

SITUATION ANALYSIS OF CHILDREN AND ADOLESCENTS IN MOLDOVA

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Situation Analysis of children and adolescents in Moldova

UNICEF Country Office Moldova

Veronica Sandu

Magdi BIRTHA

Mariana IANACHEVICI

Tamara PREMROV

Rahel KAHLERT

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ACRONYMS

ADA	Austrian Development Agency
ANSA	National Agency for Food Security
CDP	Centre for Partnership for Development
CER	Children in Risk Situation
CIA	Central Intelligence Agency
COVID	Corona Virus Disease
CRC	United Nations Convention on the Rights of the Child
CRIC	Centre for Research on Innovation and Competition
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
CPD	Center Partnersheep for Development
CSR	Corporate Social Responsibility
CTWWC	Changing the Way we Care
CWD	Children with Disabilities
DV	Domestic Violence
EC	European Commission
ECEC	Early Childhood Education and Care
ETTA	Education and Teacher Training Agency
EU	European Union
EUROSTAT	Statistical Office of the European Communities
GD	Governmental Decision
GDP	Gross Domestic Product
GEI	Gender Equality Index
GHI	Global Hunger Index
GTZ	German Technical Cooperation
HBS	Household Budget Survey
HBSC	Health Behaviour in School Age Children
HGP	Health Generation Project
IMF	International Monetary Fund
IOM	International Organisation for Migration
ISCED	International Standard Classification of Education
KAP	Knowledge, Attitudes, and Practices

MC	Ministry of Culture
MER	Ministry of Education and Research
MF	Ministry of Finance
MH	Ministry of Health
MIA	Ministry of Interior Affairs
MICS	Multiple Indicator Cluster Surveys
MJ	Ministry of Justice
MLSP	Ministry of Labour and Social Protection
MSE	Medium Size Enterprises
MTBF	Medium Term Budgetary Framework
NBS	National Bureau of Statistics
NEET	Not in Education, Employment, or Training
NGO	Non-Government Organization
NPO	Non-Profit Organization
NRG	National Reference Group
NSIH	National Social Insurance House
NSRM	National Strategy for the Rights of Children in the Republic of Moldova
OECD	Organization for Economic Cooperation and Development
OGE	Office for Gender Equality
OHCHR	Office of the High Commissioner for Human Rights
PISA	Program for International Student Assessment
pp	percentage points
PTSD	Post-Traumatic Stress Disorder
SDC	Swiss Development Cooperation
SDG	Sustainable Development Goals
SEN	Special Education Needs
SES	Socio-Economic Situation
SGI	Sustainable Governance Indicators
SIDA	Swedish International Development Cooperation Agency
TSAS	Territorial Social Assistance Structures
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USD	United States Dollar
USSD	United States State Department
VAC	Violence Against Children
VET	Vocational Education and Training
WB	World Bank
WHO	World Health Organization
YFHS	Youth Friendly Health Services

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The opinions expressed are those of the authors and editors and do not necessarily reflect the policies or views of UNICEF.

The text has not been edited to UNICEF official publication standards and UNICEF accepts no responsibility for errors.

¹ The information is presented without the data on districts from the left side of the river Nistru and municipality Bender.

EXECUTIVE SUMMARY

STRUCTURAL DETERMINANTS ANALYSIS AND CONCLUSIONS

1 Country overview

Demographic profile: the most significant challenge Moldova is currently facing is depopulation. The population of Moldova was 2.6 million in 2021 (NBS, 2021), and it is estimated that by 2050 the population will be around 2 million people (UN, 2021). Out of the total population about 21.6% are children and adolescents² (NBS, 2021d). The population decrease is due to the negative natural population growth and high migration rates. The ageing of the society is caused by low fertility rates and increased life expectancy. In the medium and long run, depopulation causes human capital loss, impedes economic development, reduces access to, and quality of essential services and shifts the distribution of public funds towards the elderly. Demographic changes put great pressures on the working age population, registering one of the highest dependency ratios among countries in the upper-middle-income group (WB, 2021). The urbanization tendency was stopped by increased emigration.

Political economy and governance: Moldova is a democratic state with three levels of governance. The country's small economy is extremely vulnerable to external economic shocks and disasters. High corruption, weak institutions, administrative fragmentation, and political uncertainty remain critical challenges impacting economic and social life of the country. The main income-generating sector is

the service sector, but the country still relies heavily on agricultural exports. The complex and small administrative division brings coordination, efficiency, and wealth redistribution challenges. The economic growth was positive but modest in the last several years, and it dropped significantly due to the economic crisis caused by the COVID-19 pandemic. The country recently transitioned from a lower middle-income to an upper-middle-income status in the new World Bank country classification (WB, 2021). At the same time, Moldova is one of the poorest countries in Europe, with a nominal GDP of 13 879 US dollars per capita per year (IMF, 2021). Poor families, including children and adolescents are the most affected by economic decline and inequitable redistribution. The Human Development Index was at 0.75, the lowest ranked in Europe and the 90th globally (UNDP, 2021). Sustainable investment in human capital, including external investment, fair redistribution, and creation of opportunities for the most vulnerable should be the policy priorities.

Poverty and standard of living: Moldova registers high poverty rates, despite the modest decrease in the last years, including high child poverty rates. Poverty is expected to increase in the following years as a result of the economic crisis caused by the COVID-19 pandemic and supply shortages. About 26.8% of the total population lived below the poverty threshold in 2020, and 10.8% lived in extreme poverty (NBS, 2021). Poverty is more acute in the rural areas,

² Age 0 to 17

disproportionately affecting larger households. The poverty rate among children was 26% in 2020, slightly lower than the poverty rate of the general population (NBS, 2020a). Many Moldovan children are exposed to extreme poverty, at a rate of 10% in 2020 (NBS, 2020d). One of the determinant variables of child poverty is the area of residence, as households with children in rural areas are at greater risk of poverty. Households with many children are also more exposed to poverty, as most at risks are households with 3 and more children. The parent employment status is another determinant of child poverty, meaning that children from families with self-employed or unemployed parents or just one parent working are at more at risk of poverty. Poverty reducing instruments (social payments) are very inefficient in Moldova. The impact of the means tested cash aid (*ajutorul social*) was only 1.6 pp in 2020 (NBS, 2020d). The social measures to support vulnerable households to face the crisis and the increased prices are poorly targeted (CCF/HHC, 2020). The living conditions of children, as for the entire population, are improving, but at slow rates. Access to aqueducts, centralised water, gas facilities, sewerage, in-the house toilets is increasing, but many families, mainly from rural areas and remote areas remain without access to basic infrastructure. The self-assessment of the living condition of households with children slightly improved, and about 72.7% of households with children describe their living conditions as satisfactory (NBS, 2020a).

Humanitarian risk profile: Moldova is highly vulnerable to various climate-related hazards and disasters. The main risks are related to droughts, floods, severe weather events, and earthquakes. The country ranks very high in the country disaster risk profile (World Bank, 2021d). An estimation of the World Bank showed that the climate disaster related damage in the last 10 years was about 1.2 billion USD (World Bank, 2021d). The frequency of natural disasters has increased in the last 10 years, thus worsening the country's vulnerability to these phenomena and their consequences (World Bank, 2021d). The average temperatures are increasing causing severe droughts; drought episodes are followed by severe flooding (World Bank, 2021d). The impact of disasters disproportionately affects the poor and vulnerable, especially in the light of their dependence on agricultural production (World Bank, 2021d).

Moldova was seriously impacted by the COVID-19 pandemic: over 400 thousand COVID-19 cases have been registered by January 2022 in Moldova. Children, along with their families have been severely affected. While infection is less prevalent among children (7% of the total registered infected cases) collateral effects of the pandemic impacted all aspects of children's lives. The pandemic negatively impacted access of children to education, to healthcare and rehabilitation, and to support services. The pandemic reduced income opportunities for households with children, and the level of remittances households receive. The isolation measures increased the risk of domestic violence, social isolation, and anxiety. Moldova has no overarching strategy to identify, prevent and mitigate the humanitarian risks. While the legislation and strategies are in place to guide the interventions in a humanitarian situation, the resources and capacities remain weak.

Gender profile: Women and girls in Moldova are subject to gender-based discrimination, stereotypes, and face gender inequalities. Women are predominant in the population and constitute 52.3% of the total population of the country, and about 48.5% of the children aged 0-17 are girls (NBS, 2021). In recent years Moldova made progress in reducing gender inequalities, which is mainly due to improved access to education, healthcare, and survival for girls and women. Inequalities persist in areas related to opportunities for employment, equal pay, and access to economic resources, as well as political empowerment. Violence against women and girls and domestic violence remain among the most critical areas of concern, as three out of four women experienced some form of partner abuse or violence (EU&NIRAS, 2021). Gender inequality and violence against women are linked with stereotypes, and social roles attributed to women and men, and they affect women's family life, their economic and income generation opportunities, as well as public and political life. Most affected by gender inequalities and gender stereotypes are poor women, Roma women, women with disabilities, and old women. There is little to no research available in the country about gender-based discrimination and inequality of girls, in particular girls that face multiple vulnerabilities.

2 The enabling environment for children' and adolescents' rights

Legislation and policy: The fundamental rights of children and adolescents in Moldova are protected by the Moldovan constitution as well as the national laws and decrees. Moldova is part of the international human rights treaties and thus is subjected to periodic reviews. The protection and promotion of the rights of children and adolescents are ensured by the country's legislation. The country's strategic vision on the protection and promotion of the rights of children is presented in the National Child Protection Programme and Action Plan, a document which was in the process of being developed at the moment when this document was being drafted. This analysis shows that the legal and regulatory framework for the protection of the rights of children is progressing, a series of laws and regulations have been approved lately, including regulation of services for children, justice for children, improved education and health services. At the same time, the implementation of the legal provisions is deficient, mainly due to the lack of resources, in particular human resources at the service provision level, overall mistrust and poor performance of the public sector, and inadequate coordination among and across administrative levels (WBG, 2021). The monitoring mechanisms of the impact of child rights' protection laws and policies are weak or non-existent.

Public spending: The overall public spending is ineffective, spending analysis shows that countries in the region attain similar human development indicators with less public spending (WBG, 2021). Public spending transparency is another major concern, Moldova ranks 105 out of 180 countries on the corruption perception index (Transparency International, 2022). The education and healthcare funding are characterised by inefficient allocations to maintain a heavy institutional infrastructure (big regional hospitals and rural schools with few pupils). The biggest share of the national budget goes to funding social protection (11.2% of GDP (MF, 2021a)). While social protection spending is substantial, Moldova spends less on social protection than other countries in the region and the EU average. Most of the social protection spending covers social payments, of which the biggest share covers the old age pensions; family and child protection spending is limited and accounts for about 10% of the total social

protection spending. The public spending for education is 6.1% of the GDP (WB, 2019). While, in relative regional terms, Moldova spends comparable amounts on education, the education spending is ineffective and does not translate into comparable education performance. Healthcare spending is 4.4% of the GDP in 2020 (MF, 2021a), the spending in healthcare is particularly inefficient. The capital investment are limited and the allocation is not transparent (WBG, 2021; IMF, 2021a).

Drivers of inequities: There are very limited insights on the drivers of child and adolescent inequalities. The following drivers of inequalities have been identified: poverty, disability, ethnicity, gender, and migration, which restrict the access of children to basic services and full participation in society. The root causes of these inequalities are not researched, we do not know to what extent these are the result of poor policy design or reinforcement, external factors or societal factors. The main inequality driver is poverty status, as poor children have restricted access to education, which impacts their performance and the duration of education. Children from poor families have restricted access to adequate health services, especially to specialised healthcare and rehabilitation. This is mainly due to high informal payments in the education and healthcare sectors. Disability is a major cause of inequality, as children with disabilities face challenges in integrating into mainstream education, accessing specialised medical care and rehabilitation, as well as accessing to community level support and services. Most disadvantaged are children with intellectual disabilities, children with rare diseases, children with HIV, etc. Ethnicity is also a driver of inequality, with children from ethnic minorities facing stigma, limited access to essential services and social participation, and particularly disadvantaged are children from the Roma ethnic minority. Gender is a cause of inequality, and gender stereotypes are still predominant affecting the opportunities and the quality of life of girls and boys, and women and men. Girls are much exposed to unpaid work, household chores, and care tasks. Girls and boys are differently affected by violence, as girls feel less safe than boys in their daily life, but boys are more exposed to peer violence. Children of migrants are at higher risk of social exclusion, are at greater risk to be exposed to neglect, abuse, exploitation, emotional distress, as well as at greater risk of using harmful substance. While inequalities

result from different causes, the most exposed to unequal treatment seem to be children experiencing intersecting inequalities (i.e., poverty and disability, disability and ethnicity, gender, and ethnicity).

Stakeholders: The main duty bearer in Moldova is the Government and the local public authorities, while the main non-public duty bearers are the People's Advocate office, academia, businesses, civil society, and the media. The involvement and cooperation of various stakeholders seem to improve in Moldova. The inter-sectorial cooperation of the different state actors is improving and advancing in establishing cooperation principles and methods. These efforts should be applied to strengthen the cooperation between national and regional levels, with more involvement and accountability at the local administrative level. The cooperation between the public and non-profit organisations is also in place and improving. One area which is not explored to the full potential is the public-private cooperation to protect and promote the rights of children. Another area requiring improvement is involving the rights-holders (e.g youth and children's organizations, parents' associations and others) into the policy process. Moldova made good progress in setting up cooperation and participation platforms so children and youth could voice their opinion and be involved more in the decision making. The next step is to ensure the quality of the input and its reflection into the decisions impacting children.

Business: The involvement of the business sector in the protection and promotion of the rights of children and adolescents is limited. The interaction between the state and the business sector is reduced to setting restrictions and norms to avoid child harm and at-risk situations. There are incipient joint steps to improve the understanding of child harm and at-risk situations and to teach business to act in preventing at-risk situations and harmful practices. The corporate social responsibility directed to children and adolescent is also at an initial phase, and support measures for children and adolescents are sporadic. Efforts to raise awareness in the media sector about understanding and respecting the rights of children have been made, but cases of improper reflection of children's issues in the media are recurrent. The child labour subject is not researched, and the latest data on child labour are from 2009. The notion of work-life balance is more a theoretical concept in Moldova, and measures

to provide time and support to parents beyond the maternity/paternity leave are limited.

Access to essential products, services, and market supply: the access to the essential products and services is improving, but at a low rate and in an unequal manner. The food security is relatively high but risk of food insecurity is high for households with children, especially for poor households and households with many children. The quality of food and the nutrients' intake are poor, leading to diabetes and overweight. The food prices are increasing, mainly in the last year, as result of the economic and supply crisis caused by the COVID-19 pandemic. Access to essential services (rent, water supply, heating) is restricted by their price, and low-income households are at risk of not being able to cover the cost of essential services. Access to information and communication technologies is relatively good. Out of 100 households with children, 99 have at least one computer (NBS, 2021d). Children are exposed to pollution, the most critical is water pollution. Safety is an at-risk issue for children and adolescents throughout the country, but especially in urban areas (UNDP, 2020). The road safety is another area of concern, as Moldova has 9.4 road traffic deaths per 100 thousand population, which is more than the EU average but less than other countries in the region. In 2019, about 14% of all persons involved in road accidents were children (NBS, 2021).

3 The rights of children and adolescents

Healthcare: access to health services for children is universal and ensured by the law, but the implementation of full coverage is challenging. Children's access of relevant healthcare support and medications is restricted by the overall poor access to quality healthcare, high informal payments, and harmful social norms. The maternal and infant mortality rates have been continuously declining, but they are still about three times higher than the EU average (United Nations Moldova, 2020). The infant mortality rate is more pronounced in the rural areas. The child vaccination rates are good but the immunization rates are declining. This is due to the hesitancy of parents to vaccinate their children based on misinformation and the low capacity of health providers to address

it. Early intervention measures and policy still need to be improved and developed, it is estimated that only 10% of the early intervention need is being currently covered (Lumos Moldova, 2016).

The indicators on adolescent health have improved significantly in the last years, which includes improvement related to sexual and reproductive health, obesity, and substance abuse. Adolescent mental health is an emerging challenge and requires an immediate policy response. Adolescents are more prone to anxiety, depression, insomnia, compared to EU average; the bullying rates are high and rising which also brings challenges related to child and adolescent mental health. In response to increasing youth health challenges, youth-friendly health initiatives have been introduced and scaled up, the services proved to bring a positive impact on the health of young people. Healthcare services are being continuously reformed to improve accessibility and quality of healthcare. At the same time, the healthcare sector is poorly governed, lacks administrative capacities, human and financial resources, and uses inefficiently the existing resources (Burki, 2020).

Education: is compulsory and is free of charge. The Government ensures the financing of the standard package of educational services for preschool, primary, lower and upper secondary, and high school education. Both the number of institutions and number of children enrolled in the education system are decreasing. This is a consequence of the significant decrease in the country's population. The drop in the child population represents a significant challenge for the education system, which needs to remain efficient while providing good quality education. The funding principle of the education sector³ was revised, and the principle "the money follows the student" has been applied for several years now. The school drop-out is relatively low but slowly increasing; the gross enrolment rate differs across the age groups, with the highest level of coverage observed among children 7-10 years (MER, 2021). The enrolment of children with special educational needs and children with disabilities in regular schools registered great progress over the last decade. However, children with more complex needs remain segregated (i.e., children

with intellectual disabilities). The access to early childhood education services is improving, especially for the 3 to 6 age cohort. The access to early education services is more restricted for urban areas, where the demand exceeds the existing offer. The general primary and secondary education is losing pupils, and the rural and urban demand of services versus offer is incongruous. The access and quality of the VET education are improving but the mismatch between actual and the needed skills on the labour market still exists.

The 2018 average scores of PISA indicators are comparable with the scores of other countries in the region but lower than the OECD average. Students in urban educational institutions outperformed students in rural institutions, and students from low-income households perform poorer than their peers (OECD&UNICEF, 2021). The teaching quality greatly impacts the quality of education, influenced by the relative old age of teachers, low wages in the sector, and an overall teaching-centred education model (OECD&UNICEF, 2021). The overall education infrastructure is inefficient and does not adapt to the demographic changes. A large optimisation reform was done in the education sector, but the impact of the slightly improved efficiency is not fairly redistributed within the sector. The number of schools with poor water and sanitation conditions decreases, however, schools in rural remote areas remain with no centralised water and sewerage system, have a poor quality of drinking water, and are poorly equipped.

Child protection: the number of children at risk is increasing, this is mainly due to the worsening socio-economic context, high number of children left behind by migrant parents, emerging vulnerabilities. It is important to mention that the screening and referral process improved significantly, which could account for some increase in numbers. By the end of 2020, 3% of all children were registered as being separated from their parents. The main reason for child separation is the migration of parents (MLSP, 2020). Poverty, abandonment, and neglect are other important reasons for child separation (MLSP, 2020). Currently, there is a dual care placement system in the country, where some children are being placed in large

3 With the exception of preschool education

residential institutions and others in family type care services. Despite progress in developing alternative type of care some vulnerable children cannot access family-type services due to their special needs (i.e., children with severe disabilities, babies, children with trauma, children with challenging behaviours, children experiencing vagabondage, etc.). The main challenge in developing family-type services is the lack of human capacity at the local level, and the lack of interest to become a foster parent. The development of family-type care services is also uneven across the country.

About 2% of all children are children with disabilities (NBS, 2021b). In their regard, started the process of setting the regulatory frame that will support the transition from the medical to the functional model of assigning disability. Unfortunately, the medical model is still dominant in the actual assigning procedure, due to the system's incapacity of implementing the new approach. Support services for children with disabilities are very limited, which is especially valid for community-based and specialised services. Children with disabilities continue to face discrimination in the country and are not effectively integrated into all areas of social life, including the education system (CRC, 2017). The children who age-out of the formal care system also lack support, and therefore, their transition to an independent life is abrupt. Special attention in the area of childcare and protection are needed to have a clear and cohesive approach to preventing child separation and institutionalisation. More resources should be provided to support preventive measures, including resources to educate sector professionals on prevention and early intervention.

Civil rights: Moldova made good progress on birth registration, including of children being at risk for non-registration, such as Roma children, home birth etc. The freedom to privacy is also advancing in the country, but at the same time, there are cases when the rights of children are violated, such as suing children in electoral campaigns. The written or audio-visual media often fail to respect children's rights to privacy by offering details that can easily track their identity. The reports of the Child Ombudsperson also concluded that children and their families rarely report or ask for support in relation to the violation of their rights to privacy (Ombudsman, 2021; CRIC, 2020),

which is especially true for children from vulnerable background. The access to information is restricted for some children (i.e., children with disabilities, children from low income families, etc.), and information and communication are rarely offered in a manner that children with special needs could access (i.e., sign language interpretation, Braille, easy-to-read materials). There is no nationally recognized sign language in Moldova, and there are only nine sign language interpreters registered in the country (Special Rapporteur, 2016). Children and young people still face various barriers when it comes to exercising their right to participation (APSCF, 2017), and the right to participation is more restricted for vulnerable children, such as children with disabilities, Roma children, and children from low-income families. Interviewed youth advocates feel that children's priorities, concerns, and suggestions are often ignored or diminished. While the platforms to support child and adolescent's participation and their involvement in decision making are being developed, concerns still remain in relation to translating the inputs presented through these platforms into action, into decisions, and into policies.

Justice: access to justice and legal protection is slowly progressing for better prevention, protection, and justice for each child. The positive developments include introduction of regulations to protect child victims (free legal aid, special measures to testify) and also child offenders (free legal aid and representation). At the same time, the overall slow operation of the justice system, delays in court proceedings, backlog of cases, and the problem of reinforcement of the judicial decisions (CRIN, 2021) remain major challenges. Progress has been made to support *children who are involved in penal procedures*, (legal examination of an offence, psychological support, specialised hearing rooms) (CNPAC, 2019). The total number of offences against children is slightly decreasing, but at the same time, the number of registered offences of sexual character is increasing, which includes increasing rates of online sexual exploitation of children (NBS, 2021; USDS, 2021). Progress has been made in introducing procedures and mechanisms to identify cases of child abuse, and thus the increased reported number of cases. Child victims of criminal offences are entitled to free legal aid, support services, and a particular approach in hearings. Nevertheless,

support services for child victims are still lacking, legal procedures to which child victims are subjected are lengthy. The number of offences committed by children is decreasing, and very few children are convicted. The child detention conditions are improving, although the Ombudsman for children reported in 2021 a deterioration of detention conditions due to the COVID-19 pandemic, including

restricted access to health services, medication, recreation, and hygiene products (Ombudsman for Children, 2021a). The auto-mutilation rate of children in detention is high. Of additional concern is the situation of children born by mothers in detention and staying with their mothers up to 3 years of age, who lack access to basic services, communication, and inclusion measures.

General recommendations formulated to address gaps in relation to promotion and fulfilment of rights of children and adolescents:

- a) Increase human resources and capacities of public entities responsible for ensuring the realization of children's rights.
- b) Increase and improve access to basic services and goods for all children and adolescents, with focus on the most excluded.
- c) Strengthen the cooperation and coordination of public and private actors to support the rights of all children and adolescents to access quality basic services (health, education, protection etc).
- d) Improve public expenditure on social sectors and services for families and children, specifically through enhancing sufficiency, efficiency effectiveness and equity.
- e) Seek ways to increase fiscal space for expanding social expenditure with a specific focus on the most vulnerable.
- f) Make available alternative services to provide safety and care to the most vulnerable children and adolescents.
- g) Raise awareness of society, families, professionals on the rights of children and adolescents, combat stereotypes and harmful practices.
- h) Strengthening child rights monitoring and reporting in line with UN Convention on the Rights of the Child requirements, further increase availability of disaggregated data, provide research and analysis on various aspects of the rights of the children and adolescents.

Sector specific recommendations are provided in Table 11.



Photo credit: @Moldovan Football Federation/2022

Introduction



INTRODUCTION

1.1. SCOPE

The Situation Analysis (SitAn) is an assessment of the current situation of children and adolescents in the Republic of Moldova, and identifies the root causes of challenges and deprivations of children and adolescents. The SitAn evaluates the progress, existing barriers, and opportunities to implement the rights of children and adolescents and ensure the wellbeing of all children and adolescents across the country. The SitAn underlines the key challenges preventing children and adolescents from enjoying their rights, guaranteed under the UN Convention on the Rights of the Child (CRC) and other international legal obligations Moldova committed to. The Situation Analysis fits into a country specific research agenda,

the document could support the elaboration of the national development strategies and guides the policy dialogue. The Situation Analysis will contribute to the development of the new Country Programme of Cooperation between UNICEF Moldova and the Government of the Republic of Moldova (2023-27). The document will also contribute to Moldova's upcoming review of the UN CRC Committee in 2022. The Situation Analysis will offer an overview of the rights of the children and adolescents in light of the current crisis, the COVID-19 pandemic. The SitAn is also a key resource for civil society organizations, especially to child rights organizations to advocate for better, child-focused policies.

1.2. BACKGROUND

This document assesses the progress as well as challenges in promoting and respecting the rights of children and adolescents since 2016, when a similar exercise was performed. The situation was done considering demographic, governance, political trends and changes and their impact on the economic growth, poverty, access to basic services and standards of living on the country's population, in particular on children and adolescents. Country's gender profile was analysed and challenges that women and girls face have been established.

In the last five years, the country made progress against the main child and adolescent wellbeing

indicators, in terms of access and health and education outcomes. The basic services (education, health, protection and justice) are offered free of charge for children and adolescents but the access to good quality basic services is affected by the geographic location, social economic status of the family and other exclusion factors. While Moldova improves the basic child related health indicators, emerging health problems, such as child obesity and overweight, mental health problems, consumption of unhealthy food and harmful products as well as substance abuse requires more attention. Progress is being registered in reforming the child protection sector, mostly through the development of family-type

alternative care services. A shift in approach to child protection was achieved in the country, by focusing on prevention, introducing the notion of integrated approach to the needs assessment of children, and putting in place a referral system. But the development of care services is uneven across the country and the number of professionals in the sector and their capacities are insufficient.

Stigma and prejudice towards specific groups of vulnerable children (e.g., children with severe disabilities, Roma children etc.) are still strong amongst professionals as well as the public. Some progress has been achieved in ensuring that the civil rights of children are respected but there are still barriers to children and adolescents when it comes to their participation in decision-making processes. Children's access to justice has improved over the last year, but the justice system is not becoming more child friendly, children who are facing the justice system still encounter stigma, unprepared professionals, lengthy processes, and the lack of support services.

1.3. STRUCTURE

The report is structured into three parts: Part 1 is the Country Overview which presents the Demographic profile, Political economy and governance, Poverty and standards of living, the Humanitarian risk profile, and the Gender profile of Moldova. Part 2 is about the Enabling Environment for children's rights including the following chapters: Legislation and policy; Public finance; Drivers of inequality; Stakeholders; Business; Assessment of essential products, services, and market supply. Part 3 is focusing on the rights of children and adolescents

1.4. METHODOLOGY

The Situation Analysis combines a human rights-based analysis, by assessing the degree children and adolescents in Moldova enjoy their human rights on an equal basis, and an equity-based analysis that will ensure that the most vulnerable

The COVID-19 pandemic impacted all areas of the lives of children and adolescents, it restricted the access to basic services, mostly specialized healthcare, routine vaccination, and rehabilitation services. The pandemic severely impacted the economic situation of the country and of each household, the poverty is expected to increase as result of the economic consequences of the pandemic. The good and services supply was interrupted and further shortages could occur. Distance learning imposed by the lockdown measures limited some children's access to education, especially for children from large families, children from low-income families, children with disabilities and children from families that could not afford or provide the necessary equipment and internet connection due to remote location. COVID-19 had a negative impact on the mental wellbeing of children and adolescents, by increased level of stress, anxiety, social isolation, and greater exposure to domestic violence.

and covers the following areas: Health and nutrition, Education, Family environment and protection, Civil rights, freedoms and participation, Justice for children. The knowledge, attitudes and practices towards various areas related to the rights of children and adolescents is addressed in all relevant chapters. Disability and gender are also cross-cutting issues and discussed throughout the report in each relevant chapter. The child and adolescents' data and monitoring tools are presented as a separate box at the end of the Situation Analysis.

and marginalized groups of children are considered. The Situation Analysis uses the UNICEF equity framework (UNICEF, 2014) for the determinant analysis. The Situation Analysis is an analysis of existing national data and information to provide

a comprehensive assessment of the situation of children and adolescents in the country. The Situation analysis is based on an extensive desk review, including a wide range of national and regional legislations and regulations, policies, strategies, studies, reports, statistics, and budget documents. In addition, the report uses data from semi-structured interviews with a diverse range of key stakeholders from central and local government institutions, CSOs organizations working with and/or representing children, academia, and independent experts, who contributed with their first-hand knowledge. The data analysis combines qualitative and quantitative data sources (please see annex 1 the list of in-depth semi structured interviews) and approaches to provide a comprehensive picture of the humanitarian, social, economic, and political trends in Moldova.

The Situation Analysis was discussed by and received inputs and contributions from the Reference Group⁴ (RG). The RG was initiated by UNICEF Moldova and included representatives of ministries (please see annex 2) and other organizations/institutions relevant

for child rights protection. Preliminary findings of the Situation Analysis report were shared, discussed, and validated with members of the RG.

The Situation Analysis followed the guidance and recommendations of the Ethical Research Involving Children (UNICEF, 2013). Respect for the dignity, wellbeing, and rights of all children irrespective of context, is central to the philosophy that underpins the Ethical Research Involving Children. Use and presentation of research data (including any images or recordings) are compliant with UNICEF's regulations, rules, policies, and guidelines, including the UNICEF Procedure for [Ethical Standards in Research, Evaluation, Data Collection and Analysis](#). The process of conducting the Situation Analysis was also participatory to some extent, and included semi-structured interviews with representatives of youth organizations, as well as the results of a dedicated U-Report survey that looked at the degree to which adolescents in Moldova are informed about their rights and their involvement in participatory processes and decision making.

1.5. LIMITATIONS AND CONSTRAINTS

The main limitation of the Situation Analysis is the reduced availability of up to date, high quality, consistent across different sources statistical data and indicators. Age and gender disaggregated data are limited to few sectors and completely lack in others. Impact level data and analysis is not always available within the time cycle of the SitAn. Child focused inequality data and analysis is lacking. Data and analysis on knowledge,

attitudes and practices related to the rights of children and adolescents are also missing, except for few sector-specific analyses (i.e., inclusive education). The lack of systemic and robust monitoring frameworks for some sectors resulted in the assessment of the progress from the policy process perspective and less from the perspective of the actual impact of these policies on child and adolescent wellbeing.

⁴ The list of Reference Group Members presented in the Annex 1.



