



Goal 4

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REDUCE CHILD MORTALITY

Civil Society and Private Sector Contribution
to Achieving the National Targets of MDG 4
in the Republic of Moldova



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LIST OF ABBREVIATIONS

LG – Local government

NBS – National Bureau for Statistics

HBR – Households' budgets research

IMF – International Monetary Fund

HDI – Human Development Index

IPP – Institute for Public Policy

MH – Ministry of Health

MLSPF – Ministry of Labour, Social Protection and Family

ME – Ministry of Education

OECD – Organization for Economic Cooperation and Development

MDG – Millennium Development Goals

UN – United Nations Organization

NGO – Non-governmental organizations

WHO – World Health Organization

OSCE – Organisation for Security and Cooperation in Europe

SIDA – Swedish International Development Agency

NDS – National Development Strategy

PS – Private sector

UNICEF – United Nations Children's Fund

EU – European Union



EXECUTIVE SUMMARY

The report under consideration analyzes the role of civil society and private sector in the Republic of Moldova for achieving Millennium Development Goal 4. Reduce child mortality. The analysis was done based on legislation in force and on a survey conducted to this end among civil society and private sector representatives, as well as among governmental institutions and development partners.

The first chapters of the report show the general trends in achieving the targets of **MDG 4** by Government of the Republic of Moldova, identify the problems and make their diagnosis.

In this context, it is worth being mentioned that the Republic of Moldova promotes a policy of health care system modernization and its adjustment to European standards and, in the same time, makes sustainable endeavours to ensure to a full extent the inherent child rights to life, survival and development in accordance with the provisions of the **United Nations Convention on the Rights of the Child in force since 25.02.1993**. Infant mortality rate and the mortality rate among under-five children, in particular, are decreasing each year, while the targets of both indicators for 2015 have already been achieved.

Nevertheless, despite such progress and positive prospects, the level of child mortality in the Republic of Moldova is still higher than in most European countries.

The survey pointed out that the progress done by the Republic of Moldova in terms of reducing child mortality is due to implementation by the Government, with the support of the country's development partners, of various health care programmes, such as: regionalization of perinatal care, setting up a national system for monitoring of perinatal care and implementation of in-vitro transportation, and is also due to involvement of non-governmental organizations and private sector.

Two distinct chapters of the report analyze and assess civil society and private sector contribution to achieving **MDG 4** through such activities, as policy advocacy, service provision, information and sensitization of public opinion. The survey identifies key-stakeholders, their territorial distribution and size, and the problems faced by them while involving in the process of achieving **MDG 4**.

Taking into account that the Republic of Moldova still has much to do in terms of reducing infant mortality and mortality of under-five children, chapter 5 of this report lists the proposals and recommendations made by civil society and private sector for improving the situation in this field, and shows the segments on which the above-mentioned stakeholders are willing to involve as Government's basic partners. The chapter also shows the visions of Government and of its basic partners on the importance of civil society and private sector involvement in activities requiring their support.



INTRODUCTION

Goal of the survey

To identify the contribution and role of civil society organizations and private sector to achieving **MDG 4**. Reduce child mortality.

Specific objectives:

- ◆ to identify the activities carried out by the four categories of respondents (NGO-s, private sector, governmental structures and international donors) with a view to achieve the targets of **MDG 4** and their possible plans for acceleration of the process of achieving the national targets of **MDG 4**;
- ◆ to identify the vision of governmental institutions about present and future involvement of other stakeholders in the process of achieving the national targets of **MDG 4**, as well as the existing gaps or obstacles;
- ◆ to determine the needs of NGO-s, donors and private sector for actions to be undertaken by governmental institutions with a view to achieve the targets of **MDG 4**;
- ◆ to assess the level of understanding of MDG-s and of the national targets of **MDG 4** by the four categories of respondents and their awareness of the international agenda in this field;
- ◆ to identify the recommendations of each category of respondents for short-term and medium-term actions to be undertaken in order to accelerate the process of achieving the national targets of **MDG 4**.

Relevance of the issue under consideration

The analysis of this issue will allow, at the level of:

1. Civil society organizations:

- ◆ to identify the degree of awareness of NGO-s about **MDG 4** and about the role on NGO-s in this field;
- ◆ to assess the contribution of NGO-s to achieving **MDG 4** through their basic activities;
- ◆ to identify difficulties/obstacles faced by NGO-s while conducting relevant for **MDG 4** activities;
- ◆ to identify the solutions/recommendations made by NGO-s for encouraging their active involvement in achieving **MDG 4**.

2. Private sector (PS):

- ◆ to identify the degree of awareness of private sector about **MDG 4**;
- ◆ to identify to what extent PS recognizes and commits to the standards and practices of corporate social responsibility relevant for **MDG 4**;
- ◆ to point out the size and the forms of PS sponsorship contribution to community activities and projects relevant for **MDG 4**;
- ◆ to identify the level of PS involvement in policy dialogue;



- ◆ to identify the solutions/recommendations made by PS for encouraging its active involvement in achieving **MDG 4**.

3. Governmental institutions:

- ◆ to identify the level of involvement of NGO-s, PS and international organizations in policy dialogue about **MDG 4**;
- ◆ to reveal best practices of NGO-s and PS which are considered by governmental institutions as models to be followed in the process of achieving the targets of **MDG 4**;
- ◆ to identify the support that governmental institutions might provide to development partners for their more efficient involvement in achieving the targets of **MDG 4**;
- ◆ to identify the solutions/recommendations made by governmental institutions for encouraging active involvement in achieving **MDG 4**.

4. International organizations:

- ◆ to identify the vision about achieving the targets of **MDG 4** in Moldova;
- ◆ to identify the support provided by international organizations to relevant for **MDG 4** programmes and activities;
- ◆ to reveal the opinion about the degree of NGO-s and PS involvement in implementation of projects/programmes focussed on achieving **MDG 4**;
- ◆ to reveal best practices of NGO-s and PS which are considered by international institutions as models to be followed in the process of achieving the targets of **MDG 4**;
- ◆ to identify the solutions/recommendations for encouraging active involvement of NGO-s and PS in achieving **MDG 4**.

Survey Methodology

The following survey methods have been used for conducting the survey:

- ◆ analysis of social papers – official policy papers describing the situation in the field of reducing the rate of infant and under-five child mortality, and the share of under-two children vaccinated against measles in the Republic of Moldova; surveys, analytical reports developed by national and international experts in this field, national databases. The statistical data have been provided by the National Bureau for Statistics, the National Centre for Health Management, Ministry of Health, Ministry of Labour, Social Protection and Family, Ministry of Justice. These resources have been mainly used for developing chapters I and II related to present situation and major trends in the field under consideration.
- ◆ Focuss group (2 cluster meetings) – held for validation of the methodology and of the report structure, as well as for debating on the draft report. The focuss group's members are representatives of the categories of respondents covered by the survey: governmental institutions, non-governmental organizations and international organizations – State Chancellery, Ministry of Health, National Centre for Health Management, National Roma Centre, UNICEF;



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- ◆ Structured interviews – intended to identify the contribution of civil society organizations and private sector to achieving the targets of **MDG 4**. Interviews have been conducted with representatives of the investigation group with a view to identify the vision of various stakeholders about civil society and private sector role and contribution to achieving the targets of **MDG 4**;
- ◆ Case studies – presenting best practices in this field which might be disseminated among other concerned organizations.

The survey's respondents

- ◆ 19 civil society representatives which have a contribution to achieving the targets of **MDG 4**, identified based on their visibility and relevance at national level;
- ◆ 10 private companies relevant for the survey's targets (multinational and large companies, including companies from various areas of the country);
- ◆ 6 representatives of ministries in charge of social policy development and implementation in the field of **MDG 4**: State Chancellery, Ministry of Health, Ministry of Labour, Social Protection and Family, Ministry of Justice, National Bureau for Statistics, Institute for Ecology and Geography of the Academy of Sciences;
- ◆ 4 representatives of international organizations: WHO, UNICEF, the World Bank, the Swiss Agency for Development and Cooperation.

Structure of the questionnaires

I. General part:

- ◆ The respondent's profile
- ◆ Awareness of international/national papers related to development priorities of **MDG 4**

II. Special part:

- ◆ Contribution of NGO-s, private sector, development partners to achieving **MDG 4**
- ◆ Solutions and recommendations

Structure of the survey

The survey consists of five chapters, as follows:

Chapter 1: MDG 4 in the Republic of Moldova – general framework. The first chapter makes a presentation of Millennium Development Goal 4 „Reduce child mortality” and of its targets both in international, and in national formulation. The chapter also makes an analysis of the differences between international and national formulations of **MDG 4** and explains the reasons for target reformulation at national level.

Chapter 2: MDG 4 – major trends and present situation in this field. This chapter deals with public policies implemented by the Government over the past years which explain the dynamics of **MDG 4** indicators throughout the period 2001-2011. The chapter also makes an overlook on key-problems faced by the Republic of Moldova in its endeavours



to reduce infant and under-five child mortality, taking into account that the mortality rate is still rather high compared to European countries. In the same time, it deals with problems related to achieving target 3 of **MDG 4**. Maintain the share of children under two vaccinated against measles at least at 96% by the year 2010 and 2015.

Chapter 3: Role of civil society in achieving MDG 4. This chapter estimates the degree of associative sector awareness about **MDG 4** and the contribution of NGO-s to achieving **MDG 4** through such activities as: advocacy, service provision, information and sensitization of public opinion. The best practices are described in distinct boxes as positive models.

Chapter 4: Role of private sector in achieving MDG 4. The chapter speaks about the forms of partnerships developed by private sector and governmental and non-governmental organizations with a view to reduce infant and under-five child mortality: providing funds for programmes developed by NGOs, surveys, investigations, policy making, social programme development, information and promotion programmes, training activities, roundtables, conferences.

Chapter 5: Conclusions and recommendations. This chapter was developed as a result of the analysis of the survey data and points out rather specific than general findings and recommendations, taking into account the number of participants in the survey.

The survey's utility and role for public policies

The survey provides first of all information about the potential of non-governmental organizations and private sector of the Republic of Moldova as contributors to prevention and reduction of infant and under-five child mortality, as well as about the weaknesses/problems faced while carrying out their activities in this field.

The survey also makes a series of proposals for local government in terms of prerequisites for NGO-s and private sector more active involvement in promoting public policies in child health sector.

The survey's recommendations are intended as benchmarks for improving the quality of public policies, raising the efficiency and effectiveness of public policy making, ensuring an efficient system for monitoring and control on policy implementation.



CHAPTER 1.

MDG 4 IN THE REPUBLIC OF MOLDOVA: GENERAL FRAMEWORK

International targets defined by the United Nations Millennium Declaration 2000	Target 4. A. Reduce the rate of under-five child mortality by 2/3 by the year 2015. Indicator 4.1 Under-five child mortality rate Indicator 4.2 Infant mortality rate Indicator 4.3 Share of under-one children vaccinated against measles
Initial national targets defined by Government of the Republic of Moldova	Target 1. Reduce the infant mortality rate from 14,7 (per 1.000 live newborns) in 2002 to 12,1 in 2006, to 9,6 in 2010 and to 6,3 in 2015. Target 2. Reduce the under-five child mortality rate from 18,3 (per 1.000 live newborns) in 2002 to 15,0 in 2006, to 11,9 in 2010 and to 8,4 in 2015. Target 3. Increase the share of children under-two vaccinated against measles from 99,2% in 2002 to 100%, since 2006.
National updated targets defined by Government of the Republic of Moldova	Target 1. Reduce infant mortality from 18, 5 cases per 1000 live births in 2006 to 16,3 in 2010 and 13,2 in 2015. Target 2. Reduce under-five child mortality rate from 20, 7 per 1000 live births in 2006 to 18,6 in 2010 and 15,3 in 2015 Target 3. Maintain the share of children under-two vaccinated against measles at least at 96% by the year 2010 and 2015

President of the Republic of Moldova, together with heads of state and government from 147 countries (in the total of 191 countries), signed in New York, in 2000, the „United Nations Millennium Declaration: human development – an objective of primordial importance”. The Declaration confirms the commitment of international community to fundamental values of humanity – freedom, equality, solidarity, tolerance, respect for nature and sharing responsibility and points out the importance of solving serious problems related to peace strengthening, respect for human rights, sustainable development and environment protection.¹

Based on Millennium Declaration, were identified the Millennium Development Goals (MDG-s) which define concisely the goals to be reached by the year 2015. Concrete targets and monitoring indicators have been established for each goal. The goals derive from the development vision adopted in the Declaration and shall remain unchanged, solely insignificant adjustments to specific country conditions are allowed.

According to Millennium Declaration, the eight development goals and 18 numerical targets are the expression of the political consensus established in the international community in the 1990-s. The United Nations Organization, the World Bank, the International Monetary Fund and OECD selected 48 indicators from a larger set of indicators compiled during intergovernmental processes. The indicators are intended to encourage joint assessment and understanding of the statute of MDG-s at global, national and regional levels. Thus, a few targets and indicators have been adjusted and adapted to specific conditions in each country.²

1 First National Report „Millennium Development Goals in the Republic of Moldova”, 2005

2 Country report on MDG-s, Second informative note, 2003



The objectives and indicators established at global level have been adapted by the Republic of Moldova to the country's priorities and concrete context, and they have not been applied as a rigid directive. The Republic of Moldova took into consideration the fact that, for achievement of the established goals, there is need for synchronization with global synergies and with integration processes in the European area.

In 2004, with the support of the Institute for Public Policy (IPP), was developed the first report on adjustment of MDG-s to the national context, whose objectives and targets were at the basis of the long-term Government's agenda for Economic Growth and Poverty Reduction Strategy adopted by the Parliament in December 2004. Afterwards, in 2005, Government, with the support of the United Nations agencies in the Republic of Moldova, conducted the first evaluation of MDG-s implementation, followed by reintegration, update and concretisation of the commitments taken by our country in this process. The report was approved by the Government in March 2005 and provided that public authorities had to develop and approve action plans for achieving the objectives and targets of the established Millennium Development Goals.

In 2007, the Government analyzed the progress made towards achievement of Millennium Development Goals and, after consultations with civil society and with the country's development partners, updated the largest share of targets and adjusted them to particularities of the country's development more rigorously than at the initial stage of adaption, including the targets related to reducing infant and under-five child mortality.

