



Policy Review Paper

Moldova: the situation of children and elderly left behind by migrants

Veronica Sandu

December, 2011

Abbreviations

CIDR	Child Rights Information Centre
GD	Government Decree
HBS	Household Budget Survey
ILO	International Labour Organization
ME	Ministry of Economy
MLSPF	Ministry of Labour, Social Protection and Family
MofE	Ministry of Education
MofH	Ministry of Health
NALFO	National Agency for Labour Force Occupation
NBS	National Bureau of Statistics
NPACP	National Plan for the Protection of Children without Parental Care
OECD	Organization for Economic Cooperation and Development
OSCE	Organization for Security and Cooperation in Europe
PAYG	Pay as You Go
SAD	Social Assistance Department
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Table of Contents

Introduction	4
Policy Review: Relevant Policies and Ongoing Policy Debate	4
<i>Division of labour and institutional set up for social service delivery</i>	4
Education	5
Health care	6
Social Protection	7
Specific policies for family members left behind	8
<i>The situation analysis of children and elderly in Moldova</i>	11
Children	12
Elderly	20
Initiatives to study and address problems of children and elderly left behind in Moldova	27
<i>Research projects</i>	27
<i>Technical assistance projects</i>	39
Conclusions	41
Works Cited	43

Introduction

Migration has been the biggest demographic and social phenomenon in Moldova in the last decade. With about 24 per cent of the labour force working outside the country, migration has become an important source of economic growth. Remittances fuel the incomes of Moldovans especially in the rural area, where job opportunities are particularly limited, contributing to poverty reduction and improved living conditions. The better material situation, however, comes at a cost for the family members left behind. The long absence of migrants has negative implications especially on those members who need care – children, elderly, disabled.

In the past, the government has largely ignored the phenomenon having little recognition of remittances' importance for the economy or of migration's social implications. It was only a few years ago that it started to negotiate agreements with the host countries to protect the migrants. The issue of family members left behind was in the attention of several development partners and nongovernment organizations given their mandate of helping children and elderly. Some research was undertaken to better understand the implications and the needs of children and elderly left behind and some assistance was provided to a small number of people.

More recently, the government adopted specific policies aimed at increasing the protection of family members left behind by migrants. However, the adopted approach is to deal with these people based on the actual needs, not based on categories. This is a sensitive approach given the already highly fragmented social protection system. However, the challenge now is to complete the reform of social services provision shifting to community-based services and improve targeting of social benefits (though the latter is probably less relevant for people left behind by migrants). The creation of the network of social assistants at the local level is an important step, however, a lot more is to be done to have a better system to identify children and elderly at risk, ensure proper services which require both skills on the part of providers and sufficient funding on the part of local authorities.

This analysis looks at the situation of children and elderly in general and at the provision of public services and assistance by central and local public authorities to these two categories. The first part of the analysis presents an overview of the regulatory and institutional framework for social services delivery. The second part includes the situation analysis of children and elderly from the perspective of public services provision (education, health care and social protection). It looks into indicators like poverty, access to education and health care, housing for both children and old age people. The last part presents a brief overview of the existing initiatives supported by development partners aimed at improving knowledge about the negative effects of migration on people left behind.

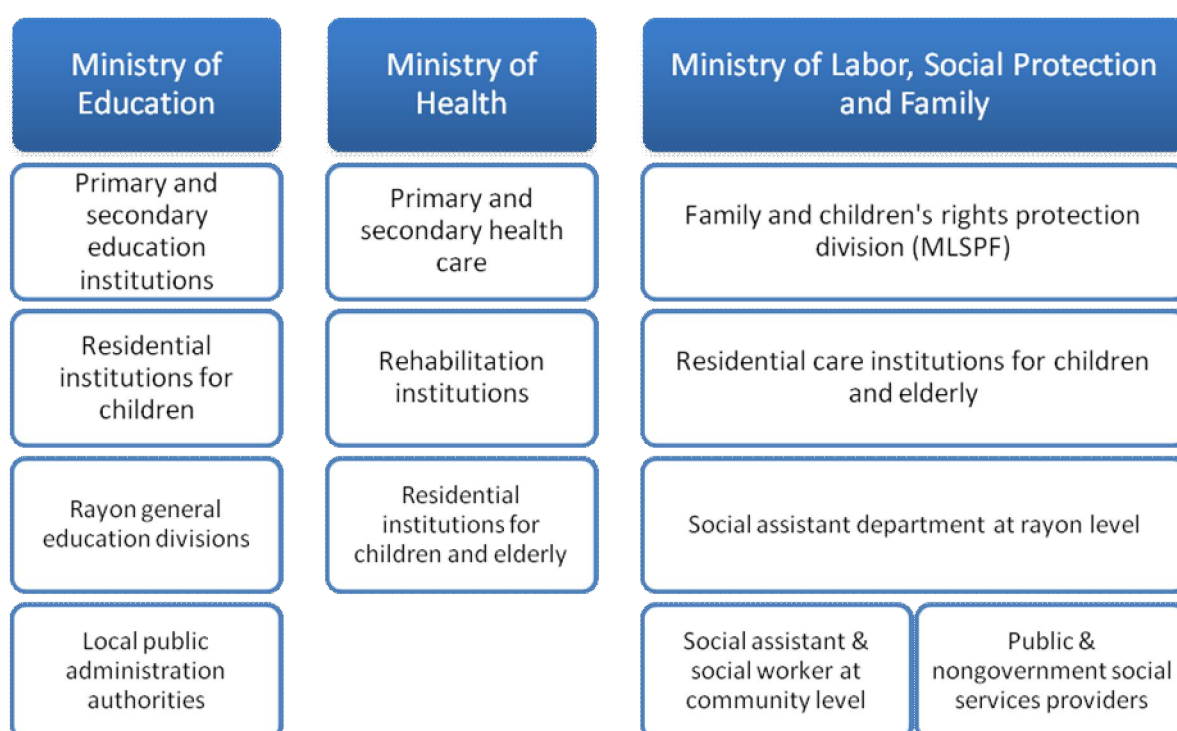
Policy Review: Relevant Policies and Ongoing Policy Debate

Division of labour and institutional set up for social service delivery

The state's main obligations with respect to the provision of public services relevant to this study are formulated in the Constitution: the right to education (general compulsory, lyceum,

vocational and university education), the right to free state education, the right to health care and free minimum state health care, the right to social protection of children and old age people¹. These obligations are detailed in many laws and regulations, some of which are mentioned below. These rights are ensured through the provision of public services and a range of social benefits. Public services are regulated at the national level and implemented at the local level through a network of public and non-government institutions. At the central level, the responsibilities are divided among three main bodies: the Ministry of Labour, Social Protection and Family (MLSPF), the Ministry of Education (MofE) and the Ministry of Health (MofH) (Chart 1).

Chart 1 Institutional set-up for basic social service delivery in Moldova



Education

The education cycle in Moldova starts with preschool education (age 1 - 6 (7) years old). The compulsory preschool education begins at age 5 and is undertaken in schools or kindergartens. The state also guarantees preschool education for disabled and orphan children. The school cycle includes primary education (level 1, which covers classes 1 to 4), and secondary education (level 2 and 3) divided into lower secondary (gymnasium) education (classes 5 to 9) and upper secondary (lyceum) education (classes 10 to 12). Primary and lower secondary education (age 7 to 16) is mandatory and free. Students take a graduation examination at the end of their gymnasium studies, leading to a Certificate of Studies. The lyceum level ends with baccalaureate examination and diploma. Vocational training is an alternative to lyceum education and takes between 2 to 3 years. Colleges form level 4 of education and tertiary education (levels 5 and 6) includes university and post-university levels.

¹ The Constitution of the Republic of Moldova, approved on July 29, 1994 (published in Monitorul Oficial N. 1 of August 18, 1994)

Primary and secondary education is ensured through 1,489 primary schools and lyceums, and post-secondary education through 123 vocational education institutions (MofE). Primary education is also provided through residential institutions to children with special needs. The MofE has in its subordination 66 out of 72 residential institutions for children, the rest being under the MLSPF. Most institutions are public; private education providers are concentrated mainly at the higher levels of education – lyceums and tertiary institutions including universities and colleges.

The provision of education services is regulated by a number of laws, among which the Law on government, the Law on education, the Law on local public administration, the Law on administrative decentralization, the Law on local public finances. The Law on education designates the MofE as the central body of public administration in the area of education which, among other things, supervises the implementation of the legal framework, promotes state education policies, develops educational standards and curricula, evaluates and certifies education institutions, coordinates the financial activity of subordinated institutions. It also has methodological responsibility for general boarding schools and for the auxiliary schools for students with special educational needs (Law #547, 1995). Other line ministries, such as the Ministry of Agriculture and the Ministry of Health, manage education and training institutions in their areas of expertise.

Local public authorities are responsible for the day-to-day management of schools and preschools. At the rayon or municipal level (local authorities of second level), there is a General education division, which supervises the functioning of pre-university level education institutions, ensures education enrolment, contributes to financing of education, coordinates the guardianship service, makes proposals on creation, reorganization and liquidation of education institutions (Law #547, 1995). In each rayon or city there are specialized offices, inspectorates for child protection and medico-psychopedagogical committees. The local authorities of the second level are responsible for maintaining vocational and boarding schools, and boarding gymnasiums with special regime (Law # 397, 2003). Local public administration of the first (community) level is responsible for the functioning of preschool, primary, secondary and extra-school education institutions (Law #435, 2006).

Education services and childcare services come together in the general boarding and auxiliary schools, which host children with disabilities and orphans. The residential care reform launched by the Government in 2007 aims at separating these two services in order to reduce children's institutionalization and increase their integration in normal schools (UNICEF, 2009). In theory, the MLSPF is the main body responsible for childcare; however, almost 80 per cent of the childcare funding is still administered by the MofE (and 50 per cent of all resources go for salaries) (UNICEF, 2009). The responsibility for social assistance of these children should be shifted entirely to the MLSPF to ensure coherence with other social assistance programs and social services.

Health care

Health care is provided, at the primary level, through family doctors and, at the secondary level, through a network of clinics, hospitals, and specialized institutions. There are also 3 residential

institutions placed under the MofH that provide services to mentally disabled persons (children and adults). Access to primary health care is ensured through 49 centres of family doctors, 300 health centres (which imply the existence of a facility like hospital or policlinic), 575 family doctor offices and 364 health posts (which imply the existence of specialists only). The institution of family doctors is a relatively new one for the country and the system is still under consolidation: there are 5.4 family doctors per 10,000 inhabitants compared to 9.6 family doctors per 10,000 inhabitants the EU average (MofH). The World Health Organisation estimates that there are 21 primary health care facilities per 100,000 in Moldova.

The provision of healthcare services is guided by a number of primary and secondary legislation. The Law on healthcare establishes the main principles of healthcare provision and defines responsibilities at the central and local level (Law #411, 1995). According to the law, the state medical insurance is compulsory; however, the state provides a minimum of healthcare insurance to everyone that covers anti-epidemic prophylactic measures and emergency assistance. The Law on compulsory healthcare insurance states that the Government is responsible for insuring (among others) the following categories: children of preschool age, students in primary, secondary, vocational and university education, children not enrolled in education before the age of 18, disabled, pensioners, etc. (Law #1585-XIII, 1998). The volume of medical assistance provided under the insurance is determined by the Ministry of Health in the Unique Program². In the case of elderly, the Law puts it in the responsibility of local public administration to develop programs for medical rehabilitation of old age people.

The health sector contributes to childcare in the case of children with disabilities and HIV/AIDS infected. The MofH has in its subordination 2 residential institutions for children rehabilitation and 5 centres for recuperation. Disability continues to be treated in a strictly medical way, which has adverse implications for other aspects of children's life, especially for education. The deinstitutionalization reform should change this, but its implementation has been very slow. Under the new model, family doctors will play the main role in helping these children. Children with disabilities face a number of medical issues. In the area of mental health, the main problems are lack of services, lack of specialists who could identify the cases of mentally sick children and the fear of stigmatization by patients. In the case of HIV/AIDS, the number of infected children is very small; however, the number of children living in a family with and HIV infected is much higher.

Social Protection

The social protection system in Moldova is highly fragmented and the provision of social benefits and services is regulated by a number of primary and secondary legislation. The provision of social protection to children and elderly, in general, is regulated by the following laws: on social assistance, on cash benefits, on children's rights, on special protection of some

² The Program is updated every year and includes the list of diseases which need medical assistance and the volume of assistance provided to people with medical insurance

categories of population, on special state allocations for some categories of population, the Family Code. The secondary legislation includes a number of regulations, norms and standards.

At the central level, the MLSPF is responsible for developing policies, regulating social welfare, social services, and social care. It has under its subordination institutions for the protection and rehabilitation of children with special needs and under risk, institutions for mentally disabled, centres for invalids and pensioners. Within the MLSPF, the Division for Family and Children's Rights Protection is directly responsible for child protection policies. This has two sub-divisions: child's rights protection and social assistance for children. There is no specific unit dealing exclusively with policies for elderly; there are few divisions which, among other things, cover problems of elderly: social security division, social assistance division and residential services section. Other institutions with social protection functions at the central level are: the National Social Insurance House, the Republican Fund for Social Assistance of Population, the Republican Centre for Experimental Prosthesis, Orthopedics and Rehabilitation and the State Agency for Material Reserves and Humanitarian Aid.