Photo credit: @UNICEF/2020/Uvarov

Country overview



COUNTRY OVERVIEW

2.1. DEMOGRAPHIC PROFILE

The population of Moldova is decreasing in size and is rapidly ageing. This impacts provision of public services, public budgets, and the overall economic development. The total population was estimated at 2.6 million in 2021; 560 thousand⁵ are children and adolescents aged 0-17, representing 21.6% of the total population (NBS, 2021). The population estimates 2005-2021 are presented in Annex 3. The natural population growth has been negative over the past two decades, as the number of deaths exceeds the number of births (NBS, 2021). This trend is likely to continue, and it is estimated that the population will decrease by a further 13.5% (Lutz et al., 2018) to 16.7% (UN, 2021) by 2050. Moldova ranks 232nd out of 237 countries in terms of population growth, making it one of the fastest shrinking countries in the world (CIA, 2021).

In contrast to many other countries, the proportion of the population living in urban areas is decreasing. The urbanisation rate has increased in the 1980s and 1990s but has shown a decreasing trend since the beginning of the new century due to high urban emigration flows. Currently almost 43% of the population live in cities (UN, 2021; World Bank, 2021). This is significantly lower than in other European countries where the average urbanisation rate is above 70% (Eurostat, 2021). The largest

city in Moldova is the capital Chisinau, with about 756 thousand inhabitants, out of which 108 826 are children (age 0 to 14) and 32 521 and adolescents (age 15 to 19) (NBS, 2021).

The ageing of society is driven by low fertility rates, increase in life expectancy and high emigration rates. The total fertility rate (number of children born to a woman) was 1.78 in 2019 (NBS, 2021a), which is above the EU average of 1.53 (Eurostat, 2021). The infant mortality rate has been steadily decreasing but the decrease halted in 2013. The indicator stood at 9 deaths per 1000 life-births in 2019, almost half of the rate recorded in 2000 (NBS, 2021). Nevertheless, the infant mortality rate is still several times higher than the EU-average of 3.4 (Eurostat, 2021). The life expectancy increased from 59 years in 1950 to 72.3 years in 2020 (UN, 2021). The gender life expectancy gap is significant in Moldova, women, on average, live 8.54 years more than men (WHO, 2021). The median age was 37.7 in 2020 (CIA, 2021), this places Moldova amongst the countries with the highest median age in the world.

Moldova is characterized by extremely high emigration rates that leads to “brain drain”, bottlenecks in the provision of public services and constrained economic development. For 2021, the net

⁵ Of these 51% of the children are boys and 49% are girls, the sex ratio at birth is 1.06 male for every female.

migration is estimated at (-) 8.95 migrants⁶ per 1000 inhabitants ranking Moldova 220th out of 231 countries (CIA, 2021). The main reason for emigration is the lack of employment opportunities and decent pay (KAS, 2021). In 2020, about 15.9 % of the total households with children have at least one family member who migrated, and about 67% of those households are in rural areas (NBS, 2020b). Children from households from where a family member migrated have a higher level of financial security (NBS, 2020b); however, they may develop psychological problems due to their parents' absence (KAS, 2021). In addition to the natural population decrease, emigration contributes massively to the issue of depopulation. The “brain drain” and the decline in the labour force are likely to hamper the country’s economic development and the resilience of its health and social protection system (UNDP&UNFPA, 2020).

Recent demographic and migration developments are leading to increasing pressure on the working-age population.

The total dependency ratio in 2020 was at 49.2%, which means that for every 100 people of working age there were roughly 50 dependent people in the country (NBS, 2021). While the total number of children (0 - 15 years) and prime working age individuals (16 - 64 years) has decreased in past years, the proportion of older persons (65+ years) has increased (NBS, 2021). The youth dependency ratio is rather stable at about 27%, while the old dependency ratio increased from about 14% in 2005 to 21.5% in 2020 (NBS, 2021). The rising trend in the old-age dependency ratio point towards increasing pressure on working-age individuals and financing old age benefits such as pension payments and old age services, such as long-term care (NBS, 2021).

The number of teenage mothers is declining, and it is more predominant in rural areas. The number of teenage mothers aged 19 or younger

The natural population decrease, high emigration, high pressure on working population directly impacts children and adolescents. De-population results in reduced economic development and opportunities, which impacts the wellbeing of Moldovan families, including families with children. De-population contributes to uneven provision and quality of public services provided across the country, where remote areas have limited access to good quality public services. High dependency rate also means less contribution to the national budget through taxes and social payments, which weakens the support programmes. The growing number of ageing population shifts the public social spending towards support to old age, in the potential detriment of children and their families. These bottlenecks are discussed more in detail throughout the report.

was 1 811 in 2020, accounting for 5.9% of all births (NBS, 2021). In 2020, 7.3 % of persons who married were 19 years or younger, the vast majority (92%), of them being girls from rural area (70%) (NBS, 2021). The OECD estimated that the percentage of girls under 18 married is 12% (OCED, 2019a). In 2015, an amendment to the Family Code would provide the possibility, as an exception, of marriages at the age of 16⁷ with the consent of tutelary authority, but there are no penalties for child marriages of minors under 16 years if there was a procedural breach (OECD, 2019). Child marriages are particularly common in Roma communities (Cheianu-Andrei, D. et al., 2016).

6 It is difficult to estimate the total number of Moldovan migrants since a substantial proportion of Moldovan population have Romanian citizenship and migrate as Romanian, therefore not captured by the local statistics.

7 Article 14 (1) of the Family Code.

2.2. POLITICAL ECONOMY AND GOVERNANCE

The Republic of Moldova is a democratic, parliamentary state. Formerly known as Moldavian Soviet Socialist Republic, the country gained independence from the Soviet Union on 27 August 1991, its constitution was adopted in 1994 (CIA, 2021). There are three branches of government (legislative, executive, and judicial power) independent of each other. Legislative power is exercised by the unicameral, multi-party parliament, whose main task it is to formulate and adopt laws. The president and the government exercise executive power. Currently, the government is led by the Prime Minister and consists of 13 ministries. The judicial power enforces the law, the highest courts are the Constitutional Court, which reviews legislation, and the Supreme Court of Justice. Subordinate courts are the Courts of Appeal and the municipal courts. The Moldovan legal system is influenced by the Germanic law (CIA, 2021).

Moldova has three levels of governance, the national (central) level, the regional (rayon level) and the local (municipality and village) level. The regions (rayons) are managed by *rayon* administrative councils and the villages and cities by mayors and the local councils. The local governance is regulated by the Constitution, the framework laws⁸ on local and regional self-government and the framework law on public utilities. In 2013, the country launched a national decentralisation programme, with a primary goal of empowering the regions and increasing regional autonomy. In this context, some administrative functions, including the protection of children and their families have been transferred from central level to the local level. At the same time, the financial decentralisation is lagging behind, which negatively impacts the provision of public services.

Moldova benefits from international cooperation but political instability within the country is a major risk factor for its development. In 2014 Moldova signed the Association Agreement with the European Union but the steps towards EU integration are slow. The country

receives major international financial support by the EU, the IMF, and the World Bank (World Bank, 2021b; CIA, 2021). Only in 2021 the country received a €150 million macro-financial assistance from the EU (EC, 2022). At the same time, corruption⁹, weak institutions, political uncertainty remain critical challenges impacting the wellbeing of Moldovan citizens (CIA, 2021).

Moldova is one of the poorest countries in Europe, and poverty was exacerbated further by the COVID-19 pandemic. It is an upper-middle-income country¹⁰ with a nominal GDP estimated at 12 billion US dollars (IMF, 2021). This corresponds to a GDP per capita of 13 879 US dollars (2021) (IMF, 2021). The Gini coefficient¹¹, which measures income inequality¹² was 0.322 in 2020, showing a decreasing trend over the last 10 years (NBS, 2022). The Human Development Index was at 0.75 which was the lowest rank Europe and the 90th rank in the world (UNDP, 2021). Moldova's economy has recorded high growth

Figure 1. Moldova administrative map



8 No. 436 and 764

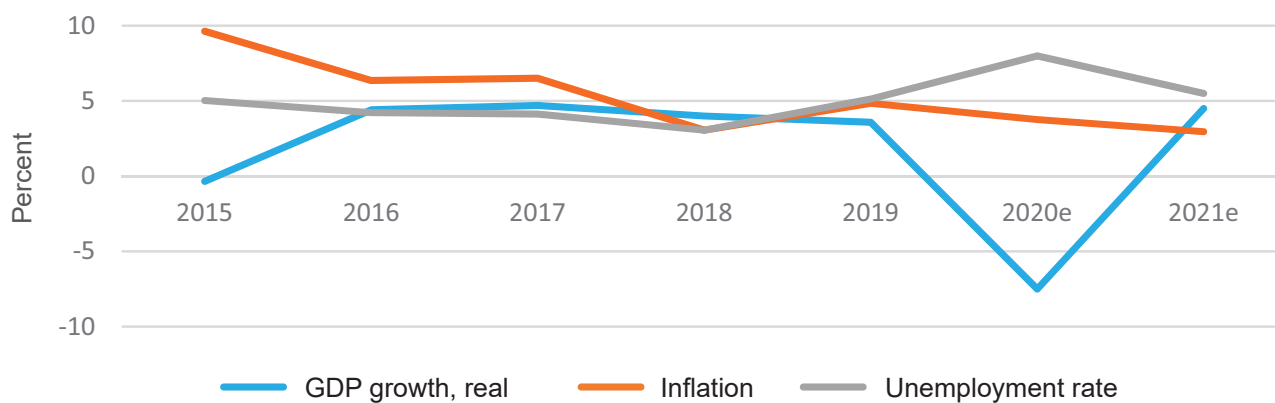
9 Moldova received only 34 out of 100 points in the Corruption Perception Index, thus ranking 115th out of total of 175 countries (Transparency International, 2020).

10 Country ranking updated in 2021, <https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2021-2022>

11 By disposable income

12 A value of 0 would indicate absolute equality. i.e., everyone receives the same income, while a value of 100 would indicate absolute inequality, i.e., one person receives all the income.

Figure 2. Trends in main economic indicators, 2015-2021 (2021 estimated in June 2021)



Source: IMF, 2021

rates in the last two decades with an average GDP growth of more than 4% (IMF, 2021). However, the economic contraction in 2020 due to the pandemic is estimated between (-) 7.5% (IMF, 2021). Moldova was expected to reach the pre-pandemic income level by 2022, estimations under risks due to multiple external shocks (World Bank, 2021c). The main economic sector is the service sector, but the economy still heavily relies on the agricultural exports (CIA, 2021).

Moldova is also highly dependent on remittances sent by about one million Moldovans working abroad. About 240 thousand Moldovan families receive money from a relative working abroad (UNDP, 2021b). These remittances amount to a yearly average of 1.2 billion US dollars, or about 15.7% of GDP, which is one of the largest proportion of remittances in GDP in the region (Armenia 10.3%, Georgia 13.3%, Montenegro, 12%) (CIA, 2021). At the same time, this share is rapidly decreasing for Moldova (from 34% in 2006) which might result from the intention not to return to Moldova and to reunite with the family abroad).

The main economic challenges are vulnerability to external shocks (World Bank, 2021a). The epidemiologic crisis combined with slow economic rates pre-pandemic, the political instability and deficient performance of the public sector raise high concerns about the economic development of the country. The impact of the lack of the development presents a major concern on the most vulnerable people, including children and adolescents. In the coming years, an increase in poverty rates might be expected if no targeted support will be provided for vulnerable groups.

2.3. POVERTY AND STANDARDS OF LIVING

Poverty¹³ is decreasing but remains at prominent level. The overall poverty rate in 2020 in the country was 26.8% and about 10.8% of people live below

the extreme poverty rate (NBS, 2021d). The poorest part of the country is the South, with 42.9% absolute poverty rate and the least poverty is measured in

13 The monetary poverty in Moldova is measured based on the HBS against a threshold of the consumption expenditures, the threshold has 2 components, the food and non-food component. In 2019, the monetary poverty methodology was changed; a new sampling method that generated a new survey sample was approved. The survey questionnaire was simplified and adjusted to new realities of the economic and social life in Moldova. In consequence, the comparison of 2019 poverty data with poverty data of previous years should be done considering this annotation (NBS, 2020).

Chisinau, with 7.6% absolute poverty rate (NBS, 2021). The extreme poverty is more acute in rural areas (14.6% versus 5.1% in urban areas) (NBS, 2021). In 2020, the absolute poverty threshold was 2 174 Lei per person per month, and the extreme poverty threshold was 1 753 Lei per person per month (NBS, 2021). The residence, household composition and the household size are the main poverty defining factors (NBS, 2021).

Child poverty rates in Moldova are still very high, including extreme poverty.

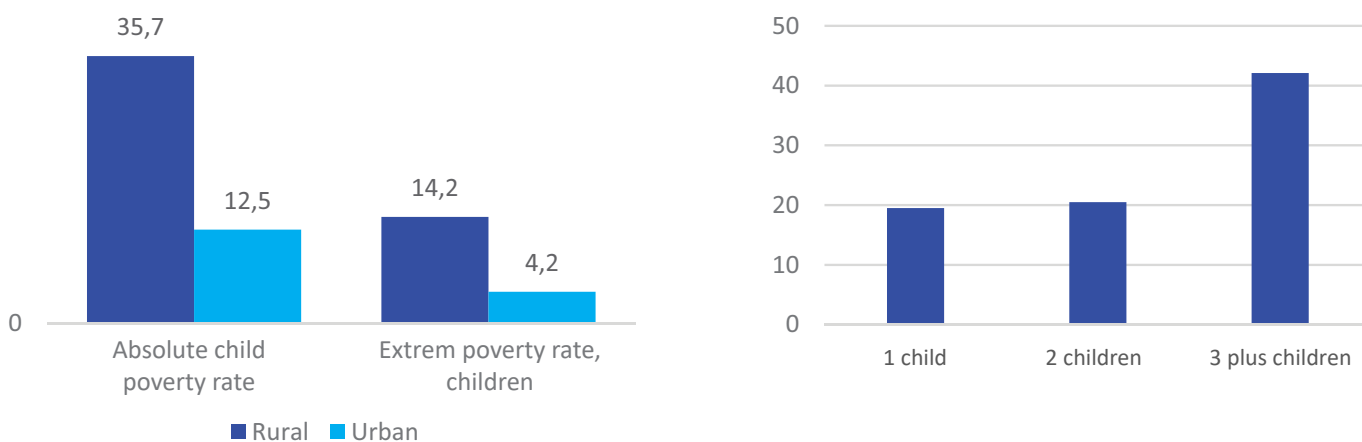
One in four children in Moldova grows up in poverty (the poverty rate among children was 26% in 2020) (NBS, 2021d). The child extreme poverty is close to the level for the general population (NBS, 2021d)¹⁴. Households with children have significantly lower income compared to households without children. In 2020, the income gap was more than 25% (NBS, 2020a). Due to the COVID-19 pandemic the poverty rate is likely to increase.

There are several reasons why children and their families live in poverty, and one important determinant is their area of residence. Households with children living in rural areas highly depend on agricultural production, which usually does not guarantee adequate income. The income of families in rural areas is about one third lower than the income of

families in urban areas (NBS, 2020a). Children in rural areas are more susceptible to poverty, both absolute and extreme poverty (figure 3, first dial) (NBS, 2021d). While the poverty rate among children in urban areas declines steadily, the poverty rate among children in rural areas fluctuated widely in recent years (NBS, 2020a). **Families with many children and complex family compositions are more vulnerable.** Families with 3 or more children are the most vulnerable with a child poverty rate of 42%, the poverty rate in household with 1 child children was below 20% in 2020 (figure 3, second dial) (NBS, 2021d). The poverty rate for single-parent households was at 31.3% and the poverty rate among children in two parent households at 23% (NBS, 2021d).

Another key driver of child poverty is the employment status of parents. Families in which both parents are employed are the least likely to live in poverty (NBS, 2020b). For households where only one parent works, it makes a remarkable difference if the parent is self-employed or employed: in 2020, the poverty rate among children with a self-employed parent stands at 26.9%, the poverty rate of children with one employed parent was about 28% and the poverty rate for children from families in special situation (mostly dependant on social payments) was 35% (NBS, 2020b).

Figure 3. Child poverty rate by area of residence and household type (population aged 0 to 17), 2020



Source: NBS, 2020a

¹⁴ NBS uses average consumption baskets of food and non-food items to assess poverty rates and extreme poverty rates within the population. For more details see: https://statistica.gov.md/public/files/Metadate/alte/Metodologie_saracie.pdf

Having a parent working abroad also decreases the likelihood of a child growing up in poverty. The poverty rate for households with children where at least one parent works abroad was 4 percentage points lower than for households with both parents in the country (NBS, 2021d). Remittances from abroad account for 16.7 % of total family incomes and are an important source of income in Moldova (NBS, 2020b). Mostly affected by remittances drop will be households with children in rural areas, which rely more on the remittances, more reliant being households where grandparents are taking care of children (NBS, 2021). The Annex 4 presents share of remittances in the household income for families with children versus families without children.

The poverty-reducing effect of social transfers is limited in Moldova. On average, social transfers accounted for 8.9% of the income of households with children. They play a larger role in the lowest income quintile with their share amounting to 14.8% in 2020 (NBS, 2020b). Child benefits accounted for 35.3% of social benefits received by households with children (NBS, 2020b). Without any social transfers the poverty rate among children would have been 3.7 percentage points higher in 2020, at 29.7% (NBS, 2021d). The main social assistance programme is the means-tested cash benefit for vulnerable households (*ajutorul social*). However, the programme supports households with children to an insufficient extent, the poverty alleviation performance of this benefit is only by 1.6 percentage points (2020) (NBS, 2021d). Interestingly, the pensions have a higher impact on child welfare (minus 4 p.p.) (NBS, 2021d). This might be explained by the fact that many children live in extended households where household's member are eligible to old age pension benefit which has higher value than other social benefits.

The living conditions of children, as for the entire population, is improving, but at slow rates (table 2). In 2020 most households with children had access to aqueduct sewerage and to centralised water source. Above half of households with children have access to gas facilities and have closet within the dwelling (table 3) (NBS, 2021). The average per room rate of households with children is 1.5 and is more restricted

for urban areas compared with rural (NBS, 2020a). About 21% of people in urban areas have less than 9 square meters per person, and these are mostly young families with children, single parents, poor households with children and households of older people (UNDP, 2020). The self-assessment of living condition of households with children slightly improved. About 72% of households with children describe their living conditions as satisfactory, and 23% of them as having good living conditions (NBS, 2020a).

Table 1. Access to essentials services, selected indicators 2014 and 2020, % of the total households with children

	2014	2020
Electricity	100	100
Aqueduct	75.5	88,5
Water source, central system	64,5	75,1
Central heating	20,2	14,2 ¹⁵
Gas facilities	54,9	58,6
Closet with water within the dwelling	43,8	61
Sewerage system	65,8	82,1

Source: NBS, 2021

Child poverty rates are still very high, including extreme poverty. Remittances from parents working abroad also prevent child poverty, at the same time remittances are decreasing at an alarming rate, which poses another poverty risks on Moldovan children. Social benefits decrease child poverty to only a very limited extent, improvement of social assistance targeting should be a priority of sector policies.

¹⁵ The drop in central heating access is explained by the choice of individual households from urban areas to disconnect form central heating system in favor of individual heating systems at the level of each flat.

2.4. HUMANITARIAN RISK PROFILE

Moldova is highly vulnerable to various climate related hazards (droughts, floods, severe weather events) and disasters (earthquakes). Moldova ranks 125th of 172¹⁶ countries in the country disaster risk profile (World Bank, 2021d). An estimation of the World Bank showed that the climate disaster related damage in the last 10 years was about 1.2 billion USD and also estimated that a major earthquake could potentially affect 60% Moldovan GDP (World Bank, 2021d). Currently, Moldova has no overarching strategy or vision on reducing the risks of disasters and humanitarian crisis, nor a comprehensive analysis on the risks, their potential impacts and respective mitigation measures. Moldova has no overarching strategy to identify, prevent and mitigate humanitarian risks. Moldova made satisfactory progress in adjusting the institutional and regulatory frameworks in the country in order to be prepared to respond to risks and disasters, including at local level (World Bank, 2021d). At the same time, the capacity of the institutions to prevent and respond to crises, at national and local levels remain weak (World Bank, 2020). One of the most important tasks of Moldovan authorities is to clarify roles and responsibilities for planning, coordination, oversight, and the implementation of emergency measures (World Bank, 2021d; World Bank, 2020). Also, the state should improve data management, to be able to understand and monitor risks, such as the current pandemic, and design appropriate support (UNDP, 2021a). The funds mobilization process proved to be possible, when needed, but could be done in a more efficient way with less administrative costs (World Bank, 2021d).

Considering its geographic features, the country's disaster risk profile is defined by a blends of extreme weather events (World Bank, 2021d; World Bank, 2020). The frequency of natural disasters has increased, compared to previous years, thus worsening the country's vulnerability to these phenomena and their consequences (World Bank, 2021d). Moldova is at high risk of draughts and severe heat; the average temperatures are constantly increasing (World Bank, 2021d). The draught occurs on a 5-year cycle being more intense at each cycle (World Bank, 2021d). Draught episodes are followed by severe flooding. Floods affect on regular basis the country, mostly the Northern and Eastern region,

with over 40% of total settlements in Moldova were estimated at risk of flooding (World Bank, 2021d).

Natural disasters and hazards cause significant material damage and most affected are vulnerable people. The impact of disasters disproportionately affects the poor and vulnerable income groups, especially in the light of their dependence on agricultural production and could roll back the country's development gains (World Bank, 2021d; World Bank, 2020). Over half of Moldova's population lives in rural areas, and more than 80% of these people in poverty depend on the agriculture sector (World Bank, 2020; NBS, 2021). The disruption of food production has a direct impact on the income and food consumption of many households with children (World Bank, 2021d). A UNICEF study found that about 470 thousand children are at high risk of being exposed to extreme weather events (UNICEF Moldova, 2017).

The major humanitarian risk Moldova is currently facing is the COVID-19 health crisis, which evolved into an unprecedented worldwide socio-economic crisis. The presence of COVID-19 was confirmed in Moldova on March 2020; Moldova applied various measures to prevent the spreading of the disease, including lockdowns, restricted circulation, mandatory masks, and making vaccination available.

Table 2. COVID-19 pandemic in Moldova, as per December 2021

Up to 25.10.2021	
Total no. of infected people	328 000
Total no. of deaths	7 497
No. of Infected children	
1 to 5 years old	3 213
6 to 9 years old	4 015
10 to 19 years old	17 069
Total no. of child death	5
Total no. of vaccinated people	828 000
Vaccinated (% of total population)	26,4% (as of 14.11.2021)

Source: MH, 2021

16 Number one is the worst rank.

Moldova received vaccine donations from different States and was the first country in Europe to receive free vaccines through the COVAX¹⁷

platform. During 2021, the COVAX mechanism delivered over 500 thousand doses of COVID-19 vaccine to Moldova and is expected to deliver 200 thousand more by the end of the year (MH, 2021). By the end of August 2021, over one million doses of vaccine had been administered (MH, 2021). Public data of MER from the beginning of September 2021 indicate a vaccination rate with both doses of 65% of employees in primary, secondary, and high school institutions and 55% in vocational and technical education institutions (MER, 2021).

Access to healthcare, specifically access to general healthcare services has been severely reduced due to overall restrictions and re-allocation of resources in the sector (UNDP & UNFPA, 2021). A study carried out amongst families with children on the impact of the COVID-19 pandemic found that about 40% of interviewed households reported limited access to health services (UNICEF Moldova & USAID, 2021). The access to youth friendly health services decreased in 2020 with 30% compared with the previous year (MH, 2021). Most affected have been persons with disabilities, about 68% of the persons with disabilities who participated in a study¹⁸ reported problems accessing the needed medical services and compensated medicine in the lockdown period (Keystone, 2020).

Health concerns led to increased anxiety of the population in general, and of children in particular (CCF/HHC, 2020). The emotional wellbeing was negatively impacted by the pandemic and the lockdown measures both adults and children. Parents worried about the future, felt isolated, helpless, and afraid of infection (CCF/HHC, 2020). Parents having a health condition or disability reported significant difficulties in caring for their children while schools, kindergartens and other care support services have been suspended (Keystone, 2020). Children were bored, apathetic or sad due to the lack of physical interactions with friends, peers, relatives, and others (CCF/HHC, 2020). The overall tension increased the risks of domestic violence, including violence against children and adolescents,

in particular of children from vulnerable contexts (UNDP & UNFPA, 2021).

The access of children to education was significantly affected, as about 430 thousand children in Moldova switched from in-premises education to distance learning (UN Moldova, 2021). The National Pupil Council estimated that about 16 thousand pupils and students and about 3 thousand teachers had no access ITC (Information and Communication Technology) (UN Moldova, 2021 citing NPC, 2021). Most affected were children attending kindergarten and other pre-school facilities. School-age children from low-income families had reduced access to educational services mainly due to lack of equipment or internet connection (CCF/HHC 2020; UN Moldova, 2021). Youth advocates emphasised that for large families the availability of more than one device (PC, or laptop) was challenging and in those families only one of the children could attend online education at once. Roma children have been also in a disadvantaged situation in accessing education due to lack of access to equipment and devices for distance learning (UNDP & UNFPA, 2021). Children and teachers in rural areas had difficulties in accessing and offering education due to poor internet quality (UN Moldova, 2021). Severely affected by distance learning were children with special educational needs and children with disabilities¹⁹ (Keystone, 2020; UN Moldova, 2021) in terms of access and quality of education (CCF/HHC, 2020). In September 2020, pupils returned to the schools and were obliged to wear a mask. Interviewees highlighted that covering the cost of the masks (10 Lei per mask) can be challenging for many families, especially for those with multiple children.

While the demand for social support services increased, the provided formal support decreased due to reduced working hours of community social workers, difficulties to organise specialised meeting, suspension of some community-based services (CCF/HHC, 2020). Due to travel restrictions and simplified procedures, children without parental care have been temporarily placed in residential care (CCF/HHC, 2020). At the same time, the procedures to offer benefits have been simplified, and more families have been accessing different benefits as well as one-off financial support (UNDP&UNFPA, 2021).

¹⁷ COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator

¹⁸ Keystone and AOPD Moldova conducted a survey amongst 257 people with disabilities on the impact of the COVID-19 pandemic on the wellbeing of people with disabilities, conducted in May 2020.

¹⁹ Over 8 thousand children receiving education in the mainstream schools.

In the context of the COVID-19 response, the state reaction to protect vulnerable families was timely but insufficient and poorly coordinated (CCF/HHC, 2020; Keystone, 2020; UN Moldova, 2021). Research indicates that pre-existing vulnerabilities in Moldova have been exacerbated by the COVID-19 pandemic (UNDP & UNFPA, 2021). Poor households have seen the largest income declines, a fragile labour market has perpetuated reduced opportunities

for returning migrants, the unemployed, NEET youth, and others (UNDP & UNFPA, 2021). The access to basic public services reduced for families with many children, those living in rural areas, single-parent households and low-income families, persons with disabilities (CCF/HHC, 2020). Overall, during this period, households with children seem to have lost about 15% of their income (UNICEF Moldova & USAID, 2021).

2.5. GENDER PROFILE

Women predominate in the population of Moldova, the female population was 52.3% of the country's population, about 48.5% of the total number of children aged 0-17 are girls (NBS, 2021). The Gender Development Index (GDI)²⁰, measures how gender inequality²¹ impacts a country's level of human development. The value for Moldova was 1.014 in 2019, which is slightly above the average value for the European and Central Asian countries (0.953) (UNDP

dataset, 2019). Of all indicators the greatest disparities in Moldova were observed at the level of access to economic resources (where women face greater barriers than men) and at the level of average life expectancy (men are disadvantaged) (UNDP, 2020). The Global Gender Gap Index²² (GGGI) measures the gender inequalities within a country. Moldova's GGGI rank is 28th out of 156 countries, with a score of 0.768²³ (WEF, 2021) (table 3). Moldova registered progress

Table 3. Moldova Global gender Gap Index, 2006 and 2019

	2006		2019	
	Rank	Score	Rank	Score
Global Gender Gap Index	17	0,713	28	0,768
Economic participation and opportunity	2	0,760	10	0,811
Educational attainment	37	0,994	63	0,996
Health and survival	1	0,980	1	0,980
Political empowerment	50	0,117	48	0,286

Source: WEF, 2021 (Annex MDA, page 278)

20 The GDI is part of the HDI and measures how gender inequality impacts a country's level of human development in the areas of health, education, and command over economic resources. See Human Development Report 2020. Available at <http://hdr.undp.org/sites/default/files/hdr2020.pdf>

21 The GDI looks at three main dimensions, health, knowledge and living standards, using the indicators collected for HDI.

22 The GGGI measures the in accessing the resources and opportunities for women and men, disregarding the overall resource level (WEF, 2016) and is composed of 4 dimensions, economic opportunities, education opportunity, health and survival and political empowerment.

23 Where a score of 1 means total parity and a score of 0 total disparity.

in closing the gender gap over the last years using this metric too, advancing with 10 points in the overall ranking. This is due to improved access to education and healthcare and progress in closing the economic opportunities gap. One aspect which was estimated as a lagging is political empowerment of women, which also improved in the last period.

The legal base for gender equality is established²⁴ foremost by article 16 of the

Constitution.²⁵ Additionally, the Law on Ensuring Equal Opportunities for Women and Men²⁶ and the Law on Ensuring Equality²⁷ reiterate the principles of gender equality and non-discrimination in all areas of public and private life (Parliament of Republic of Moldova, 2019). Both laws establish the institutional framework for ensuring gender equal opportunities, which extends from the national to the local levels, and outlines the competencies of key governmental institutions. The Council for the Prevention and Elimination of Discrimination and Ensuring Equality, which is part of the national mechanism for gender equality. In 2021, Moldova ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).

The employment rate among women is lower than that of men, the share of women in the employed population in 2019 is 48.7% compared to that of men (51.3%) (NBS, 2021). In 2020, the proportion of youth (aged 15 to 24 years) NEET was 19.7% for women and 15.6% for men (NBS, 2021). The presence of gender stereotypes determines women to resign themselves only to some sectors of the economy. The distribution by economic sectors reveals a higher share of women employed in the services sector (58% women and 42% men, respectively, in 2019). **Women are involved in income-generating activities to a lesser extent than men and earn on average 14% less than men** (NBS, 2020). Women

aged 18 and over are more dependent on social payments compared to men (NBS, 2021). In 2019, practically every third woman (32%) had pension as the main source of income, compared to almost every fourth man (22%) (NBS, 2021). Women spend almost twice more time for household chores, care tasks and unpaid activities (168 minutes per day for men and 305 minutes per day for women) (UNFPA & PROMUNDO, 2018).

