

Feasibility Study to improve the social protection system in Moldova

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Country: Republic of Moldova

Sector: Other social infrastructure and services

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1 Purpose of the program study

The proposed program of bilateral development cooperation of the Czech Republic for 2018-2023 within Objective 2 should: *“Contribute the introducing a suitable social protection system, increasing and improving social protection of vulnerable population groups.”* The program study reacts to the proposed objective, and based on a detailed examination of the situation in Moldova it proposes specific area of support, which in the timeframe of the next 6 years can contribute to a qualitative change in the processes of planning and financing social services. **The objective of improving the social protection system in Moldova is feasible, the study proposes suitable measures to contribute to fulfilling the objective. Improvement of the social protection system, improved efficiency of distributing funds and improving the availability of social services anticipates the involvement of all the key partners (public administration, local government, services providers, educators) in creating and modifying the system.**

Involvement in this process requires the representatives of these entities to have the adequate competences for this type of work (expertise, skills and attitudes). High demand on flexibility, enthusiasm and the ability to learn and manage changes is placed on the key individuals involved in co-creating the system. This cooperation also requires mutual trust, which is based among other things on experience from successful cooperation in solving sub-problems. The study does not propose measures aimed directly and solving the compensation of insufficient funds in the system; the issue of improving the economic situation of Moldova is primarily addressed in the national strategy Moldova 2020.

Within the framework of the study, measures and activities are proposed which use the network of competent experts operating in various sectors and on various levels of the social protection and services system, activities to support local solutions which are transferable to other areas and sustainable even after conclusion of the program (adoption of competences, setting and start-up of the system, creation of instruments for administration and management of the local system) and activities to support decision-making based on relevant data (evidence-based approach). The recommended activities are feasible even in the turbulent environment of Moldova.

The study takes into account the wider context of social policy and ongoing reforms and the country's overall situation. Socio-demographic development (low birth rate, natural population loss, loss of economically active population - i.e. employees and self-employed individuals) and economic development (long-term recession) in Moldova put immense pressure on the social security system. The country is concurrently preparing a number of reforms not only in the area of social security, but also in the area of public administration (local territorial division), healthcare (assurance of primary care availability, change in the approach to the issue of service quality), pension security and tackling poverty. Reform efforts in the area of social policy (in a broad sense, i.e. including healthcare policy) are restricted by the limited volume of resources (declining GDP share of resources to implement social policy), changes in the definition of public budgets (decentralisation of public administration and the related budgetary designation of taxes without strict binding of purpose).

The measures and activities proposed within the feasibility study reflect the basic areas of common interest of the target country and the CDA program:

- planning social services needs (incl. non-unified method of determining need)
- effective allocation of limited funds
- improving the availability of social services
- improving care for vulnerable families and children
- improving the care system for people with medical disabilities

The study was processed based on an analysis of strategic documents in the area of social policy, current legislation and documents drafted within the framework of development cooperation programs (Czech or foreign donors), interviews and observation in the target country. Unstructured interviews were conducted with respondents on all levels of public administration and respondents from the public and private sphere. Semi-structured interviews with all of these were consecutively interpreted (Romania - Czech, once Russian - English). The team members alternated in conducting the interviews, and the team members took manual field notes from the interviews. References to notes from these interviews are used in the text; citations from the interviews are paraphrases of the original statements in the original language. The used documents were in Czech, English and Romanian. Electronic translation instruments were used to study more extensive texts in Romania; to eliminate doubts, the documents or parts thereof were translated from Romanian to Czech and English and the meaning of the text was then compared. English translations of the laws were used to study legislation. The text uses references to the original documents (often available online).

Used terms:

Ministry of Labour, Social Protection and Family (Ministerul Muncii, Protecției Sociale și Familiei) is the key entity responsible for social policy, legislation, etc. The abbreviation “MPSF” or “Ministry (MPSF)” is used further in the text to ease legibility.

District - (*raion*) identifies a territorial administrative unit approximately the size of a former district (*okres*) in the Czech Republic.

Region - this term has two contents in the study (depending on the context). In general, it is used to mean a territory defined on the basis of common characteristics (e.g. rural region). It acquires a specific region in relation to the considered territorial administration reform. In this case it is used with a capital at the beginning (Region) for purposes of distinction.

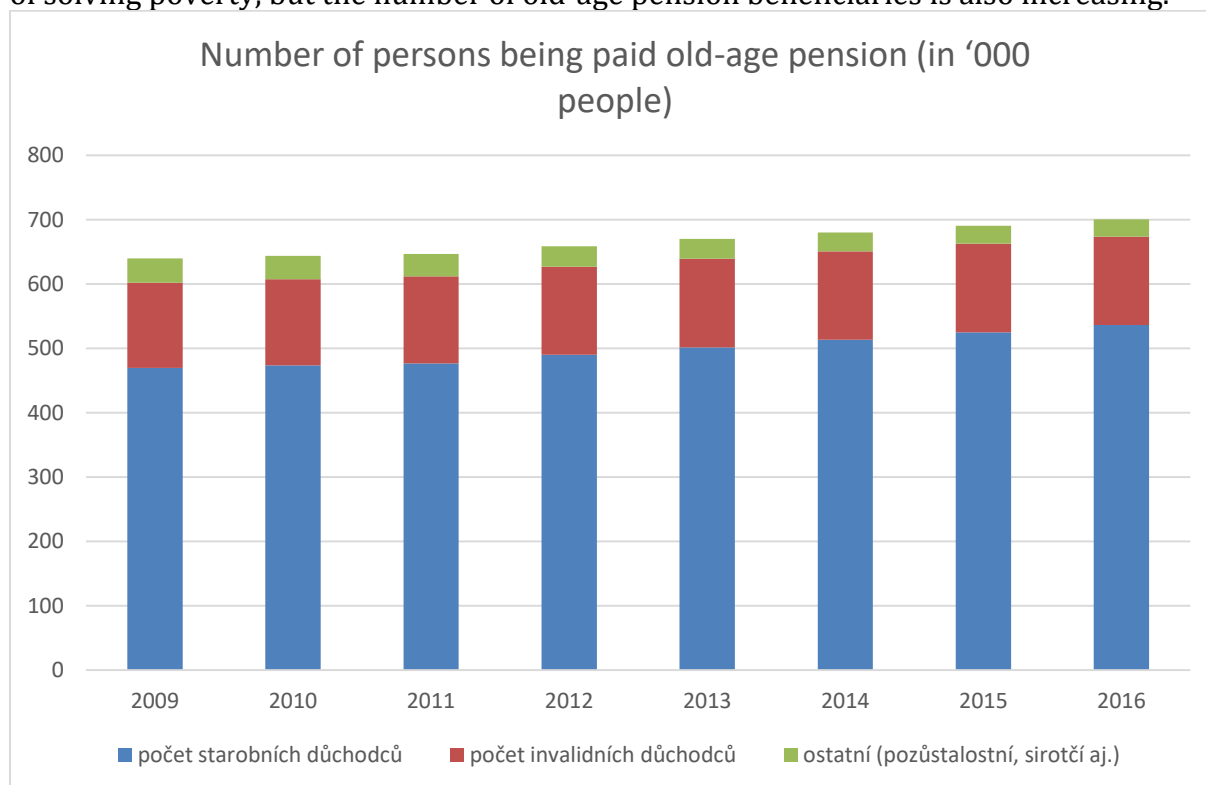
Place names - [The original version of place names is generally used in the English version.]

2 Moldova - socio-demographic and socio-economic context

2.1 Socio-demographic profile of Moldova

The population of Moldova has been decreasing consistently, mainly due to the emigration of the population abroad for economic reasons (the birth rate has increased slightly in recent years). The country struggles with the long-term drain of inhabitants of a productive age. It is estimated that up to 20% of the current population of 4 million live abroad (the predominant nationality is Moldovan, the largest minority is Ukrainian). However, the departure of inhabitants of productive age disrupts the standard family model - there is a higher number of children in Moldova caring for their grandparents, as well as seniors whose children are not nearby. This puts increased pressure on ensuring care for these persons by other than the traditional means, i.e. by the closest relative - the community or institutional care must take over. A similar trend within the European Union member states is faced primarily by Lithuania and in part by Latvia, mainly due to economic migration, as is the case in Moldova.

The largest group in the population are people aged 15 - 64 years (productive age); Moldova will be challenged by the fundamental problem of an ageing population somewhat later (meaning within 10 - 15 years) than most European countries. This gives Moldova room to exploit suitable foreign models to solve this situation.¹ The ageing of the population and its impact on the social security system can already be observed now. Year-on-year, the volume of funds paid as old-age pension is increasing. This growth is incited not only by gradual valorisation related among other to the issue of solving poverty, but the number of old-age pension beneficiaries is also increasing.



GRAPH 1 - number of old-age pension beneficiaries in 2009 – 2016 (source: National Statistical Office of Moldova)

¹BusinessInfo.cz, 2016. Moldova - Summarised territorial information. Available from: <http://www.businessinfo.cz/cs/clanky/moldavsko-zakladni-charakteristika-teritoria-19033.html>

2.2 Socio-economic profile of Moldova

According to official sources, Moldova is the poorest country in Europe². There is a substantial difference between the monitored and reported data about the state of the economy and wages in the country, and the reality of prices - price level. Even the central bodies of the state administration including the MF admit that the share of the grey economy, funds from Moldovan citizens going abroad and other unregistered incomes is high. This has a negative impact on the volume of funds collected by the state (through taxes and various levies), which it can manage and further redistribute. The basic indicators of economic condition are also being distorted. It is difficult to bring coordinated foreign aid to the country (various public resources - development cooperation programs, resources from private fund, church resources, etc.). Trust in public institutions, especially on a central level, is extremely low. The described situation is rooted in the atomisation of local government. The demands imposed on territorial administrative units (municipalities, sometimes even districts) are high given the number of inhabitants, population density and budget of the given local government. It is difficult to ensure adequate staffing to ensure the necessary agenda. The entrusted agendas are formally executed, and the individual required positions and roles are likewise filled through regular elections and their results. Hence, the role of official local government officials is in many cases rather honorary. This issue is addressed in detail in the section "Concept of administration and local government in Moldova".

