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EVALUATION OF MENTAL HEALTH OPPORTUNITIES PROGRAMS IN MOLDOVA

Case study: Orhei School for Boys with Mental Disabilities

Content

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Executive Summary

The reportôs objective is to provide a comprehensive assessment on the opportunities to carry out and implement the mental health programs for the children with disabilities in Moldova and with specific reference to Orhei School for boys. The report aims to answer the following questions: what is the current situation of children with disabilities and specifically what is the situation of the children with disabilities in Orhei School for Boys, what are the current policies and state programs and whether they are effective and adequate to both start programs for deinstitutionalization of children from Orhei School for boys and more largely to develop social programs for integration of children with disabilities into the society.

The report makes use of a number of research methods: collection of the available data and statistics on the situation with the subsequent analysis and reorganization, extensive interviews with various actors and professionals in order to gather first hand knowledge and information, research and decomposition of various financial data related to budgets and allocations, research and collection of information and analysis of the legislation on the policy programs and their effectiveness. Apart from this, the research has reviewed a number of available sources and also carried out observation, document analysis, and evaluation techniques.

The report is structured into chapters, each presenting the information and entering the discussion and interpretation of the collected and presented information. *First chapter* describes the current situation and draws conclusions upon the situation of children with disabilities in Republic of Moldova. After which, it gets more in depth in presenting descriptive data on the main topic of the study: the process of institutionalization of children with severe disabilities, taking as a concrete example: the school for the children with mental disabilities from Orhei.

In order to see the cohesion of governmentôs policy objectives and governmentôs action, a national legislative framework will be presented in the *Second Chapter*. The following chapter illustrates the existing supply of professional services in assisting children with mental disabilities and 3 models of best practices as taken by the government will be presented. The purpose of this part is to identify the capacity of day centers, namely the number of children that can be assisted and the quality that can be provided. In the same time, the *subsequent chapter* expands the subject. It aims at analyzing and evaluating the professional service supply at regional and national level, by using indicators such as: undertaken training/study courses, number of graduated and working professionals. It combines the supply and demand of services.

In the *fifth chapter* the funding, procurement and licensing procedure is described and assess. Consequently, based on main findings the *last 6th chapter* presents recommendations and policy proposals.

Key recommendations of the research refer to: 1) needs for the overall improvement and development of the existing policy programs, 2) making use of the existing policy programs framework to promote mental health interventions, and 3) specific conclusions regarding Orhei School for boys with mental disabilities.

The general recommendations advocate for the coherent use of relevant cash benefit and fiscal policies in order to promote reintegration of children with disabilities and development of the social services. The development of the social services could be effectively done through the partnership and cooperation of central and local authorities and not disjoint by either of them as the former have not adequate expertise and the later financial capacity, yet the former have financial means and quality assurance competence, while the later understanding of specifics and resources to supply.

The specific recommendations to Orhei school, on top of the general recommendations, confirms the existence of the reasonably developed supply of social services in the region and identifies a number of opportunities within the community to effectively implement deinstitutionalization programs.

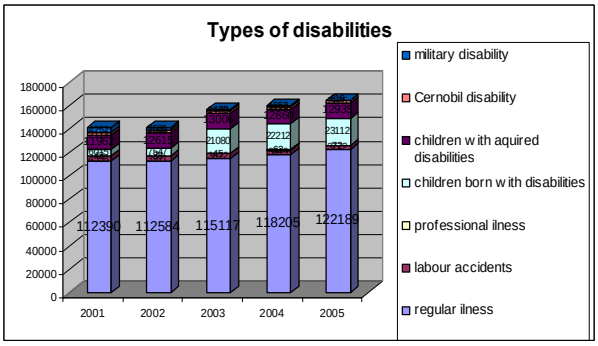
CHAPTER 1. REVIEW OF CURRENT SITUATION AND PROBLEMS

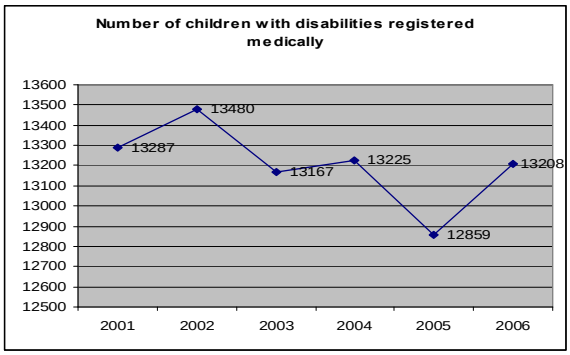
A person is regarded as having a disability if that person has a substantial restriction in their capacity to carry on a profession, business or occupation or to participate in social or cultural life by reason of enduring physical, sensory, mental health, or intellectual impairment. An estimated 10% of the worldôs population - approximately 650 million people, of which 200 million are children - experience some form of disability[1]. Among the persons with disabilities, there is a high rate of child population that lives in low income countries and poverty further limits access to basic health services, including rehabilitation services[2]. The situation does not differ essentially in Moldova. Disability pattern in Moldova is similar to one of the European situation.

1.1. Overall situation

In past few years, an increase in number of disabled persons is noticed. There is a higher percentage of the persons with disabilities in rural areas (around 60%) and higher incidence rate among men (56%). There were around 13.000 disabled children in 2006.

Graphs 1.1, 1.2

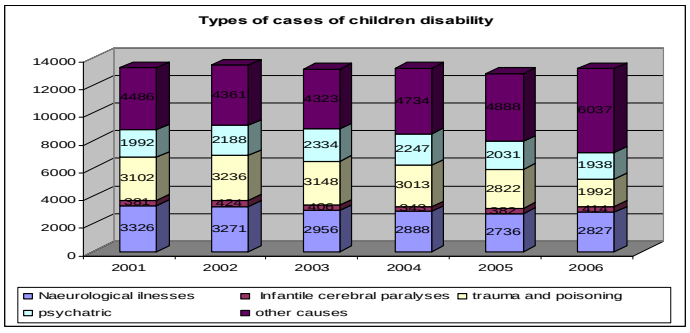




Calculated from Medical Statistics

The causes of gradual increase in this sense are not comprehensively presented by national statistics. Further on, the fluctuation of morbidity rate caused by mental and behavior defect is presented.

Graph 3

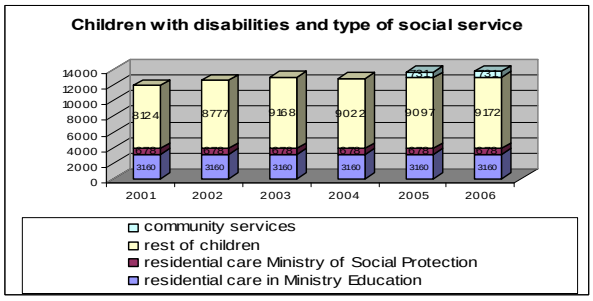


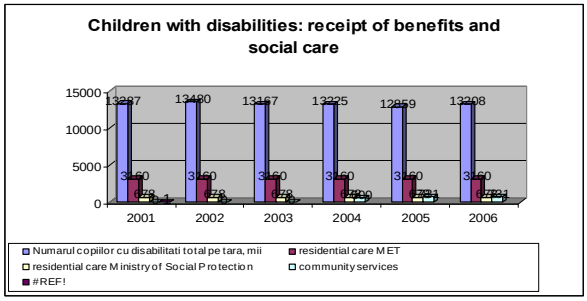
Source: National Statistics Bureau

Comparative data from medical statistics on the number of children with disabilities and administrative data from Ministry of Education (boarding schools) and Ministry of Social Protection, Child and Family produces a picture where only about 10-12% provided with any service either in residential care or community non-residential care. The rest of children are not covered by any type of service.

Graphs 1.4, 1.5

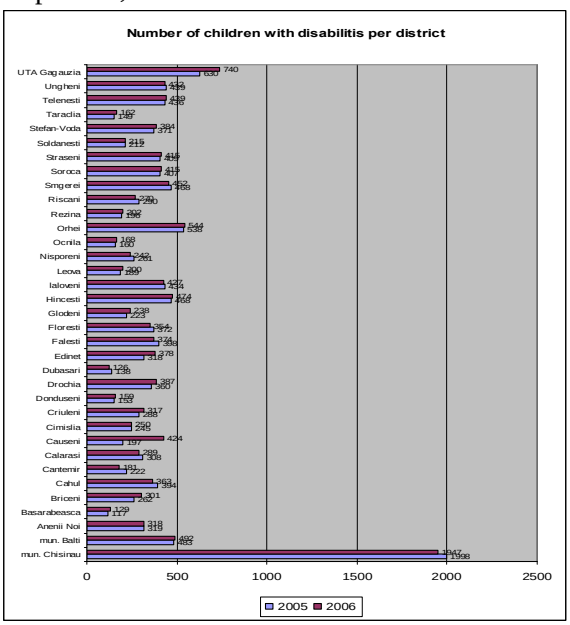
[1] Concept note. World Report on Disability and Rehabilitation.
[2] WHO Data.

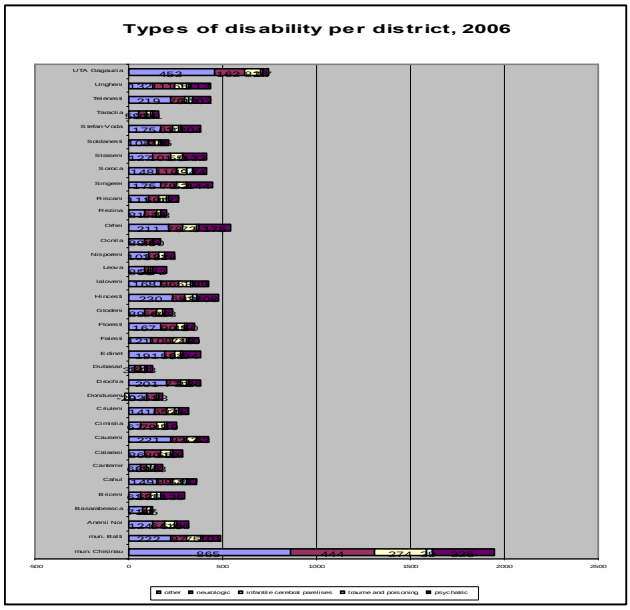




The break down of geographical distribution per districts of children with the disability and the reasons for the disability is shown below:

Graphs 1.6, 1.7





The knowledge of the geographical distribution of the children with disabilities is important in order to provide the supply of the social services based in the communities.

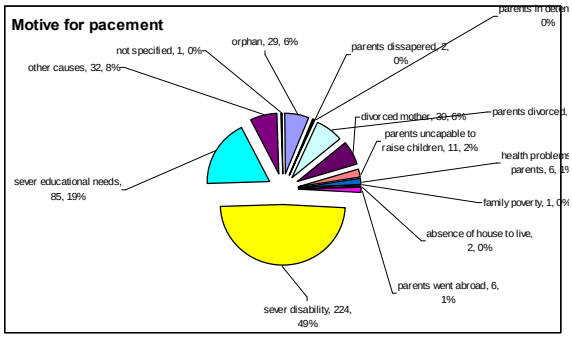
Review of the current disability related policies could be found in chapter 2.

1.2. School for Boys with Mental Disabilities in Orhei

School for Boys with mental disabilities in Orhei was founded in 1948 is managed and financially supported by the Ministry of Social Protection, Child and Family. Therefore, the decision of placement in almost all the cases, 332 persons- 99,7% is taken by the Ministry of Social Protection, Child and Family. The procedure for the placement of the children into the school is based on the decision of the rayon specialized commission and confirmed by the Ministry. There are various reasons for placement.

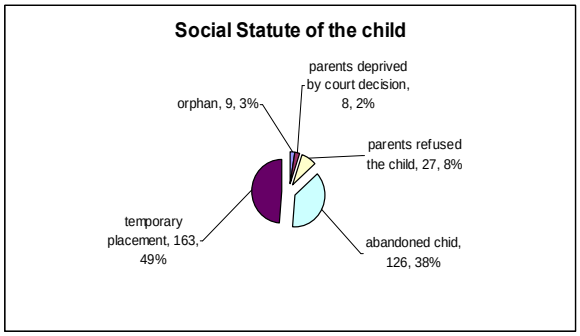
Graphs 1.8, 1.9

Graph 1.10



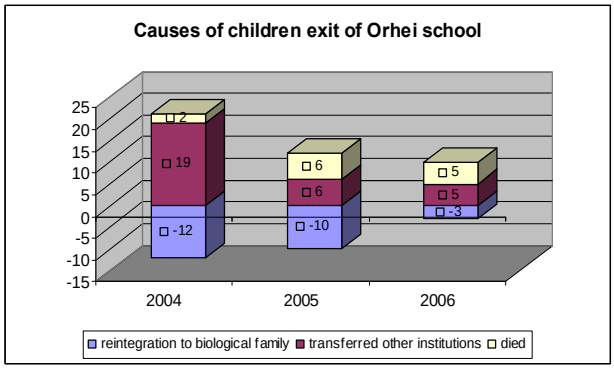
One of the main reasons presents the severed educational needs, and institutionalization as a solution of providing the specialized needs. Most of the cases, due to severe disability (49%) and the lack of parentsô possibility to handle such situations the children are passed to the boarding school. Noticeable is that the low level of standard living is not one of the main causes.

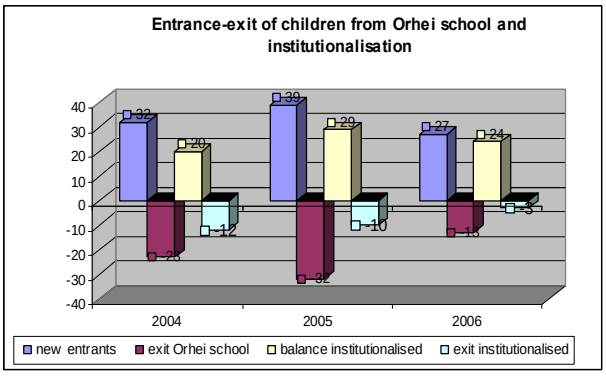
Graph 1.11



The placement causes are followed by the status of the child, being an orphan and with disability. The highest rate of institutionalized is for the abandoned children. 27,8% of children at first are left from the custody of their parents to benefit of the specialized service and after a while the parents refuse and let their children under the complete custody of the institutions.

Graphs 1.12, 1.13

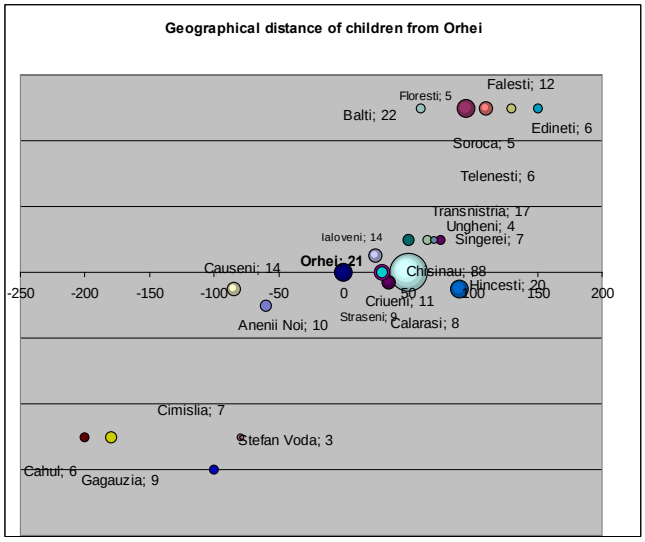


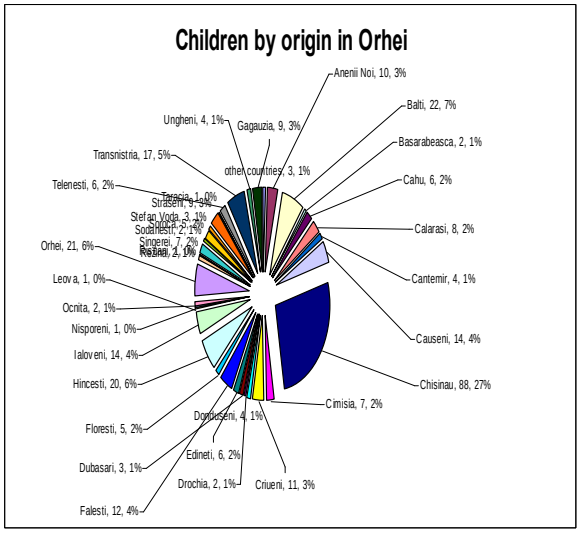


The exist-entrance dynamics of the children has not changed significantly over the years. Reintegration with biological family is a decreasing trend. The definite exit of children from the residential care system decreases as well.