Social services are delivered at the local level. However, most of them are still paid from the central budget (two thirds of the total) (UNICEF, 2009). Each rayon has a Social Assistant Department (SAD) that is responsible for the provision of social welfare and services. Each community is supposed to have a social assistant and several social workers, depending on the size of the community. The social assistant's main responsibilities include: (i) ensuring access to social assistance, (ii) prevention of social problems in the community, (iii) mobilizing resources at the community level to help vulnerable categories. Currently, there are 1,159 social assistants around the country. The social worker offers home care service for disabled and elderly. In 2009, 2,481³ social workers provided services to 25,598 elderly and disabled (MLSPF, 2011).

Specific policies for family members left behind

All strategic policy documents approved recently tackle migration. The National Development Strategy 2008-2011, the Re-think Moldova Program, the National Employment Strategy for 2007-2015 and the Plan on Migrants' Return - consider the macroeconomic effects of migration, analyze the role of remittances for poverty reduction and the possibilities to bring back Moldovan migrants. The social effects of migration, i.e. the situation of family members left behind, were largely neglected until last year, when the Moldovan Government, with support from development partners, launched the National Plan for the Protection of Children without Parental Care.

There is no specific institution dealing with families left behind, but its creation is envisaged in the National Plan for the Protection of Children without Parental Care (NPACP 2010-2011). According to the plan, the National Agency for Connecting with People Originating from the Republic of Moldova was to be established, and an electronic system that automatically counts the number of children left behind to ensure communication between parents and children was to be developed by the end of 2011. The creation of the Agency has been postponed for the

³ The total number of communities (5 municipalities, 60 towns) is 1,681.

next year, and the information system is also not yet in place. The authorities are still discussing whether the system should function at the local level or should be installed at border control. The NPACP also stipulates the creation of multidisciplinary teams at rayon level (teachers, doctors, social assistants) to assist children left behind. The teams are supposed to decide in each case if state intervention is needed and how to address particular problems of children.

Currently, there are no legal provisions that would explicitly regulate issues of children or elderly left behind by migrants. These are protected by general laws and regulations applied to all Moldovan citizens. The only thing that is regulated is the registration of children left at home. The Migration Law stipulates that parents who intend to migrate have to register minor children with the National Agency for Labour Force Occupation (NALFO). The NALFO sends the information to the MLSPF and to the local authorities. However, this control mechanism applies only to migrants who sign labour contracts for working abroad through the NALFO, which is a very small share of all migrants⁴.

One significant problem of children and elderly left behind, especially in the case of children with both parents working abroad, is their legal representation. Before leaving children in somebody's care, parents have to institute the official guardianship (*GD #614 of 06.07.2010, Law # 99 of 28.05.2010*). The Annual Social Report (MLSPF, 2011) stipulates that guardianship was instituted for a total of 1,565 children, but it does not specify how many of them have parents working abroad. Representatives of the MLSPF indicated that from the total about 100 - 150 are children of migrants. Obtaining guardianship is a cumbersome and time-consuming procedure. According to the Ministry, it takes about one month to collect all the documents. Afterwards, the application is submitted to the local authorities; only the local council can decide upon the application. The problem is that the council is being called only 4-5 times a year, so the entire procedure takes about half a year. The same difficult procedure has to be followed to obtain the trusteeship in the case of elderly left behind. To respond to the situation, changes in the Guardianship Law have been initiated. To facilitate the procedure, the ad hoc meetings of the local councils are proposed. The draft modifications are expected to be sent to the Parliament before the end of the year.

Despite the recent initiatives, there is little progress on teaching social protection workers on how to deal with family members left behind. The MLSPF position is that there is no need for specific programs for children left behind and that these should not be targeted as a separate group. The intervention of the state in assisting children in difficult situations is clearly defined in the existing policies (Family Code). Migration is not being considered as a proxy of vulnerability.

Nonetheless, the MLSPF agrees that the situation of children left behind should be monitored. Under its supervision, and with financial support from the Italian Embassy⁵, social workers are being trained to work with children left behind and to collect information about these children.

⁴ Representatives of NALFO estimate a number of 150 - 200 persons migrating through the Agency annually

⁵ The project of the European Commission and the Ministry of Labor and Social Policy of Italy on tackling the negative effects of migration on children and families left behind, 2011-2013

At this stage, 100 social assistants were trained and these will train the rest of social assistants in Moldova. The MLSPF is also working on adjusting the job descriptions of the social assistant and the social worker in order to extend their responsibilities to children left behind.

There are other donor initiatives aimed at building capacity at the local level to offer support to children left behind (less to elderly). In particular, trainings for teachers and family doctors in helping with specific problems of children left behind are being undertaken. Between 2007 and 2011, the Child Rights Information Centre (CIRD) in collaboration with MofE published and disseminated (as part of the *Social Inclusion of Children without Parental Care as a Result of Migration* Project, financed by Save Children Sweden, OSCE, IOM) a book for teachers who work with children with migrant parents, a book for parents who work abroad "My child is alone at home", and a pocket book for girls and boys with parents working abroad "Home alone".

The situation analysis of children and elderly in Moldova

Moldova is an aging society. The average age of population increased from 33.4 years in 2000 to 36.3 years in 2010. During the same period, the share of children of age 0 to 15 years decreased from 24.8 per cent to 18.2 per cent, while the share of people of age 60 and older increased from 14 to 15.5 per cent in the total number of population (NBS, 2011)⁶. According to the UNICEF's forecast, in the next decade, the number of children will further decrease in both absolute and relative terms, while elder population will increase by 34 per cent (Table 1). These demographic developments pose a lot of challenges to the country because of the increase in the ratio of dependents to working-age population, which will translate in higher healthcare and social protection costs, lower productivity, higher risks of poverty. The situation is further aggravated by the migration phenomenon, which contributes to the reduction of working age population and creates additional pressure on the social insurance system.

Table 1 Population forecast, 2009 - 2020

	2009	2012	2020	Change 2009-2020
Total population (thousand)	3,571	3,549	3,456	-121
Children 0-17	773	716	665	-131
Adults 18-59	2,327	2,315	2,161	-156
Elderly 60+	471	519	630	+167
The share of population in total (%)	100	100	100	
Children 0-17	22	20	19	-3
Adults 18-59	65	65	63	-2
Elderly 60+	13	15	18	+5
Population that needs social services (thousand)	418	428	442	23
Children 0-17	46	43	40	-19
Adults 18-59	233	232	217	-17
Elderly 60+	139	153	186	47

Source: (UNICEF, 2009)

According to the Household Budget Survey (HBS) data, households with children (of age below 18) account for 37.8 per cent of the total number of households of which 57.2 per cent are in the rural area. Slightly more than half of them (53.3 per cent) have 1 child, 35.6 per cent have 2 children and the remaining 11 per cent have 3 or more children. The country's average size of a household with children is 4.1 people, with 3.8 people in the urban and 4.4 people in the rural area. About 5 per cent of the total households with children are mono-parental (MLSPF, 2011).

Migration is higher for households with children. Every fifth household with children has a member working abroad (compared to every seventh for all households) and about 17 per cent of all children live in households with at least one migrant parent. From the total number of

⁶ Despite the increase in the share of old age population, the demographic burden has decreased from 65.8 dependents per 100 working-age people in 2000 to 50.1 in 2010 due to the decrease in the share of children

children left behind, about 60 per cent have their mother working abroad, 30 per cent - their father and 10 per cent have both parents working abroad (MLSPF, 2011).

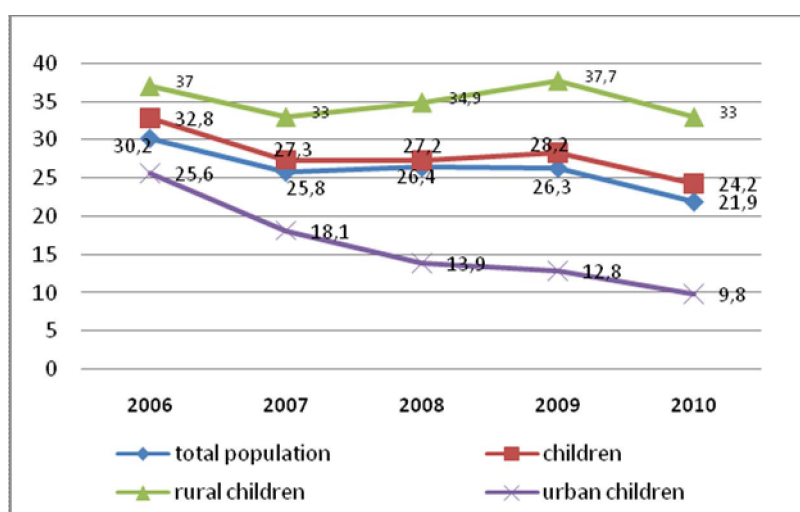
In 2010, the number of population of age 60 and older accounted for 512 thousand, of which 62 per cent lived in the rural area and 60 per cent were women (NBS, 2011). Every fourth person in this category is of age 60 to 64 and 14 per cent are 80 years and older. The average life expectancy for women of age 60 and older is 18.2 years compared to 14.8 years for men. Life expectancy for elderly in the urban area is 2.5 years higher than in the rural. According to the Labour Force Survey, in 2010, 5.3 per cent of the total economically active population were people of age 60 and older (or 13 per cent of their age category).

Children

Poverty

Poverty indicators show that children and elderly are the most exposed to poverty. In 2010, 24.2 per cent (188.6 thousand) of children lived in absolute poverty and 1.9 per cent (14.8 thousand) in extreme poverty compared to 21.9 per cent and 1.4 per cent, respectively, for the entire population (MLSPF, 2011). Mirroring the general poverty trends, children poverty rate decreased from 28.2 per cent in 2009 to 24.2 per cent in 2010 after an increase in rural poverty in the previous 2 years. Poverty is highest among rural children - 33 per cent in 2010 (Chart 2).

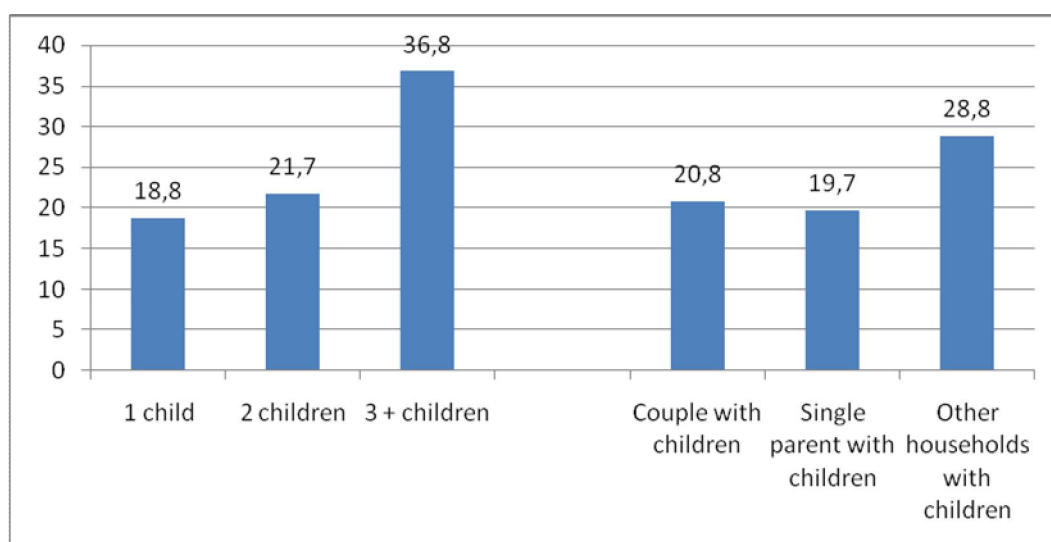
Chart 2 Absolute poverty trends, %



Source: (MLSPF, 2011)

Children's level of poverty also depends on the number of children in the household and the type of household. Thus, households with three and more children have a much higher poverty rate: 37 per cent compared to 19 per cent for households with one child. Households with extended family (usually include elderly) also face higher poverty - 28.8 per cent (Chart 3). Parents' occupation is another determinant of children's poverty level. Poverty is lowest for children whose parents are self-employed in non-agriculture activities - 4.9 per cent, and is highest in households where both parents are self-employed in agriculture - 38.9 per cent (MLSPF, 2011).

