

Follow-up of Social Sector Support to Moldova

Nils Öström

**Department for Central and
Easter Europe**

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Sida Evaluation 01/15

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Executive summary

Sida has supported projects in social sector in Moldova since 1998. The projects are aimed at training of staff in institutions and county and municipal authorities responsible for care of vulnerable children and elderly. The support also includes financing through the Moldovan Social Investment Fund of a special component for micro-projects with the vulnerable children as beneficiary.

A follow-up of the results of the support was conducted in August/September 2001. The conclusions and recommendations of the follow-up are:

- The Moldovan Social Investment Fund has in general been successful in achieving and even surpassing its expected short term results. It is however too early to judge the longer term sustainability of the micro-projects supported.
- The Sida financed component is still in an early stage of implementation (two projects), but has required a substantial reduction in the community contribution to the projects. The use of Social Investment Funds as a channel for Sida support has to be evaluated when more experiences are available.
- The training projects financed directly by Sida are well advanced in achieving their objectives and expected results. The participants in the training appreciate the performance of the Swedish counterparts.
- It is recommended to continue support for a third phase of the directly financed projects with the main objective of consolidating the implementation of changed attitudes and new methods in the counties supported.
- It is recommended to pursue the present support for micro-projects through the Social Investment Fund and at the same time increase the technical assistance and training support in relation to these projects.

1 Introduction

Support to programmes in the social sector has been a priority in Sida's development cooperation with Moldova since 1998. A main objective of the social sector support has been to reduce institutionalisation of children with disabilities or social problems in the family. The social sector support also include home based care for elderly and disabled. The main activities in the support regards training and capacity building for decision makers at national and local levels, as well as different categories of staff involved in the direct care of children and elderly. The support also includes financing of micro-projects for investments in relation to children at risk of being institutionalised, as part of the World Bank supported Moldovan Social Investment Fund. The key counterparts are the Ministry of Labour and Social Protection, local authorities and the Social Investment Fund.

In August 2001 Sida decided to perform a follow-up of this support focused on the results obtained in relation to objectives, the organisation of the support and recommendations for future Sida support within social sector. Nils Öström, Stockholm Group for Development Studies, was contracted for the follow-up assignment in accordance with the Terms of Reference dated 2001-08-06 (Öst 423/01). See Annex 1. The assignment was performed in Moldova from 27 August to 5 September 2001. Kristina Salomonsson, programme officer for Moldova at Sida-Öst/ERO, participated in all visits and meetings. See further Persons met in Annex 2.

2 The social sector

2.1 Deteriorating living conditions

The living conditions of the majority of the population have deteriorated since 1990, due to the general decline in the economy (GDP reduced by 70%), inflation eroding savings, shrinking wages, unemployment and the collapse of the social security system. The average monthly wage level (30 USD) is less than half of the estimated monthly consumption needs (110 USD). The pensions are even lower (10 USD). Furthermore, the disbursement of both pensions and wages in public services has been irregular, with long periods without payments.

It is estimated that 80% of the population has an average monthly income of 20 USD or less. The total income of these 80% amounts to about half of all disposable income, which means that the 20% richest earn the other half. Moldova's ranking according to GDP/capita (320 USD 1999) is 137, which places the country among the poorest and least developed in the world. According to analysts in Moldova, 60% of incomes refers to the informal sector, which is not fully reflected in the estimated GDP. The ranking according to the Human Development Index is slightly better, 104, but is well below that of neighbouring countries.

Due to short term borrowing in the early 90-ties, the payments on the international debt has increased dramatically in recent years and will reach 65% of government expenditure in 2002¹. This has meant a drastic reduction in the public expenditure for health and education (60% reduction from 1996). The share of health and education in the government budget decreased during the same period (1996–

¹ According to Ministry of Labour and Social Protection

1999) from 47% to 27%. The effects of this situation are that about 15% of the children at school age do not attend school due to the lack of clothing and other reasons. The rate of illiteracy among children of school age is estimated to be about 10%. Deteriorated health care services and increases in infectious and other diseases have led to the reduction of life expectancy, increased malnutrition and higher infant mortality.

About 14.000 children are presently living in institutions run by the state. They have been put in these institutions following the tradition from the Soviet period, either because of disabilities (even lesser forms) or because their parents do not have the means, or have been considered without ability, to care for them. The lack of public resources has further worsened the already poor conditions in these institutions, especially with regard to the availability of food. In wintertime, heating is a major problem for both institutions and low income families in general, due to inefficient distribution and use, as well as limited energy resources and high costs.