The geographical origin of the children is so that most of the children come from the central parts of the country. Almost half of the children come from the 50 km distance from Orhei.

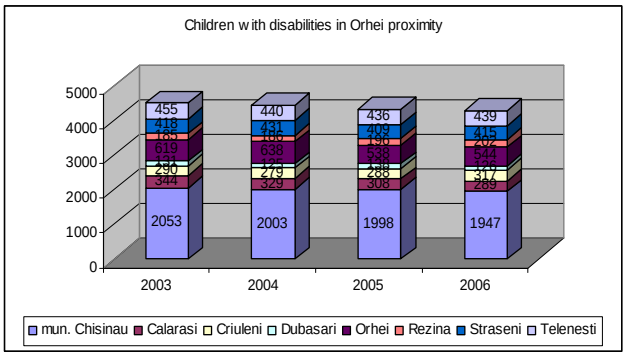
Graphs 1.14, 1.15





The highest rate of institutionalized children are between age of 15-18, meaning that there is a high number that will in the near future follow to be placed in other institutions for the adults with disabilities. The issue of the path that children follow after reaching the age of 18 will be addressed later in this study.

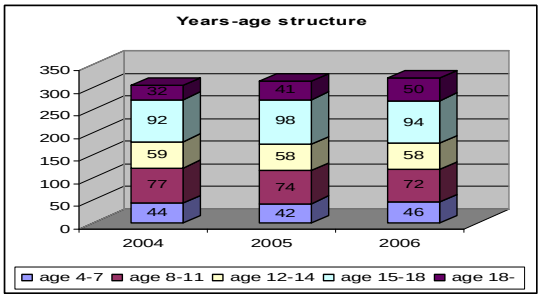
Graphs 1.16

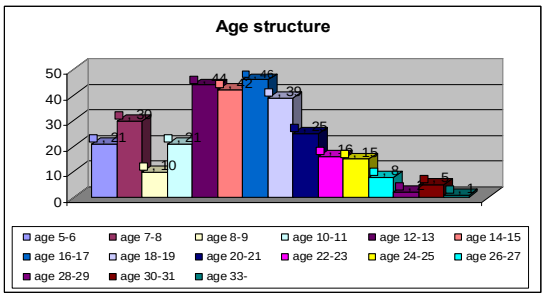


Most of the children come from Orhei and nearby districts of Calarasi, Criuleni, Dubasari, Rezina, Straseni and Telenesti. However, the geographical distribution of the children with disabilities does not

reflect a similar pattern. Graphs 1.6, 1.7 show that there is wide distribution of the geography of the children with disabilities, including those with mental disabilities.

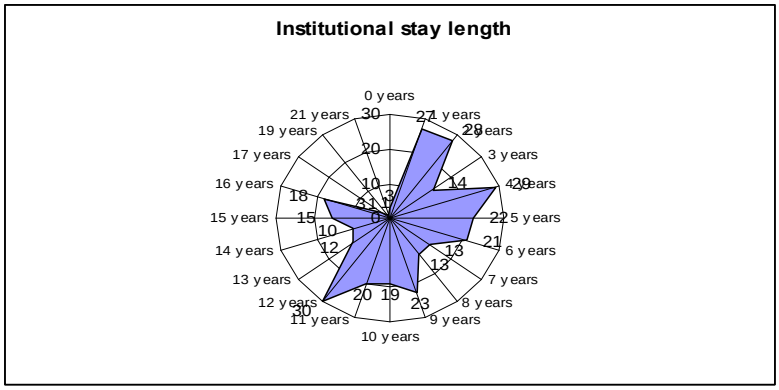
Graphs 1.17, 1.18





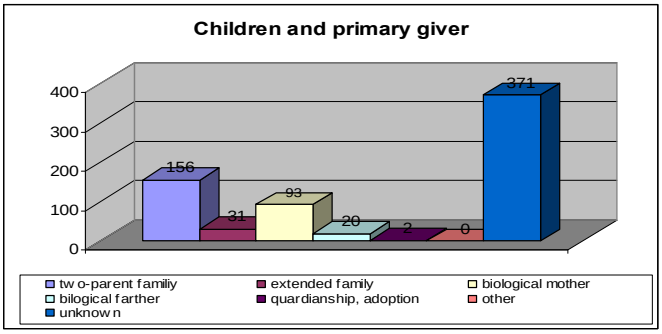
More than a half of the children - 193 children (57,9%) remain in the school from 0 to 10 years, whereas 26,1% of children stay from 10 to 15 years. Among children, one person is for 21 years in the institution.

Graph 1.19



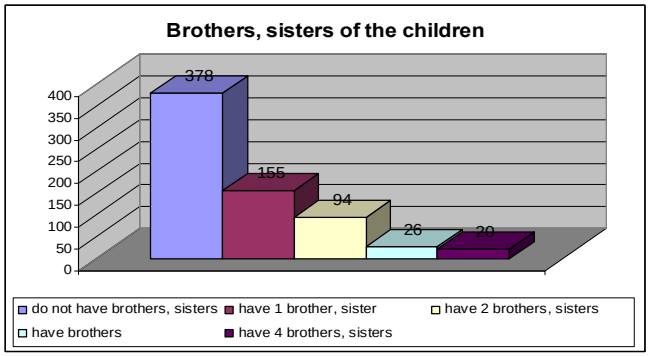
The path that the disabled children follows after completing 18 years old is the placement in another institutions such as Psycho Neurological Internats or asylum for elderly. Due to the fact that receiving institutionôs capacity overpasses the requests, the children are sent back to the boarding school or not accepted at all.

Graph 1.20



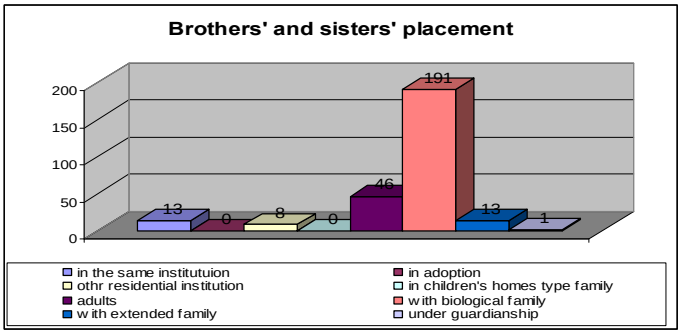
The data concerning the number of brothers and sisters of the institutionalized children show that the majority of children do not have brothers and sisters, which represents about 56.17% of cases, and in 37% of cases, the child comes from a family with 1-2 children.

Graph 1.21



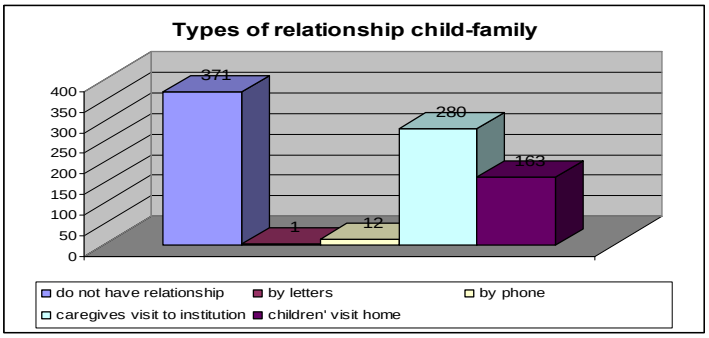
The data concerning the place of being of the brothers and sisters of the child on residential type care show that *1.94%* of cases are in the same institution.

Graph 1.21



The study registers *1.19%* of cases when the brothers and sisters of the children with severe disabilities are placed into other residential institutions. Analyzing the data concerning the childôs relationships with his family, we identify a series of features of these ones: an episodic and a short time character (visits at the institution, going home), modalities of communication and relationship at distance (phone, letters).

Graph 1.22

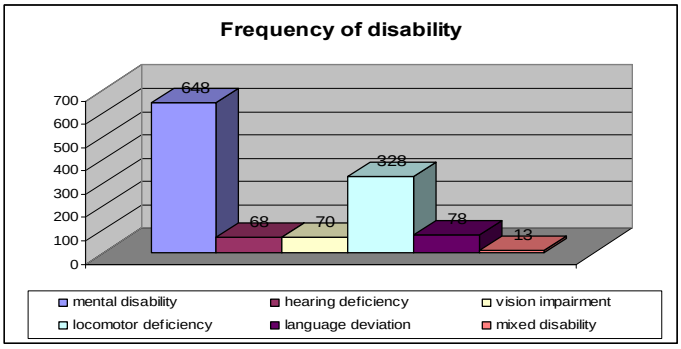


A constant and alarming factor is the residence of the childôs family related to the institution where this one is placed. The familyôs considerable physical distance from the place where the own child is placed reduces the parentsô possibilities to visit their child due to the costs generated by these trips, which form a rupture of the relationship parent-child with negative effects upon the childôs development. These causes and the parentsô refusal to visit their children with severe disabilities are sustained by the picture showing us that *371 (55.3%)* children do not have relationships with their families.

Morbidity

The analysis of the institutionalized childrenôs morbidity shows us that in *299* cases the children present chronic diseases. The severe disabilities appear the most frequently as a mental disability ï 646 cases. Often 328 cases of children with severe mental disabilities are affected also by severe locomotor deficiencies.

Graph 1.23



The analysis of the data demonstrates that the childrenôs homes for children with severe disabilities place children with mental disabilities, hearing deficiencies, vision impediments, locomotor deficiencies, language deviations, these have the necessity to develop psycho-pedagogical and social services and to employ qualified specialists in the area of rehabilitation and recovery of the development of the children with severe disabilities. The studyôs results show that 29 children with hepatitis were traced out in these institutions.

In the childrenôs homes for children with severe disabilities high frequencies concerning the respiratory diseases are registered. The studyôs data show us that *182 children* were affected by respiratory diseases *once a year, 189 children*ð twice, *192 children*ð three and more times. Intestinal diseases were registered only once in 52 cases, twice in 37 cases, three times in 91 cases. During the 2006 year there were following cases concerning traumatisms: -37 children suffered once a trauma, 13 childrenð twice, 10 childrenð three and more times. The indicators characterizing one childôs costs per year are informative and significant as value. The total annual budgetôs amount per child per year in the childrenôs homes for children with severe disabilities constitutes average 28028 lei, varying from 26272 lei until 29839 lei.

The analysis of the studyôs data shows us that the institutions are searching for possibilities of obtaining/finding internal extra-budget means for the budgetôs progression. The external extra-budget means are different in the institutions and they demonstrate us tangentially the activity of the administration and institutionôs collectives in order to obtain additional financial means. From the total budget, the extra-budget means constitute average 9.56%, maximumð 13.03%, minimumð 5.73%. The minimum percentage is characteristic for the institution from Orhei.

The financing means for the staff remuneration in the institutions constitutes 4548.4 thousand lei. The staff remuneration from the state budget represents average 29.67%, and has a similar level in the both institutions, that are subordinated to the MSPFC. As we may notice from the table nr.8, the goods and service cost in an amount of 8359.1 thousand lei is much bigger than the budgetôs quote for the staff remuneration.

INSTITUTION	Costs, 2006 (in thousand lei)			
	Staff remuneration (art.111)	*Staff remuneration (% from the allotted state budget)*	*Goods and service cost (art.113): Total, inclusively*	*Goods and service cost (% from the allotted state budget)*
Orhei (boys)	2277.2	29.97	4083.5	53.74
Hincesti (girls)	2271.2	29.38	4275.6	55.31
Total	4548.4	29.67	8359.1	54.53

The analysis of the types of expenses for the goods and service costs shows us similar results for this type of institutions. The food expenses represent 3708.5% thousand lei, and the ratio of the minimum to the maximum expenses constitutes 1714.9 thousand lei to 1993.6 thousand lei.

There were situations where the institutions did not have internet expenses, current and capital equipment repairing, computer and calculation work, prosthesis, tickets for health treatment, etc. The

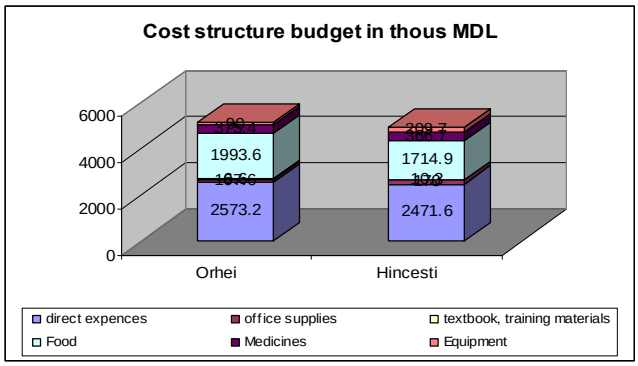
indicators of the direct expenses per child per year or per day are informative and significant as an absolute value, and not as a value which covers or not the childôs physiological / psychological / development necessities.

The annual direct cost for the care of the children with severe disabilities, *composed of expenses for: supplies, textbooks, training materials, food, medications, books and periodicals, the soft inventory's and equipment's purchasing, constitutes average* 8 340 lei. The institutions do not make expenses for the textbooks, training materials, books and periodicals.

The food expenses per child per year constitute 6132 lei, the biggest sum allotted for food being 6497 lei and the smallestð 5756 lei. The food expenses per child per day from the state budget constitute 16.8 lei. It is difficult to appreciate whether this sum covers the physiological and growth needs of the children in order to reach the appropriate psychophysical development, we also notice at these chapter very different values in comparison with other types of schools.

The expenses for the procurement of *medications* per child per year constitute average 1227 lei. The expenses for *the soft inventory and the equipment* constitutes average 299700 lei, and for one childð 496 lei. The remuneration costs constitute 26.83% from the state budget. The remuneration expenses for the pedagogical staff represent average 15.39% of the costs of the staffôs remuneration, and the expenses for the medical staffð 40.72%. The financial means for the technical staffôs remunerations constitute 1756.1 thousand lei and represent 38.61% from the total remuneration costs.

Graph 1.24



Main facts about the school:

- 1/3 of the children placed in this type of institution remain institutionalized until 40 years old and more, which demonstrates the lack of a system directing the children placed under care and the ambiguous interpretation of the notion of child by the specialists in the field.
- The assessed institutions do not have professional and human capacities to provide quality services, which might ensure the process of appropriate rehabilitation to the childôs psychophysical development degree.
- The current modality of organizing the services of protecting the children with severe disabilities does not permit the satisfaction of the development needs and the maintaining of the children with severe disabilities in their family.
- The level of the initial and continuous professional preparation of the specialists from this type of institution does not correspond to the necessities of the children with severe disabilities.
- This type of institutionsô financing must be planned according to the childrenôs needs, centered on the monitoring and control of the expenses made by the institutions.
- The expensesô variations determine the necessity of the elaboration of the financing criteria based upon the needs of the children placed in this type of institutions, etc.

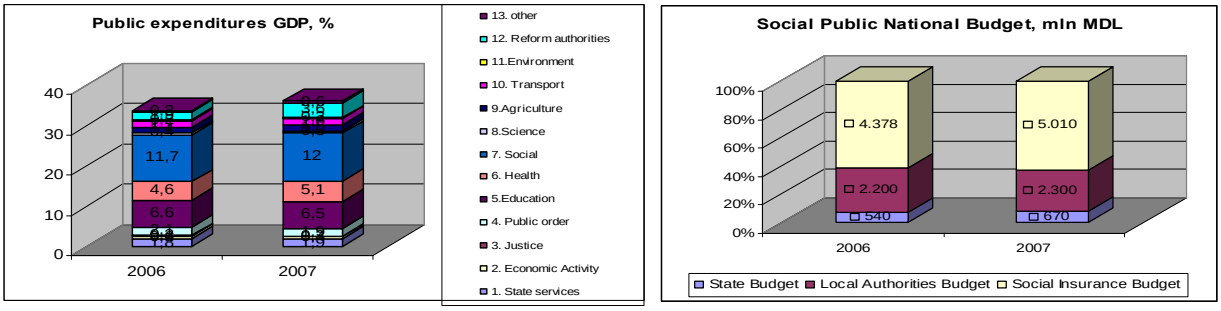
CHAPTER 2. REVIEW OF RELEVANT POLICIES

This chapter provides the comprehensive overview of the policy priorities, objectives and a detailed treatment of the policy programs directed to children with disabilities.