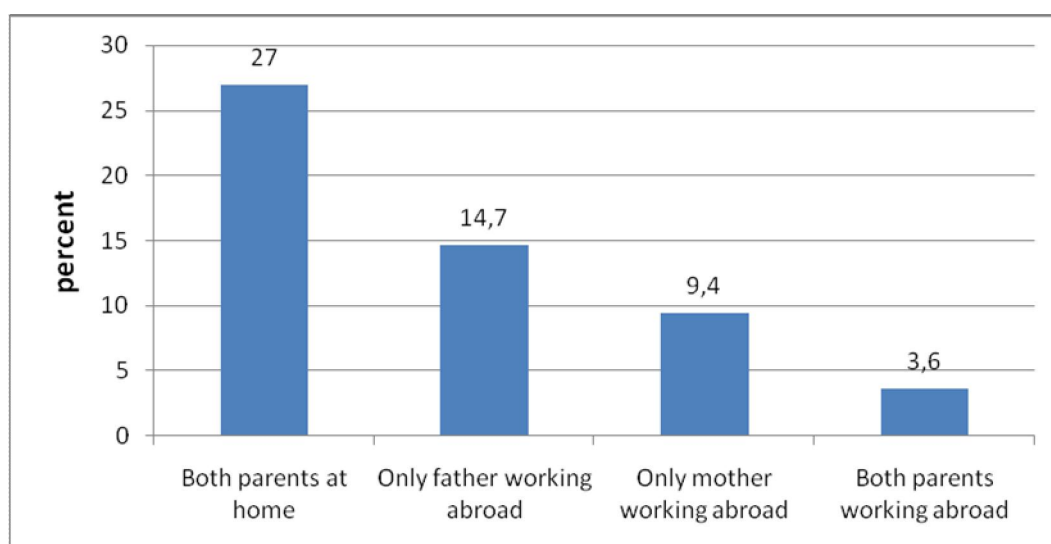
Chart 3 The level of poverty by number of children and type of household, %



Source: (MLSPF, 2011)

Children living in households with migrants face lower poverty risks. The poverty rate for children with at least one migrant parent is 2.7 times lower than for children with both parents at home (MLSPF, 2011). Children with both parents working abroad have the lowest poverty rate, and, in the case of one migrant parent, poverty is lower for households where mothers work abroad (Chart 4). Also, the data shows that migrant parents with children left at home send more money than migrants with no children thus having a higher contribution to poverty reduction; in 2009, this accounted for (-14.4 p.p.) and (-8.1p.p.), respectively (ME, 2010).

Chart 4 Level of poverty based on parents' residence



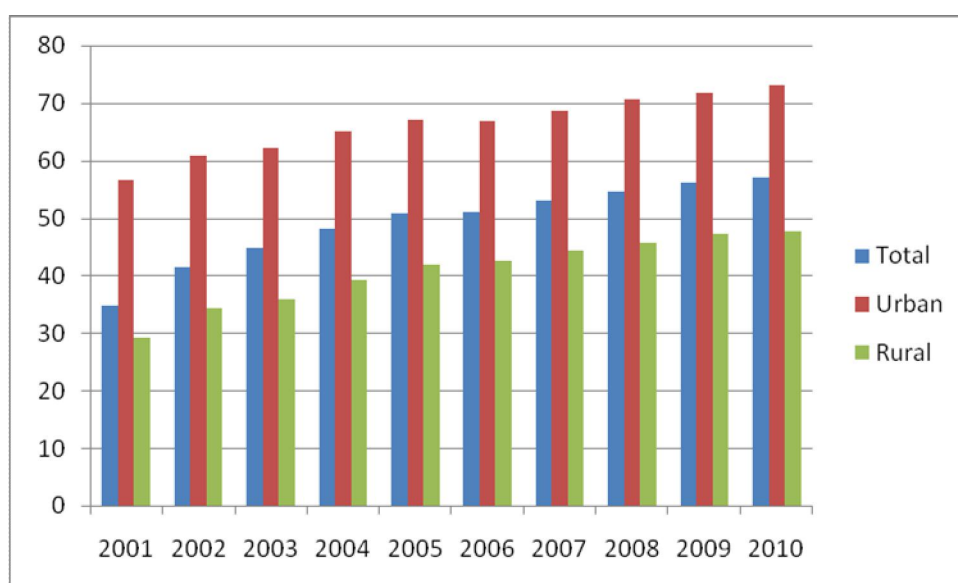
Source: (MLSP, 2011)

Access to education

The decline in fertility and migration resulted in a decline in the size of the school-age population by more than 40 percent since the early 1990s. This was accompanied by a decline in the enrolment rates, especially in preschool education. According to the Education for All Strategy for 2004 - 2015, enrolment rates in preschool education dropped by 57 per cent during

the first decade of transition, with about 80 per cent of children of age 1 to 4 and 40 per cent of children of age 5 to 6 not attending school in 2003 (MofE, 2003). By 2010, the preschool (age 3 to 6 years) gross enrolment rate increased to 77 per cent, but it remains low by regional standards (Table 2)⁷. There is also a big discrepancy between urban and rural enrolment with 95 per cent and 67 per cent respectively. The enrolment rates are much lower for the age group of 1 to 6, especially for the rural area, where less than 50 per cent of children are enrolled (Chart 5). About 270 localities in Moldova still do not have kindergartens or any other institutions of this type. In 2010, 1,963 children were enrolled in specialized preschool education, mainly because of speech disorders (NBS, 2011).

Chart 5 Enrolment rates in preschool institutions of age group 1 to 6 years



Source: (NBS, 2011)

Gross enrolment rates in both primary and gymnasial education decreased slightly in the last five years (Table 2). In primary education, gross enrolment decreased especially in the rural area: from 91 per cent in 2006 to 88 percent in 2010 (compared to 104 per cent in urban localities). Similarly, enrolment in gymnasial education was 10 p.p. higher in the urban area compared to the rural (NBS, 2011). The main reasons for this phenomenon are believed to be higher levels of poverty and migration in the rural areas. There are no gender disparities in the level of primary and general secondary school enrolment. HBS data shows a big discrepancy in education spending between poor and non-poor households. In 2010, the poorest deciles spent on education only 1.46 lei per month compared to 52.4 lei for the richest deciles⁸.

Table 2 Enrolment rates for preschool, primary and gymnasial education

	2006/07	2007/08	2008/09	2009/10	2010/11
Preschool education, gross enrolment	70.1	72.6	74.4	75.5	77.1

⁷ An important contribution to the increase in enrolment had the support provided by a number of donors through the Fast Track Initiative

⁸ Although (with the exception of few private schools) primary and secondary education is free, parents are expected to contribute financially for school repairing, private tutoring, etc. Even though not specifically regulated, these payments are not considered illegal. In addition, education spending includes illegal payments.

Preschool education – net enrolment	68.5	71.1	72.7	74.0	75.8
Primary education- gross enrolment	94.4	94.0	93.6	93.5	93.6
Primary education – net enrolment	87.6	87.7	87.5	87.6	87.8
Gymnasial education- gross enrolment	90.5	90.1	89.3	88.8	88.1
Gymnasial education- net enrolment	86.2	85.6	84.6	84.0	83.3

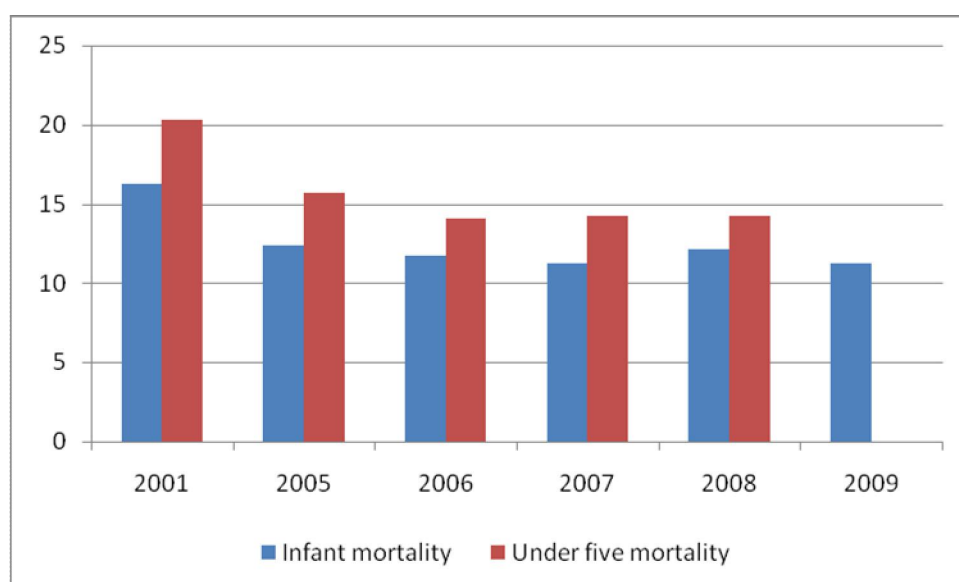
Source: (NBS, 2011)

There is no quantitative evidence on the impact of migration on education attendance and performance. Few existing qualitative surveys show that the majority of teachers and caregivers agree that parents' absence does have a negative impact on children's school performance. Among the factors that contribute to poorer performance are insufficient supervision, psychological suffering and the increase in household work (UNICEF, 2008). However, qualitative surveys give mixed information about migration's impact on school attendance. The MoE and the MLSPF claim that both institutions are making sure that all children attend school.

Health care status and access

After a considerable deterioration in the first decade of transition, healthcare indicators started to improve. Infant mortality rate decreased from 30 per 1,000 live births in 2000 to 11.2 per 1,000 live births in 2009 (Chart 6). The under-five mortality rate decreased to 14.3 per 1,000 live births compared to 23.2 in 2000. However, there are significant regional disparities with the infant mortality in the urban area being 1.4 times lower than in rural area (MofH, 2010). Preventive measures are largely accessible and about 95 per cent of all children are immunized against six vaccine-preventable diseases.

Chart 6 Children mortality rate, per 1,000 live births



Source: (NBS, 2009)

The under-nutrition is relatively low in Moldova at about 5 per cent (MofH, 2006). The nutritional status is established by a set of anthropometric measurements: the height-for-age, the weight-for-age, and the weigh-for height. The 2005 Demographic and Health Survey finds that 8.5 per cent of children from the sample were stunted, and about 4 per cent of children

were wasting or underweight. Children in Moldova suffer from micro-nutrient and iron deficiency. Anaemia is registered in 60 per cent of infants and 40 per cent of pregnant women. The level of iodine consumption is very low for children from the rural areas and one third of children suffer from deficiency of vitamin D (MofH, 2006).

The state provides free healthcare insurance to children, which should facilitate their access to health care services. Based on a survey undertaken by the NBS in 2010, 22 per cent of children of age 0 to 14 benefited from medical services (during the last 4 weeks preceding the survey), which is slightly higher than the average for the total population – 19 per cent. Regional differences are again present: 17 per cent of children from rural localities accessed these services compared to 31 per cent from the urban. Similarly, only 11 per cent of children in the poorest quintile benefited from medical services compared to 25 per cent in the richest quintile (NBS, 2011). In 2009, the number of doctors per 10,000 children aged 0 – 17 years was 5.9 and the number of beds per 10,000 ill children was 46.3 (NBS, 2010).

Again, there is little evidence on the impact of parents' migration on children's health status. The Ministry of Health identifies the following health risks for children left behind by migrant parents: reduced physical development, non-observance of personal hygiene and the resulting increase of disease and trauma risks, delayed diagnosis and treatment of diseases, lack of dental care, etc. (MofH, MofE, 2010). Other studies (UNICEF, 2009) talk about potential for an increase in the number of children with mental health issues because of parents' migration.

Social protection

As indicated above, Moldova has a highly fragmented program of social benefits, and households with children benefit from a number of these (Table 3). The overall social protection system includes four big groups as defined by the MLSPF: (a) universal benefits (unique childbirth allowance, monthly allowance for children up to 1.5 years old); (b) unique (one-time) allowances (childbirth, material support); (c) permanent allowances (nominative compensations, cash benefits, allowances for adopted children, etc.); and (d) in-kind allowances. About 95 per cent of total allowances and benefits are financed from the state budget and only a small part comes from the local budgets (MLSPF, 2011).

