

# **MOLDOVA—SUPPORT TO THE DELIVERY OF EFFECTIVE AND SUSTAINABLE SOCIAL ASSISTANCE SERVICES (DFID)**

Organisational assessment of the raions

EveryChild and OPM



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## Executive summary

The Government of Moldova is reforming its system of social service provision so that it diversifies its range of services to take into account individual need and increases its overall coverage of the population. The Ministry of Social Protection, Family and Child (MSPFC) has developed an Integrated Strategy for Social Services (ISSS) which is undergoing an approval process. The strategy envisages a refocusing of services away from highly specialised facilities to more appropriate community-based and preventative services, in line with Moldova's international commitments. This includes a scaling-down or phasing-out of some specialised institutions, as agreed in the government's deinstitutionalisation strategy of 2007, and a strengthening of the new national network of social assistants and other local services.

The strategy takes into account the ongoing process of decentralisation in Moldova and so it enables local public authorities at the first and second levels (the *primaria* and *raion*) to develop services that most closely reflect the needs in their area, and by the most effective and efficient means possible, under the guidance of the overall framework for social services provided by the MSPFC. The ISSS will therefore place significant demands on raion Social Assistance and Family Protection Departments (SAFPDs), who will have to change the mix of services provided and the way they deliver them.

An organisational assessment of raion SAFPDs has been carried out to enhance the MSPFC's understanding of current practices and constraints in raion SAFPDs. The aim is to inform the drafting of legislation and regulations and support the implementation of the strategy. This report presents the findings of the assessment. The study is divided into 11 sections:

- The **background** sections (1–3) introduce the objectives of the study, outline the methodology and describe the context in which the reform of social services is taking place.
- The **findings** are in sections 4–10. Section 4 reviews what services the raion SAFPDs provide. Sections 5–8 look at the resources (human, physical and financial) that deliver these services. Sections 9 and 10 examine the processes of planning and delivering services and the characteristics of the organisational culture in which they are delivered. Key findings are summarised in a box at the beginning of each chapter.
- Section 11 draws **conclusions** about the effectiveness of the assessment's categorisation of raion SAFPDs into three types according to their perceived performance (see methodology section below).

In addition, Annex A offers some detailed recommendations on the next steps for implementation of the ISSS as a guideline for policymakers.

## Methodology

The team assessed 10 raions that are perceived to be achieving different standards of performance in the delivery of social services. The MSPFC, Ministry of Finance and Ministry of Local Public Administration were each invited to rank raions and municipalities as low, middle or high performers according to their own judgement. The team then selected raions about whose performance there was most consensus among the ministries, taking into account also the geographical spread of the selection. Three raions in each of the low and middle performance categories were selected, and two raions from the high performance category. In addition Chisinau and a raion of Gagauzia were selected automatically because their administrative systems are very different to the rest of the country. In alphabetical order the raions selected are: Anenii Noi, Cantemir, Causeni, Chisinau, Donduseni, Edinet, Rezina, Soroca, Ungheni and Vulcanesti.

The assessment team spent a day in each of the selected raions, carrying out four semi-structured interviews and two focus groups with key players to gather information about current practices and constraints. The stakeholders who participated were social assistants and social workers; the head, accountant and specialists of the SAFPD; the head of the finance department of the raion; and selected mayors of primarias. The assessment team usually consisted of international and national experts from OPM and EveryChild together with a staff member from the MSPFC. All interviews and focus groups were held in July 2008.

## **Context**

Some social services have long existed in Moldova, but before independence the focus of community-based care was mainly on domiciliary care for the single elderly and disabled. Guardianship and adoption services were in place for children without parental care, and the prosthesis service provided aids for people with mobility problems. For other beneficiaries services tended to be concentrated on full-time care in residential institutions.

Since then the country has committed to a number of international and national agreements and policies on social care services, and has begun to put in place the mechanisms to implement them. At the international level these agreements include the United Nations (UN) Conventions on the Rights of Persons with Disabilities and on the Rights of the Child. At national level, policies have included the Economic Growth and Poverty Reduction Strategy, the National Development Strategy 2008–11, and policy documents such as the strategy and action plan for deinstitutionalisation by the Ministry of Education and Youth. The ISSS which is now under consideration forms part of the ongoing effort to refocus social services towards community-based services and away from residential care.

Significant changes have been made to the legislative framework in line with these policy commitments. In recent years the main relevant law has been the Law on Social Assistance of 2003 which provides for the delivery of social services, as a form of social assistance, overseen by the central government and carried out at local level by local public authorities. Many other regulations govern specific services ranging from home care and social canteens to foster care, adoption and full-time residential institutions, and including also regulations on the provision of cash support.

The responsibilities for these services are spelt out in broad terms in the Constitution and are further clarified in fiscal and administrative legislation. The Law on Administrative Decentralisation of 2006 stipulates that raions are responsible for the administration of social assistance units in their district and for developing and managing community-based social services. The Law on Social Assistance of 2003 indicates that the type of social assistance services covered encompasses in-kind social services, cash allowances and also indirect assistance such as through payments for services related to housing and tax exemptions.

As for financing, the Law on Local Public Finance specifies the revenue sources of the different levels and types of local government, and describes the operation of the transfers from the central budget to local governments which are intended for revenue equalisation. Transfers to a *raion* are the difference between its *per capita* expenditure and its projected revenue, multiplied by the population.

## **Services**

All sampled raions provide a **common set of basic social services** through social assistants, social workers and a range of raion specialists. At the community level these are the services

## **Organisational assessment of the raions**

delivered by social assistants and social workers. At the specialist level each raion provides a service for guardianship and adoption of children, and coordinates the use of the prosthesis service for people with limited mobility. Among services for people with very high need, each raion sends beneficiaries for sanatorial treatment and all have some residents in full-time institutional care. They also all disburse cash on the basis of requests submitted on the social questionnaire, and provide transport subsidies for people with disabilities. But access to additional social services outside this common set varies widely across the different raions. This is true for long established services such as social canteens as well as more recent initiatives such as foster care.

**Community-level services** have developed considerably in recent years but are not yet used to the extent foreseen by the ISSS. Use of service providers other than the local public administration is so far *ad hoc*. Practitioners generally accept the need to provide more of these services and most commonly perceive funding and capacity to be the binding constraint. In isolated cases the constraint is a lack of knowledge about the nature and benefits of community-based services, not only among service providers but also in the primaria and raion administration.

The personnel who provide services at community level—social assistants and social workers—spend a lot of time doing work that is not direct care work. For many social assistants there is an emphasis on administration, particularly helping people to access cash support. Caring, counselling and advisory work is less prominent. But in better performing raions, where they have had more training and support, they have more direct client contact than in lower performing raions. As for social workers, they are faced with many menial tasks outside the normal ambit of social work professionals, such as chopping firewood, fetching water and paying bills. It is in their job description but it is an aspect of their work which could be done by non-care workers, if such an arrangement were to be set up. This would free up their time to provide care services to more people. Many people who could benefit from the home care service cannot access it because there are not enough allocated places.

**Specialist services** are fairly limited at the moment and consist mostly of the long-established mechanisms such as guardianship and adoption. There is little evidence of the availability of advanced psycho-social services or of other rehabilitative care (occupational therapists and physiotherapists). Facilities and staff that ought to be reserved for specialist care tend to be used mainly for non-specialist treatment. As with the social assistants, the specialists spend a lot of time on administration, such as drawing up lists of the categories of beneficiary in their raion.

Some raions offer their own **very high need services**, such as an asylum for the elderly, and others have institutions on their territory that are funded from the central budget, such as an *internat* run by the Ministry of Education and Youth. The rate of institutionalisation of children by raion is not related to whether the SAFPD is considered a strong or weak performer (according to the most recent available data). Raions which do not have an institution on their own territory funded from the central budget tend to have a lower rate of institutionalisation than average.

**Cash allowances** for vulnerable people ('material aid'), administered by the SAFPDs, reach far more people than the entire in-kind social service system. In 2006 some 296,000 people received aid from the Funds for Social Support of the Population, and 155,000 received transport compensations for people with disabilities, compared with only 78,000 who received in-kind social services such as home care or residential care.

## **Personnel**

All raions have **similar staffing structures** to those recommended by government decision regarding the apparatus of the SAFPD. Recommendations for staff levels at the SAFPD are based on population norms rather than assessed need. Although SAFPDs are not obliged to stick to

these recommendations, some do, without reference to whether their own raion has, for instance, a particularly high number of children or of elderly people. But some have fewer staff posts, and some have many more.

Where raions have more staff posts this is usually because they have created new types of job (such as personal carers) rather than because they have more of the traditional posts. Raions that are perceived to provide the best services are more likely to have additional staff than raions that are considered less strong. Raions express concern about the number of support staff available to them. These include posts such as a secretary, driver and human resource manager. These posts are not on the official list recommended by the government decision. Some raions consider that the availability of support staff would free up the time of specialists and others for casework. SAFPDs also reported difficulties in finding substitute workers when a member of staff is on leave.

On average, raions are quick to recruit social assistance staff, have **few reported vacancies** and have a fairly low turnover. Chisinau is a big exception to this. It is much less successful than the rest of the country in recruiting and retaining social assistants, owing partly to the availability of higher paying positions to relatively qualified people in the capital city.

Many raions have developed their own practices in **management and supervision** and are providing some form of management to social assistance staff even without these tasks having formally been defined.

Social assistants have **extremely varied academic and professional backgrounds**. This has an implication for their training in that they may benefit from a highly flexible (perhaps modular) system of in-service training which allows staff to complement their existing skills and knowledge by selecting units which are new to them, rather than undergoing a single course that is common to everyone. Training is essential also for other employees of the raion SAFPD.

**Salary scales** for social assistants, as for social workers, are interpreted in very different ways in the different raions but are not strongly linked to their professional background or performance. Many raions urged a review of salaries.

## **Relationships and stakeholder management**

SAFPDs do not yet regular involve the **general public** (beneficiaries and non-beneficiaries) in social service planning, delivery and monitoring although a few opportunities do exist. Mobilising communities, such as by encouraging volunteer to look after their neighbours when social workers are unavailable, could provide an effective and low-cost means for SAFPDs to deliver their objectives by providing more resources and freeing up social assistance staff to carry out more professional care work.

SAFPD staff are often in regular contact with each other and **fellow professionals in primarias**. Sometimes this contact is formalised such as in weekly meetings. Only occasionally is friction reported between people working within a primaria. They also have contacts with the **raion administration** and with other raions. But raions that have weaker contacts with the finance departments are less easily able to advocate for additional resources.

Interaction with the **MSPFC** is less frequent and is concentrated on the provision of information to the ministry. Raions do not always have much contact with institutions run by central government that operate on their territory. This lack of interaction makes it difficult to understand how the institutions, or the resources in them, might be transformed to deliver community-run services locally. Interactions between non-governmental organisations (**NGOs**) and raion SAFPDs also tend

to be relatively infrequent and are often initiated by the NGO (which might contact the SAFPD to offer to deliver food aid to people in need) rather than by the raion actively seeking their support.

SAFPDs express a need for support in improving awareness of the services they provide, mobilising communities to support implementation of the strategy and building relationships with partners.

### **Logistical support / non-personnel inputs**

While there are standard ratios for key personnel inputs, other input requirements are not clearly defined upfront and apparently not factored into funding norms. It is not clear who (central government, raions or primaria) is expected to take responsibility for the additional resources required by social assistants and social workers who are remunerated by raion administrations but who are physically working in primarias. Quite often this seem to be expected of primaria while in terms of legislation it is the responsibility of raions. The most common inputs for social assistants and social workers which are not clearly outlined or funded are office space, computers and transport. There is a need to more clearly outline these inputs, allocate responsibility for them and set up funding arrangements.

Raion SAFPD **offices** are generally adequate but do not take into account sufficiently the extensive interaction with beneficiaries around cash benefits (taking applications and related activities), which would benefit from being located in a space that has an enquiries desk, a waiting area and perhaps a consultation booth. Social assistants often have a working space in their primaria but many find it difficult to find an area for confidential conversations.

**Transport** can cause difficulties in terms of both efficient use of time (staff may spend a long time travelling between clients) and cost (many social assistants pay most of their own transport costs while carrying out work-related duties). Many expressed the difficulty of paying for walking shoes and suggested that bicycles might be useful at some times of the year to reach beneficiaries more easily.

A number of raions have been innovative in developing **forms, procedures and databases** to manage their resources. But there is a lack of standardisation and setting of standards (such as in management of case files) which impacts on the availability and reliability of information and the ability to manage. There is a need to have more centralised development of tools (such as the case of the social questionnaire) although the needs of users and ease of use should be considered.

### **Financing**

**Local governments' expenditure** on social protection has grown faster than other components of their expenditure over the last two years, and in the ten raions visited it comprised 5.5% of local government expenditure in 2007 altogether. But there is significant diversity around this figure, with Chisinau devoting 3% of its expenditure to social protection and Edinet devoting 11%. Per capita social protection expenditure varies from MDL 61 in Cantemir to MDL 140 in Edinet.

Although the legislation provides for substantial local autonomy in decision-making and budgeting, the funding that is available is driven primarily by **cost norms** for different services as identified by the Ministry of Finance. Funding availability is therefore to a great extent driven centrally. Raion SAFPDs often feel that these norms underestimate the cost of delivery of services but they report little success in negotiating any revision. So despite the fact that decentralisation exists in law there was a significant sense that, given funding constraints and the centrally driven identification of services and costs, little room exists for substantial decision-making at the local level.



## **Service planning and implementation**

The budget process is well institutionalised and forms the core of the planning process but there seems to be too **little emphasis on ongoing resource planning** (including the setting of targets and costing) and too little interaction between service sections in raions and the finance sections. Outside the budget process there are no uniform and consistent processes for service and resource planning in SAFPDs. Such a process should be encouraged and preferably regulated and monitored by the ministry.

**Procurement reform** has brought some challenges (lengthier processes and potential discrimination against local procurement) but has established more transparent processes. There are not concerns from SAPFDs on procurement (which is normally centralised in a raion) but alternative mechanisms for procuring social services should be investigated.

The shortcomings and lack of standardisation with regard to procedures, operational systems and databases, mentioned above, impact negatively on **monitoring and evaluation**. There is also a need to monitor to a much greater extent and explicitly quality of services, and impacts and outcome.

## **Organisational culture**

SAFPDs vary in the way they deliver their services. Some prefer flexibility and innovation while others prefer to adhere more closely to the recommendations of government laws and regulations. Leadership style has a strong impact on the ambience of the SAFPD and its approach to delivering services.

Some raions are gradually developing an approach to service delivery that is **centred on the user**, but more commonly services are determined by supply-side considerations (what the raion has available to provide, rather than what the user needs or requests). Social assistants are succeeding in offering a point of contact that provides **a service closer to the beneficiary** than previous social service models. But the further development of services close to the beneficiary will require the continued roll-out of gatekeeping commissions and the strengthening of community services.

It is intended that raion SAFPDs may develop a '**learning culture**' as part of the revision to management and supervision practices. This implies the regular exchange of experiences between social assistance personnel, and the soliciting of advice from users about the type of services they would wish to have and the way they might best be provided.

The **rights of individuals** are being considered in many cases but there are opportunities for greater equality of access to services and an increased emphasis on the maintenance of confidentiality and dignity.

## **Conclusion**

The raion visits did not confirm the initial three-way classification of raions as high-level, medium level and low level. Three broad conclusions can be made with regard to the types of raions and administrations visited:

- Indeed, a couple of raions stand out in terms of embracing the philosophy of community-based and preventative social work and have developed quality services (and management) in support of this approach. These raions have dedicated leadership and

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people but have benefited in most cases from participating in projects with non-governmental and international partners and funding. This points to the positive impact which the right type of support, including financial support, could have on service delivery improvement and development.

- But in *all* raions the team found examples of good practices and innovation in some aspects of service delivery (e.g. some had strong management procedures, others had a good system of recording their interaction with beneficiaries, others had developed their own regulations for new types of service). Rather than focus on differentiation between raions in terms of rigid categories and devising support programmes on the basis of this, the focus should be on how in different raions innovative practices have developed around different areas, and how these best practices can be distilled further and shared.
- Chisinau and Vulcanesti are less comparable to other raions because of the uniqueness of responsibilities and administrative structures and, for Chisinau, its greater resources.

## **Recommendations**

Given the diversity of experience in different raions and the extent of service innovation, mechanisms should be set up to ensure **learning from best practice** and dissemination of best practice to all regions and incorporation these into legislative and administrative frameworks.

### **Service availability and service planning**

There is a need for a **methodological framework for strategic planning** of social services at territorial level, as proposed as one of the areas of work in the ISSS action plan, to ensure that the sum of the services provided by raions add up to deliver the national objectives. A **blueprint for service delivery**, with suggestions not just for what services to provide but how they can be provided, might assist in this process. It would be important for the MSPFC to define a **minimum package of service outcomes** (i.e. what it expects should be achieved in the raions).

### **Legislative framework**

In some raions legislation is seen to be too prescriptive, limiting innovation and specific adjustments in raions depending on their circumstances; but for other raions there was a concern about the legal framework not being developed in enough detail. This suggests that it might be valuable for the MSPFC to provide a **broad-based law, but accompanied by more detailed guidelines** outside the legislative framework for those raions that seek additional guidance. The body of legislation related to social services is fragmented and it would be useful to develop a clear vision of how the different laws and regulations relate to one another.

### **Absence of key inputs**

There is a need to clarify policy regarding responsibilities for providing **office space and other material inputs**. As for another aspect of the operational framework, **forms and databases**, these might benefit from being harmonised; information must over time include service outputs (an not just inputs) as well as outcomes in order not only to monitor inputs but so that impact and cost-efficiency can be assessed.

### **Human resources**

**Staffing levels** should be flexible according to the needs of the raion. The MSPFC could offer guidelines about the management and supervision of staff. A system of performance-based progression through salary grades for staff, with opportunities for promotion, should be elaborated

to encourage professional development and enhance personal motivation. A modular system of training would accommodate the different professional and academic backgrounds of recruits.

## **Financing**

Financial mechanisms have to be developed to **incentivise deinstitutionalisation and efficient service delivery**. With regard to adequacy of funding it is necessary to assess the sources of differential levels of spending between raions and for processes to be put in place to **assess the cost-efficiency** of service delivery and through comparison between raions and other international cases to set standards and make proposals for improving efficiencies. A greater development of alternative mechanisms for providing and procuring services would be beneficial for the quality and range of social services.



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## **Abbreviations**

CRC	Convention on the Rights of the Child
FSSP	Fund for Social Support of the Population
ISSS	Integrated Strategy for Social Services
MSPFC	Ministry of Social Protection, Family and Child
NGO	non-governmental organisation
OPM	Oxford Policy Management
SAFPD	Social Assistance and Family Protection Department
UN	United Nations



# 1 Introduction

## 1.1 The purpose of this report

Since the early 1990s Moldova has taken big strides in putting in place the administrative systems and capacity to deliver social assistance, including cash benefits and social welfare services to its population and so confront some of the challenges resulting from the rapid change in the society. The challenge has been to deliver a set of social services that meet the needs of the population in the face of rising demand and tight fiscal constraints.

Today social assistance in Moldova is planned and delivered by an energetic and committed cadre of staff, employed by central and local governments and also by non-state organisations. They provide a core set of social services in cash and in kind, for all age groups of the population, ranging from temporary respite centres for mothers and babies to long-term domiciliary care for the elderly and including a number of preventative care services. Their work is supported by people working in other sectors such as health and education, and also informally by volunteers including neighbours in local communities. Funding for services is provided by central and local public authorities and external organisations. Together these human and non-human resources combine to deliver a service which provides a solid foundation for the future development of social care in the country.

The Moldovan government acknowledges gaps in social assistance and policy analysis and service reform is ongoing. The government is planning to increase the coverage of social services to those in need and to diversify the range of services so that it can better take into account the situation of individuals. In June 2008 it approved a new Integrated Strategy for Social Services (ISSS) which is now due to be considered by parliament. The strategy envisages a refocusing of services away from highly specialised services to more appropriate community-based and preventative services, a scaling-down or phasing-out of some specialised institutions and greater responsiveness to the needs of customers. It is premised on the ongoing strategy of decentralisation in Moldova and so it will lead to more responsibilities and autonomy for the first and second level local authorities.

The ISSS will therefore place significant demands on raion Social Assistance and Family Protection Departments (SAFPDs), who will have to change the mix of services provided and the way they deliver them. The strategy assumes an implementing agency that is well-resourced, where the personnel are dedicated and inventive, where there is significant initiative to respond to problems and where there is flexibility in resource allocation as new problems manifest and as improved and more efficient ways of dealing with issues are developed. These are some of the key characteristics of an effective social assistance organisation as identified with the MSPFC in its strategy workshop of July 2007 (see Box 1.1).

### **Box 1.1 What does an effective organisation need?**

- Adequate human, financial and physical resources
- Good policy processes
- Good planning, budgeting and performance management processes
- Efficient and user-centred service provision
- Leadership and influence

Source: MSPFC workshop with OPM and EveryChild, Malovata, July 2007.

The MSPFC wishes to understand current practices and constraints in raion SAFPDs to inform the drafting of legislation and regulations to support the strategy. A more detailed view of current service delivery will also assist in developing appropriate support programmes and organisational support and identify funding areas and issues which need to be addressed. As elements of the strategy have already been piloted in some raions and generally raions have dealt with their mandate in an inventive way, the selective review of current practice in raions assists in identifying best practice as developed by SAFPDs and allows for sharing of such best practice between regions. This exercise carries out that assessment.

### **1.2 Specific objectives**

The objectives of the exercise are therefore:

1. to determine the status quo in terms of service delivery, resourcing and capacity in SAFPDs;
2. to identify constraints on service delivery and implementing the ISSS; and
3. to prioritise the support needs of SAFPDs.

The output of the exercise, in addition to systematic information about services and constraints, is a set of findings to support drafting of legislation and regulations and to support the identification and development of support programmes. The findings will also inform a broader public expenditure review of the subsector which will support budgeting discussions / negotiations and proposals around financing mechanisms.

### **1.3 Structure of the report**

The study is divided into 11 sections which fall into three parts.

- **Background** (sections 1–3). Section 2 describes the methodology for the study. Section 3 outlines the context in which the reform of social services is taking place.
- **Findings** (sections 4–7). Section 4 reviews the **services** that are provided or will be provided by different raions. Sections 5–8 assess the quantity and characteristics of the resources that deliver these services: section 5 examines the **human resources**, and section 6 the **relationships** between them; section 7 focuses on **physical resources** such as equipment; and section 8 looks at the availability of **financial resources**. Sections 9–10 identify the **procedures** by which these resources are used to deliver the services and the characteristics of the **culture** in which they are delivered. Key findings are summarised in a box at the beginning of each chapter. In all interviews and focus groups the team asked stakeholders explicitly what they consider to be the most important support needs of the different provider groups in the context of the introduction of the ISSS. The needs that were commonly expressed are incorporated into the summary of needs at the end of each chapter.
- **Conclusion**. Section 11 draws conclusions about the effectiveness of the categorisation of raion SAFPDs into three types.

Annex A offers some detailed recommendations on the next steps for implementation of the ISSS as a guideline for policymakers.

## **2 Methodology**

The methodology for the organisational assessment is based on a recognition that the levels of support that the MSPFC will need to provide to raion SAFPDs is dependent on their current capabilities. The methodology assumes that high performing SAFPDs (often those located in raions where administrative capabilities are high) will need less support than low performing SAFPDs. If central government support will be highest to the low and middle performing SAFPDs then it makes sense to learn most about these departments.

### **2.1 Selection of raions**

The aim was therefore to select 10 raions that are perceived to be achieving different standards of performance. The MSPFC, Ministry of Finance and Ministry of Local Public Administration were each invited to rank raions and municipalities as low, middle or high performers according to their own judgement. No criteria were prescribed for making this assessment. The team examined the three sets of rankings and selected raions about whose performance there was most consensus among the ministries, taking into account also the geographical spread of the selection. Three raions in each of the low and middle performance categories were selected, and two raions from the high performance category. In addition Chisinau and a raion of Gagauzia were selected automatically because their administrative systems are very different to the rest of the country.

The raions that were selected are shown in grey in Figure 2.1 below. In alphabetical order they are: Anenii Noi, Cantemir, Causeni, Chisinau, Donduseni, Edinet, Rezina, Soroca, Ungheni and Vulcanesti. Together they contain some 40% of the population. They offer a wide range in terms of population size and distribution, geographical location, socioeconomic development and administrative capacity.

Note that because the process of selecting these raions does not use a strict randomised sample readers should exercise caution in considering the generalisability of results: quantitative data collected in the raions cannot be extrapolated to provide national-level estimates.