2.1 Framework Review of Social Policies

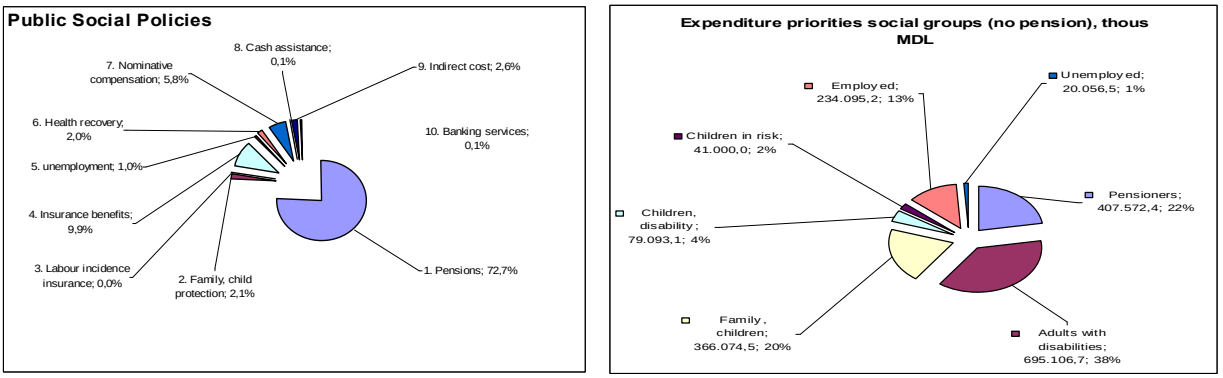
Percentage of GDP spent on social priorities is comparable with the European practice. The biggest part of the social budget comes from the Social Insurance Budget (60%) followed by local authorities budgets.

Graphs 2.1, 2.2



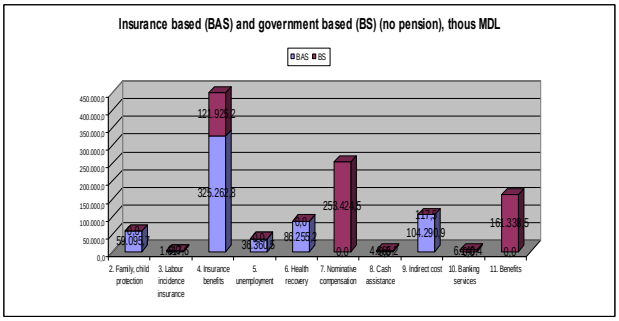
There are 8 major policy category programs, with pensions cost being the largest. The reorganization of the social budget according to the beneficiary groups (less pensions) reveals that children with disabilities as a social group receives 4% of the social budget expenditures.

Graphs 2.3, 2.4



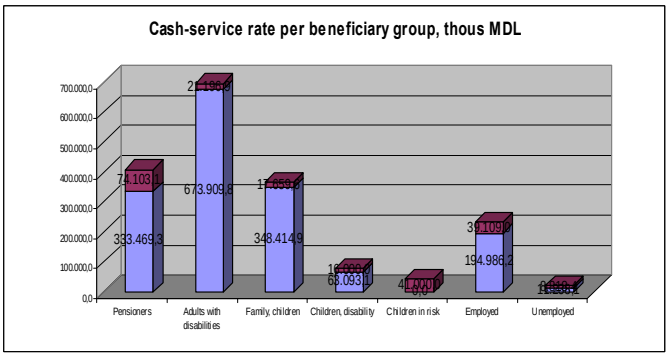
Insurance based policies (BAS ï Social Insurance Budget) direct resources for some type of expenditures, while government budget (State Budget-BS) directs resources primary for nominative compensations and various types of benefits.

Graph 2.5



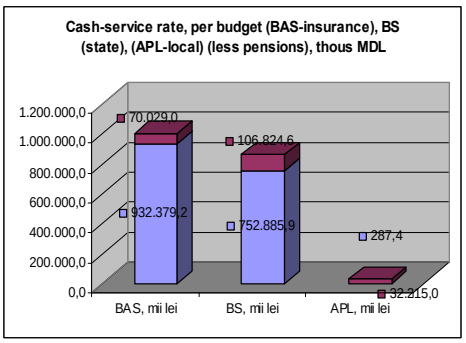
Reorganization of the social budget based on the beneficiary groups and considering the money-service ratio provides that services make up around 5% of the allocations. Children with disabilities and family with children receive same less than 5% in services.

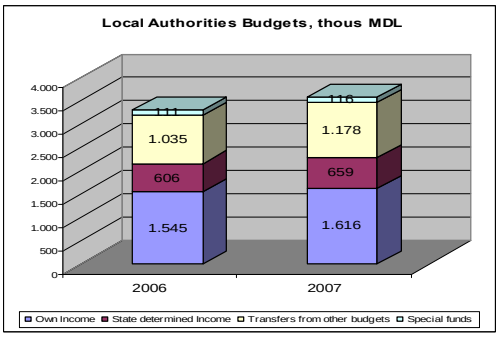
Graph 2.6



Local authoritiesô budgets are made up of around 50% from their own incomes and 50% of matching or transfer funds from the state budgets and special sources.

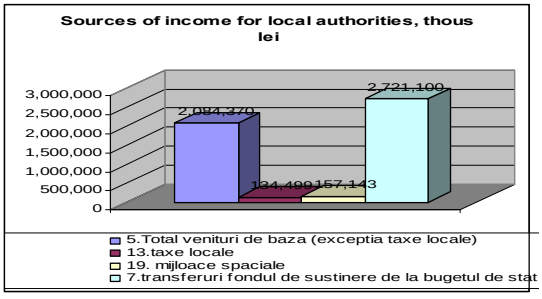
Graphs 2.7, 2.8

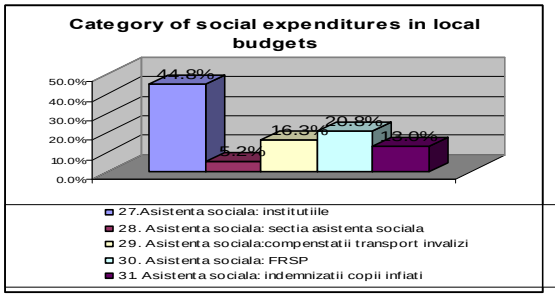




The fact that local authoritiesô budgets can ensure just about 50% of the expenditures proves the low financial capacity of the local authorities to carry out and finance the creation of the social services and development of the local social programs. Therefore, in practice, based on the state of the income and the financial means collection, the local authorities, without the transfers from the state budget, will not be capable to carry out most of the programs.

Graphs 2.9, 2.10



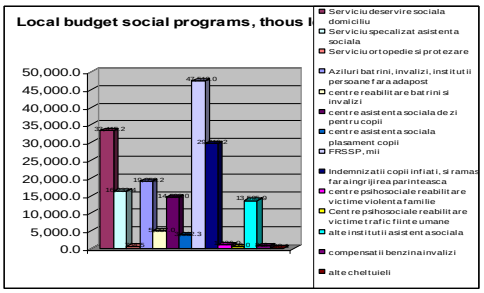


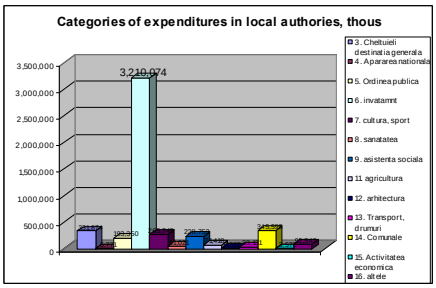
As below graphs show, the major social programs carried out by local authorities represent a small faction of the local budget ï the largest share is with the educational programs (more than 65%).

The social programs are primarily about the provision of the social services (with some exceptions related to the transportation cost compensation and a social benefit for the adoption). Local social programs target the elderly, various vulnerable groups and also persons and children with disabilities. Of those relevant to children with disabilities the programs are:

- community centers for children with disabilities,
- day-care centers with children with disabilities are included along with the other children.

Graphs 2.11, 2.12





A more detailed discussion of the social policies and programs can be found in section 2.3 of this chapter.

2.2 Institutional Framework regarding policies for children with disabilities

A short account of the institutional framework is necessary to understand the current government capacity to carry out and implement existing and future policies. Most of the existing institutions and functions are described in Graph 2.13.

The mentioned graph explains that central authorities are responsible for the policies and the cash benefit programs as well as some social service provisions, while local authorities are responsible for the implementation of the existing social services programs. At local level, district level authorities have the control over the negotiated budgets with the local authorities at community level.

In this some shortcomings are important to be mentioned in this section:

- Ministry of Social Protection, Family and Child (MSPFC) has few instruments to influence the policy programs implemented and administered by Social Insurance House (CNAS), the Ministry lacks access to the desegregated information and data on the beneficiaries. CNAS administers all Social Insurance Budget and State Budget cash benefit programs.
- The Ministry lacks capacity and influence over the cash benefit programs. CNAS administers almost as a self-governing body the benefits and de facto largely determines the content of policy in the areas social protection benefits.
- The current institutional set up lacks the instruments and the institutions responsible for the accreditation, monitoring and inspection of the quality of social services.
- No functions responsible for the inspection of the correctness of the use of the social benefits exist.
- The system of the identification of the local needs at the community level is absent, although local community social assistants have already started to work for almost a year, their capacity to collect and transit the information on the needs to district level and central level is absolutely inadequate for the policy process. It is expected that only by 2008, the social assistants will be able to perform their tasks of identifying the needs adequately,
- The degree of cooperation with local authorities is insufficient. The results of the local elections created in most of the districts the situation of political confrontation between central and local authorities.
- Social sector does not have mechanisms and relevant capacities for tendering for social services supply, evaluation of the quality of social services and planning for social service provision at district level.
- The role of MSPCF is limited in relation to the coordination of other polcies and policy instruments: fiscal policies, treasury policies, cash-benefit policies, informational policies and others.

Institutional framework for the placement of child in residential care

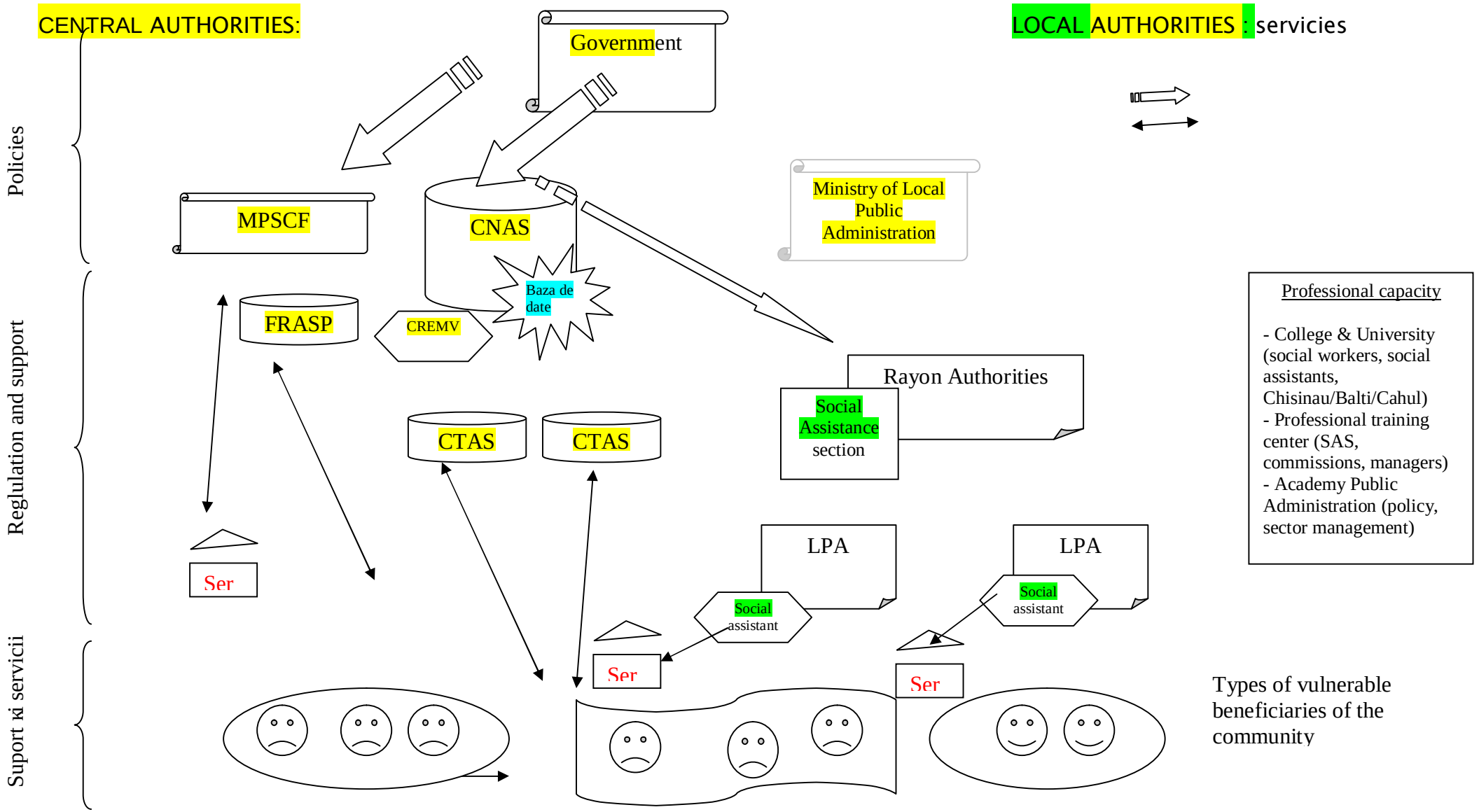
The decision to institutionalize the children in auxiliary institutions is taken based on a resolution of the district medical-psycho pedagogical board; however, such boards usually lack psycho pedagogues, psychologists and psychiatrists specialized in matters of children in difficulties.

The situation serves sometimes as the reason for the institutionalization of children with the psychophysical conditions inadequate to auxiliary institutions. The complex and on-going reassessment of children with mental disabilities by experts in the sphere of pediatric psycho-pedagogic would be one of the efficient prerequisites to return the child into the environment appropriate to its psychophysical particularities.

The procedure is valid for both situations: placement in the Ministry of Education and Youth residential care and Ministry of Social Protection, Child and Family. In the later case, the validation of the decision by the Ministry is necessary.

GD 283 of 14th March 2007 where the Ministry if invested with the regulatory steps in placement of the children with internats. Gate keeping regulation and commissions became effective; however their decision is a recommendation option for local authorities. The commissions have started to operate in some few 6 rayons of Moldova.

Graph 2.13 Existent institutional framework for social policies



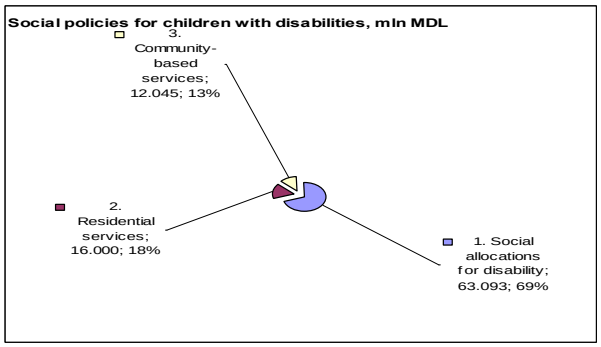
2.4 Framework Review of the policies related to Children with Disabilities

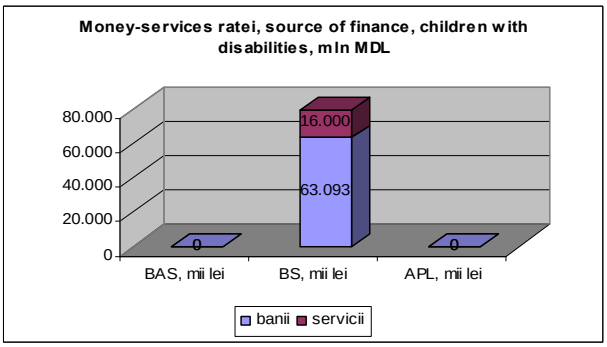
This chapter provides a comprehensive review of the relevant policies with regard to the children with disabilities.

Before stating the main policy programs addressed to children with disabilities, it is important to mention that the priority spending from social policy for the children with disabilities is the social allocations and cash benefits, and a reduced percentage from Social Budget is addressed to services (around 3%).

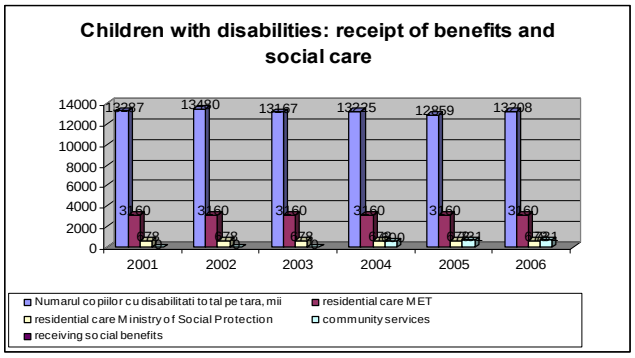
Yet, more children stay at home than are in the residential care.

