



Republic of Moldova

FINANCING OF CARE SERVICES FOR PERSONS WITH DISABILITIES

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Executive Summary

Social services in Moldova are organized and financed at community level (county or municipality, town, commune) and may be provided by public or private entities.

Social service providers can organize and provide social services if they are accredited in accordance with the law. Accreditation, respectively licensing, is a mandatory procedure for all social service providers operating in the territory of Moldova. Accreditation of social service providers and licensing of the social services are based on specific criteria, which represent the basic requirements that highlight their ability to set up, manage and provide social services. The licensing for social services provision for persons with disabilities is issued by the National Council for Accreditation of Social Service Providers.

Law no. 547/2003¹ on social assistance regulates the financing of social assistance. Art. 22 of this law provides that social assistance activities are financed from the state budget, from the budgets of the administrative-territorial units, from the republican and local funds for social support of the population, from donations, sponsorships, as well as from the contributions of the beneficiaries of social assistance. The responsibility of financing social services is at local community level. This creates discrepancies between cities or regions.

The financing of the social services for adults with disabilities is provided mainly from the public budget, the private sector ensuring only a very small percent. An important part of the funds is transferred from the central state budget to local budgets for specific services, however the amounts transferred fluctuate from year to year making it difficult for local authorities to finance social services and requiring contribution from the local budgets. This results in delays in developing social services, and in the payment of wages and provision of services.

As a result of the analysis and organized interviews several financing models were identified, as following:

1. Public procurement;
2. Public grants;
3. Public-private partnerships/agreements;

4. Sponsorships/grants from private funding;
5. User co-payments.

As for private providers of social services the most common funding model is sponsorships/grants from private funding, and public procurement as the main funding model for accessing public financial sources.

Main sources of public funding are local budgets (as all social services are decentralized to local public authorities), Population Support Fund which aims to cover the minimal social package where local public authority could request support on covering main social package of services, and certain social medical services can be covered from the financial resources of the compulsory health insurance system managed by the National Medical Insurance Company.

Main findings:

- ★ Prevalent financing models for adult disability care services in Moldova are public procurement, and sponsorships/donations from development partners.
- ★ Implementation of public procurement is problematic:
 - › the basic evaluation criteria rest on the most economically advantageous offer which has an impact on quality of rendered social services;
 - › some public procurement calls at local level do not receive sufficient applicants leading to cancelled procedures.
- ★ Financing social services for adults with disabilities is the responsibility of the local public authorities.
- ★ The share of disability care expenditure going to private providers (both profit and non-profit organizations) is small due to the lack of available resources.
- ★ There are few private providers of social services for PwDs, mostly non-profit organizations whose services are supported mainly by international donors.
- ★ Local authorities are unaware they can outsource certain services to private providers and are inexperienced in applying different funding models.

1 https://www.legis.md/cautare/getResults?doc_id=27520&lang=ro

- ★ There is a lack of trust between local public authorities and non-profit organizations (in terms of quality of disability services offered private providers), as confirmed by an insignificant number of partnerships. Non-profit organizations are more seen as donors rather than partners or social service providers.
- ★ Social services for PwDs (and in general all social services) can be rendered based on approved quality standards, and a clear cost estimation methodology. Unfortunately, the Moldovan Government is yet to approve a cost estimation methodology for all services for PwDs, and this impacts in particular on planning budgetary resources at the local level. This situation creates discrepancies in the costs per beneficiary by public versus private social providers.
- ★ A lack of qualified personnel in delivering social services for PwDs (personal assistants, social workers, etc) can be explained by the small wages in this sector at around 3000² MDL (145 EUR)/month. In public sector the average working period of social worker is around 2 years, which affect directly the quality of rendered social services.

Introduction

Main funding models

Analyzing funding models on PwDs social services is quite challenging in Moldova due to a lack of available open data, or even updated annual activity reports³ of the competent institutions. Despite this, based on analysed Moldovan laws and regulations in force, available reports developed by public authorities and/or NGOs from the sector, and organised interviews it is possible at this moment to identify the following funding models used for financing disability care services:

1. Public procurement;
2. Public-private partnerships/agreements;
3. Public grants;
4. Sponsorships/grants from private funding;
5. User co-payments.
6. Each of the abovementioned models is detailed in Funding Models.

Main financial sources

The funding models are directly linked and impacted by the available financial sources. In Moldova, public social services providers are mainly financed from the public budget. Since 2006⁴ the competences of central public authorities in the field of social assistance are delegated to the local public authorities. According to the information from the state budget laws for the years 2019⁵ and 2020⁶, in 2019 the cost of social assistance at district level was covered in proportion of 57,2% from local funds, and another 42.8% was covered from the funds provided by the state budget. For 2020, the proportion of transfers from the state budget has declined and the local contribution has increased by 15,7 percentage points.

Due to the struggles that public authorities encounter in financing social services in general and specific to PwDs, the Government decided that they could have access to other type of funds in order to cover the minimal social package, such as the Population Support Fund⁷.

2 The average monthly wage planned for 2020 was 7953 MDL (about 380 EUR) and in 2021, 8716 MDL (about 416 EUR).

3 Ministry of Health, Labor and Social Protection is developing each year a social report. The last published report is from 2018. The social report with updated data from 2019 is still in drafting process.

4 Law no. 435/2006 on decentralization art. 61)

5 https://www.legis.md/cautare/getResults?doc_id=117024&lang=ro

6 https://www.legis.md/cautare/getResults?doc_id=119651&lang=ro

7 Population Support Fund is established based on Law no.827/2000.

Another source connected to public financial system is the 2% mechanism. The beneficiaries of this mechanism could be non-profit organizations (including those rendering social services for PwDs). Non-profit organizations have become active in social care, in particular church-related organizations. There is a specific measure supporting non-profit initiatives, conventionally named as the 2% *mechanism*. Since January 1st, 2017 individual taxpayers are able to direct 2% of their income tax calculated for the previous year, to a non-profit or religious organization of their choice. This is an indirect way for the state to financially support the activity of non-profit organizations, and there is no post financing monitoring by the state, the resources are used according to the statutory objectives of each beneficiary organization. This mechanism is regulated by Government Decision no. 1286/2016 on approval of the Regulation on percentage designation mechanism. According to the latest Statistical report on percentage designation for 2020, 5.816.737,19 MDL (around 277.928,47 EUR) have been collected, for a number of 534 beneficiaries.⁸

There are also private financial sources from national and international donors which in many situations is the main source for private service providers (in particular NGOs).

Main social services for PwDs in Moldova

The main social services rendered for PwDs and analysed in this report are:

1. Day care;
2. Supported/independent living:
 - a. Home care services;
 - b. Mobile teams;
 - c. Personal assistant;
3. Long term institutional care:
 - a. Sheltered housing;
 - b. Community housing;
4. Respite care

Social services providers for PwDs

Social service providers can be public and private entities, both types of providers are licensed based on the same terms and conditions by the National Council for Accreditation of Social Service Providers.

