thead>
<tr>
<th>Causes</th>
<th>2001, %</th>
<th>2006, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal conditions</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>Congenital malformations</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Acute respiratory infections</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Trauma and poisoning</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Infections and parasites’ infections</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Moldova must implement a number of priority activities to support and protect children's health and development and to use the benefits of recent economic growth to promote the wellbeing of all families. The position of Ombudsperson for children has been approved by the Parliament and established to promote effectively, protect and monitor children’s rights. This person should have an official mandate to deal with violations of children’s rights and to ensure that commitments in the UN Convention on the Rights of the Child are fulfilled both at the national and local levels.

Economic development and social protection policies should be reoriented and restructured so that the most vulnerable children and the most disadvantaged families are the main beneficiaries. This reorientation will provide new opportunities in Moldova to all young people. Economic and rural infrastructure development and foreign investment in health, education, social protection and youth could have positive impacts on the situation of children in Moldova.

Government partnerships with non-government organisations, development agencies, research institutions, academia and mass media should focus on changing attitudes to make children’s rights an absolute priority for government policies and the public interest. Budgeting at all levels in the best interest of children will make a significant contribution to eliminating inequalities and the social exclusion of the children.

Children living in poverty and children without parental care need the attention of state and community policies and services. When data on them and on other socially excluded children (children of Transnistria, rural children with disabilities or children of Roma origin) are lacking, studies should be done so their problems can be recognized and solutions can be offered.

The reform of the institutional child care system should be completed; it is extremely important that it is done in a strategic way taking into consideration the future of every child and every employee of every institution. Public opinion should change so that institutionalization becomes a measure of last resort, acceptable only in exceptional cases as temporary situation. Alternative services already exist in the form of family-type homes, temporary custody and professional parental assistants.

HIV/AIDS is another threat to the health and well being of the children in Moldova that can be eliminated only by educating the population in prevention and by reducing the stigma and discrimination against persons living with HIV.

Moldova recently presented at the United Nations Committee of the Rights of the Child the progress it has made in implementing the Convention of the Rights of the Child. The response of the Committee to this report will constitute a comprehensible tool and quick Governmental action for children.
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