In the context of the foregoing, there is pressure (expectations?) to finance social and other public services from other than public resources. The currently available public budgetary funds by far fail to cover the required network of social services in the territory.

3 Basic strategic social policy framework

The concept of social security in a broader sense in Moldova may be characterised as an effort aimed towards a social state of European format, specifically of an institutional type. An institutional social state is characterised by a centrally organised system of social services, which are to ensure the standard life needs of individuals and groups. Such social state should integrate society, even out inequalities and avoid social incidents. Social assistance here is perceived as a "normal, acceptable and justified function of modern industrial society", and this concept is backed by the conviction that "it is right to help people in self-fulfilment."³ Moldova declares an interest in aiming towards a European concept of a social state, but it still has considerable room for improvement in many regards as concerns the practical application of the concept of human rights and emphasis on human dignity⁴. One example for all worth mentioning is

² Based on data from the World Bank, available online:

http://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?year_high_desc=true

³ MORAWSKI Witold: Economic sociology. Prague: Sociologické nakladatelství. 2005. [ISBN 80-86429-43-1](#)

⁴ Not even in the capital city are there significant solutions e.g. to barrier-free access, even at institutions in related fields. For example, the entrance to the social assistance directorate in the capital consists of seven steep steps; the platform for wheelchairs is purely a formal affair.

the reports describing the insufficient observance of rights of people with medical disabilities⁵.

3.1 Social security and financing structure

Social security in Moldova reacts to the consequences of a range of phenomena, which require interventions of a various nature - creation of a functional environment and infrastructure (legislative, technical, informational), financial transfers (to individuals, organisations ensuring material performance), organisation and potential provision of services. In terms of the approach to solving social phenomena, Moldova struggles with a conflict between a participative and individualistic concept similar to wealthier European Union countries, and the centralist and paternalistic concept rooted in post-communist and post-soviet countries. The strategy and a number of legal changes in the social area emphasise the personalisation of solving citizens' social problems, respect for individual needs, emphasis on quality of life, the ability to choose and the assumption of civic participation, including financial, in solving one's personal life situation. In practice, the historically rooted centralism and paternalism is more apparent⁶, and can be seen even in the progress of work on preparing and implementing fundamental reforms and changes in the social area. **The insufficient fulfilment of the principle of participation (involvement of stakeholders) in preparing reforms and changes bears the increased risk of resistant, distrust and above all the formalist application particularly of legislative changes, which may not bring the expected results.**

In a number of cases, the preparation of reforms is supported by foreign donors (the World Bank, UNDP, European Union, with the framework of programs of foreign development cooperation, etc.) using the experience of foreign experts, but sometimes with unreasonable optimism and insufficient regard for local particularities.⁷ Nevertheless, this principle still offers room to share best practice and support the faster and easier transfer of expertise. It is also necessary to stress the approach of Moldova, which adopts the recommendations or proven models from abroad without adequate readiness of the local structures. Without the sufficient participation of local players, however, the changes may underestimate the maturity of the environment and potential of the social system, in particular the social care and social services system, to absorb the changes.

Poverty was and remains the key topic of social security in Moldova.⁸ The evolution of poverty can be traced in the following table.

⁵ Report from the meeting organised by the UN Committee on the Rights of Persons with Disabilities.

⁶ Social work is merely concentrated, controlled from a central level; the financing of non-governmental social services providers from public budgets is arbitrary, unsystematic. The systems for registering social services providers are organised centrally, as is the stipulation of conditions for quality control. Financial resources for fulfilling the obligation to ensure selected social services were transferred to the regional budgets only in 2016 within the reform.

⁷ One example may be the "Communal information and services centres" (Biroul Comun de Informații și Servici), the task of which is to provide comprehensive interlinked information on the level of the districts in all areas for which the district is responsible within its local government or transposed authority. In the selected district, this centre is open on one working day for 2 hours per week, and on one other working day for 2 hours at the "mobile office" within the district territory.

⁸ In 2014, 41% of the population of Moldova lived below the "regional poverty level", i.e. with an income of less than USD 5 per person per day.

Poverty rate - development 2010-2015

	Share of persons living in poverty, %						Share of persons living in extreme poverty, %					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
TOTAL	21.9	17.5	16.6	12.7	11.4	9.6	1.4	0.9	0.6	0.3	0.1	0.2
<i>of which</i>												
in cities	10.4	7.4	8.2	4.6	5	3.1	0.4	0.2	0.2	-	0.1	-
<i>in major cities</i>	7.3	4.2	4.3	1	2.2	1	0.4	0	0.2	-	-	-
<i>in small towns</i>	14.2	11.3	13	9.1	8.4	5.7	0.3	0.4	0.2	-	0.1	-
in rural areas	30.3	25	22.8	18.8	16.4	14.5	2.1	1.4	0.8	0.4	0.1	0.3

TABLE 1 Evolution of the share of persons living in poverty and extreme poverty (source: MPSF)

The topic of poverty is particularly urgent in rural areas, where poverty is compounded by poorly developed infrastructure (transport, waterworks, sewerage, heat supply) and demographic development - rural Moldova is ageing faster than the cities, which is substantially linked to the trend of emigration, which is the strongest in rural areas. Poverty brings an increased risk of unavailability of healthcare (people do not have mandatory health insurance, standard quality care assumes additional financing from the patient's own resources in addition to the health insurance system). The fact that employment opportunities in rural areas can be found mainly in agriculture contributes to the disparity between the city and countryside. Most production and foreign investment is directed towards the two largest Bălți and Chișinău. On the other hand, it must be emphasised that Moldova is seeing a period of moderate economic development and gradual growth⁹. The burden in areas of poverty is successfully being reduced, and the number of people living below the poverty line stipulated by Moldova has declined since 2007¹⁰. The demands arising from the ambition to fulfil the vision of a functional social state, including evening out inequalities and integrating society, are particularly high given the foregoing. Moldova has developed its own instrument to measure the degree of inequality among the individual areas – Multiple deprivation index (IDAM)¹¹

*The **Multiple deprivation index (IDAM)** is an official government instrument used in Moldova to identify localities in the country with the highest degree of deprivation and poverty. The value of the IDAM indicator is calculated for rural localities in Moldova (total of 843 localities) based on 48 relative indicators, groups into 8 separate areas: economic activity and agriculture, physical infrastructure (roads, waterworks, electricity, sewerage, etc.), education, healthcare, demographics, social services, public finance and ecological conditions.*

*The data is transposed into the database form a wide group of public institutions. **Level 1 indicates the highest depravity (poorest localities without services), the value 843 the lowest depravity (most prosperous, developed locality).** This index is used by public authorities and Moldova's foreign partners to create and implement local and regional policies and to implement development projects. IDAM provides a picture of the socio-economic situation in each region, district and locality, and may be used both to identify insufficiently developed areas and to orient policies and aid in these areas. Similarly, it may be used to identify localities with development potential, with the aim of allowing the exploitation of these areas' advantages, examining hidden and ineffectively used resources and regional specialisations.*

⁹ It is based among other on World Bank data

<http://pubdocs.worldbank.org/en/579541493822164125/Moldova-Economic-Update-2017-Spring-final.pdf>

¹⁰ The level of poverty in Moldova was stipulated at MLD 104.67 per adult and month in 2014.

¹¹ The criteria are available at http://mec.gov.md/sites/default/files/idam_versiunea_2015.pdf

