

**UNICEF: ASSESSMENT OF THE CHILD CARE SYSTEM IN
MOLDOVA AND TECHNICAL ASSISTANCE TO THE
GOVERNMENT OF MOLDOVA TO HOST THE SUB-REGIONAL
CONSULTATION ON CHILD CARE SYSTEM REFORMS IN ENP
COUNTRIES**

Final report



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All opinions expressed in this report, and any omissions and errors, remain the responsibility of the authors and should not be attributed to other parties.

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Executive summary

This report assesses the progress made in the reform of the child care system in Moldova up to 2009. It is both retrospective—analysing the successes and challenges of the reform so far, and the impediments to reform, from the perspective of different stakeholders—and forward-looking, indicating entry points for further support to the reform process. The report forms part of Moldova's contribution to the subregional consultation on child protection which is being hosted by the Government of Moldova and UNICEF in November 2009, and which will bring together participants from Armenia, Belarus, Georgia and Ukraine as well as Moldova to discuss progress in the wider region.

The assessment focuses on 'child care' in the sense of support provided to children who are in need of additional care because of their circumstances, and those without parental care, or at risk of being without parental care. It covers issues such as deinstitutionalisation and the provision of family substitute and family support services. There is an inevitable overlap between child care issues and other issues relating to *child welfare* such as education, health, justice and social assistance. The assessment therefore covers these aspects of child welfare where they have an impact on the children who are in need of, or at risk of needing, child care services (e.g. the treatment of children with disabilities, the education of children with special needs, or the care of children in the detention system).

Structure of the assessment

The conceptual framework for the assessment has two components: first, it disaggregates all the building blocks that form the child care system, and second, it reviews systematically what is happening to each block using a simplified four-stage description of the policy cycle.

- The building blocks of a child care system include the organisational structures of central and local government and non-governmental organisations (NGOs); the financial and non-financial resources they invest; the service users; the services that are provided; and the standards, regulations and referral mechanism that govern their use and distribution. External factors that act on the system include the legislative framework and the broad policy environment.
- The policy cycle is used to probe the reform of each building block in the system by investigating progress in four areas: (i) Problem identification—what is perceived to be the problem with each block, and why does the situation need to change? Are there differing opinions on this? (ii) Policy development—what strategies and policies have been developed to address the problem? (iii) Policy implementation—have the strategies and policies been implemented? What successful practices have been identified? If the strategies have not been implemented, what are the obstacles? (iv) Monitoring and review—what systems are in place to identify whether the policy is working, and to make revisions if necessary?

A matrix of questions was formed by combining these two components of the framework (Annex A). The assessment team has answered the questions both by reviewing existing documentation and by carrying out additional primary research through interviews with key informants and analysis of data. The desk review covers documents from the government and a wide range of stakeholders including the technical assistance projects funded by the European Union, the UK Department for International Development (DFID), the Swedish International Development Agency (SIDA), UNICEF and others. Interviews have taken place with representatives of several ministries and local government, NGOs and technical experts.

Evolution of child care reform

Moldova has been reforming its child care system for many years, particularly after its accession to the United Nations Convention on the Rights of the Child in 1993. Child care has long been seen as part of many broad policy debates including in sectors ranging from migration and trafficking to education, health and social assistance. There have been two significant changes in the pace and scope of child care reform, first around 2002 and then around 2006.

In 2002 the government developed a national concept paper on child and family protection, and the following year it approved the National Strategy on Child and Family Protection and its Action Plan for 2003-2008. It was the first document to outline the fundamental strategic directions to improve the child protection system in Moldova. It proposes legal and institutional reform, including the elaboration of the Law on Social Assistance and secondary regulations on standards; the development of human resources working in child care, including through training of social assistants; and the development of community and specialised social services for children and families in difficulty.

In 2006 Moldova officially launched its child care reform. This aimed to establish a network of community social assistants, develop family support services and alternative family placement services, and reorganise residential child care institutions. The Ministry of Social Protection, Family and Child (MSPFC) was created, with responsibility for child care reform. The National Strategy and Action Plan for Deinstitutionalisation, 2007-12, was approved by the Government of Moldova in 2007 and the National Programme on the Development of an Integrated System of Social Services, 2008-12 was approved in 2008.

The policy environment

Some of the defining features of the overall policy environment for child care in Moldova include the declining population and the high rate of migration; fluctuations in economic growth, including the recent global financial crisis; and the development and implementation of decentralisation policies and national planning and budgeting processes.

The share of children in the population is rapidly declining while the number and share of elderly people in the population is greatly increasing. Between 2009 and 2020 the number of children in Moldova is expected to diminish from 773,000 (out of a total population of 3.57 million) to about 665,000. It is therefore to be expected that there will be a greater focus on elderly people in the coming years. The challenge for proponents of child care reform is to ensure that sufficient provision continues to be made for children. Many of these children—about one in every four—has a parent living abroad. The migration of parents and other family members can have a mixture of both positive and negative economic and social impacts on children.

Trafficking of both adults and children is widely thought to be an issue that affects Moldova seriously. Policies to resolve this issue have been developed extensively since about 2002, but implementation is somewhat lagging behind the declarative policy statements. The number of children who are direct victims of trafficking is not known to be high, but many more are thought to be either at risk of trafficking or affected by trafficking of family members.

The global financial crisis is likely to have a particularly strong negative impact on households with migrant workers as it may reduce household income and increase the number of people returning to their home country. At the same time it risks lowering the revenue of the government and NGOs, making it harder for them to support families in difficulty. The government has recently introduced a means-tested cash benefit for low-income households but it is too soon to evaluate its effect.

Decentralisation of decision-making to local authority bodies has affected child care and other aspects of social protection policy. The protection of child rights is foreseen as an 'own' competence for both the primaria and raion level of local public administration. This offers the prospect of locally appropriate solutions to child care problems. But there are two major challenges. First, the financial transfer from central to local government is strictly calculated and specified in terms of an estimated number and type of beneficiaries and services, and this tends to reduce innovation and flexibility (though local authorities are not formally obliged to follow the specification). Second, there is confusion about how responsibilities for child care and other social services are divided between the primaria and the raion. This risks impeding the effective implementation of new services.

National medium-term development strategies, such as the Economic Growth and Poverty Reduction Strategy Paper and the National Development Strategy, have paid increasing attention to child care reform and the need to move from residential care to family-based services. But there is a tension between the representations of the policy problem by the education and social protection sectors: both claim to be responsible for developing alternatives to family-based care, and there is not a common agreement about how to achieve deinstitutionalisation. Child care is specified as a line item in the budget for both the education and social protection sectors. This is seen in the medium-term expenditure framework (MTEF), the strategic planning framework which provides decision-makers with a projection of the national public budget for a rolling three-year period.

Social protection receives a large share of external assistance to Moldova, while education receives a much smaller share. In 2006 about 15% of all bilateral and multilateral donor funds committed to the country were planned for social protection projects, compared with only 2% for education. Part of these commitments include projects related to child care reform, either directly—e.g. supporting the deinstitutionalisation process—or indirectly, such as through supporting the development of the network of social assistants. The European Commission has consistently provided support, first through three projects under the Technical Assistance to the Commonwealth of Independent States (TACIS) instrument and more recently through the European Neighbourhood and Partnership Instrument (ENPI). Meanwhile some NGOs also provide assistance to child care, often as service providers or advocacy organisations. An alliance for NGOs active in the social protection of families and children was set up in 2002 and since then its membership has increased considerably.

Policy development and implementation

Organisational structures

Before the reform in the child care system the central government responsibility for delivery of child care was split between a number of ministries. The establishment of a single ministry with formal responsibility for child care, the MSPFC, has been one of the cornerstones of the reform. The ministry has been effective in strengthening the attention paid to social welfare, including through its development of the network of social assistants. Despite this it has not yet succeeded in consolidating all responsibilities for the protection of child rights: for instance, the Ministry of Education and Youth still retains control of social care as well as education for children in residential institutions. The MSPFC is attempting to work around the continued dispersal of responsibilities by creating interministerial working groups, developing strategic documents that involve all relevant ministries, and involving other ministries in its own Collegium meetings.

At local level the main organisation in social assistance is the raion Social Assistance and Family Protection Directorate / Unit (SAFPD). One of its main functions is the management of the network of social assistants who now work in communities. The number of social assistants has increased

from fewer than 100 to about 1,000 in a little over two years, which has greatly improved the possibility for people in all areas, rural as well as urban, to access social services. Social assistants may provide services to the whole population, not just to children, which is valuable because it means that they can work with adults before children get into difficulty rather than waiting until children are already at risk before intervening. SAFPDs are also responsible for developing community- or family-based alternatives to residential care for children and some have done this successfully, especially—but not only—where they have received a lot of external support. However, there could be an incentive for them not to do so because these services must be provided from their own budget whereas if a child is placed in a residential institution he or she is more often supported by the central government budget, which saves scarce resources.

A gatekeeping system was piloted in 2006 with the aim of ensuring that children are placed in residential institutions only as a last resort. The system has now been extended nationwide. There is a gatekeeping commission in every raion, and many have an intensive workload. Results so far, in terms of the number of cases reviewed, have been erratic and many challenges remain. In some cases there is confusion about the membership, role and obligations of the commission. Even where these are understood there is a shortage of time to pay attention to cases, and the lack of remuneration of commission members can be a disincentive to effective working. In any case the range of alternative services available to the commission is relatively narrow, and at this early stage the services provided at local level still need a lot of strengthening and financial support. There is also tacit resistance from personnel in residential institutions to the objectives of the commission since it is perceived as posing a threat to their jobs.

The gatekeeping commissions do not govern entry into the auxiliary schools for children with mild disabilities. This is done by the medico-psycho-pedagogical commissions (MPPCs). Concerns about the quality of activities carried out by the MPPC have been prevalent for a long time. An assessment of MPPCs carried out in 2009 highlighted the need to abolish these structures and to transfer the role of assessing children with special needs to the gatekeeping commissions, in accordance with the regulations on gatekeeping. Further decisions on this matter will be taken by the government.

Participation and communication

Ministries are being increasingly consultative during policy development on child care and related issues. Local authorities are invited to comment on draft strategies and attend collegium meetings, workshops and conferences. There has usually been less communication between the levels of government during implementation, after a policy has been approved, though recent events to disseminate advice on how to implement government policy are a welcome improvement. Participation of civil society in child care reform has demonstrated small but gradual progress: NGOs, like local authorities, are also invited to comment on draft policies, though it is not always certain how their views are taken into account. NGOs do participate in the implementation of child care policy and have been increasingly active in the delivery of social services since the late 1990s. There is concern that some of their services are established without government regulation and there is a risk that they may be contrary to national policy (such as the establishment of new residential institutions by NGOs despite the government policy on deinstitutionalisation). NGOs are able to contribute to the monitoring of child care services and have written alternative reports on the status of implementation of the UN CRC.

The government is making an effort to communicate its policies on child care reform to the general public, which is essential because public opinion regarding child care has traditionally been favourable towards the use of residential institutions to look after children without parental care, in part because of a lack of awareness of any alternatives or because of a distrust of placing children in other people's families. Beneficiaries of services do have some opportunity to be consulted on

issues that concern them, though this tends to take place through the channels of NGOs and is not yet systematic. A beneficiary assessment in social assistance, conducted in 2007, identified a lack of public confidence and trust in the social service system owing to unfamiliarity with available options, misinformation, and sometimes a perceived negligence, indifference or hostility of social assistance staff towards users. The impact of the introduction of social assistants on this perception has not yet been measured. The notion of the participation of children in processes that affecting their lives has made progress but is not yet developed in every *raion*. For example, children are often not present at the meetings of the gatekeeping commission which determines whether they should be committed to an institution. The implementation of policy on the participation of children still does not fully reflect the intentions articulated in policy.

Legislative framework

The rights of the child to protection and a family-based environment have been strengthened by numerous policy documents. The primary and secondary legislation relating to child care reflect in part the declared policies. The primary legislation currently includes the Family Code and the Law on Social Assistance, and the draft Law on Social Services is under discussion. Secondary legislation includes a range of regulations, norms and standards to support the development of organisations providing social services or to promote the quality of the services themselves.

It is only when secondary legislation is set in place that a budget is authorised to make provision for services that are proposed. Strategies and action plans, such as those on deinstitutionalisation, are not sufficient by themselves to require financing to be put in place to implement policy. Some secondary legislation that has been passed is only partial—such as for foster care where regulations have been approved but funding norms have not been agreed—or out of sequence, such as where it has been passed before the approval or revision of the relevant primary legislation. Regulations approved by a single ministry do not apply across all the ministries involved in child care provision. Often the legal framework has proven to be effective, but converting policy into law and practice remains a difficult task owing to the challenges within the rest of the child care system that are described throughout this report.

Finance

There has been almost no change in the share of the budget taken by the social protection, education and health sectors for many years. This suggests that the prioritisation of the main sectors responsible for child welfare services has not altered, and that budgets still tend to be based on an incremental increase of the previous year. Nonetheless these sectors form a very prominent proportion of the budget: in 2008 more than 60% of the budget was devoted to them. Since 2003 these sectors have increased their share of gross domestic product (GDP) by about 50%, which simply reflects the fact that government spending makes up an increasingly large proportion of national GDP. Overall government expenditure has been growing rapidly, from just under MDL 10 billion in 2003 to MDL 25.7 billion in 2008. This means that even with a constant share of the budget, expenditure in all three sectors has risen considerably.

Expenditure from the national budget on facilities exclusively for child care is divided between the ministries that have responsibility for the subsector. Between 2004 and 2008 there has been a real increase in expenditure on child care facilities in the national budget. Expenditure more than doubled from MDL 127 million in 2004 to MDL 293 million in 2008. The bulk of resources that are available for in-kind social services for children are devoted to residential institutions despite the acknowledged interest of the government in developing alternatives which can often have a lower unit cost and will be able to reach more people. Although expenditure on residential institutions as a share of expenditure on all child care facilities has declined from 97% of the total in 2004 to 93% in 2008, this apparent positive trend conceals a massive disparity in the increase in resources

going to residential and non-residential care in absolute terms. Expenditure on residential institutions in 2008 was MDL 149 million higher than in 2004, whereas spending on other forms of child care had increased by only MDL 17 million during that period. A major challenge is that the closure of a residential institution does not automatically lead to the transfer of resources to the communities where the beneficiaries go, nor is it necessarily invested in child care services.

More than two-thirds of public expenditure on child care continues to be spent by central, not local, government even though social protection functions have formally been decentralised. Moreover, at central government level about 80% of this expenditure takes place in the Ministry of Education and Youth although it is the MSPFC that has official responsibility for child care functions. There is a disconnect between the official policy on the administration of funds for child care and its implementation in practice. On average about half of all expenditure on child care facilities is spent on salaries.

Step-by-step approaches for releasing resources from the closure of residential institutions and redirecting them into education and care facilities have already been outlined in discussion papers shared by finance experts with the government. As with many other aspects of child care provision, the obstacle in achieving the desired result is hampered not by lack of policy analysis, but rather by a lack of implementation of the identified solutions.

Human resources

Personnel issues have presented some of the main challenges, but also some of the successes, of the reform throughout its implementation. The challenge has been to drastically reduce the number of staff working in residential institutions whilst introducing a new cadre of professionals qualified to deliver community-based and family-based child care services. There has been much greater success in recruiting staff to the newly created social assistant posts than in reducing the numbers of people working in residential institutions.

In 2007 there were 5,410 people working in residential institutions for children, looking after just over 11,000 children, i.e. there was one staff member for every two children. It is possible that many professional staff, such as psychologists, could continue to do their job from the *raion* SAFPD office and serving a wider range of people in the community than they do in residential institutions. It is essential that no new staff posts are added into residential institutions because this simply increases the number of people who have a vested interest in maintaining the current system. The reduction of staff in residential institutions is a sensitive issue because institutions can be large employers in areas with few alternative job opportunities. There is an ambivalence towards improving the efficiency of staffing levels which is reflected in policies such as the National Development Strategy and the deinstitutionalisation strategy. Authorities responsible for managing institutions prefer redeployment of staff to a reduction in numbers. There is a need to consider the provision of training for requalification of personnel who remain in the system. Simple steps to work towards improving the efficiency of staffing levels have been widely documented and could be applied effectively to the system in Moldova. The obstacle lies at the stage of implementation now that financial resources must be committed and a sensitive change process must be managed.

As for improving access to community-based family support and family substitute services, the creation of the network of social assistants managed by *raion* SAFPDs has been a highly significant development. There are now approximately 1,000 social assistants in post. Moldova demonstrates good practice by enabling the social assistant to work with all people in need in the community, not just with children. This means that the social assistant can prevent difficulties for children at an early stage rather than having to wait until a child is already in need.

Social assistants come from different professional backgrounds and many have not yet received training, so their expertise and practices are variable. The two-week initial training course, funded by UNICEF in 2007 and by the European Commission and DFID in 2009, will contribute towards improving professional skills though it is not yet as comprehensive as, for example, the 30-week programme for social workers in Georgia. Another obstacle to the effective functioning of the network of social assistants is that material resource needs, such as photocopiers, computers and transport costs, have not been identified or factored into funding norms.

With regard to human resources in family substitute services, there is a long tradition of adoption in Moldova and a substantial pool of potential adoptive parents. The foster care service is much less well developed and there are few foster parents. A major impediment to the expansion of the scheme is the absence of a government decision on the level of payments to foster parents, which reduces its attractiveness as a profession.

Among local authorities the staffing structure for the raion SAFPDs remains relatively rigid and is determined by the size of the population rather than the assessed need of the raion. A major recent change has been the transfer of the specialist in child protection from the General Directorate of Education, Youth and Sport to the raion SAFPD, which has taken place mainly in 2009. It seems logical that the child protection specialist should work alongside the specialists in children and families and the social assistants. However, not all ministries are yet in favour of this transfer and it is too early to ascertain whether it improves outcomes for the child.

Service users

The reform focuses on two aspects in relation to service users: first, the promotion of individual needs assessment and an individualised, rather than standardised, response to a child in difficulty; and second, the earlier identification of vulnerable families and children so that interventions can be more preventive rather than reactive. These are reflected in the policies that have been developed, and are intended to be addressed by the creation of the network of social assistants.

Potential service users do not yet have equal access to child care services. Children in larger towns may have easier access to non-residential services than those in rural areas. Also, the UN Committee on the Rights of the Child expressed concern in both 2002 and 2009 that 'children from socially disadvantaged families, children with disabilities, children with HIV/AIDS or children belonging to a different ethnic group or holding different religious views may face discrimination'. Disaggregated data on the services provided to groups that are potentially at risk of being marginalised are not routinely collected. This makes it hard for the government to monitor whether the implementation of child care policy is non-discriminatory.

Services

The types of social care service that people receive are divided by the Government of Moldova into three levels. These are community (or primary) services; specialised services; and very high need, or highly specialised, services. These roughly correspond to the concept of primary, secondary and tertiary care that is used in the health system worldwide. The intention of the reform is to expand coverage of social services to more people by rapidly expanding community-based and specialist social services, and significantly improving the efficiency and cost-effectiveness with which 'very high need care' is provided.

- **Community care services** are the priority response to any social care problem. Most people will use primary care services near to where they live, probably in their own *primaria*: Because these services are quite general and respond to people's needs before they become more severe (and costly to address), they are relatively cheap to provide. Community care services

for children and families include services provided in community buildings or by a social assistant. Other community-based services that are currently provided to adults but could be expanded to cover children include home care and social canteens.

- **Specialised services** are used by people who need more specialist care than can be provided using community services. They are expected to be referred to these services after an assessment. The number of people who need specialist services is much less than the number who use community services. Generally each *raion* aims to provide a single set of these services for all its communities. This does not mean that the user always has to travel to the *raion* to receive help. Specialised services for children include day care services, family substitute services, support from specialists at the raion SAFPD, temporary placement centres, rehabilitation centres and the prosthesis service.
- The **'very high need' care services** should be provided only to people who need extremely specialised social service support, particularly 24-hour continuous care and often in residential institutions. These services do not need to exist in every *raion*. All residential institutions fall into this category. At the moment a lot of people are being inappropriately served with this level of extremely highly resourced care when they do not need it, and they could be better served by regular specialist services that allow them to live closer to their home community.

In 2006 there were estimated to be at least 78,000 recipients of one of these types of service. Data are not available on how many of these are children. Expenditure on different types of service does not match the distribution of beneficiaries. The community services that reach 40% of all cases (children and adults) accounted for only 8% of overall expenditure in 2006, while the very high level services reach 29% of cases yet account for some 67% of expenditure. It is apparent that in 2006 community-based services were the least used form of social service for children, whereas they should be the most widely used. The expansion in the number of social assistants in 2007 and 2008 will have contributed to an improvement in the share of services provided at community level.

There is a noticeable predominance of specialised services such as day-care centres in raions which have received considerable external support, though innovations are also found even in raions which have not received the same levels of support.

In respect of very high need services, the process of deinstitutionalisation has been well considered and the policy has been developed and integrated into national planning processes. But the strategy has been slow to be implemented because not everyone agrees that deinstitutionalisation is beneficial. Alternative services are not being developed fast enough to keep up with the projected decline in the number of children in residential care. Children continue to be admitted to residential care, though in some raions this is at a much lower rate than was the case before the establishment of the gatekeeping commissions. To date five institutions have been closed, though the process has not always been able to keep up with international best practice given the short time period devoted to the reorganisation.

Setting and maintaining standards

Quality of services can be improved by setting standards against which services are accredited and inspected. The MSPFC and MEY have developed standards for some of their services and are drafting additional standards. Previously, standards focused on hygiene norms and material inputs such as square metres of living space. Newer standards make provision for approaches towards working with the beneficiary, the involvement of multidisciplinary teams, compliance with children's rights and ethical norms in relationship to the client. The greatest challenge in achieving improved standards is in enforcing their implementation. Better performing raions are elaborating standards for their own services, while lesser performing raions are slower to either develop new services or draw up standards.

An accreditation mechanism would signal when an organisation has met the standards and is eligible to operate. The accreditation system in Moldova is still at an early stage of development. In the absence of standards for many services there is not a comprehensive framework against which service providers can be assessed and accredited. At the beginning of 2009 the MSPFC established a working group for the development of the Law on Accreditation of Social Services which will apply to both state and non-state providers. The MEY has started the development of an accreditation system for its education services but it does not cover the social services provided in its residential institutions.

Inspections of services used to be carried out by public servants from the ministry to which they were subordinated, to verify their compliance with the regulations. The results were kept internally and no independent assessments were conducted. The National Programme for the development of an integrated system for social services calls for inspection to have a clearly defined organisational and operational framework. This has been included in the draft Law on Social Services. The MSPFC is working to develop this framework but a limitation in the inspection service as currently envisaged is that it is expected to combine inspection of social care facilities with that of inspecting the delivery of social benefits. There is a potential conflict because a unit that clamps down on fraudulent benefit applications may not be suited to being involved also in supporting social service facilities to make improvements. In the early stages an inspection system for child care facilities might be expected to start by offering a support service for raions to help them understand how to reach the required standards and to exchange best practice.

A well designed set of standards can only be effective if there is a mechanism to achieve and verify compliance. The development of a support and inspection unit should therefore be a priority.

The complaints system is built on the government-wide Law on petition and the Law on administrative contentions. The system is inefficient because complainants have the right to turn directly to a ministry if they are unhappy with the service they receive, so ministry staff spend a lot of time responding to individual complaints. There is no culture of encouraging complaints for the purposes of improving a service. It is commonly considered that as long as a person benefits from free support from the state then beneficiaries do not have the right to express their dissatisfaction. The National Programme for the development of an integrated system for social services proposes a two-stage complaints process, the first internal (e.g. to the manager of the service) and the second external. There is already a legal basis for some complaint procedures to be followed up at raion level but it is not used by many raions.

Referral mechanism

The mechanism for referral of children through the care system has been amended as part of the wider reforms in social assistance. Previously the focal point for referral of children in difficulty to different social services was the specialist in the protection of child rights in the General Education, Youth and Sport Directorate at *raion* level. Under the new system the focal point is the community social assistant. This should be more effective because the social assistant has responsibility for less than 5,000 people, not for a whole *raion*. The social assistant is now expected to carry out the identification of children in difficulty, the initial assessment and general support. The final decision regarding the form of protection applied to children in difficulty stays with the guardianship authority, which since the reform has been the SAFPD.

The draft Law on social services describes the route for beneficiaries through the system of social services depending on the complexity of their case, from community services to specialised services and, if necessary, to very high need services. In practice the referral of children between appropriate services is thought to be occurring to varying degrees within *primarias* and also at

raion level. At the moment there is less acceptance of individual needs assessment and referral to specialist services for children who are already in residential institutions.

Child care in its wider context

Many sectors touch upon child care issues. This report reviews the connection with the child protection, education, health and justice sectors. In child protection there have been positive policy developments to prevent abuse and neglect, though implementation of the reform is not yet able to achieve policy objectives. There are child protection risks inherent in large institutional care settings, so the policy to move away from a reliance on institutional care in itself contributes to a system that aims to ensure greater protection for children. Some successes in implementation have been observed: opinion polls suggest there has been some success in public education programmes on eliminating child abuse. A challenge is that both the demand for, and supply of, child protection services remain underdeveloped. Regarding 'demand', awareness of neglect and abuse and acceptance that it takes place remain low so identification of cases is limited. As for supply, there is a lack of specialised services and procedures to respond to cases.

The education sector intersects with child care in relation to the educational facilities which also contain child care functions. These are the general boarding schools and auxiliary schools. The key challenge for child care reform is to separate out the education functions from the care functions within the institutions which offer both services, and then to review how to provide the best service for the individual child in each of the components. Encouragingly, there is agreement from both the MEY and the MSPFC on the aim of reducing institutionalisation. The issue is to ensure cooperation and disentangle the finances so that each can achieve it. Objectives for integration of children into mainstream schools are in keeping with education policies such as the national strategy 'Education for All 2004–2015'. The optimisation of educational facilities now offers an excellent opportunity to consider the possibility for integration of children from general boarding and auxiliary schools into regular schools with spare capacity. It also means that schools with spare classrooms could use them to provide social services run by the raion SAFPD such as after-school clubs for children or meeting rooms for social assistants.

The health sector intersects with child care in many areas including support for children with disabilities or mental health difficulties, or for those affected by HIV/AIDS. The concept of disability as a largely medical problem continues to prevail, though the recently drafted disability strategy addresses the issue from many different angles. The strictly medical perception of disability has adverse consequences for other aspects of children's lives, notably their education, since many are committed to auxiliary residential schools which have a greatly reduced curriculum. In mental health the problems for children are generally well understood and policies such as the national health policy of 2007 indicate an appropriate response to the challenges of supporting children with mental health problems. The greater challenge is at the stage of policy implementation since the desired range of services for children, especially for teenagers, is not available. Two contributory factors are the shortage of mental health professionals to identify cases and the fear of stigmatisation. In relation to HIV/AIDS, the number of children who have HIV/AIDS is very small but the number who are affected by it, such as through living with an infected family member, is much greater. There has been some systematic policy development in this area, with international support. The numbers of children with HIV/AIDS is sufficiently small that there is not considered to be a risk of abandonment of children for this reason in Moldova.

In the justice system the aim is to move away from the use of full-time residential institutions for young offenders towards community-based service provision. Reforms also aim at reducing the likelihood that young people will commit an offence, rather than adopting a punitive response. Recent policies now propose that children convicted of non-serious crimes may be referred to education and health facilities instead of detention facilities if appropriate. National legislation is

declared to be consistent with international standards. The Ministry of Internal Affairs and the Ministry of Justice collaborate with the MEY in relation to services for prevention, and with the MSPFC for rehabilitation services. A probation service has been set up. In 2005 Moldova introduced a system of non-remunerated community service for minors who have been convicted of a criminal offence. The availability of social service support for children is thought to have an impact on their likelihood of committing an offence, so resources spent on child welfare may be effective in reducing social problems and also reducing subsequent costs in the justice system.

Monitoring and review

The concept of monitoring is often perceived in Moldova as relating to inspection or control, i.e. verification that services comply with regulations. Efforts have been made to introduce a wider notion that covers all stages of the policy cycle, and the full range of inputs, outputs, outcomes and impact. The Government of Moldova is starting to make progress in responding to questions about how success in child welfare reform should be measured, what the targets are, and how data will be collected and used.

At a national level the principles of monitoring are beginning to be embedded. The NDS action plan contains several hundred activities with an 'expected result' and a 'process indicator' but does not set quantified targets relating to the impact on the beneficiary. The National Programme on the Development of an Integrated System of Social Services 2008–12 proposes the use of a rigorous monitoring system using both quantitative and qualitative indicators. A data needs analysis in 2009 revealed that there are no indicators at all at the moment to measure achievement of goals and objectives. So there is no regular monitoring of whether the provision of child care services leads to improvements in quality of life. The MSPFC, in collaboration with external partners, is now drawing up a general guide for monitoring and evaluation of social assistance.

The collection of routine data on child care services is fragmented among different ministries, which can make it quite difficult to identify the services, their resources and impact. The MSPFC sends out a form each year to raion SAFPDs to collect information on their service provision but there is no means of verifying the accuracy of the data. Regular routine monitoring is supplemented occasionally by periodic surveys such as UNICEF's rapid assessment of institutions in 2006, the beneficiary assessment in 2007 and the organisational assessment of raions' capacity to deliver social services in 2008. Such surveys are not yet well integrated into regular planning processes and there is a need to systematise this data collection.

Many attempts have been made to set up databases to record information, which have not always been maintained. The MSPFC and MEY should decide how best to continue database development, incorporating best practices emerging from pilots and local innovations. They might also wish to consider whether the most efficient database is one that is exclusively for children because many of the social services that are to be developed are used also by adults. The World Bank is now developing the terms of reference to support the creation of a database that combines information on applicants for cash benefits with that of social service users.

While information on child care services is starting to be collected there is not yet a widespread practice of results-based management. Three major difficulties are that capacity to analyse results may be limited; the resolution of the problem may require human resource and financial inputs which are not available; and policymakers may not have an incentive to amend their activities on the basis of the results.

Conclusions

The assessment concludes that, with regard to an understanding of the problems in child care, Moldova has an advanced understanding of the difficulties to be addressed in delivering a reform that matches international best practice. The main areas on which there is not agreement are on financing the reform and on how to set and maintain standards. It is critical that all parties come to an agreement on how they wish to resolve these, because without funds in the right budget the system cannot be transformed.

In terms of policy development the country is making good progress. It has designed some effective strategies and is in the middle of drafting or approving a range of regulations that are appropriate for the reform. The main area in which policy development has been avoided is in the issue of reallocating financing, which, being controversial, has been put aside by the Ministry of Finance, the MEY and the MSPFC.

Implementation of child care policies does not yet keep pace with the strategies and regulations that have been designed, in part because of the lack of financing. However, there are numerous positive examples of successfully implemented child care initiatives in several innovative raions around the country.

Monitoring of the system is at an early stage, in part because the system reform itself is so new. There have been some attempts to monitor different aspects of the reform by central and local government authorities and by independent experts. This experience will be valuable as an integrated, comprehensive system of monitoring is set in place over the coming years.

Recommendations

Recommendations are provided throughout the report and are summarised in the list in section 17 (p.87). These cover every component of the child care system. Some of the main recommendations include eliminating duplication of functions and clarifying roles of child care bodies and commissions at central government and local government level; agreeing as a matter of priority the route by which funds will be redirected towards community-based services; ensuring that new staff posts are not added to residential institutions; considering how existing well established services, such as social canteens and domiciliary care, can be expanded to cover the needs of children and families; and creating a unit in the MSPFC that provides support to raions in implementing policy, before gradually moving to a role of inspection of service provision.

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Abbreviations

CEE	central and eastern Europe
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
DAC	Development Assistance Committee
DFID	Department for International Development
EGPRSP	Economic Growth and Poverty Reduction Strategy Paper
ENP	European Neighbourhood Policy
EU	European Union
GDP	gross domestic product
IMF	International Monetary Fund
I-PRSP	interim Poverty Reduction Strategy Paper
IOM	International Organization for Migration
MDG	Millennium Development Goal
MDL	Moldovan lei
MEY	Ministry of Education and Youth
MPPC	medico-psycho-pedagogical commission
MSIF	Moldova Social Investment Fund
MSPFC	Ministry of Social Protection, Family and Child
MTEF	medium-term expenditure framework
NCCRP	National Council on Child Rights Protection
NDS	National Development Strategy
NGO	non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
OPM	Oxford Policy Management
SAFPD	Social Assistance and Family Protection Department
SIDA	Swedish International Development Agency
TACIS	Technical Assistance to the Commonwealth of Independent States
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US	United States

PART A: BACKGROUND

1 Introduction to the assessment

In November 2009 the Government of Moldova and UNICEF will host a consultation on progress in the reform of child care systems. This will bring together Moldovan experts with participants from Armenia, Belarus, Georgia and Ukraine, all members of the European Union's (EU's) European Neighbourhood Policy (ENP). Each state will bring to the consultation its analysis of the status of the reform in its own country. Oxford Policy Management (OPM), together with the subcontracted organisation, EveryChild, has been selected to support the Republic of Moldova in hosting the conference, and also to carry out the assessment of the status of the reform in Moldova. This report presents the findings of the assessment.

1.1 Purpose and objectives

Two purposes for carrying out the assessment are identified in the terms of reference. These are:

- to increase understanding of the progress in and impediments to reform in Moldova, from the point of view of different stakeholders at national, *raion* and *primaria* level; and
- to provide policy analysis that can serve as an input for further support for the reform process.

The intention is that this will enable the Government of Moldova, together with UNICEF country offices and other international and local stakeholders, to accelerate the reform of the child care system.

The specific objectives of the assignment are as follows:

1. To assess and analyse Moldova's progress in child care system reform.
2. To identify opportunities to accelerate the reform of the child care system.
3. To enable local ownership of the assessment process.
4. To permit UNICEF to identify its further support for the reform.
5. To prepare the ground for Moldova to competently host the subregional consultation in November 2009.

1.2 Scope of work

The title of the assignment refers to an assessment of the reform of the *child care* system. This implies a focus on the support provided to children who are in need of additional care because of their circumstances, and those without parental care, or at risk of being without parental care, including issues such as deinstitutionalisation and the provision of family substitute and family support services. However, there is an inevitable overlap between child care issues and other issues relating to *child welfare* such as education, health, justice and social assistance. The scope of this assessment will cover the analysis of aspects of these other sectors of child welfare where they have an impact on children or their families who are in need of, or at risk of needing, welfare services. The main areas where these overlap include:

- **Child protection**, including the prevention of abuse and neglect;
- **Health**: placement of children into residential institutions for medical care; the classification of disability, and treatment of children with disabilities; the treatment of children with mental health

difficulties; responses to children living with HIV/AIDS; support for children who are carers of parents or grandparents with significant health needs;

- **Education:** placement of children into residential education establishments (this will look at auxiliary schools but not schools for children with specific talents); education of children with special needs, including the influence of the medico-psycho-pedagogical commissions (MPPCs); the role of inclusive education, not only for children with disabilities but also those at risk of social exclusion for other reasons such as the Roma; education and training opportunities for young people leaving residential care;
- **Justice:** care and well-being of children in detention facilities and in alternatives to detention; responses to street children and children who are victims of trafficking; social outcomes of children who have been through the justice system; and
- **Social welfare:** cash benefits to households with children; unemployment, migration and the effect of the economic crisis; child labour; also social services that support families such as by addressing poverty or addictions.