2.2 Reforms in the social sector

Reforms in the social sectors started during the previous governments, including a reduction of the number of general contributions and subsidies, as well as an increase of the pension age. The present government has made poverty reduction one of three main priorities for the coming five-year period. A strategy for economic and social development will be presented by the government in the coming months and a Poverty Reduction Strategy Paper is to be presented in the middle of 2002². Priority groups for social assistance are families with many children, disabled persons and those with very low or no incomes.

Under the auspices of the *National Council on Children's Right*, chaired by the Vice Prime Minister responsible for the social sector, a working group for development of a strategy on family and child protection has been formed. The working group includes representatives of concerned ministries and also donor agencies active in the social sector³. The group meets on a monthly basis and has prepared a first draft paper (*Draft National Strategy on Family and Child Protection*, August 2001) to be discussed in September by the National Council.

The draft paper concludes that the social policies and legal framework applied during the last ten years have not been adequate for the social and economic changes that have taken place. The institutional structure is fragmented; there is a lack of professional and management capacity; scarce resources are used inefficiently and rigidly; and there is little participation between public services and non governmental and community organisations.

The objectives of the strategy are proposed to include improved legal framework; strengthened institutional capacities; civil society participation; support for children in difficult situations; and promotion of family education and parental skills.

Among other things, the draft paper stresses the importance of coordination of activities and proposes that the Ministry of Labour and Social Protection should be given a coordinating role in relation to support for families and children. It also indicates the need for adjusting the roles of institutions at national, regional and local level in line with ongoing reform and decentralisation within the public administration. The draft paper proposes that the development of the strategy is complemented by the

² An Interim Poverty Reduction Strategy Paper was approved by the World Bank and IMF in November 2000.

³ The donor agencies formed initially (2001) a Task Force for coordination of support to Family and Children. This Task Force has now been merged with the government's working group on strategy development.

implementation of a number of pilot projects to test ideas and create experiences, for which foreign assistance will be crucial.

In May 2001 Sida commissioned a consultant to explore possibilities for Swedish support to social policy development in Moldova. The consultant recommended technical assistance support to the preparation of an activity plan in relation to the development of the above mentioned Strategy for Family and Child Protection.

2.3 Other Donors

The *World Bank* is the major donor in the social sector supporting projects regarding reform of the health sector and the education sector, social security (pensions etc) and social investment (the Social Investment Fund). *Holland* is co-financing an investment fund for the health sector, as part of the health sector reform project and different Dutch NGOs provide support to the sector (i.e. to the home for boys in Orhei, see below).

UNICEF is supporting projects regarding health, education and social assistance for children at risk (at a present level of 1 MUSD annually). *UNICEF* is serving as coordinator of the above mentioned working group on the Strategy for Family and Child Protection, and is also the representative of donor agencies in the National Council for Children's Rights. *UNICEF* is cooperating with the Social Investment Fund in the selection of projects regarding improved community services for children at risk (see further below).

DFID is supporting several projects in the social sector. One project is parallel financing of technical assistance in relation to the World Bank project regarding social security. Another project regards capacity building of the Policy Unit in the Ministry of Labour and Social Protection. *DFID* is also preparing a support to the Social Investment Fund, including follow-up of micro-projects, new and complementary projects to those earlier implemented and further capacity building for community organisations.

The *TACIS* programme of the European Commission is preparing a support for Social Policy Development with focus on children of 3 million EURO 2001–2002 including technical assistance, training and equipment to the Ministry of Labour and Social Protection.

The *European Children's Trust* is an NGO based in Britain, with activities in Eastern Europe and former Soviet Union republics. Their activities in Moldova started in 1995 and include support for social work with children at risk in Chisinau. The activities include the set up of a Directorate for Child Protection within the municipality, material support to 800 families and creation of small group home as a step towards reintegrating institutionalised children in their families. The organisation has also supported the establishment of fostering regulations and a campaign to find foster parents to institutionalised children. They cooperate with the Social Investment Fund and *UNICEF* in micro-project implementation.

Moldovan Save the Children (Salvati Copiii) started in 1992 in cooperation with the Romanian Save the Children, with the aim of monitoring and supporting government actions with regard to Children's Rights. They have a home for street children and orphans in Chisinau, give social assistance to young women victims of trafficking, assists refugee families and support community development in cooperation with the Social Investment Fund. Salvati Copiii gets financial and material contributions from different European and other NGOs (including a Swedish organisation, "Unga Liv").