Public social providers are: social assistance institutions created and managed by the central public authorities; local public administration authorities of the second level; local public administration authorities of the first level.

Private social service providers can be associations, foundations, private non-profit institutions, legal commercial entities. Unfortunately, there is no public register of social service providers at least to have an understanding on the total number, or based on types of providers (public, private), etc. At the end of 2019, there were an estimated 336 social services providers based on accreditation schedules and issued decisions, out of which 210 providers are conducting their activities in urban areas, and 126 in rural areas. Around 80% of providers were public providers, and 20% private, where the public providers delivered 83% of all social services and private providers covered 17% of social services. Even though there is no open data on market shares covered by public and private providers, it could be observed that the share of public providers is higher than private providers, where private providers are mostly non-profit organizations rather than commercial entities.

Beneficiaries

Relevant information at this point in order to understand the market of social services for PwDs is the number of PwDs that could be potential beneficiaries of these types of services.

The estimated number of people with disabilities in the Republic of Moldova is 176.100 people, including 10.600 children aged 0-17 years. People with disabilities represent 6.6% of the total population of the country with habitual residence, and children with disabilities constitute 1.8% of the total number of children with habitual residence in the Republic of Moldova. From the total number of PwDs from Moldova 66% are from rural areas, and 34% from urban areas.⁹

⁸ Report of the Tax Inspectorate for 2020 on 2% mechanism implementation https://www.sfs.md/raport_activitate_SFS.aspx?file=14044

⁹ Public information presented on 02.12.2020 by National Bureau of Statistics on the occasion of the International Day of Persons with Disabilities: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6516>

Evolution of the number of beneficiaries of specialized social services, 2016-201910

	2016		2017		2018		2019	
	Services	Number of beneficiaries	Services	Number of beneficiaries	Services	Number of beneficiaries	Services	Number of beneficiaries
Mobile team	19	583	22	612	23	700	26	839
Sheltered housing	9	26	17	89	20	99	24	100
Community House	9	51	15	88	15	106	16	105
Respite	6	216	6	153	4	121	4	160

Funding Models

Public procurement of social services for PWDs

This is one of the classical funding models used by the private service providers, being regulated by the Law no. 131/2015 on public procurements. The law prescribes eight types of public procurement, where the most common in acquisitions of social services for PwDs are open bids and negotiated procedures. The abovementioned law prescribes a specific type of public procurement, namely the procurement of social services and other specific services. This type of procurement is limited to a specific list of social services (as prescribed in Annex 2 of the Law no. 131/2015), including certain social and medical services such as home care services.

Unfortunately, this type of procurement is not widely used (or even not used at all) due to some technical issues. Firstly, subordinated acts and standard documentation in order to conduct this type of acquisitions are yet to be approved. Furthermore, the electronic platform on public procurement (www.mtender.gov.md) currently does not allow registration of all types of public procurements, only 2 out of 8 are possible to be registered (public bids and direct negotiations).

The same Law no.131/2015 also prescribes the possibility of reserved contracts for social services, where the contracting authority has the right to establish the participation in the public procurement procedures having as object exclusively health, social and cultural services to be reserved for economic operators, such as

non-profit legal entities, social enterprises and protected units, accredited as social service providers, public social service providers. The list of eligible services is limited to those listed in Annex 2 of the same law, and includes home care services. Even if the law gives the option for public authorities to finance disability care services this way, there are no examples available to conclude that this procedure is widely applied.

The main types of public procurement for procurement of social services for PwDs are open bids and direct negotiations of offers. Having in mind difficulties around applying them, public authorities avoid public acquisitions and procedures prescribed by the Law. No 131/2015, and contract service providers by applying direct awarding. In this case the value of the contract cannot not exceed 400 000 MDL (which is around 23 000 EUR), these agreements are then considered small value acquisitions and are not subject to the general terms and conditions of public acquisitions prescribed by the Law on public procurements. Interviewed service providers for PwDs mentioned that the value of these agreements (which is limited to 400 000 MDL) are not covering all the costs of rendered social services for PwDs, and they have to find other financial sources from donors and from their own budget in order to fill the gap.

Public procurement of social services for PWDs is a difficult exercise for public authorities (in particular for local public authorities), and at the same for service providers. In both cases there is a lack of capacities and sufficient understanding on compliance with all requirements of public procurement. Additional challenges in conducting public procurement of social services were raised in the report *"Identification of barriers and gaps in the process of*

contracting by the state the services provided by CSOs”, drafted by Legal Aid Centre for People with Disabilities. The findings most relevant to this report are as follows:

- ★ There are situations when public local authorities do not even know that they can outsource certain social services for PwDs. This has been confirmed by the results of a survey, where 20% of local public authorities mentioned that they were not aware of this opportunity.
- ★ The reasons why local public authorities did not contract non-commercial organizations in the provision of social services as found by the survey¹¹ include:
 - › insufficient financial resources for contracting (35%);
 - › no need to initiate contracting (31%);
 - › legislation regarding the social contracting mechanism is not clear (25%);
 - › unaware of the possibility of contracting services out to non-profit providers (3%);
 - › no offers received from non-commercial organisations in procurement procedures (6%).
- ★ Local public authorities have the biggest need to outsource services for: community houses for people with disabilities and elderly, respite centres and socio-medical services for PwD.
- ★ The share of the responding local public authorities that have contracted non-commercial organizations in order to provide socio-medical services: only 5% of the responding local public authorities contracted social services, 59% mentioned that they had no experience of contracting these services, 5% tried to contract these services but failed, 31% mentioned that they did not have contracting experiences, but had partnership relations with some non-commercial organizations, which provided the local public authority with methodological and financial support for the development of social services provided by the social structures of the local public administration.

Along with public procurement of social services for PwDs comes the problem of planning budgets for public procurements, which is also affected by the lack of a clear methodology on cost formation of different social services for PwDs. This was mentioned as problematic by interviewed local public authorities’ representatives. Currently, not all social services included in the nomenclature¹² of social services have a methodology for calculating costs, and the existing normative costs are significantly underestimated in relation to the real expenses related to the service, and do not adequately ensure the quality of such service.

Public-private partnerships/ agreements

The direct financing of the services provided by NGOs based on partnership agreements is not expressly regulated by legislation, but in accordance to the principles of local autonomy and decentralization of public services, it is practiced by some local public authorities.