Table 3 Social allowances provided to households with children

	Number of beneficiaries				Average amount per month, lei			
	2003	2006	2009	2010	2003	2006	2009	2010
Social allowances for disabled children	13,006	12,628	15,237	15,088	90.07	181.73	259.74	260.10
Allowance for loss of a breadwinner, total	2,186	2,794	3,454	3,732	66.79	81.95	115.79	115.54
- for 1 child	1,270	1,657	2,395	2,604	49.00	61.58	87.71	87.77
- for 2 and more child.	822	1,009	902	961	89.05	107.60	175.72	175.75
- for 1 child for loss of both breadwinners	67	89	117	120	98.00	123.11	175.64	175.81
- for 2+ children for loss of both breadwinners	12	22	19	22	187.83	229.71	351.62	351.62

Care allowance for a disabled child	4,353	4,807	6,074	6,085	100.00	124.00	300.00	300.00
Nominative compensations, total	245668	262653	258020	241832	65.00	77.00	143.00	146.00
- for disabled children	12,278	13,531	15,809	12,332	83.00	94.00	162.00	159.00
- families with 4 or more children	14,473	10,823	8,655	6,338	75.00	90.00	147.00	144.00
Cash benefit allowance	n/a	n/a	20,000	33,000	n/a	n/a	630.00	726.00
Material assistance for families with children	n/a	n/a	62,314	64,392	n/a	n/a	336.49	356.14
Unique allowance at birth, of which								
- for the first child	n/a	5,364	5,894	6,402	n/a	730.80	1369.0	1665.0
- for every next child	n/a	3,444	5,880	6,122	n/a	800.00	1675.0	1953.8
Monthly allowance for child-care up to 3 years	n/a	23,309	29,268	32,190	n/a	184.14	499.80	696.00
Monthly allowance for child-care of 3 -18 years	n/a	n/a	1537	n/a	n/a	n/a	102.53	n/a

Source: (MLSPF, 2011)(MLSPF, 2010)

Table 3 presents information on the most important social allowances provided to households with children. However, there are other types of social payments that do not explicitly target children but reach households with children (ex. pensions). The biggest number of beneficiaries is recorded for monthly childcare allowances followed by cash benefits, social allowances for disabled children and nominative compensations. The number of beneficiaries has been growing for most types of social payments. The biggest payments are provided through cash benefits, birth allowances and monthly child care allowances for children up to 3 years.

There is only one social benefit provided based on the level of income – the cash benefit. All other allowances target specific categories of population that are thought to be vulnerable. The cash benefit was introduced in 2008 and is designed to bring the income of poor households to the minimum guaranteed, i.e. is an income gap benefit. Currently, about 33 thousand households receive the cash benefit, the majority of them being households with children (9 of 10 recipient households have at least one child). About 80 per cent of households that receive the benefit are from the rural area (MLSPF, 2011). This is a first step in the direction of moving away from a highly fragmented, categorical social assistance system to one which would better target people in need and would be cheaper to administer. As the new benefit gains terrain, the Government will gradually phase out the nominative compensation program⁹ as one of the most expensive and poorly targeted benefits.

Child allowances are another important element of social assistance for households with children. Since 2003, the amount of allowances for childcare of age 0 to 3 years per recipient increased by more than 3 times, and more than 30 thousand households received these in

⁹ Nominative compensations are monthly payments to 11 categories of population to compensate for the cost of utilities (electricity, heating, gas, coal, sewerage)

2010. During the first 3 years, the mother is entitled to receive 25% of her salary calculated as the average of last 6 working months, but not less than 250 lei; on average a mother receives 500 lei per month. Children whose caregiver has died receive a survivor pension in the amount of 115 lei per month; in 2010 there were 3,732 beneficiaries. Children with disability receive social allowance and the amount differs by type of disability: on average this constitutes 260 lei, and some children receive allowance for food and scholarships (MLSPF, 2011).

All children enrolled in primary and secondary school receive free meals¹⁰. For grades I-IV, the cost is covered by the Ministry of Finance and for grades V-XII by local authorities. However, the program is very expensive and there have been discussions about its abolishment. The total cost of the program in 2010 was 487 million lei (or 5.9 per cent of the general education budget) (Latif, 2011).

Pensions and child allowances have the biggest contribution to poverty reduction (Table 4). However, the income distribution by deciles shows that the richest deciles receive from child allowances twice as much as the poorest ones. Obviously, cash benefits are the best targeted and contribute by 1 p.p. to poverty reduction. Nominative compensations and other types of benefits are distributed across all consumption quintiles and have a limited impact on poverty despite their high cost.

Table 4 The contribution of social allowances to poverty reduction, 2010

	Absolute poverty rate		Difference in percentage points
	Before the benefits	After the benefits	
Child allowances	25.8	24.2	1.6
Pensions	29.8	24.2	5.6
Nominative compensations	24.6	24.2	0.4
Cash benefits	25.2	24.2	1.0

Source: (MLSPF, 2011)

Social services (residential institutions and alternative social services)

Social services are provided to prevent, mitigate or solve some difficult situations children might face. Social services are currently rendered to few categories of children in need: abandoned children, children with disability, children with behavioural problems, children at risk or victims of abuse and violence. These are divided into: a) primary services provided at the community level; b) specialized services provided at home, in specialized institutions, through primary social services institutional/functional setups; and c) highly specialized social services.

Primary social services (community level) are prevention services and are designed to keep the child in the family. The classic social services at the community level are provided through social assistants and social workers who have the obligation to assist only children with disabilities. Changes to the social workers' job description have been proposed to make these responsible for the monitoring of children left behind as well. In the last few years, at the initiative of development partners, alternative social services at community level have been developed. The categories these services are targeting are not clear-cut.

¹⁰ It includes one meal per day provided at the school

Specialized social services are fewer and are designed to solve problems that cannot be addressed at the community level. These include day care, temporary support and immediate intervention. Day care centres offer specialized assistance like: psychological support, legal support, rehabilitation and medical services, etc. According to the MLSPF, currently, there are 120 daily care centres assisting 5,125 children and 28 mixed (temporary and permanent support) centres which provide services to 1,195 children annually. Temporary placement centres for urgent support offer specialized assistance to victims of violence and abuse, for children with special needs, children who left residential institutions and have reintegration problems. In 2009, 1,034 children have been hosted in 31 temporary orphanages.

Highly specialized social services are considered services provided through residential institutions. Residential institutions have been the preferred way of assistance for a long time but have proved ineffective and resource consuming. For the last ten years, the authorities undertook measures to shift from the residential care to services provided at the community level. In 2010, the number of children in boarding and auxiliary schools was 5,813, which is 40 per cent less than in 2007 when the residential reform was launched. The MLSPF developed the National Strategy on Integrated System of Social Services, which aims at regulating and facilitating the creation and provision of social services at the community level.

Up till now, more than 15 types of new social services were created (specialised mobile teams, emergency intervention, temporary placement, respite service) for children at risk and for children with special needs. These services are not available in all communities, and are financed mainly by donors, therefore are not sustainable. Nevertheless, the provision of these services is required by law and the authorities are putting in place a monitoring mechanism for social services provision. The creation of social services should be accompanied with the development of the monitoring and evaluation measures. Quality standards for all social services should be approved, institutional capacities strengthened, and providers and stakeholders should be trained about the new concept of social service delivery.

Households with children face a higher poverty rate than those without children. This is explained by the higher ratio of dependents to working age members in these households. Children left behind are in a better situation, remittances representing an important supplement to the income of households with migrants (although there is no data on how much of these money is spent on children as compared to other household members). With respect to education, there has been a slight improvement in enrolment at all levels of education after the decline in the first decade of transition. Enrolment continues to be lower in the rural area with poverty and migration being potential explanations. However, there is no empirical data to support the assumption of a lower school attendance or performance by children left behind. The same is true about access to healthcare. In general, healthcare indicators for children have improved in the recent years, but there is no specific information on the health status of children left behind and their access to medical assistance.

The social assistance system, which is aimed at helping people with low incomes, is highly fragmented among many programs, families with children benefiting from a number of them, including some specifically targeting the children. Because of their better material condition,

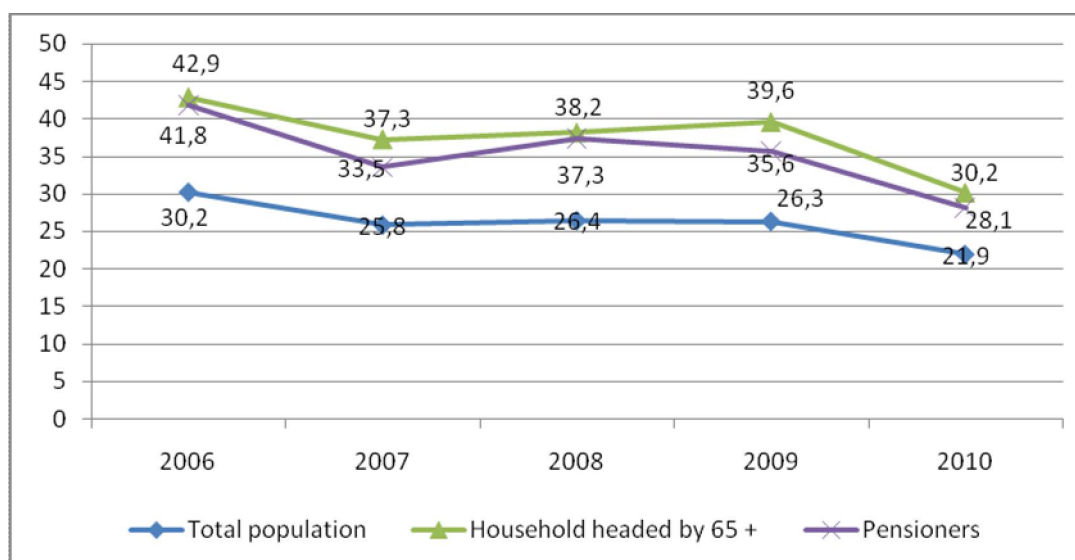
social assistance payments are less relevant to children left behind. These children will benefit more from social services: identifying those at risk, determining the type of support needed, allocating the resources. The problem is that Moldova is still at the beginning of creating such services, these being available in a few communities and in a limited number. Funding is a big issue –local authorities having significant budget constraints- as well as the confusing distribution of labour between teachers, family doctors, social assistants and social workers.

Elderly

Poverty

Old age people face higher risks of poverty than the rest of the population (Chart 7). In 2010, the absolute poverty rate of elderly was 25.6 per cent. As in the case of other age categories, poverty in the rural area was almost twice as high as poverty in urban localities, 31.7 per cent and 16.5 per cent respectively (ME, 2011). Households headed by elderly (65 years and older), which account for 18 per cent of all households (NBS, 2011), had the highest poverty rate of 30 per cent (ME, 2011). Based on the type of occupation, households formed of pensioners¹¹ represented 36 per cent in the total and had a poverty rate of 28 per cent (ME, 2011). About 75 per cent of poor households with elderly live in the rural area facing a risk of absolute poverty of 31.7 per cent compared to 16.5 per cent for the urbane elderly households.

Chart 7 The evolution of poverty rates for elderly, 2006 - 2010



Source: (ME, 2011)

The monthly income of households with at least one person of age 60 and older amounts to 1,176 lei with 1,350 lei for the urban and 1,065 lei for the rural area. The main source of income for these households are social payments which account for 47 per cent of the total. About a quarter of income comes from wages and 11 per cent from agriculture activity. Remittances contribute with 9 per cent to the income of elderly households (NBS, 2011). The situation of old people living in elderly-only households is better than that of those living in extended

¹¹ The category of pensioners refers to women of age 57+ and men of age 62+

households i.e. which include non-elderly (Table 5). For households with elderly only, the main source of income are social benefits – 62 per cent, while in extended households, wages, social benefits and other incomes have the highest contribution.

Table 5 The composition of disposable income by type of household, 2010

	Only elderly in the household			Elderly and others in the household		
	Total	Urban	Rural	Total	Urban	Rural
Total disposable income (average, per month per one person), lei	1,247.5	1,400.4	1,150.9	1,129.5	1,317.6	1,008.7
income from wages	9.7	15.7	5.1	36.5	49.5	25.5
income from agriculture	10.7	2.3	17.2	11.9	1.8	20.4
income from non-agriculture	0.3	0.4	0.2	4.5	4.8	4.2
income from property	0.2	0.5	0	0	0	0
social payments	69.2	69.3	69.1	31.1	31.3	30.9
other income, of which	9.9	11.9	8.4	16.1	12.8	18.9
- remittances	3.8	4.9	2.9	13.1	9.1	16.5

Source: (NBS, 2011)

On average, an elderly household spends 1,243 lei per month per person, of which about 40 per cent on food, 20 per cent on utilities, 8.8 per cent on healthcare and 8 per cent on clothes (NBS, 2011). Elderly-only households spend 10 per cent more per person compared to those which include non-elderly (Table 6). However, the first category seems to spend more of their income on food, utilities and healthcare. Paying for utilities represents a big issue for most households with elderly: 9 out of 10 households indicated difficulties paying for heating, 4 out of 10 paying for gas, and one quarter does not have sufficient means to pay for electricity. Talking about living conditions, 35.4 per cent of elderly-only households and 34.7 per cent of mixed households in the urban area appreciate their living conditions as bad and very bad, while in the rural area these account for 24.7 per cent and 19.8 per cent respectively (NBS, 2011).

