

CHILDREN IN THE REPUBLIC OF MOLDOVA

SITUATION ANALYSIS 2016



This report was produced with the support of UNICEF Moldova.

Authors: Dennis Arends, Mariana Ianachevici, Ala Nemerenco, Arina Turcan

Quality assurance: Camelia Gheorghe

Acknowledgements

The Situation Analysis was developed by a team of consultants: Mariana Ianachevici, Ala Nemerenco and Arina Turcan under the leadership of Dennis Arends. Quality assurance review was completed by Camelia Gheorghe. The research was supported by UNICEF Moldova. We are thankful to UNICEF programme team colleagues who provided expertise and contributed extensively to the review of the document.

UNICEF is immensely grateful for the support and extensive reviews provided by government counterparts: the State Chancellery of the Republic of Moldova, the National Bureau of Statistics, the Ministry of Education, the Ministry of Health, the Ministry of Labour, Social Protection and Family, the Ministry of Justice and other relevant ministries, state institutions and government agencies, including the Ombudsperson for Child Rights. Stakeholders consulted during the field research included national-level policymakers, local public authorities, professionals, representatives from non-governmental organizations, as well as adolescents and youth. UNICEF is very grateful for their invaluable contributions to the research as well.

Extracts from this publication may be freely reproduced with due acknowledgment using the following reference: UNICEF, 'Children in the Republic of Moldova: A Situation Analysis', 2016.

All correspondence should be addressed to:

UNICEF Moldova Office,
131, 31 August 1989 Str.
Chisinau, Republic of Moldova

Copyright © 2017 United Nations Children's Fund
(UNICEF)

Cover photos:

© UNICEF Moldova/2017/Foca

Contents

EXECUTIVE SUMMARY	6
ACRONYMS	5
CHAPTER 1: COUNTRY PROFILE AND DEVELOPMENT CONTEXT	14
1.1 REPUBLIC OF MOLDOVA: BASIC SOCIO-ECONOMIC DATA	14
1.2 DEMOGRAPHIC TRENDS AND MIGRATION	15
1.3 ECONOMY AND LABOUR.....	16
1.4 HUMAN DEVELOPMENT AND GENDER EQUALITY	19
1.5 POVERTY, INCOMES AND INEQUALITY	20
1.6 PUBLIC ADMINISTRATION AND DECENTRALIZATION.....	22
1.7 LEGAL AND POLICY FRAMEWORK ON CHILD RIGHTS	23
CHAPTER 2: THE RIGHT TO ADEQUATE STANDARD OF LIVING	26
2.1 THE STATE OF CHILDREN’S RIGHT TO ADEQUATE STANDARD OF LIVING.....	26
2.2 BARRIERS TO THE REALIZATION OF CHILDREN’S RIGHT TO ADEQUATE STANDARD OF LIVING.....	27
2.2.1 <i>The enabling environment for social assistance</i>	27
2.2.2 <i>The availability, access and quality of social assistance programmes</i>	31
2.2.3 <i>The demand for social assistance programmes</i>	32
2.3 OPPORTUNITIES FOR ACTION.....	33
CHAPTER 3: THE RIGHT TO HEALTH AND NUTRITION	36
3.1 THE STATE OF CHILDREN’S RIGHT TO HEALTH AND NUTRITION	36
3.2 BARRIERS TO THE REALIZATION OF CHILDREN’S RIGHT TO HEALTH AND NUTRITION	39
3.2.1 <i>The enabling environment for health and nutrition</i>	39
3.2.2 <i>The availability, access and quality of health and nutrition services</i>	42
3.2.3 <i>The demand for health and nutrition services</i>	45
3.3 OPPORTUNITIES FOR ACTION.....	48
CHAPTER 4: THE RIGHT TO EDUCATION	52
4.1 THE STATE OF CHILDREN’S RIGHT TO EDUCATION	52
4.2 BARRIERS TO THE REALIZATION OF CHILDREN’S RIGHT TO EDUCATION.....	55
4.2.1 <i>The enabling environment for education</i>	55
4.2.2 <i>The availability, access and quality of education services</i>	58
4.2.3 <i>The demand for education services</i>	61
4.3 OPPORTUNITIES FOR ACTION.....	63
CHAPTER 5: THE RIGHT TO A NURTURING AND SAFE ENVIRONMENT	67
5.1 THE STATE OF CHILDREN’S RIGHT TO A NURTURING AND SAFE ENVIRONMENT.....	67
5.2 BARRIERS TO THE REALIZATION OF CHILDREN’S RIGHT TO A NURTURING AND SAFE FAMILY ENVIRONMENT	69
5.2.1 <i>The enabling environment for a nurturing and safe family environment</i>	70
5.2.2 <i>The availability, access and quality of child protection services</i>	72
5.2.3 <i>The demand for child protection services</i>	75
5.3 OPPORTUNITIES FOR ACTION.....	76
CHAPTER 6: ACCESS TO JUSTICE	79
6.1 THE STATE OF CHILDREN’S ACCESS TO JUSTICE.....	79
6.2 BARRIERS TO THE REALIZATION OF CHILDREN’S ACCESS TO JUSTICE.....	81
6.2.1 <i>The enabling environment for access to justice</i>	81
6.2.2 <i>The availability, access and quality of justice for children services</i>	84
6.2.3 <i>The demand for justice for children</i>	89
6.3 OPPORTUNITIES FOR ACTION.....	90
LIST OF TABLES	
Table 1. Key macroeconomic indicators in the Republic of Moldova, 2012–2018.....	17
Table 2. Stunting prevalence in children aged under 5 years in the Republic of Moldova (per cent), 2012.....	38

LIST OF FIGURES

Figure 1. Demographic trends in the Republic of Moldova, 2005–2016 15

Figure 2. Remittances as a share of GDP in selected Europe and Central Asia countries, 2014 18

Figure 3. Trends in the Republic of Moldova’s Human Development Index components, 2010–2014 19

Figure 4. Percentage of the population below the national poverty line, 2006–2014 21

Figure 5. Poverty rate, per cent, by residential area and number of children in the household..... 26

Figure 6. Infant mortality rate, 2014 (per 1,000 live births) 36

Figure 7. Under-five mortality rate, 2000–2015 (per 1,000 live births)..... 36

Figure 8. Immunization rates, 2006–2015..... 38

Figure 9. Youth Friendly Health Services Users, 2010–2015 48

Figure 10. Enrolment rates in preschool education, 2000–2015..... 52

Figure 11. School attendance rates in Roma-populated communities, total (per cent) 53

Figure 12. Acceptance rate of children with disability in regular schools by teachers and caregivers . 63

Figure 13. Number of children in residential care, 2006–2015 67

Figure 14. Violent disciplining methods, per cent children 69

Figure 15. Number of detained children, 2006–2015..... 80

Acronyms

APSCF	Alliance of Non-Governmental Organizations Active in the Field of Social Protection of Children and their Family
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	civil society organization
DCFTA	Deep and Comprehensive Free Trade Agreement
ECA	Europe and Central Asia
ECD	early childhood development
EFA–FTI	Education for All–Fast-Track Initiative
EMIS	Education Management Information System
EU	European Union
GDP	gross domestic product
GII	gender inequality index
GNI	gross national income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
MDG	Millennium Development Goal
MDL	Moldovan Leu
MHI	Medical Health Insurance
MICS	Multiple Indicator Cluster Survey
MIG	Minimum Income Guarantee
NAQAPE	National Agency for Quality Assurance in Professional Education
NBS	National Bureau of Statistics
NCD	non-communicable diseases
NEET	Not in Education, Employment, or Training
NHIC	National Health Insurance Company
NSIH	National Social Insurance House
OECD	Organisation for Economic Co-operation and Development
PPP	Purchasing Power Parity
SAAIS	Social Assistance Automated Information System
SDG	Sustainable Development Goals
SitAn	Situation Analysis
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
US\$	United States dollar
WHO	World Health Organization
YFHS	Youth Friendly Health Service

Executive Summary

Purpose

This Situation Analysis (SitAn) aims to help identify key challenges and their root causes to inform the planning of the UNICEF Country Programme for the Republic of Moldova for the period 2018–2022. It also aims to serve as a tool for advocacy, source of information and baseline data source for monitoring and evaluation of UNICEF support and interventions in the Republic of Moldova. It provides an essential evidence base from which the theory of change underpinning the new country programme can be developed.

The SitAn acknowledges the fact that children are central to sustainable development and draws the attention of decision makers to **three key messages**:¹

1. Sustainable development starts with safe, healthy and well-educated children;
2. Safe and sustainable societies are, in turn, essential for children; and
3. Children's voices, choices and participation are critical for the sustainable future we want.

Methodology

The SitAn is informed by the Republic of Moldova's international human rights commitments, notably the Convention on the Rights of the Child, and the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development, which bear a direct impact on achieving sustainable outcomes for children in the country. It takes a **rights-based, equity approach**, focusing whenever possible on the most vulnerable children.

The analysis used a **mixed-method approach**, including: structured desk review of documentary sources of information (administrative data, academic papers and articles, studies, assessments and evaluations, including the United Nations Common Country Assessment 2016; in-depth interviews with government officials at central, district and local levels, representatives of civil society organizations and external donors, sectoral experts and service providers in the field of health, education, child protection and justice; and focus group discussions with adolescents to understand their views on life in the Republic of Moldova as well as their expectations for the country and themselves. The **baseline year for this SitAn is 2015**, but, in some cases, longitudinal data from before 2015 are also presented where the dynamics and persistence of challenges required more in-depth analysis.

The barriers towards realization of children's rights are analysed using a **determinant analysis** approach which identifies critical determinants of discrimination, inequality and exclusion that lay at the heart of most challenges faced by children and their families in the Republic of Moldova. The determinants and corresponding barriers are discussed from three perspectives:

- Enabling environment – i.e., legal and policy framework; management and coordination; and budgets and expenditures;
- Availability, access and quality of care – i.e., availability of essential commodities and inputs; access to adequately staffed services, facilities and information; and quality of care; and
- Demand for support – i.e., financial access; social and cultural practices and beliefs; and timing and continuity of use.

Some **limitations** have influenced the possible validity and depth of the SitAn, as well as the extent to which the causality between different levels of determinants could be examined. Firstly, disaggregation of quantitative data is a challenge in the Republic of Moldova. Recent national-level data are available on many child rights issues, often with disaggregation by rural and urban localities. However, deeper disaggregation to understand the situation of particularly vulnerable groups (i.e., children with disabilities, Roma children) is often limited. In some areas (e.g., child protection) data are incomplete or contradictory, as sometimes the same data are collected by various different organizations. Secondly, statistics and analytical information on the situation of children in the districts of the left bank of the Nistru River and the municipality of Bender (known as the 'Transnistrian region') are scarce. Therefore, unless specifically mentioned, data and analysis presented concern children living in the districts and municipalities on the right bank of the Nistru River. Thirdly, scientific socio-anthropological research that helps understand the reasons behind, and the

¹ United Nations Children's Fund, 'Sustainable Development Starts with Safe, Healthy and Well-Educated Children', UNICEF, May 2013.

connections between, the quantitative values of social indicators is scarce. This limits the possibility to triangulate available information from routine management information systems with research and interviews, and demonstrate causal relationships specific to the Republic of Moldova based on scientific evidence. Despite these overall identified limitations, every effort has been made to triangulate the available information and use multiple reliable sources of information.

Structure

The SitAn is divided into six chapters. **Chapter 1** provides an overview of the country profile and development context, including the main socio-economic trends and an outline of policy and legal framework on child rights. **Chapters 2–6** analyse the state of play, achievements and barriers to the realization of children's rights to: adequate standard of living; health care and nutrition; education; a nurturing and safe environment; and justice. The determinant analysis of the realization of children's rights in each area concludes with a number of opportunities for action to ensure sustainable outcomes for children framed by related SDGs with targets and monitoring indicators for whose attainment the Republic of Moldova needs to make significant efforts in the years to come, as discussed in the Common Country Assessment 2016.

Key findings

1. The SitAn acknowledges that over the past five years, the Republic of Moldova has made significant progress in advancing key child rights. Important progress has been made in reducing child poverty. Since 2010, the total number of children living under the absolute poverty line decreased by about half. Some remarkable results were achieved in reducing mortality and morbidity. Since the mid-1990s, under-five mortality has dropped by nearly half and infant mortality rates have fallen by more than half. The Republic of Moldova now has rather low levels of chronic malnutrition among children (i.e., stunting). In education, there has been strong growth in the enrolment of children of kindergarten age, putting the Republic of Moldova at the top of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) countries in this regard. At the same time, the Republic of Moldova made progress in the inclusion of children with disabilities and special educational needs in mainstream education. Reforms in the child protection sector resulted in a threefold reduction of the number of children living in residential care since 2010, in parallel with a significant increase in the number of children being placed in alternative care. Child offences are low and they are decreasing as a proportion of all crimes committed in the Republic of Moldova, with the caveat that offenders have become younger and offences slightly more violent. There has been a threefold decrease in the number of children in detention since 2006.

2. Despite this progress, the SitAn identifies several groups whose rights are still breached and who suffer from persistent deprivations and inequities. These are the children from poor families, children with disabilities, Roma children, children 'left behind' as a result of expansive migration, and most at-risk adolescents.

Children from poor families

Although its absolute poverty decreased impressively, the Republic of Moldova remains one of the poorest countries in Europe, with about one in every eight children living in poverty. The majority of them reside in rural areas, and the rural urban divide is growing – i.e., 38 per cent of children under 18 years of age in rural areas live below the poverty line, compared with 13 per cent in urban areas. Poverty strikes children in ways that reach far beyond income security and have strong impacts on their physical safety, health and psychosocial well-being. Poor children are more likely to be malnourished or die at home from preventable causes. Poverty also has a significant impact on enrolment, the difference between the lowest and highest wealth quintiles being nearly 30 percentage points for preschools and 67 percentage points for upper secondary education. The enrolment rate of poor children in preschool education in the Republic of Moldova is worrisome. For secondary education in particular, absenteeism is a serious issue among poor children. Overall, the educational performance of poor children is well below average. Furthermore, enrolment rates of poor children at all levels are affected by substantial formal and informal payments by their caregivers. The same holds true for medical attention: informal payments are common and may cause especially poor caregivers to refrain from seeking medical assistance. Poverty also makes children more likely to lack parental care and is the main reason for institutionalization. Poverty is further associated with a higher prevalence of the use of violence in child upbringing, and low family income is an important underlying cause of child delinquency. In virtually all of these instances of deprivation, children in rural areas are consistently more disadvantaged than children

in urban localities. In addition to rural children, several other subgroups of children are far more likely to be affected by poverty and deprivation, as detailed below.

Children with disabilities

The Republic of Moldova has an estimated number of 13,000 children with disabilities. They are disproportionately poor, partly due to the failure of the social protection system to provide a satisfactory level of support. The periodic and category-based disability allowances, aimed to address various disability-related risks, including poverty, are subject to significant discretion on the part of the medical professionals granting the disability certificate. Even with a successful childcare reform, children with disabilities in the Republic of Moldova constitute one third of institutionalized children, and they stay longer than others in residential institutions.² Disability also affects enrolment rates. For instance, 60 per cent of children with disabilities within the 3–6 years age group are not in preschools. Children with disabilities are also more deprived of quality education, be it preschool or general education. They are less likely to finish schooling; indeed, only one third of children with disabilities graduate from school. Education and health facilities are often not properly equipped to facilitate their access to such services. Although it is known that health services specifically designed for children with disabilities are far from optimal, in general, little else is known about the health conditions of children with disabilities, including information on early identification and early detection or access to rehabilitation services.

Roma children

Many of the challenges faced by poor children hold true for Roma children. Both the incidence and the depth of poverty are twice as high among Roma children than among non-Roma children – a situation that has remained constant over the years. Like poor children, Roma primarily live in rural areas where health-care provision is far from adequate. The enrolment rates of Roma children at all school levels are much lower than those of non-Roma children: one fourth at the pre-primary level, half at primary and lower secondary levels, and one fifth at the upper secondary level. Roma children also lag behind in school attendance and performance at all levels, partially because their parents do not have the means to purchase school materials and make both formal and informal payments. However, cultural attitudes towards education also affect their schooling, as the Roma rank early marriages and supporting the family very highly. In addition, they face difficulties in school because they do not speak the language of instruction very well – an issue that the few remaining Roma community mediators have not been able to fully resolve. The lack of such mediators also hampers the access of Roma children to social assistance programmes and health-care services.

Children left behind as a result of expansive migration

There are about 40,000 children with one or both parents who migrated abroad for more than three months per year. Often, health, nutrition and education outcomes of left-behind children are not worse than other children. They are also not living in the poorest households, as remittances make an important contribution to reducing poverty. It is estimated that rural poverty would be double without remittances. Consequently, many children left behind may not be income-insecure today, but poverty which forces their parents to migrate abroad could be the very reason why they are deprived of parental care. There is a larger proportion of children living with their grandparents in rural areas, where deprivations are more common. Furthermore, children left behind miss out on crucial social and emotional development. They suffer more from emotional and moral distress, as well as from violence and abuse. The lack of parental love and supervision also puts them at greater risk of using negative coping mechanisms and institutionalization.

Most-at-risk adolescents

Adolescents' reproductive health is poor, with a high level of sexually transmitted infections prevalent among youth, in part due to the low use of modern contraception methods compared with their peers from East European countries. In general, comprehensive knowledge about HIV prevention among young people aged 15–24 years is low. Youth Friendly Health Centres do not yet sufficiently reach the vulnerable and most-at-risk adolescents in the rural areas, in particular

² Ministry of Labour, Social Protection and Family administrative records, 2015, <www.mmpsf.gov.md/sites/default/files/document/attachments/cer.103a_pentru_anul_2015.pdf>.

those living in areas with less favourable health conditions (e.g., teenage pregnancies). The share of mothers younger than 20 years in the total number of women with live births decreased, but it is still high among Roma girls. Regional data show that about a quarter of Roma adolescents aged 16 years and older smoke daily, almost twice as high as their non-Roma peers. The consumption of alcohol at least once in their lives by adolescents in the Republic of Moldova ranges from 28 per cent for 11-year-olds to 82 per cent for 17-year-old adolescents. In addition to low awareness on preventive health practices, adolescents' participation in social life and decision-making processes, both at home and in society, remains very low. Adolescents' views are hardly considered in the decision-making processes that concern them. There are also very limited and underfinanced mechanisms providing opportunities for participation; the ones that do exist do not respond to the needs of adolescents.

3. While certain vulnerable groups are more deprived of their rights than others, there are a number of negative trends and challenges more commonly faced by all children in the Republic of Moldova. These challenges remain particularly salient in the areas of immunization, breastfeeding, various education levels and child protection. Life-saving immunization rates are generally high, but with alarming and persistent decreasing trends. Contrary to most other indicators, these rates are lower for affluent children. Exclusive breastfeeding is also low and decreasing across the board, down to one third of all children under 6 months old, whereas it stood at 50 per cent some 10 years ago. The number of children under 3 years old engaged in early learning and development activities remains modest, regardless of income, location or ethnic background. Furthermore, enrolment in general education drops dramatically after the compulsory lower secondary education, which is when absenteeism reaches its peak. But education is not just about getting through school; learning is what counts. And in the Republic of Moldova, academic performance at all pre-university levels is among the lowest in Europe, with many children not at the right developmental or proficiency level for their age. Approximately 50 per cent of 15-year-old students do not have the basic level of proficiency in reading and mathematics.³ A worrying trend is the high and persistent levels of violent disciplining at home. An estimated 76 per cent of children aged 2 to 14 years have experienced violent disciplining at home, including both physical punishment and psychological aggression. Also worrying are the increasing reports of crimes against children, especially sexual abuse, which made up one fourth of all cases of violence against children on which investigation was initiated in 2015. Moreover, it is very likely that most of the offences committed against children still go unreported. A high number of child offenders are not diverted but sent to court and convicted. In 2015, one in two cases involving child offenders was sent to court. Every seventh child offender was sentenced, and one in six sentenced children was imprisoned.

4. Several key barriers which hinder the realization of children's rights and vulnerability to deprivation are influenced by economic trends. The Republic of Moldova's economic growth is strongly dependent on the agricultural sector and remittances from abroad, which are very susceptible to external shocks. The recurrent droughts, the global economic crisis and the sharp fall in remittances due to the economic downturn in the Russian Federation caused a collapse of economic growth in recent years. Adding to this was the deterioration of the public finance situation due to a massive bank fraud. All those factors limited the fiscal space for investment in social services and the social sector in general, increasing the vulnerability of children in the Republic Moldova. The strong reliance on remittances, which primarily fuelled the strong economic growth of the past decade and led to decreased poverty for many children, is unsustainable, because family reunification is increasing and because the remittances are mostly used for families' subsistence needs and only very little invested productively. A large proportion of the population depends on informal jobs, which explains the large share of informal economy in the official gross domestic product. Salaries in the Republic of Moldova are among the lowest in Europe. For families with three children, wages represent less than one third of disposable income, forcing them to rely on alternative sources, such as remittances and informal employment in the agricultural sector.

5. At the same time, there are other critical barriers to an adequate standard of living which relate to severe constraints in the social protection system. The Republic of Moldova has undertaken a number of reforms in social protection in recent years; however, these reforms have not yet culminated in a comprehensive and integrated child-sensitive social protection system expressly dedicated to poverty alleviation and the social inclusion of vulnerable children. There is also no overarching national strategy on poverty alleviation, social protection and inclusion of vulnerable groups that underpins the various programmes, leaving interventions fragmented and at risk of unsustainability. Along with contributory social protection (also referred to as social insurance), social assistance can be an effective approach to reduce

³ Programme for International Student Assessment (PISA), 2015

vulnerability to poverty and deprivation. However, dwindling demographic trends, a rapidly ageing population and a shrinking labour force create heavy pressure on the social protection system. While many social assistance schemes exist in the Republic of Moldova, including ones explicitly targeted at children, their benefit level is low and their amount, as a share of the government budget, is quite limited. Despite a persistently higher poverty rate among families with children, the share of families with children receiving the country's main poverty-focused social assistance programme, Ajutor Social, decreased to half in 2014, compared with 80 per cent four years ago. The overall targeting of social assistance is weak and does not meet needs. Therefore, today, social assistance schemes have little impact on overall poverty reduction and the Social Assistance Automated Information System is not used at its full capacity to fine-tune social protection policies and make them more focused on vulnerable children and their families. The weak inter-sectoral coordination for monitoring the child poverty and only partial disaggregation of poverty-related data undermine effective policymaking. At the same time, the limited awareness of social support by the eligible population on the background of inconsistencies in the application process for social benefits and reactive approach of social assistants make the social assistance programmes significantly rely on self-referrals or, worse, discourage eligible people to apply.

6. Despite important reforms related to mother and child health, there are significant barriers which still hamper the right of children to adequate health care and nutrition. All children and pregnant women are automatically covered under the mandatory health insurance system. Unfortunately, informal payments are very common and are often a requirement for receiving the necessary medical assistance, including services that are supposed to be free. This creates barriers to access to health care, particularly for poor children. In addition, there are significant geographical differences in access to health care, with rural areas lacking some primary health-care services. For example, Youth Friendly Health Centres are only available in the district capitals. Similarly, rehabilitation services for children with disabilities are available in very few centres in urban areas and caregivers have limited knowledge, capacities and skills to provide appropriate care to their children and use positive developmental practices. The Republic of Moldova has a shortage of family doctors, especially in rural areas, and is permanently losing health workers due to low salaries and migration. Despite a relatively well-developed legal framework, there are still areas whose regulation are not optimal (breastfeeding, public procurement of vaccines and drugs, adolescents' right to sexual and reproductive health). Weak cross-sectoral cooperation hinders an efficient health governance and implementation of certain national health programmes that would benefit the most vulnerable children, notably in the area of early childhood development, early identification and intervention services, and health promotion. Home visits for newborns and their mothers occur frequently, but with disparities in frequency, quality and comprehensiveness of their scope of intervention. As highlighted in this SitAn, children from vulnerable families with increased medical-social risk benefit less frequently from referrals (about 10–20 per cent less than average) and, in many cases, the physicians' home visits are not according to the standards. Finally, a significant barrier is the low per capita allocation for health care in the Republic of Moldova, which is one of the lowest in Europe.

7. During the past two decades, the education system has been subject to continuous reform and transformation, but the education outcomes for children are still lagging behind. Although the legislation stipulates that studies in public pre-primary, primary and secondary education are free, contributions of parents (formal and informal) are substantial in size, represent a significant share of a family monthly expenditure and have become a social norm, affecting the schooling of vulnerable children and exacerbating the social stratification in education. The inability of vulnerable parents to pay these contributions (about 40 per cent of parents) contributes to high rates of absenteeism, increases the risk of dropout and negatively impacts on the education outcomes of children. Teachers are a crucial factor in children's learning outcomes and can be key determinants of children's future ability to be engaged members of society. In the Republic of Moldova, however, many of them are poorly trained and unmotivated. Combined with low salaries and the low status of the profession, as well as flaws in the teachers' performance assessment, this has proven to negatively influence student performance. Between 2011 and 2015, much effort was made to improve education for children with special educational needs, including ring-fencing funds. These reforms and increased demand for inclusive education put the education sector under big pressure due to a lack of sufficient numbers of trained educational staff and management in schools, as well as qualified psycho-pedagogical support staff at district level. Parents have also limited knowledge, capacities and skills to support learning. With decentralization, greater accountability for education has been transferred to local public authorities, which do not always have the capacity to effectively manage the system. The establishment and running of early childhood education and development programmes depend on local authorities, whose budgets are limited and insecure. As a result, currently, only 15 per cent of demand for such services is met. Demographic dividends have the potential to generate efficiency gains, but this is not happening due to the difficulty in optimizing the school network, thus

deeply affecting small schools in remote rural areas. Adjustments in the education funding formula would need to be made to ensure that adequate services are available for all children.

8. The SitAn has also identified barriers in ensuring children's access to a safe and nurturing environment. The legislation, policies and services for children in need are mostly reactive and focus less on preventing the separation from family. While there is a series of benefits and services for families with children, these are mainly aimed at addressing risks once they have already materialized; the root causes of family separation, violence, abuse and neglect of children are not systematically tackled. As in the case of other services, the fiscal decentralization put at risk the availability, quality and sustainability of child protection services provided by local authorities and financed from local budgets. The current service provision is fragmented, services are not equally spread across the country, and many of them depend on donor support and political will rather than being based on needs assessment (e.g., social services for children and families are all affected by underestimated financial standards). The reform of the residential care launched in 2007 has not been complemented by sufficient development of alternative services. For instance, foster care services are still limited or even missing in some districts, affecting in particular children with disabilities. Although they cover the whole country, only a minor part of all community social assistants are qualified in social work and there is no systematic in-service training to upgrade their knowledge and skills. The working conditions, including a large caseload, unattractive salaries and frustrations resulting from daily work, in addition to poor professional development opportunities, influence the high turnover of community social assistants. Even though most parents are aware that violent methods of upbringing are less effective than non-violent disciplining, they continue using them mostly because of their incapacity to respond to children's behaviour and desires. The population is rather passive in terms of reporting cases of abuse and violence, even though social pressure plays a preventive role with regard to disciplining in public. In addition, children are not sufficiently aware of their rights and often do not know the formal claim mechanisms against abuse and violence.

9. Justice for child systems face many of the same bottlenecks to effective servicing of children in contact with the law. One barrier is the lack of prevention and rehabilitation services. As in the case of child protection services, the emphasis remains on reactive and curative services, rather than on preventing children from getting in contact with the law in the first place. In particular, those children who are most at risk lack access to prevention services. The few available secondary prevention measures are not widely used to remove a child from the criminal justice system and tertiary-level prevention programmes on reintegration and rehabilitation services are inadequate and poorly coordinated. The lack of appropriate reintegration programmes makes it unrealistic to divert children from the formal criminal justice system without the risk of their re-offence or victimization/stigmatization by the community. While the conditions in detention centres are satisfactory, there are challenges in securing children access to quality education, health care and psychological support. Another bottleneck is the lack of sufficiently trained professionals, due to high workload and low salaries, which impact on the performance and motivation of staff assisting children in conflict with the law and child victims/witnesses of crimes, but also due to the absence of systematic training opportunities. The Republic of Moldova thus experiences a serious staff deficit within the justice sector and services needed for the proper functioning of a specialized system of justice for children. In addition, the justice system reform in the country depends on budgetary support from external development partners and on civil society organizations for providing services to children in contact with the law, making the sustainability of a child-friendly system vulnerable to volatility in funding. The poor inter-sectoral coordination of services provided by the child protection system, juvenile justice system and other social sectors is a barrier that professionals working with and for children experience throughout the country.

Opportunities for action

The SitAn makes a number of recommendations (referred to as 'opportunities for action') with a view to ensuring sustainable outcomes for children and progressing equity for the most vulnerable children, as a defining condition for delivering on the SDGs by 2030.

In particular, **the attainment of the following SDGs requires sustained reform efforts in the coming years:**

- SDG 1: End poverty in all its forms everywhere
- SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- SDG 3: Ensure healthy lives and promote well-being for all at all ages
- SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- SDG 10: Reduce inequality within and among countries
- SDG 16: Promote just, peaceful and inclusive societies for sustainable development, access to justice, and accountable, effective and inclusive institutions.

Framed by these overall goals, the recommendations of the SitAn direct the decision makers and their development partners, in particular UNICEF, towards action aimed at ensuring the achievement of two major desiderata:

1. **equitable child-sensitive systems and services; and**
2. **social change for child rights.**

In order to do that, **an enabling environment** is needed in which: key national policy, normative and legislative frameworks ensure a child-centred approach and focus on the inclusion of the most disadvantaged children; a culture of prevention is promoted and supported by relevant budget allocations at all levels; data collection is strengthened, allowing for better decision making and targeting of assistance; and the multitude of strategies and action plans are inter-related, coordinated and operationalized to adequately address the needs of the vulnerable groups of children. Reforms should also increase the **availability, quality and access to services**, implying: adequate distribution and coverage of services; trained and accountable professionals, able to promote access to services and improve the outreach to vulnerable groups, especially in rural areas; more efficient and pro-poor-oriented social programmes; improved quality of service delivery; and strengthened performance and expanded scope of inter-sectoral cooperation to holistically meet children's needs. The **demand for services** should also be given utmost attention in terms of: increased knowledge of caregivers on available support mechanisms; changing prevailing social norms that prevent active demand of quality service delivery; and improved parental skills, allowing them to exercise required supervision, provide support and care to their children and ensure a nurturing and protective child upbringing.

Specific recommendations are provided in each of the areas where barriers have been identified, as follows:

Right to adequate standard of living

Relevant SDGs: 1, 10

Recommended lines of action:

1. Develop an overarching poverty alleviation and social protection strategy;
2. Adequately measure poverty and establish relevant poverty thresholds;
3. Design well-articulated, effective and integrated social protection programmes;
4. Raise awareness and improve information on social protection entitlements; and
5. Monitor the impact of social protection on child well-being.

Right to health and nutrition

Relevant SDGs: 1, 2, 3

Recommended lines of action:

1. Strengthen the enabling environment for maternal, newborn, children and adolescent health;
2. Develop/strengthen child-centred programmes to deliver support and services to infants and young children, including those who have developmental challenges; and
3. Develop effective strategies and programmes to influence positive social and cultural norms, practices and beliefs.

Right to education

Relevant SDGs: 1, 4

Recommended lines of action:

1. Increase the participation of children with disabilities, Roma children and children from vulnerable backgrounds in education and learning at all levels of education;
2. Develop mechanisms of accountability for formal payments and removal of informal payments in parallel with improving the management of school resources;
3. Strengthen the student assessment and teacher performance system in line with

- international standards and practices; and
4. Improve the professional capacity of the teaching corps.

Right to a nurturing and safe environment

Relevant SDGs: 1,16

Recommended lines of action:

1. Prevent violence, abuse, neglect, exploitation, discrimination and family separation;
2. Adequately respond to violence, abuse, neglect, exploitation, discrimination and family separation;
3. Reintegrate vulnerable children in family and community; and
4. Address prevention, protection and reintegration at all levels, in a gender-sensitive manner and with focus on the most vulnerable children.

Right to justice

Relevant SDG: 16

Recommended lines of action:

1. Prevent children from entering in contact with the law;
2. Strengthen the diversion measures and alternatives to detention;
3. Prevent child victimization;
4. Design and implement a system of continuous training for professionals working with and for children in conflict with the law; and
5. Address social norms that plead for punishment over rehabilitation.

Final remarks

The Republic of Moldova has demonstrated that it is capable of making good progress in the realization of children's rights; and in reducing child deaths, getting children into school, taking children out of residential care and lifting them out of absolute poverty. Yet, inequities still remain and are even growing in some cases – inequities that are neither inevitable nor insurmountable. Left unaddressed, however, the gaps between the fortunate and less fortunate children will grow wider and poverty cycles more vicious. Making progress on equity is not only a matter of good-quality technical interventions, but also of political will and investment in adequate resources for children, with a focus on the most vulnerable. Evidence clearly shows that such investment on the most vulnerable children is not only right in principle, but also right in practice. Therefore, with the journey towards the SDGs just starting, the time to act is now!

Chapter 1: Country Profile and Development Context

1.1 Republic of Moldova: Basic socio-economic data

Location	Eastern Europe
Area	33,846 square km.
Land boundaries	Romania to the west and Ukraine to the north, east and south
Capital	Chisinau (492,894 inhabitants)
Administrative divisions	32 districts (<i>raioane</i>), 3 municipalities and 2 autonomous regions (Gagauzia and Transnistria)
Constitution	Adopted by the Parliament in 1994
Political system	Republic
Population	3,553,056 (2016, National Bureau of Statistics – NBS), of which 42.5% urban and 57.6% rural
Nationality	Moldovan
Ethnic groups	Moldovans 69.6%, Ukrainian 11.2%, Russians 9.4%, Gagauz 3.8%, Romanians 2.1%, Bulgarians 2%, Roma 0.3%, Poles 0.1%, others/undeclared 1.46% (2004 census)
Languages	Romanian (official), recognized regional languages: Russian, Ukrainian and Gagauz
Annual population growth	-0.1% / -1,296 inhabitants (2015, NBS)
Age distribution	0–14: 16%; 15–64: 73.3%; 65+: 10.7% (2015, NBS)
Life expectancy at birth	Female: 75.54 years; Male: 67.52 years (2015, NBS)
Infant mortality rates	Neonatal mortality: 6.4/1,000; Under-five mortality rate: 11.7/1,000 (Ministry of Health, 2015)
Doctors per 10,000 inhabitants	36.6 (2015, NBS)
GDP	US\$17.793 billion (Purchasing Power Parity (PPP) valuation of country GDP, 2015, International Monetary Fund (IMF))
GDP per capita	US\$5,006 (2015, IMF)
Income level	Low middle income
Inflation rate	9.3% (2015, World Bank)
Public debt (% GDP)	27.5% (2015, Ministry of Finance)
Labour force	601,400 (average number of employees in 2015, NBS)
Unemployment rate	Total: 4.9%; Age group 15–24: 12.58% (2015, NBS)
Human Development Index score and rank	0.693, rank 107 out of 188 countries (2014 Human Development Index value, UNDP)
European Union status	Associated country, 2014

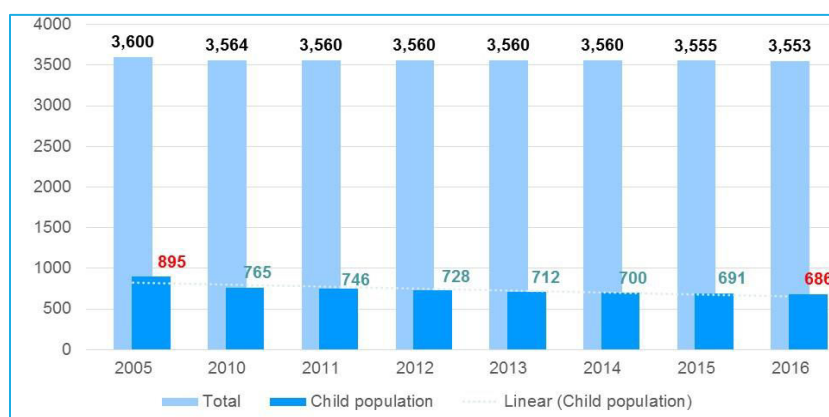
Sources: National Bureau of Statistics (<www.statistica.md>); Ministry of Finance (<<http://www.mf.gov.md>>); Ministry of Health (<www.ms.gov.md>), World Bank databank (<<http://databank.worldbank.org/data/reports.aspx?source=2&country=MDA>>); IMF (2016); World Economic Outlook Database; United Nations Development Programme, *Human Development Report 2015: Work for human development*, UNDP, New York, 2015.

1.2 Demographic trends and migration

The population of the Republic of Moldova is aging, with a decreasing share of children in the total population.

Even though the population has stabilized in more recent years, the Republic of Moldova is officially in demographic decline. At the beginning of 2016, the country had a population of 3,553,100 people, about 7,000 people (0.2 per cent) less compared with 2011. The temporary natural growth rate of approximately zero has turned into a negative trend which will accelerate in the near future.⁴ The number of children aged under 18 years decreased much faster than the total population – i.e., 685,500 children in 2016 or 60,000 fewer children than in 2011, representing a reduction of 8 per cent in just five years (Figure 1). As a result, the overall share of children in the total population has decreased to 20 per cent since 2013, compared with 30 per cent in 2000. Considering the increasing number of people aged 60 years or older, it meant a reversed trend of the dependency ratio, which reached 46.4 in 2015.⁵ The share of children living in rural areas is nevertheless significantly higher (64 per cent in 2015), partially due to the growing difference in birth rates for rural and urban areas (in 2015, 12 per 1,000 live births and 9 per 1,000 live births, respectively).⁶

Figure 1. Demographic trends in the Republic of Moldova, 2005–2016



Source: <www.statistica.md>.

The number of children with disabilities has been declining steadily, but their share in the total child population remained constant. In 2010, the number of children with a medical diagnosis of disability was more than 15,000. In 2015, that number decreased to less than 13,000. Nevertheless, due to the decline in the total number of children, the ratio of children with disabilities to the total child population has remained stable at about 20 per 1,000 children.⁷

There are no accurate data on the number of Roma or Roma children in the Republic of Moldova, apart from an estimated proportion of less than 1 per cent of the total population. The 2004 Population Census indicated a figure of 12,000 Roma (0.6 per cent). A study carried out a year later estimated their number at 15,000. However, some Roma tend to hide their ethnicity, which makes their number underestimated in censuses and studies.⁸

Many children, especially those in rural areas, do not enjoy the right to grow up in a family environment due to the labour migration of their parents.

Many children in the Republic of Moldova do not live with both their biological parents and a significant share does not live with either. Children whose parents live and work abroad are mostly raised by their grandparents. In 2012, it was estimated that two thirds (63 per cent) of children aged 0–17 years live with both biological parents, 22 per cent of children live with their mother only, and 4 per cent

⁴ Centre for Demographic Research, 'Socio-Demographic Profile of the Republic of Moldova 20 Years beyond the Adoption of Cairo Programme of Action', 2014.

⁵ National Bureau of Statistics, 2016, <www.statistica.md>, accessed June 2016.

⁶ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015', 2016.

⁷ National Bureau of Statistics, 2016. This number is based on a medical model of disability assessment.

⁸ United Nations Moldova, 'Roma in the Republic of Moldova in Areas of their Compact Population', 2013.

live with their father only. One in every 10 children lives with neither parent.⁹ One of the main reasons is international migration; indeed, an estimated 21 per cent of children under 18 years (about 150,000 children) have at least one biological parent living abroad, while for 5 per cent of them (about 35,000 children), both biological parents are migrated.¹⁰ Official data indicate that more than 330,000 people are either working abroad or looking for a job abroad,¹¹ but the unofficial number of those who left the country is believed to be up to 1 million individuals.¹² Migration is common for all districts of the country and all population groups, but rural children are more affected by migration than urban children: 23 per cent compared with 17 per cent with one parent abroad and 6 per cent compared with 4 per cent with both parents abroad.¹³ In the majority of cases, parents who have migrated do not visit their children more than once or twice a year. For about 20 per cent of migrants, this is even less than once a year.¹⁴ If both parents are abroad, grandparents generally take over the care of these children (90 per cent of the cases). Where one parent is abroad, this holds true for one third of the children.¹⁵

The migration of parents may have positive effects on children from the perspective of increased access to resources, but it erodes family structures and relationships, and affects the social and psychological development of left-behind children. The transfer of remittances and availability of additional resources enable the household to make increased investments in the education and health of children while allowing them to meet their daily needs without difficulty.¹⁶ The separation induces a provider-consumer relationship between the left-behind child and the migrant parent, especially if the mother has migrated. The longer the separation between migrant parents and children, the more children lose parents' reference in the management of the household, their authority, and their role as provider of love and material care. Children left behind take on more responsibilities in their households, ending up in certain cases with an overwhelming load of duties (especially if the mother migrated), which reduces their time available to play and affects their relationship with their peers.¹⁷ The changed relationship with their parents and caregivers also increases the danger of risky behaviour and contact with the law.¹⁸ Migration impacts on a child's emotional well-being and behaviour towards caregivers, increasing the caregivers' stress related to responsible parenting.¹⁹ Furthermore, parents' absence from the household deprives children of the conditions to form their identity, and can lead to an inferiority complex.²⁰

1.3 Economy and labour

The very large informal economy, combined with the predominance of agriculture and dependency on remittances from abroad, makes the Moldovan economy vulnerable to external shocks and limits the fiscal space for investment in social services for children and their families.

The Republic of Moldova's gross domestic product (GDP) is one of the lowest in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS). After a tough decade in the 1990s, the Republic of Moldova experienced the highest economic growth among its regional partners between 2007 and 2013.²¹ Economic growth reached an all-time high of 12.9 per cent in the third quarter of 2013, but contracted in the following years, to -3.7 per cent in the third quarter of 2015,²² when the economy flipped into recession due to a negative weather shock in agriculture, weak external flows, the repercussions of a large-scale bank fraud, and tight monetary policy. At the moment, the GDP per capita in the Republic of

⁹ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and United Nations Children's Fund, '2012 Republic of Moldova Multiple Indicator Cluster Survey: Final report', 2014.

¹⁰ Migration Policy Institute, 'Children Left Behind: The impact of labor migration in Moldova and Ukraine', 2015, accessed online July 2016.