The direct financing model is usually applied in communities where there is only one service provider, which has a proven ability to provide social services in the appropriate volume and quality. As for example the private service provider Home Care (NGO) benefits from eight local public authorities through partnership agreements.¹³

Another example is the NGO Women and Child Protection and Support, which started their partnership with a local authority by negotiating a financial support agreement on developing home care services for PwDs. Such an agreement was concluded annually, based on which the public local authority was granting 100 000 MDL (around 5 000 EUR) for developing home care services for PwDs. Thus, the public local authority was covering the operational costs of the service, and the rest was covered from own financial resources of the NGO. This experience was highly valuable, but very small taking into consideration the total cost of this type of service. The NGO Women and Child Protection and Support managed

11 Respondents here include public authorities that had no experience contracting non-profit organisations to implement disability care services

12 Nomenclature of social services was approved by the order no. 353/2011 of the Minister of Labor, Social protection and Family.

13 [Identification of barriers and gaps in the process of contracting by the state the services provided by CSOs, pag.61](#)

after three years to convince the local public authority to budget additional financial resources for developing this service and to be contracted based on a Service Agreement. As for 2021, they have been contracted directly by the public local authority where the total value of the agreement is 315 000 MDL (around 15 000 EUR).

Another relevant example is of the Keystone Moldova, they managed to sign with Ministry of Health, Labour and Social Protection a memorandum of understanding on developing the free phone line support for PwDs. It was developed as a new social service which consists in delivering informational support, counselling, reporting of suspected cases of violation of rights or risk situations. The identified cases are redirected to the competent bodies and partner organizations. This social service based on above mentioned memorandum of understanding was piloted, and afterwards approved by the Government as a social service for PwDs with corresponding approved quality standards.

This funding model is not frequently used by local public authorities because of scarce financial resources. Usually, these types of partnerships are concluded with NGOs which have several donors or sponsors, and the local public authority can provide a space where the organization could render services for PwDs in the community, or exempt the organization from certain payments for utilities in the spaces where the services are performed.

Another reason why this model is not so popular from information received from interviews, is the lack of trust between NGOs and public authorities, whereby public authorities see NGOs as donors rather than partners.

With respect to international projects, the practice shows that international donors prefer to offer support through implementation units/partners which could be NGOs with an existing portfolio of services and/or have experience in managing big projects, the type of experience local public authorities usually lack.

Public grants

This financing model involves three parties: the beneficiary, the provider and the state. In the three-party payment scheme, the state is the third party, which pays the cost of the service provided by a private service provider, non-profit or for profit. The state determines the cost of the services, which is usually calculated per capita, and pays the service provider according to the number of beneficiaries served. This model is used in the Republic

of Moldova in the provision of medical and social medical services within the compulsory health insurance.

This model is not fully oriented for social services, but for social-medical services. And, in respect to PwDs we could emphasize social medical home care for PwDs. The social services comprise support and help for body hygiene, groceries, housekeeping activities; help in preparing/serving food, etc. Private providers of medical and/or social medical services could be contracted by the National Medical Insurance Company once they are accordingly accredited for these types of services. The agreement is awarded to the private provider based on a contest.

These types of contracts have been awarded for Caritas Moldova, Home Care, Angelus Moldova and the Medical and Social Rehabilitation Center for the Visually Impaired among others.

This funding model is available for private service providers who are performing social medical services, therefore a provider rendering only social services is not eligible for this type of funding.

Interviewed service providers who benefited from this type of funding report having had to draft a business plan comprising all the expenses, afterwards to be approved by National Medical Insurance Company. There were situations when not all expenditures were approved as reasonable and therefore were not covered.

Sponsorships/grants from private funding

Sponsorships/grants is the main financial source of Moldovan NGOs, but access to this funding is through a contest. The contest would imply a considerable effort in drafting a detailed technical offer (objectives of the project, KPIs, activity plan, involved team and responsibility sharing, etc), and a detailed budget of the envisaged project. Thus, not all NGOs have capacities and experience to draft and manage such a project.

The donors are oriented at continuity and long-term sustainability of financed projects. There are examples when certain social services developed initially under the umbrella of a project are subsequently transferred to central and local public authorities to be covered from public budgets. Examples of that are the services developed by Keystone Moldova or Women and Child Protection and Support mentioned above.

User co-payments

User co-payments are very rarely used by service providers (inclusively private) due to the particularities of beneficiaries to whom social services are targeted, as most of them have financial difficulties.

Referring to social services for PwDs rendered by public service providers, this type of funding is an exception, as most services are offered free of charge. Long-term residential care users, however, more often co-share the costs of services. Co-sharing of the cost is enshrined in an agreement between the beneficiary, or his/her legal representative and the institution that would accommodate them.¹⁴

From the interviews organized with private services provider, this funding model is an option that they envisage in the near future. Co-payments would be a feasible option but for this they have to draft and approve criteria on differentiating their beneficiaries (most vulnerable and under high risk, and under a moderate risk).

Funding models across the sector of social services for PwDs

Day Care

Day care is defined as a service for persons with disabilities by involving them in various recreational, cultural, sports, occupational, skills development activities, assistance for compliance with personal hygiene activities, etc. (Government Decision No. 569/2019). Day care services for adults with disabilities include:

★ *Day care centres for people with disabilities* (public or private) which provide a set of activities carried out at different times of the day to meet the specific individual needs of adults with disabilities to overcome difficult situations, to develop personal potential, and to prevent institutionalization. These centres carry out activities

such as providing information; social and psychological counselling; enabling and rehabilitating; developing the skills of independent living; developing work skills, preparing for employment and supported employment; social and civic integration and participation.

★ *Ambulatory neuro-motor recovery centres for adults with disabilities* (public or private) which offer specialized interventions focused on neuromotor recovery. The services provided by the public system are free of charge. NGOs commonly provide free of charge as well, but may or may not impose fees, depending on their individual sources of funding. The main resources at their disposal are members contributions, donations, sponsorships and grants.

Regulations on social services for persons with disabilities are national but they are implemented at the local level. Day care facilities should meet requirements approved by the Government¹⁵. This Government Decision underlines also the possibility to use a specific funding model, and namely public private agreements with NGOs. In this case the local public authority is allowed to conclude a collaboration agreement with the provider (NGO) to render social services for PwDs from the community, establishing the rights, obligations and co-financing share of the day care center in compliance with the law in force.

The expenses for the maintenance of one beneficiary in a day care center are established by the provider, taking into account the approved norms on expenses for maintenance of persons accommodated in social institutions (day centers).¹⁶ These norms of expenditures per beneficiary (PWD) in a day care center are following: food expense – 12 479,35 MDL/year – 590 EUR; medicines and other medical materials – 657 MDL/year – 31 EUR; sanitary products – 112,28 MDL/year – 5,5 EUR; books – 44,94 MDL/year – 7 EUR.

Based on information presented by the Ministry of Health, Labor and Social Protection from 2019¹⁷, there are active 6 days centers for adult PwD covering 188 beneficiaries. This subsector is ensured mainly by public service providers rather private providers.