The assessment will look at changes in the system since around 2002, when the national concept paper on family and child protection was developed. It will examine the progress that has been made since the official launch of the child care reform by the government in 2006. The assessment will identify practices and initiatives that are relevant to the wider region as well as just to Moldova.

Limits to the scope

Given the timeframe of the assessment and the availability of results from previous primary research there has not been a detailed review of budgets and expenditure during this assessment; nor has the team conducted any quantitative or nationally representative surveys of service provision. However, it has made use of the existing reports in these areas.

1.3 Contribution of the steering committee

The assessment benefits from the presence of a steering committee, chaired by the vice-minister for Social Protection, Family and Child. The steering committee is responsible for approving the methodology for the assessment, providing documentation, taking part in discussions on the overall analysis, and supporting distribution of the final report.

The activities of the steering committee in relation to the assessment complement its efforts in the preparation of the regional consultation on child protection, for which it will agree the agenda, assist the identification of national presenters and facilitators and support the successful running of the consultation.

2 Methodology

2.1 Conceptual framework

The conceptual framework is built on concepts used in the assessments of child care reform that have been commissioned in recent years by the UNICEF regional office, Geneva¹. This is intended to facilitate comparisons of progress between countries in central and eastern Europe and the Commonwealth of Independent States (CEE/CIS). The framework here has two main components:

1. A model of all the **building blocks of a child care system** such as the service providers and users, funding, laws and regulations and processes for advocacy and communication; and
2. A simplified four-stage description of the **policy cycle** which ensures that the assessment examines not just what each of these building blocks looks like, but also their origins, whether or not they are suitable for addressing the main problems in child care and how policy-makers know whether they are working.

The framework also draws on UNICEF's own assessment tool, provided in Annex 2 of the terms of reference, which sets out a number of questions that are relevant for understanding the middle two stages of the policy cycle.

It takes into account the evaluation criteria of the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC): it analyses the relevance, effectiveness, efficiency, impact and sustainability of interventions where appropriate. It also considers whether the reforms are in keeping with a rights-based approach and an emphasis on managing for results.

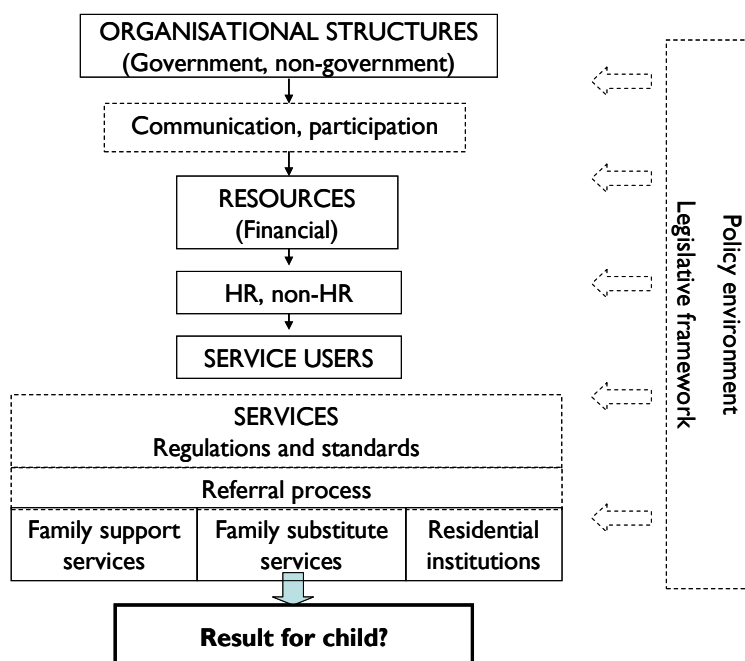
2.1.1 The building blocks of a child care system

A representation of the components of a child care system is shown in Figure 2.1 below.

- First, organisational **structures** (in central and local government, and also structures outside the state government including non-governmental organisations (NGOs), international development partners and private firms) decide to act in the area of child welfare.
- Using a collaborative process they provide **resources** in the form of funding for services. These purchase human resources (staff) and other resources e.g. technology.
- The resources are delivered to **service users** who receive a set of **services**.
- The services are governed by **standards and regulations**. A **referral mechanism** determines the distribution of recipients among family support services, family substitute services and residential institutions.
- The provision of these services has an **impact** on the child. The ultimate objective is that this should be a positive impact which provides lasting benefit.
- The **policy environment** and an overarching **regulatory framework** have an influence across all stages of the system.

¹ For previous assessments in other countries of the region see e.g. OPM (2008b, 2009).

Figure 2.1 Components of a child care system



Source: OPM. Adapted from OPM (2009).

A significant issue which the team has been asked to cover in the Moldovan context is the interaction between different sectors that contribute to all these aspects of child care. This includes what happens when there is a crossover between, say, health and social services, or education and social services. There are also questions relating to the way the child care system is affected by attributes that have an impact on all parts of government, such as the way government budgets are developed and distributed.

2.1.2 The policy cycle

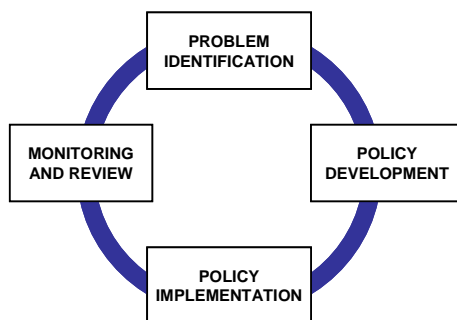
The first task of an assessment of child care reform is to ascertain how people perceive the need for reform, what the competing priorities are and what effect the overall political and economic environment has on the likelihood of success. This is an examination of the '**problem identification**' stage of policy-making, the first of four stages of a policy cycle (Figure 2.2).

The task at the second stage is to understand what policies and strategies have been **developed** to respond to the problem. Are the policies appropriate for the stated problem? Is there any resistance to the development of policies? What are the good practices and the gaps?

The third stage is that of **policy implementation**: are the resources (financial, non-financial and human) sufficient and appropriate to deliver the intended results? What has been achieved with them? Do the intended targets of the policy receive the benefits?

Finally, the fourth stage looks at **monitoring and review**, i.e. how the progress is measured and what systems are in place to make adjustments. When data are collected, are they used to inform revisions to the policy? What is the quality of data collection and comprehensiveness? This stage of the policy cycle is vital if activities are to be carried out on the basis of evidence of the actual situation of child care in a country.

Figure 2.2 Elements of the policy cycle



Source: OPM. Note: This diagram shows the policy cycle as one continuous loop though there may be other feedback mechanisms, e.g. monitoring and review may lead directly to revisions in policy development or implementation.

The findings in the assessment report will be presented in a logical sequence relating to these stages of the policy cycle. A matrix of questions to be answered by the assessment has been formed by relating the stages of the policy cycle to the components of the system of child care (Annex A).

2.2 Approach to the assessment

As with previous studies in other countries of the region the assessment comprises three elements. These are the review of existing documentation, the conduct of supplementary interviews and a process of analysis and reporting. The timeframe for completing these elements has been shaped by the date for the preparatory meeting for the subregional consultation in June 2009. Further work on each element has taken place since the preparatory meeting.

2.2.1 Desk review

The team has carried out a wide-ranging desk review of documentation. Both UNICEF and the two organisations conducting the assessment, OPM and EveryChild, have been active for many years in supporting child care reform in the period under review and so have previously gathered and written a large amount of documentation. This information-gathering has been completed under the auspices of three main projects:

- the European Union's (EU's) Technical Assistance to the Commonwealth of Independent States (TACIS) project 'Capacity building in social policy reform in Moldova' ('TACIS 1'), led by EveryChild;
- the follow-up TACIS project, 'Development of Integrated Social Care Services for Vulnerable Families and Children at Risk' ('TACIS 2'), implemented by UNICEF; and
- the project 'Support to the delivery of effective and sustainable social assistance services' funded by the Department for International Development (DFID) and the Swedish International Development Agency (SIDA), led by OPM and implemented together with EveryChild.

This information includes government materials (legislation, strategies and action plans, budget documents); UN and UNICEF documents including exchanges between the Government of Moldova and the UN Committee on the Rights of the Child; reports from multilateral and bilateral development partners and non-governmental organisations (NGOs); and statistical publications where available.

The assessment team collected further information where necessary to ensure updated information and to explore more deeply the ways in which the social service sector interacts with other sectors such as education and health to deliver child care services. A bibliography is provided in Annex F.

2.2.2 Primary research

The assessment has benefited from the availability of findings from recent primary research carried out by OPM, EveryChild and UNICEF. These include UNICEF's rapid assessment of all residential institutions for children (2007), and OPM and EveryChild's beneficiary assessment for social services (2007), organisational assessment of capacity in raion Social Assistance and Family Protection Departments (SAFPDs) (2008) and donor mapping exercise. The Ministry of Social Protection, Family and Child (MSPFC) carried out its own mapping exercise of social services facilities in autumn 2008. All these exercises have not been repeated.

However, the team has conducted qualitative semi-structured interviews with more than 20 key informants to obtain further information on the reasons for, and responses to, the way the reform has progressed. Access was granted to most of the main actors in child welfare reform, including in central and local government departments and NGOs. Since the emphasis of the study is on the way child care policy has been developed and implemented the team talked mainly with policymakers and implementers on this occasion, rather than with the children themselves, to better understand the rationale for policy decisions that have been made. The team made use of existing recent studies that have voiced the views of children regarding child care reform. A full list of people interviewed is provided in Annex H.

2.2.3 Analysis and reporting

This third element of the assessment is an iterative process between OPM and EveryChild, UNICEF and the steering committee which is overseeing the subregional consultation. The team presented its proposed methodology to the steering committee in June 2009, and presented an inception report for the preparatory meeting for the subregional consultation in the same month. The present report is the full report of the assessment.

PART B: THE PRIORITISATION OF CHILD CARE

KEY FINDINGS

The importance of child care

- The policy debate on child care in Moldova is well understood to be part of broader policy discussions in many dimensions. Child care fits within debates on child welfare and child rights more generally; it is related to policy on macroeconomic and social trends including migration and decentralisation; and it is integrated into discussions on social assistance reform both in cash and in kind.
- The reform of child care has been gaining in intensity since around 2002 with the development of the national concept paper on child and family protection. The official launch of the reform in May 2006 has provided a boost to policy development.

Policy environment

- **Population.** The share of children in the population is rapidly declining while the number and share of elderly people in the population is greatly increasing. It is therefore to be expected that there will be a greater focus on elderly people in the coming years. The challenge for proponents of child care reform is to ensure that sufficient provision continues to be made for children.
- **Migration.** One in every four children has a parent living abroad. Evidence on the economic and social impact on the child is very mixed. The global financial crisis is likely to have a particularly strong negative impact on households with migrant workers, in both economic and social terms.
- **Trafficking.** Policy development to combat trafficking, including of children, has greatly improved in recent years though implementation of the policies tends to be the responsibility of NGOs and there is little quantitative evidence to guide actions.
- **Decentralisation.** Decentralisation offers the prospect of locally appropriate solutions to child care problems but the strict specification of the financial transfer from central government and the overlapping responsibilities between levels of public authority risk impeding the effective implementation of new services.
- **Development strategies.** National medium-term development strategies have paid increasing attention to child care reform and the need to move from residential care to family-based services. There is a tension between the representations of the policy problem by the education and social protection sectors.
- **Aid environment.** Out of about €83 million known to be committed to social protection by external donors between 2005 and 2011, some €40 million has indirect relevance to child care, e.g. through support to social assistants, and €5 million is directly linked to child care, such as to support deinstitutionalisation.

3 Evolution of the policy debate on child care

The Government of Moldova, as with many countries of Eastern Europe and the CIS, has been undertaking a reform of its child care system in line with its international commitments and best practice including the United Nations (UN) Convention on the Rights of the Child (CRC) and the UN Convention on the Rights of Persons with Disabilities.

Changes in the approach to child care have been taking place over many years, especially following Moldova's accession to the UN CRC in 1993. Early developments include the adoption of Law No. 338-XII on Child Rights in 1994 and the Law on Youth in 1999, the introduction of university training in social work in 1995 and the establishment of the National Council on Child Rights Protection (NCCRP) in 1998. In the second half of the 1990s UNICEF Moldova carried out several evaluations focused on child care and development, including the 'Situation of the institutionalised child'. Several recommendations were made to government which advocated a holistic approach to child protection and the development of comprehensive child protection policies that took into account political, social and institutional considerations. At the time the main gaps identified in child protection were in ensuring the right of the child to a family and in linking child protection with social protection activities.

These recommendations indicate that for 10 years already there has been an acknowledgement of the importance of setting policy on child welfare and child rights in its broader context. The understanding of the priorities for child care is not confined solely to the need for deinstitutionalisation but rather is connected with policy in sectors from migration and trafficking to health and education. Policy discussions on child welfare are now seen as part of social assistance which includes the provision of cash benefits to households.

The reform of the child care system gained in intensity around 2002 when the Committee on the Rights of the Child offered its concluding observations on Moldova's first report on implementation of the UN CRC. In response to this, and as a result of the earlier recommendations from the UNICEF-funded work, the country developed the national concept paper on child and family protection (Government of Moldova, 2002). In 2003 the Government of Moldova approved the National Strategy on Child and Family Protection and its Action Plan for 2003-2008. It was the first document to outline the fundamental strategic directions to improve the child protection system in Moldova. It proposes legal and institutional reform, including the elaboration of the Law on Social Assistance and secondary regulations on standards; the development of human resources working in child care, including through training of social assistants; and the development of community and specialised social services for children and families in difficulty.

At this time ministries were very active and interested in developing child protection policies. Between 2002 and 2006 child protection became a visible issue in civil society programmes, and larger actors such as UNICEF and EveryChild (through the EU TACIS 1 project) collaborated with the government in developing the child care system, including a gatekeeping service and support services for children and families such as day care facilities and temporary placement centres. They provided technical assistance, supported capacity development and piloted alternative services. The period from 2002 to 2006 can therefore be considered the preliminary phase of the reform process.

The second stage can be considered to start in 2006 when Moldova officially launched its child care reform in May. The objectives of the reform included the establishment of a network of community social assistants, the development of family support services to prevent children's separation from their families, the reintegration of children with their biological families, the

development of alternative family placement services, the reorganisation of residential child care institutions, and the creation of the MSPFC to be responsible for child care reform.

In January 2007 the new ministry was formed to deliver results in social protection, and the Ministry of Education and Youth (MEY) continued to collaborate on deinstitutionalisation policy. Later that year the National Strategy and Action Plan for Deinstitutionalisation, 2007-12, was approved by the Government of Moldova with the aim of reducing the number of children in residential care by 50% by 2012. The MSPFC has rolled out the network of social assistants nationwide, with recruitment and management undertaken by local public authorities. It is developing an integrated system of social services which aims to offer support to all people in difficulty in the country regardless of age, gender, ethnicity or disability. The National Programme on the Development of an Integrated System of Social Services, 2008-12, was approved in December 2008 and a Law on Social Services has been drafted and is with the government for approval. A key concern in these reforms has been the need for support to children in difficulty or at risk. External support to the government has continued under the EU projects TACIS 2 and TACIS 3, and the DFID/SIDA-funded project to support the reform of social assistance services, alongside the efforts of the Social Investment Fund and social assistance programmes by the World Bank and others.

The reform is taking place in an environment where responsibility for improving child welfare has been decentralised to the SAFPDs of raion-level administrations. At this level across the country the network of social assistants provide day-to-day support to families in communities; in addition, each raion has at least one specialist who deals with cases of supporting children and families and one who is responsible for child protection issues. The latter post has been transferred from the deconcentrated units of the MEY to the SAFPDs within the last few months and the MSPFC is in the middle of delineating the roles of that post and that of the specialist for children and families.

At the time of writing the Government of Moldova is in the process of reorganisation following elections in July 2009. There is a possibility that this may result in the creation of a new ministry with responsibility for child care reform. A review of the status of child care reform at this time is therefore very timely since it can feed into a greater understanding of the needs in terms of child protection functions and the best way of responding to them, as well as giving impetus to the reform process at a time of possible organisational change.

4 Understanding the policy environment

The child care sector is no different to any other policy sector in that the economic, social, political and demographic environment of a country strongly affect the extent to which the government and non-government organisations are interested and able to promote sector reform. For Moldova some of the defining features of the overall policy environment for child care include the declining population and the high rate of migration. Fluctuations in economic growth, and particularly the recent global financial crisis, have an impact on government and non-government revenues and on the demands for resources for welfare payments to households which may compete with other social welfare considerations. The implementation of decentralisation policies influences who is responsible for developing and delivering child care services. National planning and budgeting processes influence the allocation of resources to child care and other sectors. This section analyses the impact of these aspects of the policy environment for achieving a successful reform of the child care system.

4.1 Population

A major long-term consideration in child care is that children form a declining share of a declining population while the number of elderly people is increasing very rapidly. The population has fallen every year since 1990, having declined from 4.36 million in that year to an estimated 3.57 million in 2008 (Table 4.1). While much of that change is accounted for by the removal of the disputed territory of Transnistria from the population statistics in 1997, a considerable proportion—at least 100,000—represents the continued decline in the population since that date. Throughout the 1990s the decline was attributable to migration alone but since 1999 the trend has been compounded by the fact that the birth rate is consistently below the death rate.

Table 4.1 Population changes 2009–2020

	2009	2012	2020	Change 2009-2020
Total population (000s)	3,571	3,549	3,456	-115
Children 0-17	773	716	665	-108
Adults 18-59	2,327	2,315	2,161	-166
Elderly 60+	471	519	630	+159
Share of total population (%)	100	100	100	
Children 0-17	22	20	19	-3
Adults 18-59	65	65	63	-2
Elderly 60+	13	15	18	+5
Population requiring social service support (000s)	418	428	442	23
Children 0-17	46	43	40	-6
Adults 18-59	233	232	217	-17
Elderly 60+	139	153	186	47

Source: OPM and EveryChild, 2008. Notes: (1) Population estimates are from data used by the MSPFC for pension projections. (2) 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 population size has not yet stabilised. Between 2009 and 2020 the overall population is predicted to decline by a further 121,000, characterised by a decrease in the number of children and adults under 60, and a marked increase in the number of elderly people. The share of children is expected to decrease from 22% to 19% of the population at the same time as the share of old people increases from 13% to 18%. In absolute terms this means that over the next 10 years the number of children is likely to fall by more than 100,000 from 773,000 to 665,000.

Any future policies for children will therefore be emerging against a very different backdrop of a necessarily increased emphasis on the elderly population. This will have the effect of increasing the demand for the government to allocate resources for services to the elderly, to the health system and also to social protection both in cash and in kind, including pensions and domiciliary care. According to one estimate able-bodied children will form about 7–8% of the total number of people requiring social service support over the next 10 years while the able-bodied elderly will require an increasing share of support, from 26% to 33% (OPM and EveryChild, 2008). The challenge for policy-makers will therefore be to ensure that sufficient provision continues to be paid to children whilst acknowledging that there will be competing demands for the allocation of resources to other groups of the population.

4.2 Labour migration

The national economy is heavily dependent on the migration abroad of people of working age who often leave behind children in the care of grandparents or other relatives, or sometimes without care at all. Although remittances sent back to Moldova from migrant workers have become one of the most important sources of income for many Moldovan households and for the economy as a whole (around 36% of GDP in 2007), the consequences for the children left behind with single parents or in many cases with an already struggling extended family or grandparents are serious.

The phenomenon of economically active migrant workers has been expanding rapidly from less than 100,000 in 1999 to more than 400,000 in 2005 (out of a total number of migrants in 2005 of 705,000), of whom approximately half are engaged in seasonal work (IOM, 2008). One estimate of the number of children who are affected by this migration is provided by school records for the start of the academic year which list children who have at least one parent working abroad. This stood at 177,000 in 2006 and over 200,000 in 2007, i.e. about one in every four children (Alliance of Active NGOs in the Social Protection of the Child and Family, 2008). Parental migration to Europe or the CIS is cited as a cause of institutionalisation for almost 800 children (UNICEF, 2007).

Migration has a mixture of both positive and negative impacts on children. The positive impacts are often economic. Remittances from migrant workers increased sharply from \$87 million in 1996 to \$324 million in 2003 and to \$1.2 billion in 2006 (Chindea *et al.*, 2008). The MSPFC states the view that remittances from migrant workers have improved physical living conditions, nutrition and access to public services. For a few children the economic impact on the household may also have had an educational benefit by permitting opportunities for university study.

More often there is a risk of a negative effect on children's education. It is not known whether children who are taken abroad with their parents are receiving an education; as for those left behind, it has been observed that they have lower attendance at school than children whose parents have not gone abroad (Alliance of Active NGOs in the Social Protection of the Child and Family, 2008). The number of children who accompany their family members abroad is not certain which makes education planning difficult. Negative impacts are also seen in health and social care. Concerns are raised that long-term separation from parents is resulting in increasing numbers of children with mental health problems, engaging in risky behaviour or taking on caring roles for other children.

Since the global economic crisis the trend of rapidly rising income from remittances has reversed (see section 4.4 below). Although no data are available on the number of migrants returning from abroad it is thought that some will return to Moldova owing to the loss of employment. The largest receiving country for Moldovan migrant workers is the Russian Federation which is being hit hard by the crisis. As well as having a negative effect on the amount of remittances being sent back to Moldova, their return is placing an additional burden on families and the social assistance systems.

Where children are left in the care of grandparents remittances are reported to be random, insufficient and more often than not used to cover debts and partially address very basic needs. Until now grandparents who depend on their state pensions have been considered to have inadequate incomes for looking after children as average state pensions have been less than half the minimum subsistence level. However, the introduction of the guaranteed minimum income to all households in 2009 should ensure that a child is no worse off living with a pensioner than with any other household member.

Evidence of the effect of migration is scarce and there is uncertainty about the robustness of the statistics that are available². The MSPFC recognises that most children affected by migration are unknown to social services. As in other areas of the child care system, the absence of reliable data is a major problem and leads to services being provided on the basis of pockets of known or perceived need. An increase in state support to extended families, especially grandparents, and an increase in the use of short-term foster care (as opposed to institutional care) might prove effective in maintaining adequate levels of care for children of migrant parents and reducing negative impacts on children from separation, but a more sustainable alternative might be the provision of support to households, such as to find employment where possible, so that migration can be avoided. Given the setbacks to economic growth caused by the global recession this is unlikely to be feasible in the short term (see section 4.4 below).

4.3 Trafficking

Trafficking of both adults and children (mainly females) is widely thought to be an issue that affects Moldova seriously. Policies to resolve this issue have been developed extensively since about 2002, albeit on the basis of little quantified evidence, though implementation is somewhat lagging behind the declarative policy statements. Service delivery is carried out mainly by NGOs.

4.3.1 Problem identification and policy development

As of 2002 there were no legislative measures and strategies to combat trafficking (UN Committee on the Rights of the Child, 2002). Little was known about the nature and scale of the phenomenon, so domestic policy development did not have a sound basis. In 2004 Moldova developed a National Plan on Preventing and Combating Human Trafficking, including a specific component on child trafficking. In 2005 it ratified the UN Convention against Transnational Organized Crime ('Palermo Convention'). The government introduced a new Law on Preventing and Combating Trafficking in Human Beings, which also includes a specific focus on children. It is also a signatory to the Council of Europe Convention on Action Against Trafficking in Human Beings and relevant International Labour Organisation protocols. In 2008, following Moldova's demotion in a global exercise to rank countries' progress in combating people trafficking, it adopted a regulation on repatriation of trafficked children and adults. This picture of policy development indicates that although Moldova has in one sense responded promptly to concerns that have been raised, it also seems to have continued to take a rather reactive approach based on external pressure from the UN and the United States of America.

² See, for example, Prohnitchi (2005).

4.3.2 Policy implementation

Although a National Committee for Fighting against Trafficking in Persons was established in 2001, the UN was concerned in 2002 that little rehabilitation and reintegration support was being provided to the victims of trafficking. In 2009 it expressed concern that the scale of child trafficking remained significant. Additionally it has been reported that the national committee did not function properly until 2005 and that several working groups, set up around the same time, were virtually inactive between 2006 and 2008 (US Department of State, 2008). A Centre for Combating Trafficking in Human Beings has been opened to investigate and prosecute trafficking offenders. In 2008, 31 prosecutions were pursued for child trafficking but it is not clear how many of these cases ended in convictions.

NGOs provide most services for victims of child trafficking and raise public awareness for prevention. A network of national NGOs that combat trafficking was established in 2007. La Strada has set-up a free hotline for children. A number of organisations (including La Strada, IOM, the Centre for Prevention of Trafficking in Women, UNICEF and the UN Development Programme) carry out awareness raising and educational programmes. NGOs have also established services, such as the centre 'AMICUL', that aim to have an indirect impact on reducing the risk of child trafficking by reintegrating children in institutional care with their families and providing psychosocial support to children. Terre des Hommes Switzerland runs programmes to prevent human trafficking at community level and to repatriate trafficked children. Training programmes are also targeted at professionals with a special focus on law enforcement agencies, by organisations including the IOM and Organisation for Security and Cooperation in Europe (OSCE).

Although concern has been raised about the attitude of the state to children repatriated from having been trafficked, there are also signs of positive state and NGO collaboration in this area. The government began to allocate funds for shelter services in 2008 and has expanded the scope of the referral and shelter network. In 2008 a national referral mechanism to prevent trafficking was approved by the government. The mechanism includes the creation of multidisciplinary groups at raion level and a mechanism to refer cases between different levels of government authority.

4.3.3 Monitoring

Little progress has been made in developing and improving the system for collection and analysis of data on trafficking between 2002 and 2009. The government is largely reliant on independent research and monitoring to drive its policy-making. Owing to a lack of inter-ministerial and inter-agency working there is no centralised system for collecting statistics on the numbers of children repatriated. Figures for the number of people affected by trafficking are derived mainly from NGO counts of the number of people they have assisted, which is likely to be an underestimation of the total number affected. The number of children who are direct victims of trafficking is not known to be high: the IOM in Chisinau assisted 156 child victims of trafficking between 2000 and 2006 (IOM, 2009). The number of children supported by IOM who were at risk of being trafficked was 446 between 2003 and 2006, while the number of children who are affected by family members being trafficked is unknown. The Government of Moldova should be encouraged to allocate resources to invest adequately in focused research, data-gathering, monitoring and analysis systems to improve its evidence base, so it can take a stronger coordination role in implementing effective strategies.

4.4 Economy and the financial crisis

Moldova's economy has experienced strong growth since 2001. In 2001 to 2004 gross domestic product (GDP) grew by over 20% in real terms (Government of Moldova, 2004; World Bank, 2008), reversing a decade of decline from independence in 1991 to 2001 during which time the real income of the population had fallen by some 72% (Government of Moldova, 2004). In 2004 the

government developed its poverty reduction strategy, the Economic Growth and Poverty Reduction Strategy Paper (EGPRSP), which highlights the importance of social benefits and in-kind social services for the protection of families in difficulty (see section 4.6 below). During the implementation of the EGPRSP, in 2004–07, economic growth exceeded its target of an average of 5% per year. This was achieved despite increases in the price of energy imports and restrictions on exports of wine to Russia.

The global financial crisis has severely affected the economic picture. The Commonwealth of Independent States (CIS), including Moldova, is expected to see the largest downturn in its economy in 2009 out of all the regions in the world. The International Monetary Fund (IMF) predicts that global GDP will contract by 1.3% in 2009, and this indicator may be revised downwards (Economist Intelligence Unit, 2008; IMF, 2009). In comparison, its projection for the CIS and Moldova is -5%. The IMF notes the CIS is suffering three major inter-related shocks: the financial turbulence, which limits access to external funding; a fall in demand from advanced economies; and the related fall in commodity prices. For Moldova there is a big impact on remittances.

The government recognised the crisis after the first quarter of 2009 showed a 6.9% reduction in GDP compared with the same period the previous year, and a 10% reduction in consumption influenced by the decline in remittances. Industrial output and agricultural production have also decreased; prices for agricultural products have continued to fall, causing financial losses and psychological stress to agricultural producers. The global financial crisis may have an impact on child welfare in Moldova in at least three ways:

1. **Reduced household incomes and the return of migrants from abroad to potential unemployment within Moldova, and accompanying strain on family life.** Financial transfers from people working abroad decreased by 29% in the first quarter of 2009 compared to the same quarter in 2008, and by 42% in April compared to the same month of 2008. Wages in construction and extractive industries have been reduced by 7–9% in four months this year compared with the same period last year. There was a statistically significant growth in the unemployment rate in the first quarter of 2009, reaching 7.7% compared with 5.5% in 2008. Some 40,000 fewer people were in employment in the first quarter of 2009 compared with the first quarter of 2008. Household poverty and the lack of work for parents are two of the main reasons that are believed to contribute to children being taken out of school to find work.
2. **The reduction in Moldova's own revenue**, which is already leading to budget constraints and announcements of cuts. Changes to the budget have not yet been approved. In any case at the end of August 2009 there is a deficit of some MDL 2.6 billion: 87% of national public budget revenues had been collected by that point, compared with 94% in the same period in 2008. The budget constraints may have an impact on the provision of social services including for children. The pre-election period caused wages in the state budget to increase by 11.5% in nominal terms and by 9.9% in real terms in January–May 2009 as compared with 2008, and incomes from social benefits also increased. This will have been beneficial to some households, but at the expense of placing a greater strain on the government budget.
3. **The reduction in revenue of international and national NGOs**, many of whom provide essential elements of the alternative child care system. This could result in a possible curtailment of their operations.

At a household level poverty was estimated at 30% of the population in 2006, with a much lower incidence of poverty in cities compared with small towns and rural locations (IMF, 2008). Since then the government has introduced a means-tested social support benefit, in effect as of 2009, which provides a guaranteed minimum income to poor households. It is too soon to be able to assess the impact of the new benefit.

4.5 Decentralisation

During the last ten years in Moldova there has been a series of administrative territorial reforms as the government tried to find economic and political solutions for the country's regional development. In the Soviet period, and after independence until 1998, the country had 38 *raions*. From 1998 to 2003 Moldova was divided into 11 new, larger regions (*judet*) with the aim of moving away from the command-driven bureaucratic administration towards a more efficient and autonomous system of local government. The *judet* councils were permitted to establish a department for the protection of child rights, and a few did so. These were most effective in Chisinau and in Cahul *judet*. But many other raions had not even succeeded in creating the department before another territorial reform was designed in 2001. After the parliamentary election that year the territorial divisions reverted to the *raion* system with power to be exercised after the local elections of 2003 (Veverița, 2006).

Now Moldova has two levels of local public administration: villages, communes and towns at the first (*primaria*) level, and *raions* and municipalities at the second level. The administrative territorial unit of Gagauzia, created in response to the multinational structure of its population, has a special status at the second level.

The central public administration has some specialised authorities which provide public services through deconcentrated territorial structures, such as the Territorial Social Insurance House and the Territorial Treasury Units. Only Chisinau has succeeded in maintaining its child rights department following this second reform.

The legislative framework has also changed, as a series of laws have been introduced or amended. The Law on Local Public Administration and the Law on Local Public Finance were modified after the approval of the new territorial division. The Law on Administrative Decentralisation no. 435–XVI of 28 December 2006 and the Law on Regional Development in the Republic of Moldova no. 438–XVI of 28 December 2006 were also approved. The new legislation aimed to achieve two objectives: to promote local autonomy by transferring power and responsibility to local government, and to strengthen the state administration to improve central government efficiency through decentralisation. Each level of local public administration has 'own' and 'delegated' competences for which transfers are provided by the central government. When competences are delegated they should be accompanied by a decision on the transfer of additional resources provided by the central government. This usually takes place during the budget year. The protection of child rights is foreseen as an 'own' competence for both the *primaria* and *raion* level of local public administration. Delegated competences have sometimes been used in relation to child welfare services, e.g. to increase salaries during the budget year or to increase the nutritional norms for school children.

Throughout these changes the responsibility for social protection has always been at local level. However, it has never been clearly delineated between the first and second levels of local government. This has caused confusion and has sometimes resulted in resources not being allocated by either level, such as for equipment and office space for social assistants. The draft Law on Social Services which is now with government for approval does not clarify the ambiguity. Social assistants are paid from the *raion* budget but also are expected to collaborate with the mayor of the *primaria* in which they work. Some mayors would prefer to have greater oversight over the social assistant but then would not so easily be in a position to share resources and experience across the *raion* (see OPM and EveryChild, 2008). If these uncertainties were clarified then decentralisation to the local level would be both relevant and effective for the implementation of child care services since it promotes principles including subsidiarity, i.e. delivering services using public authorities that are closest to the community level wherever feasible; equity between

local authorities; the correspondence of financial resources with the required activities; and partnerships between the government, local authorities and civil society.

Transfers from one level of government budget to another are calculated using a formula.

Central government grants funds to the second level of local public authority and the second level provides resources to the first level. They are provided as a lump sum. The way in which the Ministry of Finance transfers resources to the raion budgets cannot be amended from within the child care sector alone since it operates in the same manner across every sector of government. This entails calculating a unit cost (a norm) either for each beneficiary of a social service—which for child care includes e.g. day care centres—or for each member of staff, where beneficiaries are not counted, e.g. the prosthesis service. This is multiplied by the estimated number of service users or staff. The transfer is the difference between the total cost and the raion's revenue which does not include local taxes. The raion is not obliged to spend the money from the transfer on the items specified in the calculation but there is enormous rigidity in the system which limits the possibility for raions to receive money for services which have not been approved at the national level and explicitly described in regulations. This hinders the development of innovative services such as full-time home carers for children with disabilities, or inclusive education, which must be fully specified before being funded.

4.6 National medium-term development strategies

There has been a gradual increase in the acknowledgement of the need for child care reform, including the development of in-kind child care services, especially family-based services, in the national medium-term planning documents since 2002.

- The **interim Poverty Reduction Strategy Paper (I-PRSP)** pays explicit attention to child welfare issues but considers childhood deprivation mainly from an economic rather than social perspective (Government of Moldova, 2002). It proposes to address child poverty through, 'focused and well-targeted interventions'—including a rationalisation of child benefits—yet it groups vulnerable children into very general categories rather than recognising the importance of individual assessments of the needs of the child. For instance, 'families with children' are identified as among the poorest households in Moldova though the share of the poor who are children (20%) is no higher than their share in the population as a whole.