Table 6 The composition of spending by type of household, 2010

	Only elderly in the household			Elderly and others in the household		
	Total	Urban	Rural	Total	Urban	Rural
Total spending (average, per month per one person), lei	1321.4	1550.4	1176.5	1192.3	1394.0	1062.8
food	48.4	46.2	50.3	44.3	42.8	45.5
clothes	5.8	4.5	6.8	10.1	9.1	11.0
utilities	22.3	24.2	20.8	17.5	17.8	17.3
dwellings	4.2	3.7	4.7	3.4	2.7	4.0
healthcare	11.1	12.6	9.8	7.2	6.8	7.6
transport & communications	3.9	4.6	3.3	8.6	9.8	7.7
other goods and services	4.3	4.1	4.4	8.9	11.0	6.9

Source: (NBS, 2011)

Healthcare status and access

As in the case of children, the state provides free medical insurance to retired people. Life expectancy at retirement is 20.52 years for women and 13.88 years for men, compared to 23 for women and 18 for men on average in the OECD countries (Chonik, 2010)¹². The main reasons for elderly mortality are cardiovascular diseases (70 per cent of the total deceased in this age group), neoplasm (11 per cent) and digestive system disorders (6.8 per cent). The causes of mortality are different for men and women. The 'over mortality' for men is in case of neoplasm, cardiovascular diseases, accidents, traumas, while 'over mortality' for women is for cardiovascular and digestive system diseases. In 2010, there have been registered 13 thousand new cases of disability, of which 7 per cent among people of age 57 and older (NBS, 2011).

According to an NBS survey on population health status and accesses to medical services, 43 per cent of population appreciates its health status as good and very good, 41.6 per cent as satisfactory and 17 per cent as bad and very bad. In the case of elderly, 42 per cent of people in the age group of 65 to 74 and 59 per cent of those in the age group of 75 and older appreciate their health condition as bad and very bad (NBS, 2011).

The number of visits to healthcare facilities increases after the age of 65 and accounts for 34 per cent compared to 23 per cent, on average, for the entire population. Within the elderly group, there are gender differences: in the age category of 65 to 74 years, 38 per cent of women and only 28 per cent of men seek medical assistance, while in the age category of 75 and older the situation is reversed – 31 per cent and 38 per cent respectively (NBS, 2011). Most probably, the higher number of visits by the elderly is explained by their poor health condition but also by free coverage with medical insurance.

The same survey shows that both children and elderly benefited mainly from the services of family doctors, while the visits by the rest of the population were to the specialized staff. The elderly also benefited most from visits at home – 31.5 per cent of the total. The main reason for visits were flu, general treatment or continuation of previous treatment. Only 8 per cent of elderly used private services which corresponds to the average for the entire population.

According to the survey, 25.4 per cent of people who felt that they needed medical assistance in the last 12 months did not request these for one reason or another. This proportion accounted for 28.6 per cent in the case of people of age 65 to 74 and 41 per cent for people over 75 years. The most common reason for the refusal was the use of medication prescribed before (65.4 per cent), the lack of financial means (29 per cent), use of non-traditional medicine (27 per cent), and 22 per cent believed the disease did not need doctor attention. Also 14 per cent of elderly refused to be hospitalized. About 75 per cent of people of age 75 and older used medications in the last 4 weeks preceding the interviews.

One should not exclude the lack of funds as a potential impediment for elderly to get health care, given the informal payments and the fact that the state provided medical insurance

¹² The data is not entirely comparable given the difference in the pension age. The average retirement age in OECD is 63 years for men and 61.9 years for women

cannot cover all types of assistance. There is no specific data on elderly, however, looking at the entire population, only 15.5 per cent of people in the first quintile visited the medical facilities compared to 30.9 per cent in the fifth quintile (NBS, 2011).

Social protection

Social protection in Moldova has two parts, social insurance and social assistance. Social insurance is the main social protection scheme that compensates for the loss in income in case of permanent or temporary incapacity of working (aging, illness, unemployment). The amount of benefit depends on years of contribution to the insurance fund. Social assistance consists of a set of programs and measures to protect vulnerable groups that are in difficulty. It works through the redistribution of funds and can be in form of benefits or services.

Social insurance is the most important element of protection of elderly in Moldova. The pension system in Moldova is PAYG, with all collected funds being redistributed among the current pensioners. The size of the pension depends on the contributions paid during the active period: a person should contribute for minimum 15 years in order to benefit from an old age pension. People who contribute less or do not contribute at all are eligible for the state social pension. The latter is paid from the state budget, but the amount is very low: it represents only about 24 per cent of the pensioners' subsistence minimum.

The pension age is 62 years for men and 57 for women. The average pension in 2010 was 836 lei with a replacement rate to the average wage of 28.2 per cent (compared to 29 per cent in 2009). The average pension in the agriculture sector was 597 lei in 2010, and the replacement rate 18 per cent (MLSPF, 2011). Despite the substantial increase in the last couple of years, the size of the old age pension remains low. As shown in the table 7, the benefit covers only 70 per cent of pensioners' subsistence minimum¹³.

Table 7 The ratio of pensions to subsistence minimum

	2005	2006	2007	2008	2009	2010
Subsistence minimum for total population, lei	766	935	1,099	1,364	1,187	1,373
Subsistence minimum for pensioners, lei	649	800	943	1,167	1,022	1,184
Average old age pension, lei	397	457	565	666	800	836
Pension ratio to pensioners subsistence minimum, %	61.0	57.2	60.0	57.1	78.3	70.6

Source: (MLSPF, 2011)

Elderly are also eligible for a number of social assistance payments (Table 8). They are eligible for nominative compensations, which vary from 25 to 50 per cent of the gas, electricity, and heating bills and transport compensations which are paid from the local budget and account for 40 lei per month on average (MLSPF, 2011). Given the high share of elderly among the poor population, one should expect cash benefits to reach an important number of elderly

¹³ The pensioners' subsistence minimum is calculated based on an assumed consumption specific to pensioners

households¹⁴. Also, in 2010, a new form of social benefit was introduced - social compensations for the winter period; pensioners that receive less than 800 lei per month in social benefits are eligible. The compensation amount varies according to the income gap (only social provisions are considered) and the value of bills to be paid in the winter period (November-March). As in the case of children, elderly might benefit from other types of social payments not specifically targeting this category, provided that they meet other criteria. Nonetheless, these benefits are not important in terms of amount and number of beneficiaries to have an impact on the income of elderly.

Table 8 Social assistance payments targeting elderly

	2010		
	Nr. of beneficiaries	Average amount per month, lei	Total cost, thousand lei
Nominative compensations			
- single pensioners	25,081	95.00	28,879.1
- WWII participants	16,813	146.00	29,840.7
Monthly state social allowances for elderly	3,238	290.00	939
Monthly care allowance for disabled (total, including elderly)	15,883	300.00	4,764
Monthly state allowance for the WWII participants and their families	10,956	475.00 (average)	3,240

Source: (MLSPF, 2011)

Social services

Social services at the community level are provided again through social assistants and social workers. Social workers provide home care service to old people living alone. The service is managed at the community level and the number of beneficiaries depends on the availability of funds. On average, one social worker provides services to 10 old persons. In 2009, 2,554 social workers provided services to 26,300 elderly and disabled (MLSPF, 2011). Generally, social workers help with household activities, personal hygiene, supplies, etc. Table 9 presents the trends in the number of assisted people.

Table 9 Social security to solitary old people and unable to work

	2003	2004	2005	2006	2007	2008	2009
Number of domiciliary social assistance offices	93	80	83	80	97	91	146
Number of social assistants	2,105	2,228	2,342	2,434	2,540	2,510	2,554
Number of assisted old people and invalids, thousand	21.4	23.0	24.4	25.2	25.8	26.3	26.3

Source: (NBS, 2011)

At the local level, elderly in difficult situations are provided with hot meals through social canteens. One person is entitled to 30 meals per quarter (MLSPF, 2011). In 2010, total beneficiaries accounted for 5,900 people. There are also specialized institutions that provide

¹⁴ Given that the benefit is relatively new, there is no data on the number of elderly benefiting from the program

(temporary) services to adults (elderly and disabled): day care centres (34), rehabilitation centres (7), and placement and care centres (30). In addition, in 2010, there were 29 asylums (providing permanent services) that hosted 663 elderly and persons with disability (Table 10). According to the MLSPF data, the number of institutionalized people did not grow significantly in the last 4 years.

Table 10 Social care, asylums for elderly and disabled

	2003	2004	2005	2006	2007	2008	2009	2010
Asylums for old people (units)	11	14	23	26	29	29	29	29
Number of people	-	-	-	-	532	671	670	663

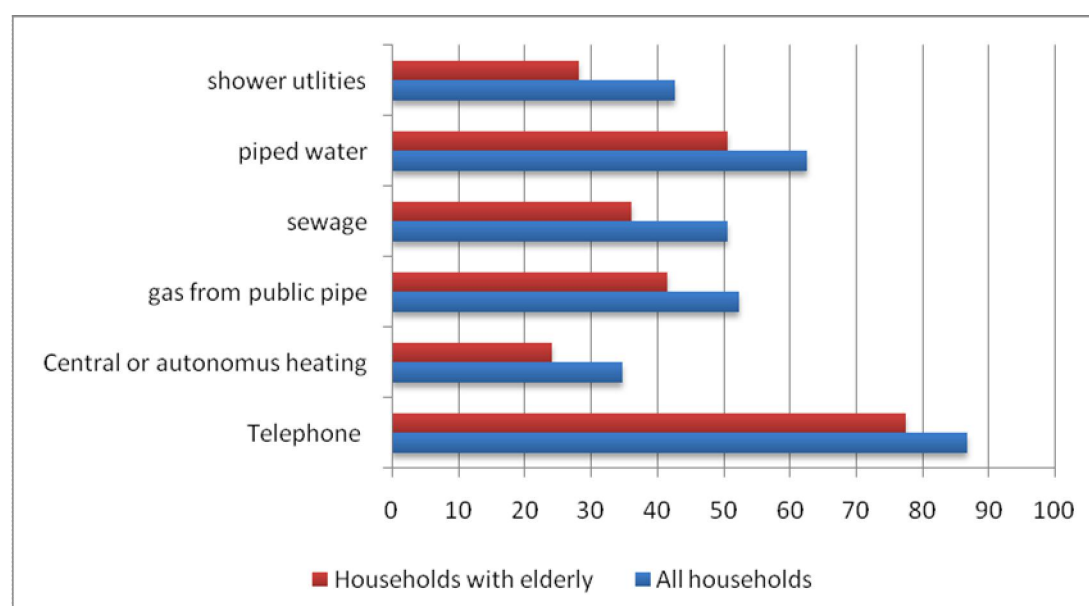
Source: (MLSPF, 2011)(MLSPF, 2010)

Elderly and mentally disabled people are provided with highly specialized social services within residential care institutions. In 2010, residential institutions hosted 2,108 persons; the number of institutions and beneficiaries remained unchanged in the last 8 years (2,030 persons in 2003). Equipment and support means are provided on a free basis to people with disabilities and war veterans. In 2010, there were distributed 1,296 units of equipment and 1,329 people were offered rehabilitation services in medical institutions. The total amount spent on this from the state budget in 2010 was 21 million lei (MLSPF, 2011)(MLSPF, 2010).

Housing

Housing is not a problem for old age people in Moldova. The majority of elderly (99.7 per cent) have their own housing, of which 75.7 per cent live in individual houses and 23.4 per cent in apartments (NBS, 2011). However, the situation is less positive when it comes to facilities and housing comfort. Only 28 per cent of elderly households have shower facilities and only 50 per cent have access to piped water (compared to 43 per cent and 63 per cent respectively for the entire population) (Chart 8). Although the entire population is facing shortages of many of these services, households of old age people are particularly deprived.

Chart 8 The availability of housing facilities, 2010



Source: (NBS, 2011)

There are important differences between conditions for urban and rural elderly households given that in cities housing comes with access to piped water, sewage, and central heating. For example, only one out of 10 rural households had piped water. Electricity is accessible to all households in Moldova (99.9 per cent) irrespective of area of residence. The HBS data shows that urban households are slightly better equipped with 106 TV sets per 100 households in the urban compared to 97 TV per 100 household in rural. About 93 of 100 households in urban have a refrigerator compared to 77 of 100 in rural.

Elderly is another category that faces higher poverty risks. Although social insurance payments have an important contribution to poverty reduction, these are still small compared to the minimum subsistence level (about 70 per cent in 2010). Some categories of elderly benefit from a number of social assistance payments-single pensioners, war veterans, disabled-but these have a small impact on their incomes. Elderly are supposed to have better access to medical assistance given the free medical insurance, but informal payments might represent an important impediment. Elderly have poorer living conditions determined by limited commodities and high cost of utilities.

As in the case of children, elderly living in households with migrants have a better material condition and thus might rely less on social payments. Old people living alone have the right for home care service which are provided by social assistants. They could also benefit from services rendered by specialized institutions. Asylums for old people are a relatively new development for Moldova and the number of people benefiting from this service is still limited. Given the recent institution of social assistants function and the growing demand for their services, it is not clear to what extent they manage to respond to the needs of elderly.

Initiatives to study and address problems of children and elderly left behind in Moldova

The issue of migration effects on the remaining family members has been on the agenda of the development partners and civil society for a long time, however, the interventions to date have been sporadic and largely uncoordinated. This is also because, until very recently, the Moldovan authorities had kept quiet on the issue and there was no official policy to support (the National Plan on the Protection of Children without Parental Care for the period of 2010-2011 should provide for a better guidance for future support). Also, a few small projects targeting children and elderly left behind have been implemented by development partners. These projects had limited coverage and no impact evaluation was undertaken to measure the results. More projects were in the area of research, trying to identify the specific needs and problems of left behind.