Graphs 2.14, 2.15





Graphs 2.16



A. Social policies provided by central authorities

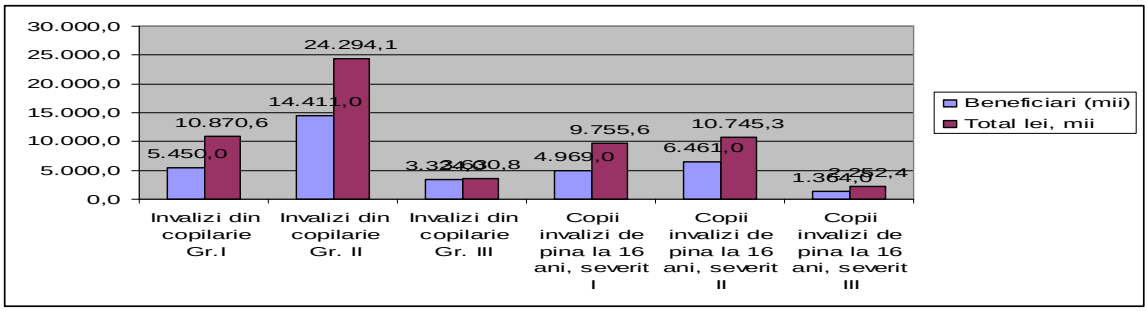
1. *Social Allocations to children with disabilities* (paid from budget transfer)[3]:

Social allocations for:

- Children with disabilities below 16 wit severity degree I,II,III
- Persons with disabilities from childhood with degree I, II, III (disabled from childhood, that are not eligible for disability pension, including children from 16).

[3] Severitatea stabilită în conformitate cu Hotărîrea Guvernului nr.1065 din 11 noiembrie 1999 *„Cu privire la aprobarea Listei bolilor şi stărilor patologice care acordă copiilor pînă la vîrsta de 16 ani dreptul la primirea statutului de copil invalid şi alocaţiilor sociale de stat conform legislaţiei”*);

Graph 2.18

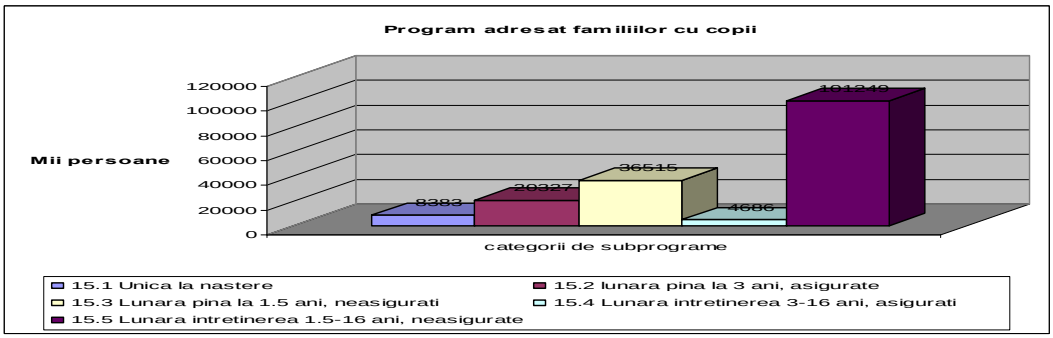


Payment value: from 111 to 201 lei monthly. *Total value of the program is 63 093,1 mii lei, total number of beneficiaries is 38 400 persons.*.

Cash benefits or pensions for disability are the program that provides monthly benefits for the qualified persons. The program is mainly administered by CNAS (Social Insurance Office) in cooperation with CREMV (Centre for Disability Expertise) that determines the degree of disability fitting the qualified individuals into 3 categories and with banks that make up payments. CNAS processes individual files and make arrangements for the disability benefits payments. The take up rate of the benefit is very high.

2. (Family with children) Program: subsidies for families and children[4], aimed for raising children, therefore each child is financed in a proportion of 50+50% from social insurance and state budget, is one of the most important program and is poorly financed, that reduces substantially the given program. Total sum of the program 59 095,7 mln lei. Paid quantum is not less than 100 lei lunar per children, but it gets up to 20% based on calculation.

Graph 2.19



3. (*Families with children*) Children Rehabilitation

Value of the program 17 659, 6 thousands lei. Number of beneficiaries 20 300 children.

Treatment tickets ï there are two institutions that deal with this issue, and that covered 479 children with disabilities out of 4 502[5].

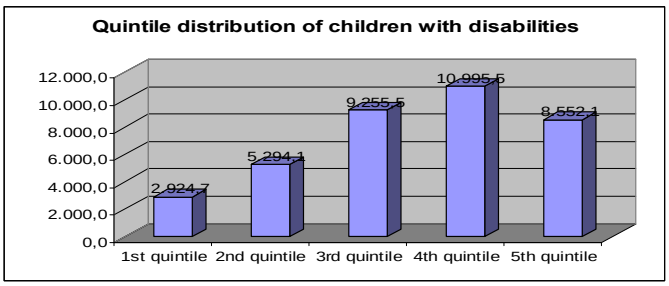
4. Nominative compensations for the disabled including children. The program objective is to provide additional income to compensate winter/autumn related costs for the communal services.

Nominative compensation program helps certain categories, including persons with disabilities to cope with season related increase in expenditures. Roughly, the compensations cover 50% of the expenditures for gas, electricity and other communal services. It also contains a cup volume of the services that are to

[4] HG nr. 1478 din 15.11.2002, art. 6, 7 al Legii nr. 289-XV, 22.07.2004
[5] Ministry of Social Protection data ñSystem in Support of Children without Parental Care in the Republic of Moldovaò

be compensated. The program is category based non means-tested and non-contributory based benefit. The compensations are paid from the Government general budget.

Graph 2.20



5. Benefit for the care of the disabled. The program objective is to provide basic necessary social care for the disabled within the family-related realm[6].

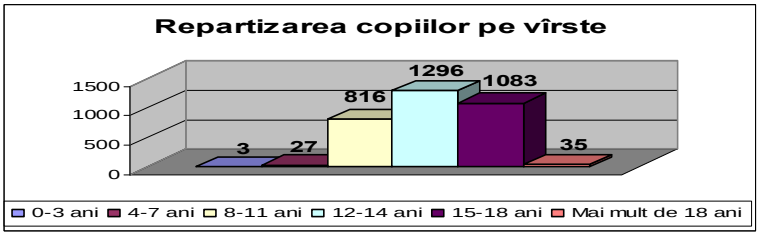
The program helps a narrow category of the beneficiaries, persons with severe specifically intellectual disabilities. The amount is 3 times lesser than the disability benefit. The program is category based non means-tested and non-contributory based benefit. The compensations are paid from the Government general budget. The amount is between 200 and 300 MDL monthly.

6. Residential and nonresidential care services for children with mental disabilities

6a Residential care for children with severe disabilities (Ministry of Social Protection, Family and Child coordinate the activity of two residential social institutions):

Data analysis shows that the total number of children with mental disabilities, covered by the survey, amounts to 3,260 children. In terms of gender characteristics we ascertain that boys account for 61.65%, and girls, accordingly, for 38.35%. Diagram No. 2 shows the data as to the number of children in terms of age.

Graph 2.21



Data analysis confirms that the children in 72.98% of cases fall under the age group of 12 ï 18 years. This fact demonstrates that the number of children in such institutions shall decrease by around 20% in the time span 2007-2009, due to the children leaving the residential system upon completing their education. At the moment of the study there were 2 institutions of protection of the children with severe disabilities in the Republic of Moldova, subordinated to the Ministry of Health and Social Protection and financed from the central budget. The Ministry of Health and Social Protection completed these institutions according to the conclusions of the republican medico-psycho pedagogic consultation.

The childrenôs homes for children with severe disabilities are situated in edifices built according to projects-model intended to the education institutions with an outdating period of 20-45 years. The institutions from Hincesti and Orhei are situated near the outskirts of the town at a distance of 5 km.

In 2 childrenôs homes for children with severe disabilities, at the moment of the study were present 633 children, which represent 93.36% of the total number of children present in listsð 678 children, but 673 children were surveyed. The total number of children on January 1, 2006 constitutes 640 children, distributed according to the sex criterion, among which 320 boys in Orhei and 320 girls in Hincesti.

[6] Legea Nr.499-XIV, 14.07.1999 cu privire la alocatiile sociale pentru anumite categorii ale populatiei

According to the data of the Ministry of Social Protection, there are 8 residential institutions, of which 2 are for children with severe disabilities (Boarding school for mentally disabled children from or. Hîncecti and from the city of Orhei). Furthermore, if in 2001, residential institutions of MSP were 517 children, then in 2005 their number reached 640. The number of chronically psychological problem, their number increased from 1444 in 2001 to 1554 in 2005. In the same time, the institutionalization rate from this period increased with 12,9%. It is important to mention that mentioned above indicators reflect the necessity of the population of these services, but are determined by limited capacities of such institutions and limited access of disabled persons to other types of social assistance.

RESIDENTIAL INSTITUIONS	HINCESTI	ORHEI
Beneficiaries	345	334
Alimentation spending per day	15,66 lei/day	16,5 lei/ day
Mantainance expenditures	71,1 lei/ day	63,7 lei/ day
Institutions maintaince expenditures	7 731,4 mii lei/year	7 599,3 mii day

Evaluation data indicates a reduced quality of residential type of services, oriented mainly to providing basic needs, undeveloped psychological and physical services. A problem that affects directly the quality of provided services in residential care is related directly to the employees that are at the moment insufficient, lack of social assistants units, low salaries. Another aspect is related to a continuous system of professional development[7].

6b Residential services for less severe disabilities for children (Ministry of Education and Youth):

Costul total este **16 mln lei**. 75% of the disability benefit is retained by the institutions.

NumŁrul total este 11 309 copii, 8 % din bugetul MET, 16 mln lei. The average general costs per child per year amount to **MDL 31,060.**

The are 28 institutions for the protection of children with mental disabilities operating in the Republic of Moldova, subordinated to the Ministry of Education and Youth, **12** of them were financed out of the central budget, **16 –** out of the local budget, including 4 institutions financed out of the budget of the municipality of Chisinau. The institutions for this type of beneficiaries have 3 models of providing protection to such children, the prevailing model being the one of total institutionalization.

- 24 institutions offer integral care, residence, curricular and extracurricular education;
- 3 institutions offer residential care to 50% of the children placed at the institution and curricular education to 100% children;
- 1 institution offers curricular education and daycare to all children.

In compliance with the data of the school registers, the total number of children on January 1st, 2006, made up 3,369 children, including 1,980 boys and 1,389 girls. The food lists covered 2,923 children.

At the institutions in Vulcanesti, Sarata Noua, Grinauti Moldova, Costesti, Balti, Straseni, Chisinau the rate of the actually existing children makes up 73.68% to 81.25% of the total number of the children introduced into the class registers.

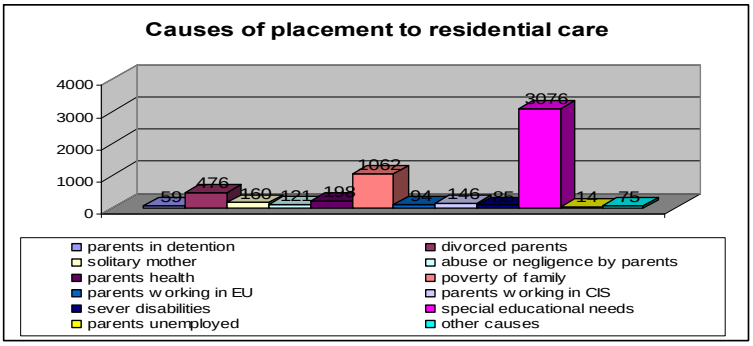
INSTITUTION	***On food lists***	***In the class/group register***	***At call roll***	***% of the actually existing to the no. on the roll***
Cahul, Vulcanesti	25	38	28	73.68
Cahul, Crihana Veche	109	112	109	97.32
Hincesti, Sarata Galbena	108	128	118	92.19
Leova, Sarata Noua	122	155	122	78.71
Rezina	171	181	171	94.48
Telenesti	127	140	127	100
Floresti, Marculesti	117	121	117	96.69
Donshowereni, Visoca	96	98	96	97.96
Taraclia, Corteni	145	150	145	96.67
UTA Gagauzia, Congaz	138	148	138	93.24

[7] Annual Social Report, 2006 by Ministry of Social Protection, Family and Child

Ocnita, Grinauti	100	113	92	80
Causeni, Tocuz	98	113	98	86.73
Stefan Voda, Popeasca	153	161	153	95.03
Drochia, Tarigrad	106	112	106	94.64
Falesti, Albinetul Old	57	68	57	90.48
Riscani, Costesti	78	99	78	81.25
Singerei, Razalai	77	76	77	97.47
Falesti, Socii Noi	59	65	61	93.85
Balti	92	115	92	79.31
Anenii Noi, Bulboaca	138	145	138	95.17
Straseni	120	147	117	79.59
Chisinau, school No. 5	110	139	110	79.14
Chisinau, school No. 6	95	130	108	83.08
Chisinau, school No. 7	93	106	93	88.57
Chisinau, school No. 9	113	118	113	96.58
Calarasi	85	87	76	87.36
Nisporeni	91	91	83	91.21
Ungheni, Sculeni	100	104	100	96.15
TOTAL	**2,943**	**3,264**	**2,923**	**89.67**

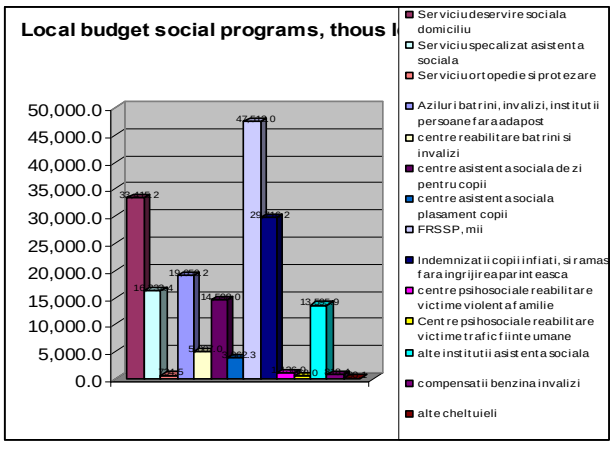
The reasons for the placement of children in auxiliary institutions are reflected

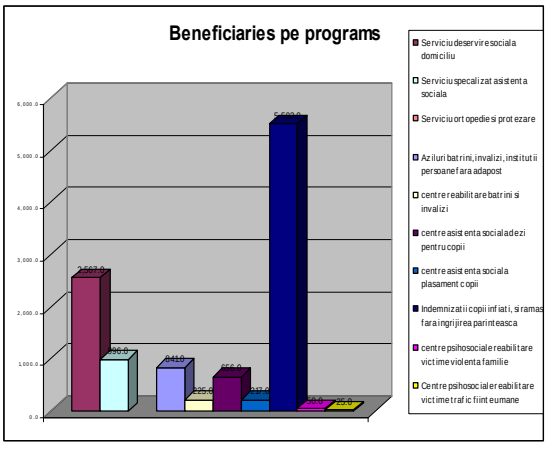
Graph 2.22



B. Social policies provided by local authorities (with partial and matching funds from central authorities)

Graphs 2.23, 2.24





7. Compensation for transportation for children[8]

[8] Art.41 al Legii nr.821-XII, 24.12.1991 ñPrivind protectia sociala a invalizilorò Proiectul Legii Bugetului de stat pe anul 2008, septembrie 2007, p. 311, based on art.41 Legea nr.821-XII, 24.12.1991 privind protectia sociala a invalizilor pentru calatoria in ransport comun, Ordinul Ministerului Transprtului si Gospodariei Drumurilor nr. 7 din 12.07.2006 ñCu privire la majorarea tarifelor in transportul de calatori si bagaje pe rute regulateò

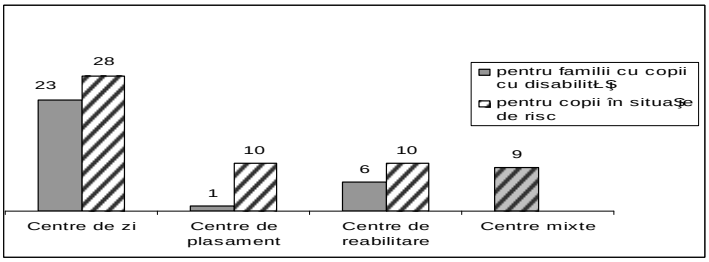
The program is directed towards children with disabilities and the relatives of children that assist children in transportation. The value of program for children is around 700 000 lei. Number of children beneficiaries based on CNAS estimation is 12 709. The payment is done by the local authorities. The cost per month is between 25-30 MDL monthly. The program is implemented by local authorotoes.