At the same time, the poverty level of women and men does not differ significantly. In 2020, the poverty level of female-headed households was 29.3% compared with 25.6% of male-headed households (NBS, 2020). The poverty rate among female-headed households is higher than in male-headed households (NBS, 2020). There are no national-level estimates of the gender-disaggregated impact of the COVID-19 pandemic on poverty. However, it is already known that the COVID-19 crisis affected to a greater extent the female population (WEF, 2021). Thus, as a result of interruption or cessation of economic activity, reduction of working hours, work at home etc., women struggle with a significantly lower purchasing power, greater pressure due to kindergarten closures and online schooling, and limited access to services (UNDP Moldova, 2020).

Since the 2020 and 2021 election cycles, women are more and more represented in parliamentary decision-making positions, as they hold about 40.6% of the seats in the parliament (the global average being 24.9%) (UNDP Moldova, 2020). At the local level the share of women elected in local (community) councils was 35.6%, and of those elected in local (*rayon*) councils was 27.1% (NBS, 2020). Although these advances are important, the Ombudsperson consider that measures taken by the state are not sufficient and more efforts are necessary for the full engagement of women in public and political life of the country (Ombudsman, 2020).

24 Important strategic policy documents: National Gender Equality Strategy 2017-2021, National Strategy on Preventing and Combating Violence against Women and Domestic Violence 2018-2023, National Strategy for Preventing and Combating Trafficking in Human Beings 2018-2023, National Action Plan on implementation of the provisions of the UNSCR 1325 Women in Peace and Security 2018-2022. Gender specific measures are also included in most sectorial strategies.

25 Art.16 All citizens of the Republic of Moldova are equal before the law and public authorities, regardless of race, nationality, ethnic origin, language, religion, sex, opinion, political affiliation, wealth or social origin. Available at https://www.legis.md/cautare/getResults?doc_id=111918&lang=ro#

26 https://www.legis.md/cautare/getResults?doc_id=107179&lang=ro#

27 https://www.legis.md/cautare/getResults?doc_id=106454&lang=ro

Convention on the Elimination of All Forms of Discrimination against Women

In February 2020, the Committee on the Elimination of Discrimination against Women presented the Concluding observations on the sixth periodic report of the Republic of Moldova. The committee welcomed the progress the country did in the legislative reforms (introduction of restrictive order, combating the domestic violence, women representation, promoting gender equality). However, the key areas of concern refer to revising the legal definition of the discrimination against women in order to extend it to more forms of discrimination, the limited access to

women to justice, lack of measures to advance women's rights, insufficient financial and human resources that would support advancement of women rights, persistence of patriarchal attitudes and discriminatory stereotypes concerning the roles and responsibilities of women and men in the family and in society, high prevalence of gender-based violence against women, lack of consideration for the new forms of trafficking in persons, lack of diverse educational choices by women and girls, gender occupational segregation, inequality of certain groups of women.

Violence against women and girls and domestic violence is of serious concern, three out of four women in Moldova experienced some form of partner abuse or violence (EU&NIRAS, 2021); 71% of women experience psychological abuse (EU - 43%) (EU&NIRAS, 2021), about 30% of women in Moldova experience physical violence (EU - 20.9%). The number of complains of domestic violence increase, at the same time the number of criminal cases decreased (Council of Europe, 2020). The legal cases related to domestic violence increase year to year (EU&NIRAS, 2021) but end in light legal penalties (Council of Europe, 2020). Interviews revealed that domestic violence against women and girls remains a growing problem, although significant efforts are made by the state in partnership with civil society to tackle the issue. Women and girls sex trafficking is also a serious concern, particularly for undocumented or stateless and Roma women and girls. CEDAW highlights concerns over new forms of trafficking which are on the rise. Victims of human trafficking lack information about rehabilitation and have limited access to free medical assistance. Victims are also often required to face their traffickers in order to begin criminal processes.²⁸

Gender inequality and violence against women is linked with stereotypes and social roles attributed to women and men. This affects the position of women in political, economic, and public spheres, and increases the incidence of violence against women, including gender segregation. The share of those suffering from the most common forms of gender-based violence is twice as high among women in households with persons with disabilities, Roma women, and women of pre-retirement age (CPD, 2018). It is estimated that violence against women is underreported in Moldova, this is due to victim's lack of knowledge about the available support, mistrust in the legal system, fear of perpetuation of the violence due to poor enforcement of legal provision, financial dependency on the aggressor, in the case of a domestic violence case (OECD, 2019).

Child marriage rates within the country were relatively low according to the World Economic Forum's Global Gender Gap report of 2021, at 11.5% for girls aged 15 to 19 which presents a 5% decrease from 2019.²⁹ While the legal age of marriage is 18, the Family Code allows marriage at age 16 in special circumstances with the agreement

28 Committee on the Elimination of Discrimination against Women, Concluding observations on the sixth periodic report of the Republic of Moldova, 2020, p.8.

29 World Economic Forum, Global Gender Gap Report 2021, http://www3.weforum.org/docs/WEF_GGGR_2021.pdf, p.279; OECD, Social Institutions and Gender Index: Republic of Moldova, 2019, <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/MD.pdf>, p.3

of the local public authorities and the minor's parents. Accurate statistics regarding adolescent marriage are unavailable, but according to OECD, adolescent marriage in the Roma community, of girls as young as age 15, is quite common not just in the Republic of Moldova but around Europe.³⁰ Arranged

marriage is also a common practice among Roma communities, though typically in well off families. Within the Roma community girls may be taken out of school and stay at home around the age of 12 often and young brides usually become isolated from their families.³¹

The reinforcement of legislation and regulations supporting gender equality in Moldova is lacking. At the same time, the country's long-term and comprehensive National Development Strategy "Moldova 2030"³² draws attention to the situation of particularly vulnerable women and presents actions to ensure that no one is excluded (Parliament of Republic of Moldova, 2019). The Moldova country Gender Action Plan 2017 defines three areas where the impact of the regulatory efforts does not show: inequalities on the labour market (including income generation opportunities), healthy lifestyles and behaviours and agency, voice,

and gender-based violence (WEF, 2021). The Report on the fulfilment of commitments taken under the Beijing declaration and platform for action Beijing +25 also concluded that despite achievements in setting a good legal framework the situation of women did not improve, critical areas refer to: 1) empowering women in the political, economic, and social areas; 2) work and family life reconciliation; 3) domestic violence; and 4) the specific situation of certain groups of disadvantaged women (Roma women, women from rural areas, women living with HIV, women in detention, migrant women, etc.) (MLP, 2020).

30 OECD, Social Institutions and Gender Index: Republic of Moldova, 2019, <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/MD.pdf>, p.3

31 UNICEF, Roma Children and their Access to Services, Chisinau, 2015, <https://www.unicef.org/moldova/media/846/file/Roma-children-and-their-access-to-services.pdf>, p.21-22

32 At the time of writing, the "Moldova 2030" Strategy was still a draft adopted by the Government. Available at https://gov.md/sites/default/files/document/attachments/intr40_12_0.pdf



Photo credit: @UNICEF/2020/Banari

The enabling environment for children's rights



THE ENABLING ENVIRONMENT FOR CHILDREN'S RIGHTS

3.1. LEGISLATION AND POLICY

In the Republic of Moldova, the Constitution guarantees the fundamental rights and freedoms of every person, in accordance with the Universal Declaration of Human Rights and the other treaties to which the state is a party (art. 4).

International treaties have primacy, according to the same article, in case of inconsistencies with domestic laws. The Constitution guarantees special protection to the family and orphaned children (art. 49), protects the mother, children, and young people (art. 50), but also protects people with disabilities (art. 51). The Constitution also guarantees all the conditions that ensure the right to a dignified life for every person. State education in Moldova is secular and free of charge. Parents have the right to choose the education entity of their children. The state ensures the right of the person to choose the language of instruction. Health is protected by the state in the Republic of Moldova, and the health insurance offered to children free of charge.

Moldova became a party to a series of international treaties and thus is subjected to periodic review processes. The Republic of Moldova has ratified a number of international instruments, relevant in the area of human rights of children, including but not limited to:

UN instruments:

(1) **UN Convention on the Rights of the Child (UN CRC)**, ratified in 1993 and its Optional Protocols

on the involvement of children in armed conflicts, ratified in 2004 and on the sale of children, child prostitution and child pornography, ratified in 2007. The country has not yet signed the CRC Optional Protocol on a communications procedure as per the recommendations of the UN Human Rights Council. The last CRC Concluding Observation on the combined fourth and fifth periodic report of the Republic of Moldova was issued in 2017.

- (2) **UN Convention on the Rights of Persons with Disabilities (UN CRPD)**, ratified in 2010 and its Optional Protocol, ratified in October 20, 2021.
- (3) **UNESCO Convention against Discrimination in Education** (1993 – notification of succession).

Council of Europe instruments:

- (1) **European Social Charter** (revised), in force from 2002.
- (2) **European Convention on Recognition and Enforcement of Decisions concerning Custody of Children and on Restoration of Custody of Children**, in force from 2004.
- (3) **Council of Europe Convention on Action against Trafficking in Human Beings**, in force from 2008.
- (4) **Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse**, in force from 2012.

- (5) **Council of Europe Convention on Contact concerning Children**, signed in 2003 and not yet ratified.
- (6) **Council of Europe Convention on preventing and combating violence against women and domestic violence** (known as Istanbul Convention) signed in 2017³³ but not yet ratified.

ILO instruments:

- (1) **Convention concerning Minimum Age for Admission to Employment** (C 138 – Minimum Age Convention, 1999), in force from 2000.
- (2) **Convention on prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour** (C 182 -2002), in force from 2003.

Hague Conference on Private International Law instruments:

- (1) Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption, 1998.
- (2) Convention on the Civil Aspects of International Child Abduction, 1998.

The majority of the international commitments are translated into the national legal and regulatory framework for the protection of the rights of the child.

- **Family Code of the Republic of Moldova, law 136/2000**, which sets the basic principles of legal implications of family relations and family protection, including child protection as one of the main principles.
- **The main law regulating the education sector in Moldova is the Education Code**, by Parliament of Moldova order 152 from 2014, last amendments done in 2019.
- **The main laws regulating the justice sector in Moldova is the Penal Code 985/2002**, the **Criminal Procedure Act 122/2003**, and the **Contravention Code 218/2008**.
- **The main laws regulating the healthcare sector in Moldova are the Law 411/1995 on healthcare**,

the **Law 10/2009 on state surveillance of public health** and the **Law 1585/1998 on the compulsory health insurance**.

The comprehensive list of child rights protection laws and governmental decision are presented in the Annex 5. During the period covered by this report, the operating frameworks for some medico-social services for children and adolescents were in the process of being approved (under the GD 234/2019 which regulates the activity of the Specialized Centres for Intervention in Autism Spectrum Disorders). In addition, during the writing of this document, MLSP were in the process of elaborating the framework for tutorship and guardianship service, which is a family type alternative care service.

The National Strategies and Action plans related to protection of the rights of children and adolescents are:

- **National Strategy for the protection of children 2014-2020** (GD 434/2014) and its **Plan of actions for 2016-2020** (GD 835/2016) with the objectives to 1) ensure the necessary conditions for raising and educating children in the family, 2) prevent and combat violence, neglect, and exploitation of children, and 3) reconcile family life with professional activity to ensure the harmonious growth and development of the child. The evaluation (CERME Research, 2020) of both documents underlines the need to use records and data to deploy better policies to improve the lives of children, including poor and marginalized children. This can be achieved through inter-sectorial cooperation and inclusion of the voice of right holders. As a continuation of these documents, at the time of the consultations for the Situation Analysis, a group of experts supported by UNICEF in collaboration with MLSP, is preparing a draft of the new National Program for Child Protection for 2022-2026.
- **Action Plan on promoting Internet safety of children and adolescents for the years 2017-2020** (GD 212/2017) with the aim to ensure the children's online safety and their and prevent the online behaviour with a negative impact on child's wellbeing.

³³ Regarding to the Istanbul Convention, local experts consider that the failure of ratification is a prejudice issue.

- **The National Education strategy 2020** was the sector main guiding document. Currently a new education strategy Education 2030 is being developed.
- The **Inclusive Education Development Program 2011-2020** introduced adjustments to the education system, especially regarding the acceptance of diversity and the special needs of children.
- The **National Public Healthcare Strategy 2014-2020** (GD 1032/2013) was the sector main guiding document. A new National Health Strategy is being finalized and aims to be aligned to the Global Agenda 2030.
- **National Mental Health Program for 2017-2021** and the **Action Plan for its implementation** (GD 337/2017) aiming to promote the mental well-being of the population, prevent mental disorders, provide equal access opportunities to quality services and

the protection of the rights of people with mental health problems and their families.

- **National Strategy for the Development of the Youth Sector 2020, and the Action Plan on its implementation** (GD 1006/2014) promotes a series of objectives aimed at facilitating youth participation, developing youth services and economic opportunities, and strengthening the youth sector.

Child and adolescent legal and regulatory framework are well developed in Moldova and improving. The legislation is well aligned with the international requirements. At the same time, the implementation of the legal provisions is deficient, mainly due to the lack of resources, in particular human resources at the reinforcement level, overall mistrust and poor performance of the public sector, inadequate coordination among administrative levels.

3.2. PUBLIC FINANCE

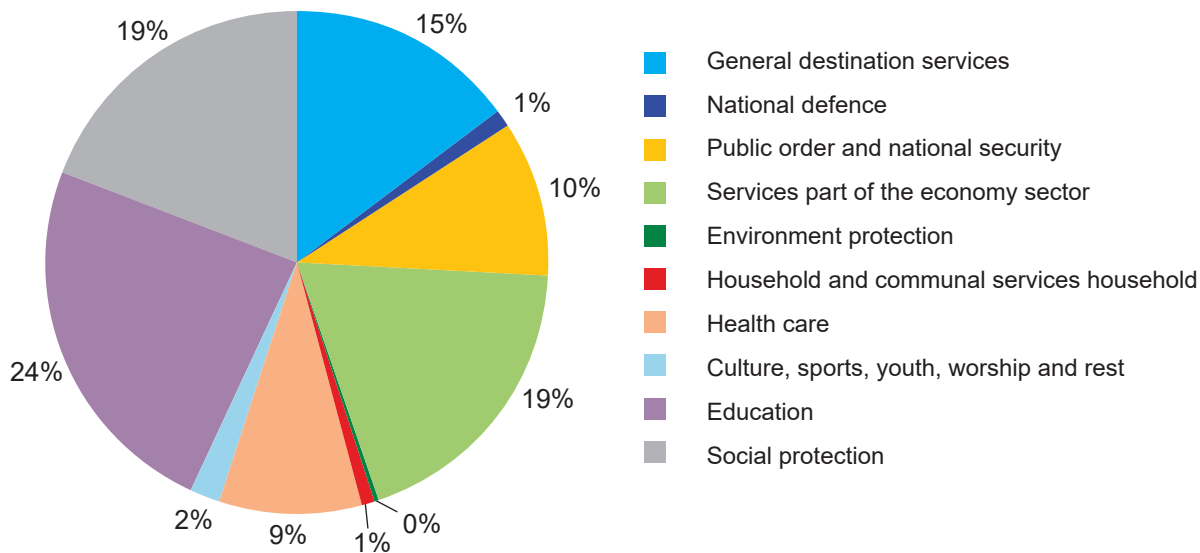
Child related policies and measures are funded through the state budget, the local budgets, and the social and medical insurance budgets. The overview of public spending is offered by the national public budget. The state budget reflects the national level public spending for a period of one year, including expenditures on various measures related to the rights of the children. At the same time, the spending on children is not presented aggregated per child spending but is scattered across various relevant sectors including education, healthcare, social protection, justice, etc. The local budgets finance social services for children, benefits for families with children and other child related expenditures related to general services, such as education, safety, and healthcare. The social insurance budget covers benefits related to permanent or temporary loss of income including due to maternity and childcare. The health insurance fund covers expenditures for medical insurance, including insurance for children and adolescents.

Moldova has no tool to monitor total public spending on children. Moreover, the total per child spending is not available for individual budgets or sectors (education offers some indication but not a total amount). Information on aggregate spending per child is also lacking. Therefore, it would be necessary to apply child-sensitive budgeting, an approach that considers age specific risks and vulnerabilities for children through their life cycle and allocates the needed resources to mitigate these risks and vulnerabilities (UNICEF, 2019).

The budgetary process is improving, at the same time, the public finance management needs attention in terms of efficiency and accuracy (World Bank, 2016; WBG, 2021; IMF, 2021a). The budgetary process modernised in the last years, the budget process was harmonised, unified, medium term budgetary framework was introduced³⁴, macroeconomic forecasting improved, and budget

³⁴ Last available document is for the period 2021-2023.

Figure 4. Moldova state budget expenditures, 2020



Source: Report on state budget execution, MF, 2021

guarantees were introduced (World Bank, 2016). What requires improvement is the budgetary classification, to improve the linkages between the normative ceilings and the policy needs, simplify the overall budgeting procedures, and improve the budgeting and financial management capacities in the line ministries (WBG, 2021; IMF, 2021a). The public finance management is challenging, and interventions are needed along three main dimensions: fiscal sustainability, increased revenues, and efficient spending (WBG, 2021). The public debt is fluctuating, from 29% of the GDP in 2010 to 31% in 2016 (the banking system crisis) to 25% in 2019 and raising to 33% in 2021 (COVID-19 Crisis) (WB database, 2021).

Moldova collects more revenues than other non-EU countries in the region and is also receiving more grants (IMF, 2021a). Still, the tax policies and administration needs have to be improved and adjusted to the economic realities (IMF, 2021a). The public spending is inefficient, countries in the region attain similar human development indicators with less public spending (WBG, 2021). Spending in healthcare is particularly inefficient, the pension system is unsustainable (pension system reform was done in 2017 but reverted in 2019), target social

programmes are ineffective and register high inclusion errors, capital investment is not transparent, nor the procurement practices (World Bank, 2016; WBG, 2021; IMF, 2021a).

In 2020, the national state budget registered a deficit of (-) 7.41 billion Lei, which is higher than the deficit registered in the last years (around 5 billion Lei in the last 4 years) (MF, 2021). This is mainly due to the increase in expenditure at a similar level of revenues. The distribution of expenditures at the level of local budgets differs from the state budget distribution, still, education is the major type of expenditure of the local budget as well, accounting for 56% of the total local budget expenditures in 2020 (MF, 2021). While many social protection measures have been decentralised and are supposed to be funded from the state budget, the overall social protection spending in the local budget was only 7.2% in 2020 (MF, 2021).

One of the major areas of public spending is education (figure 4). The total education allocations in 2020³⁵ were about 24% of the total state budget³⁶, 17% of the national public budget³⁷ (MF, 2021) and corresponding to about 5.7% of the GDP (MF, 2018).

35 The 2020 financial data have been extracted from the Report on the MF on the State Budget 2020, as per the situation of 31 January 2020, the column 'specified for the current year' (*precizat pe anul*).

36 The state budget is defined as a centralized fund of monetary means made available to the state, in which revenues are collected and from which expenditures are made by the national level state authorities.

37 The national public budget represents the total revenues and expenditures, including those of the state budget, local budgets, the state social insurance budget and the compulsory health insurance funds.

Education spending remains relatively stable in the last years, in 2016 it was 6.9% of GDP (MF, 2017). Education spending is relatively high in Moldova, compared to other countries in the region. In 2018, the share of education spending in GDP was 5.4% for Moldova (3.5% Georgia, 3% Romania and 2.7% Armenia), and increasing (World Bank, 2021). The education expenditures are shared between state budget and the local budgets, out of the 3 096 education entities financed by the state, 132 are financed by the state budget and 2 964 are financed by the local budgets (MF, 2021a). In 2020, the total yearly expenditures per child was around 21 thousand Lei in the pre-school cycle, about 17 thousand Lei in the primary education cycle, 103 thousand Lei in boarding schools, 41 thousand Lei in college, 32 thousand Lei in VET schools and 44 thousand Lei in university cycle (MF, 2021a). The major expenditure increase in the education sector were targeting the improvement of the quality of school meals, increase the remuneration of education personnel, schoolbooks and supply and capital investments (MF, 2021a).

The healthcare spending was about 13.1% of the national public budget and 4.4% of the GDP in 2020 (MF, 2021a). The trend in health allocations was slightly decreasing up to COVID-19 pandemic, in 2016 the healthcare expenditure in GDP was 5.1% and 12.8% of the total national public budget (MF, 2017). The GDP share of healthcare was lower than that of some countries in the region (Armenia 10%, Georgia 7.11%, and Romania 5.6%). Per capita healthcare spending in 2020 was 2 834 Lei (FM, 2021a). Health expenditures in 2020 increased with 880.9 million Lei compared to 2019 due to COVID-19 pandemic (MF, 2021a). Infection prevention, mitigation and reaction to the COVID-19 pandemic will further require a significant shift in public spending towards healthcare. In 2021, an additional 41 million Lei have been allocated to buy protection equipment from the state budget (100 million Lei for the same goal allocated by the EU), 422 million for emergency services (part of the World Bank credit), and 519 million for remuneration of healthcare personnel (MF-MTBF, 2021). The source of financing the health expenditures is almost equally divided between the compulsory health insurance funds and the state budget allocations, about 3.4% of the total

health expenditures have been covered from external funding in 2020 (MF, 2021a). About 1.7 million people are provided health insurance coverage by the state, out of which about 1 million are children and adolescents (MF, 2021a). Most of the 2020 health expenditures (98% of total expenditures) covered the current healthcare services which left very little funding for prevention measures (0.4%³⁸) and extremely limited funding for improvement of the healthcare infrastructure (1%) (MF, 2021a). Out of the total health services expenditures the biggest share of expenditure goes to the hospital care programme (about 51%), 25% to the primary healthcare programme, 10% to the emergency care and about 8% to specialized outpatient medical care (Parliament of the Republic of Moldova, 2021). Very little (0.13%) of the state funds were allocated to modernisation and development of the health care institutions (Parliament of the Republic of Moldova, 2021).

The largest part of the national budget goes to funding social protection: 33.3% of the national public budget or about 11.2% of GDP (MF, 2021 and 2021a). Social protection expenditures decrease over the last years, in 2016 the share of GDP was 13% and the share in the national public budget was 33% (MF, 2017). Social protection spending covers two main forms of support: social insurance benefits and social assistance benefits and services. The total social protection spending increased in the last year (MF, 2021), but in comparative terms Moldova has a low share of social protection (Romania 15% of GDP is social protection (2018) (EUROSTAT, 2021)). The social assistance sector has been also critically affected by the COVID-19 pandemic. In 2021, the social protection envelope was expanded with an additional 83 million lei to cover unemployment benefits, 139 million for social aid benefits and with additional funding for other critical social protection spending (MF- MTBF, 2021).

The social insurance payments are covered by the State Social Insurance budget (SSI) and the bulk of these funds (87% of the total SSI budget in 2019) covers the old age pension (CNAS, 2020). The remaining funds cover various payments (disability, unemployment) with very little earmark for children and their families (around 10% in 2019) (MF, 2021a).

38 The legal threshold for preventive activities under the Health Insurance funds is 2%.

The main child-related social insurance benefits are childcare, maternity leave, and survivor's pension. The total share of child related spending in the SII budget is decreasing due to rapidly increasing burden of the old age pension payments and respective financial reallocations. The SSI budget registered deficit for the last 10 years, which is being covered from the state budget (for 2019 the total transfers from state budget to SII budget was 36.4% of the total SII budget) (MF, 2021). These funds are being redirected from the social assistance funding, which is one of the main support tools for vulnerable families and children, therefore this represents more funding redirected to old age support to the potential detriment of support to families and children. The results showed a worsening of the situation of children when comparing data from insured and uninsured beneficiaries. The monthly childcare allowance for children up to 3 years old, in the case of insured persons, exceeded the established subsistence minimum for children aged 1-6 years old in proportion of 131%, but in case of uninsured persons (up to 2 years old), this indicator is only 36.9%. Overall, there is a difference of 66.4 p.p. in 2018, 68.3 p.p. in 2019 and 94.2 p.p. in 2020 in childcare allowances between insured and uninsured children.

Social assistance is the main tool to offer support and protection to vulnerable children and families, but it remains inefficient. The share of households with children from poorest quintile(s) receiving social payments (social assistance or child benefits) still remains low or even regress. The baseline was 29.2 percent at the beginning of the current country programme and 2020 data show a level of 22.9 percent. Social assistance spending in Moldova was about 13% of the national budget in 2018 and is constantly decreasing (the same share was 16% in 2016) (Expert Group, 2018). In 2018, about 94% of the total social assistance spending went to social benefits and 6% to cover social services (Expert Grup, 2018). The total amount spent on social assistance for children and their families is not available.

One of the main social assistance payments is the means-tested income guarantee benefit which consists of 2 payments: the social aid benefit (*ajutorul social*) and the wintertime support benefit (*ajutorul pentru prioadă rece al anului*). In 2019, more than 14 thousand families with children received social support benefit and the average benefit amount was 1 579 lei per person per month (MLSP, 2020a). At the same time, the subsistence minimum for one person for 2019 was 2 088 lei (NBS, 2021b). While the social aid benefit is aimed to reduce poverty, its impact on poverty is low. In 2020, the absolute poverty reduction as a result of cumulative social payments was 4.6 pp. The poverty reduction of the means tested support (*ajutorul social*) was 1.6 pp. The poverty impact of pension was 4 p.p. and the poverty impact of the childcare benefit was 3.7 pp (NBS, 2021d). This is due to the inadequate amount and very low coverage of the social aid benefit. Moreover, the social aid scheme design favours dependency on the system and has high administrative costs (World Bank, 2019). Other social assistance payments targeted at children and families (i.e., state social allowance for children with disabilities and orphaned children) are also inadequate and do not match the actual needs the payments respond to (Council of Europe, 2018).

Along with benefits, social services are offered to children and their families. Moldova is in the process of further developing social service infrastructure. A large range of social services are being offered; some of the services are still offered in a centralised manner or at the community level. Social services are being funded by the state budget and local budget; some services are being offered by non-profit providers and are financed from charity and donor funding. There is no information about the total spending on social services in Moldova neither about the total spending for social services offered to children. Most services are funded by the local budgets. The national budget funds the critical basket of social services³⁹ (in 2020, the total funding for the critical basket services was 82 million Lei) (NSAA, 2021).

39 Social support to vulnerable people package, support to families with children, social assistance service.

3.3. DRIVERS OF INEQUALITIES

Child and adolescents' inequalities might result from different and evolving causes with long-lasting effects on their wellbeing, opportunities, and quality of life. Inequalities could manifest differently; in the context of the current report, inequalities have been assessed in terms of limiting children's and adolescents' access to essential services and full participation in society. Based on the existing data, unequal access to the following essential services have been considered: education, healthcare, safe environment, along with their participation in society. There is very limited information about the causes of child and adolescent inequalities in Moldova as data are fragmented and outdated. There is no analysis that would look into inequalities in a complex and complementary way and define which dimensions impact child wellbeing the most. A study on inequalities in the course of the life cycle and how these inequalities affect a person's opportunities and wellbeing is also missing. The limited existing data reveal several drivers of inequalities for children and adolescents in Moldova such as poverty, disability, gender, ethnicity, and migration background.

Child and adolescent poverty is one of the major drivers of inequality in Moldova. The most exposed to poverty in Moldova are large families with children, many of these families experiencing chronic poverty. Poverty is impacting children's access to education, their education performance, and also the years a child/adolescent spends in education (Council of Europe, 2020; UNDP, 2021). Education is universal in Moldova, at the same time, families spend an important part of their income on education in the form of out-of-pocket payments. Results from a survey amongst parents shows that for each Leu spent by the state for education, parents spend almost the same, which contains formal (i.e., school supplies) and informal education spending (i.e., presents, payments for school repairs) (IPP, 2021). About 35% of respondents stated that informal education payments represented a significant financial burden for their family (IPP, 2021). The inability of parents to afford paying for education or cover additional costs results in less supplies and textbooks for their children, unequal access to school

transportation and poor attitudes of teachers towards children unable to pay (UNDP, 2020). Children from vulnerable families, especially boys, are more likely to become early school leavers and engage in domestic work (UNDP, 2020).

Children from poor families have restricted access to adequate health services, especially to specialised healthcare. Health insurance is universally covered by the state for all below the age of 18. Still, access to health care is restricted for many children due to informal payments. A study based on a national survey found that informal payments is the main reason for vulnerable families lacking access to healthcare, and about 20% of low-income families had to pay out-of-pocket for healthcare services (CPD, 2018). Data also indicates that families from the poorest income quintiles in Moldova visit more frequently the general family doctors and less often the specialised doctors (22% in q1 versus 40% in q5) (UNDP, 2020).

Children with disabilities (CWDs) are facing many inequities and restrictions. As of 1st January 2021, about 10.4 thousand children were children with disabilities beneficiaries of state social allowances, which represents 2% of all children in Moldova (NBS, 2021b). Despite the significant progress in integrating children with disabilities into mainstream education, CWDs are facing challenges in accessing adequate education services. In the 2019/20 school year, about 9 800 children were children with special education needs and disabilities. Although the number is decreasing (2015/16, 11 426 children), this is mainly due to the decrease in the total number of children in Moldova and not an indication of improved access to education services (NBS, 2021b). In 2019/20, 627 children were provided education services in specialised residential institutions for children with intellectual and physical disabilities (2015/16 was 1 033) (NBS, 2021b). Despite progress in the inclusive education reform, many children with disabilities do not receive all the necessary education support (i.e., assistive technologies adjusted to the individual needs of the child, speech therapy, psychological therapy, kinetic therapy) and face discriminatory attitudes from teachers and peers (Council of Europe, 2020).

The deinstitutionalisation of children with disabilities is slowly progressing, however one of the major barriers in this process is their limited access to community-level support and rehabilitation services (Ombudsman for Children, 2019). In particular, CWDs with rare diseases, severe disabilities and intellectual disabilities are deprived of adequate support which is often offered only in Chisinau (Council of Europe, 2020). Children with disabilities who reside in institutions are at a high risk of violations of their rights including exposure to abuse and violence (Council of Europe, 2020). Children with disabilities have restricted access to community-based services including day care (Council of Europe, 2020).

Ethnicity is also a driver of inequality, with children from ethnic minorities facing stigma, limited access to essential services and social participation. About 25% of Moldovan population has an ethnic background, out of which about 1% is Roma minority (NBS, 2014). The Council of Europe⁴⁰ established that in particular Roma ethnic minority is one of the most vulnerable in terms of access to the labour market, income, essential services, participation in the society and decision making (Council of Europe, 2019). There is commitment and progress towards the social inclusion of the Roma minority in Moldova. Two national strategies⁴¹ with subsequent measures have been implemented in Moldova, covering various areas (education, employment, healthcare, housing, social protection, etc.). Still, Roma children's enrolment in pre-school education is much lower than the overall enrolment rate, which is partly due to cultural norms, but also to poverty and parents' concerns about their children's safety in school (UNICEF, 2015). The enrolment in primary education is better, but very few children (and mostly only boys) reach secondary education (UNICEF, 2015). Apart from cultural norms that contribute to school drop-out, Roma parents and children often decide against school attendance because of stigma, discrimination, and the education system's inability to accommodate cultural diversity (UNICEF, 2015). The overall access of the Roma population to health services⁴² is low because of the lack of health insurance (CPD, 2018)), the inability to

cover out-of-pocket payments, stigma, and harmful cultural aspects (i.e., smoking habits, distrust in medical sector, low addressability) (CPD, 2018). As a consequence, Roma children have reduced access to adequate medical services, especially those from low-income families (UNICEF, 2015). Roma families with children have reduced access to social protection, as well. This is mainly due to lack of identification documents, difficulties in applying for the benefits/services, and stigma (UNICEF, 2015). This situation is improving due to the mediation services initiated in Roma communities, but progress is slow due to limited financial resources allocated to such services and limited involvement of the local authorities (Council of Europe, 2020).