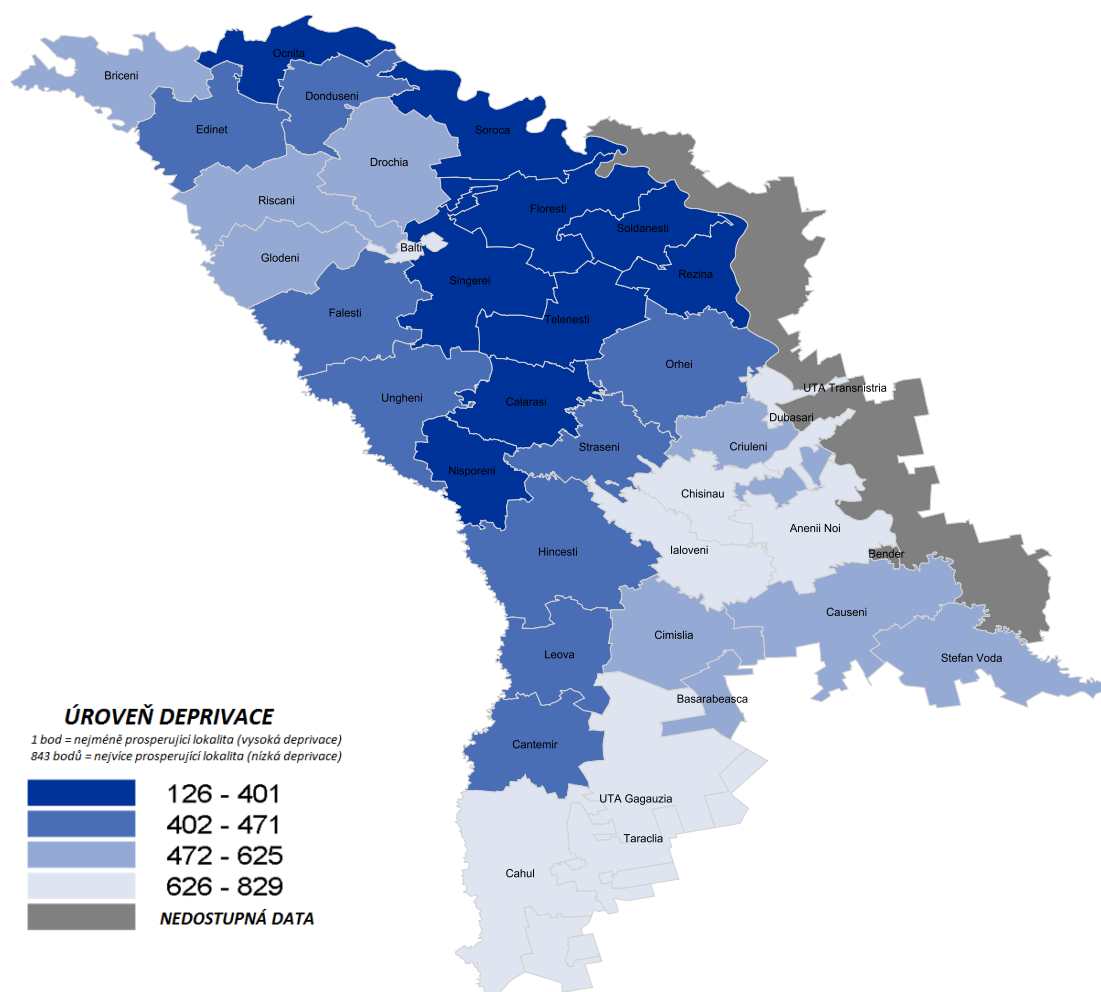


FIGURE 1 - Degree of multiple depravity of the districts (taken from *Notă informativă privind nivelul de dezvoltare social-economică al localităților/raioanelor/regiunilor Republicii Moldova conform Indicelui de Deprivare a Ariilor Mici, MERM, 2015*)

Moldova is undergoing a period of intense reforms practically across all areas of public administration. Changes in the social security system take place concurrently with changes in the structure of offices, administrative division of the country, etc. In order to maintain the long-term focus of the social policy and thereby the system of social service, stability and a basal consensus across the political spectrum are essential. At present, the merging of the ministry of labour and the ministry of health has been approved¹². Although such merger is necessary, it is questionable to what degree it will influence the commenced steps and reforms in the social area. Mutual interactions between policies that were separated to date are difficult to predict, and given the current speed and scope of new measures and activities, it is difficult to expect the early framing within a unified long-term strategy. Changes in the number of ministries and changes in the division of individual agendas are just partial changes on a central level. At present, there is ongoing dialogue about the more profound change of the public law system, aimed at reducing the fragmentation of local government into many small municipalities and district with a limited capacity to provide the desired public

¹² The government decided on the merger of the ministry of labour (MMPSF) and the ministry of health in June 2017 in connection to approval of the reform of legislation concerning the functioning of the country's government. <http://www.gov.md/en/content/cabinet-ministers-approved-governments-reform>

services¹³. The current situation is extremely demanding in resources, both financial, human and time. The discussed change fundamentally affects all levels of local government with a profound impact on the processes of planning, managing and financing social services.

Possibly also with regard to the described basic structural changes and reforms, it is difficult to identify the unified attitude of the MMPSF to the principle of subsidiary within the partial reforms. Decentralisation is an element mentioned in a number of strategic documents; for the social area the fundamental breakthrough was in 2016, in which the change in the distribution of resources from the state budget was first project in full scope - local budgets were strengthened in order to finance expanded agendas, including district responsibility for ensuring a part of the range of social services.

The mutual interlinking of individual social phenomena and the correlation of impacts of individual measures requires a coherent, coordinated approach. The ministry of labour (MMPSF) itself, in a report from 2015, states that: "...additional auxiliary measures are required, closer involvement in the development of integrated social assistance programs, which offer beneficiaries not just minimal resources, but also the opportunity of great autonomy...". One of the attempts aimed at such integration may be the concept of "Communal information and services centres" (Biroul Comun de Informații și Servicii), the task of which is to provide comprehensive interlinked information on the level of the districts in all areas for which the district is responsible within its local government or transposed authority¹⁴. The concept reacts to the demands imposed on individual (respectively the organisation) in connection to the changing and developing legislative environment. The quality and impact of practical implementation then depends on the competences of the employees working at these Communal Centres and their geographical and time availability¹⁵. When planning visits and mapping the situation in the social area in February and April 2017, this institute was not mentioned in any interview, although it is supposed to serve as a means of two-way communication (collection of need, etc.). Based on the opening hours of the selected centre in the Calarasi district (Tuesday 9:00-12:00, in the field based on the planned schedule),¹⁶ it may be inferred that the service is not sufficiently available.

In practice, the majority of the social agendas (e.g. activities of the social care directorate) are merely de-concentrated. It takes place in a location where staffing is subject to the decision of the district council, but the execution of entrusted activities is defined by law and methodically directly governed by the ministry of labour (MMPSF). Concurrently, new specialised agencies, commissions and work groups are created for the individual areas and tasks. Most of these are established on a central level without a more profound connection to the lower administrative level. An example can be seen in the National Agency for Social Assistance (Agenția Națională Asistență Socială)¹⁷, or the

¹³ The variants of the reform are described in detail in the Report on territorial administrative reform, which is available at file:///C:/Users/matej.lejsal/Downloads/JILD-Report%20on%20territorial%20administrative%20reform_24_03_2015.pdf

¹⁴ These information points were created as a result of a project supported from US AID funds in 2013 - 2014 http://descentralizare.gov.md/public/files/CIPS_Concept_paper_final_eng.pdf

¹⁵ The centre in the Orhei district is open once a week from 9:00 to 12:00, and once a week the mobile form of this centre travels around the territory of the district based on the schedule (<http://or.md/index.php/biroul-comun-de-informatii-si-servicii/>)

¹⁶ <http://www.calarasi.md/index.php/2-uncategorised/53-biroul-comun-de-informatii-si-servicii-calarasi>

¹⁷ This deficiency should be resolved, as one of many other tasks, by the newly established National Agency for Social Assistance. The Agency's activities cannot be assessed, as it was established in 11/2016. From an

Centre for Reform Implementation (Centrul de Implementare a Reformelor)¹⁸. One can witness the paradoxical situation where legislative changes in the area of social services, which stress the involvement of all the players, are created on a central level with the minimal or limited involvement of the key players, who are supposed to play a key role in the newly defined system¹⁹.

interview with the newly elected directors, it is evident that the real commencement of work on performing the tasks entrusted to this institution will begin at earliest within one year.

¹⁸ <http://www.gov.md/en/content/cabinet-ministers-approved-governments-reform>

¹⁹ For illustration, we can mention the transfer of responsibility to ensure the availability of a part of social services and their financing concurrently with the entirely new method of district economic management (responsibility for revenues and expenses) in 2016.

Main entities in the area of social services in Moldova and their roles	
Central government	<p>Drafts public policy.</p> <p>Drafts and approves regulations on social services.</p> <p>Governs social services inspection in order to assure the high quality of these services.</p> <p>Provides support to local public administrative authorities in creating and developing social services.</p> <p>Creates, manages and develops social services with high specialisation.</p>
Regional government (district)	<p>Provides potential recipients with information about available social services.</p> <p>Determines the specific needs of the population in terms of social services.</p> <p>Creates, manages and develops social services based on the specific needs of the region.</p> <p>Determines the necessary funds to create and develop social services.</p> <p>Monitors and evaluates the quality of social services provision.</p> <p>Provides the Ministry of Labour, Social Protection and Family with relevant data about the provided social services in the district.</p>
Local government (municipality - Primaria)	<p>Provides potential recipients with information about available social services.</p> <p>Determines the specific needs of the population in terms of social services.</p> <p>Participates in the selection of social assistants and social workers.</p> <p>Supports and facilitates the performance of social work activities and caregivers.</p> <p>Establishes and provides (most) social services based on the specific needs of the community.</p> <p>Provides support to non-profit social services providers from the community.</p> <p>Provides the relevant information to the social department of the district/area social work directorate.</p>
Organisation of the civil sector / Non-government non-profit organisations (NNO)	<p>Supports local government in creating and providing social services.</p> <p>Informs the respective authorities in the case of misuse of social services.</p> <p>Examines and identifies gaps in the provision of social services, gaps in the approach and quality, and unresolved needs in the community.</p> <p>Proposes the respective changes in legal regulations or initiates changes or the creation of public policy concerning social services.</p> <p>Informs citizens about social services and public policies concerning social services.</p>
Social services inspection (Inspekția Socială)	<p>Investigates potential fraud in the provision of social services.</p> <p>Investigates illegal practices in the provision of social services.</p> <p>Ensures control of service quality.</p> <p>Ensures protection of social services beneficiaries' rights and verifies the meeting of their needs.</p> <p>Provides support and guidance to social services providers.</p>
National council for accreditation of social services (Consiliul național de acreditare a prestatorilor de servicii sociale)	<p>Creates and develops regulations relevant to the accreditation of social services.</p> <p>Establishes groups of expert assessors to evaluate social services.</p> <p>Accredits social services, revokes accreditation.</p> <p>Evaluates the quality of social services providers.</p> <p>Provides methodical support to services providers.</p>
National agency for social assistance (Agenția Națională Asistență Socială)	<p>Supports and ensures the professional development of employees in the social security system.</p> <p>Creates and develops an education system for social workers and employees in social services.</p> <p>Evaluates and manages the performance of employees in social services founded by the state.</p> <p>Improves the quality of highly specialised social services founded by the state.</p> <p>Creates methods for the implementation of regulations in the area of social assistance.</p> <p>Creates regulations, quality standards, guidelines.</p>

TABLE 2 - Overview of entities in the area of social services and their competences

For completeness, it is necessary to include the important role of the District social directorates. Within the framework of proving social care, they ensure the enforcement of children's rights protection and support of the family. A reform in this area was prepared by the Moldovan government in cooperation with UNICEF and approved in 2007. Despite a number of pitfalls and objections,²⁰ it was launched and operated over several following years. The closing of large-capacity boarding schools and children's homes and the development of foster family care is a positive result of the reform. The number of children that must be deemed vulnerable has not reduced significantly. In this example, it is possible to illustrate that the systems are reformed and modified, given that the basic definition of system functions corresponds to the main principles of European social legislation ²¹ and secondary legal standards accents principles similar to EU countries.