¹¹ Centre for Demographic Research, 'Socio-Demographic Profile of the Republic of Moldova'.

¹² Gassmann, Franziska, et al., 'The Impact of Migration on Children Left Behind in Moldova', UNU-Merit Working Paper Series, Maastricht, 2013.

¹³ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey: Final report'.

¹⁴ Magenta Consulting, 'Analysis of Tendencies, Causes, Risks, Vulnerabilities and Capabilities regarding Women Migrating for Work', UN Women in Moldova, Chisinau, 2016.

¹⁵ HelpAge International and United Nations Children's Fund, 'Staying Behind: The effects of migration on older people and children in Moldova', HelpAge International in Moldova, Chisinau, 2010.

¹⁶ Ibid.

¹⁷ United Nations Children's Fund, 'The Impacts of Migration on Children in Moldova', Working paper, UNICEF, New York, October 2008.

¹⁸ See chapter 6 for more details.

¹⁹ HelpAge and UNICEF, 'Staying Behind'.

²⁰ International Organization for Migration, 'Extended Migration Profile of the Republic of Moldova', IOM Mission to Moldova, Chisinau, 2012.

²¹ World Bank, 'SABER Teachers Country Report: Moldova 2014', World Bank, Washington, D.C., 2014.

²² World Bank country overview, <<http://www.worldbank.org/en/country/moldova/overview>>; <<http://www.tradingeconomics.com/moldova/gdp-annual-growth-rate>>.

Moldova is the fourth smallest in the CEE/CIS region. The official figures do not account for the high share of the informal economy estimated to be about 45 per cent of the GDP.²³ The high informality of the economy affects the Government's revenue base and its fiscal space for social services for children.

The Republic of Moldova's growth is expected to reach around 3% in 2017–2018.²⁴ According to the World Bank, the base case assumes modest recovery in major trading partners, including Russia, and improved consumer and investor confidence, supported by an IMF programme and official financing from development partners. The fiscal deficit is projected to gradually decline to 2.5 per cent of GDP to ensure fiscal sustainability, with a debt-to-GDP ratio below 50 per cent. The current account deficit will likely remain below the historical average. Table 1 presents the evolution of key macroeconomic indicators since 2012, with projections for 2016–2018.

Table 1. Key macroeconomic indicators in the Republic of Moldova, 2012–2018

Indicator	2012	2013	2014	2015	2016	2017	2018
Nominal GDP, MDL billion	88.2	100.5	112.1	122.2	130.7	143.8	158.4
GDP, % real change	-0.7	9.4	4.8	-0.5	2.2	2.8	3.3
Consumption, % real change	0.9	5.2	2.7	-1.1	1.8	2.4	2.9
Gross fixed investment, % real change	0.4	3.8	10.00	-1.2	-1.8	3.7	6.3
Exports, % real change	2.3	9.6	1.0	2.3	0.9	2.6	3.2
Imports, % real change	2.5	4.4	0.4	-4.3	1.5	2.7	3.7
Current account balance, % of GDP	-8.7	-6.4	-7.1	-7.2	-5.6	-6.1	-6.4
Remittances, % change, US\$	8.8	10.1	-4.9	-26.6	-5.0	1.8	2.7
External debt, % of GDP	82.6	83.6	82.5	97.9	95.8	96.8	95.3
Budget revenues, % of GDP	38.0	36.7	37.8	35.7	35.9	36.1	36.0
Budget expenditures, % of GDP	40.1	38.5	39.6	38.0	39.1	38.9	38.7
Fiscal balance	-2.1	-1.8	-1.7	-2.2	-3.2	-2.8	-2.7
Public debt and guarantees	33.2	31.7	32.6	46.5	44.7	45.4	44.6

Source: World Bank, 'Moldova Economic Update', 5 October 2016.

Due to the collapse of the industrial sector and the unfavourable business environment, economic growth is strongly dependent on the agricultural sector and remittances from abroad. Nowadays, the contribution of the industrial sector to the GDP is just a little more than that of the agricultural sector.²⁵ Agriculture remains one of the main economic sectors, its share in GDP increasing from 8.5 per cent in 2009 to 12.5 per cent in 2013 and engaging one quarter of the country's active population.²⁶ Besides a low productivity sector, it is also highly dependent on weather conditions.²⁷ The global economic crisis and the sharp fall in remittances during the past two to three years (due to the economic downturn in the Russian Federation, which counts for 68.9 per cent of the labour migrants)²⁸ caused a collapse of economic growth. Remittances represented 25 per cent of the Republic of Moldova's GDP in 2013, being the most remittances-dependent country in Europe and Central Asia (ECA) region, after Tajikistan and Kyrgyzstan (Figure 2).

²³ World Bank, 'SABER Teachers Country Report'.

²⁴ World Bank, 'Moldova Economic Update'.

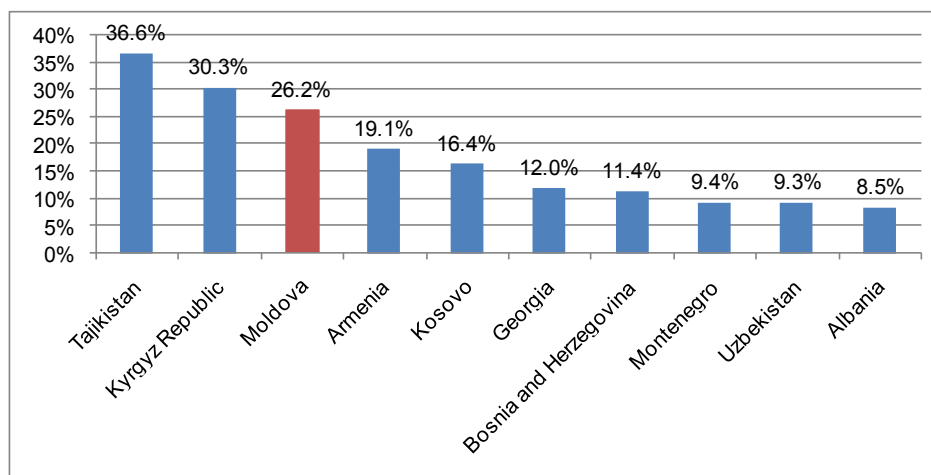
²⁵ World Bank, 'World Development Indicators', 2016, accessed June 2016.

²⁶ Moroz, Victor, et al., 'Country Report: Republic of Moldova', National Institute for Economic Research, March 2015, <http://www.garicistrade.eu/wp-content/uploads/2015/05/Agricistrade_Moldova.pdf>.

²⁷ Droughts in 2012 and 2015 strongly contributed to negative economic growth and a record harvest in 2013 resulted in a rebound to a strong growth rate.

²⁸ Poalelungi, Olga, and Jana Mazur, 'Extended Migration Profile of the Republic of Moldova 2009–2014', IOM Mission to Moldova, Chisinau, 2017, p. 26

Figure 2. Remittances as a share of GDP in selected Europe and Central Asia countries, 2014



Source: World Bank calculation based on data of the Development Economics Prospects Group.

Since its peak in 2013, the level of remittances has continuously decreased, at the beginning of 2016 being less than half compared with 2014.²⁹ The strong reliance on remittances has been argued to be unsustainable for several reasons. Firstly, family reunification abroad shows an increasing trend, leading to a consequent decline in remittances.³⁰ Secondly, most remittances are used for daily living expenses and purchasing of household goods, or to keep children in school. Thirdly, only 10 per cent is productively invested,³¹ although using remittances to keep children in school may be also considered a 'productive investment'.

Economic growth has not led to equal increase in formal job opportunities, especially for young people and women with children, but rather to a growth in informal employment or stimulated migration.

The Republic of Moldova continues to have a very low formal employment rate despite the economic growth recorded during the past decade. The official unemployment rates in the Republic of Moldova are among the lowest in Europe and Central Asia, but so are the actual employment rates in the formal sector. Formal employment rates dropped 15 percentage points between 2000 and 2014,³² to 42.1 per cent for men and 37.4 per cent for women, compared with 60–70 per cent for CEE/CIS countries.³³ Nine out of 10 women with children under the age of 3 years and two thirds of women with children aged 6–7 years are unemployed.³⁴ The employment rate of the Roma population is about half that of the non-Roma population, being also much more engaged in unskilled and unqualified work.³⁵ Not only is the official formal unemployment rate for young people aged 15–24 years more than double the national average (i.e., 13.8 per cent in 2015)³⁶ and increasing, but the employment rate is also lower than average, at about 30 per cent.

The high share of agriculture and the lack of jobs in the formal sector result in a large proportion of the population in informal employment. An estimated 38 per cent of the total employed population has an informal job,³⁷ most of them in the agricultural sector, often because people work in subsistence farming. This explains the significant discrepancy in informal employment between rural and urban residents.³⁸ While informal employment is a fact of life across all age groups, it is somewhat more widespread among young people aged 15–24 years and graduates of lower levels of education.³⁹ About one third of young people

²⁹ National Bank of Moldova, 'Graphical Analysis of Money Transfers Made to Individuals in April 2016', Press release, 31 May 2016.

³⁰ International Agency for Source Country Information, 'Market Analysis: Driving innovation in circular migration – Migration and development in Moldova', IASCI, Chisinau, 2014.

³¹ Magenta Consulting, 'Analysis of Tendencies'.

³² European Union, 'European Union Joint Analysis: Programming in the Republic of Moldova until 2020', EU, September 2016.

³³ UN Women and United Nations Children's Fund, 'The Demand and Supply of Early and Pre-School Education Services from the Perspective of Women's Employability (the Case of the Republic of Moldova)', 2013.

³⁴ United Nations Moldova, 'Roma in the Republic of Moldova'.

³⁵ Ibid.

³⁶ National Bureau of Statistics, 2016, <www.statistica.md>.

³⁷ Office of the People's Advocate, 'Report on the Observance of Human Rights and Freedoms in the Republic of Moldova in 2015', 2016.

³⁸ In 2013, only 14 per cent of urban employed population had an informal job, while the share for the rural population was 46 per cent.

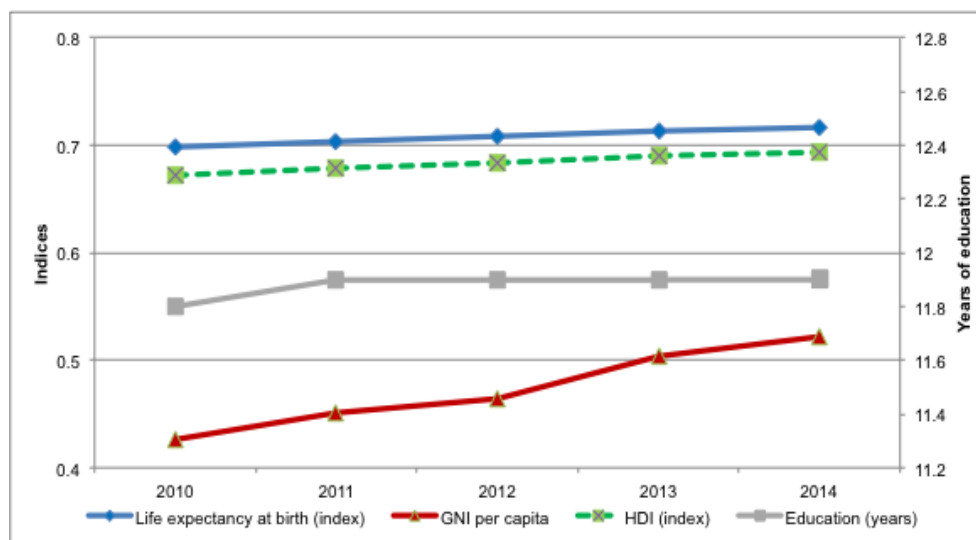
³⁹ International Labour Organization, 'The Informal Economy in the Republic of Moldova: A comprehensive overview', ILO, Budapest, 2016.

are employed in the informal sector and another one third are inactive. A high percentage of young people do not attend any form of education or professional training, nor are they employed (NEET – Not in Education, Employment, or Training). The so-called NEET rate for the Republic of Moldova of about 30.8 per cent exceeds all comparable countries and the European Union (EU) average (12 per cent⁴⁰).

1.4 Human development and gender equality

The Republic of Moldova is a country with a medium human development level in the international hierarchy. The Human Development Index (HDI) value for 2014 was 0.693, positioning the country at 107 out of 188 countries and territories and placing it in the medium human development category.⁴¹ This is below the index for the ECA region (0.748) and much below the EU average (0.899⁴²), but on an upward trend compared with 2000 (0.597). Figure 3 shows the contribution of each component index to the Republic of Moldova's HDI since 2010.

Figure 3. Trends in the Republic of Moldova's Human Development Index components, 2010–2014



Source: United Nations Development Programme, *Human Development Report 2015*.

The life expectancy at birth, although constantly improved since 2010, was 71.6 years in 2014,⁴³ one year lower than the average of ECA countries and as much as eight years lower than the EU average.⁴⁴ The mean years of schooling stabilized at 11.2 years since 2011, being higher than the regional average (10.0),⁴⁵ but slightly lower compared with neighbouring Romania (10.8) or Ukraine (11.3).⁴⁶ The Republic of Moldova had 1.7 less expected years of schooling⁴⁷ in 2014 than the ECA level. The gross national income (GNI) per capita of the Republic of Moldova represented half of the regional average (US\$12,791). Nevertheless, it increased since 2010, from US\$4,256 to US\$5,223 in 2014 (2011 PPP).⁴⁸

The persistence of gender inequalities in the Republic of Moldova hinders the development of the country and restricts the ability of disadvantaged women to fully realize their human capabilities.

The Republic of Moldova's Gender Inequality Index (GII) had a value of 0.248, ranking the country 50 out of 155 countries in the 2014 index.⁴⁹ The level of the index was lower than the ECA average of 0.300. The GII represents the loss in human development due to inequality between female and male achievements

⁴⁰ EUROSTAT, 'Young People Neither in Employment nor in Education and Training by Sex, Age and Labour Status (NEET Rates)'. http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=edat_lfse_20 Accessed on 27 June 2016,

⁴¹ UNDP, *Human Development Report 2015*.

⁴² Calculated based on individual country index, UNDP *Human Development Report 2015*.

⁴³ UNDP, *Human Development Report 2015*.

⁴⁴ Calculated based on individual country levels of the indicator, Human Development data, <<http://hdr.undp.org/>>.

⁴⁵ UNDP, *Human Development Report 2015*.

⁴⁶ Human Development data.

⁴⁷ Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates were to stay the same throughout the child's life.

⁴⁸ UNDP, *Human Development Report 2015*.

⁴⁹ UNDP, *Human Development Report 2015*.

in the three GII dimensions – i.e., reproductive health, empowerment and economic activity. Women being under-represented in elected and appointed public positions is a matter of concern; there is extensive horizontal and vertical gender segregation in work; and certain health processes display intensely gendered outcomes to the detriment of women. The entrance into force of the Association Agreement with the EU in 2014, along with the Deep and Comprehensive Free Trade Agreement (DCFTA) (see below for more details) opens up opportunities for the greater integration of women in the labour market and provides for a rise in benefits in the agricultural and service sectors of the economy. At the same time, women are more exposed to risks given smaller businesses and less formalized and therefore fewer opportunities for credits.⁵⁰ To break through the wall of bias and disadvantaged political position of women, a regulatory gender sensitive quota of 40 per cent was adopted in 2016, which is expected to boost the political opportunities of women and improve skills for their direct campaigning.

The Sustainable Development Goals of the 2030 Agenda represent a good venue to start building a platform for constructive discussion and operationalization for the future development of the Republic of Moldova and fight against discrimination and inequality.

The Republic of Moldova has adopted the Millennium Development Goals (MDGs) at the country level and has made significant progress in meeting most targets. The main areas where good performance was achieved until 2015 include the reduction of extreme poverty and hunger, the reduction of child mortality and the creation of a global partnership for development. The areas which are lagging behind the most are the ones related to the combat of HIV/AIDS, tuberculosis and other diseases, improvement of maternal health and promotion of gender equality and empowerment of women.⁵¹

Building on the MDG achievements and the need to address persistent shortcomings, the country has embarked on the process of prioritizing the Sustainable Development Goals (SDGs) and integration within the national development frameworks. The SDGs, which are of particular interest for ensuring sustainable outcomes for children and whose attainment requires sustained reform efforts in the coming years, include the following:

- SDG 1: End poverty in all its forms everywhere
- SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- SDG 3: Ensure healthy lives and promote well-being for all at all ages
- SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- SDG 10: Reduce inequality within and among countries
- SDG 16: Promote just, peaceful and inclusive societies for sustainable development, access to justice, and accountable, effective and inclusive institutions.

UNICEF support is envisaged to be provided for prioritizing and integration in sector policy documents and sector development frameworks, through cooperation with the National Council on Child Rights Protection, as well as for ensuring links between the SDG child rights monitoring indicators and UNICEF global indicators, TransMonEE database and the like.

1.5 Poverty, incomes and inequality

Despite a significant reduction in the past 10 years, poverty rates in the Republic of Moldova remain relatively high by international standards.

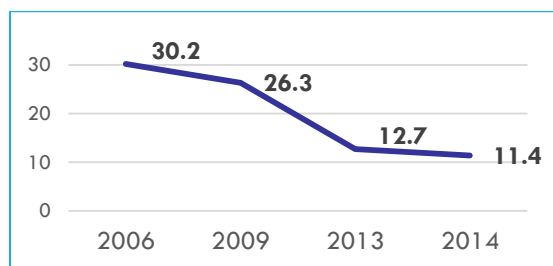
The Republic of Moldova has made strong progress towards reducing absolute poverty, but it is still one of the poorest countries in Europe.⁵² Since 2010, absolute poverty has been reduced by nearly half, reaching 11.4 per cent in 2014 (Figure 4).

⁵⁰ Spear, Andrea, et al., 'Gender Analysis of the EU AA/DCFTA with Georgia, Moldova and Ukraine', Indvelop, Stockholm, 2016, <<http://www.sida.se/contentassets/1d7e165f86b349f7a4629d30ffdcde83/final-report---gender-analysis-of-eu-aadcfat-with-georgia-moldova-and-ukraine-29-jan-2016.pdf>>.

⁵¹ Government of the Republic of Moldova, 'The Third Millennium Development Goals Report', Chisinau, Republic of Moldova, 2013.

⁵² The commonly used poverty lines for absolute poverty and extreme poverty in the Republic of Moldova are based on the minimum daily calories, amounting to MDL 1,196 and MDL 720, respectively (2014). The extreme poverty line is also close to the monthly Minimum Income Guarantee, but there is no methodological link between the two, as explained in the following chapter.

Figure 4. Percentage of the population below the national poverty line, 2006–2014



Source: Ministry of Economy, 'Briefing Note: Poverty in the Republic of Moldova 2014', 2015.

Extreme poverty has decreased to virtually zero. The poverty gap has also decreased over the past five years. The depth of absolute poverty was reduced to one third (1.5 per cent) of what it was in 2010, while its severity reached a level close to zero (0.3 per cent).⁵³ Hence, the vast majority of the absolute poor are hovering around the poverty line, except for the Roma population, whose gap related to the poverty line is generally larger.⁵⁴ However, based on the ECA standardized poverty lines of US\$4.5 per day, about 20 per cent of the population in the Republic of Moldova was still poor in 2014 (double the average rate for the region),⁵⁵ and nearly 5 per cent was extremely poor.⁵⁶ Nevertheless, as economic growth accelerates, poverty is expected to go down in 2017 and 2018.⁵⁷

Poverty is mainly concentrated in the rural areas and the rural-urban poverty gap is increasing. Whereas 57 per cent of the total population lives in villages, 81 per cent of the total poor population and children alike are living in rural areas. In 2014, the absolute poverty rate was only 2.2 per cent in big cities, and 8.4 per cent in small towns, but 16.4 per cent in villages. The urban-rural divide has slightly increased.⁵⁸ The Ministry of Economy estimates that without remittances, the overall rural poverty rate would be more than double (35.3 per cent); and poverty in small towns would nearly triple (24.3 per cent) and almost quadruple in big cities (8.2 per cent).⁵⁹

Wages are too low to ensure a living beyond subsistence level, making many families, especially those with children, dependent on alternative sources of income, such as remittances and informal employment in the agricultural sector.

Despite substantial increases of the nominal wages in recent years, they are among the lowest in Europe, representing less than half of the disposable income. The monthly minimum wage in the Republic of Moldova was MDL 1,900 in 2015, slightly above the subsistence level for one adult (MDL 1,734). In 2014, the monthly average wage of MDL 4,172 has not allowed a family of four members to make a living above the individual subsistence level. The proportion of wages in the total income per capita is below the European average (41.4 per cent compared with 50–70 per cent).⁶⁰ For families with three children, the wages represent even less (34.8 per cent of the disposable income).⁶¹ This indicates that for more than half of their income, people in the Republic of Moldova rely on other sources than wages.

Disposable incomes are also very low, especially for families with children. An important share of incomes comes from remittances, while the social benefits hold only an insignificant share, even for families with many children. In 2015, the monthly average disposable income per person was MDL 1,956 (MDL 2,350 in urban areas and MDL 1,657 in rural areas); however, it was considerably lower for families with children.⁶² For an average Moldovan household, remittances represent 17.4 per cent of their disposable income (for rural households, the percentage was 11.6 percentage points higher compared with

⁵³ Ministry of Economy, 'Poverty in the Republic of Moldova 2014'.

⁵⁴ United Nations Moldova, 'Roma in the Republic of Moldova'.

⁵⁵ Ministry of Education, 'Student Performance and Attendance in Moldova from a Socio-Economic Perspective', 2015.

⁵⁶ Ministry of Economy, 'Poverty in the Republic of Moldova 2014'.

⁵⁷ According to World Bank estimates, the moderate poverty rate (US\$5/day, 2005 PPP) of 41 per cent in 2015 will go down to 37.1 per cent in 2017 and could reach 33 per cent in 2018 (World Bank, 'Moldova Economic Update', 2016).

⁵⁸ Ministry of Economy, 'Poverty in the Republic of Moldova 2014'.

⁵⁹ Ibid.

⁶⁰ Table 'Monthly average disposable incomes per capita by income sources, years, areas and unit' from National Bureau of Statistics, 2016, <www.statistica.md>.

⁶¹ Ibid.

⁶² It stood at MDL 1,765 for a family with one child, MDL 1,379 for a family with two children and MDL 1,063 (or almost half the national average) for a family with three children (**Source:** Table 'Monthly average disposable incomes per capita by income sources, years, quarters and unit', from National Bureau of Statistics.)

urban households), but families with children rely much more on remittances, which represent 23.9 per cent of the disposable income per capita.⁶³ For instance, the share of remittances in total disposable income is about three times higher for Roma families, which are known to have many children.⁶⁴ On the other side, in 2015 the social protection benefits represented only 11.7 per cent of the disposable income per person in households with three or more children.⁶⁵ In general, social benefits contribute a small part to the average household's income: child allowance contributes 1 per cent to the average disposable income per person, while the social assistance programmes contributes only 0.4 per cent.⁶⁶

The public finance situation has deteriorated due to massive bank fraud, putting financial resources for social sectors and hence services for children under pressure.

The banking crisis, combined with a worsening of external market conditions, have resulted in a negative growth for 2015 and a deterioration of the state debt. A bank fraud at the scale of 12 per cent of GDP forced the Government to issue emergency loans equal to more than 34 per cent of the State budget in 2014, leading to a sharp increase in the Government's debt. So far, financial destabilization has been avoided by a sharp tightening of monetary policy and liquidation in October 2015 of the banks which were responsible for the fraud.⁶⁷ However, the Government's debt increased to 52 per cent of GDP in 2015.⁶⁸ The Government's ability to influence economic developments has therefore been affected, leaving the economy even more vulnerable to external shocks.

While the absolute level of the proposed allocations to the social sectors in the 2016 budget has increased marginally compared with 2015, their overall weight in the total budget has diminished.⁶⁹ Allocations to the health and education sectors have decreased from 5.3 per cent to 5 per cent of GDP, respectively, below the legal minimum of 7 per cent. Allocations to social protection, on the other hand, increased marginally as a proportion of GDP. Keeping in view the adverse effect of the banking crisis and the worsening external market – and hence a likely increase in the poverty rate – it is expected that demands for social sector services will increase. As such, the current level of allocations to the social sectors might be insufficient to meet the growing need for social services and social protection.

1.6 Public administration and decentralization

The fragmented territorial-administrative structure and the incomplete decentralization process result in very low capacity of local governments to invest in social development.

The current territorial-administrative structure of the Republic of Moldova is very fragmented. There are 898 administrative constituencies (first-level settlements) with their own mayor. In addition, there are 32 second-level districts and three municipalities (Balti, Bender and Chisinau), one autonomous territorial unit (Gagauzia) and the breakaway region of Transnistria. The average population of administrative constituencies is about 3,000 inhabitants. Only 14 per cent of them have a population of more than 5,000 people, and one third have fewer inhabitants than the minimum provided by law, i.e., 1,500. This fragmentation does not derive from sparse settlement patterns, many of the small villages being geographically close or adjacent. The first-level settlements are predominantly rural (94 per cent or 844 units). Regardless of the size and administrative capacity, all of them are allocated the same type and number of responsibilities. Their primary responsibilities include water supply, waste management, road construction, local transport, sports and youth activities, and building of social housing.⁷⁰

Despite a solid policy foundation in the area of decentralization and regional development, advancing local government reform and regional development, as outlined in the now expired National Strategy for Regional Development 2013–2015, the Republic of Moldova has faced challenges and seems to

⁶³ This amounts to 21 per cent for families with one child; 26 per cent for two children and 23 per cent for three children. See National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

⁶⁴ United Nations Moldova, 'Roma in the Republic of Moldova'.

⁶⁵ Table 'Disposable incomes of the population by number of children in the household and area, 2006–2015', from National Bureau of Statistics, 2016, <www.statistica.md>.

⁶⁶ Table 'Monthly average disposable incomes per capita by income sources, years, areas and unit', from National Bureau of Statistics.

⁶⁷ Economist Intelligence Unit, 'Country Report: Moldova', 2016.

⁶⁸ International Monetary Fund, 'IMF Country Report No. 16/19', IMF, 2016.

⁶⁹ Ministry of Finance, 'Draft Law on State Budget for 2016', 2016, accessed June 2016.

⁷⁰ Council of Europe, 'Mapping the Obstacles to Inter-Municipal Co-Operation in Eastern Partnership Countries', Council of Europe, Strasbourg, 2015.

lack political priority.⁷¹ Indeed, the implementation of the Strategy has been slow: of the three pillars – local public finance, strengthening the fiscal base and capital investment – only the first has been implemented to date.⁷² After a few pilots in 2014, the reform was introduced nationwide in 2015, with the aim of transferring competencies and financial resources from the central authorities to local public authorities to allow for better and cheaper public services provision. The main reasons for incomplete implementation of the reform are underfunding⁷³ and unclear delegation of roles and responsibilities from the central to the local level.⁷⁴ Although there have been attempts to reform the territorial administration, they have not materialized due to lack of support from a stable political majority.

The fragmentation and underfinancing of many of the local public authorities seriously reduce their capacity to deliver services for children. Subnational expenditures represent about 25 per cent of general government expenditures. They account for more than two thirds of expenditures in the education sector, about half in the recreation and culture sector and less than 10 per cent of health care.⁷⁵ Due to the limited tax collection capacity and the narrow tax base at the local level,⁷⁶ only 10 per cent of the local units are financially viable and can invest in local development, including services for children. In addition, the reduced fiscal potential of small settlements deprives the population of access to basic services. Except for 55 administrative constituencies (6 per cent of the total), all local public authorities spend more, per capita, on administration than they do on all communal services.⁷⁷

1.7 Legal and policy framework on child rights

The Republic of Moldova demonstrates a strong constitutional commitment towards human and children's rights and is party to the majority of core international human rights treaties, but progress in the implementation of treaty bodies' recommendations is uneven.

The Constitution of the Republic of Moldova includes several articles on children's rights and embeds the main principles of the Convention on the Rights of the Child (CRC). The Republic of Moldova adopted its current Constitution in 1994. The guiding principle of non-discrimination of the CRC is laid down in articles 15 and 16 on universality and equality. Article 24 on the right to life and physical and mental integrity is directly linked to the CRC principle on the right to life, survival and development, as are several other articles. While no article specifically refers to the principle of the best interest of the child, several articles stipulate the responsibility of the State and parents to ensure the upbringing of their children (e.g., article 47 on Family). The fourth principle of the CRC on the right to be heard is guaranteed by article 32 on freedom of opinion and expression. The Constitution guarantees children in the Republic of Moldova the right to education (article 35), health (article 36), a nurturing and safe environment (e.g., articles 10, 24, 44 and 49), justice (articles 20 and 25), and to social assistance (articles 47 and 50). Moreover, articles 50 and 51 are explicitly dedicated to the rights of people with disabilities, including children.

The Republic of Moldova is party to 8 of the 10 core human rights treaties⁷⁸ and broadly strives to comply with guidance provided by international human rights review bodies. Most treaties were ratified during the early 1990s, including the CRC (in 1993) and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) (in 1994) and its optional protocols. The Convention on the Rights of Persons with Disabilities (CRPD) was ratified in 2010.⁷⁹ The realization of human rights has advanced since 2010 as far as civil and political rights are concerned, while social and economic rights have been affected

⁷¹ Congress of Local Authorities of Moldova, 'Monitoring Report on Local Government Reform in Moldova', 2016.

⁷² Freedom House, 'Moldova', 2016.

⁷³ Only 1 per cent of the state budget is allocated for regional development. See United Nations Development Programme, 'Evaluation Report: Sustainable local and regional development outcome – Mid-Term evaluation', UNDP Moldova, December 2015.

⁷⁴ UNDP, *Human Development Report 2015*.

⁷⁵ World Bank, 'Moldova Public Expenditure Review: Reforming local public finance for more efficient, equitable and fiscally sustainable subnational spending', World Bank, Washington, D.C., 2014.

⁷⁶ Because of lack of capacity, own-source revenues (non-tax, property taxes and other local taxes) have been declining both as a share of total subnational revenues and as a percentage of GDP over the past decade. See World Bank, 'Moldova Public Expenditure Review'.

⁷⁷ United Nations Development Programme, 'Optiuni pentru reorganizarea structurii administrative teritoriale in Republica Moldova', Chisinau, 2015, p. 8. [\[title needs translation\]](#)

⁷⁸ The International Convention for the Protection of All Persons from Enforced Disappearance has been signed but not ratified and the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families has neither been ratified nor signed.

⁷⁹ http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx.

by the financial banking crises and regional instability. The special rights of vulnerable groups, including those of vulnerable children, are yet to progress.

While the regulatory framework was improved, the capacity of state institutions and civil society to promote, effectively protect and monitor child rights is rather weak.

The National Council for Child Rights Protection is the coordinating body on child rights in the Republic of Moldova. Its membership includes high-level representation of line ministries, the justice sector, civil society and the United Nations (UN). The Parliamentary Advocate (Ombudsperson) for Child Rights is also a member. Children and young people have no direct representation or participation; they are mainly perceived as beneficiaries represented by member organizations. With UNICEF's advocacy in 2015, the chairmanship of the Council was shifted to the Prime Minister, allowing for a better inter-sectoral approach to the protection of child rights. The Council has a consultative mandate for policymaking and works based on annual plans through several technical groups and ad-hoc working groups, as well as district-level councils. The Council coordinates the preparation of periodic reports to the UN Committee on the Rights of the Child, which are produced by the Ministry of Labour, Social Protection and Family in cooperation with relevant government stakeholders; however, the follow-up on the implementation of recommendations made by the treaty body is not systematically monitored.

After a three-year hiatus, the Ombudsperson for Child Rights was appointed in the spring of 2016. Unlike many other countries in the region, the Republic Moldova has had an ombudsman office for child rights since 2008, as an independent child rights monitoring body. Even though the technical teams have continued to work on child rights monitoring, the position of Ombudsperson has not been always filled. Due to UNICEF's advocacy, an Ombudsperson for Child Rights was elected in 2016 after a three-year gap. However, the office continues to operate with limited resources, which reduces the scope of its activities and responsibilities. Granting institutional and financial independence might increase the efficiency of the office.

Sectoral policies and programmes have yet to systematically incorporate human and child rights, gender equality and inclusiveness in their design and implementation.⁸⁰ At the same time, positive developments have occurred over the past years, such as the adoption of the Child Protection Strategy 2014–2020 and Action Plan, the Roma Rights Action Plan 2016–2020, special measures for persons with disabilities in 2015 and a package of legal amendments concerning gender equality and related social rights in 2016. Among the most significant transformations during the past two years was the adoption and implementation of a non-discrimination law and the setting up of the Anti-Discrimination Council in charge of looking into individual cases and proposing special remedial measures.⁸¹ Preventive anti-discrimination functions of the Council require ex-ante impact assessment on human and child rights of policies and laws, as well as the proposal of special measures regarding specific vulnerable groups; these functions are still underdeveloped.

Despite being a Government priority, the implementation of the Association Agreement with the European Union and its chapter on child rights has been slower than planned.

The Government of Moldova regards EU integration as a fundamental priority of domestic and foreign policy, but has made little progress in the implementation of the reform agenda. In the past few years, the Republic of Moldova has reached a new level in its relations with the EU. Despite political instability, the Government managed to conclude a visa-liberalization agreement and an Association Agreement with the EU in 2014, along with the DCFTA. At the beginning of 2016, the latter was extended to include the districts of the left bank of the Nistru River and the municipality of Bender, which are part of the breakaway region of Transnistria. UNICEF's advocacy contributed to the inclusion of a special chapter on the rights of the child in the Association Agreement – a unique feature among such agreements. The Council of Europe has called for an accelerated implementation of the association agenda and for increased public awareness on the Association Agreement.⁸²

⁸⁰ CReDO, 'Vulnerability Study Taxonomy and Possible Decentralization Policy Implications for Vulnerable Groups in Moldova', CReDO, Chisinau, 2013, <<http://www.credo.md/pageview?id=249&lang=en>>.

⁸¹ CReDO and Roma National Center, 'UPR Submission 2016: Universal Periodic Review – Republic of Moldova, 26th session', 2016, <<http://www.credo.md/pageview?id=577>>.

⁸² Council of Europe, 'Council Conclusions on the Republic of Moldova', Press release, 15 February 2016.

Human rights and rule of law in the Transnistrian region remain of serious concern for the international community.⁸³ The region's *de facto* administration accepted humanitarian and social support from the EU but avoided serious engagement with the Republic of Moldova's EU association process, promoting the rhetoric of the Eurasian Union integration. On the positive side, it is worth mentioning the adoption by Transnistrian leadership of an action plan following the release of the first UN human rights report on the Transnistrian region.⁸⁴

Child and youth participation is promoted through various forums, but the views of children and youth are hardly considered in the decision-making processes that concern them.

There are several forums which provide opportunities to children in the Republic of Moldova to exercise their right to participation, but their functioning is not always efficient. One of these is the National Inter-Ministerial Commission on Youth, led by the Prime Minister, which has a 50 per cent youth membership. The Ministry of Education and the Ministry of Youth have their own initiatives, working with the District Youth Councils and District Pupil's Councils, respectively. The Ministry of Labour, Social Protection and Family established Children's Consultative Councils in three districts. Membership overlapping and weak coordination between these various youth participation forums raise efficiency concerns.

Youth participation is not yet fully embedded in all the different settings of Moldovan society. In 2013, the Council of Europe concluded that despite the existing various forums, a change in culture is needed to allow a genuine youth participation. Adults and children are not fully aware of the meaning of the participation principle and of the practical ways to implement this right. On the other hand, research indicates that most children are aware of the major bodies working towards the fulfilment of child rights.⁸⁵

Given limited financial and organizational capacity, the child-focussed civil society organizations (CSOs) are concentrated in Chisinau and mainly work as service providers in small projects without being able to influence national policymaking very much.

The conditions for the functioning of civil society in the Republic of Moldova are generally permissive but not enabling. Fiscal and tax conditions are cumbersome and are not adapted for the needs of their development. A proportion of 70–75 per cent of civil society activities are financed by foreign donors. Funding is mostly project-based. The enforcement of the so-called '2% Law' allowing physical persons to divert 2 per cent of their income tax to non-commercial organizations of public utility is challenging since the conditions for benefiting from this mechanism are complicated and unclear. The Ministry of Labour, Family and Social Protection has recently started to contract out CSOs for service provision, especially for the vulnerable, based on the Law on Public Procurement and Law on Social Contracting passed in 2013. However, this is a unique example and not always the case. For small CSOs in particular, local authorities may represent a source of funding and support.

Child-focused CSOs are mostly active in service provision and less so in advocacy and high-level policy dialogue. About 90 CSOs working for children are organized in a national coalition called the Alliance of Non-Governmental Organizations Active in the Field of Social Protection of Children and their Family (APSCF). They are mostly active in Chisinau and its suburbs, being primarily involved in small-scale social services projects co-financed by the local public administration. APSCF is recognized by the Government as a representative civil society structure, but its recommendations are not always considered,⁸⁶ although its member organizations developed models which inspired similar type of services by the Government (e.g., the district-level psycho-pedagogical services under the Republican Centre for Psycho-Pedagogical Services, the resource centres for children with disabilities in schools, etc.). Only few APSCF member organizations are involved in advocacy or in actively monitoring the local, regional or national implementation of government policies.⁸⁷ In view of the needed watchdog function of the CSOs, but also of new roles and responsibilities deriving from the implementation of the chapter on the rights of the child of

⁸³ European Parliament, 'The Frozen Conflicts of the EU's Eastern Neighbourhood and their Impact on the Respect of Human Rights', 2016, <[http://www.europarl.europa.eu/RegData/etudes/STUD/2016/578001/EXPO_STU\(2016\)578001_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/578001/EXPO_STU(2016)578001_EN.pdf)>.

⁸⁴ Hammarberg, Thomas, 'Report on Human Rights in the Transnistrian Region of the Republic of Moldova', United Nations in Moldova, 2013.

⁸⁵ Council of Europe, 'Child and Youth Participation in the Republic of Moldova: A Council of Europe policy review', Council of Europe, Strasbourg, 2013.

⁸⁶ UNDP, 'Evaluation Report'. One sign that the Government's interest in cooperation with civil society is not as expected by the NGOs is the fact that the mandate of the National Participation Council, a civil society body created in 2010 to advise the Government through formal mechanisms, was not renewed when it expired in 2015. See Freedom House, 'Moldova'.

⁸⁷ Alliance of Active NGOs in the Field of Social Protection of Children and their Family and Child Pact, 'APSCF Internal Capacities Evaluation', 2016.

the Association Agreement, the limited capacity of the child-focused CSOs for advocacy and engagement in high-level policy dialogue is of utmost concern.

Chapter 2: Right to adequate standard of living

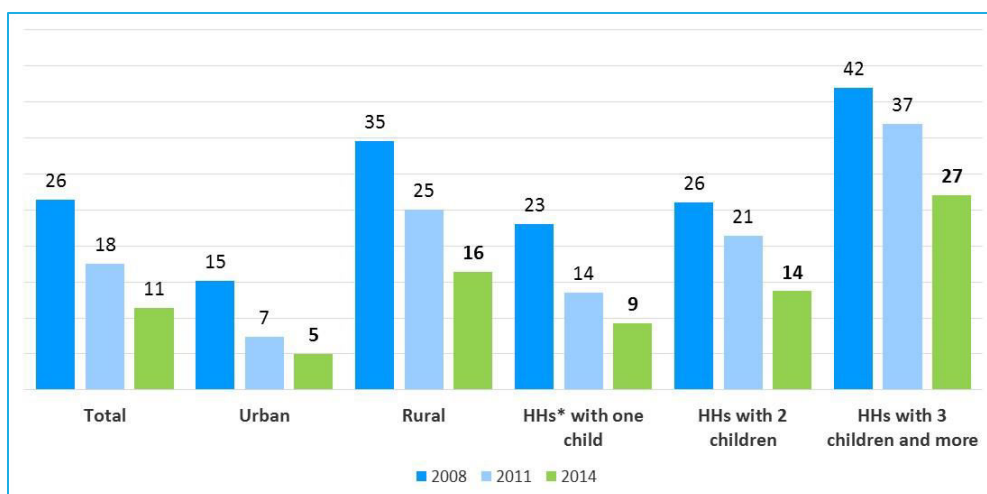
2.1 The state of children's right to an adequate standard of living

Poverty particularly affects the children and households with children who are more sensitive to unfavourable economic changes.

Children in the Republic of Moldova, and especially Roma children and children with disabilities, are disproportionately poor. During the past few years, poverty rates for children have consistently been higher than the national averages. The difference of 2.4 percentage points in 2011 (19.9 per cent poverty rate for children under 16 years against 17.5 per cent for the total population, using the national poverty line) was still the same in 2013 (15.1 per cent against 12.7 per cent).⁸⁸ This gap, however, is smaller than that registered in other countries of the CEE/CIS region.⁸⁹ Similar to its neighbouring countries, both incidence and depth of poverty in the Republic of Moldova are twice as high among Roma children compared with non-Roma children. A survey undertaken in 2011 confirmed that the situation has not changed very much compared with 2005.⁹⁰ Consequently, 74 per cent of interviewed Roma (79 per cent in urban areas and 66 per cent in rural areas) indicated that they were totally insecure in terms of their economic situation, as against 36 per cent of non-Roma households living close to them.⁹¹ Although there are no recent data available, studies undertaken in the past point towards higher degrees of poverty among children with disabilities,⁹² despite various periodic and categorical disability allowances.

Households with children are more vulnerable to poverty, particularly those with three or more children. Larger households have always been much more likely to live in poverty, especially those in rural areas and among Roma. In 2014, poverty rates for households with two children stood at 13.7 per cent and were as high as 27.1 per cent for households with three or more children (Figure 5).

Figure 5. Poverty rate, per cent, by residential area and number of children in the household



Source: Ministry of Economy, 'Briefing Note: Poverty in the Republic of Moldova 2014'. Legend: HH = households

While the poverty rates for average households and even for households with up to two children decreased by half between 2010 and 2014, the poverty reduction for households with three and more children was no more than one third – i.e., from 39 per cent to 27 per cent.⁹³ Overall, households with children are more vulnerable to external economic crises. Households with at least one child and an elderly person are those

⁸⁸ Ministry of Economy, 'Briefing Note', and United Nations Children's Fund, 'TransMonEE Database 2015', UNICEF, 2016.