Gender inequity is the cause of gender inequality and gender stereotypes are still predominant and are affecting the opportunities and the quality of life of girls and boys, women, and men.

Prevailing gender norms result in many young girls and women being confined to unpaid work in the domestic sphere while boys and men are expected to have paid jobs (Council of Europe, 2020). This limits the employment opportunities of young girls and contributes to an increased gender income and pension gap later on. At the same time, boys are under pressure to provide for their families and are more exposed than girls to peer pressure and stress (UN Moldova, 2020). The most significant difference is in school performance, where girls fare better (NBS & UN Women, 2019). Girls predominate in the post-secondary technical vocational education, and boys in the secondary technical vocational education. Higher education registers an even higher level of participation of the female population (58% of the total number of students in the 2020/21 academic year) (NBS, 2020). Men leave the education system earlier, in favour of entering the labour market. The early school leaving rate for 18 to 24-year-olds was 22.6% for men compared to 15.3% for women of the same age (2019) (NBS, 2020). At the same time, the degree of involvement in lifelong learning programs for both women and men aged 25-64 years is very low (1.3% for men and 1.4% for women in 2019) (NBS, 2020).

40 European Commission against Racism and Discrimination report on Republic of Moldova, the 4th monitor cycle 2013.

41 From 2011 to 2015 and from 2016 to 2020.

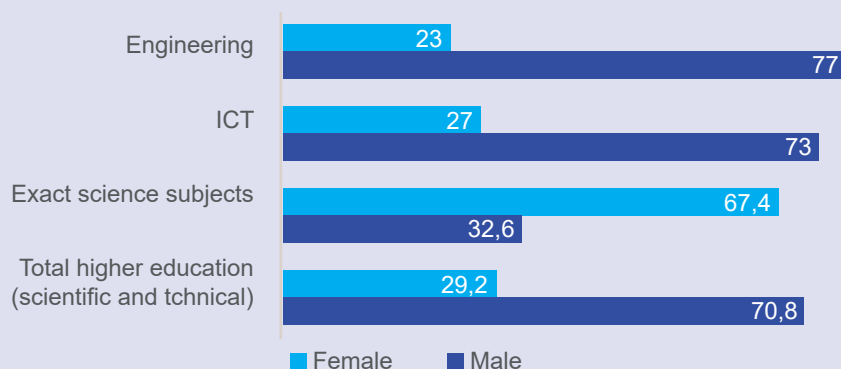
42 About 40% of the Roma population is insured compared with 72% of the non-Roma population.

Box. 2**Discrepancies between girls and boys accessing the STEAM and ICT**

The share of girls studying in STEAM (Science, Technologies, Engineering and Mathematics) subjects was 4.6 %, much less than boys in 2018 (NBS & UN Women, 2019). Figure 5 shows the difference in enrolment of women and men in the technical higher education (NBS & UN Women, 2019). While the number of women in the higher education much higher compared to men, when we look at the scientific and technical higher education the ratio reverses (NBS & UN Women, 2019). Out

of the total number of students in scientific and technical Master's higher education (cycle II), boys are heavily predominant in the engineering and the ICT sectors, the female advantage is registered only in the exact science subjects (figure 5) (NBS & UN Women, 2019). In consequence, women are underrepresented in the ICT economic sector with about 30% of ICT jobs and they wages are 33% lower comparing with man in the same positions (NBS & UN Women, 2019).

Figure 5. Distribution of students studying in scientific and technical higher education, cycle II, by gender, %, 2017



Source: NBS & UN Women, 2019

The ICT inclusion of girls and women will improve their access to education, health, and social services, would contribute to improving their economic independence and will facilitate their social integration.

Inequitable access to quality basic services and infrastructure exacerbates inequalities in social outcomes between rural and urban communities.

The access of children to basic services from rural areas versus urban⁴³ areas is limited due to the overall undeveloped infrastructure, poorer access to specialised healthcare and education, lack of community-based services and specialised social services. Low-income families with children in urban areas have less access to adequate housing, safety, and mobility (UNDP, 2020). At the same time, children from rural families have poorer access to good quality education and healthcare services, opportunities for sports, cultural and recreational activities (UN Moldova, 2020).

⁴³ Urban in this context are considered the two municipalities, Chisinau, and Balti.

While child inequalities result from different causes and are limiting in different ways a child's inclusion and participation in society, the most excluded and vulnerable children are those experiencing intersecting inequalities. There is very limited information about vulnerabilities within each risk group and few studies provide data and information about multiple and extreme forms of exclusion. For instance, the most vulnerable and at risk of exclusion are children with mental disabilities, children with disability caused by a rare disease and children with HIV (Council of Europe, 2020; UN Moldova, 2020), Roma girls (CPD, 2018; EC, 2020), girls from poor families (CPD, 2018) poor boys coming from migrant families (Council of Europe, 2020; UNICEF, 2016), youth leaving residential care (Ombudsman for Children, 2019; EU, 2020).

3.4. STAKEHOLDERS

The main duty bearers **for the rights of children and adolescents** in the Republic of Moldova, in line with the obligations under the UN CRC, is the government and its agents (table 4). At the national level these are ministries, agencies, and other public entities. At the local/regional levels these are the regional and local public authorities as well local entities of

all sectors (i.e., schools, kindergartens, centres for family doctors, social services including but not limited to day centres, placement care centres, etc.) but also various professionals (i.e., teachers, educators, social pedagogues, family doctors, nurses and other healthcare workers, community social assistants, police officers, prosecutors, judges, etc.).

Table 4. Primary public duty bearers of children and adolescents in Moldova

SECTOR	PUBLIC INSTITUTIONS, DUTY BEARERS
National level	
Cross sectorial bodies	Parliamentary Commission for Social Protection, Health and Family Parliamentary Commission for Culture, Education, Research, Youth, Sports, and the Media Parliamentary Commission for Human Rights and Interethnic Relations National Council for the Protection of the Rights of the Child Ombudsperson for Children
Justice	Ministry of Justice Ministry of Interior State Attorney Office General Police Inspectorate Union of Lawyers of Moldova National Council of State Guaranteed Legal Aid National Administration of Penitentiaries National Inspectorate of Probation Courts and superior council of Magistracy
Social protection	Ministry of Labour and Social Protection National Agency for Social Assistance National Council for the Accreditation of Social Service Providers National Social Insurance House Social inspection
Health	Ministry of Health Moldovan Health Insurance Fund Moldovan National Agency for Public Health (National and regional offices)
Education	Ministry of Education and Research Ministry of Culture Education and Teacher Training Agency
Other	National Bureau of Statistics
Local and regional authorities	
Authorities	Regional and local public authorities Regional and local entities of all sectors
Professionals	Professionals representing all sectors (social workers, judges, police, health care workers, teachers, etc.).

The central authority for child protection is the Ministry of Labour and Social Protection and is the main duty bearer in the Republic of Moldova. Its mandate is regulated by the Law 140/2013, which was modified in 2020. The Ministry 1) is the main authority that develops policies in the field of child protection, but also 2) the only structure that operationalizes international adoptions and ensures the repatriation of unaccompanied Moldovan children from abroad and issues of civil abduction and 3) the coordinator of the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking, as well as the intersectoral cooperation mechanism for the primary prevention of child welfare risks. The Ministry is also responsible for periodical reporting on the CRC implementation to the UN CRC Committee (Government of Moldova, 2021).

Social assistance services and benefits for children are provided by territorial social assistance structures (TSAS) which have the role of a territorial guardianship authority and reports to the *Rayon* Councils. The National Agency for Social Assistance created in 2017, provides technical support and training to TSAS on all aspects of social assistance and social services (OPM & P4EC, 2017). The community social assistants work in the municipalities but are hired and paid by TSAS.

Another important duty bearer in the Republic of Moldova is the Ombudsperson for the Protection of Children's Rights, who ensures the observance of the rights and freedoms of the child and the realization of the provisions under the UN CRC (art. 1, Law 52/2014 on People Ombudsperson). The Ombudsperson for the Rights of the Child was elected by Parliament in April 2016. The Ombudsman institution produces annual reports on the situation of child rights and thematic reports on particular child and adolescent issues (e.g., children in detention, children with disabilities etc.). The recommendations of these reports are often considered by donors, international organizations, and agencies, rather than the authorities (interview). In this sense, the UN CRC Committee recommended to the Republic of Moldova to support and to strength the Ombudsperson's office as an independent monitoring body.

The National Council for the Child Rights Protection (NCCRP) was established in 1998 to: 1) **ensure compliance of national legislation with the provisions of the UN CRC** and other international documents; 2) **identify the priorities of intervention** in the field of child and family protection; 3) **promote national policies** on child and family protection; 4) **coordinate activities for the elaboration of governmental strategies and programs** regarding the protection of the child and the family; 5) **strengthen the social partnership** in the field of child and family protection. The UN CRC Committee recommended to the Republic of Moldova to provide the Council with a clear mandate and sufficient authority to coordinate all activities related to the implementation of the Convention at cross-sectoral, national, regional, and local levels. Conditions should be created to ensure that the coordinating body remains within the Office of the Prime Minister to facilitate high-level intersectoral coordination. The UN CRC also recommended that NCCRP should be provided with the necessary human, technical and financial resources for its effective operation. The NCCRP has local branches both at community and at district levels. A draft for a new NCCRP Regulation that includes these local branches has passed at the stage of approval by the State Chancellery, but its adoption has been postponed until a joint decision on the functioning of all Councils and Commissions created under the Government will be approved (interviews).

There are many other stakeholders in the field of protection of children's rights (table 5) which act at both central and local levels. An important place in this list of actors is occupied by **local, national, and international NGOs, international organisations and donors that have launched projects and programs that have stimulated the most important reforms** (for example on de-institutionalisation and alternative care). Equally important is the **media sector which can play a major role in informing about and promoting children's rights**. With reference to this, the Ombudsman institution found that there is a need for trainings for journalists and other media professionals on protection of children's rights and on harmful content (Ombudsperson, 2021). **The private sector stakeholders** may facilitate and advance social inclusion and change for children and young people. Furthermore, they can influence other stakeholders, including governments and NGOs, in their decision-making (see chapter 2.5).

Table 5. Main non-governmental child protection stakeholders in Moldova

STAKEHOLDER GROUP	DESCRIPTION
Civil Society, Non-Profit Organizations	<p>National and regional/ community organizations that have a direct focus on children and adolescents. A large number of NGOs⁴ and CSOs work in Moldova in different areas related to the rights of children and to the rights of adolescents.</p> <p>Various NGOs and CSOs coordination frameworks and platforms for child protection exist, (e.g., Alliance of NGOs active in the field of social protection of children and families (APSCF), Alliance of NGOs in the field of people with disabilities (AOPD), Federation for the Rights and Resources of People with Autism Spectrum Disorders (FEDRA) etc.).</p>
International organisations and donors	UN, UNICEF, EU, USAID, WB, Council of Europe, GTZ, SDC, SIDA, LED, ADA, Romanian Government, etc.
Professionals in contact with children	Non-public professionals providing services, supervision, or support to children (attorneys, psychologists, doctors, etc.).
Media	Media is responsible to communicate about the rights of children and adolescent and to inform and report, in an accurate, non-harmful and ethical way on cases on children's rights violations.
Academia and Research and expert community	Professionals, individuals, or institutions with academic expertise in children's and adolescents' rights. Universities and independent researched involved in researching children's rights.
Community leaders	Formal and informal community leaders, religious leaders, influencers, and child rights advocates.
Business	The business influences, at the same time, directly and indirectly children's and adolescents' rights. It is done through influencing working conditions of parents, markets, communities, and the environment. They influence the quality or supply of goods and services for children and adolescents on an individual or collaborative basis.
Labour organizations	These are entities representing the working parents, that could influence childcare and child protection policies (parental leave, childcare provision and benefits, child tax exemptions, etc.).
Parents/caregivers	Parents, care givers and guardians, individuals or associations that support, promote and advocate for child protection and care. There formal stakeholders are parents' associations dealing with general child and adolescents' issues (education), or parents' associations dealing with specific issues (i.e., parents of children with autism, single parent associations, etc.).
Youth/Children organizations	Organizations run for and with children, organized through schools or community centres, NGOs, (e.g., Youth Resources Centres, Youth Centres, Children Clubs, children's advisory councils, students' councils etc.).

44 The state register of non-commercial organizations indicates 10,919 public associations, an imposing part of which have provided in the statute activities in the field of child or youth protection.

Although parents are recognized as main duty bearers, their abilities to protect children need to be strengthened in Moldova. Family's knowledge, attitudes and practices regarding childcare, education and development are often insufficient or not adapted to current socio-cultural conditions among families (UNCIEF, 2009). To address this issue, an Intersectoral Strategy for the development of parenting skills and competencies for 2016-2022 (GD 1106/2016) has been adopted, but its implementation is hampered, also by the fact that a dedicated action plan was never approved. At the same time, several CSOs and private sector entities provide an impressive number of parental education programs (Ministry of Education, Culture and Research, NCCAP, 2020). Also, parents with children with disabilities are developing parental education activities and support services for peers and advocate for the rights of children with disabilities (SOS Autism, 2019).

Particular attention should be paid to formal and informal entities of child participation, like the children's advisory councils, students' councils, etc. The most active in this regard are those established in the education system which receive more support and functioning frameworks from the relevant Ministry. Despite all these efforts, however, the UN CRC

Committee recommended (UN CRC, 2017) to the Republic of Moldova to take measures to ensure the adoption and effective implementation of the legislation that recognises the right of the child to be heard and to develop toolkits for public consultations.

The cooperation between duty bearers and stakeholders in the Republic of Moldova have a diverse character and depends on stakeholder groups and the policy framework (interview). The existing mechanisms of inter-sectorial cooperation in the field of child protection are not fully operational and efficient (Ombudsperson office, 2021). Stakeholders' involvement and contribution is considerable at the level of policy and legal framework development but also at the implementation level. However, from a geographical point of view, the involvement is inequitable, for example, the presence of large NGOs at the local (rayon) level is usually an essential driver in the service development.

3.5. BUSINESS

The business environment influences the wellbeing of children, adolescents, and their families in various ways. UNICEF, in collaboration with UN Global Impact and Save the Children, released **10 principles on children's rights and business** in 2012 (UNICEF, 2012). The principles are respecting and committing to the promotion of the rights of children, eliminating all forms of child labour, providing decent work for parents and caregivers, ensuring the safety of children in business activities, ensuring that products are safe for children, using appropriate and non-harmful marketing, respecting the right of children to a safe and healthy environment, respecting children's security, supporting children in emergency situations and reinforcing communities to support the rights of children (UNICEF, 2012). The business environment

can affect children through harmful practices that cause gender inequality and limit voice of workers and representation (UNICEF & NBIM, 2020). There are two essential ways to influence the business process: 1) by promoting and supporting corporate social responsibility in the business environment and 2) by promoting child-friendly regulations, standards, policies, and practices.

The minimum working age in Moldova is 16 years, as stipulated in the Labour Code. There are exceptions under which 15-year-olds can be employed. For that they need to have a written consent of their legal representative, the working time has to be limited to 24 hours per week, and the employer is obliged to ensure that the employment

does not adversely affect the minor's educational process (Government of Moldova, 2006). Moldova lacks data on child labour, the latest data were collected in 2009, based on the Labour Force Survey-Child Labour Survey. Data on labour exploitation shows that, in 2019, about 254 children have been exposed to labour exploitation (Government of Moldova, 2020). During 2020, 4 children were removed from potential child labour situations (USDS, 2021), although the number of children exploited through work is likely to be much higher (interviews).

Awareness, regulations and measures to limit marketing that is harmful for children's and adolescent's' wellbeing is in the incipient phase in Moldova. In 2016, new regulations on restricting the marketing of food products impacting children's health were adopted. The new regulations prohibit the involvement of children and adolescents and the use of their image in advertising campaigns. Advertisement of these products in schools and other education facilities was also prohibited (ANSA, 2021). Stipulations about the full list of ingredients for all food products were introduced in 2003, and nutrition labelling became mandatory in 2019 (ANSA, 2021). In 2018, new regulations on ethical promotion of medications were adopted (GD 944). The regulations prohibit the use of children in advertising for medication that "exclusively or especially refer to children". Additionally, they prohibit the advertisement of medication during or immediately after media products destined for child and adolescent audience (Government of Moldova, 2018).

There is little information about how various aspects of business processes and outcomes affect children. One area where progress has been registered is in raising awareness and building skills of private media in regard to understanding and respecting the right of children. Several activities have been carried out over the last years (i.e., activities under the partnership of Independent Press association and UNICEF, the partnership between the State Chancellery and regional media organisations) with the aim to educate the media on how to reflect child related issues in the news and how to contribute

to the fulfilment of children's rights. Another area where progress was noted is the enhancement of public-private partnership (mostly non-profit) in the provision of services for children (e.g., day care, specialised support). What remains to be done in this respect is to provide a better-quality monitoring system for such services, especially for pre-school education services (Ombudsman, 2019).

The notion of corporate social responsibility (CSR) is relatively new but developing in Moldova.

There is no dedicated analysis available on how CSR considers the child and family related aspects. Overall, Moldovan society expects the business sector to contribute to the solving of various social issues, while, at the same time, the perception of the private sector is that their responsibility is job creation, paying taxes and providing a decent wage (Busmachi & Covas, 2021). A summary report on CSR in Moldova concludes that companies in Moldova focus their CSR actions to employee-oriented initiatives, some invest in communities they operate in, and very few engage in charitable work or have dedicated social programmes (Busmachi & Covas, 2021). Multinational companies and companies with foreign capital are the ones that better understand and implement CSR in Moldova, still their contribution is mostly case-based and not based on large impact programmes (Busmachi & Covas, 2021).

Initiatives to promote work-life balance are lacking,

although this is one of the objectives of the country's development strategy Moldova 2030 (Government of Moldova, 2018) and one of the objectives of the Child Protection Strategy 2014-2020. The situation analysis for the Moldova 2030 strategy revealed that the policies of employers in Moldova are rigid and not in favour of work-life-balance (Government of Moldova, 2018). Only 6% of women and 13% of men in Moldova have a flexible work schedule (Government of Moldova, 2018). Small initiatives⁴⁵ in this respect are being implemented, but they are sporadic activities rather than consolidated efforts. Beyond the economic and workplace realities and restrictions, social norms influence the work life balance within each family.

45 i.e., ADA and UNFPA partnership with 5 private companies on improving work-life-balance was launched in 2021; the Moldovan Women in Business Association recently established a partnership with the Romania Confederation for Women Entrepreneurship to support authorities in improving the legal framework for work-life balance.

Women are much more engaged in unpaid households work and childcare (i.e., about 66% of men in Moldova responded that they never bath their children, 53% that they do not support their children in their education activities) (UNFPA, 2018). Gender transformative interventions lack in Moldova, one of the needed interventions is educating society about the necessity of men to be more involved as caregivers.

Maternity and care leave are relatively generous in terms of offered paid time. Insured mothers are entitled to 126 days of maternity leave (Romania - 112 days, Ukraine - 126 days) and can claim care leave up to the child's third birthday (Council of Europe, 2019; ILO, 2020). Paternity care leave is granted to insured fathers for a period of 14 days; the number of fathers requesting parental leave is increasing (from about 2 100 in 2017 to about 4 000 in 2020) but still remains low at one in ten new fathers in 2020 (NSIH, 2021). There is also a stipulation in the law that prohibits the employer to dismiss a pregnant woman (Council of Europe, 2019). The legislation also prohibits night shifts for women who are pregnant or have recently given birth (Council of Europe, 2019). There is no official data on non-compliance of private companies to grant the legal right to maternity leave and care or additional support for parents.

The dialogue between the public and the private sector has to be intensified on issues of safety of children and adolescents online. In 2017, the Government of Moldova adopted the Governmental Decision 212/05.04.2017 on guaranteeing the online safety of children and the respective Action Plan 2017-2020. The Monitoring Report on the implementation of the Action plan reveals that many of its actions have

been implemented, however these actions tended to refer to strengthening the legal framework, providing guidance to users, working on data operability, and learning activities. Very few of the measures implied interaction between the private and the public sector, which still needs to be promoted. One example of the positive public-private cooperation is the application of filters to reduce negative online content for children which was implemented in a cooperation between MIA and internet providers (MIA, 2021).

The overall involvement of the business sector in the protection of children from risks and harm is limited in Moldova, but small steps are being taken. More good practices and positive examples should be exposed to public attention. One such example is the collaboration between UNICEF, the municipality Chisinau, and electricity provider to promote the electric safety for children and adults (Chisinau Municipality, 2020), another is the cooperation of UNICEF, MHLSP and Viber collaborated in 2021 to raise awareness about Covid-19 protection measures and vaccines. Other sporadic activities to establish private-public initiatives took place in the areas of education of youth on reproductive health issues, education sponsorships, job training for youth and individual case support in a difficult health situation.

3.6. ASSESSMENT OF ESSENTIAL PRODUCTS, SERVICES, AND MARKET SUPPLY

Access to essential products, services, and market supply has been analysed from the perspective of children, adolescents and their families' access to adequate and good quality food and nutrition, access

to housing and utilities, Information Communication Technology (ICT), medication and vaccines, transport, and protection (UNICEF, 2014).

In 2020, the Global Hunger Index (GHI)⁴⁶ for the Republic of Moldova was 9.9 points. Moldova is one of the countries in the region with the most fluctuating index. It ranks worse than its EU neighbours (Romania had an index of 8 in 2020) but better than other countries in the region (Ukraine had an index of 13 and Georgia of 12.3) (GHI, 2021). As a result of the decline in extreme poverty in the past 10 years the food security increased (NBS, 2020a). The total cases of child malnutrition decreased from 659 in 2014 to 432 in 2019, the total cases of malnutrition of children below 5 years of age decreased from 1 214 in 2014 to 917 in 2019 (NBS, 2021d).

The risk of food insecurity is higher for households with children, especially for poor households and households with many children.

The share of food expenditure in a household with 3 or more children was 49% of total household expenditure in 2020 and decreasing (NBS, 2020a). Poor households in Moldova (1st quintile) are most exposed to food deficiency risk, their expenditure for food amounting to almost 60% of their total household expenditure (NBS, 2021d). **The quality of food and the nutrients' intake is poor in Moldova, leading to diabetes and overweight.** The food diet of households with children in Moldova consists mainly of bread and rice, wheat, and grain products (the average Moldovan consumes 120 kg of bread/bread products per year, which is twice the EU average), milk and dairy products and meat (Andoni & Ciobanu, 2018). Fresh fruit and vegetables are consumed in small quantities (NBS, 2021d). The unhealthy diet and eating habits are among the main factors for non-communicable diseases, also for children. One of the most pressing issues is the sharp rise in child diabetes and obesity in Moldova: the number of children diagnosed with diabetes was 500 in 2019 compared to 379 in 2016 (Gorbunov, 2019). There is no recent data about child obesity in Moldova, UNICEF State of the world's children 2016 statistical tables show that 5% of children in Moldova were overweight in 2015 (UNICEF, 2016). Interviews with relevant stakeholders confirmed that regular statistics on childhood obesity is missing in Moldova. The level of hospitalisation due to endocrinology problems for the age group 0-18 was 1.0 per 1 000 inhabitants

in 2020 (MH, 2021). Food prices are continuously increasing in Moldova, but in 2021 the inflation was significant compared to 2020. The inflation rate for food products was 17.46% in December 2021 compared with December 2020. The biggest price increase was registered for vegetables (with 43.8%) vegetable oil (with 33.5%) and eggs (22.5%) (prices for December 2021 compared to December 2020), (NBS, 2021e).

Affordability of essential services and goods is another aspect that can restrict the access.

Vulnerable households are at risk of not being able to cover the cost of essential services. Living conditions of families with children vary in Moldova and depend on the family's income, geographical residence, and the size of the household. The living conditions of children from rural areas are inferior to those in urban areas. A survey on inequality in Moldova revealed that households with an adult member with disability as well as Roma households face challenges when it comes to covering the cost of utilities (CPD, 2018).

The overall access to information and communication technologies is relatively good.

Out of 100 households with children, 99 have at least one computer and about 83% of households with children have at least one computer. Access to a computer is more restricted for some groups, like persons with disabilities, families with many children (about 77% of the households with 3 and more children have at least one computer at home) (NBS, 2020a). Access to internet is also very good in Moldova (ranked 27th in the world). In 2020, about 90% of the population in Moldova had access to the internet (Gigabit Monitor, 2021).

Access to prophylactic vaccination is good in Moldova. The share of vaccinated children in the total child population for the mandatory vaccine (tuberculosis, whooping cough, hepatitis B) is above 90% and for poliomyelitis, diphtheria, and tetanus is about 88% (NBS, 2020a). The vaccination rate for measles, parotiditis and rubella is slightly decreasing and in 2020, the rate of vaccinated children was 84.3% (NBS, 2020a). Decreasing vaccination rates are mainly observed in urban areas and are due to

46 Lower the index lower the risk, methodology and ranking: <https://www.globalhungerindex.org/ranking.html>

parent's decision not to vaccinate their children (EC, 2020). There is no analysis available on the price evolution for the most used medications for children. Overall, prices for medication increased constantly for the last 10 years (NBM, 2017). Access to needed medication is an issue in Moldova. The number of registered medications diminished by 30% only in 2016 (EUROPASS, 2017). The Agency for Medicines and Medical Devices explained this drop in supply by the refusal of the private companies importing medication to obtain the required certificates (EUROPASS, 2017).

Moldova has a relative high level of pollution, especially the water pollution is critical. The country has poor garbage disposal system and generally spaces are considered dirty and untidy (Numbeo⁴⁷, 2021). Moldova ranks 50th (1st place is the worst) in the World Pollution Index, being more polluted than Romania and Armenia, but less polluted than Ukraine (Numbeo, 2021). Children, along with the general population, are exposed to water pollution, poor garbage systems and air pollution. The Nistru river is heavily polluted and has irregular flow regime, which is a major risk factor since Nistru is the to water source for Chisinau (Global Pollution Map, 2021). While air pollution is moderate, compared to neighbouring countries, air pollution in Chisinau is 3 to 4 times above the acceptable limit (UNDP, 2020). Chisinau has little green space, accounting for only 16.7% of the city's total area, and offers limited recreation opportunities for children and their families (UNDP, 2020).

Safety is an issue for children and adolescents throughout the country, but especially in Chisinau.

A study revealed that girls are concerned about safety on public transport and on the streets of Chisinau, due to harassment, and that boys are concerned about physical safety as a result of violence from their peers (UNDP, 2020). Children and adolescents with a disability, especially girls, are the most vulnerable to unsafe situations (CDP, 2018). **Road safety remains a critical issue, in 2020, about 13% of all persons involved in road accidents were children** (up to 17 years) (NBS, 2020a). The number of children who suffered road accidents increased from 349 cases in 2017 to 469 cases in 2019, with 17 of these children dying (NBS, 2020a). Boys are more likely to be involved in road accidents than girls; of the total number of children involved in road accidents, 61% were boys (NBS, 2021f; NBS, 2020a).

Vulnerable groups' access to essential services was improving up to the recent economic crisis, caused by the COVID-19 pandemic. The prices to all essential products and services are increasing and will mainly affect people in the most disadvantaged situation. Support packages have been defined by the Moldovan Government, but these measures are not targeted. Support to authorities in mitigating the effects of raising costs to essential services should be provided to improve targeting and efficiency.

47 Numbeo calculates the Pollution Index based on the assessment of the population living in the respective country on 8 main indicators related to air and water pollution, garbage disposal, noise and light pollution, see: https://www.numbeo.com/pollution/rankings_by_country.jsp



Photo credit: @UNICEF/2022/Pantaz

The rights of children



THE RIGHTS OF CHILDREN

4.1. HEALTHCARE

By ratifying the CRC Convention, the Republic of Moldova committed to provide all children with equal access to quality health and care. These rights include children having the right to good quality health care, to a clean and safe environment, to information to help them stay healthy, to safe drinking water and nutritious food. Mothers should have appropriate pre-natal and post-natal health care. Despite making progress on universal health coverage, the access to basic health services is unequal for children in the Republic of Moldova. This is due to the geographic concentration of health-care service providers in urban areas, high informal out-of-pocket payments, reduced health insurance coverage and small per capita allocation of health care etc. Health inequalities further have been deepened due to the COVID-19 pandemic and its impact on the healthcare sector.

The access to health services for children is universal, but the implementation of full coverage is challenging. The principle of equal access to public health services for all citizen is enshrined in national legislation. Despite compulsory health insurance, not the entire population is medically insured. The share of the insured persons in the total population increased from 85.8% in 2016 to 87.8% in 2020 (NMIH, 2020). The majority of uninsured persons live in rural areas and only half of the Roma population are insured (NAPH, 2019; UNICEF, 2015). Access to primary health care and emergency care is universal regardless of the insurance status. A 2020 WHO assessment found that much progress was made in terms of prioritising the health

of women, children, and adolescents. However, the implementation of full coverage of health services is still a challenge in practice. The number of paediatricians and the number of hospital beds for children declined from 2014 to 2019 (NBS, 2020). Health insurance partially covers some health care services (the out-patient and in patient services for children are fully covered). For instance, there is a lack of palliative care services for vulnerable children, especially children with disabilities (United Nations Moldova, 2020).

Maternal and infant health is improving, the infant and under-five mortality rates have been continuously declining, although they are still about three times higher than the EU average (UN Moldova, 2020). The infant mortality rate slightly declined to 8.7 deaths under the age of one year per 1 000 live births in 2020, compared to 13.4 in 2015, while the EU rate was 3.4 in 2019 (MH, 2020; Eurostat, 2020). Infant mortality⁴⁸ is more pronounced in rural areas (10.1) compared to urban areas (6.6) (NBS, 2021g). Similarly, the under-the-age-of-five mortality rate declined from 15.7 deaths per 1 000 live births in 2015 to 14.4 in 2019 (MH, 2019) while the EU under-five mortality rate was 4.0 in 2019 (EUROSTAT, 2021). Out of the total under five fatalities in Moldova, 20% were reported at home, mostly due to preventable causes such as respiratory diseases, pneumonia, and injuries. The percentage of HIV mother-to-child transmission of HIV was of 4.8% in 2019 (UNAIDS, 2020). In 2019 about 81 children under 10 years received HIV treatment (LPV/r-based schemes) (UNAIDS, 2020).