The process of transformation and de-institutionalisation of social (social healthcare) services for people with psychiatric and neurological diseases is currently ongoing in a similar manner. The process is based on the priorities approved by the central government and fundamentally concerns specific municipalities and districts, in which capacity of a mobile, community and outpatient nature should simultaneously be created. The process of transformation is supported by foreign donors, but there is ongoing discussion about the future organisation, i.e. who will take over responsibility for the continued financing of the newly created services.

The social support and assistance service is defined in terms of the general principles. The results of system functioning are not on the desired level, the parameters of a number of measures (e.g. financing benefits) are defined so that they do not solve the incident or need for which they are provided, but merely mitigate the impacts²². The ministry (MPSF) has currently assigned a study to verify the effectiveness of the collected benefits, importance of testing income during their provision, etc. The aim is to increase the effectiveness of the benefit system in the area of social assistance.

The practical implementation of these standards is faced by a number of obstacles (e.g. the skills of local administration to determine the needs of inhabitants, share information and data between individual areas and agendas, internal diversity of the country, changes in the system of financial local government activity since 2015, lack of qualified employees, etc.). It is evident that the development of individual systems and subsystems is on a various level, with the corresponding strategy management. For now, an effective system has not been implemented to prevent negative social and

²⁰ A number of articles are available about the reform; for illustration one can browse e.g.

<http://www.rozvojovka.cz/clanky/630-moldavsko-zeme-deti-a-starcu.htm>

²¹ The principles are the following:

- Principle of unity, according to which the state organises and ensures the activity of a public social security system according to unique legal standards;
- Principle of equality, which ensures that all participants in the public system - beneficiaries are treated fairly in terms of their rights and obligations, as stipulated by law;
- Principle of generational social solidarity, according to which participants in the public system consciously and reciprocally take over the obligations and exercise the rights of preventing, limiting or eliminating social risks, as stipulated by law;
- Principle of obligation, according to which natural persons and legal entities are obliged to participate in the public system;
- Principle of participation (contribution), according to which social insurance funds are created from the contributions of legal entities and natural persons - participants in the social security system.

²² Compare the benefit in the cold period, the value of which cannot ensure adequate heating for the entire supported period.

pathological phenomena (crime, high-risk behaviour, abuse of addictive substances, etc.), although awareness about the importance of prevention is evident.

The institutional framework of social policy is built mainly on the “in-house” concept. The act on social services assumes that services are ensured by the local government, district or ministry in connection to the degree of specialisation of the service, which is elaborated in detail in Ch. 4.5 Regional particularities in the area of availability, planning, management and financing social services. This assumption is realistically shown also in practice - the MPSF during repeated inquiries to ensure services on the level of the districts refers to the local government or district, decentralisation is carried out without any significant “transition period”, and responsibility was practically transferred only in 2016. The legislation mentions the role of NNO in providing services as one of the options. During interviews with employees in public administration, it was evident that they are aware of the existence of services provided by non-profit organisations, and in a number of cases they rely on these services or refer applicants to these organisations²³. The public administration can provide non-profit organisations with funds, and there is a legislative framework for various forms of cooperation²⁴. In general, it may be said that financing the activities of NNO in the social area is mainly ensured from foreign sources. A study focussed on the position of NNO in Moldova states that up to 90% the activity of these organisations in generally is financed by foreign donors²⁵. Public administration provides grants or subsidies to NNO to a limited degree; in the area of social services, this was only permitted by a change in 2012, following up on the law on accreditation of social services providers.

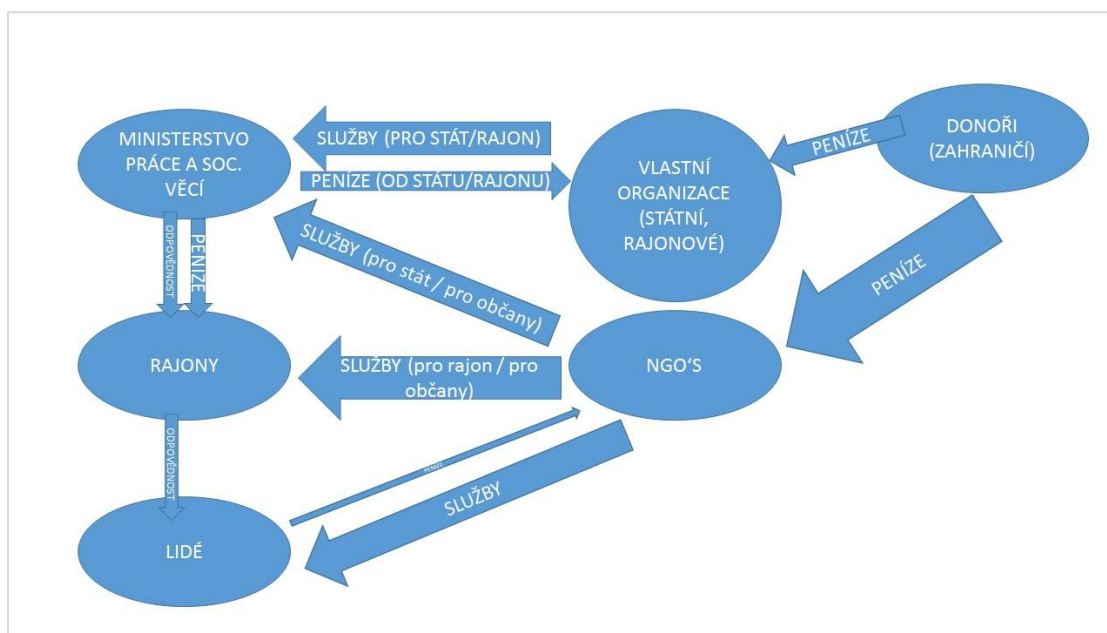


FIGURE 2 - Diagram of the transfer of services and funds

²³ The director of Centrum Emanuel in Chişinău keeps a complete overview of cases of citizens, who were referred to its services by the ministry of labour (MLSPF), given that it informed the ministry of every solved case. Centrum Emanuel receives no funds for the provided services.

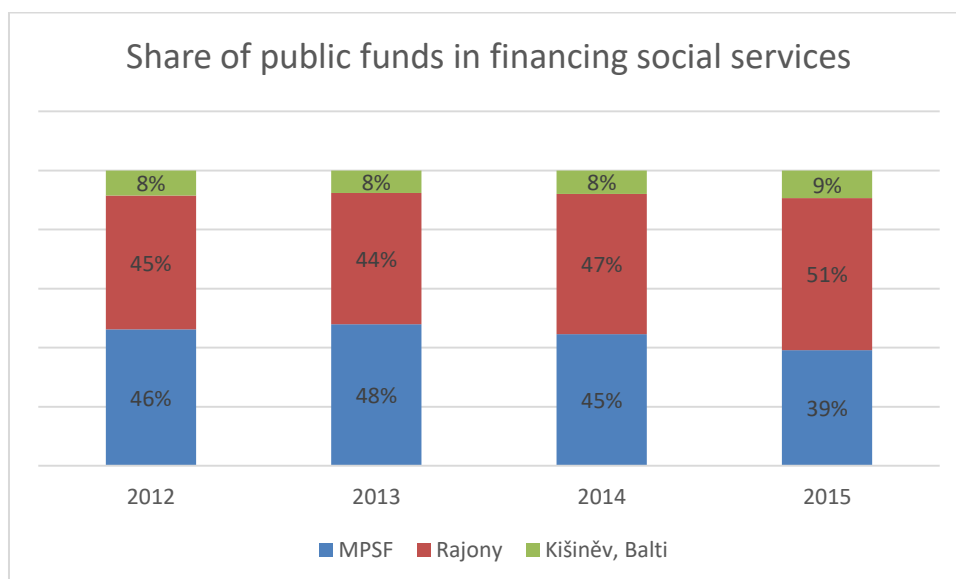
²⁴ The structure of contracting between the public administration and NNO is elaborated in detail in Factsheet Moldova – NGO Social Contracting, UNDP available at:

http://www.eurasia.undp.org/content/dam/rbec/docs/UNDP%20NGO%20Factsheet%20Moldova_web_V2.pdf

²⁵ The study is available online at:

http://www.csdialogue.eu/sites/default/files/civil_society_mapping_csdp_spring_2015_0.pdf

A range of these organisations and projects face the decision of whether they can continue, after the financing of their activity by foreign donors ends (this basically concerns all NNO with which interviews were conducted). Projects which are ensured by one organisation in the territory of several districts are no exception, as this further impedes their incorporation into the financing system (e.g. the aforementioned Centrum Emanuel). The nature of the Centre's services corresponds to the specialised services, the provision of which is expected on a district level; the Centre operates in several districts. In practice, these services should thus be "ordered" and subsequently paid for by several district. The simple takeover of financial liabilities related to financing services is therefore not simple; moreover, the districts have not yet been allocated with adequate funds for this purpose, or sufficient staff and professional capacities. While the structure of entities is already quite diverse in the area of healthcare (government organisations, NNO and private entities), the role of other entities in the area of social services it is included in the framework of strategies and legislation, but remains an open question in practice.