⁸⁹ United Nations Children's Fund, 'Social Monitor: Social protection for child rights and well-being in Central and Eastern Europe, the Caucasus and Central Asia', UNICEF, 2015.

⁹⁰ United Nations Moldova, 'Roma in the Republic of Moldova'.

⁹¹ United Nations Children's Fund, 'Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova', UNICEF Moldova, November 2011, and United Nations Moldova, 'Roma in the Republic of Moldova'.

⁹² A study undertaken in 2007 found that disabled people (both children and adults) experienced higher-than-average poverty rates, especially those in rural areas. See also United Nations Children's Fund, 'Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova', and United Nations Moldova, 'Roma in the Republic of Moldova'.

⁹³ Ministry of Economy, 'Briefing Note', and UNICEF, 'Social Monitor'.

with the highest poverty headcount and poverty gap, partly due to the low-income levels of people depending on old-age pensions and the fact that a significant share of children left behind live with their grandparents.⁹⁴

Poverty strikes children in many aspects of their lives, not only in terms of income security.

Poverty affects the health and education of children living in poor households and leads to institutionalization and domestic violence. Poor children are more likely to be malnourished or die at home from preventable causes. Enrolment rates of poor children in preschool education in the Republic of Moldova are worrisome, partly due to the lack of early education and development facilities in many villages, where most poor live. For secondary education in particular, absenteeism is a serious issue among poor children. Overall, performance in schools by poor children is well below average. Furthermore, enrolment rates of poor children at all levels are lower than average, influenced by the substantial formal and informal payments expected from their caregivers. The same goes for medical attention, where informal payments are also common and may lead caregivers to refrain from seeking medical assistance. Poverty is also a factor that makes children more likely to be separated from their biological parents and the most important reason for child institutionalization, especially for children with disabilities. It is also associated with higher prevalence of the use of violence in their upbringing.

Children left behind by migrant parents due to poverty are deprived of parental care and emotional development, and are more likely to adopt risky behaviour. There are more than 100,000 children left behind by parents who migrated abroad.⁹⁵ Many left-behind children are not income insecure, but poverty, which forced their parents to migrate abroad, might have been the original reason they were deprived of parental care in the first place. Often, the health, nutrition and education outcomes of left-behind children are not worse than those of other children. Still, there is a larger proportion of children living with their grandparents in rural areas where deprivations are more common. Furthermore, left-behind children miss out on crucial social and emotional development. They suffer more from emotional and moral distress, as well as from violence and abuse. The lack of parental love and supervision also puts them at greater danger of negative risky behaviour.

2.2 Barriers to the realization of children's right to an adequate standard of living

2.2.1 The enabling environment for social assistance

The Government of the Republic of Moldova has regulated a set of social protection measures, many of which are targeted at vulnerable children. The analysis in this sub-chapter is focused on cross-sectoral social insurance and non-contributory cash-based social assistance which are relevant to children and their families. The following chapters on health, education and child protection include a thorough analysis of the relevant in-kind social benefits and social services for children at risk, as well as health- and education-specific social protection measures, such as health insurance.

Article 47 of the Constitution of the Republic of Moldova guarantees every citizen the right to social assistance and protection. It stipulates that the State shall be bound to act so that every person has a decent standard of living. Article 50 grants children and young people explicit entitlements to social assistance.

Bottleneck: The Republic of Moldova does not have an overarching strategy on poverty alleviation, social protection and inclusion of vulnerable groups, leading to a fragmented approach of vulnerability and loss of support efficiency.

The social protection legislation has been amended several times over the past five years. Currently, more than 60 laws and government decisions regulate social protection. The regulatory framework for social protection is set by three main laws: the Law on Public Insurance (1999); the Law on Social Assistance

⁹⁴ United Nations Children's Fund, 'Assessment and Recommendations to Improve the Resilience of the Social Protection System for a Timely and Flexible Response to the Needs of All Vulnerable Children and Families Facing Shocks, Disasters, and Crises in Moldova', UNICEF Moldova, Chisinau, 2016.

⁹⁵ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and United Nations Children's Fund, '2012 Republic of Moldova Multiple Indicator Cluster Survey: Final report', 2014.

(2003); and the Law on Social Services (2010). The reforms since 2010 have included: the repeal of a number of nominative compensations (e.g., spending on natural gas, electricity and heating); the introduction of new social services (e.g., day-care centres for children at risk, mobile teams and several services for children with disabilities); and the increase of public allocations for certain social benefits (e.g., for child allowances and foster-care expenditures). In addition, the assessment of disability based on medical criteria has been replaced with a more socially oriented model. In addition to the already existing mandatory paid maternity leave for working women (126 days), in 2016 the Parliament approved a law that grants fathers 14 days' paternity leave within the first 56 days his child's birth. This is distinct from the existing childcare leave until the age of 1.5 years of the child (for uninsured parents) or three years (for insured parents). Social protection has been also addressed in the Association Agreement with the EU.

However, these reforms have not been consolidated into an overarching policy vision on child-sensitive social protection or in a multi-sectoral strategy specifically dedicated to poverty alleviation and the social inclusion of vulnerable children. The core government objective for social assistance is to decrease poverty and to promote the social inclusion of vulnerable groups.⁹⁶ However, in the current government's National Development Strategy 2020, approved in 2012, poverty (and its reduction) is considered to be a by-product of economic growth only,⁹⁷ meaning that the Government does not have an explicit poverty reduction strategy with a medium- or long-term vision that aims at the social inclusion of vulnerable groups.⁹⁸ In addition, there is an excessive sector-based fragmentation of anti-poverty approaches. The task of monitoring, evaluation and analysis of poverty is entrusted to the Ministry of Economy, while the one related to anti-poverty policy formulation belongs to the Ministry of Labour, Social Protection and Family. Firstly, this distribution of tasks affects an integrated approach of anti-poverty measures. Secondly, the capacity of the Ministry to carry out the assigned task is rather modest. As a result, poverty is treated in a narrow way by various public policies, primarily from the perspective of monetary effects, without considering its multiple causes, which would allow a more efficient targeting of resources⁹⁹ and comprehensive approach of vulnerability and of vulnerable groups, including children.

Bottleneck: State subsidies for the social insurance schemes make the contributory system unsustainable and leave little budgetary room for social assistance and social services for children and their families.

While still quite large by regional standards, the expenditure on social protection as a share of GDP has a fluctuating trend. The overall allocation for social protection was 12.4 per cent of GDP in 2014,¹⁰⁰ well below the average for EU countries (about 30 per cent) in Central and Eastern Europe, but substantial by regional standards. Notwithstanding, after having grown steadily during the 2000s, social protection expenditure has recorded a decreasing trend in more recent years, declining in 2014 with almost three percentage points as against 15.3 per cent in 2009.¹⁰¹ In 2015, it increased again to 13.5 per cent, but still below the 2009 level.¹⁰²

One of the factors squeezing out the allocations for social protection schemes geared towards children and poverty alleviation was the increasing share of state subsidies in the social insurance system. Since 2002, the number of contributors to social insurance schemes has decreased by about 40 per cent. Thus, a significant proportion of expenditures for contributory schemes has been financed by the State budget (13 per cent in 2015), creating an unsustainable situation.¹⁰³ The replacement rate is expected to continue its dramatic drop in the coming years, leading to a greater need for cross-subsidization of the pension schemes. At the same time, the demand for poverty-related social benefits for children and their families is expected to continue.

Altogether, this situation leaves only a small envelope in the State budget for social assistance benefits (both category-based and means-tested)¹⁰⁴ and social protection services. In 2015, nearly 60 per cent of

⁹⁶ Ministry of Labour, Social Protection and Family, 'Annual Social Report 2014', 2015.

⁹⁷ Government of the Republic of Moldova, 'Moldova 2020: National Development Strategy – 7 solutions for economic growth and poverty reduction', 2012. It aims at 'ensuring qualitative economic development and, implicitly, poverty reduction'.

⁹⁸ UNICEF, 'Social Monitor'.

⁹⁹ United Nations Moldova, 'Common Country Assessment', 2016.

¹⁰⁰ European Union, 'European Union Joint Analysis'.

¹⁰¹ UNICEF, 'Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova'.

¹⁰² United Nations Children's Fund Moldova, 'Social Protection Schemes, Size and Frequency of Assistance', Internal document, 2015.

¹⁰³ The European Social Security Code states that the average replacement rate should not drop below the 40 per cent threshold. In the Republic of Moldova, this rate now stands at 27 per cent (down from 39 per cent in 1999).

¹⁰⁴ Category-based social assistance is targeted at specific groups that meet certain characteristics, such as old age, children, people with disability, etc. To qualify for means-tested social assistance, the verified means of a beneficiary should be below a certain set threshold.

the social protection budget was spent on pensions alone and less than one third was spent on social assistance (21 per cent)¹⁰⁵ and social protection services (9 per cent) combined. The means-tested programmes were allocated less than 4 per cent of the social protection budget. Despite a significant number of category-based social assistance schemes targeted at children, their contribution to poverty alleviation was quite low.¹⁰⁶ Similarly to other countries in the CEE/CIS region, the vast majority of social protection spending in the Republic of Moldova was allocated to benefits and services that are not child- or poverty-focused.

Bottleneck: Social protection services depend on the limited capacity and budgets of local authorities, jeopardizing the equitable and sustainable financing of such services.

As part of the decentralization reform, most primary and specialized social protection services are financed from local budgets. Between 2010 and 2015, many social services were created, including for children at risk and children with disabilities. However, not all of them were backed by a corresponding regulatory framework, making their financing and implementation not yet possible. The limited local budgets, especially in the case of the country's poorest districts, may further jeopardize the existing social protection services, such as the community social centres,¹⁰⁷ or even the payment of the professionals providing these services, notably the community social assistants. The same is true for the services addressed to child victims of violence and abuse.¹⁰⁸ The modest financial autonomy of local public authorities diminish their capacity to plan and allocate resources for ensuring the sustainability of social services and support measures for the poor. In addition, there is no coherent method in place for social services costing and gap analysis to inform decision-making and engage private actors in the funding mechanism.¹⁰⁹

Bottleneck: The social benefit schemes are still fragmented and lack a strategic and deliberate focus on combating child poverty.

The recent reforms in social assistance have not yet fundamentally changed the complexity, nor have they improved the equity of the system of social benefits for children and their families. There are more than 60 different schemes, which cause fragmentation and inefficiency, since some population categories are entitled to multiple category-based benefits, while others are insufficiently covered or not covered at all. The most prominent child-focused social assistance benefits include: the one-time birth allowance; the monthly allowance for children; the social benefits for children with disability and their caregivers; and the benefits for foster parents and guardians of children without parental care. Several schemes address the same social risks faced by both insured and uninsured parents, but the benefit levels received by the two vastly differ, leading to significant inequities.¹¹⁰ For example, the monthly allowance for children is more than twice as high for insured than for uninsured parents. In addition, the allowance is provided for three years to insured parents, compared with only 18 months in the case of uninsured parents. In general, most category-based schemes are not specifically dedicated to alleviating the situation of children living in poverty. Ajutor Social is the main means-tested social benefit scheme in the Republic of Moldova, designed to guarantee a minimum living income for vulnerable families. Nevertheless, the scheme is poorly targeted, while the amounts are very low, having little impact on a beneficiary's well-being.¹¹¹ The Government has more recently embarked on ambitious reforms to reverse the declining coverage of the scheme and to transform the category-based social assistance into a more efficient poverty targeting system.

Bottleneck: The unified Social Assistance Automated Information System database is not being used to its maximum potential as a performance monitoring tool for evidence-based policy implementation and its specific module on child protection has not been yet developed.

The Social Assistance Automated Information System (SAAIS), created in 2008 to complement the National Social Insurance House (NSIH) database, allows for the archiving of detailed information on applicants to the main means-tested programme, Ajutor Social. It is a unified database that contains relevant information on individual applicants and on the members of applicant households, regardless of the outcome of the application. The data allow for the identification of differences in the acceptance/rejection

¹⁰⁵ Ministry of Labour, Social Protection and Family, 'Annual Social Report 2014'. While there is a significant number of schemes financed from the local budgets, the total allocation to these schemes is very modest.

¹⁰⁶ United Nations Children's Fund Moldova, 'Socio-Economic Analysis of Social Protection Schemes', Internal document, 2016.

¹⁰⁷ Congress of Local Authorities of Moldova, 'Monitoring Report'.

¹⁰⁸ Ibid.

¹⁰⁹ European Union, 'European Union Joint Analysis'.

¹¹⁰ Ministry of Labour, Social Protection and Family, 'Annual Social Report 2014'.

¹¹¹ United Nations Moldova, 'Common Country Assessment'.

rates, reasons for application or rejection, the number of applications processed by individual social assistants, and other standardized metrics across districts and social assistants.

However, the SAAIS is not being used as an instrument to fine-tune social protection policies and make them more focused on vulnerable children and their families.¹¹² While the SAAIS cuts across several areas of household well-being, it does not track information on child protection. Nevertheless, the SAAIS data would be very useful for understanding the deprivation profile of specific districts. It is not, however, fed into the preparation of small area deprivation indexes to identify the degree of deprivation within specific geographic areas and thus help authorities to plan targeted social protection programmes for vulnerable groups.

The SAAIS is also not being used for performance monitoring of local social assistance offices.¹¹³ Using the SAAIS as a performance monitoring tool would enable the identification of specific capacity-building needs for local offices as well as performance benchmarking.

Bottleneck: The various concepts used for the measurement of poverty are not methodologically inter-related, generating ambiguity among decision makers and programme inconsistencies.

There is no explicit and deliberate connection between the two poverty lines (extreme and absolute), the various minimum subsistence levels, and the monthly Minimum Income Guarantee (MIG). The poverty lines are calculated on food and non-food consumption, with 2006 as the base year. Their methodology and base year is currently being revised. The minimum subsistence levels are also based on food and non-food consumption norms, determined independently from the poverty lines. The MIG is arbitrarily established based on the availability of funds for *Ajutor Social* for the fiscal year, and not based on an official formula. Currently, the Government of the Republic of Moldova is devising a strategy to index the MIG to the value of the minimum consumption basket of goods.¹¹⁴ Consequently, different policies and programmes, with similar aims, are using different reference points. For example, *Ajutor Social* aims at providing social protection to reduce vulnerabilities to poverty and deprivation, but it does not use any of the two poverty lines as thresholds. Also, the subsistence levels, which are understood to be the minimum levels necessary for survival, are significantly higher than the extreme poverty line and the MIG. These various, methodologically unconnected measurements create an ambiguous situation for policymakers working on poverty alleviation, and generate inconsistencies among social protection and poverty reduction programmes.

Bottleneck: There is no institutionalized inter-sectoral coordination for monitoring the child poverty and partial disaggregation of poverty-related information undermines effective policymaking for child poverty alleviation. Coordination at the local level is suboptimal.

Poverty rates are calculated by the National Bureau of Statistics on an annual basis and used by the Ministry of Economy, which plays a coordinating role on poverty monitoring and further analysis. The line ministries are not involved in the analysis of the impact of poverty in their respective domains (i.e., health, education, social protection, etc.), although they are requested to validate the ones made by the Ministry of Economy. Moreover, there are no functional and institutionalized inter-sectoral mechanisms for the calculation and utilization of data and reports for policymaking on poverty alleviation and social inclusion in general, or for children in particular. Therefore, to date, the available information is not optimally used for policymaking, implementation and monitoring.

Routine and public poverty estimates are calculated with the head of the household as a base and not for individuals, such as children. Besides the overall poverty rates, calculations are made for various vulnerable groups, such as households with children, pensioners and farmers. However, no routine disaggregated estimations are yet available for individual headcount poverty rates, nor are there any officially published poverty rates for various age groups, including for children. Child poverty rates are currently calculated only upon special request, hindering the development and routine monitoring of effective policies for child poverty alleviation.

¹¹² UNICEF, 'Assessment and Recommendations'.

¹¹³ Ibid.

¹¹⁴ Ibid.

There is only minimal vertical coordination between the community social assistants – primarily in charge of prevention, identification and referral – and supervisors at the district level, where decisions on means-tested social benefits are taken. At the local level, community social assistants are tasked with the processing of applications for social benefit (Ajutor Social) and Cold Season Allowance in the automated computer system, after a home visit to check the information when in doubt. This information is reviewed by a district-level specialist, who verifies the application in the system and subsequently grants or rejects the application. Social benefits are thus poorly coordinated with community-based social services. In 2014, the Government approved the establishment of territorial multi-disciplinary teams. These teams, coordinated by community social assistants, are supposed to jointly work on case management and therefore promote horizontal coordination. However, information gathered through interviews for this situation analysis suggests that such horizontal coordination does not operate yet in a proactive and systematic manner, but is rather reactive on a case-by-case basis.

2.2.2 The availability, access and quality of social assistance programmes

While no exact coverage rates are readily available for many category-based social assistance programmes, the number of people receiving such benefits is fairly stable. The number of children for whom their uninsured caregivers receive a monthly child allowance for children aged below 18 months has remained constant between 2013 and 2014, at 39,000. Combined with 41,000 children aged below 3 years of insured parents receiving such allowance, and considering a total estimated population of 114,000 children aged below 3 years,¹¹⁵ this implies a rather high coverage rate. In addition, a stable number of 24,000 uninsured parents and 13,000 insured parents are receiving a one-time birth allowance. Parents of more than 13,000 children with disabilities¹¹⁶ also received a monthly allowance, which indicates a close-to-perfect coverage. On the other hand, the number of people caring for, supporting and supervising a disabled child has decreased from 6,200 in 2012 to 5,200 in 2014. A fairly constant number of 4,000 children benefit from a monthly allowance due to the loss of their family breadwinner.¹¹⁷ On the other hand, the number of children in foster care is rather limited.

Bottleneck: The social assistance programmes only reach a small proportion of the eligible population and the share of families with children among the beneficiaries of these programmes is continuously decreasing.

The coverage of the means-tested programmes for families with children is very low. In 2014, a total of 56,500 families reportedly benefited at least once from Ajutor Social, roughly the same as in 2013, but much lower than the 80,000-plus families participating in 2011.¹¹⁸ The share of families with children, especially those with two or more children, in the programme has decreased substantially¹¹⁹ over the past few years, from 80 per cent in 2011 to 51 per cent in 2014.¹²⁰ Coverage, on the other hand, is higher among households in the poorest quintile but, at 10 per cent, is still very low – a situation that has not improved over time.¹²¹ Even among the extreme poor, the coverage was no higher than 22 per cent,¹²² leaving 78 per cent of people living below the threshold of extreme poverty out of the programme. The main reasons seem to be the drop in the number of applications on the background of insufficient public awareness of available benefits and support from the community social assistants, as detailed below.

There are inclusion errors of the means-tested and category-based programmes and poor families receive lower benefits on average than non-poor families. Notwithstanding the low coverage rate, there are still large inclusion errors. For instance, 17 per cent of the Ajutor Social funds reach non-poor families. And, among the recipient non-poor families, the benefits are actually higher than for the poorest families.¹²³ Unfortunately, there are no studies providing an explanation as to why this is the case. As far as category-based social assistance programmes are concerned, only 30 per cent of benefits reach the poorest quintiles. Furthermore, about half of all these benefits accrue to the most affluent 40 per cent of the population.¹²⁴

¹¹⁵ National Bureau of Statistics, <www.statistica.md>.

¹¹⁶ UNICEF Moldova, 'Socio-Economic Analysis of Social Protection Schemes'.

¹¹⁷ Ministry of Labour, Social Protection and Family, 'Annual Social Report 2014'.

¹¹⁸ The main reason for the decline in the number of beneficiaries seems to be the drop in the number of applications rather than the rejection of applications.

¹¹⁹ Ministry of Labour, Social Protection and Family, 'Annual Social Report 2014'.

¹²⁰ Government of the Republic of Moldova, 'Combined Fourth and Fifth Periodic Report on the Implementation of the United Nations Convention on the Rights of the Child', 2015.

¹²¹ UNICEF, 'Situation Analysis'.

¹²² Gassmann et al., 'The Impact of Migration'.

¹²³ UNICEF, 'Assessment and Recommendations'.

¹²⁴ UNICEF Moldova, 'Socio-Economic Analysis of Social Protection Schemes'.

Bottleneck: The low level of social benefits makes them largely ineffective in preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation.

None of the child-related social benefits reach the monthly minimum subsistence level or even the amount set as the absolute poverty line. A number of benefits are less than MDL 250 per month, including the fixed monthly amount for the Cold Season Allowance.¹²⁵ The average for childcare allowances is somewhat more significant, at MDL 1,157 for insured parents and MDL 540 for uninsured parents,¹²⁶ and so are the monthly contributions for disabled children (MDL 448), adopted children (MDL 800) and children in foster care (about MDL 900). The average monthly transfer under the Ajutor Social programme targeted at poor households is MDL 655 per person.

Social benefits only have a minimal impact on the poverty rate of families with children. While the MIG is set based on funds available and has now surpassed the extreme poverty line, it is still below the absolute poverty line. Therefore, combined with its low coverage, one would expect Ajutor Social to have only a small impact on the absolute poverty rate. Indeed, in 2014 the impact was only a reduction of one percentage point for rural families, less than one percentage point in smaller towns and nil in big cities. The impact of Cold Season Allowances, on the other hand, was negligible in all three cases. Moreover, in 2011, Ajutor Social was found to be less effective in reducing poverty for families with children than for those without children.¹²⁷ Given the decreasing share of families with children in the total beneficiary pool of Ajutor Social, it is assumed that the situation has not improved since.

2.2.3 The demand for social assistance programmes

Bottleneck: The limited knowledge and awareness of social benefits by the eligible population is an impediment to the increase in coverage and the improvement in service quality.

The limited knowledge about both category-based and means-tested benefits has influenced the participation in social assistance programmes. Still, today people are generally not sufficiently aware of the existence of different social assistance programmes, their entitlements and the different eligibility criteria (including reapplication). They may also not know where to find more information about the application process. In general, the differences among the various social benefits, their application procedures and regulations are not sufficiently clear.¹²⁸ In this respect, the importance of public communication on the existence and nature of social benefits should not be underestimated, as it has been demonstrated by the jump in applications for the Ajutor Social programme after the undertaking of an intensive media campaign in February 2010.

Bottleneck: Unclear and demanding administrative requirements form a serious barrier to the application for and the receipt of means-tested social assistance, especially for the less literate, the extreme poor, and the elderly.

According to potential beneficiaries of the Ajutor Social programme and the Republican Fund (a related, 'emergency aid' programme), application requirements are not always clear and transparent. Applicants have indicated that, in the absence of some clearly written documentation on the application process (e.g., in the form of a brochure), they found the procedures confusing. Once the application has been completed, they are not informed about the actions that will follow the submission. They also indicated that the evaluation process of their applications was not transparent. This holds especially true for cases when decisions about an application as well as the reasons leading to the respective decision are communicated verbally by the social assistant rather in writing.¹²⁹

Administrative requirements are further hardening the process of collecting documents needed for the application. For some applicants, the process can be rather costly, as certain documents can only be requested in person from institutions or offices in specific cities, which can be far away from their homes. The number of documents needed to make the request for social assistance is perceived as problematic and time-consuming. It has been also reported that some applications need to be re-evaluated too frequently.

¹²⁵ Ibid.

¹²⁶ <www.statistica.md>.

¹²⁷ UNICEF, 'Situation Analysis'.

¹²⁸ Some of the better-known schemes are the annual benefits related to specific commemoration days; maternity allowances, pensions and the Cold Season Assistance. See UNICEF, 'Assessment and Recommendations'.

¹²⁹ UNICEF, 'Assessment and Recommendations'.

For others, who may lack identity documents, the process is even more cumbersome. This is particularly the case of Roma, who are overrepresented in the group that lacks identity documents.¹³⁰

Bottleneck: The inconsistencies in the application process for social benefits as well as the general reactive approach of social assistants, discretionary practices of medical staff and lack of community mediators make the social assistance programmes significantly rely on self-referral or, worse, discourage eligible people to apply.

Community social assistants, whose job it is to facilitate vulnerable people's access to social assistance, are not always as helpful as expected. The Republic of Moldova has about 1,200 community social assistants, many of whom do not have an educational background in social work. Part of their tasks is to facilitate the application process to social benefit schemes.¹³¹ The degree of preparation of the social assistant and ability to communicate and explain which documents are needed represent important factors determining families' application for social benefit schemes.¹³² Although social assistants are most confident in assisting in the provision of social benefits (rather than case management),¹³³ the assessment of the implementation of Ajutor Social carried out in 2015 found that people generally felt the social assistants to be unhelpful and unable to evaluate an individual's assistance claim objectively. Interviewed people reported distrust in social assistants, as those were often considered to inconsistently apply the regulations, particularly by rejecting an application on subjective grounds, without allowing it to be formally evaluated. Such practices made the social assistance programmes heavily rely on self-referral or, worse, discourage eligible applicants from applying to the scheme. In addition, the social assistants are known to play a more reactive role rather than having a proactive outreach attitude in encouraging eligible persons to apply for social benefits schemes.

Provision of social assistance to children with disabilities and their families is not systematically based on objective reasons. At the moment, the procedure for assessing disability benefits allows a lot of discretion to medical professionals and there are numerous allegations of corruption in providing the disability certificate. This keeps away the individuals or groups most affected by discrimination and poverty from seeking a disability certificate which would entitle them to social benefits and services.¹³⁴ In general, little information is available on the impediments encountered by children with disabilities and their families in the Republic of Moldova in obtaining social assistance, an area which requires particular attention in the future. Studies in other countries have nevertheless shown that people with disabilities encounter physical infrastructural barriers, such as lack of wheelchair-accessible public transportation, which may discourage them from accessing social assistance services.¹³⁵ The Government of the Republic of Moldova has approved a law on social inclusion of people with disabilities and a subsequent action plan for the implementation of measures to ensure accessibility for people with disabilities to social infrastructure, but results to date are modest. The Government is also considering the possible introduction of a social model of disability determination as opposed to a purely medical approach.

In recent years, efforts have been made to facilitate the access of Roma children and their families to social assistance, but financial decentralization has not helped the increase of the take-up. Roma community mediators have been appointed at the local level to perform outreach activities to help build the links between local authorities and Roma communities in both communication and access to social benefits and services. Due to mediators' support provided to Roma families with children in the process of applying for social aid and benefits as well as education and health services, the take-up has increased significantly in the localities where they functioned.¹³⁶ In 2013, there were 28 mediators employed at community level; two years later, in 2015, only 9 were still employed,¹³⁷ as some local authorities have not renewed their contracts once they had to be paid from the local budgets.

¹³⁰ Ibid.

¹³¹ Centrul Român de Politici Europene, 'Human Resources Management Policies and Practices in Social Assistance Sector: Moldovan situation and reflection of Lithuanian and Romanian experiences', 2015.

¹³² United Nations Children's Fund Moldova, 'Impact of Cash Transfers on Poverty and Well-Being of the Most Vulnerable Families in the Republic of Moldova, within the Context of Transition from Category-Based to Means-Tested Social Assistance: Final report', November 2011.

¹³³ United Nations Children's Fund, 'Human Resources and Training Needs Assessment in Social Work in the Republic of Moldova: Field study results', UNICEF, 2015.

¹³⁴ United Nations Moldova, 'Memorandum for the Assistance of the United Nations Committee on the Rights of Persons with Disabilities', 2016.

¹³⁵ UNICEF, 'Social Monitor'.

¹³⁶ Ibid.

¹³⁷ United Nations, 'Profile of Roma Women and Girls', analytical note developed by the United Nations Development Programme (UNDP), in the framework of the joint UN Programme "Strengthening the national statistical system", in collaboration with the National Bureau of Statistics

2.3 Opportunities for action

Relevant SDG targets and monitoring indicators:

SDG 1: End poverty in all its forms everywhere

Target 1.2: Reduction of at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

- Indicator 1.2.1: Proportion of the population living below the national poverty line, disaggregated by sex and age group.
- Indicator 1.2.2: Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

Target 1.3: Implementation of the nationally appropriate social protection systems and measures for all, including floors, and achieving of a substantial coverage of the poor and the vulnerable.

- Indicator 1.3.1: Percentage of the population covered by social protection floors/systems, disaggregated by sex, and distinguishing children, the unemployed, old-age persons, persons with disabilities, pregnant women/newborns, work injury victims, the poor and the vulnerable.

Target 1.1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.

- Indicator 1.1.a.1: Proportion of resources allocated by the government directly to poverty reduction programmes).

SDG 10: Reduce inequality within and among countries

Target 10.1: Progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average.

- Indicator 10.1.1: Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population.

Target 10.2: Empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

- Indicator 10.2.1: Proportion of people living below 50 per cent of median income, disaggregated by age group, sex and persons with disabilities.

Target 10.4: Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.

- Indicator 10.4.1: Labour share of GDP, comprising wages and social protection transfers.

Recommended lines of action:

1. **Develop an overarching poverty alleviation and social protection strategy:** The Republic of Moldova's current anti-poverty and social protection environment (both its social insurance and social assistance components) is characterized by complexity and fragmentation, lacking a strategic focus on combating child poverty. As such, the Republic of Moldova would greatly benefit from developing a comprehensive, child-sensitive and multi-sectoral poverty alleviation and social protection strategy with the explicit aim of reducing child poverty from a multi-dimensional perspective and promoting the social inclusion of vulnerable groups. This strategy would help link anti-poverty and social protection interventions across sectors so that all children have access to quality education, nutrition and health care, and live in a caring and protective family environment.
2. **Adequately measure poverty and establish relevant poverty thresholds:** The Republic of Moldova would benefit from adopting the concept of multi-dimensional child poverty, with thresholds that are clearly connected to other poverty measurements, and which computes the current magnitude of multi-dimensional poverty. At the same time, it would be important to: further update the proxy calculation to

and with the support of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the UN Economic Commission for Europe (UNECE), 2016, < http://md.one.un.org/content/dam/unct/moldova/docs/pub/FemeileRome_EN.pdf>.

include not just the presence of assets but also their current value and utility; or to move to an approach based on the purchasing power of the poor and vulnerable. As mentioned above, the Republic of Moldova would benefit from adopting an overarching poverty alleviation and social protection strategy whose aim would go beyond eradicating extreme monetary poverty. On the measurement side, such a strategy would involve routinely and periodically producing and publishing poverty data for individuals (e.g., children) and gathering data on household members (beyond the head of household only). The Republic of Moldova should also consider developing an explicit formula for determining the level of MIG, based on an assessment of the current practice of computation. The next step would then be to make an explicit and methodological connection between the MIG and both monetary poverty lines, as well as the various subsistence levels to eliminate ambiguity among decision makers and programme inconsistencies. As poverty is not static, the MIG would also demand re-computation on a regular basis to ensure that it has a steady and significant impact on the reduction of monetary (child) poverty.

3. **Design well-articulated, effective and integrated social protection programmes:** Given the complexity of the Republic of Moldova's social protection programmes and their cumbersome administrative requirements, a key step towards greater effectiveness would be to simplify the procedures and find alternative solutions for people who fall between the cracks (e.g., those informally employed and who cannot produce a payment slip from employment but are not registered as unemployed either). At the same time, it would be useful to consider a mechanism for responsible graduation from social assistance, with individual work plans that strengthen and support livelihoods and a central role for community social assistants. A crucial step towards a smarter design of social protection would be to consolidate certain programmes (e.g., various benefits for people and children with disabilities; several programmes for uninsured families, such as the child allowance and Ajutor Social) and simplify the large number of current schemes and payments (e.g., family support service as one payment as opposed to several). Another critical step would be to promote cross-sectoral collaboration among line ministries responsible for social insurance and social assistance (e.g., by linking various databases, actively implementing the inter-sectoral coordination mechanism, etc.).
4. **Raise awareness and improve information on social protection entitlements:** Lack of awareness and information on available social protection benefits and services is one of the key barriers to the greater uptake of programmes in the Republic of Moldova. As such, it is important to improve the provision of information about the different types of social assistance schemes – including active reach-out activities – so that people in need, especially families with children, obtain correct and timely information. Similarly, applicants to means-tested social assistance should be provided with clear guidance and documentation on application requirements, steps and timelines, and communication about application decisions should be formalized. In this respect, the practices and approaches of community social assistants should undergo a profound change to enable a transparent and objective assessment of eligibility of applicants and pro-active outreach activities aimed to encourage eligible people to apply for social benefits schemes.
5. **Monitor the impact of social protection on child well-being:** To strengthen the impact of social protection on the Republic of Moldova's most vulnerable children, it is important to monitor and regularly analyse the (monetary) child poverty. At the same time, it would be very useful to undertake studies aimed to identify the precise reasons for low coverage of the poor, as well as the inclusion errors and calculation anomalies of the means-tested and category-based schemes (for instance, to explain why there are still people in quintiles 3–5 receiving Ajutor Social and why their cash benefits are higher than those of poor families). The Republic of Moldova might also consider explicitly including a child protection module in the SAAIS and using it for strategic monitoring of performance and policy implementation.

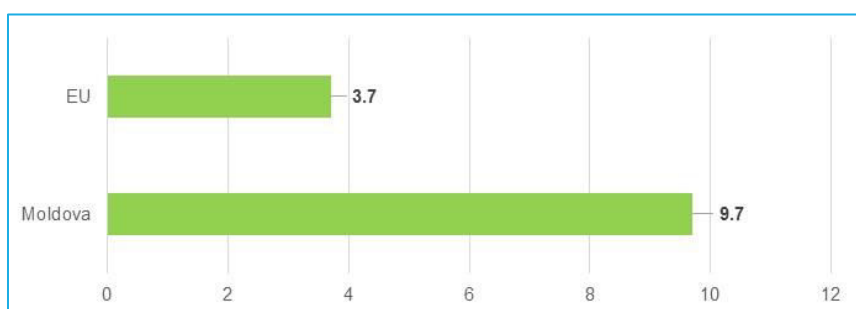
Chapter 3: The right to health and nutrition

3.1 The state of children's right to health and nutrition

The declining trend in mortality rates for infants and children aged under 5 years is maintaining its pace.

The Republic of Moldova achieved important progress in reducing infant and under-five mortality rates. The infant mortality rate has been reduced by more than half since the mid-1990s, reaching 9.7 per 1,000 live births in 2015, meaning that the Republic of Moldova has reached the target for the Millennium Development Goal (MDG).¹³⁸ The level of the indicator is close to the average of other CEE/CIS countries (about 11 per 1,000 live births), but more than double the EU average (3.7 per 1,000 live births in 2013; see Figure 6). The infant mortality rate in the districts of the left bank of the Nistru River and the municipality of Bender (Transnistrian region) is 7.1 per 1,000 live births, registering a decrease from 11.1 in 2011 and 9.4 in 2012.¹³⁹

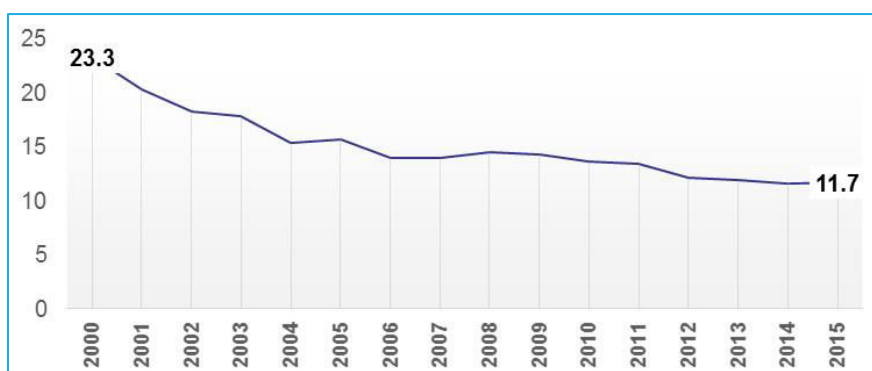
Figure 6. Infant mortality rate, 2014 (per 1,000 live births)



Source: World Health Organization, 'European Health for all Database (HFA-DB)', 2016.

Similarly, the under-five mortality rate was reduced from 23.3 per 1,000 live births in 2000 to 11.7 in 2015 (Figure 7). The incidence of child mortality varies across regions, from 3.1 to 26.3 per 1,000 live births, with children having the highest survival chances in the first five years of life in the municipality of Chisinau.

Figure 7. Under-five mortality rate, 2000–2015 (per 1,000 live births)



Source: National Centre of Management in Health, 'Statistical Yearbook of the Health System of Republic of Moldova for 2015', 2016.

Perinatal causes are the most common causes of infant death. In 2015, they accounted for 47 per cent of all deaths, followed by congenital malformations (25 per cent), respiratory illnesses (11 per cent), traumatic injuries and poisonings (5 per cent), infectious diseases (6 per cent) and diseases of the neurological system (1 per cent).¹⁴⁰ This breakdown has maintained over the years, with sporadic fluctuations.

A persistent and substantial share of all child deaths happen at home, mostly due to avoidable causes.

¹³⁸ National Centre of Management in Health, 'Statistical Yearbook of the Health System of Republic of Moldova for 2015', 2016.

¹³⁹ Bacci, 'Assessment of Quality of Outpatient and Hospital Maternal and Neonatal Care in the Transnistrian Region', 2013.

¹⁴⁰ National Centre of Management in Health, 'Statistical Yearbook of the Health System of Republic of Moldova for 2015'.

During the entire decade, the share of deaths at home of children aged under 18 years has remained stable at 20 per cent. This shows that the reduction mechanisms have not been fully utilized. In 2015, the majority of cases of child deaths happened at home were caused by preventable factors, such as injuries and poisoning (31 per cent, of which 21 per cent were due to suicide), respiratory diseases (22 per cent, of which 80 per cent were due to pneumonia).¹⁴¹ Most of these cases occurred among children from vulnerable families, such as single-headed households, low-income families, parents with disability, families with domestic violence and alcohol abuse by parents.¹⁴²

The maternal mortality rate does not show a constant trend.

During recent years, the maternal mortality rate did not register a clear trend, being very sensible to even the smallest change in the absolute number of cases. The fluctuations varied from 15.8 (2013) per 100,000 live births to 31.1 (2015), being significantly higher than the EU value of 4.9 and the MDG target of 13.3. In rural areas, the maternal mortality was three times higher than the one in urban areas (39.9 versus 14.8 per 100,000 live births).¹⁴³

There is a lack of specific information on the health status of children with disabilities.

According to data of the National Bureau of Statistics, the prevalence of children with disabilities aged under 18 years decreased from 20.3 per 1,000 children in 2010 to 18.6 in 2014. This compares favourably with 19.4 in CEE/CIS countries. The proportion of children diagnosed with severe disability is smaller in rural areas (37 per cent) than in urban areas (45 per cent).¹⁴⁴ In 2015, primary detected disability was 2.3 per 1,000 children, but there is no information available on the proportion of those detected at an early stage. It should be noted though that the number of premature babies born with a weight of less than 1,500 grams is increasing, thereby escalating the risk to develop disabilities. The dominant causes of disabilities include congenital malformations, deformations and chromosomal anomalies (24 per cent), mental and behavioural disorders (20 per cent) and disease of the nervous system (15 per cent). Of all registered children with disabilities, 85 per cent received recovery treatment during the year. Besides information on these medical causes of disability, there are very little data on the health conditions of children with disabilities, including information on early detection.

Immunization coverage has been decreasing slightly during the past five years, with the risk of missing the target vaccination rate.

Immunization rates in the Republic of Moldova are showing an alarming declining trend, from 97 per cent in 2006 to 87 per cent in 2015 (Figure 8). The strongest decrease was registered for Hepatitis B (from 96.7 per cent in 2010 to 91.9 per cent in 2015), for poliomyelitis (from 95.7 per cent to 90.9 per cent) and for diphtheria and tetanus (94.3 per cent to 91.1 per cent).¹⁴⁵ A significantly lower and insufficient vaccination coverage ratio for children aged 15–26 months was noted for children living in urban areas (82 per cent) compared with rural areas (93 per cent), the lowest being in Chisinau (71 per cent). The percentage of children who received all recommended vaccinations in accordance with the National Immunization Programme by the age of 12 months is 79 per cent. This is lower than the targets of WHO's Global Vaccine Action Plan, which states that countries should aim to achieve vaccination coverage of more than 90 per cent nationally and more than 80 per cent in every district by 2020. In 2013, the immunization coverage of children ranged from 74 per cent to 85 per cent in the Transnistrian region, with rates in some districts/cities as low as 61 per cent. The vaccination is also significantly delayed: only 23 per cent to 37 per cent of children born in 2013 received the primary series of vaccinations on time, increasing the risk of outbreaks of vaccine preventable disease.¹⁴⁶ It is important to note that the actual vaccination rates might be lower than those presented in official statistics.¹⁴⁷

¹⁴¹ Ibid.

¹⁴² World Health Organization, 'Barriers and Facilitating Factors in Access to Health Services in the Republic of Moldova', 2012.

¹⁴³ National Centre of Management in Health, 'Statistical Yearbook of the Health System of Republic of Moldova for 2015'.

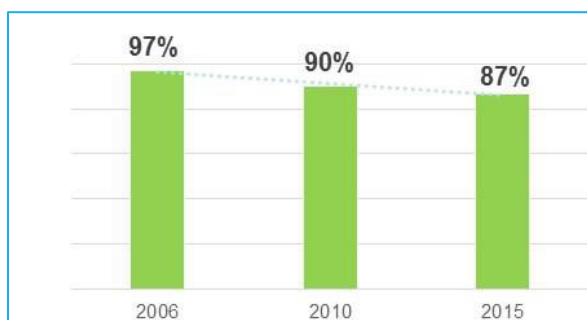
¹⁴⁴ National Bureau of Statistics, <www.statistica.md>.

¹⁴⁵ National Centre of Public Health, 'Government Surveillance of Public Health in the Republic of Moldova: Annual report 2015', 2016.

¹⁴⁶ World Health Organization and United Nations Children's Fund, 'Comprehensive Review of the Immunization Programme in Transnistria Region', 2014.

¹⁴⁷ Centre for Sociological Investigations and Marketing CBS-AXA, 'Immunisation of Young Children: Knowledge, attitudes and practices', 2012.

Figure 8. Immunization rates, 2006–2015



Source: National Centre of Public Health.

Stunting, wasting and underweight has been improving alongside emerging childhood obesity; still a significant share of delay in physical development is due to malnutrition.