48 Infant mortality rate per disease (2019): respiratory diseases 12.2% (per 1000 live births) with huge differences between urban 1.4% and rural 22.9%; infectious diseases - 3.2%, urban 2.2%, rural 4.3%; injuries and poisoning - 5.7%, urban 1.4%, rural 10.0% (NBS, 2021)

Early Intervention in Moldova

Early Intervention (EI) services have been introduced in Moldova in 2016, following the development of EI intervention model for children and the approval of EI regulations and quality standards⁴⁹. EI services in Moldova are being offered in a multidisciplinary manner (medical, social, and educational services) aiming for the identification of child developmental risks and providing support to the family and a network on preventing, mitigating, and reducing these risks. The age reference for the EI in Moldova is 0 to 3 years of age. As of 1st January 2021, about 2% (10.4 thousand) of the total child population are children with disabilities—beneficiaries of state social allowances (NBS, 2020). The total number of children/families that would need EI services is not known, a

study estimated that only 10% of children with disabilities (0 to 3 years old) currently have access to EI services (Lumos Moldova, 2016). There are two main centres where EI services are offered in Chisinau and Balti municipalities, but several other centres are planned to be developed at rayon level⁵⁰. The Chisinau⁵¹ centre offers around 1.5 thousand consultations hours on a yearly basis, and about 2 hundred families per year receive integrated and continuous support provided by the centre (CNPD, 2021). The main barrier to accessing EI is the lack of professionals to offer the service, sector professionals' capacities are slowly developing across the country. Moldovan authorities launched several dedicated programmes to increase the offer and quality of EI services.

In 2020, almost all children (93.6%) in Moldova were born in a hospital (NBS, 2020). In 2020, the share of premature births increased to 5.1% compared to 4.7% in 2015 (NBS, 2019), therefore there is a need to further develop supporting services for premature babies, including early detection and EI services, psychological support to families, parenting programmes, social support, assistive technology, inclusive education, among others. The standards for ante-natal care provision are in place. It follows the protocol approved by the former MH, which includes six scheduled visits to the family doctor and two visits to obstetrics and gynaecology, as well as a home visit by nurses to all pregnant women at 37 - 38 weeks of the pregnancy. The protocol also covers syphilis and HIV testing, including pre-testing counselling; provision of folic acid and iron; and early detection of congenital defects. Ultrasound examination is to be carried out twice during a pregnancy. Most children in the Republic of Moldova are breastfed in the first months. Unfortunately, the exclusive breastfeeding rate in the first 6 months of life is only 44% (MICS, 2012). The prevalence of malnutrition of children in the first year of

life was 10 to 1 000 in 2020, down from 17 to 1 000 in 2016 (NBS, 2020d).

Vaccination coverage rates are generally good but under the risks of decreasing, linked to the stagnating to decreasing trend in the immunization rates (NBS, 2020), mostly due to hesitancy of parents to vaccinate their children based on disinformation. There is a need for improving immunization incentives to reach 95% coverage, including imposing mandatory vaccination for children before accessing preschool, as well as advocacy and awareness raising measures. The coverage with vaccines in maternity wards (TB and Hepatitis B) is over 95%. Newer vaccines such as HPV have a lower uptake, though no data outside the pilot group⁵² is available. Moldova belongs to the world's top 30 countries with high multidrug-resistant Tuberculosis burdens and counts to the WHO European Region's 18 high-priority countries for Tuberculosis control. In 2020, 79 children had active Tuberculosis (145 in 2014) (NBS, 2020). The percentage of children in rural areas was proportionately higher at 52% (NBS, 2020). In 2018, there was a measles outbreak in Moldova with more

49 GD no. 816 from 30.06.2016 for the approval of the framework regulation on the organization and functioning of EI services and the minimum quality standards for early intervention services in Moldova.

50 The existing centers are in Chişinău, Bălţi, Criuleni and Râşcani, other 3 centers are in the process of being opened: Floreşti Ialoveni and Cahul.

51 Voinicel EI centre: <https://www.voinicel.md>

52 Recently extended to include children of 10 to 15 years old.

than 300 cases compared to none in 2017 (UNICEF, 2019).

The major indicators of adolescent health improved significantly. According to data provided by the NBS and Health Behaviour in School-aged Children (HBSC) survey, these improvements relate to sexual and reproductive health, obesity, mental health, and substance abuse. The number of 15-year-old teenagers who started having sex decreased (from 18% in 2014 to 13.3% in 2018) (YFHS, MH, 2021). The use of birth control pills among 15-year-old sexually active adolescents increased from 6% in 2014 to 10% in 2018, however, the use of condoms decreased from 74 % to 62 % (HBSC, 2020). The number of new cases of sexually transmitted infections among adolescents up to 19 years decreased by about one-third from 2014 to 2019 (MH, 2020). Furthermore, the adolescent pregnancy rate decreased from 41 cases per 1 000 population in 2014 to 25 cases in 2018 (UNFPA, 2019) but it is still three times higher than the EU average. From 25 cases per 1 000 population teen pregnancies end in abortion (UNFPA, 2019). The share of women giving birth under age 20 (15 to 19 years old) shows a small decrease from 5.1% in 2015 to 4.5% in 2019 (NBS, 2020d). Similarly, the share of births of women aged 10-19 years within the total number of births slightly decreased (from 4.9% 2016 to 4.5% 2019), the share of abortions decreased from 7.4% in 2014 to 5.7% in 2019 (NBS, 2020). Youth advocates highlighted during the interviews that sexual education is often considered as a taboo topic in schools, despite it concerns all students. As one of them explained, the teacher responsible for the personal development class in their school, skipped it, saying “*I guess you know everything*”, which was not the case at all when it comes to topics like contraception, or sexual diseases.

The Moldovan MH took a series of actions between 2011 and 2021 to support youth-friendly health services (cf., Healthy Generation Project, 2021) by scaling up youth friendly health services (YFHS).

There are 41 youth-friendly health clinics targeting adolescent health issues by providing health care and counselling services (United Nations Moldova, 2020). YFHS might be one of the factors why adolescent health improved in recent years. In 2019 about 30% of youth (10 to 24) accessed YFHS, but the access decreased from previous year with 30 p.p. due to the COVID-9 pandemic.

Adolescent mental health and substance abuse is an emerging challenge in Moldova and requires immediate policy response. The 2020 HBSC Report indicates that the overall mental well-being decreases with age, especially for girls being at risk of poor mental well-being outcomes compared to boys. In Moldova, one in four teenagers say they feel nervous, irritable or have difficulty falling asleep at least once a week, which is in line with the other 44 countries. Bullying rates are high and rising (as many as 87% of pupils in grades 6-12 are affected by bullying in Moldova) (UNICEF, 2019). The suicide rate decreased from 10 cases per 100 000 for the population aged 15-19 in 2014 to 5 cases per 100 000 in 2019. Current alcohol consumption among adolescents aged 11 to 17 who consumed alcohol 3-5 days and more in the last 30 days decreased from 11% of in 2014 to 9% in 2018. However, smoking rates have been rising, with 7% of the 11-17-year-olds reporting that they smoked in 2018, compared to 5 percent in 2014.

The health care provision and organisation changed in the last years. Several national health programmes have been implemented (partially covered by donors) to improve the accessibility of healthcare services (e.g., emergency services reform, mental health services reform) and their quality with the end goal of improving the health outcomes. At the same time, the healthcare sector is poorly governed, lacks administrative capacities, financial resources and uses inefficiently the existing resources. The shortage of medical personnel is critical across the sector. Furthermore, financial flows in the sector are not transparent and the out-of-pocket payments account for 45% of the total health care expenditures (Burki, 2020). Accountability in the sector is weak and the roles and responsibilities are unclear. In 2020, the MH launched a new National Health Strategy, which is aligned with the Global Agenda 2030. The strategy proposes to operationalise the Strategic Objective “*Ensuring the fundamental right to the best physical and mental health*” of the National Development Strategy 2030 in six pillars: governance of the health system, human resources in health, financing of the health system, medicines and medical devices, provision of health services, public health. Also, the Moldovan Government adopted a National Mental Health Programme for 2017-2021 and an Action Plan for implementation in 2017 to promote the population’s mental well-being, prevent mental disorders.

4.2. EDUCATION

The country's education system is organized according to the levels of the International Standard Classification of Education

(ISCED-2011)⁵³. According to the MER Annual Activity Report in the academic year 2020/21, in the Republic of Moldova there were altogether 2 842 active educational institutions and 588 thousand students. The number of institutions and the number of children register a decreasing⁵⁴ trend⁵⁵ which is a consequence of significant decrease in country's population. The population decrease has a direct and significant impact on provision of education services and on sector spending efficiency. Education in Moldova is compulsory, starting from pre-primary (preschool education) education level and shall finish with the lyceum education or secondary and post-secondary technical and vocational education and training at the age of 18. Parents/legal representatives and local public administration are responsible for the compulsory schooling of children. The gross enrolment rates (GER) are good in Moldova but differ across the age groups, with the highest level of coverage observed among children aged 7-10 years (89.7%)

(MER, 2021). The school drop-out is low (by the end of 2019/20 was of 0.07%, 235 students, including 52 Roma students), but rapidly increasing⁵⁶ (221 children in 2017/18 academic year, to 2021 in the academic year 2018/19 (MER 2021). The age cohort 19-23 has the lowest enrolment rate in education (about 23.5%) (NBS, 2020).

Education in the Republic of Moldova is free, according to the Education Code the state ensures the financing of the standard package of educational services for preschool, primary, secondary, and high school education, regardless of the type of the educational institution (private or public).⁵⁷ The standard package of educational services for general education is not yet approved, although a draft document was consulted by the Government in 2017. Interviews with representatives of the MER estimates that the Code of Education will be changed to accommodate these provisions by the Parliament of Moldova relatively soon. The "money follows the student" is the principle governing the basic funding of the general education⁵⁸. The same principle is applied to the cost per student standard (GD 868/2014).

Table 6. Type and number of education institutions, number of students 2020/21

Type of institution	Number of institutions	Number of students
Early education	1 485	134 158 (number of available places 177 445)
Primary and General secondary education	1 241 (10 institutions for children with in intellectual, physical disabilities & development challenges)	334 400
Technical vocational education institutions	91 (42 vocational schools, 36 colleges, 13 Centres of Excellence)	44 900
Higher education institutions	24 universities	59 000

Source: NBS, 2021e

53 a) level 0 - early childhood educational development and pre-primary education; b) level 1 - primary education; c) level 2- secondary education, cycle I: secondary education; d) level 3: includes secondary education, cycle II - high school education and secondary technical vocational education; e) level 4 - post-secondary technical vocational education; f) level 5 - non-tertiary post-secondary technical vocational education; g) level 6 - higher education, cycle I: bachelor's higher education; h) level 7 - higher education, cycle II: master's higher education; i) level 8 - higher education, cycle III: higher doctoral education.

54 With the exception of the early education services

55 Compared to 2010/11, in the 2020/21 academic year the total number of educational institutions decreased by 6%. The number of early education institutions increased by 7.6%, and the number of general primary and secondary education institutions decreased by 16.7%. In the academic year 2020/21, the number of teachers is 47.6 thousand people (by 21.6% less compared to the academic year 2010/11) (MER, 2021).

56 During first semester of the 2020-2021 school year 189 students with school dropout (out of the total number of children - 286 880) were identified. Of the 189 students, 49 - are from primary education and 139 - from secondary education.

57 As per the art. 4, Constitution of the Republic of Moldova.

58 Primary schools, primary schools-kindergartens, gymnasiums and high schools.

Early childhood education services are offered to children aged 1 to 2 years old in kindergarten, nurseries, education centres, and community centres (NBS, 2021e). The early education services are free of charge in Moldova. Financial contributions from parents are forbidden in kindergartens, but parents can be asked to contribute to various needs such as drinking water, supplies, furniture, etc. (MER, 2020). The early education centres are accessible 5 days per week, and on average there is one teacher per 15 children. More than 76% of early education centres are in rural areas, but those in urban areas are more in demand. In 2020, about 742 children with special needs were enrolled in early education services (NBS, 2021e). There are 9 early education institutions that offer services to children with special needs, and which are supplemented with 50 specialised groups have been organised in regular early education settings to provide specialised care, upon demand (NBS, 2021e). The gross enrolment rate in early education was 68.3% in 2020, compared to 87% enrolment rate in the EU in 2019 (EUROSTAT, 2020). The access to early education services is unequal for rural compared to urban areas, in rural areas, on average, there were 65 children per 100 available places, the offer exceeding the demand. The reverse is available for the urban areas, where 91 children per 100 places are registered (NBS, 2021e). The overall access of children to early education services is increasing, but this is not due to the development of the early education infrastructure (the number of institutions is growing at a very slow rate), but more related to the overall decrease in the number of children across the country.

Pre-primary education (age 3 to 6/7) enrolment is high, the gross pre-primary enrolment rate was 95% in 2020, a value higher than other countries in the region (WB, 2021). The enrolment rates are stable over the last 5 years. At the same time, some children remain excluded from the pre-primary education, which are children from Roma communities, children with disabilities and children with special education needs, children from poor households, children with low educated mothers. The offer of pre-primary education exceeds the demand in rural areas and is deficient in urban areas. The share of private provision

of pre-primary services is very low, accounting for 0.2% of all provision (WB, 2021). It is difficult to assess the quality of early childhood education in Moldova, on average, there are 13.1 children per one educator (NBS, 2021e), which is similar to other countries in the region (e.g., Romania 11.1, Bulgaria 12.1 in 2019) (EUROSTAT, 2021). The share of teachers with higher education working in preschools increased substantially in the last 10 years in Moldova (MER&UNICEF, 2019). At the same time, about 13% of the pedagogical staff in early education is of 60 years old and more, (MER&UNICEF, 2019).

The number of students in primary and general secondary schools is also decreasing, due to total decrease of the population and high migration rates.

About 334.4 thousand students attend in Moldova primary and general secondary education, out of which 53% in urban areas (NBS, 2021e). The gross enrolment rate in the last grade of primary education is very high in Moldova and was 107.5% in 2020/21. The primary to lower secondary education levels transit was 98.4% in 2020/21 (NBS, 2021e). About 35.3 thousand children were enrolled in the first grade during the 2019/20 academic year, most of whom were in preschool education programs (97.3%) (MER, 2020). The school readiness is good in Moldova, children are tested on 3 main areas for school readiness and school maturity. Most children register good scores, but the score depends on the area of residence (urban have better scores than rural), enrolment in preschool cycle, low scores are also received by children who are brought up by their grandparents (Racu, 2018). Most primary and secondary education institutions are in rural areas and only 25.8% (320 units) in urban areas where high schools prevail in proportion of 2/3 (MER, 2020). About 540 students are enrolled in educational institutions for children with intellectual or physical disabilities (NBS, 2021e). The number of children with special educational needs⁵⁹ enrolled in regular schools was 9.2 thousand in 2019/20 school year (MER, 2020). On average, there were 18 students for every teacher in primary education, and 10.6 students per teacher in secondary education. More than 20% of teachers in primary and secondary levels are of age 60 years and more (NBS, 2021e). Teachers' length of service in education sector is very low, which is due to low

59 The term 'Special Educational Needs' is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age. Children with Special Educational Needs (SEN) are likely to need extra or different help from that given to other children their age.

wagers. The most qualified teachers (1st and superior academic rank) are employed in the urban areas (MER&UNICEF, 2019).

Secondary and post-secondary education, VET is improving but the mismatch between actual and the needed skills on the labour market still exists. The secondary education, including vocational schooling, is non-compulsory⁶⁰. A total number of 44.8 thousand students were enrolled in VET in 2020/11 (NBS, 2021e); about 24.6% of the total number of students are male (NBS, 2021e). The total number of graduates of VET was about 11.8 thousand in 2020/21 (NBS, 2021e). Although a VET reform took place, and a respective strategy⁶¹ was drafted a strong mismatch still exists between the skills young people have and desired skills by employers in the labour market. The skills mismatch, along with low wages are the leading causes for high youth unemployment (10.51% in 2019, (WB, 2021)).

The inclusive education reform created the regulatory framework to ensure the necessary conditions and a friendly and accessible educational

environment is in place for all children, but not all children have full access to those services. It is the responsibility of the central and local authorities as well as the educational institutions to promote inclusion (UNICEF, 2019; MER, 2019). In the 2019/20 education year about 7 thousand children with special education needs and 1.5 thousand children with disabilities were enrolled in regular schools; 627 children in special schools for children with physical and intellectual impairments (NBS, 2019). The number of children with special education needs and children with disabilities enrolled in regular school is constantly decreasing (10 thousand in 2015/16), but this is due to the general decrease of child population in the country (NBS, 2019). The enrolment of children with SEN and CWD in regular schools and the deinstitutionalisation process registered great progress over the last decade. However, children with more complex needs remain segregated. The UN CRPD Committee highlighted that the Education Code still allowed for segregated schooling by refusing the admittance of children with disabilities to mainstream schools thus, many children with psychosocial and/or intellectual disabilities remained in segregated education setting (CRPD, 2017).

Box 4

Perception over the inclusive education

In 2018, UNICEF commissioned a study to assess the degree of inclusion of children with disabilities in the mainstream schools in Moldova (CBS AXA, 2018). The study looked at inclusion policies, on one side, and on public perceptions on inclusive education, on the other. The study found that the public perceptions regarding the inclusion of children with special education needs and children with disabilities remain predominantly exclusive. The trends show improvement on the attitudes of people in relation to including these children into mainstream schools, but many people still believe that they should be educated and

cared for in special institutions. A high degree of exclusion is registered for children with intellectual disabilities. This opinion is determined by several factors, such as the perception of people that schools and teachers are not prepared to support children with special education needs and with disabilities. Also, people think that the cooperation between various sectors (i.e., education and healthcare) is insufficient to provide relevant support. The study revealed that people have strong preconceptions about inadequate behaviour of children with SEN, especially those integrated from residential institutions and those with intellectual disabilities.

60 Secondary technical vocational education institution (ISCED level 3); vocational school non-tertiary and post-secondary technical vocational education institution (ISCED levels 4 and 5)-college; technical vocational education institution with combined programs (ISCED level 4) - center of excellence. The system includes 42 vocational schools, 36 colleges and 13 centres of excellence.

61 The Strategy for the development of technical vocational education (GD 97/2013) along with the Action Plan for restructuring the network of technical vocational education institutions for the years 2015-2020 (GD 230/2015).

Stakeholders during interviews noted that there are not enough specialists available in Moldova, who could support children with disabilities in mainstream education settings as well as insufficient assistive technologies to support child's individual needs.

Moldovan academic performance indicators, in all three areas of the PISA evaluation, register average scores⁶² lower than the OECD average, at the same time, the scores are improving. The school performance results are unequal in Moldova. Girls outperformed boys in reading and science, however, both had similar average scores in mathematics (MER, 2018). Students in urban educational institutions outperformed students in rural educational institutions (in all three areas), with an average score difference of 55 points in mathematics, 56 points in science and 64 points in reading (MER, 2018). The learning outcomes in Moldova are highly inequitable, the rural school's performance is much lower than schools in urban areas, and the difference is greater than in OECD countries (OCED&UNICEF, 2021). Approximately 56% of students in rural institutions did not reach the minimum level of competence in science (compared to 30% in urban), 58% in reading and 63% in mathematics (39% in urban) (MER, 2018). The socio-economic status defines the academic performance to a great extent in Moldova. The differences in average score between socio-economically advantaged and disadvantaged students is over 100 points in all tested areas and this difference is larger than the OECD average (OCED&UNICEF, 2021). Key stakeholders as well as the youth advocates argued that there is a big difference between the quality of education in bigger cities and in the countryside, through which persistent inequalities exist. The online education is half as effective as face-to-face learning (UN Moldova, 2020). According to the estimation of the World Bank, student's performance in Moldova is expected to decrease in the following year by 8 PISA points (from 424 to 416 points), which is 20% of the anticipated volume of knowledge.

Specific programs have been introduced to promote education of Roma children. Roma children from socially vulnerable families are provided with free textbooks and teaching materials, while free meals

are provided to all pupils in grades 1 to 4. Moldova provides refugees and beneficiaries of humanitarian protection⁶³ with access to sociocultural adaptation sessions, courses on the state language and education. As with other disadvantaged social groups, such as orphans and students with disabilities, refugees' access to higher education is supported by the state through a specific access quota.

The teaching quality greatly impacts the quality of education, influenced by the relative old age of teachers, low wages in the sector and an overall teaching-centred education model (OCED&UNICEF, 2021). Support to teachers and improvements in the education model have been included in the sector strategic vision of the country (Education 2020⁶⁴) (through increased competencies of teachers, attractiveness of the sector, impulse ICT in education process, introduction of the quality assurance in the education process, improved access, and quality of the textbooks) (MER, 2014). At the same time, poor remuneration and working conditions limit the impact of such policies. **Rural, small schools with many students from vulnerable backgrounds offer poor learning conditions and continue to perform poorly,** despite the higher per student costs (WBG, 2018). Consistency in coverage and quality of education services are needed across education levels and geographical context. Furthermore, the capacities of schools both in urban and rural areas need to be improved (WBG, 2018, OCED&UNICEF, 2021). The efficiency gains should be fairly redistributed across the sector, and measures to increase efficiency continued (WBG, 2018, OCED&UNICEF, 2021). Transparency and efficiency in financing the education needs to increase as well.

The overall education infrastructure is inefficient and does not adapt to the social and economic changes in society. The educational institutions do not have the necessary skills and understanding for an efficient management (GPE, 2020). The capital spending in the education sector is significant (over 10% of the total sector spending) but the spending is inefficient, mainly due to the persistent declining in the number of students (WBG, 2018). A large optimisation

62 In 2018, the average score for the Republic of Moldova in the PISA test was 421 points in mathematics, 424 points in reading, and 428 points in science: all well-below the OECD averages (MER, 2018).

63 The Law 274/2011 on Integration of Foreigners in the Republic of Moldova

64 <https://www.globalpartnership.org/content/education-sector-plan-moldova>

reform was done in the education sector in Moldova, but the impact of the somehow improved efficiency is not fairly redistributed inside the sector. The number of schools with poor water and sanitation conditions decreases, however about 8% of schools in Moldova have no centralised water and sewerage system. It is also concerning that about 50% of all pupils are exposed to poor water quality at school, and over 20% of all schools have inadequate maintenance

(UNICEF, 2016). Poor material conditions of schools present a regional challenge, mostly in rural areas, where schools are poorly equipped and maintained. About 70% of rural school have external toilet, and the hot water flow is lacking (only 16% of rural schools have hot water in the washroom and 48% have it in the canteens) (UNICEF, 2016). About 84% of schools are connected to internet (UNICEF&WHO, 2018).

4.3. FAMILY ENVIRONMENT AND PROTECTION

During its latest UN CRC Committee review Moldova received extensive concluding observations on issues concerning family environment and alternative care (CRC, 2017). The Committee expressed concern over the increasing number of children being legally separated from their parents, the rate of abandonment of new-born

children, the still high number of children remaining in institutional care, especially children under age 3, and children remaining behind whose parents have migrated abroad. The CRC Committee mentioned the lack of funding for services, inadequate qualified staff, and weak coordination among various service providers.

Box 5

Vulnerable children in Moldova

According to art. 8 of the Law 140/2014, children are considered at risk when they are subjected to violence and/or are neglected; children practicing vagrancy, begging, prostitution; children deprived of care and supervision by their parents due to their

absence from home for unknown reasons; orphan children; children living on the street, children who have run away or have been expelled from home; abandoned children; children with parents in detention; and children victims of crimes.

The number of children at risk is increasing, this is mainly due to the worsening socio-economic context, and high migration. At the same time, it is important to mention that the screening and referral process improved significantly, which, could, at least partially, be reflected in the increasing numbers. In 2020, 10 283 children (4 936 girls and 5 347 boys) have been registered as children at risks, of which 900 children were 2 years old or younger and 219 were children with disabilities (MLSP, CER103, 2020). 7 376 of those children live in rural areas and 2 907 children live in urban areas. The number

of newly identified vulnerable children increased with 53.3% between 2017 and 2019. The number of vulnerable children increased for almost all indicators (Table 7), but in particular for children subjected to violence, neglected, children involved in vagrancy, begging and prostitution (MLSP, CER103, 2020). At the same time, in 2020 the number of newly registered cases of children at risk decreased by 18%, compared to 2019 due to fewer family visits and limited contact of the community social worker with families due to pandemic restrictions (CCF/ HHC, UNICEF, 2020).

Table 7. Children at risk, new cases, 2017-2020

	2017	2018	2019	2020
Abandoned children	33	31	51	34
Neglected children	2 241	5 569	6 243	4 721
Unsupervised children	197	242	210	293
Orphan children	223	243	224	190
Children of parents refusing to fulfil their obligation	216	185	137	121
Children subject of judicial protection against parents	17	12	20	90
Street children	33	42	16	26
Children involved in vagrancy, begging and prostitution	69	99	92	73
Children subjected to crime, including trafficking or exploitation			25/6/3	
Children subjected to violence	714	1 057	987	1 024
Total at risk (new cases), including	3 743	7 480	8 005	6 572
with disabilities		199	219	129
aged 0-2 y.o.		888	876	638

Source: MLSP, annual statistical reports CER 103, 2017, 2018, 2019 and 2020

Box 6

Street children

In 2021 about 429 children (230 urban and 199 rural areas) have been registered by the police as children which abandoned their home (MIA, 2021). Out of which 229 children come from 2 parents' families, 112 from single parent families and 88 children from tutorship and parental services (MIA, 2021). Out of the total number of children, 225 are from families that have been identified by the child protection authorities as socially vulnerable (MIA, 2021). Interviews with key stakeholders revealed the main causes of child home abandonment are parental neglect, violent practices in the family, lack of dialogue between children and parents, parents' addiction and alcohol consumption, high level of tolerance in the society of child abuse and violence, peer negative influence. The problems of street children are complex and need a special approach, with focus on interdisciplinary work,

with trained professionals, preventing measures, early intervention, reintegration services. More research of good practices in preventing home abandon is also needed (interviews Ombudsman, MIA). Services for street children (family support, rehabilitation, and reintegration) lack, outreach measures lack, protocols, and guidelines for offering support to street children are missing. Key stakeholders drew attention on the fact that an integrated and systemic approach to support street children is not in place; it was suggested that children leaving for longer periods on street need a particular approach to outreach so they would accept support as well dedicated services. Also, there is little guidance and support to professionals to understand the causes of home abandonment and therefore an inadequate solution of these children.

About 3% of total children in the country were registered as being separated from their parents in 2020, 34 107 children (17 968 girls and 16 139 boys), most of them (24 763) are from rural areas. Of total number of separated children, at least 216 are with disabilities, while 1 883 – from the age group 0-2 years. (MLSP, CER103, 2020). The main reason for separation remains the migration of parent(s) (29 186 children) (MLSP, CER103, 2020). In 2020, a new protection measure⁶⁵ was introduced, the custody, which is meant to protect exclusively children with one or both parents working abroad or in another locality for more than two months.

In Moldova, 4 921 separated children have been assigned the status of children without parental care (temporary left/ left without parental care and removed due to imminent danger), mainly due to neglect and abuse, or abandonment by the parents (2 411 cases) (MLSP, CER103, 2020). The UN CRC Committee emphasised in their recommendations to Moldova, that a child should never be removed from parental care due to financial and material poverty and the state should strengthen prevention services, by implementing the National Programme on Parental Skills Development (CRC, 2017). However, interventions focused on preventing the separation of the child from the family remain rather weak and insufficiently funded (MEASURE Evaluation, Palladium, 2018).

Table 8. Children separated from their parents, new cases, 2017-2020

	2017	2018	2019	2020
Both/only parent abroad	11 215	18 095	13 897	12 468
Children without parental care (temporary status)	481	518	599	438
Children without parental care	690	771	551	539
Children separated from parents due to imminent danger for children	363	384	356	356
Total (new cases) separated children, including	12 749	19 768	15 403	13 801
with disabilities	n/a	n/a	n/a	105
aged 0-2 y.o.	626	1 409	1 184	996

Source: MLSP, annual statistical reports CER 103, 2017, 2018, 2019 and 2020

As of 1st January 2021, the total number of children with disabilities beneficiaries of social state allowances was around 10.4 thousand, which represents 2% of all children (NBS, 2021b). Despite Moldova’s commitment under the UN CRPD to adopt a human rights approach to disability, a medical approach to disability persists in the country (CRPD, 2017; HRC, 2016). The dominance of the medical approach implies that disability certificates are only issued to those who undergo a medical assessment, and it is based solely on an arbitrary medical determination. Thus, the actual number of children with disabilities might be higher. The UN

CRC Committee also raised this issue and urged Moldova during its last review to adopt a human rights approach and provide all children with disabilities with identification cards so they can access social support services (CRC, 2017). A particular vulnerable group are children with severe disabilities and children with mental disabilities, especially children placed in the large residential institutions⁶⁶ alongside the adults with mental disabilities (Ombudsman). Key stakeholders confirmed that services within residential institutions are inadequate and do not respond to the particular needs of each child.

65 Through amendments to the Law no. 140/2013

66 Specialised residential institutions in Orhei and Hancesti

Alternative care and protection services for children at risk are provided through various alternative care measures, both family and institutional types. Despite significant efforts have been made since 2006 to reform the alternative care system, children without parental care continue to be placed

in institutional care each year, and in the case of emergency placements such care prevails in over 45% of cases. Over 20% of children in emergency placement care are underage of 3 years old, and in planned placement just over 10% - increasing in the last four years.

Table 9. Emergency and planned placement of children separated from their parents, new cases, 2017-2020

Type of alternative care	2017	2018	2019	2020
Family of relatives/ other close people	53	76	64	139
Family type (formal)	92	123	148	182
Institutional type (formal)	365	301	288	266
Total, including	510	500	500	587
with disabilities	n/a	8	7	13
aged 0-2 y.o.	103	106	85	121

Family type	1 270	1 037	1 028	995
with disabilities	53	31	31	32
aged 0-2 y.o.	109	90	91	104
Institutional type	1 016	557	454	369
with disabilities	43	21	31	21
aged 0-2 y.o.	118	84	73	44
Total	2 286	1 594	1 482	1 364

Source: MLSP, annual statistical reports CER 103, 2017, 2018, 2019 and 2020

The number of family type care services is growing slightly but the system still faces the problem of lack of capacity, staff, skills, financial resources (MEASURE Evaluation, Palladium, 2018). In particular, the number of professional parental assistants is insufficient, especially those who provide specialized care (MEASURE Evaluation, Palladium, 2018). Moldova needs to continue expanding alternative care services, including foster family placement services and family-type homes, and ensure their availability in all regions, in particular for children with disabilities and those aged 0 to 3

years, and children left behind by migrants. Interviews with key stakeholders reaffirmed that the foster care system exists, but it is very underdeveloped. According to them, a major problem is that it is very complicated to become foster parents from the administrative point of view (need for establishing a company, certain tax rate etc.), which pushes a lot of parents away who don't have any business experience. Annex 6 presents the family type alternative care services and the total number of children placed in each type of care.