Since the year 2007, infant mortality targets of **MDG 4** were updated too, the reference year for establishing them being 2006. In the process of updating infant mortality targets, it was thought that the data gathered as a result of the monitoring conducted by the Ministry of Health were under-estimated, as the medical establishments provided incomplete information on the number of deaths among children. Therefore, the Ministry of Health decided to adjust the respective indicator, increasing its value towards a figure that seemed more real at that time. That adjustment was not based on a special methodology, only on hypotheses. On the other hand, after introduction of a new methodology for estimation of that indicator and getting a real figure about the developments of child mortality rate, it came out that the assumption about underestimation of data was wrong and that the data provided by medical establishments were veridical, while the adjustment made by the Ministry of Health was inappropriate.³

In the same time, since 2008, Government has applied a new methodology for defining live birth. Such a transition was necessary after the Ministry of Health decided to apply a new methodology for estimation of child mortality recommended by WHO and established as an objective in the Action Plan "Republic of Moldova – European Union". Consequently, since 2007, a live birth is defined as a birth after the 22nd complete week of gestation of a newborn weighing 500 grams or more. Previously, the respective indicator was estimated based on another definition of live birth: childbirth was considered as a live birth after the 28th complete week of gestation with a birth weight of 1000 grams.⁴

It is also worth being mentioned that both the compilation of this indicator, and its monitoring were rather difficult, because of inexact estimation of births of newborns weighing from 500 to 999 grams

³ Second National Report „Millennium Development Goals in the Republic of Moldova”, 2010

⁴ National Development Strategy, Law no.295 of 21.12.2007

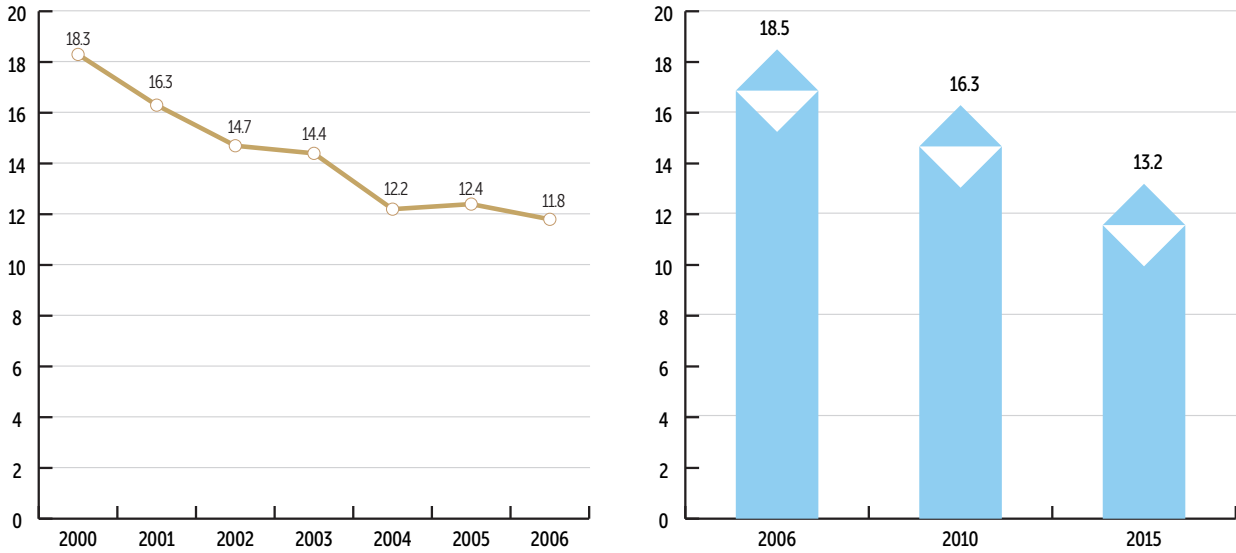


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Table 1.

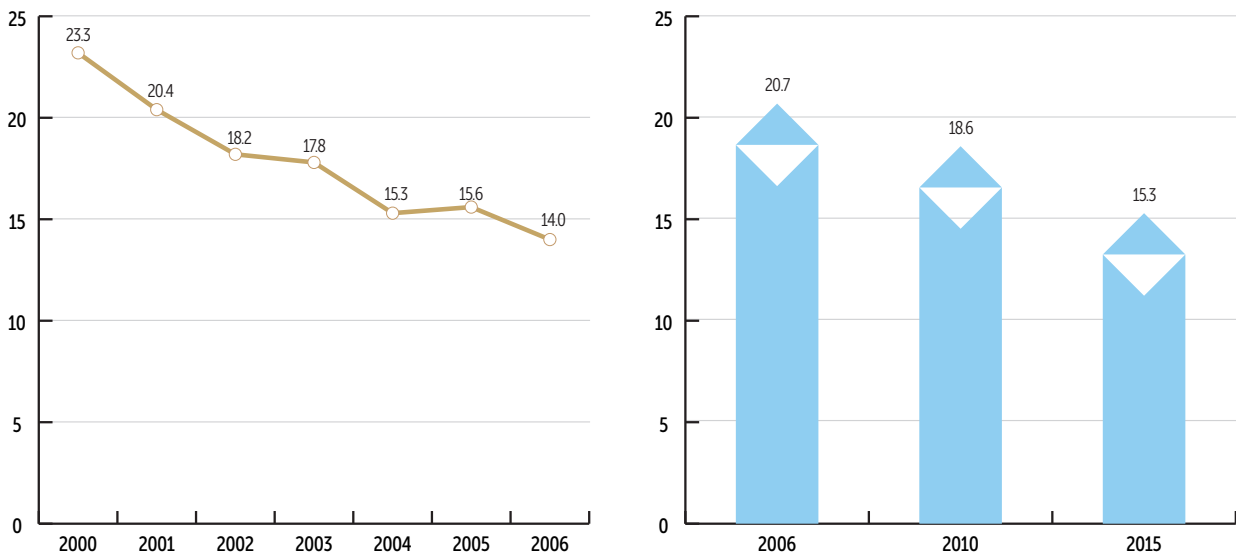
Dynamics of infant mortality throughout the period 2000-2006 (based on the old methodology) and the targets of MDG-s for 2010 and 2015, cases per 1000 live newborns (based on the new methodology)¹



Source: Report on Millennium Development Goals: „New challenges-new tasks”

Table 2.

Dynamics of under-five child mortality throughout the period 2000-2006 (based on the old methodology) and the targets of MDG-s for 2010 and 2015, cases per 1000 live newborns (based on the new methodology)²



Source: Report on Millennium Development Goals: „New challenges-new tasks”

1 Report on Millennium Development Goals: „New challenges – new tasks”
2 Report on Millennium Development Goals: „New challenges – new tasks”



for the following years and, secondly, because of the fact that care for survival of newborns with such a weight requires investments and modern technologies.

Despite the initial formulation of Target 3 „Share of children aged two vaccinated against measles”, the official papers of Government of the Republic of Moldova never contained a target aimed at 100% vaccination against measles, because, even under the most positive circumstances, universal immunization is impossible for two reasons: some children have medical contraindications against vaccination and some parents are against their children’s vaccination.

The National Immunization Programme for 2001-2005 was intended to ensure since 2001 a national and territorial coverage of minimally 98% for vaccination of children under two with anti-measles vaccine (a combined vaccine against measles, mumps and rubella). The following National Immunization Programme for 2006-2010 established a national and territorial coverage of over 95% starting in 2006 for first anti-measles vaccination of children under two and revaccination before the age of 7 years. In that context, the targets for this indicator have been updated, and a target of 96% has been established for 2010 and 2015.

The Millennium Development Goals are a part of the Government’s medium-term agenda and have been materialized through the National Development Strategy (NDS) 2008-2011.

As a matter of fact, frequent changes both in terms of policy, and in the context of MDG targets are not always well-seen by the population, nor by international community, because frequent changes raise doubts and distrust towards Government’s intents. On the other hand, taking into account the situation in this field, it might be more appropriate to intervene and make a change, rather than let things evolve by inertia.



CHAPTER 2.

MDG 4 – MAJOR TRENDS AND PRESENT SITUATION IN THIS FIELD

Tasks	Name of the indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2010 Target	2015 Target
Updated goal 4. Reduce child mortality															
UT 1. Reduce infant mortality rate from 18,5 (per 1.000 live newborns) in 2006 to 16,3 in 2010 and to 13,2 in 2015	UI 1. Under-five child mortality rate	23,2	20,4	18,2	17,8	15,3	15,6	14,0	14,0	14,4	14,3	13,6	13,0	18,6	15,3
UT 2. Reduce under-five child mortality rate from 20,7 (per 1.000 live newborns) in 2006 to 18,6 in 2010 and to 15,3 in 2015	UI 2. Infant mortality rate	18,3	16,3	14,7	14,4	12,2	12,4	11,8	11,3	12,2	12,1	11,7	11,0	16,30	13,20
UT 3. Maintain the share of children under two vaccinated against measles at least at 96% by the year 2010 and 2015	UI 3. Share of children aged 2 vaccinated against measles*	89,1	94,1	94,3	95,7	96,3	96,9	96,9	94,7	94,4	90,3	91,1	95	96	96

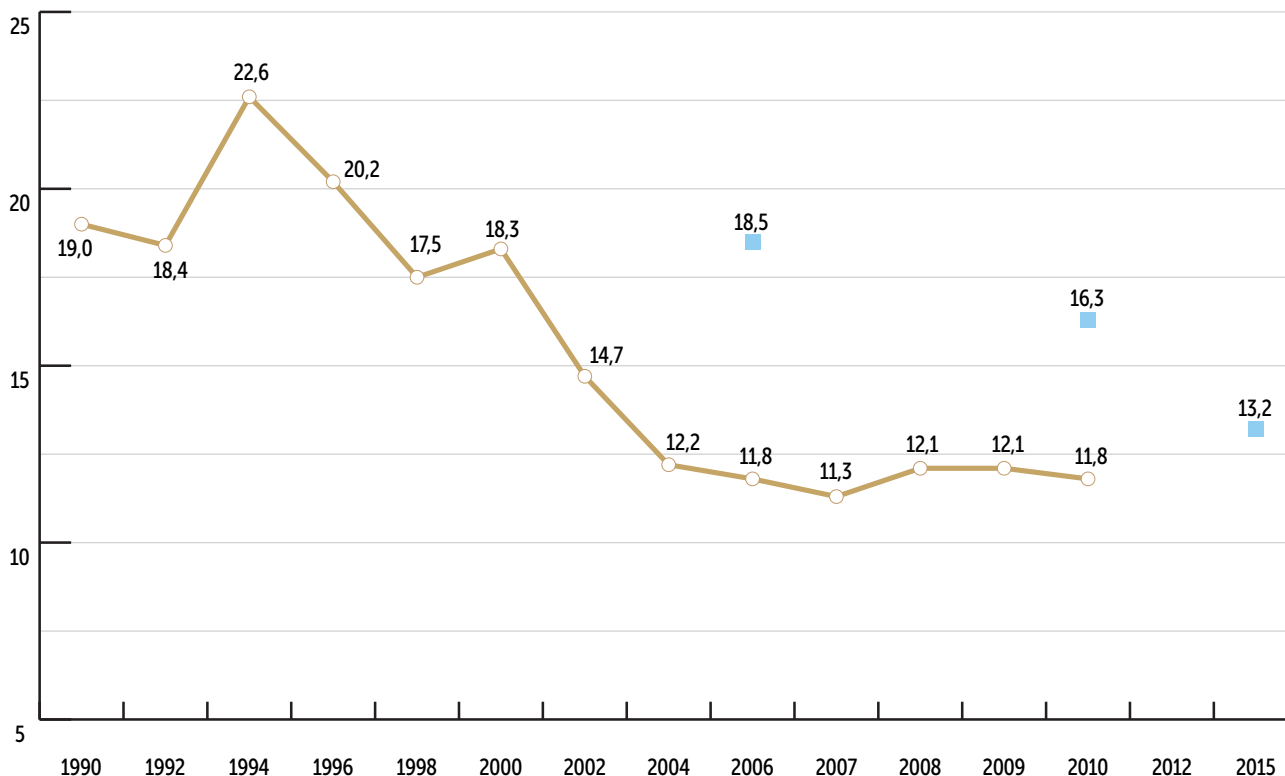
Source: National Bureau for Statistics, National Centre for Health Management

Target 1. Reduce infant mortality from 18,5 cases per 1000 live births in 2006 to 16,3 in 2010 and 13,2 in 2015

The Republic of Moldova has made considerable progress towards significant drop of infant mortality compared to the year 2000, when infant mortality rate was estimated to 18,3 cases per 1000 live newborns. In 2007, when Government of the Republic of Moldova updated this target, infant mortality rate reached 11,3 cases per 1000 live newborns. In 2008, when Government started to apply the methodology for defining live births recommended by WHO, according to which a “live birth” is the birth of a newborn weighing 500 grams or more, infant mortality rate slightly rose to 12,1 cases per 1000 live newborns, and dropped again in 2010 to 11,7 cases per 1000 live newborns, and in 2011 – to 11,0 cases per 1000 live newborns.



Table 1.
Infant mortality in the context of MDG-s (per 1000 live newborns)



Source: Ministry of Health of the Republic of Moldova (except the districts of the left-side bank of the Dniester and Bender municipality)

In fact, this is the result of various healthcare programmes implemented by Government of the Republic of Moldova with the support of the country's development partners, such as: regionalization of perinatal care, setting up a national system for monitoring and follow-up of perinatal care and implementation of in-vitro transportation.¹

Target no. 1 has already been achieved, nevertheless, the Republic of Moldova still has high infant mortality rates, compared to member countries of the EU (5, 61 cases per 1000 live newborns in 2010).²

The most frequent causes for infant mortality are related to mother and child health during pregnancy. In 2010, the most frequent causes for death among children under one year were perinatal causes (4,7 cases per 1000 live newborns), followed by congenital malformations (3,5 cases per 1000 live newborns).

Environment is one of indirect factors causing child death in perinatal period because of congenital malformations and other disorders.³ Therefore, there is need for further improvement of the quality of perinatal care services, particularly of services for pregnancy supervision among women who migrated for labour.

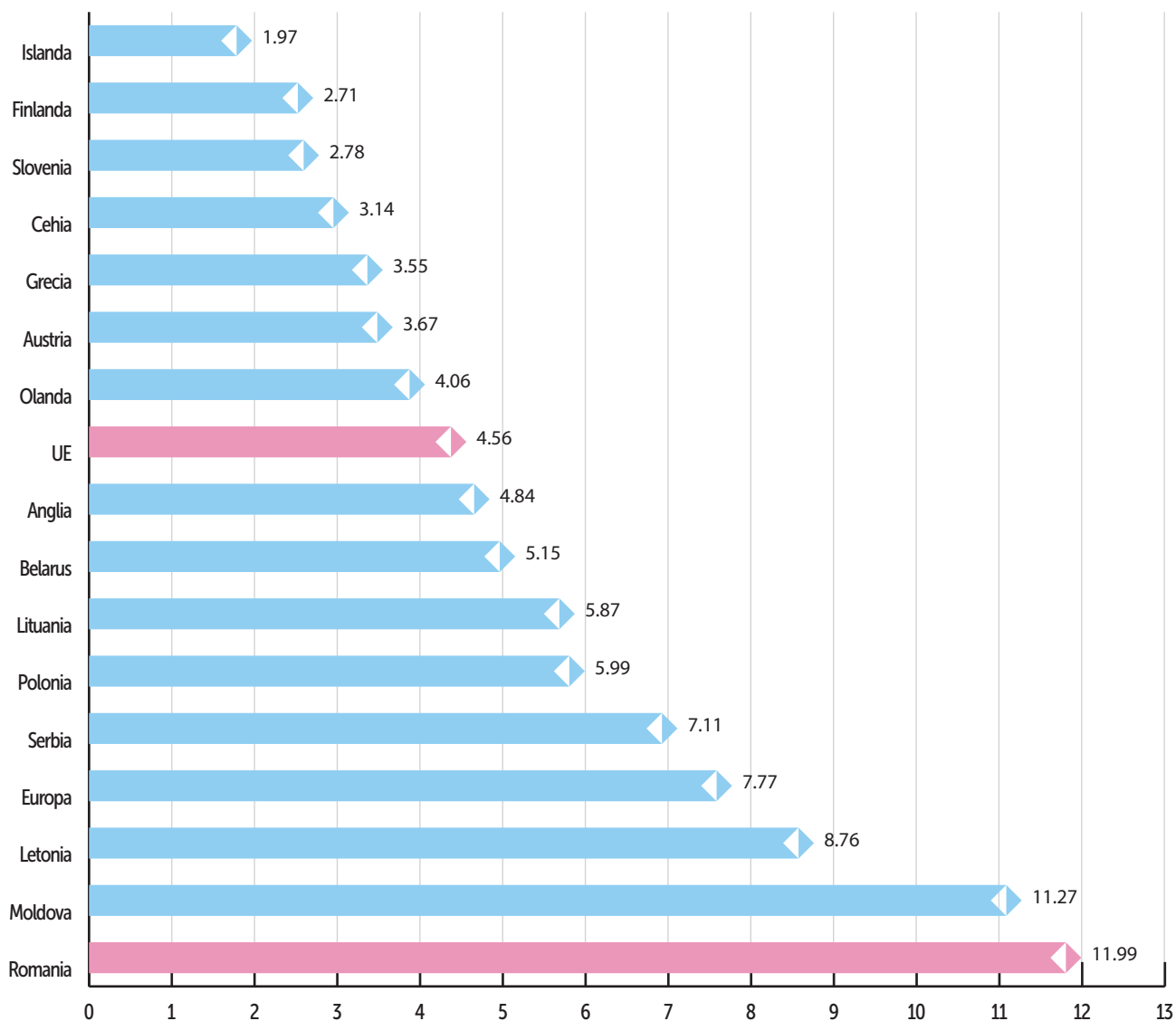
1 Governments of Japan and Switzerland, Bank for Reconstruction and Development, UNICEF, Swiss Agency for Development and Cooperation and the World Bank have granted financial assistance for reducing child mortality