14 Government Decision no. 1500/2004 on approval the Model Regulation on the functioning of asylum for the elderly and people with disabilities

15 Government Decision no. 569/2019 on approval the Framework Regulation on management and functioning of Day care center for people with disabilities and minimum quality standards.

16 Government Decision no. 520/2006 on approval the Norms on expenses for the maintenance of the accommodated persons in social institutions

17 Implementation of the UN Convention on the Rights of Persons with Disabilities report (2019), pag. 13.

Supported/Independent living

In the case of supported and independent living, PwDs can receive home care services and specialized home care services for disabled adults, including services provided by a mobile team. The type of services received depend on an assessment of the disability made by the local authority in charge. The services can be developed by the local public administration authorities independently or in collaboration with civil society. These services are rendered by both public and private providers. Personal assistant is a service that is organized and delivered by public providers, which in this case are territorial social assistance and family protection divisions, and budgeted by local public authorities. This service is most requested, and thus most budgeted by many public local authorities, in particular in Chisinau.

Home care, mobile team social care services which are shared on the market by public and private providers. Private providers usually deliver these services along with additional medical services, this depends on the internal policies of the private providers (which in most of the cases are NGOs), projects in which they are involved, and particularities and needs of their beneficiaries.

Home care service is a public (under the territorial structure of social assistance) or private service (operated by foundations, private non-profit institutions, registered in accordance with the legislation in force). Public services are the most common.

Home social care services are services provided at home by social workers. The social worker is a person who has received special training on home care and provides specific services. Home care services involve visits of social workers at the beneficiary's home usually twice a week. The number of visits is established depending on the beneficiaries' needs. Services are provided according to a flexible schedule, depending on the needs of the beneficiary and the individualized care plan. Due to the lack of staff and the large number of beneficiaries, there are situations when social workers visit the beneficiaries once a month. As for example in Chisinau from 136 positions of social workers, only 80 are filled, even if the wages are higher than in other regions of the country, which is around 170 euro net monthly wage. The social workers have on average 8-10 beneficiaries in rural localities, and 10-12 beneficiaries in urban localities. A social worker in private sector has around 30/40 beneficiaries per month,

and their wages are slightly bigger in comparison to those from public sector.

On average, supported living services cost 500 EUR per adult with disability in 2020. There were some numbers shared in the interviews, in Chisinau one beneficiary who receives social home care costs the municipal budget 480 EUR per year, and for a private provider one beneficiary would cost 580 EUR per year. As it could be observed, the difference is very small.

A methodology¹⁸ for calculating the cost of the home social care services was approved in the end of 2020.

Primary care institutions and NGOs, including HomeCare, CasMed, Angelus Moldova Foundation, Caritas Moldova, etc., provide home care services for the elderly, including those with disabilities, in multidisciplinary teams. The Single Program provides the necessary services for certain socially disadvantaged groups. In 2019, about 55,000 home care visits and about 18,000 palliative care visits were performed. In the context of Covid-19 pandemic, Ministry of Health, Labor and Social Protection organized training with all providers of home health care and palliative care for performing their activity in the new conditions.

As for **Mobile teams**, social service is a specialized service where providers offer social assistance and support at beneficiaries' homes, based on their needs, as well as counseling and support for people in the process of their social inclusion. At the end of 2018 there were 700 beneficiaries of the mobile teams. In 2020 in Chisinau, the capital city, and where most of the population is concentrated, there were only 2 mobile teams. Each team had in its competences 25 beneficiaries, and consequently 50 beneficiaries have been served. For 2021 the municipality has planned around 53 000 EUR for the operation of mobile teams. The municipality intends to extend the mobile teams staff with seven more units for 2021.

For supported and independent living, the funding mechanisms are based on the general rules applicable to social assistance services described above in this report. The budgeting of these type of services is organized at the local public administration level and planned expenses for these services are determined depending on the needs within the community.

18 Government Decision no. 948/2020 on approving the methodology and cost calculation for home care services

The following groups of persons benefit from the paid services:

- ★ elderly persons who have reached the standard retirement age and persons with disabilities, whose children are obliged, according to the legislation, to support them, but for justified reasons cannot fulfill their obligations;
- ★ persons over the age of 18 who, after hospitalization, require temporary care for health recovery: persons who are discharged from the hospital after surgery; convalescence after stroke, femoral neck fractures, paralysis;
- ★ terminally ill patients (cancer and cirrhosis);
- ★ people in need of long-term care: chronic patients who, due to the disease, are not able to carry out their daily activities (food, personal hygiene, etc.), being immobilized in bed and in need of permanent help.

The methodology for calculating the cost for mobile team is approved by Government decision¹⁹ no. 722/2011 on the approval of the Framework on the organization and functioning of mobile teams and social services minimum quality standards. Therefore, there is no economic analysis in place before drafting the budget.

The average expenses for a beneficiary of social service “Mobile Team” is estimated in 2020 to Eur 1.020 per year. The average expenses for a beneficiary of social service “Personal assistance” is estimated in 2020 to Eur 2.650 per year.

Personal assistant

Adults with severe disability are entitled to a personal assistant, based on the socio-psycho-medical evaluation. Adults with a severe disability can choose between having a personal assistant and receiving a monthly allowance from the local council.

The social service “Personal Assistance” was established by Government Decision no. 314/2012²⁰ for the approval of the Framework Regulation on the organization and

functioning of the Social Service “Personal Assistance” and a Minimum quality standard. The purpose is to provide assistance and care to children and adults with severe disabilities, to help them lead a life as independent as possible in their own home and community.

A personal assistant is a person employed by territorial Social and Family Protection Division and paid by the local council of the municipality/ town/commune where the severely disabled person resides. The personal assistant is in most of the cases a family member, not a professional, qualified and trained person. The supervision of the personal assistant is carried out by the public social assistance service at local level. Social workers at regional level interviewed for this report mentioned that there were many applications for becoming personal assistants, much more than vacant positions. The number of personal assistants has increased in 2020 from 3,590 to 6,058²¹. Thus, we could generally conclude that there could be a waiting list of beneficiaries in need for this particular social service. Since March 2020 when the national emergency was declared due to Covid-19, an additional 2,600 units of personal assistants were employed to support people with disabilities.²² In 2019 (in Chisinau) around 760 beneficiaries were served. Initially, the Personal Assistance service in Chisinau was staffed with 30 units before 2014, and by the end of 2020 the Personal assistance service is staffed with 1200 units.²³ The applicants are mostly relatives of PwDs that once accepted as personal assistants, are afterwards trained on how to perform this service.