Knowledge, attitudes, and practices to prevent child-family separation

There are practices and social norms among the population that refer to the use and/or placement of children in residential care as the best measure of care for children left without parental care (MEASURE Evaluation & Palladium, 2018). Although people believe that families are able to provide good care and support to their children, the economic situation of the family is still perceived as the main driver for the institutionalization of children, and the state is blamed for

not providing enough support for families (Partnership 4 Every child, 2017). A recent Report on Alternative Care provides recommendations on measures to develop of knowledge, attitudes, and practices to prevent child-family separation and prioritize family reintegration and family-type care, to raise awareness over the fact that residential care should be used only as a last resort (MEASURE Evaluation & Palladium, 2018).

Moldova is still in the process of reforming its residential care system: there remain some old-type institutions, especially hosting children with severe disabilities and other special needs, where the insufficiently qualified staff and poor infrastructure hinder the specialized care and support of children (MEASURE Evaluation, Palladium, 2018). **There is a general decrease in the number of children who are placed in residential care services every year.** According to the National Bureau of Statistics, in 2019, there were 1 100 children in residential institutions which is 63.4% less than in 2014 (NBS, 2021e). At the same time, the number of institutions for children with disabilities remained the same, with only a small decrease in the number of children living in these institutions (from 120 in 2016 to 100 in 2017) (Opening Doors, 2018). Annex 7 presents institutional type care services in Moldova and the total number of children placed in each institution.

Children who age-out of the formal care system lack support, therefore their transition to independent life is abrupt. Adolescents leaving care are little or not at all prepared for independent living, and the choice of profession is not an assumed decision, but in most cases is imposed by caregivers, which might lead later to their drop out of vocational school. The minimum quality standards for long term placement stipulate that the child should be prepared for independent living 2 years before

leaving care. Care leavers can avail themselves of an allowance if they pursue vocational or higher education (GD 132/2020). Following the recent change of the benefit payment system young people did not receive their allowances or received them late for various reasons. Reasons include, but not limited to the lack of coordination between vocational schools and territorial guardianship authorities and the lack of placement monitoring mechanisms for children in care where the legal representative is the guardianship authority. The interviews with service providers revealed that apart for this stipulation in the regulation, there are no guidelines, no preparatory trainings for services providers on how to implement this provision, there is a lack of understanding from the part of the provider on what this means in practical terms. Youth advocates highlighted in the interviews that services that would support those leaving care to adapt to adult life are lacking, outside of the orphanages. The government expects them to make a swift transition, find a job, pay their bills, but doesn't provide enough support to foster their transition to independent living.

In general, there is a lack of awareness and positive societal attitudes regarding alternative care. The limited number of information campaigns addressing the public and designated specialists about the importance of the family in raising and caring for the child have not radically changed

existing norms in society (MEASURE Evaluation, Paladium, 2018). Alternative family-type care services have seen significant development in recent years, but the caregiver training and supervision system remains deficient (MEASURE Evaluation, Paladium, 2018). The UN CRPD Committee recommended Moldova to develop a national strategy for the deinstitutionalisation of children with disabilities, which encompasses alternative care in family settings and inclusive support services and facilities in the community (UN CRPD, 2017). The prevention of separation from parents of children with disabilities is addressed within the Social Support Service for families with children but also the personal assistance service. The latter, as well as the Mobile Team Service, Day Centres and Social service respite (*Respiro*), are limited due to lack of qualified staff and financial resources at local level.

The child protection reforms in recent years have boosted the development of social services for children and families. Today, at all administrative levels, although disproportionate in terms of availability, a minimum package of social services for children has been introduced. The minimum package consists of the following services: community social assistance, family support service, personal assistance, parental professional assistance, guardianship / curatorship. Research conducted in 2021 indicates that family support is the service that has the highest number of beneficiaries-children (47 107) (CTWWC, 2021). About 6.6% of the total number of children benefited of social services, out of which 1.6% benefited of family support. Very few (1 362 children) benefited of personal assistance service, which is limited considering that the total number of children with disabilities in the country was 10 700 in 2019, out of which 34% (3 660 children) have a severe disability (NBS, 2021f). About 75% (27 out of 36) of Territorial Social Assistance Structures (TSAS) consider family support as the most useful service in deinstitutionalizing children (CTWWC, 2021).

The capacities of the social assistance staff are unevenly distributed across the country. Although, under MLSP order 90/201, a standardized procedure on assessing the training needs of staff employed in territorial social assistance structures exists, methodologies for assessing the training needs of specialists in the field of child and family protection are missing (CTWWC, 2021). Most of the training efforts, especially in child protection, are supported by NGOs, whose models are not always accredited and further implemented (APSCF, 2021; CTWWC, 2021). Although the initial and continuing training system for social assistance staff is regulated (GD 38/2019), it is still at an early stage to assess how successfully it has been implemented (CTWWC, 2021).

The evaluation of the implementation of the National Strategy for Child Protection 2014-2020 (GD 434/2014) and National Action Plan 2016-2020 (GD 835/2016) indicates rather slow progress in several areas. Among other matters, more effort is needed to strengthen institutional capacity at local level to prevent the separation of the child from the family, to expand the professional parental care network as a family-type alternative to institutionalization, and the coordination of the deinstitutionalization process at the national level (CERME Research, 2020). Other evaluation recommendations refer to the need to intensify parental education activities throughout the country, to develop specialized services at the local level, to increase the participation in pre-school education, especially in rural areas and among Roma children, and the need to strengthen the monitoring and evaluation capacity of child policy, both at central and district level (CERME Research, 2020). **A new National Program on Child Protection for 2022-2026 is being developed by the MLSP with the support of UNICEF Moldova.** Three dimensions have been identified as a priority for the next period: 1) good governance of the child protection system; 2) preventing and combating violence against children in all environments and 3) support to the family.

4.4. CIVIL RIGHTS, FREEDOMS AND PARTICIPATION

This chapter discusses the situation of children in Moldova, regarding civil rights, as well as participation in different decision-making processes and matters affecting their lives. The chapter on civil rights will concentrate on the specific areas where Moldova received recommendations from the relevant UN Treaty body, with special regard to birth registration, right to privacy and access to appropriate information. In their latest Concluding Observations, issued in 2017, **the UN CRC Committee recommended Moldova to continue strengthening efforts to ensure that all births are registered**, including of Roma children, children born at home, children born to adolescent mothers and children born out of wedlock (UN CRC, 2017). The Committee also noted that progress has been made by expanding the network of civil status offices into remote locations, the establishment of an electronic birth register and increased monitoring (UN CRC, 2017).

An important aspect of civil rights and freedoms is privacy. The recent report of the Children's Ombudsman on the use of children's images in election campaigns (People Advocate (Ombudsman), 2021) mentioned the wide use of children's images as "decoration", and while electoral programs contain promises on the protection of children, they are not directly consulted or involved in their development. Written or audio-visual media often fails to respect children's right to privacy by offering details that can

easily make their identity tracked (Ombudsman, 2021; CRIC, 2020). The joint submission mentioned that child human rights defenders rarely seek any support or protection as they feel existing mechanisms are not in place to protect their privacy, especially, but not exclusively in remote areas. According to the NGO coalition, protection mechanisms at local and national level which should keep children safe are not functioning well – their capacities are weak, and they are lacking trust (Joint UPR submission, 2021). Another aspect of privacy is related to children in detention. The recent thematic report of the People's Advocate for the Rights of the Child mentions frequent cases of neglect and ignorance by prison staff towards requests of young detainees, related to poor material condition (e.g., malfunctioning of the sewer system, unrepaired TV, lack of personal hygiene products, or lack of lighting in the bathrooms, etc.) (Ombudsman, 2021).

The severely limited provision of technology and accessible information and communication formats (e.g., sign language interpretation, Braille, easy-to-read) in the country prevent the access of deaf children and children with intellectual disabilities to quality, inclusive education, as well as to information in general about matters concerning them (CRPD, 2017). There is no nationally recognized sign language in Moldova and there are only nine sign language interpreters registered in the whole country (Special Rapporteur, 2016).

Box 8

Childbirth registration

The Ombudsman's Thematic Survey results of 2017 indicate a considerable decrease in the number of children who are not registered at birth (Ombudsman 2017). The report also presented an increase in the annual registration and documentation of Roma newborns, which in 2015 reached 90% and an

increase by 15% in the number of Roma people obtaining identity documents. According to the MLSP, adequate documentation of children, by issuing identity documents to them, is still a priority for community social assistants as it is a prerequisite for accessing social services and financial support.

Child participation is an integral provision under the UN CRC, as Article 12 assures, to every child capable of forming his or her own views, the right to express those views freely in all matters affecting them. The realization of Article 12 as one of the four general principles in the CRC requires States Parties to establish processes, which include information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are considered and shape the outcome of such processes (C/C/GC/12). Annex 8 provides on map of the participation platforms for children and adolescents in Moldova. In their latest Concluding Observations, **the UN CRC Committee, recommended Moldova to systematically involve** civil society, including non-governmental organizations and **children’s organizations, in the development, implementation, monitoring and evaluation of policies, plans and programmes related to children’s rights** (UN CRC, 2017). The Committee provided some concrete measures that would improve the situation, such as developing toolkits for public consultation involving the National and Local Children Advisory councils, expanding the technical assistance project implemented in the child protection systems in 11 districts in cooperation with the Public Association “Partnerships for Every Child”, or continue conducting awareness raising activities (UN CRC, 2017).

Children and young people still face various barriers when it comes to exercising their

right to participation (APSCF, 2017). In the last Concluding Observations, issued to Moldova, the UN CRPD Committee expressed its concern that **children with disabilities do not systematically participate in making decisions that affect their lives** and lack opportunities to express their opinion on matters pertaining to them directly (UN CRPD, 2017). As regards to the right to freedom of expression, enshrined by Article 3 of the CRC, a group of NGOs recently reported that young rights defenders are often considered unable to understand and to contribute to public affairs and thus decision makers would not allow them to participate in political processes (Joint UPR submission, 2021) Children and adolescents human rights advocates feel that children’s priorities, concerns, and suggestions are often ignored or diminished (CRIC, 2019). To ensure the meaningful participation of children, the Ombudsman recommended to the national authorities to revise their standards in the field and to comply with the international norms (Ombudsman, 2019). Law 26/2008 on assemblies grants the right to free association to all, but it does not explicitly recognize children as rights holders. Some NGOs argue that the text of the legislation leaves too much room for interpretation for decision-makers and other actors in power (Joint UPR submission, 2021). It should be noted that the right to hold meetings is granted only to children over the age of 14 and only when accompanied by someone with full legal capacity (art. 6, para. 2, Law 26/2008 on meetings).

Box 9

Involving the voice of children in the Situation Analysis of children and adolescents: Results of the U-Report mini-poll, November 2021

Results of mini survey carried out among adolescents show that awareness of child rights is very slowly improving in Moldova, as only 16% of the adolescents often took part in discussions about their rights, and 25% discussed them a few times, mostly in their school (67%). At the same time, almost one third of the respondents (29%) never took part in such discussions. When adolescents were asked whether their rights are respected, 77% felt that their rights are always or most of the time respected at home. Only 16% of the

respondents felt that their rights are always respected at school and 38% responded that their rights are respected most of the time there. Around two-third of the respondents considered that their rights are generally respected at the doctor’s (64%), during activities after school (73%), and when they are with their peers (70%). 43% of the respondents felt that their rights are most often violated at school. Home seems to be a place where most adolescents felt their rights are most often respected (64%).

As Student councils and Local Youth Councils are important platforms to ensure the participation of adolescents in decision making processes impacting their life, adolescents were asked about the existence of those in Moldova. 73% of the respondents said that there was a Student Council in their school, 38% of the total number of respondents was satisfied, while 13% was unsatisfied with them. Almost one quarter of the respondents don't know much about what the Student Council is doing (22%) and 11% reported that there was no such body established in their school (17% did not know if a Student Council exists in their school or not). The awareness about Local Youth Councils is even lower, as 32% of the respondents did not know if there is one in their community. Among those who reported

the existence of a Local Youth Council (48% of all respondents), 26% said that they were satisfied with its functioning. Adolescents were also asked to choose which of the following 5 topics interests them the most: Rights of children and adolescents, Environment and climate change, Bullying, Politics, or Healthy life. 27% marked the Rights of children and adolescents and Healthy life, followed closely by Bullying (23%). Among the five topics, the respondents were least interested in Environment and climate change (14%) and Politics (9%). The topics that received the highest score could be a good indicator for policy makers to engage with this group and utilize their interest and opinions in pursuing better policies.

The Ombudsman for Children highlighted several challenges regarding child participation, for example about the structure of Student Councils (Ombudsperson, 2020). According to CRIC, children's right to express their opinion is severely violated in schools in Moldova (CRIC, 2019). Despite established Student Councils should communicate the suggestions and needs of students to the administration, they rather organize cultural and recreational activities (CRIC, 2019). During the interview, the Ombudsman mentioned that the guidelines for operations of the student councils are not holistic, and students are neither trained, nor informed about the role and mission of the student council. Furthermore, decisions taken by those councils are largely neglected by school's administrations, the selection process of council members is not in all cases transparent and impartial; and the opinion of children is often influenced by the administration of the educational institution (Ombudsman, 2020; CRIC, 2019). Youth advocates explained that there is an ongoing process to review the regulation for Student Councils, initiated by the Parliament. As part of the review process, it would be important for them to secure

some funding for the operations of the Student Councils (e.g., to organize events). The primary role of Student Councils would be to put proposals forward to the school's Administrative Council. These Administrative Councils have the mandate to take important decisions concerning the school and its members are consisted of the Director, two parents representatives, 1 pupil and 1 representative of the Ministry. An interviewee highlighted that in reality many students would not know that they have the right to delegate a representative to this important body, which is particularly the case in rural areas. The same concern is expressed by the Institute of Public Policies of Moldova which also mentioned that the low level of information and awareness of youth is a barrier that limits their participation in public decision-making processes (Cristei, A. & Terzi-Barbarosie, D., 2018). In general, about twice as many girls are more involved in such processes than boys, and mainly those students, who had previous social and civic participation experience (Ombudsman, 2020). Younger children, children with special educational needs, poor children, or Roma children are very rarely or not at all involved in Student Councils (CRIC, 2021).

4.5. JUSTICE FOR CHILDREN

Access to justice and legal protection is a fundamental right, and Moldova is slowly adapting its justice system for a better prevention, protection, and justice for each child. The Child Rights International Network ranked Moldova 59th⁶⁶ on the Access to Justice for Children index (2016), which considers as ranking indicators the implementation status of the UN CRC, the legal status of the child, legal mechanisms for challenging rights violations and practical considerations related to bringing a court case in each country (CRIN, 2021). The score for Moldova is relatively low, however there are several positive developments, including the progress on introducing regulation to protect children-victims (free legal aid, special measures to testify) and also children-offenders (free legal aid and representation). At the same time, the score considers the overall slow operation of the justice system, delays in court proceedings, backlog of cases and the problem of reinforcement of the judicial decisions (CRIN, 2021). There are three groups of children that come in contact with the justice system: children-victims, children witness (as part of civil and administrative proceedings), and children in conflict with the law.

On average, about 250 children (up to 15 years old) are being interrogated on annual basis as witnesses of crimes and offences (General Prosecutor Office, 2015). Progress have been made to support children that are involved in penal procedures and this progress is expanding towards other legal procedures (legal examination of an offence) (CNPAC, 2019). Efforts have been made to introduce new procedures and skills (i.e., psychological support during hearings) at the level of sector professionals and specialised guidelines have been introduced in 2015 to improve the way they work with children⁶⁷. Children can make their testimonies in specially equipped rooms, are provided with free transportation with their families or representatives and the hearings are conducted by trained professionals (General Prosecutor Office, 2015; UNICEF, 2018). Technical measures are being

taken to simplify and urge the legal procedures that involve children (single hearings, shorter periods from identification of the child witness to the hearings, etc.) (MLSP, 2020). The MIC-VNET inter-sectorial mechanisms of identification, evaluation, referral, support and monitoring of cases of violence, neglect, and exploitation of children, introduced in 2014, also proved to be efficient in the identification and support provision to children-victims and witnesses of crimes and offences (MLSP, 2020). At the same time, a study carried out by UNICEF Moldova at the request of the Moldovan Ministry of Justice shows that the capacities of professionals in contact with children witnesses and victims of offences need to be further strengthened, most specifically in the case of professionals in the justice sector (prosecutors, judges) (UNICEF Moldova, 2020). Also, the awareness of the sector professionals about how child related cases and children should be approached is limited. The study found that the principle of urgency, that must be applied in different procedures related to child victim and witness is often not respected (UNICEF Moldova, 2020).

The number of children victims of serious offences⁶⁸ is not diminishing, but the type of offences is changing. About 800 offences against children have been committed in 2020 and about 1 034 in 2019 (MIA, 2021). Out of these cases of offences against children, 7 were homicides, 5 cases of serious intentional injury, 86 cases of rape, 27 of mugging, 22 cases of trafficking in children and other serious and minor offences (NBS, 2021). The total number of offences against children is not changing significantly in the last years (1 334 in 2015, 1 499 in 2018, 1 304 in 2019), however the reported lower rate for 2020 will be impacted by the COVID-19 pandemic (NBS, 2021). The number of registered offences with sexual character (rape, underage intercourse) is increasing (NBS, 2021), this includes increasing rates of child online sexual exploitation, including the production and distribution of child pornography (USDS, 2021). Girls and boys are equally affected by offences against

67 Out of a total of 141 countries and territories.

68 The methodological guide regarding the investigation of cases with children-victims / witnesses of crimes”, approved by the Order of the General Prosecutor no. 25/25 of 03 August 2015

69 According to the penal code and penal procedure code, a child victim is a person below the age of 18 who has no legal capacity but is engaged in legal proceedings (UNICEF Moldova, 2020). Special provisions are stipulated in the penal procedure code for people below 14 years old which are engaged in proceedings related to a sexual character, domestic violence, trafficking and other cases where special approach is needed in hearings (UNICEF Moldova, 2020).

children (NBS, 2021a). Services for children-victims of violence and abuse are slowly developing in the country, since the BARNAHUS model of support services has been introduced in Moldova (MLSP, 2020). Evermore, it is estimated that the number of sexual offences is still underreported, a VAC study done in 2019 showed that many victims of sexual violence did not tell anyone about their experiences, about 60% of the females and 40% of the males knew where to go for help (USAID&IOM, 2019). What is further concerning is that many people do not perceive violence as a problem and a quarter of females and half of males endorsed traditional norms and beliefs about gender, sexual practices, and intimate partner violence (USAID&IOM, 2019). The cases of trafficking children raised from 5 cases in 2015 to 22 cases in 2020 (NBS, 2021). Information about the profile of the child victims of different offences is lacking, experts point to the fact that causes to become a victim are complex. Children victims of criminal offences are entitled to free legal aid, support services, and, as mentioned, a particular approach in hearings. Progress has been made in introducing procedures and mechanisms that will identify cases of child abuse, thus the reported number of cases significantly increased after these mechanisms have been introduced (in 2014).

Youth advocates emphasised that violence in families is a widespread phenomenon that usually nobody talks about, because the child is afraid of telling anyone what's happening at home. There are some NGOs who try to act by asking children if they need help. However, the problem is that there is no real support that could be offered of children facing violence at home, besides placement in orphanages, which would not provide them proper care. Key stakeholders suggested that the government should introduce

special assistance in schools and create a secure environment where children can be asked about these issues. Youth advocates were generally sceptical about the assistance offered to victims of violence in the schools at present. According to them, the general opinion among students is that one cannot trust the school psychologist or assistants as they are often taking the side of the teachers and don't necessarily believe what the students say.

While the legal provisions are in place, reinforcement is lagging, interviews with key stakeholders revealed that the special hearing rooms remain on paper or are improperly equipped, and the regulation on minimum standards for the hearing rooms has not been approved. As in the case of children witness, children victims, should be protected and supported throughout the process. Efforts should be made to raise awareness and increase capacities of justice sector professionals, to expand services network, to make sure that free legal aid is universally applied, victimisation is avoided, and the referral mechanism is fully functional for children victims of offences. All specialists must be adequately trained and have the accreditation for performing hearings with minors. Key stakeholder interviews pointed out that one of the biggest concerns in relation to the protection of children victims of offences is the lack of specialised services. Recently the BARNAHUS service for children victims of abuse have been legally introduced. Unfortunately, the services are still not operational, due to the lack of proper infrastructure for this specialised service (space, equipment, skills). The first BARNAHUS centre was created with donor support and it is expected to start providing services starting 2022, a total number of 3 centres are planned to be established across the country.

Box 10

Social attitudes towards sexual exploitation of children and young people

In 2019, a follow up to a study from 2015 was carried out in Moldova and concluded that most people (increasing tend) perceive as a big problem the sexual exploitation of children, including online exploitation. More and more people acknowledge that this is an existing and underreported phenomenon. At least, there is less victimization of children in society, as poverty is perceived as the main

trigger factor for child sexual exploitation. More people tend to see the role of the family environment as the main determinant of likelihood of child sexual abuse, instead of blaming it on children's choice. The sexual exploitation of children should be punished, female respondents showed less tolerance to the phenomenon than male respondents (CNPAC, 2019/2015).

The share of crimes committed by children is decreasing, but it is not clear if this is a result of policy efforts or a consequence of decreasing number in children. About 606 offences have been committed by minors in 2020 (998 in 2015), the share of offences committed by children in the total offences is decreasing (2.3% in 2020) (NBS, 2021a). In 2019 about 94.2% of the offences were committed by boys, the most common offence (57% of total offences) committed by minors is against property (theft, burglary, hooliganism) (NBS, 2021a). The share of serious and very serious offences (homicide, serious intentional injury, rape) committed by children in 2019 was 14.2% of the total offences (NBS, 2021a). The total number of convicted minors in 2020 was 318, out of which one third was convicted for theft and every eighth for hooliganism (NBS, 2021a). Most children received, as punishment, conditional sentencing (42%) unpaid community services (18.4%) and about 25% have been imprisoned (NBS, 2021a). Children under 14 years of age are not liable under the Penal Code for offences they commit. One major concern related to juvenile delinquency for both children under the criminal liability age and children liable under the Penal Code is the lack of preventive measures or programmes and the lack of rehabilitation services. There is limited alternative to detention for child delinquency cases and often are perpetuated to the point the child is of age of the criminal liability. A particular problem highlighted during the interviews (service provider) concerns the lengthy period of preventive detention where minors are placed together with adults.

In 2021, 35 children are detained in the Goian prison for minors. While, overall, the detention conditions were improving in the Goian prison, the Ombudsman for children reported in 2021 a deterioration of detention conditions due to the COVID-19 pandemic, including restricted access to health services, medication, recreation, and hygiene products (Ombudsman for Children, 2021a). Interviews with key stakeholders confirmed poor access to health care in prison. The interviews bought up examples when the medical treatment (i.e., psychiatric treatment) have been interrupted

due to poor coordination of services and inadequate approach to particular needs of children in detention (service provider interview). Specialized services for children in detention (i.e., psychological support) are lacking. Particularly vulnerable in detention are children with mental disability and children with challenging behaviours (Ombudsman for Children, 2021a). The national penitentiary system does not ensure the continuity of the educational process and does not fully realise the right to education of children placed there (Ombudsman for Children, 2020). In the Penitentiary no. 10 *Goian* the education services are provided by the nearby high school. In the pre-trial detention, education services are basically lacking (Ombudsman for Children, 2020). The interviews revealed that the education process during the COVID-19 pandemic was interrupted for children in detention, due to poor internet connection (interviews). The penitentiary system has no dedicated budget to supply children with the necessary education supply, but these are acquired from funds remaining after other expenditures have been covered, which is an additional restrictive factor (interviews).

The self-mutilation rate of children in detention is high, about 33 episodes have been reported in 2021, but the reporting rate is estimated to be incomplete (interviews). Good practices and early intervention models are needed to put in place a support system for children with deviant behaviour, children who committed offences, children that display violent behaviour and those who bully other children. Rehabilitation, education, and integration specialised services are needed for this group of children and for their families. Child abuse prevention measures concentrating on parenting programmes, community intervention, prevention of corporal punishment is needed to support not only children as victims but prevent a situation when a child becomes an offender (interviews). The situation of children born by mothers in detention and staying with their mothers up to 3 years of age is particularly concerning. The interviews revealed that these children have restricted access to medical care and medication, also lack integration and recreation services (interviews).

CROSS CUTTING ISSUES, CHILD AND ADOLESCENT RIGHT DATA AND ANALYSIS

Box 11

Data and statistics

Sector specific data and indicators on some dimensions of the CRC are available but they do not feed into a general monitoring framework that would provide information beyond age and gender and very rarely disability disaggregated data. Thus, improvement of data-collection systems, including by establishing a centralized system covering all areas of the UN CRC is still to be addressed.

The first steps to a complex monitoring framework have been made: the development of the monitoring tools on the Convention's clusters; the approval in 2020 of the amendment to Law 140/2014, by which the Ministry of Labour and Social Protection became responsible for periodic national

reporting on the application of CRC although, a comprehensive monitoring tool of all CRC dimensions has not yet been made public; the development with UNICEF support in 2019 of a Practical Guide for Monitoring the Rights of the Child by People's Advocate for the Rights of the Child as independent monitor of children rights.

The use of data to generate a positive impact on children in adversity is also a challenge. Currently, the USAID supports Data for Impact Project initiative with the goal to assess the utility of the alternative childcare indicators. Data collection and data analysis electronic tools are pilot tested now to for increasing the efficiency of the data collection and reporting processes.



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Conclusions and Recommendations



CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Country profile

The most critical phenomenon in Moldova is the intense depopulation process, which is a result of high emigration rates and society ageing. Moldova has one of the fastest shrinking population in the world. Depopulation has both immediate and long-lasting impact on the country's economy, provision of public services, on the country's income and the sustainability of public budgets. The ageing population results in a clear shifting of the public spending towards older people in the detriment of allocated funds for the needs of children, adolescents, and their families. Against the backdrop of the ageing society, the government should ensure a more equitable redistribution, also from the perspective of investment in human development and the future workforce. Migration is impacting all spheres of people's life. On the one hand remittances support individual households and the overall economy, however, on the other hand, migration is deteriorating country's workforce and impacts the country's overall development. The labour market supply and the availability of skilled workers is already low. Considering the high dependency ratio which will further increase, new solutions to improve the labour market situation are needed, including policies dedicated to youth and women.

The Moldovan economy is vulnerable to external and internal shocks. The most challenging economic shock is the global crisis caused by the COVID-19 pandemic. The economic growth of the country dropped due to the pandemic. The recovery is at risk

due to the prolonged pandemic and its repercussions on the global supply of goods and services. The country's recovery and potential growth will be further negatively impacted by political and administrative instability, weak institutions, and corruption. Poverty, which already registers high rates, will further increase due to the COVID-19 crisis. Children are particularly exposed to poverty, including extreme poverty. The most exposed to poverty are children in rural areas, children from large and inter-generational households and children from the Roma community. The living conditions are slowly improving, but many children still live-in households with no access to aqueduct, sanitation, clean water, or safe heating. The performance of the social benefits in alleviating poverty is very low.

Improving the living, working, and learning conditions for women as well as their opportunities to full participation in the society, increase their access to services, in particular to justice is on the way. At the same time, the progress is registered mostly in terms of process (improved legislation, alignment of national laws to international standards, developing a country vision) than improved outcomes. There are persistent inequalities between men and women in the labour market, and more efforts would be needed to promote a healthy lifestyle and combat gender-based violence. Women are much more involved in activities that do not generate income, compared to men, like informal care tasks.

The COVID-19 pandemic and its social and economic consequences affects all people, including children and adolescents, the most affected are low-income families, families with many children, families with children with disabilities and single-parent households. The quarantine measures have disrupted children's access to basic services, including education, children's well-being, and the availability of social support. The access of children and their families to healthcare have been also restricted, mainly to specialized support, which particularly affected children

from low-income families, children with disabilities, and children from single parent families. Distance learning dictated by the COVID-19 measures restricted access to education for children from low-income households or from rural areas, whose families could not afford a learning device or internet connection. Moldova is highly vulnerable to climate changes and disasters such as droughts, floods, and seismic hazards. The repeated episodes of droughts or flooding is impacting the agriculture production, limiting the access to food to people in the most vulnerable situation.

The enabling environment for children's rights

Moldova made good progress in improving the legal and regulatory framework as well as the national strategic vision for protecting the rights of children and adolescents. This applies to education, health care, justice, and child protection. What needs further attention is the development of secondary legislations, regulations, policies, and strategies to support the implementation process, along with the allocation of adequate funding. The inter-sectorial cooperation and coordination mechanisms are also improving, some sectors are more advanced (i.e., justice sector, adoption, infant healthcare). The most problematic aspect, in terms of legal reinforcement, is the lack of a child rights monitoring framework. While sector specific data and indicators are available, but they do not feed into a general monitoring framework that would provide information beyond rudimentary age disaggregated data.

The per-child public spending is difficult to evaluate, the total public per child-spending is not available, as well as total per-child sector spending. The child and family spending are fragmented, the main sector budgets which refer to child expenditure is the education sector, social protection sector, healthcare. The child spending is covered by the national budget and the local budgets, the social and health insurance funds as well as charity and donor funding. The extent of non-public funding dedicated to children and their families is not known. The share of the education sector spending is relatively high in Moldova compared with other countries in the region, the healthcare spending is around the same, but the social protection spending is lower and is further

decreasing. What is of concern is the overall public spending is inefficient and opaque.

Research and data on child and adolescent inequality is generally lacking, inequalities have been assessed based on disjointed analysis and studies. The factors limiting the access of various children to basic services and development opportunities seem to be related to disability, poverty, gender, migration status and ethnicity. Poverty as the main driver of inequality, severely limits children's access to education both in terms of quality and duration, to specialized healthcare, despite being universal, they require high informal payments. Children with disabilities often face exclusion from the mainstream education system and have limited access to healthcare (especially for children with rare diseases, severe disabilities, HIV), to community-based services, and justice, due to the lack of accessible and inclusive environment. Gender is also an inequality driver, limiting the access to justice (boys more affected), safety (both girls and boys affected but in different ways), leisure (girls more affected) and employment opportunities for adolescents. Ethnicity is a driver of inequality, limiting access of children and adolescents to essential services and social participation, most problematic is the access to early education services, secondary education, specialised healthcare, and social protection. Migration is a driver of inequality, as children of migrant parents have less access to safety, support services, participation, and social life.