Research projects

In the last few years, development partners and research institutions undertook a number of studies in this area. Among the most active organizations are UNICEF, which does research on problems of children left behind, and IOM, which studies the overall effects of migration and also the situation of families left behind. Other organizations like Soros, European Commission, UNFPA, ILO, HelpAge also financed and/or undertook research on the situation of family members left behind.

The majority of existing studies base their findings on qualitative data, collected mainly through focus groups and in depth interviews. There are no studies that use nationally representative data. The studies cover mainly two dimensions: the material situation of families left behind, and the emotional wellbeing of family members. There is no comprehensive analysis of the wellbeing of left behind considering aspects like living conditions, education, health, protection. There is little research done on the effects of migration on elderly (Cheianu, 2011). Below is a presentation of some of these studies' findings.

In 2006, the Child Rights Information Centre (CRIC) undertook a study on '*The situation of children left behind by migrant parents*' (CRIC, 2006). The study focuses specifically on the issue of observance of the rights of children left behind, as well as on the effects of parent's migration on child's emotional state, their main concerns, and the extent to which they were prepared for an independent life. The data used in the survey was collected through a Qualitative Survey on the Situation of Children Left without Parental Care (2005-2006).

The survey was carried out on a non-representative sample of 159 children and 62 adults from 3 rural communities. The communities were selected based on the geographic location – North, Centre and the South of the country. Children were chosen from the age cohort 10 to 18 years and separated in two groups. One group consisted of children with parents working abroad and the comparison group included children living with their parents (at least for 2 years). Some children (aged 14-17) were selected to participate in the data analysis phase, based on their

experience in working with other projects and their leadership abilities. Adults included caregivers, teachers, doctors, NGOs representatives, central and local public authorities' representatives, inspectors, and social workers. The data was collected through workshops using participatory techniques, questionnaires, focus group discussions and in-depth interviews. The participatory techniques included: drawing exercises, social mapping, brainstorming, dot voting, drawing of images about "the future".

The study finds that besides the effects of migration on the financial situation of the household, there are implications of migration on the emotional development of the child, his/her social relations, school activities and participation in the community life. Migration might cause changes in child's life that could be observed in the short and long run and which depend upon a multitude of factors, such as length of parental absence, age at parents' departure, relation with the caregiver (CRIC, 2006).

Based on the same survey data, another analysis was undertaken by UNICEF called '*The impact of parental deprivation on the development of children left behind by Moldovan migrants*' (UNICEF, 2008). The study considers few aspects: the material situation of children left behind; how parental migration affected children's emotional state and which are the factors that contribute (positively and negatively) to the emotional state; how parental migration changes the child's skills and abilities; issues of social inclusion/exclusion; and child's aspirations.

The study finds that all children are emotionally affected by parents' departure, with the smaller children having a tougher time to cope with parental absence. While adults and few children said that "improvement in material conditions made them happy" (pg.20), the majority of children admitted that they face "unpleasant emotional states" due to parental migration (pg.20). The caregivers noted that children become "inhibited, reserved and solitary" (pg.21) and the isolation is more obvious in the case of boys. Children consider themselves "lonely, isolated and deprived of support" (pg.30). The study finds that children's feelings vary over time and they adapt to the new life. This is a conclusion based on comparison among age groups and not an observation over time of the state of the same child. The most important findings of both studies are presented in Table 11.

Table 11 Summary of findings by domains of child wellbeing

Dimension	Comments	Findings
Material situation	The issue is partially addressed in the study; living conditions were assessed based on the subjective opinion of children and adults in the community. Children were also asked if they can afford school, if they have clothes, mobile phones.	CRIC: Children of migrants are financially better off compared to their peers. Interviewed adults consider that these children "live in better houses, have money to pay for school, to buy clothes".
Education	Although teachers were included in the survey, the studies do not look into effects of parent's migration on child's school attendance & performance.	CRIC: In most cases, children stated that they make efforts to meet parent's expectations (school performance, behaviour). The study concludes that the relationship with teachers changes mostly in a negative way, along with changes in attitudes of both children and

		teacher's sides.
Health and nutrition	Effects on child's health were not analyzed; the CRIC study presents some findings on nutrition status based on discussions with children, teachers, and family doctors.	CRIC: Interviewed adults find no difference in the health status of the two groups of children. The survey shows that 76 per cent of children with migrant parents have at least 3 meals per day compared to 80 per cent of children with parents at home. Some children left behind stated that there are days when they do not eat at all (pg.23). Adults mentioned the risk of deviant behaviour of children left behind (use of alcohol, cigarettes).
Protection and environment	The studies present children's perception of being protected and secured. The papers do not probe for indicators like child labour, child protection, child's time spending.	CRIC: Children left behind feel less protected than their peers; they suffer from physical loneliness and feel exposed to different risks (pg.27). UNICEF: More neglected are children left in the care of older caregivers and also in the case when in the household are other children (these conclusion is contrary to findings of other paper that focused the research on elderly headed households (HelpAge, 2010)).
Emotional state	The emotional state was analyzed through self-evaluation of state of happiness and security. Children were asked if they feel lonely, isolated, are in conflict with the caregiver.	CRIC: Migrants' children are exposed to loneliness, anxiety, are stressed and unhappy because of their parents' absence. Most children stated they feel less happy compared to the period when parents were at home. Adults said that the emotional state of the child changes with time, the most difficult being the immediate period after departure. Children disagree with this, saying that "the intensity of feeling remains unchanged" (pg.29). UNICEF: Children communicate regularly with parents by phone, but this is a "poor substitute for face-to-face communication" and increases their feeling of loneliness (pg.31). The study finds that children talk to their parents about money and household needs, rather than their feelings and concerns. The study concludes that children's emotional state improve with parent's frequent visits. There are issues like money administration, privacy, intimacy that lead to conflicts between the caregiver and the child. Children report that caregivers are usually overprotective. Children consider that they could cope better with parent's departure if they will know about the decision beforehand and could choose themselves the caregiver.
Social inclusion	The studies focused on child's participation in the decision making process in the household (own family and caregiver's family), in and out of	CRIC: Communication in the household decreases with the departure of the parent while participation in school and community activities depends on child's personality. The relationship with the caregiver depends on the

	school activities and participation in the community.	age of the child, age of the caregiver and the nature of the family relationship. The most common subject of disagreement is the use of remittances. Children feel that with parent's departure they have been given age inappropriate tasks and responsibilities, but they rarely seek support and advice in the community. The survey finds that children's aspirations are linked with having an integral family and to continue their studies at the university. UNICEF: Children become more independent, learn to cook, to administer money, to allocate time and learn how to take decisions. They prefer to communicate with children in the same situation.
--	---	---

Source: (CRIC, 2006), (UNICEF, 2008)

The CRIC study recommends that the state should consider these children as potentially vulnerable and tackle their problems through programs and services at the local level. The state should also encourage the return migration and create jobs in the country. Public awareness should be raised and community encouraged and taught to provide support to children left behind. The UNICEF study recommends the creation of social services network at the community level, raising awareness on specific problems of children left behind, enhancing capacities at central and local level and support return migration policies initiatives.

HelpAge, commissioned by UNICEF, undertook the '*Grandparents and grandchildren: impact of migration in Moldova*' study (HelpAge, 2008). The paper presents the findings of a project designed to assist grandparents in Moldova in taking care of their grandchildren. The data was collected through case studies, discussions with household members of elderly headed households. A total number of 514 households participated in the project from Lapusna village and from Balti municipality. It is not clear how the two localities were chosen.

The study finds that elderly-caregivers are mainly women, 92 per cent in the urban area and 65 per cent in rural. The study presents an analysis of positive and negatives effects of migration from the perspective of old people (4 cases studies, caregivers aged 59-65) (Table 12). Also, the paper tries to identify the risks to which households headed by elderly are exposed. The greatest risk is that the old person is "inclined to diseases and most dangerous to death" (pg.3). Therefore, there is a risk that the household will remain without a caregiver. Another important risk is related to the child and grandparent relationship - "...the child is emotionally unstable as a result of separation with parents. Grandparents, most of the time, are not prepared to cope with the difficult psychological state of the child and find the upbringing and education difficult" (pg.3).

The study concludes that the identified risks and other problems result in the institutionalization of some children, but it does not give the number of such cases. Among recommendations, the development of community services is mentioned, both for children and elderly. The data collected through the case studies was not sufficient to draw representative

conclusions, therefore the institution, with support of UNICEF, undertook a more in-depth analysis of the situation of elderly headed household in 2010 (HelpAge, 2010).

Table 12 Summary of findings by domains of child/elderly well-being

Dimension	Comments	Findings
Material situation	Data is based on discussions with few caregivers (self-assessment); are not representative and do not probe for other indicators (consumption, goods).	The study concludes that living conditions of elderly headed households with children are poor. Even if many of these households receive remittances the money is not sufficient and is used for current consumption and paying debts. On average, one household receives 150-200 Euros every 2-3 months.
Education	Not addressed in the study	
Health and nutrition	Not addressed in the study	
Protection and environment	Children and elderly were asked if they feel protected and which are the main risks they are exposed to.	Children and elderly do not feel protected; children risk remaining without care due to the age and health state of the caregiver.
Emotional state	The emotional state is analyzed through evaluating the relationship between the grandparent-caregiver and the child.	Children and elderly might be exposed to states of anxiety; they do not communicate and are emotionally instable.
Social inclusion	Not addressed in the study	

Source: (HelpAge, 2008)

Another study on *The impact of migration on children in Moldova* was undertaken by Salah M. A. (Salah, 2008). The study uses data from previous researches, especially data from the *Situation of children left behind by migrant parents* (CRIC, 2006). The goal of the study is to identify the impact of migration on families left behind by putting together the negative and positive effects of migration.

The paper concludes that remittances contribute to poverty alleviation in the short run, through increase in consumption of families with migrants. It argues that some factors related to migration (the lack of supervision, lack of support in doing homework, lack of incentives) could lower school performance of children left behind. Migrants' children are less protected and more exposed to child labour. There seems to be a general negative attitude of the community towards these children as they are considered problematic. At the same time, the paper finds that "many children left behind are often affected emotionally, sometimes under-protected and inadequately supervised"; no examples or reasons why children have these fillings are presented.

Table 13 Summary of findings by domains of child well-being

Dimension	Comments	Findings
Material	Secondary data	The study finds that remittances account for

situation		50 per cent of income for 27 per cent of families with children (pg.5). Remittances are mainly used for food, cloths and for education, findings supported by HBS data (NBS, 2011). In 78 per cent of households with migrants and children housing, food and clothing improved (pg.6).
Education	Based on qualitative data collected from teachers (secondary data, (CRIC, 2006)); no in-depth analysis of effects of migration on school performance is provided.	The paper concludes that migration could affect child's performance, as mentioned by 99 per cent of interviewed adults (CRIC, 2006). It argues that caregivers do not offer support to children in school (old caregiver can't read Latin script) which might have a negative effect on performance. The finding is supported by other studies (HelpAge, 2010) but no information on grades is provided. In the opinion of teachers, children left behind show less interest in school compared to their peers, because of lack of supervision and incentives to study.
Health and nutrition	The paper presents only findings of international literature on effects of migration on health. There were not available data to measure the effects of parental migration on the health of Moldovan children.	
Protection and environment	Data collected through interviews with children and caregivers ((CRIC, 2006)).	The study finds that migrants' children are under-protected, insufficiently supervised and more exposed to child labour than their peers. The paper says that children left behind with their father are worse cared off that children living with their mother.
Emotional state	Use of secondary data.	Children left behind are exposed to stress due to changes in life style; they feel abandoned and receive little or no physical or emotional nurturing from their caregivers (pg.11). The fact that children have to adjust to a new life style is also considered by the author a source of stress.
Social inclusion	The paper tries to evaluate the attitude of the community towards children left behind, based on qualitative data from previous studies.	The community has a negative attitude towards children left behind because these "...undergo a negative change of attitude. Children are rather more prone to offences related to injuries, i.e., beating, hooliganism and that kind of thing than to robbery and burglary. In their relations with members of the community, children of migrants are more arrogant, aggressive and rude compared to other children..." (pg. 30).

Source: (Salah, 2008)

The study formulates a couple of recommendations: have a “specific designation of children left behind” while formulating public policies; the state should facilitate the short term migration and the reunification of children with their migrant parents; raising awareness on specific problems of children left behind; and develop social services to meet these children’s needs.

Luca C. and Gavriluta N. did an analysis on *Social services offered to children left behind, comparative study Iasi – Chisinau* (Gavriluta, 2009). The goals of the research were to identify factors that determine parental choice to go abroad for work, household’s characteristics after migration and problems of children left behind. Quantitative data was collected through stratified sample of 2,037 children grades 5 to 8 from Chisinau and Iasi municipalities. The data was collected through two focus group discussions with experts (psychologists, social assistants, teachers, police representatives) and 74 in-depth structured interviews with migrants and children with migrant parents from Chisinau and Iasi in March 2009.