8. Social benefit for the adopted or under social protection children[9]

The program is directed towards children that are adopted or under social protection. The monthly allocation as of 2008 is 450 lei.

9. Services for children with disabilities.

There are 30 placement centers with disabled children that have the lowest representativity, functioning as one center in Chisinau[10]. The activity of the centers include a wide range of services that have the aim of which is to ensure an adequate environment to the family and child towards better social integration of the child. The number of beneficiaries isé The total cost is.. The financing source is mixed, 51% is from LPA financing source.



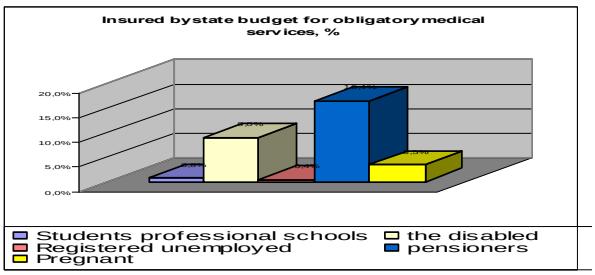
10. Health protection program

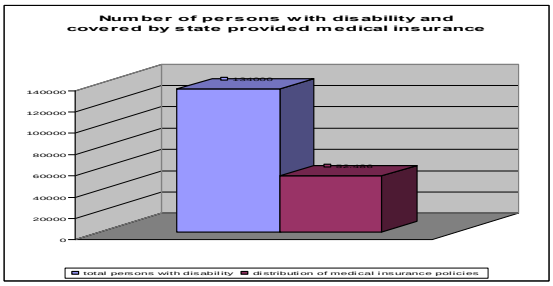
Medical services include for the disabled include two options:

a. medical services for the work related disability, and
b. medical services for the disability.

The Government implemented obligatory medical insurance programme. The employed persons contribute to the medical insurance fund and on the basis of the medical insurance police benefit from a set of the insured medical services. Persons with disability who that do not have the medical insurance police, based on their prior employment, are insured by the funds paid out by the Government.

Graphs 2.25, 2.26



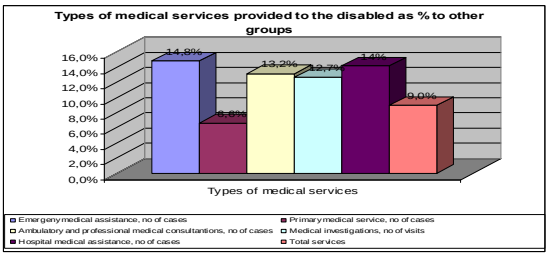


The statistics show that 50% of the persons with disabilities are covered by the insurance policies paid out by the Government, the rest have other means to purchase or acquire the medical insurance policies.

Medical insurance policies cover primary health services (10 generic groups), medical consultations and investigations (basic investigations) and hospital services for up to 10 days (including the medicine). The medical insurance police, therefore, cover the most generic medical needs. Opinion of the expertsô opinions is that the medical needs for the disabled have special needs that differ in some substantial part.

[9] Stat Budget draft law for the year 2008, September 2007, p. 311, monthly indemnities for adopted or under tutelage children
[10] Annual Social Report, 2006 by Ministry of Social Protection, Family and Child

Graph 2.27



The statistics show that persons with disabilities, insured individually or through the state insurance, require emergency medical assistance and the hospital assistance, followed by specialised consultations and ambulatory investigations with primary health services being least consumed.

11. Fiscal policy towards persons with disabilities

There are three elements in tax policy that favors persons with disabilities:
- 1) exemption from tax of all social benefits,
- 2) disability tax break for 10 000 MDL,
- 3) caregiver of a person with disability has additional 5 400 MDL tax break.

Social and social insurance programs have a complementary fiscal policy that enhances the income of the disabled. To this end Tax Code recognizes (art.20) that all cash benefits are not taxable to the recipients, including disability pensions and nominative compensations.

Tax Code also provides (art.33) that persons with disabilities[11] have tax breaks for the annual income of up to 10 000 MDL annually (around average nominal monthly salary), which is 4 times higher than the tax break for any other person in Moldova. The tax breaks create the conditions that if the persons with disability if relied only on income from social benefits, no taxes would be payable from this income. Additionally, Tax Code provides (art. 35)[12] that for each dependent person with disability including child the tax payer waver the yearly tax of 5 400 MDL. The total number of the program beneficiaries is known in order to assess policy added value and benefit.

Concluding, analysis of value added of policies regarding children with disabilities show that most of the programs are of high social value, but low financially supported.

Graph 2.17

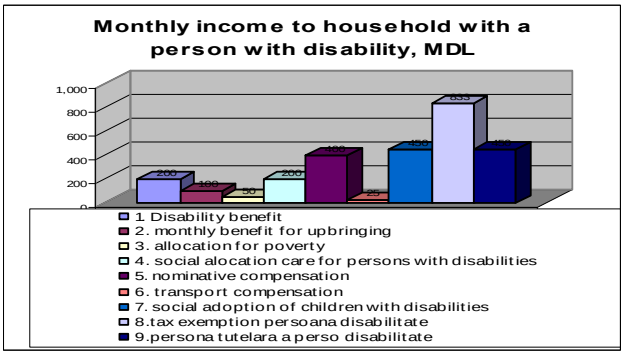
Social value of the policies (results and impact)			
		Low social value	High social value
Financial coverage	Good financial coverage	Residential services program	
	Insufficient financial coverage		Social allocations addressed to children with disabilities Non-residential services for children with disabilities Fiscal tax breaks for parents and for children with disabilities Medical programs through state health insurance

[11] Tax Code Art. 35 (2) e) eligible for children from childhood, degree I and II of severity
[12] Tax Code art 35 (1) Tax payer has the right to tax waver é for the dependent children with inborn disability for 5 400 MDL: a) is a relative of the tax payer (parent, children, including adopted or adoptive parent), b) lives together with the tax payer or day studies for more than 5 months per fiscal year, c) is dependent on the tax payer, d) has the yearly income that is less than 5 400 MDL

2.5 Policy incentives for households with persons with disabilities

Based on the calculations from the previous section, a household with a person with disability can rely on from 1 200 to 1 425 MDL monthly in direct treasurer subsidies and 1 280 MDL in indirect tax breaks. Overall the monthly income could vary from 2 200 MDL to 2 700 MDL.

Graph 2.28



It is considered that the take up rate of the treasurer and fiscal incentives are quite high, however the administrative costs for the administration present a barrier and the cost of opportunity is rather high as well.

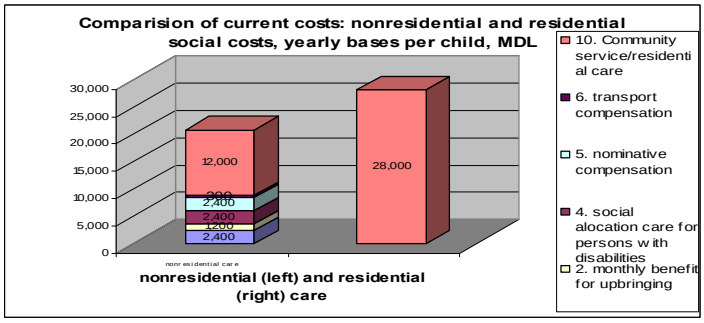
Additionally, persons with disabilities are provided with the state ensured health care program. However, as graph 2.26 shows the coverage with the health policy of the persons with disabilities is rather low, about 30%. The quality and accessibility of medical services is a difficult question, however statistics and comprehensive information in this respect is unavailable to the moment.

Social services provision at this point of time is extremely weak, yet the larger provision with the social services can create a significant benefit for the persons with disabilities.

Comparative social costs of the nonresidential and residential care for the children with disabilities.

The graph below provides a comparative social cost structure of the two models of nonresidential and of the residential care. The nonresidential care social cost structure includes cash benefits (no fiscal breaks) as explained in graph 2.28 and totally amounts to 30 000 MDL annually per child with disability and in the case of residential care the cost is about 20 000 MDL per child per year[13]. In case the child is in residential care, none of the cash benefits are available to the household with the children with disability.

Graph 2.29



In the case of the nonresidential care, the household (and presumably the child) is even better off due to the accessibility of fiscal tax breaks totaling per child per year to 15 000 MDL, thus making the total

[13] Estimation of the cost of social services is based on the day-care centers costs for a child with disability, for details see chapter 3.

income to more than 45 000 MDL per child per year. The impact on the budget due to the benefit of the fiscal tax breaks is insignificant.

The use of the tax beaks for the persons and households with children with disabilities is not well researched at the moment. The number of uses and tax breaks impact is yet to be estimated comprehensively. However, one observation could already be made that the use of the tax breaks benefits are more applicable to the case of households with average to high levels of incomes. Poor households would use lees the tax incentives, they would most probably rely on the social allocations and services.

CHAPTER 3. SUPPLY OF SOCIAL SERVICES

In this chapter we review the existing supply of social services for the children with disabilities.

3.1 Types of existing services

This is one of the classifications of the needed services for persons with disabilities. We will approach only those types of services that refer to our reference category ï children with mental health disabilities, (although often general data on children with disabilities will be referred). In order to establish the diagnosis, children with severe mental disabilities are supposed to pass following types of examinations: medical, psychological and social.

- *Institution placement*

Two kinds of centers can be distinguished: centers that refer only to children with disabilities and centers that refer to children in risk, orphans, and other groups, among which addressing to children with disabilities. In more cases, the percentage of disabled children in the second type of day care centers make up 10% of the total beneficiaries. There are a gradually increasing number of day care centers that offer assistance for children with various disabilities

- *Community Based Services*

Include public social services (PSS) offered by non-governmental organizational with the assistance of international organizations in cooperation with the local public administration authorities.

- *Alternative form for Family Placement*

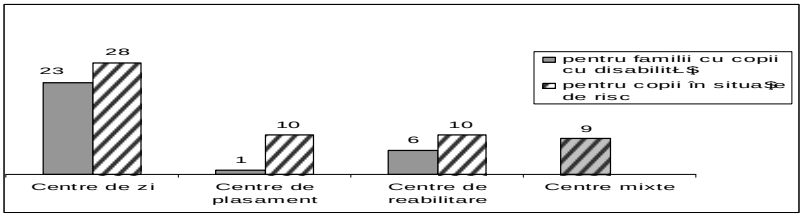
Includes *Guardian Care and Family Types of homes*. *Guardian Care* is provided to the children without parental care and covered by the end of 2005, 614 children out of 100 000 thousand children. Two thirds of children who entered guardian care usually are under tutelage of their close relatives[14].

Family types are set up when parents-teachers submit a request and documents to local public administration, which takes a decision. At present there are 23 family types of homes covering 140 children, with no increasing potential in number of such types of institutions. During the last 5 year, 1 more family applied.

Adoption is considered to be a supplementary strategy for dealing with the children with disabilities specifically in the case of the institutionalized children. In case of adoption followed, the supply of social services is necessary to support the adoptive families.

The number of social services provided for the children with disabilities grows. However its overall number is around 20 or so. Of the social centers, 3 are funded by Ministry of Social protection, Child and Family and less than a dozen by local authorities through funding coming from their own sources and the funding from central authorities. Based on the information from the Social Network and specialized Alliance for the Persons with Disabilities, the overall number of social service providers is around 30, where the rest of funding comes from the external donors.

Graph 3.1



[14] Ministry of Social Protection data System in Support of Children without Parental Care in the Republic of Moldova

Following table comprises in a more detailed manner the mentioned above information.

Graph 3.2[15]

Social care providers subordinated and financed by public authorities for children with disabilities[16]				
Type	What it does	Units	No. of staff for this units	No. of children
Funded by the Ministry of Social Protection, Family and Child				
Temporary Placement Centers (non-residential)	Community centers various services for children integration and development	3		
1.ñSperantaò Criuleni, 2000 (Financed by DFID/SIDA)[17]			11	43 out of 40 (25 more children)
2.ñPlamcieò, Taraclia, 2003(Financed by DFID/SIDA)			22,5	45 out of 60
3.ñAzimutò, Soroca, 2003 (Financed by DFID/SIDA)				24 out 25
Local level				
Placement Centers	Offers temporary assistance for maximum 12 months	2	35	45 (from 0-18)
4.Maternal Center Temporary Center of placement and rehabilitation for children, Balti UNICEF				
Day Care Centers (state and external donors finance)	Offers services of rehabilitation and social integration.	22	From 3 to 26	
5.Center ATENTIE, Chisinau (Financed by DFID/SIDA)	Children with special needs		16	20
6. Day care center ASCLEPIO, Anenii noi (Financed by DFID/SIDA)	Children with disabilities and children from poor families		14	75
7. Day care center CVIS, Straseni (Financed by DFID/SIDA)	Children with disabilities and children from poor families		11	50
8. Day care center CURAJ Ialoveni, Costeti (Financed by DFID/SIDA)	Children with disabilities		12	50
9. Day Care Center SOMATO, Balti (Financed by DFID/SIDA)	Children with disabilities		7	30
10. Day care center START (Financed by DFID/SIDA)	Young with mental disabilities		7	25
11.Day care center ICAR, Soroca (Financed by DFID/SIDA)	Children with deficiencies		9	35
12.Casa pentru Toti, Ungheni (Financed by DFID/SIDA)	Children with deficiencies and from poor families		10	40
13.Day care center Children with functional and mental restrictions, Comrat	Children with functional and mental restrictions		14, 5	35
14.Communitary Center for Children and youth with disabilities ñMOTIVATIEò, Vadul lui Voda UNICEF	Children and youth with disabilities			
Day care center for Children with disabilities, Cahul UNICEF	Children with disabilities		17	40
Rehabilitation Centers		4		64
15.ñLuminaò Balti, (donors)	Locomotors disabilities		Volunteers	12 from 12
16.Auditive protection, Balti	Dealing with auditive problems		Volunteers	10 from 10
17.ñFidanjikò, Comrat (Financed by DFID/SIDA), (local budget)	Rehabilitation for children with disabilities		12	25 from 25
18.ñDeznaò, Singerei, (local budget and donations)	Integration in school and society of children with disabilities		10	17 from 25
19. Mixed Center		1		38 children
TOTAL		34		Approximately 1 481

[15] Ministry of Social Protection statistics. Annual Social Report, 2003;2005

[16] According to the Ministry of Social Protection statistics no centers in following districts: Basarabeasca, Cahul, Ceadir-Lunga, Donduseni, Drochia, Dubasari, Falesti, Floresti, Leova, Ocnita, Riscani, Taraclia, Telenesti. The most developed centers are in: Chisinau and Balti.

[17] Ann James CBE, CNTR 05 6648: Social Service Quality at the level of Communities ï Moldova. Final Report

				covered children out of 13 208[18] disabled children (around 10%)
20.Community Based Services OFFERING SERVICES TO CHILDREN WITH DISABILITIES				
21.Rehabilitation Center LUMINITA, Singerei	Children with disabilities		8	25
22.Rehabilitation center ASCODE and Pro Familia center for children with disabilities (Financed by DFID/SIDA)	Children with deficiency from early age (0-4 years)		10	50
23.Day care center SPERANTA, Chisinau	Children with disabilities		10	29+15
24.Centrul de reabilitare a copiilor surzi si din alte grupuri de risc, Chisinau			13	
25.Ajutor copiilor Centrul de instruire, formare si informare medico-sociala ñCASA COPILARIEIò Chisinau	Children with disabilities			
26.Day care center for children with physical restrictions, Orhei, Peresecina (supported by Church)	Children with physical restrictions		11	20
27.Centrul Hippocrates (UK)	Consultatii primare gratuite pentru examinare si evaluare, stabilirea programului de recuperare multidisciplinar, a duratei si frecventei curelor de tratament pentru fiecare beneficiar.		35	90 annually
TOTAL				**1 623[19]**
Alternative form for Family Placement				
28.Family types of homes	set up when parents-teachers submit a request and documents to local public administration, which takes a decision.	23		140
29.Guardian care	is provided to the children without parental care			614
30.Adoption		24		290 in 2005
TOTAL			Around 300-350	Around 1 -1 500

There are 528,5 children with disabilities per 100.000 under 18 years old children; for girls this indicator is 424 children, as for boys ï 628 children per 100.000 male population of the given age group[20].