2.4 University training in social assistance

The mission met with representatives of the Psychology Department of the Creanga Pedagogical University in Chisinau. The department implements a five-year course for social work with disabled children and children from families with social problems. 250 students are currently following the course and 60 have already graduated since the start in 1994. The students perform practical work with families in Chisinau as part of the training. This work is managed by the department and is not coordinated with the social work of the Chisinau municipality. The majority of the graduated students are working in NGOs rather than in public institutions (possibly because of the low salaries). The department has cooperation and contacts with universities in England, Holland and elsewhere. They had also had a visit from Vårdhögskolan i Halmstad, but lost contact after the visit. The State University in Chisinau started a more general training course for social work three years ago (based on sociology) and the University in Balti has a training course for social work with elderly.

3 The social investment fund

3.1 General

The Social Investment Fund started with a pilot phase 1998 and was fully established in the middle of 1999 with the following objectives and expected results.

Project Objective

- Empower and strengthen capacity of rural communities.
- Improve quality of basic social services.

Expected Results

- Infrastructure rehabilitated.
- Strengthened capacities of communities and local governments to organize and sustain services.
- Improved education in targeted communities.
- Strengthened children's social development and de-institutionalization.

The Fund provides grants to micro-projects implemented by community groups and organisations, with the aim of improving basic social infrastructure and services (schools and other facilities), rehabilitation of roads, bridges, water and gas supply systems. The maximum grant to each project is 75.000 USD and the main target group is rural communities. The Fund also provides capacity building for the communities and the service providers in project formulation, implementation and operation of rehabilitated facilities. The distribution of the total costs of the Fund among components and financial sources are shown in the following tables.⁴

<i>Components</i>	<i>MUSD</i>
• Improved Delivery of Basic Services	15,0
• Children Social Development	0,3
• Capacity Building for Communities and Local Governments	1,2
• Project Management Unit	1,5
• Contingencies	2,0
<i>TOTAL</i>	<i>20,0</i>
<i>Financing</i>	<i>MUSD</i>
• World Bank IDA loan	15,0
• Sida	0,8
• Government contribution	1,2
• Community contributions (15%)	2,2
• DFID; USAID; Holland; Japan; Soros Foundation.	?
<i>TOTAL</i>	<i>(20,0)</i>

⁴ The component budget is taken from the Project Appraisal Document, Jan 1999 and financing from an undated Information Document of the Fund.

Results achieved

The Fund's activities were initially planned for a five-year period (1999–2003), but the implementation so far has surpassed the plans. At present 11 MUSD (of 15 MUSD) have been disbursed for micro-projects. It is now expected that the rest of the Fund's resources will be utilised by the beginning of next year. The number of projects at different stages and the distribution on different sub-sectors is presented below.⁵

Stages of implementation

Investment completed	167
Under implementation	87
In tendering process	27
Under preparation	50–70

Distribution of completed projects

Schools	30%
Roads	25%
Gas pipes	20%
Water pipes and other projects	25%

Among the communities that have implemented micro-projects financed by the Fund, 60 communities have thereafter also implemented other projects with other sources of financing and 50 communities have complemented the initial micro-project on their own initiative and with their own resources.

In the communities where micro-projects have been implemented, the Fund has helped to form and register user associations for regular contributions to the operation or maintenance of the services rehabilitated. In some cases, the Fund has also entered into performance contracts with these user associations, which implies a modest contribution (1.000 USD) and follow up over a two-year period. The Soros Foundation is complementing the micro-projects regarding school rehabilitation and furnishing with teacher training, which has so far covered 130 schools throughout the country.

Conclusion

From the above presentation it could be concluded that the Fund had been successful in achieving its expected results, by implementing projects quicker than planned, as well as in the involvement and mobilisation of communities. The capacity building has furthermore generated other micro-project initiatives in the communities. However, it is too early to evaluate the longer term sustainability of the micro-projects with regard to the financing of the operational costs for rehabilitated services, which would be important to follow up in the future.⁶

3.2 Sida supported component Children at Risk⁷

Sida contributed (together with USAID) to the pilot phase of the Social Investment Fund in 1998 with 4 MSEK, which were utilised for rehabilitation of schools. Based on the focus of the bilateral support (see under chapter 5 below) and after negotiations with the Fund, Sida's support for the main phase of

⁵ Figures given by the Social Investment Fund in August 2001.