As for non-economic dimensions of poverty, the I-PRSP identifies child malnutrition and chronic absenteeism from school among some children as an issue, but there is no mention of the challenges of residential institutions in the educational system. However, the strategy mentions its partnership with donors and NGOs to pilot deinstitutionalisation programmes and states that the social protection of orphans and children with disabilities are among its priorities for intervention.

- In the **Economic Growth and Poverty Reduction Strategy Paper (EGPRSP) 2004-2006** the recognition and analysis of child welfare issues goes further than the I-PRSP. It acknowledges the impact on children of intersectoral issues such as migration of adults. There is a clear policy shift towards family-based care as the basis for new service development. In its social protection section the strategy notes the issue of the institutionalisation of orphans and children from vulnerable households, and recognises that the majority of children in institutions are not orphans. It promotes the development of alternative family-based care, including extended family care, guardianship, placement in family-type orphanages and adoption, and notes that community services are underdeveloped. It also highlights the centralised model of child care as an obstacle to delivery of services that are based on assessed needs. It appears that the need for deinstitutionalisation is not recognised across all sectors of government, though, as the education section of the strategy enumerates its residential institutions but makes no mention of a decisive shift away from their use. In fact it suggests that there are not enough

resources going to residential care for the government to be able to deliver its intended services.

The major limitation of the EGPRSP is that, despite its positive rhetoric, it fails to cost the implementation of child care reform. Without a budget allocation the reforms cannot be delivered. It plans the inclusion of about MDL 800,000 per year in the education MTEF for creation of alternatives to institutions and estimates MDL 4 million of 'unsecured additional costs' for mainstreaming children with special needs in regular schools, but the social protection section names no activities at all, nor costs, for any child care reform. This indicates that policy advocates were unable to secure financial support for the proposed reform.

- The **National Development Strategy (NDS) 2008-2011**, as with the EGPRSP, features child care services in both its education and social assistance sections (Government of Moldova, 2007d). It promotes the provision of direct financial and material support to children from poor families and children with special needs, and the development of a community-based social assistance mechanism. The strategy identifies the national network of social assistants as the platform for improving social assistance to those in need. In the social assistance section of the strategy it calls for investments in community-based services and for deinstitutionalisation and diversion of resources saved to family-based services.

All of this implies that the line ministry responsible for social protection has become increasingly confident in calling for reforms that aim at fulfilling the UN CRC by moving away from an institutional model of service provision. But it is noticeable that there is an ever more marked disconnect between the education and social assistance sectors in their articulation of priorities for child care reform. There is a tension between the MEY and the MSPFC, both of which claim in the NDS Action Plan to be responsible for developing alternatives to institutional care. There is no recognition of the scale of the reform required to achieve the goal of reducing the number of children in institutions by 50% by 2011: the task entails a decrease in institutionalisation of some 5,000 children, yet the MEY offers to find community services for just 100 children per year. Meanwhile the MSPFC proposes to separate care services from education services in residential institutions but there is no apparent agreement to this in the education section. As with the EGPRSP, the financing gap is so large that there seems to be no realistic expectation that the reform will be implemented: the MEY plans to include 51% of its required resources of MDL 133 million in the MTEF programmes for 2008–11, while the MSPFC has identified only 5% of the MDL 126 million that it proposes to spend on similar activities.

It is vital that a way is found for the MEY and MSPFC to achieve their common goals jointly rather than by two separate paths. To do this the impediments to collaboration by both parties must be understood. For instance, a lack of willingness to change existing child care policies may stem from the risk that the ministry might otherwise lose the resources that support them, rather than from an ideological perspective concerning the best interests of the child. In this case an advocacy strategy based on an analysis of the costs and benefits of moving to an alternative form of care might be most effective.

4.7 The medium-term expenditure framework (MTEF) and state budget

The introduction of the medium-term expenditure framework (MTEF) as a comprehensive strategic planning framework for the regular budget cycle has been one of the main improvements in public financial management in recent years. The MTEF has been developing gradually since 2002. It provides decision-makers with a projection of the national public budget (including the state budget, local budgets, state social insurance budget, funds for state health insurance) for a three-year time horizon. The first year of the MTEF matches the annual budget and the remaining two years are projections which are revised annually.

The MTEF is updated annually at the initial stage of budget formulation and accompanies the presentation of the annual budget laws to parliament. The MTEF is prepared jointly by several agencies including the Ministry of Economy, Ministry of Finance, National Bank of Moldova and various line ministries. The Ministry of Economy takes the lead in preparing the macroeconomic forecasts. For the annual budget process as a whole, the Ministry of Finance is the lead. It also leads the intersectoral working group that coordinates the allocation of resources per budget function (sector). The MTEF consists of a set of programmes, of which several influence or are indirectly linked to child welfare. These include the programme for prevention of social exclusion, the programme for development of social protection policy and management and the programme that provides additional social assistance for people with special needs (providing social support payments).

The MTEF approach has led to adjustments in the coverage of the annual state budget law to incorporate extra-budgetary funds, as well as the donor funded investment projects, so these external funds have become more visible. The government is working on further improving the strategic policy focus of the budget through developing stronger linkages between the MTEF and strategic national policy documents such as the National Development Strategy and the European Union (EU)–Moldova Action Plan. This will mean that where a programme is listed in a national policy document it will be possible to identify what funds have been earmarked to be spent on it.

An important area for further improvement is the development of the capacity among line ministries to link expenditure planning to sectoral policy priorities, i.e. for line ministries to be able to show how much money they expect to spend on implementing their policies. This new approach of budget programming (strategic budgeting) has started to be applied only to selected social sector areas: healthcare, education and social protection. Currently, it is applied to all central authorities. Seven raions had also produced MTEFs but this pilot exercise has not been spread more widely. Programme planning must recognize budget constraints, include cost analysis, and allow for reallocation of resources to higher priorities areas. The programme-based budget is approved as a separate additional annex to the annual budget law.

Child care issues form a part of the programme-based planning approach in the state bodies that are responsible for delivering activities in this subsector. It is included as a separate subprogramme in the budget of the Ministry of Education and Youth (MEY) and the MSPFC. The Ministry of Health and Ministry of Interior foresee some spending in their budget on child care but not as a central strategic activity. Using the budget classification it is possible to create a picture on spending for child care services and activities. A more detailed analysis of spending on child care is provided in section 7 below.

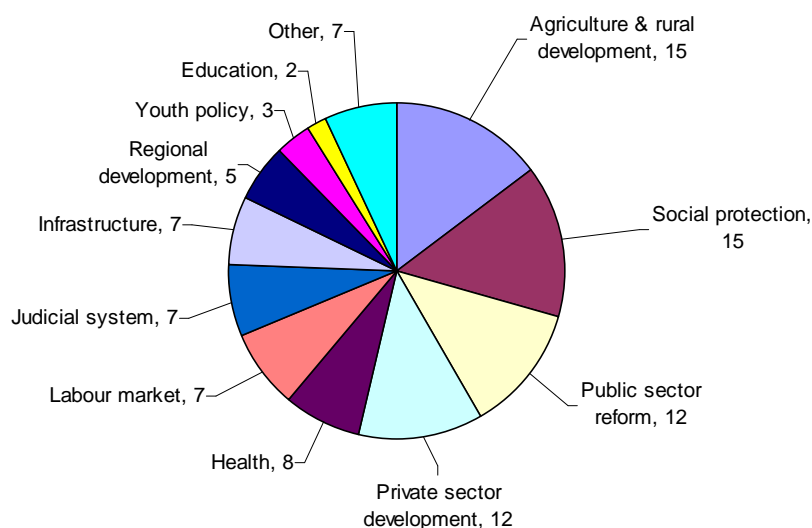
4.8 Aid environment

4.8.1 External partners

Much of the external support to the child care sector is classified as social protection spending. It is difficult to obtain data on total external assistance to Moldova across all sectors, but a government report of 2007 indicates that the social protection sector receives relatively strong interest from multilateral and bilateral donors (Ministry of Economy and Trade, 2007). In 2006 commitments to social protection, including social assistance and social insurance, stood at \$13 million out of the total \$89 million of donor funds committed to Moldova (i.e. 15%), a share that is higher than for any other sector except the agriculture and rural development sector (Figure 4.1). Donor activity in health and education is much less prominent: these sectors received 8% and 2% of commitments respectively in 2006. Very few donors are working in the education sector and it has no coordination group except for one in the subsector of early years education. The fact that child care is perceived by external partners to be a social protection issue—which is not the case in all

countries—is favourable for its chances of receiving a share of the resources invested in the sector.

Figure 4.1 Share of donor commitments by sector, 2006



Source: Ministry of Economy and Trade, 2007.

Between 2004 and 2011 approximately €83 million is known to have been committed to social protection in Moldova³. Eight donors and two implementation agencies are involved, though Sida is pulling out of the social protection sector in 2010 and the two main donors who are likely to be left in the field at that date will be the European Commission and the World Bank. The two main routes through which these commitments are channelled are on-budget grants and loans (33%) and the Moldova Social Investment Fund (MSIF) (32%). Other routes are through technical assistance projects (15%), projects implemented by multilateral agencies including the United Nations (15%) and through NGOs (5%). Around €57 million of the total is directed through the MSPFC.

Most of the donors and implementing agencies in social protection have programmes that contribute to family and child welfare. These include DFID, the European Commission, the MSIF, Sida, the Swiss Development Cooperation, UNICEF, the World Bank, the World Health Organisation. Donor support can be split into contributions that are directly involved in the delivery of child welfare services; and broader contributions around building capacity, preparing existing social assistance structures for the reforms in child welfare and improving legislation and the administration of the system. Several projects have many target groups so it is difficult to categorise commitments exactly, but some broad conclusions can be drawn.

The total amount of commitments to projects and programmes related directly to child welfare, including child care services, in the period 2005–11 is €4.8 million (6% of total support to social protection) (Table 4.2). The lead donors are the European Commission for the period 2005–07 with

³ OPM, 2008a. This comprises total commitments to projects that were active as of 2008, and also some projects that were completed before 2008. It is an estimate that does not include donations by NGOs.

€2.9 million, and UNICEF for the period 2007–11 with €1.5 million⁴. The resources mentioned in the table below refer to projects and programmes with the following objectives:

- restructuring the child protection system;
- reducing the number of institutionalised children, including by developing a master plan for reforming residential institutions and training personnel from the system in preventing institutionalisation;
- developing alternatives to the institutional care services;
- promoting access to inclusive education for children with disabilities, and training professionals;
- and promoting children’s rights and ensuring a protective environment for children, including through the development of a children’s rights and ombudsman function.

Table 4.2 Donor commitments to child welfare, 2005–11 (€)

Donor	2005	2006	2007	2008	2009	2010	2011
Austrian Development Cooperation		162,000					
European Commission	2,919,509						
Germany	230,000						
Sida			11,186				
UNICEF			1,516,482				
Total			4,839,177				

Source: OPM (2008a). Note: Commitments have been converted to Euros using an exchange rate for January 2008.

As for the donor contributions to broader initiatives that have an indirect influence on the development of the child protection field, these offer technical assistance and capacity building for social assistance by contributions for poverty reduction, the development of the social services system, donor coordination, dissemination of positive practice, training local public authorities for improving community services, training of social assistance staff and consultation with stakeholders and civil society (Table 4.3).

Table 4.3 Donor commitments to activities indirectly related to child welfare, 2005–11 (€)

Donor	2005	2006	2007	2008	2009	2010
Austrian Development Cooperation			100,000			
European Commission ¹	11,689,189					
DFID	1,386,422					
Germany/KfW	1,689,189					
Sida	8,055,913					
World Bank	16,891,892					
Total			39,812,605			

Source: OPM (2008a). Note: (1) Excluding budget support. (2) Commitments have been converted to Euros using an exchange rate for January 2008.

⁴ UNICEF is an implementation agency, but because it has not declared the source of money in the mapping exercise it is presumed that this project is financed from its own resources.

The lead donors in building capacity and technical assistance are the World Bank with €16.9 million of commitments in 2005–11 and the European Commission with €11.7 million (without budget support and related assistance). The total amount of resources in this case is €39.8 million, or 48% of total support to social protection.

There are specific subsectors of social protection which are related to child protection, too. This is the case for trafficking and juvenile justice. The lead donor in trafficking is Sida with €800,000, followed by the Swiss Development Cooperation with €500,000, for the period 2004–08. The main implementation agency is the International Organisation for Migration. In juvenile justice SIDA has contributed €1 million for a project implemented by UNICEF.

The main donor in the social protection sector is the budget support allocated by the European Commission which amounts to €21 million directly for social protection and €6 million for the rehabilitation and establishment of day-care centres and technical assistance to the MSPFC. Additional to this the European Commission is supporting smaller social sector projects which will also be financed through cross-border cooperation and other European programmes.

4.8.2 Non-governmental organisations (NGOs) and civil society

Despite a sizeable base of registered non-governmental organisations (NGOs) only a small proportion of these are active, most of which have a national rather than local focus. The majority are located in Chisinau, Balti, and other cities, where groups are able to access information, training, consulting services and donor resources. Few active organisations are based in small towns and rural areas. NGOs generally offer a wide variety of services in many different fields. The Contact Center Moldova reports that approximately 11% of service organizations work in the area of health; 10% focus on art, research and cultural issues; 10% promote sports; 6% provide social services; 5% are involved in environmental protection; and 3% are in media.

Since 2002, when the Alliance of NGOs active in the social protection of families and children was established, the number of NGOs registered in this field has been growing constantly. At the moment 117 NGOs are registered in the alliance. In 2006 just under half of the NGOs in the alliance considered themselves service providers, while others carried out other activities such as advocacy. These NGOs are often confronted with the hardship of a lack of financial resources: few receive money from the local government, and most usually rely on alternative financing sources, in particular from international donors. While NGOs generally respond to the needs of their constituents, those needs are typically identified by international donors. As long-term core funding is often not available, NGOs often have to rely on short-term grants or project funds and can struggle to remain viable for more than several months at a time. Domestic funding is hampered by slow economic growth and the absence of a culture of charitable giving (currently tax benefits do not exist for businesses or citizens who give money to charities). Moreover, local governments often lack the resources to provide support for local NGO initiatives.

There is widespread evidence that civil society participation can improve the effectiveness of policy as it can transform the relationship between citizens, policy makers and service providers, increasing the accountability of policy makers to service users. But the challenge to include civil society more effectively in the delivery of child care services in Moldova is a considerable one because civil society is relatively weak and the population perceives itself to have little voice or influence on public action (see section 6 below).

4.8.3 The role of the European Union

The prospect of closer integration with the European Union has been significant in encouraging progress in child care reform in Moldova, as it has elsewhere in the region. The government has

made use of internationally recognised standards such as the Council of Europe's recommendations on the rights of children in residential institutions, and the standards on out-of-home child care in Europe, in the development of its policies (Council of Europe, 2005; IFCO et al., 2005). It also applies global guidelines such as the UN guidelines for the protection of children without parental care (United Nations, 2004).

The European Commission has provided considerable support. Initial involvement came out of the EU Food Security Programme which was providing budget support and technical assistance to improve national food security by targeting the agricultural sector. This led to the introduction of conditionalities for provision of food to children's institutions. As the development of community-based social services started to take shape those conditionalities were extended to support the reform more widely. Support from the Food Security Programme has been supplemented with funding for three technical assistance projects in social services through the Technical Assistance to the CIS (TACIS) instrument.

In 2007 the European Commission introduced a new funding instrument, the European Neighbourhood and Partnership Instrument (ENPI) which replaces the TACIS programme. It aims to support the objectives of the European Neighbourhood Policy (ENP) which promotes closer ties between Moldova and the European Union. The European Commission's National Indicative Programme 2007–10 for Moldova defines the three priority areas for funding under the ENPI as being democratic development and good governance; regulatory reform and administrative capacity-building; and poverty reduction and economic growth. The second of these areas includes the provision of social services as part of the objectives for strengthening social policy reform.

The ENP action plan for Moldova has a much broader agenda. It continues the programme advocated by the Food Security Programme and TACIS projects, emphasising ongoing support for children's rights through implementation of a national action plan and the development of community-based child protection measures to significantly reduce child poverty. The recent progress report on ENP implementation notes some progress in deinstitutionalisation but observes the need for improvements to political leadership and coordination to address the major challenges posed by child protection system reform. It also reiterates, as the UN CRC and others have done, that progress in policy development fails to be matched by the delivery of structures and budgets to enforce policies on child rights (European Commission, 2009).

In 2009 the European Union launched the Eastern Partnership to, 'create the necessary conditions to accelerate political association and further economic integration between the European Union and interested partner countries' (European Union, 2009, p.5). Given the European Union's commitment to child care reform over the past decade and the continuity shown through the instruments that have been introduced it is highly likely that it will want to invest further in the reform as part of the priorities that have already been identified, namely economic reforms and respect for human rights. Negotiations on a specific agreement and action plan are due to begin shortly and this may provide an opportunity for the Government of Moldova to promote further investment in child care reform as a priority.

PART C: POLICY DEVELOPMENT AND IMPLEMENTATION

5 Organisational structures

KEY FINDINGS

- The creation of a single ministry with responsibility for social protection, including child care, has been very relevant to reduce fragmentation of responsibilities. But the consolidation of all functions from the different ministries has not yet been achieved.
- There are two governmental coordinating bodies in child protection, whose overlapping roles need to be clarified.
- At raion level the SAFPD is the main structure responsible for child care. It has taken on some of the child protection functions that were previously under the education directorate. It is responsible for developing community-based services, but the distribution of financial resources for child care between central and local authorities do not encourage this.
- Four child protection commissions exist at local level. The gatekeeping commission is central to the success of the deinstitutionalisation strategy but faces challenges regarding its scope, workload and remuneration of members.

5.1 Central government structures

Before the reform the central government responsibility for delivery of child care was split between a number of ministries. The Ministry of Health was responsible for child care policies for children up to the age of seven, and the Ministry of Education for children over the age of seven; the Ministry of Labour and Social Protection was responsible for children of any age with disabilities. The Ministry of the Interior had oversight of policies for vagrant children or children at risk of offending, while the Ministry of Justice ran two penitentiaries for convicted children and children awaiting trial. The Ministry of Finance was responsible for the allocation of budgets for child care. In 2001 a social assistance department was created within the Ministry of Labour and Social Protection, charged with promoting a new policy of implementing the social assistance system using special territorial subdivisions (Government of Moldova, 2001).

This dispersal of responsibilities inhibited a unified approach to responding to children in difficulty: it meant that, for example, very young children under the care of the Ministry of Health tended to receive care based on a medical diagnosis of their situation while street children under the care of the Ministry of the Interior tended to be viewed as potential offenders. An initial attempt to reduce the number of central government bodies involved in child care saw the transfer of the social assistance department from the Ministry of Labour and Social Protection to a newly merged Ministry of Health and Social Protection in July 2005, at the time when the Ministry of Labour was unified with the Ministry of Economy (Government of Moldova, 2005). While the Ministry of Health and Social Protection was operational some major initiatives in social protection were proposed, such as the reform of cash benefits and the development of the social assistants' network, and the EU 'TACIS 1' project on child care reform was launched. However, social protection was not seen to be receiving sufficient attention, and a lot of the thinking around service development was focused on medical models for service delivery. The transfer of social protection functions between ministries caused delays in the implementation of the child care reform.

The creation of a single ministry with formal responsibility for child care was one of the cornerstones of the reform. In 2007 the Ministry of Social Protection, Family and Child (MSPFC) was created (Government of Moldova, 2007a). It was charged with the development, implementation and evaluation of social policies relating to children and families, social assistance in cash and in kind, equal opportunities, and the prevention of domestic violence, abuse and human trafficking. Its functions in relation to child care are the following:

- developing and improving legislation and regulations to protect the rights of the family and child, including orphan children and children deprived of parental care;
- ensuring the development of social protection mechanisms for families with children;
- ensuring that children and families in difficulty have access to good quality social assistance services;
- methodological support to local communities for activities aimed at preventing children from entering residential care and at maintaining the child in a family environment;
- monitoring the use of minimum quality standards for child care services;
- coordinating the guardianship / trusteeship and adoption mechanisms; and
- ensuring, in cooperation with the Ministry of Foreign Affairs and European Integration, the repatriation and protection of children abandoned by their parents abroad.

This creation of a separate ministry for social protection has been relevant for increasing recognition that children in difficulty are in need of support for their social development and not simply for their medical and educational needs. In its implementation the ministry has been quick to establish itself and to begin to develop and implement its own policies. It has been effective in strengthening the attention paid to social welfare, including through its development of the network of social assistants (see below). It has succeeded in consolidating some of the responsibilities for child care by absorbing the social protection functions of the former Ministry of Health and Social Protection with the guardianship functions of the Ministry of Education and Youth.

However, despite the decision to consolidate all responsibilities for child care in one structure the process is not yet complete. The Ministry of Education and Youth retained responsibility for 63 (now reduced to 57) residential institutions that serve children who require not only additional support for their education—and sometimes the children do not even require that—but also support for social problems. So the budget for the Ministry of Education and Youth is being used to deliver social care services. The medico-psycho-pedagogical commissions (MPPCs) which govern entry into auxiliary schools have also not been transferred (see section 5.4.3 below). It is very difficult to implement the policy of deinstitutionalisation of children, because the MSPFC is responsible for this reform while residential institutions—and the body in charge of allowing who enters some of them—continue to be subordinated to the Ministry of Education and Youth. The Ministry of Health has retained the homes for babies and young children.

The MSPFC is attempting to work around the continued dispersal of responsibilities by creating interministerial working groups e.g. on the protection of families with disabled children and on trafficking; developing strategic documents that imply the involvement of all relevant ministries; and holding meetings of the line ministry's Collegium and involving other ministries. These activities are discussed further in sections 5.2 and 6 below.

5.2 National coordination

In the light of the fragmentation of child care activities there has been good acknowledgement of the need for a supraministerial coordinating body. The challenge is that there are perceived to be two such bodies, each set up with external support, one under the prime

minister and one under the vice-prime minister (the National Council for Child Rights Protection (NCCRP) and the High Level Group for Children) and their responsibilities overlap. Although the NCCRP remains the official government coordination body the confused status of the two organisations makes it difficult for both now to be fully effective.

The creation of the NCCRP was proposed by ministries with responsibilities in child protection when the UN CRC came into effect in Moldova in 1993. It was set up in 1998 as a state body with the role of the intersectoral coordination of the protection of child rights (Government of Moldova, 1998a). Its members are representatives of central and local government, international bodies and national NGOs. A subsequent Government Decision defines the regulations of the NCCRP and its secretariat with respect to its objectives of ensuring observance of the UN CRC and national legislation; identifying priority directions for policy reform; promoting national policies on children and families; coordinating the drafting of government strategies and programmes on the protection of the child's and family's rights and strengthening partnerships to protect child rights (Government of Moldova, 1998b).

A permanent secretariat was created at the request of the ministries with responsibilities in the protection of child rights with the financial support of donors, especially UNICEF, and on the recommendation of international experts. It was intended to ensure implementation of the activities of the NCCRP. Its functions include coordinating and supporting the activity of working groups created within the NCCRP and assisting and interacting with state institutions and non-governmental partners involved in child and family protection.

The NCCRP and its secretariat have a mandate that is highly relevant for fulfilling the necessary coordination role in a fragmented system of supporting child rights. It has also proven that it can be effective. Since 2002 it has coordinated the development and promotion of regulatory acts required to ensure the implementation of the UN CRC, as well as of child protection policies. This includes the national strategy and action plan for the protection of the rights of the child in 2003, and the deinstitutionalisation strategy in 2006. The body was particularly effective before the creation of the MSPFC but it has become less active and its mandate has become less clearly defined now that the MSPFC has responsibility for the child protection sector. In recent years the NCCRP has become a platform for discussing children's issues and consolidating professional partnerships between government and NGOs.

However, the NCCRP has not been fully taken on by the government, despite the appreciation of the agency by the UN Committee on the Rights of the Child as a structure for coordinating and promoting policies in the protection of child rights, and despite the support of international institutions. Out of the four to five people initially employed in the permanent secretariat, the government has taken only one person onto its staff, and so there are questions about the sustainability of the organisation. Its effectiveness has gradually been reduced, not only because there are too few members to enable it to coordinate the entire child rights sector but also because the uncertainty about the willingness of the government to support the body financially is said to have dampened morale.

In 2006 a new interministerial group, the High Level Group for Children in Moldova, was established on the basis of a protocol signed by the prime minister and Baroness Emma Nicholson. It aimed to improve collaboration between the Government of Moldova and the High Level Group for European Children to promote community actions for supporting children in difficulty. While the role of coordinating across ministries is still formally retained with the NCCRP, the functions of supporting partnerships between government institutions and civil society and of promoting legislation to improve child protection are shared by the High Level Group for Children as well as the NCCRP. In addition, according to its regulation, the High Level Group for Children analyses international best practice, coordinates the development of a national strategy for

community actions and delivers services in education, health, social protection and child rights. The group is chaired by the prime minister. The High Level Group for Children has been effective in delivering a national strategy on community actions for the support of children in difficulty for 2007–2009, which was approved by the government in 2007. The emphasis of the group, though, is on gathering political support more than on the provision of technical or financial assistance.

It would be beneficial for the government to review both coordinating structures and either decide to consolidate their child protection activities into a single body or else clearly divide the responsibilities between the two. If it were decided to revitalise the NCCRP, one option might be for the MSPFC to take on the secretariat role to enable the NCCRP to operate.

5.3 Local government structures (raion and primaria)

Both the first (*primaria*) and second (*raion*) tiers of local government contribute to policy implementation in child care. Before the launch of the child care reform process (before 2000), responsibilities at *raion* level used to be divided between several structures: the Social Assistance Directorate / Unit, the General Education, Youth and Sport Directorate and the Police Commissariat.

The Social Assistance and Family Protection Directorate / Unit (SAFPD) is now the key institution in social assistance operating at raion level. It identifies social needs, organises and provides appropriate social assistance, monitors its effectiveness and promotes awareness of its availability. It is also required to support *primarias* and civil society organisations in developing social services. It must allocate and manage financial and human resources for social services since the provision of these services count as an 'own function' of local government.

The SAFPD used to have only one specialist for families with children at risk, while the General Education, Youth and Sport Directorate had another specialist in the protection of child rights. The specialist in the SAFPD was responsible for the protection of children who lived in their own family, while the specialist in the education directorate was responsible for the protection of children who were deprived of parental care, including in relation to guardianship, adoption and family-type homes. In most cases the two were not in regular contact with one another and cases were addressed separately. In 2008 the specialists in child rights and their guardianship authority responsibilities were transferred from the education directorate to the SAFPD (Government of Moldova, 2008). This was intended to enable them to work alongside community social assistants in order to assess the whole family and its potential and to encourage early identification and interventions for people requiring assistance. Before the approval of this government decision some raions had already consolidated the functions of the two child care specialists in the SAFPD but others had been reluctant, citing concerns about the perceived loss of status for staff moving from the education directorate to the SAFPD. The move has now been made compulsory.

One of the main functions of the SAFPD is the recruitment, management and supervision of the network of social assistants who now work in communities. There has been an enormous expansion in this network which has expanded from fewer than 100 to about 1,000 in a little over two years. This has greatly improved the possibility for people in all areas, rural as well as urban, to access social services. The network is being incorporated into raion-level 'Community Social Assistance Service' units which aim to provide social services, facilitate access to cash benefits and mobilise communities to prevent and resolve social problems. It is very valuable that the network of social assistants provides services to all sectors of the population, not just to children, because this increases the possibility for social assistants to work with adults before children get into difficulty rather than waiting until children are already at risk before intervening.

The General Education, Youth and Sport Directorate has retained responsibilities for children looked after in residential institutions belonging to the MEY. The Department for Minors and Morals of the district police commissariat is responsible for monitoring children in conflict with the law. The cooperation between SAFPDs and police commissariats varies from one raion to another. Specialists from police commissariats are members of multidisciplinary working groups that are formed to solve specific cases in social assistance.

At *primaria* level, before the network of social assistants was developed, the *primaria* secretary used to be responsible for children and young people in difficulty. This specialist would be responsible for collecting and preparing the files of orphan children and children deprived of care to determine guardianship arrangements. Nowadays most social services activities are undertaken by the social assistant who, although employed by the *raion* SAFPD, works in partnership with the mayor to ensure coverage of the *primaria* with social services.

One of the biggest impediments to the development of community- or family-based alternatives to residential care for children arises from the allocation of resources. Since residential institutions are funded mainly from the central budget while family-based care is expected to be developed by local authorities, there could be an incentive for local authorities to save their scarce resources by handing over responsibility for a child to the care of the state. This might result in a higher rate of institutionalisation than would be the case if both residential and family-based services were under the responsibility and budget of the same authority. Raions which have succeeded in developing community-based services tend to be those that have received a lot of external support, though innovative services are provided also in raions that have not received external assistance (see OPM and EveryChild, 2008).

5.4 Statutory services (local commissions)

Several statutory bodies support the delivery of child care services at local level. As with the national coordination bodies there is confusion about their overlapping roles. The confusion is even greater because there are not two, but four related commissions: the raion Council for the Protection of Child Rights, the Commission for Minors, the MPPC and the gatekeeping commission (see Annex B for a summary map of agencies). Some have similar membership. The lack of clarity regarding their functions means that their roles are interpreted differently in different raions. As child protection policy has evolved and new statutory bodies have been introduced, some raions have continued to maintain the old models alongside the new systems.

5.4.1 Raion Council for the Protection of Child Rights

These councils were formed in 1998 under the regulations governing the establishment of the NCCRP, with the intention of implementing at local level the strategies developed by the NCCRP at national level (Government of Moldova, 1998a). They were also expected to be involved in resolving specific cases of children in difficulty. In 2003 the regulation was amended and their remit was defined as covering the implementation of strategies and elaboration of action plans at local level, the coordination of the activities of local structures, the evaluation of conditions in all types of residential institution for children, and of services for families and children, and the examination of individual cases relating to a breach of rights or to children in conflict with the law. The councils bring together managers from the SAFPD with those from the education department, police and medical services in order to link up policy implementation across sectors.

5.4.2 Commission for Minors

This commission was an earlier body, set up during the Soviet period by the Ministry of Internal Affairs to examine the cases of children in conflict with the law and to recommend

protection measures. Raions drew up their own regulations to govern the function of this body as there was no national regulation. Their functions were taken on by the council for the protection of child rights and in most places the Commission for Minors has ceased operating, except in Balti and Ialoveni. However, there has never been a formal annulment of the existence of the Commission for Minors.

5.4.3 MPPCs

The MPPC examines children of school and preschool age who are perceived to have learning disabilities or who have a psychological, physical or mental disability. It provides a diagnosis for children and refers them to an appropriate education institution, which may be residential. The MPPC controls entry into the 'auxiliary schools', the residential institutions for children with mild disabilities. The commission operates at national level, where there is a team of full-time specialists, and at *raion* level, where representatives from different institutions such as teachers, psychologists, psychiatrists and psychotherapists are brought together when needed to conduct an assessment. Many of the *raion*-based MPPCs have stopped working and so children from those *raions* are assessed by the national commission.

Concerns about the quality of the MPPC's activities have been prevalent for a long time. In 2000 UNICEF Moldova carried out an assessment of MPPC for the MEY. It highlighted the high rate of institutionalisation of children with special needs, especially those that could be integrated in mainstream education. These children represent 'errors of inclusion' in the system: they receive a type of service that they do not require, which creates inefficiencies in resource use. The recommendation of an MPPC to commit a child to an auxiliary school is not binding, but anecdotal evidence suggests that poorer families are more likely to agree to send their child to an auxiliary school than better-off families. Directors of auxiliary schools may encourage families to take up the recommendation of the MPPC since they receive *per-capita* grants dependent on the number of pupils. Another 'error of inclusion' is that of children who are provided with a diagnosis by an MPPC and sent to an auxiliary school although they do not have a disability. Instances are reported to have occurred where the MPPC is seen as an easier route into institutional care than the gatekeeping commission (described below) for families who wish to give up their child because of poverty or because they struggle to cope with difficult behaviour.

At the time of UNICEF's assessment it was considered that a solution might be to provide training to the MPPC members but this initiative was suspended as Moldova started to promote other approaches towards children with special educational needs, including through its national strategy for the protection of children's rights and its national education strategy, 'Education for All'. Nine years later, however, some MPPCs are still active.

In 2009 three parties—the MSPFC, MEY and UNICEF—agreed to assess the activity of MPPCs. The assessment has been done in the light of the 'Education for All' strategy. The assessment also raised the question about the overlapping roles of the MPPC and the gatekeeping commission, which has now formally taken on its functions. The assessment highlights the need to abolish the MPPC and to transfer the assessment of children with special needs to the gatekeeping commissions. Further decisions on this matter will be taken by the government.

5.4.4 Gatekeeping commissions

None of the three bodies described above had sole responsibility for placement of children in all types of institution, and there was no systematic way of monitoring patterns of decision-making between different bodies. This contributed to the high rate of institutionalisation. According to official data, in 2005 some 12,000 out of the total of 971,000 children under 18 were looked after

in residential type services—about twice as many as were placed in all family support and family substitute services (see Table E.1).

In 2006 the Ministry of Health and Social Protection launched a gatekeeping system in child protection with the aim of responding to this gap. It was piloted in Cahul, Orhei and Ungheni raions and has now been extended nationwide (Government of Moldova, 2007c). It is intended to ensure that children in difficulty are given support in family-type services as a priority, with residential institutions used only as a last resort. An additional statutory body was created at raion level, the gatekeeping commission ('Commission for the protection of children in difficulty'). It is independent of both the SAFPD and the General Education, Youth and Sport Directorate. It is not a decision-making body but is a vital component in achieving good decisions in relation to children who are unable to remain with their family⁵. Nor does it make general strategies on child protection at a local level: it deals only with cases of specific individuals.

Formally its scope covers only children who have been proposed for separation from their family, either for institutionalisation or for placement in a foster family or family-type home. It is required to examine the cases of all children who fall into these categories, including those without parental care, with disabilities or special education needs, or in difficulty because of other reasons. In this respect it takes on some of the functions of the MPPC. Its aim is to examine documentation to ensure that a child has been assessed comprehensively and that all community-based options have been fully explored to satisfy the eligibility criteria for a residential or substitute family placement. Only if the commission is satisfied that there is no other option available for the child should they confirm the recommendation made by the social assistant. It is only following consideration by the commission that the guardianship authority should approve a residential placement for a child referred for such services.