2 Source: CIA World Factbook

3 Report „Child health and environment in the Republic of Moldova”, Ministry of Health, Ministry of Environment, Chisinau, 2010

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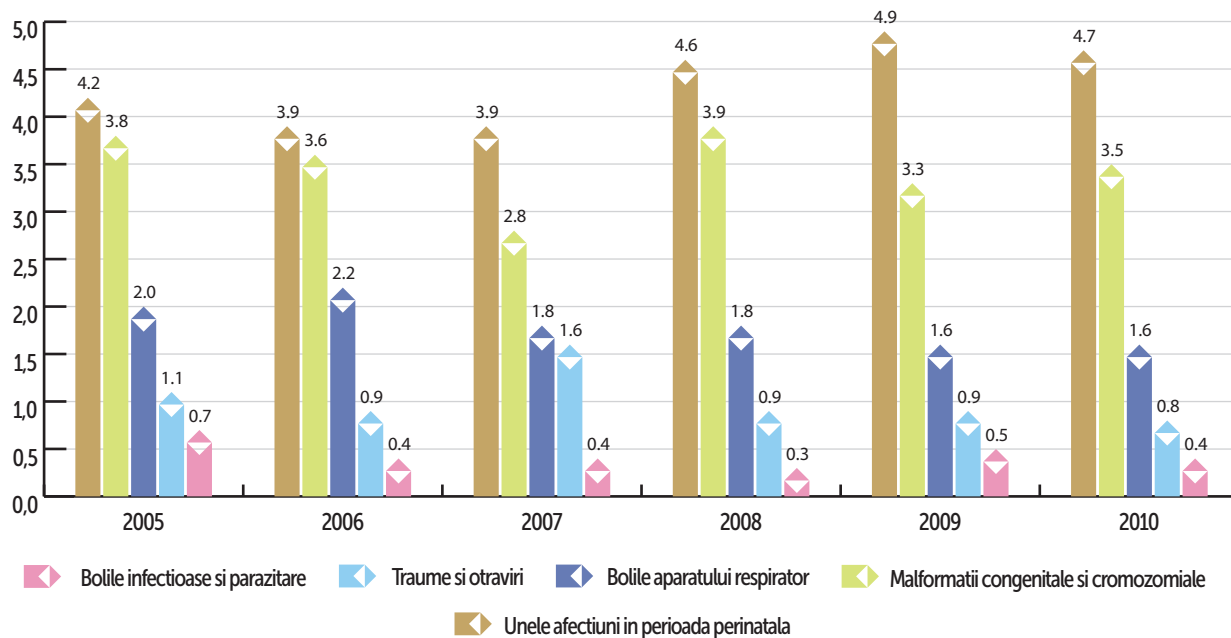
Rata mortalității infantile la 1000 născuți vii în unele țări europene*Source: HFA, 2009*

The share of deaths caused by diseases of the respiratory tract is still high (1,6 cases per 1000 live newborns in 2010), although this category of deaths are considered as avoidable in developed countries. Such particularities lead to the conclusion that there is an important potential for reducing this phenomenon, which is still insufficiently exploited.

The share of deaths at domicile is still high (19,5% in 2010), and the major causes for them are diseases of the respiratory tract, traumatic injuries, intoxications, all of them being avoidable.

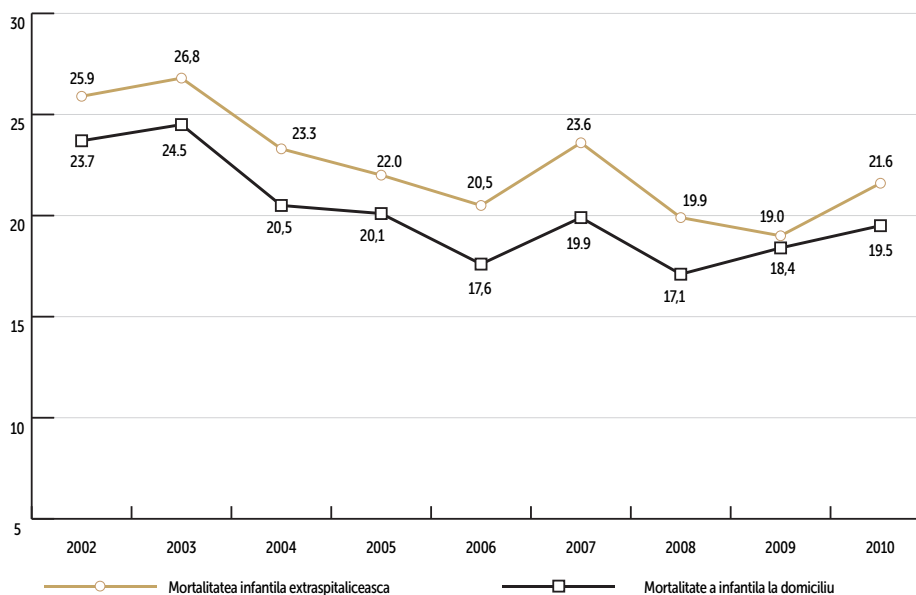


Table 2.
Structure of infant mortality, by major causes for death, per 1000 live newborns



Source: Ministry of Health

Table 3.
Dynamics of infant mortality, by place of death

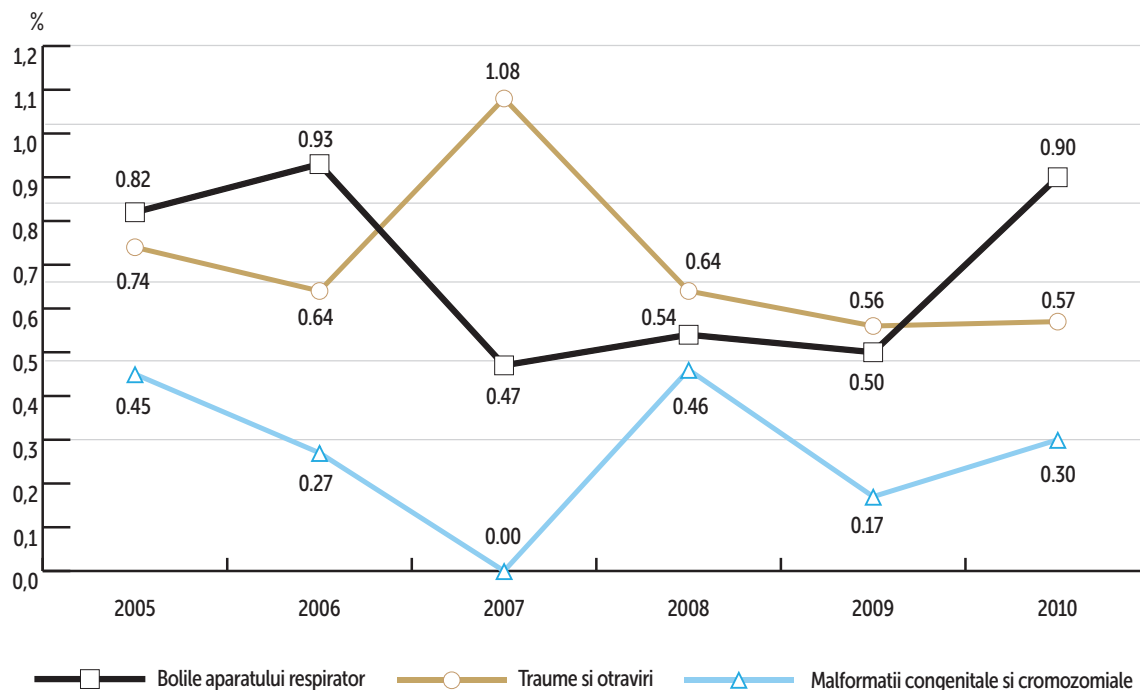


Source: Ministry of Health (except the districts of the left-side bank of the Dniester and of Bender municipality)

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Table 4.
Structure of infant mortality at domicile, by major causes for death, per 1000 live newborns



Source: Ministry of Health (except the districts of the left-side bank of the Dniester and Bender municipality)

There are significant differences among child mortality rates depending on the parents' level of education and social-economic status, and on residence environment. According to a survey conducted by the Ministry of Health and the Ministry of Labour, Social Protection and Family:⁴ 37,5% of died children were from couples living in concubinage, 21,8% of them – from families with alcohol-abusing parents, 18,75% – from families with parents having a very low level of education, most of them (59,3%) having only secondary education, and in most cases (56,3%) the major sources of income are occasional works, aids provided by relatives, social aids.

Inappropriate nutrition is another risk factor. According to the above-mentioned survey,⁵ over 50% of died at domicile children aged 0-6 months had been needlessly fed before the recommended time with cow milk and other aliments of this category, susceptible to cause serious pathologic modifications. It occurred because of parents' unawareness, as well as because of their low income, although Government Decree no. 1182 of 22.12.2010 for approval of the Regulations on the tools for inter-sector collaboration in medical-social field with a view to prevent and reduce the rate of infant and under-five child mortality at domicile stipulates that local government authorities are in charge of "planning and allotting the required financial resources for adequate care/nutrition of children under five from families at risk".

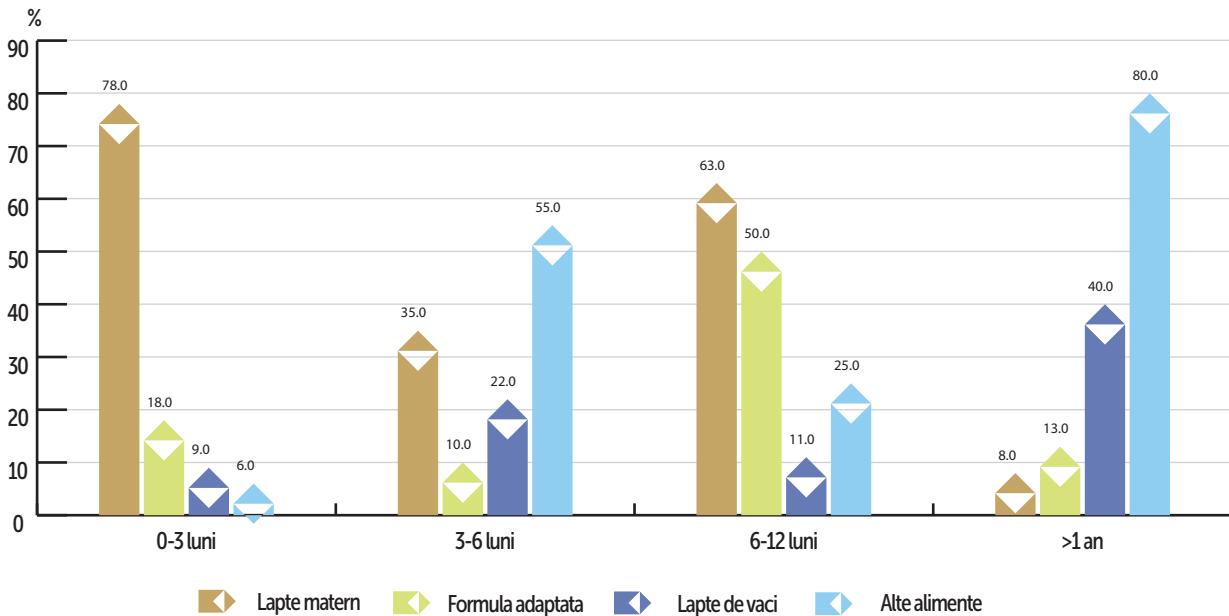
4 Survey „Assessment of the causes for infant and under-five child mortality at domicile and in the first 24 hours after hospitalization”, Ministry of Health, Ministry of Labour, Social Protection and Family, Chisinau, 2010

5 Survey „Assessment of the causes for infant and under-five child mortality at domicile and in the first 24 hours after hospitalization”, Ministry of Health, Ministry of Labour, Social Protection and Family, 2010



WHO does not recommend supplementation of breastfeeding until the age of six months, because up to this age there are no morphological conditions for adequate assimilation of other food, different from maternal milk, or of an adapted formula of powdered milk.⁶

Table. 5.
Diet of died children



Source: Survey „Assessment of the causes for infant and under-five child mortality at domicile and in the first 24 hours after hospitalization”, Ministry of Health, Ministry of Labour, Social Protection and Family, 2010

According to the data of the National Bureau for Statistics for 2010, the income of urban households with children are by 1,5 times higher than the income of similar rural households. Salary income of urban households makes up nearly 60,5% of the total available income, while in rural areas this index is estimated to 29,9%. In the same time, child care allowances are more significant in urban areas (1,8% compared to 1,2% in rural areas), while social aid allowances (0,8% compared to 0,1% in the urban areas) and pensions (6,2% compared to 4,9% in the urban areas) make up a larger share of the income of rural households.

The larger are the families, the lower is the average value of income per family member, from 1282,8 lei per month in households with one child to 755,1 lei in households with 3 or more children.

Target 2. Reduce the rate of under-five mortality from 20,7 per 1000 live births in 2006 to 18,6 in 2010 and 15,3 in 2015

Over the past years, the rate of under-five mortality has been lowering from 23, 2 cases per 1000 live newborns in 2000, to 14,4% – in 2008, 13,6% – in 2010 and 13,0% – in 2011.