⁶ The upcoming World Bank Midterm Review of the Fund in September 2001 could eventually include comments on this issue.

⁷ In the following, this component is called Children at Risk. In the World Bank Project Appraisal Document it is referred to as Strengthened Children Social Development and in the Information Document of the Fund as Social Development of Children at Risk.

activities is focused on a special component regarding social services for children at risk of being institutionalised. The component supports community based alternative forms of services for children with disabilities or with social problems in their families. DFID has also provided a contribution to this component (0,8 MUSD).

Sida contribution

Up to 16 micro-projects	0,5 MUSD
Capacity building for communities related to these projects.	0,3 MUSD
TOTAL	0,8 MUSD / 6 MSEK

Parallel to the above mentioned contribution to the Fund channeled through the World Bank, Sida has contracted Zenith International to perform training of local managers and staff involved in the implementation and operation of the micro-projects (4 MSEK, 1999–2002).

Results achieved

The implementation of the Children at Risk component has so far been slow for two main reasons. The first reason is the lack of strategies with regard to children at risk, and the second and most important reason is the difficulties for communities to provide the required 15% of local contribution to investment costs. It could be noted that local communities and governments are prepared to mobilize contributions for the repair of schools and roads, which are of direct interest to all citizens in the community (several hundred beneficiaries for each micro-project), whereas the services for children at risk is of less interest to the majority of families in the community (up to 50 beneficiaries per project). For this reason, the Fund has decreased the required community contribution to 3% for the Children at Risk component and the Sida contribution is financing the corresponding increase in financing from the Fund for these micro-projects. This local contribution could be made in kind, or could even be provided in the form of external support from NGOs or other donors.

After changing the contribution percentage, the Fund distributed special information to counties and municipalities in order to solicit proposals for micro-project of this type. The Fund has also created a special Project Selection Board, including representatives from UNICEF. The present situation with regard to identification, preparation and implementation of micro-projects under the Children at Risk component is shown below.

<i>Stages</i>	<i>Projects</i>	<i>Children benefited</i>
Investment completed	2	91
Implementation	2	74
Evaluation step 1	3	
Evaluation step 2	12	
Identification	10	

Due to the slow start of the component, the parallel training project executed by Zenith International, has been implemented as from the beginning of this year. It has so far included a five-day workshop in Moldavia (March 2001) for representatives of the Fund and 4 micro-projects (total 35 persons), a study visit to Sweden (April 2001) and a visit to similar projects in Lithuania (June 2001) for representatives of the Fund and the coordinators of the 4 micro-projects (10 persons).

During the present follow-up mission in Moldova, one of the two micro-projects already implemented, the *Multifunctional Center for children at risk in Scoreni*, was visited. Scoreni is a rural community, about 40 km from Chisinau, with 5.000 inhabitants. The center had been established in the village school (300

pupils) and provides daily activities and basic forms of treatment for disabled children and children from families with social problems. The rector of the school, who initiated the project, has identified basically all children with disabilities and social problems in the community (50) and convinced the parents to let the children attend the center outside regular school hours and also part of the summer vacations. The aim of the center is to facilitate the integration of these children in normal school activities and to avoid drop out from school and ultimately institutionalisation.

The investment completed at the end of 2000, consisted of renovation and restructuring of part of the school and of equipment (i.e. wheelchairs) and material for the center. The local contribution was the installation of a water born heating system in the renovated areas. The project grant from the Fund was 29.000 USD and the local contribution from the municipality (material), teachers and parents (labour) was USD 8.000. The municipality has furthermore provided a modest extra salary (4 USD) to the teachers and other staff that works in the center. The center is now operated by an NGO, with the rector, teachers and parents. They are presently using this initial experience to prepare project proposals to different donor organisations in order to get training in rehabilitation methods for disabled children and if possible get financing for some additional social workers.

Representatives of the Social Investment Fund are presently discussing the possibilities of introducing a new type of small grant within the Children at Risk component, which could be used for new activities and not physical investments. This grant (about 3.000 USD) could be given to schools already renovated by the Fund, if they want to start a center for children at risk similar to the one in Scoreni.

Conclusion

As only two micro-projects have been implemented so far, it is not possible to draw any major conclusions about the achievements of this component. However, it could be noted that the above mentioned project seems to be a good example of what the micro-projects for Children at Risk could be. At the same time, it is evident that these projects require the presence of dedicated and enthusiastic leaders in the community (in this case the school rector and also the mayor of the municipality). In the medium and longer term they will also be dependent on sustained financing of the costs of operation, including salaries for the staff, a minimum material supply and some continuous training.