The local public administration authorities have the obligation to stipulate in the local budget the necessary amounts from which the salary is supported. Each county council approves the amounts for each municipality, town and commune in the county and transfers the amounts for the payment of the personal assistants of the severely disabled persons and of the monthly allowance. In case the amounts received are not meeting the needs, each local council of the municipality, town and commune has to take necessary steps to ensure the payment of the wage of the personal assistants and the monthly allowance for adults with disabilities. This results sometimes in delays

19 https://www.legis.md/cautare/getResults?doc_id=22714&lang=ro

20 https://www.legis.md/cautare/getResults?doc_id=103165&lang=ro

21 <https://msmps.gov.md/wp-content/uploads/2020/12/RAPORT-MSMPS-2020.pdf>

22 <https://primul.md/dumbraveanu-in-perioada-pandemiei-pentru-sustinerea-persoanelor-cu-dizabilitati-au-fost-angajati-suplimentar-2600-de-asistenti-personali/>

23 <https://actelocale.gov.md/ral/act/cu-privire-la-operarea-de-modificari-n-statul-de-personal-al-serviciului-social-asisten-personal-541248.html?fbclid=IwAR0Mi-cXJMLuRVq9zVMkIaBALtJL7G-3ppNEbQCTVCTihqv1TnHEZ3OocQ>

in payment of wage of the personal assistant/monthly allowance. The wages are extremely low, on average the monthly wage is EUR 150 for a full time job. The costs for a beneficiary are not very high as well, as for example one beneficiary in Chisinau would cost around EUR 2.700 per year (as for 2020), and EUR 2.800 per year (planned for 2021). The Chisinau municipality has budgeted for Personal assistant services EUR 2.15 MN , and this is as mentioned above is the highest budgeted social service.

Number of personal assistants employed in 2018²⁴

Number of personal assistants employed in 2017	2,277
Number of additional personal assistant positions created	387
Total number of personal assistants employed in 2018	2,664
Number of personal assistants employed part-time	673
Number persons with severe disabilities included in the waiting list	4,57

According to the latest activity report of the Ministry of Health, Labour and Social Protection (December 2020) the number of personal assistant units has been increased by allocating additional financial means from the minimum package of social services (Suport Population Fund). Compared to 2019, the number of personal assistant units increased by 2,468 units from 3,590 to 6,058 units).²⁵

According to the law in force, personal assistant could perform his/her work to up 40 hours/week. Thus, they are not remunerated for work performed in weekend days. Under general rules they benefit a paid annual leave for 28 days. For this period of time, the beneficiary PwD have to be provided with a replacement, which is very difficult to find. Working as personal assistant is not the same job of 5/7 days, as a PwD needs support and assistance also in weekends. The particularity of this service is that personal assistants in most of the cases

are the relatives of PwD who are living with them. In very rare cases they could be other people. Unfortunately, these particularities are not taken into account, and are not reflected in regulations in force.

Long-term institutional care

Government Decision no. 893/2018 approved the National Program for deinstitutionalization of persons with intellectual and psychosocial disabilities in residential institutions managed by National Social Assistance Agency (NSAA), for 2018-2026, which aims to reform the residential care system by developing and providing social services at the community level, in order to ensure their right to independent living and living in the community.

Long-term placement centers are institutions that provide social protection for people who cannot take care of themselves, do not have family support and need supervision and help from a third party. In 2019 there were 15 day-centers, 5 temporary placement centers, 35 multifunctional centers and 35 long-term centers that provided monthly social services for 5,9 thousand adults, elderly people, including people with disabilities.²⁶

Long term institutional care services are delivered almost in all cases by public service providers. Expenses on beneficiaries' maintenance are planned based on the same Government Decision no. 520/2006 on approval the Norms on expenses for the maintenance of the accommodated persons in social institutions, but the numbers slightly differ in comparison with day care services. The costs are as follows (per beneficiary): food- 18 739 MDL/year – 886 EUR, medicines and other medical materials – 3 113,45 MDL/year – 147 EUR, clothing & foot wear – 1167,87 MDL/year – 55EUR, sanitary products – 134,74 MDL/year – 6 EUR, books – 44,94 MDL/year – 2,12 EUR.

Temporary and long-term centers have the possibility to deliver their services also based on service agreements. The costs are established yearly by the Ministry of Health, Labor and Social Protection. As for example for 2020²⁷,

24 http://cdpd.md/wp-content/uploads/2019/03/Raport_Asistenta-Personala.pdf

25 <https://msmps.gov.md/wp-content/uploads/2020/12/RAPORT-MSMPS-2020.pdf> (pag.8)

26 National Bureau of Statistics, <https://statistica.gov.md/libview.php?l=ro&idc=168&id=6827>

27 Minister of Health, Labor and Social Protection order no. 360/2020 on approval the costs for socio-medical and accommodation services based on payment for the year 2020 in the social assistance institutions of management of the National Agency for Social Assistance.

the cost for a beneficiary/per day in the Placement Center for Elderly and People with Disabilities in Chisinau was 274,01 MDL (13,06 EUR) which per year is around 4 767 EUR.

An additional example comes from interviews with the General Department of Social Assistance of Chisinau representatives. The municipality is contracting long-term institutional care services for their beneficiaries under public procurement procedures. The daily cost for one beneficiary is around 273 MDL (13,3 EUR), and the total cost of one beneficiary per year would be around 4854 EUR. These costs have been presented as for 2020.

From a user perspective, health sector provisions usually are a much cheaper option than long-term institutional care provisions in the social sector. Compared with means-tested co-payments in the social sector, co-payments in the health sector are relatively moderate. Cost-containment concerns and stricter budget control in health care systems, however, have constantly increased economic pressure on the health care system in general, and on the hospital sector in particular.

These are income- and service-related contributions to be paid per service unit. Many policy documents on the development of social sector provisions therefore explicitly refer to the requirement that services should be focused on the most needy population. Privately funded care services, for large parts of the population, are not an alternative given the low average or minimum pensions.

Persons with disabilities are admitted to a residential center only when they cannot be provided with protection and care in their own home or in other services in the local community where they reside. Admission in a residential center is based on a service contract concluded between the person with disabilities, as a social service beneficiary, and the social service provider, in accordance with the Individual Rehabilitation and Social Integration Program. In a residential center the social services may be provided in an integrated system with medical, training and employment services. There are often long waiting lists for publicly financed residential centers and recovery and rehabilitation centers are in many cases overpopulated.

The financing of public residential centres for adults with disabilities is ensured from the state budget, through the budget of the local authority at county or town or commune level. Most of the private providers of social services in residential centres are financed through partnership agreements or contracts obtained through

public procurement procedures with the county council/ local council. Other funds are obtained from the subsidies received, sponsorships and donations and beneficiaries' contributions.

The inpatient sector acts as a provider of LTIC (including accommodation and treatment) in specific care units, in rehabilitation centres or in short-term intermediary units, but also in general units not specifically addressing the needs of PwDs patients. A lack of service provision in the community care sector often makes prolonged hospital stays or hospitalization of PwDs in need of LTIC necessary, even though there is no acute care need that would require a hospital stay.

The quality of services regarding the recovery, rehabilitation and social integration of adults with disabilities in the community is weak, due to the high number of beneficiaries in centers and the lack of the qualified staff, especially in rural areas.