Challenges in implementing gatekeeping

A rapid assessment of gatekeeping commissions functioning across the country shows that there are several major divergences in the implementation of the gatekeeping commission, compared with the stipulations of the regulation. They are:

- *membership of the commission.* According to the regulation the commission has eight members: two from the raion council (but not representatives of the SAFPD or the General Education, Youth and Sport Directorate whose job includes the social protection of children, in order to avoid a conflict of interest); two professional experts such as psychologists or doctors; two members of NGOs or civil society, and two members of the public. But in many raions the listed representatives are not present in the commission, while in others the SAFPD representatives participate. This risks reducing the objectivity of commissions' decisions;
- *responsibilities of the commission.* In practice many raions vary their remit and commissions may end up with a greatly increased or reduced workload. Some not only review cases of children proposed for institutionalisation or foster care but also regularly take on responsibilities for deinstitutionalisation, though this is meant to occur in exceptional cases only. They may look at the cases of children who are proposed for reintegration into the family, placed in family-type homes or under guardianship, or whose families are allocated financial support. Whilst it may be preferable for all cases to be reviewed by the same body it imposes a heavy burden on the volunteers of the commission who are taking on the roles that are meant to be carried out by paid staff of the SAFPD. As for the review of *all* relevant cases, many raions continue to send the cases of children with special educational needs for review by the MPPC instead of the gatekeeping commission. Cases of infants who are proposed for

⁵ The gatekeeping commission is not the only component of a gatekeeping system. Other components include e.g. a structure to carry out individual needs assessment of children. See Bilson and Harwin (2003).

institutionalisation in Ministry of Health facilities tend to be identified by staff in maternity hospitals and also are not referred to the gatekeeping commission; and

- *in most raions the commissions are not dealing with complaints* as stipulated in the regulations.

Obstacles in implementing an effective gatekeeping system are not confined to the failure to adhere to the regulations. Four further challenges may be identified:

1. **Voluntary nature of the commission.** The fact that the commission is not remunerated for the work done can create difficulties in attracting the most suitable people. It also makes it inappropriate to impose a heavy workload on it since its members are likely to have full-time jobs elsewhere.
2. **Uneven distribution of cases.** Commissions meet monthly but the demand for review of placements reaches a peak just before the start of the school year on 1 September. Around this time a commission may have as many as 10 cases to review in a single session⁶. If a session lasts two hours the commission may have less than 15 minutes to make recommendations on the case of each child. At other times of year there may be fewer cases but these might be more complex to resolve. With so little time available it is essential that as many cases as possible are resolved before they reach the stage of being presented to the commission as potential cases for institutionalisation. The more effective the work of the social assistant and the SAFPDs, the fewer cases would need to be proposed for discussion. In any case there is not time, nor is it within their remit, to review the cases of children who were placed in institutions before the commissions were introduced.
3. **Willingness for reform.** The promotion of the gatekeeping system is held back by the tacit resistance among staff of residential institutions and from some representatives of local and central government for whom the maintenance of the *status quo* provides job security. When funding levels to institutions are based on per-capita norms it is not in the interests of facility managers to restrict the number of children entering the institution. Also, many staff members working in institutions genuinely feel that residential care is the best solution for the child in difficulty. A change in the way funding is allocated to institutions, alongside continued efforts to promote family-based services as the best form of care for the child, might help to resolve this.
4. **Availability of alternatives to institutional care.** The mechanism can work only if there are alternative services to institutionalisation and trained personnel in place. The range of services available to the commission is relatively narrow and at this early stage the services provided at local level still need strengthening. Resources must be devoted to finance the development of these services in order to allow the proper functioning of the gatekeeping mechanism. Financial resources are needed also for the training and support of representatives of local public authorities, commission members, teams of social assistants and managers of social services, especially in these early stages of implementation.

Is the gatekeeping system working?

Results so far have been erratic. In 2007 some 15 gatekeeping commissions were operating and their workload was quite intensive. They examined 1,458 cases of children in difficulty or with disabilities, of which only 192 (13.2%) were proposed for institutionalisation in residential services (MSPFC, 2007). All other children were placed under guardianship, in foster care or in a family-type home, or else received support via the family support service. There is no evidence that any children in residential care were admitted without the recommendation of a gatekeeping commission if one was functional where they lived. Children who lived in raions without a commission were assessed in the traditional manner in which the specialist in child protection collected a file of justification documents and secured an official permit from the ministry.

⁶ This estimate uses the figures for the average number of cases reviewed by each commission in 2007.

But in 2008, when all 36 raions and municipalities across the country were charged with establishing gatekeeping commissions, they examined only 829 cases of children in difficulty, of which a similar proportion, 110 children (13.2%), were recommended for institutionalisation (MSPFC, 2008). Eighty children were placed in family-type services and the remainder were diverted from institutionalisation using local resources. At first glance this looks like a serious loss of efficiency because the average number of cases reviewed per commission is only one-quarter of the previous year's rate. In fact the reasons for the difference are complex, and for high performing raions it may even be a positive finding:

- on the positive side, the number of community social assistants increased from 538 at the end of 2007 to an estimated 1,000 at the end of 2008. These social assistants are preventing institutionalisation at the local level so it is natural that fewer children are eventually referred to the gatekeeping commission;
- in some raions the specialist in child protection was transferred to the SAFPD during 2008 and may have collaborated more closely with the specialist in children and families to provide a family-based alternative to residential care;
- the idea of preventing institutionalisation is becoming more common, and as community services continue to be developed the SAFPD has more possibility to keep children within their communities. The MSPFC has identified 59 day care centres for children across the country that offer different types of family support (see Annex C).
- On the negative side, anecdotal evidence suggests that some raions, especially those that have not been supported systematically, have not yet established a functioning commission and may not have assessed all the relevant cases via the commission. It is likely that the raions which were early adopters of the system are those which have had the most training and support and are most familiar with the system; and
- it is possible that the voluntary nature of the commission, combined with the lack of training, may provide insufficient incentives for the commission to meet monthly as proposed.

It is necessary for the MSPFC to provide direct assistance to the raions to help them implement the regulations on gatekeeping. Difficulties such as the inappropriate selection of commission members could be fairly easily clarified though it would be important to understand why the raions have not been able to recruit the required members. Regarding the workload, an analysis of the distribution of cases received by social assistants and/or referred onto the gatekeeping commission during the year, alongside an assessment of quality, might help to highlight the raions that can serve as best practice models in the effective and efficient resolution of child care cases. The proposed service delivery survey that is to be discussed with the MSPFC could contribute to this. The issues of payment for commission members and of developing alternative services require a broader examination of financial resources and the cost of local social service provision.

6 Participation and communication

KEY FINDINGS

- Ministries are increasingly consulting local authorities and NGOs during policy development. During implementation there is less communication.
- NGOs increasingly participate in delivery of services, sometimes without consultation with government.
- Beneficiaries of child care and other social assistance services are sometimes consulted on issues that concern them, though not yet systematically.
- In 2006 about half the population considered that residential institutions have a positive impact on a child's development and integration into society. The government is making an effort to promote alternative forms of care, including through media campaigns.

There has been a noticeable improvement in the participation in the policy process generally in Moldova by people working outside central government over the last five years. The preparation of the EGPRSP in 2004 strengthened the consultation mechanisms for stakeholders at national and local level, and within and outside government, resulting in the establishment of a national Participation Council (though this has not yet been formally approved by the government). A similar consultation process was applied to the drafting of the NDS. In 2008 participation of civil society was formalised in the Strategy for Civil Society Development that is now establishing mechanisms for the involvement of civil society in policy-making.

This positive change has had an effect on the policy process for child care even though the involvement of multiple ministries, commissions and coordinating bodies is not naturally conducive to the flow of ideas from communities and local government up to the responsible authorities. Collaboration has improved between central and local public authorities, among different agencies at local level and with civil society. The participation of beneficiaries, including children, in decision-making is at an earlier stage of development and would benefit from further support.

6.1 Participation and communication at different levels of government

Ministries are increasingly consulting local authorities during policy development on child care and related issues, inviting them to comment on draft strategies such as the national programme on the development of integrated social services. The MSPFC organises regular consultation and information events with raion structures, and uses its collegium—whose membership consists of ministry staff and local representatives—to consult on major new initiatives. The ministry also attends events in raions to spread awareness of ministry-led policy processes. Additional workshops and conferences are funded by external donors. Working groups are formed as and when a need arises on a particular topic, though not systematically. There is no permanent working group on deinstitutionalisation: the government uses the NCCRP and the High Level Group for Children to present and consult on this issue. The challenge is to make sure that the consultation processes take place with enough time for the authorities to make a considered contribution, and that there is active dissemination of draft documents, including by post, so that people without internet access or who cannot travel to Chisinau can still respond.

After a policy has been approved, however, there is less communication between the levels of government during implementation. Local authorities are made aware of government and ministry decisions and strategies that affect them but often are not provided with practical guidance

on how to enact the policy. If a policy is developed by one party but must be implemented by another there is a high risk that it will not be successful unless there is regular communication to strengthen the link between the two. Recent efforts by the MSPFC, such as by disseminating advice on implementation during its collegium meetings and holding a workshop to explain the mechanism for providing community social assistance, are very welcome.

6.2 Participation of civil society

Participation of civil society in child care reform has demonstrated small but gradual progress. In 2002 the UN Committee on the Rights of the Child noted a lack of cooperation between the government and NGOs in all areas relating to children, but by 2009 it welcomed the cooperation between the two parties (UN Committee on the Rights of the Child, 2002 and 2009). In child care reform most of the involvement of non-government bodies takes place at the moment in policy development and, independently of government, in implementation. There is less involvement of NGOs in monitoring of government policies, budgets or services.

With regard to policy development NGOs, like local authorities, have the right to submit comments on draft strategies to line ministries where these are made public. They participated in the development of the deinstitutionalisation strategy and action plan in 2006. The ministries also hold meetings with representatives of NGOs and have recently begun to invite NGO representatives to the donor coordination group for social protection. Moldovan NGOs have reported an improvement in their involvement in government consultation processes for development of recent social policy and legislation documents. This follows the signature of a memorandum of understanding on the inclusion of civil society in social policy development, including child care issues, by the MSPFC in 2008.

There is uncertainty about the extent to which the opinions of NGOs are able to be absorbed into final policy outputs. Consultation is irrelevant if the views expressed are not taken into consideration. Examples given by NGOs of late or tokenistic invitations from government for their involvement in policy development in child care, such as in the revision of adoption legislation, demonstrate that the implementation of consultation policy is not yet consistent. In 2009, the government was advised to, 'ensure that the input of civil society organisations is taken into account in legislative, administrative and policy reform' of child rights (UN Committee on the Rights of the Child, 2009, p.5).

In implementation NGOs have been increasingly active in the delivery of social services since the late 1990s, especially of services provided to families. However, there is a concern that well-meaning NGOs are able to set up services without having to agree their plans with the government, resulting in the delivery of services that are contrary to national policy. For example, an international NGO recently set up a private residential institution for children in spite of the national policy on reducing the number of children in residential care. This is a failure of communication of policy by the government to potential implementing partners, and of reporting by civil society up to the government; it is also caused by a lack of an accreditation and licensing system for services (see section 10 below).

In the area of monitoring there have been some efforts to enable NGOs to make a contribution but these have not always been effective. In 2003–04 the NCCRP launched an initiative aimed at developing a common monitoring report on child rights with the participation of civil society, but this initiative was dropped at the end of 2004. NGOs can voice their opinions and have contributed alternative reports to the UN Committee on the Rights of the Child on the status of implementation of the UN CRC, which is an example of best practice.

6.3 Participation of beneficiaries, including children

Beneficiaries of child welfare and wider social assistance services do have some opportunity to be consulted on issues that concern them, though this tends to take place through NGOs and is not yet systematic. A beneficiary assessment, conducted in 2007, found that users or potential users of the social assistance system experienced a lack of awareness of options available to them and a lack of access to relevant information—sometimes even misinformation—particularly for those in rural communities; urban participants tended to be better informed (OPM and EveryChild, 2007). This lack of knowledge was compounded by the perceived negligence, indifference, and sometimes outright hostility of institutional staff. The cost of applying for and accessing social services was also often felt to be too high. Petty corruption was perceived to be rife. These perceptions added up to a profound lack of confidence and trust in the system.

The notion of the participation of children in processes affecting their lives has progressed in the past five years, perhaps most notably in the area of deinstitutionalisation and the improved gatekeeping processes for regulating child placement. The introduction of assessment methodologies that consult the child, in a manner consistent with the child's age and level of understanding, have provided a practical framework for child participation. But this is not yet developed in every *raion*, and children are often not present at the meetings of the gatekeeping commission which determine whether they should be committed to an institution (EveryChild, 2008). The implementation of policy still does not fully reflect the intentions articulated in policy: the UN Committee on the Rights of the Child notes that, 'the views of many children, including those in institutions, are not heard in day to day life and administrative proceedings' (UN Committee on the Rights of the Child, 2009, p.6).

6.4 Public attitudes

Public opinion regarding child care has traditionally been favourable towards residential institutions, in part because of a lack of awareness of alternatives or because of a distrust of placing children in other people's families. This attitude is slowly changing but still quite widespread. A nationally representative poll of over 1,100 respondents in November 2006, immediately before the nationwide rollout of the network of social assistants, found that 77% of people consider that there is no excuse for child abandonment, regardless of the situation of the parent (Imas-Inc, 2006). However, 20% declared that there are understandable situations when a parent has no choice but to abandon the child. Some 53% consider that residential institutions have a positive influence on child development (35% think they have a negative influence), and 43% consider that residential institutions have a very positive impact on a child's subsequent integration into society (while 39% think that the influence is negative).

The government is making an effort to communicate its policies on child care reform to the general public, such as through media programmes promoting family- and community-based child care solutions. Additional efforts could be made to promote fostering at national level so that all raions start implementing this service. The government could also be more open about the effects of institutionalisation on child development and encourage families not to apply for this.

6.5 Approaches to improve participation in child care policy

Some solutions could be put in place that would improve participation and communication. Often these entail actively supporting implementation of policies that have already been proposed.

1. **For local authorities:** Central government bodies could develop a framework to formalise communication between ministries and local authorities on child care policies and to promote

the participation of local authorities. The ministries are responsible for ensuring that their policies *are* implemented and to achieve this they have to communicate the policies, building the capacity of local authorities as the main service providers, developing communication materials, and analysing and disseminating information on achievements and lessons learned. The MSPFC should take the lead in organising learning events on child care so that local authorities can share their own best practices in the development of child care services, since raions have already developed many good innovations independently. This will help achieve some uniformity in service development amongst local authorities. It does not interfere with the principles of decentralisation and autonomy which allow the local authorities to make their own informed choices on service delivery. The concept of a regular seminar series on implementation topics, accompanied by practical guidance booklets, has already been discussed with the MSPFC and the recent workshop on implementing the supervision mechanism for social assistants, in July 2009, is expected to be the first in such a series.

2. **For civil society:** A similar framework could be developed to promote the participation of civil society in service delivery. The strategy for the consolidation of civil society should be operationalised, so that the NGOs are offered conditions to participate in the delivery of child care services (such as through commissioning of services, accreditation, or the '2% Law' which suggests that each taxpayer could donate 2% of their taxes to NGOs). NGOs are still very dependent on external funding but, as was noted in section 4.4 above, these funding sources are declining.
3. **For children:** The Chisinau Directorate on Child Protection has had the experience of running a Youth and Children Advisory Board that is consulted on relevant initiatives. Raion SAFPDs do not have a similar system and the MSPFC could provide capacity-building programmes to learn from Chisinau's experience and understand more about child participation. Children and young people could be invited to the sitting of the gatekeeping commissions to express their opinions about any measures that are proposed.
4. **For other beneficiaries:** The MSPFC already has experience of collaborating on a beneficiary assessment. The exercise could be repeated on a regular basis to inform policy development, but also to monitor and evaluate the implementation of the policies. This will help the ministry to improve the way it assesses the impact of its policies on the lives of the beneficiaries.

7 Legislative framework

KEY FINDINGS

- Primary and secondary legislation in child care have made considerable progress during the reform and in part reflect the policy documents. There remain some inconsistencies.
- It is only when secondary legislation is in place (including regulations and funding norms) that a budget is authorised to make provision for a service. A strategy or action plan is not sufficient.
- Incomplete or poorly sequenced legislation (e.g. regulations without funding norms or minimum quality standards of care) are impeding the effective implementation of the existing provisions of the legislative framework.

As child care reform has made significant progress the rights of the child to protection and a family-based environment have been strengthened by numerous policy documents⁷. In addition, ratifying the UN CRC Moldova committed itself to a greater responsibility for children in need, provisions also enshrined in the Constitution of the Republic of Moldova. Article 3 of the UN CRC requires that, in all actions concerning children, whether undertaken by public or private social welfare institutions, courts, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. The primary and secondary legislation relating to child care reflect in part the declared policies.

7.1 Primary legislation

The Family Code and the Law on Social Assistance of the Republic of Moldova are the basic laws that establish the fundamental provisions for the protection of children left without parental care (Government of Moldova, 2000 and 2003b). Until recently these laws contained some cumbersome and contradictory provisions, but in July 2008 the amendments of the provisions relating to guardianship in the Family Code laid the foundations for an integrated child welfare service. This was possible because of the shift of responsibilities for child rights protection from the MEY to the MSPFC. The amendments now mean that social service providers who exercise the functions of the guardianship authority have a duty to provide child-oriented welfare services, including identifying children without parental care as well as children whose parents do not provide adequate upbringing and support, undertaking full assessment of the child and the family, and providing, or contracting other bodies to provide, family support, community based services and residential services, as a last resort. Local public authorities are responsible for ensuring that such services exist and are available to meet the needs of the children in the area, and in doing so most of them shall draft annual plans to determine what services are needed.

The above provisions for child welfare still conflict with the present provisions of the Law on Education, which has remained unchanged and which retains responsibilities for child protection with the General Directorates of Education, Youth and Sport at local level. There is a risk that this could weaken the implementation of reforms.

The Law on Preventing and Combating Domestic Violence that came into effect in September 2008 is another very important piece of legislation that has a direct impact upon improving the quality of life for children in Moldova (Government of Moldova, 2008c). The law

⁷ See discussion in section 3 above.

extends the protection to unmarried individuals and children of unmarried individuals. The new law defines domestic violence as a criminal offence, identifies appropriate punishments for perpetrators and defines mechanisms to obtain restraining orders against abusive individuals. Importantly, it also permits third parties to file complaints and protects the victim's security as a principle of human rights.

In March 2008 the Parliament adopted a decision approving new *Regulations on the Human Rights Centre* through which the number of ombudsmen was increased from three to four, with one concentrating on children's rights (Government of Moldova, 2008d). Their powers were enhanced, granting them authority to independently select the places and persons they visit and to use audiovisual equipment and the assistance of specialists such as physicians, lawyers, and NGOs. Establishing the *Child's Advocate*, the state took into account and fulfilled the recommendation made by the UN Committee on the Rights of the Child in 2002.

In 2009 the draft Law on Social Services has been through intensive consultation. At the time of writing it is unclear whether or when this law will be approved. The law in its final draft provides for a consolidated improved social assistance system that builds up the capacity of the local public social service providers with a proper referral mechanism in place. The draft law places responsibility for the delivery of social services as close as possible to the beneficiary. It would, if implemented, complete the provisions of the Law on Social Assistance. At the same time it would require some reorganisation at local government level, especially in primarias, since it calls for the creation of a body called a social assistance unit within which the social assistant and social workers would work together to resolve social welfare issues at community level.

7.2 Secondary legislation

A lot of secondary legislation (regulations, approved spending norms, quality standards etc.) has been passed in the field of child and family protection. For the current assessment it is worth mentioning two sets of legislation, one set focused on capacity-building of the institutional framework, and the other set on improving the quality of services.

- Under the first set, a key piece of secondary legislation are the Framework Regulations with regard to the Commission for the Protection of Children in Difficulty (Government of Moldova, 2007c). There are also the Regulations on recruitment procedures for social assistants, according to which social assistants perform their work on the territory of the primaria for which they were selected (Government of Moldova, 2007g). This is intended to increase the efficiency of financial and human resources.
- The block on improving the quality of services includes framework regulations and standards on foster care, temporary placement centres for children (including those with disabilities), children in residential institutions mother-and-baby centres and day care centres for children with disabilities⁸.

7.3 Progress and challenges

Prevention of child welfare difficulties, and care of the child in the family of origin are enshrined in policy documents to be a priority whenever possible and a wide range of care and support measures are required to be available for parents and children in order to prevent the risk of abandonment, ill-treatment or gross neglect.

⁸ The full list of relevant legislation is listed in many reports. See e.g. OPM and EveryChild (2008b).

However, it is only when secondary legislation is set in place that a budget is authorised to make provision for services that are proposed. Approving a strategy and action plan for an aspect of child care reform is a welcome step but is not enough to ensure that it will be implemented since it contains indicative costs but no commitment to financing. The deinstitutionalisation strategy and action plan which was approved in 2007 has not been accompanied by secondary legislation to strengthen its implementation. Secondary legislation must also be accompanied by a calculation of norms for unit costs. In the case of foster care the norms have not yet been agreed, though the regulations have been approved. This has hindered the expansion of the foster care scheme.

The effectiveness of the legal framework could benefit from an improved sequencing of actions. At the moment new secondary legislation is being passed and made subordinate to the Law on Social Assistance of 2003 although new primary legislation, the draft Law on Social Services, has been drafted and is awaiting approval. Also, standards can be approved without service regulation. It is difficult to ensure consistency across laws and government decisions when policy development is undertaken in a rather haphazard order.

An additional challenge is that many regulations or strategies in social service provision are approved by the decision of a specific ministry and therefore do not apply to services regulated by any other ministry. In view of the fragmentation of social service provision across many ministries this can result in gaps in coverage. For example, the recent training strategy for staff working in social assistance services, which aims to provide opportunities for continuous professional development and retraining, was approved by the MSPFC and therefore does not apply to over 4,000 staff working in residential institutions under the care of the MEY.

Nonetheless, in some instances the legal framework has been proved to be effective. A decision of the Moldovan court in 2007 serves as an illustration that parents or state authorities can be held liable for failure to take adequate measures to protect a child⁹. A child was placed in a baby home at the age of 14 months and his mother never returned. He was cared for in a number of different residential children's homes, and could not be considered for adoption due to the failure of the mother to sign documents consenting to an alternative family placement. He later sought damages from his mother for emotional and moral neglect arising from his abandonment and, in the first action of its kind in Moldova, the court awarded him MDL 160,000 (approximately €10,000) in damages.

However, converting policy into law—and ultimately into practice—remains a difficult task for current Moldovan authorities. This happens because of a lack of political will or commitment of the necessary financial resources, the slow nature of the reform, the lack of regulations on the procedures to be followed, and the absence of a well-established body to carry out inspection duties or to punish the infringement of statutory norms (see also sections 8 and 12 below).

⁹ Court Decision from 13.07.2007, Riscani district Court, Chisinau,

8 Finance

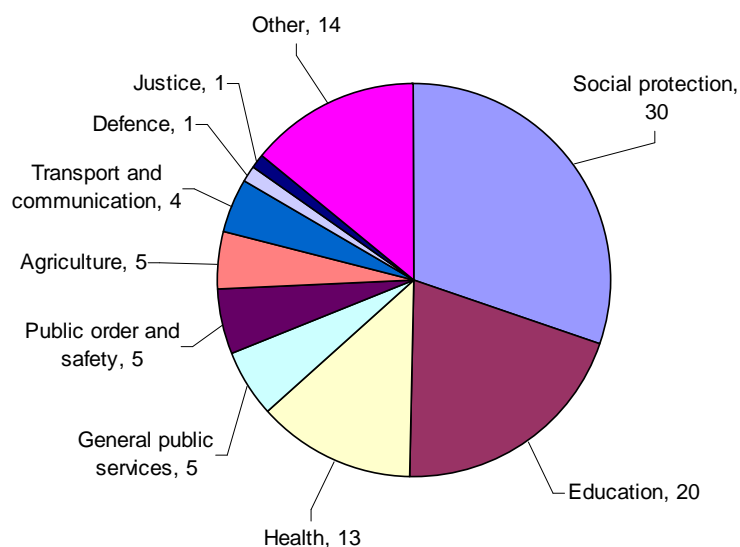
KEY FINDINGS

- Social protection, education and health spending together comprise over 60% of the national budget. Expenditure on child care is distributed among each of these sectors.
- Families with children are able to benefit from support under all three types of social protection spending: social insurance, social benefits and social services. Since January 2009 families with children have been eligible to apply for the new benefit, the social support, and are expected to make up more than half of eligible households.
- Expenditure on residential facilities for children is dominated by the central rather than local government, despite the principle of decentralisation, and by the MEY in particular.
- Between 2004 and 2008 annual expenditure on residential facilities for children increased by MDL 148 million while expenditure on alternative care facilities increased by only MDL 17 million.
- Step-by-step approaches for redirecting the budget into non-residential services have been outlined for many years but the obstacle is in their implementation.

8.1 Trends in aggregate expenditure

Historically the three sectors of social protection, education and health have taken the largest shares of the government budget. In 2008 more than 60% of the budget was devoted to these components (Figure 8.1).

Figure 8.1 Share of the national public budget by sector, 2008 (%)

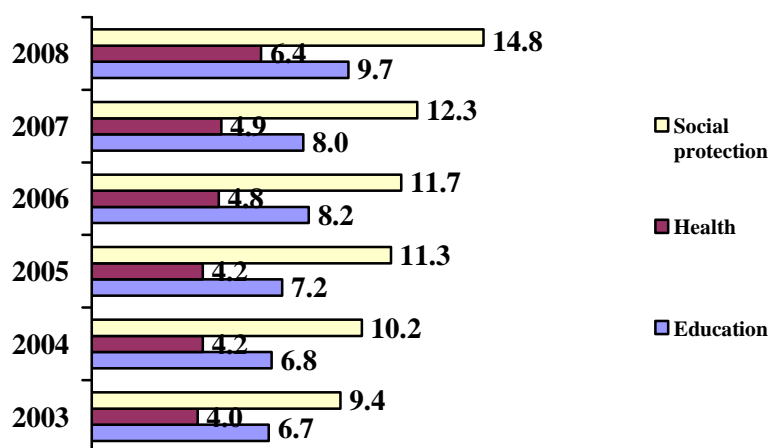


Source: Annual report on the national public budget, 2008. Notes: (1) The national public budget includes the budgets of the central government and local authorities, the state social insurance budget and the state medical insurance funds. (2) 'Social protection' includes social insurance, social benefits and social services.

There has been almost no change in the share of the budget taken by these sectors for many years, regardless of the changing priorities of the national development strategies. Between 2003 and 2008 the share taken by social protection has ranged from 28% to 30%, education has fluctuated between 19% and 20%, and health has varied from 11% to 13% (Table D.2). This inertia in the allocation of the public budget suggests that budgets still tend to be based on an incremental increase of the previous year's figure rather than on programmes that have been developed. The expectation of ministries that they will receive the same share each year is an obstacle to the reorganisation of financing for child care institutions.

Since 2003 these sectors have increased their share of GDP by about 50% (Figure 8.2). But this simply reflects the fact that government spending makes up an increasingly large proportion of GDP, having risen from 33% in 2003 to 49% in 2008 (Table D.3). The Law on Education stipulates that expenditure on education must not be less than 7% of GDP. It is surprising that a target expressed as a share of GDP is still in use to regulate government spending. In an economy that has a flourishing private sector, rather than one that is centrally planned, the government cannot be expected to determine the total size of GDP and therefore does not have control over the total amount it must spend on the sector: if government spending were to decline as a share of GDP, the proportion of the budget that must be spent on education would have to increase. In recent discussions on the draft Law on Social Services, currently with the government, the option of linking financial targets for social service spending with GDP was rejected.

Figure 8.2 Share of social protection, education and health in GDP, 2003–08



Source: Annual reports on the national public budget, 2003–08.

Overall government expenditure has been growing rapidly, from just under MDL 10 billion in 2003 to MDL 25.7 billion in 2008, as its growth rate has exceeded that of the economy. This means that even with a constant share of the budget, expenditure in all three sectors has risen considerably.

It is not possible to distinguish exactly in the budget the line items that are spent on child care. For example, the expenditure on child care in the residential institutions operated by the MEY is classified as education expenditure, simply because it falls under that ministry. This includes e.g. salaries for staff who look after the children out of school hours. If the institution were controlled by a different ministry it would change its classification though the service provided might be the same. In other cases a service is provided to adults as well as children, e.g. the network of social assistants, and there is no logic in attempting to separate out the proportion spent on children. The analysis in this section therefore takes two approaches. First, it reviews spending that is classified

as 'social protection', and provides a brief analysis of its likely impact on children. Second, it analyses spending on social services exclusively for children—including family support services, family substitute services and residential facilities—across the MSPFC, MEY and Ministry of Health and reviews how this reflects the government's declared strategies for child care.

8.2 Social protection expenditure

Expenditure that is classified in the budget as 'social protection' comprises three components: social insurance (cash funded by individual contributions, e.g. for unemployment); non-contributory social benefits in cash and in kind; and social services to vulnerable groups. Children and their families can be beneficiaries of all three types of expenditure.

8.2.1 Social insurance

Social insurance is one of the largest items by far in the budget, and comprises three-quarters of all social protection spending. In 2008 this expenditure amounted to MDL 5.44 billion (Table 8.1). Most of this—some 83%—is spent on pensions. The amount that is paid directly to families with children, at MDL 106 million, is less than 2% of the total.

Table 8.1 Composition of expenditure on social insurance, 2007–08

Components of expenditure	2007		2008	
	MDL million	% of total	MDL million	% of total
Pensions	3,746.1	83.5	4,534.8	83.3
Allowances fund	408.6	9.1	527.8	9.7
Assistance to families with children	74.7	1.7	105.8	1.9
Health recovery assistance	93.7	2.1	85.9	1.6
Unemployment benefits	32.8	0.7	34.0	0.6
Indemnities for labour accidents	1.7	0.0	2.6	0.0
Administration costs	126.6	2.8	151.6	2.8
Total	4,484.2	100.0	5,442.5	100.0

Source: Annual budget reports 2007–2008 and own calculation.

8.2.2 Social benefits

Non-contributory cash benefits to provide social support are funded through taxes, local budgets and the Republican and local funds for social support of the population. Funds from the state budget are used for family and child benefit, while local authorities' resources are used for monthly payments to guardians and adoptive families. Historically, benefits for families with children made up a substantial share of total expenditure on social benefits. In 2008 they made 13% of the total (Table 8.2).

Table 8.2 Composition of cash and in-kind social assistance benefits, 2008

Spending area	MDL million	%
Nominal compensations	338.9	30
Allowances	221.9	20
Child indemnities/ benefits for families with children	147.5	13
Additional payments to pension	124.2	11
Cash support via Social Support of Population Fund	123.5	11
One off cash support to the population	85.8	8
Other	94.2	8
Total	1,136.0	100

Source: Annual budget report 2008 and own calculation. Note: Families with children may also be eligible for some of the other benefits, not just those listed as 'child indemnities'.

The social benefit system has recently been reformed and since October 2008 it has offered a means-tested cash benefit, or 'social support'. This provides a guaranteed minimum income—currently set at MDL 430 per month—to the poorest households. The benefit funds the difference between the set amount and the household's actual income. The reform is intended as a move away from a category-based system towards a system of targeted social assistance. There is now a transition period during which the category-based nominal compensations are being disbursed alongside the social support. Once nominal compensations are ceased the distribution of benefits will vary from the categorisation above.

The simulation model for the social support estimates that around 70,000 households, or 250,000 people, will be eligible to benefit from social support. Some 51% of eligible households are expected to include children. Since the benefit is means-tested it is not restricted to traditional categories such as single parents or families with many children. Nonetheless, the model predicts that families with three or more children are much more likely to meet the eligibility criteria for the benefit than those without: some 28% of couples with three or more children are expected to be eligible, compared with 3% of couples of non-pensionable age without children.

The introduction of the benefit has been staggered: households including members with disabilities have been eligible to apply for the new social support since October 2008; those with children have been eligible since January 2009; and all other households since July 2009. The number of applicants and beneficiaries has risen steadily and by the end of May 2009—the latest month for which figures are available—some 12,000 households were already receiving benefits¹⁰. The prioritisation of households with children is evident in that families with children constitute 85% of all households receiving the social support by May.

8.2.3 Social services

Social services consist of a range of in-kind services to assist vulnerable groups including support from social assistants, domiciliary care for the elderly, and the provision of residential and non-residential care facilities. The types of services, and expenditure on them, are discussed fully in section 11 below in relation to child care. In 2006, the latest year for which data are available, social services made up only 4% of all expenditure in social protection.

¹⁰ Data from monthly monitoring by MSPFC.

8.3 Child care services

Expenditure from the national budget on facilities exclusively for child care is divided between the ministries that have responsibility for the subsector¹¹. The analysis here reviews the expenditure by the MEY, the MSPFC and the Ministry of Health, and also by the local authorities which run facilities that are methodologically subordinated to those ministries. It therefore consists partly of the social service expenditure described above, but also part of the expenditure that is considered to be for health and education.

Between 2004 and 2008 there has been a real increase in expenditure on child care facilities in the national budget (Table 8.3). Expenditure more than doubled from MDL 127 million in 2004 to MDL 293 million in 2008. This is accounted for by increases in salaries and norms for food, in addition to the effects of inflation.

Table 8.3 Expenditure on child care facilities in the national budget, 2004-08 (MDL 000s)

	2004	2005	2006	2007	2008	Increase 2004-08 (%)
<i>By government level</i>						
Central government	87,162	139,975	168,717	188,062	207,393	138
Local government	39,413	49,718	60,034	72,347	85,475	117
<i>By service type</i>						
Residential	122,270	183,219	217,996	247,303	271,677	122
Alternative care facilities	4,304	6,474	10,755	13,106	21,190	392
Total	126,574	189,694	228,750	260,409	292,867	131

Source: Annual reports on the national public budget, 2004–08 Note: (1) The increase in expenditure exceeds inflation over the period and therefore represents an increase in real terms. (2) About half of the sharp increase in expenditure by central government between 2004 and 2005 comes from a single line item of reported expenditure, on maintenance of the institution for 'children with deviant behaviour'. (3) 'Alternative care' facilities refers here to family-type homes, temporary placement centres and day care centres.

Despite the designation of social service provision as an 'own' function of local government, expenditure by central government line ministries continues to dominate the provision of child care services. There is no sign of a positive trend towards decentralisation of service provision. Local government spending made up 31% of national budget expenditure on child care in 2004 and has remained below that level from 2005 to 2008 (Figure 8.3). Local government authorities are heavily reliant on the transfers from the national budget and are often reluctant to commit their own additional resources to child care spending.

¹¹ The analysis in this section covers the expenditure under the state budget (at both central government and local level) that is devoted to all types of residential institution for children—regular boarding schools and auxiliary schools, institutions for children with disabilities and for infants, children's homes and sanatoria—as well as family-type homes, temporary placement centres and day care centres. It does not include any payments to foster carers or adoptive families, nor expenditure on services that are used partly by adults such as the social assistants service. As for expenditure outside the national budget, no aggregate figures are available on the expenditure on child care facilities by NGOs or by private individuals.