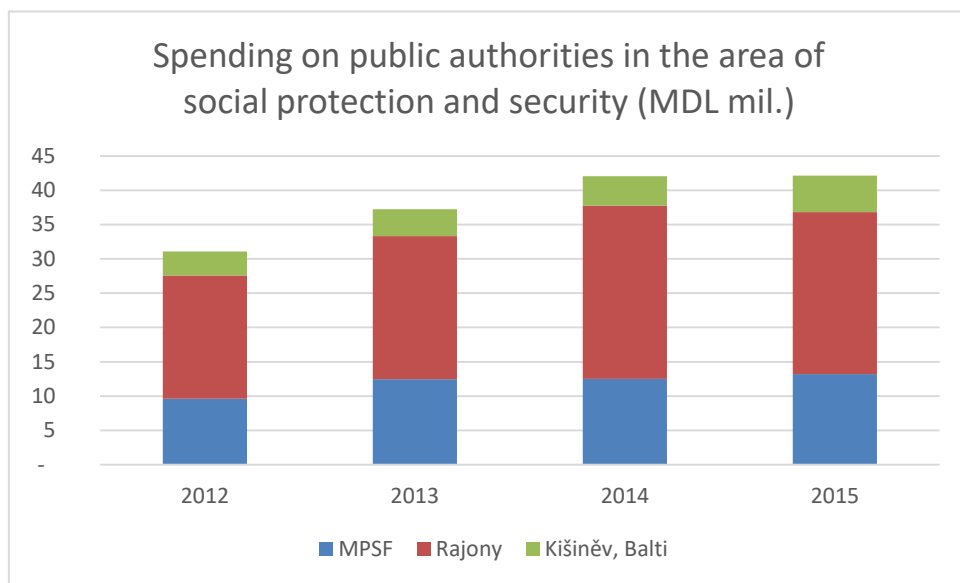


GRAPH 2 - Share of central and local funds in financing social services (source: Ministry of Finance of the Republic of Moldova²⁶, own calculations)

In connection to decentralisation, the data line was interrupted, funds from central budgets still go towards highly specialised social services centres. A part of the funds is transferred to the district without specific budget designation. This procedure corresponds to the process of decentralisation, but at the same time limits the possibility of central government influence or control over the purpose for which the funds will be used. In practice, it may occur that the district government will prefer to use the funds for purposes other than social services. This can lead to the deepening of social problems in the district, or the phenomenon of a "black passenger", i.e. a situation when public services are used by citizens from a different administrative unit, which does not contribute to their functioning, e.g. excessive use of highly specialised social services financed by the MPSF by people who do not in fact need the service.

²⁶ Transparent public budgets available at <http://www.mf.gov.md/en/actdoc/BOOST%20>

Expenses for social security are rising overall, as are expenses for the administration of the entire system. It is possible to see an increase in spending for public authorities in the area of social protection and security, particularly on the level of the districts and the cities of Chişinău and Balti. When comparing the individual districts, it also becomes obvious that system administration is equally expensive in all the districts regardless of the population, scope of secured social services or degree of development (respectively deprivation monitored using the IDAM method mentioned above).



GRAPH 3 - Spending on public authorities in the area of social protection and security (Source: Ministry of Finance of the Republic of Moldova)

3.2 Basic legal framework of social policy

Moldova has a mixed dual approach to social protection, which is common in many countries. The **first pillar** of the system is based on a social insurance approach (pensions, maternity and parental leave, unemployment benefits, etc.). This pillar is based on the contribution principles - deductions both on the part of employers and employees. The **second pillar** - social support (social benefits and social services) - is without contributions. It is based on an evaluation of individual vulnerability, or a test of income or property.

The social security system in Moldova has undergone two main waves of reform. The first phase took place after the financial crisis in 1998, when Moldovan authorities accepted the fact that the social security system is unsustainable and ineffective. Two measures were adopted in the form of strategic documents, namely the Pension Reform Strategy and the Social Assistance System Strategy. The contents of both documents confirm the aiming of the social security system towards European principles and standards. Within the implementation of these strategies, the main points were to amend the legislation - the act on the public pension system, the act on the public social insurance system and the act on social security and assistance.

The second phase of reforms took place in 2007-2010 and concerns the creation of social services on the level of communities and consolidation of financial resources, so

that the programs and services are better and more effectively focussed on helping the neediest.

Social security creates increased pressure on public finances, expenses are one of the most important items in a state's economic management (in recent years the share was 12-13% of GDP on average). Most subjects of social protection are women, especially of a higher age. This is due mainly to the high difference in life expectancy between men and women (a difference of almost 8 years).

The need for structure reforms and support from international organisations and foreign development cooperation programs involve fast and extensive changes in the area of legislation. The pace and scope of changes place extraordinary demands on all the entities operating in the area of social security, social protection, social work and social (or social healthcare) services. Demands on knowing the legislation, skills in applying standards and understanding the objectives of legal regulations, lead to a situation where the legal provisions are not applied in practice or are implemented only formally²⁷. The legislative framework is modern in its content, but the system has reserves in putting the legal standards into practice. One example is the legally stipulated number of social workers for the population of a given territory. This number of workers cannot realistically be met, also given the current wages. In practice, the positions of social workers remain unfilled.

Legislation - social security in general	
Legea nr. 1585 din 27.02.1998 cu privire la asigurarea obligatorie de asistență medicală	Act No. 1585 of 27 Feb. 1998 on mandatory health insurance
LEGE Nr. 489 din 08.07.1999 privind sistemul public de asigurări sociale	Act No. 489 of 8 Jul. 1999 on public social security
LEGE Nr. 156 din 14.10.1998 privind sistemul public de pensii	Act No. 156 of 14 Oct. 1998 on the public pension system
Legea nr. 289-XV din 22 iulie 2004 privind indemnizațiile pentru incapacitate temporară de muncă și alte prestații de asigurări sociale	Act No. 289-XV of 22 Jul. 2004 on the contribution to work disability and other social benefits
Legea nr.133-XVI din 13 iunie 2008 cu privire la ajutorul social	Act No. 133-XVI of 13 Jun. 2008 on social assistance
LEGE Nr. 499 din 14.07.1999 privind alocațiile sociale de stat pentru unele categorii de cetățeni	Act No. 499 of 14 Jul. 1999 on state social allowances for certain categories of citizens
LEGE Nr. 827 din 18.02.2000 fondului republican și a fondurilor locale de susținere socială a populației	Act No. 827 of 18 Feb. 2000 on the state fund and local funds for social support
nr.102-XV privind ocuparea forței de muncă și protecția socială a persoanelor aflate în căutarea unui loc de muncă	Act No. 102-XV on employment and social protection of persons without employment
Legea nr.397-XV din 16.10.2003 privind finanțele publice locale	Act No. 397-XV of 16 Oct. 2003 on local public finances
Legislation - social services	
LEGE Nr. 547 din 25.12.2003 asistenței sociale	Act No. 547 of 25 Dec. 2003 on social care
LEGE Nr. 129 din 08.06.2012 privind acreditarea prestatorilor de servicii sociale	Act No. 129 of 8 Jun 2012 on the accreditation of social services providers.

²⁷ We provide the statement of the director of the Angelus Hospice: "...it is so complicated that we have ceased concerning ourselves with it...". Further evidence may be the highly different interpretation of the pricelist for social services by individual entities.

HOTĂRÎRE Nr. 998 din 28.12.2012 pentru aprobarea Regulamentului privind organizarea și funcționarea Consiliului național de acreditare a prestatorilor de servicii sociale, a structurii și efectivului-limită ale acestuia	Government Regulation No. 998 of 28 Dec. 2012 on the organisation and functioning of the National Council for accreditation of social services providers, structure and number of approved job positions
LEGE Nr. 123 din 18.06.2010 cu privire la serviciile sociale	Act No. 123 of 18 Jun. 2010 on social services
Convenția ONU privind drepturile persoanelor cu dizabilități prin Legea nr. 166-XVIII din 09.07.2010	UN Treaty on the rights of individuals with medical disabilities ratified under Act No. 166-XVIII of 9 Jul. 2010

TABLE 3 - Overview of the main legal regulations concerning social affairs

3.3 System of social services - framework overview

The system of social services includes 41 types of services. Based on an analysis of the social services and social work system compiled for the MPSF, there are about 7600 people employed in the system (specialised employees, meaning without service staff). However, the real number is most likely somewhat higher, as some organisations did not provide data. Most workers are employed in “in-house social care” services and “personal assistance”. Social services workers have a high average age (around 45 years). Services may be established by the state (special services), and are then also fully financed, by districts, the district social work directorate, NNOs. For these other legal forms, financing is unclear; it is often entirely dependent on private funds. There are limited competences among social services workers in the area of management, multiple-source financing, functioning of public administration, setting of social security systems and healthcare services and the related legislation.

Within the implementation of the National program for introduction of integrated social services for 2008–2012 (Government Decision No. 1512 of 31 Dec. 2008) by Decree No. 353 of 15 Dec. 2011 of the Ministry of Labour, Social Protection and Family, the **Nomenclature of social services** was approved. The classification defines all the types of social services in the Republic of Moldova, the beneficiaries of these services, the means of providing assistance to beneficiaries, the approximate structure of specialised workers for each type of service and information about the regulation of these services. According to the Classification of social services, it is apparent that of the 41 types of social services which currently exist in Moldova, 17 types are designated exclusively for medically handicapped persons (children and adults), which is about 41% of the types of social services. People with medical handicaps have access to the other types of social services only if they are in particularly difficult situation, which also applies for other people. The most common services in Moldova based on the number of employees are In-house social care (30.1%), Personal assistance (27%) and Community social care (15.5%).