### **2.2 Implementation of assessment**

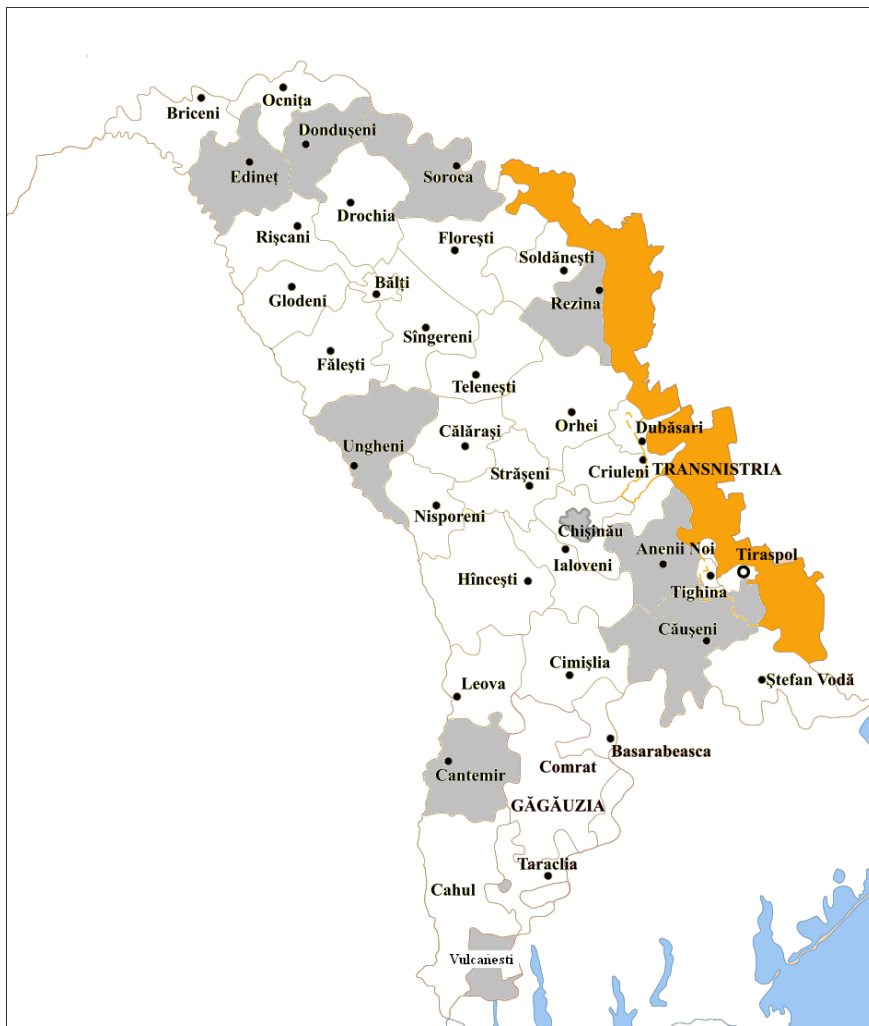
The assessment team spent a day in each of the selected raions, carrying out four semi-structured interviews and two focus groups with key players to gather information about current practices and constraints. This helped to gain an understanding of their training and experience, problems being experienced and changes required, supervisory and management activities, and time utilisation. The four groups of providers and stakeholders interviewed were:

- selected mayors of primarias;
- head of the finance department of the raion;
- the head and the accountant of the SAFPD (sometimes separately); and
- the specialists in the SAFPD (sometimes together with the head),

while the focus groups were held separately with social assistants and social workers.

Raion SAFPDs themselves selected which of their own staff and which mayors to invite to participate in the assessment. In total more than 200 people took part.

Figure 2.1 Raions selected for assessment



Source: OPM. Note: The 10 selected raions are shown in grey.

In each raion the assessment team consisted of international and national experts from OPM and EveryChild together with a staff member from the MSPFC, except in Chisinau where the assessment was conducted by the national team only. All interviews and focus groups were held in July 2008.

Certain quantitative information on budgets, personnel and service delivery was gathered either during or after the visit to raions in order to provide further background and verify some of the other information. Where secondary data are available for the entire country (such as for the number of social assistants employed) these are used in preference to data that are restricted to the selected raions only.

The assessment team, on the basis of raion visits and the information collected, made an assessment of organisational culture as the time available for the information gathering did not allow for a more systematic, questionnaire-based assessment of organisational culture.

## **3 Context**

This section briefly summarises the policies and legislation that support the development of social services and reviews the financial and administrative framework within which the policies operate. Finally it gives an overview of the proposed changes to the system under the ISSS.

### **3.1 Social services**

#### **3.1.1 Policy context**

Some social services have long existed in Moldova, but prior to independence the focus of community-based care was mainly on domiciliary care for the single elderly and disabled. Guardianship and adoption services were in place for children without parental care, and the prosthesis service provided aids for people with mobility problems. For other beneficiaries services tended to be concentrated on full-time care in residential institutions.

Since that time Moldova has noted challenges such as the limited diversity of services, the centralised nature of service provision, the difficulty of responding to individual need and the small number of beneficiaries compared with demand. It has begun to respond to these challenges and affirmed its commitment to expanding and improving the delivery of social care services under a number of international and national agreements and policies.

At international level the country is a signatory to conventions including the United Nations (UN) Convention on the Rights of Persons with Disabilities, and the UN Convention on the Rights of the Child which promotes interventions that aim to provide children at risk with a family-based rather than an institutional solution wherever possible.

At a national level the Economic Growth and Poverty Reduction Strategy 2004–06 plans for the diversification of social services and the improvement of their quality, accompanied by the introduction of minimum standards. It proposes the development of services that enable people to be reintegrated into the community wherever possible. The National Development Strategy 2008–11 follows on closely from this: it pledges support for vulnerable population groups and includes amongst its essential programmes and measures the development and diversification of social services, the promotion of deinstitutionalisation and the redirection of finances from residential institutions to community services.

Some of the most recent policies developed by the Government of Moldova include the strategy and action plan for deinstitutionalisation by the Ministry of Education and Youth, and the establishment of the network of social assistants. The ISSS which is now under consideration forms part of the ongoing effort to refocus social services towards community-based services and away from residential care (see section 3.3 below).

#### **3.1.2 Legislation**

Significant changes have been made to the legislative framework in line with these policy commitments. The mandate to provide social services is enshrined in the constitution of 1994, which obliges the state to take action to ensure that everyone has access to good welfare services (see also section 3.2 below). In recent years the main relevant law has been the Law on Social Assistance of 2003 which provides for the delivery of social services, as a form of social assistance, overseen by the central government and carried out at local level by local public

authorities<sup>1</sup>. Numerous other laws and regulations govern the provision of particular services, detailing to whom services are to be provided, by whom and how. A summary is provided in Box 3.1.

### **Box 3.1      Laws and regulations on social services**

Some of the main laws and regulations governing social services include the following:

#### **General**

Law on Social Assistance no. 547-XV of 25 December 2003, published in Official Monitor no. 042, Article no. 249, 12 March 2004.

Decision no.1478 of 15 November 2002 regarding indemnities for families with children.

Law regarding veterans, no. 190 – XV of 8 May 2003

Law regarding social protection of the citizen –victims of Chernobyl disaster, no. 909-XII of 30 January 1992

#### **Community services**

*Social assistants:* Resolution of the Government of Republic of Moldova no. 24 of 10 January 2007 with regard to the approval of the Regulations with regard to the way of employment of social assistants, published in Official Monitor no. 003, Article no. 25, 12 January 2007.

*Social support canteens:* Law on Social Support Canteens no. 81-XV of 28 February 2003, published in Official Monitor no. 67-69, Article no. 283, 11 April 2003.

Resolution of the Government of Republic of Moldova no. 1246 of 16 October 2003 with regard to the approval of the sample Regulations with regard to the work of social support canteens, published in Official Monitor no. 218-220, Article no. 1297, 24 October 2003.

#### **Specialised services**

*Foster care:* Resolution of the Government of Republic of Moldova no. 1361 as of 17 December 2007 with regard to the approval of the sample Regulations with regard to the Foster Care service, published in Official Monitor no. 198-202, Article no. 1436, 21 December 2007.

*Guardianship:* Resolution of the Government of Republic of Moldova no. 581 as of 25<sup>th</sup> May 2006 with regard to the approval of the sample Regulations with regard to the conditions of establishment and payment of indemnities for the adopted children and children under guardianship/trusteeship, published in Official Monitor no. 083, Article no. 624, 2 June 2006.

Decision of the Council of Ministries of the Soviet Socialist Republic of Moldova about approval of Regulation regarding guardian ship authority, dated 1972.

*Adoption:* Draft law regarding legal status of adoption discussed for the first time in Parliament 12 June 2008, not yet approved.

*Family-type homes:* Resolution of the Government of Republic of Moldova no. 812 of 2 July 2003 with regard to the approval of the minimum quality standards for the family type homes, published in Official Monitor no. 149, Article no. 863, 18 July 2003.

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<sup>1</sup> Law on Social Assistance no. 547-XV, dated 25 December 2003.

*Day-care centres:* Resolution of the Government of Republic of Moldova no. 812 of 2 July 2003 with regard to the approval of the minimum quality standards for the social services delivered in day care centres for disabled children, published in Official Monitor no. 122-124, Article no. 831, 11 July 2008.

### **Very high need services**

*Deinstitutionalisation:* Resolution of the Government of Republic of Moldova no. 784 of 9 July 2007 with regard to the approval of the National Strategy and Action Plan with regard to the reform of the system of residential childcare for years 2007 to 2012, published in Official Monitor no. 103-106, Article no. 823, 20 July 2007.

*Gatekeeping:* Resolution of the Government of Republic of Moldova no. 1177 as of 31 October 2007 with regard to the setup of the Commission for protection of children in difficulty and the approval of the sample Regulations with regard to the work of this Commission, published in Official Monitor no. 178-179, Article no. 1248, 16 November 2007.

*Residential institutions for children:* Resolution of the Government of Republic of Moldova no. 432 as of 20 April 2007 with regard to the approval of the minimum quality standards for care, upbringing, and socialisation of children in residential care, published in Official Monitor no. 060, Article no. 468, 4 May 2007.

*Residential institutions for the elderly and disabled:* Resolution of the Government of Republic of Moldova no. 1500 of 31 December 2004 with regard to the approval of the sample Regulations with regard to the work of the asylum for elderly and disabled persons, published in Official Monitor no. 013, Article no. 68, 21 January 2005.

*Temporary placement centres:* Decision no.450 of 28 April 2006 regarding the approval of Minimum Quality Standards for Temporary Placement Centre concerning child care, education and socialisation, and format.

Resolution of the Government of Republic of Moldova no. 1018 of 13 September 2004 with regard to the approval of the sample Regulations with regard to the work of the Temporary Placement Centre for children, published in Official Monitor no. 175-177, Article no. 1204, 24 September 2004.

*Sanatoria.* Regulation no. 32 of 9 June 2003 regarding the evidence and distribution of the medical rehabilitation tickets for elderly and disabled people, approved through the order of the Ministry of Labour, Family and Social Protection decision.

### **Other services**

*Fund for Social Support of the Population:* Law on the Republican Fund and the local funds for social support of the population no. 827-XIV of 18 February 2000, published in Official Monitor no. 065, Article no. 460, 8 June 2000.

Resolution of the Government of Republic of Moldova no. 1083 of 26<sup>th</sup> October 2000 with regard to the application of the provisions of the Law on the Republican Fund and the local funds for social support of the population, published in Official Monitor no. 139-140, Article no. 1192, 2 November 2000.

*Social protection of the disabled:* Law on the social protection of the disabled 821-XII of 24 December 1991, published in Official Monitor no. 008, 24 December 1991.

## **3.2 Funding framework and responsibility for social assistance**

Efficient delivery of welfare services is dependent on clear allocation of responsibilities and availability of adequate funding. Responsibilities for welfare services and the financing mechanisms are spelt out in broad terms in the Constitution and are further clarified in fiscal and administrative legislation.

The Constitution of the Republic of Moldova (1994) in Articles 47 to 51 sets out the right to social assistance and social protection, mandating state action to ensure a decent standard of living for Moldovans and establishing the right to insurance against major contingencies impacting on economic survival (unemployment, disability, widowhood and old age). Special obligations are identified in favour of families, mothers, children and orphaned children. With regard to disability it is stated that government “shall ensure that normal conditions exist for medical treatment and rehabilitation, education, training and social integration of disabled persons.”

### **3.2.1 Administrative structure and budget system**

In addition to the central government, the Constitution (Articles 112 and 113) also establishes two further administrative tiers: district councils (*raions*) and village and town authorities (*primaria*). Article 109 states that the principles underlying local public administration are those of “local autonomy, ... decentralization of public services, ... democratic election of local public administration authorities ...” and “consulting the citizenry on local problems of special interest”.

The Law on Local Public Administration (No. 436 of 2006) introduces the notion of administrative territorial units. The Law on Local Public Finance (No. 397-XV of 2003) defines the budgets of administrative territorial units as “budgets of villages (communes), towns (cities), regions, the autonomous territorial unit with special legal status, and the City of Chisinau. The act also distinguishes between 1st-tier administrative territorial unit budgets, namely “local budgets of villages (communes) and towns (cities, except for the City of Chisinau)” and budgets of 2nd-tier administrative territorial units meaning “raion budgets, central budget of the autonomous territorial unit with special legal status, and the municipal budget of Chisinau”.

The Law on the Budgetary System and the Budgetary Process (in Article 2) states that the national public budget of Moldova (a “unitary system of budgets and funds”), includes in addition to the budgets of the administrative territorial units as defined above, the “state budget, the state social insurance budget and the mandatory health insurance funds”.

In the context of the “unity” of the budget system the Law on Local Public Finance (2003, Article 3) states that local budgets are “stand-alone elements”, formulated and executed “on the conditions of financial autonomy” and that delegation of functions to local government must be supported by central “allocation of funds necessary”. The Act mandates consultation with local government about fund (re)allocations.

### **3.2.2 Responsibility for social assistance**

The Law on Administrative Decentralisation (No 435 of 2006) stipulates that raions are responsible for “[a]dministration of social assistance units of district interest” and for “[d]evelopment and management of community-based social services for socially vulnerable categories, monitoring of social service quality” This removed *primaria* responsibility for social assistance that was contained in the Local Public finance (No 397-XV of 2003).

The broad description in the Constitution of social assistance seems to encompass both income support (excluding social and health insurance), support in kind and provision of a range of traditional welfare services (home care, assessment and referrals). This is further spelt out in the Law on Social Assistance (547-XV of 2003) which identifies social assistance as “allowances in cash”, “social services” and “indirect” provision” (including discounts on purchases, payments for services related to housing and tax exemptions)



### 3.2.3 Revenue distribution and equalisation

As is mostly the case with different tiers of government, in Moldova expenditure responsibilities are not commensurate with revenue sources or fiscal capacity at the different levels. Provisions have been put in place for revenue sharing. Such revenue sharing not only addresses the potential imbalance between function allocation and fiscal resources but also makes provision for redistribution to administrative territorial units with lower taxable capacity because of lower income (revenue equalisation).

The Law on Local Public Finance specifies the revenue sources of the different levels and types of local government. While there are slight differences between *raions*, *primaria* and large cities / areas with special autonomy, local governments have the following broad revenue sources:

- Local Taxes, recommended by the Tax Code (for example territory development tax, publicity placement tax, market tax, etc.)
- Full revenue from certain taxes payable in the area (for example, income tax in the case of raions and “private tax based on property ownership” in primaria);
- Contributions from general government (shared) revenue calculated as a proportion of certain taxes (such as a minimum of 50% of corporate income tax to raions and from individual income tax in primaria);
- Transfers from the state budget;
- Special resources from work performed, services rendered, or other activities carried out by the public institutions funded from respective budgets.

Transfers from the state (central) budget to local governments can take two forms (Articles 9 and 10 of the Law on Local Public Finance):

- “Transfers from the financial support fund for administrative territorial units intended to level off their financial capacity”;
- “Special-purpose transfers for the performance of additional functions” as delegated to local government by the central government.

Transfers (or what is called Financial Support for Administrative Territorial Units) are funded from voted amounts from the “state” or central government budget and contributions from *raions* where tax capacity is significantly above the average. Transfers to a *raion* equal the number of people in the *raion* multiplied by the difference between the jurisdictions projected per capita expenditure and its projected per capita revenue. If the projected per capita revenue of a jurisdiction exceeds its projected per capita expenditure by more than 20% it makes contributions to the central government revenue.

### **Box 3.2 New draft law on local public finance – potential changes**

The new draft law on local public finance reiterates the condition of financial autonomy of local governments and strengthens this by stating that “within the budgetary process, there is no subordination relation between the central and local public authorities and between local public administration authorities of level I and level II, except for the cases provided by law” and that “these relations are based on principles of autonomy, legality, transparency and co-operation in issues of common interest”. The draft law also sets out the right of local authorities to contest in administrative court any actions which infringe their local financial autonomy. It does not provide explicitly for the right to consultation, as in the existing Act.

The draft law proposes the determination of transfers to local governments on the basis of the gap between a target amount of revenue for a local authority in the previous financial year and actual average revenue for the territory. The target amount of revenue for an authority is based on 90% of the per capita revenue for the country in the previous year multiplied by population and weighed to take into account the level of need in a territory (factoring in the extent of urbanisation, the proportion of children in the territory and adjustments for size to compensate jurisdictions with very few inhabitants for lack of economies of scale in service provision). A critical proposal in the draft law – still to be considered by Parliament - would be that transfers flow directly from central Government to primaria, and not via the raions.

### **3.2.4 The status quo with regard to decentralisation and local autonomy**

Moldova has made great progress since 1994 in putting in place administrative and fiscal legislation providing the base for viable local government structures. The Constitution, administrative law as well as public finance legislation clearly states the principle of decentralisation of service delivery and autonomy of local government, also in fiscal matters. *Raion* councils and mayors are democratically elected. Legislation thus allocates functions and makes provision for “own” revenue of local authorities from which to fund service delivery in these areas.

In addition, the Law on Social Assistance also envisages local autonomy and initiative in the development of social services. It states in Section 10(5) that “local public administration shall organise the provision of social services subject to social problems existent within the area of coverage” and at 13(4)(a) that *raions* “shall emphasize local social problems, organization and provision of assistance subject to local requirements”.

As pointed out in later sections, while local autonomy in the delivery and financing of social assistance is stated in legislation, the fact that budgeting and determination of taxes remain fairly centralised, limits the actual autonomy of local government to decide about services and the funding of services.

## **3.3 The ISSS**

The social assistant and social worker are considered to be the main providers of social services at a local level according to the Law on Social Assistance of 2003. However, social services include much more than the services provided by these two types of worker. Social services can be broadly classified into three types: community services, specialised services and very high need services.

- **Community services**, or primary care services, give users an entry point into the social service system. Most people use these services near to where they live. These services are often quite general and relatively cheap to provide. They can help to prevent people from finding themselves in difficulty, and to identify and meet most of their needs if they do need assistance. Community services include services provided in community centres; services provided by social workers (domiciliary care) and social assistants; and social canteens.

Some are funded by primaria offices and donors, but most are provided by the raion SAFPD;

- **Specialist services** are those provided to people with more complex needs whose difficulties cannot be resolved within the community and through interventions of social assistants and social workers. These include services for children for whom substitute families must be found (through guardianship, foster care or adoption, or in family-type homes); day care centres; and short-stay centres such as temporary placement centres for mothers and babies, rehabilitation centres and social apartments. It also includes the prosthesis service which provides mobility aids. Again, most of these services are provided by the raion SAFPD, except for the prosthesis service which is operated by the central government with the SAFPD providing the liaison between client and the prosthesis provider. Some services are delivered by non-government providers; and
- **Very high need services** are those that are intended for people who need extremely specialised social service support, particularly 24-hour continuous care and often in residential institutions. Only a very small proportion of people need services of this sort. Often one might expect to find only one of each type of service available in the whole country. These services tend to be very expensive because of their highly specialist nature. These may be provided by the raion SAFPD or, more usually, the central government.

Before the elaboration of the ISSS no distinction was made as to whether a social service was intended for widespread general use at community level, or was a highly specialised service for use only in the most urgent cases (unlike in health care, where the distinction between primary, secondary and tertiary health care services has long been accepted worldwide). As a result the primary-level services were not prioritised. If this categorisation of services is applied retrospectively it is clear that there has traditionally been relatively little differentiation between the number of people receiving the different types of service. In 2006, for example, 39% of beneficiaries received community services (mostly domiciliary care or meals in social canteens) while 32% received specialist services, and 29% received the high-cost services which, in future, are intended to be reserved for those in very high need (mostly full-time residential care and sanatorium treatment) (see Figure 3.1).

**Figure 3.1 Provision of service types to beneficiaries, 2006**



Source: OPM and EveryChild (2008). Note: (1) Data excludes recipients of cash support such as from the Fund for Social Support of the Population (FSSP). (2) Figures on the right are total numbers of beneficiaries.

The aim of the ISSS is to achieve a shift to high quality social services that focus on the user, provide community support wherever appropriate and minimise intervention in the beneficiary's life whilst producing a lasting and positive impact. This therefore means providing people with much greater access to community services at the local level and to reduce the reliance on residential care (very high need services) where it is not essential. These services can have a greater impact on people's quality of life, and at the same time they can be provided at a lower cost per person. With the same annual budget it is therefore possible to provide appropriate services to a much larger number of cases.

## ***Organisational assessment of the raions***

If a much higher proportion of people access community services, and a much smaller proportion receive very high need services, the implication for raion SAFPDs is that they will have to put in place a mechanism for moving from a reliance on residential care towards finding possibilities for support at community level, which also involves creating and expanding services at that level. Extending the coverage of social services to satisfy the needs of more people in this way has to be done within the constraints of their own budgets as well as those at national and *primaria* level. The services that are in place at present are discussed in section 4 next.

## 4 Services—availability and access

### Key findings

#### 4.1 Supply of social services

- All sampled raions provide a core set of basic social services through social assistants, social workers and a range of raion specialists. But access to additional social services outside this core set varies widely across the different raions. This is true for long established services such as social canteens as well as more recent initiatives such as foster care.

#### Community services

- Community-level services have developed considerably in recent years but are not yet utilised to the extent foreseen by the ISSS. Practitioners generally accept the need to move towards more community-level services and most commonly perceive funding and capacity to be the binding constraint. In isolated cases the constraint is a lack of knowledge about the nature and benefits of community-based services, not only among service providers but also in the primaria and raion administration.
- Social assistants as well as specialists do a lot of administrative work (including administration of short-term cash benefits). Caring, counselling and advisory work is less prominent. In better performing raions they have more direct client contact than in lower performing raions.
- Social workers are faced with many menial tasks outside the normal ambit of social work professionals, such as chopping firewood, fetching water and paying bills. This takes a lot of their time. As a result many people who could benefit from the home care service cannot access it.
- Community services do not have to be provided by local public administrations only, but use of other service providers is so far *ad hoc*.

#### Specialist services

- Facilities and staff that ought to be reserved for specialist care tend to be used mainly for non-specialist treatment. There is little evidence of the availability of advanced psycho-social services or of other rehabilitative care (occupational therapists and physiotherapists).

#### Very high need services

- The rate of institutionalisation of children by raion is not related to whether the SAFPD is considered a strong or weak performer (according to the most recent available data). Raions which do not have an institution on their own territory funded from the central budget tend to have a lower rate of institutionalisation than average.

#### Other services

- Cash allowances for vulnerable people ('material aid'), administered by the SAFPDs, reach far more people than the entire in-kind social service system. In 2006 some 296,000 people received aid from the Funds for Social Support of the Population, and 155,000 received transport compensations for people with disabilities, compared with only 78,000 who received in-kind social services such as home care or residential care.

[Continued]

[Continued]

**4.2 Demand for social services**

- Many vulnerable people who could benefit from care receive few or no services. These include people with mental health problems, people with drug and alcohol dependency and the homeless.
- Some local administrations recognise the impact of changing population structures on the likely demand for social services but there is not yet strong evidence of planning to accommodate these changes

**4.3 Support needs**

- Raion SAFPDs seek not only financial support from the central government but also guidance and training on how to develop services, including in some instances basic information on the types of service that can be provided.
- SAFPDs also seek advice in working with other stakeholders to achieve change.

This section discusses what social services exist for potential users, who needs them and how they access them. The focus is on services provided by the raion SAFPDs but the study also refers to services provided by other levels of public administration, including primarias and central government, as well as those provided by the private sector, civil society organisations and individuals where applicable. It also looks at what services other than social care services are provided by the SAFPD, and how this affects their ability to provide social care services<sup>2</sup>.

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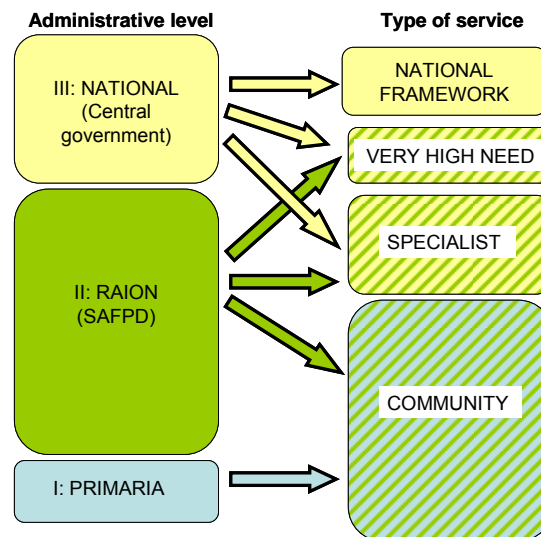
<sup>2</sup> The range of services delivered is determined by three types of inputs—human resources, material inputs and financial resources—and also by the process by which these inputs are used to deliver outputs, which requires attention to the whole policy cycle from the identification of need through to prioritisation, implementation, monitoring and reporting. These determining factors are analysed in sections 5–9 below.