Figure 8.3 Local government share of child care expenditure in national budget, 2004-2008



Source: Annual reports on the national public budget, 2004–08

Central government expenditure on child care services continues to fall overwhelmingly within the budget of the MEY even though it is the MSPFC that takes formal responsibility for social service provision. The share of expenditure on child care facilities that is undertaken by the MEY has even increased from 79% of the total in 2004 to 81% in 2008 (Table 8.4). However, the figure for the MEY's share of expenditure in 2008 shows a decline compared with the three years immediately preceding it. It is too early to identify whether this will be part of a long-term trend.

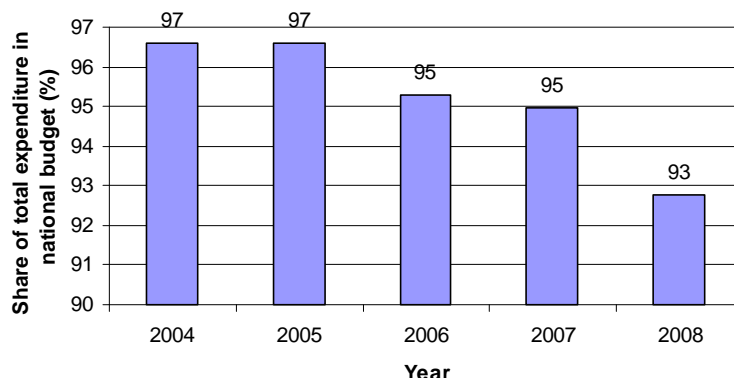
Table 8.4 Share of central government expenditure on child care facilities 2004-08, by ministry

	2004	2005	2006	2007	2008
Ministry of Education and Youth	79	82	82	83	81
MSPFC ¹	10	9	11	10	11
Ministry of Health	11	9	8	8	9
Total	100	100	100	100	100

Source: Annual reports on the national public budget, 2004–08 Note: The MSPFC was not created until 2007. The figures shown here as 'MSPFC' expenditure represent expenditure on the facilities for which the MSPFC now has responsibility.

There has been a decline in expenditure on residential institutions as a share of expenditure on all child care facilities, from 97% of the total in 2004 to 93% in 2008 (Figure 8.4). This reflects the expansion in family-type homes, placement centres and day care centres for children. This may be interpreted as a positive contribution towards meeting the requirements of the UN CRC and Moldova's own strategies. However, residential facilities still consume by far the larger proportion of all expenditure.

Figure 8.4 Expenditure on residential institutions as share of all child care facilities, 2004-08 (%)



Source: Annual reports on the national public budget, 2004–08

Table 8.3 shows that this apparent positive trend conceals a massive disparity in the increase in resources going to residential and non-residential care in absolute terms. It is true that expenditure on alternatives to full-time residential care was five times bigger in 2008 than in 2004, while expenditure on residential institutions increased by 122%. This means that expenditure on residential institutions in 2008 was MDL 149 million higher than in 2004, whereas spending on other forms of child care had increased by only MDL 17 million during that period. So there is still an enormous bias in favour of spending resources on residential care facilities. The increase includes allowances for increased utility bills, higher salaries and better nutrition norms.

The financial mechanisms used by the Ministry of Finance plan the budget for institutions on the basis of their potential maximum capacity and on the real number of beneficiaries. Most of the costs for the institutions are the recurrent costs of staff and maintenance of facilities. Despite the acknowledged interest of the government in developing community based services, which have a lower unit cost and will be able to reach more people, the bulk of resources available for child care services continue to fund children’s institutions.

The difficulty with developing the alternatives is that the closure of a residential institution does not automatically lead to the transfer of resources to the communities where the beneficiaries go. In 2008 the municipality of Chisinau closed four residential institutions for children. The money that was released was not transferred to other social services but instead was reabsorbed into the education budget, which now has to fund the four new educational institutions that have been set up in the institution buildings that were vacated when the residential facilities closed. The gaps in legislation limit the possibility for raions to receive money via transfers for services which have not already been approved at the national level, such as for full-time home carers for children with disabilities and inclusive education.

8.4 Redirection of resources for child care

The bulk of resources that are available for in-kind social services for children are devoted to residential institutions despite the acknowledged interest of the government in developing alternative services which can often have a lower unit cost and will be able to reach more people. This issue has been widely known for many years. It is necessary to find a way of transferring the resources from the residential institutions to the raion budgets. This is a twofold challenge: the budget is to be shifted both from the education sector to the social protection sector, and also from the central budget to the local budget. Without this transfer of resources the system

cannot develop in line with the strategies agreed by the government. This must be one of the top priorities for further reform of the child care system.

A step-by-step approach for releasing resources from the closure of residential institutions and redirecting them into education and care facilities has already been outlined in discussion papers shared by finance experts with the government (see e.g. anon, 2006). These describe the process by which the 'money follows the child': financial responsibility for the education and care of a child is transferred to the local public authority where the child is ordinarily resident. This is achieved by analysing the financial allocation to each residential facility and dividing it among each raion. The change does not happen instantaneously but rather it happens as the number of children in residential care is reduced.

The cost of placing a child in a residential facility is composed of an education cost and a care cost. These two costs can be calculated separately. Many different ways of calculating these costs have already been specified. For example, the cost of education may be assessed as a cost in a specific institution, the average cost in mainstream education or the annual transfer to the local authority for a child's education (anon, 2006). The costs have a salary and non-salary component. The transfer of these costs to the local public authority is not without its own challenges. The local authority, once it has received the money, would be able to select its own choice of service for the child in discussion with the child's family and with the gatekeeping commission where relevant. This would mean that residential institutions would be dependent on the decisions of local authorities for the placement of children into their care.

As with many other aspects of child care provision, the obstacle in achieving the desired result is not hampered by lack of policy analysis, but rather by a lack of implementation of the identified solutions. The current global financial crisis and the constraint on financial resources may now inject urgency into the need for reform of the child care system towards a more cost-effective system of service provision. However, the small size of the budget for child care in comparison with other aspects of social protection spending may mean that the positive message about options for reform gets lost.

9 Human resources

KEY FINDINGS

- The number of staff working in residential institutions is very high, with one staff member for every two children. Staff in institutions under the MEY have declined from 4,542 to 4,160 between 2007 and 2009.
- Reducing staff in institutions is politically sensitive because of the limited availability of alternative jobs. There is a lot of analysis on managing change in staffing; the obstacle lies mainly in implementing the guidance.
- The recruitment of about 1,000 social assistants has been a significant development. Their professional experience is varied. A difficulty is that the responsibility for providing them with material resources e.g. transport or stationery is not defined.
- The number of specialists at raion level is rather inflexible and does not always reflect local needs.

Personnel issues have presented some of the main challenges, but also some of the successes, of the reform throughout its implementation. The challenge has been to drastically reduce the number of staff working in institutions whilst introducing a new cadre of professionals qualified to deliver community-based and family-based services. This should improve efficiency by increasing the coverage of the population with social services, including for child care, without increasing the salary budget. In 2008 about 12,800 people were known to be working in services related to social assistance, of whom over half were in residential care services (Table 9.1).

Table 9.1 Staff working in social assistance services, 2008 (estimate)

Post	Number of employees
State employees	
Specialists in raion SAFPD	250
Community social assistants	902
Social workers	2,465
Employees at adult residential institutions operated by the MSPFC	1,530
Employees at child residential institutions operated by MEY, MOH and MSPFC	5,410
Employees at raion and community residential services:	
- temporary placement centres (16 centres)	427
- asylums (25 institutions)	428
- day care centres (24 centres)	338
- joint centres (23 centres)	343
Employees at social services provided by NGOs	
- temporary placement centres (16 centres)	169
- asylums (4 institutions)	32
- joint centres (8 centres)	93
- day care centres (39 centres)	377
TOTAL:	12,764

Source: MSPFC (2009). Note: This includes staff in social assistance services for adults as well as those in services that cover both adults and children. It covers all staff who contribute to a service that provides a care function, including educators, administrators and other ancillary staff. The number of staff in non-state services may be higher than known.

To date Moldova has been slightly successful at reducing the number of staff working in residential care, and more successful at creating new staff posts for community-based services. The trends in human resources in these two areas, and in central and local government, are discussed in turn here.

9.1 Staff working in residential care

In 2007 the number of staff working in residential care was extraordinarily high: 5,410 staff were in post and looking after 11,096 children, i.e. there was one staff member for every 2.1 children (Table 9.2). In the homes for infants run by the Ministry of Health and the municipality of Chisinau there were more staff than children. These personnel provided a wide range of functions and included managers, teachers, doctors, care staff and people with responsibility for maintenance. About 3,000 of all staff members had professional qualifications, such as in teaching, medicine, psychology or administration. The number of education staff was particularly inefficient, with one teacher for every six children in regular boarding schools and one for every five children in auxiliary schools for children with light disabilities.

Table 9.2 Staff in residential institutions for children, 2007 and 2009

Type of institution	Jan 2007			May 2009			Change in staff 2007-09	
	Staff	Children	Ratio	Staff	Children	Ratio	No.	%
MEY	4542	10028	2.2	4160	8042	1.9	-382	-8
<i>General boarding schools for orphan children and children left without parental care</i>	1969	5153	2.6	1683	3516	2.1	-286	-15
<i>Special schools for children with physical and sensorial disabilities</i>	670	968	1.4	634	876	1.4	-36	-5
<i>Sanatorial schools</i>	259	586	2.3	261	621	2.4	2	1
<i>Boarding school for children with deviating behavioural patterns</i>	54	57	1.1	57	38	0.7	3	6
<i>Auxiliary schools</i>	1590	3264	2.1	1525	2991	2.0	-65	-4
MOH temporary placement and rehabilitation centres for early age children / Municipal specialised children's home for early age children	471	390	0.8	n/a	n/a	n/a	n/a	n/a
MSPFC homes for children with severe disabilities	397	678	1.7	n/a	n/a	n/a	n/a	n/a
Total	5410	11096	2.1	n/a	n/a	n/a	n/a	n/a

Source: UNICEF (2007b and 2009). Note: 'Ratio' = the number of children per staff member.

Between January 2007 and May 2009 the number of staff working in residential institutions under the authority of the MEY has reduced by nearly 400, or 8% (Table 9.2). This indicates both that the MEY perceives the necessity of decreasing the number of staff in residential care, and that it has had some success in achieving this reduction. The rate of reduction in staff has not been as swift as the reduction in the number of children in residential care, which has declined by 20% during this period. The result is that there are even fewer children per staff member in MEY institutions in 2009 than there were in 2007.

The guiding principle in reducing the number of staff should be the quality of care that is required to meet minimum standards and positive outcomes for children. Quality is affected not only by the ratio of the number of staff with care functions to the number of children, but also by staff qualifications and experience. It is possible to deliver a better service with a smaller number of staff provided that those staff are appropriately qualified, trained and motivated. There is no international standard for the ratio of staff to children in a residential setting.

The reduction of staff in residential institutions is a politically sensitive issue, as with any restructuring, because institutions can be large employers in areas with few alternative job opportunities. The staff who would no longer be required after the closure of an institution are not necessarily appropriately qualified to take on any new jobs that are created in community services. They, their family members and local communities would naturally be resistant to any change that might pose the risk of unemployment. This experience is not confined to Moldova as it has been seen throughout the wider region (Mulheir *et al.*, 2004). Another disincentive to change is that teachers in residential institutions receive a salary that is 30% higher than their counterparts in regular schools. One option proposed by UNICEF as a compromise is that staff might retain their salaries if they moved to regular schools but would remain on a constant salary until the wages of other teachers had drawn level.

The ambivalence towards improving the efficiency of staffing levels is reflected in the policy documentation. The NDS 2008–11 aims to reduce the number of teaching staff in residential institutions by 50% by transferring them to community schools, and to reduce the number of auxiliary staff (such as cooks and cleaners) by 10% each year. The deinstitutionalisation strategy 2007–12 is much less direct: it talks of making provision for, 'redeployment of human resources and their direction towards new professions that are necessary in the system', but not of reducing the absolute number of staff nor of re-employing people on the basis of performance and competence. The masterplan for transformation of institutions is also rather optimistic in proposing that all staff other than those at retirement age will be found alternative jobs or provided with training (UNICEF, 2007a).

In practice the least controversial approach seems to have been taken, and redeployment is preferred to improvements in efficiency. Although a quarter of people working in residential care are close to retirement there is a reluctance to pay them to retire. And when four residential institutions run by the municipality of Chisinau were closed down in 2008, its General Education, Youth and Sport Directorate hastened to observe that every member of staff received an alternative job offer with the assistance of the directorate's human resource department, either in the institutions to which children were transferred or in the new schools that were established in the same building.

It is possible that many professional staff, such as psychologists, could continue to do the same job that they do now but based from the raion SAFPD office and serving a wider range of people in the community than they do in residential institutions. The presence of specialist staff in the institutional environment should not be seen as a reason for committing children to residential care. At the very least it is essential that no new staff posts are added into residential institutions because this simply increases the number of people who have a vested interest in maintaining the current system, to the detriment of the children in the facility. There has been discussion recently of employing full-time social assistants in residential institutions, but this is unnecessary because children can be assessed by social assistants operating out of the *raion* who could then move onto working with households in need elsewhere in the local area once the needs assessment, reintegration and monitoring of deinstitutionalised children was complete.

Even if staff in residential institutions are to be redeployed within the system, their requalification is itself a major challenge. This is widely known and recognised. To date the

steps to implement this policy have been limited. It is a particular disappointment that the strategy for training staff in social assistance, which was approved by the MSPFC in 2009, has not also been approved by the MEY and that this means it does not apply to the more than 4,500 employees who work in the MEY's residential institutions.

Simple steps to work towards improving the efficiency of staffing levels have been widely documented and could be applied effectively to the system in Moldova (see e.g. Mulheir *et al.*, 2004). These stress the importance of ensuring that staff participate in discussions about the future of their facility and giving staff the possibility of demonstrating their competence for the new posts to be proposed. Above all it is necessary to identify how to move financial resources away from salaries of residential staff and into alternative care because without this change children will not be able to receive family-based support. In line with previously recommended good practice, a solution might include the following stages:

- Identify all current personnel in the system (including in municipal and private services)
- Work with raion SAFPDs to identify needs for a new structure
- Identify the level of resources that must be transferred from the central to the local level to enable new staff to be hired, and work with the Ministry of Finance to elaborate a mechanism for this transfer of resources to take place
- Inform staff of the deinstitutionalisation process
- Organise a fair selection process for the new posts
- For staff who are selected for new posts, offer training and support
- For staff who are not selected, explore opportunities for redeployment within other departments if appropriate.

A lot of research over many years has been done in the region to understand the challenges of redeploying staff of residential institutions, so any failure to achieve a reduction in staff is not due to a lack of understanding of the problem (see e.g. Tobis, 2000, and other reports mentioned in this section). Nor is it due to a failure to address the issue in strategies and policy documents, of which many have been written. The obstacle lies at the stage of implementation now that financial resources must be committed and a sensitive change process must be managed.

9.2 Human resources in community-based and family-based services

9.2.1 Family support services

The creation of the network of social assistants managed by raion SAFPDs has been a highly significant development in improving access to services to support families with children, as well as other households, at community level. It has progressed from a pilot scheme to a nationwide programme funded by the state budget. There are now about 1,000 social assistants in post, and the intention is to have at least one social assistant for every 3,000 people in rural areas (one for every 5,000 in urban areas), with one for each primaria of less than 1,000 people.

On average raions are quick to recruit social assistants, have few reported vacancies and a low turnover. Chisinau was at first a great exception to this. It had far less success than the rest of the country in recruiting social assistants, and also had difficulty retaining those it had employed. Out of all social assistants recruited between January 2007 and April 2008, only 61% of those in Chisinau were still in their job at the end of April 2008 (OPM and EveryChild, 2008b). This compares with a retention rate of 93% across the rest of the country during the same period. This high turnover in Chisinau was inefficient because of the increased recruitment costs and because

many social assistants who had undergone training were no longer employed in the system. This may be because of the greater availability of alternative jobs, differences in the cost of living, and differences in management and supervision of social assistants. Since that assessment the MSPFC has addressed the challenges of the cost of living and of supervision: it has increased the salaries of social assistants across the country, and has approved a mechanism for supervision of social assistants which is being rolled out nationwide with the aid of workshops and written guidance (MSPFC, 2008b). The municipality of Chisinau reports that the problems with retention of staff have now diminished.

Social assistants have very varied backgrounds, including as education and health professionals, accountants and agricultural workers. Many have not yet received training, either in child care or in any other issues. This means that their experience and practices are not yet consistent. In 2007 UNICEF funded a two-week initial training course for social assistants and the MSPFC is now running another series of two-week initial training programmes, funded by the EU, DFID and SIDA, for all social assistants who were not on the previous course and have not yet been trained in child care or in any other issues. This will go a small way towards improving the competences of social assistants though it is not yet as comprehensive as, for example, the 30-week certificate programme for social workers in Georgia.

Another obstacle to the effective functioning of the network of social assistants is that material resource needs have not been defined and have not been factored into funding norms. It is not clear who is meant to be taking responsibility for the resources required by social assistants who are remunerated by raions but who are physically working in primarias. The main inputs which are required but not provided for are office space, technological equipment (including photocopiers and computers) and transport. Some raions or primarias have made their own arrangements for providing some of these services. But budget cuts have now been imposed on local authorities and it is reported that non-salary resources, where previously provided, are among the first line items to be cut. There is a need to set in place funding arrangements for these resources because without them the social assistants are unable to carry out their job.

Social assistants do not work exclusively with children and families. It is a positive attribute that the social assistant works with all people in need in the community, not just with children, and in this respect Moldova is considered to demonstrate good practice in the region. The ability to work with all households, including parents and older people, means that the social assistant will be in a better position to prevent difficulties for children rather than having to wait until a child is in need before acting in his or her interests.

Day care centres are the other main family support service available to children and families. Little aggregated information is available on the staff employed in these services, other than that an estimated 700 people work in day care centres run by either local public authorities or NGOs. Anecdotal evidence suggests that some centres have relatively high staffing levels.

9.2.2 Family substitute services

Family substitute services require a pool of foster parents and adoptive parents. Since there is a long tradition of adoption in Moldova and a widespread acceptance of the practice, many people are interested in becoming adoptive parents. No training is yet provided for potential adoptive parents though some NGOs have carried out some initiatives in this area.

The foster care service, which was formalised at national level in 2007, is slowly becoming established (see also section 11.4.2 below). The general public is not familiar with the profession, and foster carers are often confused with educators of family-type homes or with guardians. Among raion SAFPDs which have not yet recruited foster parents, reasons are mixed.

Some are keen to establish a state-run foster care service but, in a recent assessment, two *raions* felt unable to devote resources to the scheme and one was unsure how it would be able to monitor the quality of foster parents.

9.3 Human resources in central and local public authorities

The human resource constraint at central government level acts as a brake on the effective implementation of child care reform. The MEY is reported to have reduced its staff from about 150 to about 50 since independence. There is now only a single person in the ministry responsible for both upkeep of residential institutions and for deinstitutionalisation. The person is supported by project staff such as those in the UNICEF-funded posts to promote deinstitutionalisation. This is a successful arrangement for maintaining momentum in the reform though it does not indicate that the government has a sense of ownership of the reform process, nor that it perceives a value in funding a position in order to make efficiency savings in residential care. As for the MSPFC, it now has a staff member with responsibility for training social assistants but there is a need for additional staff to support raions as they implement the reforms in social services, including for child care.

At local authority level there is a need for flexible staffing based on the need identified by the raion rather than on the population. The number of staff posts assigned to a raion SAFPD is directly related to the size of the total raion population (Government of Moldova, 2003). Each raion has one specialist in child rights regardless of population size; and one specialist in families with children at risk for populations up to 100,000 people, or two specialists for localities with a population of over 100,000. This does not take into account the population structure: the share of children in the population is only 15% in Chisinau but 24% in Cantemir and Telenesti. The small number of specialists does not reflect the intensity of the task required to maintain children in a family-based environment and to monitor their welfare. 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 since this will save costs of institutional care in the long run..

The transfer of the specialist in child protection from the General Directorate of Education, Youth and Sport to the raion SAFPD has taken place mainly in 2009. The specialist in child protection is responsible for making decisions on the commitment of children to residential or alternative care and so it is beneficial that this person should work in the same structure as the specialists in children and families and the social assistants who provide advice and recommendations. However, there is not yet a consensus across all ministries as to the usefulness of this transfer and it is too early to ascertain whether it has had the desired effect of improving outcomes for the child.

10 Service users

KEY FINDINGS

- There has been a shift away from dividing service users into certain categories, to early identification through an individual needs assessment.
- Policies aim to be non-discriminatory but people do not yet have equal access to services. In part this may be because of transport difficulties, but there is also concern that some people face discrimination.

Before the reform of social assistance there was no outreach to identify vulnerable households. Recipients of cash benefits fell into 'categories', in use since the Soviet period, such as families with single parents or with many children. These were used as proxies for vulnerability although some families in these categories were comfortably off. For in-kind social services, beneficiaries were the households who actively sought support from local authorities or requested the institutionalisation of their child. There was no tradition of preventive support, assisting households before they had exhausted their coping strategies. It was difficult to uncover cases of need where households did not wish to report the problem, such as in cases of abuse and neglect.

10.1 Policy development

Policy development has focused on two changes of emphasis in relation to service users. First, the need to move away from a categorical approach towards an assessment of individual needs and the provision of an individualised response is clearly recognised. Policies generally state that the target users for social services may come from any background: the draft Law on Social Services states that, 'The entitlement of any person to receive social services is established individually on the basis of assessment of the needs of the person or family for social services'. Second, there is a move towards earlier identification of vulnerable families and children so that interventions can be more preventive rather than reactive in nature. The main mechanism for achieving these two objectives has been the establishment of the network of social assistants who will carry out individual needs assessments and community needs assessments at the local level.

Paradoxically, if the government wishes to monitor whether its approach to child care is non-discriminatory and based on individual needs then it must collect disaggregated data on groups that are at risk of being marginalised. During the drafting of the Law on Social Services there was a debate as to whether it should specify the entitlement of all people including those with disabilities or people from ethnic minorities to receive social services on the basis of their assessed need. It was decided to remove these examples on the grounds that the entitlement for 'any person' to receive such services automatically included these subgroups. The danger is that there is no way of monitoring whether these groups are in fact excluded from service provision.

Special attention has been paid to the development of policy for people with disabilities. Moldova has signed the UN Convention on the Rights of Persons with Disabilities. A 'Strategy for the social inclusion of people with disabilities in the Republic of Moldova' has been drafted in 2009 and circulated to ministries for comment. It recognises the likelihood of people with disabilities being committed to residential care, and also notes a range of other risks such as discrimination, the potential lack of full access to education and the difficulty of gaining access to public buildings and transport. The strategy was drawn up in a consultative manner and seems to have been discussed across many ministries, including through a working group on disability.

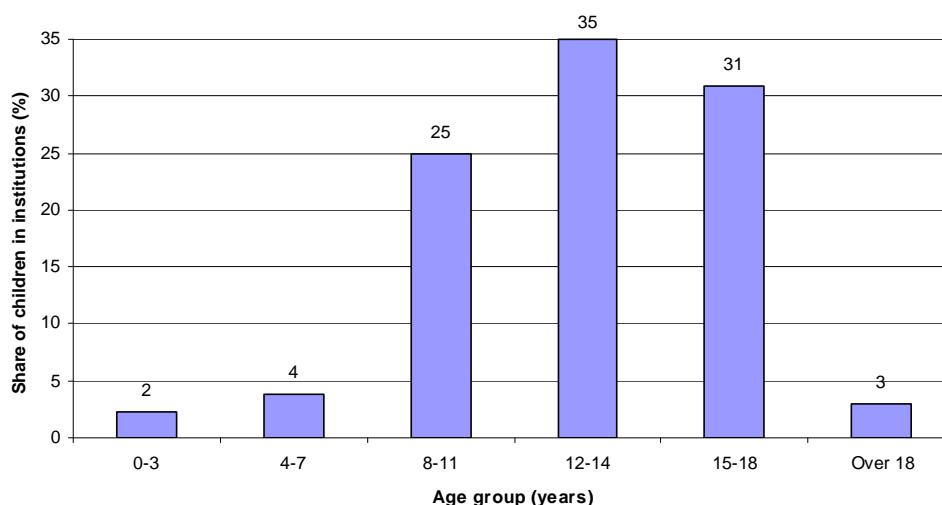
10.2 Policy implementation

Policy implementation is still at an early stage and potential users do not yet have equal access to child care services. When child care services are provided, especially those at community level and in specialised day-care or temporary residential services, there is a greater likelihood that the beneficiaries will come from main towns where the services are located than from remote rural areas. Potential service users in remote areas may not be aware of services in their locality or may not have the transport to reach them.

The UN Committee on the Rights of the Child expressed concern in its concluding observations of 2002 and 2009 that, 'children from socially disadvantaged families, children with disabilities, children with HIV/AIDS or children belonging to a different ethnic group or holding different religious views may face discrimination' (UN Committee on the Rights of the Child, 2009, p.5). The UN Development Programme (UNDP) in 2007 noted difficulties for Roma in accessing a wide range of social sector services, including in education and health, though their survey does not make specific reference to access to child care services (UNDP, 2007).

The users of different types of child care service vary by age. Adoption, for example, is favoured by people who wish to adopt very young children or babies; it becomes much harder for older children to be adopted. Older children are more likely than younger children to be in residential care (Figure 10.1).

Figure 10.1 Share of children in residential institutions by age group, 2007 (%)



Source: UNICEF (2007).

This bias towards the institutionalisation of older children may ease the deinstitutionalisation process. Two-thirds of the children in residential care in 2007 were already aged 12 or older. Over the next five years these children will grow up and graduate from child care services. So an effective gatekeeping system which prevents new children entering residential care should help the government achieve its goal of a 50% reduction in institutionalisation by 2012, even before any attempt to reintegrate the children in care into a family-based environment. The reintegration of children into their families or substitute families could result in an even greater reduction. Resources could then be committed to providing support to teenagers as they graduate from institutional care to help them live independently and get a job. It is vital that this last stage is not forgotten so that teenagers are not exposed to new risks as soon as they leave residential care.

11 Child care services¹²

KEY FINDINGS

- Social care services are classified as community services, specialised services or very high need, or highly specialised, services. Services for children exist at all three levels. Some services that are currently only for adults could be expanded to cover children. The aim is to reduce reliance on very high need services and increase access to community services wherever possible.
- Community service provision to children cannot be quantified because of a lack of data. As for specialised services, there are few foster parents because their level of payment has not been agreed. Adoption is more popular and there has been progress in developing policy in line with international practice, though adoptive parents still receive a monthly benefit and can cancel the adoption.
- Some residential institutions have been closed. But not all policy-makers agree that deinstitutionalisation is beneficial, and it is not always clear that the best interests of the child have been taken into account during the closure of an institution. Some children seem to be committed to institutions for convenience rather than as a last resort.

The types of social care service that people receive are divided by the Government of Moldova into three levels:

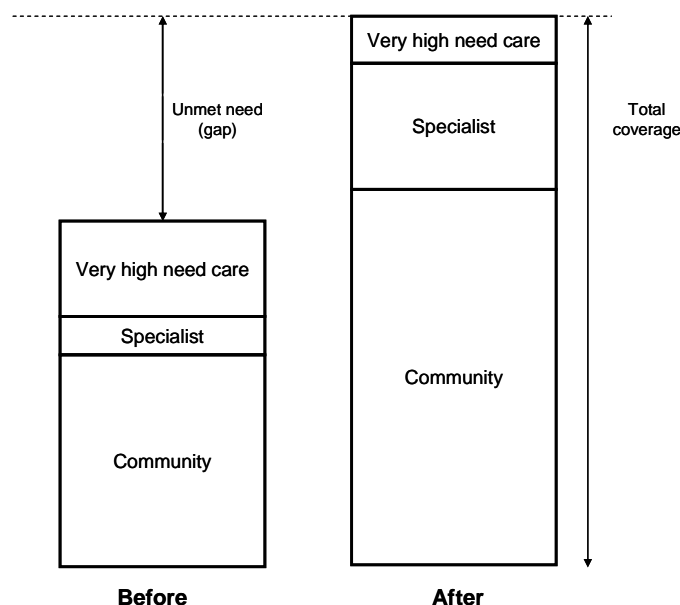
1. Community services
2. Specialised services
3. Very high need, or highly specialised, services

This classification is used in the National Programme for the Development of an Integrated System of Social Services, 2008–12, and in the draft Law on Social Services. The classification corresponds approximately to the concept of primary, secondary and tertiary care used in the health system worldwide. Many people currently using 'very high need care' services, especially residential care services, do not need such intensive levels of care: often they use them because there is no alternative. These people could be well provided for—or even better provided for—at a less specialised level. They would still get the services they need, but would receive specialist care or community care instead. The intention is to expand coverage of social services to more people by rapidly expanding community-based and specialist social services, and significantly improving the efficiency and cost-effectiveness with which 'very high need care' is provided (Figure 11.1). The deinstitutionalisation process plays a central role in the reform since the aim is to have 50% fewer children in residential institutions in 2012 compared with 2007.

It is important to note that these three levels of service do not correspond exactly to the three administrative levels of government in Moldova (and nor do they need to). The *primaria* administration funds some community services, and the central government currently provides most of the services for people in very high need, but the rest of the publicly funded services (the remaining community services, nearly all the specialist services and some of the very high need care services) are all provided by the *raion* administration. In addition, many services are provided by NGOs and private providers, and their facilities are an integral part of the overall system.

¹² This section draws heavily on the vision document for social services and the organisational assessment of capacity in raion SAFPDs (Oxford Policy Management 2008 and 2008b). Both are available on request.

Figure 11.1 Coverage of people in need by services, before and after social service reform



Source: OPM.

The three levels of service differ as follows.

11.1 Community services

Community care services are the priority response to any social care problem. They are the services which are a first port of call for users of the social service system, and they give the user an entry point to the rest of the care system if necessary. Most people will use primary care services near to where they live, probably in their own *primaria*: ideally they should be available within walking distance or provided in people's own home. They can be either preventive or responsive in nature. Mostly the advice or care provided at this level should be enough to support the user during their difficulty and to help resolve the problem. Sometimes the person needs more specialist care, and is then referred onto the next level. Because these services are quite general and respond to people's needs before they become more severe (and costly to address), they are relatively cheap to provide. Community care services for children and families include:

- **services in community buildings**, including parent and baby groups and after-school clubs. These services do not require the construction of new facilities, nor do they need specialised equipment. They could be based in a room in a *primaria* building, a spare room in a school or kindergarten, or other easily accessible building. The premises could be used at other times to provide e.g. social clubs for elderly people, sports activities etc. Often these services are not restricted to a set number of participants but are open to anybody who wishes to use them. These help to prevent social isolation and promote information sharing and support;
- **services provided by a social assistant** such as the provision of information and advice, counselling and family support;
- **emergency funds**, i.e. cash and in-kind support. The provision of even small amounts of money to people who find themselves in temporary difficulty can be a vital service to prevent a person's need from becoming more severe: for example, it may be sufficient to prevent a family

from requesting the placement of their child in a residential institution¹³. Much of the available money is channelled through the Republican Fund for Social Support of the Population. Until now this money has not always been targeted to respond flexibly to the people who are most in need, but it has the potential to fulfil this important role, particularly if social assistants or other local professionals are given discretion over how it is distributed.

Other community-based services that provide assistance to adults or elderly people could be expanded to cover children, to reduce the reliance on very high need services. These are:

- **home help** by a social worker. This service, which is offered mainly to single elderly people, could enable children with disabilities to live at home while their parents receive assistance with practical daily tasks of caring. Ungheni has already developed a regulation on home help for people with disabilities and the service is used for teenagers as well as adults; and
- **social canteens** that deliver hot meals for a fixed period and for set categories of vulnerable people, either in a central location or in their own home. The Law on Social Canteens (no 81 of 2003) authorises the provision of food to children from vulnerable families and to people with disabilities but resources are constrained and raions tend to give priority to the elderly. A drawback of the service is that, according to the regulations, it cannot provide different numbers of meals to different people regardless of their ability to cook for themselves. These services would not necessarily require heavy investment as the social canteen could use the kitchen facilities of the local school or kindergarten to avoid duplication of facilities. In some raions this already takes place. In another, a local *internat* has created an innovative outreach service by providing meals to children who live at home in vulnerable families.

11.2 Specialised care services

The number of people who need specialist services is much less than the number who use community services. So the service is provided from fewer places, but each covers a larger geographical area. Generally each *raion* aims to provide a single set of these services. This does not mean that the user always has to travel to the *raion* to receive help. Sometimes the specialist can travel to the *primaria*. If a *raion* does not have a full set of specialist services an agreement could be made to use the services provided in a different *raion*. For children these services include:

- **day care services.** These serve the small percentage of people with more specialised needs that cannot be resolved by the general community centres described above. They may include, the services of a psychologist or physiotherapist. It is possible that, where these services exist, they may operate in the same place as community centre services. It is important to recognise that a day centre that has specialist staff and may be specially constructed does not count as a basic community service. They are more costly to run than a multifunctional centre for the whole community and it would be inefficient to expect every *primaria* to have such a service;
- the identification, training and support of **substitute families** (guardians, adoptive or foster families) and **family-type homes** (i.e. large foster families) for children who cannot remain in their own family. This is counted as a specialised service because it requires the oversight of a specialist at raion level who helps to identify alternative families and monitor the welfare of children in alternative family-based care;
- **consultation with specialists** working at the *raion*;
- **reintegration support.** Children who return to their families from full-time residential care are given cash and in-kind support for a short period to assist the transition;

¹³ This is not the same as a regular cash benefit.

- **temporary placement centres.** These include small group homes for children at risk, which provide more intensive professional care than family-type homes; social apartments such as for young adults who have left residential institutions; and short-term parent and baby centres to help people who may be at risk of abandoning their child;
- **respite care** which may allow carers to have a break from their regular care duties;
- **rehabilitation and intermediate care services** such as the provision of additional support for a few weeks to children with disabilities; and
- **prosthetics and mobility aids** which may be sufficient to prevent a child with disabilities from needing full-time residential care.

If a service is provided far from where children live it is important to consider how transport can be provided to increase accessibility and coverage. The provision of transport e.g. to enable children to reach a day care centre may offer a far better service to the child, and also at a far lower unit cost, than the alternative of accommodating the child in a residential service.

11.3 Very high need care services

These services should be provided only to people who need extremely specialised social service support, particularly 24-hour continuous care and often in residential institutions (though it does not have to be). Only a very small proportion of people need services of this sort. These services do not need to exist in every *raion*. There may be only one of each type of service available in the whole country. These services tend to be very expensive.