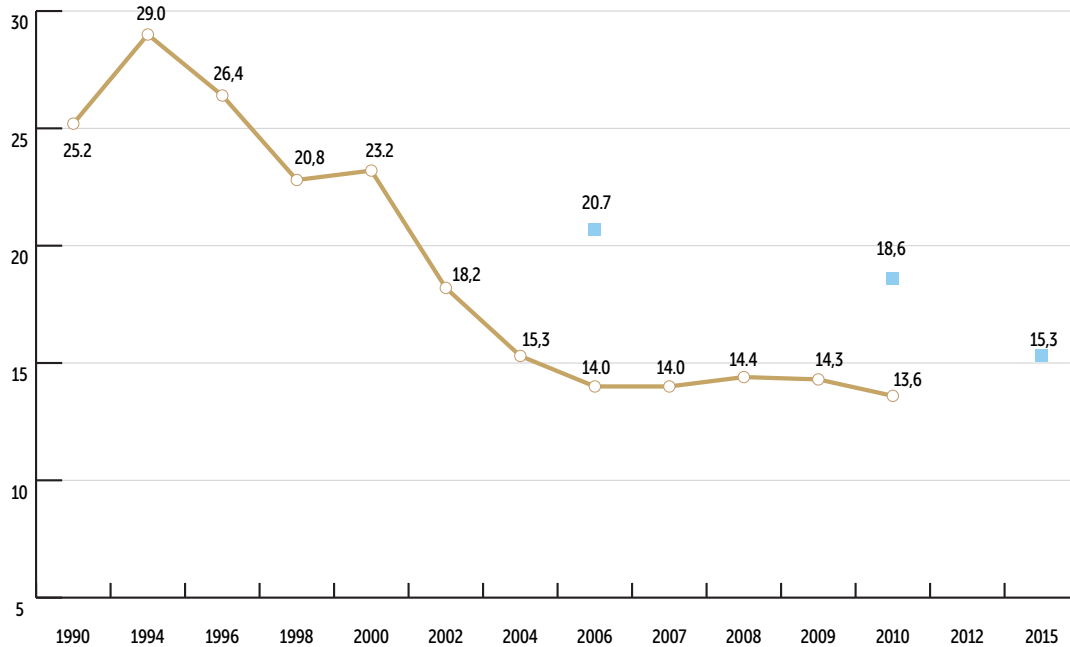
Nevertheless, likewise infant mortality, the rate of under-five mortality at domicile is still rather high (18,0% in 2009, 22% in 2010, 18,1% in 2011). According to the data of the Ministry of Health, disea-

6 Feeding and Nutrition of Infants and Young Children. Guidelines for WHO European region, with emphasis on the former Soviet countries, 2000

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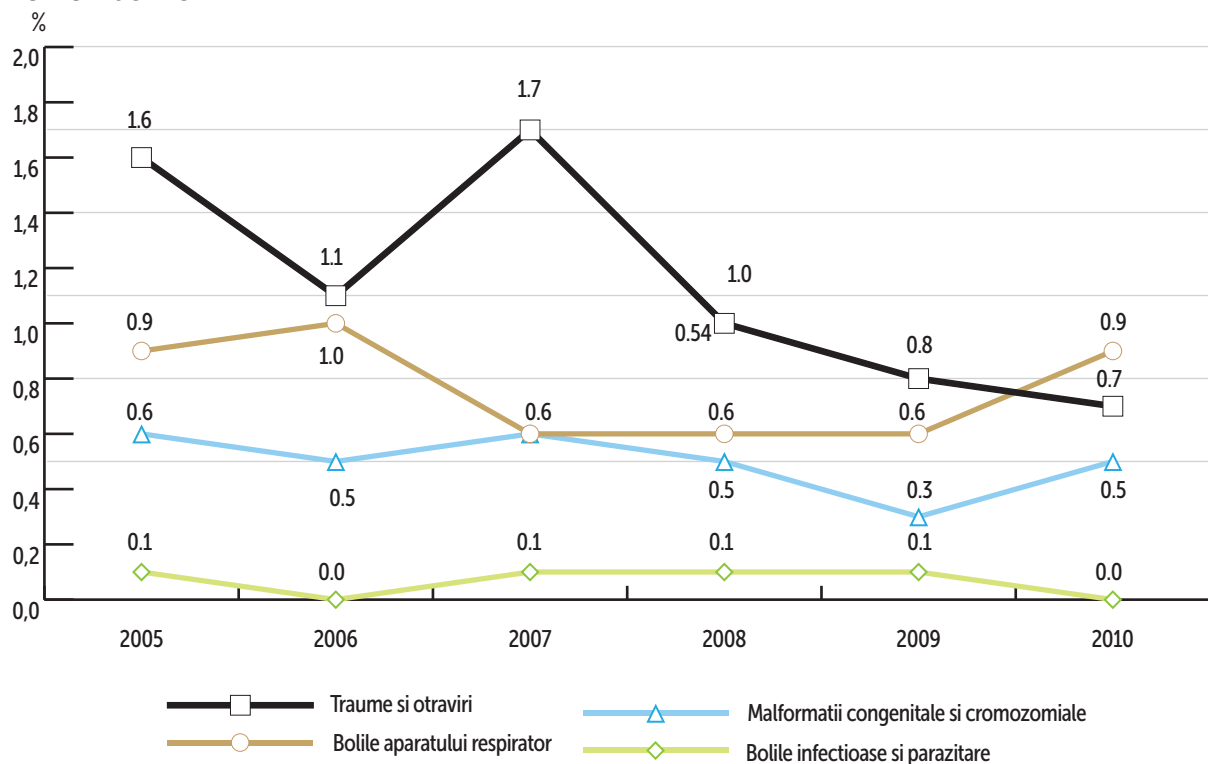
Goal 4

Table 6.
Rate of under-five mortality in the context of MDG-s (per 1000 live newborns)



Source: Ministry of Health (except the districts of the left-side bank of the Dniester and Bender municipality)

Table 7.
Structure of under-five child mortality at domicile, by major causes for death, per 1000 live newborns



Source: Ministry of Health (except the districts of the left-side bank of the Dniester and Bender municipality)



ses of the respiratory tract (0,9 cases per 1000 live newborns), traumatic injuries and intoxications (0,7 cases per 1000 live newborns) are the major causes for death at domicile.

According to preliminary data of the National Centre for Health Management, throughout the year 2011, 2346 children under-five who suffered traumas and intoxications were provided emergency medical care, what means that at least 6 children under five are given daily emergency medical care after domestic accidents in the Republic of Moldova.

Road accidents are another frequent cause for child traumatism and death. The data provided by Road Police show that at least one child per day is a victim of road accidents. According to the World Report on Child Accident and Injury Prevention, developed by the World Health Organization and UNICEF, our country stands on the fourth position in the European classification of WHO from the viewpoint of mortality because of drowning, on the fifth position – from the viewpoint of mortality as a result of intoxication and also on the fifth position – from the viewpoint of mortality caused by fire accidents (burns and scalding) and electrocution.

Burns and intoxication with gas (CO and CO₂) because of fire are other serious causes for child death: in 2008, there were 5,3 cases per 100 thousand children under one and 4,0 cases per 100 thousand children aged 1- 4.

Most cases of under-five child mortality occur in rural communities (see the table below), what can be explained by the particularities of living conditions, complicate infrastructure, relative remoteness from medical establishments, shortage of family doctors in villages, etc. The number of boy deaths is larger than the one of girl deaths, because there is a larger number of boys born (in 2010, boys – 20781 live newborns, girls -19693 live newborns).

Table 8.

Death of children aged 0-5 years, by age, year, residence environment and gender

Death of children, by age, year, residence environment and gender									
Total	2010								
	Total in the country			Urban			Rural		
	Both genders	Boys	Girls	Both genders	Boys	Girls	Both genders	Boys	Girls
0	476	288	188	153	97	56	323	191	132
1	36	21	15	14	6	8	22	15	7
2	12	7	5	3	3	0	9	4	5
3	17	14	3	5	5	0	12	9	3
4	9	4	5	3	2	1	6	2	4
5	12	5	7	3	1	2	9	4	5

Source: National Bureau for Statistics (except the districts of the left-side bank of the Dniester and Bender municipality)

The survey “Analysis of equality in mother and child health” conducted by the Centre for Health Policies and Analysis and UNICEF confirmed this trend and pointed out that:

- ♦ a child of the rural area is by 1,5 times more likely to die before the age of 5 than a child of the urban area;

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- ◆ a child from a poor family faces a two times higher risk to die before the age of 5, than a child from a wealthy family;
- ◆ child mortality is the highest in the Southern zone of the country, and children from Chisinau are more likely to survive in the first five years of their life.

Table 9.
Child medical insurance, 2006-2010

	2006	2007	2008	2009	2010
Number of paediatricians (absolute figures)	496	464	440	453	438
Number of paediatricians, per 10000 children aged 0-17	5,8	5,7	5,6	5,9	5,9
Number of beds for children (absolute figures)	3663	3573	3591	3541	3536
Number of beds for children, per 10000 children aged 0-17	34,9	43,9	45,6	46,3	47,4
Hospitalized children, thousand	125,3	126,9	134,9	136,1	131,1
per 10000 children aged 0-17	1457	1558	1714	1647	1753

Source: National Bureau for Statistics (except the districts of the left-side bank of the Dniester and Bender municipality)

The survey conducted by the Ministry of Health and the Ministry of Labour, Social Protection and Family⁷ has also pointed out several reasons for significant reduction of medical care accessibility, such as lack of money for transportation, extremely bad condition of roads, domicile in a difficultly accessible area and relative remoteness from medical establishments.

Table 10.
Accessibility of health care services for children under five died at domicile/in the first 24 hours after hospitalization included in the survey (number of cases)

	Children died because of traumas/intoxications, n=45	Children died because of other reasons, n=67	Total
Domicile in a difficultly accessible area	n=112	17	36
Lack of roads or extremely bad condition of roads	22	17	39
Lack of telephone links	12	13	25
Lack of emergency transportation	19	15	34
Relative remoteness from medical establishments	19	17	36
Shortage of qualified medical personnel, particularly of family doctors	8	3	11
Lack of financial resources for road infrastructure	41	26	67

According to the data of the National Bureau for Statistics, in 2010, a household with children had on average monthly expenditures of 893,5 lei per capita. The largest share of household expenditures were directed to food consumption (40,8%), as well as for dwelling maintenance (16,0%), clothes and

⁷ Survey „Assessment of causes for infant and under-five child mortality at domicile and in the first 24 hours after hospitalization”, Ministry of Health, Ministry of Labour, Social Protection and Family, Chisinau, 2010



shoes (12,5%). The rest of expenditures were directed to: transportation (5,4%), health care (5,1%), communications (5,0%), dwelling endowment (4,1%) etc.

There is a visible influence of residence environment on the absolute level of consumption expenditures, which vary from 1129,9 lei in urban communities to 738,1 lei in rural communities (in 2010).

Endowment of dwelling with conveniences improves the level of dwelling comfort which has an implicit influence on child health condition and security. According to the data of the National Bureau for Statistics, in 2010, 64,8% of households with children had access to aqueduct, 45,3% – had access to bath/shower room, 37,4% – to sewerage system, 37,4% – to sanitary conveniences in their dwelling.

All the above-mentioned issues are avoidable reasons whose elimination would give to children more chances to live.

Target 3. Maintain the share of under-two children vaccinated against measles at least at the level of 96% by the year 2010 and 2015

The Republic of Moldova faced the last measles epidemic in 2002, when this illness touched over 160 children under one who were not entitled for vaccination yet. The epidemic was stopped as a result of a mass immunization campaign. In the period 2006 – 2008, an average number of 12 cases of measles were reported each year.⁸ Afterwards, immunization against measles was/is done within the National Immunization Programmes for 2006-2010 and for 2011-2015 which are intended to ensure vaccination of children aged 12 months and 6-7 years with measles, mumps and rubella vaccine. The vaccines are free of charge administered following the national calendar for immunization.

Throughout the period 2008-2011, no cases of measles were reported, but at the beginning of the year 2012 were reported 3 cases of measles among Roma children who had not been vaccinated against this illness.

Table 11.

Share of children under two vaccinated against measles

Years	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Rate of vaccination among children under two, %	99,4	99,2	99,4	99,2	96,90	96,90	94,70	94,40	90,3	91,1	92,8

Source: National Centre for Public Management, National Bureau for Statistics (except the districts of the left-side bank of the Dniester and Bender municipality)

The lower coverage by vaccination in the period 2008-2010 is, on the one hand, due to parental refusal, as parents can decide about their children's vaccination, and, to another hand, to intense migration over the past years.

⁸ Measles at children. National clinical protocol, 2009, Ministry of Health

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In such conditions, the intermediary target for 2010 was not achieved, while the achievement of the final target for 2015 depends to a large extent on the National Immunization Programmes and on the actions focussed on raising people's awareness about the benefits of vaccination, enhancing the quality of vaccination services provided by medical establishments, improving the communication and the access to health care services in communities, involving the medical personnel, the decision-makers and the mass-media in public debates about each child's right to vaccination.

To conclude, it is worth being mentioned that the decrease of infant and under-five child mortality rate is due to the results obtained by Government of the Republic of Moldova in the following fields:⁹

Primary health care

Primary health care services for mother and child have been strengthened through:

- 1) Supplementing the medical personnel with: a consultant-paediatrician and a medical assistant for perinatal care
- 2) Developing and approving a tool for inter-sector collaboration in medical-social field with a view to prevent and reduce infant and under-five child mortality rate at domicile – which implies development of an inter-sector partnership between public institutions and civil society for solving the problems of children and families at risk.
- 3) Supplementing the List of medication for children and pregnant women compensated by 100% by the compulsory health insurance fund.
- 4) Developing a Book of Child Development for parents intended to raise parents' knowledge about child supervision and development, signs of threat for child life and health.

Hospital health care

A significant contribution to strengthening hospital paediatric services was brought by two Moldovan-Swiss projects:

- ◆ Modernization of perinatal system.
- ◆ Regionalization of paediatric services for intensive therapy and emergency medical care.

Due to their contribution:

- ◆ The regionalized perinatology service was developed and strengthened.
- ◆ A regionalized system for emergency medical care and intensive therapy for children was established.
- ◆ A national service for newborn diagnosis and follow up was established.
- ◆ Four ambulances for inter-clinic transportation of seriously-ill children were endowed with modern equipment.
- ◆ 31 categories of medical equipment were purchased for regional intensive therapy services.
- ◆ Three centres for professional development of paediatricians in the field of intensive therapy and medical emergency were established and equipped.

9 www.ms.gov.md, www.mmmpsf.gov.md



Information campaigns

- ◆ National Communication Campaign for future mothers entitled «For a cute and healthy baby»
- ◆ National Communication Campaigns in the field of child health during the first year of life “Riskless Childhood” aimed at reduction of infant and neonatal mortality, including at domicile.

Within the Moldovan-Swiss project „Regionalization of Paediatric Emergency and Intensive Therapy Services in the Republic of Moldova” (REPEMOL), in the period August 2009 – April 2010 was held a National Communication Campaign.

The campaign was intended to enhance by 25% the knowledge and skills of parents of children under five, as well as of the community about prevention of domestic accidents among children.

The evaluation revealed that awareness of population about risks raised:

Conștientizarea riscului în rândul populației a crescut:

- ◆ from 17,5% to 22,9% – about intoxications;
- ◆ from 10,3% to 20,7% – about drowning and submersion;
- ◆ from 22,7% to 30,4% – about burns and scalding.

Motivation of the medical personnel for getting employed and practising, particularly in rural communities

In accordance with Government Decree no. 1345 of 30.11.2007 on granting privileges to young medical and pharmacy professionals who get employed immediately after graduation following their repartition in towns and villages (communes) enjoy the following benefits:

- a) compensation for rent of dwelling or dwelling provided free of charge by local government;
- b) single allowance of 30 thousand lei for physicians and pharmacists and 24 thousand lei for medical and pharmacy personnel with post-secondary specialized education, which are paid in tranches of 7,5 thousand lei, and respectively 6 thousand lei after the first month and, afterwards, after the end of each of the first three years of medical practice;
- c) monthly compensation of the cost of 30 kW of electric energy and annual compensation of the cost of one cubic meter of wood for fuel and of one ton of coal, including to households with gas heating.

Social protection of families with children under five:

- ◆ yearly increase of single childbirth allowance, of the allowance for child care up to the age of 1,5 years (uninsured persons) and 3 years (insured persons);
- ◆ granting since the year 2009 of a social aid for disadvantaged families;
- ◆ developing a system of social services for children;
- ◆ providing social dwelling or ensuring advantageous conditions for acquiring a dwelling for young families, orphans and children without parental care („Social Dwelling Construction” Project, funded by the Council of Europe Development Bank – BCE (Framework loan agreement was ratified by Law 215/2007).



CHAPTER 3.

ROLE OF CIVIL SOCIETY IN ACHIEVING MDG 4

In the Republic of Moldova are registered nearly 8200 NGO-s, including about 3500 local public organizations. According to estimations of many providers of training and development services, representatives of funders' community, as well as of the Ministry of Justice, nearly 25 % of the total number of NGO-s are sufficiently active and develop various projects and initiatives. According to State Register of public associations, 75% of them are associations of public benefit. Most registered NGO-s (approximately 65%) are located in Chisinau municipality, although Chisinau counts about 25% of the country's population.¹

According to State Register of non-governmental organizations published on the site of the Ministry of Justice of the Republic of Moldova (www.justice.gov.md), NGO-s have various legal forms of organization: non-commercial organizations, public associations, employers' associations, religious cults, foundations, private institutions, parties and other social-political organizations, trade unions.

The organizations whose activities are focussed on prevention and reduction of infant and under-five child mortality or are tangential with this field are working in the following sectors:

- Social assistance – 508
- Child support – 619
- Charity – 508
- Philanthropy – 522
- Health care – 563
- Trade unions – 42
- Employers' associations – 119
- Women's health -108.