### Box 4.1 What are SAFPDs responsible for?

There is a lot of confusion about the difference between the three levels of public administration (primaria, raion, national level) and the three types of service which broadly equate to the distinction between primary, secondary and tertiary services in the health sector (here defined as community, specialist and very high need services).

Raion SAFPDs—the middle tier of administration—do not just deal with mid-level specialist services: they are responsible for services of all types, from the community upwards. Primarias run a few community services. The central government operates some specialist and very high need services and also provides the overarching national framework for social services. The aim of the strategy is to shift the emphasis of service provision in favour of community services. The raion SAFPDs are the focus of the reform because they are responsible for many of these services. But it will also be important for the MSPFC and raions to support primarias in strengthening their own community-level services, and for central government to come to a consensus about how to reduce reliance on the very high need fully residential services, many of which are under its control.

Figure 4.1 Administrative levels and types of social service



Source: OPM.

## 4.1 Supply of social services

All the sampled raions offer a core set of social services. At the community level these are the services delivered by social assistants and social workers. At the specialist level each raion provides a service for guardianship and adoption of children, and coordinates the use of the prosthesis service for people with limited mobility. Among services for people with very high need, each raion sends beneficiaries for sanatorial treatment at one of the two nationally run sanatoria and all have some residents in full-time institutional care (though not all have a full-time residential institution on their own territory).

Some raions also offer additional services which are not available everywhere. Some are already long established, such as social canteens. Others are recent innovations, some of which are recognised in national legislation. These include foster care for children and substitute family care for adults, day care centres, and full-time personal carers for disabled adults living at home. Some raions have developed family support services to prevent child separation, reintegration and care-leaving services for children from residential institutions. Many raions offer legal advice to people in

difficulty. Chisinau has created numerous services for children, such as community centres and interest groups for recreational activities such as arts and crafts. Often services link into other public sectors, such as support for obtaining medication, support to beneficiaries to gain employment, and the provision of access to educational services.

Services are often governed by state regulations, though not all services listed in the law have an accompanying regulation. Where national regulations are absent for a particular service local authorities are permitted to draft and approve their own locally applicable regulations. For instance, Ungheni has developed a regulation on personal care for people with disabilities who are bedridden. Chisinau has regulations on community activities for children, adolescents and families; free travel for children from vulnerable families; and rehabilitation and social assistance for victims of abuse. When regulations are developed locally for services not mandated centrally, it is up to the local public administration to fund the service through its own resources or by obtaining external support.

An important method of ensuring that people receive the most appropriate care for their needs, and of restricting access to the most expensive very high need services in cases where they are not necessary, is the existence of a well functioning referral mechanism. A referral process is under discussion by the MSPFC and is illustrated in Annex C. In essence, the referral mechanism proposes that every effort is made to resolve problems by using community-level services. Only if a case is too complex is it referred upwards to specialist services; and only if those, too, are insufficient are very high need services used. The referral mechanism requires collaboration and an exchange of information between people working at different levels of the system. Some raions have developed their own system of referring cases upwards from the community social assistant to the raion where a problem is unable to be resolved at community level. Often the cases that are referred upwards are connected to requests for the provision of material aid which is overseen by the raion SAFPD, rather than just the complex social service cases.

The remainder of this section discusses the different levels of service provision and the way that the services are currently delivered.

### **4.1.1 Community social services**

#### **Services provided by social assistants**

As mentioned above, the Law on Social Assistance provides for social services to be carried out by social assistants and social workers. Since the beginning of 2007 a network of social assistants has been established across all raions of the country to provide services for people in difficulty (see section 5 for details of the personnel). The job entails identifying people at risk and implementing measures to mitigate risk or resolve social difficulties. Awareness and understanding of the role of the social assistant—both among the general public and among other staff in the raion administration—is greater in raions where the service has been longer established or has had more external support.

Raions vary in their understanding of the focus of the social assistant's job. In all sampled raions there is a great emphasis on administrative tasks, especially helping people to apply for material aid, filling in the social questionnaire, maintaining the community's 'social passport' and supplying data to people who request it<sup>3</sup>. In raions that have had more technical support the social assistants

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<sup>3</sup> The 'social questionnaire' is a form containing data on an individual's socioeconomic situation, used when applying for material benefit. The 'social passport' is a document containing summary information of the whole community. This includes quantitative data on the population of each community, such as the number of children, elderly, veterans, and people with disabilities, as well as information on community infrastructure such as schools, kindergartens and land.



refer also to carrying out case assessment and drafting and implementing care plans, but this is less evident in raions where staff have had less training and support. There is also a difference in the amount of time spent in the office compared with the amount spent in the field. Social assistants who have received less support and training in individual needs assessment, and who therefore spend more time on helping people to fill in forms and on maintaining records, tend to spend the majority of their time in the office, while those who have received more support tend to spend more time in the community, engaged in face-to-face work with beneficiaries. Access to appropriate office and consultation space is, however, very uneven, a matter which is discussed in more detail in section 7.

There is evidence that social assistants are taking on wider community-level responsibilities in the absence of other local professionals. In particular, in one raion a lot of social assistants' time is spent on basic medical support including accompanying the beneficiary to a health care professional, often at the raion centre, and obtaining medication on the beneficiary's behalf. This implies a need for the government to consider distribution of resources across ministries to ensure that funding for one service is not simply concealing gaps in funding for another.

In Chisinau, where services for children are administered separately from those for adults, there is a relatively low proportion of designated posts for social assistants compared with the population, especially for children. However, the functions that are carried out by social assistants elsewhere are provided by other types of workers such as 'social pedagogues' and leaders of interest groups ('circles'). The social pedagogue works directly with families, particularly on preventive work with children regarding domestic abuse, drugs and alcohol and other social issues, while the leader of circles runs extra-curricular activities such as sport, music and craft. Occasionally these facilities are used by adults as well, though not on a systematic basis.

### **Services provided by social workers**

There is a long tradition of social workers providing domiciliary care in Moldova. According to regulation this service can be provided only to single elderly people, especially those with disabilities<sup>4</sup> Social workers are required to give services (from a defined list) to 8–10 people each in rural areas, and 10–12 in urban areas. The formal responsibilities of social workers cover the day-to-day domestic tasks of the beneficiary, including washing and dressing, shopping and paying utility bills.

In practice social workers take on duties that are much wider than those formally required. The functions carried out often reflect the greatest needs of the beneficiaries but these can seem far removed from the social workers' obligations in social care. For example, in villages that are not connected to a mains water supply the social worker can spend a huge proportion of time fetching water from a well several hundred metres from her beneficiaries' homes<sup>5</sup>. In homes without regular heating the social worker may spend time chopping firewood or enlisting members of her own family to do so on the beneficiaries' behalf. This indicates that developments in infrastructure, or the mobilisation of other volunteers in the community to carry out such work, would have a significant impact on the time available to the social worker to carry out care activities.

Some social workers suffer from inefficiencies in their working practices which impact further on their time available to provide direct care to beneficiaries. For instance, they may walk to and from the market several times in one day to buy food for different clients, for reasons including

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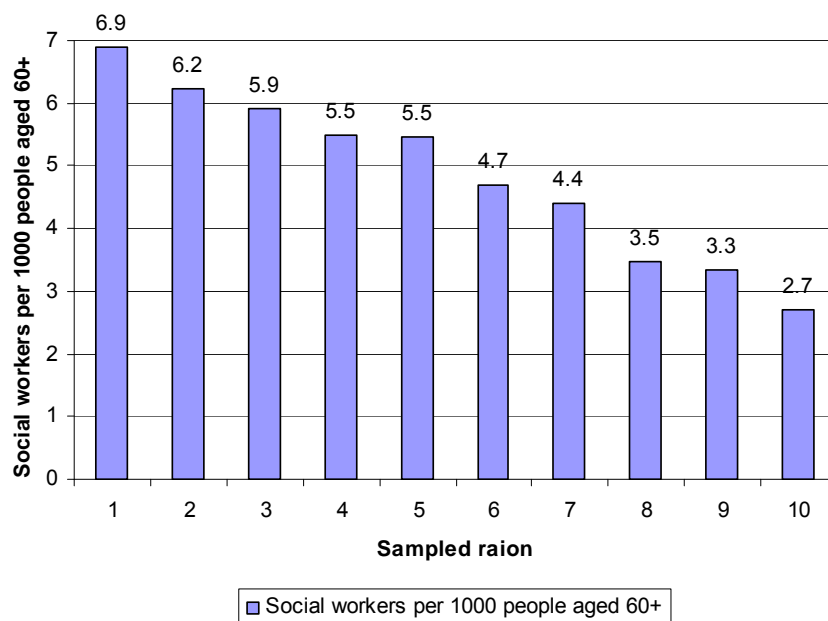
<sup>4</sup> Framework regulation regarding domiciliary social care for single elderly and disabled people, no 16 dated 22.04.1994

<sup>5</sup> Social workers are considered to be feminine here since all but one of those met were women, though this is not a requirement of the job.

difficulties in identifying the requirements of all clients in advance (particularly where there are no telephones) and problems with transporting large amounts of food at once. In one raion they express concern about waiting a long time in queues to obtain medicines. In another the absence of a public laundry means that social workers are spending time washing clothes by hand in their own home.

The number of social workers in a raion is not directly related to the number of elderly people in that raion (see Figure 4.2). Nationally there are 4.9 social workers for every 1,000 people over the age of 60. Since each social worker has a workload of approximately 10 beneficiaries, this means that approximately 50 in every 1,000 elderly people receive home care, or about 5% of the total.

**Figure 4.2 Social workers per 1,000 population aged 60 and over, by raion**



Source: OPM. Data on the number of people aged 60+ per raion is drawn from the 2004 census. The raions in the illustration are those interviewed for this study. Note: The national average is 4.9 social workers for every 1,000 people over the age of 60.

However, there is wide variation around this norm, with the ratio of social workers to elderly people ranging from fewer than three per 1,000 to almost seven per 1,000 in the sampled raions (in other words, between 3% and 7% of elderly people in a given raion receive home care)<sup>6</sup>.

<sup>6</sup> Note that this is not intended to imply that there should be a norm, since the proportion of people over the age of 60 who may need home care services may differ between raions. A comprehensive analysis of the number of social workers required per raion would take into account the individual needs assessments of beneficiaries. Nonetheless it suggests that some raions may have greater unmet needs than others.

#### **Box 4.2 Good practice in home care services**

Many good practices can be identified in the planning and provision of home care services in different raions. For example:

- A raion groups the workload of a single social worker by geographical area within a primaria wherever possible, to reduce the amount of time spent walking between beneficiaries, and to eliminate overlapping coverage of an area by different social workers.
- A raion aims to ensure that new beneficiaries of home care services are those in greatest need, not necessarily those that have been on the waiting list the longest.
- A raion is considering whether and how to encourage the use of paid home care services by people who are not formally eligible but who are in need, where they can afford it, both to extend coverage to people in need and to provide revenue for delivering services to others in need of assistance.

Communities contain people other than the single elderly who may also benefit from home care. These people are not always eligible under current regulations. Elderly people who have families, but whose family live far away or who are not in contact with them, are one such example; children and adults with disabilities, especially those who are bedridden, are another. Any review to quantify the need for social workers should take into account these potential beneficiaries, which is a larger number than simply those that are known to be on waiting lists for home care support. The method of allocating cases and time with beneficiaries to vary according to need could allow for significantly more than 10 cases per worker.

#### **Social canteens**

Social canteens, which provide meals for a fixed period for set categories of vulnerable people, are fairly widespread across the country although they are not present in every raion. In 2006 some 97 social canteens provided meals for about 4,300 people (MSPFC, 2006). Beneficiaries are entitled to up to 30 meals in every quarter. The canteens are considered to be beneficial not only because they provide food but also because they provide an important opportunity for isolated elderly people to socialise: in other words, they serve as a form of community centre for this group. In addition to the elderly, the Law on Social Canteens (no 81 of 2003) also authorises the provision of food to the disabled and children from vulnerable families. A drawback of the service in its current form is that, according to the regulations, it cannot provide different numbers of meals to people with different needs regardless of their ability to cook and feed themselves; nor can it vary the amount of meals according to the time of year, though there is concern that there is a greater need for the service during winter.

The Law on Social Canteens provides a broad mandate to local authorities for nutrition services but leaves discretion to local authorities in terms of provision. It also provides for funding from 'local funds of population social support and corporate social responsibility and voluntary humanitarian funding'. As a result there is (and can be expected to be) quite a bit of unevenness in provision of canteen services across the raions visited, both in terms of numbers of people served, specific groups served and the extent of the service.

Raions are innovative in the way they provide the social canteen service. In some raions the social canteen uses the kitchen facilities of the local school or kindergarten to avoid duplication of facilities and equipment. In another, a local *internat* provides meals to children who live at home but whose families have difficulty feeding them. A few raions deliver food to beneficiaries' houses, which is excellent as these housebound people are often those in greatest need, but only about 5% of beneficiaries of social canteens receive meals in this way as the transport costs can be prohibitive and in some cases are thought to be more than the cost of the food itself.

## **Other community services**

The use of social canteens as a place to socialise highlights the need for a multipurpose space (a 'multifunctional community centre') where people can gather to meet one another, run small groups such as parent and baby groups, and obtain advice on social information. The need for such a place is expressed by some of the respondents to the study. This does not need to be a separate building but could be part of an existing building such as the local kindergarten, as mentioned above, or a room in the primaria administration.

Some community services are delivered and/or funded by non-state providers such as NGOs. These can work successfully as a complement to raion-level services where the non-state provider collaborates closely with the primaria or raion administration to fill a gap. Chisinau offers a very successful example of how close collaboration with other agencies and authorities can lead to the provision of an innovative range of community services. For example, it negotiates each year with local firms and primarias to provide free laundry services for the elderly and disabled; and it arranges for trainee hairdressers to provide free haircuts to beneficiaries. By working with NGOs it has been able to attract humanitarian aid in the form of free food and second-hand clothes. However, such instances of collaboration with other service providers are not widespread in Moldova.

### **4.1.2 Specialist services**

Over 10,000 children in Moldova are estimated to be looked after by guardians or adoptive families as well as in foster care and family type homes. The processes for placing children under guardianship or adoption are different. The guardianship service is the responsibility of the mayors of the primarias. They approve the guardianship, prepare the documentation and inform the child protection specialist at the raion so that the placement is registered. In the better resourced raions the children under guardianship are monitored from the raion: the guardians are visited at home and attend information meetings and may receive material aid. This is not the case in the less well resourced raions. In contrast the adoption service is fully the responsibility of the child protection specialist at the raion. This service has been in place for some time and is taken account of explicitly in funding norms. This means the service is provided in all raions. Some raions are, however, known to have provided training to adoptive families through voluntary sector support which is not available to all raions.

The whole area of responsibility of child protection which is transferring from the Ministry of Education to the SAFPDs is one where most if not all SAFPDs have little prior involvement or expertise, and acknowledge that they are not currently in a position to assess the scale of child abuse or neglect, or to make significant interventions.

Foster care is now regulated by government decision and is established in a number of raions<sup>7</sup>. So far the service is more highly developed in raions that have received external support and that have set up a gatekeeping commission to reduce entry into residential care. Ungheni and Soroca, in particular, actively promote fostering of children and have good experience in this field. Among raions which do not yet have a foster care service, reasons are mixed. One was not familiar with the concept but, on hearing of it, expressed an interest in the service. Two sampled raions are aware of, and interested in, fostering but feel that they cannot devote the appropriate financial resources to the scheme. In one raion there is concern about developing a foster care service because the SAFPD is unsure how it would be able to monitor the quality of foster parents. In the raions that have embraced foster care, some are now considering how to extend the scheme to

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<sup>7</sup> Government Decision no. 1361, dated 7 December 2007.

adults. In one sampled raion, for example, an elderly single person is being cared for in the home of a neighbour as an alternative to full-time residential care.

Ungheni is creating a new service of personal carers to enable adults with disabilities, particularly those that are bedridden, to live in their own home. The support is similar to that provided by social workers but is available to the beneficiary full-time. This is different to adult foster care because with foster care the beneficiary lives in the carer's home whereas with personal care the carer goes to the beneficiary's home. To date, Ungheni has employed more than a dozen personal carers, funded from the local budget. There is a demand for more carers but the supply is limited by financial considerations. Other raions, including those that have had less technical support to date, are already exploring the possibility of developing a similar service.

The prosthesis service, operated by the central government, could have an important role in preventing institutionalisation and improving socialisation because by providing beneficiaries with mobility aids it enables them to maintain independence. This in turn reduces the pressure on more intensive—and expensive—social services. But it is understood that this year the service has been suspended for several months owing to financial constraints, which is a concern. If the new strategy is to result in an increased reliance on the prosthesis service it will be important for the difficulties in managing the service to be resolved. The highly centralised nature of the service, which operates from a single factory in Chisinau, seems to be a bottleneck in delivery. Raions report that use of the service by beneficiaries is bound by a time restriction (for example, certain mobility aids are renewed only once every three years) rather than by the need of the individual. The main role of the prosthesis specialist is administrative—maintaining lists of users of the service—rather than a technical one of identifying individual needs and sourcing suitable suppliers. In Vulcanesti the role of prosthesis specialist is combined with role of specialist for elderly and disabled.

The assessment team found that while many of the services provided by specialists are important they are not in fact specialised. Apart from the area of substitute families for children there are few specialist services to which social assistants can refer clients if their needs that are greater than those they can address in the community. For example, there is a lack of psychosocial services and rehabilitative services such as physiotherapy or occupational therapy. A chiropody service is not yet developed, although this is vital for maintaining mobility, especially among elderly people.

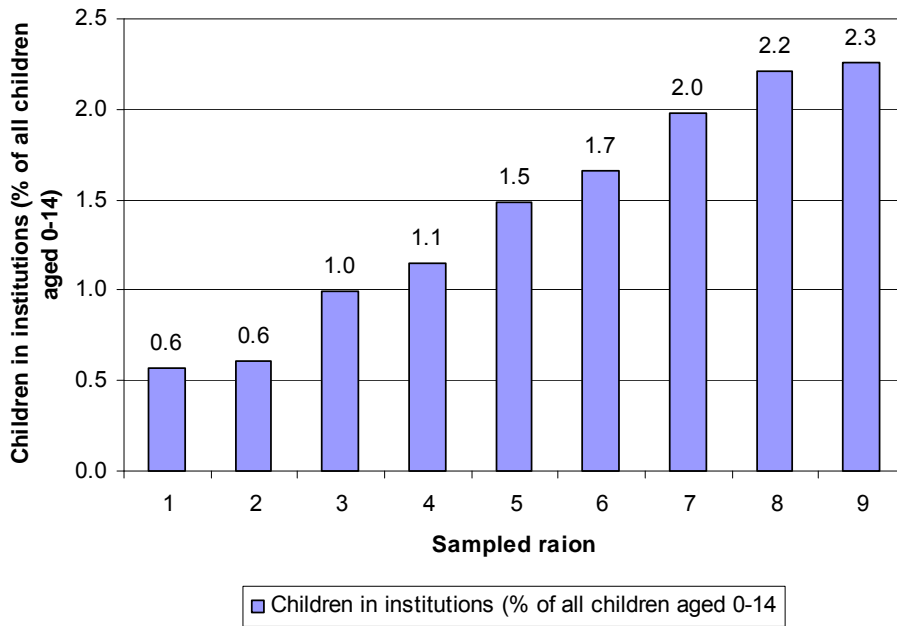
#### **4.1.3 Very high need services**

Where raion SAFPDs run services for beneficiaries in very high need these are usually residential homes for the elderly and children. But all raions also commit citizens to residential care in nationally run institutions, especially internats for children. The use of residential care by different raions varies enormously. A rapid assessment of 67 institutions for children by UNICEF in 2007 identified the raion of origin of all children resident in institutions in Moldova at the time of the survey<sup>8</sup>. The data reveal that the raion with the highest rate of institutionalisation of children is 18 times more likely to commit children to institutional care than that with the lowest rate of institutionalisation. The rate of institutionalisation of children from the sampled raions is presented in Figure 4.3 below.

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<sup>8</sup> UNICEF (2007). The 67 institutions for children in difficulty that were surveyed are 62 run by the Ministry of Education and Youth, two run by the MSPFC, two by the Ministry of Health and one by a local public authority. At the time of the survey (Jan–Mar 2007) this comprised 11,096 children.

Figure 4.3 Rate of institutionalisation of children from sampled raions, 2007



Source: OPM. Data on the number of children in institutions are from UNICEF (2007) and accompanying spreadsheets kindly supplied by UNICEF. Data on the total number of children in the raion is from the 2004 census. Notes: (1) The denominator is the total number of children aged 0–14 in the population at the time of the census. The numerator is all children in institutional care, which includes children over the age of 14. The different age groups therefore mean that the rate of institutionalisation is slightly overstated, though the trends remain comparable. (2) Separate figures are not available for Vulcanesti so the chart shows data for the other nine raions.

UNICEF's survey was carried out at a time when raion gatekeeping commissions were at an early stage of development and not yet established in government regulations. The effect of these commissions is therefore not shown and cannot yet be quantified. But two general observations can be made. First, raions which have no residential institutions on their territory tend to send fewer children to institutional care. All the raions in Moldova that do not have an institution have a rate of institutionalisation that is at or below the national average. Second, there is no correlation between whether a raion is considered a strong or weak performer and how much of its population was committed to institutions at the time of the UNICEF survey. It is not the case that raions that are considered strong send fewer children to institutional care than those that are considered less strong.

It is surprising that this is the case because the better performing raions have a wider range of alternative services available, as discussed in section 4.1.2 above. One explanation is that the services were not long established at the time of the survey. The situation may change because the raions that are deemed to be strong performers have progressed further with the establishment of gatekeeping commissions, so in future—if the commission is effective—they will have a more restricted flow of children into residential care. Raion gatekeeping commissions are responsible for assessing children from their own raion. It will be important for SAFPDs to continue to receive support in setting up gatekeeping commissions to contribute to the reduction in institutionalisation of children nationwide.

Sanatorium tickets are available in all raions and are distributed on the basis of data from the National Social Insurance House, in line with government regulation<sup>9</sup>. Beneficiaries, who are the elderly or people with disabilities, are formally entitled to get a ticket once every three years. Beneficiaries are not means-tested. If this service is to be re-targeted at the neediest people under the new strategy it will be necessary to develop a mechanism for assessing individual need for the service, perhaps as part of the general assessment by the social assistant. Sanatoria may in fact be able to provide valuable respite care to a wide range of beneficiaries under the ISSS.

#### **4.1.4 Other services provided by SAFPDs**

##### **Cash assistance**

The Moldovan system of cash benefits consists of:

- Social insurance benefits for retirement, unemployment, disability and health care.
- Social assistance benefits including nominative compensations, protection in the event of illness and work incapacity, protection in case of loss of the breadwinner, child and family allowances, benefits for carers of people with disabilities, and additional compensations for certain categories of people such as victims of Chernobyl.
- Short-term (or emergency) assistance to households and individuals payable from the Republican Fund and local funds for Social Support of the Population (FSSP).
- Transport benefit or compensation for the elderly, disabled and war veterans.

The first two benefits (social insurance and social assistance benefits) are administered by the National Social Insurance House, while short-term relief and transport are administered by raion SAFPDs. The forthcoming Law on Social Support of 2008 will introduce a new means-tested cash benefit targeted to poor households. The intention was that this new cash benefit would replace the nominative compensation which is not adequately poverty targeted and that it would also be administered by raion SAFPDs.

Once these reforms have been completed the cash benefit system will consist of three complementary elements, each with specific aims: (a) Social insurance to provide social protection within a contributory environment for those in formal employment; (b) long to medium-term cash social assistance to households with inadequate assets and labour market capacity to ensure the income to cover the basic needs of the household; (c) short-term or emergency support to households. The National Social Insurance House will manage social insurance and the raion SAFPDs the other two benefits.

Transport compensation compensates elderly and disabled people and war veterans for transport expenses. These allowances include compensation for the use of public transport by people with disabilities and their carers, and fuel allowances for people with disabilities who have their own vehicle<sup>10</sup>. The funds are provided by the central government. Short-term relief is paid from the Republican Fund and local funds for Social Support of the Population to support households in an emergency; the funds are also used to fund community events on commemorative days celebrating children, the elderly and other groups<sup>11</sup>. These funds come from central government,

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<sup>9</sup> Government decision no. 32, dated 9 June 2003.

<sup>10</sup> The right to compensation for the use of public transport by people with disabilities and their carers is established under law no. 821 – XII of 24 December 1991 on social protection of invalids. Compensation for the maintenance of own transport is regulated by Government Decision no. 1268 dated 21 November 2007.