The institutional set-up of the child and adolescents' rights protection arena is complex. There are many

actors involved in the process, state actors as well as civil society, non-profit and private entities. In contrast, the normative framework to regulate the interaction and cooperation of different actors is insufficient. There is no analysis available on the way the different actors interact and the degree to which they impact the promotion and protection of the rights of the children, neither about their involvement in policy design and monitoring. The various actors and stakeholders operate at national as well as local levels, but the local level involvement is uneven and uncoordinated. The meaningful involvement of children, adolescents and their families as key stakeholders in all processes that impact their life is weak, although shows some slow improvement.

The involvement of the business sector, as one of the key stakeholders, in public discussions and measures to protect and promote the rights of the children and adolescents is limited. The public efforts mainly concentrate on regulating the business processes, so they do not harm the safety of children and adolescents. Public-private partnership in the field of the protection and promotion of the rights of the children holds a lot of potential, but it is not yet explored. The corporate social responsibility is only at

an initial stage. Measures coming from the business sector to support working parents are very limited, work-life balance is more a desideratum than a clear set of support measures. The information about child labour is missing, also about children involved in unpaid work as part of household chores.

Moldova have made good progress in ensuring access to essential goods and services for children and their families. Food access and food prices were stable in the country but 2021 brought a significant inflation. On the other hand, the quality of food is low, and as a result of the poor food diet, an increasing number of children and adolescents are exposed to diabetes and obesity. The living conditions are also improving, but to a limited extend for large households, households from rural and remote areas, and low-income households. Child vaccination rates are high but impacted by a rising anti-vaccination movement and a decreasing trust in the formal healthcare. Access to compensated medication is poor, but the prices of generic medication are relatively stable. Road safety of children and adolescents remains a major area of concern, with high rates of involvement of children in road accidents.

The rights of children and adolescents

Access to healthcare services is improving, however additional efforts are needed to make sure the health insurance covers all groups of children and adolescents. The access to specialized medical care is restricted for some children, in particular children with disabilities, children with rare diseases, children with HIV, etc. Children from low-income families also have limited access to specialized care. The quality of healthcare is also impacted by the outdated health care infrastructure, the low capacities of medical personnel and the critically under-staffed health care facilities, especially in rural and remote areas. Improved healthcare provision for children would require revised standards, protocols, and procedures, in line with international good practices. Early intervention needs further attention, along with strengthened support to premature babies and their parents. The current protocols need revision and should collect data to inform policy reaction. In

the light of the increasing resistance to vaccination, immunization should be prioritized and promoted through educational programmes to prevent a critical drop in immunization rates. Mental health and well-being should be in the focus of state policies in the upcoming years, measures to support adolescents and their families need to be carefully implemented. The recently launched Health National Strategy need to be operationalized and ensure that necessary funds are allocated.

Access to education services is generally good and improving, especially when considering access to early education services. The enrolment rates are high for all education levels, however the enrolment rate of youth in the age cohort 19 to 23 years old is falling a bit behind. The depopulation process puts pressure on the education system, as the sector is in continuous struggle to ensure efficiency of education

spending for a decreasing number of pupils. The quality of education is improving, the PISA scores are comparable within regional boundaries but lower than the OECD average. The learning outcomes are very inequitable, children coming from low-income families in rural areas are performing the worst in the education system. The COVID-19 pandemic and its subsequent restrictive measures are expected to have a significant negative impact on the quality of Moldovan education. The relevance of VET education in relation to the labour market needs to be improved. The overall education infrastructure is inefficient and does not adapt to the social and economic trends in the society. Many children are excluded from the mainstream education system, especially children with special education needs, children with disabilities, and children from low-income households.

Moldova made good progress in reforming the child protection sector, but further policies need to focus on preventing child separation, coordination of the deinstitutionalization process, development, and expansion of the professional parental care network. Care services should be developed across the country and services should respond to particular need of vulnerable children (i.e., children with trauma, children with challenging behaviour, children with severe disabilities, etc.) and provided by trained professionals. After care services are missing, thus this area should be developed. The overall human resources in the child protection sector need to be strengthened, with provision of more qualification and better pay. Child protection data and data collection procedures have been revised to be able to respond evidence-based policy design.

While the support system for vulnerable children and children in need of safety and care is developing the number of children that need this support is constantly increasing. Migration has a significant impact on child vulnerability, more and more children have no parental supervision, are neglected, and legally separated from their parents. Birth registration is improving, but the effort needs to be sustained with specific consideration for excluded groups (i.e., Roma children). More attention is needed for ensuring that the privacy of children and adolescents is respected in all situations and by all actors. Access to information on the right of children and adolescents and most importantly information on support measures and services should be provided with focus on vulnerable children. Involvement of children in decision making processes and creating participatory opportunities for them is improving in the country, however efforts should continue to ensure the inclusion of all children, in particular children with disabilities, Roma children and children from poor families.

There is also significant progress in adapting the legal and regulatory framework for the juvenile justice system, there efforts need to be met with good reinforcement measures, including improving capacities of professionals across sectors and their awareness of the rights of the children. Services for children victims and children witnesses lack, the incipient steps (i.e., the Barnahus service) need to be encouraged and expanded. Prevention programs to anticipate child becoming a victim as well as an offender need to be initiated. Services for juvenile offenders need to be put in place. Systemic and consistent data should be collected about children witnesses, children victim and children offenders, case taking analysis is requires to be able to assess the performance of the juvenile system.

RECOMMENDATIONS

General recommendations

The recommendations formulated in this chapter are building on the vast evidence (extensive desk research, academic and grey literature review, key stakeholder interviews, mini survey with adolescents etc.) brought together for the Situation Analysis on the rights of children and adolescents. They are directed to public authorities, other public stakeholders, non-profit and civil society organizations, as well as private actors at national, regional and community levels to jointly enforce the rights of children and adolescents.

a) Access to basic services and good for children and adolescents

Following the slow improvement of the last five years of children's access to basic goods and services, further efforts are needed to ensure that the quality of the provided services and goods for children increases, including better quality of education services, better quality of health care and more appropriate protection and care. While child poverty is decreasing, and the living conditions of children and their families is gradually improving, many vulnerable children remain excluded from the progress and continue to face social exclusion. The social protection system is changing over provision of more relevant support to vulnerable children. The child related public system capacities and resources should be re-evaluated. While human resources strengthened in terms of quantity and quality, the financial resources used the sector should be spent in a more efficient way. While putting in place laws and regulations to support the fulfilment of the rights of the children is on the track, reinforcement of these measures, especially in sectors like justice is delayed. The voice of each child should be accounted for and heard while designing child and adolescent policies.

b) Increase number and capacities human resources and capacities of the public entities to support children and adolescents.

Professionals across all sectors need more guidance, skills and training working with different needs, risks

situations and vulnerabilities of children. Specific training is needed across all sectors for those working with children with special education needs, children with disabilities, children with challenging behaviour, children being exposed to trauma, abuse, neglect, exploitation, and violence. Professionals across the justice sector (i.e., prosecutors, judges) need to be more aware of what approaches are adequate when working with children in contact or conflict with the law. All sectors' professionals need to be trained to create more opportunities for development and protection for the most excluded children. Professionals should be trained and guided from the perspective of early intervention and prevention of different cases of child vulnerability, prompt, and relevant intervention as well as monitoring.

c) Cooperation and coordination of public and private to support the rights of children and adolescents.

Better cooperation is needed between actors at all administrative levels (national, regional, and sub-regional) as well as across different sectors. The roles and tasks on child rights protection should be clear for the different actors to ensure accountability and the transposition of national laws and policies into local practices. Sector professionals, service providers and representatives of children and parents should be more involved in the decision-making processes affecting the lives of children and adolescents. Policy monitoring by non-public actors (NGOS, CSOs), with evidence-based recommendations should be encouraged. Clear, harmonized, and dedicated tools and procedures for needs assessment, outreach, referral and monitoring of child cases should be available for professional across all sectors and administrative levels. The integrated and the multidisciplinary intervention should be well regulated but not perceived as a formality. Support to children and adolescents should be provided throughout the life cycle and be understood as an overall approach with respecting their rights.

d) Ineffective funding for the proposed policy measures supporting and enhancing the rights of children and adolescents.

There is little understanding in Moldova on how much the state invests in children and adolescents, how the funding is spread across different sectors, what is the share of local authorities and what the share of non-public investment is. An analysis of coverage with adequate funding is needed in respect to the measures stipulated in the main child rights protection strategies and action plans. The child protection sector is underfinanced, with the social envelope shrinking under the pressure of covering costs related to the ageing society. The COVID-19 pandemic will impact even more the public funds redistribution, but efforts should be made to avoid further negative impact on groups who are in the most vulnerable situation in society. Efficiency of public spending should be improved, while the education and healthcare sector need to make the management of the sector infrastructure more efficient, the social protection sector should tackle miss-management of the funds abuse and benefit provision errors.

e) Availability of alternative care services to provide safety and care to the most vulnerable children and adolescents.

While the social protection sector makes progress in identifying, registering, and understanding the needs of vulnerable children and adolescents, there is still an existing gap to meet their needs. There is some progress in the field of deinstitutionalization and supporting children through family-type of services, instead of placing them in large scale residential institutions. Nevertheless, further development of specialized social services is needed to cover the emerging, diverse and complex needs of children without parental care and children that went through the deinstitutionalization process (i.e., services for children with challenging behaviour, street children, children with substance abuse problems, children victims of different form of abuse, etc.). More attention is needed to ensure the social inclusion of children who face multiple discrimination and experience inequalities (i.e., poor children with disabilities, children with rare diseases from rural areas, young girls of ethnic minorities, etc.). These children have only very restricted access to basic goods and services, and

are exposed to systemic discrimination, abuse, and stigma.

f) Awareness of society, families, professionals on the rights of children and adolescents, combat stereotypes and harmful practices.

Negative stereotypes, practices and attitudes that hinder the enjoyment of the rights of children and adolescents are still persistent in Moldovan society. There is a need to raise awareness on the rights of children and adolescents, including on issues like privacy, domestic violence, sexual and reproductive health etc. Professionals working in the child protection sector should be free from stigma as it may impact the access of vulnerable groups (e.g., children with disabilities, Roma children etc.) to basic services. This is valid for the general population, the professionals working with children as well as for parents and children themselves. An overall analysis of what norms and practices influence the fulfilment of the rights of children and adolescents should be done. Education campaigns are needed to prevent the Moldovan population, including children, to be susceptible to misinformation and be influenced by fake news.

g) Research, data, and analysis on various aspects of the rights of the children and adolescents, including an overall monitoring and reporting system in line with CRC requirements.

Improved data collection, disaggregated by gender and age is needed across all sectors, to enable more in-depth analysis on the drivers of inequalities and the vulnerability profile of children and adolescents in the social protection sector. Fragmented informational system doesn't contribute to the overall monitoring of the respecting child rights. Case tracking and case analysis is needed when children are in contact with the law as victims or witnesses or conflict with the law. Existing child and adolescent data should be used to its full potential to support policy change. Very little research and analysis exists for particular child vulnerabilities (i.e., child labour, child exploitation, situation of street children). Systemic evidence about knowledge, attitudes, and practices about various aspects of the rights of the children should be collected. Figures for the same indicators is inconsistent across different sectors and it is hard to understand the depths and causes of different phenomena (i.e., child abuse, children witness of crimes).

SECTOR SPECIFIC RECOMMENDATIONS

Table 10. Sector specific recommendations

SECTOR	RECOMMENDATIONS
Healthcare	<p>Improve access to healthcare by improving access to specialized healthcare and paediatric care and building resilience of the healthcare system to be able to respond to health-related emergencies.</p> <p>Continuing effort to develop integrated HIMS.</p> <p>Continue efforts to improve access for children to palliative care, rehabilitation, support programmes that would improve access to healthcare for children with rare diseases, HIV.</p> <p>Continue efforts to develop the early intervention services in Moldova, expand the coverage and ensure more equitable geographical coverage.</p> <p>Support programmes that would increase vaccination rates, put in place information campaigns for the public and parents, educate health sector professionals in convincing parents on the vaccination need.</p> <p>Continue efforts to increase coverage with youth friendly services, in particular for adolescents from rural areas, reduce stigma and improve attitude of sector professionals towards youth seeking health advice and support.</p> <p>Research and design prevention measures for child obesity and overweight. Raise awareness on the risks of obesity and overweight on child's health.</p> <p>Research and support measures to improve child and adolescent mental health, raise awareness on mental wellbeing, support antibullying campaigns, educate about the risks of using harmful substances.</p> <p>Advocate and mainstream child related health care inequalities and emerging needs into sector strategic documents.</p>
Education	<p>Continue efforts to improve the say sufficiency, efficiency, effectiveness and equity of education spending in line with demographic developments.</p> <p>Continue efforts to address the informal payments in the education sector, by better reinforcement of regulatory frame.</p> <p>Continue efforts to support better inclusion in the education process of the most excluded during pandemic period, through improved technical capacities and IT literacy.</p> <p>Introduce measures to reduce gender inequalities through programmes of integrating girls into STEAM subjects.</p> <p>Continue efforts to inclusion into mainstream schooling of children with disabilities, with focus on children with intellectual disabilities.</p> <p>Support programmes for inclusion of children with SEN and cwd into secondary and vocational education. Support campaigns and awareness on the inclusive education process.</p>

SECTOR	RECOMMENDATIONS
	<p>Tackle the relevance of the VET and tertiary education for the labour market needs.</p> <p>Improve access to early education services with focus on geographical disparities (more services needed in the big municipalities) and other disparities (income level of the households, exclusion due to ethnic considerations, disabilities and others).</p> <p>Improve teaching quality by offering incentives for young people that want to pursue the profession, increase wages in the sector, provide financial stimulus for teachers that work in remote areas. Continue to provide teacher trainings and improve teaching curricula.</p>
Social protection	<p>Social Assistance programmes should be revisited from the perspective of performance, in terms of adequacy and accuracy, with efforts to reduce inclusion and exclusion errors, with focus on activation measures of adult households' members in households with children.</p> <p>Critical analysis of social protection spending, with focus on old age spending versus child spending, in the context of ensuring vulnerable families with children are provided adequate support.</p> <p>Within the social protection field, develop emergency support tools (distribution of food, essential products) with focus on most vulnerable.</p> <p>Provide housing/rent support for poor households with children in urban areas.</p> <p>Revise the social assistance benefits (other than <i>ajutorul social</i>) from the perspective of adequacy of the benefit in the context of inflationist trends.</p> <p>Reduce administrative costs of social assistance provision.</p> <p>Provide more support to care leavers, adequate benefit and integration and employment services.</p>
Child Protection	<p>Continue effort to monitor the situation of children left behind by migrant parents and introduce programmes to prevent abandon and neglect of this group.</p> <p>Continue measures to prevention of child risk situations (abandon, neglect, abuse, vagabondage).</p> <p>Continue efforts to expand the network of highly specialised services for vulnerable children (including services for street children, children, substance users, children with challenging behaviour).</p> <p>Continue efforts to develop community-based services for cwd, including expanding coverage of personal assistant, respite care, day care. Introduce support measures for parents taking care of children with severe disabilities, including intellectual disabilities.</p> <p>Continue efforts to develop family type care services for children, with focus on specialised foster care (babies, siblings cwd, children exposed to trauma and abuse, children with challenging behaviour). Expand the foster care pool of parents.</p> <p>Introduce measures for more flexible working time arrangements for parent, including programme to promote work life balance.</p>

SECTOR	RECOMMENDATIONS
Justice	<p>Continue the efforts to simplify and urge the legal procedures the involve children (single hearings, identification of the legal status (witness, victim).</p> <p>Improve capacities and attitudes of the justice sector in dealing with child sensitive cases.</p> <p>Develop the services network (legal counselling, psychological counselling, trauma therapy, etc.) to support children witnesses, victims, and offenders. In all cases the support services lack or are at the incipient phase.</p> <p>Introduce measures to prevent child abuse and violence, including prevention of domestic violence. Introduce prevention programmes of children committing serious offences.</p> <p>Focus on emerging forms of child abuse, i.e., online child sexual abuse. Support information campaigns that could be accessible to all children (cwd, children of ethnic background) on prevention and reaction in case of abuse, neglect and exploitation.</p> <p>Improve access to essential services (healthcare, education) for children in detention, introduce measures to prevent the auto mutilation practices of children in detention.</p> <p>Introduce reintegration measures of children in conflict with law, support parenting programmes with focus on children with challenging behaviours.</p>

REFERENCES

- ▶ Academia Romana INCE & CERME (2020), Evaluarea intermediara a Implementarii Strategiei pentru Protectia Copilului pe anii 2014-2020 si a Planului de Actiuni pentru anii 2016-2020 in Republica Moldova, Chisinau 2020 available at: <http://www.iccv.ro/proiecte/evaluarea-intermediara-a-implementarii-strategiei-pentru-protectia-copilului-pe-anii-2014-2020-si-a-planului-de-actiuni-pentru-anii-2016-2020-in-republica-moldova/>
- ▶ Agentia Nationala pentru Curriculum si Evaluare (2019), Republic Moldova in PISA 2018, MER, available at: https://ance.gov.md/sites/default/files/raport_pisa2018.pdf
- ▶ AiBi Moldova (2021), The materials from National Conference “Adoption – the right to every child to a family”, 22.06.2021.
- ▶ Andoni A. & Ciobanu E., (2018), Assessing the eating habits of the resident population in the Republic of Moldova, Sate University of medicine and Pharmaceuticals, Nicolae Testemițanu, 2018.
- ▶ APSCF (2016), NGO Alternative Report to the Republic of Moldova Combined 4th and 5th periodic
- ▶ APSCF (2017), Shadow Report on the implementation of the CRC in the Republic of Moldova.
- ▶ Brighidin, A. (2018), Cercetare de fezabilitate: oportunități și preocupări relative aderării Republicii Moldova la Protocolul Opțional la Convenția ONU cu privire la drepturile copilului referitor la Procedurile de Comunicare, UNICEF Moldova, 2018.
- ▶ Bündnis Entwicklung Hilft (2018) World Risk Report (2018). Focus on child protection and children rights, <https://reliefweb.int/sites/reliefweb.int/files/resources/WorldRiskReport-2018.pdf>
- ▶ Burki T. K., (2020), Enormous challenges for the Moldovan health care system, the Lancet, Vol 8, 2020.
- ▶ Busmachi, E., and Covas, L., (2021) Corporate Social Responsibility in the Republic of Moldova, EuroPapers, available at: https://econpapers.repec.org/bookchap/sprcsrchp/978-3-030-68386-3_5f11.htm
- ▶ CBS AXA (2018) Inclusion of children with disabilities in education, Center of Sociological Research and Marketing „CBS-AXA” for UNICEF Moldova.
- ▶ CCF/HHC (2020), Raport privind situația familiilor cu copii în contextul pandemiei, UNICEF, available at: <https://ccfmoldova.org/new/wp-content/uploads/2020/07/Raport-familii-afectate-de-pandemie.pdf>
- ▶ Central Intelligence Agency (2021), [The World Factbook, Moldova country summary](#), available at: [Moldova – The World Factbook \(cia.gov\)](#)
- ▶ Centrul Parteneriat pentru Dezvoltare (2018), Moldova Inegala, parte a Initiativei Comune pentru Oportunități Egale, FEE, CDP, CNTM and AOPC, 2018.
- ▶ Cheianu-Andrei, D. et al. (2016), Men and gender equality in the Republic of Moldova, Women’s Law Center, Chisinau, ISBN 978-9975-87-026-9.

- ▶ CIA (2021), World Factbook, Moldova country data, available at: <https://www.cia.gov/the-world-factbook/countries/moldova/>
- ▶ CIDDC/CRIC (2019), Rights to opinion as is studied and practiced in school: A Study on student participation at the decision making in school through Students Councils.
- ▶ CIDDC/CRIC (2020), Minutes from the Round table “Can we have journalism for children’s rights?”, CRIC 2020.
- ▶ CNPAC (2019), Atitudinile sociale față de exploatarea sexuală comercială a copiilor și tinerilor Republica Moldova, CNPAC 2019.
- ▶ CNPD (2021) Development of the early intervention services in Moldova, State Chancellery, news alert, 2021.
- ▶ CNTM (2021), Studiu privind situatia sistemului de invatamint din Republica Moldova pe timp de COVID-19, available at: <https://cntm.md/blog/sistemul-de-educatie-din-republica-moldova-este-profund-afectat-de-catre-pandemie/>
- ▶ Consiliul National al Tineretului din Moldova (2019), Ghid: participarea elevilor in scoala, UNICEF, 2019.
- ▶ Council of Europe (2019), The European Social Charter 15th National Report on the implementation of the European Social Charter submitted by The Government of The Republic Of Moldova Article 7, 8, 16, 17, 19 and 27 for the period 01/01/2014 – 31/12/201, available at: [168093206a \(coe.int\)](https://rm.coe.int/168093206a)
- ▶ Council of Europe (2020), Republic of Moldova. Country Report. 2020, available at: <https://rm.coe.int/report-on-the-visit-to-moldova-from-9-to-13-march-2020-by-dunja-mijato/16809ed0e4>
- ▶ CRIN (2016), Access to justice for children: global ranking, Moldova case, CRIN 2021, available at: <https://archive.crin.org/en/access-justice-children-global-ranking.html>
- ▶ Cristei, A., Terzi-Barbarosie, D., (2018), Evaluarea blocajelor si barierele de participare a tinerilor si adolescentilor din Moldova in procese de luare a deciziilor, available at: [Raport-participarea-tinerilor.pdf \(ipp.md\)](https://www.ipp.md/raport-participarea-tinerilor.pdf)
- ▶ CTWWC (2021), Situatia actuala la nivel national in prestarea serviciilor sociale destinate copiilor si familiilor vulnerabile in Republica Moldova, available at: [Paper B – Servicii sociale – draft 1 – 2021.07.14.pdf \(bettercarenetwork.org\)](https://www.bettercarenetwork.org/Paper_B_Servicii_sociale_draft_1_2021.07.14.pdf)
- ▶ DEVAID (2016), Donor Assistance to the Republic of Moldova Special Report 2016, available at: https://events.developmentaid.org/uploads/2016/moldova/event_report_moldova.pdf
- ▶ EU (2018), European Joint Development Cooperation Strategy (Joint Programming Document) For the Republic of Moldova February 2018
- ▶ EU&NIRAS (2021) Country gender profile republic of Moldova Chișinău – August 2021 https://eeas.europa.eu/sites/default/files/country_gender_profile.pdf
- ▶ EUROSTAT (2021) Database: data on public finance, demography, population, income poverty, risk of poverty, available at: <https://ec.europa.eu/eurostat>
- ▶ Expert Grup (2018), Nota finantarea Protectiei Sociale, available at: https://www.expert-grup.org/media/k2/attachments/Nota_protectia_sociala.pdf
- ▶ General comment No. 12 (2009): The right of the child to be heard, CRC/C/GC/12.
- ▶ General prosecutor Office (2015), News alert, GPA and justice for children, part of reforming justice system strategy, available at: <http://procuratura.md/md/newslist/1211/1/6220/>
- ▶ Gigabit monitor database (2021), world internet access, available at: <http://gigabitmonitor.com/>
- ▶ Global Pollution Map (2021), Moldova pollution data, available at: [Global Pollution Map](https://www.globalpollutionmap.org/)
- ▶ Government of Moldova (2021), Dispositions of the Commission for Exceptional Situations of the Republic of Moldova and the Decisions of the Extraordinary National Commission of Public Health, available at: <https://gov.md/ro/content/informatii-privind-coronavirus>

- ▶ Government of Moldova (2021), The vaccination against COVID-19: the National information platform, available at <https://vaccinare.gov.md/>
- ▶ ILO (2021) Data collection on maternity protection, EaP countries, Database available at: https://www.ilo.org/travail/areasofwork/maternity-protection/WCMS_145724/lang--en/index.htm
- ▶ IMF (2021), Country profile data, country at a glance, Moldova, available at: <https://www.imf.org/en/Countries/MDA>
- ▶ IMF (2021), Moldova Public Investment Management Assessment, IMF WD, 2021.
- ▶ IPP (2021), Etica și integritatea academică în învățământul general. Plățile informale în școli, IPP 2021.
- ▶ Joint Submission, 2021.
- ▶ KAS (2021), The republic of Moldova and the migration and its risks and opportunities for the European Union, coordinated by Anna Stemmer, available at: https://www.kas.de/c/document_library/get_file?uuid=6df80a4c-4967-8f1f-2499-443bf4f8fb87&groupId=252038
- ▶ Keystone (2020), Impactul pandemiei COVID-19 asupra persoanelor cu dizabilități, AOPD, Chisinau, 2020, available at: <https://www.keystonemoldova.md/wp-content/uploads/sites/4/2020/08/STUDIUL-IMPACTUL-PANDEMIEI-PERSOANE-CU-DIZABILITATI.pdf>
- ▶ Liller, S. (2018), Making the most of emigration. UNDP Moldova Blog. <https://www.md.undp.org/content/moldova/en/home/blog/2018/making-the-most-of-emigration.html>
- ▶ Lutz, W. et al (2018), Demographic and Human Capital Scenarios for the 21st Century: 2018 assessment for 201 countries, Publications Office of the European Union, Luxembourg
- ▶ MEASURE Evaluation (2018), Evaluarea Ingrijirii Alternative a Copilului in Moldova, Paladium, available at: https://bettercarenetwork.org/sites/default/files/Assessing%20Alternative%20Care%20for%20Children%20in%20Moldova_vol%201_FINAL_tr-18-262a_ro.pdf
- ▶ MER (2014) Education Development Strategy 2014-2020 'Education-2020', Government Decision no. 944 of 14 November 2014.
- ▶ MER (2019), Educatia incluziva: evaluarea comuna a implementarii programului de educatie incluziva 2011-2020, UNICEF, available at: <https://www.unicef.org/moldova/sites/unicef.org.moldova/files/2020-02/Raport-de-evaluarea%20comun%C4%83%20a%20implement%C4%83rii%20programului%20de%20educa%C8%9Bie%20incluziv%C4%83%202011%20%E2%80%93%202020%20%28RO%29.pdf>
- ▶ MER (2021), News entry: Rrata de vaccinare in randurile lucratorilor din domeniul meducatiei,available at: <https://mecc.gov.md/ro/content/rata-de-acoperire-vaccinala-lucratorilor-din-domeniul-educatiei>
- ▶ MER&UNICEF (2019), Republic of Moldova Comprehensive Education Sector Analysis June 2019, available at: <https://cloud.euro.centre.org/index.php/apps/files/?dir=/UNICEF%20Moldova/General%20folder%2C%20all%20chapters&fileid=6998#pdfviewer>
- ▶ Ministerul Economiei (2021), Raport de monitorizare a Planului de actiuni privind promovarea sigurantei pe Internet a copiilor si adolescentilor pentru anii 2017-2020, Guvernul republicii Molodva, 2021.
- ▶ Ministry of Education and Research & NCCAP (2020), Research Report: Mapping of the parental education providers in the Republic of Moldova, available at: <https://www.cnpac.md/ro/raport-de-cercetare-cartografierea-programelor-de-educatie-parentala-furnizate-in-republica-moldova/>
- ▶ Ministry of Finance (2016), Bugetul de stat al Republicii Moldova 2016, available at: <https://mf.gov.md/ro>
- ▶ Ministry of Finance (2018), Bugetul de stat al Republicii Moldova, available at: <https://mf.gov.md/ro>
- ▶ Ministry of Finance (2021), Bugetul de stat al Republicii Moldova, available at: <https://mf.gov.md/ro>
- ▶ Ministry of Finance (2021), Cadrul Bugetar pe Termen Mediu 2021-2023, available at:

- ▶ Ministry of Finance (2021a), Bugetul pentru cetateni, available at: <https://mf.gov.md/sites/default/files/Bugetul%20cetatenilor%202020.pdf>
- ▶ Ministry of Health (2021), Official COVID-19 live figures are compiled by the Ministry of Health, Labor and Social Protection, available at: <https://gismoldova.maps.arcgis.com/apps/opstdashboard/index.html#/d274da857ed345efa66e1fbc959b021b>
- ▶ MLSP (2020) National level review on the fulfilment of commitments taken under the Beijing declaration and platform for action Beijing+25, Government of Moldova: Chisinau.
- ▶ MLSP (2020), Serviciile de asistență pentru copiii victime/martori ai infracțiunilor în Republica Moldova, vor fi extinse prin valorificarea experienței internaționale, news entry, available at: <https://msmps.gov.md/comunicare/comunicate/serviciile-de-asistenta-pentru-copiii-victime-martori-ai-infracțiunilor-in-republica-moldova-vor-fi-extinse-prin-valorificarea-experienței-internaționale/>
- ▶ National Agency for Social Assistance (2021), Harta Serviciilor Sociale, available at: <https://www.anas.md/harta-serviciilor-sociale/pachet-minim-de-servicii-sociale/>
- ▶ National Pupils Council, (2020). Assessment on distance learning among VET students, Chisinau:2020.
- ▶ National Social Assistance Agency (NSAA) (2021), Activity Report for 2020 of the National Social Assistance Agency, Chisinau: 2021.
- ▶ NBM (2017), Caseta tehnică: Aspecte cu privire la evoluția recentă și reglementarea prețurilor la medicamente, available at: <https://www.bnm.md/ro/content/caseta-tehnica-aspecte-cu-privire-la-evoluția-recenta-si-reglementarea-preturilor-la>
- ▶ & UN Women (2019), Femeile și bărbații în sectorul Tehnologiei informației și comunicațiilor (TIC) Autori text: Rodica Nicoară și Maria Vremiș, UNICED: Chisinau.
- ▶ NBS (2017), Aspects of the standard of living of population in 2016 (Results of the Household Budget Survey), NBS, available at: [Aspecte privind nivelul de trai al populației \(gov.md\)](#)
- ▶ NBS (2020) The children of Moldova, UNICEF 2020, available at: <https://www.unicef.org/moldova/rapoarte/copiii-moldovei-0>
- ▶ NBS (2020). Analysis of Monetary Poverty and Wellbeing of Households with Children, Based on 2018 Household Budget Survey Results, available at: <https://www.unicef.org/moldova/en/reports/analysis-monetary-poverty-and-wellbeing-households-children-2018>
- ▶ NBS (2021) Databank: Population and demographic processes, Environment, Social Statistics; Economic statistics, Gender Statistics, last available data, available at: <https://statistica.gov.md/category.php?l=ro&idc=103&#idc=34&>
- ▶ NBS (2021a), Nivelul infracționalității în Republica Moldova în anul 2020, comunicat de presa, NSB, 2021. available at: [Biroul Național de Statistică // Comunicate de presă \(gov.md\)](#)
- ▶ NBS (2021b), Notă informativă cu privire la numărul revizuit al populației Republicii Moldova inclusiv datele despre migrația internațională, 2021.
- ▶ NBS (2021c) Notă informativă cu privire situația demografică în anul 2019, available at: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6696>
- ▶ NBS (2021d) Analiza sărăciei monetare și a bunăstării gospodăriilor cu copii în baza rezultatelor Cercetării Bugetelor Gospodăriilor Casnice din 2020 Raport analitic Chișinău, 2021.
- ▶ NMIH (2020), Activity Report of the National Medical Insurance House for 2019, 2020.
- ▶ NSB (2020), Metodologia de calculare a Pragului Absolut al Sărăciei, NBS, 2021, available at: [Metodologie_saracie.pdf \(gov.md\)](#)

- ▶ Obreja et all. (2012), Mediul alimentar și politicile de sănătate în republica Moldova, Sate University of medicine and Pharmaceuticals, Nicolae Testemițanu, 2012.
- ▶ OECD (2018), Youth well-being policy review of Moldova, available at: https://www.oecd.org/countries/moldova/Youth_Well-being_Policy_Review_Moldova.pdf
- ▶ OECD (2019). Social Institutions and Gender Index. Country analysis: Republic of Moldova <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/MD.pdf>
- ▶ OECD (2019a), Gender index and family rights, available at: <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/MD.pdf>
- ▶ OECD&UNICEF (2019), Education in Eastern Europe and Central Asia FINDINGS FROM PISA 2018, available at: <https://www.oecd-ilibrary.org/docserver/ebbeb179-en.pdf?expires=1633525798&id=id&accname=guest&checksum=AAA34D33FE5486C1670AE3FEFC5E44A7>
- ▶ Ombudsman for Children (2019), Annual Report 2018, Ombudsman institution, 2018.
- ▶ Ombudsman for Rights of children (2017), Thematic survey: Observing children's rights to name and nationality, Ombudsman institution 2017.
- ▶ Ombudsman for Rights of children (2020), Report on the respect of children rights in the Republic of Moldova during 2019.
- ▶ Ombudsman for Rights of children (2021), Thematic Report: Monitoring of the respect of children's rights in penitentiary institutions.
- ▶ Ombudsman for Rights of children (2021), Thematic report: Use of children's image in election campaigns, Ombudsman institution 2017.
- ▶ Ombudsperson for Children Rights (2017), Studiu thematic: Respectarea drepturilor copilului la nume si cetatenie, Ombudsman institution, available at: http://ombudsman.md/wp-content/uploads/2018/10/studiu_documentarea_0.pdf
- ▶ Ombudsperson for Children Rights (2020), The Report on the respect of children's rights in the Republic of Moldova in 2019, available at: http://ombudsman.md/wp-content/uploads/2020/08/Raport_anual_copii_2020_coperta-20.08.2020.pdf
- ▶ Ombudsperson for Children Rights (2021), Raport thematic: Utilizarea imaginii copiilor in campaniile electorale, available at: <http://ombudsman.md/wp-content/uploads/2021/05/RaportELECT2021-.pdf>
- ▶ Ombudsperson for Children Rights (2021a). Raport monitorizare, conditiile de detentie in penitenciarul no.10 pentru minori Goian, OAP, 2021.
- ▶ OSCE (2019), The wellbeing and safety of women, main report, OSCE, available at: https://www.osce.org/files/f/documents/9/2/413237_0.pdf
- ▶ Parliament of Republic of Moldova (2019), Republica Moldova **lege** **numarul. 5** din 09-02-2006 **cu privire la asigurarea egalității de șanse între femei și bărbați**, PRM, legis database, available at: [LP5/2006 \(legis.md\)](LP5/2006)
- ▶ Parliament of Republic of Moldova, (2021) LEGE Nr. 256 din 16-12-2020 privind **fondurile asigurării obligatorii de asistență medicală pe anul 2021**, available at: https://www.legis.md/cautare/getResults?doc_id=124560&lang=ro
- ▶ Partnership 4 Every child (2017), Final Report Children in Moldova are Cared for in Safe and Secure Families project Implemented by Partnerships for Every Child January 1, 2014 through December 31, 2017, available at: [Children in Moldova Safe and Secure Families Project.pdf \(bettercarenetwork.org\)](Children in Moldova Safe and Secure Families Project.pdf)
- ▶ Racu I., (2018) School maturity, comparative study, Academy of Science of Moldova, 2018.