Note that, in line with best international practice, all residential institutions fall under this category of services that should provide very intensive support only to the people most in need. A lot of people are being inappropriately served with this level of extremely highly resourced care when they do not need it, and they could be better served by regular specialist services that allow them to live closer to their home community. This may apply to many children who have been placed in residential care because their parents work abroad or cannot look after them. A family that places a child in an institution to be fed could instead receive food through a social canteen, and home visits from a social assistant to provide any additional support. During the development of the programme for integrated social services people regularly questioned whether residential institutions should all count as tertiary-level 'very high need' services because they said that most of them do not provide particularly specialised services. In fact this reinforces the argument for transformation of these institutions, because expensive institutions are being run without providing advanced levels of care. Very high need care services include:

- **Residential institutions,** i.e. infant homes for babies, and facilities for children with and without parental care, including for those with disabilities;
- **Very specialised centres** for treating the most exceptional cases of people in need who cannot be treated sufficiently with regular community or specialist care, such as some (but not all) victims of people trafficking, domestic abuse and drug and alcohol addiction; and
- **Sanatoria,** institutions for short-term very intensive care.

11.4 Results in child care service provision

In 2006 around 78,000 people received in-kind social care support (Table 11.2). It is not possible to calculate how many of the beneficiaries are children because it is not known how many of the cases undertaken by community social assistants and the specialists at raion level relate to children. The absence of data makes it difficult to monitor trends over time (see also part D below).

Table 11.2 Beneficiaries of public social care services, and expenditure, 2006

Service	Funder	Beneficiaries ¹	Public expenditure (lei) ¹
Community		30,246	32,294,800
Community centre services	<i>Primaria</i>	n/a	n/a
Social assistant services	<i>Raion / Donor</i>	1,440 ^h	7,776,000 ^j
- Advice and information services		n/a	n/a
- Care management		n/a	n/a
- Casework		n/a	n/a
Home care	<i>Raion</i>	24,508 ^a	21,780,600
Social canteen	<i>Primaria / Raion</i>		2,738,200 ^d
- Attend canteen		4,068 ^a	n/a
- Meals on wheels		230 ^a	n/a
Specialist		24,622	95,168,100
Specialist support	<i>Raion</i>	3,000	1,088,500
Day care services			
- Children	<i>Raion / private</i>	3,000 ^e	6,135,300
- All adults	<i>Raion / private</i>	240 ^e	n/a
Family substitute services			
- Guardianship		5,400	n/a
<i>already in system</i>	<i>Raion</i>	n/a	n/a
<i>new entrant into system</i>	<i>Raion</i>	n/a	n/a
- Adoption			
<i>already in system</i>	<i>Raion</i>	5,000 ^f	12,000,000 ^g
<i>new entrant into system</i>	<i>Raion</i>	372 ³	n/a
- Foster care	<i>Raion</i>	85 ^c	n/a
Family-type homes	<i>Raion</i>	111	793,300
Reintegration support for children from institutions	<i>Raion</i>	158 ^c	n/a
Temporary placement centres			3,736,000
- small group homes for children		1,676	n/a
- social apartments		n/a	n/a
- parent and baby centres		n/a	n/a
Rehabilitation centre ('intermediate care')	<i>Raion</i>	1,705 ^a	34,092,200
Respite care for children and adults	<i>Raion</i>	0	0
Prosthesis service	Central	n/a	26,203,900
Social support to children in educational institutions from vulnerable families (orphans)	Central	n/a	9,997,000
Compensation for rehabilitated people	Central	3,875	1,121,900

Service	Funder	Beneficiaries ¹	Public expenditure (lei) ¹
Very high need		22,843	260,135,500
Residential institutions			
- Children with or without parental care (65 institutions)	Central and <i>raion</i>	10,417 ^b	160,787,300
- Children with disabilities (2 MSPFC institutions)	Central	679 ^a	15,392,500
- Adults with disabilities (4 MSPFC institutions)	Central	1,669 ^a	50,506,800
- Infant homes (2 republican, 1 in Chisinau)	Central, municipal	200	17,827,300
- Elderly	Central and <i>raion</i>	607 ^a	n/a
Shelter for elderly and disabled	<i>Raion</i>	481 ^a	13,598,800
Specialist centres			
- Drug and alcohol addiction	Central / NGO	n/a	n/a
- Victims of domestic violence	Central (?)	n/a	184,400
- Victims of trafficking	Central (?)	n/a	n/a
Temporary placement centre for street children		n/a	766,900
Sanatoria (now 2 institutions, mixed for elderly & disabled)	Central	8,790	1,071,500
Total		77,711	387,598,400
Emergency cash and in-kind support from Fund for Social Support of the Population	<i>Primaria / raion</i>	296,284 ^a	85,290,200

Source: (a) Annual Social Report 2006. (b) UNICEF masterplan on deinstitutionalisation. (c) Annual Social Report 2005 (figure is for 2005). (d) Ministry of Finance, 2006. (e) Total number of services unknown. Beneficiaries estimated on the basis of 50 centres for children and four for adults, serving about 60 people each. (f) Estimated on the basis that the number of national adoptions per year is similar to 2006 levels, and that most people are adopted when they are very young. People are supported in the adoption system until the age of 18. (g) In 2006 adoptive parents received 200 lei per month per child. (h) 48 social assistants were employed in 2006. This figure estimates that they treated approximately 30 cases each. (i) Estimate 450 lei per month per social assistant. **Notes:** (1) Figures in italics are estimates. (2) Individuals may receive more than one service. (3) In 2006 this was 320 national adoptions and 52 international adoptions. (4) n/a = not available. (5) Some services are funded through external donors, NGOs and private organisations; details are not always known to the authorities. All figures should therefore be considered indicative.

Expenditure on different types of service does not match the distribution of beneficiaries. The community services that reach 40% of all cases (children and adults) accounted for only 8% of overall expenditure in 2006, while the very high level services reach 29% of cases yet account for some 67% of expenditure.

11.4.1 Community services

In 2006 community services were the least used form of social service for children, whereas they should be the most widely used. The great expansion in the number of social assistants in 2007 and 2008 will have contributed to an improvement in the share of services provided at community level. But until there is a great expansion in community services there will remain an emphasis on more specialised care. Since preventive support services are concentrated mainly at community level this indicates that children and their families are generally not receiving support until a crisis has already occurred.

11.4.2 Specialised care services

Specialised services such as day-care centres are concentrated in raions which have received considerable external support, though innovations are also found even in raions which have not received the same levels of support. The services provided by the Moldova Social Investment Fund (MSIF) can be classified as this type of specialised service: although the MSIF refers to them as community services they are not intended to be open to the whole community and they respond to specific needs of individuals through the use of qualified professionals. These systems are not yet thoroughly integrated into the MSPFC's system, though the ministry is known to be attempting to try to align the activities of the fund more closely with its own priorities.

The number of children who receive specialised services may be as big as, or bigger than, the number in the most expensive very high need services. Guardianship of children remains quite a widely used form of family substitute care. But the 5,400 children known by the public authorities to be under guardianship (see Table 11.2 above) are likely to be only a part of the total, in view of the informality with which parents may make arrangements with relatives or neighbours.

The foster care service looks after only a fraction of children in substitute families. It has made some progress since it was first piloted in Chisinau in 2000. EveryChild extended the pilot to Cahul and Ungheni raions in 2003 and subsequently, under the TACIS 1 project, to Orhei. In 2008 it was introduced in Soroca. Until 2007 there were no national regulations on foster care, so local regulations were instead developed and approved in order for the service to operate. These were the same in each raion. In December 2007 national regulations were approved by government decision, on the basis of the local regulations (Government of Moldova, 2007f). The regulations mandate the raion gatekeeping commission to approve the selection of foster parents, monitor their capabilities, and make recommendations on the matching of a foster parent with a child. They allow for four types of foster care: (i) emergency foster care for up to 72 hours, which can be instructed by the guardianship authority (the raion SAFPD) without the agreement of the gatekeeping commission in situations of urgent need; (ii) short-term placement for up to 12 months; (iii) long-term placement up to the age of 18, such as for children whose parents are in prison but have not given up their parental rights; and (iv) respite care for children in difficulty.

Implementation of the regulations has been supported mainly by external partners. Some training of raion staff in the principles of foster care was carried out under the TACIS 2 project. In 2009 the MSPFC with EveryChild is training 12 raion SAFPDs and gatekeeping commissions in the recruitment, training and monitoring of foster parents. The government has not been able to expand the foster care service because there has been no agreement on the level of payments to foster parents: the regulation permits one-off payments when a child enters and leaves the foster care service, plus monthly allowances for support and annual allowances for clothing, footwear and medical products, but states, 'The amount of the listed allowances shall be established by the government'. This has not been achieved though a draft list has been submitted to the Ministry of Justice for comments.

The number of foster parents is therefore low. In 2009 it stands at 82 parents. Payment of foster carers is slightly different in each raion, depending on the interpretation of the legislation by the local finance department. The number of children who use the service each year fluctuates. Just under 200 children are estimated to have been fostered since it was started, most of whom have received short- or long-term care. In order to expand the system it will be necessary both to continue support to raions to understand the rationale for the service, and to agree the level of payment to foster carers. The latter may require an analysis of the actual costs of care.

The adoption system remains popular and is more frequently used than foster care. Each year about 300 children are adopted nationally, and fewer than 100 internationally. However, the

number of prospective parents seeking an adoptive child is about three times greater than the number of adopted children. The main problems with the adoption system to date have been the lack of capacity to provide pre-adoption preparation of parents, and post-adoption monitoring.

There has been considerable progress in policy development to improve the adoption process. Previously Moldova had no Law on Adoption. The system was regulated by articles in the Family Code, the Code of Civil Procedure and some government decisions. Each raion or primaria could authorise its own adoptions: the primaria, as primary-level guardianship authority, could arrange adoptions within the country while the raion child protection specialist—at that time in the education department—could arrange international adoptions. There was no system for collecting data on potential adoptive children or applicants (ISS, 2007).

A government body for international adoption was created to coordinate the local processes. With the creation of the MSPFC and the transfer of the central guardianship authority to that ministry from the MEY, the international adoption body has become a section under the child protection department of the MSPFC. This is intended to improve consistency of practice.

A Law on Adoption has been drafted, in convention with the Hague Convention on Intercountry Adoption which Moldova signed in 1998. The law addresses some of the identified challenges with the system: it concerns the training of parents for adoption, the keeping of records on potential adoptive children and parents, and the role of the courts and the central and local guardianship authorities. It also states that children will be informed that they are adopted. The draft law declares that the guardianship authority is responsible for post-adoption monitoring, though a drawback is that the resources to achieve this are limited and implementation will necessarily be slow. In 2009 the law has passed its first reading in parliament, and awaits the re-formation of the government to continue its promotion.

Two unusual aspects of Moldova's adoption system are the monthly payments to adoptive parents, and the possibility for the adoption to be cancelled. The monthly payment of MDL 500 is comparable to that provided to guardians. Unlike payments to foster carers and staff in family-type homes it is not intended to include a salary component. The right to initiate the cancellation of an adoption procedure can be undertaken by the child (over the age of 10), the parent—including situations such as the death, divorce or remarriage of one adoptive parent—and the guardianship authority on the basis of evidence from post-adoption monitoring. There is a risk that this allows professionals to take greater risks during placement of a child if they feel that they can cancel the procedure later.

11.4.3 Very high need care services

Many child care services continue to be provided by a number of ministries, mainly by the MEY through its general boarding schools and auxiliary schools. The process of deinstitutionalisation has been well considered and the policy has been developed and integrated into national planning processes. Formally, the documentation suggests that the arguments for reducing reliance on residential care and increasing community-based alternatives are recognised and accepted. As was noted in section 14.2 above, for instance, the MEY recognises in its 'Education for All' strategy that many children who are currently in auxiliary schools could be provided with more effective and more cost efficient education services by offering them a personal assistant in a mainstream school. The MSPFC recognises that the care services for the same children could be provided more effectively and more cost-efficiently in a family-based environment. Given this excellent alignment of opinions between the ministries it might seem surprising that the system is very slow to change.

There is a lack of agreement on all sides that deinstitutionalisation is necessarily beneficial and the targets are perceived by some to have been too ambitious. Alternative services are not being developed fast enough to keep up with the projected decline in the number of children in residential care. The reform of the residential care system can only be achieved if the development of community-based or specialised family-type services are developed simultaneously with the prevention of new entries in institutions. Children continue to be admitted to residential care, though in some raions this is at a much lower rate than was the case before the establishment of the gatekeeping commission.

There are fewer requests for institutionalisation of children in raions which do not have a residential institution on their territory (UNICEF, 2007). Given that one can assume that the need for such a highly specialised service should be fairly evenly distributed across the country this indicates that children in these areas may be committed to residential care out of convenience, rather than because it is the last resort and the best option for the child.

The government and local authorities have succeeded in closing down some institutions, particularly those which had few remaining children. But there is a concern that the indicator for measuring progress in child care reform has not been clearly understood, and that 'the number of institutions closed' is seen to be the indicator of success rather than the improved well-being of the child. Best practice from similar processes in other states shows that the best interests of the child must be carefully considered and that the child should not be subject to frequent and temporary changes, such as being moved from one service to another. In many cases, continuity may be better than frequent change.

To date five institutions have been closed, one in Cahul and four in Chisinau. The process has not always been able to keep up with international best practice given the short time period devoted to the reorganisation. In Chisinau there was an interest in using the buildings to accommodate other educational facilities so the transformation had to take place rather quickly. Some of the children from the institutions in Chisinau were returned to their families but others were moved to another very large residential institution. Not all the children were assessed before reintegration; nor were their parents assessed for their capacity to take back their children. In some cases Russian-speaking children were reported to have been moved to Romanian-speaking environments, and to very large institutions with several hundred children where material conditions were less good than in the institution that had been closed down.

12 Setting and maintaining standards

KEY FINDINGS

- An effective quality assurance system requires the development and implementation of standards, accreditation, inspection and a complaints procedure. Some standards exist for child care services, but the other elements of the system are not in place to check whether these standards are met and to support service providers in achieving them.
- The establishment of an accreditation procedure is very slow. A new Law on Accreditation should be clear who is responsible for accreditation, and how service providers will have the chance to develop their service before being accredited.
- Inspection is almost absent. An inspection system is proposed by the MSPFC, but the suggestion that inspectors can combine support to raions for social service delivery with anti-fraud operations on cash benefit applicants poses a risk to the effectiveness of the inspection department.
- Ministry staff spend a lot of time responding to individual complaints. The national programme for social services proposes to reduce this task by setting up a two-stage process of complaints which would encourage problems to be resolved locally rather than at central government level.

12.1 Standards

Before the reform in the child care system the provision of quality child care services was expected to be assured by the implementation of the stipulations of each service regulation (secondary legislation). These regulations were adopted at central level and could be adapted and approved at local level. But independent assessments of child services demonstrated the lack of efficiency and quality of the services provided. The poor quality was exacerbated by the absence of an effective complaints procedure (see section 12.4 below). The need to ensure quality by means of verification against standards and by accreditation became evident.

Since the responsibility for child protection was transferred to the MSPFC the need to develop standards for existing services and for the newly developed services has become more and more pressing. Currently the MSPFC has already developed the sets of standards for the some specialised child care services. These include foster care, family-type homes, day care services and temporary placement centres for children with disabilities, maternal centres and sheltered apartments for people with disabilities. The MEY is revising the regulation governing standards for the residential-type services that are under its responsibility.

Recently developed standards are very relevant for ensuring that effective services are put in place. This is because they relate not only to hygiene norms and material inputs such as square metres of living space, as was traditionally the case, but make provision for approaches towards working with the beneficiary, the involvement of multidisciplinary teams, compliance with children's rights and ethical norms in relationship to the client. The main components that are present in all sets of standards, though they are not confined to these, are the following:

- access to services (information, evaluation, referrals, admission, planning of services, closure of service provision);
- care within the service (environment, health and, medical treatment, etc.);

- the programme of activities (rehabilitation, support, counselling, reintegration etc.);
- protection and complaints procedures;
- human resources (recruitment, training, supervision procedures, etc.); and
- the management of services (monitoring and evaluation framework, service planning, external communication, documentation, etc.).

The standards that have been developed have been approved by government decision, which confers on them a status equal to a law. However, the greatest challenge in achieving improved standards is in enforcing their implementation.

The fact that social services are decentralised and are under the responsibility of local public authority (see 4.5 above) generates contrasting effects. On one hand, those authorities that are most advanced can develop their own services, even in the absence of a national legal framework and standards, according to standards developed by themselves. Until these services are provided for in the national framework they must be funded by the local authority's own resources. On the other hand, local public authorities that do not consider child social protection to be a priority do not allocate resources for this purpose. In this context the development of national standards for child care services and mechanism for enforcing these standards is very important. So far the mechanisms for enforcing implementation of the standards are at the initial stage of development, with the result that the better performing raions are elaborating standards for their own services and the lesser performing raions are slower to either develop new services or draw up standards.

12.2 Accreditation

An accreditation mechanism signals when service providers have met the required standards. This is essential for the effective use of standards that have been developed. Without accreditation a service provider should not expect to remain in operation.

The process of creating an accreditation system in Moldova is rather slow and is still at the stage of policy development. In the absence of standards for many services there is not a comprehensive framework against which service providers can be assessed and accredited. The need to develop and to implement an accreditation mechanism for social services was first mentioned in the Law on Social Assistance, no.547-XV of 25.12.2003 that states that the MSPFC is responsible for developing the methodology for accreditation and the assessment criteria for all the institutions that provide social services. The National Programme for the development of integrated system for social services 2008-1012 reiterated the need for establishing the accreditation mechanism (Government of Moldova, 2008a).

At the beginning of 2009 the MSPFC established a working group for the development of the Law on Accreditation of social services. The accreditation mechanism will be applied to both state and non-state providers. The draft law will be discussed with all stakeholders. Some key points for consideration in development of this law should be:

- whether, and for long, an NGO or other service provider can operate before accreditation. A positive aspect of the absence of an accreditation system is that NGOs are not restricted in setting up innovative services which can demonstrate good practice and which may subsequently be adopted by local authorities if they are proven to be effective. Some services take several years to be developed. If services have to be accredited too soon there is a risk that they will not have had the chance to achieve all the standards and this may crush the development of alternative services. At the same time, though, there should be confidence

from the outset that the local authority is supportive of the service proposed by the NGO and that there is no breach of child protection; and

- the Law should be clear which level of authority is responsible for the process of registration and accreditation. At the moment this is not explicit.

The MEY has started the development of an accreditation system for its education services.

It has a Department of Accreditation. However, the accreditation service provided by the MEY covers only the education services of universities, lyceums and colleges and does not cover social services provided by the residential institutions that are subordinated to the MEY.

12.3 Inspection

Inspection of child care services is another essential component for ensuring their quality.

Before the reform the inspection of child care services provided by different institutions was performed by public servants from the same ministries to which they were subordinated. The inspection had a general character and the results were kept inside the ministry. No coordination amongst the ministries was organised, so the form of assessment was not uniform, and no independent assessments were conducted.

Once the MSPFC became the central level guardianship authority the issue of inspection of social services for children was discussed as a priority.

The National Programme for the development of an integrated system for social services specifies that inspection of social services must have a clearly defined organisational and operational framework. This idea has been included in the draft Law on Social Services. The draft law also stipulates that the inspection of social services is conducted by a body attached to the MSPFC, and that inspection may be exercised on all social service providers, irrespective of the organisation. It promotes transparency and encourages participation by permitting representatives of civil society, including service users, to be involved in inspection and by making reports available to the public.

The MSPFC is working on the development of the institutional framework for inspection.

It is planned to consist initially of about 20 inspectors working at national and raion level. A limitation in the inspection service as currently envisaged is that it is expected to combine inspection of social care facilities with that of inspecting the delivery of social benefits. There is a potential conflict here in that if the service is perceived negatively as a unit that clamps down on fraudulent benefit applications it may not have the credibility nor the appropriate personnel to be involved in supporting social service facilities to make improvements. In the early stages an inspection system for child care facilities, whether community-based or residential, might be expected to start by offering a support service for raions to help them understand how to reach the required standards and to exchange best practice. This is in line with the expectation that the inspection service exists to help beneficiaries to feel an improvement in the service they receive. Only gradually would it start to have a greater emphasis on enforcement and sanctions than on support. This is a very different approach to the procedure for social benefits which would have a more immediate need to impose sanctions. The inspectors that are recruited will need extensive support and training in carrying out inspection missions.

While the establishment of 20 inspectors is a welcome start it cannot be expected that these small numbers will be able to have a very significant impact on the quality of care in child care services,

particularly because social benefits are seen as having greater priority and are likely to take up most of the time of the staff for some years. A well designed set of standards will have no 'teeth' if there is no mechanism to verify compliance. This will result in an inefficient use of resources in developing standards that cannot be used. It is important for the government to

identify a cost-effective, sufficiently well resourced and trained means of inspection, perhaps by putting into action the planned inclusion of beneficiaries and civil society in the inspection teams.

The MEY does not conduct systematic inspections of its residential facilities for children, in relation to either educational or care standards. There are no planned inspections, nor a team of specially trained inspectors for covering social care provision. However, ministry staff do sometimes visit and inspect facilities on an informal basis. They are not required to file a report. The MEY states that directors of institutions report to the ministry each week with any problems. The danger here is that any cases of violence and abuse will not be exposed when the only method of inspection is self-reporting by the director of an institution. Some abuses are notified to the MEY but the ministry has neither a procedure in place for investigating them, nor human resources to do so. The MEY acknowledges the involvement of external partners in providing support to cover this gap.

12.4 Complaints

The complaints system in Moldova is built on the government-wide Law on Petition no. 190–XIII of 19 July 1994 and the Law on Administrative Contentions no. 793–XIV of 10 February 2000. These laws are applied in all spheres including social assistance. There are no specific complaints procedures for social services or especially for child care services. Traditionally complainants have the right to turn directly to a ministry if they are unhappy with the service they receive. This is enormously inefficient because it results in ministry staff spending a very high level of their time responding to individual complaints which might be more effectively dealt with at a local level.

In Moldova there is no culture of encouraging complaints within the social services system for the purposes of being able to identify shortcomings and to improve the service. It is commonly considered that as long as a person benefits from some support from the state and that this support is provided free of charge, then beneficiaries should be happy with what they get and do not have the right to express their dissatisfaction with the quality of the service provided. Because of this perception children in care do not have a chance to express their opinion, to challenge the decision of placement in residential care, to notify the cases of abuse, etc. The MEY recognises this gap and is discussing the possibility of setting up a hotline, though resources have not yet been earmarked for this purpose.

The National Programme for the development of an integrated system for social services 2008-12 specifies the need to strengthen the complaints system for the beneficiaries of social assistance. It proposes that a more efficient complaints procedure would be a two-stage process, the first internal and the second external. The first (internal) stage would be to make the complaint to the person that the user has been dealing with (such as the social assistant, the employee of a day care centre etc., or to the case manager), so that person has the opportunity to respond directly. If this does not resolve the problem the issue would move to a second (external) stage with a formal complaints service. Implementing such a system would require a major shift in the culture of complaints. As long as complaining is seen as a way of expressing general dissatisfaction with a service, but with no expectation of seeing an improvement as a result, then it is likely that complainants will persist in making their complaint to the highest possible authority for maximum visibility. It is only once users or potential users are able to see that their concerns are more successfully addressed by, say, the manager of the community service that the shift towards local resolution of problems will become more attractive. There is an urgent need for the MSPFC and the raion SAFPDs to be trained in using gatekeeping commissions to deal with complaints in child care provision. However, the other obstacles to using the commissions, such as the lack of pay and heavy workload, would need to be resolved in order to make this feasible.

13 Referral mechanism

KEY FINDINGS

- The new referral system, which designates the community social assistant as the focal point for referral of cases to different services, is an improvement on the previous raion-based referral mechanism.
- In practice the implementation of the mechanism is varying across raions. There has been limited referral of children in institutions back to other forms of care.

The mechanism for referral of children through the care system has been amended. Previously the focal point for referral of children in difficulty to different social services was the specialist in the protection of child rights in the General Education, Youth and Sport Directorate at *raion* level. This specialist identified and assessed children in need, took decisions regarding the form of protection for the child, referred the child to different services and monitored the child both before and after placement. One person was responsible for covering the whole *raion*, with a population averaging some 80,000 people. The tasks were voluminous and could not be fully achieved. An additional challenge was that the separation of central government services between ministries led to disparate requirements regarding placement of children in the various services.

The redesign of the referral system has been both relevant for making the size of the task more manageable for the individual, and also effective in extending coverage to more children in need. Under the new system the focal point for referral of children to different services is now the community social assistant who is responsible for only one *primaria*, or for a rural area of 3,000 people or urban area of 5,000 people (Government of Moldova, 2008). The population to be reached by the focal point is therefore much smaller now than was previously the case.

The social assistant is now expected to carry out the identification of children in difficulty, the initial assessment and general support. The final decision regarding the form of protection stays with the guardianship authority, now the SAFPD. The social assistant should be supported by staff in education, health and social service facilities, police and other relevant bodies who may be a member of a multidisciplinary team to assess the case and offer support. If the community services cannot meet the child's needs then he or she should be referred to the specialist services at raion level. The involvement of so many actors in the process reinforces the need for a standardised referral mechanism to make clear the responsibilities for specialists from all administrative levels (community level, raion level and central level) and from different structures.

The draft Law on social services describes the route for beneficiaries through the system depending on the complexity of their case. To clarify this procedure the MSPFC also has developed a referral mechanism that is common to all beneficiaries, including children in difficulty as well as adults. In practice the referral of children between appropriate services is thought to be occurring to varying degrees within *primarias* and also at *raion* level. While a formal referral mechanism is being set in place some raions have developed their own system.

There is less acceptance of individual needs assessment and referral to specialist services for children already in residential institutions. Possibilities for reintegration are not as widespread as might be hoped. If the referral mechanism is implemented as planned it should provide efficiency savings because it foresees the redirection of beneficiaries back to community level. This entails the provision of material and social support to children upon their return from residential services, and efforts to increase their social inclusion.

14 Child care in its wider context

KEY FINDINGS

- In child protection there have been positive policy developments though implementation does not yet entirely fulfil the policy objectives. This has been true for several years. There is a difficulty in setting targets and indicators on child protection issues.
- Education sector objectives on inclusive education and deinstitutionalisation are compatible with objectives in social protection so there ought to be no objection to reviewing resource allocation to ensure that child care goals are achieved. A major concern is the lack of educational opportunities provided to children in auxiliary schools.
- The strictly medical perception of disability has adverse consequences for children with disabilities, especially for their access to education opportunities. Mental health problems are generally well understood but there are limited opportunities to put policies into practice given the shortage of qualified staff and facilities.
- The juvenile justice system matches the social protection system in that it is attempting to move away from detention of children in residential institutions towards community sentences for non-serious offences.

14.1 Child protection

Child protection in this section is understood as policies and services that seek to protect children from violence, exploitation, abuse and neglect. Such policies and services need to include both preventive and responsive measures if they are to be effective. The deinstitutionalisation policy that is a central component of child care reform in Moldova is relevant for child welfare not only because for many years institutional care has been the dominant response by the state for children, irrespective of their social care and protection needs and irrespective of the cost effectiveness of service provision, but also because of the child protection risks inherent in large institutional care settings which become even more prevalent in those which lack appropriate resources, skills and procedures. So the development of policy to move away from a reliance on institutional care in itself contributes to a system that aims to ensure greater protection for children.

There have been positive policy developments in the area of preventing abuse and neglect. A law on the prevention of domestic abuse was approved in 2007. Significant steps have been taken to achieve the prohibition of corporal punishment in all its settings through legislative reform, and were already underway before the explicit recommendation of the UN Committee on the Rights of the Child in this regard in 2009. Corporal punishment in the home, at school in the penal system and in alternative care is prohibited by the Penal Code (2003), the Criminal Procedure Code (amended 2006) and the amended Family Code.

As with many aspects of the child welfare sector, the implementation of the reform is not yet able entirely to fulfil the policy objectives. This has remained true for several years. The UN Committee on the Rights of the Child noted in 2002 that although Moldova had already established a National Centre for the Prevention of Child Abuse, a lack of skills, dedicated services, procedures and legislation meant that the issue of abuse was not being sufficiently tackled. The committee notes in 2009 the development of the new law on domestic violence, but voices concern that the abuse and neglect of children remains widespread, including children in institutions who are exposed to neglect and ill-treatment.

The Children's Report on the Respect of the Convention on the Rights of the Child in the Republic of Moldova reiterates these findings, making it clear that abuse in all its forms remains prevalent and that legislation is therefore meaningless unless it is enforced. A range of studies between 1999 and 2004 assessing the extent of physical abuse and punishment in the home and in schools did not suggest any significant change over this period. Research carried out in 2005 into professionals' attitudes towards child abuse in Moldova reported that teachers believed that more than one in four children are victims of severe corporal punishment that has caused injuries.

Some successes in implementation, however, have been observed. Opinion polls carried out in 2005 and 2009 reveal an increase over that period in the number of interviewees who consider that children should not be subjected to corporal punishment, from 37% to 55%. These findings suggest there has been some success in public education programmes on child abuse. In November 2008 the MSPFC, along with NGOs, started a national campaign on the prevention of abuse. The significant amount of training provided through individual projects and through the development of national training programmes for social assistants, social workers, institutional care staff and other allied professionals prior to and since 2002, mainly focused on de-institutionalisation and the development of alternative care, has contributed to awareness of child abuse, and perhaps more so neglect. A range of tools has been introduced that go some way to improve detection and response. Specific training aimed at building the capacity of communities to prevent abuse and neglect have also been delivered. An example is the Child Assault Prevention training provided by the US-based International Center for Assault Prevention.

In its presentation to the regional consultation for the UN Study on Violence Against Children in 2005, the National Centre for Child Abuse Prevention highlighted some basic developments in public awareness raising and in the development of a model of primary, secondary and tertiary interventions. But it also noted some limitations including the lack of a mandate among public authorities to identify, examine, prevent and issue sanctions against cases of child abuse and neglect, the absence of specialised judicial institutions, the absence of a referral mechanism for intervention in cases of child abuse and neglect and a lack of temporary placement, psychological support and other specialised services for victims of abuse. Further procedures and mechanisms could still be put in place at local level to enforce legislation.

The collection of statistics on child protection issues poses challenges in terms of setting targets and indicators. The National Centre for the Prevention of Child Abuse recently carried out a study which revealed an increase in the reported number of child victims of domestic or sexual abuse in the first five months of 2009 compared with the same period the previous year. While the overall goal is, of course, a decrease in the number of cases of abuse, the immediate evidence of an increase in the number of reported incidents is interpreted as a positive sign that the public is becoming more receptive to reporting mistreatment of children rather than that the abuse itself is becoming more widespread.

A challenge for strengthening the child protection system is that both the demand side and the supply side remain underdeveloped. Regarding 'demand' for child protection services, levels of awareness of neglect and abuse remain low so identification of cases is limited. At the same time, responses are also limited due to a lack of specialised services and procedures both in terms of care (shelter / temporary protection) and legal practice (e.g. prosecution of abusers). Although some forms of temporary shelter have been introduced, these are mainly focused on the provision of emergency accommodation to prevent child abandonment such as parent and baby units.

Entry points for further action in child protection are not so much in policy development but rather in raising awareness of the problem and implementing the identified solutions. Targeted awareness-raising and training for communities and also for professionals coming into contact with children continue to be areas of need. There remains a shortage of specialists with the

skills (and therefore services) to address abuse once it has happened. It is important to develop services so that children have practical, safe, accessible and confidential channels through which they can voice their concerns.

14.2 Education

The education sector intersects with the child care sector in relation to the provision of educational facilities which also contain child care functions. These are the general boarding schools and auxiliary schools which have been mentioned throughout this report. The key challenge to be resolved from the perspective of child care reform is to be able to separate out the education functions from the care functions within the institutions which offer both services, and then to review how to provide the best service for the individual child in each of the components.

The positive news is that there is agreement from both the MEY and the MSPFC that the aim is to reduce institutionalisation. The real issue is to ensure cooperation and disentangle the finances so that each can achieve it. For example, the MEY declares that it would like to be able to provide inclusive education for children with learning disabilities in mainstream schools instead of auxiliary schools, but it says that the auxiliary residential institutions are necessary because many of the children still need care services to be provided even if they were to attend regular schools. This demonstrates that the education budget is being used to fund a social protection service. Meanwhile the MSPFC states that it wishes to provide the care services in an alternative family-based environment. These two objectives are mutually compatible. The funds being spent by the MEY on care services could be reallocated to the MSPFC and each could pursue the aim of delivering mainstream schooling for children living in a family environment.

These objectives are fully in line with the key objectives in the education sector. Moldova approved its national strategy 'Education for All 2004–2015' in 2003, and the following year it approved the national action plan 'Education for All 2004–08'. These are part of the global Education for All agenda which arose from the World Education Forum in Dakar in 2000. The strategy derives six goals specific to the context of Moldova from the international goals, including some quantified targets. The third and fourth goals of the national strategy are those most relevant to the child care sector. Their aim is,

'3. To ensure that by 2007 all children, especially children in difficult circumstances and those belonging to ethnic minorities, have access to and are able to complete education that is free, compulsory and of good quality.

4. To promote a comprehensive inclusive education which addresses the needs of the pupils with special education needs (SEN) and provides support and guidance to schools, particularly with regard to pupils with emotional and behavioural difficulties.' (Government of Moldova, 2003a, pp.7–8).

The project unit in the MEY that is contributing to the implementation of the deinstitutionalisation strategy is also participating in the development of a concept note on inclusive education so that the reform of child care institutions, which so far has been concentrated on general boarding schools, can be extended to the auxiliary schools. In terms of educational outcomes the major concern with the auxiliary schools is that it is impossible for children to continue to higher education because they receive only a certificate of attendance at the end of their schooling and are not permitted to take a full course of education. They finish school after Class 9 and learn only a limited curriculum up to that level. This allows the students to go on only to a few vocational courses, and makes it difficult for them to find official employment. Some

children with severe disabilities who are in residential care receive no education at all. The situation is recognised to be highly inequitable and is now under review. Even children who are leaving regular boarding schools, too, can experience difficulty obtaining education and training opportunities. Oversight of teenagers who have left residential care takes place on a discretionary basis: directors of residential institutions are reported often to take an interest in supporting them to find vocational training opportunities.

The optimisation of educational facilities, owing to the overcapacity of buildings and teaching staff a result of the declining population and the declining ratio of children to adults, offers an excellent opportunity to consider the possibility for integration of children from general boarding and auxiliary schools into regular schools with spare capacity. It also means that, for the schools which are retained after the reorganisation of the system, it may be possible to use one or two spare classrooms as a community space which could host after-school clubs for children, meeting rooms for social assistants and their clients, clubs for parents and babies and for elderly people. This will be of enormous benefit to communities as a convenient and cost-effective means of prevention of more serious child welfare cases.