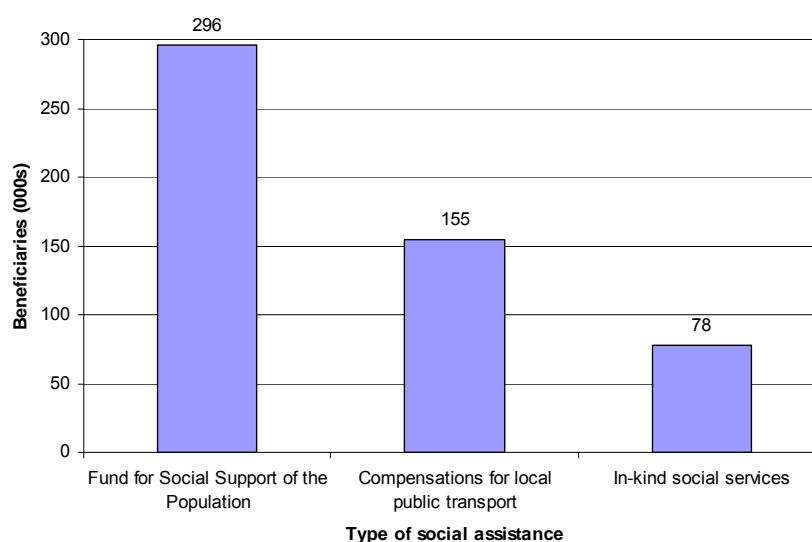
<sup>11</sup> See Law No. 827 – XIV of 18 February 2000 and Government Decision No. 1083 of 26 October 2000.

private companies including telephone companies and exchange bureaux, the raion's own resources and the primaria.

Recipients of transport compensation and short term relief are the overwhelming majority of beneficiaries of services run by the SAFPD, and vastly outnumber the recipients of any other form of social service including all who receive community care or specialist care or live in residential institutions. In 2006 the number of beneficiaries of the FSSP was more than 296,000, and the number of beneficiaries who received compensation for local public transport is 155,000<sup>12</sup>. In contrast the total number of people receiving in-kind social care services in 2006 is 78,000 (Figure 4.4 below). So from the point of view of the number of beneficiaries, cash benefits have a much greater reach than in-kind services. The sums of money administered through these payments are also large—the FSSP alone disbursed some MDL 85.3 million in 2006—but the expenditure on in-kind services is greater<sup>13</sup>.

The administration of these payments is a very large operation for the SAFPDs. Social assistants, and previously social workers, advise communities on the availability of the funds and help applicants to fill in the social questionnaire to apply for material aid. The raion receives applications and, in the case of the FSSP, a raion-level commission makes the decision about whether to award a payment and how much. Raion specialists maintain records on the recipients and oversee the disbursement of the funds, either through the bank or post office or else directly from the SAFPD office.

**Figure 4.4 Recipients of cash compared with in-kind social assistance from SAFPDs, 2006**



Source: Beneficiaries of the Fund for Social Support of the Population and the compensations for local public transport are from MSPFC (2006). Beneficiaries of in-kind social services are estimated in OPM and EveryChild (2008). Notes: (1) Number of beneficiaries of in-kind social services includes recipients of all types of service in Moldova, not just those administered by the SAFPD. (2) There are some additional cash funds which are not shown here, such as the fund for reimbursement of railway journeys for war veterans and the fund for compensation for own transport for people with disabilities. These are much smaller.

<sup>12</sup> MSPFC (2006).

<sup>13</sup> An analysis of costs is provided in the forthcoming public expenditure review for social protection which is a companion document to this report.



Duties relating to the administration of these cash allowances take up a very large proportion of the time of people who work in the SAFPD itself, especially the specialists, as well as of the social assistants. Often it is seen as the main task to be done. In an environment where human and financial resources are constrained, the success of the future development of in-kind social services is therefore heavily dependent on the amount of resources that are consumed by the administration of the cash compensations and material aid. If the administrative burden of these allowances can be reduced this will greatly increase the time available for other social service work.

The introduction of the Law on Social Support will add further to the administrative duties of the SAFPD and in the introduction of the new cash benefit it will be important to assess how the other work of professional social care workers (specialists and social assistants) can be protected against too much additional administrative work<sup>14</sup>. At the same time it will be important to clarify the respective purposes of social support and the FSSP. There are three issues here to be resolved:

1. The two types of benefits should be targeted at different groups of people. While social support is a means-tested benefit targeted at the poor, the FSSP is intended to provide relief for one-off emergencies. At the moment, though, it seems that the FSSP is itself partly used as a poverty benefit. Recipients may apply every 11 months and in some raions almost all requests are granted without consideration of the emergency. It is not known yet whether the new benefit will reduce the number of applicants for the FSSP. Nonetheless the MSPFC should advise SAFPDs as a matter of urgency on the different uses of these benefits in order to reduce duplication.
2. Much of the information that is required from applicants for short-term material aid—the information that must be entered into the social questionnaire, and the supporting documentation—will also be required to apply for the means-tested cash benefit. There is a risk of duplication in executing tests and gathering information between the two systems. This could be reduced if the checks carried out for the means-tested benefit are considered valid also for the material aid, so that documents do not have to be presented more than once in the case of households who apply for both benefits. Such a procedure would reduce the administrative workload of the SAFPD.
3. It is necessary to provide urgent guidance on which members of staff are recommended to be responsible for administering the new benefit in order to clarify the situation to social assistants and specialists.

### **Other areas of responsibility**

The remit of the SAFPD includes implementation of policy on some issues which fall outside the sphere of social assistance (cash support and social services) but which are also incorporated within the mandate of the MSPFC. These include topics such as equal opportunities (including gender equality) and trafficking. In general there is not a focus on these areas in the SAFPDs, nor is there a clear vision of what activities need to be carried out. People who are at risk of, or have been subject to, trafficking may be treated as users of regular social services. The team does not mean to imply by this observation that these topics should be dealt with by independent specialists, since they may be less of a priority or may be dealt with as part of the routine of existing staff.

Among other responsibilities there are the administration of credits and gas connections for certain categories of people, including vulnerable groups. In one sampled raion the specialists deal with medical insurance for certain people who are entitled to free health insurance.

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<sup>14</sup> This law has been passed by government and parliament but has not yet been approved by the president at the time of writing (August 2008).

## **4.2 Demand for social services**

### **4.2.1 Access to services**

Government regulations define who is entitled to receive each type of social service. Services are then generally provided strictly to those eligible according to these regulations. Some of these services are taken into account when the government calculates the size of financial transfers from the centre to the raion administration, but others are not. For those that are taken into account, the amount is paid on a per-capita basis so the government is indicating how many people are expected to receive each service when it sets the transfer<sup>15</sup>. The advantage of this norms-based system is that it matches service provision with the available funds and can be a useful means of concentrating resources where they are considered to be most in need.

However, this type of targeting can result in three broad errors of exclusion. First, there may be people who would benefit from a service but who do not receive it because they do not meet the eligibility criteria. Second, people may be eligible for a service but do not receive it because there are difficulties in obtaining funds to provide the service. Third, eligible people may not receive a service if all the funded places for the service have been filled.

The focus of many social services are children, adults with disabilities, and single elderly people with no family. The great majority of the 78,000 people who received social services in 2006 fall into these categories. Social assistants cite a number of other groups of vulnerable people who tend not to access services but who might benefit from receiving them. These include:

- people with mental health difficulties;
- people with drug and alcohol problems;
- victims of abuse;
- the homeless;
- teenagers; and
- vulnerable young families (e.g. who are unemployed and have no land).

An advantage of the community-based approach to social services, with locally resident social assistants and social workers, is that in general there is not perceived to be a problem with identifying the people in a community who may need assistance: social service staff consider that the area they cover is small enough to enable them to know everyone who lives there. A drawback for the social assistants, though, is that the closeness of their association with the community means that sometimes they are deemed personally responsible and occasionally suffer verbal abuse if a person is rejected for, or finds fault with, a social assistance allowance or service.

There are other reasons why people do not always receive the services they need, which are not related to government regulations or budgeting issues. These include the cost of travelling to a particular location to receive the service, difficulties with supplying the appropriate documentation, and reluctance to ask for help.

It is not possible within this study to quantify the extent to which the most vulnerable people have access to the services they need and, conversely, whether the people who *are* receiving services are in need of them. However, the research reveals a wide variety of innovative practices used by raions to try and target their services appropriately. For example, the social questionnaire is used

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<sup>15</sup> Raions are permitted to provide services to more than the allotted number of recipients but they must fund the additional cases themselves.

as a standard tool for assessing poverty and vulnerability and identifying material need. In some communities there are regular exchanges of information between social service personnel, community leaders and local residents to identify people in difficulty: this includes formal meetings and also informal conversations between residents, the mayor and social assistants.

#### **4.2.2 Trends in demand for social services**

Moldova's population is decreasing, both because of migration—particularly among economically active adults—and because of natural decline. For the past 10 years the annual birth rate has been relatively constant, at between 10–11 births per 1,000 population, and the mortality rate has also been relatively constant but slightly higher, at 11–12 deaths per 1,000 population. This decline is expected to continue, so between 2009 and 2020 the overall population is predicted to decline by 121,000 (Annex Table D.1).

However, even though the total population is declining, the overall number of people requiring social service support is likely to increase. This is because the considerable decrease in the number of children and in adults under 60 is offset by a very big increase in the number of elderly people, who are in greater need of social care. The share of old people in the population is predicted to increase from 13% to 18% of the population by 2020. In a community of 3,000 people it is estimated that the number of individuals needing support from the social service system in a single year will be about 352 in 2009, rising to 373 by 2020, of whom nearly half will be elderly. About 40% of these people are likely to have a disability. There are also likely to be other vulnerable groups who, although not previously helped by social services, may become eligible to request support.

This indicates that it will be important to plan for increased provision of services for the elderly, such as part-time and full-time home care services, mobility aids and community centres where people can socialise. Moreover, even if the number of children decreases, there will be continued pressure on social services for children because many children are without parental care or are looked after by ageing guardians who may have their own particular needs.

The assessment team found that mayors and SAFPD staff in some raions are aware of the population dynamics in their locality (e.g. a decline in the number of economically active adults, or a rise in the total population) and recognise the impact of these changes on the community's likely need for social services. However, there is not strong evidence yet that raions are making long-term plans to accommodate shifts in demand for social services.

### **4.3 Summary of support needs**

The above analysis reveals a broad set of support needs for raion SAFPDs and their staff in the area of service provision. Some of these needs were articulated by respondents themselves during the assessment.

The raion SAFPDs with more highly developed services highlight above all the need for **financial** support, such as explicit funding for foster care. For other raions there are additional needs for **guidance and training** in how to develop the services. Those that are least confident in developing services also need support in the form of **basic information** about the possible functions of different services. Taking foster care as an example again, in the least informed raion the blockage that prevents the service from being instigated is that the raion is not convinced that it is an acceptable and safe form of alternative care. This also applies to services that are not yet strongly established in Moldova such as occupational therapy, physiotherapy and chiropody.

## ***Organisational assessment of the raions***

Similar support for guidance, training and information is required to deliver **services for people whose needs are not yet covered**, such as those with mental health problems and drug and alcohol dependencies.

To enable the child protection function to move from education to social protection the SAFPDs need support in **identifying obstacles** and **developing incentives** to eliminate concerns about the move.

In many cases social assistants indicated that they could give little real support to clients as their clients require **material support (income and or certain goods and services)** to improve their situation. This seems to be another indicator that the current system of nominal benefits (through the Social Insurance House) and disbursements from the Fund for Social Support of the Population (FSSP) are not targeted effectively to the poorest. However, in addition to grants targeted to the poorest, there also seems to be a need for some channel of providing emergency cash or in-kind support to clients, over and above what is available from the FSSP. This indicates the urgent need to target cash support properly as well as to develop a properly regulated system of emergency support which will remain under the control of social assistants<sup>16</sup>.

Social workers need support in **mobilising local communities and enterprises** to substitute for their non-care duties. Both social workers and social assistants requested closer liaison with fellow professionals such as in the health sector to coordinate their services to clients.

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<sup>16</sup> The forthcoming Law on Social Support aims to improve the targeting of regular cash support. It does not cover emergency support.

## 5 Personnel

### Key findings

#### 5.1 Posts

- All raions have similar staffing structures to those recommended by government decision regarding the apparatus of the SAFPD. But some have fewer staff posts, and some have many more. Where raions have more staff posts this is usually because they have created new types of job (such as personal carers) rather than because they have more of the traditional posts.
- Raions that are perceived to provide the best services are more likely to have additional staff than raions that are considered less strong.
- Recommendations for staff levels at the raion SAFPD are generally made on the basis of population norms rather than assessed need.

#### 5.2 Vacancies

- On average, raions are quick to recruit social assistance staff, have few reported vacancies and have a fairly low turnover. Chisinau is a big exception to this. It is much less successful than the rest of the country in recruiting and retaining social assistants due presumably to the availability of higher paying positions to relatively qualified people in the capital city.

#### 5.3 Management and supervision

- Social assistance staff are receiving some form of management and supervision even without these tasks having formally been defined. Many raions have developed their own practices.
- Salary scales for social assistants and social workers are interpreted in very different ways in the different raions.

#### 5.4 Qualifications and experience

- Social assistants have extremely varied academic and professional backgrounds. This implies a need for a highly flexible (perhaps modular) system of in-service training which allows staff to complement their existing skills and knowledge.

#### 5.5 Training

- Training, especially in-service training, is essential not only for social assistants but also for other employees of the raion SAFPD.

#### 5.6 Support needs

- Some of the requests most commonly expressed by SAFPDs include the need for office support staff, and substitute workers for when staff are on leave, as well as for a review of salaries.

## 5.1 Posts

The number of staff formally assigned to a raion SAFPD is directly related to the size of the total raion population and is recommended in a government decision of 2003 (which defines staffing levels in raion-level structures)<sup>17</sup>. The number of authorised posts is shown in Table 5.1 below. The question of whether or not the posts are filled is discussed in section 5.2.

The analysis here reviews these provisions from three perspectives:

1. Do raions have the number of staff posts designated by these recommendations? If not, how have they achieved the variation in staff levels, and what effect does it have?
2. Do these provisions reflect the likely level of need in the different raions?
3. What are the implications of the forthcoming strategy and legislation for required staff levels?

**Table 5.1 Recommended staff for raion level SAFPDs**

Post	Population size		
	<=50,000	50,001–100,000	100,001+
<b>Staff based in the SAFPD</b>			
Head of department / Director of Fund for Social Support of the Population	1	1	1
Chief accountant, including for material aid	1	1	1
Main specialist for problems of the elderly and disabled	1	2	2
Main specialist for problems of families with children at risk	1	1	2
Lead specialist for material aid to vulnerable groups	1	1	2
Specialist in the protection of child rights <sup>1</sup>	1	1	1
Specialist in prosthesis	0.5–1	0.5–1	0.5–1
Head of home care service	1 per 30 social workers		
<b>Staff based in the community</b>			
Social workers	1 per 10 beneficiaries		
<b>Social assistants</b>	<b>1 per 3,000 population</b>		

Source: Government decisions no. 688 and 689, dated 10 June 2003, except for the recommended staff level for social assistants which is regulated by government decision no. 24 of 10 January 2007. Note: (1) The post of specialist in the protection of child rights is being transferred from the education department to the SAFPD.

### 5.1.1 Number of posts

First, the number of staff posts is often quite similar to the provisions. For example, each sampled raion has at least one post for a specialist working with the elderly and people with disabilities, at least one person with responsibility for the provision of material aid to vulnerable groups, and at least one working with children at risk.

Some raions have fewer designated posts than recommended. The main example is Vulcanesti which is an unusual case since it operates under a different governing structure. Its social services are run from the regional centre in Comrat so it has no social assistance department of its own, therefore no head of department or head of home care; also its social assistants and social workers are employed by primarias, not by the raion, and it has many fewer than recommended.

<sup>17</sup> Government Decision no. 689, dated 10 June 2003.

However, it is not alone in not matching the provisions of the government decision. Some raions that are considered very strong performers also do not have the full complement of designated posts: one, for instance, reports having slightly fewer full-time posts for specialists in the problems of the elderly and disabled than is proposed by regulation. In this case it seems likely that the raion has varied its staff posts according to its assessment of its own need, which is permissible given that the staff levels listed above are recommendations rather than requirements.

At the same time some raions have more designated posts than recommended, or else have created new posts to carry out additional functions. An example of the former is a raion of less than 50,000 people that has two specialists for the elderly and disabled rather than one. Examples of the latter include staff to provide or oversee new services such as foster care and personal carers. Where additional staff are found it is usually because of the latter reason, i.e. posts are being created to do new work rather than to provide more of the same traditional support. Some of these staff work in the community while others have coordination roles in the SAFPD, such as raion-based social assistants. These additional personnel are not always employed as part of the formal apparatus of the SAFPD. The number of additional personnel in these cases far exceeds the number of official posts that are not used (for example, the raion mentioned above that has only 1.5 posts for specialists in problems of the elderly and disabled, instead of two full-time members, has more than two dozen extra staff carrying out other jobs). Some raions that are considered less strong do, nonetheless, recognise the need for staff to carry out the additional services they wish to provide. Where raions have extra posts they are usually funded by the raion's own resources.

Raions are authorised to transfer the post of child protection specialist from the education department to the SAFPD and this is expected to become mandatory through law (the Family Code) soon. This shift took place in order to ensure an integrated system of social services for children, with less fragmentation over government departments. In some raions this switch has already taken place, including in some raions that are considered to be in greater need of support. The move permits the SAFPD to be responsible for resolving violations of children's rights and to oversee adoption and guardianship procedures. However, the distinction between the duties of this person and those of the specialist for families with children at risk is not always clear.

Not all raions are clear about how many staff posts they are recommended or authorised to have. There is a particular difficulty concerning the number of social assistants and social workers. For social assistants, the MSPFC has a list of the designated number of posts per raion which is at the ratio of one per 3,000 population. However, two sampled raions estimate that the number of authorised social assistant posts is one per primaria; but since the size of their primarias is above the national average this means that the population-based allowance of the MSPFC actually entitles them to a greater number. For social workers, posts are designated according to the number of current beneficiaries, and some raions have a much larger number of beneficiaries than others.

The norm for social assistants causes practical difficulties. Two-thirds of primarias have fewer than 3,000 people and therefore are allotted less than one full-time social assistant. But at the same time central and local government authorities hope that all primarias will be covered by a social assistant. Raions have been innovative in developing solutions to this discrepancy and often try to ensure that as much of the population as possible has a social assistant in the community. Responses to the problem include:

- employing part-time rather than full-time social assistants in smaller primarias;
- adding social assistance responsibilities to the job of an existing employee in a related field, such as a social worker;

## **Organisational assessment of the raions**

- allotting a full-time social assistant to primarias regardless of population size, which means that some social assistants support populations of fewer than 1,000 people while others have up to 10,000 people within their catchment; and
- not covering the smallest primarias with a social assistant.

It is generally not considered feasible for a social assistant to work across more than one primaria because of the large distances involved. There is not a consensus on which of the above strategies is most effective. However, there is concern that part-time social assistants may receive only a half or a quarter of the average salary and yet often do as much work as their full-time counterparts.

Neither social assistants nor social workers have formalised procedures for covering for colleagues during periods of absence. Some staff take on the additional workload of their colleagues, such as visiting beneficiaries of home care services or carrying out the duties of a specialist at the SAFPD, if the usual staff member is unavailable. Some social workers rely on neighbours to provide temporary support. Sometimes, as in the case of maternity leave, additional duties by staff members may last for several months. This aspect could be successfully addressed by formal management and supervision structures.

Raions express concern about the number of support staff available to them. These include posts such as a secretary, driver and human resource manager. These posts are not on the official list recommended by the government decision. Some raions consider that the availability of support staff would free up the time of specialists and others for casework.

There is a debate about whether SAFPDs can be authorised to have more posts, and receive correspondingly more resources from central government, by being elevated from a 'unit' to a 'directorate'<sup>18</sup>. Some raions have already achieved this change. Such a change in status is usually the decision of the raion council. The main criterion is the number of staff. Smaller raions with three or four people working in social assistance are called units; in bigger raions with more staff there is a possibility of advocating for an upgrade to a directorate. Soroca is an example of where a unit has been upgraded to a department. The advantages of such an "upgrade" are that the post levels (and hence salaries) can be higher, support posts (HR, secretarial, driver) can be put in place and it increases the status of social assistants<sup>19</sup>.

The raions that are considered the best in terms of delivering a wide range of innovative services are also those that have the most extra staff. This includes both technical staff carrying out new jobs, and extra support staff that they have hired from their own budget. One raion that is considered an average performer has employed one extra support staff member (a driver). None of the raions that are considered least strong have additional staff. One factor in the success of the 'best' performers may be that they have benefited from external guidance in presenting the case for their additional staff needs to the raion administration and Ministry of Finance.

### **5.1.2 The need for social assistance staff**

As for the second question above, the recommendations are only loosely related to the level of need in each raion: they are based on population size rather than the need of the population. As a general rule it is true that large populations are likely to have more people in need of support (in

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<sup>18</sup> The distinction is regulated by government decision no. 525 of 16 May 2006 on the Salaries of Public Servants and Auxiliary Personnel.

<sup>19</sup> See Government decision no.525 dated 16.05.2006, regarding the salaries of public servants and auxiliary personnel.



absolute terms, not as a proportion) than small populations. But a significant factor which is not regularly taken into account is the population structure: raions vary hugely in the proportion of children and elderly people they contain, and this makes a big difference to the amount of services that are likely to be required. In the average raion children under 15 make up 20% of the population, but there is variation around this average from only 15–16% in the cities of Chisinau and Balti, up to 24% in Cantemir and Telenesti. The variation in the proportion of the population who are elderly is even more extreme: people aged 60 and above make up 15% of the average raion, but the proportion ranges from only 10% in Ialoveni and Chisinau, up to 25% in Donduseni<sup>20</sup>. So, since one in every four people in Donduseni is elderly it is natural to expect that the need for services for the elderly here is much greater than in a raion that has a similar size but a much smaller proportion who are elderly, such as Rezina.

To some extent raions are already succeeding in taking these different needs into account. For example, Edinet and Anenii Noi have an almost identical total population size but Edinet has nearly twice as many elderly people as Anenii Noi. It also has almost twice as many social workers. The raions that are considered less advanced in service provision are also those which have been less able to advocate for social workers to reflect the age balance of the population. But in all raions the number of specialists, rather than community-level workers, is not closely related to the age structure: in other words, the raions with the highest proportion of elderly people do not have more specialists in problems of the elderly than other raions.

### **5.1.3 Implications for the strategy**

In response to the third question, the forthcoming integrated strategy for social services, and the accompanying law, imply the need for a flexible staffing structure. If services are to be provided on the basis of individual needs assessment rather than population norms there will be a great variety in the type of staff employed, and also the total number of staff, in each raion. This does not mean that the central government must be removed from providing guidance on staffing. During the initial phase of reform it could support raions in identifying their needs, since local governments are not fully aware of the implications of the strategy, and provide guidance on how to present proposals for the required personnel to the raion council and the Ministry of Finance. It could permit a more flexible range of staff inputs and then concentrate instead, for example, on monitoring results or targets.

If extra posts are needed they are more likely to be for community-level positions, and for some specialist positions, rather than in very high need services such as residential institutions. This is because the intention of the strategy is to greatly increase the proportion of cases that are treated in the community. At the community level this may mean increasing the number of personal carers and social workers to cover people in need (of all categories, not just the single elderly) who do not yet get a service, and ensuring that the whole population has access to a social assistant as discussed above. The number of social workers required could also be varied by allowing flexibility in the number of cases allocated to each worker.

At the specialist level the strategy requires technical experts who are responsible for supporting cases that cannot be resolved in the community, especially childcare teams working with children living outside their home and support to community-level workers (see discussion in section 5.3). There may be a case for increasing the number of specialists, or amending their responsibilities, in services which have an important role in preventing institutionalisation. This includes the prosthesis service which can greatly increase mobility and improve people's ability to continue to live in their own home and community.

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<sup>20</sup> The complete listing of the age distribution of the population by raion is given in Annex D

## 5.2 Vacancies

The situation regarding vacancies is radically different in the 32 raions of Moldova compared with the situation in the municipalities and the autonomous territory of Gagauzia. The raions report that they have very few staff vacancies in the SAFPD, both in the raion administration itself and for the community-level positions of social worker and social assistant. In contrast, Chisinau reports that it has great difficulty filling vacant posts and retaining hired staff.