But this significant number of non-commercial organizations is not an indicator for estimation of direct involvement/activism in activities aimed at achieving **MDG 4** in the Republic of Moldova. Most NGO-s of the Republic of Moldova have been established on the initiative of a local group, some of them have been set up on the initiative of an existing NGO, or a result of institutionalization of a project or programme.²

Idea of a local initiative group	78.0%
Idea of another NGO	5.4%
The result of institutionalization of a project or programme	4.5%
On an individual's initiative	2.9%
On the initiative of local government (state institution)	2.5%
Idea of one/several funders	1.8%
Other	3.6%
DK/NA	1.3%

1 Survey: Transparency and sustainability of non-governmental organizations in Moldova, 2011, „CONTACT” Centre

2 www.aliantacf.md



Solely the organizations which have a direct contribution to implementation of social policies/services, and to prevention of under-five child mortality and have a good practice in such sectors can be considered as important stakeholders in the field of support for children and their families.

The Alliance of NGO-s working in the field of child and family social protection might be an example of such a stakeholder. The alliance consists of 127 active organizations.

Examining the distribution of NGO-s at level II of administrative-territorial units of the Republic of Moldova (32 districts, Chisinau municipality, Gagauzian Territorial-Administrative Unit, administrative-territorial units from the left-side bank of the Dniester),³ we find out that they are operational in 29 districts, in Chisinau municipality, in Gagauzian Territorial-Administrative Unit, in administrative-territorial units from the left-side bank of the Dniester (except in three districts). Non-governmental organizations working in the social field are unevenly spread, most of them being concentrated in Chisinau municipality – 39 NGO-s, in the district of Hincesti – 12 NGO-s, in the district of Cahul – 10 NGO-s, in Balti municipality – 5 NGO-s, and in the rest of districts – 1, 2 or 3 NGO-s.

Among the most active NGO-s working in the social field, to mention the organizations members of the Alliance of NGO-s, and six other organizations working in the medical-social field. To mention also the NGO-s which are among the basic partners of the Ministry of Health (www.ms.gov.md) and which have an active involvement in public health policy development and implementation (a total number of 19 NGO-s). An important contribution to this field is also brought by the Association for Perinatal Medicine of the Republic of Moldova and the Centre for Health Policies and Analysis. The distribution of these organizations by residence environment and level of coverage is uneven, with a significant share of NGO-s located in urban communities, particularly in Chisinau municipality.

3.1 Mapping the Relevant for MDG 4 Civil Society Organizations which Took Part in the Survey.

19 non-governmental organizations took part in the survey. The questionnaire was sent to over 80 non-governmental organizations working in social, health care, environment fields whose activities have a contribution to reducing under-five child mortality, and an over one-month term was established for filling it out, moreover, some organizations have also been contacted by telephone, nevertheless, the number of organizations which filled out the questionnaire is relatively modest.

Many non-governmental organizations which did not take part in the survey qualified the survey as very important, but stated they did not have the required time to fill it out, therefore they suggested to develop questionnaires with a lower number of questions in order to let more NGO-s participate in the survey.

The NGO-s really needed to invest some time for filling the form out, but the unavailability of a large number of organizations is mainly a matter of attitude, rather than of time.

³ Law no.764 of 27.12.2001 on administrative-territorial organization of the Republic of Moldova

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Over half of the total number of non-governmental organizations covered by the survey have the statute of association, the rest of them are either foundations or centres. The number of NGO employees show that these organizations do not have a large structure yet: 45,5% of them have 0-10 employees, 4,5% – have 11-50 employees and none of them has over 50 employees.

Health care is the major field of activity for 35,2% NGO-s, social policies – for 29,4% of NGO-s, inclusive and social education of children – for 17,6% of NGO-s, national minorities – for 5,8% of NGO-s and the mass-media – for 11,7% of NGO-s.

From the viewpoint of geographic coverage, 27,3% of NGO-s conduct their activities at local level, the rest – 72,7% work at the national level, what means that their activities are carried out nationwide and have an impact on all children under five.

From the perspective of conformity of the organization's priorities with the targets of **MDG 4**, the situation can be described as follows: 29,4% of NGO-s show a very high level of conformity, 47,0% of NGO-s – an average level and 23,5 % of NGO-s are not aware of **MDG 4**. Health care, and namely the health of under-five children, is the major field of activity of the organizations which have shown a high level of conformity: Association for Perinatal Medicine of the Republic of Moldova, „Hippocrates” Centre, „Demos” Public Association of Edinet and NGO-s in the field of mass-media, such as the Association of Independent Press, the Association for Facilitation of Communication and Emancipation Activities in the Mass-media.

International organizations, state institutions, other non-governmental organizations and foreign private companies are the basic partners of NGO-s in the field of reducing infant and under-five child mortality.

It is worth being mentioned that 88,2% of NGO-s stated that international organizations are their basic partner, what implies that the latter have a direct involvement and provide support to non-governmental organizations in conducting their activities aimed at reducing infant and under-five child mortality. International organizations which took part in the survey confirmed this fact and most of them listed the NGO-s among their basic partners.

Most NGO-s covered by the survey stated that, despite the fact that NGO-s are not sufficiently developed at present and they even lack in several administrative-territorial units of the country, or their structure is rather limited, they make endeavours to have a contribution to solving child healthcare problems through strengthening the joint efforts with other NGO-s.

76,4% of NGO-s listed the state institutions among their basic partners, alongside with international organizations and other NGO-s, what means that state institutions are open to establishing public-civic partnerships with a view to enforce children's right to survival and life, and that the present legal framework is favourable for such partnerships. On the other hand, most state institutions covered by the survey listed non-governmental organizations among their basic partners in implementing activities aimed at reducing infant and under-five child mortality.

Two NGO-s have established a civic-private partnership with foreign private companies, not with Moldovan companies. Although a large number of private companies of the Republic of Moldova joined the Global Compact (a total number of 57 members companies in 2010), they are not disposed to become partners of NGO-s in carrying out social responsibility actions. The information dissemi-



nated by the mass-media contains a very small number of elements related to collaboration of private sector with NGO-s (no surveys have been conducted on this issue).

3.2 Awareness of Development Priorities

Given that the NGO-s covered by the survey are working in social-medical and educational fields, they are the mostly informed about **MDG 4**. Reduce infant mortality, then about MDG 5. Improve maternal health, MDG 3. Promote gender equality and empower women, MDG 1. Reduce extreme poverty and hunger and 36,4% of them stated they are aware of all MDG-s.

All NGO-s mentioned that, among the eight Millennium Development Goals, their priorities are **MDG 4**. Reduce infant mortality, MDG 5. Improve maternal health, MDG 3. Promote gender equality and empower women and MDG 1. Reduce extreme poverty and hunger, i.e. the tangential goals to **MDG 4** whose achievement depends to a large extent on the achievement of the above-mentioned goals.

Only 36,4% of the total number of respondents are aware of international documents related to development priorities and to Millennium Development Goals, the other share are partly aware of: Millennium Declaration 2000, Millennium Development Goals, International Framework for CSO Development Effectiveness 2011, Accra Agenda for Action 2008.

54,5% of respondents assessed as „very good” their level of awareness and understanding of international and national targets of **MDG 4**, and 45,5% of them – as „average”.

3.3 Policy Advocacy

With regard to the first issue related to this subject, namely the „level of NGO involvement in making the government’s agenda for national targets of **MDG 4**”, only 17,6% of respondents assessed with 5 points (on a 0 to 5 scale of assessment) their level of involvement, 23,5% of respondents assessed their involvement with 4 points, 29,4% of them – with 3 points, 11,7% of them – with 2 points, and 17,7% – with 1 point.

Speaking about the role of civil society in formulating the targets of **MDG 4**, it shall be stated that in 2004, with the support of the Institute for Public Policy (IPP), was developed the first report on adjustment of MDG-s to the national context, and in 2007 the Government, after the analysis of the progress done towards achievement of the Millennium Development Goals and consultations with civil society and with the country’s development partners, updated the largest share of targets and adjusted them more rigorously to the country’s development particularities (for more detailed information, see Chapter I of this survey).

On the other hand, nearly half of governmental institutions covered by the survey consider that advocacy campaigns are among the most efficient actions for civil society involvement in reducing the mortality of children under five. In the same time, 66,6% of international organizations which took part in the survey stated that advocacy campaigns are the best way for civil society involvement in reducing infant and under-five child mortality.

In the process of facilitation of stakeholders’ participation in developing, implementing, monitoring, evaluation and updating policy documents, including the ones related to achievement of **MDG 4**,

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an important role is played by the National Participation Council (consisting of 30 civil society representatives)⁴ which was established on the initiative of Government of the Republic of Moldova as a consultative body whose activities are regulated by Government Decree no. 11 of 19.01.2010.

All synthesis reports of the Ministry of Health are published on the ministry's website <http://ms.gov.md/public/info/analiza/>. With a view to ensure the transparency of the decision-making process, the drafts of the ministry's resolutions are published for public consultations in Decisional transparency section of this website. Public associations included in the ministry's database are requested electronically to formulate proposals and opinions about the papers drafted by the ministry (drafts of laws, Government Decrees, Ordinances of the Ministry). Civil society representatives have been involved in several working groups in charge of drafting some resolutions. In 2011, 51 drafts of resolutions developed by the ministry were submitted for public consultations.

According to Government Decree no. 1079 of 02.10.2007 for approval of the Regulations on contest-based appointment of the heads of public medical-sanitary establishments, the Ministry of Health encourages active involvement of professional associations in the decision-making process, particularly in organizing contests for recruitment of the heads of public medical-sanitary establishments. In the same time, policy documents developed by the Ministry of Health provide for setting up the tools required for involvement of the representatives of professional associations and for delegation of some specific responsibilities (for example, setting up the Physicians' College of Moldova).

With a view to develop a permanent dialogue with civil society representatives, the Ministry has created its own page on www.facebook.com social network. Relevant information for civil society is also published on www.civic.md website. The Ministry of Health has signed memoranda of collaboration with other subordinate institutions, representatives of national and international NGO-s.⁵

The methodological norms for implementation in 2011 of the single Programme for compulsory medical insurance have been developed and approved by joint ordinance of the Ministry of Health and of the National Company for Medical Insurance no. 348/56-A of 29.04.2011. In addition to it, the Ministry of Health and the National Company for Medical Insurance issued the joint ordinance no. 1021/206-A of 29.12.2011 on the approval of methodological norms for application in 2012 of the single Programme for compulsory medical insurance.

The above-mentioned papers, alongside with all drafts of national programmes developed in 2011, were published on the website of the Ministry of Health for public consultations, in accordance with Law no. 239 of 13.11.2008 on the transparency of the decision-making process and Government Decree no. 96 of 16.02.2010 on measures for enforcement of the Law no. 239 of 13.11.2008 on the transparency of the decision-making process.

The Memorandum of cooperation concluded in 2007 between the Ministry of Social Protection, Family and Child and the network of NGO-s in the social field of the Republic of Moldova provides for facilitation of civil society participation (social networking) in the process of developing and implementing social protection policies, problem and solution identification, monitoring and assessment of outcomes, building a dialogue based on mutual trust and respect among parties for promoting social protection policies.

4 www.cnp.md

5 www.ms.gov.md/public/info/analiza/rap/



In the opinion of representatives on non-governmental sector and of governmental institutions, the most important performances obtained by NGO-s in this field are:

- ◆ participation in developing and promoting the legal framework on the maternal centres;
- ◆ participation in setting up an early intervention service for children;
- ◆ participation in developing and promoting the tools for inter-sector collaboration in medical-social field with a view to prevent and reduce infant and under-five child mortality rate at domicile;
- ◆ participation in developing and promoting the national Strategy for Child and Family Protection.

In the opinion of 38,8% of civil society respondents, the present legal, regulatory and administrative frameworks are not favourable for involvement of non-governmental organizations in reducing infant and under-five child mortality, while 33,3% of this category of respondents consider such frameworks as favourable, and the other share of them stated it is difficult to respond such a question.

The respondents who expressed a negative opinion on this issue did not give many details, and they just stated that:

- ◆ „there is no legal framework on purchasing from the associative sector services with an impact on reducing infant and under-five child mortality”;
- ◆ „the transition to market relations in health care sector is just a declaration”;
- ◆ „private institutions shall have full rights and responsibilities, not only provide profitable services on some segments at some periods”;
- ◆ „there are no policies in this field”;
- ◆ „the situation might be regulated by law, private donations, private sector, grants”.

Most governmental institutions covered by the survey confirmed that the legal, regulatory and administrative frameworks are not favourable for the work of non-governmental organizations on this segment, and only the Ministry of Health expressed a contrary opinion.

Most international institutions which took part in the survey unanimously pointed out the lack of such frameworks, except one of them which considers that such frameworks exist but they have serious deficiencies and there are discrepancies between normative papers.

3.4 Service Provision

Civil society organizations assessed their involvement in achieving **MDG 4** as follows: 15,8% of respondents assessed the involvement with the maximal value of 5 points, 21,0% of them assessed it with 4 points, 26,3% of respondents – with 3 points, 15,8 % – with 2 points and 15,8% with 1 point.

Services provided by civil society are related to:

- ◆ preventing child abandonment among the target group of children aged 0-7 years;
- ◆ early intervention for disabled children with an increased risk;
- ◆ inclusive education;
- ◆ specialized assistance for victims of abuse, negligence, careless, traffic;

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- ◆ developing the capability of social assistants, psychologists, teachers, representatives of legal bodies in the field of countering child abuse;
- ◆ social integration of children;
- ◆ kineto-therapeutic care in schools, kindergartens and at domicile for children with chronic diseases;
- ◆ medical, psycho-social, legal counselling.

„Partnerships for Every Child” Public Association of the Republic of Moldova may serve as an example of involvement in provision of social services for children.

Case study

“Partnerships for Every Children” Public Association of the Republic of Moldova is an organization committed to protection of child rights. It works in Moldova since the year 1995. In collaboration with local government of Chisinau, Cahul, Ungheni, Orhei, Soroca and Tiraspol, EveryChild develops programmes focussed on preventing child separation and institutionalization, social rehabilitation and reintegration in their families of children from residential care institutions. The organization implements at national level, in collaboration with Government of the Republic of Moldova, a technical assistance programme for reform of social policies in the field of child and family protection. The programmes implemented by EveryChild aim at reducing the number of children institutionalized in residential care institutions of the Republic of Moldova.

Source: www.everychild.md

Governmental institutions assessed the level of NGO involvement as follows: 40,0% of respondents – 4 points, 40,0% of respondents – 3 points and 20,0% of respondents – 2 points.

International organizations unanimously assessed with 4 points the level of NGO involvement in activities aimed at reducing infant and under-five child mortality.

Case study**Association for Perinatal Medicine of the Republic Moldova, founded in 2000.**

The association took part in implementation of the Moldovan-Swiss project “Modernization of perinatologic system in the Republic of Moldova” supported by Government of the Swiss Confederation. In the frame of the project, with direct involvement of the association, a Centre for diagnosis and neonatal follow-up of cerebral disorders was established within the department for premature newborn care.

According to international neonatal follow-up protocols, the programme’s beneficiaries are:



- ◆ premature newborns weighing less than 1500 grams at birth;
- ◆ full-term newborns with intrauterine growth retardation;
- ◆ full-term newborns with visual impairments, hearing pathology;
- ◆ newborns with hypoxic-ischemic encephalopathy, intraventricular hemorrhage, periventricular leukomalacia;
- ◆ newborns who suffered from ulcerative-necrotizing enterocolitis,
- ◆ newborns who needed respiratory support: artificial pulmonary ventilation and continuous positive airway pressure;
- ◆ newborns with bronchopulmonary dysplasia,
- ◆ newborns who suffered from hyperbilirubinemia, neonatal convulsions or infections (meningitis, meningitis-encephalitis),
- ◆ newborns with an abnormal neurological status at the discharge from the maternity ward.