Good progress has been made in combating child malnutrition. About 2 per cent of children aged under 5 years are moderately underweight,¹⁴⁸ about half the rate in 2005¹⁴⁹ (1 per cent in the Transnistrian region). Of all children, 6 per cent are moderately stunted¹⁵⁰ (5 per cent in the Transnistrian region). Stunting prevalence is concentrated among the rural children (8 per cent, compared with only 4 per cent in urban areas). Children living in the poorest quintile households are nearly four times as likely to be too short for their age compared with children from the richest quintile (Table 2). About 5 per cent of children aged under 5 years in the Republic of Moldova are overweight (double in the Transnistrian region). Children from the richest families are twice as likely to be overweight than those from the poorest families.¹⁵¹ Malnutrition continues to be the cause of a significant number of developmental delays in children.¹⁵²

Table 2. Stunting prevalence in children aged under 5 years in the Republic of Moldova (per cent), 2012

By area of residence	Urban	Rural	Ratio of rural to urban
	4	8	2.2
by wealth quintile	WQ1	WQ5	Ratio of poorest to richest
	11	3	4.2

Source: MICS, 2012; <<http://data.unicef.org/nutrition/malnutrition.html>>.

Since 2005, exclusive breastfeeding during the first six months of a child's life has been decreasing, further away from an already low base, and anaemia remains at a relatively high level.

Nearly all children in the Republic of Moldova are breastfed at some point in time (97 per cent for the right bank of the Nistru River and 95 per cent in the Transnistrian region).¹⁵³ However, exclusive breastfeeding is not commonly practiced – i.e., only 36 per cent of children aged 0–5 months are exclusively breastfed, compared with 46 per cent in 2005.¹⁵⁴ For children in the Transnistrian region, the rate is as low as 14 per cent. Slightly more than one fifth of all children aged 6–59 months and more than one quarter of women of childbearing age were found to be anaemic: women of the poorest quintile have a much higher risk of being anaemic than those of the richest quintile (31 per cent versus 20 per cent). The same goes for rural women compared with women living in urban areas (28 per cent versus 22 per cent). In the Transnistrian region, the situation is better: anaemia rates are 15 per cent for children and 19 per cent for women of reproductive age.¹⁵⁵ Even though iron and folic are covered by the health insurance system,

¹⁴⁸ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

¹⁴⁹ National Scientific and Applied Center for Preventive Medicine and ORC Macro, 'Moldova Demographic and Health Survey 2005', 2006.

¹⁵⁰ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

¹⁵¹ Ibid., and Independent Analytical Centre New Age and United Nations Children's Fund, 'Area-Based Multiple Indicator Cluster Survey for the Left Side of the River Nistru and Municipality of Bender 2013: Key findings – Report', 2016.

¹⁵² National Centre of Management in Health, 'Statistical Yearbook of the Health System of Republic of Moldova for 2015'.

¹⁵³ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey', and Independent Analytical Centre New Age and UNICEF, 'Area-Based Multiple Indicator Cluster Survey'.

¹⁵⁴ National Scientific and Applied Center for Preventive Medicine and ORC Macro, 'Moldova Demographic and Health Survey 2005'.

¹⁵⁵ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey', and Independent Analytical Centre New Age and UNICEF, 'Area-Based Multiple Indicator Cluster Survey'.

only half of all women aged 15–49 years took folic acid supplements for at least 45 days during the first trimester of pregnancy, while only 41 per cent took iron supplements over a period of more than 90 days.¹⁵⁶

The rate and number of elective abortions among women remain high and fertility is persistently low.

Even though the total number of abortions in the country registered some fluctuations over the past few years, the share of elective abortions¹⁵⁷ remained constantly high during the past decades, at 68–69 per cent.¹⁵⁸ The number of legally induced abortions among women aged under 20 years has been slowly decreasing year by year, reaching an abortion rate of 7.0 cases per 1,000 women of the same age.

The total fertility rate for 2014 was 1.3 births per woman living on the right bank of the Nistru River and 1.8 for women in the Transnistrian region, below the European level (1.5). Fertility of women aged 15–19 years was 26.7 live births per 1,000, with a stark difference between urban areas (14.7) and rural areas (32.8). During the past five years, the level of the indicator remained approximately constant. The average age of mothers at first birth in 2014 was 26.9 years (27.8 years in urban and 26.6 years in rural areas).¹⁵⁹

The share of mothers younger aged than 20 years in the total number of women with live births decreased from 9 per cent in 2010 to 7 per cent in 2014 (81 per cent are from rural areas).¹⁶⁰ Only 34 per cent of sexually active women aged 15–19 years and 42 per cent of those aged 20–24 years use modern contraception methods, relatively low compared with the average in East European countries.¹⁶¹ Especially for Roma girls, early marriage is soon accompanied by pregnancy and the responsibility of being a mother.¹⁶²

Risky sexual behaviour leads to relatively high levels of sexually transmitted infections and HIV incidence.

HIV incidence among young people aged 15–24 years has registered a decrease, from 21 new cases per 100,000 inhabitants in 2012 to 18 cases in 2014, although the figures are lower than the revised MDG target for 2015 (10 cases per 100,000 inhabitants). With regard to other sexually transmitted infections, morbidity through gonorrhoea among youth aged 15–17 years (35 cases per 100,000) is significantly higher than that for the total population (28 cases per 100,000). Among girls, it reached 19 cases per 100,000 population (compared with 7 cases among women), but 49 for boys.¹⁶³ These rates are the highest in the CEE/CIS region, by as much as 2–10 times their average.

A significant share of the rural population does not have access to improved sources of drinking water.

Nearly 90 per cent of all households have access to improved sources of drinking water (2015), but rural households are predominant among those which haven't. Every second family in the country (54 per cent) has access to tap water that is piped directly into their dwelling or into the yard/plot. However, one in eight families (12 per cent), mostly those in rural areas, only had access to unimproved sources of drinking water. Access to improved sanitation facilities is worse (76 per cent), with significant disparities between urban (88 per cent) and rural areas (67 per cent).¹⁶⁴

3.2 Barriers to the realization of children's right to health and nutrition

3.2.1 The enabling environment for health and nutrition

¹⁵⁶ Ibid.

¹⁵⁷ Abortions are divided into two categories: voluntary abortions (based on the decision of the woman to do this) and non-voluntary abortions, which include medical risk factors and/or social factors (e.g., poverty, large number of children in family).

¹⁵⁸ National Centre of Management in Health, 'Statistical Yearbook of the Health System of Republic of Moldova for 2015'.

¹⁵⁹ National Bureau of Statistics, <www.statistica.md>.

¹⁶⁰ Ibid.

¹⁶¹ Gagauz, 'Pregnancy in the Adolescent Age', 2015.

http://dspace.ince.md/jspui/bitstream/123456789/338/1/Gagauz%20Iga.Sarcina_la_%20v%C3%A2rsta_adolescen%C8%9Bei.pdf

¹⁶² UN Women, United Nations Development Programme and Office of the United Nations High Commissioner for Human Rights, 'Study on the Situation of Romani Women and Girls in the Republic of Moldova', 2014.

¹⁶³ National Bureau of Statistics, <www.statistica.md>.

¹⁶⁴ World Health Organization and United Nations Children's Fund, 'Republic of Moldova: Estimates on the use of water sources and sanitation facilities (1980–2015)', 2015.

Article 36 of the Constitution of the Republic of Moldova is explicitly dedicated to health protection. It stipulates that health protection is a guaranteed right. It also indicates that the structure of the national health security system and the means aimed at protecting the physical and mental health of the individual shall be provided for by organic law.

The current legislative framework for the health system in the Republic of Moldova, including that for child and adolescent health, is relatively well developed and has undergone encouraging recent reforms. The core policy document is the National Health Policy 2007–2021. It is oriented towards health promotion and prevention, taking an inter-sectoral approach to health providing broad directions. Increasing the chances of survival at birth is part of its first main objective. Ensuring a healthy start in life and maintaining the health of the younger generation are two of its specific objectives. The major strategic document in health is the National Strategy for Health System Development for the period 2008–2017. It has clearly defined objectives in terms of improvement of population health, financial risk protection, reduction of inequalities in the use and distribution of health services, enhancement of user satisfaction and improvement of system performance. As recent as mid-2016, the Government approved the framework regulation on the organization and operation of early intervention services for people with disabilities and corresponding minimum quality standards, but a number of barriers are to be urgently addressed (as detailed below). A Health Code, consolidating all health system laws, rules and decisions in one single document, is under preparation, as is a draft Strategy on Child and Adolescence Health Development and Well-Being.

As part of the current national health policy and strategy, important reforms related to mother and child health have been implemented or further strengthened. The regionalization of paediatric emergency and intensive care service and the perinatology programme have made an important contribution to the reduction of child mortality.¹⁶⁵ The overlooked area where little progress has been achieved is counselling for early stimulation and development.¹⁶⁶ In the area of health services for adolescents, the Ministry of Health initiated a process of scaling up Youth Friendly Health Services (YFHS), resulting in the full coverage of districts across the country in parallel with the improvement of their quality, regulatory basis and financing mechanism, the introduction of a monitoring and evaluation system and the revision of the medical university curricula. Notwithstanding these reforms, health in general, let alone that of children and adolescents, is not among the priority areas in the National Development Strategy Moldova 2020, where it is treated only as a cross-cutting issue, without any specific attention.

Almost 20 national programmes addressing priority prevention areas (e.g., immunization, reproductive health, non-communicable diseases, tobacco and alcohol control, blood transfusion) and diseases (e.g., tuberculosis, HIV, viral hepatitis, mental health, cardiovascular diseases) are in place, most of them including specific targets for children and mothers. A limited number also contain specific targets for children and adolescents. A National Safe Motherhood and Newborn Health Action Plan was approved in 2013.¹⁶⁷ In addition, there are initiatives regulated by ministerial orders, such as the scaling up of YFHS.¹⁶⁸

Bottleneck: Despite a relatively well-developed legal framework, there are still areas whose regulation are not optimal, and weak cross-sectoral cooperation hinders an efficient health governance and implementation of certain national health programmes.

There are certain regulatory frameworks which are less supportive for children's and adolescents' right to health. The legal framework on breastfeeding is inadequate, impeding the efficient functioning of the system and the observance of the International Code of Marketing of Breast-milk Substitutes, which is not yet fully translated into the national legislation. The existing regulatory barriers hinders an efficient public procurement of vaccines and drugs, putting the country under major risk of a supply deficit. Furthermore, the current regulatory framework is hampering adolescents' right to sexual and reproductive health due to the mandatory parental consent for adolescents aged under 16 years to receive any type of health service.

Weak cross-sectoral cooperation is a matter of concern for efficient health governance in the Republic of Moldova and a barrier for reaching improvements in several child and adolescent health issues.

¹⁶⁵ World Health Organization, 'Early Child Development in the European Region: Needs, trends and policy development – An overview based on five country assessments', 2014.

¹⁶⁶ United Nations Children's Fund, 'Progress in Reducing Health System Bottlenecks towards Achieving the MDG 4: Evaluation of UNICEF's contribution in five CEE/CIS countries – Final report', 2015.

¹⁶⁷ Ministry of Health, Legislation, 2013, <http://ms.gov.md/?q=legislatie&field_legtip_tid=13>, accessed July 2016.

¹⁶⁸ Ministry of Health, Legislation, 2016, <www.ms.gov.md/?q=legislatie>, accessed June 2016.

Cooperation is particularly weak around early childhood development (including early intervention, home visits and positive parenting practices – see also below), the early identification and intervention services (lack of coordination between health, education and social services) and health promotion among adolescents. The same is true for the flour fortification programme, which requires a cooperative multi-sector approach to effectively reach the set targets for reducing iron and folate deficiencies.

Bottleneck: The Republic of Moldova does not have a specific, comprehensive and integrated child-centred early childhood development policy and strategy.

In the Republic of Moldova, early childhood development (ECD)¹⁶⁹ lacks multi-sector action and the health sector is insufficiently able and supportive. The role of the health sector in promoting effective ECD interventions and ensuring the universality of these interventions is crucial. However, the Ministry of Health gets only marginally involved in this area. The health sector does not yet provide adequate support to ECD policies through, for instance, the incorporation of ECD contents in the health sector plans and service delivery. ECD contents are also insufficiently embedded in the training curricula and job description of child health professionals. There is also a lack of clear technical guidance on ECD interventions to be delivered by the health sector. In addition, health workers do not have sufficient capacity to support integrated ECD interventions.¹⁷⁰ The lack of a multi-sector, integrated ECD policy and strategy hinders efficient coordination among different stakeholders.

Bottleneck: There is no systematic health and sexual education in schools through standard and mandatory curricula.

The Republic of Moldova has not yet introduced mandatory health promotion education programmes in schools, despite legal provisions and although there have been many attempts and discussions on this topic. Even though sexual education in schools is compulsory in accordance with the law on reproductive health, all health education, including sexual education, is limited to sporadic and *ad hoc* lessons taught by parents who are physicians.

Bottleneck: The health sector does not have an operational integrated management information system and health-care providers lack the analytical capacity for quality monitoring of service provision.

The National Health Insurance Company (NHIC) and the Medicines Agency have their own information systems. Many outpatient care clinics and hospitals have also developed their own systems. The National Centre of Health Management, which operates as a support centre to the Ministry of Health, collects many types of data, but it does not routinely provide feedback to managers or clinicians. Furthermore, most of statistical data reported to the Centre is still on paper (or at most available in Excel files), and such data often lack disaggregation by specific vulnerable groups, including children and their families. While the Centre produces an annual statistical yearbook and provides additional data if requested, it does not yet adequately identify significant variations, trends (time and place) and benchmarks. In addition, many health-care providers lack the analytical capacity to transform data into relevant information and evidence for performance monitoring and decision-making. Data for the Transnistrian region are not harmonized with international indicators, hindering the development of specific programme interventions and improvement of the quality of health-care provision.

Bottleneck: Absolute per capita allocations to health depict a decreasing trend, which hampers the process of closing the gap with EU member states.

Traditionally, health expenditure used to represent a fairly high share of the GDP; however, it has been decreasing over the past five years, from 12.5 per cent in 2009 to just below 10 per cent in 2013.¹⁷¹ This has been mainly due to a reduction in the share of private expenditure. Yet, even though the absolute per capita allocation as a total is higher today than it was in 2009, it remains one of the lowest compared with EU member states.¹⁷²

¹⁶⁹ Early childhood development includes interventions in health, education and protection. Components of early childhood development related to education and protection are discussed in more detail in Chapters 4 and 5.

¹⁷⁰ World Health Organization, 'Early Child Development in the European Region'.

¹⁷¹ National Bureau of Statistics, <www.statistica.md>.

¹⁷² Eurostat, <http://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_expenditure_statistics>.

Bottleneck: While medical assistance for children and pregnant women is free of charge, children's access to free medicines is nevertheless limited.

Children aged up to 18 years and pregnant women are part of 15 categories of socially vulnerable groups insured by the State under a 1998 law on mandatory health insurance.¹⁷³ The health system of the Republic of Moldova is organized according to the principles of universal access to basic health services, equity and solidarity in health services with financing from both the State and individuals through Medical Health Insurance (MHI) mechanisms. The standard insurance package available under the MHI covers in-patient hospital care, specialized outpatient services and a limited range of pharmaceuticals for out-patient care. Emergency medical services and primary care are free of charge, regardless of the insurance status, being covered from the MHI funds. Preventive dental care is free for all children and treatment dental care is free for all children aged under 12 years.¹⁷⁴ Much of the cost of medical assistance for children and pregnant women is therefore covered by the State budget. However, even though all children aged under 5 years are entitled to fully compensated medicines prescribed by family physicians or paediatricians, only half of those to whom the medicines are prescribed actually receive them.¹⁷⁵

Primary health care is financed through an age-adjusted capitation scheme that distinguishes payments based on three age groups: children aged under 5 years, children and adults aged 5–49 years and adults aged above 50 years. A pay-for-performance system is in place to incentivize health-care providers. In this respect, the share of payment for performance in relation to total health expenditures has increased, from 4 per cent in 2012 to 15 per cent in 2013, due to the introduction of a larger list of performance indicators as compared with the period 2005–2009, most of them being related to child and mother health. More than 30 per cent of the NHIC basic fund is allocated to primary health care, including 4.5 per cent for state-compensated drugs.¹⁷⁶ This shows a good allocative efficiency towards primary health-care services.

Bottleneck: While good progress has been registered in the development and scaling up of YFHS, their funding is disconnected from needs and performance in outreach and service provision.

In 2012, the NHIC allocated MDL 5.1 million to all YFHS, but without covering the needs. The financing mechanism for these services is based on global budget payment calculated based on the size of the population from the catchment area. There are two issues related to this allocation method. Firstly, it does not reward active and successful managers and providers,¹⁷⁷ as funding of services is not based on performance achieved in relation to vulnerable groups or the rural population; and secondly, it does not incorporate any adjustment mechanism based on the number of actual beneficiaries, depriving the centres with more beneficiaries of the needed supplementary funding.

Over the past 10 years, a broad set of reforms has been implemented with the support of international partners such as WHO, UNICEF, the World Bank, the European Commission, and the Swiss Agency for Development and Cooperation. The support was provided to a wide variety of programme priority areas with communicable diseases as a primary priority, and mother and child health, reproductive health, adolescent health and non-communicable diseases as second priorities.¹⁷⁸

Few civil society organizations are actively involved in planning and delivering services for children and adolescents. While some of them focus on evaluation, others provide support to policy development, or offer advice and develop training guidelines. A number of them specialize in childcare and services for the early years and several work with YFHS clinics.¹⁷⁹ However, in general, there is limited capacity among CSOs in the area of mother and child health.

¹⁷³ Today, about 85 per cent of the population is covered by this mandatory health insurance, compared with 81 per cent in 2010 and 77 per cent in 2007. See National Health Insurance Company (various years); activity report for the years 2007, 2011 and 2014.

¹⁷⁴ Ministry of Health and National Health Insurance Company, 'Approval of Methodological Norms for 2016 Year of the Unique Programme of health insurance', 2015.

¹⁷⁵ Centre for Health Policies and Studies and United Nations Children's Fund, 'Access to Health Services Survey in the Republic of Moldova', 2015.

¹⁷⁶ National Health Insurance Company, 'Report Regarding the Use of Mandatory Health Insurance Funds in 2014', 2014.

¹⁷⁷ Carai, S., S. Bivol and V. Chandra-Mouli, 'Healthy Generation: Scaling up youth friendly health services in Moldova – External review – Final report', 2014.

¹⁷⁸ World Health Organization, 'Monitoring Official Development Assistance to the Health Sector in the Republic of Moldova: 2013 report', 2014.

¹⁷⁹ World Health Organization, 'Child and Adolescent Health Services in the Republic of Moldova', 2012.

3.2.2 The availability, access and quality of health and nutrition services

Health care for children and pregnant women is delivered through an extensive network of both public and private medical care facilities. They can access primary health care through 277 institutions, and are allowed to choose their family doctor. In-patient care is delivered by a large network of 60 public hospitals.¹⁸⁰ Perinatal care services are structured by three different levels: the first level is represented by 26 district perinatal centres and one municipal perinatal centre in Chisinau; the second level includes 10 more advanced perinatal centres, which serve as regional referral centres for the first level; and the third level is the Institute for Mother and Child, a tertiary care institution in the capital city. The first level manages the physiological, uncomplicated pregnancies and births, while the second and tertiary levels address more complicated cases and the associated pathologies which require a higher level of specialized care.¹⁸¹

Bottleneck: Youth Friendly Health Centres do not yet sufficiently reach the vulnerable and most at-risk adolescents in rural areas.

As mentioned already, the Ministry of Health has scaled up the YFHS based on WHO's systemic approach to improve the quality of health services for adolescents. Since 2013 and as part of the donor-funded Healthy Generation project, there are 37 Youth Friendly Health Centres in all municipalities and district capitals which provide services to children and young people aged 10–24 years. These facilities are located within the premises of the existing infrastructure of the health system and, as mentioned above, are financed by the NHIC. This approach facilitates the sustainable functioning of the centres even after the discontinuation of the donor-funded project. The current affiliation of the centres with the Family Medicine Centres is also crucial due to the appropriate location within the community, but separated enough from other services to allow for privacy. The Family Medicine Centres have invested resources and energy in the establishment of the centres, received training and are demonstrating ownership of the concept and approach. Despite this sustainable offer of YFHS, their reach is still limited to the district capitals and their immediate surroundings, affecting the access of rural adolescents, in particular those living in areas with less-favourable health conditions (e.g., teenage pregnancies).

Bottleneck: Quality prevention and rehabilitation services for children with disabilities and those at risk of disabilities are not yet sufficiently developed.

Early detection services are limited and mainly available in Balti and Chisinau. They are not included in the standard package of home visits. Family doctors and nurses tend to regard disability as a disease and are not always able to detect in time the disability or risk of disability from a broader social perspective.¹⁸² Medical staff involved in early identification and intervention therapies use outdated methodologies of detection of development deficiencies. In addition, coordination between health, education and social services sectors is not adequate, although crucial for the efficiency and comprehensiveness of support. All these factors lead to delays, affecting further intervention, continuity of support when children are moving from one residence to another¹⁸³ and generally the quality and continuum of health care for children with disabilities and those at risk of disabilities, especially for children living in remote rural areas.

There are only a few centres in the country that offer rehabilitation services for children with disabilities (mostly in the larger municipalities), and updated and detailed information on the degree of access to such services is unavailable. Except the Follow Up Centre and a few CSOs, early intervention services are not provided to children aged 0–3 years. The Institute for Mother and Child provides such services only during prenatal and postnatal periods.¹⁸⁴

Bottleneck: Despite good-quality medical training, the Republic of Moldova has a shortage of family doctors, especially in rural areas, and is permanently losing health workers.

¹⁸⁰ There are 35 secondary-care hospitals at district level and 10 at municipal level, as well as 15 tertiary-care hospitals, mostly in Chisinau. In addition, 11 departmental hospitals are managed by other line ministries or departments. There are 14 private hospitals, including 12 in Chisinau and 2 in Balti.

¹⁸¹ World Health Organization, 'Health System Overview: Republic of Moldova – Health systems in transition', 2012.

¹⁸² Canadian Public Health Association, 'Improving Maternal and Child Health and Well-Being in CEE/CIS through Strengthened Home Visiting and Outreach', CPHA, Ottawa, October 2011.

¹⁸³ United Nations Children's Fund Moldova, 'Assessment and Recommendation on Child Disability Prevention and Care System in Moldova', UNICEF Moldova, Chisinau, 2009.

¹⁸⁴ Ibid.

In the Republic of Moldova, health professionals with higher education (i.e., doctors, pharmacists, dentists) are trained in one single medical State university. No nursing training at university level exists in the Republic of Moldova. The State University has modern teaching centres, including a simulation training centre with a department of obstetrical and newborn care, established to improve the practical training of physicians.¹⁸⁵ Many curricula and education programmes for both medicine and nursing have been reviewed and updated in order to meet EU requirements. A Continuous Medical Education department provides in-service trainings to all medical doctors. The Continuous Medical Education centres also ensure continuous training for medical and pharmaceutical professionals, with secondary education in Balti and Chisinau.¹⁸⁶ It is compulsory for all health workers to accumulate more than five years of training credits of continuous medical education.

The number of family doctors is registering a slow but steady decrease. In the academic year 2012–2013, only 8 students started paediatrics and 69 family medicine. This has contributed to the decrease in the number of physicians from 2,136 in 2012 to 1,647 in 2015. The urban area benefits from the highest concentration of family doctors. Chisinau, for example, has nearly four times as many physicians as the three regions in the Republic of Moldova, where the coverage is between 1.9 and 3.2 family doctors per 10,000 population. The national average is 4.9 family physicians per 10,000 inhabitants, well below the EU average (7.9), but above the level of the CIS countries (4.2).¹⁸⁷ Many villages, especially in the southern region of the country, are facing a high shortage of family doctors. In 2015, the coverage of nurses in primary health care was 12.7 per 10,000 people, with no large discrepancies between districts. According to data provided by the Trade Union of health workers, 30 per cent of physicians and 19 per cent of nurses were of retired age in 2015.¹⁸⁸ Women are over-represented among health professionals and staff: 59 per cent of all physicians, 94 per cent of health workers with middle-level medical education, and all midwives are women.¹⁸⁹ In 2015, health workers had an average salary lower than the average salary in the Republic of Moldova.¹⁹⁰ Half of the newly graduated health-care professionals trained with public money do not enter the health system in the country, and many Moldovan health professionals actually migrate to EU countries, an enormous brain waste.

Bottleneck: Long distance to the nearest medical facility is a prevalent factor that impedes the access to medical care of Roma children and women living in Roma densely populated rural communities.

The access of rural Roma to family doctors in their community is low. Even though the rural practices are larger than the practices in urban areas (2,051 against 1,061 patients) and offer evening openings less frequently, most child and women patients can, if necessary, visit a doctor the very same day.¹⁹¹ Most Roma villages, on the other hand, do not have a medical centre and Roma women and their children often need to travel 2–7 kilometres to the nearest village for medical care. As a result of such long distances, they often do not get timely medical treatment.¹⁹²

Bottleneck: The quality of health-care services and patients' satisfaction are not monitored systematically.

There are few incentives to monitor the quality and patients' satisfaction in the Moldovan health-care system. The centralized, command-and-control system is not accountable to the people and responsive to their needs; the patient, as end user, has little participation in the management of the system. Although much data are collected on health-care activities through protocols, guides and standards, very limited information is available on the quality of services and the experience of patients who used those services. One of the reasons is the lack of a well-developed regulation stipulating the obligation of systematic quality monitoring.

Bottleneck: Home visits for newborns and their mothers occur frequently, but with disparities in frequency, quality and comprehensiveness of their scope of intervention.

¹⁸⁵ Conclusion of the World Federation for Medical Education based on the self-evaluation conducted by the university.

¹⁸⁶ World Health Organization, 'The Costs of Training Health Professionals in the Republic of Moldova', Health Policy Paper Series No. 12, WHO, Geneva, 2014.

¹⁸⁷ World Health Organization, 'European Database on Human and Technical Resources for Health (HlthRes-DB)', 2013.

¹⁸⁸ Trade Union of health workers 'Sanatate', 'Activity Report 2015: Achievements, problems and solutions', 2015.

¹⁸⁹ World Health Organization, 'Assessment of HRH in Republic of Moldova', Unpublished report, 2015.

¹⁹⁰ Trade Union of health workers, 'Activity Report 2015'.

¹⁹¹ World Health Organization, 'Evaluation of the Structure and Provision of Primary Care in the Republic of Moldova: A survey-based project', 2012.

¹⁹² UN Women, United Nations Development Programme and Office of the United Nations High Commissioner for Human Rights, 'Study on the Situation of Romani Women and Girls in the Republic of Moldova'.

The introduction of optimized standards in 2013 allowed for a more balanced work of the medical staff in the primary health-care sector, leading to improvement of indicators in children supervision. Home visits are guaranteed as part of the basic package of universal primary health-care services and are part of the child growth and development monitoring standards. According to national standards, the family doctor and nurse should visit the baby at home during the first three days after release from maternity, on the 14th day and after one month. In addition, as part of the nurse's role in monitoring child health and development, and in establishing supportive relationships with the child and family, the nurse should visit the baby each week of the first month. Nearly all newborns are visited by family doctors in the first three days (99.3 per cent in 2014, compared with 92 per cent in 2012). Nurses visit 95 per cent of newborns in the first three days after maternity discharge and 91 per cent of newborns in the 14–15th day of life. Compared with 2012, these visits increased by 3–6 per cent.¹⁹³

However, disparities exist in the frequency, quality and scope of the home visits. Research proves that children from vulnerable families with increased medical-social risk benefit less frequently from referrals (about 10–20 per cent less than average) and, in many cases, the physicians' home visits are not according to the standards.¹⁹⁴ Also, the visits are focusing on delivery of health-care services at the individual level. The scope of the home visits and child monitoring practice are not necessarily oriented towards early child development and are perceived as an intervention to support parenting skills. The visits currently also include very limited interventions related to early detection of disabilities. In part, this is due to the lack of up-to-date and practical tools and protocols for primary health professionals that would allow for such more comprehensive scope and higher-quality home visits. Moreover, home visits are not commensurate with the deinstitutionalization reform; mother and child health-care home visiting to support families in this area is very limited and there is considerable need for parent education, behavioural strategies for families dealing with children with a typical behaviour in a community setting, and concrete supports for children with developmental needs.¹⁹⁵ Home visiting services lack capacity at this point to fully support a family centred model. It should be noted though that there is some recent evidence on the quality and direct impact of home visits, which is expected to guide policy on an 'optimal' model of mother and child home-visiting services.¹⁹⁶

Bottleneck: Despite high coverage of antenatal HIV testing and antiretroviral prophylaxis treatment of HIV-positive mothers, the mother-to-child transmissions are above national targets.

The rate of HIV transmission from mother to the fetus in the Republic of Moldova is about 3.5 per cent, which is well above the target of 2 per cent set in the national programme.¹⁹⁷ This figure is even more worrying since virtually all women who gave birth to a child in 2014 were tested for HIV at least once¹⁹⁸ and a very high share of HIV-positive women were receiving antiretroviral prophylaxis treatment (95 per cent in 2013¹⁹⁹). Since 2014, all pregnant women with HIV are receiving antiretroviral treatment that will continue throughout their lives. Of the 26 pregnant women who were diagnosed in 2014 as HIV-positive, 23 were aged 15–24 years. At the start of 2015, just over 100 children below 15 years were requiring antiretroviral treatment and 21 children of this age group actually initiated antiretroviral therapy during 2014. HIV testing services, including rapid testing, were integrated within YFHS, facilitating the access of adolescent boys and girls to HIV counselling and testing services.²⁰⁰

3.2.3 The demand for health and nutrition services

Bottleneck: Out-of-pocket payments and informal payments are substantial and affect children's and women's demand for health care.

Out-of-pocket payments in the Republic of Moldova constitute nearly half of total health expenditure. This is more than the contribution to the mandatory health insurance (40 per cent). In 2014, 80 per cent of

¹⁹³ Ministry of Health, United Nations Children's Fund, Institute for Mother and Child and Scientific Laboratory Pediatrics, 'Monitoring the Implementation of the Medical Record on Child's Development (Family Agenda) and Standards of Children Check-Ups in Optimized Conditions of Ambulatory Care', 2014.

¹⁹⁴ Ibid.

¹⁹⁵ Canadian Public Health Association, 'Improving Maternal and Child Health and Well-Being in CEE/CIS'.

¹⁹⁶ Ibid.

¹⁹⁷ National Coordination Council, 'Republic of Moldova Progress Report on HIV/AIDS: January–December 2015', 2016.

¹⁹⁸ National Bureau of Statistics, <www.statistica.md>.

¹⁹⁹ Centre for Health Policies and Studies and UNICEF, 'Access to Health Services Survey in the Republic of Moldova'.

²⁰⁰ World Bank, 'Unified Budget, Results and Accountability Framework Country Outcome Achievements report for Republic of Moldova' 2015.

out-of-pocket payments on health were spent on medicines. Co-payments are the general practice in pharmacies for drugs prescribed in outpatient care, because the list of drugs compensated from the Mandatory Health Insurance Fund is limited. This includes the medicines for children, thus affecting their access to free medication.²⁰¹

The majority of patients report that money, gifts and/or personal relations are necessary to get medical treatment in health facilities.²⁰² In two out of five cases, these payments were conditional for the medical assistance.²⁰³ Patients pay not only for prescribed medicines, but also for visits to medical specialists on referral by a family doctor and for certain services provided by their own family doctor. The informal payments for a home visit are also not exceptional. Some surveyed patients have even indicated they pay for a regular visit to the family doctor. These informal payments affect the access of children and women to health care, because they have either discouraged patients to seek medical care or made them delay a visit. In most cases, those deprived from medical attention are the ones who need it most.²⁰⁴

Bottleneck: Parents/caregivers have inadequate knowledge of correct parenting practices in childcare and development.

The latest research available indicates that parents have limited knowledge of comprehensive child development and there has been little progress in positive care practices. Parents usually consider significant only issues related to nutrition and health and much less the ones related to intellectual/cognitive development.²⁰⁵ Parenting skills are far from ideal, even in relation to health and nutrition (e.g., child feeding, hygiene, timely recognition of danger signs and correct management of sickness). Most parents are aware of the importance of breastfeeding and the need to eat fruit and vegetables on a daily basis. However, levels of awareness about danger signs of child illnesses are still moderate. Between 2003 and 2009, the percentage of parents who could name at least two signs of danger even slightly decreased.²⁰⁶ Moreover, the use of not-recommended lay methods for treating some common diseases is still present, especially in rural areas.²⁰⁷ In general, more literate, educated and economically better-off caregivers adopt more positive care practices in comparison to poorer families and those from rural areas. For example, handwashing among children whose parents have higher education is more than twice as high as for children whose parents have primary education.²⁰⁸ These facts point to the very important role of health-care professionals in building correct and positive parenting practices in childcare and development. It has in fact been demonstrated that an important constraint in reducing infant mortality is weak education and parenting counselling by educators and medical staff.²⁰⁹

Bottleneck: Immunization rates are negatively influenced by misinformation, fear of negative side effects and an exaggerating number of contraindications coming from health professionals other than family doctors.

Many delays in immunization are tied to unjustified temporary contraindications recommended by specialists from tertiary institutions. These specialists know less about the different aspects of immunization than family physicians, yet they are in contact with young mothers at an early stage. Health-care professionals themselves also question the communication skills of their peers, considering that family physicians and nurses do not make sufficient effort to counsel parents on the importance of immunization, to assure them about the safety of the vaccines, and to teach them how to identify and react in case of possible adverse effects to vaccination. There is also the belief that primary health-care professionals are insufficiently trained to identify temporary or long-term contraindications.²¹⁰

²⁰¹ In 2012, some 71 per cent of people who sought care with a provider reported paying for medicines, an increase of nine percentage points since 2009. See World Health Organization, 'Framework for Addressing Out-of-Pocket and Informal Payments for Health Services in the Republic of Moldova', 2014.

²⁰² Transparency International and Centre for Sociological Investigations and Marketing CBS-AXA, 'Corruption in the Republic of Moldova: Perceptions and own experiences of businessmen and households', 2013, and ECORYS and European Healthcare Fraud and Corruption Network, 'Study on Corruption in the Healthcare Sector HOME/2011/ISEC/ PR/047-A2', 2013.

²⁰³ Centre for Health Policies and Studies, 'Health Monitor: Access and quality of hospital services in the perception of the population from the Republic of Moldova: Results of the national poll', 2011.

²⁰⁴ Ibid.

²⁰⁵ World Health Organization, 'Early Child Development in the European Region'.

²⁰⁶ Government of the Republic of Moldova and United Nations Children's Fund, 'National Survey on Early Childhood Care and Development: Family knowledge, attitudes, and practices', 2010; National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

²⁰⁷ Government of the Republic of Moldova and UNICEF, 'National Survey'.

²⁰⁸ Ibid.

²⁰⁹ Ibid.

²¹⁰ Centre for Sociological Investigations and Marketing CBS-AXA, 'Immunisation of Young Children'.

The vast majority of caregivers consider that vaccines are beneficial for children's health, although the ones from rural areas, those with a lower level of training, and those from the lower income quintile have a lower level of knowledge about the benefits of vaccines.²¹¹ The declining trend in vaccination occurs mainly due to religious groups or to other individuals (promoters of alternative/naturist medicine or parents of children with side effects perceived as post-vaccination adverse reactions) who stand against immunization. The strong refusals in maternity hospitals come from profoundly religious mothers, who usually communicate from the start their decision against child vaccination. Another category that refuses immunization of children in the maternity hospital is composed of the well-informed mothers, whose children are born with certain illnesses and malformations. Lower vaccination coverage is also consistently associated with higher level of the education of the mother.²¹² Besides being inefficient, many of those who stand against immunization refer mainly to the commercial interests of some dominant groups or make allegations according to which the Republic of Moldova would be an experimental location for the pharmaceutical companies, vaccinations included.²¹³

Bottleneck: A significant proportion of adolescents are engaged in risky behaviour such as smoking, drinking and sexual relations, and still underutilize existing YFHS.

Most adolescents consider their health status to be good or excellent, even though a significant share is engaged in risky behaviour. A percentage of 77 per cent adolescents interviewed for the purpose of a study²¹⁴ have positively assessed their health status, indicating nevertheless that still about one quarter is not that content. More than two thirds of adolescents consider they are the ones responsible for their own health condition, followed by their family and health workers. Between 2003 and 2012, the share of teenagers who believe that a healthy lifestyle includes healthy nutrition and personal hygiene decreased (from 82 per cent to 58 per cent, and from 77 per cent to 51 per cent, respectively). Only a very small percentage of adolescents consider that the first sexual relationship should be after marriage (from 29 per cent in 2003 to 1 per cent in 2012). In fact, 45 per cent of adolescents had their first sexual intercourse at the age of 16 and 6 per cent at the age of 11 years.²¹⁵ Furthermore, two thirds of sexually active adolescents have reported using a condom during their last sexual intercourse, without significant differences among 15-year-olds and 17-year-olds. Boys report more often using condoms (in 77 per cent of all cases) than girls (66 per cent). At the same time, more than 40 per cent of adolescents only use a condom sometimes or not at all. Compared with 2003, the reasons for not using condoms have remained unchanged,²¹⁶ although the share of those aware that HIV is sexually transmitted increased from 85 per cent to 93 per cent between 2003 and 2012.²¹⁷ In general, comprehensive knowledge about HIV prevention among young people aged 15–24 years remains low (36 per cent among young women and 28 per cent among young men).²¹⁸

Smoking and consumption of alcohol is frequent among a high cohort of adolescents in the Republic of Moldova. Every fifth adolescent (every tenth girl and one third of all boys) in the Republic of Moldova has tried smoking. One in every 12 adolescents is currently smoking (13 per cent of boys and 2 per cent of girls). From the age of 15, the share of adolescents who smoke starts to increase significantly and by the time they reach 17 years of age, already 17 per cent are smoking regularly. Regional data show that about one quarter of Roma adolescents aged 16 years and older smoke daily, almost twice as high as their non-Roma peers.²¹⁹ About 5 per cent of adolescents in the Republic of Moldova used cannabis at least once during their lifetime.²²⁰ The consumption of alcohol at least once in their lives by adolescents in the Republic of Moldova ranges from 28 per cent for 11-year-olds to 82 per cent for 17-year-old adolescents. Every third 15-year-old and every second 17-year-old consumed alcohol in the month prior to a survey published in 2015.²²¹ Between 2003 and 2012, the share of adolescents who believe that drinking and smoking go

²¹¹ Government of the Republic of Moldova and UNICEF, 'National Survey on Early Childhood Care and Development'.

²¹² National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

²¹³ Centre for Sociological Investigations and Marketing CBS-AXA, 'Immunisation of Young Children'.

²¹⁴ Youth Health Association, 'Adolescent Health and Development: Study of knowledge, attitude and practices – Final draft', 2012.

²¹⁵ Lesco, G., 'Behavioral and Social Determinants of Adolescent Health: Summary report of the health behaviors in school-aged children study in the Republic of Moldova', 2015.

²¹⁶ Ibid. The partner refuses to use a condom (52 per cent); the adolescent trusts his/her only sexual partner (55 per cent); the teenager is ashamed to buy a condom (50 per cent); a condom is considered inconvenient and reduces pleasure (47 per cent); and the young boy or girl is ashamed to propose that his/her partner use a condom (42 per cent).

²¹⁷ Lesco, 'Behavioral and Social Determinants of Adolescent Health'.

²¹⁸ Ibid.

²¹⁹ UN Women, United Nations Development Programme and Office of the United Nations High Commissioner for Human Rights, 'Study on the Situation of Romani Women and Girls in the Republic of Moldova'.

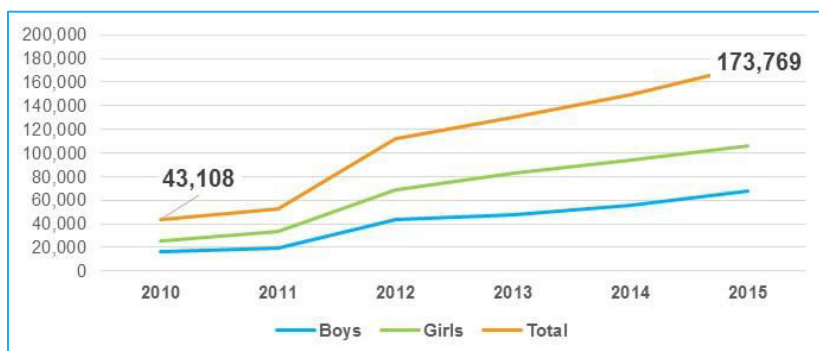
²²⁰ Lesco, 'Behavioral and Social Determinants of Adolescent Health'.

²²¹ Ibid.

together with a healthy lifestyle increased significantly (from 45 per cent to 69 per cent and from 2 per cent to 14 per cent, respectively).²²²

Considering the views of young people about their health, it may not come as a surprise that Youth Friendly Health Centres are still much underutilized. In 2015, the Youth Friendly Health Centres were visited by 173,769 young people, compared with 43,108 in 2010 (Figure 9); however, only 30 per cent of Youth Friendly Health Centre beneficiaries came from rural areas, representing a significant decrease since 2013, when this group accounted for 42 per cent of all visits.

Figure 9. Youth Friendly Health Services Users, 2010–2015



Source: Ministry of Health.

The most common reasons for visiting the YFHS were related to prevention of unwanted pregnancies (21 per cent of consultations), sexually transmitted infections (20 per cent), drugs, tobacco and alcohol (11 per cent), nutrition (9 per cent), puberty (8 per cent) and mental health (8 per cent). Counselling for HIV accounted for just 5 per cent of the consultations and gender-based violence consultations represented about 1 per cent.²²³ The young people visiting Youth Friendly Health Centres received on average 1.5 consultations, of which 86 per cent were health-related, which shows a clear underutilization. Beneficiaries interviewed for this SitAn expressed high satisfaction with services and youth-friendly attitudes of staff.

3.3 Opportunities for action

Relevant SDG targets and monitoring indicators:

SDG 1: End poverty in all its forms everywhere

Target 1.1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.

- Indicator 1.1.a.2: Proportion of total government spending on essential services (education, health and social protection).

SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

- Indicator 2.2.1: Prevalence of stunting among children under 5 years of age.
- Indicator 2.2.2: Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight).