A basic question in relation to the micro-projects financed by the Social Investment Fund is how the sustainability of the projects should be secured, at least in the medium term (5 years). The problem of sustainability of the Children at Risk projects is evidently more difficult than in the case of general public utilities, like roads and water pipes and even schools, where the entire community the municipalities are prepared to, although limited, regular contributions for maintenance and operation of the services. This is not the case regarding Children at Risk, and therefore there has to be a longer term commitment from outside sources of financing, at least for technical support (motivation), material supply and continuous training.

Due to such considerations it seems logical to extend the technical support financed directly by Sida to the micro-projects for a period of about 3 years from the implementation of the initial investment. Closer links between the training projects supported directly by Sida (see chapter 5 below) and the micro-projects financed through the Social Investment Fund could also strengthen the operation of these projects. At the same time the micro-projects could be used as practical application and pilot experiments with new methods and practices promoted through the training projects. Sida is also recommended to support the above mentioned idea of smaller grants for new activities for children at risk in already renovated schools.

3.3 The Social Investment Fund as development tool

Sida support for the Social Investment Fund in Moldova is deliberately focused on the same area as Sida's bilateral projects, social services for vulnerable children and children at risk. As indicated above, this is not normally an area included in the Social Investment Funds.

The main purpose of Social Investment Funds globally has been the rehabilitation of physical infrastructure in the social sector (such as schools, health posts, water systems, latrines, etc), with employment generation as a possible side effect. In recent years the Funds have put increased emphasis on community mobilisation and participation in relation both to the implementation and operation of the investment. This focus is also connected to ongoing decentralisation and increased roles for local governments in many countries.

In Latinamerica, Sida has been supporting this new emphasis of the Social Investment Funds in coordination with support for decentralisation, reforms in education and health, and micro-credit programmes for housing improvements. Sida's support for social sectors in Central and Eastern Europe is mainly focused on capacity building and does normally not include support for physical investment. Sida's contribution to the Funds will probably often be limited in relation to other major donors (World Bank, Germany, UK). For this reason, the support ought to have a specific focus or serve as specific purpose. One such purpose could be financing of pilot activities before they could be fully integrated and thus financed by Word Bank loans.

In the case of the Sida component in the Fund in Moldova, it seems too early to determine if this kind of micro-projects fits well in the Social Investment Funds. A conclusion already drawn is that the community contribution has to be substantially reduced in relation to other micro-projects. Furthermore, there seems to be a greater need for technical assistance and training support than in the more traditional Social Investment Fund projects. The reason for this is that both methods and organisation of the activities after the initial investment are new and based on a change of focus and attitudes regarding social assistance to vulnerable groups.

Based on the above, two main options for future Sida support to Social Investment Funds in Central and Eastern Europe could be identified. If the experiences of the present support in Moldova shows to be positive, one option would be to continue supporting the further development of this type of special micro-projects for vulnerable groups like children at risk and perhaps also elderly and disabled. Another option could be to focus the support on pilot phases or specific components of Social Investment Funds, with the broader objective of promoting decentralisation, strengthening of local governments and community participation in general.

4 Habilitation of children

During 1999 Sida financed a pilotproject for habilitation of severely disabled children at the Boarding Home for Mentally Retarded boys in Orhei (5–18 years). The project consisted of three weeklong visits by a team of Swedish doctors, physiotherapists and trainers.

Result of pilotproject

All 60 former completely bedridden boys had developed their abilities so that they could leave the beds and take part in different activities at the boarding home. Seven of these boys had in 2001 improved so much that they could move to other wards for children with less severe handicaps. In September 2000, a second phase of the project started including three components.

Project objective Phase II

Build capacity for habilitation through transfer of knowledge on child development in general and on methods for treatment of disabilities and parental care.

Expected results (component objectives)

1. Municipal Perinatal Center, City Hospital, Chisinau

Newborn with disabilities are identified and treated, staff trained and parents supported.

2. Republican Children's Home, Chisinau

Children with disabilities (1–4 years) have got treatment; staff trained and parents supported.

3. Boarding Home for Mentally Retarded boys in Orhei

Consolidation of achievements; new staff trained; special short term ward established.

The project activities consist of one-week visits by a team of Swedish experts to all three components each time. From September 2000 to May 2001 four visits had taken place in Moldova. In April 2001 eight representatives from the Republican Children's Home and the Boarding Home in Orhei visited Sweden for a two weeks study tour.