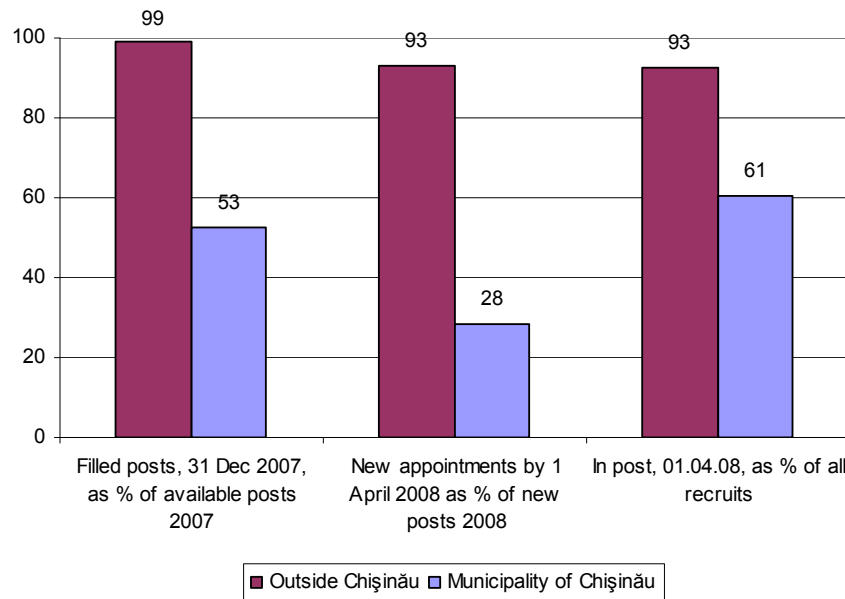
In 2007 a total of 600 social assistant posts were made available in Moldova, and in 2008 an additional 396 have been added, so the intention is to have 996 social assistants in place by the end of 2008 (Table 5.2). The posts are divided among the administrative units in line with their population. In 2007 the administrative units outside Chisinau recruited more than enough staff to fill their quota of 475 social assistants for that year, so even after a small rate of attrition more than 99% of their posts were occupied (as shown in the first set of bars in Figure 5.1). But Chisinau had difficulty filling its allocation of 127 posts for 2007, and many recruits soon left, so by the end of the year only 53% of social assistant posts in the capital were occupied.

**Table 5.2 Recruitment and retention of social assistants, 2007 and 2008**

	Chisinau	Outside Chisinau	Total
New posts available	166	830	996
2007	127	473	600
2008	39	357	396
Recruited	117	841	958
2007	106	510	616
Jan-Mar 2008	11	331	342
Leavers	46	61	107
2007	39	39	78
Jan-Mar 2008	7	22	29
Still in post 1 April 2008	71	780	851
Still in post (%)	61	93	89

Source: MSPFC.

The difference in recruitment has continued into 2008. Additional posts were made available at the start of the year, and after the first three months the territorial units outside Chisinau had already filled almost all of this new allocation (the second set of bars in the figure); Chisinau, in contrast, has appointed new social assistants to cover just over one-quarter of its extra allocation of posts, which means that, *pro rata*, it is on course to fill its allocation by the end of the year, but at a slower rate than elsewhere in the country.

**Figure 5.1 Recruitment and retention of social assistants, by administrative unit**

Source: MSPFC. Notes: (1) 'Outside Chisinau' means the 32 raions of Moldova, plus Gagauzia and Balti. (2) The figure shows percentages, not totals. The actual number of available posts on which these percentages are based is shown in Table 5.2 above. (3) 'Filled posts' shows the total number recruited minus the total number who have left their job, as a proportion of available posts.

The problem is made worse by the poor retention rate for social assistants in the capital compared with other regions. By 1 April 2008, of all the social assistants recruited in 2007 and 2008, only 61% in Chisinau were still in their job (see the third set of bars in the figure). The average for the rest of the country is much higher, at 93%.

When posts become vacant the SAFPDs generally hire new staff through a competitive recruitment process as required by the MSPFC. This applies to staff based in the raion SAFPD itself and also to social assistants. It is the case not only for the raions that have already received a lot of support, but also for those that are considered to require more support. Often this process is said to be useful for identifying good candidates, but sometimes it seems to take quite a long time. In Chisinau, where turnover is very high, there is not always a competitive recruitment process and posts are not advertised in the mass media because that is too expensive, but the SAFPDs use the employment office to identify candidates. In some raions vacancies are sometimes filled instead by assigning additional responsibilities to existing staff members, e.g. combining the roles of the chief accountant and the coordinator for material aid, or the specialist for children and families with the specialist for the elderly and disabled.

Social workers are much more often recruited with the aid of the mayor of the primaria, who may make recommendations, receive recommendations from clients, collect application forms or interview the candidates together with someone from the SAFPD. Social assistants are less often recruited with the direct intervention of the mayor, though he or she may still provide recommendations, and this may have an impact on the closeness of their relations with the primaria where they work.

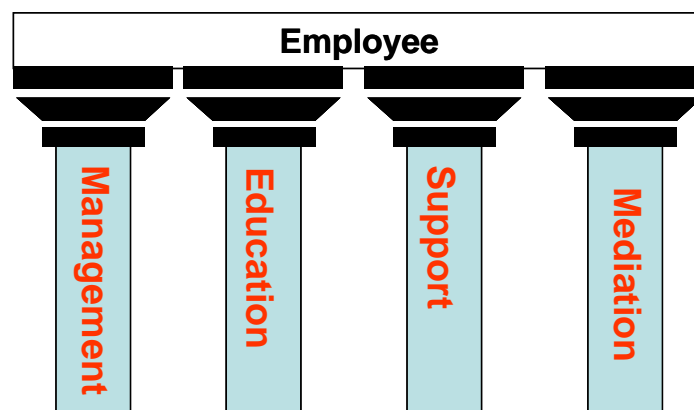
The findings indicate that the conditions for consolidating the network of social assistants in Chisinau are very different to those required elsewhere. Reasons for the difference in recruitment

and retention in Chisinau may include the greater availability of alternative jobs, differences in the cost of living, and differences in management and supervision of social assistants.

### **5.3 Management and supervision**

The role of management and supervision of employees working in social assistance, as with many types of organisation, encompasses several functions. One typical example, familiar in western Europe, is shown in Figure 5.2 below. The employee is supported by four pillars, namely management, education, support and mediation.

**Figure 5.2 Four pillars of management and supervision**



Source: OPM.

- **Management** is ensuring that the employee is working within the framework of the organisation and according to the relevant laws and regulations; being accountable for the performance of the employee, and providing a person to whom the employee is in turn accountable; carrying out appraisals of performance and setting goals and objectives;
- **Education** involves identifying training needs, supporting the employee to develop their skills, identifying courses, offering opportunities for observation of other work, providing constructive feedback on performance;
- **Support** can help the employee consider how their work might impact on their emotional and psychological wellbeing; it can also help identify alternative strategies and methods of intervention in their beneficiary work; and
- **Mediation** involves acting as an intermediary between the employee and other parts of the organisation. This may involve reflecting the needs of the employee upwards and supporting efforts to obtain resources, but also bringing information from higher up the management structure, or from outside, downwards to the employee.

These are the areas where a manager or supervisor is likely to interact with an employee. Global experience suggests that these roles do not necessarily have to be carried out by the same person: for instance, in Estonia the management of social assistance staff is separate from the supervisory roles which are offered by an external practitioner.

In Moldova many of the functions above have often been identified and are being carried out in ways that raions themselves have developed to suit their needs. This is the case even though there has not been a formal agreement until now of what it means to be a supervisor. A number of models have been developed.

Among the higher and longer established positions in the raion SAFPD the management structure is more clear cut: the head of the raion administration is responsible for the head of the SAFPD, while the head of the SAFPD in turn is responsible for the specialists. The 'management' component is evident in these relationships and includes, for instance, regular meetings in some raions to set staff workplans. Some of the 'mediation' component is also taking place: in one raion the head of the SAFPD is reported to strongly advocate to the raion administration for the resources sought by the specialists. The provision of opportunities for professional development, and the availability of support such as for handling particularly sensitive cases, is not yet so strongly apparent. At this level the integrated strategy could improve the management and supervision of specialists by e.g. setting performance objectives, identifying their training needs, and offering them guidance in how to take on more complex work for professional development. It could also improve their skills in managing and supervising others, such as by advising them on how to mediate and make decisions with people below them in the structure.

For social assistants, the management and supervision structure is organised differently in different raions. Some report to the head of the SAFPD, while others report to the head of the home care service, a specialist such as the specialist for the elderly and disabled, or to a senior social assistant based in the raion. The functions of management and supervision are often carried out at monthly group meetings in the raion. These offer the chance to discuss difficult cases as well as to find out about developments in legislation and receive other informal training. Some raions offer individual meetings for their social assistants. Most social assistants are able to maintain regular telephone contact with the specialists when required. In only one raion was there no system for regular interaction between social assistants and specialists.

Three components of management and supervision are less well established for social assistants, and will be important for the implementation of the new strategy.

1. **Non-technical support** such as advice on coping with stress, personal safety and risk-taking, and support for the development of soft skills such as effective communication, building relationships and interviewing skills.
2. **Development of proactive, not reactive, case analysis and interventions** by both employees and supervisors.
3. **Setting performance objectives**, which is related to the development of a career path. Social assistants are more likely to stay in post and improve their skills if they have opportunities to progress by developing new competences and taking on more complex responsibilities, and if good performance is reflected by a progression through pay grades or other incentives. A goal might be for social assistants to develop advanced skills in a particular area which could lead to an appointment as a specialist, for example.

There is no need for a fixed answer as to who is responsible for management and supervision of social assistants: it might vary by raion provided that the arrangement suits the local context. The important factor is that somebody (or a group of people) is identified as bearing this responsibility. In Moldova it can sometimes seem difficult for social assistants to know who their manager is: they may be employed by the head of the raion SAFPD, and turn for advice to the specialists, but also they sometimes have close professional relationships (physical proximity) with the mayor of their primaria- as a result de facto accountability and reporting may become confused in some cases. Also, there are very mixed opinions about whether the job of supervisor should be a full-time post, or whether it should be part of the job description of an existing post such as the specialists, since they do much of this work already and it allows an opportunity for professional development. The strategy should therefore guide raions in developing an understanding of what management and supervision they are doing already, and what additional needs they may have. A document or

regulation on supervision may help to provide a more clearly defined framework for a role that is already being done in an *ad hoc* way.

**Box 5.1 A good performer in staff management and supervision**

Some sampled raions have a well developed system of performance-based management and supervision. In one raion the system works as follows.

The head of home care has three home care 'inspectors', each responsible for a geographical area, who support the activities of the social workers and share good practice from one primaria with others in their area. They also make unannounced visits to clients and neighbours to assess the quality of the service provided by the social worker from the perspective of the beneficiary.

Social workers meet the social assistant every week to resolve issues at local level and to pass on cases to social assistants where that person is best placed to solve a difficulty such as supporting a beneficiary to apply for material aid. The social workers are not subordinate to the social assistants but work in partnership; both groups of staff work under the oversight of the head of the home care service. Social assistants are able to contact specialists at the raion regularly by telephone or in person to refer cases upwards or to get advice on how to deal with a case.

The SAFPD presents awards with cash prizes to the best performing staff.

As for social workers, they have a more established system of management and supervision by the head of the home care service. This system is reported to work well in the sampled raions. Social workers have a less frequent need for supervision than social assistants since new cases and new difficulties occur less often; but there is still a place for, say, group supervision once every two to three months. There is not seen to be a strong need for social assistants to take over any management functions of social workers since the jobs are very different and complementary; but equally there is no reason to prevent a system of this sort if it is already in place and functioning well.

Under the new strategy it might be expected that social workers could have similar opportunities for professional development as social assistants: they might be able to take on more complex roles, become more responsible for critical decisions and perhaps work towards a position of senior social worker or head of home care.

Salary scales for social assistants and social workers are interpreted in very different ways in the different raions. Social assistants' salary grades range from grade 9 to grade 14, and social workers' grades range from grade 8 to grade 12. In some raions progression is dependent on length of service and/or previous qualifications; in other raions all social assistants are on the same grade. The raions that have had the most support tend to have succeeded in advocating for higher salary grades for their staff than those that have had less support, though this is not the case everywhere. One raion—in fact, a raion which had been considered to have received less technical support—expressed a desire for performance-based progression through the salary grades, which is a close reflection of what might be expected from the new strategy with its emphasis on delivery of outputs rather than on inputs.

It is recognised that a request for revision of salary grades has been submitted by the MSPFC and is under discussion. This study concurs that there is a need for a rationalisation of the grades and a more consistent application of grades to posts in different raions, while still allowing some flexibility. This should be accompanied by the opportunities for professional development outlined above to enable staff to progress and develop their roles over time.

## **5.4 Qualifications and experience**

This section discusses the qualifications and professional experience of social assistants and social workers in turn and looks at the implications for implementation of the strategy.

The current job description for social assistants requires candidates to demonstrate expertise in three fields:

- **academic qualifications.** Social assistants should have a university-level qualification in a social, humanitarian or other relevant subject;
- **work experience**, preferably of at least two years in a related field; and
- **soft skills** such as communication, problem-solving and working under pressure. (This last is not reviewed in the present study.)

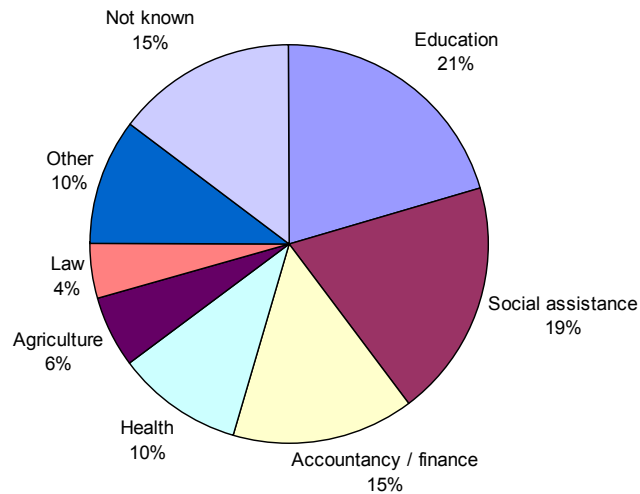
Most of the social assistants who were interviewed during the study do have a university-level qualification, but many raions also employ people whose highest qualification is at secondary specialised level. People without university degrees are found in all three categories of raion: they are not only a feature of raions that have had less technical support. One possible reason proposed for social assistants being employed without the required academic qualifications is a shortage of qualified applicants. There is a suggestion in some raions that this may be related to the salary. In one raion it was noted that a post for a social assistant remained vacant in one primaria because it was not possible to find a qualified person to apply. However, no concern was voiced during the study that social assistants without the required qualifications are less effective in their work than those with the qualifications. This may be because the job that some social assistants are doing at this stage of development, which involves less direct client work than might be expected, does not yet bring in the full range of social work skills which are acquired at university and which will become more apparent as the job develops.

The subject of the highest qualification of the interviewed social assistants (at either university or secondary level) is shown in Figure 5.3 below. Education and social assistance are the most common academic backgrounds<sup>21</sup>. As with the level of academic qualification, the subject of the qualification is not reported by interviewees to have a bearing on the competence of the social assistant. Note, though, that it is not within the remit of this study to examine the level of competence of social assistants so this observation has not been empirically tested here.

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<sup>21</sup> A similar finding is obtained in the survey of over 500 social assistants who received an initial two-week induction training during 2007 (APSA 2008).

Figure 5.3 Educational background of interviewed social assistants



Source: OPM. Note: Based on a sample of 68 social assistants. This is not intended to be nationally representative.

The picture with regard to previous work experience is also very mixed. While many social assistants have some prior experience in a related field (such as nursing, teaching, psychology, home care, or working in the primaria office), many others do not. Of those that do not have this experience, some have worked previously in unrelated fields such as agriculture, while others have recently graduated, sometimes from a faculty of social assistance. It is not certain that a recent graduate of a social assistance department with no work experience is at a disadvantage compared with other staff, perhaps from a different academic background but with more years of professional experience.

The conclusion from the analysis is that the professional and academic backgrounds of social assistants are extremely eclectic. While this is not a difficulty in itself it suggests that initial and in-service training programmes might benefit from being flexible in the modules they offer, so that social assistants can select courses that fill in the gaps in their own knowledge. The gaps will vary widely from one person to another. These training needs are discussed further in section 5.5 below.

Social workers, in contrast to social assistants, are not required to have academic qualifications. This social workers interviewed in this study mostly fit this pattern. Almost all have secondary or specialised secondary education. However, a few social workers do have a university-level qualification (not always in a relevant field). These people are found in all three categories of raion. Areas of academic qualification are as varied as those for social assistants and include people with backgrounds ranging from education and health to agriculture and accountancy.

Social workers are not expected to have related work experience when they start their job. Many of those interviewed have previously been employed in a wide range of jobs in public and commercial sectors. However, since the profession of social worker is much longer established than that of social assistant, many employees have been carrying out their current job for several years already—in some cases for over 20 years. This indicates that training for social workers might emphasise alternative ways of achieving known tasks, and encourage consideration of new tasks and methods of interaction with beneficiaries and other social assistance staff, rather than introducing them to the role and functions of the job which is an element of the social assistants' training.



Both social assistants and social workers were asked whether they were able to use a computer. About two-thirds of interviewed social assistants, and one in 10 social workers, report that they are able to use a computer, mainly for word processing and use of the internet. The level of competence was not ascertained. Any proposals for social assistants to carry out some work on a computer (such as record-keeping) should take into consideration their training need as many social assistants have no previous experience in the use of computers. This is additional to any consideration about the practicalities of purchasing and maintaining the equipment.

## **5.5 Training**

A strategy on training is being drafted to accompany the integrated strategy on social services. This will identify the training needs of all staff in social assistance, from the ministry to those in the community, and will propose a framework for developing a curriculum. Training includes both initial and ongoing in-service training, and includes informal as well as formal learning opportunities.

### **5.5.1 Initial training**

Almost 600 social assistants received the initial two-week training programme run by UNICEF in 2007. In general this course was well received. The child focus was found to be less relevant in Chisinau where most social assistants work exclusively on cases with elderly and disabled adults. A more pressing issue is that the rapid recruitment of new staff—over 340 in the first three months of 2008—means that a large proportion of all social assistants have not received this initial training. Also, the fact that over 100 social assistants have already left their jobs means that many people who received the training are no longer employed in the service. Given the small proportion of people who have prior training in social assistance (as in Figure 5.3) there is an urgent need for initial training to be provided to those who have not received it.

In the meantime it may be valuable for the staff with degrees in social assistance, or those who have been carrying out the job for some time, to share their experiences with their colleagues. In some raions these informal learning opportunities are taking place already. However, in some cases social assistants may be working relatively independently, particularly where it is difficult to travel, and opportunities to share knowledge and resolve gaps in skills may be scarcer.

### **5.5.2 In-service training**

In-service training has not yet been well developed but most raions expressed a need for this form of support. Training is valuable for social workers and for specialists as well as for the social assistants. For specialists, a move away from administration towards the handling of complex individual cases may necessitate support. For all social assistance staff, training could cover not only the skills that are directly referred to in the strategy, such as how to carry out individual needs assessment and how to increase the involvement of the community in providing local support, but also broader skills such as judging when to intervene in a situation, and recognising and preventing burnout of staff. Detailed advice on the type of training required will be developed further in the training strategy.

Manuals and guidance notes also contribute to training and can complement what is learnt in formal seminars. The MSPFC is beginning to develop some guidance for the practical implementation of laws and regulations. It is encouraged to continue developing these materials. They may include the elaboration of particular approaches and models, with case studies and examples of best practice from different raions. There is a fairly consistent message that even where high-level legislation is in place there is not yet enough guidance on its day-to-day implementation, and all raions may be independently reinventing essential processes without having opportunities to learn from their neighbours.

There is a regular request from raion SAFPDs for general books and information on social work. Some of these types of resource may be available online, but the lack of both computer skills and machines means that these are not yet accessible everywhere. Some raions also expressed an interest in other computer-based training materials but, again, there are capacity constraints which mean that this will not yet be practical for all raions.

## **5.6 Summary of support needs**

It is difficult to assess from interviews the objective shortage of staff or the burden on staff. In a number of areas concerns were, however, expressed about the **workload** on social workers and social assistants which will have negative effects on the quality of services. This is an issue that needs to be assessed in more detail.

At the *raion* department level it was indicated that with the growth in the size of the establishment (particularly in the light of the growth in numbers of social assistants) more **support or corporate service type staff** are required. This could include administrative or secretarial staff but human resource management support came out as a priority. Dealing with applications for benefits from the FSSP is a big volume of work, and in the context of a lack of clear enough criteria, becomes very burdensome. The exact system and personnel requirements for the function of administering cash benefits therefore require some attention. As staff start using computers more extensively for record keeping and reporting a need is arising for dedicated computer support.

Currently no provision is made for **substitute or replacement social workers** at times when social workers are on holiday or sick leave. This makes it difficult for them to take leave or escape their duties completely when on leave and adds to the substantial pressure of the position. Provision should be made at the *raion* or central level for such substitute staff which would also play a role in succession planning and smooth transitions as a result of normal turnover.

The greatest concern expressed by respondents was with **remuneration of the social assistants and social workers** which is low. Only in Chisinau are problems experienced related to finding candidates for the position of social assistants and social workers and retaining them. However, the problems of unfilled vacancies and high turnover could become more widespread if economic growth in the country continues and a wider range of employment opportunities becomes available – this could lead to the loss of trained and experienced staff and seriously impact on welfare services. This seems to call for a long-term strategy around the level and remuneration of social assistants and social workers.

The development of management and supervision structures has been addressed informally in a variety of ways but raions express the need for guidance on the **role of supervision** in staff development and performance management. Another aspect of professional development that needs to be strengthened is the development of a consistently applied system for **progression through salary grades on the basis of performance**.

With regard to **staff training and capacity**, there was a clear need expressed for more in-service training and development modules for social assistants. The previous professional and academic experiences of social assistants are so diverse that a training programme would need to be modular, allowing staff to select topics to fill in gaps in their knowledge and skills, rather than a uniform training programme for all recruits.

## 6 Relationships and stakeholder management

### Key findings

#### 6.1 Relations with the public

- The participation of the general public in social service planning, delivery and monitoring is not yet well developed but it has the potential to provide an effective and low-cost means for SAFPDs to deliver their objectives.

#### 6.2 Relations with professionals

- SAFPD staff are often in regular contact with each other and fellow professionals in primarias. Sometimes this contact is formalised such as in weekly meetings. Only occasionally is friction reported between people working within a primaria.

#### 6.3 Relations at raion level

- Staff also have contacts with the raion administration and with other raions. Raions that have weaker contacts with the finance departments are less easily able to advocate for additional resources.

#### 6.4 Relations with central government

- Interaction with the MSPFC is less frequent and is concentrated on the provision of information to the ministry. Raions do not always have much contact with centrally run institutions that operate on their territory.

#### 6.5 Relations with other stakeholders

- Interactions between non-governmental organisations (NGOs) and raion SAFPDs tend to be initiated by the NGO rather than the raion.

#### 6.6 Support needs

- SAFPDs need support in raising awareness of the social service system, mobilising communities to support implementation of the strategy and building relationships with partners.

SAFPDs do not operate in isolation. Their staff at community level—the social assistants and social workers—come into continual contact with their local community and with other professionals working in related sectors, as well as with the primaria administration. The staff who work at the raion SAFPD have working relationships with the primarias, and also with the raion administration and SAFPDs in other raions. All people working in social assistance have connections with the central government, especially the MSPFC.

This section of the report defines how these relationships work at the moment, what purpose they serve and how they can become more effective. It provides examples of best practice and indicates how the strategy may affect the nature of these relationships.

### 6.1 Relations with the public (beneficiaries and non-beneficiaries)

Some of the most important relations at community level are those with the general public. Three useful ways in which the public can contribute to social service provision are described here.

## **Organisational assessment of the raions**

1. **Strategy and planning.** People can participate in strategic and planning processes by suggesting what services they consider to be most beneficial in their area and how they can be improved.
2. **Information provision.** Communities can provide information to help the raion staff carry out their day-to-day work, and give feedback on their satisfaction with services.
3. **Delivering services.** Communities themselves can participate in developing and delivering services, often on a voluntary basis.

### **6.1.1 Strategy and planning**

Communities often have clear ideas about what services they would find most useful in their neighbourhood, and it is useful for them to have a forum for voicing these opinions. The assessment team found that, *de iure*, the general public is often permitted to attend raion meetings at which the budget is discussed, and that this is seen to be the place where suggestions about services may be brought to the attention of the raion<sup>22</sup>. However, *de facto* very few people are reported to take advantage of this method of communication. A form of consultation that takes place closer to the community is that of 'councils of elders' in some primarias, where representatives of many households in the village meet to discuss local issues. Some mayors expressed the view that this is one of the main ways they find out what changes people would like to see in their area.

Since all raions may vary in the type of consultation mechanisms that are available, it is important that the social assistant identifies how people prefer to communicate their opinions and uses this forum as part of a process for planning local services. Note that this consultation process is only beneficial if raions are able to tailor their services according to local need, as is proposed by the strategy.

### **6.1.2 Information provision**

The public can usefully provide information to support ongoing service provision. For example, members of a community are usually aware who is in need of support, which households are struggling, which people are most isolated and so on. They can share this information with social service personnel. Many raions say they already use this information source as the social assistant talks regularly to people in the community. This is helped by the fact that the social assistant is often a local resident.