SDG 3: Ensure healthy lives and promote well-being for all at all ages

²²² Youth Health Association, 'Adolescent Health and Development'.

²²³ No data are available on the number of especially vulnerable and most-at-risk adolescents (living on the street, abusing substances, engaged in unprotected sex) that received appropriate care and support.

Target 3.1: Reduction of maternal mortality ratio.

- Indicator 3.1.1: Maternal mortality rate.
- Indicator 3.1.2: Proportion of births attended by skilled health personnel.

Target 3.2: End preventable deaths of newborns and children under 5 years of age.

- Indicator 3.2.1: Under-five mortality rate.

Target 3.3: End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

- Indicator 3.3.1: Number of new HIV infections/1,000 uninfected population (by age, sex and key populations).

Target 3.4: Reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.

- Indicator 3.4.1: Mortality of cardiovascular disease, cancer, diabetes or chronic respiratory diseases.

Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

- Indicator: 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.

Target 3.7: Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

- Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods.
- Indicator 3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group.

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines.

- Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, NCDs and service capacity, and access, among the general and the most disadvantaged population).

Target 3.3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

- Indicator 3.3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

Target 3.3.b: Support the research and development of vaccines and medicines for the communicable and NCDs that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

- Indicator 3.3.b.1: Proportion of the population with access to affordable medicines and vaccines on a sustainable basis.

Target 3.3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.

- Indicator 3.3.c.1: Health worker density and distribution.

Recommended lines of action:

1. **Strengthen the enabling environment for maternal, newborn, children and adolescent health:** The country should amend and strengthen national legal measures to give effect to the International Code of Marketing of Breast-milk Substitutes.²²⁴ At the same time, robust monitoring and enforcement mechanisms must be established to investigate Code violations and impose legal sanctions. It is also essential to

²²⁴ For example, ensuring the incorporation of all provisions of the Code missing in the current legislation, and including those that explicitly prohibit all advertising and other forms of promotion of designated products to the general public; prohibiting the provision of free or low-cost supplies to health facilities and any other inducements to health workers by manufacturers or distributors; inclusion of all necessary messages in educational materials on infant and young child feeding, etc.

empower health workers to effectively support breastfeeding and take appropriate steps to protect mothers and infants from baby milk promotion within the health system. The Republic of Moldova would greatly benefit from adopting a specific, comprehensive and integrated child-centred early childhood development policy and strategy, facilitating multi-sector action and efficient coordination among different stakeholders.

In line with the role to protect adolescents' health and rights, the Government should strengthen and enforce policies addressing comprehensive health education for adolescents. Clear and consistent directives are needed, stipulating the requirement to provide adolescents with age-appropriate information and skills necessary to help them take personal responsibility for their health and overall well-being. In this regard, school-based programmes are an essential avenue to undertake health education activities and due consideration should be given to develop and introduce comprehensive health education in the school curriculum countrywide.

Driven by the aim to increase coverage and quality of maternal, newborn, child and adolescent health services, the health system should consider taking further actions to improve financing mechanisms. Meaningful use of performance-based schemes could incentivize quality, while increased attention and resource allocation to particular interventions may contribute to positive health outcomes. Similarly, YFHS would greatly benefit from designing a financing scheme which: covers a comprehensive package of services in accordance with existing standards that adolescents can use free of charge in a systematic manner; is aligned with the services take-up; and stimulates outreach performance.

Promotion of children's right to health would greatly benefit from strengthened cross-sectoral mechanisms which engage multiple stakeholders from government, professional associations and civil society. Effective cross-sectoral cooperation on child and adolescent health issues could foster efficient, comprehensive and integrated approach of health, education and social issues and successful implementation of interventions that require collaboration among multiple sectors.

Considering the data gaps on inequality, the country should take further steps towards improving the current information and intelligence systems. In this regard, it is important to implement an integrated management information system that would allow systematic collection of disaggregated data by socio-economic status, age, gender, ethnic group, social criteria and geographic distribution, and actively analyse and use these data for policy development, implementation and monitoring.

- 2. Develop/strengthen child-centred programmes to deliver support and services to infants and young children, including those who have developmental challenges:** The Health system supports the home visiting approach, but the current practice should be strengthened to ensure a more comprehensive scope of home visits oriented towards early child stimulation and development, promotion of safe family environment and building up of positive parenting skills. To provide greater benefits to families with children, the role of home visiting should be expanded beyond the medical aspects by creating linkages with mutually reinforcing social sector services and setting clear referral systems and pathways. At the same time, the health system should consider improving the quality management system for the home visiting practice through strengthening supportive supervision mechanisms.

Another critical action towards advancing child-centred programmes aimed to improve child growth and development is to develop comprehensive early detection and intervention services. The recently approved regulatory framework on early intervention services (June 2016) provides the avenue for establishing a transdisciplinary approach in addressing the developmental delays of children; it requires further efforts to develop and operationalize effective models of early intervention services in the country. At the same time, the scope and quality of early detection services integrated into the primary health care should be improved to provide universal screening and support as early as possible and enhance the developmental potential of all children. This needs to be complemented with a clear referral mechanism to ensure proper referrals to specialized intervention services.

In the area of adolescent health, intensified efforts need to be taken to improve the quality and coverage of health service provision responding to the specific needs of adolescents and to increase the role of YFHS in preventing risky behaviours. It is important to develop the outreach capacity of YFHS (especially of adolescents who are most vulnerable and under risk, such as the ones left behind, adolescents living in rural areas, Roma adolescents) and build effective outreach models into the concept and operation of Youth Friendly Health Centres.

Another opportunity to be considered in achieving better results for maternal and child health is developing an efficient human resources retention policy, especially targeted at rural and remote zones, creating conditions for health professionals to carry out a performant job and motivating them to work with the poorest and most vulnerable children and communities, including Roma densely populated villages.

An efficient system of monitoring patients' satisfaction on the use of various health-care services, including out-of-pocket and informal payments, should be introduced to allow remedial action in a timely and sustainable manner.

- 3. Develop effective strategies and programmes to influence positive social and cultural norms, practices and beliefs:** The component of public awareness and communication for social change should be given greater importance in achieving positive health outcomes for children and adolescents. Parents/caregivers have an essential role in ensuring optimal child health and development. In this respect, effective strategies to develop their knowledge and skills as well as to influence their perceptions are required. To build a systemic approach of this issue, it is important to integrate communication for behavioural change into the national strategies addressing child and adolescents' health and well-being, including programmes on immunization, nutrition, etc. Awareness-raising campaigns addressing specific child health-related practices in families and communities (e.g., immunization, breastfeeding, nutrition, danger signs identification) should be considered for wide implementation. The National Programme on Health Promotion and the existing funding for the prevention measures within the National Health Insurance Fund give the opportunity to strengthen the awareness and education component of preventive care for children.

At the same time, health-care professionals need to have the capacity to play their crucial role in parent counselling and improvement of positive parenting practices in childcare and development. A sustainable approach on building interpersonal communication skills of health professionals would be the development or revision of pre-service and in-service training curriculum in communication, as the case warrants.

Adolescents and young people are most vulnerable to behaviour-related health problems. In this regard, it would be crucial to provide adolescents with the set of knowledge and skills able to influence the determinants of their behaviour. Development and implementation of a comprehensive strategy on communication for behaviour change among adolescents is required. YFHS should consolidate and strengthen their capacity to enable adolescents to translate knowledge, attitude and values into well-informed decisions and healthy behaviour. Innovative approaches to influencing and improving adolescents' behaviour must be considered as well.

Chapter 4: The right to education

4.1 The state of children's right to education

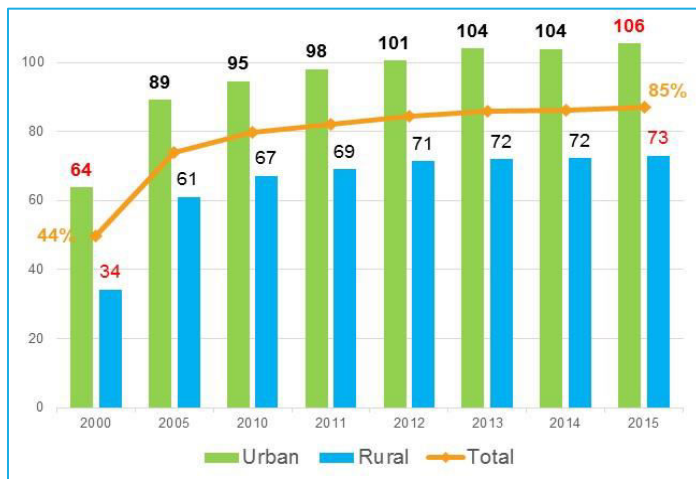
The decline in the absolute number of school-age population at all pre-university levels is continuing. At the same time, overall enrolment rates for compulsory education are declining, the urban-rural divide is growing, and vulnerable children (poor, disabled and Roma) are still lagging behind.

In line with overall demographic trends, the number of children of compulsory school age (7–15 years) has decreased by 27 per cent since 2005, reaching 335,475 in 2015.²²⁵ This is due to the sharp decline in the number of children in the secondary school age groups, which was more severe than the increase over the past 10 years in the number of children aged younger than 7 years.²²⁶

The education of children aged under 3 years is organized in the family, according to the law, explaining their modest enrolment in early childhood education and development programmes. For the past five years, there was a slight increase in the enrolment rate of children aged 0–2 years, which reached 14.7 per cent in 2015 compared with 13.9 per cent in 2010.²²⁷ About 1,000 such children are enrolled in education and development programmes at crèches. Once children reach the age of 2 years, the number increases significantly, reaching enrolment rates above 40 per cent.²²⁸ With rates decreasing in urban areas and increasing in rural areas, the urban-rural gap is consequently diminishing (rates in urban areas are no longer around double those of rural areas).²²⁹

The gross enrolment rate in preschool education (for children aged 3–6 years) continues to record a steady growth. It increased from 77 per cent in 2010 to 85 per cent in 2015, putting the Republic of Moldova at the top among CEE/CIS countries.²³⁰ Yet, the urban-rural divide continues to grow from 28 per cent in 2010 to 33 per cent in 2015 (Figure 10), since the urban rate growth was higher than the one in rural areas; it might be because children from adjacent villages attend urban kindergartens and are registered in urban statistics.²³¹

Figure 10. Enrolment rates in preschool education, 2000–2015



Source: National Bureau of Statistics, <www.statistica.md>.

School readiness continued to improve, from 93 per cent in 2012²³² to 98 per cent in 2014, because of the steady increase in the number of children attending preschool (kindergarten).²³³ However, data show

²²⁵ National Bureau of Statistics, '2015/16 Education in the Republic of Moldova: Statistical publication', 2016, p. 33.

²²⁶ National Bureau of Statistics, <www.statistica.md>.

²²⁷ <www.transmonee.org>.

²²⁸ National Bureau of Statistics, 'Children in Moldova: Working version', Draft, 2016.

²²⁹ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

²³⁰ National Bureau of Statistics, '2015/16 Education in the Republic of Moldova', p. 32.

²³¹ Government of the Republic of Moldova 'The Third Millennium Development Goals Report'.

²³² National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

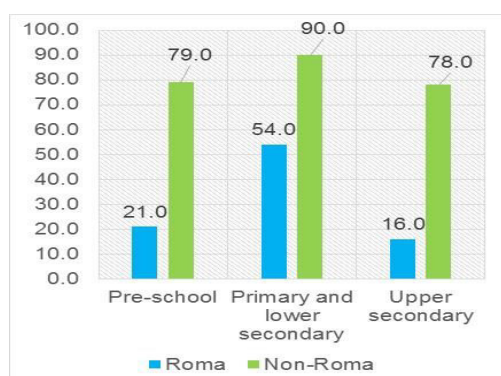
²³³ National Bureau of Statistics, '2014/15 Education in the Republic of Moldova: Statistical publication', 2015.

that Roma children are relatively poorly prepared for primary education, mostly because very few are enrolled in pre-primary education or preparatory classes (21 per cent in 2011²³⁴). It is important to note that once they attend preschool, they meet the requirements for enrolment in primary school.²³⁵

From primary education onwards, the enrolment rates show a worsening trend, with a deepening urban-rural divide and a growing gap compared with regional levels. The total net enrolment rate in primary education of 86.9 per cent puts the Republic of Moldova at the very bottom compared with many CEE-CIS countries.²³⁶ While urban rates are still steadily increasing (from 97.3 per cent in 2010 to 102.5 per cent in 2014), rural rates continue to decrease (from 82.7 per cent to 77.7 per cent in the reference period). After graduating from the compulsory lower secondary education, enrolment rates drop dramatically, and girls start to overtake boys. After a slow but steady growth between 2005 and 2012 (from 53 per cent to 59 per cent), the gross enrolment rate for upper secondary programmes declined back to 54 per cent in 2014.

The enrolment rates of vulnerable children (poor children, Roma children, with disability) in preschool and secondary schools are worrisome. Poverty has a significant impact on enrolment in preschool and upper secondary education. For preschool (kindergarten), the difference between the poorest quintile and the richest wealth quintile is of nearly 30 percentage points (64 per cent versus 92 per cent).²³⁷ In 2012, the difference between the poorest and richest quintiles was only nine percentage points in lower secondary education, but reached a staggering 67 percentage points for upper secondary education (23 per cent against 90 per cent).²³⁸ Once the compulsory age has been reached, only the better-off children tend to continue their education. The attendance rates of Roma children in all education levels are much lower than those of non-Roma children: at pre-primary level, the rate is about one fourth; at primary and lower secondary levels, a bit more than half; and at upper secondary level, no more than one fifth (Figure 11).²³⁹

Figure 11. School attendance rates in Roma-populated communities, total (per cent)



Source: UNDP Bratislava, World Bank and European Commission, 'Situation of Roma in Roma-Populated Communities', 2011.

Although the number of children with special educational needs enrolled in mainstream education increased four times since 2012, a large share of children with disabilities remains out of school. In the school year 2015/16, more than 10,000 children with special educational needs were enrolled in mainstream education, including about 1,829 children with disabilities.²⁴⁰ Considering a total number of children with disabilities of more than 13,000, their overall enrolment rate is still very low.

Out-of-school children represent a serious issue for the Republic of Moldova. Frequent and prolonged absenteeism is often a precursor for dropping out from school

²³⁴ United Nations Moldova, 'Roma in the Republic of Moldova'.

²³⁵ United Nations Children's Fund, 'Participatory Assessment of Barriers Hampering the Access of Roma Children and their Families to Services', 2015.

²³⁶ United Nations Children's Fund, 'TransMonEE Database 2015'.

²³⁷ UN Women and UNICEF, 'The Demand and Supply'.

²³⁸ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

²³⁹ United Nations Moldova, 'Roma in the Republic of Moldova'.

²⁴⁰ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

The number of children who are not in school at all is fairly high and persistent (about 13,000 primary school-age children and about 28,000 lower secondary school-age children).²⁴¹ Furthermore, these numbers have only come down very slowly since 2010 and are commensurate with the decreasing trends in enrolment rates in secondary education, indicating that the main out-of-school issue is related to adolescents.

While only a few hundred students drop out each year (in 2015, 368 for Grades 1–9),²⁴² about half of all children miss classes, and about one in every four misses four school days or more per month.²⁴³ Absenteeism is the highest at the upper grades of lower secondary and peaks at Grade 9, particularly among boys. Girls miss about 40 per cent fewer hours without excuse than boys.²⁴⁴ After sickness, helping at home, the farm or shop is the most important reason for school absence.²⁴⁵ In turn, caring for siblings and helping the family business increase the risk of a snowball effect; once one sibling drops out, the others are also more likely to leave the school. Several studies indicate that the profile of out-of-school children is very similar to those who are frequently absent from school. Moreover, these studies have shown that the reasons for not attending school are closely intertwined with the characteristics of the out-of-school students.²⁴⁶

Roma students and poor children are also more likely to be irregular attendees. In 2012, less than three quarters of Roma children attended school daily.²⁴⁷ Seasonal migration is the main cause of long-term absences, although Roma children face multiple barriers to education, such as child marriage²⁴⁸ and the language of instruction, especially if this is Romanian.²⁴⁹ Roma parents are much less engaged with teachers, which has a direct correlation with higher absenteeism.²⁵⁰ The lack of genuine attention of teachers given to Roma children may influence their likelihood to stay in class. Teachers tend to take a hands-off attitude towards Roma, which increases the risk of dropout.²⁵¹

Although it has not been confirmed that children with disabilities are more absent from school than others, only one third of those enrolled actually graduate from school.

The effects of migration on schooling are mixed.

Education outcomes of children left behind due to migration are not worse than those of children who live with both parents.²⁵² Furthermore, remittances are known to be used to keep children in school, especially after the lower secondary education. However, in nearly 98 per cent of cases, migration of children proved to be the main reason for leaving school²⁵³ and children left behind are more likely to drop out. In addition, when migrant parents finance their children's migration for study and for acquiring of experience abroad, most of these children do not return to the Republic of Moldova. If children left behind do finish school in the Republic of Moldova, many of them do not even try to find a job in the country after graduation.²⁵⁴

The performance of Moldovan students in school is poor and worsening.

Academic performance of Moldovan students in pre-primary, primary and secondary school is poor and among the lowest in Europe. The difference in performance between the Republic of Moldova and its neighbours is estimated at two years of schooling. According to the 2015 PISA results, about 50 per cent of 15-year-old students do not have the basic level of proficiency in reading and mathematics.²⁵⁵ The origin of

²⁴¹ UNESCO Institute for Statistics and United Nations Children's Fund, 'Fixing the Broken Promise of Education for All: Findings from the Global Initiative on Out-of-School Children', 2015, and National Bureau of Statistics, 'Children in Moldova'.

²⁴² Ministry of Education, 'Student Performance and Attendance'.

²⁴³ United Nations Children's Fund, 'Out-of-School Children in Moldova', 2013.

²⁴⁴ Ministry of Education, 'Student Performance and Attendance'.

²⁴⁵ This self-reported reason was confirmed by fellow pupils, school directors and parents alike. Students were more prompt to skip class in the autumn and spring, the two most work-intensive agricultural seasons. See United Nations Children's Fund, 'Out-of-School Children in Moldova'.

²⁴⁶ UNICEF, 'Out-of-School Children in Moldova'; Ministry of Education, 'Student Performance and Attendance'; and UNICEF, 'Progress in Reducing Health System Bottlenecks'.

²⁴⁷ United Nations Children's Fund, 'Roma in the Republic of Moldova'.

²⁴⁸ UNICEF, 'Out-of-School Children in Moldova'; UNICEF, 'Participatory Assessment of Barriers'; and United Nations Moldova, 'Roma in the Republic of Moldova'.

²⁴⁹ UNICEF, 'Participatory Assessment of Barriers'.

²⁵⁰ UNICEF, 'Out-of-School Children in Moldova'.

²⁵¹ UNICEF, 'Participatory Assessment of Barriers'.

²⁵² Gassmann et al., 'Impact of Migration'.

²⁵³ United Nations Children's Fund, 'Evaluating the Impact of the Per Capita Financing and School Network Optimization Reforms in Selected CEE/CIS Countries: UNICEF selected country case study on the education public finance management', 2014. The Education Management Information System of the Ministry of Education also puts migration as the top reason (i.e., 14 per cent of the cases).

²⁵⁴ International Organization for Migration, 'Extended Migration Profile of the Republic of Moldova'.

²⁵⁵ <<http://www.compareyourcountry.org/pisa/country/mda>>.

this poor performance in secondary education may be at a much earlier age: no more than 30 per cent of all children aged 3–6 years are developmentally on track in terms of literacy-numeracy.²⁵⁶

Graduation from basic education is declining and academic performances are going backwards. Graduation from gymnasium declined from 92 per cent in 2005 to 86 per cent in 2014, and for lyceum from 92.3 per cent in 2011 to 56.1 per cent in 2014.²⁵⁷ With regard to test scores, middle-size schools recorded the highest decreases in their average scores for mathematics and Romanian, with small-size schools of less than 100 students showing smaller decreases.²⁵⁸

The differences in performance between students is mostly due to socio-economic background and the social stratification in schools and less due to the urban-rural divide.

Several studies have shown that students display a high level of school satisfaction. Hence, poor performance in school cannot be explained by the attitude of students towards school. Most students like school a lot, they have a lot of friends, agree that the school environment is friendly and find the teaching activities during classes interesting.²⁵⁹

The socio-economic background is the most important determinant of school performance. The performance gap between rural and urban students constitutes about one year in schooling, and more than three years compared with the larger cities of the country. However, it is the socio-economic background that primarily determines the differences in school performance.²⁶⁰ These differences are largely between schools rather than within schools. In this respect, the schools with a large majority of disadvantaged students have much lower average score tests, confirming the impact of social stratification in schools; education in the Republic of Moldova is less equitable than in Organisation for Economic Co-operation and Development (OECD) countries.²⁶¹

4.2 Barriers to the realization of children's right to education

4.2.1 The enabling environment for education

Article 35 of the Constitution of the Republic of Moldova stipulates the right to education. Accordingly, education shall be ensured by way of compulsory comprehensive school system, by secondary education and vocational education, and higher education system. State public education is free of charge and the State shall ensure the right to choose the language of education of persons, including of pupils.

During the past two decades, the education system has been subject to continuous reform and transformation, leading to some public scepticism on the possibility to make the system more efficient.²⁶² The most ambitious have been the school network consolidation reform to right-size the school network and the financing of education institutions based on per capita funding.

The adoption of the new Education Code in 2014 is probably the most significant legislative reform in recent years. It clarifies how the responsibilities between the central administration and local public administrations are shared and strengthens the institutional autonomy and social responsibility of education institutions. As an extension to the Education Code, an Ethical Code for the use of all actors in the schooling system was adopted in 2016. Furthermore, new provisions have been introduced on inclusive education, such as the 2 per cent budgetary allocation for inclusive education through the establishment of inclusive education resource centres and support teachers. It is, however, to be mentioned that, in practice, this budgetary allocation is addressed to children with disability only, leaving aside other vulnerable children who would greatly benefit from inclusive education measures (e.g., poor children, Roma children, etc.).

Bottleneck: The absence of a coherent legal and normative framework for early childhood education and development services impedes the further growth of education opportunities for children aged under 3 years.

²⁵⁶ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

²⁵⁷ National Bureau of Statistics, 'Children in Moldova'.

²⁵⁸ UNICEF, 'Evaluating the Impact'.

²⁵⁹ Ministry of Education, 'Student Performance and Attendance'.

²⁶⁰ Ibid.

²⁶¹ World Bank, 'Moldova Public Expenditure Review'.

²⁶² Government of the Republic of Moldova, 'The Third Millennium Development Goals Report', p. 37'.

The legal-normative framework pertaining to registration, licensing, accreditation, and monitoring of private education services for children aged under 3 years is incoherent.²⁶³ According to the Education Code, the education of children below 3 years of age is considered to be the responsibility of the parents and thus private initiatives. However, based on its mandate, the Ministry of Education approves the education plans, education programmes and monitors the implementation of curricula of private service providers, too. In addition, the excessively severe conditions to be met by the owner and the premises as well as rigid sanitary-hygienic rules discourage the private initiatives which have the potential to limit public expenditure, mitigate overcrowding of crèches and kindergartens, especially in the urban areas, and allow greater choice and control by parents.

In an attempt to improve the quality of education and the evaluation of professionals, several new institutions have been set up at central level whose effectiveness and efficiency are yet to be demonstrated.

In line with the sector development strategy 2014–2020 and Education Code, a National Agency for Quality Assurance in Professional Education (NAQAPE) was established and the school inspection function was centralized.²⁶⁴ The NAQAPE assesses and (re-)accredits the institutions providing professional training as well as their training programmes. In the past, in-service training was not evaluated and the institutions were accredited by the Ministry of Education itself. The Ministry set up a National School Inspectorate reasoned by the fact that the inspection done by the District Directorates of Education is performed by non-specialized and insufficiently qualified inspectors who have a stressful, control and punishment effect and do not primarily take on a supporting role.²⁶⁵

Bottleneck: State governance structures supporting inclusive education are understaffed and not fully integrated into the educational process at all levels.

The attention of the Government to inclusive education was triggered by the de-institutionalization process and is still seen as a parallel rather than an integrated process. With the acceleration of integration of children with special educational needs and disabilities in mainstream education, regular schools are increasingly in need of psycho-pedagogical support. In response, the Government established a Republican Centre for Psycho-Pedagogical Support as well as dedicated district services meant to support schools with the assessment of pupils, guidance as well as training of education staff and management.²⁶⁶ It has been a challenge to recruit competent people at the Centre (10 of 17 positions are filled so far) and the district teams (240 of 340 positions). As a result, CSOs continue to play an important role in ensuring access to and quality of education, not only through the provision of services, but also through the development of training modules and the delivery of training courses to education and psycho-pedagogical staff.

Bottleneck: Parents and children participation in school governance is still weak.

Most schools have a parents' association and a pupils' council, but their role in school governance is rather marginal. Parents' associations, which are often registered as a legal entity, have become a very important vehicle for the schools to raise additional funding through formal and informal payments, rather than playing a more consistent role in building effective cooperation and partnership between parents and school, advising on school policies, getting involved in extracurricular activities, quality assurance, etc. While pupils' councils exist in many schools, a large share of pupils feel that these councils do rather little or nothing at all to help protect their right to be heard. Often the election of council members and class representatives is not a transparent process, being performed without children's participation and actually decided by the teacher. Reportedly, in many schools, the activity of the pupils' council is orchestrated and manipulated by teachers.²⁶⁷

Bottleneck: The dropouts monitoring mechanism works without an agreed and standardized definition of dropouts and student learning assessment lacks standardized information for policymaking.

At the end of every year, school masters populate the Education Management Information System (EMIS) with information on dropping out and reasons, using their best judgement. This is caused by the

²⁶³ UN Women and UNICEF, 'The Demand and Supply'.

²⁶⁴ Ministry of Education, 'Education 2020: Sector development strategy 2014–2020', 2013.

²⁶⁵ Ibid.

²⁶⁶ They generally do not work directly on the identification of individual children, although in some districts this may indeed be the case.

²⁶⁷ Council of Europe, 'Child and Youth Participation', and UNICEF, 'Out-of-School Children in Moldova'.

absence of a formal definition of dropouts. There is no mechanism in place to cross-check information between social, health and education services. The new Education Code stipulates that the local public authorities have the responsibility to get children to school. However, anecdotal evidence suggests that the inter-sectoral child protection committees that are formally responsible for a coordinated response to cases of out-of-school children are yet finding their way to become effective local mechanisms.

At the same time, the Republic of Moldova's system to assess student learning lacks reliable and standardized information that may be used to inform policy. Unlike the exam for Bacalaureate (i.e., Grade 12), the primary (i.e., Grade 4) and gymnasium (i.e., Grade 9) exams are conducted by schools and lack standardization. The large differences between the scores obtained by the lyceum graduates from the teachers assigned in their schools for the three lyceum years prior to the Bacalaureate and the results they obtain at the standardized Bacalaureate exams illustrate the influence of this lack of standardization.²⁶⁸

Bottleneck: In recent years, priority given to the education sector has been going down; fund allocations are now close to the legally binding minimum and below some international standards, making investment dependent on external funding.

Historically, the Republic of Moldova has been giving high priority to education spending, but this trend has been reversed since 2009. Legislation from 1995 stipulated that education should be allocated at least 7 per cent of GDP each year from the State budget.²⁶⁹ For many years, the education expenditure has been higher, making the Republic of Moldova compare favourably with other CEE/CIS countries (often 4–5 per cent). However, since 2009, coinciding with the introduction of per capita financing, the allocation has been decreasing to the current level of 6.9 per cent (the same as in 2005). For the past 10 years, expenditure on education represented about 18–22 per cent of the total government expenditure. This share also decreased to 17.6 per cent in 2014,²⁷⁰ below the 20 per cent benchmark set by the Education for All–Fast-Track Initiative (EFA–FTI).²⁷¹ According to some estimates, the share could further decrease to below 16 per cent in 2020,²⁷² while many parents believe that more should be spent on education.²⁷³ In terms of intra-sectoral distribution, the share of pre-primary education in total expenditure increased from 20 per cent in 2010 to 25 per cent in 2014. Some estimates, however, suggest that the share of preschool may decrease until 2020 back to about 22 per cent of total education expenditure. Expenditures for primary education increased only marginally (to 17 per cent) and decreased for secondary education (to 20 per cent for lower secondary and 8 per cent for upper secondary).²⁷⁴

Current expenditures for primary and secondary education, based on the per capita formula, represent the vast majority of education expenditure; half is used for personnel costs and 40 per cent for goods and services (including 20 per cent for food distribution). The Republic of Moldova meets the EFA–FTI benchmark,²⁷⁵ mainly due to the significant amount committed for school meals. However, little of the education sector budget is left for capital investment and projects, which depend on international donor community, such as the EFA–FTI and Global Partnership for Education.²⁷⁶

Bottleneck: Inconsistencies in national legislation regarding education financing may be detrimental to equitable and sustainable financing of education, in particular with regard to pre-primary education.

Contrary to the primary and secondary schools, most of which are autonomous and get their funds directly from the district authorities, the budget for kindergartens is managed by the mayor's office. Annual allocations are based on actual needs, and expenditures should be done as per the approved budget. However, since local public authorities have full autonomy over their own budget and if deemed necessary, the Local Council may decide to divert funds from pre-primary education to other purposes. Local authorities may also set up and run early childhood education and development institutions/programmes for

²⁶⁸ Open Society Foundation and Ministry of Education, 'Study on Policy Measures to Improve Attracting, Training and Retaining Teachers in the Education System in Moldova', 2014.

²⁶⁹ UN Women and UNICEF, 'The Demand and Supply'.

²⁷⁰ United Nations Children's Fund, 'Assessment of the Pre-School Education System and Definition of the Costing Methodology for Childcare and Education Services in the Republic of Moldova', Draft, February 2016.

²⁷¹ Education for All–Fast-Track Initiative, 'Accelerating Progress towards Quality Universal Primary Education: Framework', 2004.

²⁷² UNICEF, 'Assessment of the Pre-School Education System'.

²⁷³ Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity in General Education', 2016.

²⁷⁴ Ministry of Education, 'Sectoral Strategy in Education Spending: 2016–2018', 2016.

²⁷⁵ Education for All–Fast-Track Initiative, 'Accelerating Progress'.

²⁷⁶ UNICEF, 'Assessment of the Pre-School Education System'.

children aged under 3 years, based on their own financial resources; however, doing this in rural areas has proved to be very difficult and rare due to the limited local budgets,²⁷⁷ and often these allocations are irregular.²⁷⁸ On the other hand, the annual cost for children in urban areas is higher than in rural areas: 55 per cent higher for a child in a nursery and 60 per cent higher for a child in a kindergarten.²⁷⁹

4.2.2 The availability, access and quality of education services

Bottleneck: Growth in preschool institutions has been quite modest in recent years, with persisting shortages and urban-rural imbalances, resulting in substantial unmet demand for preschool services across the board and loss of quality.

The number of preschool institutions continued to increase in the recent years, however at a slower pace, especially in urban areas. In line with enrolment trends, the number of institutions has increased from 1,381 in 2010 to 1,461 in 2015.²⁸⁰ Most of them are combined nursery-kindergartens;²⁸¹ a small number of institutions provide day programmes to children aged under 3 years. There are only very few privately run institutions due to the reasons already explained above.

Although three quarters of all preschool institutions are located in rural areas, a number of 445 rural localities, where the vast majority of poor children live, had a severe shortage of such services (2012).²⁸² Overall occupancy is virtually the same as national capacity, but much lower in rural areas (75 per cent) and with rates of more than 100 per cent in urban areas, especially in the capital city, where the preschool groups for children aged under 3 years are overcrowded.²⁸³ In 2012, nearly 40 per cent of institutions exceeded their capacity (60 per cent in urban localities and 30 per cent in rural areas).²⁸⁴ In order to address the shortage of preschool institutions, community centres have been modelled, institutionalized and scaled up countrywide, predominantly in rural areas; however, about 150 villages were left with no preschool institution. Research proved that there is a high demand for early childhood education and development services for children aged under 3 years, especially due to the willingness of young mothers to return to the labour market, and that only 15 per cent of this demand is covered by the existing supply.²⁸⁵

Due to an increase in demand and lack of capacity, overcrowded groups in preschool affect the quality of education for children aged 0–6 years. The majority of groups for preschool education are larger than the maximum established by the Ministry of Education – i.e., 15 for children aged 0–2 years and 20 for children aged 3–6 years. With the notable exception of Chisinau, the national average size of groups for children aged under 3 years complies to a large extent with the established limits (17 urban, 14 rural). For children aged 3–6 years, three quarters of preschools have groups exceeding the standards, primarily in urban areas (more than 25 or even 45 children in some cases).²⁸⁶

Bottleneck: The reforms aimed to optimize the primary and secondary school network in line with the demographic changes in the population and the need for better efficiency and quality have scored modest results.

The number of primary and secondary schools has continuously declined since 2005, in more recent years as a deliberate effort to increase the efficiency of the schooling system and to integrate children with disabilities into the mainstream education. In 2010, it was found that up to half of the Republic of Moldova's rural schools may need to be reorganized in order to respond to the sharp population decline that has taken place over the past 20 years. Since then, the total number of primary and secondary schools has decreased by 142 (24 of which closed during the academic year 2015/16), including 16 of 33 special schools.²⁸⁷ About 20 per cent of the entire primary and secondary school network has undergone changes due to the school network optimization reform.²⁸⁸ Nevertheless, these changes affected no more than 2 per

²⁷⁷ Government of the Republic of Moldova, 'Strategy for the Development of Education 2014–2010: 'Education 2020'', 2014.

²⁷⁸ United Nations Children's Fund, 'Evaluation of Modelling of Services for Children under Three: Draft evaluation report', 2016.

²⁷⁹ UNICEF, 'Assessment of the Pre-School Education System'.

²⁸⁰ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

²⁸¹ National Bureau of Statistics, '2014/15 Education in the Republic of Moldova'.

²⁸² UN Women and UNICEF, 'The Demand and Supply'.

²⁸³ United Nations Children's Fund, 'Assessment of the Pre-School Education System'.

²⁸⁴ UN Women and UNICEF, 'The Demand and Supply'.

²⁸⁵ Ibid.

²⁸⁶ UNICEF, 'Evaluation of Modelling of Services for Children under Three'.

²⁸⁷ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

²⁸⁸ Ministry of Education, 'Student Performance and Attendance'.

cent of students in Grades 4, 9 and 12 (school closures) and a further 0.74 per cent (closures of their class).²⁸⁹ During the academic year 2015/16, the network of primary and general secondary education comprised 1,323 institutions.²⁹⁰

Despite the school network optimization reform, the pupil-teacher ratios for primary and secondary education remain low by international standards (nearly 17 pupils per teacher), affecting the efficiency of the education system. The ratio for lower and upper secondary schools continued to fall (10 and 11 respectively, 2015). For primary education, the ratio is far below the EFA–FTI benchmark per teacher²⁹¹ and other CEE/CIS countries.²⁹² It has been confirmed that students receive better quality education at clustered schools characterized by bigger class sizes and there is a general trend towards the increase of pupils' scores with the increase of the number of pupils per class, except the classes with 6–10 pupils.²⁹³

Bottleneck: Distance to school and lack of transportation negatively influence students' attendance and performance.

Students who have to travel less to attend the school have better attendance and performance records. Urban students miss fewer hours without excuse than their rural peers. Students who have to travel less than 3 kilometres to school also miss fewer hours compared with those who are required to travel a longer distance.²⁹⁴ Bad road conditions may also contribute to delays and non-attendance, especially in winter time. Grades recorded in EMIS show that, on average, students who have to travel more than 3 kilometres to school do worse than their classmates. It seems that there is a correlation between the higher absenteeism of students in rural schools (mentioned above) and their poorer performance due to the higher distances to school. Still, it is yet unclear to what extent the increased reliance on school transportation due to the school network optimization and introduction of per capita financing are exacerbating the negative impact of distance on school attendance, school performance and exam scores.²⁹⁵

Bottleneck: The school infrastructure of many rural schools is substandard.

Most rural children have access to computers and internet at school, but basic infrastructure is still a matter of concern. On average, 5 out of 100 students in the Republic of Moldova have access to a computer at school (half of them older than 3 years old).²⁹⁶ Due to the lower absolute number of pupils per school, the access in rural areas is slightly higher than in urban areas (six against four). Most of these computers are connected to the internet.²⁹⁷ However, many rural schools are in a very bad condition when it comes to indoor toilets (45 per cent), running water (69 per cent), and central or gas-based heating systems (63 per cent).²⁹⁸ As far as preschools, 15 per cent have no running water (2 per cent in Chisinau) and 45 per cent had toilets outside the school building (9 per cent in Chisinau).²⁹⁹

Bottleneck: The general overcapacity of teachers' corps coexists with significant teachers' shortages in some subjects and the need for retired teachers to re-join the teaching staff.

Between 2002 and 2012, the decrease in the didactical staff for general education has been less than the decline in the number of students (15 per cent compared with 40 per cent). In 2015, there were 29,580 teachers in general education. Still, there are hidden shortages in certain subjects, in particular in the science disciplines such as mathematics, physics and chemistry, and Romanian language (in 10 per cent of schools).³⁰⁰ Hence, more than 10 per cent of teachers teach three to five subjects, even if not fully qualified in all.³⁰¹ In addition, 15 per cent of teachers are past retirement age and used by school principals as a coping mechanism for teacher shortages.³⁰² On the other hand, the increase in the number of preschool

²⁸⁹ UN Women and UNICEF, 'The Demand and Supply'.

²⁹⁰ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

²⁹¹ Education for All–Fast-Track Initiative, 'Accelerating Progress'.

²⁹² UNICEF, 'TransMonEE Database 2015', and National Bureau of Statistics, 'Children in Moldova'.

²⁹³ UNICEF, 'Evaluating the Impact'.

²⁹⁴ Ministry of Education, 'Student Performance and Attendance'.

²⁹⁵ Ibid.

²⁹⁶ Ministry of Education, 'Provide Schools with ICT: The situation in 2015', 2015.

²⁹⁷ National Bureau of Statistics, 'Children in Moldova'.

²⁹⁸ Based on data from about 1,300 schools. See Ministry of Education, 'Education Management Information System', 2016.

²⁹⁹ UNICEF, 'Assessment of the Pre-School Education System'.

³⁰⁰ It should be noted that the shortage in teachers in these fields is lower than the average in OECD countries.

³⁰¹ World Bank, 'SABER Teachers Country Report'.

³⁰² World Bank, 'Briefing Book from Development Partners of Moldova', 2015.

educators has not kept pace with the increase in enrolment. Having reached 10,000 in 2012,³⁰³ there still is a shortage of didactical staff. Preschool institutions in Chisinau lack 216 educators and 180 teaching assistants. For early childhood education and development programmes for children aged under 3 years, the limited number of qualified staff has impeded the setting up of crèche groups in many kindergartens.³⁰⁴

Bottleneck: Low salaries below international standards and the insignificant difference in salaries between the first and superior ranks hinders the pedagogical qualifications of teachers.

Salaries for teachers and especially for educators in preschools are well below those of other public servants of comparable qualification and experience as well as those in the private sector. The minimum salary for a secondary education teacher with university diploma is MDL 2,200 and about MDL 2,700 in the private sector for a similarly qualified individual. At MDL 3,357 in 2014³⁰⁵ (or 80 per cent of the overall average salary), the earnings are well below the EFA–FTI benchmark.³⁰⁶

The limited increments between the various teaching ranks also influence the qualification of teachers, resulting in a low share of teachers holding the non-mandatory superior ranks. Preschool education has the lowest number of teaching staff with higher education (less than 50 per cent in 2014, with urban rates twice the rural rates³⁰⁷).³⁰⁸ Overall, nearly 90 per cent of teachers in general education have higher education; however, one third does not have additional pedagogical qualifications obtained through national attestation tests, mandatory internship courses or workshops. About 60 per cent hold a second rank, 9 per cent hold a first rank (16 per cent urban, 5 per cent rural), and only 2 per cent hold a superior rank (5 per cent urban, 1 per cent rural).³⁰⁹ Students have higher scores in mathematics and more of them pass the Bacalaureate exams when their teachers hold first rank.³¹⁰ The sharp difference in teacher qualification between urban and rural areas, illustrated by the rates presented above, explains in part the difference in student performance between geographical areas.

Bottleneck: The low admission requirements for pre-service training encourage high education graduates with modest lyceum scores to opt for university studies in pedagogical fields, although many of them are not innately motivated to pursue a career in teaching.

The number of graduates from teacher training institutions exceeds by approximately four times the number of vacancies in the education system. Many students who were turned down by other degree programmes have subsequently passed the university admission exam for pedagogy studies. In general, young people of the Republic of Moldova consider pedagogical faculties as an easy way to obtain a university degree. Only about 30 per cent of students in pedagogy are actually motivated to follow a career in teaching and the university-to-work transition rate is generally low, especially for graduates of vocational secondary education.³¹¹

Bottleneck: Pre-service education, considered to be of low quality and relevance, with limited attention to pedagogical and teaching practicum, affects the competencies of the teaching corps.

The content, structure and teaching methods of psycho-pedagogical modules do not ensure a quality pre-service training, according to many students and employers. The methodological approaches applied in the initial training are often outdated, unattractive and too little exciting for students.³¹² Furthermore, they have little regard for pedagogical and teaching practicum. Before being appointed, teachers in the Republic of Moldova are not required to have any minimum practical experience, which has been further reduced by the recent closure of all teacher training schools and the decision to train the teachers exclusively at university level.³¹³

³⁰³ UN Women and UNICEF, 'The Demand and Supply'.

³⁰⁴ United Nations Children's Fund, 'Evaluation of Modelling of Services for Children under Three'.

³⁰⁵ National Bureau of Statistics, '2014/15 Education in the Republic of Moldova'.

³⁰⁶ Education for All–Fast-Track Initiative, 'Accelerating Progress'.

³⁰⁷ UN Women and UNICEF, 'The Demand and Supply'.

³⁰⁸ National Bureau of Statistics, '2014/15 Education in the Republic of Moldova'.

³⁰⁹ Ministry of Education, 'Education 2020'.

³¹⁰ World Bank, 'SABER Teachers Country Report'.

³¹¹ Open Society Foundation and Ministry of Education, 'Study on Policy Measures'.

³¹² Ministry of Education, 'National Programme for Human Resource Development in Education in the Republic of Moldova 2016–2020', 2016.