4 Concept of administration and local administration in Moldova (legislative framework, existing situation, vision and decentralisation strategy)

Public administration in Moldova has three levels. The lowest-level administrative unit identified as the first level consists of municipalities (*primaria*), the second higher level

consists of the district (analogous to the former Czech districts), and the third level consists of the central authorities. This classification cannot be considered permanent and stable; partial studies and current considerations of reforms are devoted among other to the reformation of public administration, both horizontally ²⁸(change in the structure of ministries and current legislation) and vertically (change in the territorial administrative structure). An important document is the analysis conducted within the joint integrated program for regional development, which is implemented with support from the UN development program²⁹.

4.1 Municipalities - *Primaria*

The basic administrative units in Moldova are municipalities (*primaria*) headed by a mayor (*primar*). Moldova comprises 898 municipalities³⁰. The same types and number of functions, administrative and regulatory obligations are assigned to all local municipalities, regardless of size. A third of the local units have fewer than 1500 inhabitants. 86% (777) have fewer than 5000 inhabitants.

The ability of municipalities to solve the needs of their inhabitants is strongly influenced by their size and the related financial, professional and administrative capacity of the individual municipalities. This fact was confirmed in interviews with the players in the area of social services. The complexity of dealing with some very small municipalities in rural regions, where the municipal representatives do not have adequate knowledge of the social services system, do not have personal experience with its results and have a limited capacity or interest in engaging in social services, was described. The attitude that “the government should take care of this” was also mentioned. The issue of size of administrative municipal territories is augmented by population loss. Some municipalities in Moldova are being entirely depopulated.

Nevertheless, the law gives each local government extensive responsibilities and authorities, which require developed, well-structured and functional specialised institutions. 769 (85 %) of the local governments have maximally 6 employees (25% have less than 4 employees), including the mayor, secretary or financial manager. This staffing and the institutional structure do not allow the management and provision of services and regulatory functions required by law.³¹

In the area of municipal financial capacity, the analysis refers to the heavy impact of the number of productive inhabitants (15-62 years) on the municipality’s ability to finance the necessary expenses for local administration from its own funds. This fact greatly impedes smaller administrative units. The largest cities include Chişinău, Balti, Cahul (35,000 inhabitants), Soroca (35,000), Ungheni (34,000), Orhei (26,000), Comrat (23,000).

The financing of municipalities is ensured through sharing taxes, but also state transfer to ensure certain functions. These transfers were not identified in the social area.

²⁸ The press release of 23 May 2017 on the reform of public administration is available at <http://www.gov.md/en/content/new-draft-law-government-examined-national-council-public-administration-reform-moldova>

²⁹ REPORT ON THE TERRITORIAL ADMINISTRATIVE STRUCTURE OPTIONS FOR THE REPUBLIC OF MOLDOVA. ADRIAN IONESCU, SASA DREZGIC, IULIAN RUSU, 2015, available from: http://www.md.undp.org/content/dam/moldova/docs/Publications/JILD-Report%20on%20territorial%20administrative%20reform_24_03_2015.pdf?download, k 20. 6. 2017

³⁰ ditto, pg. 6

³¹ ditto, pg. 11

Nevertheless, since 2016 targeted transfer to ensure social services operated by municipalities have been provided.

4.2 Districts (*raion*)

Districts (*raione*) headed by the chairman (*Președinte*) are the 2nd level of local administration. Moldova is divided into 32 districts. The 2nd level of local administration also includes the autonomous area of Gagauzia and 2 city districts of Chișinău and Balti. The administrative structure of Moldova also includes the autonomous area of Transnistria and the city district of Bender, which is factually controlled by the autonomous area of Transnistria. The districts are based on the soviet state structure; in 2003 there were efforts to create larger regions, called *Judet*, which divided Moldova into 9 areas.

The districts vary greatly in size. **Five districts have a population of more than 100,000 inhabitants** (these include Ungheni, Orhei, Ialoveni, Hincesti, Cahul), 5 districts have less than 50,000 inhabitants, and the smallest district has fewer than 28,000 inhabitants. The usual size of a district is between 50,000 and 100,000 inhabitants. The city of Chișinău has almost 780,000 inhabitants, while the second city district of Balti has almost 130,000, and Gagauzia has almost 151,000 inhabitants.³²

District capitals are among the large administrative centres, but even here the size of the centres varies considerably, with only 4 cities in the category of cities with 30 to 40 thousand inhabitants, 2 cities in the category of 20 to 30 thousand inhabitants, 10 cities with more than 15,000 inhabitants but not more than 20,000 inhabitants, and 11 cities with 10 to 15 thousand inhabitants. Hence, a number of districts have a capital with a population of under 10,000.

The typical model of mixed state administration can be observed on the district level. A number of obligations have been transferred to the districts from the ministerial level. State transfers are sent to execute state administration. In the social area, the social work directorates have been incorporated, which were the de-concentrated workplaces of the Ministry of Labour, Social Protection and Family. Part of the tasks (payment of certain benefits, social legal protection of children, social work) is performed by the state administration, while other tasks, in particular social services, were entrusted to the local administrative activity of the districts.

In 2015, there was a change in the financing of local governments. Quotas were stipulated for shared taxes and balancing formulas, which reduced the inequality of income in individual districts, were cancelled. At the same time, the allocation of a part of the state funds directly to authorities on the first level (municipalities) was enabled.³³ A part of the funds for social services continues to be allocated to districts through direct state transfers. The state transfers are directed towards social work, and to pay benefits. Until 2016, state transfers were also directed towards social services, but this is no longer the case.

³² Data source: Population as at 1 January 2017, http://statbank.statistica.md/pxweb/pxweb/en/60%20Statistica%20regionala/60%20Statistica%20regionala__02%20POP/POP010800reg.px/table/tableViewLayout1/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774, k 20. 6. 2017

³³ REPORT ON THE TERRITORIAL ADMINISTRATIVE STRUCTURE OPTIONS FOR THE REPUBLIC OF MOLDOVA. ADRIAN IONESCU, SASA DREZGIC, IULIAN RUSU, 2015, available from: http://www.md.undp.org/content/dam/moldova/docs/Publications/JILD-Report%20on%20territorial%20administrative%20reform_24_03_2015.pdf?download, k 20. 6. 2017, s. 13.

In the area of social care, the districts use share taxes primarily to fund the operation of social services and potential other expenses, in particular material assistance to socially excluded individuals, and other expenses beyond the level of providing social work (this may be e.g. the supply of heating fuel for poor citizens, provision of water supply in winter months, etc.).

An analysis of regional administration mentions the ambiguity of competences and subordination in the local government system, which was also confirmed in interviews conducted when preparing the program, both on the level of the Ministry of Labour, Social Protection and Family, and on the level of districts.

This analysis states different abilities to ensure services for municipalities on the district level, with regard to the share of administrative expenses of territorial units. The large variance in the size of territorial units thus greatly burdens small districts with administrative expenses and reduces their ability to implement their own local government policies.

4.3 Central level

The ministries execute state administration on the central level in Moldova. Other central authorities are subject to the ministries. Moldova has 17 ministries. In the area of social services, the highest state administrative authority is the Ministry of Labour, Social Protection and Family (Ministerul Muncii, Protecției Sociale și Familiei - MPSF)³⁴. During the processing of the study, intensive negotiations on the merging of the MPSF and Ministry of Health were underway.

Other institutions are subject to the ministry, such as the labour office, social work agency, inspectorates, etc., which have an executive, controlling or methodical role. The ministry also manages a number of specialised social services, which mainly include large inpatient institutions for persons with special needs.

On a local level, the ministry mainly operates methodically and by creating legislative standards. The area of methodical management of social workers is within the agenda of the Agency for Social Work.

Before the reform of public administration, the executive body for ensuring social work was the Regional Directorate of Social Work, which participated in ensuring social work directly in the individual districts and their areas, but also on ensuring and financing social services in the territory.

4.4 Outlook in the area of public administrative reform

The Republic of Moldova is continuously evaluating suitable models of local administration but also central administration. At the time of conducting the study, there was talk of the possibility of merging the Ministry of Labour, Social Protection and Family with the Ministry of Health.

Reform is also mentioned on the level of local government, the outline of which is mentioned in the analysis cited above. It mainly concerns the fragmentation of local administration on both levels and the inequality in the size of administrative territories. The proposed modification speaks of the possibility of creating functional first-level

³⁴ The ministry's organisation structure is available at http://www.mmpsff.gov.md/ro/subdiviziunile-ministerului#sub_min-panel_pane_1-23

units - municipalities, so that they create units of minimally 1,500 inhabitants. There are two variants, those being the creation of larger administrative municipalities with an average size of 2300 inhabitants (111 municipalities, or the conservative variant with about 290 municipalities) and the support of inter-municipal cooperation. The given model would not include the district component of local government. The creation of so-called development Regions has been proposed, in an economic variant of Region North, Central and South. The conservative variant includes the 3 Regions, the city district of Chişinău and Gagauzia.

The first variant anticipates the transfer of all competences in the social area to municipalities, or to inter-municipal cooperation. The conservative variant anticipates the ability of municipalities to ensure social services of local relevance, and to secure other special services within inter-municipal cooperation, or transferring several specialised services to the level of the Regions.

However, in both variants it may be expected that the main subject of local cooperation in monitoring the needs of inhabitants threatened by social exclusion is the central municipality corresponding to the present district level.