- ▶ Report on the implementation of the UN Convention on the Rights of the Child, APSCEF, 2016.
- ▶ The Press Council (2017), Decision “on the self-examination of the self-notice in the case of the broadcasting/publication of video images on violence against a minor in Ialoveni raion”
- ▶ Transparency International (2020), Corruption Perception Index 2020 - Moldova. available at: <https://www.transparency.org/en/cpi/2020/index/phi>
- ▶ UNICEF Moldova (2018), Justiția pentru copii, UNICEF contribuie la asigurarea desfășurării tuturor procedurilor judiciare într-o manieră prietenoasă copilului, descriere de proiect, UNICEF 22018.
- ▶ UN (2020), Republic of Moldova: Voluntary national review. Progress Report, 2020, available at https://sustainabledevelopment.un.org/content/documents/26346VNR_2020_Moldova_Report_English.pdf
- ▶ UN (2021), Data of the Department of Economic and Social Affairs, Population Division, [World Population Prospects: 2019 Revision](https://www.worldometers.info) available at: www.worldometers.info
- ▶ UN Moldova (2020), Moldova common country analysis, 2020.
- ▶ UN Moldova (2020a), Raport al Grupului Operational pentru Educatie coordonat de ONU cu privire la situatia COVID-19, Invatamintul si situatia COVID-19 in Republica Moldova, available at: https://www.unicef.org/moldova/media/4236/file/Working%20Paper%20Education%20and%20COVID-19%20in%20the%20Republic%20of%20Moldova_FINAL%20Romanian%20version.pdf%20.pdf
- ▶ UN Moldova (2021) COVID-19 Response and Recovery Monthly Bulletin June, July, August, 2021 <https://reliefweb.int/report/moldova/covid-19-response-and-recovery-monthly-bulletin-august-2021>
- ▶ UN Secretary General (2021), COVID-19 updates, Global Humanitarian response, available at: <https://www.un.org/securitycouncil/>
- ▶ UNAIDS (2020), Country progress report - Republic of Moldova Global AIDS Monitoring 2020, available at: https://www.unaids.org/sites/default/files/country/documents/MDA_2020_countryreport.pdf
- ▶ UNDP (2019), Human Development Index database, available at: <http://hdr.undp.org/en/data>
- ▶ UNDP (2021), Collaborative use of new evidence to support the government of Moldova’s response to COVID-19 crisis, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/COLLABORATIVE%20USE%20OF%20NEW%20EVIDENCE%20TO%20SUPPORT%20THE%20GOVERNMENT%20OF%20MOLDOVA%E2%80%99S%20RESPONSE%20TO%20COVID-19%20CRISIS.pdf>
- ▶ UNDP (2021a), Promotion of climate change and disaster risk reduction solution in the water and civil protection sector for enhanced rural resilience (2018-2021), project report, available at: <file:///C:/Users/User/Downloads/CC%20and%20DRR%20in%20water%20sector%20-%20ProDoc.pdf>
- ▶ UNDP (2021b) What is the impact of COVID-19 on remittances in Republic of Moldova?, summary report, available at: <https://www.md.undp.org/content/moldova/en/home/presscenter/articles/2020/care-este-impactul-covid-19-asupra-remitenelor-in-republica-mold.html>
- ▶ UNDP dataset <http://hdr.undp.org/en/indicators/137906> <http://hdr.undp.org/en/indicators/137906>
- ▶ UNDP Moldova (2020), The next frontier Human development and the Anthropocene HUMAN DEVELOPMENT REPORT 2020, [hdr2020.pdf \(undp.org\)](https://hdr2020.pdf(undp.org))
- ▶ UNDP&UNFPA (2020), The Social and Economic Impact Assessment of COVID-19 in the Republic of Moldova, available at: [Social and Economic Impact Assessment of COVID-19 in the Republic of Moldova | UNDP in Moldova](https://www.undp.org/content/undp/en/home/presscenter/articles/2020/social-economic-impact-assessment-covid-19-republic-moldova.html)
- ▶ UNFPA&PROMUNDO (2018) Engaging men in unpaid care work: an advocacy brief for Eastern Europe and Central Asia, UNFPA and PROMUNDO, Istanbul and Washington, d.c., 2018.

- ▶ UNICEF & Norges Bank Investment Management (NBIM) (2020) Children's rights in the garment and footwear supply chain. A practical tool for integrating children's rights into responsible sourcing frameworks, <https://www.unicef.org/reports/childrens-rights-in-garment-and-footwear-supply-chain-2020>, accessed 2020-06-15.
- ▶ UNICEF (2012) Children's Rights and Business Principles. Summary Report: Global Release Event. https://www.unicef.org/csr/css/CSR_SUMMARY_REPORT.pdf, accessed 2020-06-15.
- ▶ UNICEF (2015), Roma children and their access to services. The existing barriers to accessing these services due to lifestyle, traditions, and customs of the Roma population, UNICEF, available at: [Roma children and their access to services | UNICEF Moldova](#)
- ▶ UNICEF (2019), Fiscal space for child-sensitive social protection in MENA region UNICEF and IPC, 2019, at: <https://www.unicef.org/mena/reports/fiscal-space-child-sensitive-social-protection-mena-region>
- ▶ UNICEF ECAR (2020), Conducting Analysis and MicroME (simulation to Increase Coverage of the *Ajutor Social* Programme in Moldova, available at: <https://www.unicef.org/eca/reports/realising-childrens-rights-through-social-policy-europe-and-central-asia>
- ▶ UNICEF ECAR (2020). Realising children's rights through social policy in Europe and Central Asia. A Compendium of UNICEF's contributions (2014-2020) <https://www.unicef.org/eca/reports/realising-childrens-rights-through-social-policy-europe-and-central-asia>
- ▶ UNICEF Moldova & USAID (2021) COVID-19 impact on remittances, the assessment of the impact of coronavirus disease (COVID 19) on remittances and coping mechanisms of families with children in the Republic of Moldova, available at: <https://www.unicef.org/eca/media/16226/file/COVID-19%20impact%20on%20the%20remittances%20.pdf>
- ▶ UNICEF Moldova (2010), National survey. Early childhood care and development: family knowledge, attitudes, and practices, available at: <https://www.unicef.org/moldova/media/1406/file/ECD-KAP-study-2010.pdf>
- ▶ UNICEF Moldova (2014) Studiul de Indicatori Multipli în Cuiburi (MICS), care monitorizează situația femeilor și a copiilor din Republica Moldova. available at: http://www.unicef.org/moldova/Unicef_booklet_ENG.pdf
- ▶ UNICEF Moldova (2017), Child Centred Climate Vulnerability Assessment, Republic of Moldova, UNICEF: Chisinau 2027.
- ▶ UNICEF Moldova (2021), More than half of Moldovan respondents plan to get vaccinated against COVID-19, according to a poll conducted by Viber messenger and UNICEF Moldova, news entry, available at: <https://www.unicef.org/moldova/en/press-releases/more-half-moldovan-respondents-plan-get-vaccinated-against-covid-19>
- ▶ UNICEF&WHO (2018), Drinking water, sanitation and hygiene in schools, Global baseline report 2018, available at: <file:///C:/Users/Veronika%20Sandu/Downloads/JMP-WASH-in-Schools-WEB.pdf>
- ▶ UPR Working Group Moldova (2021), HR Situation in the Republic of Moldova with focus on the rights of the Child Human Rights, available at:
- ▶ UPR: Human Rights Situation in the Republic of Moldova with focus on the rights of Child Human Rights Defenders.
- ▶ US Department of State (2021), Annual Country Report on Human Rights Practices, Moldova, USDS, available at: <https://www.state.gov/reports-bureau-of-democracy-human-rights-and-labor/country-reports-on-human-rights-practices/>
- ▶ WBG (2018), Moldova: Education Sector Public Expenditure Review Selected Issues, VBG, available at: <https://documents1.worldbank.org/curated/en/897081523894080457/pdf/125331-WP-P161676-MD-Mini-PER-final-for-imagebank4-2018.pdf>
- ▶ WEF (2021) Global Gender Gap Report 2021 INSIGHT REPORT MARCH 2021

- ▶ WHO (2021), Global health Observatory, life expectancy Moldova, dataset available at: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy>
- ▶ World Bank & Global Facility for Disaster Reduction and Recovery (2017) Disaster Risk Profiles: Moldova, available at <https://www.gfdr.org/en/publication/disaster-risk-profile-moldova>
- ▶ World Bank (2015), Moldova - Food security assessment: analysis of the current situation and next steps, working paper, available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/192371468000282307/moldova-evaluarea-securit%C4%83%C5%A3ii-alimentare-analiza-situa%C5%A3iei-curente-%C5%9fi-urm%C4%83torii-pa%C8%99i>
- ▶ World Bank (2016), Republic of Moldova Public Finance Review: towards more efficient and more sustainable Public Finances, WB, available at: <https://openknowledge.worldbank.org/handle/10986/28330>
- ▶ World Bank (2017), Moldova Country Gender Action Plan, Report No: ACS21875 Republic of Moldova, Europe and Central Asia, WB.
- ▶ World Bank (2019), MEU Special Focus Note: Social Assistance, 2019 available at: <https://thedocs.worldbank.org/en/doc/810281574937601261-0080022019/original/MoldovaSpecialFocusNoteSocialAssistanceNovember2019en.pdf>
- ▶ World Bank (2020), Strengthening Moldova's disaster risk management and climate resilience: Facing Current Issues and Future Challenges, available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/35318/Strengthening-Moldova-s-Disaster-Risk-Management-and-Climate-Resilience-Facing-Current-Issues-and-Future-Challenges.pdf?sequence=1&isAllowed=y>
- ▶ World Bank (2021), [DataBank](https://data.worldbank.org/), country profiles and indicators –Moldova, available at: [Moldova | Data \(worldbank.org\)](https://data.worldbank.org/country/moldova)
- ▶ World Bank (2021), Moldova Special Focus Note: Moldova's Vulnerability to Natural Disasters and Climate Risks, The. Available at: <https://thedocs.worldbank.org/en/doc/7bf12b95f10a3daf7b570718b2100e15-0080012021/related/MEU-DRM-Special-Topic-May-2021-FINAL-eng-Copy.pdf>
- ▶ World Bank (2021a), Moldova Rekindling Economic Dynamism, World bank Macroeconomics & Fiscal Management Global Practice Europe and Central Asia Region, available at: <https://documents1.worldbank.org/curated/en/679951561566645653/pdf/Moldova-Rekindling-Economic-Dynamism.pdf>
- ▶ World Bank (2021b). Moldova country overview, last update April 6, 2021, available at: <https://www.worldbank.org/en/country/moldova/overview#1>
- ▶ World Bank (2021c). Moldova Economic Update, Brief on May 19, 2021, available at: <https://www.worldbank.org/en/country/moldova/brief/moldova-economic-update>
- ▶ World Economic Forum (2021), Global Gender Gap report, available at: <https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>

ANNEXES

ANNEX 1. LIST OF IN-DEPTH SEMI-STRUCTURED INTERVIEWS

	NAME	INSTITUTION	FUNCTION	DATE OF INTERVIEW
1	VICTOR SOLOMON	OFFICE OF THE PEOPLE'S ADVOCATE (OMBUDSMAN)	CONSULTANT, CHILDREN'S RIGHTS DIRECTORATE	13.08.2021
2	MAIA BANARESCU		PEOPLE'S ADVOCATE FOR THE RIGHTS OF THE CHILD	18.10.2021
3	ZINAIDA CERNICA	The State Chancellery of the Republic of Moldova	SENIOR CONSULTANT IN THE POLICY AND PRIORITIES COORDINATION DIRECTORATE	16.08.2021
4	SVETLANA MIRCA		SENIOR CONSULTANT, COORDINATION DIRECTORATE FOR HUMAN RIGHTS AND SOCIAL DIALOGUE	
5	IGOR CHISCA	MINISTRY OF LABOUR AND SOCIAL PROTECTION	CHIEF, DEPARTMENT FOR POLICIES IN THE PROTECTION OF THE RIGHTS OF THE CHILD AND FAMILIES WITH CHILDREN	24.08.2021
6	ALEXANDRU TOCARJEVSCHI	MINISTRY OF INTERNAL AFFAIRES	HEAD OF THE DEPARTMENT FOR POLICIES IN THE FIELD OF PUBLIC ORDER AND SECURITY OF THE MINISTRY OF INTERNAL AFFAIRES, CHIEF COMMISSIONER	21.10.2021
7	VALENTIN CRUDU	MINISTRY OF EDUCATION AND RESEARCH	HEAD OF GENERAL EDUCATION DEPARTMENT	22.10.2021

	NAME	INSTITUTION	FUNCTION	DATE OF INTERVIEW
8	DR. GALINA LESCO	THE ASSOCIATION HEALTH FOR YOUTH (NGO)	DIRECTOR	22.10.2021
9	LILIANA ROTARU	CCF/ HHC MOLDOVA (NGO)	PRESIDENT	22.10.2021
10	DOMNICA GINU	LUMOS MOLDOVA (NGO)	DIRECTOR	23.10.2021
11	IOSIF MOLDOVANU	CRIC (NGO)	CONSULTANT IN THE FIELD OF CHILDREN RIGHTS	24.10.2021
12	LILIA OLEINIC	MINISTRY OF HEALTH	CONSULTANT, DEPARTMENT FOR POLICIES IN THE FIELD OF HOSPITAL CARE	25.10.2021
13	DANIELA SIMBOTEANU	NCCAP (NGO)	PRESIDENT	25.10.2021
14	YOUTH ADVOCATE 1			04.11.2021
15	YOUTH ADVOCATE 2			04.11.2021

ANNEX 2. THE LIST OF REFERENCE GROUP MEMBERS

	Institution	Name	Function
1	The State Chancellery of the Republic of Moldova	Svetlana Mirca	Senior Consultant, Coordination Directorate for Human Rights and Social Dialogue
2		Zinaida Cernica	Senior Consultant in the Policy and Priorities Coordination Directorate
3	Ministry of Health Labour and Social Protection	Igor Chișcă	Chief, Policy Department for the Protection of the Rights of the Child and Families with Children
4		Luminița Avornic	Chief, Primary, Emergency and Community Health Policy Directorate
5		Lilia Oleinic	Consultant, Policy Department, hospital care

	Institution	Name	Function
6	Ministry of Justice	Tudor Morari	Consultant, Policy Analysis, Monitoring and Evaluation Department
7	Ministry of Education and Research	Valentin Crudu	Chief, General Education Directorate
8	Ministry of Internal Affairs	Alexandru Tocarjevschi	Chief, Policy Department, public order and security
9	National Bureau of Statistics	Nadejda Cojocari	Chief, Social Services Statistics Directorate
10	People's Advocate Office – Child Rights Ombudsperson	Victor Solomon	Consultant, Children's Rights Directorate
11	Ministry of Finance	Snejana Turcanu	Lead consultant of Sectoral Cooperation Division within the External Assistance Department

The Reference Group for the development of the Situation Analysis on Children and Adolescents in Moldova was initiated by UNICEF Moldova.⁷⁰

ANNEX 3. MOLDOVAN POPULATION ESTIMATES 2005 TO 2021

	2005 ⁷¹	2018	2019	2020	2021
Total population	3 604 100	2 730 364	2 686 064	2 643 883	2 597 107
Total child population ⁷²	683 673	510 180	501 891	489 527	476 307
Children aged 0-4	180 848	185 565	178 816	168 423	156 026
Children aged 5-9	214 719	171 314	168 559	165 675	164 761
Children aged 10-14	288 106	153 301	154 516	155 429	115 520
Adolescents aged 15-19	359 541	144 807	139 586	137 792	135 063

Source: NBS, 2021

⁷⁰ Ref. letter-requests, MOL R ER – 3081 from 1 July and MOL/R/ER – 3090 from 16 July 2021.

⁷¹ For 2018-2021 data are comparable while data cannot be compared with 2005 year, 2005 for illustration.

⁷² Age 0 to 15 years old, 15 are not considered.

ANNEX 4. SHARE OF REMITTANCES IN THE HOUSEHOLD INCOME, NO CHILDREN VERSUS CHILDREN, %, 2020

	total	urban	rural
Households with no children	10.1	7.2	12.5
Households with children	15.3	10.9	21
Single parent with children	12	10.1	15
Other households with children	20.3	16.8	22.2

Source: NBS, 2021, income dataset

ANNEX 5. CHILD PROTECTION FRAMEWORK LAWS IN THE REPUBLIC OF MOLDOVA

Law 338/1994 on the rights of the child	A verbatim copy of the CRC and the only one that guarantees the protection of children's rights at local level.
Law 140/2013 on the special protection of children at risk and those separated from their parents (hereinafter Law 140/2013)	Is a framework law that regulates the protection of children. Among others, it 1) clarifies the responsibilities of local and territorial guardianship authorities, but also of the central authority for child protection, 2) provides procedures for identification, evidence, and assistance of children at risk, and 3) guarantees protection of children separated from parents, and 4) establishes the legal status of the child. The most recent amendments to this law are the new measures for the protection of the child – custody that is meant to ensure the protection of children left behind.
Law 99/2010 on the legal regime of adoptions	Provides the institutional and practical frameworks of adoptions in the Republic of Moldova.
Law 299/2018 on measures and services for children with deviant behaviour	Regulates provision of qualified assistance (social, pedagogical, psychological, informational, or other) to children with deviant behaviours, but also to create favourable conditions for their socialization, re-socialization, and development. Although it entered into force on 1 January 2020, the mechanism for inter-sectorial cooperation on its implementation has not yet been developed (Office of the Ombudsman, 2021).
Law 270/2008 on asylum in the Republic of Moldova and the Law 200/2010 on the regime of aliens in the Republic of Moldova	Regulates protection measures for asylum-seeking and refugees children.

<p>Law 299/2018 on measures and services for children with deviant behaviour</p>	<p>Regulates the assistance (social, pedagogical, psychological, informational, or other) to children with deviant behaviours but also, to create favourable conditions for their socialization, re-socialization, and development. Although it entered into force on 1 January 2020, the mechanism for inter-sectorial cooperation on its implementation has not yet been developed (Office of the Ombudsman, 2021).</p>
<p>The youth sector in Moldova is governed by the Law 215/2016 on youth</p>	<p>Is a framework of activities for public and private institutions. Additionally, a series of Governmental decisions (GD) support the implementation of framework laws and codes.</p>
<p>Government Decision 270/2014 on the approval of the Instructions on the mechanism of inter-sectorial cooperation for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation, and trafficking</p>	<p>Provides at least two implementation tools expressly indicated in the text of the document, which are being developed at the time of writing of the current report (Office of the Ombudsman, 2021).</p>
<p>Government Decision 1182/2021 for the approval of the regulation on inter-sectorial cooperation in the healthcare and social areas for prevention and reduction of maternity and child mortality and mortality of children below the age of 5 in the home setting.</p>	<p>According to the latest thematic report of the Child Ombudsman these two mechanisms of inter-sectorial cooperation overlap (Ombudsman, 2020).</p>
<p>Government Decision 143/2018 on the approval of the Instruction on the mechanism of inter-sectorial cooperation for the primary prevention of child welfare risks</p>	<p>GD although approved, it is not yet implemented due to the lack of instruments that have not yet been approved by line ministries (Ombudsman office, 2020).</p>
<p>The Government Decision 708/2019</p>	<p>Is the basis for the approval framework regulation for providing integrated care and assistance to children victims and witnesses of offences, including the service quality standards</p>

ANNEX 6. FAMILY TYPE ALTERNATIVE CARE IN MOLDOVA

Family type alternative care measures (total at the end of 2020)	
Guardianship/ curatorship	<p>Formal care in extended family, close family friends or trusted persons recognized in the Law 140/2013, being considered a priority alternative form of care. The minimum quality standards and the Framework Regulation are being developed by MLSP with the support of UNICEF.</p> <p>A total number of 2 671 children in planned placement, including with disabilities – 55 children, aged 0-2 y.o. – 125 children.</p>
Professional parental assistance (415 professional parental assistants)	<p>A specialized social service that provides children with substitute family care in the family of a professional parental assistant (GD 760/2014).</p> <p>Up to three children can be placed at the same time, except for the placement of siblings together, when the number of children placed can be increased up to 4 children.</p> <p>812 children in planned placement, including with disabilities – 70 children, aged 0-2 y.o. – 71 children</p>
Family type homes (59 families)	<p>A specialized social service that provides children with substitute family care in the family of a parent-educator (GD 51/2018).</p> <p>Between 3 and 7 children can be placed at the same time. The total number of children placed in the family-type home and that of the biological children of the parent-educator will not exceed seven people.</p> <p>264 children in planned placement, including with disabilities – 21 children, aged 0-2 y.o. – 4 children</p>

ANNEX 7. INSTITUTIONAL TYPE ALTERNATIVE CARE IN MOLDOVA

Institutional type alternative care measures (total at the end of 2020)	
Small group home (<i>Casa comunitara</i>) (5 entities)	<p>Small group home for children in risk situations is a specialized social service for temporary placement for raising and educating, in a family-type home, children temporarily or permanently deprived of their family environment, as well as children at risk (GD 52/2013).</p> <p>Maximum 10 children can be placed at the same time in such service.</p> <p>Small group home is a specialized social service for people with severe disabilities, which requires protection, care, and continuous specialized support in relation to age and development (GD 885/2015).</p> <p>Between 4 and 6 beneficiaries can be placed at the same time.</p> <p>57 children in planned placement, including with disabilities – 17 children, aged 0-2 y.o. – 1 child.</p>
Placement care centre for separated children	<p>Is a public or private social assistance institution that provides specialized social care services for a specified period to children separated from their parents (GD 591/2017).</p> <p>The standards do not provide for a maximum number of children who can be placed at the same time but provides for a standard of staff (a social worker, a psychologist, and an appropriate number of pedagogues (educators, social pedagogues), to ensure permanent supervision of children. by 2 pedagogues (educators, social pedagogues) at the same time).</p> <p>467 children in planned placement, including with disabilities – 30 children aged 0-2 y.o. – 47 children</p>
Other institutions (old type)	223 children, including with disabilities – 100 children.

ANNEX 8. PARTICIPATION PLATFORMS IN MOLDOVA

Name/Type of the platform	Year of establishment	Founding authority	Legislative basis	Role/Summary of actions	Barriers/ Challenges
Schools Students Councils	2013	Education institutions	Order nb.136/26.03.2013 of the Minister of Education (revised consecutively in 2014, 2017)	Communicate student suggestions and needs to the school administration	Lack of opportunities to participate and lack of support from responsible teachers; small children are very rarely involved; unclear participation procedures and rules; lack of abilities to participate (of students and of responsible teachers) (CNTM, UNICEF, 2019)
National Schools Students Council	2013	MoE During the last years, the NSSC has been managed on behalf of the MoE by ARTICO (Republican Centre for Children and Youth).	Order no. 241 of 20.04.2017 of the Minister of Education	Provide feedback to the MoE on how the school responds to the needs and interests of students from pre-university education level	The consultation processes are not authentic and lengthy (there is not enough time for children to reflect)
National Council of Students from schools and colleges of education and vocational training	2014	MoE With support of CRIC and Liechtenstein Development Service	Order nb.331/30.04.2014 of the Minister of Education A new regulation is in the process of being adopted	Ensure the opportunities to realize the right to opinion and the involvement of students in vocational education and training (VET) in the decision-making process	The expectation from the MoE is that the members of the Council will assume more responsibilities
National Advisory Board of Children within the MLSPF	2014	MLSP&F within USAID funded Project implemented by P4EC	Order of the Minister of Labour, Social Protection and Family no. 157 of 10.10.2014	To develop a participatory framework for children and ensure their involvement in decision-making processes	From 2017 or 2018 it is not active Unclear concept of NABC activity; Lack of capacity of the Ministry to manage the Council

Name/Type of the platform	Year of establishment	Founding authority	Legislative basis	Role/Summary of actions	Barriers/ Challenges
Children's Advisory Councils within the 11 raions	Since January 2012	Local public authorities within USAID funded Project implemented by P4EC in partnership with MLSP&F	Depending on each authority (Order/ Decision etc.)	Empowering children to participate in decision-making processes and in the evaluation, planning, development and monitoring of children's services	In some of the 11 raions, they are not active (very sensitive issue) Unclear concept of ABC activity; Lack of capacity of the local authorities to manage the ABC; Confusions of adults' understanding of ABC functionality
Children's Advisory Council within the General Directorate for Child Rights Protection in Chisinau	Not yet active	General Directorate for protection of children rights of the Chisinau Municipal Council	Provision for the creation of CAC introduced in the Regulation for organization and functioning of the General Directorate for protection of children rights of the Chisinau Municipal Council (adopted through the CMC Decision nb.22/7 from 22.12.2020)	To consult children's opinion on decisions affecting them	n/a

Name/Type of the platform	Year of establishment	Founding authority	Legislative basis	Role/Summary of actions	Barriers/ Challenges
The Child Rights Information Centre (CRIC)	1999	NGO	Registered by Ministry of Justice	Mission - to contribute to an enabling rights environment, strengthening the capacities of duty bearers and empowering rights holders to claim their rights. Submitted two consecutive reports of children to the UN Committee on the Rights of the Child. Involved in the consultation of children for the elaboration of the National Program for child protection 2022-2026.	It is almost the only NGO that has rules of participation process of children and young people; It has tools and practices for involving children and young people from different backgrounds;
National Youth Council from Moldova	1999	NGO coalition that reunites 43 NGOs for youth	Registered by the Ministry of Justice	The aim is to promote the rights of youth and represent the interest of youth organisations in the process of elaboration, implementation, and evaluation of youth policies.	The youth associations sector is divided and does not have the necessary resources to intervene systematically and qualitatively on public policies (According to the “Barometer of Youth Participation in Social Life” (U-Report, January 2021) and to the internal surveys conducted by NYCM, both mentioned during an interview); NYCM capacities are different (member NGOs have different degrees of development and different capacities); NYCM’s lead discussion partner (MoE) is more concerned with areas other than youth; There is competition between the school and NYCM for the same target group - mostly students.

Name/Type of the platform	Year of establishment	Founding authority	Legislative basis	Role/Summary of actions	Barriers/ Challenges
Children's Advisory Board within the Ombudsman for Children	2019	Support mechanism for the Child Ombudsman	Child Ombudsman The draft CAB activity regulation are now being consulted with a group of children (process is supported by CRIC and APSCF)	To ensure effective monitoring of children's rights and maintain closer contact with children in the country	Unclear participation procedures and rules; lack of abilities to participate (of students and of responsible teacher as well of the technical staff of People's Advocate Office); Lack of capacities to manage such entity and process.
National Children's Forum within the Ombudsman for Children	2018	A mechanism for annual consultation of children's opinion about their rights (People Advocate (Ombudsman), 2020)	Child Ombudsman	Annual consultation with children about their rights	In his 2019 Annual Report, the Ombudsman for Children criticizes the impediments brought by the authorities and small group of NGOs in organizing the Forum, mentioning that this is an interference in the activity of the institution of Ombudsman for Children. (People Advocate (Ombudsman), 2020)
Youth Advisory Board		Supported by UNICEF			