³¹³ World Bank, 'SABER Teachers Country Report'.

Bottleneck: In-service training and evaluation of teacher performance are not done systematically at all levels, and on-the-job mentoring is yet to be institutionalized nationwide.

In-service training takes place every three to five years, but not for teachers in preschool. The teaching rank has to be confirmed – i.e., renewed – or a new one acquired every five years, with in-service training being part of the process. The second teaching rank is awarded at the district level, while the first and superior teaching ranks are awarded at central level. However, this training is considered by many to be of low quality and not focussed on acquiring the skills needed.³¹⁴ Unlike teachers in primary and secondary education, teachers in preschool have no systematic and institutionalized in-service training opportunities.

The new Education Code introduced the participation of new entrants in mentoring or supervision programmes. It was successfully started at preschool level, involving 130 mentoring hubs and more than 10,000 educators benefiting so far.³¹⁵ However, this system needs to be further institutionalized in primary and secondary education.

Bottleneck: There are no specific training requirements to ensure that principals have the necessary skills to act as instructional leaders and successful managers.

Hampered by the lack of minimum requirements for a bachelor's degree and five years of teaching experience and by low salary incentives, the management capacity at the school level in the Republic of Moldova is not strong enough. Managers do not receive sufficient specialized training and are not adequately supported in their professional growth.³¹⁶ The decentralization requires that headmasters take on budgetary responsibilities³¹⁷ however, they are not yet ready to do that.³¹⁷

Bottleneck: Teachers lack the knowledge and skills as well as didactical materials and equipment to efficiently work with children with special educational needs.

The number of didactical support staff increased from 100 in 2012 to 865 in 2015, mainly by transferring former teachers to the position of support staff. In addition, the number of resource centres for inclusive education experienced a very strong growth: from 35 in 2012 to 737 in 2015.

Teachers at all pre-university levels encounter difficulties in working with children with disabilities other than physical impairments. Parents of children with disabilities aged under 3 years are discouraged to enrol their children in kindergarten because educators lack the knowledge and skills to work with them.³¹⁸ At the primary and secondary levels, most teachers are comfortable working with children with physical impairments, but about half of them find it difficult to deal with children who have a hearing impairment, visual impairment, mental disability or atypical behaviour.³¹⁹ At all levels, teachers and parents have indicated a lack of specific equipment³²⁰ and didactical materials as well as training in adapting teaching materials and lesson activities to the particularities of children with special educational needs.³²¹

4.2.3 The demand for education services

Bottleneck: Contributions by parents are substantial in size, represent a significant share of a family monthly expenditure and have become a social norm, affecting the schooling of vulnerable children and exacerbating the social stratification of education.

Moldovan legislation stipulates that public pre-primary, primary and secondary education is funded entirely by the State, and studies in such institutions are free. In addition, according to the Code of Ethics, teachers may not accept money from parents. In practice, nearly all parents make formal and informal

³¹⁴ Ministry of Education, 'National Programme for Human Resource Development'.

³¹⁵ United Nations Children's Fund, 'Republic of Moldova: Promoting innovative approaches in early childhood education', 2015.

³¹⁶ Ministry of Education, 'National Programme for Human Resource Development'.

³¹⁷ United Nations Children's Fund, 'RKLA 3 Multi-Country Evaluation: Increasing access and equity in early childhood education in six CEE/CIS countries/territories, 2005–2012: Final evaluation report', 2014.

³¹⁸ United Nations Children's Fund, 'Evaluation of Modelling of Services for Children under Three'.

³¹⁹ Alliance of NGOs Active in the Field of Social Protection of Children and their Family', 'Summary/Research: Evaluation of Moldova's inclusive education models', 2015.

³²⁰ Ibid.

³²¹ Ibid. These research findings have been confirmed during all interviews on inclusive education held for the purpose of this SitAn.

payments,³²² mostly through parents' associations, with the active involvement of school management and teachers and without any complicated formalities.³²³ While different in size, nature and frequency, such payments have become a socially accepted norm and represent a substantial contribution to the national expenditure on education.³²⁴ The total contribution of parents through formal payments (MDL 2,058 million, an increase of 44 per cent since 2012) and informal payments (MDL 309 million, an increase of 8 per cent since 2012) almost equal the total public expenditure for primary and secondary education.³²⁵ The average annual contribution per student was more than the monthly salary of a teacher.³²⁶ Moldovan families contribute a much larger share of their annual income to education than in surrounding CEE/CIS countries.³²⁷ The largest share of formal additional payments is used for school uniforms (70 per cent of total formal payments), school supplies (14 per cent) and school meals (6 per cent),³²⁸ while informal payments are used for increasing the salary of teachers in various ways (e.g., private lessons – 54 per cent of informal payments; gifts – 12 per cent; etc.), and additional group lessons (5 per cent).

Although the formal and informal payments made by parents through parents' associations are officially voluntary, in practice this is not entirely the case. Various studies over the years have found that if parents had the choice, about half of them would not pay.³²⁹ About 20 per cent of pupils interviewed for the purpose of a study confirmed that the children whose parents did not pay the informal contributions were subject to pressure, either from peers or from the teaching staff.³³⁰ Reportedly, children are also unfairly treated.³³¹ Half of the parents also reported payments under pressure, either by teachers or by other parents.³³² As a result, informal payments have become the norm and many parents pay the requested amounts without questioning the legality or appropriateness of the voluntary contributions. In fact, about half of the caregivers believe that teachers expect informal contributions to supplement their salaries³³³ and no school improvements at all were made with the respective contributions.³³⁴

Inability to pay the informal contributions may affect enrolment and increase segregation in education. About 40 per cent of parents indicate that they cannot afford the payments or have to make special efforts.³³⁵ This may generate absenteeism and indirectly contribute to the dropout of some children. 'Voluntary' contributions discourage parents to enrol their children in kindergarten.³³⁶ In many cases, parents face difficulties in providing school supplies and the inability to afford such costs represent an obstacle to child's schooling.³³⁷ These factors lead to further social stratification and the segregation of vulnerable and well-off students, with corresponding consequences for school performance as shown earlier.

Bottleneck: Social norms around child participation in early childhood education and development activities and kindergarten hamper inclusive and equitable education for preschool-age children.

Many parents in the Republic of Moldova believe that children aged under 3 years are too small to take part in early childhood education and development programmes. Nearly one third of parents (39 per cent in urban areas and 25 per cent in rural areas)³³⁸ believe a child aged under 3 years is too young to attend education programmes.

³²² Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Formal and Informal Payments Paid by Parents in Institutions of Secondary Education', 2013.

³²³ Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity'.

³²⁴ United Nations Children's Fund, 'Evaluation of Modelling of Services for Children under Three'.

³²⁵ Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity'.

³²⁶ Another study by the Centre for Demographic Research undertaken in 2014 confirmed that informal payments amount to MDL 120–170 per month, per pupil. See Centre for Demographic Research, 'Socio-Demographic Profile of the Republic of Moldova'.

³²⁷ Open Society Institute, 'Drawing the Line: Parental informal payments for education across Eurasia, 2010, and Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity'.

³²⁸ Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity'.

³²⁹ Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Formal and Informal Payments', and Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity'.

³³⁰ Open Society Institute, 'Drawing the Line'.

³³¹ UN Women and UNICEF, 'The Demand and Supply'.

³³² Open Society Institute, 'Drawing the Line'.

³³³ Ibid.

³³⁴ UN Women and UNICEF, 'The Demand and Supply'.

³³⁵ Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA, 'Ethics and Academic Integrity'.

³³⁶ United Nations Children's Fund, 'Evaluation of Modelling of Services for Children under Three', and UN Women and UNICEF, 'The Demand and Supply'. According to the latter, for 7 per cent of women the inability to pay the monthly fees is the main reason for not sending their children to kindergarten.

³³⁷ UNICEF, 'Participatory Assessment of Barriers'.

³³⁸ UN Women and UNICEF, 'The Demand and Supply'.

For Roma families, the enrolment of a child in a kindergarten is a disgrace to the family, too. Women who do so are commonly labelled ‘bad mothers’. Roma think that there is a risk of losing the Romani culture and language if young Roma children interact with children of other ethnicities. This is therefore a bottleneck for the participation of Roma children in the mandatory preparatory year organized in kindergartens.

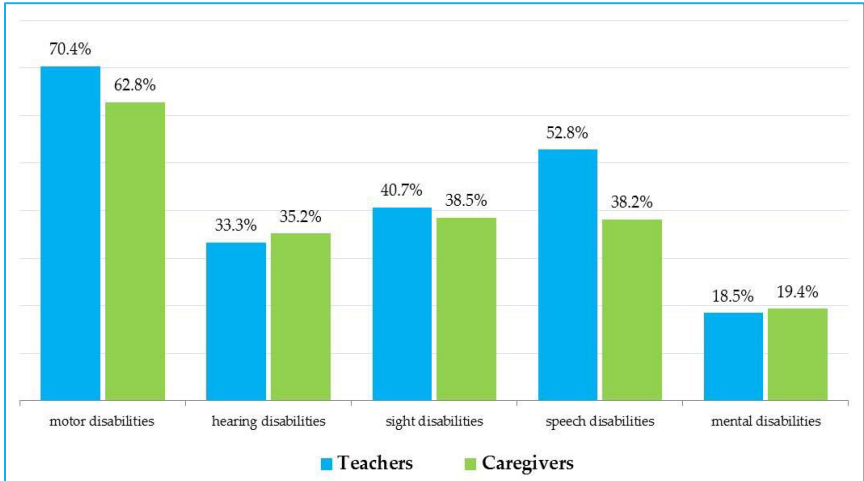
Bottleneck: The perceived limited value of education for personal development and future life by Roma hinders their children’s education beyond compulsory education.

Roma consider education at primary level, most notably the acquisition of basic reading and writing skills, as a contribution to starting and supporting a family. But they do not see more advanced education as a decisive benefit for their future. It is therefore not unusual that Roma children are not encouraged to continue school after completing Grade 4. This minimalistic view of education also affects school attendance and absenteeism; if a child does not want to attend the school, a parent may not insist that the child goes.³³⁹

Bottleneck: Discrimination experienced by children with disabilities is related to their socio-economic vulnerability rather than their disability, although teachers and caregivers believe that mainstream schools are not suitable for all children with disabilities.

A large majority of Moldovan students and many teachers are open to inclusive education, but not in all cases. Such perception is even stronger among students once they have children with disabilities in their schools. Many teachers believe that inclusive education is a good practice and a vast majority of teachers in schools which integrated children with disabilities changed their attitude positively towards these children. Progress is also being made in the tolerance of caregivers towards inclusive education. Still, caregivers and even teachers alike do not believe that regular schools are suitable to all children with disabilities, especially those with mental disabilities (Figure 12), as the latter might affect the performance of the other children.³⁴⁰ In addition, only a very small share of caregivers would accept children with disabilities in preschool institutions.³⁴¹ Nevertheless, research highlighted the fact that discrimination seems more related to the socio-economic vulnerability of the child with disability, underlining the high social stratification of the Moldovan education system.³⁴²

Figure 12. Acceptance rate of children with disability in regular schools by teachers and caregivers



Source: United Nations Children’s Fund, Inclusion of Children with Disabilities in Education study’, UNICEF, 2013.

4.3 Opportunities for action

Relevant SDG targets and monitoring indicators:

³³⁹ United Nations Moldova, ‘Roma in the Republic of Moldova’.
³⁴⁰ United Nations Children’s Fund, ‘Participatory Assessment of Barriers’.
³⁴¹ United Nations Children’s Fund, ‘National Survey on Early Childhood Care and Development: Family knowledge, attitudes and practices’, 2010.
³⁴² United Nations Children’s Fund (2015e). Op. cit.

SDG 1: End poverty in all its forms everywhere

Target 1.1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.

- Indicator 1.1.a.2: Proportion of total government spending on essential services (education, health and social protection).

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Target 4.1: Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

- Indicator 4.1.1: Percentage of children/young people: (a) in Grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, disaggregated by sex.

Target 4.2: Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

- Indicator 4.2.1: Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex.
- Indicator 4.2.2: Participation rate in organized learning (one year before the official primary entry age), by sex.

Target 4.3: Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education.

- Indicator 4.3.1: Participation rate of youth and adults in formal and non-formal education and training in the last 12 months, by sex.

Target 4.5: Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

- Indicator 4.5.1: Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status) for all indicators of this list that can be disaggregated.

Target 4.6: Ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy.

- Indicator 4.6.1: Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, disaggregated by sex.

Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

- Indicator 4.a.1: Percentage of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) single-sex basic sanitation facilities; and (f) basic handwashing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions).

Target 4.c: Substantial increase of the supply of qualified teachers, including through international cooperation for teacher training in developing countries.

- Indicator 4.c.1: Percentage of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g., pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country, disaggregated by sex.

Recommended lines of action:

1. **Increase participation of children with disabilities, Roma children, and children from vulnerable backgrounds in education and learning at all levels of education:** In this respect, it is essential to extend actions and funding for the promotion of inclusive education beyond the inclusion of children with disabilities in mainstream education.³⁴³ Adequate funding for inclusive education should be

³⁴³ As already mentioned, the 2 per cent budgetary allocation for inclusive education is targeted only to children with disability, despite its general denomination, and does not consider other vulnerable children.

provided, by revising the approach, mechanism and minimum package for inclusive education to extend it to all vulnerable and at risk of exclusion children. The state governance structures supporting inclusive education should be properly staffed.

Support for inclusion of children with disabilities and from vulnerable backgrounds should be sought from parents through parental education and community-level information activities on the advantages of inclusive education for all children and the community. Awareness-raising of Roma parents as to the value of education for the future of their children would be of utmost importance, especially as far as enrolment in early childhood education programmes and mandatory preparatory classes organized by kindergartens are concerned.

Integrated child protection-education services should be promoted for children with special educational needs and other vulnerable children to mitigate the social stratification and facilitate equitable education outcomes for children (e.g., transport for school-age children, social assistance for children with disabilities, poor children, etc.). It is also important to explore ways to ensure education for children with severe disabilities, but also for children out of school, and children who drop out or miss classes due to social-economic reasons. Local-level inter-sectoral coordinated response should be strengthened to get out-of-school children (e.g., dropout and absenteeism) to school. Formal and standardized definition for the measurement of dropouts should be developed and routine tracking at the local level established, in order to inform measures for counteracting the determinants of out-of-schooling phenomenon (notably child labour).

Services for early childhood education and development should be expanded and diversified in both rural areas and urban localities to fill the gaps in demand. It would be also important to improve the coherence of the relevant legislative and normative framework to respond to changes taking place in the preschool education system and to existing trends, including streamlined development services offered by private individuals and businesses. The Republic of Moldova would greatly benefit from decentralizing the pre-primary education whereby the preschool management is responsible and accountable for the budgets of the institution.

Quality and reliability of data in EMIS should be strengthened by improving data collection procedures and processes, capacity of staff, quality controls and information flows; and by developing and implementing data validation mechanisms. EMIS should include data on disability. The data should be transparent and shared with the wide public and relevant structures and back with the local level for decision-making in order to increase the participation of vulnerable and most-at-risk children in education.

2. **Develop mechanisms of accountability for formal payments and removal of informal payments in parallel with improving the management of school resources:** Such measures would make transparent the use of parents' contributions and avoid the unnecessary increase of the education expenditures burden for vulnerable families and consequently the equity gap. The Republic of Moldova also needs to ensure that the budgetary allocations to the education sector do not fall below the legally binding minimum and that they meet internationally agreed thresholds for intra-sectoral distribution.

For accountability reasons, it is recommended that parents' and pupils' participation in the school governance and administration is also strengthened through the revision of regulations, participation and reporting mechanisms. The role of parents' associations in school governance needs to be entirely reconsidered, from merely fund-raising towards involvement in school governance and quality assurance. Furthermore, the capacity of school principals should be improved in order to develop effective partnerships with parents and community, as well as solid management of school resources for best education outcomes of students, equitable education services and sustainable financing (including for capital investment).

3. **Strengthen the student assessment and teacher performance system in line with international standards and practices:** The Republic of Moldova needs to make efforts for improving the performance of pupils in poor-performing schools, including the introduction of incentives for the best teachers to teach in such schools. It is also important to ensure that data collection focuses much more on the quality of education and its impact on learning and the performance of pupils, teachers and school management.

Specific regulations in line with international standards and best practices should be developed and adopted nationwide for the assessment and evaluation of children with special educational needs and children with disabilities to ensure a continuous educational path for them.

Clarity on the mandates and collaboration procedures of the national-level and district-level school inspectorates should be ensured and capacity of respective structures built to facilitate the application of standards in all education institutions and use of standards-based assessment for school development. Provision of support to schools would be needed to make sure that all schools across the country meet the quality standards, including for water and sanitation facilities.

4. **Improve the professional capacity of the teaching corps:** This process would imply the revision of the current entry requirements to strengthen selectivity; formal assessment of candidates' competencies prior to entering the teachers' corps; adjustment of teacher salaries and career advancement opportunities to attract the most talented candidates; improvement of the quality of pre-service training of teachers; and increasing the minimum practical experience requirement before teachers receive their teaching degree. Regulations and mechanisms for state funding should be developed to ensure that young teachers are supported through mentoring and other support systems across various levels of education.

The capacity building of the teaching staff, school management and district-level support staff on inclusive education should be based on adequate information on children with disabilities and children with special educational needs entering regular schools. Teachers' approach towards Roma and children with disabilities should be fundamentally changed to efficiently address dropping out and absenteeism, and ensure good education outcomes.

Regulations and mechanisms for professional training, guidance and performance evaluation should be developed to strengthen the capacity of education managers at district and local levels.

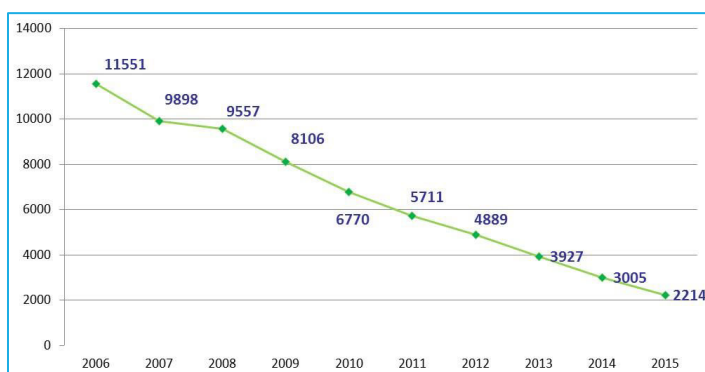
Chapter 5: The right to a nurturing and safe environment

5.1 The state of children's right to a nurturing and safe environment

More than 2,000 children in the Republic of Moldova continue to live in residential institutions for considerable periods of time, which has proven long-term negative impacts and causes profound delays in nearly all areas of development, including on their cognitive and emotional development.

A relatively high number of children live in residential institutions, particularly children with disability. In 2015, some 2,214 children were in residential care, significantly less than in 2006 (11,551 children) and 2010 (6,770 children) (Figure 13). Despite this significant decline, nearly 1,000 children were still placed in institutions every year between 2010 and 2015. In 2015, one third of children in residential care were children with disabilities.³⁴⁴

Figure 13. Number of children in residential care, 2006–2015



Source: Ministry of Labour, Social Protection and Family (various years). Annual statistical report CER 103A for 2010–2015.

The predominant age group (36 per cent) is between 10 and 15 years of age (1,083 children). Children aged under 3 years still represent a worrying proportion of 8.5 per cent of the total number of children living in residential institutions (253 children).³⁴⁵

Poverty is the most important reason for child institutionalization, and disability prolongs the stay in institutions. According to an in-depth review of 10 out of 43 residential institutions (2013), poverty is the reason for the institutionalization of nearly three quarters of all children³⁴⁶ (14 per cent for children living in the Transnistrian region³⁴⁷). Some 6 per cent of children placed in residential care have parents abroad.³⁴⁸ About half of the institutionalized children stay in institutions for more than five years, children with disabilities staying the longest compared with any other group of children – i.e., 61 per cent of children who stayed in residential care for more than five years are children with disabilities.³⁴⁹ Most children (76 per cent) are admitted when they are 4 to 12 years old; 6 per cent are brought in institutions below 1 year of age. A significant share of children maintains contact with their family (65 per cent with their siblings and 50 per cent with their mother) and return to their biological or extended family (67 per cent and 9 per cent, respectively) when they are discharged from the institutions, usually at the age of 16–17 years. Reintegration into community and family setting is rather difficult.³⁵⁰

The number of children without parental care in the Republic of Moldova is growing, mainly as a result of massive migration and deprivation of parental rights.

More than 3,000 children are left without parental care each year,³⁵¹ especially children living in rural areas. According to official data of the Ministry of Labour, Social Protection and Family, their number

³⁴⁴ TransMonEE database, <www.transmonee.org>.

³⁴⁵ Ibid.

³⁴⁶ Better Care Network, 'Families, not Orphanages', Working paper, Better Care Network, New York, August 2010.

³⁴⁷ Rudenkova, et al. 'An Assessment of Childcare in Transnistrian region', 2013.

³⁴⁸ Lumos, 'Strategic Review of the Child Protection System in the Republic of Moldova', 2014.

³⁴⁹ Ibid.

³⁵⁰ Lumos, 'Strategic Review of the Child Protection System'.

³⁵¹ Ministry of Labour, Social Protection and Family (various years).

increased by 7 per cent in 2014 compared with 2013, and it was 20 per cent higher in 2015 than in 2014. Almost every third child without parental care is between 11 and 15 years of age and 70 per cent are children from rural areas. The number of children aged under 2 years without parental care is also increasing, but at a slower pace (from 270 new cases in 2014 to 341 cases in 2015).³⁵²

Migration is the main reason for being left without parental care. This is the case for more than half of children officially registered without parental care.³⁵³ Child abandonment has been steadily decreasing, from 146 new cases in 2010 to 35 new cases in 2015. The same trend has been registered by the separation from parents because of abuse and neglect, but the decrease pace was slower – i.e., from 378 new cases in 2012 to 306 new cases in 2015. On the other hand, the number of newly registered cases of children without parental care due to deprivation of parental rights of one or both parents have doubled in the past five years, reaching 689 new cases in 2015. The data available for 2010 and 2011 for the districts of the Transnistrian region indicate an increase of more than 20 per cent of children separated from their families because of parents' alcohol addiction.

Even not placed in residential institutions, the rights of children left behind by migrating parents are less protected, and they receive less support than other children.

Out of 36,200 children with parents migrated abroad, only about 6,800 children were left in the custody or guardianship of a caregiver.³⁵⁴ If left with grandparents, the focus on care is child's nutrition and health, while education and the psycho-emotional development of the child are considered less important. The most neglected aspects of adult support are bathing and preparing a child for going to sleep.³⁵⁵ Compared with their peers, children left behind more often are deprived of help with their homework, especially if both parents live abroad. Girls left behind living with their fathers encounter more difficulties than boys, as they cannot openly discuss issues related to their physical maturation either with their father or over the phone with their mothers, being forced to seek support from other women living in the same community.³⁵⁶

Violence and emotional abuse is a daily fact of life for most children in the Republic of Moldova, at home and at school, putting in jeopardy the nurturing quality and safety of their living environment.

An exceptionally high proportion of children aged 2–14 years (76 per cent) experience violent discipline at home, including psychological abuse and physical punishment (2012). The situation is slightly better for girls compared with boys (Figure 14). The statistics of the General Police Inspectorate point to an increase of notifications of cases of domestic violence against children, from 138 in 2013 to 230 in 2015; however, criminal case files were opened in only half of these cases. According to a sociological study carried out in 2015,³⁵⁷ yelling occurs frequently in families and is widespread. Children are victims of domestic bullying through name calling and verbal humiliation. They do not only experience, but also witness, emotional abuse: a national survey undertaken in 2010 revealed that half of all children witnessed parental disputes and only one in five children from rural areas was not afraid of their parents.³⁵⁸

³⁵² National Bureau of Statistics (various years). The situation of children in Moldova 2010, 2011, 2012, 2013, 2014 and 2015.

³⁵³ Ministry of Labour, Social Protection and Family (various years).

³⁵⁴ Ibid.

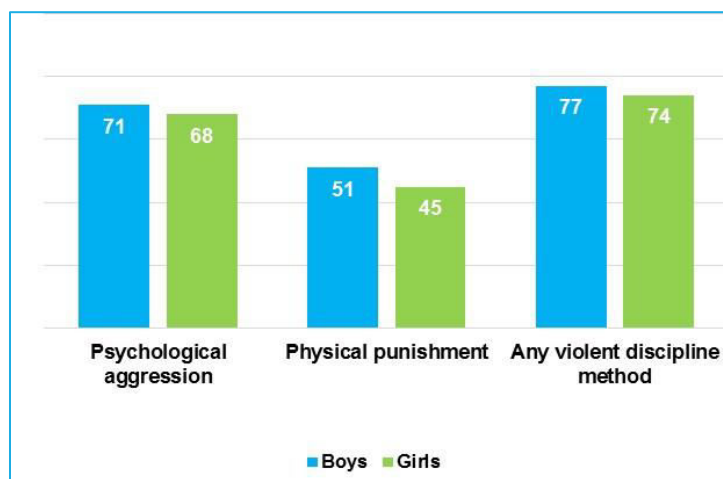
³⁵⁵ HelpAge and UNICEF, 'Staying Behind'.

³⁵⁶ United Nations Children's Fund, 'The Impacts of Migration'.

³⁵⁷ National Centre for Child Abuse Prevention, OAK Foundation and Centre for Sociological Investigations and Marketing CBS-AXA, 'Sociological Study within the Research OMNIBUS, Opinions and Perceptions Regarding the Domestic Violence and Abuse against Children', 2015.

³⁵⁸ UNICEF and 'National Survey on Early Childhood Care and Development'.

Figure 14. Violent disciplining methods, per cent children



Source: MICS, 2012, <<https://data.unicef.org/topic/child-protection/violence/violent-discipline/>>.

The incidence of violence against children does not seem to be declining. It is nevertheless important to mention that the increase in the number of reported cases might be also the result of improved reporting by professionals triggered by instructions on the inter-sectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking, which started to function in April 2014. A total of 13,230 cases³⁵⁹ of child abuse or violence were reported by teaching staff, parents and children during the academic year 2014–2015, considerably more than in the previous reporting years.

Bullying and other types of violence are widespread not only at home, but also quite common in schools. According to reports on adolescents’ development and health, almost every second adolescent from the Republic of Moldova are aware of a peer who suffers from bullying in school.³⁶⁰ Children were found to be quite often (21 per cent) or very often (6 per cent) victims of bullying in educational institutions.³⁶¹ At the same time, the General Police Inspectorate reported 214 cases of violence against children in educational institutions in 2015, as compared with 183 cases in 2014. Out of these 214 cases, 28 cases involved teachers’ violence against pupils, while 182 cases involved violence among peers.³⁶²

The number of reported sexual offences involving children in the Republic of Moldova is increasing and there is a diversification of sexual offences against children. Between 2013 and 2015, the number of criminal case files where children were victims of sexual offences increased by 50 per cent (from 166 to 332). In 33 cases in 2013 and 39 cases in 2015, offences were committed in the family by the partner of the father or mother, or by other relatives.³⁶³ There are also increasing trends in gender-based violence against children: cases of sexual relations with minors aged under 16 years (from 42 cases in 2010 to 129 cases in 2015); and cases qualified as perverted actions against a minor (from 28 to 86 cases in the reference years).³⁶⁴

Like in any other country, the actual number of cases of violence, abuse and neglect is likely to be much higher, as not all cases are systematically reported by education, health, social services, parents or children themselves for registration and action.

³⁵⁹ It includes cases of physical violence (6,383), psychological abuse (3,559), child neglect (3,202), labour exploitation (362), sexual abuse (47), and trafficking in persons (3). Ministry of Education, ‘Semestral Reports on Reported Suspected Cases of Neglect, Violence and Abuses in Education System’, 2014 and 2015.

³⁶⁰ United Nations Children’s Fund Moldova, Press release, 23 September 2014, accessed June 2016.

³⁶¹ National Centre for Child Abuse Prevention, OAK Foundation and Centre for Sociological Investigations and Marketing CBS-AXA, ‘Sociological Study’.

³⁶² General Police Inspectorate, ‘Reports on the Status of Juvenile Delinquency for 12 Months of 2014 and 2015’, 2015 and 2016.

³⁶³ Ibid.

³⁶⁴ Ministry of Interior Police Department (2012, 2013) and General Police Inspectorate (2014, 2015, 2016). Information on cases of abuse against minors (years 2010–2011, 2012, 2013, 2014, 2015).

5.2 Barriers to the realization of children's right to a nurturing and safe family environment

5.2.1 The enabling environment for a nurturing and safe family environment

The Constitution of the Republic of Moldova stipulates the State's obligation to protect and support the family through economic and other type of measures in accomplishing its main responsibilities and duties (articles 48 and 49). Furthermore, it stipulates that special attention shall be paid to the care, upbringing and education of orphan children and children without parental care (article 49) and provides for special assistance in the enforcement of the rights of all children and young people (article 50).

The entry into force of the Law on Special Protection of Children at Risk and of Children Separated from their Parents was a milestone for child protection in Moldova (Law 140/2014). It was an important step towards the development of a comprehensive legal and policy framework that protects children without parental care and a critical shift towards a system-based approach to child protection. The law prioritizes family based care over residential placement in cases of separation from parents and makes a logical connection with the legislation on child adoption (in particular Law 99/2010). The latter brought together the provisions scattered across different pieces of legislation and regulations on the process of domestic and inter-country adoptions. It introduced provisions aimed at preparing future parents and children for adoption as well as clarified procedures for special cases (older children, siblings, children with disabilities).

A mechanism for inter-sectoral cooperation for identifying, assessing, referring, assisting and monitoring children victims and potential victims of abuse, neglect, exploitation and trafficking was adopted late 2014. The mechanism was aimed to improve the procedures applied by several ministries on combating child abuse, neglect, exploitation and trafficking by establishing intervention procedures at local level, both vertically and horizontally. As a result, the number of reported cases increased, but the referral between systems (e.g., from education to social assistance) is still weak.

Bottleneck: The legislation, policies and services for children in need are mostly reactive and focus less on preventing the separation from family.

While there is indeed a series of benefits and services for families with children, these are mainly aimed at addressing risks once they have already materialized. The current policies are mainly focused on certain categories of beneficiaries and do not usually take a child-focused approach. In addition, the support measures respond to situations of poverty and consequent separation of the child from their parents, and are not always aimed at risk prevention.³⁶⁵

The focus on children separated from their parents has triggered the adoption of a significant body of regulations and quality standards for specialized social services, including community homes for children at risk (2013 and 2014) and for children with disabilities (2015), foster care (2014 – revised), support services for families with children (2014), etc. A new Framework Regulation concerning the setting up and functioning of the Commission for the protection of children in difficulty was approved in 2016. A register of 41 social services, including specialized services for children and families, was approved in 2011. However, as mentioned in chapter 2, the regulatory framework for some of them is incomplete or missing. Consequently, implementation and financing of, for instance, specialized services aimed at assisting child victims of abuse and violence, is impossible or very difficult to be carried out.

The current Strategy for Child Protection 2014–2020 and its Action Plan only partially tackles the root causes of family separation, violence, abuse and neglect. The measures envisaged in the strategic documents refer, in particular, to preventing and fighting against violence, preventing institutionalization as well as reconciling professional life with family responsibilities. The Strategy takes a systemic and universal approach to protect all children from violence, abuse and neglect. However, it does not provide for measures aimed at preventing child poverty and its likely consequences, most notably family separation, violence, abuse, neglect, exploitation and trafficking.³⁶⁶

³⁶⁵ Centrul Analitic Independent Expert Group, United Nations Children's Fund and Embassy of Sweden, 'Supporting Policies for Families with Families: Policy visions in the European Union and suggestions for the Republic of Moldova', 2014.

³⁶⁶ Ibid.

Bottleneck: The local actors do not fully take responsibility for guardianship yet, although their duties are clearly stipulated in the law.

The Law 140/2014 transfers the duties of local guardianship authority from the local council to the Mayor. It also introduces additional implementation support for the Mayor through the establishment of the position of Child Rights Protection Specialist. In theory, these community specialists are supposed to strengthen child protection, reintegration and alternative family care services at the local level, as well as reduce the workload of the Community Social Assistant, who can thus concentrate on primary support services for children and families, administration of social benefits and provision of support to older people and people with disabilities.³⁶⁷ However, such child rights protection specialists have been appointed in very few Mayor's Offices which could financially afford to set up this position. The same is true for community mediators. As a result, in the majority of localities, the community social assistants are still the only ones implementing most child protection tasks.

Bottleneck: There is no centralized system for the collection and reconciliation of data on vulnerable children and the collected data are not fully used for policy planning and monitoring.

Each ministry is responsible for the collection of data on their services for children in need of protection.³⁶⁸ The existing data collection mechanisms caused serious issues related to data accuracy; in addition, data do not always add up correctly between the various collecting agencies (for instance, in the case of children left behind). There is no mechanism for centralizing or cross-sector analysis of data on children victims of violence, abuse and neglect; the respective information is collected separately by different ministries and is not reconciled.

At the local level, the guardianship authorities have the responsibility to collect and analyse the data about children at risk and children separated from parents. However, these data are rarely used in the decision-making process related to the setting up and running of new social services.

Bottleneck: Civil society organizations which are providing childcare services are under an increasing pressure to compete for external funding.

Strong and committed CSOs are taking an active role in childcare reform. However, the number of effective organizations is small and most of them are not of a grass-root nature. The majority of them depend on international financial support and the current process of decreasing fund-raising opportunities to support the reforms forces them to compete for such funding, creating obstacles for meaningful collaboration in advocacy, capacity building and service delivery.³⁶⁹ In fact, once donors' funds currently supporting CSOs to implement reforms are redirected elsewhere, it cannot be assumed that the activities of these organizations will continue at the same level.³⁷⁰ This makes advocacy on and implementation of childcare reform dependent on the international community funding directed to them rather than on a mobilized constituency.³⁷¹ It also raises the question of the capacity of all stakeholders to support the scaling up of a successful piloted programme when they are translated into national policies and mechanisms.

Bottleneck: The fiscal decentralization put at risk the availability, quality and sustainability of child protection services provided by local authorities and financed from local budgets.³⁷²

The budgets for child protection services are not based on costing, needs assessment and projections for the future. Similar to other social services, no cost-benefit analysis for child protection services is carried out on a regular basis to inform the planning and budgeting process. The budgets of the Social Assistance and Family Protection Directorates functioning at district level are planned and allocated according to the existing services rather than based on local needs assessments, even though tools and methodologies for the

³⁶⁷ UNICEF, 'Human Resources and Training Needs Assessment'.

³⁶⁸ Lumos, 'Strategic Review of the Child Protection System'.

³⁶⁹ United States Agency for International Development, EveryChild and Partnerships for Every Child, 'Protecting Children of Moldova from Family Separation, Abuse, Neglect, Exploitation: Contribution to the progress achieved by Moldova', 2013.

³⁷⁰ Evans, Peter, 'Evaluation of Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007–2012', March 2013.

³⁷¹ Bertelsmann Stiftung, 'Moldova Country Report', 2014.

³⁷² United Nations Children's Fund and Central Analytic Independent Expert-Group, 'Challenges Brought by the Changes of the Law on Local Public Finances to the Financing of Social Services', 2014.

assessment of needs of children at risk were developed by the Ministry of Labour, Social Protection and Family.³⁷³

Funding of local child protection services might be hampered by other competing local priorities, especially in poorer districts. In 2015, 32 per cent of public expenditure (or 13.5 per cent of GDP) was allocated to social protection. Only 9 per cent of all social protection funds was provided to services, mostly financed by local budgets or special funds.³⁷⁴ In the current context of full financial autonomy of local authorities and limited revenue-raising capacity, it is unlikely that funding of certain social services will remain a priority compared with other local competing needs.³⁷⁵

5.2.2 The availability, access and quality of child protection services

The Moldovan legislation, policy and practice identifies three types (groups) of social services: primary, specialized and high-need. According to the law, the 'primary' services are general social services available at community level for all persons. The family support services are also provided at community level, covering both primary and secondary-level prevention of child separation (information and connection to universal services to address basic needs of children and their family, respectively case management for more complex needs). 'Specialized' social services target specific problems or vulnerable groups and are available at district level or at the level of a cluster of districts. 'High-need' social services, where 24-hour care is provided, either in residential or alternative family based care settings, are managed and organized at district or national level, although they may be delivered in the community.³⁷⁶ The Register of Social Services adopted by the Ministry of Labour, Social Protection and Family provides for 41 types of social services, including for children and families: four types of primary social services, 30 types of specialized social services and 7 types of high-need social services.

Bottleneck: Even though the network of social services is in continuous development, the availability of different types of services at the local level varies across the country and does not systematically correspond to the needs.

All districts provide primary services such as the Community Social Assistance Service, but not all of them have specialized services or high-need services available in the district.³⁷⁷ In 2014, 78 multifunctional Community Social Assistance Centres were operating at the community/municipal level providing assistance to 5,407 children at risk and children with disabilities. During the same year, the following specialized social services were functional: 21 day-care centres for children at risk (serving 744 children), 24 day-care centres for children with disabilities (1,634 children), 26 temporary placement centres (1,340 children at risk and 80 children with disabilities), 10 maternal centres (assisting 159 mother-child couples and 263 children), 322 foster-care parents (having in placement 549 children without parental care), 83 family type homes (with 340 children without parental care in placement), three community homes for children at risk (30 children), and 17 family support services (4,917 children).³⁷⁸ High-need social services were provided to 531 children through two residential institutions for children with severe mental disabilities.³⁷⁹ The Government is aware that the current system is fragmented, services are not equally spread across the country, and many of them depend on donor support and political will rather than being based on needs assessment.³⁸⁰ The Child Protection Strategy and Action Plan acknowledge the need to identify a minimum package of services targeting children, including those with disabilities, which should be accessible to all who need them either at community or district level.³⁸¹

Bottleneck: The reform of the residential care launched in 2007 gave a boost to the development of foster care; however, access to these alternative childcare services is still limited or even missing in some districts.

Although considerably fewer than 10 years ago, the Republic of Moldova still has nowadays 43 residential institutions,³⁸² including 35 institutions under the responsibility of the Ministry of Education, 2 institutions run by the Ministry of Health and 3 by the Ministry of Labour, Social Protection and Family. Two

³⁷³ Lumos, 'Strategic Review of the Child Protection System'.

³⁷⁴ UNICEF Moldova, 'Social Protection Schemes, Size and Frequency of Assistance'.

³⁷⁵ UNICEF and Central Analytic Independent Expert-Group, 'Challenges Brought by the Changes of the Law'.

³⁷⁶ UNICEF, 'Human Resources and Training Needs Assessment'.

³⁷⁷ OPM/P4EC Moldova, 2014, citing the Assessment of the Territorial Social Assistances Services.

³⁷⁸ Ministry of Labour, Social Protection and Family, 2015.

³⁷⁹ Ibid.

³⁸⁰ Ministry of Labour, Social Protection and Family, 'Annual Social Report 2012', 2013.

³⁸¹ UNICEF, 'Human Resources and Training Needs Assessment'.

³⁸² 63 in 2007 and 53 in 2010.

thirds of institutionalized children are from other districts than the one in which the institution is located, which impacts the continuity of connection with extended family. In districts where alternative care services are not developed, community social assistants consider institutionalization as the most appropriate form of protection for children without parental care (including children with migrating parents),³⁸³ thus perpetuating the old and damaging practice of child institutionalization.

Despite a growing number of children placed in foster care (from 86 new cases in 2010 to 276 in 2015), there are still districts with no alternative care options. At the beginning of 2014, one in six districts had neither foster parents nor Family-Type Homes in place.³⁸⁴ The districts with a large number of foster parents usually had few Family-Type Homes and vice versa.³⁸⁵ Children from a quarter of all districts were benefiting of both services.³⁸⁶ About 80 per cent of foster parents and Family Type-Homes services are located in villages. In the districts on the left bank of the Nistru River (Transnistrian region), only three Family-Type Homes were active in 2013, including one in the process of closure.³⁸⁷ The high concentration of foster-care services in certain districts is directly linked to the presence of CSOs working on deinstitutionalization.

The use of family based care alternatives for children with disabilities is still limited, both in terms of number of foster families and children in foster placement. The incomplete regulatory framework combined with the underestimated financial standards explain the low take-up of such services in the case of children with disabilities.³⁸⁸ However, to prevent their institutionalization, respite foster-care services were developed with the support of CSOs. By 2015, five respite foster parents in Chisinau municipality cared for nine children, and there were four respite families with 10 children in care in Orhei district.

Bottleneck: Although they cover the whole country, only a minor portion of all community social assistants are qualified in social work and there is no systematic in-service training to upgrade their knowledge and skills.

As of January 2015, the network of community social assistants counted 1,121 professionals (including 1,068 women and 53 men) who had different types of qualifications.³⁸⁹ It represented a substantial increase compared with 2007, when the position was established (538 community social assistants for 600 positions), but virtually the same as in 2010. Every year, a significant number of students graduate as social assistants from Moldovan universities, but only a few of them are eventually applying for a vacancy due to relatively low salary (between MDL 1,100 and 1,300 per month), particularly in rural areas, and the very limited opportunities for professional development. As a result, a 2014 evaluation found that only 29 per cent of community social assistants studied social work, 21 per cent had a degree in pedagogy, 5 per cent in psychology or sociology, and 41 per cent graduated in other areas not related to social assistance (e.g., agronomy, veterinary, electrical engineering, etc.).³⁹⁰

The support provided by the district Social Assistance and Family Protection Directorates to community social assistants in the field of child and family protection is insufficient. This is mainly caused by the very limited human resources, as there are only two specialists employed in every Directorate.³⁹¹ Furthermore, in 2014, only six district Social Assistance and Family Protection Directorates had a functional Centre for Family and Child Social Assistance. These Centres provide on-the-job professional advice, mentoring and support to community social assistants in the area of child protection.

The system of professional development, in-service training and pre-service specialized qualification in the field of child protection and social assistance for all concerned duty bearers is underdeveloped.³⁹² Every ministry or public authority is responsible for the assessment of training needs of their employees. As for social assistance, there is no continuous training system, even though in-service training was included in the national programme 2008–2012 for the setting up of the integrated system of social services. In 2015,

³⁸³ Lumos, 'Strategic Review of the Child Protection System'.