Social service provider	No. of staff for this units	No. of children
1.ñSperantaò Criuleni, 2000 (Financed by DFID/SIDA)[21]	11	43
2.ñPlamcieò, Taraclia, 2003(Financed by DFID/SIDA)	22,5	45
3.ñAzimutò, Soroca, 2003 (Financed by DFID/SIDA)		24
5.Center ATENTIE, Chisinau (Financed by DFID/SIDA)	16	20
6. Day care center ASCLEPIO, Anenii noi (Financed by DFID/SIDA)	14	75
7. Day care center CVIS, Straseni (Financed by DFID/SIDA)	11	50
8. Day care center CURAJ Ialoveni, Costeti (Financed by DFID/SIDA)	12	50
9. Day Care Center SOMATO, Balti (Financed by DFID/SIDA)	7	30
10. Day care center START (Financed by DFID/SIDA)	7	25
11.Day care center ICAR, Soroca (Financed by DFID/SIDA)	9	35
12.Casa pentru Toti, Ungheni (Financed by DFID/SIDA)	10	40
13.Day care center Children with functional and mental restrictions, Comrat	14, 5	35
14.Communitary Center for Children and youth with disabilities ñMOTIVATIEò, Vadul lui Voda UNICEF		
Day care center for Children with disabilities, Cahul UNICEF	17	40

[18] Social Protection Analysis of Disabled in Republic of Moldova. Ministry of Social Protection, Family and Children, 2007.
[19] Ministry of Social Protection data System in Support of Children without Parental Care in the Republic of Moldova
[20] Ministry of Social Protection data System in Support of Children without Parental Care in the Republic of Moldova
[21] Ann James CBE, CNTR 05 6648: Social Service Quality at the level of Communities ï Moldova. Final Report

15.ñLuminaò Balti, (donors)	Volunteers	12 from 12
16.Auditive protection, Balti	Volunteers	10 from 10
17.ñFidanjikò, Comrat (Financed by DFID/SIDA), (local budget)	12	25 from 25
18.ñDeznaò, Singerei, (local budget and donations)	10	17 from 25
19. Mixed Center	??	38 children
21.Rehabilitation Center LUMINITA, Singerei	8	25
22.Rehabilitation center ASCODE, and Pro Familia center for children with disabilities (Financed by DFID/SIDA)	10	50
23.Day care center SPERANTA, Chisinau	10	29+15
24.Centrul de reabilitare a copiilor surzi si din alte grupuri de risc, Chisinau	13	
25.Ajutor copiilor Centrul de instruire, formare si informare medico-sociala ñCASA COPILARIEIò Chisinau		
26.Day care center for children with physical restrictions, Orhei, Peresecina (supported by Church)	11	20
27.Centrul Hippocrates (UK)	35	90 annually
28.Family types of homes	23	140
29.Guardian care		614
30.Adoption	24	290 in 2005
TOTAL	Around 300-350	Around 1 -1 500

Therefore, out of 13 208**,** of which 3 857 are involved either in residential care, or in community day care center or in different alternative form for Family Placement, *which leads to the assumption that there is an enormous number of children with disabilities that are not involved in any activity, as a consequence a high number of socially isolated children.*

> The parent stated: ñOther mothers whom I know, that are in similar conditions, handle the situation how they can. They are the only óspecialized serviceô for their childò, a family with a child with Dawn syndrome that receives only a month pension of 475 lei. The child does not frequent any centers that would be socialization medium, apart from the family doctor visits when getting ill.

Of the day care centers provided above, 4 centers were selected for case study with the purpose to identify the possibility and the capacity of a daily community service for assisting children with difficult disabilities in the center. In order to have a general idea about the type of services and centers are, a short description of some of the day care centers follows:

Furthermore, a list of day care centers from Moldova with various purpose of application is described.

Graph 3.3

Day Care Center in Cahul "Social Protection and support for risk groups"

Total number of children: 40
Total number of children with disabilities: 10
Total number of employees: 19
Total budget:
Expenditure per children: 10.000 MDL

One of the groups that this Day Care Center addresses is children with disabilities. This group is gathering in the first part of the day at the center and follows different activities and exercises.

Day Care Center "Voinicel", Chisinau

Total number of families with children with disabilities: 120 families
Total number of employers: 10
Total budget:
Expenditure per children:

It is a center for early intervention for children from 0 to 3 years. It approaches the children as well as the family overall, providing information, counseling and psychological services. The organization also provides training for other NGOs on early intervention for children with disabilities, having lately a project on training 60 specialists.

Day Care Center "ASCLEPIO", Varnita, Tighina

Total number of children: 75
Total number of children with disabilities: 10
Total number of employers: 17
Total budget: 600.000 lei (approximate)
Expenditure per child: 8.000 MDL (approximate)

In Varnita, Tighina. The aim is the prevention of institutionalization of disabled children and of children from vulnerable families, rehabilitation and their integration in society. The number of beneficiaries is about 75 children for a period of around 6 months. The center will be placed in the school of the community. This way, the children will not be isolated and will be involved in communityôs activities.

Day Care Center „ Speranţa", Criuleni

Total number of children: 40
Total number of children with disabilities: 10
Total number of employees: 19,5
Total budget:
Expenditure per child: 17.000 MDL

ñSperantaò day-center for children, city of Criuleni (founded in August 2000 with the support of the Soros Foundation of Moldova and in partnership with the local public administration).
The program is structured around the following therapies:

- Cognitive therapy (curricular instruction, knowledge-building activities, consolidation, completion of facts, information, abilities, competencies)
- Physical therapy (recuperation, amelioration, development and training of the cerebral-motor system, massage)
- Psycho-corrective services (corrective meetings, professional consultations with children and parents)
- Speech therapy (corrective meetings, professional consultation)
- Occupational therapy (formation and elaboration of life-skills, cultivation of work-skills) Personal and social independence
- Art therapy (rendering, collage, sculpture)
- Music therapy
- Play therapy

The personnel pass trainings and self-trainings, having already a good network with neighbor countries as well as Western European countries. Out of 19,5 of all staff, more than a half are specialists in assisting children with disabilities. (No Kinestheticians, speech therapists, medical therapists present).

Programs for parents: Parents of children with SEN and parents of majority children participate in seminars, trainings, panel discussions, round table discussions to discuss a wide range of problems. These meetings offer information and support and facilitate an exchange of experiences between parents, educators and specialists. We also offer individual consultations to parents where they can ask questions and receive information and professional advice in a confidential setting. Parents are invited to the celebrations organized for the children not only to assist but also to be active participants, thus working and celebrating side by side with their children.

Informational program – to inform teachers from the region of Criuleni :

- Trainings
- Conferences
- Psycho-professional conferences
- Public debates

Within the framework of these activities, teachers are introduced to the problems confronted by children with SEN, gaining instruction and information about the process of educating children with SEN as well as the process of integrating children with SEN into the larger student body. In addition, ñSperantaò centerôs door is always open and our multi-disciplinary staff is happy to consult individually with teachers regarding their specific needs.

Program to broaden public opinion:
The principal objective of this program is the sensitization of the public opinion to the problems confronted by children with SEN. Activities include all members of the local community, with the aim of creating a more understanding and informed public dialogue about the inclusion of children with SEN in local educational institutions.

Program for integration in the schools:

- activities with local schools
- public debates with students and teachers about the problem of integration of children with SEN
- trainings with students about the acceptance of children with SEN as equals

Activities for majority children from local schools. These activities are designed to challenge studentsô attitudes about diversity and to offer information about children with SEN. These activities also offer guidance and information about how to maintain healthy relationships with other majority children as well as children with SEN.

Program of continuing education of the specialists:

- trainings
- study visits
- experience sharing

With the goal of maintaining and further developing the skills and abilities of our specialists, this program offers opportunities for further study both within the Republic of Moldova and in neighboring countries. We have benefited from fruitful collaborations with: ProDidactica, Fundatia ñEuroEdò, Iasi, Romania, Asociatia ñSperantaò, Timisoara, ñVILTISò, Vilnius, Lithuania.

The supply of social services for the children with disabilities exist, yet it is sporadic, covers only some aspects of the disability. The funding for the social services is the most vulnerable aspect.

3.2 Existing services in Orhei region

In this section we make the selection of the social services that exist only in the Orhei region, that include, as per map, regions of Criuleni, Straseni, Telenesti, Rezina, Calarasi and Dubasari. Chisinau is considered relevant as well.

Graph 3.4

Graph 3.5

Social services for children with disabilities in Orhei region	staff	capacity
1.Day care center, Speranta, Criuleni	19	10 children + 25 children as per state budget in 2008
2.Day care center ASCLEPIO, Anenii noi	14	45
3.Day care center CVIS, Straseni	11	50
4.Communitary Center for Children and youth with disabilities ñMOTIVATIEò, Vadul lui Voda	5	??
5.ñDeznaò, Singerei	10	25
6.Rehabilitation Center LUMINITA, Singerei	8	25
7.Day care center for children with physical restrictions, Orhei, Peresecina (supported by Church)	11	20
8. Day care centers for children with disabilities from village Peresecina	1	??
9. Day care centers for children with disabilities from Orhei ĂParadisò	1	??
10. Day care centers for children with disabilities from village Zorile	1	??
11.Rehabilitation center ASCODE and Pro Familia center for children with disabilities, Chisinau	?	?
12.Speranta, Chisinau	10	45
13. Voinicel, Chisinau	8	~35 children
	Around 100-110 persons	Around 300-400 children with disabilities

The supply of social services for the children with disabilities is limited. Several day care centers in Singerei and Anenii Noi are a bit far away and are at the border of the Orhei region. Apart from Speranta in Criuleni, the only closely related centers are in Straseni (CVIS) and in Vadul lui Voda (Motivatia ï targeting youth and independent living). The other two important centers: Speranta (Chisinau) and Voinicel (Chisinau) situated and serve the constituencies in Chisinau. There are 3 small day care centers in Orhei nearby villages (Zorile, Peresecina and Paradis in Orhei itself).

Only Speranta (Criuleni) receives the state funding.

Main findings: In the region of Orhei there is a capacity of assimilation of approximately 300-400 children. According to the medical statistics in 2006 there were 544 disabled children in this region. Therefore, can be considered that around 150 disabled children are not involved in any day care center activities and are in higher risk of social isolation.

As indicated in the above table, there are around 350 specialized personel overall in the country, that care for about 1,300 disabled children, whereas overall there are 13208 disabled children.

CHAPTER 4. DEMAND AND SUPPLY OF PROFESSIONALS

This chapter will analyze professional supply distribution on two levels. Both, national and regional level comprises number of enrolled and graduated professionals in the field as well as their further implications in the labour market of providing required services for children with disabilities.

When identifying the needed professional categories in community centers, following types of specialists are necessary[22]:

Types of social assistance:

- medical and care assistance
- paleative assistance
- psychological consultancy
- rehabilitation

Center of care and assistance for persons with disabilities (Centers for Alzheimer persons, persons with disabilities that need palliative assistance, etc.)

Types of Social Services

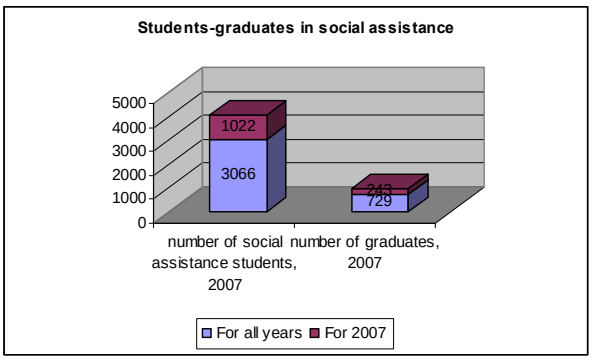
- general specialist
- social assistant
- special psycho pedagogues
- physiotherapist
- psychologist
- kinetic therapist
- physio therapist
- ergo therapy instructor
- medical assistant
- medical assistant physiotherapy
- masseur
- mimical-gesture specialist

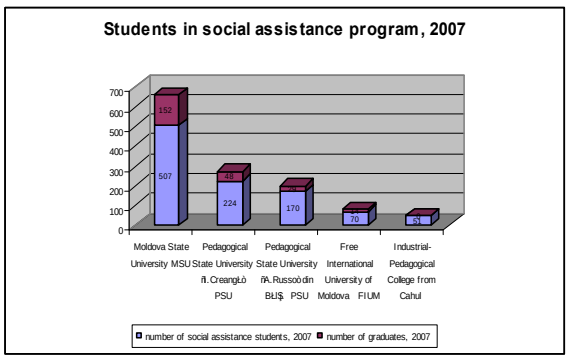
instructor animator/occupational therapist

4.1 National level

At national level the situation is as follows. Professions such as social assistance and psychologists are mainly trained in 4 Universities: Moldova State University (Chisinau), I.Creanga Pedagogical University (Chisinau)[23], Balti Pedagogical University, ULIM Free International University (Chisinau),

Graphs 4.1, 4.2





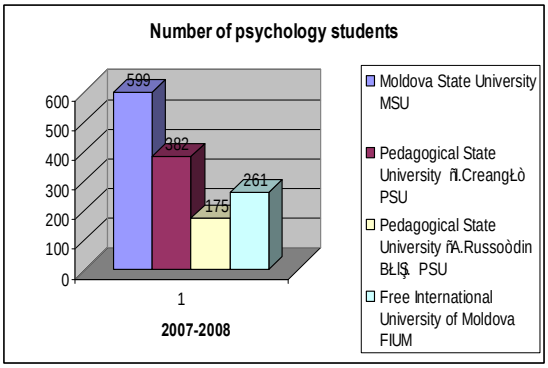
[22] Conform Hotarare nr. 539/2005 pentru aprobarea Nomenclatorului institutiilor de asistenta sociala si a structurii orientative de personal, a Regulamentului-cadru de organizare si functionare a institutiilor de asistenta sociala, precum si a Normelor metodologice de aplicare a prevederilor Ordonantei Guvernului nr. 68/2003 privind serviciile sociale Guvernul Romaniei

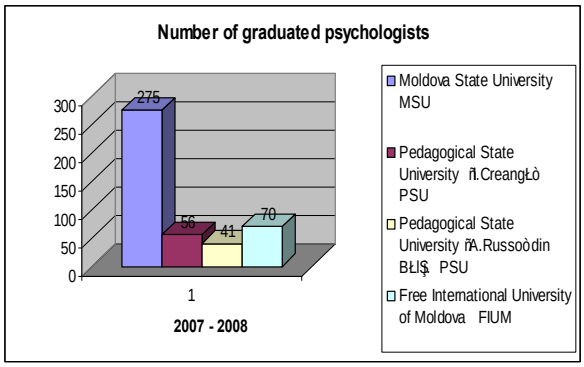
[23] The department on social assistance at this University has been recently closed due to alleged misuse of functions by the leadership of the department.

Moldova State University prepares the most social assistance and psychologists that are followed by Pedagogical University I. Creanga from Chisinau and Pedagogical University from Balti.

The number of graduates in social assistance reaches around 5 000 this year, however only about half are aimed to pursue the chosen profession in practice. The number of graduates in social assistance will continue to grow in the coming future with averagely about 1 000 graduates per year. Comparative statistics of the number of social assistance with CEE countries to be further explored.

Graphs 4.3, 4.4





According the university study curriculum, almost all institutions teach on:

- Social Assistance in Public Health (MSU, PSU Chisinau, PSU Balti,)
- Social work of maltreated child MSU
- Deviance and social control MSU
- Special psycho pedagogy PSU Balti, MSU
- Related to social assistance for persons with disabilities following is identified:
- Social Assistance for persons with Disabilities MSU, PSU Chisinau, PSU Balti
- Social Assistance for children with Disabilities
- Social work of people with DAWN syndrome MSU

According to the carried out interviews[24], the study material offers basic skills in dealing with persons with disabilities. One of the suggestions was to have training courses in this specific direction and also to learn skills on working on the relation parent-children in order to have a sustainable effect.

Moreover, regarding the study curriculum at the universities around Moldova, following suggestions were made for the courses of social assistance for persons with disabilities:

- students should have access and more visits to day care centers in order to get a practical idea;
- development of volunteering in day care centers;
- students involvement in legislation elaboration or standards;
- inclusion in the course the new ONU Convention regarding the persons with disabilities, as well more about the law ñChildôs lawyerò
- discussion more about the RM-EU plan and to analyze from public policy point of view the direction that the government takes;
- knowledge on the programs and benefits that children receive, and this due to the fact that at least in Chisinau there are many social assistants that work after graduation in Mayoralty Social Assistance Department.
- learning more about integration capabilities;
- presentation on international models of rehabilitation and integration.

Selective focus discussions with the students[25], the study process is enjoyed by many students however, after graduation, around 40% do not want to become social assistants, due to low wages. Other reasons are counted, such as:

- the attitude of society towards social assistants,

[24] Interviewer: Dan Virtan, secretary of NGOs Alliance for Persons with Disabilities
[25] 5th grade students of the Social Assistance Department of the Moldova State University

- leaving abroad,
- Disappointment or dislike.