4.5 Regional particularities in the area of availability, planning, management and financing of social services (state services, regional, NNO services, etc.)

SW

The development of social networks in Moldova is largely influenced by the ventures of foreign donors, which were partly coordinated by the Ministry of Labour, Social Protection and Family. Based on the statements from the addressed players, the network of social services is not evenly distributed. An influential factor is not only the approach of resources from donors, but also the approach of local authorities, be it the social work directorates in the past, or municipalities and districts.

In the area of social services, municipalities are entrusted with the agenda of local social services (servicii sociale primare), which consists of community social care (Asistența socială comunitară) focussed on the community of individuals and families, whose activities consist mainly of providing assistance to disadvantaged persons.

Another type of service entrusted to the local level is in-house social care (Îngrijire socială la domiciliu). In-house social care is similar to the nursing service in the Czech Republic, designated for seniors and persons with medical disabilities, to provide care in the household, assistance during personal hygiene, facilitation of communication and movement, shopping, etc.

According to the legislation, the municipalities should also ensure a local dining facility (Cantina de ajutor social), a service designated for seniors, people with disabilities, persons with low income and socially disadvantaged families with children, which provides not only meals, but also their delivery or serving.

The last local service entrusted to municipalities is the community centre (Centru comunitar de asistență socială), a service which essentially provides outpatient services for a wide range of target groups, ensures the development of family social competences, and also solves addiction.

It is evident from the setting of local services that the availability of services is possibly mainly in larger settlements, where the size of the settlement allows for the specialisation of individual services. The social services players addressed within the

preparation of this material primarily mentioned the problematic availability of services in rural regions. The pitfalls of social services availability in rural regions include the incompetence of municipal governments, often arising from an insufficient administrative assurance in the smallest municipalities.

Although some non-profit organisations offer the option of payment for social services by the municipalities, there are often no clear rules according to which the financial of social services provided by third parties should operate. None of the participants had a coherence idea about the financial of services provided by the tertiary sector, even in large cities.

One positive aspect is that the legislation stipulates the number of social workers in each municipality. This number is stipulated as the number of jobs based on the number of inhabitants in the given village. Social workers are ensured by the regional administration within the framework of transposed competence, but they operate directly in the municipality; in the case of smaller municipalities the social worker may cover several municipalities. In the municipality, the social worker solves urgent cases (e.g. direct threat to a child), but it is evident from the statements that they are also involved in securing adequate material conditions for the disadvantaged, or provide care directly. However, the options for the social worker to move between individual municipalities may be problematic in the countryside, which limits the social worker's ability to provide care directly in small municipalities. The role of the social worker is also to communicate with municipal representative about securing the conditions for provision of social services in the municipality³⁵.

A number of large cities were the direct providers of specialised social services. These services were previously paid from the state budget, but following the decentralisation reform, not enough financial resources were provided in the budgetary allocation of taxes. Therefore, the cities proceeded to transfer the services to the district, or an agreement was reached on co-financing with the district.³⁶

The provision of social services is performed in the independent capacity of municipalities, which must find the funds for their payment in their own budgets. In practice, municipalities often provide their citizens with material aid - heating fuel, food, potentially missing funds to buy medicine.³⁷

The mayor of Comrat stated that the services may often exist, but nobody is concerned with their load and management, which is due to a lack of expertise or a lack of interest in this area. As stated by the mayor, it is possible to seek means of improving efficiency in this area.

On a district level, social work is ensured within the framework of transferred competences. The work content of social workers is mainly to protect families and other socially excluded inhabitants. They also ensure the payment of certain benefits. Social work in Moldavia is faced with low education and high fluctuation. Professional background is one of the factors that helps stabilise and development the social services system in the district³⁸. Again, smaller districts with a lower number of social workers are greatly disadvantaged.

Special committees are established in the municipalities and rayons level, the aim of which is to identify persons threatened by social exclusion. The district uses information from social workers, mayors or the police to identify these persons. The committee

³⁵ See information from the social work directorate in Orhei.

³⁶ Statement from the social work directorates in Orhei and Ungheni

³⁷ Field notes from the meetings in Casmed and city of Comrat.

³⁸ Statement of the social work directorate in Orhei

consists of a social worker, the district chairman, a police officer, priest, physician and school representatives, and other persons may be invited if needed. The committee recommends ways of working with the person threatened by social exclusion or already excluded. The committee members also have a good overview of the inhabitants' needs and the availability of social assistance instruments.

After decentralisation, social services are provided within the independent competence of the districts. This imposed new demands on the requirements for the director of the social care directorate, which were transferred to the districts. They must now also communicate with local government representatives, which places new demands on them.

The successful strategies for developing social services of in-house or outpatient format include cooperation with smaller municipalities, which based on the statements of the respondents are more likely to obtain suitable, unused real estate from the municipality; the approach of the municipality may be influenced by the decisions of the district administration.³⁹

Specialised services (*servicii sociale specializate*) are ensured on a district level. These services include social work for families with children with the required qualifications of a psychologist, day care centres for children with deficiencies in development, medically disabled children and adults, seniors, respite services for families caring for a medically disabled child, temporary stays for disadvantaged children, residential services for adults with disabilities, children's homes, residential services for seniors, mobile teams and personal assistance, half-way houses or centres for HIV patients.

Hence, it is often a wide range of social situations and specialisations. With regard to the population density of individual districts (more than half the districts have fewer than 80,000 inhabitants), the question of statistical relevance of certain groups of needs naturally arises. With regard to this fact, it is a question whether the assignment of certain types of services to a district level is commensurate to the need and whether it can legitimately be expected that the services will be available in all or most districts. Data about the needs of citizens, respectively the size of target groups, are not available on the district level. Moreover, given the limited budgetary resources and lack of qualified employees, all the districts cannot be expected to have the ability to plan and operate these services.

When asked about cooperation between the regions in ensuring social services, most of the participants responded that there is cooperation, but it is mainly arbitrary collaboration rather than a systematic approach to securing the needs of the population across the districts. According to the interview participants, the city of Chişinău as the most populous district in Moldova has the most development network of social services. This phenomenon appears in a number of capital cities across European countries. The need for services in Chişinău is the logical consequence of natural migration to the centre. However, it is also due to migration for social services arising from the absence of services in the territory. Persons threatened by social exclusion (poverty, unemployment) move to Chişinău to get available services, or entire families with a disabled child move. An example may be a senior who moves to a home for the elderly not because they need care, but because of a lack of infrastructure in their original native municipality (no water supply, heating using solid fuels).

The districts also mutually share experience. These are rather arbitrary steps taken by some of the district social care directorates. From the conducted interviews, it follows

³⁹ From the notes from interviews at the social work directorates in Orhei and Chişinău

that cooperation in sharing experience mainly applies to the larger and more developed districts.

The statements of the individual players in the conducted interviews correspond to the analysis of local administration conducted within the joint integrated program for regional development implemented with support from the UN development program, which points out the fact that small districts heavily lose the ability to provide services to their citizens and there is a lack of specialisation in the individual positions. The successful district in ensuring social services were identified as Chişinău, Orhei, Ungheni and Falesti, which are among the largest district in Moldova with an important city. On the contrary, the poorly developed districts included Nisporeni and Bessarabesca, which are among the less populous and whose capital is a city with a lower number of inhabitants. The departure of local elites to more attractive economic and social areas contributes to the already existing diversity of the districts arising from historical and social evolution. Investors and implementers of cooperation development projects work with previously successful organisations and districts. This further deepens the differences.

In interviews with the directors of social work directors, the knowledge of social services, transfer of experience from abroad, vision and ability to count costs and the art of communication with the social work directors, capital city and district were mentioned as important characteristics for the development of social services in the territories⁴⁰. With regard to the short period of financial decentralisation in Moldova, the abilities and skills of the representatives of the social work directorates and local governments are a key condition for the development of social services in the territories, because the financial situation of the districts has little chance of influencing it.

5 Summary of findings

Moldova is in an exceptionally difficult situation (socio-economic-demographic): the relatively high level of poverty, extremely costly healthcare, social care and education for the average population, and the phenomenon of economic migration place immense demands on the social security and social services system.⁴¹

- The legislative framework is modern in its content, but the system has considerable room for improvement in implementing legal regulations into practice (compare the legal regulation on the number of social workers to the number of inhabitants in the territory, which cannot realistically be met in a number of municipalities).
- The development, quality and effectiveness of social services largely depends on the management, local administration and methodical governance by the founder (district or government).
- Respondents describe inequalities in foreign development cooperation programs, which are aimed *a priori* on the central level; the range of programs in the individual districts varies considerably. Development cooperation is practically limited to a few districts, where it is directed repeatedly. This phenomenon is also described in the above reports.