However, no sampled raions collect systematic feedback (such as through regular focus groups) on user satisfaction with the full range of services they deliver. The team found some positive examples of good practice for specific services, such as in a few raions where the head of home care service visits clients to see whether they are happy with the care they receive from social workers. This happens in Anenii Noi, for example, where clients of the home care service also keep a notebook which the social worker signs to show when they have visited the house.

A related issue is the availability of a mechanism for people to submit complaints if they are dissatisfied with the service they receive. The ISSS notes its intention for complaints to be resolved at the most local level possible, starting with a representative of the service itself, or with the social assistant at the primaria, to reduce the amount of time spent by staff at the raion SAFPD and the MSPFC in dealing with local complaints. This is an area where the team did not find any examples of innovative solutions in the sampled raions. Some raions observed the difficulty of

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<sup>22</sup> The limited use of strategic planning processes outside the budget process is discussed further in section 9 below.

accommodating—in both space and time—the daily flow of individuals who go directly to the SAFPD to make requests or submit complaints about services. Since it is a long established convention for the public to address difficulties directly to the raion it may take a three-fold approach to change this habit:

- conduct an information campaign in communities to raise awareness that the social assistant is able to respond to concerns about service delivery or provide information on the most appropriate person to turn to;
- provide the social assistant with a space to receive people who have a complaint or query (see also section 7 below on the need for a confidential meeting place); and
- improve public confidence in the authority and ability of the social assistant to resolve such issues. This may include referring people back to the primaria if they arrive at the raion with questions about local services.

A localised system of receiving information and comments should be beneficial for individuals since it reduces travel costs. However, it should be stressed that there should remain a procedure for cases to be dealt with at the raion level if they cannot be dealt with satisfactorily at a local level.

At the same time the development of good relations between the social assistant and the community also relies on the social assistant bringing issues to the attention of the community, not just the other way round. This includes informing them of available services and encouraging behaviour change where an individual or group is stigmatised or in danger of neglect or discrimination from others.

### **6.1.3 Service delivery**

Neighbours may support vulnerable people informally and will be a valuable resource as community services are further developed. The ISSS foresees that social assistants and social workers may have a valuable role in mobilising the community to provide more formalised support where appropriate.

The assessment team found that these activities are not yet taking place widely in the sampled raions. But they could be a low-cost and very effective method of social service support. For example, social workers could identify local volunteers to chop wood so that they could concentrate on more direct caring activities. Neighbours could be encouraged to visit isolated people when the social worker is not available. These activities may be happening already in some parts of the country but the social assistant could actively encourage their expansion.

## **6.2 Relations with professionals in the community**

Relations at community level are varied, both internally to the SAFPD—in terms of interaction between the social assistants and social workers—and with external bodies. The areas with the weakest relationships describe a rather tense interaction between social assistants and social workers whose roles are seen to overlap, causing competition. However, this is rare. Much more commonly the two types of staff member cooperate well: social workers note that they are able to pass on some of their previous duties, such as supporting beneficiaries to apply for material aid, to the social assistant. Social assistants and social workers often have weekly meetings to coordinate their work and to share concerns or bring potential beneficiaries to one another's attention. In one raion they even have daily meetings. This is true even in raions that are perceived to have had relatively little support to date. It indicates that raions are developing their own systems to respond to their needs and to work most effectively as a team.

The close cooperation of social assistants and social workers at community level does not require the two types of worker to be in a management relationship (e.g. social assistants managing social workers). In fact, the establishment of a hierarchy might even damage the good relations between social assistants and social workers, whose responsibilities are complementary but different. Both groups benefit from their interaction and managerial support with the raion SAFPD, which helps raions to provide a consistent service and exchange good practices within the raion.

A wider group of professionals also exists at community level. These include school teachers and kindergarten educators and local doctors. Interactions with these specialists vary from periodic consultation on specific cases, through to regular meetings together with the social assistance staff, sometimes coordinated by the mayor. In some primarias social assistants feel that they are carrying out the jobs of other professionals (e.g. administering insulin injections, which might be expected to be within the remit of a health care worker). A solution proposed is that multidisciplinary teams, composed of different professionals working together, might sometimes make joint visits to clients to address their varied needs.

Mayors themselves are generally keen to collaborate closely with social assistants and feel that their position as the head of the community means that they are aware when difficulties arise within the community. In a number of cases the mayor would prefer to have direct management responsibility for social assistants and social workers themselves because they are often asked to vouch for the work of the social assistant, such as to sign off timesheets, but do not have oversight over their performance.

### **6.3 Relations at raion level**

Communication within the raion is as varied as that in the community. It was noted in the discussion on management and supervision above that some specialists and heads of SAFPDs are in regular close contact with their staff in the community while others have more infrequent communication.

A particularly strong difference is seen in the interactions between people with responsibilities for service development and those with responsibilities for finance. In some raions such as Ungheni the accountant in the SAFPD is very familiar with the different types of social services being developed, while in others the accountant is not aware of the services being provided. Similarly, some finance departments in the raion administration are much better acquainted than others with the different types of social services, especially the newer services such as foster care. One finance department observed that even the role of the social assistant was not clear. This has major implications for the ability of SAFPDs to advocate for increased budget allocations: the finance departments of raions that have weak relations with the SAFPD say that they find it difficult to respond positively to requests for more resources when they do not understand what is obtained with the resources already provided.

### **6.4 Relations with central government**

All raion SAFPDs are in periodic contact with the central government structures, particularly the MSPFC. This interaction consists mostly of raions submitting regular reports on their activities for monitoring purposes, such as for the MSPFC's annual social report, or responding to specific questions from the ministry. The questions are more often quantitative—e.g. requests for data about how many bedridden people are in the raion—than related to the development of policy.

Sometimes raions wish to contact the MSPFC for advice but are not sure who is the appropriate contact or what information they have available. Russian-speaking areas face the additional

constraint of a language barrier with largely Romanian-speaking personnel. There is an eagerness on both sides to improve communication between these two levels of government. As was mentioned above (section 5.5.2), SAFPDs are keen to receive guidance from the MSPFC on how to implement social service policies and laws, and this is an area where the operationalisation of the strategy could be greatly enhanced.

The link between central government institutions and the raions or primarias in which they are located is weak. Local government administrations are not always certain how many beneficiaries are being supported by central government institutions on their own territory, and have not traditionally been in the habit of exploring ways to collaborate with these institutions such as to provide outreach services to the local population. It will be important for the MSPFC and raions to consider how to take advantage of the opportunities presented by existing residential facilities to provide community-level care. For example, it may be possible to use the facilities to provide day care services, after-school clubs or social canteens alongside or instead of their traditional long-term care responsibilities. This process of transformation has been carried out successfully in other countries of the Commonwealth of Independent States and has already been tested in Hincesti in Moldova.

## **6.5 Other stakeholders**

Non-governmental organisations (NGOs) provide social services throughout Moldova. A lot of NGO activity is concentrated in Chisinau, but NGOs are found everywhere from Vulcanesti in the south—where the Red Cross have worked—up to Soroca in the north, where the Peace Corps provide volunteer services. Interactions with NGOs tend to be *ad hoc* rather than formally organised. Usually the contact is initiated by the NGO.

NGOs and other external agencies can influence raion-level activity even in raions where they have no direct presence by influencing the policy of the MSPFC, from where ideas and processes are disseminated to the regions. This is particularly true for big organisations such as the International Organisation for Migration. This is beneficial where the interaction brings international best practice or additional resources to the national social service structure. However, there is a risk that messages may cause confusion at raion level if their full context is not appropriately conveyed. For example, high-profile advocacy on trafficking and gender equity issues by international organisations has resulted in raions SAFPDs being aware that these are areas they should be tackling, but not always providing them with the resources or the full understanding of how this fits in with other priorities.

## **6.6 Summary of support needs**

With social workers being well-established in Moldovan society and social assistants a new addition to the welfare team there is room for **promotion and awareness raising** of the social protection/assistance system and the services available as well as further **clarifying and building relationships** between service providers and stakeholders and **more explicit frameworks** for cooperation.

These relationships refer to the referral system and the relationship between social assistants and social workers, supervision of social workers and social assistants, linkages with service providers outside social protection (health and education in particular and non-governmental organisations and donors) and the relationship between mayors (primaria) and the SAFPDs and their staff. Such outreach activities could also focus on increased **mobilisation of communities** to support the social assistance function.

## 7 Logistical support / non-personnel inputs

### Key findings

- While there are standard ratios for key personnel inputs, other input requirements are not clearly defined upfront and apparently not factored into funding norms.
- It is also not clear who (central government, raions or primaria) is expected to take responsibility for the additional resources required by social assistants and social workers who are remunerated by raion administrations but who are physically working in primarias. Quite often this seem to be expected of primaria while in terms of legislation it is the responsibility of raions.
- The most common inputs for social assistants and social workers which are not clearly outlined or funded are: office space, information technology and transport. There is a need to more clearly outline these inputs, allocate responsibility for them and set up funding arrangements.

### 7.1 Space and equipment

- While raion SAFPD offices are generally adequate they do not take into account sufficiently the extensive interaction with beneficiaries around cash benefits (taking applications and related activities)

### 7.2 Transport

- Transport can cause difficulties both in terms of efficient use of time (staff may spend a long time travelling between clients) and cost (many social assistants pay most of their own transport costs while carrying out work-related duties).

### 7.3 Systems, software, manuals

- While a number of raions have been innovative in developing forms, procedures and databases, there is a lack of standardisation and setting of standards (such as in management of case files) which impacts on the availability and reliability of information and the ability to manage. There is a need to have more centralised development of tools (such as the case of the social questionnaire) although the needs of users and ease of use should be considered.

While personnel inputs and costs will remain the bulk of welfare service provision, there are clearly also other critical inputs. Structured interviews with raion heads of department and specialists included questions about key inputs required in addition to personnel as well as the current adequacy of resource inputs. The issue of input requirements and their adequacy also came to the fore in focus group discussion with social assistants and social workers, in particular when problems and challenges were discussed.

## 7.1 Space and equipment

### 7.1.1 SAFPD offices

Raion SAFPD offices generally have reasonable infrastructure: there is not a widespread shortage of office space. In one raion concern was expressed about the location of their office on the 3<sup>rd</sup> floor which makes it inaccessible for the disabled. There is also concern that applicants for the Fund for the Social Support of the Population, and in another raion also applicants for the benefits administered by the National Social Insurance House, fill up the passages. The fact that the departmental offices also serve as points for application for some cash benefits (and in some



cases also payment of benefits) seem not to be taken into account explicitly. These are generally standard offices and not set up for intensive customer service (information desk, waiting room, consulting cubicles). As the raion offices seem to also function as the place where people make applications there may be a need to consider the processes around these and what is required. This might underlie the request in at least one raion for an information centre and multi-functional centre. There does, however, seem to be a need to review the linkages between the two leg of social assistances, namely cash benefits and welfare services. In some areas the idea was given that cash benefits administration gets in the way of social work while, on the other hand, there are arguments for some linkages between the services.

There were few general complaints about equipment such as furniture and computers, except in one raion which has only one computer in the SAFPD. Several raions have received computers from an external donor which they have been instructed not to open or use. This raises questions about the effectiveness of the donor intervention. In any case, though, the sampled raions do not have dedicated information technology (IT) staff who can resolve technical problems and there is a risk that a reliance on computers leads to loss of data when software or hardware goes wrong. There is evidence that large amounts of data have been lost for technical reasons.

### **7.1.2 Equipment for community social assistance staff**

Social assistants and social workers mostly work in primarias (villages) although appointed and under management of the raion head office, except in Vulcanesti where they are employed by the primaria. There seems to be no standard prescriptions about office and counselling space or equipment (telephones and computers) to be provided. A general expectation seems to exist that mayor's offices will provide space and access to telephone, computers and photocopiers (although in some raions there were indications that social assistants and social workers work from home). Hence, access to these inputs is very uneven with some personnel having access to a telephone but this is often shared with the rest of the mayor's office. Access to the internet is sporadic and varies in its perceived importance to social assistance staff. For one mayor in a raion that is considered to be an average performer the connection of his village to the internet is a vital component of the economic development strategy. It is noted in section 5.5.2 above that any strategy that relies on a high-tech approach to social service work will require considerable investment in training and support.

While some social assistants and social workers have an own office and interview room this seems exceptional. In some cases there were complaints about not even having a table and a chair. This has a major impact on the ability of the social assistant to receive clients in confidence.

In some raions social assistants receive no personal equipment while in others they periodically receive bags or shoes to facilitate their work. These items, where provided, are generally funded from the raion's own resources. A particular issue for many social assistants is the absence of an official identity card. Social assistants believe that such a card, accompanied with guidance on its use, might enable them to obtain free or discounted transport or to avoid waiting in queues for medical assistance on behalf of their beneficiaries. Lack of facilities for social assistants is even a problem identified by social assistants in Chisinau, where the resourcing situation is generally much better than in other areas.

As social worker are really home workers, a full-time available and equipped office seems to be too much to expect – it therefore seems that the space requirements of social workers and social assistants should be combined and specified as a requirement and factored into norms. These norms might specify an ideal and a minimum level of provision. Clarity should be provided about responsibility for providing these inputs.

## **7.2 Transport**

Transport is, with the low salaries of social assistants and social workers, one of the most common problems raised by all three groupings (social assistants, social workers and specialists). Transport is a time and efficiency factor which impacts on how many clients can be served by social workers and social assistants, especially as population densities are lower in the rural areas and distances to raion offices significant. It is, however, also a financial issue as staff and clients must often use paid transport.

The importance of transport for beneficiaries of social services is recognised to some extent by current arrangements nationwide. Budgets provide for allowances which include compensation for the use of public transport by people with disabilities and their carers and fuel allowances for people with disabilities who have their own vehicle.. Allocations are, however, generally quite low and inadequate according to all the informants.

Transport costs for social assistance staff are dealt with much more haphazardly. Some raions reimburse no journeys, or only one return journey to the raion centre per month. As is the case in other areas, Chisinau seems to be exceptional and to have good transport arrangements for social assistance staff – a pool of 18 cars for social assistance staff which can be used by all staff (also Social Assistants and Social Workers). Social workers and social assistants also qualify for free travel passes on Chisinau buses and trolleys. While some of these mechanisms can be utilised in less urban setting (for example, free passes for public transport) public transport will be less accessible outside the city and still needs to be factored into one or other budget.

More systematic provision for transport will have to factor in and prioritise between the following components:

### **Raion**

- Specialist travel to Chisinau for meetings with Ministry (specific complaints that this happens regularly but it is not provided for adequately in budgets)
- Specialist travel to primaria to support social assistants and social workers and to visit beneficiaries.

Social assistants and social workers working in regions:

- Transport to clients in villages
- Transport to Raion – meetings and reporting
- Transport to accompany clients to centres to get information and documents
- Transport to and from supply points and ability to transport goods over significant distances (water, wood)

Transport for veterans and invalids

- Application and receipt of benefits, medical

To reduce travel time to clients by social workers and social assistants, bicycles were proposed in a significant number of the focus groups and this should be investigated further. Financial planning and allocations will have to more systematically take into account transport needs and the required expenditures. Relatively small increase in transport allocations could improve efficiency and the reach of social services significantly.

## 7.3 Systems, software, manuals

### 7.3.1 Databases at the SAFPD

All raions keep some form of record about their beneficiaries, either on paper or electronically. Most have a database using a common software package such as Word or Excel, which, as a minimum, stores lists of beneficiaries of the different categories of material aid and of the different segments of the population such as the number of families with three or more children etc. There is little standardisation of these databases, and little sharing of ideas on best practice despite the fact that some databases function well.

#### **Box 7.1 Good practice in databases—the Chisinau Child Protection Department**

The Child Protection Department in Chisinau has developed a clear, fully functioning and searchable database for children in need which could serve as a model for databases on all beneficiaries. Information is gathered on a two-page form which contains the essential details of the case including the family details, the problem identified and the way it is resolved. This form is a revision of a previous, much longer version which was found to contain superfluous questions, so its efficiency has already been approved. Reports can be printed that access the information using different fields and that summarise findings across geographical areas.

The team recommends that the MSPFC reviews this database as a potential model for a wider database on social services.

The team identified several issues concerning databases which apply to all raions, regardless of whether they are considered weak or strong performers:

- There is an expectation that a database will be able to provide information that has previously been unavailable to social work professionals but it is not clear whether this information is supplied by the social assistant to the raion SAFPD or the other way round;
- It would be helpful to provide guidance to raions about what information can be usefully collected and how it can be used, in order to avoid the risk that maintaining the database becomes a large task in itself rather than a tool to assist other aspects of social assistants' jobs;
- At the moment a lot of basic data entry is carried out by the social assistant or specialist which is not considered to be the most effective or rewarding use of their time; and
- The lack of IT support means that there is a high risk that computer-based systems will stop working or data will be lost. Several instances of this have already been identified.

### 7.3.2 Records and forms

As with the databases, there are no uniform systems of forms and record across the country and for the administration of case files. As a result, raions have developed their own systems of forms and records for community-level workers. Many of these are useful and could be replicated elsewhere. For example, some raions have a contract between social workers and each beneficiary which records the services that the beneficiary can expect to receive. Several raions keep records on which beneficiaries have been visited and when.

The most commonly used form is the application for material aid, the social questionnaire. This is similar in many raions and is based on guidelines from the MSPFC. It contains a substantial amount of detail, of which raion staff say that only a small proportion is used in determining eligibility for the material aid. As discussed in section 4.1.4 above it will be important to rationalise this form when the new system of means-tested income benefits is implemented.

## ***Organisational assessment of the raions***

It is by no means impossible to continue with a system of paper-based records at primary level, particularly given the resource constraints, the lack of IT capacity and the difficulties with communications infrastructure. However, the manual systems used by social assistants could usefully be streamlined so that information can be retrieved without being copied by hand in several different books. For example, a solution might be based on the use of card indexes to find details quickly.

It is not always clear why information is collected, other than for submission to the MSPFC in quarterly reports, or on the off-chance that information is required on a particular category of individuals.

## 8 Financing

### Key findings

#### 8.1 Local government funding for social assistance

- Expenditure on social protection has grown faster than other components of local government expenditure over the last 2 years and in the ten raions visited comprised 5.5% of local government expenditure in 2007.
- There is significant diversity in the proportion of expenditure in the 10 raions going towards social protection, ranging from 3% in Chisinau to 10.8% in Edinet. Per capita social protection expenditure varies from LEI61 in Cantemir to Lei 140 in Edinet

#### 8.2 Feedback on financing and decentralisation

- While legislation provides for substantial local autonomy in decision-making and budgeting, funding available is driven primarily by cost norms for different services as identified by the Ministry of Finance. Funding availability is therefore to a great extent driven centrally.
- In addition to not having been successful in negotiating service cost norms, raions generally feel that norms underestimate the cost of delivery of services.
- While decentralisation exists in law there was a significant sense that given funding constraints and the centrally driven identification of services and costs, little room exists for substantial decision-making at the local level.

### 8.1 Local government funding for social assistance

**Table 8.1 Composition of consolidated local government expenditure (executed), 2005 to 2007**

Function	2005	2006	2007
	MDL 000	MDL 000	MDL 000
<b>General public services</b>	257,491	335,600	380,635
<b>Defence</b>	5,902	6,233	7,259
<b>Justice</b>	7	24	
<b>Public order and safety</b>	104,945	154,883	205,158
<b>Education</b>	1,716,039	2,338,150	2,799,180
<b>Cultural and sporting services</b>	170,437	262,384	269,279
<b>Health</b>	38,625	86,300	92,015
<b>Social protection</b>	132,411	206,896	297,842
<b>Agriculture, forestry and fishing</b>	156,476	61,028	77,661
<b>Environment protection and hydrometeorology</b>	38	32	297
<b>Manufacturing and construction</b>	7,025	8,741	11,154
<b>Transportations and communications</b>	49,440	141,371	217,188
<b>Housing and communal services</b>	668,920	899,506	638,926
<b>Fuel and energy</b>	287,737	278,487	283,749
<b>Other economic services</b>	5,084	5,599	4,762
<b>Other</b>	184,033	288,114	172,811
<b>Net lending</b>	-8,964	-10,341	-1,981
<b>Total</b>	<b>3,775,647</b>	<b>5,063,008</b>	<b>5,455,937</b>
<b>National Public Budget</b>		17,973,900	22,353,300

Source: Ministry of Finance Consolidated Local Government Expenditure (Executed)

Note: For comparability over years and between territorial units, expenditure of Lei 171 million in Chisinau in 2007 for subsidising the cost of heating has been excluded from expenditure

Table 8.1 summarises consolidated local government expenditure for the period 2005 to 2007. At MDL297 million in 2007, social protection is the fourth highest expenditure item in local government budgets (after education, housing and general public services). Local government public expenditure has been growing faster than other expenditure items, due to the appointment of social assistants, to 5.5% of local government budgets in 2008. It compares to education expenditure at local government level of MDL2.8 billion in 2007.

**Figure 8.1 Local government per capita social protection expenditure (executed) in visited raions, 2007 (Source: Ministry of Finance)**

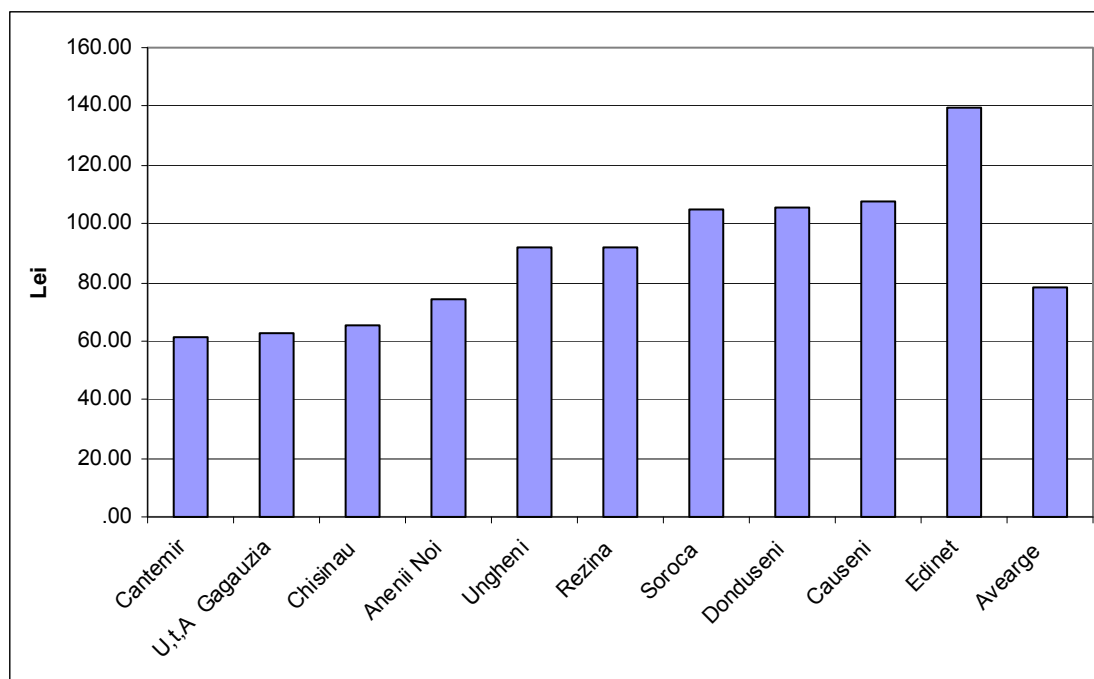


Figure 8.1 and Table 8.2 provide some comparative overall local expenditure and social expenditure figures for the raions visited. The data show significant differences between raions in terms of local expenditure per capita as well social assistance spending per capita. Edinet spends more than double the amount per capita on social assistance as is spent in Cantemir. The source and explanation of these differences are being investigated further in the review of public expenditure on social assistance. Differential availability of funding (including own funding and donor funding) could explain significant differences in access to services across raions.

Ministry of Finance figures for social protection expenditure shows that the bulk of funding comes from raions - an overall 91.7% in 2007. In some areas village level spending is, however, not insignificant (In Anenii Noi villages contribute 23% of social protection spending and in Causeni 24%).

There is substantial donor and NGO activity in the area of social protection (spending by NGOs is not included in the above spending numbers). Such additional funding is not targeted systematically, considering the extent of need in different territories. The bulk of foreign and donor support seems to focus on Chisinau and a handful of *raions* who traditionally had strong contacts with NGOs. Donor activity may therefore exacerbate some of the inequalities in service delivery, rather than promoting equitable access.