Residential institutions are institutions providing beneficiaries with high specialization social services and, in accordance with the special needs and particularities of individual development, with social protection through the provision of socio-medical services, temporary or long-term placement, care, food, clothing and footwear insurance, occupational therapy, cultural activities, physical therapy, medical care, etc. About 2,000 people with intellectual disabilities and psychosocial benefit from services in residential institutions. According to the Ministry of Health Labor and Social Protection, out of the total number (about 2.000 people) the vast majority - 880 people/44% need the social service "Community Houses" and 624 people/31,2% need the social service "Sheltered housing".

For more clear understanding, the "**Sheltered Housing**" social service has the purpose to create conditions for the development of skills necessary for independent living, self-service skills, ensuring minimum living conditions, for social and professional integration of people with mental disabilities (Government Decision no. 711 / 2010). It activates in 24 "Sheltered Housing" services for 100 beneficiaries, including 12 "Sheltered Housing" created by the temporary placement centres managed by NSAA for 63 beneficiaries.

The social service "**Community House**", whose purpose is the permanent care of people with mental disabilities and the development of their self-service and social skills (Government Decision no. 885/2015), activates in 16

“Community Houses” services for 105 beneficiaries, including 3 “Community Houses” created by the temporary placement centres managed by NSAA for 18 beneficiaries.

Covid response referring to social assistance placement institutions

On December 26th 2020²⁸, the Ministry of Health, Labor and Social Protection issued an Order on approving the framework plan on readiness and response to the new-type Coronavirus infection (COVID-19) for social assistance placement institutions. In accordance to this Order, all public and private social service providers are responsible to draft their own plans and coordinate the documents with the National Agency of Social Assistance. The effectiveness of this measure is difficult to assess as it was only approved in the end of 2020. Here, is notable that this kind of measure/documents were much needed at the beginning of pandemic, not after 9 months.

Almost all support in 2020 was offered by international donors such as European Union, Embassy of Czech Republic to Moldova, Romania, etc.

The Decision of the Commission for Exceptional Situations of the Republic of Moldova²⁹ for the financial incentives of the staff working in temporary placement centers for elderly and people with disabilities managed by the National Social Assistance Agency, during the state emergency³⁰ established a monthly compensation for the work performed under conditions of increased health risk in the amount of a basic monthly salary.

Respite care

The respite services – ranging from a few hours to several days – for families or caretakers of persons with disabilities are offered by public and private providers. Public respite centers are funded by the state budget as residential centers.

The “Respite” social service has the purpose to provide assistance and care for 24 hours to people with severe disabilities for a maximum period of 30 days a year, during which families, relatives or caregivers benefit from

a period of rest (Government Decision no. 413/2012)³¹. It activates in 4 Respite services, for 160 beneficiaries/year. The average expenses for a beneficiary of social service “Respite” was estimated in 2020 to Eur 11,000 per year.

The service providers are those providing long-term care insurance services and the same working conditions, quality and accessibility standards apply.

Impact of the funding models on social services for PwDs

1. Having no methodology on calculating the cost of the subsectors, it makes difficult for the public providers to plan properly the annual budgets that corresponds to the real costs of certain social services for PwD. It definitely has an impact on the quality of services rendered in particular by public providers. Due to this, it also could be observed some discrepancies between the costs of the same service rendered by public and private providers;
2. Public procurement procedures as main funding model has also a considerable impact on quality and access of social services for PwD. First of all is a difficult exercise to perform for local public authorities, and for private providers as well due to lack of internal administrative capacities, proper understanding of the particularities of public procurements, and scarce public funding. Secondly, public procurements for social services usually are organized at the beginning of the budgetary year, the contract is awarded to a certain private provider who is delivering social services to PwD. And, there is no guarantee that next year they could access public funds through public procurement and continue their activity. This situation could lead to circumstances when the private service provider has to co-share costs of the services for PwD, and always search financial alternatives in order to ensure the sustainability of the services, and make them accessible at least to their current beneficiaries.

28 Ministry of Health, Labor and Social Protection order no. 1236/2020 on approving the framework -plan on readiness and response to new-type Coronavirus infection (COVID-19) for social assistance placement institutions

29 Decision no. 21 from 24.04.2020 of the Commission on Exceptional Situations of the Republic of Moldova.

30 The State emergency period was declared for 60 days (17.03.2020-15.05.2020).

31 https://www.legis.md/cautare/getResults?doc_id=103171&lang=ro

3. In one of the Keystone Moldova report³², it was stated that non-governmental organizations working in the field of disability have faced great difficulties in their work due to pandemic and the state of emergency. The most affected NGOs were those that provide services directly to the beneficiaries, have a large number of employees and do not have alternative financial sources. These organizations were forced to close services, reduce salaries, declare technical unemployment or even lay off staff. In consequence, the pandemic effects hit not only public providers, but as well private ones.
4. As private providers are mostly NGOs where their main financial resources are from donors and development partners, it is quite difficult to develop long-term services for PwD and to ensure their sustainability or grant access to a bigger number of beneficiaries to their services.
5. Public grants are not widely applied in practice, and are reduced only to the social-medical services. And, even in these cases as mentioned are situations when not all the costs of the providers are accepted as being reasonable, and private providers have to ensure a back-up in terms of covering the total costs of services they provide. The effort of accessing these grants is burdensome, and thus diminishes the incentives to access them in general.
6. The limited reliance of public authorities on private providers in general, and lack of trust (both ways) specifically makes it unattractive for private providers to access public funds. Consequently, this impedes the development of new social services for PwD in rural areas, and also impacts the access to main social services.
7. Small wages of people working in social sector, such as social workers, personal assistants or staff working on mobile teams impacts the working conditions and the quality of rendered services. Due to this there could be observed a high rotation of the staff, they do not resist working in the sector for more than 2 years as average. Under these circumstances, public providers have to hire less experienced people (usually fresh college graduates). The problem of qualified personal is also common for private providers, but at least they use the option to hunt experienced people from public sector offering them a higher monthly wage. Due to the lack of sufficient staff, one social worker from public sector has to serve more beneficiaries, and this restrict the access to these services (as for example home care).
8. The pandemic effects had a direct impact on social services for PwD, in particular in temporary placement centers for adults PwD, where essential equipment for the prevention and spread of the COVID-19 virus was lacking. Almost all support in 2020 was offered by international donors³³ in order to overcome this issue.
9. It lacks at local level a clear and comprehensive planning of social services for PwD. Local public authorities are not conducting any assessment based on quantitative and qualitative data using clear criteria for prioritizing social needs. Consequently, local public authorities do not have a clear picture of the social services needed in communities (including services for PwD), and consequently cannot correctly estimate annual budgets.