³⁸⁴ Grigoroï, 'Professional Parental Assistance and Family-Type Home Services in the Republic of Moldova: Current situation and linking benefits offered to those services', 2014.

³⁸⁵ Grigoroï, 'Professional Parental Assistance', and Ministry of Labour, Social Protection and Family and United Nations Children's Fund, 'Foster Care Services for Children in Moldova', 2013.

³⁸⁶ Ibid.

³⁸⁷ Rudenkova et al., 'An Assessment of Childcare in Transnistria'.

³⁸⁸ Ministry of Labour, Social Protection and Family and UNICEF, 'Foster Care Services for Children in Moldova'.

³⁸⁹ Ministry of Labour, Social Protection and Family, 2015.

³⁹⁰ United Nations Children's Fund, 'Social Work in Moldova: Definitions, activities and challenges – A conceptual framework and Delphi study to inform recommendations for the further development of social work in Moldova', 2015.

³⁹¹ Lumos, 'Strategic Review of the Child Protection System'.

³⁹² Ibid.

it was confirmed that Mayors were aware to some extent of Law 140/2014, but they were not trained in child protection although local guardianship authority was transferred to them. By consequence, most of them were not confident in their knowledge about the procedures and processes of the legal child protection framework,³⁹³ raising concern in relation to the promotion and enforcement of the child's best interest principle. Nevertheless, a huge number of ad-hoc training events for social assistants and professionals in the field of child protection were provided, mostly by CSOs or with their technical and financial support. However, the lack of coordination led to overlapping and message inconsistencies. Community social assistants are provided with professional in-service support and peer counselling through a mechanism of professional supervision in social work, created in 2008 by the Ministry of Labour, Social Protection and Family. The supervisors are themselves community social assistants, usually more senior ones.³⁹⁴ However, even today they lack clear procedures on how to supervise the work of their peers and how to assess the compliance with the established procedures.³⁹⁵

Bottleneck: The working conditions, including a large caseload, unattractive salaries and frustrations resulting from daily work, in addition to poor professional development opportunities, influence the high turnover of community social assistants.

Community social assistants are involved in complex front-line child protection social work, while also being tasked with the administration of social benefits and provision of services to older people and people with disabilities. The child protection caseload is shared with different district-level specialists in many cases and referrals to second-tier services are common.³⁹⁶ Community social assistants have fluctuating caseloads, but, on average, are working with about three to four active child protection or family support cases and about 250 cash assistance beneficiaries at any given time. On average, the administration of benefits takes about 30 per cent of their time, followed by the work with beneficiaries (25 per cent) and case management (18 per cent). Social assistants employed in specialized services have much lower smaller overall caseloads, which is more in line with European guidelines (e.g., the European Regional Federation of Social Workers).³⁹⁷ Despite a large caseload and involvement in complex front-line child protection work, the salaries of community social assistants have always been low. Combined with the poor professional development opportunities, it leads to the lack of qualified human resources and high turnover in the social assistance system, reaching no less than 20 per cent in 2013.³⁹⁸

Bottleneck: The quality of residential institutions services and of social services has not been evaluated throughout the country and there is evidence of violations of children's right to adequate and quality services.

All service providers must be accredited by the National Council for the Accreditation of Social Service Providers established in 2012; however, the Ministry of Labour, Social Protection and Family adopted the accreditation procedure two years later. In 2014, only 62 services were subject to accreditation analysis and assessment, including 12 Mobile Team services (of which one received temporary accreditation), 31 foster-care families (of which five received temporary accreditation) and 19 temporary placement centres for children at risk (of which five received temporary accreditation).³⁹⁹

The defective management of social services, including human resource management issues (training, supervision, etc.) is the main challenge identified by the Social Inspection. In 2014, the Social Inspection evaluated the Social Assistance and Family Protection Directorates in eight districts and the Municipal Directorate for Child Rights Protection. The inspected social services included the Mobile Teams, the two types of foster care, day-care centres and placement centres for children at risk, as well as the maternal centres and the community social assistance service. Issues were identified in relation to the institutional management performed by the Directorates, which led to violations of legal provisions and affected the quality and adequacy of social services provided to beneficiaries.⁴⁰⁰

Although there are minimum quality standards for care, education and socialization of children in residential institutions, their organization and service provision, while not monitored and assessed, do not fully and effectively meet the needs of children. Most of the children placed in residential institutions

³⁹³ UNICEF, 'Human Resources and Training Needs Assessment'.

³⁹⁴ Ibid.

³⁹⁵ Ministry of Labour, Social Protection and Family, 2015.

³⁹⁶ OPM/P4EC Moldova, 2014, citing the Assessment of the Territorial Social Assistances Services.

³⁹⁷ UNICEF, 'Human Resources and Training Needs Assessment'.

³⁹⁸ OPM/P4EC Moldova, 2014, citing the Assessment of the Territorial Social Assistances Services.

³⁹⁹ Ministry of Labour, Social Protection and Family, 2015.

⁴⁰⁰ Ministry of Labour, Social Protection and Family, 2015.

under any ministry do not have any contact with social services, such as community social assistants from their home community. Their individual care plans and placement decision are not reviewed regularly from the perspective of placement in an alternative setup, more conducive to family environment. This leads to lengthy placements in residential institutions and reduces the chances of reintegration into their family and community.⁴⁰¹

5.2.3 The demand for child protection services

Bottleneck: In general, social services for children and families are free of charge, but their quality is affected by underestimated financial standards.

The Government applies different modalities for financing alternative forms of care. Caregivers of children in residential care receive the highest financial support from the state with an average monthly allowance of MDL 1,050, followed by caregivers of children placed in foster care (MDL 831) and caregivers of children in Family-Type Homes (MDL 650). Fostered children and children in residential institutions get support for food based on daily rates. The latter also get access to a school doctor and hospital care. Children in foster care, on the other hand, have free access to a family doctor, but their foster parents need to pay for medication in case of medicines which are not compensated by the State.

The financial standards used for social services do not correspond to the actual cost of services, living costs and the real needs of beneficiaries. As a result, the quality of these services is affected. For example, the minimum financial standard for food provided by the Government for placement care centres for children at risk aged 7–18 years is MDL 36 per day, per child.⁴⁰² Meanwhile, the Government regulated the physiological norms for nutrition of children of different ages expressed in grams of products and calories per day, per child.⁴⁰³ The size of financial standard is always underestimated and does not allow the procurement of the volume of products indicated in physiological norms. Therefore, managers of services are forced to always seek additional money or products, or to purchase lower-quality products. The minimum standards for expenditures on food, clothing and shoes for children in various forms of alternative care are so low that they are unable to cover the actual needs. In addition, there are differences in the financial compensation of certain social services which are of similar nature (e.g., foster parents and Family-Type Homes, with a far larger public spending going to the latter).⁴⁰⁴

Bottleneck: Even though most parents are aware that violent methods of upbringing are less effective than non-violent disciplining, they continue using them mostly because of their incapacity to respond to children's behaviour and desires.

Parents in the Republic of Moldova generally do not know how to discipline their children without violence. Most of them have slapped their child at least once in their lifetime, and many consider that there is a certain age period when physical punishment is 'acceptable'. When children do not listen, parents often feel anger and helplessness. On the one hand, parents feel anger because their authority is not respected. On the other hand, they feel helpless because they do not always know how to respond to a child's behaviour.⁴⁰⁵ In 2012, it was found that only 22 per cent of children were disciplined through non-violent methods. Still, 15 per cent of adults believed that a child needs to be physically punished.⁴⁰⁶ In fact, a research from 2010 revealed that 71 per cent of adults agree that beating a child does not help to educate the child (compared with 83 per cent in 2003).⁴⁰⁷

Specialists consider that parents apply violence in the education of their children simply because they have experienced similar upbringings themselves. This is reinforced by the presence of certain stereotypes of physical punishment in the Moldovan society. Parents give justifications such as "beating is torn from heaven", "where a mother beats, there is growth", or "if I beat the child, it means that I love the child."⁴⁰⁸

⁴⁰¹ Lumos, 'Strategic Review of the Child Protection System'.

⁴⁰² Governmental Decision 520 from 15 May 2006 (modified by Governmental Decision 439 from 17 July 2015).

⁴⁰³ Governmental Decision 506 from 11 May 2006.

⁴⁰⁴ Grigoroï, 'Professional Parental Assistance'.

⁴⁰⁵ United Nations Children's Fund, 'Social Norms that Influence Violence in the Child Disciplinary Process: Qualitative study', 2015.

⁴⁰⁶ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF, '2012 Republic of Moldova Multiple Indicator Cluster Survey'.

⁴⁰⁷ UNICEF and 'National Survey on Early Childhood Care and Development'.

⁴⁰⁸ UNICEF, 'Social Norms'.

At the same time, parents' level of education and economic status also influence the prevalence of abuse towards their children. Some 83.4 per cent of heads of households with primary education use any type of violent disciplining of their children, compared with 71.1 per cent of heads of households with higher education. The socio-economic status of the family also influences the use of violence in the upbringing of the children; parents in the lowest quintile beat their children more often compared with those in the highest quintiles (77.9 per cent versus 67 per cent). Some 76.2 per cent of children aged 2–4 years experienced at least one form of violent disciplining, compared with 72.8 per cent of children aged 10–14 years.⁴⁰⁹

Bottleneck: The population is passive in terms of reporting cases of abuse and violence, even though social pressure plays a preventive role with regard to disciplining in public, and children do not know the formal claim mechanisms.

Most parents do not resort to punishment or quarrel in public. On one hand, they understand that this can humiliate the child, and on the other hand, people would consider them to be bad parents. Most often, the opinions of other people about their children or the relationship with them are taken into consideration by parents, especially in rural areas. However, parents believe that other parents would expect them to intervene immediately if their child is misbehaving.⁴¹⁰

Under no circumstances would parents accept other people to use physical force or verbal violence against their children. They would only accept remarks regarding their child from other people. Generally, parents who use physical punishment are against the punishment of their children by others. They consider that only mothers and fathers are allowed to apply violence when they think it is necessary.⁴¹¹ On the other hand, although corporal punishment in educational institutions is much less common than it is within the family, people report physical abuse in the school environment much quickly than in the family setting.⁴¹²

People often do not report abuse when they witness it, as they believe it is the responsibility of the family to protect the child. Fear of the abuser (in 37 per cent of cases) and mistrust in the authorities' power to solve the case (36 per cent) are the most important reasons for non-reporting the abuse, followed by the embarrassment to report cases of abuse or violence (26 per cent) and the lack of knowledge about the entities responsible for receiving complaints (20 per cent). The population in the Republic of Moldova considers, generally, that the nuclear or extended family is mainly responsible for protecting the child and for intervening in cases of child abuse. They are, therefore, considered to also be mainly responsible for reporting abuse (59 per cent for parents of the nuclear family and 54 per cent for relatives), followed by schools (36 per cent), other persons in contact with the child (21 per cent) and family physicians (18 per cent).⁴¹³

Children are not sufficiently aware of their rights and often do not know the formal claim mechanisms against abuse and violence. The Child Helpline is not known by all children, especially by those living in residential care. Reporting cases of abuse and violence by children and participation of vulnerable children and children at risk in decision-making processes that concern them are very weak.

5.3 Opportunities for action

Relevant SDG targets and monitoring indicators:

⁴⁰⁹ United Nations Children's Fund, MICS 2012.

⁴¹⁰ UNICEF, 'Social Norms'.

⁴¹¹ Ibid.

⁴¹² National Centre for Child Abuse Prevention, OAK Foundation and Centre for Sociological Investigations and Marketing CBS-AXA 'Sociological Study'.

⁴¹³ Ibid.

SDG 1: End poverty in all its form everywhere

Target 1.1.a: Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions.

- Indicator 1.1.a.2: Proportion of total government spending on essential services (education, health and social protection).

SDG 16: Promote just, peaceful and inclusive societies for sustainable development, access to justice, accountable, effective and inclusive institutions

Target 16.1: Significantly reduce all forms of violence and related death rates everywhere.

- Indicator 16.1.3: Percentage of population subjected to physical, psychological or sexual violence in the previous 12 months.

Target 16.2: End abuse, exploitations, trafficking and all forms of violence against and torture of children

- Indicator 16.2.1: Percentage of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month.
- Indicator 16.2.2: Number of victims of human trafficking per 100,000 populations, by sex, age group and form of exploitation.
- Indicator 16.2.3: Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18.

Recommended lines of action:

1. **Prevent violence, abuse, neglect, exploitation, discrimination and family separation:** In this respect, it is suggested to simultaneously address the current social norms of parents, caregivers and service providers, ensure close monitoring of families and children at risk and strengthen families as well as caregivers' knowledge and financial capacities to care for children and stop the yearly in-flow of child institutionalization. Concretely, this can be done through different pathways, notably parental skills strengthening, needs-based economic support to families and caregivers, family home visiting, awareness-raising and media communication campaigns for the provision of general information on the prevention and protection of children from violence, but also communication for development to address behaviours and attitudes, development of non-violent upbringing and education methods for new generations of non-violent skilled parents. In general, the prevention efforts would require the country: a) to revise its policy and strategic framework in order to include specific prevention measures, in particular aimed to address child poverty in an efficient and sustainable manner; and b) to develop an enabling environment which facilitates a proactive approach of community social assistants and other relevant professionals before the risks materialize, and an efficient inter-sectoral cooperation among key duty bearers.
2. **Adequately respond to violence, abuse, neglect, exploitation, discrimination and family separation:** Provision of services and their quality are key. To ensure the availability, quality and sustainability of services, the Republic of Moldova will need to pursue the development of family support and family type services, such as foster care, in all districts of the country; ensure they correspond to the actual needs of the children, with special attention to most vulnerable children; and secure an appropriate budget for the provision of a minimum package of services at the community level. The Republic of Moldova would also greatly benefit if the services contained in the Register of Social Services, particularly of the specialized ones, are included in the package, as well as if cost standards are developed.

Guardianship authorities, whose role is key for child protection, need to rely on a clear definition of duties and be fully equipped to make decisions strictly based on the best interest of the child, including efficient and relevant referrals to a wide range of child protection support. Consequently, the capacity building of guardianship authorities should be focused on: local needs assessment, costing, planning and budgeting of community-based services; monitoring; collection and analysis of data about children at risk and children separated from parents; development of evidence-based proposals to the district council regarding the creation and funding of new specialized social services to meet the needs of these children; and development of strong partnerships with CSOs for both service provision and monitoring of risks.

Quality decentralized services should rely on secure funding and professional staff. The first is to be addressed and advocated in the framework of the decentralization process. The second involves a complex capacity building and staff professionalization process including: adjustment of social assistants salaries, professional development and career advancement opportunities to attract the most talented candidates in the district Social Assistance and Family Protection Directorates and guardianship authorities (child protection specialists in the Mayor's Office); for the existing staff – through job analysis, followed by revision of job descriptions and caseload as well as clarification of reporting lines; modernization of the in-service training and strengthening of the pre-service training system in the field of child protection and social assistance. It is suggested to inform the capacity-building process by the lessons learned from the accreditation of social services providers, training needs assessment, ongoing monitoring and periodical evaluations of the quality of services for children and families to adjust and improve the standards applicable to these services. Sustainability of capacity building and quality of service provision should be supported by targeted mentoring of community social assistants and other professionals through the Social Assistance and Family Protection Directorate at district level.

In order to better plan and timely respond to trends in child violence, abuse, neglect, exploitation and trafficking, as well as discrimination and family separation, the child protection system should rely on a strong centralized and decentralized interoperable system for data collection and analysis, enabling reliable monitoring and systematic reporting.

The CRC also calls on the participation of children. Based on that principle, it is key to inform children about their rights and reporting channels, such as the Child Helpline, and empower them to claim their rights through formal claim mechanisms, both for children inside and outside residential institutions and response mechanisms. All assistance mechanisms and services for vulnerable children and children at risk should include mechanisms facilitating the expression of their opinion and participation to the extent possible to decision-making processes that concern them.

3. **Reintegrate vulnerable children in family and community.** It is recommended to ensure the preparation and planning of the return of the child (children in institution, street children, migrating children, trafficked children, etc.) to his/her family and community of origin or definite family of adoption, as well as close monitoring. Priority should be given to children with disabilities who stayed in institutions for a long period of time and to children below three in residential care. Care leavers need to be considered both children at risk to be further monitored and role models able to support communication for development and awareness-raising campaigns. The social services role is to also accompany the child and family of return in reconnecting and rebuilding the attachment lasting link.
4. **Address prevention, protection and reintegration at all levels, in a gender-sensitive manner and with focus on the most vulnerable children.** Prevention, protection and reintegration should be addressed from central level to districts level down to municipality and community levels, making functional the coordination mechanisms with governmental authorities, CSOs and donors, and ensuring that intersectorality and complementarity are both strengthened. All interventions including law making, regulations, mechanisms and processes, as well as training modules, information campaigns and monitoring systems should be gender-sensitive. Full and systematic inclusion of children more likely to be discriminated and excluded, notably children living in poverty, children with disability, Roma children and children left behind should be given paramount attention.

Chapter 6: Access to justice

6.1 The state of children's access to justice

The lack of appropriate care, absence from school and aggravating environmental factors are important risks for children to develop offending behaviour or commit an offence.

Overall, risk factors are largely consistent with existing international research, but also include several factors that are particular to the Moldovan context. The profile of a typical child in conflict with the law in the Republic of Moldova is that he/she does not live in a fostering family setting, does not benefit from an adequate social and family nurturing environment, and is not supported in his/her education by the parents, guardians, caregivers or representatives of social services. The child does not attend an educational institution but does not have a job or an occupation either.⁴¹⁴ In 2014, police officers indicated that low family income (90 per cent of the cases), weak oversight of children by the family and parents and/or lack of discipline (87 per cent), a disorganized family (85 per cent), parental alcohol and substance abuse (65 per cent) are all highly related to child delinquency.⁴¹⁵ Compared with other countries, in the Republic of Moldova, violence, inappropriate care and neglect, abandonment, parental alcohol or substance misuse, disability of a parent or guardian, poor parenting skills and family migration are particular risk factors within the family. At the school level, the most common risk factors are the lack of professional resources and extracurricular activities to engage students who are struggling to attend the school as well as the inability of school personnel to address bullying. These limited conditions cause disengagement of pupils and absenteeism, which are major determinants for developing an offending behaviour. Research further proves that risk factors at the community level particular to the Moldovan context are the lack of accessible, age appropriate and engaging activities, and stigma and discrimination towards Roma, adopted children, children from vulnerable and impoverished backgrounds and children with special educational needs.⁴¹⁶

While the overall number of offences committed by children is declining, more offences involve the use of violence and more child offenders are below the age of criminal responsibility.

Contrary to the overall criminal offence rates, offences committed by children are decreasing, with much higher prevalence amongst boys and children in urban areas. The share of offences committed by children in the total number of offences declined from 3.6 per cent in 2011 to 2.5 per cent in 2015.⁴¹⁷ In addition, the criminal offence rate among children decreased to 146 per 100,000 children in 2015, compared with 174 offences in 2011.⁴¹⁸ Out of the total number of 39,800 offences recorded in 2015, 998 were committed by children. In 2015, only 7.3 per cent of all offences were committed by girls, a decrease from 7.5 per cent in 2014.⁴¹⁹ Children from urban environments have committed more offences than those living in rural areas (862 versus 576).⁴²⁰

There seems to be a strong increase in the number of offences committed by children under the age of criminal responsibility,⁴²¹ although different data sources indicate significantly different numbers. According to the data of the National Bureau of Statistics, in 2015, every second child who committed an offence was under the age of 14 years (1,381 of 2,706), a strong increase compared with 361 offences recorded in 2014.⁴²² On the other side, the General Police Inspectorate has reported that only 113 out of 1,438 children who committed offences during 2015 were under the age of 14 years (312 in 2014).

⁴¹⁴ Dolea, I., V. Zaharia and V. Rotaru, 'Monitoring Report on the Rights of Children Involved in Criminal Judicial Proceedings in the Balti Municipality', 2012.

⁴¹⁵ Institute for Penal Reform, 'The Current State of Juvenile Crime Prevention in Moldova', 2014.

⁴¹⁶ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment of Primary, Secondary and Tertiary Prevention Services for Children in Conflict with the Law in Moldova', 2015.

⁴¹⁷ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

⁴¹⁸ National Bureau of Statistics, 'Criminality in the Republic of Moldova in 2015', 2016.

⁴¹⁹ Ibid.

⁴²⁰ General Police Inspectorate, 2015 and 2016.

⁴²¹ The minimum age of criminal responsibility in the Republic of Moldova is 14 years. Children aged between 14 and 16 years may be brought to criminal justice only for a limited number of crimes. See United Nations Children's Fund, 'Assessment of Regulatory Framework and Practice in Criminal Proceedings Involving Children in the Republic of Moldova', 2014.

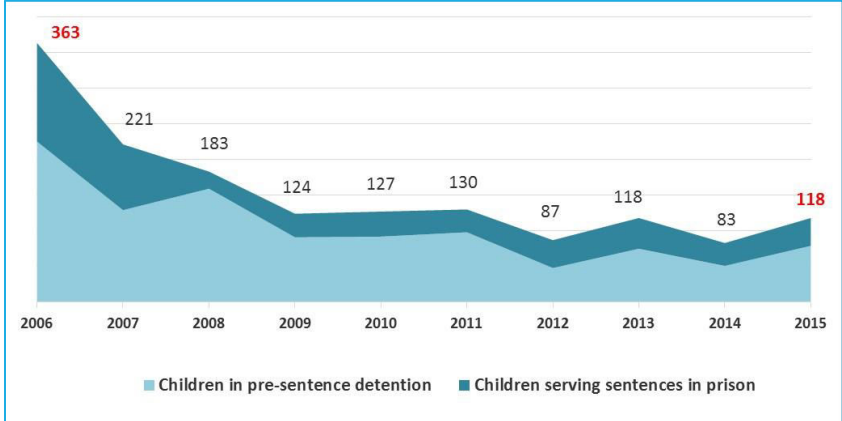
⁴²² National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

Most offences committed by children (80–85 per cent) are offences against property. This share has remained constant since 2010, but in general offences have become more violent.⁴²³ The most common offences committed by children are theft, robbery and violent robbery. The share of theft decreased from 73 per cent in 2013⁴²⁴ to 69 per cent in 2015,⁴²⁵ whereas robbery remained stable at 7 per cent during these same years. In recent years, there has been a slight increase in severe offences, including those involving violence. According to the General Police Inspectorate, 2015 witnessed a jump of 25 per cent in the number of instances of intentional body harm committed by children. Children are also increasingly involved in offences related to drugs, which increased by 37 per cent in 2015 compared with 2014. On the other hand, there was a 24 per cent decrease in sexual offences committed by children.⁴²⁶ In general, this breakdown is consistent with juvenile offending rates across the globe.⁴²⁷

Despite a sharp decrease in the number of detained children, a still high number of child offenders are not diverted but sent to court and convicted.

Reforms in the justice sector resulted in a threefold decrease in number of children in detention, from about 363 in 2006 to 118 children in both pre-trial and post-sentence detention in 2015⁴²⁸ (Figure 15). In 2015, one in two cases involving child offenders was sent to court. The initial strong decrease in the number of sentenced children from 1,888 children in 2005⁴²⁹ to 320 in 2013 has been reversed in more recent years. In 2015, every seventh child offender was sentenced (374 children) and one in six sentenced children was imprisoned.

Figure 15. Number of detained children, 2006–2015



Source: National Bureau of Statistics, 'The Situation of Children in Moldova in 2015', 2016.

According to data of Ministry of Interior, only 40 per cent of offences were diverted.⁴³⁰ Although conditional sentencing still prevailed in the system of sanctions for children in conflict with the law, the utilization rate has been on decrease, from 59 per cent in 2013 to 50 per cent in 2015. Compared with 2012–2014, a decline in the number of cases resolved by means of reconciliation has been registered in 2015⁴³¹ (1,000, respectively 879).⁴³²

Over the past five years, there has been an increase in the number of children who are victims of crimes and in particular of those subject to sexual abuse.

Children are increasingly victims of crimes committed within their family. According to data of the National Bureau of Statistics, 1,334 children were victims of a crime in 2015, as against 867 in 2013.⁴³³

⁴²³ Dolea, I., and V. Zaharia, 'The Justice System Diversion Mechanism in Moldova', 2014.
⁴²⁴ National Bureau of Statistics, 'Criminality in the Republic of Moldova in 2013', 2014.
⁴²⁵ National Bureau of Statistics, 'Criminality in the Republic of Moldova in 2015'.
⁴²⁶ General Police Inspectorate, 'Informative Note on the State of Juvenile Delinquency and Child Safety Service Activity during 12 Months 2015', 2015.
⁴²⁷ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.
⁴²⁸ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.
⁴²⁹ UNICEF, 'Assessment of Regulatory Framework'.
⁴³⁰ Ministry of Interior, 'Public Data and Analysis', 2016, <www.mai.gov.md/ro/advanced-page-type/date-statistic>, accessed July 2016.
⁴³¹ Prosecutor General's Office of Moldova, 'Report of the Prosecutor General's Office of Moldova for 2014', 2014.
⁴³² Prosecutor General's Office of Moldova, 'Report of the Prosecutor General's Office of Moldova for 2015', 2016.
⁴³³ National Bureau of Statistics, 'Situation of Children in the Republic of Moldova 2015'.

Data from the General Police Inspectorate even show an increase of 24 per cent between 2014 and 2015. This is in line with the increase in the number of cases processed by the justice system in which the victims of crime are children. Most often, crimes concern children aged 10–16 years⁴³⁴ who are victims of domestic violence. According to the General Police Inspectorate data, 230 cases of domestic violence against children were registered in 2015, compared with 214 in 2014.

The number of registered cases of sexual abuse against children has increased substantially in recent years. The reports of the General Police Inspectorate show that in 2015, 332 criminal cases were registered wherein children were victims of sexual crimes, up from 218 in 2014. Of these, in 39 cases children were abused by a member of the household (11 by their biological father, 13 by a cohabitee, and 15 by other relatives).⁴³⁵

The Republic of Moldova does not have a system for recording statistical data on children who witness a crime. Lack of aggregated statistical data on children who participated as a witness in criminal proceedings does not allow a proper assessment of their situation and of the extent to which the confidentiality of their testimony was respected. Nor is it possible to disaggregate data by ethnicity or disability.

6.2 Barriers to the realization of children's access to justice

6.2.1 The enabling environment for access to justice

The Constitution of the Republic of Moldova guarantees free access to justice. Article 20 stipulates that any individual is entitled to effective satisfaction from the part of competent courts of law against actions infringing on his/her legitimate rights, freedoms and interests. Furthermore, no law may restrict the access to justice.

Bottleneck: The Republic of Moldova has no distinct system of justice for children regulated by a specific legal framework.

A number of legislative improvements touching on justice for children have been introduced during the past five years. Amendments to the Penal Code introduced guarantees against torture and other forms of ill-treatment. Amendments under the Penal Procedure Code regulated the procedure of child-friendly interviewing of children aged under 14 years who are victims or witnesses of crimes, the possibility of reconciliation or mediation for children offenders, access to medical services and the replacement of solitary confinement by disciplinary isolation. Amendments to the Law on State Guaranteed Legal Aid have ensured access to qualified legal aid to victims of crimes.

Notwithstanding these positive amendments, the Republic of Moldova does not yet have a special code regulating justice for children and still has fragmented regulations regarding the prevention of child delinquency. There are some general provisions on justice for children in various regulatory acts (e.g., Law on Police and the Status of Police Officer, Law on Probation) and policies which include certain preventive measures (e.g., Justice Sector Reform Strategy 2011–2016, National Strategy on Community Actions to Support Children in Difficulty 2007–2014⁴³⁶). In addition, the child in contact with the law is granted a special status, while the penal procedure is individualized. The Republic of Moldova is thus striving to observe the international standards for the protection of the rights of the child. Even though some regulations imposed on various institutions the obligation to directly or indirectly contribute to the protection of children in difficult and risky situations, related institutional and administrative measures are inadequate in terms of actions and strategic approaches aimed to prevent child delinquency.⁴³⁷ In 2014, a certain degree of clarity in the field of prevention of child offences was brought about by Law 140 regarding the Special Protection of Children at Risk and Children Separated from Parents, but this law was insufficient for framing a strategic approach targeting children below and above 14 years old from entering in conflict with the law. As a result, the Moldovan law does not clearly set out the duties of police officers, community social assistants, teachers and other community stakeholders regarding their role within the justice for children system and, more specifically, their role in relation to the prevention of child delinquency. Consequently,

⁴³⁴ National Centre for Child Abuse Prevention, 'Child Victims of Crime and Legal Procedures: The case of Moldova', 2013.

⁴³⁵ General Police Inspectorate, 'Informative Note'.

⁴³⁶ UNICEF, 'Assessment of Regulatory Framework'.

⁴³⁷ Institute for Penal Reform, 'The Current State of Juvenile Crime Prevention in Moldova'.

these imperfections are compensated at times by *ad hoc* practices at the local level.⁴³⁸ Altogether, such factors put the best interest of the child at stake even before the child comes in contact with the law.⁴³⁹

Bottleneck: The absence of clear policies on the prevention of child delinquency hampers a well-coordinated approach.

The Republic of Moldova does not have a national policy, specific strategy or action plan enabling efficient coordination in the area of justice for children.⁴⁴⁰ There is only a small section in the Justice Sector Reform Strategy,⁴⁴¹ which expired at the end of 2016. Professionals working with and for children have indicated that the state policy on preventing child delinquency is unclear with regard to the delimitation of institutional responsibilities and planning of preventive actions. There is insufficient coordination between the various implementing partners and thus ambiguity on which institution is in charge at each particular stage of the process. As a result, issues are addressed separately, by sector.⁴⁴² Typically, intense and coordinated actions are undertaken only after public outcry over certain cases. Such an approach leads to inconsistency in the actions of institutions responsible for justice for children and prevention of child delinquency.⁴⁴³

Bottleneck: The inter-sectoral cooperation mechanism on children in contact with the law is inadequate.

In 2014, the Government established an inter-sectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of abuse, neglect, exploitation and trafficking. To date, it does not, however, ensure an efficient cooperation between the child protection professionals from central and local level, and the justice system for children. Although the accompanying government instruction clarified to a certain extent the procedure for the identification, registration and assessment of cases involving child victims, there continues to be a lack of communication and cooperation between specialists, producing delays and even absence of decision and action, let alone the follow-up of cases.

Bottleneck: The status and role of the psychologist as a participant in criminal proceedings are not regulated in terms of qualification, job description, competencies, reporting lines and accountability with regard to the services provided.

Currently there is no legal framework regulating the exercise of the profession of psychologist within the justice for children system. Such legislation would ideally include the licensing and accreditation of psychologists. This legal void creates difficulties in the examination of cases involving children, either as offenders, victims or witnesses, by the courts. It also hampers the use of conclusions drawn up by the psychologists and their psychological evaluation reports on children in conflict with the law and child victims as evidence. To date, only the district-level psycho-pedagogical assistance services are regulated by a Government Decision which assign them competencies in the field of inclusive education only.

Bottleneck: The regulatory framework for interviewing the children victims or witnesses of crimes is inadequate.

The current regulatory framework has some gaps concerning certain aspects of child-friendly interviewing during justice proceedings. Principles governing the mandate of interviewers, the source of remuneration, selection, accreditation and code of conduct are not regulated. Nor is there a regulated accreditation procedure regarding interviewing rooms, or, for instance, the number of interviewers in an interviewing room, duration of the interview, etc. These legal gaps may cause delays in conducting hearings, avoidance of procedural actions, assistance of the child by someone with insufficient qualification, affecting even more the child who is already impacted and putting his/her security at risk. It may also lead to repeated interviewing by different law enforcement specialists, and, consequently, re-victimization of children.

Bottleneck: The current system of collecting and analysing data on children in contact with the justice system does not ensure proper monitoring of policy implementation and performance of justice professionals.

⁴³⁸ Ibid.

⁴³⁹ UNICEF, 'Assessment of Regulatory Framework'.

⁴⁴⁰ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.

⁴⁴¹ Within Pillar VI of the Justice Sector Reform Strategy 2011–2016 consisting of five strategic directions: 3rd direction – Strengthen the justice system for children.

⁴⁴² UNICEF, 'Assessment of Regulatory Framework'.

⁴⁴³ Institute for Penal Reform, 'The Current State of Juvenile Crime Prevention in Moldova'.

Generating timely, accurate and complete statistical data on children's access to justice is hindered by the absence of a countrywide integrated monitoring management system. Data on children's access to justice are disorganized and many important indicators are neither collected nor synthesized (e.g., duration of pre-trial, number of children diverted, number of children to whom alternative custodial measures were applied⁴⁴⁴). Although a joint Ministerial Order (Ministry of Justice and Ministry of Interior) issued in 2015 approved 19 juvenile justice indicators for statistical data collection on children, the relevant authorities are yet to release such information. Disaggregated data by age, sex, occupation, geographical area of origin, family background are hardly available. Moreover, data are inconsistent across institutions and are poorly used as collecting institutions lack the capacity to analyse them. Such factors obstruct the proper examination of the situation of children in conflict with the law and children victims/witnesses and impact negatively on evidence-based policymaking and planning.

The lack of disaggregated statistical data on criminal cases involving children creates space for non-compliance with rules and regulations and does not allow for an accurate monitoring and assessment of the effectiveness of prosecutors and criminal investigation officers. Intervention Area 2.4.2 of the Justice Sector Reform Strategy for 2011–2016 sets out the standardization of the manner of collecting and analysing statistical data pertaining to criminal justice and ensuring the interoperability of databases. This work should have been commenced in 2011 and finished in 2014,⁴⁴⁵ but it has not yet been completed.

Bottleneck: The justice system reform in the Republic of Moldova depends on budgetary support from external development partners and on CSOs for providing services to children in contact with the law making the sustainability of the system vulnerable to volatility in funding.

Compared to European countries, the Republic of Moldova allocates a very small amount for the financing of the judiciary, i.e., about MDL 46 per capita. During the past 10 years, there has been an upward trend in terms of budgetary allocations for the justice system. Between 2005 and 2013, it underwent a quasi-ascending evolution (except for 2009), from about MDL 44 million in 2005 to about MDL 206 million in 2013, registering an aggregate growth rate of 366 per cent. Notwithstanding, even now countries in similar socio-economic conditions as the Republic of Moldova give higher budgetary priority to their judiciaries (e.g., the equivalent of MDL 68 per capita in Ukraine, MDL 73 in Armenia and Albania, MDL 75 in Georgia, MDL 77 in Azerbaijan).⁴⁴⁶

Reforming the justice system in the Republic of Moldova has been dependent on the budgetary support provided by external development partners. The implementation of the Justice Sector Reform Strategy is largely funded by direct budget support from the European Union.⁴⁴⁷ While there are numerous other bilateral and multilateral development partners involved in the justice sector reform, UNICEF is one of the few partners providing specific support to justice for children. However, the limited budgetary support from several development partners led to a decrease in the budget available for the implementation of the Strategy (by 49 per cent in 2015); as a result, a number of important reform actions, including for children, have not been fully implemented.⁴⁴⁸

In the field of justice for children, CSOs provide a broad spectrum of services and thus contribute to ensuring the rights of children. They develop and provide various support services, undertake research, initiate experimental projects, facilitate meetings between different stakeholders in the field of justice for children, and conduct activities supporting the justice sector reform. Many practitioners believe that the services provided by the CSOs are more child friendly than those of the Government, exclude excessive bureaucracy, are provided by highly qualified specialists and are trustworthy.⁴⁴⁹ This dependence on external interventions and resources jeopardize the sustainability of a child-friendly justice system and calls upon a joint reflection on the strategic funding of the justice sector.

⁴⁴⁴ Institute for Penal Reform, 'The Current State of Juvenile Crime Prevention in Moldova'.

⁴⁴⁵ Legal Resources Centre from Moldova, 'The Successes and Failures Related to the Reform of the Justice System of Moldova', 2014.

⁴⁴⁶ United States Agency for International Development, 'Study on the Recent Practice of Funding the Judicial System, Taking into Account International Practices of Funding the Judicial System', USAID, November 2013.

⁴⁴⁷ In 2013, the EU provided financial support of €60 million for the implementation of the Justice System Reform Strategy. It also provided funding for four technical assistance projects amounting to €10 million. See Legal Resources Centre from Moldova, 'The Successes and Failures'.

⁴⁴⁸ Ministry of Justice, 'The Annual Report on the Implementation of the Justice Sector Reform Strategy for the Years 2011–2016', 2012.

⁴⁴⁹ UNICEF, 'Assessment of Regulatory Framework'.

Bottleneck: Public service providers for children in conflict with the law and child victims/witnesses are not funded on a performance basis and make no distinction in their accounting records between the adult and the child, hindering the calculation of real costs.

To a large extent, the judicial authorities and other institutions for child assistance are financed based on historic budgets, with minor adjustments for inflation rate. The funds are not allocated based on output (i.e., a child receiving assistance or a service provided) or according to needs. Hence, courts with the same number of cases may have different budgets due to historical budgeting, which affects motivation and even causes migration and brain drain of professionals.⁴⁵⁰ The quality of services and satisfaction level of beneficiaries are neither assessed nor considered in the planning of activities and capacity building. The majority of institutions and state services assisting children therefore do not keep result-based records, making difficult the estimation of the cost and cost efficiency of helping a child within a service. These data gaps complicate the evaluation of official services provided to children in terms of their cost and hamper the monitoring of resources earmarked for children in contact with the justice system.⁴⁵¹

6.2.2 The availability, access and quality of justice for child services

Bottleneck: The Republic of Moldova does not have a court specialized in cases that involve children

To date, there are 44 first-level courts, four second-level Courts of Appeal and the third level including the Supreme Court of Justice. There are also 17 penitentiaries, of which 5 have the status of pre-trial detention centres. In the latter, children are separated from adults. The Penitentiary No. 10 Goian is solely for boys and adolescents serving their sentence, while girls sentenced to imprisonment are placed in Penitentiary No. 7 Rusca together with adult women. A total of seven child-friendly interviewing rooms have been established in prosecution offices, as well as 30 rooms in courts and eight rooms in police inspectorates.⁴⁵²

Bottleneck: Primary prevention services are restricted and mostly reactive in nature.

Primary prevention services⁴⁵³ aimed at preventing children at-risk of coming in conflict with the law are limited. As mentioned in Chapter 5, community-based services are mostly reactive and not available throughout the country; they respond *post facto* to a crisis that happened (e.g., separation from parents, conflict with the law) and are not pro-actively preventing such crisis. At present, primary prevention services (and particularly those provided by government) appear to be largely confined to educational interventions and monitoring by the police, the issuance of administrative fines for parents (which may even exacerbate root causes of offending behaviour), the provision of (financial) social assistance and, to a limited extent, the counselling by psychologists and social assistants at the district level. In particular, those children who are most at risk lack access to prevention services.⁴⁵⁴ The recently established multi-disciplinary teams at the local level and of the Psycho-Pedagogical Assistance Service at the district level are meant to produce a shift in approach, but they are understaffed, and their effectiveness is still to be demonstrated.⁴⁵⁵

Bottleneck: The few available secondary prevention measures are not widely used to remove a child from the criminal justice system and tertiary-level prevention programmes on reintegration and rehabilitation services are inadequate and poorly coordinated.

While the emerging norm of imprisonment as a last resort may reduce the juvenile offending and the number of cases of juveniles in detention, the use of secondary prevention⁴⁵⁶ measures to address offending is limited.⁴⁵⁷ These alternative, diversion measures are primarily applied by courts during the

⁴⁵⁰ USAID, 'Study on the Recent Practice'.

⁴⁵¹ Ministry of Justice and United Nations Children's Fund, 'Services for the Children in Contact with the System of Justice and their Annual Cost Determination', 2011.

⁴⁵² Office of the People's Advocate, 'Analysis of the Activity of Special Rooms for Interviewing Children Victims/Witnesses of Crimes under the Art. 110¹ of the Penal Procedure Code', 2015.

⁴⁵³ Primary prevention is related to prevention programmes aimed at children with anti-social behaviour and those who are at high risk of offending.

⁴⁵⁴ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.

⁴⁵⁵ Ibid.

⁴⁵⁶ Secondary prevention refers to measures for children who have admitted or who have been convicted of an offence, but who have either been diverted or given a non-custodial sentence. These can take a wide range of forms, including mediation, family focused programmes, counselling, reparation, restorative justice, behaviour contracts, remedial education, etc.

⁴⁵⁷ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.

trials, but not considered in the criminal investigation phase. Prosecutors are generally not aware of any active formal diversion programmes available either pre-trial or post-sentence. Although a new law was passed in 2015, the measure of mediation is rarely applied for child offenders. The same holds true for placing children under the strict supervision of parents/caregivers (article 104) or community service.⁴⁵⁸ When cases are diverted from the criminal justice system, this is frequently because an (informal) agreement is reached with the victim and a financial compensation paid for the damages caused because of a conditional sentencing⁴⁵⁹ or because the case is terminated under article 109 of the Penal Code through reconciliation.⁴⁶⁰ The reconciliation, which is less formal than mediation and different from the above mentioned agreement, is the most commonly used diversion measure during the criminal investigation phase. Not all children get the same access to this diversion measure; some may be excluded from reconciliation processes due to the financial vulnerability of their family (who cannot afford to pay compensation for the damages caused), absence of family or the opposition of the victim.⁴⁶¹ It is important to note that children who have benefited from this measure re-offend mainly due to the lack of psychological and social rehabilitation services and monitoring, which generally contribute to a reduction of the probability of recidivism. In fact, the lack of appropriate reintegration programmes makes it unrealistic to divert children from the formal criminal justice system without the risk of their re-offence or victimization/stigmatization by the community.⁴⁶²

Traditionally, little attention has been paid to tertiary prevention⁴⁶³ programmes for children due to the perception that children usually return to parents' care.⁴⁶⁴ Following release from preventive arrest, children are often not involved in psychological and social rehabilitation programmes. In 2014, probation offices started to implement child assistance programmes in order to strengthen non-custodial sentencing options as well as the reintegration and rehabilitation of children who have come in contact with the justice system.⁴⁶⁵ These programmes include individualized work with persons sentenced for acts of violence (including anger management) and vocational training. However, only children with a conditional sentence or those who are under a custodial sentence but were released early, are eligible. Children who were under preventive arrest and were released before a sentence was issued are not. Similarly, there are no support services for children whose cases were acquitted by the court, whose cases were terminated as a result of the reconciliation of the parties, or who were released from criminal responsibility. Moreover, tertiary services are not being coordinated effectively with services provided by other actors (such as social assistants and psycho-pedagogical assistants) to enable the child benefit from services that address the causes of offending – i.e., ensure the child is in appropriate care, is enrolled in education, has access to counselling and psychological support, etc. The referral process currently taking place between Penitentiary No. 10 Goian and local services appears to be insufficient.⁴⁶⁶

Bottleneck: The Republic of Moldova lacks mechanisms for the provision of quality psychosocial support for children at all three stages of prevention and during their contact with the law.