**Table 8.2 Local government total and social assistance expenditure in visited raions, 2007**

Raion	Population	Total expenditure	Social protection Expenditure	Social protection as % of total expenditure	Per capita expenditure	Per capita social protection expenditure
		000 MDL	000 MDL		MDL	MDL
Cantemir	61,347	93,057	3,745	4.0%	1,516.89	61.04
U,t,A Gagauzia	155,711	223,272	9,731	4.4%	1,433.89	62.49
Chisinau	755,140	1,653,238	49,190	3.0%	2,189.31	65.14
Anenii Noi	82,554	124,749	6,154	4.9%	1,511.11	74.54
Ungheni	110,674	169,186	10,145	6.0%	1,528.69	91.66
Rezina	50,827	89,234	4,681	5.2%	1,755.64	92.10
Soroca	100,490	134,808	10,515	7.8%	1,341.51	104.64
Donduseni	45,597	61,573	4,825	7.8%	1,350.38	105.82
Causeni	90,385	124,822	9,727	7.8%	1,381.00	107.62
Edinet	83,097	107,384	11,593	10.8%	1,292.28	139.51
<b>TOTAL</b>	<b>1,535,822</b>	<b>2,781,322</b>	<b>120,305</b>	<b>4.1%</b>	<b>1,901.63</b>	<b>78.33</b>

Source: Ministry of Finance, expenditure executed.

Note: For comparability over years and between territorial units, expenditure of Lei 171 million in Chisinau in 2007 for subsidising the cost of heating has been excluded from expenditure

## 8.2 Raion and primaria feedback on financing and decentralisation

Interviews with stakeholders focused on their assessment of funding rules (“normatives” including the target number of clients from the demographic information) and the resulting adequacy of funding, the flexibility of allocation of funds at the different levels (autonomy and innovation) and the impact of the steps towards decentralisation and autonomy for local governments.

In some *raions* there was a strong sense that financial constraints are predominant and limit adequate and good quality service provision, and in particular that a large number of needs such as caring for the bedridden and establishing a proper foster care system cannot be addressed.

Although some respondents expressed satisfaction with the norms (and thus the allocations), this was mostly qualified by referring to their awareness of overall funding constraints at the country level. A number of concerns were raised by participants. These included that:

- Not all services are included in the funding norms and are therefore not factored into budgets (one raion specifically referred to foster care services).
- The cost of service provision is not covered adequately (one raion stated that norms are ‘low’ and in particular that inflation is not factored in adequately; in another it was stated that ‘real cost’ are not covered and in Chisinau it was said that allocations cover only 60–70% of cost and that the municipality supplements service provision from its own funds. Similar concerns were raised in three other raions).
- On the data for determining the number of clients to be funded, it seems clear that allocations from the state (central) level cover existing clients but not necessarily the target population (In three raions it was indicated the beneficiary numbers do not reflect need, partly because many people are on waiting lists and budgets are not established on the basis of needs assessments).

## **Organisational assessment of the raions**

In the light of the strong discourse of decentralisation and the perceived need for flexibility in service funding as a result of differing local conditions, questions probed the extent of flexibility in allocations at the *raion*, socially assistance department and mayoral level. Generally the response is that the local level has little flexibility in reallocation between activities and that norms from the central level are fairly strictly adhered to. There can only be deviation from the central norms after core expenditures have been factored in (salary and compulsory social and medical expenditure), where there is top-up local funding available or where they are able to make savings. Generally such deviations will require approval from *raion* councils and the process can be fairly cumbersome.

Participants were also asked about their awareness and training on the process of administrative and financial decentralisation and about their assessment of the likely impact on their activities and service delivery. Some comments indicated that given the financial constraints of local government there could be little autonomy in providing services while others indicated that while service delivery was decentralised the access to the necessary funding was not provided.

About half of the groups interviewed indicated that they were provided with some training regarding the decentralisation strategy. There were diverse responses to the question of potential impact of decentralisation. Some referred to the fact that decentralisation is not yet a reality and would have to await the passing of the draft new Law on Local Public Finance while others indicated that decentralisation will depend on adequate funding being available to the lower levels. If followed through, some indicated that they foresaw a major change for *primaria* which would get more responsibility and funding directly. It was further suggested that different territories would be affected differently. Some believe that the biggest benefit will come to wealthier local authorities as they would have the revenues to provide expanded services. Others feel that wealthier territories would lose because of anticipated more extensive redistribution towards poorer local governments.

Given the current methods for allocating funding for services there is little **incentive** for institutions to **deinstitutionalise** and focus on ways for more **efficient service delivery**. This is because reducing the numbers of people in institutions through better gate keeping will not lead to increased funding for alternative services (because such funding is either locked up in central funding and in other departments such as education or more alternative service delivery may not be followed by increased allocations for such services). Raions also feel that they have little flexibility in allocating funding in a different way than it set out in normatives and because key input prices such as salaries are prescribed.



## 9 Service planning and implementation

### Key findings

#### 9.1 Planning, budgeting and prioritisation

- The Budget process is well institutionalised and forms the core of the planning process but there seems to be too little emphasis on ongoing resource planning (including the setting of targets and costing) and too little interaction between service sections in raions and the finance sections.
- Outside the budget process there are no uniform and consistent processes for service and resource planning in SAPFDs. Such a process should be encouraged and preferably regulated and monitored by the Ministry.

#### 9.2 Procurement

- Procurement reform has brought some challenges (lengthier processes and potential discrimination against local procurement) but has established more transparent processes. There are not concerns from SAPFDs on procurement (which is normally centralised in a raion) but alternative mechanisms for procuring social services should be investigated.

#### 9.3 Monitoring and reporting

- Shortcomings and lack of standardisation with regard to procedures, operational systems and databases impact negatively on monitoring and evaluation. There is also a need to monitor to a much greater extent and explicitly: quality of services, and impacts and outcome.

### 9.1 Planning, budgeting and prioritisation

The objective of the investigations into planning and budgeting processes was to establish whether a regular planning cycle exists which reflect needs and which responds to changing needs through resource allocation in line with priorities. Such a cycle would normally include identification of needs, establishing medium term targets, implementation planning and costing, budgeting and then reporting. The extent of involvement by service providers in such processes is also important.

Initial interactions around the planning cycle clarified that the planning process is generally seen as synonymous with the process of budget submissions. This lead to a refocusing of questions to assess the experience of raion finance personnel, raion social service personnel and mayors with this process and to judge participation, also of population outside the administration.

The budget/planning cycle is regulated by the Law on the Budgetary System and the Budgetary Process (No. 847-XIII of 1996). Key steps and deadlines in the process are set out in Table 10.1 below. The timelines imply that generally *raions*, *raion* departments and *primaria* would be involved in planning exercises in response to the methodological notes in May and June of each year for budget submissions by Mid-June and budget negotiations and finalisation would take place between mid-June and August.

The outcomes of the budget process for local authorities are allocations (or “normatives”) for a range of services such as home care and prosthesis which are generated from estimated beneficiary numbers (in some cases allocated employee numbers) and the norm amounts which would be the cost per beneficiary, say in day care centres, or cost per employee. The norms (costs per beneficiary) include only the extent to which the state (central government) is prepared to fund the service. Local governments can increase the allocation for these services and pay more than

## **Organisational assessment of the raions**

the norm amount from own revenues, if they have the necessary own revenues, but usually they consider that the norm cost as the ceiling for spending per beneficiary.

Questions in the raion visits focused on participation in the budget process, possible raion level additions or adjustment to the budget process, how raions and departments could influence allocations prior to finalisation and what flexibility exists with regard to the utilisation of allocations.

The planning/budgeting process accommodates public inputs as well as inputs from different role players in service delivery.

The Social Assistance and Family Protection Departments make inputs through the raion Financial section about service and funding needs. These inputs build on population data and beneficiary numbers which are widely used in the planning and budgeting process. It is strength of planning processes that information about target populations is generally available and utilised. Interviewees also indicated that expenditure and other reports of previous periods play a role in planning ahead.

In spite of the opportunity for inputs, the SAFPDs and primarias seem to be constrained in their inputs from proposing revised ratios (such as social assistants or social workers per number of population), increased beneficiary numbers (such as in institutions) or amended amounts per beneficiary based on their own assessment of activities and costs. The latter, in particular, seems to be specified in methodological notes and cannot be deviated from in budget inputs. Most of the respondents (raion finance heads, SAFPD heads and mayors) indicated that in spite of disagreement with some of the norms (beneficiary numbers, key ratios and cost) they have not engaged central government around the norms. In the few cases where negotiation around norms were attempted these were not successful. They succeed to change only the number of beneficiaries or the population numbers used in calculations.

Approved budgets at an aggregate level are published through notice boards and in the local media. Four of the nine visited *raions* indicated that there was no public participation in the budget preparation process. In the other *raions* "participation", however, seems to be limited to the right to attend Council meetings where budgets are being discussed although 2 *raions* indicated more systematic interaction (including hearings and seminars).

**Table 9.1 The Budget Process in Moldova**

By May 1	On the basis of estimates from the Minister of Finance, the Government settles the objectives for the budgetary-fiscal policy for the next 3 years and the public expenditure framework
Date determined by the Minister of Finance	Ministry of Finance issues methodological notes on the development of the state budget draft to public authorities
Date determined by the Minister of Finance	State bodies present their budget proposals to the Ministry of Finance.  Ministry of Finance examines the budget proposals, examines decisions with relevant public authorities and disputes referred to Government
During August	Ministry of Finance develops the draft Annual Budget Law and submits to the Government  The Government reviews the draft Annual Budget Law, deals with appeals by state bodies and approve the amended law
By October 1	Government presents the draft Annual Budget Law to the Parliament,
By December 5	The Parliament adopts the Budget Law
Within 10 days of approval of budget	The Minister of Finance approves the monthly allocation of revenues and expenditures for public bodies
By 31 December	The Ministry of Finance closes all accounts opened during the current budget year in order to prepare the annual report
By 1 May of the following year	The Ministry of Finance prepares a report on State budget execution, presented to Government for approval and present it to Parliament by June 1

Source: Law on the Budget System and Budget Process (No 847-XII of 1996)

While there is therefore a planning process associated with the annual budget, the planning process seems to be quite narrowly constrained by norms and the set of prices provided, budgets seem to be incremental to a large extent rather than being based on regular and systematic assessments of need and the planning process is synonymous with the budget process and inappropriately short. (See also, World Bank, 1993: 50-52)

SAPFDs therefore rely too much on the budget process to drive their planning and there seems to be too little attention to service delivery planning on a regular and systematic basis in SAPFDs. Planning may be too narrowly seen as complying with budget timelines and none of the SAPFDs indicated that they have instituted any of their own budgeting processes/steps, outside and in addition to the national instructions.

Most raion accountant heads and SAFPD departments indicated that working relationships between the finance department and SAFPD accountants were good and supportive although in one case there was concern about rapid turnover of SAFPD accountants resulting in a lack of experience. Nonetheless, some of the foreign experts pointed to a separation of SAFPD specialists [including their accountant/finance person] from Finance advice and an absence of a sense of joint

planning both at *raion* or Ministry level and indicated that this points to a need for a change in the resource planning culture.

Supporting the latter point (an absence of joint resource planning) is the fact that the majority of *raion* finance heads and SAFPD heads indicated that they have little information about the centrally funded institutions in their territories providing social services (institutions). Joint planning, prioritisation and funding across the area of social services with a key bearing on the process of deinstitutionalisation and more appropriate community-based services therefore do not take place. Similarly, *raion* interaction with MSIF seems fairly limited while *primaria* generally do work with the MSIF but the majority of projects here fall more within the area of economic infrastructure. There therefore seems to be very limited coordinated planning of social infrastructure needs.

Partly to strengthen the planning phase of the budget process and to introduce a more analytical and strategic approach, a medium-term expenditure framework has been successfully piloted in selected departments and *raions*. This forces a broader sectoral approach, encourages coordination across department and a more forward-looking approach through projections for three-year periods. Four of the *raions* and SAFPDs indicated that they prepared three-year (MTEF) budgets. In some of the cases where budget planning was only for one year, there are longer-term SAFPD plans projecting expansion of services (Cantemir), *raion* socio-economic development strategies and reference to local/community development strategies. At this stage too little is known about the content of these various plans and in the context of the rigid planning process driven from norms at central level the plans seem to have little potential to impact on actual service delivery.

## **9.2 Procurement**

As outlined in the World Bank 2003 Country Procurement Assessment and by Ciubotaru and Ursu (2007), Moldova has taken great strides over the last decade in moving to a competitive and rules based system of public procurement. As the World Bank (2003:v) indicates, “the original step towards subjecting government contracts to meaningful competition was achieved by the enactment of the Law on Procurement of Goods, Works, and Services for Public Needs (No. 1166-XII, dated April 30,1997)”. This legislation has now been replaced by the Law on Public Procurement (no.96-XVI of 2007) which aims at tightening up some of aspects of the system but also to deal with some of the problems of flexibility and low thresholds in the previous legislation.

As procurement impacts critically on the efficiency of service delivery the impact of procurement systems was probed with Raion heads of finance, SAFPD heads and mayors. A number of broad conclusions can be made on the basis of these discussions:

- In *raions* procurement is generally centralised in the hands of a specialist section in the Economic department of the Raion Council, SAPFD staff having little involvement in procurement.
- While procurement reforms (away from predominantly single source procurement in the 1990's to competitive procurement) have added bureaucratic steps most administrations did not have significant problems with the system although time delays, increased complexity as well as a bias against procurement from small and local businesses were raised.
- SAFPDs did not complain about the procurement system or point to unavailability of goods or slow delivery.
- Procurement of outside bodies or outsourcing was not done on a regular basis and there seems to be little systematic approach to this or consideration of such alternatives (procurement of services) as an option, although in some cases (such as social canteens)

there is *de facto* outsourcing in some cases. Procurement is therefore seen as something related to goods or utilities (water and electricity) but not considered as relevant to the purchasing of services.

### **9.3 Monitoring and reporting**

Reporting and monitoring takes place at various levels and varies from standardised reporting to *ad hoc* information requests. Financial reporting is standardised and takes place on a monthly, a quarterly and annual basis, flowing generally from *raion* departments to the *raion* financial section and then to the Ministry of Finance. Various and diverse systems exist for reporting on activities between social assistants/social workers and specialists at the *raion* level. Reporting on service delivery to the national level seems to be more *ad hoc* and focused mostly on number of beneficiaries. There is no systematic reporting on quality of services, impact of services and outcomes. Budgets and expenditure by activity is not available making it impossible to assess value for money or cost-effectiveness of specific activities.

## 10 Organisational culture

### Key findings

#### 10.1 Dominant characteristics of SAFPDs

- Some raions are gradually developing an approach to service delivery that is centred on the user, but more commonly services are determined by supply-side considerations
- Social assistants are succeeding in offering a point of contact that provides a service closer to the beneficiary than previous social service models
- The further development of services close to the beneficiary will require the continued roll-out of gatekeeping commissions and the strengthening of community services
- Raion SAFPDs may develop a 'learning culture' as part of the revision to management and supervision practices
- The rights of the individual are being considered in many cases but there are opportunities for greater equality of access to services and an increased emphasis on the maintenance of confidentiality and dignity

#### 10.2 Approaches to delivering services

- SAFPDs vary in the way they deliver their services. Some prefer flexibility and innovation while others prefer to adhere more closely to the recommendations of government laws and regulations.

#### 10.3 Leadership and management style

- Leadership style has a strong impact on the ambience of the SAFPD and its approach to delivering services

Two aspects of the raion SAFPDs that will be important in the changes ahead are their organisational culture and their ability to manage change. These vary widely between raions and often can be influenced by the management culture of the head of the department. It is not possible for the study team to categorise each raion's culture on the basis of a single day's interviews as there is too much risk of bias. Instead, the analysis below makes some generalisations about the aspects of organisational culture that might feature most prominently under the new strategy, and reviews the extent to which these characteristics are reflected in the current organisational culture in raions.

The shift in organisational culture foreseen by the integrated strategy has four interrelated hallmarks. These are:

- the move towards a **user-centred focus**;
- the principle of **providing services as close to the beneficiary as possible**;
- the development of a **learning culture**; and
- the consideration of the **rights of the individual**, ensuring equal opportunities for access to services by all people in difficulty.

## 10.1 Dominant characteristics of SAFPDs

### User-centred focus

A culture of focusing on the user touches all aspects of social service delivery from planning through implementation to monitoring of results. It implies consulting with beneficiaries and potential beneficiaries about the type of services to be provided; matching and adjusting services to individual needs on the basis of an assessment; and encouraging the involvement of users in inspection of services. In terms of financing it implies that the way resources are spent depends on what is best for an individual rather than being driven by what the provider wishes to supply.

A user-centred approach is slowly becoming part of the culture of some raions but services are driven more by supply-side than by demand-side considerations. Some positive examples of a user-centred approach are discussed in section 6.1 above: these include the convening of local commissions, made up of resident families, to discuss the needs of the village and voice their recommendations for change, and the visits made to beneficiaries by a head of home care services to ask their views on the quality of the service that they receive. Another example is that some SAFPDs draw up a contract with each beneficiary of home care services to agree which services will be provided as a priority for that person.

More commonly, though, services are determined by supply. For example, funds for people in residential institutions are paid to the raion that operates the service on a *per-capita* basis instead of being paid to the raion in which the person is normally resident. This risks encouraging raions to attract beneficiaries into the institution, because the more people are in the institution the more money they receive. An alternative model which might be more in line with the new organisational culture would be to pay the raion that is sending the beneficiary to the institution, rather than the one that is receiving it. This will encourage the raion to consider alternative services that are most appropriate for the user and that may also be more cost-effective.

### Service provision close to the beneficiary

The principle of acting as close as possible to the beneficiary means that the priority should be given to supporting the beneficiary in the family and community. So, the social assistant should be the first port of call for all social service cases in the primaria. Social assistants and social workers should be able to deal with most cases that arise but should be supported by the specialists to whom they can refer cases that are too complex to be resolved locally. Note that this principle also refers to the type of services to be provided, which should be community-level (or primary) services wherever possible. If a person lives near a residential institution for people with a very high need for continuous care, it does not follow that a beneficiary should be placed in that institution just because it is geographically close to them: less specialised support, or support in a person's own home, should be used if appropriate.

There are already some examples of this shift in organisational culture. All raions report that the social assistants are now dealing with cases which might otherwise have come directly to the raion. Several raions, including two in this study, have created gatekeeping commissions which restrict the flow of children into residential care by ensuring that placement into a residential institution is only authorised after all other possibilities have been exhausted. Early evidence indicates that these gatekeeping commissions are having a good effect. The raions that have created systems of personal carers to look after people with disabilities who are bedridden are also following this principle by allowing people to remain in their homes instead of going into full-time residential care. Even some raions that are considered to be in greatest need of support recognise this shift in culture: one observed that it might be better to close an asylum for elderly people and re-direct the funds to support those people in their own homes.

But some aspects of social service provision have not yet achieved this shift in organisational culture. In part this is due to lack of information on the side of the beneficiaries about where to go to seek support. For example, many people still travel directly to the raion SAFPD to seek assistance instead of meeting first with the social assistant. Sometimes beneficiaries are required to attend the SAFPD, such as to provide documentation. A more extreme example is that some people address complaints and petitions directly to the MSPFC—or even, according to anecdote, to the minister or the president—instead of resolving issues and queries locally in the first instance.

All raions will need support to continue this shift towards providing solutions as close to the beneficiary as possible. The new culture requires the availability of alternative services which are not yet well developed everywhere. It requires the continued roll-out of the gatekeeping commissions for children to all raions, and potentially the establishment of a similar gatekeeping commission for adults. Funding for community-level services should be made a priority: the question of how raions can fund foster care and guardianship services should be resolved. Resources will need to be directed towards the types of services that enable people to continue to live in their own home: these may include home care services, mobility aids, and transport to and from specialist day-care centres.

### **Learning culture**

An organisation with a learning culture has a spirit of enquiry in which people in positions of authority recognise the contributions that can be made by others and are open to opportunities for learning from a wide range of sources. In terms of staff development this would imply an emphasis on training and the encouragement of ways in which staff improve their own skills. But it can also be reflected in interaction with users. For example, a social service department with a learning culture might be open to receiving recommendations and concerns from families or neighbours about an individual; it might accept messages using any means of communication most appropriate to the person offering the information, rather than requiring it to be presented in a set form or at a set time; and it would recognise that it does not have the answers to every question (nor is it expected to) and can rely on others to contribute.

Some examples of a learning culture are apparent, in raions that are classified as requiring most support as well as those that have already benefited from support. One example is the attempt by some social assistants to raise the profile of their work among the raion administration, promoting the capability and potential of their beneficiaries so that they are not simply seen as a needy drain on resources. Another example is the raion that has already informally identified 'good neighbours' to keep an eye on frail people living in their own homes when the social worker is not present.

A learning culture will be improved by application of some of the management and supervision strategies, and the informal and formal learning opportunities, outlined in sections 5.3 and 5.5 above, such as regular meetings between different members of the department.

### **Rights of the individual**

The new strategy argues for the acknowledgement of the rights of the individual as enshrined in the international conventions to which Moldova is a signatory. These include the UN Convention on the Rights of the Child, the UN Convention on the Elimination of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. It is important to recognise that the rights approach is *not* intended to mean that social services should have an unlimited budget to cater for the demands of all people at all times. Nor does it mean that the state is required to provide all necessary services. Rather, the case of each individual should be considered on its own merit, and some broad principles of equity and dignity should apply. The Government of Moldova has taken on this agenda and is developing a range of policies in accordance with its obligations.



One important aspect is the application of the principle of equal opportunities—i.e. that all people in difficulty have the right to social assistance services, and people have the right to provide services, without discrimination based on gender, age, culture or language. In many cases, of course, this principle is already apparent: for example, there are no discriminating criteria in the job requirements for social assistants and social workers (even though the workforce is overwhelmingly female). Other aspects of the service will take some time to absorb the new culture. For example, equal opportunities imply that services should not be restricted arbitrarily to people over a certain age if other people might also usefully benefit from them. This means that the eligibility criteria for services such as sanatorium treatments, social canteens and home care services might eventually be reviewed. As for the subject of languages, people should not be placed at a disadvantage because they speak a minority language. This is true for staff as well as for users of social services. The study team found positive examples of Russian-speaking social assistance staff receiving training materials and attending seminars in their native language. At other times, though, Russian speakers did not attend training and workshop sessions because they were not comfortable with Romanian-language events.

A different set of rights is based on the principles of the rights to dignity, privacy and confidentiality. Most of these rights are incorporated into quality standards, so a move towards a mechanism for setting and monitoring standards will necessarily result in an increased focus on the fulfilment of these rights. There is great awareness among social assistance staff of the need to improve service provision in this area. It was noted in section 7 above that social assistants would like a private consulting room so that clients do not have to reveal confidential information in an open office. Some mayors have already provided such a space in the primaria office. There are also some considerations regarding the sharing of information between agencies, and the public display of details such as the names of all applicants for material support, where the advantages of transparency and openness should be weighed against the right of the individual or family to privacy.

## **10.2 Approaches to delivering services**

Regardless of the general principles that they enact, SAFPDs may range in the way they deliver their services from being flexible and innovative to being conservative and adhering strictly to the requirements of government laws and regulations. Neither of these approaches is right or wrong, but each is likely to have an effect on the way services are delivered.

- Some SAFPDs are already putting forward proposals to the raion council for new services and new staff, and identifying opportunities for collaboration with NGOs and other organisations. These more creative raions will benefit from a legal framework that is not prescriptive about the number of beneficiaries that must be reached by social services, or by the inputs used to deliver services. It will still be useful for the MSPFC to provide guidance on the types of services that might be developed and share examples of best practice from within Moldova as well as from elsewhere.
- Some raions are innovative in spirit and are in favour of the principle of developing new services but feel unable to do so in practice because of financial, legal and human resource constraints. These raions may benefit from additional support in identifying and articulating their need for resources, and advocating this need to decision-makers with the support of clear evidence.
- A few raions are more conservative and prefer to execute exactly the requirements of the MSPFC and the raion council. While this approach may have been effective in the policy environment until now, the new strategy's emphasis on individual needs assessment and user-centred approaches means that the central government structures will necessarily be less prescriptive and will mean that raions will make more of their own decisions. These

raions will need additional support to understand the range of services that they may choose to develop and their relative costs, and the types of needs that may be supported.

Raions with different approaches are likely to have different measures of success. A more innovative raion might view success in terms of delivering as wide a range of services as possible to beneficiaries while a different raion might aim to deliver efficiently the services required by government regulation.

### **10.3 Leadership and management style**

The character of the SAFPD is often influenced by its leadership and management style. The style of leadership has an effect not only on internal relations but also on external relations with the raion council, specialised commissions and non-governmental agencies and funders. In some raions there is a focus on effective fulfilment of objectives through planning and coordination: for example, the head of the SAFPD may meet the specialists each week to agree a workplan. In other raions the focus is on individual decision-making with an emphasis on results rather than inputs. The preferred type of leadership style is not related to whether an SAFPD is perceived to be a strong or weak performer, or to political affiliations.

The openness of the management style in an SAFPD is not determined by how innovative it is. For instance, one raion that tried to put in place a short-term residential facility in line with government regulation did so by means of consultation: it worked together with neighbouring raions to try to design a service that could be used jointly.

Not all SAFPDs have a leader in post. In raions that do not have a head of SAFPD the staff are managed in a more *ad hoc* manner and risk having less access to information and practical support. In a department where management and supervision structures are not strongly established the sense of commitment is not as strong as in raions where the leadership has a clearly identified strategic direction.