The study finds that in Moldova more mothers than fathers work abroad, the average time length of migration (until first return) is 5 years and children are left in most cases with grandparents (23 per cent of children (pg. 24)). About 60 per cent of respondents mentioned among the main reasons for parents’ migration the lack of money and the difficulty to find a job in the home country. When asked whether parents announced the authorities about their intention to migrate, 45 per cent of children answered ‘no’ and 42 per cent refused to answer (pg. 29). About 60 per cent of children said they miss affection and 8 per cent money. The study also finds that children with both parents abroad miss affection more than the rest. Also, smaller children (age 10-12) suffer more from parents’ absence than children of age 17-18 (76 per cent compared to 50 per cent (pg. 44-45)). The study lists the effects of migration on children left behind and presents some statistics on the phenomenon. There is no comparative analysis (migrant versus non migrant) and no analysis on causes that might generate these effects. Table 14 presents few more details on findings.

Table 14 Summary of findings by domains of child wellbeing

Dimensions	Comments	Findings
Material effects of migration on children (material condition, education, health, protection and social inclusion)	The study does not analyze these dimensions. Some indicators that could be attributed to these dimensions are listed as results of the qualitative and quantitative surveys.	Asked about what they missed most, some children indicated money, education, a clean house, medical assistance or food.
Emotional state (problems faced by children left behind)	Children were asked about what they miss most after parents’ departure.	The majority miss parents’ affection and communication (70 per cent); some children mentioned they do not miss anything.
Determinants for parents migration	Determinants are listed	Lack of well-paid job at home was the main reason; others include better life conditions, the need to earn for a house.

Child's caregiver after migration	Children were asked who is currently taking care of them. The study does not analyze the relationship between children and the caregivers.	The majority of children are left with grandparents.
Social services offered to children left behind	Evaluation of existing social services in Chisinau.	The study finds that there are no specific services offered to this category of children in Chisinau. But some social services (free legal counselling, daily centres, social worker checking for living condition of children) could be considered as help to children left behind.
Positive effects of migration on children		Children become more independent, acquiring skills of independent living.
Negative effects of migration on children		Risky behaviour: children assume too much responsibility, suffer of depression and anxiety, are exposed to risks like misuse of money, robberies, consume more alcohol, have lower school performance, and health issues. Also, these children have the tendency not to go to college but to join their parents abroad.

Source: (Gavriluta, 2009)

The study *Moldova: child poverty and parental presence, evidence from the household budget survey of 2007*, (Cnobloch P. , 2009) tries to explain the linkage between parents' presence at home and child's wellbeing through the analysis of the 2007 HBS data. The paper finds that in 2007, the majority of children (62 per cent) lived with their parents. The main reason why children live without one or both parents is migration. The main reason (other than migration) why the father is not in the household is because of divorce.

The poverty rate in the households with children with migrant parents was lower than in households with both parents at home: 14 per cent if both parents abroad, 18-20 per cent if one migrated and 30 if there are no migrants (pg.4). The poorest children were in the women headed households, with a poverty rate of 7 p.p. higher than the poverty rate for all children. "When the father was a migrant and the mother was in the household, remittances were associated with a more than 10 p.p. decline in the poverty rate. When the mother was a migrant and the father was in the household, the decline in the poverty rate was nearly 11 p.p.. When the mother was a migrant and the father was not in the household, the estimated decline in the poverty rate was over 12 p.p." (pg.5).

There is very limited analysis (due to data insufficiency) of non-economic indicators. But for the limited available data, the paper finds that migrants' children perform better in terms of most non-economic indicators than children of non-migrants. Only children with migrant mother

register lower enrolment rates. The paper concludes that more in-depth research is needed to be able to provide an estimation of well being of children of migrants.

Table 15 Summary of findings by domains of child well-being

Dimension	Comments	Findings
Material situation	The paper present estimation of child poverty rate using HBS data.	Children with migrant parent experience lower poverty rates. But the author is not sure whether this is a result of remittances or of the fact that migrants tend to come from richer households in the first place.
Education, health and nutrition, protection and environment, emotional state and social inclusion	No analysis is done due to data limitations.	The paper concludes that more in-depth analysis is needed to estimate the effects of migration on these dimensions of child well-being.

Source: (Cnoblach P. , 2009)

The research *“Staying behind: the effects of migration on older people and children in Moldova”* was undertaken within the project “Strengthening community-based support to multigenerational households left behind by migration in Moldova”, implemented with the financial support of the Joint Migration and Development Initiative (JMDI) of the European Commission and the United Nations (HelpAge, 2010)¹⁵. The goal of the project was to collect data on migration’s effects on multigenerational households in Moldova. The paper also provides recommendations on actions to alleviate the negative impact of migration.

The research was carried on a national representative size of 1,205 households, with 610 household with migrants and 595 households with non-migrants (control group). The sample included 85 localities from all rayons of Moldova; the localities were selected randomly for each group. Data was collected through interviews with elderly household members, defined as women of 57 years or older and men of 62 years or older. The research finds that in 90 per cent of case of children with both parents abroad the elderly is the main caregiver; when one parent is abroad the other one is the main caregiver (60 per cent). Still, about 30 per cent of children with one parent abroad live with grandparents.

The findings of this research are somewhat different than those of the others. It finds no important differences between the households with migrants and those with no migrants in consumption, access to healthcare services and children’s exposure to work and violence. It also finds better interpersonal relationship in households with migrants and fewer cases of stress and anxiety. More details on findings are presented in Table 16.

Table 16 Summary of findings by domains of wellbeing

Dimension	Comments	Findings
-----------	----------	----------

¹⁵ This is a continuation of the previous HelpAge study

Material situation	The research probes for income and expenditure of households from the two groups. The conclusions are based on the survey of elderly headed household only, so the impact on poverty differs from that estimated according to the HBS (NBS, 2011).	Remittances do not improve significantly the material condition of households. Though these are an important source of income for migrant households (30 per cent), in both groups, the main source of income are social payments. A large number of households (with and without migrants) stated they cannot cover the basic needs. About 8 per cent of migrant households experience “food insecurity” compared to 10 per cent in non migrant households. Households receiving remittances consume less of self-produced food (25 per cent) compared to 29 per cent for the rest (pg. 19).
Education	From the perspective of the support offered to children in school.	Children left in elderly care receive some school related assistance (homework supervision) but in general elderly do not talk to children about education/school issues. Data on attendance is similar for both groups: about 60 per cent of children from both groups “missed no lesson in the past month” (pg.25).
Health and nutrition	Access to health care facilities and medicine was accessed.	There are no major differences in accessing health care between the two groups. Half of respondents stated that household’s members go at least once per month to the doctor. A large part (57 per cent) of population from both groups could not afford to buy medicine. About 80 per cent of elderly in both groups declared that they have chronic diseases. Elderly caregivers consider children’s health and nutrition more important than the psycho-emotional development of the child.
Protection and environment	The study evaluates child’s exposure to labour and violence in both groups, based on data collected through interviews with caregivers.	Children with migrant parents work less than their peers (38 per cent compared to 40 per cent). Very few children are exposed to violence, with no difference among groups.
Emotional state and social inclusion	The emotional state was evaluated by determining the degree of anxiety, depression and concerns for the future. Respondents were asked about their social life, social and cultural activities.	For the elderly, the degree of anxiety and depression is lower in the migration group; respondents are less concerned about their future. The most concerned are respondents from migrant households that do not receive remittances. The respondents had limited access to social and cultural activities. Households with migrants have worse relationships with their neighbours compared to the other group.

Source: (HelpAge, 2010)

Cheianu D. and others, commissioned by IOM, undertook the study *'The specific needs of children and elderly left behind by migrant family members'* (Cheianu, 2011). The objective of the research was to identify the effects of migration on children's health, education, social interaction and integration, on emotional state and mental health. Also, it aimed at looking at the effects of migration on other family members left behind, with focus on elderly.

Qualitative data was collected through 29 in-depth interviews with children, 29 in-depth interviews with elderly, 10 in-depth interviews with representatives of central and local authorities. Four focus group discussions were held with children from migrant and non-migrant families, 4 with elderly (at home and in residential institutions), and 4 with experts in social protection. Case studies were presented to analyze specific problems of left behind, essay techniques were used to address specific questions; 72 children participated. Drawing techniques were used to gather information from small children, 6 to 9 years old. Participants were identified through the snow ball sampling method. The following criteria to choose respondents were considered: presence of migrants (one and 2 household members), character of migration, who is the caregiver of the child, migration length, forms of communication with the family back home.

The study lists a set of reasons for migration as perceived by children and elderly: difficulty in finding a job in the home country, poverty, high costs of education. The most vulnerable are the elderly who live alone - they feel isolated, abandoned, unsecured. The paper concludes that migration affects the emotional state of the child. It states that there are many case of emotional and physical abuse of children left behind but it does not indicate the frequency of such cases. Elderly experience different emotional states with migration of their children. Some reported being proud, others feel abandoned, lack support and are concerned about their future. The situation is different if elderly are taking care of grandchildren; in these cases the research finds that elderly are tired, frustrated because of new responsibilities but less lonely. More details are presented in Table 17.

Table 17 Summary of findings by domains of child/elderly wellbeing

Dimension	Comments	Findings
Material situation	The study does not aim at evaluating the material situation of family members left behind. Conclusions are based on secondary data.	Elderly included in the survey had poor material situation and living conditions. It is not clear if this is characteristic for elderly with migrant children or to all old persons. The paper also brings few examples of elderly losing their homes, because of being robbed and cheated; sometimes elderly sell their house to finance the migration of the child. The paper concludes that many elderly are institutionalized as result of children's migration (no numbers are given).
Education	Effects were measured through discussions with experts, caregivers and children. The conclusions are neither	Remittances increase access to secondary and tertiary education. At the same time, children have less incentives and time to study in primary and secondary school

	confronted nor supported with additional data.	(based on discussions with children and teachers).
Health and nutrition	Data collected through discussions with children and their caregivers. The study presents a set of diseases mentioned by elderly as consequences of migration of their adult children. Nonetheless it is not clear if these are caused by the absence of the child in the household or other factors as well.	Children left behind are exposed to specific diseases and unhealthy environment, which is not confirmed by other researches. The study presents cases of anaemia, stress, chronic fatigue, heart diseases of migrants' children. Sanitation conditions are considered in some households with elderly caregivers of risk for children's health. The study also concludes that migration affects the health status of elderly. Access to medical services is restricted by the facts that children do not know when and where to seek help and elderly are not in the capacity to ask for help. According to teachers children left behind lack sexual education and supervision which might imply additional risks.
Protection and environment	Children were asked to lists risks they are exposed to because of parental absence.	Some children reported increase in labour; the study finds that the most engaged with household chores are girls with mothers abroad. There were identified cases of abuse of children and suicide attempts (not specified how many or how it compares with non-migrant group). Risks mentioned include lack of support, concern for the future of their children, risk of deteriorating health condition due to higher burden, responsibilities. Elderly feel unprotected; the study presents 2 cases of old persons being robbed.
Emotional state	The findings on the emotional state of children represent a self-evaluation. The study doesn't specify how many children reported these states, didn't probe for other factors that could generate the states. Similarly, the emotional state of elderly left behind was evaluated through reported states.	Children reported being said, unhappy, abandoned, aggressive, feeling betrayed, unattached to the migrant parent. The research shows that children with migrant parent have different concerns compared to their peers, they are more responsible, engaged in decision making, assume age inappropriate tasks in the household. Elderly feel sad because of the disintegrated family, anxiety of being abandoned without support in case of illness. The study finds that abandoned old persons are depressed and lonely.
Social inclusion	Inclusion is considered by analyzing if persons left behind interact with the community.	Children left behind prefer to communicate less with their peers and spend more time with siblings or alone. The paper presents cases when children left behind have "deviant" behaviour, manifested through lack of respect for

		adults, lying, being violent; it is not specified if these is registered more often in cases of children left behind and how many cases were found through the research. There is very little interaction of elderly and the community; again it is not clear if this is characteristic only for old people with migrant family member.
--	--	---

Source: (Cheianu, 2011)

The study presents recommendations for authorities at the central and local level, for civil society and the community. At the central level, data gathering on the number and the situation of left behind should be done on regular basis. The authorities have to provide new forms of support (social services and social payments) in order to help children and elderly. Awareness on specific problems of left behind should be raised. Capacities (including civil society) in addressing the effects of migration should be enhanced.

Technical assistance projects

The EU-Moldova Mobility Partnership (2008) includes a number of measures to mitigate the negative effects of migration. The last project launched under this agreement was '*Approaching the negative effects of migration on minors and families left behind*' (2011-2013). The project, with a total cost of Euro 2 million, is financed by the European Commission and the Ministry of Labour and Social Protection of Italy, and is implemented by the MLSPF and the IOM. The main activities include: a) strengthening the capacity of local authorities in working with family members left behind; b) establishing a multidisciplinary committee at the national level to address problems of families left behind; c) creating and supporting 7 educational centres for young people; d) undertaking informational campaigns (in the host countries) on raising awareness on the situation of people left behind; e) providing individual assistance to children at risk, left behind by migrant parents. At the moment there is no evaluation report on implementation of the project.