Despite available financial means to employ school psychologists, such specialists are missing in the majority of rural schools due to the lack of interest in filling the vacant positions. While school psychologists do not exclusively work with children with behavioural difficulties, they can provide an important prevention service. The Government has provided financial incentives to attract specialists to disadvantaged rural areas, but with unsatisfactory results to date.⁴⁶⁷ In order to compensate the lack of psychologists, employees of the district level psycho-pedagogical assistance service have been mobilized in rural schools to carry out certain activities, but this is insufficient to render quality assistance to those children. To make things even more problematic, the school psychologists should be also involved in judicial hearing and interviewing procedures, but there are only very few, as mentioned above. The lack of human resources is thus strongly impacting the quality of the child-sensitive justice system.

⁴⁵⁸ Ibid.

⁴⁵⁹ Dolea, I., V. Zaharia, and V. Rotaru, 'Monitoring Report on Court Hearings Involving Children (Causeni, Leova, Orhei, Balti, Ungheni Courts)' 2014.

⁴⁶⁰ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.

⁴⁶¹ Ibid.

⁴⁶² UNICEF, 'Assessment of Regulatory Framework'.

⁴⁶³ Tertiary prevention is used to refer to programmes for children who have been convicted of an offence and who have been given a custodial sentence. It includes reintegration and rehabilitation programmes that assist children to return to their communities and prevent recidivism.

⁴⁶⁴ UNICEF, 'Assessment of Regulatory Framework'.

⁴⁶⁵ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.

⁴⁶⁶ Ibid.

⁴⁶⁷ Ibid.

The Republic of Moldova currently lacks mechanisms that would provide psychological support to child victims/witnesses before and after their participation in criminal proceedings. The main obstacle in getting the constitutional free services is more pronounced in rural areas and the southern region of the country and it refers to the lack of school psychologists, paralegals, social assistants, lawyers, etc., to staff the legal, psychological and social assistance services. Two thirds of criminal investigation officers and judges and half of all prosecutors agree that there is a lack of specialized psychological support services.⁴⁶⁸ Judges and prosecutors recognize that this is one of the most difficult problems encountered during the prosecution of a case that involves a child.⁴⁶⁹ Moreover, after leaving the police inspectorate/prosecution authority, child victims/witnesses who reported a crime are left alone in the community, where they bear the stigma as a result of their reporting. Psychological counselling for children victims of crimes are currently provided only by CSOs.

The country does not currently have a range of highly specialized psychosocial services, which would provide rehabilitation programmes, assistance and counselling for children in contact with the law. There are no rehabilitation services for children in conflict with the law, based on individualized psycho-therapeutic activities, or programmes adapted to the criminogenic characteristics of the child undergoing therapy.⁴⁷⁰ Juvenile offenders are commonly placed in temporary placement centres along with other categories of children in difficult situation, such as children without parental care, victims and street children. This practice increases the likelihood of acquiring deviant behaviours, addictions and alike. In addition, the capacity of the temporary placement centres for child victims is small compared with the geographical area they have to cover. Child victims are placed, if necessary, in placement centres that provide services to children at risk (e.g., abandoned children, children neglected by parents, etc.). Currently there are few providers, primarily CSOs, offering specialized services for child victims of crime. Assistance and support services are functioning in cities (Chisinau, Balti, district capitals), being less accessible by children in villages.⁴⁷¹

Bottleneck: The Republic of Moldova experiences a serious staff deficit within the justice sector and services needed for the proper functioning of a child-friendly specialized system of justice for children.

The rate of judges in the Republic of Moldova is low by international standards. Currently, there are just over 400 judges or 13 judges per 100,000 inhabitants. This is significantly lower than the ratios in other Central and East European countries. For example, Ukraine has 16 judges per 100,000 inhabitants, Estonia has 18, Romania has 19, Bosnia-Herzegovina has 22.3 and Russia has 24 judges per 100,000 inhabitants.⁴⁷² Out of 44 courts, 29 have fewer than seven judges. There are currently 22 legal aid lawyers specialized in cases involving children, and eight public lawyers from the Public Defenders' Office. The latter deliver services only in Chisinau. This number is not enough given the number of cases.⁴⁷³

The distribution of prosecutors is very uneven in the country. On the one hand, there is a shortage of prosecutors in some regional prosecutor's offices. On the other hand, in 2013, 153 of 771 prosecutors in the country worked at the Prosecutor General's Office.

The principle of random distribution of cases in courts hampers the possibility of establishing panels specialized in dealing with cases involving children. In fact, it can lead to a situation where the case pertaining to a child in contact with the law is assigned to a judge who has not received any training in justice for children and has no experience of interacting with children in conflict with the law or child victims/witnesses of crimes. In those instances, cases are managed under general conditions, only with the application of several special conditions regulated by criminal procedural law.⁴⁷⁴

Currently, all 48 positions at Child Safety Bureaus are filled in, but this is far below the staffing level in 2012 (200 inspectors⁴⁷⁵). Child safety inspectors are mainly in charge of prevention and monitoring of child involvement in criminal activity, and of on-the-job training of other police officers with regard to child-friendly approaches. Contrary to the general police, child safety inspectors are primarily women: 36 women

⁴⁶⁸ National Centre for Child Abuse Prevention, 'Child Victims of Crime and Legal Procedures'.

⁴⁶⁹ UNICEF, 'Assessment of Regulatory Framework'.

⁴⁷⁰ CORAM Children's Legal Centre, 'Consultancy for a Needs Assessment'.

⁴⁷¹ Ministry of Justice and UNICEF, 'Services for the Children'.

⁴⁷² USAID, 'Study on the Recent Practice'.

⁴⁷³ UNICEF, 'Assessment of Regulatory Framework'.

⁴⁷⁴ Ibid.

⁴⁷⁵ Ibid.

and 12 men. Most police officers have a legal background and thus limited capacities to provide psychological assistance. Furthermore, challenges exist with the recruitment of these inspectors at district level. No child safety inspectors exist at the community level. In addition, due to their other duties of district police officers, they may have insufficient time left to properly address child delinquency or child victimization prevention. There is therefore a risk that inspectors will take the same approach towards adult and child offenders, without taking due account of the negative consequences this might have for children, not to mention adapted behaviour in addressing situations with children victims or witnesses of crimes.

In 2015, 81 mediation bureaus were operational with 88 certified mediators.⁴⁷⁶ However, none of them is specialized in assisting the cases involving children, mainly because of the lack of child-focused training. In addition, it is often deemed unpopular due to additional trouble for the justice specialists.⁴⁷⁷ This situation directly impacts on the number of children offenders having a chance to benefit from mediation as an alternative to imprisonment.

Even though psychologists in the district psycho-pedagogical assistance services do not have the formal responsibility to assist the children in contact with law, prosecutors heavily rely on their participation during the interviewing process. However, these psychologists have limited capacity to work with children in contact with the law due to the lack of specific training on the matter, and their number is anyhow insufficient to cover the needs of all children.

Bottleneck: There is no clear concept of and systematic approach to specialized training of professionals assisting children in contact with the law.

Except for judges, the training of specialists (prosecutors, criminal investigation officers, probation counsellors, lawyers, psychologists, social workers) dealing with children in contact with the law is not systematic and generally depends on their own interest and choice of a certain topic in their field of expertise. Specialized training is not conducted successively, consequently and consistently on the basis of a continuous, in-service training concept, but rather sporadically and on short term by CSOs. In case of judges, the curriculum of the National Institute of Justice includes general modules on justice for children designed for initial and in-service training of these professionals.

Cases involving children are therefore not always handled by specialized prosecutors. A 2010 Order appointed prosecutors specialized in children's issues. Accordingly, the respective prosecutors received specialized training and instruction in the field of aiding and protecting children. Although every prosecution authority has one specialized prosecutor, the practice shows that cases involving children are not always distributed to prosecutors who have been instructed accordingly. Furthermore, even those who are specialized often investigate cases not related to children, thus gradually losing their specialization.

Specialists are not yet fully and appropriately trained in child-friendly interviewing. The procedures for the interviewing of child victims or witnesses of crimes are still beset by an inadequate mechanism for interviewer training and certification. Experiences show that the lack of proper training is reflected in the quality (appropriateness) of questions and the interaction between children and specialists.⁴⁷⁸

Bottleneck: High workload and low salaries impact on the performance and motivation of staff assisting children in conflict with the law and child victims/witnesses of crimes.

The excessive workload and modest remuneration cause high staff turnover not only among social assistants, but also among police officers, probation counsellors, psychologists, criminal investigators and prosecutors. Newly enrolled professionals are those who most often leave their jobs; they show great enthusiasm at the time of recruitment, but subsequently feel the working conditions do not meet their expectations. Staff turnover is also high among social assistants and psychologists. Many of these positions are vacant due to a lack of applicants, as already mentioned above and in the previous chapter. An important demotivating factor is the mismatch between the low salaries and the high work volume – i.e., the size of serviced population for police officers, probation counsellors, social assistants/workers and psychologists, and the number of initiated cases for prosecutors and judges. Moldovan laws regarding the remuneration of civil servants are based on professional categories and experience gained during previous

⁴⁷⁶ Ministry of Justice, Official list of mediators, 2016.

⁴⁷⁷ UNICEF, 'Assessment of Regulatory Framework'.

⁴⁷⁸ National Centre for Child Abuse Prevention, 'Child Victims of Crime and Legal Procedures'.

years rather than actual performance. Therefore, considering the high and uneven workload in many areas, there is a risk that justice sector professionals take a formalistic approach towards their clients rather than a service-oriented approach.

Bottleneck: The lack of quality standards for the examination of cases involving children affects the quality of the assistance provided to children in contact with the law.

Most institutions that assist children in conflict with the law and child victims and witnesses of crimes do not have a clear concept of quality control and management and lack any quality assessment tools. With respect to justice sector specialists, performance evaluation is conducted based on general criteria that are not adjusted to the specifics of handling cases involving children. Within the legal profession, only the National Council for State Guaranteed Legal Aid has developed and approved, in 2015, quality standards and assessment tools for lawyers providing state guaranteed legal assistance in criminal cases involving children in contact with the law.⁴⁷⁹ This means that private lawyers are outside the scrutiny of any mechanism of evaluation of their services. It should be noted, that in 2012 a new system of performance evaluation for judges was introduced to help raise their professionalism. This new system is a positive step towards creating conditions for high quality of justice. Nevertheless, it still lacks the necessary standards or evaluations indicators disaggregated by age and the commitment by stakeholders to contribute to quality control.

Bottleneck: The infrastructure of prosecution authorities and courts is not always adapted for child-friendly interviewing of children in contact with the law.

As part of the Justice Sector Reform Strategy 2011–2016, specialized child-friendly spaces for the interviewing of children victims or witnesses of crimes were set up within police inspectorates, prosecution authorities' offices and courts. However, in most districts these newly created rooms do not provide a real protection to children. In most cases, the interviewing rooms are not equipped with separate entrances and thus before the hearing, children wait in the lobby of the prosecution authority or the court, where they interact with staff and perpetrator. The courtrooms inside the tribunals serve as visualization rooms; therefore, in case there is a court meeting, the space cannot be used as visualization room, which may cause delays. Additionally, not all rooms have been equipped with modern equipment that allow for audio-video recordings of interviews with children or the conveyance of questions from the court to the interviewer. Moreover, there is no person responsible for the equipment, and any technical failures must be addressed by the prosecutor or court employees without specific additional financial support.⁴⁸⁰ Moreover, it happens that the rooms are also used for other purposes not linked to justice for children.

Bottleneck: Forensic expert services are not appropriate for child victims of crimes.

Equipment and conditions present in forensic institutions are not meeting expected standards. The equipment used to carry out forensic medical examinations of child victims of crime is old, and in certain territorial departments essentially non-existent. This situation causes inconvenience for child victims of crimes, who need to go from one district to another to be subjected to such examinations, and therefore to repeat and revive the offence and its traumatic consequences. In addition, the documents issued by forensic experts are subject to interpretation.⁴⁸¹ The absence of a DNA investigation centre hinders collection of evidence, especially in cases where children are victims of sexual abuse. The psychiatric and psychological expert determination cannot evaluate the impact of trauma on personality, and, in the absence of certified psychologists who can issue conclusions on psychological matters, the determination cannot be used to state the number of therapeutic sessions that a child victim requires for rehabilitation. This also leads to difficulties in collecting evidence in criminal proceedings, and may hinder civil proceedings.

Bottleneck: The enforcement of protection orders for victims of domestic violence is ineffective for the purpose of protecting child victims.

⁴⁷⁹ National Council for State Guaranteed Legal Aid, 'Activity Report of the State Guaranteed Legal Assistance System for 2015', 2015. The number of children in conflict with the law who received emergency and qualified legal assistance grew from 1,344 in 2011 to 1,949 in 2013 and 2,358 in 2015. See various annual activity reports by the National Council for State Guaranteed Legal Aid.

⁴⁸⁰ National Centre for Child Abuse Prevention, 'Professionals' Knowledge, Attitudes and Practices with Respect to the Application of Friendly Procedures during the Investigation of Cases that Involve Children Victims/Witnesses of Crimes under 14 Years', 2016.

⁴⁸¹ International Centre for Women's Rights Protection and Promotion 'La Strada', 'Ensuring Access for Victims of Sexual Violence to Adequate Social and Legal Protection', 2015.

In the past few years, there has been certain progress regarding the issuance of protection orders for victims of domestic violence, but there are enforcement challenges. In particular, there are positive changes in terms of meeting the 24-hour deadline. However, there are many cases where such protection orders issued by the courts are not enforced or enforcement is not monitored by police officers or community social assistants. Hence, the protection order does not effectively protect the victim.⁴⁸² These gaps generate situations where child victims live with their abusers even after the issuance and ending of the protection order.

Bottleneck: Court examination of cases involving children does not fully protect the privacy of children involved with the justice system.

The quality of hearings in cases involving children in conflict with the law has been improved in recent years. The special procedural requirements for the examination of cases involving children in conflict with the law (such as introductory speech and presentation by judge, type of questions addressed to children, presence of legal representative, psychologist or teacher, etc.) were met in more than 90 per cent of hearings, an improvement from 66 per cent of hearings in 2012 and 78% in 2013.⁴⁸³ In recent years, there has been a positive change of attitude on the part of prosecutors and judges to ensure the dignity of children and the use of appropriate language towards children, also with special attention to children in conflict with the law.

However, the examination of cases by courts is yet to meet all privacy requirements. Even though the Penal Procedure Code stipulates that hearings involving child defendants must be held separately from other hearings and must be closed and not public, it is not complied with. As a result, the identity of the children taking part in the proceedings can be easily determined and is even made directly public.⁴⁸⁴ Children are still exposed to intimidation from other participants in the proceedings, especially when they are required to wait in the court lobby for the proceedings to commence. This increases the risk they are verbally assaulted by victims or perpetrators, their relatives, or their supporters, a situation that worsens when hearings commence later than planned.

Cases involving children are not examined within a reasonable amount of time. Nevertheless, the entire process of examination of cases involving children in conflict with the law is long, although these days the proceedings are somewhat speedier.⁴⁸⁵ This is due to the large intervals between court hearings caused by frequent postponements which are the rule rather than the exception.⁴⁸⁶

Bottleneck: Legislative reforms in the area of pre-trial detention have not shown to be efficiently implemented and effective in aligning practices to international standards.

Children in pre-trial detention are held in separate wings of adult detention facilities. Although they are in separate cells, they however do interact with adults during meals and other activities. For some children, this pre-trial detention period can be rather long. According to official data, in 2012 and 2013, the average length of children in pre-trial detention was seven months. During this time, children quickly pick up the adult 'prison hierarchical culture', which is then transferred to the juvenile prison.⁴⁸⁷

Bottleneck: While the conditions in detention centres are satisfactory, there are challenges in securing children access to quality education, health care and psychological support.

Legislative provisions and recent amendments show an improving trend in terms of convicts' access to education, health care and psychological counselling. Overall, detention conditions in Penitentiary No. 10 Goian (for boys) have indeed found to be satisfactory. However, it lacks space for physical exercises. In Rezina Penitentiary and Penitentiary No. 13 Chisinau, children are allowed to participate in outdoor activities for only three hours during Saturdays and Sundays. It also has been noted that the quantity and

⁴⁸² International Centre for Women's Rights Protection and Promotion 'La Strada', 'Existing Practices Regarding Access to Justice for Victims of Domestic Violence and the Realization of their Right to Legal Assistance in Moldova', 2014.

⁴⁸³ Dolea, Zaharia and Rotaru, 'Monitoring Report'.

⁴⁸⁴ Ibid.

⁴⁸⁵ In 2014, the number of cases resolved in one hearing was 28 per cent, compared with 6 per cent in 2013 and 20 per cent in 2012. See Dolea, Zaharia and Rotaru, 'Monitoring Report'.

⁴⁸⁶ Dolea, Zaharia and Rotaru, 'Monitoring Report'.

⁴⁸⁷ UNICEF, 'Assessment of Regulatory Framework'.

quality of food do not ensure the necessary nutrients for adolescents' development.⁴⁸⁸ In general, there are still some difficulties in ensuring quality education, proper medical examination and adequate support from psychologists specialized in children issues.⁴⁸⁹

6.2.3 The demand for justice for children

Bottleneck: Society does not fully understand the negative effects that forceful contact with law and sentencing may have on children.

The public generally calls for tough punishment of child offenders as a deep-rooted social norm. People believe that such punishment is a way of rehabilitating child offenders, without fully understanding the negative effects of stigmatization on the lives of these children.⁴⁹⁰ The print and televised media play a decisive role in the creation of such perceptions and attitudes towards children in conflict with the law. Coverage of especially grievous crimes committed by children leads to the creation of erroneous perceptions regarding the phenomenon of child delinquency and undermines the opportunities for rehabilitation in the community and the acceptance by the society of alternatives to detention at the police and at justice stages. This also impacts on the prevention of children from entering in conflict with the law.

6.3 Opportunities for action

Relevant SDG targets and monitoring indicators:

SDG 16: Promote just, peaceful and inclusive societies for sustainable development, access to justice, accountable, effective and inclusive institutions

Target 16.3: Promote the rule of law at national and international levels and ensure equal access to justice for all.

- Indicator 16.3.2: Unsentenced detainees as a percentage of overall prison population.

Recommended lines of action:

1. **Prevent children from entering in contact with the law:** Continuous development and adoption of a legislative and regulatory framework for the prevention of children from entering in contact with the law is essential, which would, among other things, include: the definition of the concept of child delinquency prevention; the nomination of responsible institutions to be involved and mandated at central and local level; modalities for planning and implementation of the prevention of juvenile delinquency; and development of partnerships.

Once the legal framework is addressing the prevention of juvenile delinquency, the Republic of Moldova will need to make sure that the related legal institutions are clear about their tasks and are strong enough to carry out their role properly. One of the core opportunities for action would be the new Justice Sector Reform Strategy 2017–2022, which needs to include a full chapter on children's access to justice aiming at elevating the justice for children on the political and policy agenda and securing the best interest of the child in criminal and non-criminal proceedings. Also, efforts should be undertaken to ensure that the upcoming new Plan of Action for the implementation of the Association Agreement between the Republic of Moldova and the European Union for 2017–2019 includes relevant activities on children's access to justice. These two opportunities should take stock of lessons learned and address prevention and response for child victims, witnesses and offenders.

2. **Strengthen the diversion measures and alternatives to detention:** Diversion shall be the core strategy to be applied by justice sector professionals in dealing with children in conflict with law. Prosecutors and judges shall be encouraged and offered all the necessary instruments to properly assess children's cases and issue a proportionate and individualized decision. Newly emerging and very promising forms of diversion, such as mediation, could be promoted in partnership with Prosecutor General's Office,

⁴⁸⁸ Council of Europe, 'Report to the Government of the Republic of Moldova on the Visit to the Republic of Moldova Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment', 2015.

⁴⁸⁹ UNICEF, 'Assessment of Regulatory Framework'.

⁴⁹⁰ Dolea, Zaharia and Rotaru, 'Monitoring Report'.

Ministry of Justice and National Council for Mediation. Having a cohort of high-quality mediators specialized on children's cases would eventually re-configure people's options from the usual reconciliation toward mediation. Judges and prosecutors need to be trained and encouraged to refer parties to this new diversion measure.

- 3. Prevent child victimization:** Further efforts should be invested in preventing child victimization and addressing the needs of children victims of crimes. Strengthening the inter-sectoral cooperation mechanism for identification, assessment, referral, assistance and monitoring of children victims and potential victims of abuse, neglect exploitation and trafficking is necessary in order to improve communication and collaboration between all the structures of the judiciary, local governments and the non-governmental sector. This could be done through developing the capacities of multi-disciplinary teams at local level, as well as improving the case management system, and rolling out an efficient monitoring mechanism over the assisted cases, thus ensuring adequate quality and avoiding escalation of vulnerability and risk factors.

On the other side, developing and adopting the legal framework that regulates the conduct of interviewers, the source of remuneration, the selection, certification and accreditation procedure, and the activities of the interviewer participating in the hearing for trials involving child victims and witnesses would create the necessary prerequisites for effective child-friendly justice as per the best interest of the child principle. In addition, better regulation of the psychologist's profession, including the licensing and accreditation system for psychologists with right of practice, will raise their accountability during the criminal process, and will exclude potential abuses from law enforcement professionals, thus contributing to improved quality services for children. Better integration of Psycho-Pedagogical Assistance Service personnel into the justice processes will be possible through the revision of the regulatory framework to allow the participation of accredited psychologists in procedural actions and assist children who have been involved in legal proceedings.

The role of school psychologists and psychologists working in the Psycho-Pedagogical Assistance Service is essential in assisting children in contact with law; strengthening their capacity on working procedures (for the phases of diagnostic, support and monitoring) is of utmost importance in safeguarding children's rights. Alongside, joint training of police officers, social assistants, health workers and local public authorities shall be organized to ensure common understanding and approach in assisting vulnerable children. Decisive steps should be taken towards specialization of actors in the justice system (criminal investigators, prosecutors, judges) that, by virtue of their work, are in contact with children offenders and children victims and witnesses of crime or are responsible for addressing the needs of children in the justice system.

The existing network of hearing rooms for children victims and witnesses of crimes should be reorganized by extending their mandate to all other children involved in criminal processes, by equipping them at the highest attainable standards and by modelling a genuine child-friendly interviewing process abiding by the principle of best interest of the child.

- 4. Design and implement a system of continuous training for professionals working with and for children in conflict with the law:** Methodological instructions are needed for each category of specialists and training specialists on the prevention of child delinquency and assistance of children in conflict with the law and children victims and witnesses of crimes. Those should be combined with the development of a performant continuous training system which provides training opportunities to all concerned professionals.
- 5. Address social norms that plead for punishment over rehabilitation:** Efforts mentioned above should be accompanied by public awareness campaigns and training of responsible professionals to stimulate reporting of all cases of offences against children to the competent authorities and to address the social norms condemning children instead of helping them live in a society that supports all children grow up to their full potential.

Bibliography

- Alliance of Non-Governmental Organisations active in the field of Social protection of Children and their Family (2015). Summary/Research. Evaluation of Moldova's inclusive education models
- Alliance of Non-Governmental Organisations active in the field of Social protection of Children and their Family and ChildPact (2016). APSCF internal capacities evaluation
- Bertelsmann Stiftung (2014). Moldova Country Report
- Better Care Network (2010). Families, Not orphanages. Working paper
- Canadian Public Health Association (2011). Improving Maternal and Child Health and Well-Being in CEE/CIS through Strengthened Home Visiting and Outreach
- Carai, S., S. Bivol and V. Chandra-Mouli (2014). Healthy Generation. Scaling up Youth Friendly Health Services in Moldova. External review. Final Report
- Centre for Demographic Research (2014). Socio-demographic profile of the republic of Moldova 20 years beyond the adoption of Cairo Programme of Action
- Centre for Health Policies and Studies and United Nations Children's Fund (2015). Access to Health Services Survey in the Republic of Moldova
- Centre for Health Policies and Studies (2011). Health Monitor: access and quality of hospital services in the perception of the population from the Republic of Moldova. Results of the national poll
- Centre for Health Policies and Studies and United Nations Children's Fund (2015). Access to Health Services Survey in the Republic of Moldova
- Centre for Sociological Investigations and Marketing CBS-AXA (2012). Immunisation of Young Children: Knowledge, Attitudes and Practices
- Centrul Analitic Independent Expert-Grup, United Nations Children's Fund and Embassy of Sweden (2014). Supporting policies for families with families: policy visions in the European Union and suggestions for the Republic of Moldova
- Centrul Român de Politici Europene (2015). Human Resources Management Policies and Practices in Social Assistance Sector. Moldovan situation and reflection of Lithuanian and Romanian experiences
- CORAM Children's Legal Centre (2015). Consultancy for a needs assessment of primary, secondary and tertiary prevention services for children in conflict with the law in Moldova
- Council of Europe (2013). Child and youth participation in the Republic of Moldova. A Council of Europe policy review
- Council of Europe (2015a). Mapping the obstacles to intermunicipal co-operation in Moldova
- Council of Europe (2015b). Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
- Council of Europe (2016). Council conclusions on the Republic of Moldova. Press release 15 February 2016
- Congress of Local Authorities of Moldova (2016). Monitoring Report on local government reform in Moldova
- Economist Intelligence Unit (2016). Country Report. Moldova
- Dolea, I. and V. Zaharia (2014). The justice system diversion mechanism in Moldova
- Dolea, I., V. Zaharia, and V. Rotaru (2012) Monitoring report on the rights of children involved in criminal judicial proceedings in the Balti municipality
- Dolea, I., V. Zaharia, and V. Rotaru (2014) Monitoring report on court hearings involving children (Causeni, Leova, Orhei, Balti, Ungheni Courts)
- ECORYS and European Healthcare Fraud and Corruption Network (2013). Study on Corruption in the Healthcare Sector HOME/2011/ISEC/ PR/047-A2
- Education For All-Fast Track Initiative (2004). Accelerating progress towards quality universal primary education. Framework

European Union (2016). European joint analysis. Programming on Moldova to 2020. Working draft

Evans, P., United Nations Children’s Fund Moldova, Terre des Hommes Moldova and OAK Foundation (2013). Evaluation of Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012

Freedom House (2016). Moldova

Gassmann, F., M. Siegel, M. Vanore and J. Waidler (2013). The impact of migration on children left behind in Moldova

Gagauz (2015). Pregnancy in the adolescent age

General Police Inspectorate (2014). Police Strategic Development Programme for 2014-2016

General Police Inspectorate (2015). Informative note on the state of juvenile delinquency and child safety service activity during 12 months 2015

General Police Inspectorate (2015, 2016). Reports on the status of juvenile delinquency for 12 months of 2014 and 2015

General Prosecutor’s Office of Moldova (2014). Report of the General Prosecutor’s Office of Moldova for 2014

General Prosecutor’s Office of Moldova (2016). Report of the General Prosecutor’s Office of Moldova for 2015

Government of the Republic of Moldova (2007). National health policy 2007-2021

Government of the Republic Moldova (2012). Moldova 2020. National Development Strategy: 7 solutions for economic growth and poverty reduction

Government of the Republic of Moldova (2013). The Third Millennium Development Goals Report. Republic of Moldova

Government of the Republic of Moldova (2014). Strategy for the Development of Education 2014-2010 “Education 2020”

Government of the Republic of Moldova (2015). Combined fourth and fifth periodic report on the implementation of the United Nations Convention on the Rights of the Child

Grigoroï (2014). Professional Parental Assistance and Family-Type Home Services in the Republic of Moldova: current situation and linking benefits offered to those services

HelpAge (2010). Staying behind: The effects of migration on older people and children in Moldova

Institute for Penal Reform (2014). The current state of juvenile crime prevention in Moldova

Institute for Public Policy and Centre for Sociological Investigations and Marketing CBS-AXA (2016). Ethics and academic integrity in general education

International Agency for Source Country Information (2014). Market Analysis: Driving Innovation in Circular Migration - Migration and Development in Moldova

International Centre for Women’s Rights Protection and Promotion “La Strada” (2014). Existing practices regarding access to justice for victims of domestic violence and the realization of their right to legal assistance in Moldova

International Centre for Women’s Rights Protection and Promotion “La Strada” (2015). Ensuring access for victims of sexual violence to adequate social and legal protection

International Labour Organization (2016). The informal economy in the Republic of Moldova. A comprehensive overview

International Monetary Fund (2016). IMF Country Report No. 16/19

International Organization for Migration (2012). Extended migration profile of the Republic of Moldova

Legal Resources Centre from Moldova (2014). The successes and failures related to the reform of the justice system of Moldova

Lesco, G. (2015). Behavioral and social determinants of adolescent health. Summary report of the health behaviors in school-aged children study in the Republic of Moldova

Lozan (2012). The Telemedicine Technologies in Education and Health System

Lumos (2014). Strategic review of the child protection system in the Republic of Moldova

Magenta (2015). Analysis of tendencies, causes, risks, vulnerabilities and capabilities regarding women migrating for work

Migration Policy Institute (2015). Children Left Behind: The Impact of Labor Migration in Moldova and Ukraine. Accessed online July 2016

Ministry of Economy (2014). Report on poverty in the Republic of Moldova

Ministry of Economy (2015). Briefing note. Poverty in the Republic of Moldova 2014

Ministry of Education (2013). Education 2020. Sector development strategy 2014-2020

Ministry of Education (2014 and 2015). Semestral reports on reported suspected cases of neglect, violence and abuses in education system

Ministry of Education (2015a). Student performance and attendance in Moldova from a socio-economic perspective

Ministry of Education (2015b). Provide schools with ICT. The situation in 2015

Ministry of Education, Quality Assurance Agency (2015). Study evaluating school performance / basic skills of primary and secondary education graduates, school year 2014-2015, Mathematics, Romanian and Russian languages

Ministry of Education (2016a). Sectoral strategy in education spending, 2016-2018

Ministry of Education (2016b). National programme for human resource development in education in the Republic of Moldova 2016-2020

Ministry of Education (2016c). Education Management Information System. Accessed June 2016

Ministry of Finance (2016). Draft law on State budget for 2016. Accessed June 2016

Ministry of Interior Police Department (2012, 2013) and General Police Inspectorate (2014, 2015, 2016). Information on cases of abuse against minors (years 2010-2011, 2012, 2013, 2014, 2015)

Ministry of Interior (2016). Public data and analysis. www.mai.gov.md/ro/advanced-page-type/date-statistic. Accessed July 2016

Ministry of Justice (2012). The annual report on the implementation of the Justice System Reform Strategy for the years 2011-2016

Ministry of Justice (2016). Official list of mediators

Ministry of Justice and United Nations Children's Fund (2011). Services for the Children in Contact with the System of Justice and their Annual Cost Determination

Ministry of Labour, Social Protection and Family (various years). Annual statistical report CER 103 for 2010, 2011, 2012, 2013, 2014 and 2015

Ministry of Labour, Social Protection and Family (various years). Annual statistical report CER 103A for 2010, 2011, 2012, 2013, 2014 and 2015
http://www.mmps.gov.md/sites/default/files/document/attachments/cer.103a_pentru_anul_2015.pdf

Ministry of Labour, Social Protection and Family (2013). Annual social report 2012

Ministry of Labour, Social Protection and Family (2015b). Annual social report 2014

Ministry of Labour, Social Protection and Family (2015b). Annual statistical report CER 103A for 2015

Ministry of Health (2013). Legislation. http://ms.gov.md/?q=legislatie&field_legtip_tid=13. Accessed July 2016

Ministry of Health (2016). Legislation. www.ms.gov.md/?q=legislatie. Accessed June 2016

Ministry of Health and National Health Insurance Company (2015). Approval of methodological norms for 2016 year of the Unique Programme of health insurance

Ministry of Health, United Nations Children's Fund, Institute for Mother and Child and Scientific Laboratory Pediatrics (2014). Monitoring the implementation of the medical record on child's development (family agenda) and standards of children check-ups in optimized conditions of ambulatory care

National Bank of Moldova (2016). Graphical analysis of money transfers made to individuals in April 2016. Press release 31 May 2016

National Bureau of Statistics (various years). The situation of children in Moldova 2010, 2011, 2012, 2013, 2014 and 2015

National Bureau of Statistics (2014). Criminology in the Republic of Moldova in 2013

National Bureau of Statistics (2015). 2014/15 Education in the Republic of Moldova. Statistical publication

National Bureau of Statistics (2016a). www.statistica.md. Accessed June 2016

National Bureau of Statistics (2016b). Situation of children in the Republic of Moldova 2016

National Bureau of Statistics (2016c). Children in Moldova. Working Version. Draft

National Bureau of Statistics (2016d). Criminology in the Republic of Moldova in 2015

National Bureau of Statistics (2016e). The situation of children in Moldova in 2015

National Bureau of Statistics (2016f). 2015/16 Education in the Republic of Moldova. Statistical publication

National Centre for Child Abuse Prevention (2013). Child victims of crime and legal procedures: the case of Moldova

National Centre for Child Abuse Prevention (2016). Professionals' knowledge, attitudes and practices with respect to the application of friendly procedures during the investigation of cases that involve children victims/witnesses of crimes under 14 years

National Centre for Child Abuse Prevention, OAK Foundation, and Centre for Sociological Investigations and Marketing CBS-AXA (2015). Sociological study within the research OMNIBUS, opinions and perceptions regarding the domestic violence and abuse against children

National Centre of Management in Health (2014). Statistical Yearbook of the Health System of Republic of Moldova for 2014

National Centre of Management in Health (2016). Statistical Yearbook of the Health System of Republic of Moldova for 2015

National Centre of Public Health (2016). Government surveillance of public health in the republic of Moldova. Annual report 2015

National Centre of Public Health of the Ministry of Health of the Republic of Moldova and United Nations Children's Fund (2014). 2012 Republic of Moldova Multiple Indicator Cluster Survey. Final Report

National Coordination Council (2016). Republic of Moldova Progress report on HIV/AIDS. January-December 2015

National Council for State Guaranteed Legal Aid (2015). Activity report of the state guaranteed legal assistance system for 2015

National Health Insurance Company (various years). Activity report for the years 2007, 2011 and 2014

National Health Insurance Company (2014). Report regarding the use mandatory health insurance funds in 2014

National Scientific and Applied Center for Preventive Medicine and ORC Macro (2006). Moldova Demographic and Health Survey 2005

Nelson, C.A., Fox, N.A., and C.H. Zeanah (2014). Romania's Abandoned Children. Deprivation, Brain Development, and the Struggle for Recovery

Office of the People's Advocate (2015). Analysis of the activity of special rooms for interviewing children victims/witnesses of crimes under the art. 110/1 of the Criminal Procedure Code

Office of the People's Advocate (2016). Report on the observance of human rights in the Republic of Moldova in 2015

Open Society Institute (2010): Drawing the Line. Parental informal payments for education across Eurasia

- Open Society Foundation and Ministry of Education (2014). Study on policy measures to improve attracting, training and retaining teachers in the education system in Moldova
- Open Society Foundation and Ministry of Education (2014). Study on policy measures to improve attracting, training and retaining teachers in the education system in Moldova
- Oxford Policy Management, EveryChild Moldova and United Nations Children's Fund (2009). Evaluation of child care system in the Republic of Moldova
- Trade Union of health workers "Sanatate" (2015). Activity report, 2015. Achievements, problems and solutions
- Transparency International and Centre for Sociological Investigations and Marketing CBS-AXA (2013). Corruption in the Republic of Moldova: perceptions and own experiences of businessmen and households
- UNESCO Institute for Statistics and United Nations Children's Fund (2015). Fixing the Broken Promise of Education for All: Findings from the Global Initiative on Out-of-School Children
- United Nations Children's Fund (2008). The impacts of migration on children in Moldova
- United Nations Children's Fund (2009). Assessment and Recommendation on Child Disability Prevention and Care System in Moldova
- United Nations Children's Fund (2010). National Survey on Early Childhood Care and Development: Family Knowledge, Attitudes and Practices
- United Nations Children's Fund (2011a). Situation analysis of vulnerable, excluded and discriminated children in Moldova
- United Nations Children's Fund (2011b). Impact of cash transfers on poverty and well-being of the most vulnerable families in the Republic of Moldova, within the context of transition from category-based to means-tested social assistance
- United Nations Children's Fund (2013). Out-of-school children in Moldova
- United Nations Children's Fund (2013). Foster care services for children in Moldova
- United Nations Children's Fund and Centrul Analitic Independent Expert-Grup (2014). Challenges brought by the changes of the Law on local public finances to the financing of social services
- United Nations Children's Fund (2014a). Evaluating the impact of the Per capita Financing and School Network Optimization reforms in selected CEE/CIS countries. UNICEF selected country case study on the education public finance management
- United Nations Children's Fund (2014b). Assessment of regulatory framework and practice in criminal proceedings involving children in the Republic of Moldova
- United Nations Children's Fund (2014c). RCLA 3 multi-country evaluation: increasing access and equity in early childhood education in six CEE/CIS countries/territories, 2005-2012. Final evaluation report
- United Nations Children's Fund (2015a). Social Monitor: Social protection for child rights and wellbeing in Central and Eastern Europe, the Caucasus and Central Asia
- United Nations Children's Fund (2015b). Assessment and Recommendations to Improve the Resilience of the Social Protection System for a Timely and Flexible Response to the Needs of All Vulnerable Children and Families Facing Shocks, Disasters, and Crises in Moldova
- United Nations Children's Fund (2015c). Human resources and training needs assessment in social work in the Republic of Moldova. Field study results
- United Nations Children's Fund (2015d). Participatory assessment of barriers hampering the access of Roma children and their families to services
- United Nations Children's Fund (2015e). Republic of Moldova. Promoting innovative approaches in early childhood education
- United Nations Children's Fund (2015f). Social work in Moldova: definitions, activities and challenges. A conceptual framework and Delphi study to inform recommendations for the further development of social work in Moldova
- United Nations Children's Fund (2015g). Social norms that influence violence in the child disciplinary process. Qualitative study

United Nations Children's Fund (2016a). TransMonEE database 2015

United Nations Children's Fund (2016b). Regional Knowledge and Leadership Area 8: A child's right to social protection. Regional Strategy 2016-2020

United Nations Children's Fund (2016c). Evaluation of Modelling of Services for Children under three. Draft evaluation report

United Nations Children's Fund (2016d). Assessment of the pre-school education system and definition of the costing methodology for childcare and education services in the Republic of Moldova. Draft February 2016

United Nations Children's Fund Moldova (2014). Press release 23 September 2014. Accessed June 2016

United Nations Children's Fund Moldova (2015). Social protection schemes, size and frequency of assistance. Internal document

United Nations Children's Fund Moldova (2016). Socio-economic analysis of social protection schemes. Internal document

United Nations Development Programme (2015). Evaluation report. Sustainable local and regional development Outcome. Mid-Term Evaluation

United Nations Moldova (2013). Roma in the Republic of Moldova in areas of their compact population

United Nations Moldova (2016). Memorandum for the Assistance of the United Nations Committee on the Rights of Persons with Disabilities

United Nations Population Fund (2015). Demographic barometer. Situation of youth in Republic of Moldova: From goals to opportunities

UN Women and United Nations Children's Fund (2013). The Demand and Supply of Early and Pre-School Education Services from the perspective of women's employability (the case of the Republic of Moldova)

UN Women, United Nations Development Programme and Office of the United Nations High Commissioner for Human Rights (2014). Study on situation of Romani women and girls in the Republic of Moldova

USAID (2013). Study on the Recent Practice of Funding the Judicial System, Taking into Account International Practices of Funding the Judicial System

USAID, EveryChild and Partnerships for Every Child (2013). Protecting children of Moldova from family separation, abuse, neglect, exploitation. Contribution to the progress achieved by Moldova

World Bank (2010). Shadow Economies all over the World: New Estimates for 162 Countries from 1999 to 2007

World Bank (2014a). Moldova Public Expenditure Review. Reforming Local Public Finance for More Efficient, Equitable and Fiscally Sustainable Subnational Spending

World Bank (2014b). SABER teachers country report: Moldova 2014

World Bank (2015a). Unified Budget, Results and Accountability Framework Country outcome achievements report for Republic of Moldova.

World Bank (2015b). Briefing book from development partners of Moldova

World Bank (2016). World Development Indicators. Accessed June 2016

World Health Organization (2012a). Barriers and facilitating factors in access to health services in the Republic of Moldova

World Health Organization (2012b). Child and adolescent health services in the Republic of Moldova

World Health Organization (2012c). Evaluation of the structure and provision of primary care in the Republic of Moldova. A survey based project

World Health Organization (2012d). Health system overview. Republic of Moldova. Health Systems in Transition

World Health Organization (2013). European database on human and technical resources for health (HlthRes-DB)

- World Health Organization (2014a). Early child development in the European Region: needs, trends and policy development. An overview based on five country assessments
- World Health Organization (2014b). Monitoring official development assistance to the health sector in the Republic of Moldova. 2013 Report
- World Health Organization (2014c). The costs of training health professionals in the Republic of Moldova
- World Health Organization (2014d). Health workers who migrate from the Republic of Moldova to work in Italy and other European Union countries
- World Health Organization (2014e). Framework for addressing out-of-pocket and informal payments for health services in the Republic of Moldova
- World Health Organization (2014e). Preventing suicide. A global imperative
- World Health Organization (2015). Assessment of HRH in Republic of Moldova. Unpublished report
- World Health Organization (2016). European health for all database (HFA-DB). Accessed May 2016
- World Health Organization and United Nations Children's Fund (2014). Comprehensive Review of the Immunization Programme in Transnistria Region
- World Health Organization and United Nations Children's Fund (2015). Republic of Moldova: estimates on the use of water sources and sanitation facilities (1980 – 2015)
- Youth Health Association (2012). Adolescent health and development: Study of knowledge, attitude and practices. Final draft