Results achieved

In the Midterm Project Report of July 2001, the following results are presented:

1. Municipal Perinatal Center, City Hospital, Chisinau

- 50 newborn have been examined and staff trained in examination.
- 10 children at risk for long lasting disabilities are receiving treatment in accordance with individual plans.
- Two workshops on case findings and treatment for hospital staff, and lectures for practitioners and students, has been performed.
- Medical staff and parents have been trained in simple exercises for motor development of the child.

2. Republican Children's Home, Chisinau

- Weekly plans for activation and stimulation introduced for children with severe disabilities.
- Working routines have been changed.
- Earlier bedridden children can leave their beds.

- Two seminars on practical habilitation performed with staff.
- Importance of family contact has been acknowledged by the staff.
- Contacts established with the Boarding Home in Orhei that receives the children at the age of five.

3. *Boarding Home for Mentally Retarded boys in Orhei*

- Practices and methods introduced have been consolidated.
- An activity center for daily training and stimulation has been started for children from all wards.
- A new ward for contact between children and their families established (a first step towards possible reintegration in the family).
- Contacts established with the Republican Children's Home.

At the visit to the *Boarding Home in Orhei*, the results presented in the Midterm Report could be verified. It is evident that the contacts with the Swedish team have led to major changes in the conditions for the children and also in organisation and methods of work.

These changes in the way of working and relating to children have led to a direct positive feedback from the children, which has motivated the staff to further efforts. The contacts between children and parents have also improved. The children now visit their parents in the home and the parents come to the boarding home (especially the new ward) much more often than before. The parents have received information on how to take care of the children on visit and have also formed parents contact groups among themselves. A major problem faced by the management of the boarding home is the risk that trained staff will leave because of low salaries.

Hospital No 1 in Chisinau is the main hospital for maternity and perinatal (early childhood) care in Chisinau (1.500 deliveries annually). Leading staff at the hospital verify the importance of the new concepts (habilitation) and attitudes introduced by the Swedish team. In several cases, lost functions had been rehabilitated in children, which earlier had been considered not possible. For the future it would be important to focus the support on maternity control at the local polyclinics in the city and on staff at the obstetric department in the hospital, in order to understand the risks for disabilities as a consequence of problems during the delivery.

The *Republican Children's Home in Chisinau* is caring for 200 orphans and other abandoned children from 1 month to 6 years old, of which some 40–50 have disabilities. About 150 children enter and leave the Home each year, either reintegrated in their biological families (30%), adopted by foreign families (50%) or are sent to Boarding Homes such as the one in Orhei (20%). The leading staff of the Home expressed gratitude for the cooperation with the Swedish team and noted that every child with disabilities had got an individual treatment plan.

The main strategy of the expert group working in this project has been to work directly with the children and staff at the institutions and to show and explain new methods in practice. This method was quickly appreciated in the Boarding Home in Orhei. In the Republican Children's Home and the Perinatal Center the acceptance of the way of working and the new methods was a more gradual process, at least for the management of these institutions.

The preliminary proposal for a *continuation of the project* places the focus on the newborn and infants. Many of the disabilities that the children at the boarding homes have could be prevented, if the child is properly treated from birth. Furthermore, many children with disabilities could stay with their parents, if the parents get information and support. Training efforts is therefore proposed to be concentrated on staff at the Perinatal Center and polyclinics for primary care, while continued contacts with the Boarding Home in Orhei and the Republican Children's Home.

Conclusion

The conclusion regarding the project on Habilitation of Children is that it has clearly achieved its objectives and expected results and that the strategy of working practically with the staff and the children had been effective in creating confidence and motivation, as well as in transferring knowledge.

The proposed continuation is based on the experiences gathered and will focus the cooperation on preventive activities, with good possibility of influencing medical practices in the capital and also training curricula for the medical students.

5 Social work with children

During 1999 a pilotproject regarding social work with children and teenagers in the county of Orhei was implemented by Zenith International. The project consisted of a four-week training course in Sweden for 14 persons from different authorities involved with children in the county, followed by four support visits in Moldova.

Results of pilotproject

- Acknowledgement of the fact that improvement of social work in Moldova required changes of attitudes both among staff and clients and that these changes were possible regardless of the availability of resources;
- Start of regular contacts between staff in different functions (education, police, court, hospital);
- Development of five specific new activities;
- Dissemination of new ideas on social work in media.