14.3 Health

The health sector intersects with child care reform in numerous ways. The traditional concept of disability as a medical problem can lead to a child being institutionalised or separated from his or her peers in order to receive medical treatment. Child care reform seeks to find an alternative solution to the challenges faced by people with disabilities. Children with certain infectious diseases or with mental health difficulties can also be isolated and placed in residential institutions. Children may have to assume the role of carer to look after family members with health difficulties, including for parents with HIV/AIDS, and might benefit from the support of social service personnel to assist with caring duties.

The concept of disability as a largely medical problem prevails, though the recently drafted disability strategy addresses the issue from many different angles. Not all the proposals in the strategy are agreed by all discussants. One contentious proposal is that both children and adults with disabilities should be assessed by the Republican Commission for Medical Examination of Vitality, rather than having a separate assessment body for children as happens now. The commission would have a multi-disciplinary team (medical staff, specialists in education, social assistants) and would recommend at the end of examination also an individualised care plan for each disabled child. The strictly medical perception of disability has adverse consequences for other aspects of the lives of children with disabilities, notably their education. Each child in an auxiliary school is given a 'diagnosis' and medical treatment designed to combat the perceived deficiency. A decision to place a child in such a school can take a short space of time and has a lifelong effect.

In mental health the problems for children are generally well understood and the laws and policies indicate an appropriate response to the challenges of supporting children with mental health problems. The national health policy approved in 2007, which includes a chapter on addressing mental health needs, proposes the creation of community-based mental health services (Government of Moldova, 2007b). This reflects the policies of the national programme for mental health, 2007–11 (Government of Moldova, 2007e). The programme promotes the use of family-based and community-based services wherever possible and recognises the need to sensitise public opinion on the issue of mental health in order for this to be effective. It also acknowledges that mental health is a multidisciplinary issue and that it therefore interacts with the social service sector among others. The strategy includes children's needs as an integral part of the whole rather than separating them from adult services. It is expected that community-based services can be expected to be used by children as well as adults. The action plan that

accompanies the strategy makes reference to one or two services for children, such as in a plan for the establishment of centre that will offer support to teenagers at risk of suicide, and one that will offer training opportunities to children and adolescents with mental health problems.

The greater challenge is at the stage of policy implementation since the desired range of services for children, especially for teenagers, is not available. The two centres described above, which were planned to be established in 2007–08, have not been created. The main services that exist continue to be residential, such as the MSPFC's boarding schools in Orhei and Hincesti. Some day care centres for children with either mental health or severe physical disabilities exist in Criuleni and Balti. For young children with mental health problems there are a few facilities in kindergartens but these are concentrated in Chisinau and Balti. There is also a difficulty with obtaining statistical data on the number of children with mental health needs.

Two contributory factors to the obstacles in implementation and monitoring are, first, the shortage of mental health professionals who are able to identify cases, especially outside the main towns—some raions do not employ any psychiatrist, let alone a child psychiatrist; and, second, the lack of facilities and fear of stigmatisation which may mean that parents of children with mental health needs do not come forward to the local authorities. At an institutional level these factors may be slow to be resolved because there is no longer a unit in the Ministry of Health that is responsible for promoting mental health problems in state policy. The national budget accords only a small fraction of its funds to the subsector of mental health: most activities in this field are funded instead on a project basis by NGOs.

Support is provided to children living with HIV/AIDS in compliance with international practice. The number of children who have HIV/AIDS is very small, and Moldova is classified as a low prevalence country, so there is not considered to be a risk of abandonment of many children for this reason in Moldova. The number who are affected by it, such as through living with a family member who has HIV/AIDS, is much greater. Policy in this area has been put in place systematically, starting from an understanding of the key issues in Moldova, and moving to the development of relevant policies, their implementation and monitoring of the outcomes using internationally recognised indicators.

14.4 Justice

The reform of the juvenile justice system overlaps with the reform of child care in that its principles, too, aim to move away from the use of full-time residential institutions towards community-based service provision. In the case of juvenile justice this means, for example, imposing sentences in the form of community service instead of placing young offenders in residential detention facilities. Similarly, the reform aims to move towards a preventive approach to working with young people in order to reduce their chance of offending, rather than adopting a reactive approach once an offence has been committed.

The development and implementation of new approaches to juvenile justice have been explored in depth in other documents and will not be repeated here¹⁴. In brief, a legal framework is in place but neither the Ministry of Internal Affairs nor the Ministry of Justice has developed policies and strategies in relation to children specifically. Recent policy development has been concentrated in the Criminal Code and the Code of Criminal Procedure and subsequent amendments which now propose that children who have been convicted of non-serious crimes may be referred to education and health facilities instead of detention facilities if appropriate for their situation. National

¹⁴ See, for example, the forthcoming 'Assessment of Juvenile Justice Reform in Moldova' commissioned by UNICEF.

legislation is declared to be consistent with international standards on the protection of the rights of the child, and the ministries now consider that there is a better balance between the severity of the crime committed and the possibility for young people to receive education and support for social integration rather than detention.

The Ministry of Internal Affairs and the Ministry of Justice collaborate with the Ministry of Education and Youth in relation to services for prevention, and with the MSPFC for rehabilitation services. They also collaborate with the MSPFC in connection with children who have been repatriated from abroad. Both ministries report that they collaborate with the NCCRP and its local branches, and participate in its relevant working group sessions. The services that are run by these ministries are predominantly residential, such as the boarding school run by the Ministry of Education for children aged 11–14 who have been in conflict with the law. However, a probation service has also been created with the aim of reducing the use of detention facilities. The ministries are seeking to develop services that help parents to look after their children, both to prevent crimes and to improve reintegration. An NGO, the Institute for Penal Reform, created a network of juvenile justice centres for post-penitentiary social reintegration but the financing of the system beyond 2009 is not certain.

In 2005 Moldova introduced a system of non-remunerated community service for minors who have been convicted of a criminal offence. In 2006 one in every four convicted minors received this form of sentence. The number of criminal offences committed by young people is reported by the Ministry of Affairs to have reduced in 2008 and in the first half of 2009 compared with the number in 2007. The assessment team was not able to identify the extent to which the new forms of sentence have contributed to the reported reduction in the number of crimes committed. The monitoring of outcomes relating to juvenile justice is less well integrated among ministries than the implementation of policy. Each ministry collects its own statistics from the relevant local authority body but these are not consolidated.

The availability of social service support for children is thought to have an impact on their likelihood of committing an offence. The ministries responsible for criminal justice in Moldova, the Ministry of Internal Affairs and the Ministry of Justice, cite the phenomenon of children being left without parental care or children being in vulnerable families without support as factors that can increase the risk of criminal behaviour. In this respect resources that are spent on child welfare may be effective in reducing social problems and also reducing subsequent costs in the justice system.

PART D: MONITORING THE SUCCESS OF THE CHILD CARE SYSTEM

15 Monitoring child care reform

Monitoring progress is an essential component of a successful reform. It is necessary so that policymakers can make informed adjustments to the direction of reform in the light of the evidence. It also makes it easier to communicate the rationale for plans and decisions to the general public and people in positions of influence, and to demonstrate accountability for utilisation of resources. It helps to identify gaps in the reform which can then be filled.

This section first reviews the perception of the nature and purpose of monitoring in the child care system. It then looks at how monitoring is applied to each of the different components of the system, and how the mechanisms that have been developed are used.

15.1 Understanding the concept of monitoring

The concept of monitoring implementation of a reform is not always fully understood. The confusion seems to arise from a different use of the word 'monitoring' in English and in Romanian or Russian. In Moldova 'monitoring' is often perceived to be synonymous with 'inspection' or control, referring to the examination of services to ensure that they comply with the legislation. It is therefore seen to be limited to the monitoring of outputs at the implementation stage of the policy cycle. It has a negative connotation and some stakeholders consider that it is the responsibility of the central government alone.

Efforts have been made over the last several years to introduce a wider notion of monitoring that covers all stages of the policy cycle, and the full range of inputs, outputs, outcomes and impact. Progress can be expected to be measured in all components of the child care system described in Figure 2.1 above. This could be done from a perspective that pays continual attention to OECD-DAC criteria of measuring the relevance, effectiveness and efficiency of activities to ensure that they contribute to overall objectives.

15.2 Development of monitoring systems for child care

To begin to put in place an effective and systematic monitoring system one would expect to consider the questions shown in Box 13.1 below.

Box 13.1 Key questions for an M&E system in child welfare

1. How will we measure the success of child welfare reform? What criteria are considered to be the signs of a good child welfare system?
2. What target are we aiming to reach?
3. How will the data be collected?
4. What external factors may prevent the goals from being reached, and what can be done to mitigate them?
5. How will the data be used?

The first four of these reflect the four columns of a standard logical framework (logframe), i.e. the narrative summary; the verifiable indicators; the means of verification; and the assumptions. The Government of Moldova is starting to make progress in responding to each of these questions. The status of the progress in some of these key issues is discussed here.

15.2.1 Targets and indicators

At a national level the principles of monitoring are beginning to be embedded in the policy process. The NDS 2008–11 highlights the long-term agenda of the Government of Moldova to meet the Millennium Development Goals (MDGs). It notes that, 'to ensure the relevance of the established agenda', it is necessary to adjust the MDG targets and indicators so that they are aligned with national policies and reflect the specific nature of Moldova's development. The revised targets are presented in the NDS and include e.g. the goal of reaching 98% gross enrolment in secondary education and pre-school education by 2015. These targets are an example of good practice since they are measurable and realistic.

Each of the five medium-term priorities in the NDS is described with a rationale, a list of key objectives and a description of some of the main activities to be undertaken to achieve it. They also contain a list of monitoring indicators and a summary of annual progress from 2000 to 2006, though none has a quantified target for future years. Child care reform falls within the fourth priority of, 'Developing human resources, promoting employment opportunities and promoting social inclusion'. This priority contains a page-long list of monitoring indicators but regrettably none is related to any aspect of social service provision including child care. This may be because of the difficulty in agreeing quantitative indicators to monitor the success of child care reform.

The NDS action plan contains several hundred activities, each with an 'expected result' and a 'process indicator'. This includes dozens of lines relating to child care and social services. These indicators are at the level of noting the successful completion of each activity, e.g. 'mechanism for supervision of social assistants is approved', 'mechanism for redirecting financial resources to social care is approved', 'mechanism for inspection of service providers is implemented'. It does not set quantified targets at the level of the impact on the beneficiary. As noted in section 4.6 above, the MEY has set some quantified targets in the NDS but they are incompatible with one another because the target for providing community-based child care placements does not keep pace with the target for reducing the number of children in residential care. In an environment where action plans are the only method of monitoring, a strategy is judged to be successful if all the activities have been carried out, without reference to whether they are related to the established policy objectives or expected results.

The National Programme on the Development of an Integrated System of Social Services 2008–12 proposes the use of a rigorous monitoring system using both quantitative and qualitative indicators and set out in a logframe. A data needs analysis in 2009 mapped out the list of indicators from the NDS, MTEF, government action plans and publications of the National Bureau of Statistics against the goals, objectives and intended outputs of the national programme for social services to identify gaps where additional indicators might be needed. This revealed that there are no indicators at all at the moment at the level of goals and objectives. This means no indicators can be found that monitor whether the implementation of the national programme on social services is producing outputs that actually improve the quality of life of beneficiaries. A further difficulty is that not all of the indicators that are identified in strategy documents are actually collected.

The MSPFC is collaborating with experts from UNICEF, the European Union TACIS 3 project and the DFID / SIDA social assistance reform project to draw up a general guide for monitoring and

evaluation of social assistance. It has been agreed that the guide will have an annex containing specific indicators on social benefits and social services.

At a local level raion SAFPDs are collecting data mainly on outputs such as the number of people who receive each type of social service. In general this information gathering is not systematic and is not compared against specific targets or indicators.

15.2.2 Routine data collection and surveys of service provision

The collection of routine data on the provision of child care services suffers from the same fragmentation as child care policy as a whole. It is separated among the different ministries that are responsible for child care institutions. This can make it quite difficult to identify the total number of services provided, the financial resources that are invested and the effect of different policy options on outcomes for children. An even greater challenge is when a single ministry is made nominally responsible for collecting data across all ministries for a particular strategy. This is the case with the monitoring of the deinstitutionalisation strategy, which falls within the remit of the MSPFC. In order to achieve this the MSPFC would have to request information from the MEY's institutions. The assessment team was unable to establish whether and how this cooperation is achieved, and how the MSPFC can be expected to modify the activities of the MEY on the basis of its findings.

The MSPFC collects routine data by sending out a form each year to raion SAFPDs to collect information relating to social service provision, principally in relation to outputs such as the number of people served by different services, disaggregated by traditional categories such as families with many children and single parent families. The raions generally send the forms on to primarias and the information is fed back via the raions to the central government. There is no system for verifying the accuracy of the data provided. Nor is there a system for monitoring and reporting on the welfare of a child once reintegrated into the family. Information is not collected regularly on service provision by NGOs or private providers.

Policymakers must be cautious in interpreting data where results are incomplete. For instance, a common indicator that is collected is the number of children in residential care. This is a central aspect of child care reform and a good marker of progress in one aspect of deinstitutionalisation, i.e. the removal of children from residential care, even though it does not show the opposite aspect of the placement of children in alternative forms of care. However, the result is less useful if it does not include the number of children in private residential facilities. It is possible that a policy that aims to reduce the number of children in state care alone may push families to institutionalise their children in unregulated private facilities which may pose a risk to the child.

Regular routine monitoring is supplemented occasionally by periodic surveys of the child care system carried out by ministries in partnership with external funders. The most comprehensive assessment of children in residential care was UNICEF's rapid assessment of institutions in 2007 with the MEY. The MSPFC worked with the DFID / SIDA social assistance project to carry out an organisational assessment of raions' capacity to deliver social services in 2008, and followed this up with its own mapping of social service facilities in each raion in the same year. Many other smaller assessments have been done including to evaluate the training of social assistants, identify social assistants' needs in supervision and review the success of the rollout of the gatekeeping commissions.

Qualitative assessments of the impact of policies on beneficiaries are less often carried out. The beneficiary assessment conducted by the MSPFC and OPM / EveryChild in 2007 is one example. This included eight focus groups for families with children. It provides information on

experiences of accessing social assistance and on key challenges for reducing exclusion and improving service delivery.

Such surveys are not yet well integrated into the regular planning processes of the various line ministries and have not been repeated. There is a need to systematise data collection so that routine monitoring of inputs and outputs is complemented by periodic surveys that can probe more deeply into the outcomes and impact of policy processes.

15.2.3 Data collection: databases

A number of attempts have been made over the years to set up databases that record information on the recipients of social services and on responses to their identified needs. In 2003–04 the EU Food Security Programme and EveryChild compiled a database in Access on children in residential care but this was not maintained by the ministry. UNICEF picked up the database and created a new version for families with children at risk under the TACIS 2 project. The database was piloted in several raions and hardware has been purchased for all raions in the country. There is little evidence yet that the database has continued to function after the end of the pilot project. The challenges have been the length of time taken to enter information and the lack of interest in using the data that have been collected.

The Directorate of Child Protection in Chisinau has developed and refined a small database with four modules: (1) families at risk (2) children in care (3) family substitute care (4) children in placement centres. This database is an example of good practice. Adjustments since the database was first developed have reduced the requirements for data entry to an essential two pages of information, after regular use of the database identified many questions which were not used and were removed.

The MSPFC and MEY should decide how best to continue the database development, incorporating the best practices emerging from the pilots and the local innovations. They might also wish to consider whether the most efficient database is one that is exclusively for children because many of the social services that are to be developed are used also by adults. For instance, one of the main interventions for children might be the support of a social assistant. They might consider that it is more useful and relevant for community social assistants to have a single database of their cases, for both adults and children, than for children's cases to be separated into a different system.

The World Bank is now developing the terms of reference to support the creation of a database that combines information on applicants for cash benefits with that of social service users. The two modules will be separate but able to be cross-referenced.

15.3 Use of monitoring systems

While information on child care services is starting to be collected there is not yet a widespread practice of results-based management, i.e. using the information to review progress in policy implementation and to make adjustments to the policy on the basis of the findings. In both its concluding observations, in 2002 and 2009, the UN Committee on the Rights of the Child has reminded the Government of Moldova of the need first to collect disaggregated data on child welfare issues, and second to make use of the data for implementing and monitoring the UN CRC. There are three major difficulties with putting in place changes as a result of findings:

1. Capacity to analyse results may be limited. In the last two years the MSPFC has established a policy, monitoring and evaluation unit which is working towards setting up systems for collecting, analysing and disseminating results but this is not yet fully active.

2. The resolution of the problem may require human resource and financial inputs which are not available. For example, a survey may identify that social assistants have had insufficient training or that a raion is not providing community-based services; but fixing these problems requires the delivery of training courses or the provision of direct support to the raion to help its planning processes.
3. Often policymakers do not have an incentive to amend their activities on the basis of the results. The availability of per-capita funding for children in institutions means that any reported reduction in the number of children will result in reduced funding for the institution. There may even be an incentive to misreport results in order to maximise income.

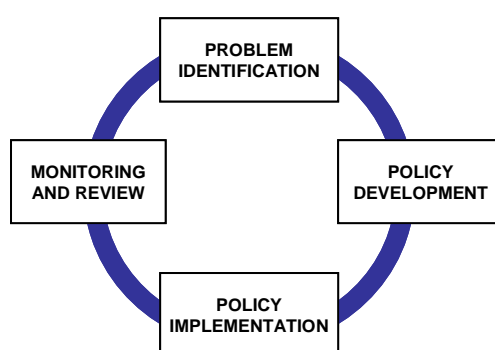
It is to be hoped that feedback from monitoring processes will be able to be used more effectively once processes are budgeted for and established to assist raions in implementing policy. This will include the system of accreditation and inspection of facilities.

PART E: CONCLUSIONS

16 Conclusions

Throughout this report the analysis of child care reform has taken place by examining progress in each of the components of the child care system, from the overarching organisational structures and financial and human resource inputs to the services that are produced as an output. This section concludes by identifying the successful aspects of the reform and the blockages to reform for each component of the system. It summarises this for each stage of the policy cycle, which is shown again in Figure 16.1 as a reminder.

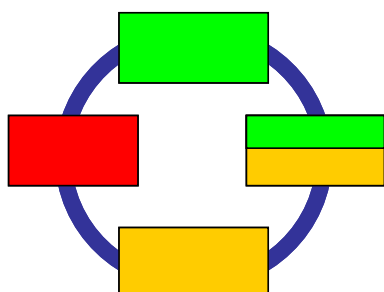
Figure 16.1 Reminder: elements of the policy cycle



Source: OPM.

This analysis rates Moldova's success at each stage of the reform for each component by using a simple 'traffic light' scoring system. A green card indicates that the stage of the reform process has been successfully achieved. An amber card indicates that some progress has been made but that there are some improvements that are still in the process of being developed, or some remaining concerns. A red card means that reform at this stage of the child care system has not begun¹⁵.

In each case the diagram matches the sequence in Figure 16.1 and the text summarises progress in four bullet points, starting from the top, i.e.: (1) Progress in identifying the problem that needs to be addressed; (2) Progress in designing and approving a policy to fix the identified problem; (3) Progress in implementing the policy; and (4) Progress in monitoring the stage of the reform.

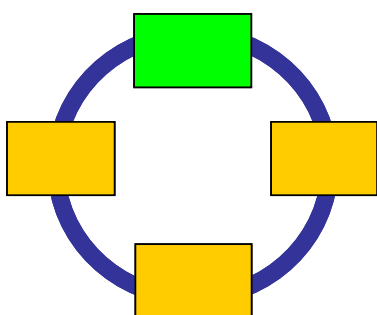


Organisational structures

- **Understanding the problem.** The problems with the organisational structures for child care were appropriately identified early in the reform process as being the absence of a central government ministry with primary responsibility for delivering results in social protection, including for child welfare; and the absence of professionals at local level to prevent the entry of children into institutional care and to promote diversion into alternative services.

¹⁵ Note that in a black-and-white printout the 'red' shows up as the darkest shade, the 'amber' is a light grey and the 'green' is a mid-grey.

- **Policy development.** The policies that have been developed have partly responded to the identified need. The creation of the MSPFC and the NCCRP at central level, and the gatekeeping commissions at raion level, are relevant to address issues of national coordination and local prevention. But the policies do not yet clearly define the roles of the different bodies that retain responsibility in child care at central level; nor have they yet redefined the remit of the MPPCs that are not actively preventing entry into auxiliary schools.
- **Policy implementation.** There is less success with implementation of the restructuring. The MEY, not the MSPFC, continues to dominate both the debate and the budget on in-kind social services for children. The NCCRP has ceased functioning effectively and is not certain of its mandate. Gatekeeping commissions are not active in all raions, though they are very effective at preventing institutionalisation in the raions where they are active. On the other hand, the establishment of the structures for community social assistants has been a success.
- **Monitoring.** Monitoring of the reorganisation of the structures by central government appears to be absent: there is no evidence that the MSPFC is monitoring whether raions are experiencing any difficulty in setting up the gatekeeping commissions and responding to their needs. No government body monitored the establishment of the High Level Group for Children in order to prevent the duplication of coordination functions with the NCCRP.



Participation and communication

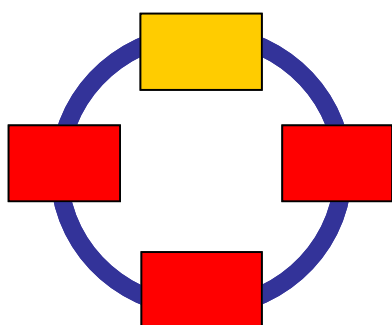
The review of participation and communication in child care reform has two perspectives: first, the way that policies have been developed and implemented to encourage participation in the reform process; and second, conversely, the effect of stakeholder participation and communication in the development and implementation of child care reform. The discussion of progress at each stage of the policy cycle reflects both these aspects.

- **Understanding the problem.** The need for participation of, and communication with, stakeholders in the reform of child care policy is widely acknowledged. As for participation in the identification of policy problems in child care, this is also well established such as through the release of analytical reports by NGOs.
- **Policy development.** There is not yet a formal strategy governing the involvement of stakeholders, including NGOs and beneficiaries, in decision-making. But these stakeholders are increasingly active during policy development on child care. Local authorities, NGOs and

others are consulted during the drafting of strategies and are informed when strategy documents have been passed. Consultation of current or potential beneficiaries, including children, during the development of policy, is limited.

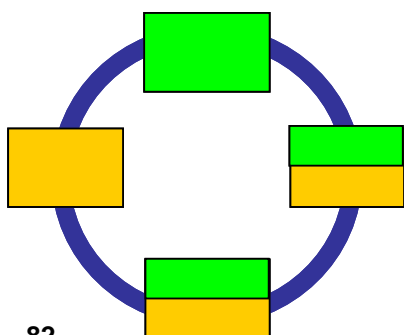
- **Policy implementation.** At implementation stage there is room for improved communication and guidance from the government to other stakeholders. NGOs are themselves increasingly active during implementation of child care services, though the services are not always in keeping with the policy.
- **Monitoring.** NGOs and the UN Committee on the Rights of the Child participate actively in monitoring of child care reform and are able to publish reports on their findings. Beneficiaries participate less frequently in monitoring activities.

Finance



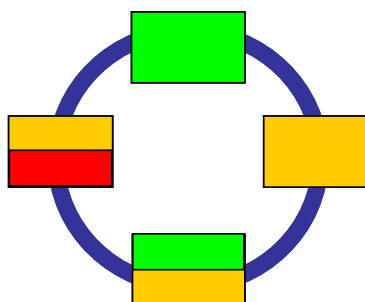
- **Understanding the problem.** The problem of needing to redirect financial resources from the education sector budget to the social protection budget, and from central to local level, has been diagnosed and reported for many years. But not all structures in the reform acknowledge the need for this reallocation. The lack of agreement is an impediment to reform.
- **Policy development.** The lack of agreement between ministries on the problem with central government financing of child care means that no policy has been developed to resolve it.
- **Policy implementation.** In the absence of a policy, the necessary reallocation of resources between budgets is not implemented. The law on decentralisation is also not fully implemented as many raions do not feel they have autonomy to create their own services; instead they feel constrained to deliver only those services that are used in the calculations of the Ministry of Finance.
- **Monitoring.** Monitoring of the slowness of the financial reform does not seem to be taking place. The allocation of the budget is reported but the reports are not analysed and used to revise the following year's allocation.

Human resources



- **Understanding the problem.** The problems with the human resource structure for child care as it existed before the reform has been very well understood and articulated. The need to reduce the number of people working in institutional care and increase the number working in community-based and alternative family services is widely agreed.

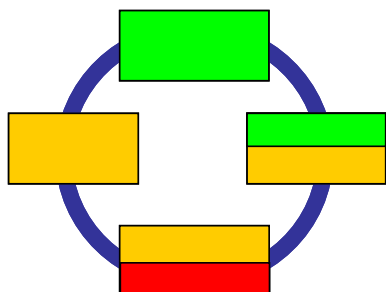
- **Policy development.** Many excellent policies to encourage the development of staff working in community-based services have been developed, such as the Law on Social Assistance which permits the creation of the social assistant post. Policies to prescribe how to support the retraining of staff from residential institutions are less far advanced.
- **Policy implementation.** The implementation of human resource policy for child care also has some successes. About 1,000 social assistants have been recruited in less than three years. There are signs of a reduction in staff in residential care, though not in auxiliary schools. Naturally there remains some scope for improvement of the capacity of human resources since many staff have not yet received full training. Too few foster carers have been recruited to cope with the intended number of children leaving institutions.
- **Monitoring.** Some monitoring has been taking place of both the number and the capacity of human resources, through assessments of social assistants and through occasional surveys.



Service users

- **Understanding the problem.** There is good agreement, in line with international best practice, that the main problem relating to service users in child care before the reform was the need to move towards paying attention to the needs of individual users rather than categories, and to move towards supporting the user in time to offer preventive rather than reactive support.
- **Policy development.** All children are catered for in the policy and legislation on child care. Some policies have been developed that allow the individual needs of certain users to be considered, especially those of children with disabilities. Other potential service users, such as children of migrant parents and Roma children, are less visible in policy documents.
- **Policy implementation.** A wide range of beneficiaries are able to access child care services. The creation of the network of social assistants will massively increase the ability of users to access services locally. There remains a disparity in accessibility between users in towns and those in rural areas.
- **Monitoring.** There is no system yet for monitoring potential users' satisfaction with their ability to access services and their experience of those services. No routine administrative data are collected on who the users of child care services are. But some periodic studies have been undertaken to understand the characteristics of service users and non-users, such as UNICEF's rapid assessment of institutions

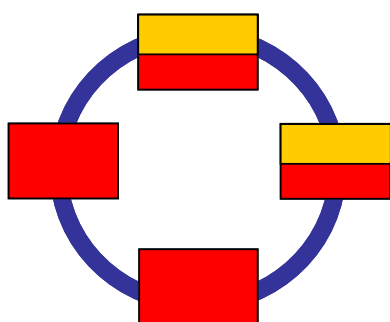
and the OPM / EveryChild beneficiary assessment with the MSPFC.



Services

- **Understanding the problem.** In terms of understanding what type of services need to be developed the issue here, too, is clearly defined as requiring a concentration on developing community-based services and reducing reliance on residential care.
- **Policy development.** There have been major strategy declarations to improve the range of services provided in child care, such as the deinstitutionalisation strategy, the national programme on the development of integrated social services and the foster care regulations as well as the Law on Social Services that is in progress. There is a constraint, though, that some raions feel they cannot create new services until a national policy on the service has been developed. The continual wait for national policies and regulations to be developed is holding back the development of the set of child care services.
- **Policy implementation.** The implementation of the planned new service types is not keeping pace with what has been proposed. There is still too much reliance on residential care and not enough alternative services are being developed to allow deinstitutionalisation to take place at the desired rate. There are very few foster carers. There is an overemphasis among some stakeholders on constructing specialised services at local level instead of opening existing buildings for maximum possible use by the community.
- **Monitoring.** Local authorities generally know what services are being provided in their area, and the ministry has carried out its own review of services nationwide. The information does not yet feed back well into the adjustment of policies and budgets to improve the range of services on offer.

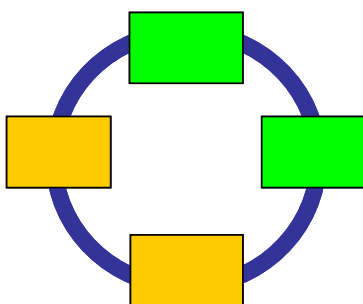
Setting and maintaining standards



- **Understanding the problem.** The need for quality standards in service provision is generally agreed. However, in many other related aspects of this component of the child care system there is no agreement on what the problem is that needs to be addressed. For example, it has not been agreed who should be required to undergo accreditation and licensing and whether it is feasible to reform the complaints system.
- **Policy development.** The development of standards and regulations on a system of accreditation and inspection is also at a very early stage. The MSPFC is just beginning to consider how to develop policy in this area and has made

some general statements in the national programme on the development of integrated social services but has not elaborated these. A few service standards have been approved, but many services have no quality standards. These services have at least been identified.

- **Policy implementation.** The reform of the accreditation and inspection system for child care is not being implemented because it has not yet been designed. The standards which have been approved cannot be enforced because there is no system of support or sanction. The complaints system is currently a burden on ministry staff who are obliged to respond directly to a complaint received rather than being able to return them to the staff of the facility to which it refers. The gatekeeping commissions are not being used to deal with complaints at the local level.
- **Monitoring.** Financial and human resource constraints mean that the implementation of standards cannot be monitored. It is too early to be able to assess progress in implementing the accreditation and inspection system which is at an early stage of drafting.



Referral mechanism

- **Understanding the problem.** It was rightly recognised that the problem with the referral process before the reform was a shortage of staff to carry out assessments and a shortage of services to refer cases onwards.
- **Policy development.** A successful process of policy development has taken place, with the participation of many organisations, resulting in the agreement of a referral mechanism that clearly defines the route of a case through the system starting with an assessment at community level and attempting at every stage to divert the case from institutionalisation where possible.
- **Policy implementation.** The referral process has begun to be implemented though it is too early for it to have spread to all communities and the services are not in place to allow it to function fully yet.
- **Monitoring.** The number of cases and their progress through the system are in some instances being monitored at the local level. This information is not yet aggregated centrally nor collected in a consistent manner, though the integrated database for cash benefits and social services that is being tendered at the moment will have an impact on the ability to obtain a national picture of how users flow through the system.

It can be concluded that, with regard to an understanding of the problems that existed in child care, Moldova has an advanced understanding of the difficulties that need to be addressed in delivering a reform of the child care system that matches international best practice

and fulfils the requirements of the UN CRC. The main areas on which there is not agreement are on financing the reform and on how to set and maintain standards. It is critical that all parties come to an agreement on how they wish to resolve these aspects of the reform—especially the former—in order to reach the desired result, because without funds in the right budget the system cannot be transformed.

In terms of policy development the country is making good progress. It has designed some effective strategies and is in the middle of drafting or approving a range of regulations that are appropriate for the reform. The main area in which policy development has been avoided is in the issue of reallocating financing, which, being controversial, has been put aside by the Ministry of Finance, the MEY and the MSPFC.

Implementation of child care policies does not yet keep pace with the strategies and regulations that have been designed, in part because of the lack of financing. However, there are numerous positive examples of successfully implemented child care initiatives in several innovative raions around the country and their experience can be shared with colleagues in other raions to encourage further service development and to promote the identification of, and outreach to, potential beneficiaries in the community.

Finally, monitoring of the system is at an early stage, in part because the system reform itself is so new. There have been some attempts to monitor different aspects of the reform by central and local government authorities and by independent experts. This experience will be valuable as an integrated, comprehensive system of monitoring is set in place over the coming years.

17 Recommendations

This section synthesises the recommendations from the assessment. They are intended to be of use to government, international partners and other stakeholders as they continue the reform of the child care system. For the context within which the recommendations have been made please refer to the relevant section of the report.

Organisational structures

- Review the role of the interministerial coordinating structures and either decide to consolidate their child protection activities into a single body or else clearly divide the responsibilities between the two (the NCCRP and the High Level Group for Children).
- Review the role of local authority commissions for social protection and agree what is to be done with the MPPCs.
- Ensure that the central government provides advice and support to raions on implementation of the regulations on the gatekeeping commission.
- Examine the possibility of payment for members of gatekeeping commissions as part of a broader review of local authority financing.

Participation and communication

- Draw up a framework for improved communication between central government ministries, local authorities and civil society
- Provide a programme for raions to learn from Chisinau's experience of child participation in policy discussions.
- Allow children the opportunity to attend part of the gatekeeping commission sessions where their case is being discussed.
- Carry out a follow-up to the beneficiary assessment and establish this as a regular practice.

Legislative framework

- Improve sequencing of development of primary and secondary legislation in child care.
- Ensure that the framework Law on Social Services is approved by parliament.
- Ensure that the full set of secondary legislation is in place, including approval of funding norms (such as for foster carers), so that policies can be implemented.

Finance

- Agree as a matter of priority the route by which resources from the closure or transformation of residential institutions will be redirected into community-based services.
- Improve financial flexibility for raions to fund services to respond to emerging needs.

Human resources

- Examine the possibility for staff in residential institutions, such as psychologists, to be based in the raion SAFPD rather than in an institution in order to serve a wider population.
- Ensure that new staff posts are not added to residential institutions in order not to encourage incentives for the institution to remain open just to protect jobs.

- Train care staff in residential institutions to support the reintegration of children.
- Set in place funding arrangements for material resource needs for social assistants, including transport.

Service users

- Set up a system to collect data on uptake of services, disaggregated by vulnerable groups.

Services

- Consider how community services for adults, such as home care and social canteens, could be made available to families with children where necessary.
- Encourage the development of community services, including multifunctional centres in community buildings for non-specialist services.
- Measure and monitor annually the cost of social service provision, and the estimated cost if all needs were covered.
- Continue support to raions to understand the rationale for foster care and the means of implementing it.
- Consider how to approve pre-adoption training for parents and post-adoption monitoring.

Standards

- During the development of the Law on Accreditation, clarify for how long new services can operate before being accredited, and which level of public authority is responsible for accreditation.
- Create a unit in the MSPFC that begins by supporting raions to exchange best practice and achieve the desired standards before gradually placing more of an emphasis on inspection and compliance. Provide support and training to the unit.
- Consider how to include members of civil society and service users in the inspection process.
- Support the MEY in developing an inspection system for care and education standards in its residential institutions.