32 <https://www.keystonemoldova.md/wp-content/uploads/sites/4/2020/08/STUDIUL-IMPACTUL-PANDEMIEI-PERSONE-CU-DIZABILITATI.pdf>

<https://www.keystonemoldova.md/ro/publications-and-resources/publications/>

33 <https://www.anas.md/uniunea-europeana-acorda-suport-pentru-siguranta-si-drepturile-persoanelor-cu-dizabilitati-intelectuale-si-psihosociale-din-6-institutii-rezidentiale-in-perioada-pandemiei-cu-covid-19/>
<https://www.tvn.md/ro/archives/6728>

Interviews

- ★ Boris Gilca, Regulator and Provider, Deputy Director of Chisinau Municipality General Department of Social Assistance, Interview on 20th of November, 2020
- ★ Marina Buga, Regulator and Provider, Head of Monitoring, Evaluation and Strategic Planning Division at Chisinau Municipality General Department of Social Assistance, Interview on 20th of November, 2020
- ★ Zinaida Plugari, Regulator and Provider, Head of Community Social Assistance Division at Chisinau Municipality General Department of Social Assistance, Interview on 20th of November, 2020
- ★ Sofia Zubic, Regulator and Provider, Head of Social Services Division at Chisinau Municipality General Department of Social Assistance, Interview on 20th of November, 2020
- ★ Edward Lucaci, Provider, Director at Caritas Moldova, Interview on 20th of November, 2020
- ★ Viorica Chirnicinii, Employee, Community Social Assistant, Interview on 26th of November, 2020
- ★ Ion Bulicanu, Service Provider, Program Director at Center for the Rights of People with Disabilities, Interview on 4th of December, 2020
- ★ Vasile Cușca, Regulator, Head of Department on Protection of PWDs rights at the Ministry of Health, Labour and Social Protection, Interview on 4th of December, 2020
- ★ Parascovia Munteanu, Private Service Provider, Program Director at Keystone Moldova, Interview on 2nd of February, 2021
- ★ Ion Carpineanu, Public Local Authority/Public Service Provider, Mary of Commune *Carpineni*, Interview on 4th of February, 2021
- ★ Victoria Secu, Private Service Provider, Executive Director at the NGO Women and Child Protection and Support, Interview on 10th of February, 2021

References

1. ANAS, Raport cu privire la realizarea în anul 2018 a Planului de acțiuni privind implementarea Programului național de incluziune socială a persoanelor cu dizabilități pentru anii 2017-2022, available at https://msmps.gov.md/sites/default/files/raport_implementare_in_2018_a_programului_incluziune.pdf
2. EASPD, Disability support services in non-EU countries: state-of-play of the service provision sector in Albania, Armenia, Moldova, North Macedonia and Turkey, 2020, available at https://www.easpd.eu/sites/default/files/sites/default/files/Publications2020/disability_services_in_non-eu_countries_report.pdf
3. Government Decision no 1033/2016 on approval of set of indicators for monitoring the implementation of UNCRPD available at <http://lex.justice.md/index.php?action=view&view=additional&id=366676&lang=1>
4. Government Decision no. 800/2018 on the approval of the minimum package of social services and the amendment of the Regulation on the method of establishing and paying financial aid, available at https://www.legis.md/cautare/getResults?doc_id=108968&lang=ro
5. Government Decision no. 314/2012 for the approval of the Framework Regulation on the organization and functioning of the Social Service “Personal Assistance” and a Minimum quality standard
6. Government Decision no. 569/2019 on approval the Framework Regulation on management and functioning of Day care center for people with disabilities and minimum quality standards
7. Government Decision no. 1500/2004 on approval the Model Regulation on the functioning of asylum for the elderly and people with disabilities

8. Government Decision no. 520/2006 on approval the Norms on expenses for the maintenance of the accommodated persons in social institutions
9. Government Decision no. 948/2020 on approving the methodology and cost calculation for home care services
10. Iațco Mariana, Evaluarea serviciilor sociale și a mecanismelor instituționale, 2017, IDIS „Viitorul”, available at <http://www.viitorul.org/files/library/Policy%20Paper%20-%20Mai%202017%20Evaluare%20%20%20servicii%20sociale%20II.pdf>
11. [Identificarea barierelor și lacunelor în procesul de contractare de către stat a serviciilor furnizate de OSC-uri, Chișinău, 2018](http://cdpd.md/wp-content/uploads/2018/09/Ident_-barierelor-%C8%99i-lacunelor-%C3%AEn-proc_-contractare-de-c%C4%83tre-stat-a-serviciilor-furnizate-de-OSC-1.pdf) http://cdpd.md/wp-content/uploads/2018/09/Ident_-barierelor-%C8%99i-lacunelor-%C3%AEn-proc_-contractare-de-c%C4%83tre-stat-a-serviciilor-furnizate-de-OSC-1.pdf
12. Law no. 129/2012 on the accreditation of social service providers
13. Law no. 547/2003 on social assistance
14. Law no. 123/2010 on social services
15. Law no. 435/2006 on decentralization
16. Law no. 827/2000 on Population Support Fund
17. Law no. 397/2003 on local public finances
18. Law 131/2015 on public procurements
19. Ministry of Health, Labour and Social Protection, Raport social anual, 2018, available at <https://msmps.gov.md/wp-content/uploads/2020/10/RAPORT-SOCIAL-ANUAL-2018.pdf>
20. National Bureau of Statistics, available at <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6827&parent=0>
21. Order of the Minister of Labor, Social protection and Family no. 353/2011 on Nomenclature of social services
22. Order Minister of Health, Labor and Social Protection no. 360/2020 on approval the costs for socio-medical and accommodation services based on payment for the year 2020 in the social assistance institutions of management of the National Agency for Social Assistance
23. Order Ministry of Health, Labor and Social Protection no. 1236/2020 on approving the framework -plan on readiness and response to new-type Coronavirus infection (COVID-19) for social assistance placement institutions
24. Palihovici Liliana, Raport privind mecanismele de acreditare, contractare și finanțare a serviciilor sociale, 2020, available at http://ivcmoldova.org/wp-content/uploads/2020/12/APSCF_raport-mecanisme-acreditare-8.pdf
25. Proca L., Conceptul privind serviciile sociale. Rolul APL și altor actori sociali în organizarea și dezvoltarea serviciilor sociale pentru persoanele afkate în dificultate, Chișinău 2015, https://ibn.idsi.md/sites/default/files/imag_file/Concepte%20privind%20serviciile%20sociale..pdf
26. Raport privind implementarea serviciului social asistența personală. Provocări și necesități http://cdpd.md/wp-content/uploads/2019/03/Raport_Asistenta-Personala.pdf
27. UN Committee on the Rights of Persons with Disabilities. Concluding observations on the initial report of the Republic of Moldova, available at <https://digitallibrary.un.org/record/1627248>