A second phase of the project was started in 2000, which includes:

- 4 follow-up visits and on the job training in Orhei, with the participants from the pilot phase;
- 4 training seminars (one week) with participants from Chisinau, Ungheni, some other counties and national authorities (30 participants);
- study visit to Sweden (participants from seminars in two groups);
- 3 follow-up visits in Chisinau and Ungheni.

Project Objective Phase II

Develop and implement strategies for improved routines, methods and administrative structures for social work with children and families in Orhei, Chisinau and Ungheni.

Expected Results

- 30 persons completed training seminars.
- Cooperation strengthened between institutions.
- New methods, routines and structures implemented in the three districts.
- Joint strategies for social work developed.

Results achieved

In Orhei, those taking part in the training in Sweden and Orhei have been clearly influenced and strengthened in their ideas on how to change social work in practice. However, there have been problems with reorganisation of social work within the county administration and some key staff trained in Sweden have got their jobs changed. Of the new activities started during the pilotphase, two were mentioned by the staff met. One is the information center in a school (“Children are the flowers of life”), where the participants in the training take turn in giving information to parents seeking support. The other activity is the social worker in Peresecina. She had worked during the spring and summer getting children to school, reintegration of a child in the family and the organisation of a summer camp. However, she had now resigned from the job due to the low salary. The other new activities seemed to have been halted because of lack of funding.

In *Ungheni*, there seemed to be a good cooperation between staff in the social sector and the active mayor. (The mayor had summoned staff taking part in the training to meet the mission in his office.) Different projects for implementation of new methods and ideas had been discussed. So far, the munic-

ipality had presented a proposal to the Social Investment Fund for the creation of a Center for community services for vulnerable children and children with disabilities. The project (at present in the stage of final evaluation by the Social Investment Fund) should be implemented as from October. It will initially care for about 40 children, 6 of whom would be children coming back from institutions to their parents. The staff of the center (8) were ensured salaries from the municipality.

Zenith has made a preliminary proposal on support for a third phase focused on training of, and assistance to, to a group of social assistance workers in the three counties covered so far, including possible new functions to be introduced by the Ministry of Labour and Social Protection. The support should be concentrated around typical real cases and consist of 6–8 visits during a year. Other components of the next phase are proposed to be training of staff from other counties (in Sweden and Moldova), support to the local bodies taking decisions on institutionalisation of children, support to police and prison-staff working with youth.

Conclusion

From the project reports and the meetings with staff in Orhei and Ungheni it is evident that the project has had an influence on staff participating in the training seminars and visits to Sweden. The participants have understood the importance of changing the attitude of social work towards prevention, family integration, reduction of institutional care and teamwork between different authorities. Those who have taken part in the visits to Sweden have regular contacts and consult each other on specific cases. The participants have also tried to disseminate their new knowledge and experience through articles and in other forms. Those met by the mission stress the importance of changing the attitude in the administration from institutional care to support for the family and note that there are some steps taken in the new social legislation. However, there is still a lack of a clear strategy on child protection.

To consolidate the new attitudes and ideas introduced in the training seminars, it would be important to continue support in the three counties in the form of technical assistance to concrete projects such as the Center in Ungheni and to on the job training around real specified real cases. Links between future and continued micro-projects supported by the Children at Risk component of the Social Investment Fund, on the one hand, and the continued on the job training, on the other hand, should be established whenever possible.

6 Social work with elderly and handicapped

Zenith International has also implemented a project regarding work with elderly and handicapped. The pilotphase during 1999 included 3 four-week training courses in Sweden for a total of 42 staff involved in elderly care in the municipality of Chisinau; and 4 follow-up visits in Moldova.

Results of pilotproject

- Staff understands the need for closer cooperation.
- New routines and methods tested.
- Formulation of new regulations for social services in the homes of elderly.
- Dissemination of information in media.

A second phase of the project was started in 2000, which includes:

- 4 follow-up visits and on the job training in Chisinau, with the participants from the pilot phase;
- 4 training seminars (one week) with participants from the Departments of Social Assistance and Family Protection in Ungheni, Edinets and some other counties and from the Ministry of Labour and Social Protectionnational (28 participants);
- 3 follow-up visits in Edinets and Ungheni.

Project Objective Phase II

Develop and implement strategies for improved routines, methods and administrative structures for social work with elderly and handicapped in Chisinau, Edinets and Ungheni.

Expected Results

- 30 persons completed training seminars.
- Cooperation strengthened between institutions.
- New methods, routines and structures implemented in the three districts.
- Joint strategies for social work developed.
- Training material developed and used.