Another project implemented within the EU-Moldova Mobility Partnership (2009-2011) is '*Targeting the direct needs of most vulnerable people left behind by migrants – their children and elderly relatives*'. The project is implemented by the IOM and had three components: (a) enhancing capacities at national and local levels, the MLSP being the main partner. A research on special needs of these categories was undertaken with the aim to establish a migration profile, and provide targeted assistance to children and elderly left behind. The research (*The specific needs of children and elderly left behind by migrant family members*) was done in 2011 (Cheianu, 2011) and recommendations were discussed with stakeholders. At a second stage, the project plans to collect statistics on children left behind¹⁶; (b) providing crisis intervention or short-term rehabilitation measures to children and elderly left behind. This component is implemented by the Chisinau Assistance and Protection Centre (CAPC) and envisages delivery of individual integrated assistance (services offered based on case management) to 300

¹⁶ The social workers will count all children left behind in the country

children and elderly left behind, on a pilot phase. IOM also support informational campaigns aimed at raising awareness on risks to which children from migrant families are exposed.

In 2008, with financial support from the UNICEF, HelpAge implemented the '*Improved community-based care for the vulnerable elderly headed families caring for children*' project (HelpAge, 2008). A network of volunteers was created to counsel and assist vulnerable families where older people care for children of migrant parents. These were trained in social, legal, and psychological assistance, NGO development and child protection issues related to the situation of children left behind. The volunteers provided moral support to older caregivers and identified their needs, among which: house repairs, clothing for children, support in filling out guardianship and ID documents, free medical assistance, assistance in enrolling children in special kindergarten/schools, as well as assistance in dealing with problems of human trafficking (of both parents and children), child abuse and HIV. Support was provided to 514¹⁷ households headed by old people. The volunteers identified the needs in each family and conveyed them to the local authorities and the Social Assistance office in the community. The volunteers also provided regular assistance and counselling to the most vulnerable families through peer-support home visits. Also, a research based on case studies was carried out and guidelines for the grandparents were published and distributed - "The Grandparent takes care of grandchildren".

EveryChild Moldova, with financial support from USAID, implemented a project on '*Ensuring the child's rights to have a family, to be protected against violence, abuse and negligence*' (2007-2009). The project aimed at preventing the institutionalization of children, including of children left behind. Trainings at national and local level were offered to social specialists and to teachers assisting children facing the risk of institutionalization. About 1,100 people were trained and access to social services at the community level (like day care centres, temporary placement centres) was facilitated for 5,000 children (EveryChild, 2009).

The Children's Right Information Centre (CRIC), funded by Slovenia Development Cooperation Agency, is implementing the '*School for life: Empowerment of children left behind by migrating parents in Moldova*' project, 2010-2011 (CRIC, 2011). The project aims at delivering trainings to 4,800 children in the rural area to facilitate their social integration. The CRIC also published and disseminated a number of books for children left behind, migrant parents, teachers, social specialist who work with migrants' children. The institution also works with Diaspora (France) to inform parents on risks that their children are exposed to.

Initiatives of local authorities

The initiatives to mitigate the negative effects of migration are rather sporadic at the local level. Some rayon councils, with donor's assistance, offer trainings for persons that are in contact with children of migrant parents. The rayon counsels of Călărași, Anenii Noi and Cimișlia and CRIC (with financial support of OSCE) worked with children, teachers, psychologists, school directors from 50 schools; 136 teachers were trained to identify and meet the particular needs

¹⁷ The project was implemented in two localities, in one village and one town; it is not specified how these localities were selected.

and interests of children with migrant parents. About 3,000 children were involved in different activities meant to improve integration and enhance the rights of children of migrant parents. The Child rights' protection division of Chisinau Municipal Counsel undertook a campaign to raise awareness on the situation of vulnerable children, including left behind by migrant parents (CRIC, 2011).

Within the EU-Moldova Mobility Partnership program, the Moldovan Government and the IOM launched the *Diaspora Small Grants Mechanism* initiative (2011-2012), (IOM, 2011). According to the program, Moldovan Diaspora Associations will benefit from small grants to assist them in strengthening communication with migrants in their host countries, as well as communication between Moldova and migrants abroad, creating service platforms for migrants in host countries and strengthening their institutional capacities. Up to date, 38 Diaspora associations applied for grants, 10 were selected and will receive 5,000 euro each. Strengthening capacities of Diaspora as an institution is supposed to facilitate communication with Moldovan migrants which might have a positive impact on left behind, nonetheless it is not clear to what extent the Diaspora is open to discuss and solve problems of abandoned children and elderly.

Conclusions

Children and elderly in Moldova face higher poverty risks compared to the entire population and poverty is highest in the rural area. However, HBS data shows that households with migrants have lower poverty rates than non-migrant households. Remittances' contribution to poverty reduction is higher if both parents work abroad and households with children receive more money than those without children. This leads to the conclusion that the material situation of family members left behind is better than that of other categories at risk. However, one should keep in mind that there might be households with migrants which do not receive remittances; there is no statistical data about these.

The data on the implications of parents' migration on children school attendance and performance, and healthcare access is limited to some information collected through qualitative surveys. Overall, children's access to preschool education has improved in the last couple of years, while enrolment into secondary education has been decreasing for the rural children. Both poverty and migration are suspected to be the reason, children being forced to quit school and start working to increase household's income or to replace the migrant parent. The general perception of the interviewed people (other than children) is that school performance is affected by parent's departure because of insufficient supervision and motivation.

Overall, healthcare indicators have started to improve after a dramatic deterioration in the first decade of transition, but this could hardly be used to analyze the impact of migration on the health status of left behind. Both children and elderly benefit from free healthcare insurance, which provides for a reasonable quantity of services. However, one should not exclude the unofficial payments which might create impediments in access especially for the elderly. The surveys indicated that children's health status might be at risk because of delay in seeking medical assistance as well as unhealthy life style (smoking, irregular eating, drinking, etc.). Most of the research points to the negative implications for the emotional status of left behind, and

especially of children. Old age people have to deal with excessive burden and responsibilities when left with grandchildren to take care of or feel very lonely and abandoned if alone in the household.

The state's policies to address the issues of left behind are limited to date. An important step was the creation of the network of social assistants which is to identify and help all people in need. However, a lot is still to be done to consolidate the capacities and to ensure a sustainable system of social services. At the central level, there are overlapping responsibilities in managing these services and at the local level there is not sufficient funding to further develop the services and increase coverage. The system of social benefits in Moldova is extremely fragmented, dominated by categorical types of allowances. The consolidation of the system around the newly introduced cash benefits is the right way to go to improve targeting and reduce administration costs. However, social benefits are probably less important to family members left behind given their better financial condition. Also, until now, public policies have been focused more on the issues of children. This will probably change given the demographic changes and the forecasted increase in the share of elderly; more and better social services will need to be developed for this category.

Works Cited

- CASE. *Effects of migration and remittances on Moldovan rural areas*.
- Cheianu. (2011). *Specific Needs of Children and Elderly Left Behind by Migrant Family Members*. Chisinau.
- Chonik, R. (2010). Social, Employment and Migration Working Paper. Paris.
- Cnobloch, P. (2009). *Moldova: Child Poverty and Parental Presence. Evidence from the HBS*.
- Cnobloch, P. (2009). *Moldova: Child Poverty and Parental Presence. Evidence from the HBS*.
- CRIC. (2006). *The Situation of Children Left Behind by Migrant Parents*. Child Rights Information Center. Chisinau: UNICEF.
- CRIC. (2011). *www.childrights.md*. (C. R. Centre, Producer) From http://www.childrights.md/index.php?option=com_content&view=article&id=251&Itemid=106&lang=en
- EFA-FTI. (n.d.). *Education for All - Fast Track Initiative*. Retrieved October 2011 from Ministry of Education: www.prescolar.edu.md/pageview.php?l=en&idc=79&id=178
- EveryChild. (2009). *www.everychild.md*. From <http://www.everychild.md/en/node/252>
- Gavriluta, C. L. (2009). *Social services offered to children left behind, comparative study Iasi-Chisinau*. Iasi: Iosif.
- HelpAge. (2008). *Grandparents and grandchildren: impact of migration in Moldova*. Chisinau.
- HelpAge. (2010). *Staying behind: the effects of migration on older people and children in Moldova*. Pontos.
- IOM. (2011). *www.iom.md*. From <http://www.iom.md/index.php/en/media-center/media-coverage/179-moldovan-diaspora-associations-supported-through-the-diaspora-small-grant-mechanism->
- Latif, S. K. (2011). *Policy Note: Moldova's Path to Quality in General Education: The Plan for System Optimization*. The World Bank.
- Law # 397. (2003, October 16). Law on Local Public Finances. *Monitorul Oficial* , 248-253 (996).
- Law #1585-XIII. (1998, February 27). The Law on Compulsory Medical Insurance. *Monitorul Oficial* , 38-39 (280).
- Law #411. (1995, March 28). Law on Healthcare. *Monitorul Oficial* , 034 (377).
- Law #435. (2006, December 28). Law on Administrative Decentralization. *Monitorul Oficial* , 29-31 (91).
- Law #547. (1995, July 21). Law on Education. *Monitorul Oficial* , 62-63 (692).
- ME. (2011). *Information Note: Poverty in the Republic of Moldova*. Ministry of Economy.
- ME. (2010). *Poverty Assessment and Impact of Policies 2009*. Ministry of Economy.
- MLSP. (2011). *Children poverty*. Ministry of Labor and Social Protection.
- MLSPF. (2010). *Annual Social Report 2009*. Ministry of Labor and Social Protection. Chisinau: Ministry of Labor, Social Protection and Family.

- MLSPF. (2011). *Annual Social Report 2010*. Chisinau: Ministry of Labor, Social Protection and Family.
- MLSPF. (2011). *Children poverty*. Ministry of Labor and Social Protection.
- MofE. (n.d.). *Educational System*. (M. o. Education, Producer) Retrieved October 2011 from <http://www.edu.gov.md/?lng=ro&MenuItem=3>
- MofE. (2003). *National Strategy Education For All*. Ministry of Education. Chisinau: Ministry of Education.
- MofH. (2010). *Analiza starii de sanatate a populatiei Republicii Moldova prin prisma indicatorilor statistici 2005-2009*. Centrul de asistenta pentru autoritatile publice.
- MofH. (2006). *Demographic and Health Survey 2005*. Ministry of Health, Chisinau.
- MofH. (n.d.). www.san.gov.md. (M. o. Health, Producer) Retrieved 2011
- MofH, MofE. (2010). *Children's Health and Environment*. Ministry of Health, Ministry of Environment. Chisinau: Ministry of Health, Ministry of Environment.
- NBS. (2011). *Accesul populatiei la serviciile de sanatate. Rezultatele studiului in gospodarii, august-octombrie 2010*. National Bureau of Statistics, Chisinau.
- NBS. (2011). *Aspects of the Standards of Living of Population in 2010 (Results of the Household Budget Survey)*. From http://statistica.md/public/files/publicatii_electronice/aspecte_nivelul_trai/Aspecte_Nivelul_Trai_2010.pdf
- NBS. (2011). *Depographic Indicators*. National Bureau of Statistics, Chisinau.
- NBS. (2011). *Education in the Republic of Moldova 2010/2011*. National Bureau of Statistics, Chisinau.
- NBS. (2009). *Population and Demographic Processes in the Republic of Moldova*. From www.statistica.md/pageview.php?l=ro&dc=263&id=2198
- NBS. (2010). *Statistical Yearbook*. National Bureau of Statistics.
- NBS. (2011, September). *Varstnicii in Republica Moldova in anul 2010*. From National Bureau of Statistics: <http://www.statistica.md/newsview.php?l=ro&idc=168&id=3549&parent=0>
- O'Brien, C. (2010). *Mid-Term Education of the EFA Fast Track Initiative Country Desck Study: Moldova*. From www.globalpartnership.org
- Salah, M. A. (2008). *The Impact of Migration on Children in Moldova*. NewYork: UNICEF.
- UNICEF. (2008). *Baseline Study on Basic Education in the Republic of Moldova from the perspective of Child-Friendly Schools*. Chisinau.
- UNICEF. (2009, September). *Evaluation of the residential system of child care in Moldova and the technical assistance for the Government of Moldova for hosting the sub-regional consultation regarding the child care system reform in countries included in the European neighbourhood policy*. From http://www.everychild.md/userfiles/Moldova_child_welfare_assessment_final_2009%20_ROM.pdf
- UNICEF. (2008). *The Impact of Migration on Children in Moldova*.
- UNICEF. (2008). *The impact of parental deprivation on the development of children left behind by Moldovan migrants*. Chisinau, Moldova.