Annex 1

Social assistance allowances approved for 2020 under subprograms³⁴

	Districts	2020/Subprograms									
		Total	9004	9006	9010	9011	9012	9013	9019	9021	9030
1	Anenii Noi	26287,4		7446,8	15852,7		1451,1	23,0	1513,8		
2	Basarabasca	9590,5		1241,5	7381,3		526,8		440,9		
3	Briceni	17503,0		4404,5	11777,5		564,0		757,0		
4	Cahul	37291,6		13261,5	20872,9		1494,5		1662,7		
5	Cantemir	15412,0		4437,2	9584,6		331,0		1059,2		
6	Calarasi	20290,1		6847,2	12403,2		332,2		707,5		
7	Causeni	36302,5		5101,0	15977,3		2147,5		1019,6		12057,1
8	Cimisia	16828,5		4824,7	10832,9		578,6		592,3		
9	Criuleni	21019,7		6137,3	13531,2		328,1		1023,1		
10	Donduseni	14979,8		3422,5	10530,3		240,6		786,4		
11	Drochia	30070,4		8628,4	17660,5		2154,4		1627,1		
12	Dubasari	27706,6		2435,5	3721,1		134,5	4,8	368,5		21042,2
13	Edinet	24602,4		3183,1	19712,8		817,1		889,4		
14	Falesti	29574,3		10507,1	16803,9		579,1	22,0			
15	Floresti	28222,7		9694,7	16979,1		396,6		1152,3		
16	Glodeni	12906,5		424,8	11476,8		255,9		749,0		
17	Hincesti	35275,8	545,0	9152,2	22056,2		1811,1		1711,3		
18	Ialoveni	27869,3		8495,8	16574,6		470,1	80,0	2248,8		
19	Leova	6346,2		4082,8	1226,5		235,5		801,4		
20	Nisporeni*	0,0									
21	Ocnita*	0,0									
22	Orhei	33413,1		7452,8	23643,8		804,8		1511,7		
23	Rezina	16457,4		3674,9	10249,4		1035,2	50,0	1447,9		
24	Riscani	26043,1	6855,5	3933,7	14291,7		345,9	8,4	607,9		
25	Singerei	24406,2	7713,8	6355,8	8307,4		335,1		1694,1		
26	Soroca	27574,3		7135,9	19568,2		464,5		405,7		
27	Straseni	20227,7	4311,8	5841,4	5577,5		451,6		4045,4		
28	Soldanesti*	15442,8		4094,5	10491,5		151,4	25,0	680,4		
29	Stefan Voda	23714,9	1595,7	11065,0	10081,7		350,9	30,0	591,6		
30	Taraclia	9735,2		1865,6	6876,6		218,2		774,8		
31	Telenesti	21716,7		5470,6	14632,9		309,1	18,2	1285,9		
32	Ungheni*	0,0									
33	Balti**	45711,7									
34	Chisinau	402266,8	56210,0	48393,1	141293,5	350,0	135121,5		21248,7	100,0	
35	UTA Gagauzia*	0,0									
	Total/country	1104789,2	77231,8	219011,9	519969,6	350,0	154436,9	261,4	55066,6	100,0	33099,3

34 Report on the mechanisms for accreditation, contracting and financing of social services (Anex 5, pag. 59) <http://ivcmoldova.org/raport-privind-mecanismele-de-acreditare-contractare-si-finantare-a-serviciilor-sociale/>

Information source:

1. Register of local documents;
2. <http://basarabeasca.md/wp-content/uploads/2019/01/Anexa-nr.-3-la-disp-nr.-160.pdf> for Basarabeasca
3. https://drive.google.com/drive/folders/1nec_DKxqZRpA_dFggVOzDEiESpJRadkd for Floresti

* Districts which have not published data on their budgets on social assistance

** Authorities that have published decision on approval district/municipal budgets without annexes, and on the Council's websites the approved budgets are missing. Balti Municipality has published the total amount without annexes indicating the distribution of the resources by subprograms.

*** Total/as for whole country does not reflect the amounts of districts/municipal budgets, which did not publish the data on their institutional pages and www.actelocale.gov.md

Codification of subprograms:

- 9004** Protection of the elderly
- 9006** Family and children protection
- 9010** Social protection of people with disabilities
- 9011** Additional support for certain categories of population
- 9012** Social protection in exceptional situations
- 9013** Ensuring equal opportunities between women and men
- 9019** Social protection of certain categories of population
- 9021** Ensuring the repayment of preferential loans and related interest
- 9030** Compensation for the difference in tariffs for electricity and natural gas for the population of some localities in Dubasari and Causeni districts and in the village of Varnita in Anenii Noi district

Annex 2

Transfer for Personal Assistance, 2019, thousand MDL³⁵

N°	Districts	Total transfer for social services	N° of personal assistants	Total transfer for Personal Assistance
1	Anenii Noi	1553,80	10	338.70
2	Basarabeasca	529,60	3	115.40
3	Briceni	1341,90	4	292.50
4	Cahul	2260,70	9	492.80
5	Călărași	1508,20	6	328.80
6	Cantemir	1221,10	5	266.20
7	Căușeni	1677,60	4	365.70
8	Cimișlia	1060,20	4	231.10
9	Criuleni	1434,60	7	312.70
10	Dondușeni	736,40	4	160.50
11	Drochia	1547,30	7	337.30
12	Dubăsari	696,80	3	151.90
13	Edineți	1540,80	7	335.90
14	Fălești	1719,00	6	374.70
15	Florești	1549,90	7	337.80
16	Glodeni	1066,80	7	232.50
17	Hâncești	2297,40	12	500.70
18	Ialoveni	1983,00	7	432.30
19	Leova	988,60	5	215.50
20	Nisporeni	1269,60	10	276.70
21	Ocnîța	901,30	5	196.50
22	Orhei	2343,70	9	510.90
23	Rezina	999,20	4	217.80
24	Râșcani	1221,00	5	266.10
25	Sângerei	1947,20	6	424.40
26	Șoldănești	909,80	5	198.30
27	Soroca	1846,20	8	402.40
28	Ștefan Vodă	1331,80	5	290.30
29	Strășeni	1844,00	16	402.00
30	Taraclia	775,90	4	169.10
31	Telenești	1523,70	6	332.10
32	Ungheni	2284,40	10	498.00
33	U.T.A. Gagauzia	3203,50	18	698.30
34	mun. Bălți	2442,50	11	532.40
35	mun. Chișinău	12687,00	68	2765.50
TOTAL		64244.50	307	14003,80

³⁵ Report on the mechanisms for accreditation, contracting and financing of social services <http://ivcmoldova.org/raport-privind-mecanismele-de-acreditare-contractare-si-finantare-a-serviciilor-sociale/>

EASPD is the European Association of Service providers for Persons with Disabilities. We are a European not-for-profit organisation representing over 17,000 social services and disability organisations across Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.



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