Other sectors

- Continue raising awareness of child protection issues among professionals and the general public.
- Review opportunities for education in auxiliary schools, and the procedure for entry into those schools.

Monitoring and evaluation

- Systematise data collection so that routine data are complemented by periodic surveys of a detailed aspect of child care or social service provision.
- Collect data on private provision of social services to monitor whether children who are reintegrated from state-run institutions are being placed into private care.
- Contribute to discussions on the development of the World Bank-funded integrated database for cash benefits and social services, taking into account lessons and key aspects of the previous databases on social services and child care services.
- Strengthen the capacity of the monitoring and evaluation unit of the MSPFC to analyse results.

Annex A Matrix of evaluation questions

	Problem identification	Policy development	Policy implementation	Monitoring and review
Universal questions				
Policy environment	<ul style="list-style-type: none"> • Is social protection high on the government agenda? • What is counted as 'child care' in Moldova, as distinct from e.g. child welfare or child protection? • Is child care identified as a priority policy problem in comparison to other areas of social protection? How does this vary across government? • How is the problem of child care articulated (e.g. is the problem one of poverty, or too many children without parental care, or too much reliance on residential care)? Has this articulation changed over time? • What is the strength of public opinion on child care as an important issue? • Are development partners interested in contributing to child care issues? • Has this policy environment changed with recent political / economic developments including the financial crisis? • How are demographic trends affecting the likely demand for child care services? 			<ul style="list-style-type: none"> • What incentives exist for accurate collection and reporting of data? What incentives exist for misreporting (e.g. the availability of per-capita funding)? • What routine administrative systems exist for monitoring progress in child care reform? What periodic surveys are undertaken? • What confidence is there in the capacity for accurate and comprehensive data collection and analysis?
Organisational structures	<ul style="list-style-type: none"> • What central government agencies / ministries were overseeing child care prior to the start of the reform? Were there any challenges to this arrangement? • What statutory bodies were in existence prior to the start of the reform? What were considered to be the main challenges in using them? 	<ul style="list-style-type: none"> • Has there been any change in the structure of the central government bodies overseeing child protection? • Is there a single body with overall responsibility for coordinating child care policy across government? What is its mandate? • Where does the National Development Strategy place responsibility for child care issues? • What new statutory bodies performing child protection 	<ul style="list-style-type: none"> • How effective is the body for coordinating child care policy across government, including for implementation of issues identified in the National Development Strategy? How do they do so? • Have proposed changes to structures been implemented? How effective have they been, including at local level? • How has decentralisation affected the delivery of child care services? • How relevant and effective have 	<ul style="list-style-type: none"> • Who is responsible for monitoring progress in child care system reform? • To what extent is the MSPFC responsible for monitoring progress in the development of the structures, and in the services provided by other ministries / agencies? • Have the organisational structures been changed as a direct result of

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	Problem identification	Policy development	Policy implementation	Monitoring and review
		<p>functions have been created? What are their roles / responsibilities?</p> <ul style="list-style-type: none"> • How is child care policy coordinated at the local level? 	<p>the statutory bodies been in delivering the child care services?</p> <ul style="list-style-type: none"> • What is the status of the transfer of responsibilities from the MEY to the raion SAFPDs in child protection? 	<p>monitoring their effectiveness?</p>
Communication / participation		<ul style="list-style-type: none"> • What forums exist for stakeholders to contribute to the elaboration of policy? (e.g. Working groups, NGO forums, government consultation processes) 	<ul style="list-style-type: none"> • How regularly do representatives of different components of the child care system interact with one another? • How do representatives of different ministries collaborate on child care issues? • How does the central government interact with the local government structures to achieve common goals in child care reform? 	<ul style="list-style-type: none"> • How is information shared between local and national levels, and between different stakeholders? • How is this information used in decision-making?
Legislative framework	<ul style="list-style-type: none"> • What are the gaps in the legislative framework across the child care system? 	<ul style="list-style-type: none"> • What procedures are in place to ensure that secondary legislation is approved by all relevant parties and not just by the ministry that developed it? (e.g. strategy for training staff working in social assistance, which should include staff in institutions run by the MEY) 		
Finance	<ul style="list-style-type: none"> • Who holds the budget for the different types of child care service? • What are the challenges concerning funding for child 	<ul style="list-style-type: none"> • How has the development of the MTEF affected planning for child care services? • What resources are available to implement the 	<ul style="list-style-type: none"> • What proportion of the budget is actually spent on the different types of child care service? • How does this compare with expenditure in other aspects of 	<ul style="list-style-type: none"> • What audit procedures are in place?

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	Problem identification	Policy development	Policy implementation	Monitoring and review
	<p>welfare services, e.g. regularity, total resource envelope, reallocation etc.?</p> <ul style="list-style-type: none"> • What is the attitude of the Ministry of Finance towards the allocation of funding for child care? 	<p>shift from residential to family support and family substitute services? Is there additional funding available or is it dependent on closure of institutions?</p> <ul style="list-style-type: none"> • Have mechanisms been designed to achieve the shift from centrally funded to locally funded services, and between ministries? 	<p>social protection, e.g. pensions / cash benefits?</p> <ul style="list-style-type: none"> • What happened to the financial resources freed up by closure of institutions? 	
Human resources	<ul style="list-style-type: none"> • What are the main challenges in terms of personnel? • How many people are working in the child care system? What type of jobs do they have? To what extent are children the focus of their activities? • What is the attitude of the general public towards becoming foster parents or adoptive parents? 	<ul style="list-style-type: none"> • What policies are in place to oversee the transfer or retraining of staff in residential institutions? • What policies are in place to train professionals in alternative forms of child care? • Is the distinction between the role of the foster parent and the guardian made clear? Are they treated differently in terms of remuneration? 	<ul style="list-style-type: none"> • How many people have received training in alternative forms of child care? 	<ul style="list-style-type: none"> • How is the performance of staff in the child care system monitored? • What changes are made as a result of monitoring performance?
Service users	<ul style="list-style-type: none"> • Which groups of children are identified as being most at risk? 	<ul style="list-style-type: none"> • Who is each type of child care service aimed at, according to policy documentation and legislation? Is there an emphasis on targeting particular groups (e.g. children with disabilities, abandoned children, infants)? 	<ul style="list-style-type: none"> • What evidence is there that the services are reaching the intended target children? • Do people stay in the child welfare system after they turn 18? If not, to whom are they referred? • Is there a difference in the pattern of the types of services used by girls and boys? 	<ul style="list-style-type: none"> • How is the impact of services on children's well-being measured? (e.g. follow-up by social assistants once children have been reintegrated) • What are the trends in the use of different types of service by children? • Are data available on the use of services disaggregated by gender, region, ethnicity

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	Problem identification	Policy development	Policy implementation	Monitoring and review
				etc.?
Regulation and standards	<ul style="list-style-type: none"> • What procedures for licensing, accreditation and inspection existed before the launch of the reform? 	<ul style="list-style-type: none"> • What standards are in place for child care services? • Are private providers able to deliver child care services? How are they regulated? • What policies are in place to inspect child care facilities? • What complaints procedures are in place? • 	<ul style="list-style-type: none"> • What is known about how well standards are implemented? • How regularly are child care facilities inspected? • Does the complaints procedure respond satisfactorily to complaints raised? 	
Referral mechanism / interagency working	<ul style="list-style-type: none"> • What procedures for referral existed before the launch of the reform? 	<ul style="list-style-type: none"> • What procedures have been developed for individual needs assessment / case management / referral? • What type of policies exist to refer beneficiaries between child care services in different sectors 	<ul style="list-style-type: none"> • How many raions now have gatekeeping commissions? What has been the experience of raions in implementing them? • What are the experiences of raions in implementing an effective referral mechanism? • How are teachers, doctors etc. able to refer their concerns regarding a child to social assistants? 	
Sector-specific questions				
Social services		<ul style="list-style-type: none"> • To what extent are guardianship, foster care and adoption viewed as an essential part of the continuum of child welfare services? • What are the characteristics of the policy on deinstitutionalisation? What type of institutions are being transformed? What alternatives are proposed? 	<ul style="list-style-type: none"> • What are the trends in the budget for residential care in contrast to other forms of care [if budget figures are available]? • What is known about the provision of services by non-state providers? • What examples are there of good practice in service provision? • Are staff in family-based and residential services 	<ul style="list-style-type: none"> • Who is responsible for monitoring the family-based and residential services? • How is the welfare of children monitored when they remain in their family? • What indicators are used to measure progress towards deinstitutionalisation

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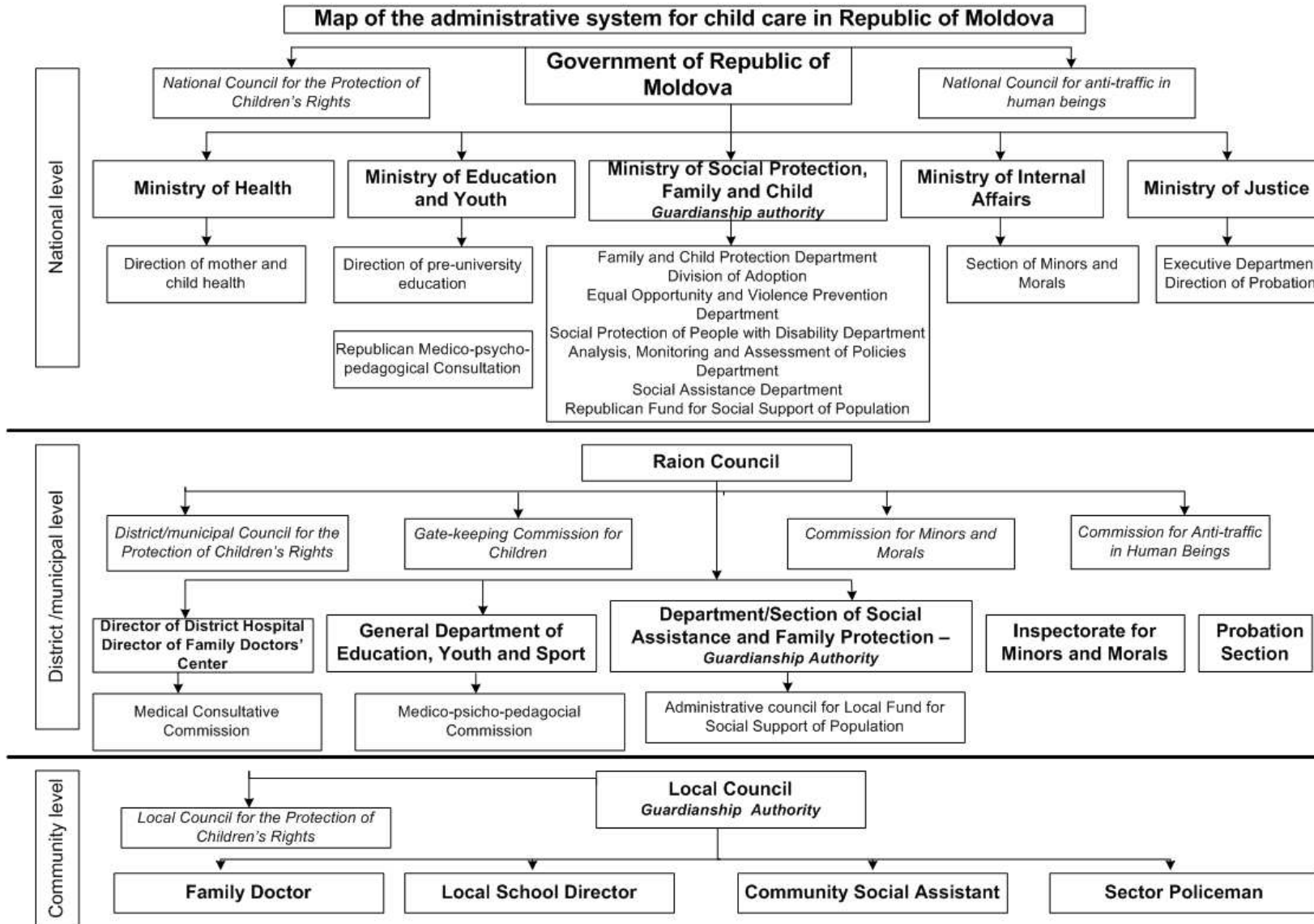
	Problem identification	Policy development	Policy implementation	Monitoring and review
		<ul style="list-style-type: none"> • What policies have been developed to change the nature of residential care, e.g. from large-scale institutions to small homes? • Have quality standards and inspection services been developed to improve residential facilities? • Is there a clearly defined policy on funding for guardianship and foster care, including the identification of payments for carers, if relevant? • What policies are in place regarding adoption, and how have these changed? • What policies are in place regarding the professionalisation of the social work service? 	<p>appropriately qualified? Do they receive training and supervision?</p> <ul style="list-style-type: none"> • What is the extent of the network of support workers for family-based services? • How many institutions have been closed down and what is the effect? 	<p>(number of children in care, number out of care, number of institutions)?</p> <ul style="list-style-type: none"> • What monitoring processes are in place for children in substitute family care? • Are there regular review processes for children in residential care? What form do these take? • What do the data show about progress in deinstitutionalisation and the improvement of child care, and about children at risk?
Other social assistance	<ul style="list-style-type: none"> • To what extent are social welfare issues thought to contribute to child care problems? 	<ul style="list-style-type: none"> • What child benefits are in place? What are the relative advantages of these compared to in-kind services? • What household benefits are in place? How are children likely to be affected by the recent introduction of the means-tested social assistance benefit? • What disability benefits are in place? 	<ul style="list-style-type: none"> • Are children known to receive the benefits to which they are entitled? 	<ul style="list-style-type: none"> • What studies are available about the impact of cash assistance on children's well-being? What do they show?
Education	<ul style="list-style-type: none"> • How is the declining school-age population affecting 	<ul style="list-style-type: none"> • What provision is made for including children with 	<ul style="list-style-type: none"> • What are the experiences of the pilots in inclusive education? 	<ul style="list-style-type: none"> • What data are available on the numbers of

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	Problem identification	Policy development	Policy implementation	Monitoring and review
	<p>provision of spaces for children and teaching posts in regular schools?</p> <ul style="list-style-type: none"> • To what extent is there a discrepancy between the salaries of teachers in regular and auxiliary schools? 	<p>disabilities in mainstream education?</p> <ul style="list-style-type: none"> • What is the policy on meeting special educational needs? • What education / vocational training policies are in place for young children leaving care? 	<ul style="list-style-type: none"> • Has there been experience of transferring students from an auxiliary school to a mainstream school? What have been the achievements and challenges? • How effectively have schools played a role in bringing together professionals in child care / protection? 	<p>children with special educational needs enrolled in mainstream schools?</p> <ul style="list-style-type: none"> • What information is available on children who drop out of school?
Health	<ul style="list-style-type: none"> • What are the constraints surrounding health problems that increase the likelihood of a child requiring additional care (e.g. cost of treatment, lack of physical access to the home, parents uncertain how to deal with the problem etc.)? • To what extent is there a recognition of health risks in residential institutions? 	<ul style="list-style-type: none"> • What changes have there been in the way disabilities are assessed and classified? • Is there a specific policy on the treatment of children with HIV/AIDS in the child care system? • What support systems have been developed for parents at risk of abandoning babies around birth? 	<ul style="list-style-type: none"> • How have changes in disability classification and responses to HIV/AIDS affected provision of services? • What alternative services are being developed to support children with mental health difficulties? • What support is available in residential institutions to prevent the emergence of mental health illnesses? 	<ul style="list-style-type: none"> • What mechanisms are in place to monitor the health of children in the child care system?
Justice	<ul style="list-style-type: none"> • What are the challenges of the way children are involved in the justice system? 	<ul style="list-style-type: none"> • What alternatives to detention have been developed? • What is the role of the ombudsman? • How are the rights of children taken into account in policies relating to justice, e.g. representation, case review? 	<ul style="list-style-type: none"> • How is the justice system involved with street children? • What are the achievements and challenges regarding improvements in conditions in detention facilities, including e.g. mixing adults with children? • How do the social service and justice systems interact with one another around the reintegration of children after detention? 	<ul style="list-style-type: none"> • Who has access to children in the detention facilities? Can they be visited by a social assistant? • What is the procedure for reviewing the cases of children in detention?

Note: These questions include many of those that are included in UNICEF's assessment tool.

Annex B Map of the administrative system for child care



Annex C Map of known social services for children

	Raion / municipality	Community services (Social assistant)	Specialised services					Very high need services							Statutory services			
			Day care centre open to children	Foster care	Family-type homes	Temporary and rehabilitation placement	Mixed centres	Residential institution (MEY)	Residential institution (raion)	Residential institution (MSPFC)	Residential institution (MOH)	Residential institution DCPR Chisinau	Residential institution (MIA)	Centre for street children	Gatekeeping commission	Specialist in children and families	Specialist in protection of children's rights	MPPC
1.	Anenii Noi	24	2		0	2			1					1	1	1	1	1
2.	Basarabeasca	7.75	0		0									1	1	1	1	1
3.	Briceni	25	0		2	1								1	1	1	1	1
4.	Cahul	36	0	10	3		1	2	1					1	1	1	1	1
5.	Cantemir	20	1		1									1	1	1	1	1
6.	Călărași	22	1		3		1	1	1					1	1	1	1	1
7.	Căușeni	28	1		2	1	1	1						1	1	1	1	1
8.	Cimișlia	19	1		0									1	1	1	1	1
9.	Criuleni	24.5	3		3									1	1	1	1	1
10.	Dondușeni	14	1		0			1						1	1	1	1	1
11.	Drochia	28	0		4	1	1	1	1					1	1	1	1	1
12.	Dubăsari	12	0		0									1	1	1	1	1
13.	Edineț	25	1		1			1						1	1	1	1	1
14.	Fălești	32	1		7		6	1	2					1	1	1	1	1
15.	Florești	28	1		5			3						1	1	1	1	1
16.	Glodeni	19	0		1									1	1	1	1	1
17.	Hîncești	30	2		9	2	4	3		1				1	1	1	1	1
18.	Ialoveni	32	3		2		1	1						1	1	1	1	1

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	Raion / municipality	Community services (Social assistant)	Specialised services					Very high need services							Statutory services			
			Day care centre open to children	Foster care	Family-type homes	Temporary and rehabilitation placement	Mixed centres	Residential institution (MEY)	Residential institution (raion)	Residential institution (MSPFC)	Residential institution (MOH)	Residential institution DCPR Chisinau	Residential institution (MIA)	Centre for street children	Gatekeeping commission	Specialist in children and families	Specialist in protection of children's rights	MPPC
19.	Leova	16	2		1			3						1	1	1	1	1
20.	Nisporeni	21	1		1				1					1	1	1	1	1
21.	Ocnîța	15	2		1			1						1	1	1	1	1
22.	Orhei	34	4	16	2			2		1				1	2	1	1	1
23.	Rezina	13	1		2		1	2						1	1	1	1	1
24.	Rîșcani	22	2		0				1					1	1	1	1	1
25.	Sîngerei	26	0		4		1		1					1	1	1	1	1
26.	Soroca	30	2	14	0	1		2						1	2	1	1	1
27.	Strășeni	28	3		2		1	1	1					1	1	1	1	1
28.	Șoldănești	14	1		1									1	1	1	1	1
29.	Ștefan Vodă	22	1		1		1		1					1	1	1	1	1
30.	Taraclia	15	0		0			1						1	1	1	1	1
31.	Telenești	23	5		11			2						1	1	1	1	1
32.	Ungheni	29	3	15	2	1	1	1	1					1	1	1	1	1
33.	U.T.A. Gagauzia	25	3		1	1		2							1		1	1
34.	Mun. Bălți	21	1		1	4	1	3	1		1		1	1	1	1	1	1
35.	Mun. Chișinău	71	10	11	3	14		1	7		1	1	1	1	6	6	1	1
36.	Bender							1										

Source: Day care centres, temporary placement centre, mixed centre: MSPFC assessment, 2008. Social assistants: Data provided by MSPFC, referring to April 2008. Residential institutions (MSPFC): Annual Social Report. **Notes:** (1) 'Day care centres open to children' include centres for children with and without disabilities, and centres open to people of all ages including children.

Annex D Finance data

Table D.1 National public budget: trends in functional allocations to broad sectors, 2003–08 (MDL million)

Sector code	Sector/ Principal Group	2003	2004	2005	2006	2007	2008
		Actual	Actual	Actual	Actual	Actual	Actual
1	General public services	633.2	748.6	919.7	1,037.8	1,266.3	1,418.1
2	Foreign Affairs	176.9	158.3	256.3	235.3	281.1	271.9
3	Defence	130.0	137.1	156.6	216.0	275.8	382.9
4	Justice	76.2	92.6	127.0	188.7	228.3	278.0
5	Public order and safety	616.8	654.3	764.8	990.0	1,269.0	1,381.1
6	Education	1,843.3	2,164.4	2,697.0	3,605.8	4,247.9	5,178.3
7	Science	66.1	83.3	139.5	199.6	307.8	394.8
8	Culture, art sport and youth activities	203.6	266.3	315.4	486.7	564.6	640.2
9	Health	1,105.9	1,340.0	1,572.4	2,111.8	2,628.5	3,391.4
10	Social insurance, services and benefits	2,583.7	3,266.4	4,242.6	5,155.9	6,580.0	7,891.4
11	Agriculture, forestry and fishing	299.9	263.7	577.4	681.4	1,227.1	1,243.6
12	Environmental protection	28.7	50.8	54.2	108.2	104.6	94.1
13	Industry and construction	15.2	17.9	20.2	40.8	44.8	31.5
14	Transport and communication	128.4	182.8	217.7	507.5	1,062.8	1,145.9
15	Housing and communal services	335.4	527.8	692.7	1,011.5	754.9	627.0
16	Fuel and energy	86.1	232.9	346.7	383.8	443.8	259.8
17	Debt service	579.6	772.7	470.6	428.6	609.8	721.6
18	Other expenditures incl. Transfers to ATU	287.0	306.0	378.3	584.5	456.2	795.3
Total		9,196.0	11,265.9	13,949.1	17,973.9	22,353.3	26,146.9

Source: Ministry of Finance.

Table D.2 National public budget: trends in share of functional allocations to broad sectors, 2003–08 (%)

Sector code	Sector/ Principal Group	2003 Actual	2004 Actual	2005 Actual	2006 Actual	2007 Actual	2008 Actual
1	General public services	6.9	6.6	6.6	5.8	5.7	5.4
2	Foreign Affairs	1.9	1.4	1.8	1.3	1.3	1.0
3	Defence	1.4	1.2	1.1	1.2	1.2	1.5
4	Justice	0.8	0.8	0.9	1.0	1.0	1.1
5	Public order and safety	6.7	5.8	5.5	5.5	5.7	5.3
6	Education	20.0	19.2	19.3	20.1	19.0	19.8
7	Science	0.7	0.7	1.0	1.1	1.4	1.5
8	Culture, art sport and youth activities	2.2	2.4	2.3	2.7	2.5	2.4
9	Health	12.0	11.9	11.3	11.7	11.8	13.0
10	Social insurance and social services	28.1	29.0	30.4	28.7	29.4	30.2
11	Agriculture, forestry and fishing	3.3	2.3	4.1	3.8	5.5	4.8
12	Environmental protection	0.3	0.5	0.4	0.6	0.5	0.4
13	Industry and construction	0.2	0.2	0.1	0.2	0.2	0.1
14	Transport and communication	1.4	1.6	1.6	2.8	4.8	4.4
15	Housing and communal services	3.6	4.7	5.0	5.6	3.4	2.4
16	Fuel and energy	0.9	2.1	2.5	2.1	2.0	1.0
17	Debt service	6.3	6.9	3.4	2.4	2.7	2.8
18	Other expenditures	3.1	2.7	2.7	3.3	2.0	3.0
Total		100.0	100.0	100.0	100.0	100.0	100.0

Source: Ministry of Finance.

Table D.3 Trends in the share of the national public budget in GDP, 2003–08, by sector (%)

Sector code	Sector/ Principal Group	2003	2004	2005	2006	2007	2008
		Actual	Actual	Actual	Actual	Actual	Actual
1	General public services	2.3	2.3	2.4	2.4	2.4	2.7
2	Foreign Affairs	0.6	0.5	0.7	0.5	0.5	0.5
3	Defence	0.5	0.4	0.4	0.5	0.5	0.7
4	Justice	0.3	0.3	0.3	0.4	0.4	0.5
5	Public order and safety	2.2	2.0	2.0	2.2	2.4	2.6
6	Education	6.7	6.8	7.2	8.2	8.0	9.7
7	Science	0.2	0.3	0.4	0.5	0.6	0.7
8	Culture, art sport and youth activities	0.7	0.8	0.8	1.1	1.1	1.2
9	Health	4.0	4.2	4.2	4.8	4.9	6.4
10	Social insurance and social services	9.4	10.2	11.3	11.7	12.3	14.8
11	Agriculture, forestry and fishing	1.1	0.8	1.5	1.5	2.3	2.3
12	Environmental protection	0.1	0.2	0.1	0.2	0.2	0.2
13	Industry and construction	0.1	0.1	0.1	0.1	0.1	0.1
14	Transport and communication	0.5	0.6	0.6	1.2	2.0	2.1
15	Housing and communal services	1.2	1.6	1.8	2.3	1.4	1.2
16	Fuel and energy	0.3	0.7	0.9	0.9	0.8	0.5
17	Debt service	2.1	2.4	1.2	1.0	1.1	1.4
18	Other expenditures	1.0	1.0	1.0	1.3	0.9	1.5
Total		33.3	35.2	37.0	40.8	41.9	49.0

Source: Ministry of Finance.

Annex E Moldova country profile: indicative statistics

UNICEF has developed the table overleaf to investigate progress in child care reform across the region. This table assumes that the measure of success is the changing proportion of children in different types of care. However, it is recognised that **the numbers for each country are not comparable** because every country has its own way of collecting the statistics. For example, in some countries the figures for 'children in residential care' include only those in state-run institutions, which omits all the children in private institutions (and the number of whom may exceed 1,000). The countries vary in their decision as to whether or not to include general boarding schools, auxiliary schools, detention centres and residential institutions for children with severe disabilities. It is not clear whether they include adults who are still living in institutions intended for children, or children living in institutions intended for adults. Nor are they even in their treatment of residential schools for children with outstanding talents.

Of far more importance than the numbers, then, are the questions...

NEVER MIND THE NUMBERS—WHAT ARE THE REAL BIG ISSUES IN MONITORING THE REFORM?

- How does each country decide what is the measure of success in its reform?
- If the number of children receiving services increases, is this seen as a good sign (increased coverage to those in need) or a bad sign (more children in difficulty)?
- Which children are included in the statistics?
- How do governments determine what is happening in non-state institutions?
- What is the fate of the children who are removed from the institutions? Is their well-being monitored?
- How do governments incorporate statistical findings into their planning process?

Table E.1 Basic statistics

Indicator	Data	Source
Total population (January 1 st , 2007)	3581,1 thousand persons	Statistical Yearbook, 2007
Child population, 0-17 years (January 1 st , 2007)	846,2 thousand persons	Children of Moldova, 2008
Young child population, 0-3 years (January 1 st , 2007)	149,2 thousand persons	Children of Moldova, 2008
Poverty rate, \$PPP 2.15/day (2005)	14.4	Poverty and Policy impact Reports, 2005
Child poverty rate, \$PPP 2.15/day (2005)	To be confirmed	Poverty and Policy impact Reports, 2005

Indicator	Data						Source (further explanation/ definition)
	2002	2003	2004	2005	2006	2007	
Children in residential care, 0-3yrs (absolute numbers)	405	378	363	361	388	361	Trans MONEE 2009 Database , released April 2009
Children in residential care, 0-3 yrs (rates per 100,000 children 0-3yrs)	279	264	251	247	260	241	Trans MONEE 2009 Database , released April 2009
Children in residential care, 0-17 yrs (absolute numbers)	12000	11900	12500	12100	11500	9900	Trans MONEE 2009 Database , released April 2009
Children in residential care, 0-17 yrs (rates per 100,000 children 0-17 yrs)	1,231	1,279	1,397	1,410	1,364	1,215	Trans MONEE 2009 Database , released April 2009
Children in foster care, 0-17 yrs (absolute numbers)		24	32	53	53	46	To be confirmed
Children in foster care, 0-17 yrs (rates per 100,000 children 0-17yrs)							
Children in guardianship, 0-17 yrs care (absolute numbers)	5000	5200	5600	5300	6200	6300	Trans MONEE 2009 Database , released April 2009
Children in guardianship care, 0-17 yrs (rates per 100,000 children 0-17yrs)	519	561	624	614	736	778	Trans MONEE 2009 Database , released April 2009
Domestic adoptions (absolute numbers)	295	298	321	358	320	353	Annual Social report of MSPFC, 2008
Inter-country adoptions (absolute numbers)	7	59	83	46	52	95	Annual Social report of MSPFC, 2008

Annex F Timeline of events in child welfare reform

Date	General events in Moldova	Child welfare policy
pre-1998	Independence declared in 1991 Transnistria separates from Moldova, 1992 New Constitution adopted 1994	Main child welfare systems in place are residential institutions, guardianship, adoption. Moldova signs UN CRC in 25 th of February 1993. Law on children's rights, 1994 Opening of social assistance faculty in University teaching programme, 1995
1994		Accession to Hague Convention on international adoption
1998		Oct Ratification of Hague Convention on international adoption
	Administrative territorial reform – creation of 11 local councils (judet)	Creation of National Council for the Protection of Children's Rights – interministerial body
1999		Law on youth
2001	Feb Communist party wins national elections. Voronin becomes president Approval of Law on administrative-territorial organisation of RM No. 764 dated 27.12.2001	Creation of Social Assistance Section affiliated to Ministry of Labour and Social Protection
2002	Introduction of MTEF	Creation of Alliance of NGOs active in social protection of family and child
		Oct Concluding observations of UN Committee on the Rights of the Child to 1st periodic report
2003	Administrative territorial reform – creation of 32 local councils (raions), Implementation of the Law on administrative-territorial organisation from 2001 Law on local public financing No. 397 dated 16.10.2003	Approval of National Strategy on the Protection of Children's Rights and its Plan of action (2003-2008) Approval of National Strategy "Education for All 2004-2015", MEYS The Penal Code includes the prohibition of corporal punishment
		Dec Law on Social Assistance
2004	Jan Approval of EGPRSP	EU TACIS Support to Child Welfare Reform programme begins (TACIS 1)

2005	Mar	Communist party wins national elections. Voronin remains president	
			Jul
			Creation of Ministry of Health and Social Protection
			Survey on Violence against children, UNICEF
			Creation of community social services for minors condemned for penal offence.
2006			EU TACIS 'Development of Integrated Social Care Services for Vulnerable Families and Children at Risk' programme begins (TACIS 2)
			May
			Approval via government decision of the regulation on payments to adopted children and to guardians
	Dec	Approval of Law on local public administration No. 436 dated 28.12.2006	
		Approval of Law on Administrative Decentralisation Nor. 435 dated 28.12.2006	
2007		European Neighbourhood Partnership Instrument of European Commission	Jan
			Creation of Ministry of Social Protection, Family and Child Transfer of responsibilities for child welfare policy from MEY to MSPFC.
			Creation of national network of community social assistants and provision of initial training
			DFID / SIDA 'Support to effective and sustainable social assistance services' programme begins
			UNICEF rapid assessment of residential institutions for children
			May
			Beneficiaries assessment in social assistance system organised by MSPFC in partnership with Oxford Policy Management and EveryChild
			Jun
			Approval of National Strategy on Reform of Residential Care System for Children 2007–12 ('deinstitutionalisation strategy') and its action plan
			Oct
			Approval via Government Decision of the regulation on Gatekeeping Commission
			Dec
			Approval of regulation on foster care service
			Approval of Law on prevention of family abuse
			Approval of National Health Strategy
2008	Jan	Approval of National Development Strategy	

	Jul		Approval of Law on Social Support
	Oct		Approval of case management guide for social assistants
	Dec		Approval of National Programme on Integrated System of Social Services
			Approval of supervision mechanism for social assistants
			Transfer at local level of specialist in child protection, that represent Guardianship Authority from the General Department of Education, Youth and Sport to Social Assistance and Family Protection Department
			Creation and functioning of Gatekeeping Commissions in all 35 raions and municipalities
			Concluding a memorandum of understanding between MSPFC and civil sociality regarding the participation on development of social policy, including child protection sphere
			Closure of 4 residential institutions for children in municipality of Chishinau.
			MSPFC in partnership with NGOs organise a national campaign on prevention of abuse.
			Submission of 2nd periodic report to UN Committee on the Rights of the Child
2009	Apr	National elections are held but the result is contested	Creation by the MSPFC of Working Group for development of Law on Accreditation of social services
			MSPFC is developing the framework on Social Inspection In social assistance
			Survey on Violence against children, UNICEF
			Approval of referral mechanism of beneficiaries in the system of social services
	Jul	New elections held	

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Annex H List of meetings held

Name	Position	Organisation
Weds 10 June		
Jana Chihai	Head	'Somato' centre for mental health problems, Balti
Thurs 11 June		
Vasile Cusca	Head, Social Protection of People with Disabilities Department	MSPFC
Fri 12 June		
Galina Morari	Head, Mother and Child Health Department	Ministry of Health
Nicolae Besliu	Manager of implementation team	Keystone Human Services International Moldova Association
Vadim Pistrinciu	Social reform consultant	
Mon 15 June		
Marcela Dilion	Consultant, child protection programme	UNICEF
Angela Cara	Project coordinator, 'Children separated from family environment'	Ministry of Education and Youth
Tamara Fornea	Child protection expert, 'Children separated from family environment'	
Nina Sutac	Child protection expert, 'Children separated from family environment'	
Marina Semeniuc	Division chief, social assistance and health care financing	Ministry of Finance
Svetlana Bortoi	Division chief, education, culture and science financing	Ministry of Finance
Tues 16 June		
Alexandra Zbirnea	Consultant, preschool, primary and secondary education department	Ministry of Education and Youth
Rodica Moraru	Main specialist, child and family protection department	MSPFC
Maria Tarus	Head, Baby Centre for Temporary Placement and Rehabilitation	Ministry of Health
Gabriela Ionascu	Country Coordinator	UNAIDS
Alexandrina Iovita	M&E adviser	
Ala Cislaru	Division chief, budget of territorial administrative units	Ministry of Finance
Weds 17 June		
Maria Popovici	Head of Department for Minors and Morals	Ministry of Internal Affairs
Thurs 18 June		
Vitalie Popa	Head of Probation Department	Ministry of Justice
Tues 7 July		
Domnica Ginu	Secretary of the permanent secretariat	NCCRP
Thurs 30 July		
Valentina Moraru	Main specialist	Education Department of Chisinau
Mariana Ianachevici	President	Alliance of NGOs active in the social protection of family and child
Thurs 23 September		
Eugenia Gonciar	Head of adoption section	MSPFC