## 11 Conclusion

This organisational assessment was carried out to assess the situation regarding the delivery of social assistance services in *raion* SAFPDs. These organisations will form the basis for the roll-out of the new ISSS once approved by parliament and legislated for by the new Law on Social Services. Key concerns were the existing state of service delivery and organisational capacity in order to identify priorities in drafting primary and secondary legislation and for putting in place adequate support for implementation.

The text above has detailed the main findings of the assessment and also highlighted the broad support needs (either in boxes at the start or summaries at the end of sections), with details throughout the text.

The raion visits did not confirm the initial three-way classification of raions as high-level, medium level and low level. Three broad conclusions can be made with regard to the types of raions and administrations visited:

- Indeed, a couple of raions stand out in terms of embracing the philosophy of community-based and preventative social work – and have developed quality services (and management) in support of this approach. These raions have dedicated leadership and people but have benefited in most cases from participating in projects with non-governmental and international partners and funding. These partnerships helped to develop capacities and influence raion administration to allocate more resources for service development and extension. This points to the positive impact which the right type of support, including financial support, could have on service delivery improvement and development.
- In all raions the team found examples of good practices and innovation. Rather than focus on differentiation between raions in terms of rigid categories and devising support programmes on the basis of this, the focus should be on how in different raions innovative practices have developed around different areas, how these best practices can be distilled further and shared between different raions. There is room for using innovative practices in different raions as examples and as a training ground for other raion specialists, raion administrations and professional advisors.
- Chisinau and Vulcanesti are less comparable to other raions because of the uniqueness of responsibilities and administrative structures and, in Chisinau, the greater availability of resources.

The main body of the report stands alone as an analytical assessment of current capacity in the raions. But the logical question that arises from the analysis is: so what should be done next? While these steps must be determined as part of the implementation planning for the Integrated Social Services Strategy, the research team has made some recommendations in Annex A to support this implementation planning, building on many of the ideas in the strategy and action plan. The next steps have to depend on further consideration of the findings by decision makers, consultation between the MSPFC, raion SAFPDs and beneficiaries, and their determination of priorities. The recommendations for further action are included here by the assessment team to support this discussion.

## **Annex A Recommendations to support further consultation and implementation planning**

The recommendations are categorised into headings that match the two specific objectives of the ISSS (the provision of services and the development of an efficient implementation framework). The latter is divided into its five components, namely legislation, institutional framework, operational framework, human resources and financing.

### **A.1 Disseminating best practice among raions**

1. Given the diversity of experience in different raions and the extent of service innovation, mechanisms should be set up to ensure learning from best practice and dissemination of best practice to all regions and incorporation these into legislative and administrative frameworks

### **A.2 Development of services**

1. **Methodological framework for strategic planning.** While a number of service gaps identified are common to raions there is also some diversity and little overall sense of priorities, and insufficient agreement as to how the further development of raion-level services will fit together to achieve the national targets and strategy for social service delivery. This underlines the need for a methodological framework for strategic planning of social services at territorial level as proposed as one of the areas of work in the ISSS action plan. The development of such a framework will require:
  - a. Initial participatory processes with raion service providers to further clarify gaps in social service delivery and to develop a national framework of services to be delivered.
  - b. Provision of a national framework of services and priorities around which raions can plan. This should bear in mind not only the current services and gaps in provision but also future trends in the distribution of the population. It should include also reference to current unmet need, such as for people with mental health problems, those with drug and alcohol dependencies and the homeless, and the likely future unmet need, especially with the increase in the elderly population. It might also include proposals on a balance between regular cash benefits, material support and emergency financial aid, and in-kind services.
  - c. Recognition that strategic planning is a participatory process which require resources and initial support as this may be a new process in many raions. In the absence of these components strategic plans may lack real content.
  - d. Guidelines on information required and standards for such information, since planning requires information.
2. **Blueprint for service development.** Some raions have been faster to develop services in new areas and some have been unable to develop such services. This identifies a need for support to raions to develop services which they do not currently provide. Such a blueprint for service development would outline key steps in developing new services and alternative approaches to deal with some constraints. Examples of these alternative approaches include volunteer services where funding is limited, sharing facilities with other authorities such as primaria (infrastructure) and other raions (specialised institutions) and promoting the development of community services (collective provision) where menial tasks (such as chopping firewood, doing laundry, procuring food) absorb a lot of the specialised skills of social sector workers. Some raions have been cooperating around developing certain services and such interaction should be encouraged, potentially through more formal regional forums. Some mayors also

take an entrepreneurial approach to local economic development and the issue of collective provision of in certain areas can be raised with them on a more systematic basis.

3. **Defining a minimum package of required services / service outcomes.** For effective support to clients more than just social services is often required. Policy development must therefore take account more explicitly of linkages between different service areas, especially different social services (community level and specialised such as psychological counselling), health services and short-term cash support. The package of services available or that should be available to clients and for social workers and assistants to refer people to should therefore be clearly specified. This will help to smooth out inequities in access to services. In order to retain autonomy among raions the list may be formulated in terms of the nationally desired outcomes (e.g. that people have a space where they can talk to the social assistant in confidence, or that a certain proportion of people are able to live independently in their own homes) rather than in terms of inputs (e.g. the number of places available at a canteen or sanatorium, or the number of social workers per raion).
4. Support for implementation. Staff in raions with all levels of capacity will benefit from training. At the community level, social assistants who have received more training and support tend to spend more time in face-to-face contact with beneficiaries than those which have so far received less support. At the level of specialist care, specialists could be supported to be able to spend greater amounts of time resolving difficult cases referred upwards by the social assistant and less on administrative duties.

### **A.3 Legislation**

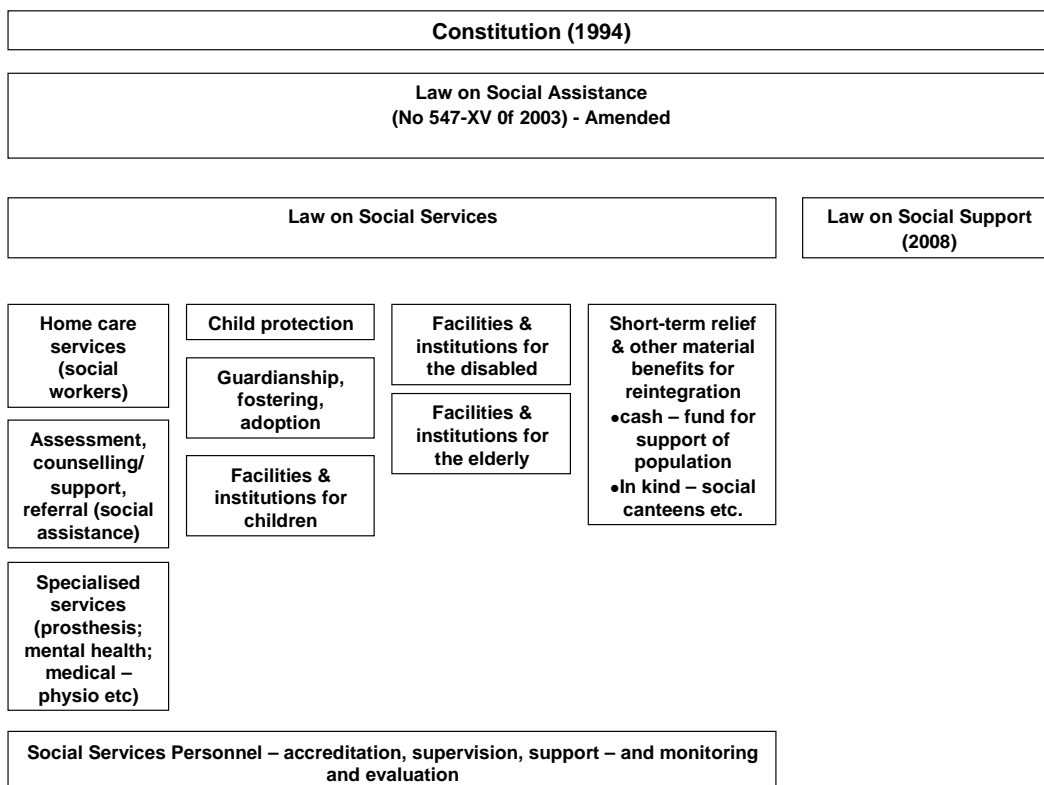
A review of the legislative situation and raion comments on legislation provide three conclusions leading to recommendations.

- At the raion level there was appreciation for the broad legal framework in place but a need was expressed for more detailed criteria, instructions and service delivery models in certain areas. There was a sense that while the broad frameworks are in place in a number of instances there could be more central support in developing implementation modalities and rules – this would not only support easier implementation but disseminate best practice and promote more equitable access to services. In some areas the gap in secondary legislation and guidelines has been filled by the development of rules and guidelines at the raion level. While territorial specificities may in some cases require such adjustment it is not optimal for all territories on their own and isolation to develop such further rules and guidelines. Such lack of detail and room for raion adjustment may underlie some of the unequal access to services between raions (for example, in the case of social canteens and foster care).
- While in some raions and for some areas, there was a concern about the legal framework not being developed in enough detail, in other areas legislation may be too prescriptive and may limit innovation and specific adjustments in raions depending on their circumstances. This is the case, for example with the prescription of the number of clients per social worker (where there should be room for adjustment on the basis of extent of need of clients and geographical distance involved) and limits on receiving assistance from social canteens. A key issue here seems to be that the focus in legislation on inputs (personnel in particular) and high-level limits to entitlement negatively affects service delivery innovation. (also about needing a regulation before they can start a service)
- The social services mandate is quite fragmented (large number of laws, government decisions and regulations) and uneven (with significant discretion for local government in some areas but restrictions in other areas as well as some areas being implemented under regulation and other under Government decision).

The following recommendations address these issues:

- Both the ISSS and the Action plan identify amendments to Law on Social Assistance and development of the laws on social services, child protection and on accreditation and monitoring in social assistance as activities going forward. Given the current range of laws, government decisions and regulations which mandate social services delivery it is necessary to consider the structure of laws and regulations that is eventually to govern social services and ensure consistency in approaches across the service delivery areas. Figure A.1 provides a framework for thinking about the eventual structure of legislation and regulations.

**Figure A.1 A framework for the structure of legislation**



Source: OPM

- Legislation should determine minima for access to services and service quality in order to ensure the required equity in access without being prescriptive about the precise methods of service delivery. Therefore it is proposed that certain minimum standards for service delivery in the different areas be set.
- Where at all possible, legislation and regulations should not prescribe inputs or specific ways of providing or procuring such services. Legislative mandates should be phrased in terms of outcomes that can be monitored and where that is not possible mandates should be framed in terms of broad categories of services that should be available and the standards for those services. This is necessary in order to accommodate the autonomy of local government but also the fact that specific services could be delivered in different ways and innovation is to be encouraged.

## A.4 Institutional framework

1. An **advocacy** programme is required to communicate the role and availability of social services which should not only be focused on potential clients but also on other stakeholders and allied services such as raion councils and administration, communities and mayors and departments of health and education. Such advocacy would require prior clarification of roles and responsibilities.
2. The MSPFC should through analysis and workshops clarify the **implications of decentralisation and local autonomy** for the delivery and monitoring of social service delivery and ensure and develop a shared understanding with raions and primarias. In the current situation there is substantial room for conflict where administrative and finance law provide great autonomy to raions and primaria but service delivery mandates can be quite restrictive (for example, the prescription of maximum duration of entitlement to services and specification of specific inputs and prices).

## A.5 Operational framework

1. **Logistics.** As pointed out in Chapter 7 some key inputs or logistical requirements are currently not provided for adequately and there is a need to provide more guidance and potentially policy on office accommodation (and or interview space) and equipment and transport for social workers and social assistants. Guidance on this should include proposals around multi-functional centres.
2. **Forms and databases.** To allow for monitoring and improvement of service quality over time there is a need for standardised forms (or minimum information standards with regard to key documents and phases of the delivery process such as case files), standardised processes and upfront clarification of information required for databases at the different levels of administration. Good operational systems for service providers (tracking of service delivery processes) will assist with these aspects. Information must over time include service outputs (an not just inputs) as well as outcomes in order not only to monitor inputs but so that impact and cost-efficiency can be assessed.

## A.6 Human resources

1. **Posts and vacancies.** The recommendations regarding legislation described above imply that while raions might usefully receive guidance on personnel required to deliver social services they should have flexibility to hire the inputs they consider appropriate to achieve the required outcomes in accordance with individual need in their raion. This would include options to make provision for substitute or replacement workers when staff are on holiday or sick leave, and options for employing support staff including administrative or secretarial personnel. A long-term strategy about the remuneration of social assistants and social workers might help to reduce the risk that continued economic growth, and a wider range of employment opportunities, drives social assistance staff out of the workforce.
2. **Management and supervision.** Further guidance from the MSPFC on the role of supervision will help SAFPDs to refine the management and supervision procedures that many have already devised on an informal basis.
3. **Qualifications and training.** A system of performance-based progression through salary grades, with opportunities for promotion, should be elaborated to encourage professional development and enhance personal motivation. A modular system of training should be developed to permit people who enter the profession with different skills to top up their experience as required, or to tailor their learning to the most important needs in their primaria.

## **A.7 Finance and procurement**

Financial mechanisms have to be developed to **incentivise deinstitutionalisation and efficient service delivery**. There are three potential options: (a) joint planning and sharing of savings between authorities responsible for institutions and alternative service delivery and where institutions and alternative services fall under one authority that the authority would be allowed to keep savings from deinstitutionalisation and greater efficiency or the bulk of such savings (b) as proposed in initial versions of the ISSS that “funds follow the beneficiary” (c) funds be allocated to primaria and they purchase services from the raions as providers. The last two options may not fit very well into current funding processes and procedures and therefore the first option will be the more realistic one at this stage.

With regard to adequacy of funding it is necessary for processes to be put in place to **assess the cost-efficiency** of service delivery and through comparison between raions and other international cases to set standards and make proposals for improving efficiencies. The Public Expenditure Review that is in process will have to indicate to what extent data is at this stage available to assess cost-efficiency and to what extent different fiscal capacity exists which underlies unequal service delivery or whether such inequality is more due to different choices in raions and SAFPDs about service delivery and funding allocations.

With regard to procurement it is necessary that there be a greater development of alternative mechanisms for providing services which would range from (a) full provision and financing by public administrations (with staff on the payroll of public administrations), (b) procurement of certain components of services from private providers to (c) outsourcing of service delivery to private or non-profit providers.



## **Annex B   References**

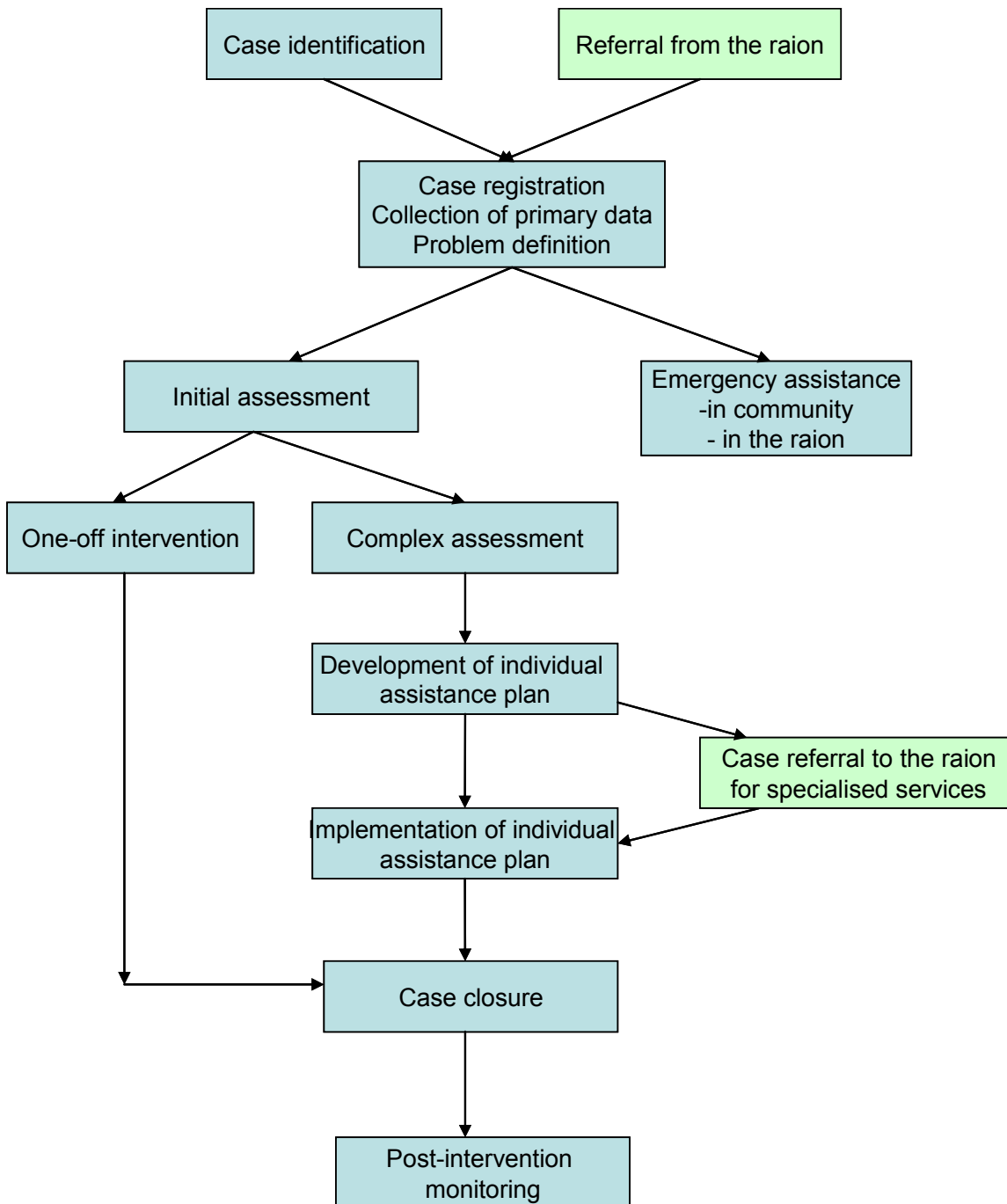
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## Annex C The referral process

Figure C.1 below illustrates the first stage of the referral process. It shows how services are identified and dealt with initially within the community, and highlights the points at which services are referred upwards to specialist services if it is decided that the case is too complex to be treated at community level.

**Figure C.1 Referral from community services to specialist services**



Source: MSPFC.

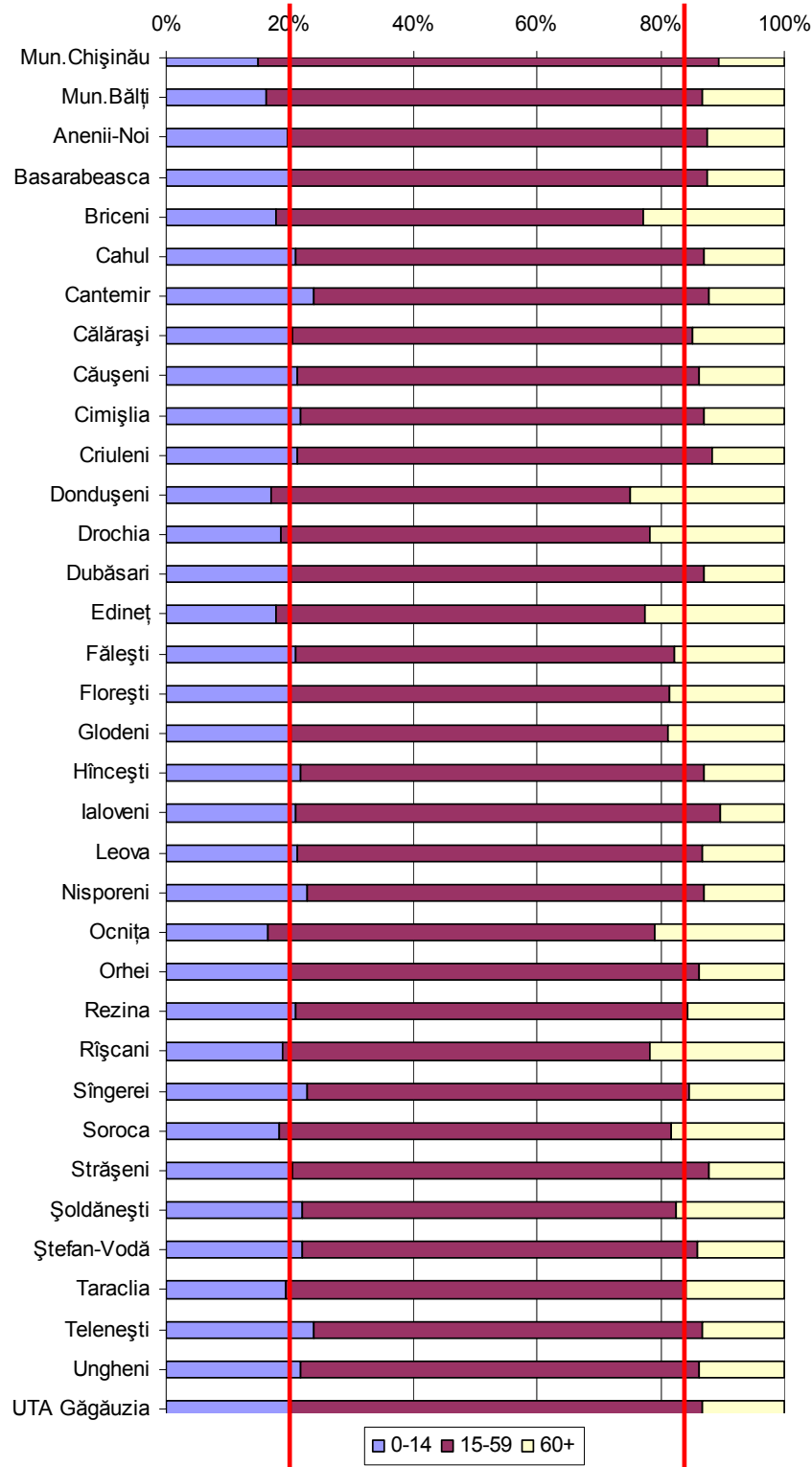
## Annex D Population structure and projected needs

**Table D.1 Population requiring social service support**

	2009	2012	2020	Change 2009-2020
<b>Total population (000s)</b>	<b>3,571</b>	<b>3,549</b>	<b>3,456</b>	<b>-121</b>
Children 0-17	773	716	665	-131
Adults 18-59	2,327	2,315	2,161	-156
Elderly 60+	471	519	630	+167
<b>Share of total population (%)</b>	<b>100</b>	<b>100</b>	<b>100</b>	
Children 0-17	22	20	19	-3
Adults 18-59	65	65	63	-2
Elderly 60+	13	15	18	+5
<b>Total population requiring assistance (000s)</b>	<b>418</b>	<b>428</b>	<b>442</b>	<b>23</b>
Children 0-17	46	43	40	-6
Adults 18-59	233	232	217	-17
Elderly 60+	139	153	186	47
<b>Of which, people with disabilities (000s)</b>	<b>181</b>	<b>182</b>	<b>179</b>	<b>-2</b>
<i>Children 0-17</i>	12	11	10	-1.6
<i>Adults 18-59</i>	141	140	131	-10
<i>Elderly 60+</i>	28	31	38	9.6
<b>Able-bodied people (000s)</b>	<b>223</b>	<b>246</b>	<b>263</b>	<b>25</b>
<i>Children 0-17</i>	34	32	30	-5
<i>Adults 18-59</i>	93	92	86	-7
<i>Elderly 60+</i>	111	122	148	37
<b>Total requiring assistance, per 3,000 people</b>	<b>352</b>	<b>362</b>	<b>373</b>	<b>23</b>
Children 0-17	39	36	23	-17
Adults 18-59	196	196	188	-7
Elderly 60+	117	130	161	47
<b>Share able bodied/disabled people, of those that require assistance</b>				
Able bodied children	8%	8%	7%	-19%
Able bodied adults	22%	22%	19%	-12%
Able bodied elderly	26%	28%	33%	27%
People with disabilities	43%	42%	40%	-6%
Total	100%	100%	100%	

Source: OPM and EveryChild (2008). Notes: Population estimates are from data used by the MSPFC for pension projections. Estimates of the proportion of people who are disabled and require assistance are based on the figures from the Ministry of Health for 2006, scaled in proportion to the change in population. The proportion of able-bodied people requiring social service support in any year is estimated at 6% of children, 4% of adults under the age of 60, and 25% of the population aged 60 and over (based on expert opinion). The number of people requiring assistance per 3,000 population is given because it is intended to build a network of one social assistant for every 3,000 people in Moldova.

Figure D.1 Population structure by raion



Source: Census 2004. Note: The two vertical red lines denote the national average for the proportion of the population aged under 15 and aged under 60, i.e. 20% of the population is aged 0–14; 64% is aged 15–59; and 15% is aged 60+. Where the blue bar extends beyond the first vertical red line this means that a raion has more children than the national average. Similarly, where the yellow bar extends inwards beyond the second vertical red line this means that a raion has more elderly people than the national average.