Among 22 students of one group that wish to follow the path of social assistants the following domains were chosen:
- abused by parents children,
- children with parents abroad,
- violence in the family and womenôs problem, adoption.

Another statement that social assistants often declared was the fact that they want to work in an NGO due to a higher salary.

Due to the possibility of voluntary action of the social assistants at the Institute of Penal Reform, there were many students that prefer to continue the assistance in penitentiary system. We can assume that may be if there would be more access and a mutual incentive relation: the university ï the day care center, the students would follow as well active voluntary actions within the centers around Moldova and therefore they would continue this path that they follow during university years.

Several conclusions are relevant:
- number of social assistance graduates steadily grows reaching around 5 000, with about 1 000 graduates adding each year on, yet the overall number remains well under the average in CEE countries,
- at the current level of demand (low level of development of social services), the supply of social assistance professionals is somewhat sufficient in number yet insufficient in quality,
- pay system for social workers remain unattractive for the large part of the graduates as well as the prestige and social reputation of the profession,
- quality of professional education is somewhat overbalanced with the theoretical aspects and not enough practical aspects of the training,
- curricular needs substantial improvement to include subjects on the benefits and existing programs, as well as practice oriented rehabilitation and development aspects based on best practices,
- management of social provision services increasingly becomes the issue of concern,
- existence of insulated practice of excellence (experienced ngos and specialists).

4.2 Regional level in Orhei[26]

Overall in the district there are - 26 social assistants; 8 psychologists.

The supply of professionals at regional level shows that in the district of Orhei, following social assistants are employed:

- 14 in mayoralty, 15 units
- Social assistance of children and family center, part of Social Assistance for Family Protection unit - 8 units
- Day care centers for children with disabilities from village Peresecina - 1 unit
- Day care centers for children with disabilities from Orhei ĂParadisò ï 1 unit
- Day care centers for children with disabilities from village Zorile ï 1 unit

There are 8 units for psychologists in high schools in the district and 1 in the school of Orhei.

In most of the centers and NGOs that are involved in social field activate as voluntaries or persons that are work as pedagogy-education, chino therapists/depending how the function is paid by the donors. Social assistants from mayoralty/named communitarian assistants/ were trained on behalf pf the project supported by UNICEF. The subjects can be found in the course material on ñTraining Communitarian Social Assistantsò, approved by the MSP decision no.44 from 16.05.2007.

[26] This subsection is drawn largely on the interview with the head of Social Assistance section from Orhei district

Social assistants from the centers were instructed within the TACIS project, named ñStrengthening capacities on Social policy Reformò as well as ĂIntegrated social services for vulnerable families with children in riskò. Fewer instructions were carried out in the field of activities for children with disabilities. Workshops with social workers were organized by specialists from the unit and not by the professionals from the field. Working techniques with work with disabled children, in a very limited time framework, was presented by the day care center from Criuleni, center described below.

Therefore, some conclusions are:

- there are 26 social assistants; 8 psychologists in Orhei, together with 2 units for children with disabilities and 8 units for children and poor families, which means that there is some potential,
- ngos employ around 100-120 social assistance specialists that possess both theoretical and practical skills to work with children with disabilities.

CHAPTER 5. FUNDING, LICENSING, INSPECTION

Chapter 2 describes in length the institutional framework for the social services and the key institutional provisions in the functioning and absence of the licensing and inspection procedures.

With the assistance of DFID/SIDA led project, Ministry of Social Protection, Family and Child is in the process of the development of the strategy for the social services. The strategy has been approved by the Council of the Ministry of Social Protection, Child and Family and is to be proposed to the Governmental approval in the near future. One of the components of the strategy is the social serves targeting the persons with disabilities. The strategy is a framework strategy, has several components on the institutional set-up, types of services, approaches in financing.

It is yet to be answered how the strategy or the other following documents will relate the existing needs to the supply, more coherent correlation of the services with the cash benefits.

5.1 Current Social Service Financial Provisions

The practice of contracting for social services has had so far ways of arrangements:

- financing directly from the state budget, and
- financing from the local budget of local authorities.

The *financial arrangement from the state budget has been realized traditionally in Moldova*. For instance all the residential care institutions are financed directly from the state budget, as part of the sectoral ministries budget. The accountability of the providers of the social or educational services is to the respective ministries: Ministry of Social Protection, Family and Child (a number of residential care providers for the elderly and the disabled), Ministry of Health (a number of residential hospitals), Ministry of Education and Youth (a number of residential educational establishments). The Ministry of Finance together with the relevant ministers assign the normative expenditures for the cost of the beneficiary in the residential care and based on the projected number of persons in residential care provides for the budget for each institution and the budget for the category of the institutions in the state budget. The relevant ministries adopt the regulations of the functioning of the respective institutions, supervise and manage the institutions. The budgets for the institutions administratively come from the relevant ministry on a semester bases, the financial reports are similarly provided to the relevant ministries.

The funding of the so called alternative services from the state budget has followed the same pattern. The governmental decision[27] has adopted the decisions for transfer of subordination of the following three centers of the Ministry of Social Protection, Family and Child and has been a one-off decision:

- ñSperantaò Criuleni (43 out of 40, plus supplementary an assistance day center as of 2008 with 25 more children)
- ñPlamcieò, Taraclia (45 out of 60)
- ñAzimutò, Soroca (24 out 25).

The budgets for these institutions have been provided directly into the state budget and of the Ministry of Social Protection, Child and Family as one-off arrangement based on the political will and specific arrangement between the decision-makers. These three social care providers have emerged from the Social Investment Fund program on the establishment of the alternative and community based social services and therefore has played an important role in the process[28]. The source of financing is the state budget out of the general taxes; no contribution is sought from the insurance schemes.

[27] Hotarirea Guvernului nr. 181, 17.02.2006 ñCu privire la transmiterea unor centre pentru copiiò de la subordonarea Consiliului raional Soroca, Consiliile oraseneste Criuleni si Taraclia.

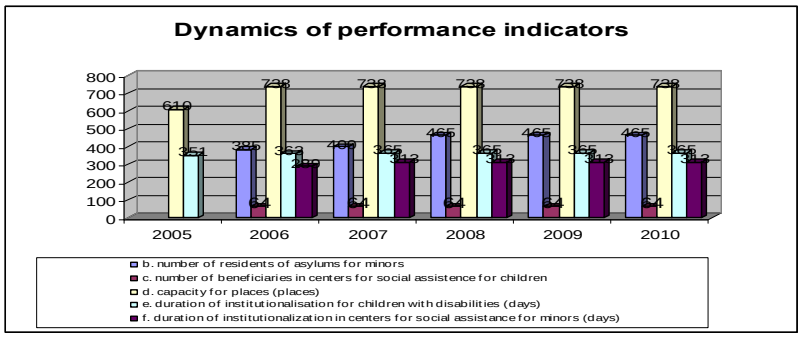
[28] Social Investment Fund (FISM) program in Moldova in its 2nd stage provided for the creation of the social and community services. It is funded from external donations and partially matched by local state funds. One of the criteria for the continuation of external funding is the gradual takeover of the funding of the social services by state authorities. Therefore, the decision to

The financial arrangement in the functioning of the central authorities has a direct impact on the way how the central authorities approach the social expenditures. The current approach is based on the performance programs where all social expenditures from the state budget (not including the insurance based expenditures and the local means and sources) are organized in objectives, indicators of performance and the budgets. Current state social expenditures are scheduled into 3 programs[29]:

- policy elaboration and management in the field of social protection,
- organization of the summer rest of children and socio-medical protection of children under the protection of state (including support of children with mental disability),
- organization of the socio-medical support of the elderly, persons with physical and psychic disability and trafficked persons.

The performance indicators contained in the State budget reflect the methodology of the calculations of the state expenditures. The graph below shows that the number of beneficiaries of social assistance services will not change in the coming years up to 2010. The current number of 64 reflects the existing 3 centers already in function. Another conclusion is that the number of residential care places significantly outnumbers the places for community centers and the pace scheduled to remain the same.

Graph 5.1



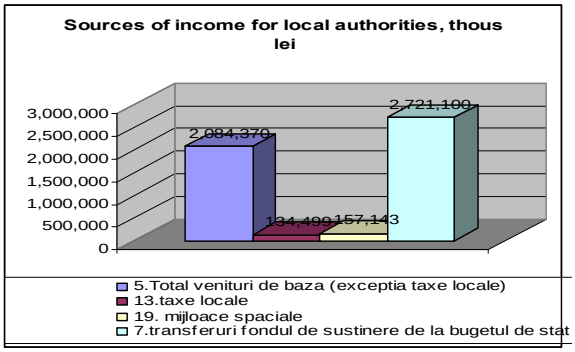
The *second provision for the social service financing is based on the local authorities' capacity* to finance the creation and the provision of the social services[30].

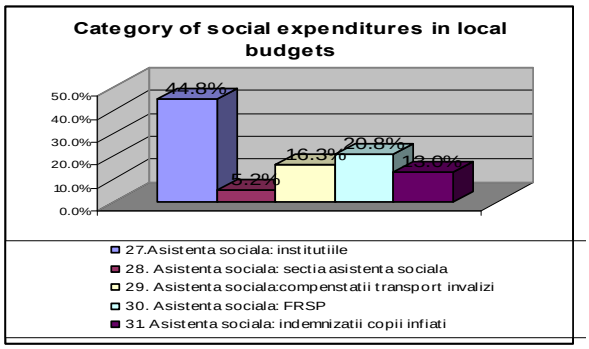
The capacity of local authorities to financially withstand the development of the social services depends largely on the current degree of local authoritiesô fiscal and financial decentralization situation. Moldova is probably among the most centralized countries in CEE region. Therefore, this creates unfavorable conditions for the local authoritiesô capacity to stimulate the development of the social services. In this context, the dependence on the financial means to be provided by the central authorities is critical for the development of the social services and social services for the children with disabilities.

Indeed as below graphs show only half of the local budget come from local authorities own sources of income. Even more, district local authorities if compared to community local authoritiesô possesses comparatively a much better situation. More than 50% of the local authoritiesô budgets come from the transfers from central authorities that follow the so called procedure of balancing local budgets.

Graphs 5.2, 5.3

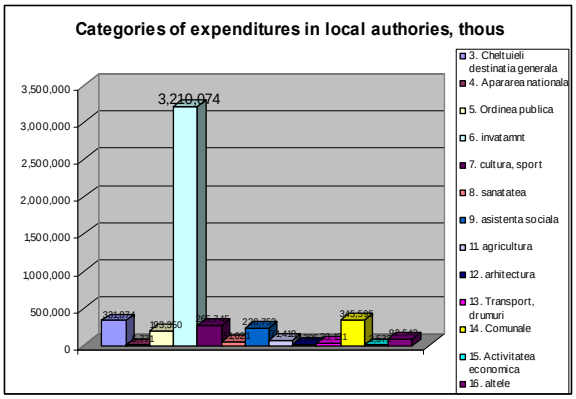
[29] State Budget Project for the year 2008, September 2007, pp.369-374
[30] State Budget Project for the year 2008, September 2007, pp.459-470

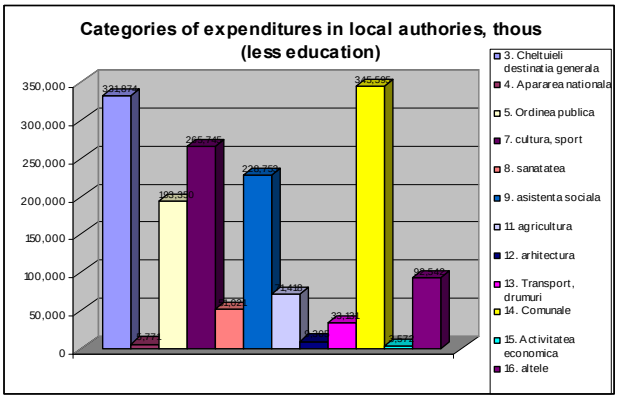




Of the local budget, expenditures on education represent more than 65%, whereas expenditures on social protection represent less than 10% as graph 5.4 shows. Graph 5.3 also shows that of the social budget line expenditures, 45% represent the costs of support social services and the rest goes for administrative costs and local authorities managed and predetermined by central authorities cash programs.

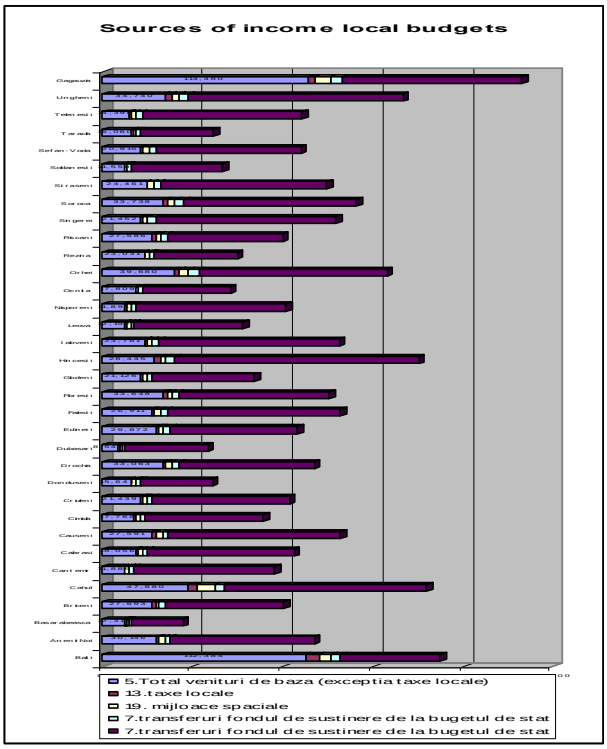
Graphs 5.4, 5.5

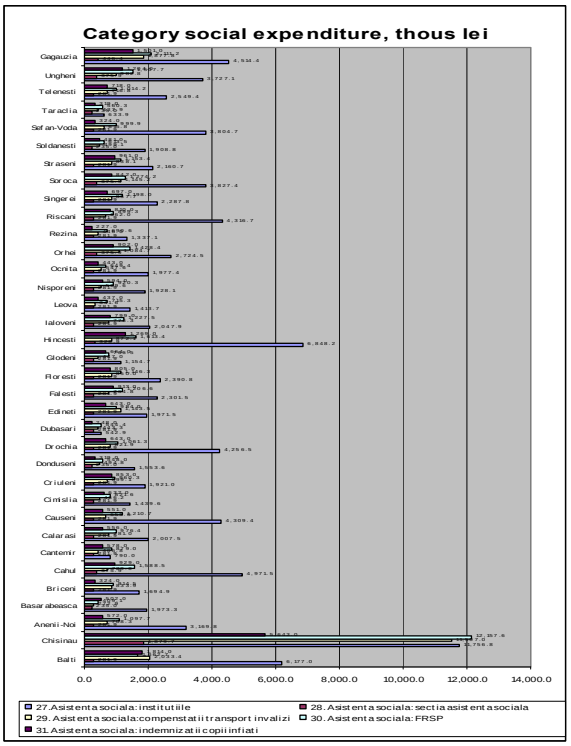




Situation for some local authorities looks better as compared to others though. For instance Balti or Cahul local authorities have a much better financial capacity, whereas Orhei local authoritiesô capacity is much lower as graphs 5.6, 5.7 shows. In the later case, the rate of contribution from central authorities is much higher, thus local authorities have less possibility to innovate with social programs and services.

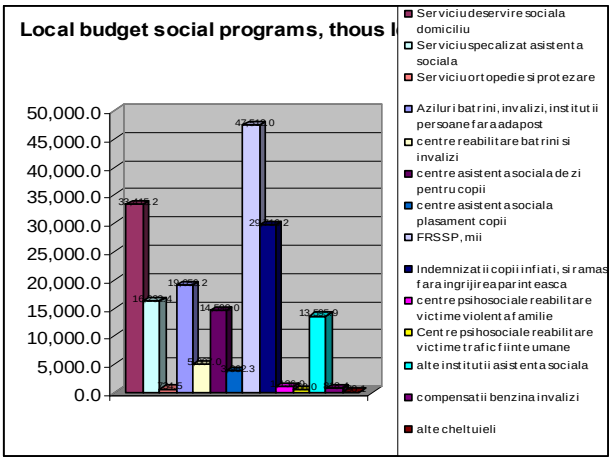
Graphs 5.6, 5.7

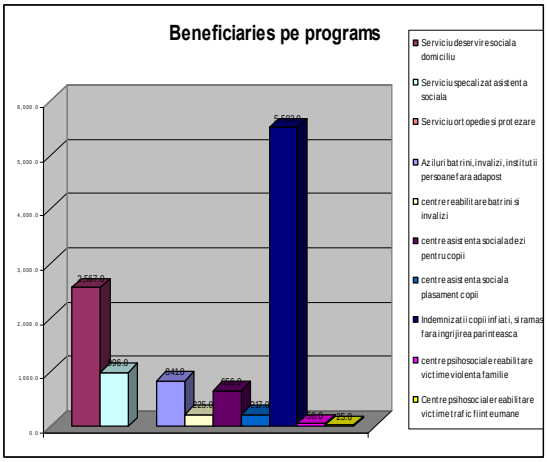




Te detailed discussion of the specific programs as represented in graphs 5.8 and 5.9 show that social services as community centers represent the least priority in local budget funding, less than 10%, Overall, the funding for children with disabilities and persons with disabilities through service might not even reach 15-18 mln lei. The number of served persons is at best 10% of the existing needs.