⁴⁰ Notes from meetings in Orhei and Ungheni

⁴¹ For details see e.g. Republic of Moldova 2013 - STATE OF THE COUNTRY REPORT, Expert Group Independent Think Tank, Civil Society Organizations from the Republic of Moldova: Development, Sustainability and Participation in Policy Dialogue, Konrad Adenauer Stiftung)

- Individuals from the professional public participate in the preparation and development of the social services system, but their selection and scope of involvement does not have transparent rules and regulations; in a number of cases, influence over change and development of the system is informal (carried out e.g. through work in expert groups, in commenting legislation, etc.).
- The individual persons have various competences (expertise, skills, attitudes) and in some cases personal or geographical rivalry can be detected. In some cases, there are methodical disputes (e.g. casting doubt on research methods, etc.).
- Trends in the development of social services in Moldova are not distinguished by the individual players, some meeting participants describe the style of work as reactive ("We wait what somebody comes up with and decides and then we somehow do it.").
- The transfer of experience and models from abroad is limited by the high level of poverty, specific economic-demographic development (departure of citizens in productive age abroad). It is extremely difficult to acquire and retain qualified employees in the area of social services, among other because of the wages/salaries and possibility or further professional application.
- Limited funds, among other from foreign donors, increase "competition" among individual organisations in social services.
- An inadequately functioning data base (limited scope and quality of data from the Moldovan statistical office, limited processing capacity of data from public administration information systems, insufficient linking of information systems, etc.) impedes the work of all the entities and increases costs for the preparation, verification or testing of proposed solutions, incl. sharing the results of these pilot projects.
- There are unequal conditions on the municipal level in ensuring social services and social assistance, due mainly to size. Municipalities are very fragmented and in some territories entirely lose the ability to ensure basic social services. The availability of social services increases with the greater size of the settlement.
- The availability of specialised social services on the district level also varies greatly. The successful districts are usually those which have a populous capital and those districts with a higher population. This also follows from the conducted analyses, where the smaller districts have fewer resources left to provide service to the inhabitants.
- Specialised services entrusted by legislation to the district level often have fairly high specialisation and it is difficult to ensure their availability within the individual district due to the low statistical relevance of the given phenomena in the territory.
- An important element affecting the scope of provided services in the district is based on history and prominent individuals. To date, the skill of the directors of social work at the district directorate to describe needs was decisive, as well as their ability to negotiation with the district administration or municipalities. A factor for success is that the representatives of the districts or municipalities are aware of the benefits of social services.

6 Recommended measures to improve the social protection system in Moldova

Based on the findings of the performed study, it is possible to propose the following steps and measures to improve the social protection system:

1. Create a functional network of local leaders in the area of social protection and social services in order to
 - a. strengthen transparency and participation in the process of deciding about changes in the system of social protection and social services
 - b. facilitate and improve the preparation and implementation of reforms and strategies by involving this network in the process of preparation and commenting
 - c. facilitate the sharing of examples of best practice and functional solutions to specific problems
 - d. more effectively exploit the potential of individual through cooperation
2. Strengthen competences (expertise, skills, attitudes) of people with leadership potential (leaders) in the area of social protection and social services, so that they can act effectively in the public and civic sectors on all system levels (macro, mezzo, micro), i.e. as co-creators of the system, managers of organisation of employees of local government structures or specialists in direct contact with communities and target groups, and in relation to reforms in other areas of public life (reform of the public administrative structure, etc.).
3. Support competences (attitudes, skills, expertise) among formal authorities (decision-makers) in the area of evidence-based decision-making and evaluating impacts based on relevant criteria.
4. Commence the systematic mapping of citizens needs on a micro, mezzo and macro level using adequate methods (qualitative and quantitative), create and maintain a publicly accessible database (similar to the Moldovan transparent budget BOOST), or partial analytic documents acquired from public budgets.

5. Strengthen support from donors to programs and projects based on a transparent participation principle, on evidence-based plans, on mapped needs and on the public sharing of achieved results.
6. Systematically evaluate the quality and economy of provided services, incl. whether the services effectively meet the needs of users and whether they use resources economically, including employees with regard to their qualifications.
7. Strengthen “promotion of social problems” based on comprehensible, truthful arguments and proposals of suitable solutions or strategies to reduce social problems.
8. Improve the conditions of remuneration and career growth for social workers with the aim of encouraging them to remain in the field.
9. Develop a network of social services and financial planning for ensuring these services based on the ongoing evaluation of needs in order to secure the availability of required support and aid and the corresponding allocation of resources.
10. Support central and local administration through expert support during the implementation of procedures (mapping needs - planning - implementation - evaluation) and creating structures (information system, official commenting sites, conference for evaluation and updating of planning, tenders to ensure availability of the required services, etc.).

The ongoing decentralisation process is based on the principle of subsidiarity, i.e. solving matters as close the place (and time) where and when they occur and on a level that has the resources need to solve them (expertise, skills, funds, time, human resources and technical equipment). Reform steps are currently managed mainly centrally. This process may strengthen the registered feeling of helplessness and passivity, which can be characterised by the statement of the director of the care centre for vulnerable children in the Orhei district: “We know nothing, we are waiting for somebody to tell us something. And we can do nothing about it. We are just worried about what will happen.” The transfer of responsibility and authorities to a lower level (both in the public and private spheres) brings higher demands on the involvement of more players, the need for communication and negotiation structures, and ensuring the sharing of information. For these purposes, methods and instruments based on the

participation of key players have been developed. These represent a suitable means of finding solutions to problems and issues of a complex nature, alongside the mathematical-statistical models. The key element for the success of the system reform will be leaders. The transfer or development of methods and techniques from abroad is effective if there are potential local leaders in the target country to exploit the experience and inspiration from abroad, verify its applicability under local conditions and adapt it to these conditions.

In relation to the foregoing, an “investment” into developing the potential of these social leaders in Moldova appears to be worthwhile. A leader is a person who has high influence over others. A leader has the ability to persuade people to follow them and is able to influence people towards fulfilling a goal. Leaders have a vision and know how to communicate with people to inspire and motivate them. Leaders can be identified both in public administration (on a local and central level) and in the private and non-profit sector. These are often individuals who have achieved extraordinary success within their competences (creation of a new service, transfer of experience and inspiration from abroad, establishment of a stable organisation with a good reputation among donors, promotion of a change in the approach to providing services to people in need while supporting the dignity, performance of an analysis and study examining the social issue in Moldova, etc.).

The use of various standards of development cooperation coordinated and managed by the CDA may be recommended to implement the said measures:

The calling of a summary contract may be recommended for implementing measures 1 through 3, 5, 7 and 9. The measures are closely connected, and the partial steps and activities will require thorough time and content coordination. The performance of a comprehensive contract will increase the effectiveness of individual measures and improve the sustainability of the achieved results (e.g. competences adopted within measure no. 2 are very beneficial and immediately usable within measures 3 and 7). Measure no. 5 can to a lesser degree be incorporated into the content of the comprehensive contract with the aim of supporting the mechanisms and principles defined in the previous steps and measures (e.g. transparent decision-making on allocation of funds based on identified needs, stipulation of intended results and proposal of adequate activities and the required resources).

Measure no. 4 follows up on the ongoing projects of building an information database about the social security system. To support this measure, it is possible to consider expert support focussed on the practical use, interpretation and publication of selected information from already functional systems. Suitable entities for the use of this form of support may be the MPSF or the National Agency of Social Work.

When implementing measure no. 5, it is possible to follow up on existing projects, particularly in the area of development of Home Care ‘in the field’ social services, for instance using the mechanism of a special-purpose subsidy. When implementing this measure, it is suitable to use the results and outputs of other measures, in particular to thoroughly require the participation of partners in Moldova in defining needs and subsequently in financing the created service capacities. Support of the development of a network of ‘in the field’ services will also support the objectives defined in other development cooperation programs in Moldova, e.g. within the framework of de-institutionalisation.

To implement measure no. 6, it is worth considering the use of expert support, or a subsidy title to create a methodical instrument for monitoring and evaluating the effectiveness of functional and developing 'in the field' services in particular. This procedure will allow for the involvement of local experts, use of locally proven practice and concurrent application of foreign experience. In this area, it may be appropriate to use experience from similar processes in CZ with regard to the experience of a transforming post-totalitarian society and abandoning of the paternalistic social security system, which is similar in certain aspects. It is also possible to use the instrument of a small-scale contract to implement measure no. 5, especially during the implementation of this system (e.g. local helpdesk, technical and methodical support).

Measure no. 8 is currently being implemented within the CDA program, specifically in a project focussed on professionalising the performance of social work and change/creation of a system of qualification and lifelong education of social workers and social services employees.

To implement measure no. 10, it is suitable to offer expert support (mentoring) to public administrative authorities in order to strengthen fulfilment of the principles arising from the previous measures. Expert support may be focussed on supporting the creation of similar structures within the local government units, gaining experience with the tender mechanism when ensuring the availability of social services (preparation of criteria, selection and control of suppliers of selected services).

7 Conclusion

Based on the findings described and summarised in the previous chapters, the stipulated solutions were proposed. The proposed interventions may go beyond the framework of traditional procedures and solutions used in development cooperation, but their application is suitable in Moldova in particular for the following reasons:

- The legislative framework is modern in its content, but there are reserves in putting the legal standards into practice. The primary output therefore will not be the drafting of new legislation, although it may be assumed that some recommendations which may also concern the amendment of legislation will be compiled based on the performed activities.
- The ongoing reforms on all levels of public administration practically prevent the definition of a program over a longer time period. Even during the course of processing this analysis, plans for further reform were announced, which will again change the roles of the individual players in the social services system.
- A simple territorial reform cannot be the only proposed solution, because the disproportions between individual regions do not arise only from their geographical position, historical contexts and so on, but are greatly augmented by development aid, which is usually directed to only a few areas, and this repeatedly.
- As stated above, Moldova, despite all the structure problems described, has a relatively strong group of individuals in the social area, who could become the promoters of change and carriers of experience, despite the changes in their formal role and ongoing reforms. Focussing on specific individuals in the turbulent environment of changes in Moldova seems to be strategic.
- Within the framework of the ongoing reform of state administration, we cannot expect the creation of the much-needed strategic framework for the social services agenda within the next few years. The promotion of needs and challenges within the service system, however, is essential. A “white book” created on the basis of a consensus among players from the public and private sector could be a suitable instrument, which could replace the missing strategy.
- The development of competences among these individuals would then be crucial for a functional social services system. The experience and expertise of the persons involved could then be built on, binding them to cooperation within the project activities. Even their fluctuation within the system does not pose a major problem, because the program focuses on personalities, not functions.

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