The association has also carried out a series of activities focussed on strengthening the capability in the field of providing high-quality basic Integrated Management of Child Diseases services for professionals in the respective field, including consultations and support for parents with small children.

The association takes part in developing methodological aids for professionals in the field of health care, among which the National Perinatology Guide “Principles for organization and provision of perinatal care”.

“Strengthening the ongoing follow-up service for newborns from the risk groups in the Republic of Moldova” is another project implemented by the association, with the financial support of Soros Moldova Foundation. The project is intended to improve the situation of children with severe disabilities through early intervention programmes for premature weighing less than 1500 grams at birth, full-term newborns with neurological disorders, retinopathy, hearing pathology, or bronchopulmonary dysplasia, newborns who underwent mechanical ventilation, through strengthening and enlarging the Service for Diagnosis and Neonatal Follow-up, and through promoting the concept of early intervention.

Source: www.supraveghere-neonatala.md, www.ms.gov.md/public/policies/sanatate/copilarie, www.sanatatea.com/art/.../2530-petru-stratulat.htm

A relevant example of involvement in providing health care services for children was given by the Association for Perinatal Medicine of the Republic of Moldova.

The major partners of NGO-s in providing the above-mentioned services are: international organizations (most NGO-s are supported by them), private companies, individuals from abroad, governmental institutions. But certainly each NGO is supported by several partners/ a combination of the above-mentioned possible partners. Unfortunately, the largest share of NGO-s can easier find a partner abroad, than in the country, what confirms that our society is not totally ready for involvement in solving local community problems.

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Another example of active involvement in providing services for children in partnership both with international organizations, and with Moldovan NGO-s and central and local public authorities is shown by the National Centre for Child Abuse Prevention.

Case study

Throughout the period 2007-2011, the National Centre for Child Abuse Prevention has developed a service for direct support to children who were victims of abuse – the Centre for psycho-social assistance for children and family „Amicul” (its activities are regulated by the Memorandum concluded with Municipal Directorate for Protection of Children’s Rights of Chisinau municipality no. 61/01-706 of 23.08.2008 and the Decision of Municipal Council of Chisinau municipality no. 5/7 of 25th of March 2008):

Outcomes:

- ◆ 874 children who had been victims of different forms of violence (including 265 children aged 0-7) benefited from the following types of services:
- ◆ social assistance (for 130 children excluded from abusive families in partnership with cu custodian authorities for whom was ensured a protective area)
- ◆ psychological rehabilitation
- ◆ primary legal consultancy
- ◆ support for children victims/witnesses of crimes/contraventions within legal proceedings (preparing the children for involvement in proceedings; providing support during legal hearings; developing psychological evaluation reports; participation as specialists in penal suit and trials)
- ◆ lawyer assistance
- ◆ Since 2007, a specialized Chamber for hearing of children is at the disposal of penal suit bodies and courts for ensuring child-friendly conditions for interviewing them.

Source: www.cnpac.md

With regard to major obstacles faced by the associative sector while conducting its activities, 78,9% of respondents did not identify any obstacle. As for the share of respondents who face some obstacles, they mentioned:

- ◆ the deficiencies of State and administrative systems in the Republic of Moldova;
- ◆ inconstant operation of the tools for law enforcement in the Republic of Moldova;
- ◆ deficient legal framework;
- ◆ lack of early intervention medical-social services;
- ◆ lack of local funding.



In order to enhance their contribution to reducing infant and under-five child mortality, the NGO-s request almost unanimously:

- ◆ access to financial resources from the side of the State and donor organizations for developing projects in the field of service provision;
- ◆ larger involvement of other development stakeholders, such as international organizations, private sector.

3.5 Sensitization and Information

Training activities, workshops, conferences, debates are the most important ways for sensitization and information mentioned by 72,7% of respondents, followed by information and promotion campaigns mentioned by 54,5% of NGO-s and investigations and analyses – 9,0% of respondents.

A good example in this context was given by the Association for Perinatal Medicine of the Republic of Moldova which was, in the framework of the Moldovan-Swiss project (the Memorandum was signed with the Ministry of Health) the implementation agency of two national campaigns for community mobilization and family education “For a cute and healthy baby”(2006-2007), “Riskless childhood” (2007-2008).

Another important campaign was carried out by the Association for Facilitation of Communication and Emancipation Activities in the Mass-Media in the field of promoting child vaccination in the rural areas.

„Partnerships for Every Child” Public Association carried out a campaign of another format intended to collect funds for supporting a social centre for hosting mother-child couples and aimed at preventing child abandonment. The campaign started with the slogan „Help me remain with my mother! You make the future”

The National Centre for Child Abuse Prevention (NCCAP) has consequently promoted child-friendly legal proceedings with regard to children victims/witnesses of crimes/contraventions, and conducted two campaigns for sensitization of prosecution bodies and courts to the need for ensuring special conditions for involvement of children victims/witnesses in legal proceedings:

- ◆ „ Sir Judge, I am afraid” Campaign (2007-2008)
- ◆ „ Honourable court, I have the right not to be frightened” Campaign (2010-2011)

Outcomes:

- ◆ 25 penal suit officers, 90 prosecutors, 50 judges, 35 pedagogues/psychologists trained in the field of legal hearings of children in special conditions;
- ◆ The brochures “I go to court”, “I am a witness in a trial”, „My child will testify in court” are used by professionals, parents, custodians in the process of preparing the children for legal proceedings;

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- ◆ a process of setting up in courts chambers for hearing of children was started in accordance with the National Plan for prevention and countering of violence against children (the first chamber was opened in 2011 in the court of the district of Hincesti); General Prosecution started the establishment of such chambers in the premises of 12 territorial prosecution offices;
- ◆ the Supreme Council of Magistrature, General Prosecution, Ministry of Justice and Ministry of Interior signed in 2011 a Declaration on the respect of the rights of children victims/witnesses of contraventions (approved by ordinance/resolution of the respective institutions);
- ◆ the Republic of Moldova has ratified the Council of Europe Convention on the protection of children against sexual exploitation and sexual abuse (what was, among other, possible due to child-friendly legal proceedings promoted by NCCAP);
- ◆ Parliament of the Republic of Moldova examines the proposals for modification of the legislation in force with a view to adjust it to international standards;
- ◆ national mass-media have disseminated a series of dossiers related to present problems faced by the system of legal protection of children victims/witnesses of violence.

Throughout the period 2007 -2011, NCCAP followed up its sensitization activities in the field of child abuse prevention and conducted two campaigns for sensitization of public opinion and of the professionals in charge of child protection against abuse, with a special focus on recognition of the signs of abuse and on reporting the identified cases to institutions in charge of child protection.

„See me. Hear me. Help me.” Campaign (2008-2009) – a campaign focussed on preventing corporal punishment of children:

- ◆ promotional aids (posters, leaflets) disseminated among parents/ child carers/professionals;
- ◆ billboards with the campaign’s posters displayed in several districts of the country;
- ◆ mass-media campaign (press articles, press clubs, TV debates;)
- ◆ radio spots with the participation of national stars disseminated by many radio stations.

„Indecent touch” campaign (2011) – a campaign focussed on preventing sexual abuse against children:

- ◆ promotional aids (posters, leaflets) disseminated among the public/ professionals in charge of child protection;
- ◆ video spot broadcasted by TV channels (Moldova , Publika TV);
- ◆ radio spot disseminated by Radio Moldova;
- ◆ 50 school psychologists trained in the field of recognition of the signs of sexual abuse and of crisis intervention.



The major partners of NGO-s in carrying out sensitization and information activities are: international organizations (most of respondents stated it), private companies, individuals from abroad, governmental institutions.

Governmental institutions have listed the following activities conducted by NGO-s on this segment: promotion and information activities, training activities, surveys/analyses. Their opinion is shared by international organizations, as well as by the NGO-s included in the survey.

Red Cross Society of Moldova, with the support of International Red Cross and Red Crescent Federation, has carried out a series of activities aimed at training of the population about first aid provision.

Within „Organizational development” Project, were held two technical meetings with instructors and trainers in first aid provision with a view to update the „Manual of First Aid Trainer”, taking into account the experience of the participants and the requirements of the European Reference Centre for First Aid Education. Syllabi/curricula have been developed for trainers. The updated manuals were edited in a circulation of 300 copies and are now used by trainers in first aid trainings.

On June, 27-28, 2011, Diane Issard, representative of the European Reference Centre for First Aid Education of Paris, conducted the monitoring of first aid training activities carried out by trainers of Red Cross Society of Moldova and confirmed their conformity with the requirements of the European Centre. As a result, Red Cross Society of Moldova was entitled to apply the logo of the European Reference Centre for First Aid Training on certificates of first aid training.

In order to sensitize public opinion about the need for training on first aid provision, in Chisinau municipality were displayed 5 billboards which impelled the population to enrol in first aid courses. Red Cross branches further developed their collaboration with local government authorities, directorates for education, directorates of Civil Protection and Emergency Situations Service of the Ministry of Interior with a view to organize first aid training courses for the population. 139 people were trained by the means of Red Cross branches.

The activities of the National Centre for Child Abuse Prevention are worth being mentioned in this context as an example of good practice.

Likewise for service provision, in order to enhance their contribution in this field, NGO-s request:

- ◆ access to financial resources from the side of the State and donor organizations for developing projects in the field of service provision;
- ◆ larger involvement of other development stakeholders, such as international organizations, private sector.

3.6 Rolul de model

The level of correlation of internal strategies and policies with the priorities/targets of **MDG 4** was assessed as “average” by 63,6% of respondents, while 27,2% of them assessed it as “very good”.

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Case study „VOINICEL” Centre for early intervention

The Centre for early intervention „Voinicel” was established in 2003 and provides each year early intervention services for about 130 disabled children aged 0-4 and their families. The intervention team is an interdisciplinary team consisting of different specialists: paediatrician, neurologist, therapist, nutritionist, speech therapist, social assistant, psychologist, psycho-pedagogue, etc

Services provided by the Centre:

- ◆ multi-disciplinary assessment of physical, cognitive, adaptive-behavioural, communicative, social-emotional development of children with special needs;
- ◆ developing individual rehabilitation programmes;
- ◆ support for development and promotion of the child’s performance through individual sessions of physical, occupational and speech therapy;
- ◆ monitoring of the process of child rehabilitation and development (PEDI, GMFM, GMFCS, DAYC);
- ◆ family psychological counselling;
- ◆ support for social integration of disabled children and of their families;
- ◆ informational support for parents;
- ◆ free access to the Centre’s library.

“Integration of early intervention in the social-medical systems existing in the Republic of Moldova” is one of the most important projects implemented by the Centre with the financial support of Soros Moldova Foundation.

The project’s goal is to support policy and legal framework development for integration of early intervention in the health system of the Republic of Moldova, and to provide support to central and local government authorities for strengthening the system of monitoring and evaluation of disabled children.

Another project implemented with the financial support of Soros Moldova Foundation is focussed on „Strengthening the capability of 4 regional teams in the central part of Moldova in the field of early intervention”. The project is intended to enhance the professional level of a group of specialists of 4 centres working with disabled children aged over 3, to enhance the knowledge of physicians and of other professionals from primary health care in the field of development paediatrics and early intervention.

Source: www.inclusion.md

Another relevant example of model to be described in this context is shown by the National Centre for Child Abuse Prevention.



The National Centre for Child Abuse Prevention (NCCAP) has piloted ILO-IPEC models for monitoring of child labour and youth employment in 5 target-areas (Chisinau municipality; Balti municipality; village of Biesti, district of Orhei; village of Chiscareni, district of Singerei; village of Petresti, district of Ungheni) and replicated them at national scale through strengthening the capability, model integration in relevant programmes and mobilization of resources.

Outcomes:

63 professionals (educational and professional counsellors; members of EMD; peer educators) trained in the field of child labour prevention and countering;

employers and trade union representatives in the field of construction and industry of construction materials committed to involve actively in actions aimed at countering child labour;

a group of national experts in the field of preventing and countering child labour established (nominal composition of the group was approved by President of the National Steering Committee on the elimination of child labour);

recommendations for ensuring the sustainability of the models for child labour and youth employment monitoring developed jointly with key-partners and submitted to the National Steering Committee for monitoring of their implementation.

a National Action Plan in the field of elimination of the most serious forms of child labour for 2011-2015 developed (which is, among other, the result of the activities of NCCAP in this field).

Source: www.cnpac.md

3.7 Contribution of NGO-s to Change

Despite the fact that Targets 1 and 2 of MDG 4 have been achieved, including the ones established for the year 2015, most respondents consider as average the progress made by the Republic of Moldova towards achieving MDG-s.

In the opinion of civil society representatives, the achievements are the result of the following activities:

Policy development:

- ◆ National Health Policy (Government Decree no. 886 of 6th of August 2007)
- ◆ Strategy for Development of the Health Care System in the period 2008-2017 (Government Decree no. 1417 of 24th of December 2007)
- ◆ National Strategy for Reproductive Health (Government Decree no. 913 of 26.08.2005)
- ◆ Contravention Code of the Republic of Moldova (Law no. 218 of 24.10.2008)



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- ◆ Law on family violence prevention and countering (Law no.45 of 01.03.2007)
- ◆ National Immunization Programme for 2011-2015 (Government Decree no. 1192 of 23.12.2010)
- ◆ National Mental Health Programme for 2007-2011 (Government Decree no. 353 of 30.03.2007)
- ◆ Programme for development of inclusive education (Government Decree no. 523 of 11.07.2011)
- ◆ National Programme for prevention of viral hepatitis B, C, D for 2012-2016 (Government Decree no. 90 of 13.02.2012)
- ◆ National Perinatology Programme (1998-2008)
- ◆ Programme for Integrated Management of Child Diseases
- ◆ National Development Strategy 2008-2011 (Law no. 295-XVI of 21.12.2007)
- ◆ Regulations on the tools for inter-sector collaboration in medical-social field with a view to prevent and reduce the rate of infant and under-five child mortality at domicile (Government Decree no. 1182 of 22.12.2010)

Service provision:

- ◆ Developing maternal centres
- ◆ Developing alternative social centres for children.

Information campaigns:

- ◆ A cute and healthy baby
- ◆ Child-friendly hospital
- ◆ Riskless childhood
- ◆ Take care of me – I want to live
- ◆ A house without dangers for your child.

Training activities in this field for different categories of professionals (social assistants, family doctors, assistants of family doctors, policemen)



CHAPTER 4.

ROLE OF PRIVATE SECTOR IN ACHIEVING MDG 4

According to the data of State Register, on 01.04.2012, there were 161 623 companies in the Republic of Moldova, including: 67,2 thousand private entrepreneurs, 72,9 thousand limited liability companies, over 4,8 thousand joint stock companies, nearly 4 thousand cooperatives, about 1,4 thousand State and municipal enterprises and 3,1 thousand non-commercial organizations which are distributed by administrative-territorial units as follows:

no.	Territorial office	Number of enterprises	no.	Territorial office	Number of enterprises
1	Chisinau municipality	85461		Donduseni	1118
	Anenii Noi	2501		Edinet territorial office	7120
	Ialoveni	3450	6	Gagauzia territorial office	5143
	Criuleni	1517	7	Hincesti	2451
	Straseni	2580		Basarabasca	942
	Dubasari	405		Cimislia	1271
	Chisinau territorial office	95914		Leova	1127
2	Balti municipality	8266		Hincesti territorial office	5791
	Falesti	2221	8	Orhei	4582
	Riscani	1840		Telenesti	1666
	Glodeni	1096		Rezina	1070
	Singerei	1470		Soldanesti	1162
	Balti territorial office	14893		Orhei territorial office	8480
3	Cahul	4515	9	Soroca	2515
	Cantemir	1278		Drochia	2580
	Taraclia	1197		Floresti	1991
	Cahul territorial office	6990		Soroca territorial office	7086
4	Causeni	1782	10	Ungheni	3248
	Stefan Voda	1239		Calarasi	1263
	Causeni territorial office	3021		Nisporeni	1556
5	Edinet	2959		Ungheni territorial office	6067
	Briceni	1874	11	TDS	1118
	Ocnita	1169		Total in the Republic of Moldova	161623

Source: State Registration Chamber of the Republic of Moldova

In the context of our survey, private sector will mainly be approached from the perspective of its responsibility towards the society what implies the obligation of managers to undertake actions intended both to protect the company's interests, and to contribute to welfare of the society.