Graphs 5.8, 5.9





Another critical factor of the financing from local funding represents the political vulnerability of the local funding. In the absence of the clear policy framework for the social service provision, local authorities can always opt for the change in the destination of the expenditure. This seems to reflect also the power of the central authorities to negotiate discretionary the allocation and support of local budgets.

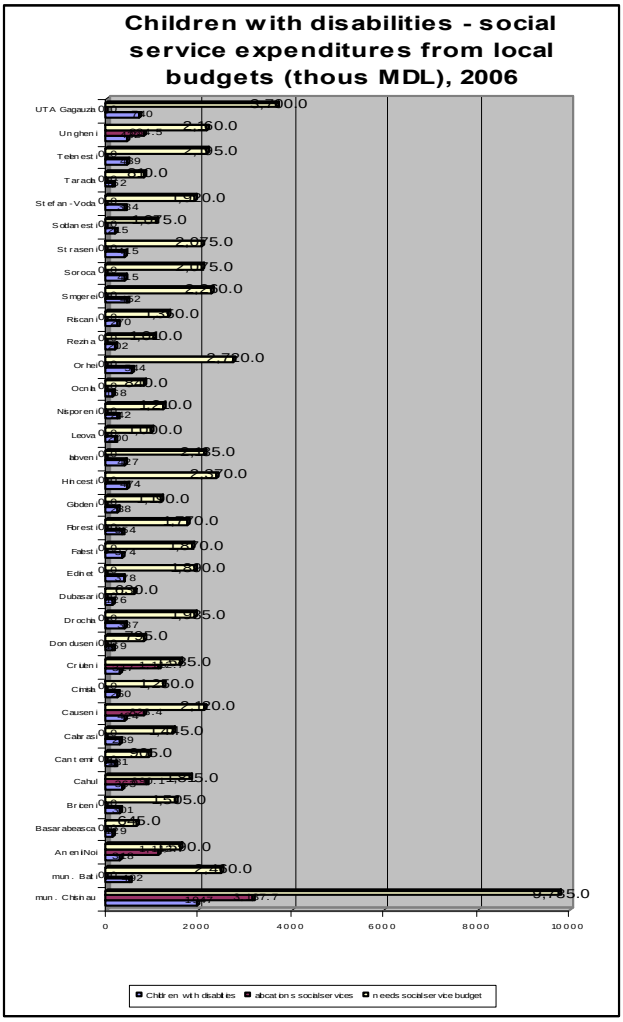
In light of the presented information and existing fiscal system, the financing of the social services and the services for the persons with disabilities from the local budgets only looks very unlikely.

5.2 Analysis of the public funding program of the social services.

In this section we try to assess the needs of social service funding through local authorities. The overall cost of the program to create community based social services for the children with disabilities would

amount to 50-60 mln lei, considering a cost of 5 000 lei per child per year. The program could be run even more efficiently in the case of multifunctional service provision community centers where children with disabilities would socialize together with the other children.

Graph 5.10



The estimations in the graph reflect only the operational costs. The costs related to the creation of the social services, investments and infrastructure would at the very least double the cost of the program. The investment component of the program could be realized through the funding provided by the Social Investment Fund (FISM). Its 2nd phase strategy is to create the social service infrastructure and ensure the operationalisation of the social services. FISM strategy for the creation of the social services run by FISM is not yet correlated to the intentions of the Ministry and it does not capitalize on the specific geographic needs in the country.

The draft strategy for the integrated social services has been in the process of the development by the Ministry with the support of DFID/SIDA project run by OPM/EveryChild. The draft strategy provides for the creation of the system of the financing of the social services, institutional framework for the accreditation, quality inspection and the system for the needs assessment. The strategy as a broad policy document is expected to be approved in the beginning of the next year.

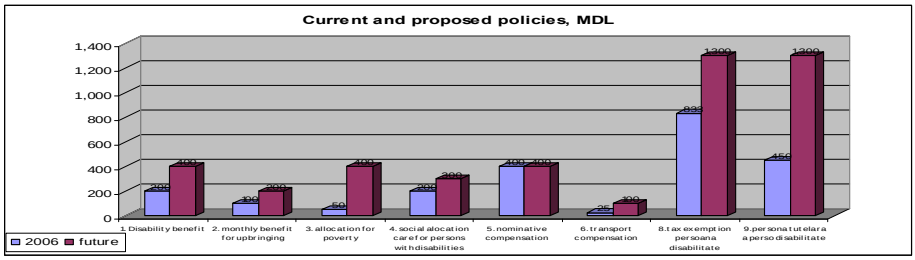
Service social standards and accreditation

TACIS/TRANSTEC (2007) and UNICEF (2006) have elaborated the accreditation and minimum standards for the functioning of the social services, and specifically for the children with disabilities. FISM has also drafted some of the standards and proposed them to the Ministry for the adoption. The standards will become operational in the beginning of the next year.

Benefits and allocations

The calculation of the benefits and allocations related to children with disabilities reveals that nowadays children with disabilities significantly draw the family into the poverty; therefore, the parents prefer to send the children into the residential care. This is confirmed through the reasons for placement in Orhei School for boys with mental disability (about half). In order to change the situation, the cash benefits and allocations as well as fiscal policies have to make it more attractive for the parents too keep the children with disabilities in the families, so that at the minimum, the cash benefits and allocations do not allow sliding the families into the poverty. Graph 5.11 provides for an increase in the benefits and allocations.

Graph 5.11



CHAPTER 6. POLICY OPTIONS DISCUSSION

This chapter provides a comprehensive discussion on the available options for the provision and management of social services for persons and children with disabilities and explains the preferred course of action for the introduction of the mental health policies in the framework of the current policies. Additionally, we provide a set of recommendations to improve the existing policies with regard to the children and persons with disabilities. The chapter contains recommendations regarding the general situation of persons and children with disabilities and specifically with regard to Orhei region and Orhei School for boys with mental disabilities.

6.1 Policy options

In this section we will consider broadly options for the introduction of the social services for the children and persons with disabilities.

Policy options considered:
- Local authorities provision and financing of social services
- Central authorities in cooperation with local authorities finance with later provide social services;
- Central authorities through agents and deconcentrated agencies provide social services.

Criteria for assessment of policy options:
- effectiveness (results)
- implementability under current conditions (political and technical difficulty, capacity)
- costs (efficiency)
- sustainability

Graph 6.1

Policy options	Option 1: Local authorities provision and financing of social services	Option 2: Central authorities in cooperation with local authorities finance with later provide social services	Option 3: Central authorities through agents and deconcentrated agencies provide social services
Policy content	- budgets co-financing from local authorities for non-residential care - partial redirection of residential care funding to non-residential care - full benefits from various cash-programs (analysis shows important cash amount of up to 1 200 MDL direct and up to 1 200 indirect monthly potential income, plus health insurance, etc)	- gradual redirection of residential care expenditures to non-residential and community based - Ministry of Social protection, child and family responsibility for management f social budget and expenditures with increased Ministerial capacity - Stronger correlation between FISM and the Ministry - full benefits from various cash-programs (analysis shows important cash amount of up to 1 200 MDL direct and up to 1 200 indirect monthly potential income, plus health insurance, etc)	- per child financial package financing - redirection of financial programs within the state budget on social needs - Ministry of Social protection, child and family responsibility for management f social budget and expenditures with increased Ministerial capacity - Ministry influence on the FISM - full benefits from various cash-programs (analysis shows important cash amount of up to 1 200 MDL direct and up to 1 200 indirect monthly potential income, plus health insurance, etc)
precondit	Minimal preconditions: - supply of professional	Minimal preconditions:	Minimal preconditions: - supply of professional

ions	community based social services in the region - preserving matching funds (50% rule) supplement from the state budget Preferred conditions (adds up): - standards for social services, - inspection of quality of social services - accreditation for the provision of social services	- supply of professional community based social services in the region - per child financial package financing - redirection of financial programs within the state budget on social needs - creation of management capacities in regional authorities Preferred conditions (adds up): - standards for social services, - inspection of quality of social services - accreditation for the provision of social services - political agreement on cooperation with local authorities - at least 30% co-match from local authorities	community based social services in the region - creation of management capacities in regional authorities Preferred conditions (adds up): - standards for social services, - inspection of quality of social services - accreditation for the provision of social services - political agreement on cooperation with local authorities
conc lusio ns	Financially unfeasible as local budget currently have only 50% covered their expenditure needs; politically impossible due to strong confrontation between central and local authorities,	**Preferred option, based on central authorities financial capacity to support and ensure the quality inspection and local authorities proximity and understanding of the local needs, as well effective make use of the existing social service supply**	Financially possible, exists previous practice, high possibility for inefficiency and failure to become closer to the beneficiaries.

6.2 Recommended course of action

In this section we provide a set of recommendations on the policy level and specifically for the Orhei School for bays. In the first case, policy recommendations refer to how to carry out mental health policy programs in the framework of current policy environment and how the current policies could be improved to make the mental health programs effective and sustainable. With reference to the Orhei School for boys, we provide recommendations for the deinstitutionalization capitalizing on the existing resources (existing supply of services) and opportunities (policies and factors).

Policy level

- <u>regarding the improvement of current policies</u>

a) *Cash benefit policies*. Existing cash benefit programs (allocation for disability, benefit to care after a child with disability, child care benefit, graph 2.28) should be increased so that the families receive greater incentive to care in family after the children with disabilities (graph 5.11); the current disability related benefits package is below the poverty line per child, so that families have a strong disincentive to raise children with disabilities at home;
b) *Fiscal policies*. Existing fiscal incentives (tax break for people with disabilities, tax break for persons caring after persons with disabilities, graph 2.28) in practice target only persons with at least average and high incomes, still the tax breaks are insufficient in order to make its use systematic and interested, therefore an increase in tax breaks as suggested in graph 5.11 would be beneficial;
c) *Preference for nonresidential care*. Nonresidential care system proves to be less costly (graph 2.29) and as other research and practice show much more effective in the integration of the children into society; current practice of the supply of the nonresidential care (sections 3.1 and 3.2) provide a number of best practices with the operational costs per child varying around 8 000

MDL per year (which is several times less than residential care costs, graph 2.29); therefore, the nonresidential care should be the preferred option that will capitalize on the relevant cash benefit and fiscal policies (above a) and b)) and further develop the community based services as per best practice referred to;

d) *Social services provision*. Currently non-residential care services for the children with disabilities barely cover 8-9% of the children needed (graph 3.2) with the varying degree of quality, the insufficient supply is due to the lack of local authorities financial capacity (graph 5.2, 5.3) and the lack of central government program priority for the creation of social services in general and specifically for the children (with disabilities) (graph 5.1, graph 2.4, graphs 2.14, 2.15); therefore, service components of the policies should be developed based on the best practices of nonresidential care (more efficient and effective) with specific centrally financed and locally co-financed programs for children with disabilities; as graph 5.10 shows, to match the existing needs for the social services for the children with disabilities, a program of 50 mln MDL of operational costs per country with 5-6 000 MDL per child will be needed to produce sustainable and effective results (redirecting funds from nominative compensation program is just one source for the program);
e) *Social service financing.* With the current system of fiscal centralization, the source of financing of the social service should come from the central authorities budget (graph 2.5) as specialized programs run on 3 years bases that will be managed by the local authorities (capitalizing on the existing practice in local-central authorities cooperation, graph 5.8) and co-matched from the budgets of the local authorities with up to 25%; the provision of the social services could be done on tender-based principles by local authorities on the principles of at least 10% to 20% of matching funds from the social services supplies matching funds;
f) *Financial mechanism for socials services*. Effective introduction of the social services require a financial mechanism, whereby a package of social service cost will be estimated for a child (person) with disabilities; the calculated package should be planned based on the community residence of the child with disability and follow the child while (s)he decides to move out of the community; this system will produce a greater incentive to local authorities to develop the supply of social services;
g) *Creation of accreditation, standards.* To put the suggested system of social service in practice, as explained in section 2.2, there is a need for the accreditation and quality of social service system as well as the minimal standards for social service provision; these are absent for the moment;
h) *Quality of professionals*. The number of social service professionals increases, currently satisfying the needs (in the conditions of incipient development of social service provision), however should the provision of social service increase as recommended, the market of social workers and professionals will suffer from shortages; indeed currently around 5 000 professionals exist with about 1 000 entering the market (graph 4.1, 4.2), however only 40% are interested in joining the market, professionals satisfy less than 10% (300-400) of social service needs (graph 3.2), therefore around 3 000 will be needed for children with disabilities only; the quality of education remain the question in point as it suffers from being extensively theoretical with few opportunities to practice on the ground;
i) *Insufficient coverage with social service*. Estimation of children with disabilities reveals that only up to 20% are covered by any kind of service (including Ministry of Health hospitals not assessed in the policy research), the rest are hidden from the society.

<u>- regarding carrying out of mental health programs capitalizing on the current policy framework</u>

a) *Make use of cash benefits policies*. Promotion of mental health services based on nonresidential care and community based services should make use of the existing cash benefits and fiscal policies for families, households and persons with individuals; promotion of social services usually disregard these policies and no assistance is provided to access them;
b) *Make use of fiscal policies.* Social adoption or social support institutions for the children or persons with disabilities could be strengthened while making use of the cash benefits and fiscal policies;
c) *Local authorities service provision model*. Promotion of social service development should capitalize on the existing local authorities programs (negotiated with central authorities as per normative per beneficiary allocation, graph 5.8) for provision of social services as this follows

the principle of making the services closer to the beneficiary rather then follow the practice of financing social services from central budget (information in section 5.1);

d) *Capitalize on good practice.* Existing good practice provision of relevant social services should be strongly capitalized on, the quality upgraded and specifically developed methods and practice of social entrepreneurship around the existing models.

- regarding Orhei School for Boys with mental disabilities

Here we compile a set of recommendations directed towards answering questions regarding the programs for the deinstitutionalization of children with mental disabilities from Orhei School for boys.

A set of complementary actions directed to Orhei School for boys with mental disabilities:

a) Work with the better off families (capitalize on the provisions of the fiscal facilities) with children with disabilities and assist them in accessing the various benefits and allocations; currently the benefits could reach up to 1 200 MLD per month and with fiscal benefits up to 2 300 MDL monthly per child with disability; Ideally, efforts should be made to lobby for the increase of the social and fiscal benefits as shown in the graph 5.11; this will help to overcome one of the reasons for placing the child to the residential care as per graph 1.10;
b) Complementary to the previous point a), the mechanism for social adoption should be further made use of; as graph 1.11 shows, almost 40% of children in residential care a orphans, fiscal and cash benefits systems should be made use of to explain the financial stimulus for the social adoption;
c) As per graph 1.11, at least 50% of the children with temporarily placement status could be reintegrated into the society with the support of the cash benefit programs, fiscal policies and to be developing social community based services;
d) As per graph 1.11, 40% of children that are abandoned and parents deprived of their rights, a social adoption program could be run that will apart from previous point will capitalize on the social adoption benefit policy but also complemented by the additional program to support children adoption;
e) Ss per graph 1.14, 1.15, most of the children in the school, come from the Orhei and Orhei nearby districts that situate at the distance of 50 km from Orhei, therefore the project intervention of developing of social services in the Orhei proximity is justified; additional source of children with disabilities is from Chisinau; (surprisingly, as per graph 1.16, a substantial part of children with disabilities come from the same regions plus Chisinau, this again justifies the development of the pilot social services in the area);
f) As per graph 3.5, the number of existing social providers of relevant services has the largest concentration as compared to other parts of the country, more than a dozen of providers have been identified; of these several are considered to be best practice example in the country as Speranta (Criuleni) and Speranta (Chisinau); the overall capacity to service of the already existing network of providers in the Orhei and Orhei adjacent districts is around 300-400 children;
g) As discussed in section 4.2, the supply of the relevant social professionals in Orhei and n Orhei adjacent districts is reasonable, yet will come under strain, should social policies be developed, the upgrade of the professional capacity of other then best run providers of of social services will be necessary.

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