4.1 Degree of Awareness of Business Entities Covered by the Survey about MDG 4.

According to the respondents who took part in the survey, the degree of awareness and the concern of private sector about reducing infant and under-five child mortality rate may be assessed as „average”.

From the whole spectrum of international tools in this field, business entities stated they are aware solely of Millennium Development Goals. As far as the national legal framework is concerned, business entities of health care system could list all legal and normative papers in the field of mother and child health.

4.2 Contribution of Business Entities to Achievement of the Targets of MDG 4 through Their Basic Activities

Aiming at the implementation of Public-Private Partnership (PPP) projects in the field of health care, the Ministry of Health made several proposals for modification of the legal framework with a view to establish public-private partnerships for health. All legal modifications have entered into force. So, the barriers to initiating and developing PPP projects in healthcare sector have been eliminated.

Health Care Law no. 411-XIII of 28th of March 1995 suffered modifications which provide for developing public-private partnerships in financing health care services (Law no. 117 of 17th of June 2010 for modification and completion of Health Care Law no. 411-XIII of 28th of March 1995).¹

With a view to establish a public-private partnership for health, on 1st of July 2010, the Ministry of Health and the International Financial Corporation signed an agreement on consultancy services in the field of developing public-private partnership for health projects.

Private sector plays an essential role in providing health care services. According to the official data of the Ministry of Health, in 2010, there were 532 private providers of health care services in the Republic of Moldova. In 2010, 6.996 patients were treated on 204 beds of private hospitals from the country (in 2009 – 6.635 patients). In addition to it, were carried out 9.996 surgical interventions, including on 6038 in-patients (in 2009 – 5318 interventions). Consequently, the number of patients cured in private hospitals raised by 5,0% and the number of in-hospital surgical interventions increased by 13.5%. Throughout the year 2010, private medical-sanitary establishments received 945,4 thousand visits (in 2009 – 883,0 thousand visits), including 401,6 thousand visits to dentists (in 2009 – 378,5 thousand visits), 33,9 thousand people received dental prostheses (in 2009 – 36,6 thousand people). In addition to it, physicians of private hospitals made 30,8 thousand visits at domicile. In 2010, private medical-sanitary institutions made 159,0 thousand echographic investigations (in 2009-126,0 thousand investigations), 9,3 thousand endoscopic investigations and 17,7 thousand laboratory tests, 15,8 thousand patients were given physical-therapeutic treatment, 3,8 thousand people received reflexo-therapeutic treatment.²

Governmental institutions stated that private sector shows an average level of involvement in reducing infant and under-five child mortality.

1 www.ms.gov.md/_files/8479-Raportul_ministrului.pdf

2 www.ms.gov.md/_files/8479-Raportul_ministrului.pdf



Most representatives of non-governmental organizations which took part in the survey assessed the involvement of private sector as „average”.

Most international organizations assess the involvement of private sector as „weak”.

In the same time, most respondents of private sector assessed their involvement as “low”, except the ones working in healthcare field who gave the assessment “high involvement”.

Here is an example of business entity which has a contribution, through its activities, to achieving the targets of MDG 4.

Case study

Société Générale has transformed the responsibility into an integrant part of business, taking into account the country’s geographic, cultural, social and economic particularities.

Mobiasbanca is close to endowed children (boarding school of Grinauti), supported the victims of flood in 2010, donated 40 computers on the eve of Christmas, including 5 computers to kindergarten no. 49 of Chisinau, held a campaign for orphan children of Chisinau, conducted the campaigns “Together at Christmas”, “Because We Care”, supported the victims of natural calamities.

4.3 Social Entrepreneurship

Governmental institutions covered by the survey consider that private sector shall play an important role in diversification of services for children.

To this end, some business entities develop projects intended particularly to support women at risk, because the children’s welfare and chances to survive depend on their health and social-economic capability.

In July 2011, the United Nations Fund for Population and ORANGE Moldova Foundation launched the social project „Economic Empowerment of Disadvantaged Women in the Republic of Moldova”, which will be implemented **in collaboration with the Ministry of Labour, Social Protection and Family and with the Ministry of Health** by the means of four partner organizations: Association of Psychologists of Tighina, Association of mono-parental families of Cahul, Centre for Family Crisis “SOTIS” of Balti and „Artemida” Public Association of Drochia.

This social project is intended to ensure sustainable integration of disadvantaged women on labour market, including the integration of victims of family violence, by the means of enhan-

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cing their training and employment opportunities. The project's activities will include, but will not be limited to: providing professional orientation and career counselling services, covering a part of vocational training expenditures, providing non-financial support for starting a business and mediation for employment of beneficiaries.

The project „Economic Empowerment of Disadvantaged Women in the Republic of Moldova” is the second project of ORANGE Moldova Foundation focussed on disadvantaged women. The first project – „Stipends for girls of boarding schools” – was launched a year ago and is intended to improve the access of girls from boarding schools to education and to prevent traffic in human beings among this category of people. For more details access: fundatia.orange.md.

Below, we will show another specific example of social entrepreneurship with positive effects on youth who grow children.

The commercial society „ARTDEDAL” Ltd. is a company set up by a non-commercial institution. It aims at promoting the model of social entrepreneurship under which the revenue is directed to fulfilment of the social goals of the founder – the Resource Centre for Youth DACIA. The company is the product of a project implemented by the Centre DACIA, with the financial support of “Argidius” Foundation, of UNDP Moldova and with direct contribution of founders.

Thus, every client purchasing goods or services from the commercial society “ARTDEDAL” Ltd. is a direct contributor to supporting the Centre DACIA which has the mission to implement youth programmes.

Founder: Resource Centre for Youth „DACIA”, 100% of shares.

Date of registration: 14.12.2007.

Statutory goal:

The society was set up with a view to conduct all kinds of lucrative activities non-prohibited by law in the field of production, execution of works or service provision, independently, on own initiative, on behalf of the society, at own risk and under its patrimonial liability in order to ensure a permanent source of revenue.

Products:

- 1) Wrought iron items: gates, fences, canopies, balustrades, grids, garden utensils, other decorative elements.
- 2) PVC items: windows and doors.
- 3) Hollow blocks
- 4) Wood items: doors and windows
- 5) Mill services



The company has a production unit in the village of Schineni which consists of industrial space, storage area, offices, etc. with the total surface of over 1000 sq.m. The products are sold at large scale on the market of the district of Soroca. At present, the company has over 15 employees. In the previous season, the number of the company's employees raised to 35 people. The company intends to open a commercial unit in the town of Soroca.

The investments in establishment of this company consisted of:

	Source	Amount (MDL)	Amount (Euro)
A	Resource Centre for Youth DACIA, UNDP grant (equipment)	353 371,88	24 832,88
B	Resource Centre for Youth DACIA, own sources	122 150,00	8 583,98
C	Resource Centre for Youth DACIA, "Argidius" grant	1 030 725,52	72 433,28
D	Loan from "Victoriabank" Commercial Bank	300 000,00	21 082,22
E	Resource Centre for Youth DACIA, UNDP grant (statutory capital)	5 400,00	379,48
F	Resource Centre for Youth DACIA, contribution of founders	50 000,00	3 513,70
TOTAL:		1 861 647,40	127 311,83

Source: <http://youthsoroca.md/?page=64>

4.4 Positive Social Externalities

Externalities are the consequences or effects which influence on people's life and activity, as well as on natural environment.

They are concretized in costs or benefits which, although existing, are not shown in expenditures and results obtained by business entities. The respective effects are suffered by other individuals or groups, different from the ones who produce them.

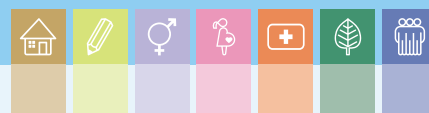
Taking into account the above-mentioned, this issue is rather difficult to be dealt with. Still, we would like to give an example in this context. Endava joined the Global Compact in September 2007 and took the obligation to respect and support its principles in terms of human rights, labour standards, environment protection and countering corruption.

In all aspects of Endava's operations, there is a concern about the responsibility for the impact of the company's activities on local community, on employees and their families, on shareholders and on the environment. Every time when possible, Endava overpasses the level of its statutory obligations as an employer in order to enhance the quality of the life of its employees and of local community.

Each year, Endava's employees take part in the Green day organized by the Global Compact of Moldova and involve in tree-planting and salubrity activities in parks.

At a larger scale, Endava aims at encouraging the use of ecologic technologies in all its offices and at supporting non-pollutant activities, including through organization of teleconferences and reduction of the consumption of electric energy and paper.³

³ www.endava.md



4.5 Corporate Social Responsibility

A growing number of companies of the Republic of Moldova implement social responsibility activities in social sphere and in the field of environment protection. Development of socially responsible management and business tools by companies is seen as an essential measure for correlation of general commitments with concrete actions.

The most popular fields for implementation of social programmes by companies of the Republic of Moldova are:

- Charity actions;
- Supporting cultural – educational programmes;
- Health care;
- Regional development;
- Contribution to economic growth and implementation of modern technologies for community development;
- Environment protection activities.

The table below lists a share of organizations from various sectors which joined the Global Compact (a total number of 57 member companies in 2010). The organizations presented in the table are the most responsive to social problems of our society and involve directly in various social projects related to their field of activity or provide sponsorship support for cultural activities. The relation between the organization's profile and priority social programmes is not always obvious. The fields in which the organizations have implemented social programmes are marked in the table by „*”. Social programmes consisting of charity acts and support for cultural-educational activities are the most popular fields of intervention, and are mainly a priority for banks, telecommunication companies and producing companies.

Fields for implementation of social programmes by a number of Moldovan organizations⁴

Name of the organization	Sector	Social programmes					
		a	b	c	d	e	f
ASEM	Educational institution	*	*				
AVON Moldova Ltd.	Trade in beauty products			*			
„Mobiasbanca–Groupe Societe Generale” JSC.	Financial services	*	*				*
“Moldova Agroindbank” JSC	Financial services	*	*				*
„Efes Vitanta Moldova Brewery” S.A.	Beer production		*				
„Endava” Ltd. Joint Company	Software & Computer services	*				*	*
“Red Union Fenosa” JSC	Electric energy supply services	*	*	*			*
Î.M. „Sun Communications” Ltd. Joint Company S.R.L.	Telecommunication services		*		*	*	
„Natur Bravo” JSC	Food production					*	
„Orange Moldova” JSC	Telecommunication services	*	*			*	

4 Buciușcan Silvia, Social responsibility of companies in the context of European integration of the Republic of Moldova into the European community, 2010, Academy of Sciences of Moldova



Name of the organization	Sector	Social programmes					
		a	b	c	d	e	f
JSCB „EuroCreditBank” JSC	Financial services	*					
„Lafarge Ciment” JSC	Industrial	*			*		
„Leogrant Co” Ltd.	Hotel services		*				
„Moldcell” JSC	Telecommunication services	*	*			*	*
PTC “Bioprotect” Ltd.	Services for farming producers	*	*				*

An example of commitment to the concept of social responsibility was given by “BIOPROTECT” Company which shows constant concern about local community needs. It has already passed from the stage of “useful to do” to “must do”, not only for the sake of the present interests of the society and of the consumers, but also for the sake of business developments which are determined by such a course.

“BIOPROTECT” is one of the first three national companies which pleaded for establishment of the Employers’ Association „Network of Global Compact for Moldova”. The association conducts a complex of actions intended to help the associate companies develop their business operations in accordance with social responsibility principles in relation with the society, environment and human rights, as a whole.

Case study

“BIOPROTECT” company supports the new policy for social responsabilization of companies published by the European Commission in October 2011 which is intended both to strengthen the positive effects for the society and companies, and to minimize and prevent negative consequences.

“BIOPROTECT” has actively supported the social project -„In mother’s arms” implemented by “DIACONIA”, an educational centre which hosts for a certain period of time mothers with children under 3 living in precarious conditions, who got pregnant after a rape or are in another difficult position. A psychologist and other people concerned about the general condition of hosted people are working within this project. “BIOPROTECT” Company could not remain indifferent and involved through volunteership actions. The company bought food, blankets, toys and other needed objects for ten hosted mothers. They promote a good idea. Young mothers are offered moral and material support, they are given a dwelling and have the possibility to learn new things, for example, cooking, childcare, etc.

Source: www.bioprotect.md

In 2010, was held the first national annual contest of corporate social responsibility for small and medium-size enterprises.

A large number of small and medium-size enterprises took part in the event and were afterwards granted prizes during the International Forum of Small and Medium-Size enterprises.

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The first edition of the contest of corporate social responsibility aimed at encouraging and promoting the integration of social and environment protection concerns into business activities. The contest was organized by the United Nations Development Programme in partnership with Orange Moldova and Moldova-Agroindbank and the Organization for Small and Medium-Size Enterprises Development.

Case study

After having been awarded in 2010 the “Golden Mercury” trophy at the category “Reputation and trust” within the national contest “Trademark of the year”, in 2011 Orange Moldova won the “Golden Mercury” at the category “Social responsibility”, confirming its status of the most socially responsible operator of mobile telephony and internet in the Republic of Moldova.

In 2011, Orange Moldova supported and developed over 30 large-scale social projects, contributing to regional and local development, and to development of health, culture and education.

Corporate responsibility of Orange in 2011 with regard to small children in figures:

- ◆ 150 employees involved in volunteership programme “We care”;
- ◆ 650 children from boarding schools were beneficiaries of 18 training activities conducted by Orange volunteers;
- ◆ 150 new jobs created through the programme Nearshoring;
- ◆ 800 families which were flood victims of the villages of Nemteni, Obileni, Sărăteni and Cotul Morii, district of Hîncești were given fridges as an aid from Orange Foundation and clients of Orange;

over 5000 people, including children from the villages of Ustia, Limbenii-Vechi and Limbenii-Noi, district of Glodeni, were provided access to quality medical services at Health Centre of Limbenii-Vechi, due to medical equipment donated by Orange.

Source: www.orange.md

4.6 Philanthropy and Community Investments

According to Law no. 1420 on philanthropy and sponsorship activities of 31.10.2002, article 1:

- 1) The notion of philanthropic activity means voluntary material, impartial and unconditioned aid or free services delivered by individuals or legal entities to a person (a group of people), without seeking in return any reward, payment or enforcement of certain obligations and without getting any profit.
- 2) Sponsorship activities are conducted by individuals and legal entities voluntarily or on request and consist in providing financial resources or other goods as support for public interest actions”

According to the above-mentioned law, philanthropic activities aim at:



- a) support and social protection of individuals, including improving the material situation of people in need, social rehabilitation of unemployed, disabled people and other people unable because of physical or intellectual particularities or for other reasons to exert independently their legal rights and interests;
- b) preparing the population to overcome the consequences of natural calamities, ecologic or other catastrophes, to prevent possible accidents of disasters;
- c) helping the victims of wars, natural calamities, epidemics, ecologic or other catastrophes, social or interethnic conflicts;
- d) raising the family's prestige and role in the society, mother and child protection;
- e) providing material aid to philanthropic organizations, social and medical institutions;
- f) support for other public interest actions requiring financial and material aid.

Article 19 provides that:

- 1) The State guarantees and ensures the protection of legal rights and interests of individuals and legal entities participating in philanthropic and sponsorship activities.
- 2) Liable persons who hinder individuals and legal entities from exerting their right to carry out philanthropic and sponsorship activities bear responsibility according to the legislation in force.

From this perspective, private companies which took part in the survey mentioned that state institutions, international organizations, non-governmental organizations, national or foreign private companies are their major partners in philanthropic and sponsorship activities.

Case study

The campaign „A house without dangers for your child” was carried out in 2009- March 2010 by the Ministry of Health, the Ministry of Labour, Social Protection and Family, with the support of MOLDCCELL and of the Swiss Agency for Development and Cooperation. The company's goal was to inform families with children under five, as well as future parents and the population, in general, about the risks of domestic accidents, the importance of child supervision and the measures for prevention of child accidents. The campaign's slogan was – „Take care of me. I want to live!”

In the framework of the campaign, during the period August, 3-31, 2009, the campaign's partner, „Moldcell” operator of mobile telephony, held a fund-raising action to help the children victims of serious domestic accidents. The collected money was transmitted to project implementer (the Foundation „Centre for Health Policies and Services”) to be used for covering the expenditures for operation and/or treatment of children victims of domestic accidents.

The campaign was intended for nearly 210.000 families with children under five, and aimed at raising the awareness about the risks of child domestic accidents and at mass information abo-

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ut the importance of child supervision and the methods for prevention of accidents amongst small children, including road accidents.

Source: www.moldcell.md

An example of collaboration was given by „Diaconia” Social Mission of Bessarabian Orthodox Church, which is a humanitarian, charity and social organization whose Moldovan donors are: „PLAIUL BĂRLĂDEAN” Ltd., „COMBIFURAJ” Joint Stock Company, „MEDICAMENTUM” Joint Stock Company, TROFIM PRIGALĂ (notary), „DEPOFARM” Ltd., „BECAD” Ltd., „CLAVDIBAR” Ltd., „BIOPROTECT” Company, „PROGAGROTER” Ltd., „TURNVESPLAS” Ltd., „POHOARNA-AGRO” Ltd., „VATRA RĂZĂȘEASCĂ” Ltd.⁵

In terms of private sector involvement in community activities, it is worth being said that each of the above-mentioned companies is involved in various activities and is a member of partnerships. In 2010, Plaiul Bîrlădean Ltd. was awarded the Grand Prix for its fruitful activities in this field. The enterprise located in the village of Bîrlădeni, district of Ocnița has built a hostel with 70 places for its employees coming from different zones of the country. The enterprise provides to its employees three meals a day. In addition to it, Plaiul Bîrlădean has renovated the medical centre of the village of Birlădeni, which delivers medical and prophylaxis services to community members and to its employees. Being a farming enterprise, Plaiul Bîrlădean takes the required environment protection measures in the process of production.⁶

In terms of role of business associations and unions, it shall be stated that according to Law no. 837 of 17.05.1996 (republished in 2007) on public associations, article 2.

„(1) Public associations are founded and conduct their activities with a view to enforce and protect civil, economic, social, cultural and other legal rights and freedoms; to develop people’s social activism and initiative, to satisfy their professional and amateur interests in scientific, technical, cultural fields; to protect people’s health, to involve them in philanthropic activities, in practising largely sports and physical training; to conduct activities for culturalisation of population; to protect nature, historical and cultural monuments; to perform patriotic and humanistic education; to widen international contacts; to strengthen peace and friendship among nations; to conduct other activities non-prohibited by law.

(2) Public associations are classified in public benefit associations and mutual benefit associations.

(3) Public benefit associations are the ones whose exclusive objects of activity are human rights protection, education, acquisition and dissemination of knowledge, health care, social assistance, culture, arts, amateur sports, liquidation of consequences of natural calamities, environment protection, other fields of social utility.

(4) Mutual benefit public associations are set up to meet the particular and corporative interests of the members of the association.

⁵ www.diaconia.md

⁶ www.globalcompact.md



(5) Public associations may contribute, through their activities, to fulfilment by public authorities of their goals and tasks of public importance and utility.”

4.7 Policy Dialogue

First of all, we would like to mention that, according to Law no. 239-XVI of 13.11.2008, art. 11 „1) Consultation of citizens, associations, other stakeholders is ensured by the public authority in charge of drafting decisions through the following ways: public debates, public hearings, public opinion polls, referendum, requesting expert opinions, setting up permanent or ad-hoc working groups with the participation of civil society representatives.”

Taking into account these provisions and its basic prerogatives, National Employers Confederation (NECM)⁷ gets involved in drafting and endorsing laws and normative papers relevant for the activity of business entities.

NECM is a non-governmental, independent, non-commercial and apolitical organization of employers established to represent and defend, at national level, the rights and interests of its members in relation with legislative, executive, judiciary power and with trade unions. At present, it consists of 15 employer and professional organizations:

- ◆ Union of Industrialists and Entrepreneurs (founding member)
- ◆ Union of Transporters and Road Workers (founding member)
- ◆ Federation of Construction Employers (founding member)
- ◆ League of entrepreneurs with private capital (founding member)
- ◆ National Association of Investment Management Organizations (founding member)
- ◆ National Association of Producers
- ◆ National Club of Business People “TIMPUL”
- ◆ Small Business Association
- ◆ Union of Renters and Entrepreneurs
- ◆ Federation of Trade Employers
- ◆ League of Exporters and Importers with private capital
- ◆ Association of Vinification Employers
- ◆ Federation of Telecommunication and Informatics Employers
- ◆ Association of organizations of detectives, protection and security “SECURICOM”
- ◆ Association of Employers in the field of Public Services
- ◆ National Federation of Farming and Food Industry Employers of the Republic of Moldova
- ◆ Association of Road Worker Employers of the Republic of Moldova

⁷ www.cnpm.md



4.8 Contribution to Change

In order to make the private sector an important stakeholder, able to generate changes in terms of reducing infant and under-five child mortality rate, there is need for an appropriate legal framework.

The legislation in force is favourable for establishing various forms of public-private partnerships. The legal framework related to this field consists of: Law on public procurements no. 96-XVI of 13.04.2007, Law on concessions no. 534-XIII of 13.07.95, Government Decree on the approval of Regulations for concession of public utilities no. 1006 of 13.09.2004 and others. On the other hand, the legislation in force does not establish any tool for developing public-private partnerships between public authorities and business environment, neither the tools for sharing the risks which could emerge in the process of developing public-private partnerships.

On 1st of June 2010, on International Children's Day, UNFPA, jointly with Parliamentary Commission for Social Protection, Health and Family, Orange Moldova Company, UNICEF Moldova, East-European Foundation, Moldovan Football Federation and other partners, launched an unique initiative for Moldova – Partnership for children – intended to support local projects and to contribute in this way to edification of a better destiny for children and teenagers.

In May 2012, was published a set of reference consisting of 10 principles aimed at ensuring respect and support for child rights by the business sphere. The event was organized by UNICEF, Global Compact and the Association of European Business who impelled other companies to intensify their efforts focussed on support for child rights at workplaces, outlets and in the community.

Covering a broad spectrum of key-issues, from child labour, marketing and advertisement practices, to the role of business in supporting children in emergency situations, the principles impel the commercial companies to support child rights through political commitments, demarches and remediation measures.

The principles identify a large spectrum of actions to be assumed by private sector in order to prevent and counter the unfavourable effects of commercial activities, on the one hand, and to maximize their positive effects on children's life, on the other hand. Such principles are valid for all types of business, transnational and other, regardless of their size, field, owner and structure.

The principles are based on the results of a global process of consultation with the participation of about 600 business people, civil society representatives and children. The consultation process covered thousands of people.

The principles have been developed by UNICEF, UN Global Compact and "Save the Children" and were launched in March 2012 in London. Many important international companies, such as IKEA, H&M, KPMG, Marks & Spencer, etc. confirmed the importance of respecting the principles in their activity.

In the Republic of Moldova, the event was organized by UNICEF, Global Compact and the Association for European Business. Over 30 business entities took part in the event.⁸



With a view to make changes, each year, on International Children's Day, the branch of Edinet of the Chamber of Commerce and Industry of Moldova, jointly with business associations, mobilize the representatives of business environment of the area through the social action „Tenderness and light of hope for children”.

The event aims at encouraging corporate social responsibility actions and consists of dissemination of best business practices of companies, cultural activities, making gifts and a charity meal for children suffering from cancer.



CHAPTER 5.

CONCLUSIONS AND RECOMMENDATIONS

Civil society and private sector are two key-stakeholders and the most important partners of governmental institutions in developing activities aimed at reducing infant and under-five child mortality.

In the same time, civil society does not have the capability for nationwide coverage of the issue, neither has the required skills, equipment and logistic resources for a better implementation of ongoing programmes. The survey revealed that several strong non-governmental organizations of social-medical sector showed viability and commitment to reducing infant and under-five child mortality. Other NGO-s which took part in the survey recognized that they are much dependent on foreign funds, therefore they cannot plan long-term sustainable activities and their activities are therefore sporadic.

Taking into account the large number of officially registered companies and the ones involved in Global Compact (57 companies in 2010), we may conclude that business entities have a long way to cross before they could state firmly that they are committed to corporate social responsibility actions. A very few number of business entities publish their social responsibility reports, while social entrepreneurship is not practically reflected on their websites, neither in their reports.

Another conclusion we could make is that, despite the achievements mentioned in the report, civil society and private sector also warn about serious deficiencies and about the need for more involvement of all institutions and organizations for removing such deficiencies.

CIVIL SOCIETY

The respondents from civil society stated they could involve in the following activities aimed at reducing the mortality of children under five:

Policy advocacy

- ◆ advocacy for promoting child health issues in all policies and supporting their efficient implementation in all sectors with a view to maximize the outcomes in the field of child health – reduced rate of under-five child mortality;
- ◆ advocacy for expanding the coverage of child vaccination, for encouraging food industry to produce products fortified with iron supplements and folic acid and for improving the nutrition of mother and child;
- ◆ participation in developing and implementing the tools for health system reform focussed on improving maternal health;
- ◆ participation in developing and implementing the tools for reform of health care system focussed on reducing infant and under-five child mortality;
- ◆ developing partnerships with local government;
- ◆ monitoring of public policy implementation in this field;



- ◆ providing to the Ministry of Health support for drafting the normative framework regulating early intervention services for children.

Service provision:

- ◆ improving maternal and child health;
- ◆ early intervention services for children with special educational needs;
- ◆ medical (multifunctional rehabilitation) and social services for disabled children from socially disadvantaged families;
- ◆ providing the maternity wards with equipment;
- ◆ raising supplementary funds through various projects.

Information and sensitization:

- ◆ active participation in working groups, consultative groups;
- ◆ conducting campaigns for sensitization to the need for prevention of under-five child mortality;
- ◆ more active involvement in community mobilization and family education;
- ◆ contributing to responsabilization of parents, local government;
- ◆ raising the awareness of the importance of the issue and of solving it.

Governmental institutions have a number of recommendations for the associative sector and propose their more active involvement in:

- ◆ providing consultancy;
- ◆ organizing information campaigns;
- ◆ ensuring the sustainability of projects and initiatives;
- ◆ opinion consultation;
- ◆ responsabilization of local government for solving medical-social problems.

International organizations made the following proposals to NGO-s:

- ◆ supporting governmental institutions in their work with disadvantaged strata of population;
- ◆ advocacy and coordination of specific measures;
- ◆ citizen involvement in early prevention activities;
- ◆ monitoring and evaluation of implemented policies from the perspective of human rights.

To conduct such activities, the **associative sector** claims:

- ◆ a better inter-ministerial coordination;
- ◆ real statistical data about the degree of implementation of the targets of MDG-s and about progress towards achieving them;
- ◆ more information about the involvement of civil society organizations and of private sector in achieving **MDG 4**.

GOVERNMENTAL INSTITUTIONS

Civil society representatives consider that governmental institutions shall further involve in:

- ◆ enhancing the legal framework with a view to prevent child mortality;
- ◆ developing a system for monitoring of families with children;
- ◆ training of professionals;



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- ◆ employment of quality medical personnel;
- ◆ modernizing the system for organization of primary health care;
- ◆ implementing efficient tools for financing of maternity wards;
- ◆ improving the nutrition of mothers with children as a result of producing natural food, without complements;
- ◆ campaigns for information of population about the risks;
- ◆ providing appropriate social assistance;
- ◆ developing social-medical services;
- ◆ training programmes for future and young parents;
- ◆ balanced health care and prophylactic services for all children (some sectors are “privileged” – neonatology, infants with severe prematurity);
- ◆ reducing poverty;
- ◆ reducing migration;
- ◆ countering corruption in health care system.

Governmental institutions require the support of NGO-s in the following issues:

- ◆ conducting information/sensitization campaigns;
- ◆ providing consultancy;
- ◆ developing social-medical services.

PRIVATE SECTOR

Private sector commits to focuss its further endeavours on:

- ◆ informing the population;
- ◆ granting subventions;
- ◆ sponsorship;
- ◆ enhancing inter-sector activities.

With a view to develop **social entrepreneurship**, non-governmental sector recommends to private sector:

- ◆ to provide to disadvantaged families services at reasonable prices/free of charge;
- ◆ to develop private medical establishments;
- ◆ to develop quality centres for implementation of new technologies (paediatric cardiac surgery, etc);
- ◆ to ensure stable jobs for parents with small children;
- ◆ to develop public-private partnerships.

In order to develop social responsibility, NGO-s recommend to private sector:

- ◆ to take part in implementation of activities intended to support socially disadvantaged families with children;
- ◆ to involve in implementation of the provisions of Government Decree no. 171 of 19.03.2012 on the approval of measures for reduction of disorders caused by iron and folic acid deficiency by the year 2017;
- ◆ to support information and sensitization campaigns;
- ◆ to give space for social advertisement;
- ◆ to co-fund social projects;



- ◆ to provide financial support for disadvantaged families with children whose members are their employees.

International organizations consider that private sector shall involve in informing the population, conducting sponsorship activities.



BIBLIOGRAPHIC SOURCES

- 1) First National Report „Millennium Development Goals in the Republic of Moldova”, Government of the Republic of Moldova, Chişinău, 2005
- 2) Second National Report “Millennium Development Goals in the Republic of Moldova”, Government of the Republic of Moldova, Chişinău, 2010
- 3) National Human Development Report “From social exclusion to inclusive human development”, 2010/2011, UNDP, 2011
- 4) Survey “Assessment of the causes for infant and under-five child mortality at domicile and in the first 24 hours after hospitalization”, Ministry of Health, Ministry of Labour, Social Protection and Family, Chişinău, 2010
- 5) Survey on non-governmental organizations development in the Republic of Moldova, Soros, UNDP, Chişinău, 2007
- 6) Report on Millennium Development Goals: „New challenges – new tasks”, Government of the Republic of Moldova, Chişinău, 2009
- 7) National Strategy for Civil Society Development
- 8) National Development Strategy, Law no.295 of 21.12.2007
- 9) Buciuşcan Silvia, Social responsibility of companies in the context of integration of the Republic of Moldova into the European community, 2010, Academy of Sciences of Moldova
- 10) Law no.764 of 27.12.2001 on administrative-territorial organization of the Republic of Moldova
- 11) Report on „Child health and environment in the Republic of Moldova”, Ministry of Health, Ministry of Environment, Chisinau, 2010
- 12) Feeding and Nutrition of Infants and Young Children. Guidelines for WHO European region, with emphasis on the former Soviet countries, 2000
- 13) CIA World Factbook
- 14) www.cnpm.md
- 15) www.ms.gov.md/_files/10716-PSRE_09_11.pdf
- 16) www.ms.gov.md/_files/8479-Raportul_ministrului.pdf
- 17) fundatia.orange.md
- 18) www.aliantacf.md
- 19) www.supraveghere-neonatala.md,
- 20) www.ms.gov.md/public/policies/sanatate/copilarie,
- 21) www.sanatatea.com/art/.../2530-petru-stratulat.htm
- 22) www.civic.md
- 23) www.inclusion.md
- 24) www.moldcell.md