Results achieved⁸

The results of on the job training and follow-up in *Chisinau* are that team of home helpers have been organised with corresponding geographical areas in all the five districts of the city and that training seminars have been conducted with the home helpers. In *Ungheni* and *Edinets*, on the job training in form of small seminars for home helpers was initiated in April and will continue in the fall of 2001. Representatives of the Social Assistance department in Ungheni noted that they wanted to change the attitude regarding elderly care in line with what they have seen in Sweden. They had also developed a project proposal regarding a day-center for elderly, for which they would request financing from possible sources (NGOs etc). Development and production of *training material in modular form* to be used by the managers of the home help services in the continued training of home helpers, was started in October 2000 and is expected to be ready at the end of 2001.

A continuation of the present phase of the support during 2002 has been proposed by Zenith, which includes 2 additional visits for small seminars in Ungheni and Edinets, pilot training for home helpers

⁸ Based on project reports and visit to Ungheni.

in Chisinau regarding assistance to disabled persons and development of training material for the same purpose.

The preliminary proposal for a third phase includes training of the heads of Social Assistance departments in Ungheni and Edinets, support to development work in these counties, training of trainers for the dissemination of the module training material in all counties, and a three-week management training package for heads of Social Assistance departments in all counties.

Conclusion

Based on the above, it seems that the project on elderly has so far achieved the expected results in Chisinau, the training seminars and study visit to Sweden for the representatives from Ungheni and Edinets. The on the job training and reorganisation for team work in the latter counties will be performed in the fall and the training material is not yet finalised.

7 Summary of conclusions

7.1 Social Investment Fund

In general, the Fund has been successful in achieving its expected results, by implementing projects quicker than planned, as well as in the involvement and mobilisation of communities. The capacity building has furthermore generated other micro-project initiatives in the communities. However, it is too early to evaluate the longer term sustainability of the micro-projects with regard to the financing of the operational costs for rehabilitated services, which would be important to follow up in the future. From available information, it seems that the Fund has focused its efforts and contacts on the local level and has been less involved with the central authorities. For example, the representatives of the ministries met by this mission, did not know much about the Social Investment Fund.

With regard to the specific component supported by Sida, it is not possible to draw any major conclusions about the achievements, as only two micro-projects have been implemented so far. However, it could be noted that the first project implemented seems to be a good example of what the micro-projects for Children at Risk could be. At the same time, it is evident that these projects require, even more than other types of micro-projects, the presence of dedicated and enthusiastic leaders in the community.

As noted above, a basic question in relation to the micro-projects is how the sustainability of the projects should be secured, at least in the medium term (5 years). The problem of sustainability of the Children at Risk projects is evidently more difficult than in the case of general public utilities, where the entire community and the municipalities are prepared to, although limited, regular contributions for maintenance and operation of the services. This is not the case regarding Children at Risk, has to be a longer term commitment from outside sources of financing.

With regard to Social Investment Funds as development tool for Sida support in Central and Eastern Europe, two main options could be identified. If the experiences of the present support in Moldova shows to be positive, one option would be to continue supporting the further development of this type of special micro-projects for vulnerable groups like children at risk and perhaps also elderly and disabled. Another option could be to focus the support on pilot phases and experimental components of Social Investment Funds, with the broader objective of promoting decentralisation, strengthening of local governments and community participation in general.

7.2 Projects directly supported by Sida

The following sections relate to the three projects financed directly by Sida and when relevant also the special technical assistance and training in relation to the micro-projects for Children at Risk of the Social Investment Fund.

Results in relation to objectives

Although the second phase of the projects is still not completed, the results presented in reports and verified during the visits made in relation to this follow-up, shows that the projects in general are well advanced in achieving their objectives.

The achievements of the project on Habilitation of Children are somewhat clearer and easier to verify, than those of the two other projects. This is due to the specific scope of the project on prevention and treatment of disabilities among children, as well as the fact that its objectives and results are defined in

concrete terms in relation to the two-year project period. The objectives of the other two projects are broader, more general and also more ambitious in relation to the project period, as they intend to develop and implement new methods and new structures of cooperation and implementation. This is particularly the case with regard to Social Work with Children, which intends to develop strategies for coordination between several actors representing different institutions.

External factors

A major external factor that has affected the projects, especially the ones on Social Work, is turn over of staff and the change of positions for those taking part in the training activities. This is a general problem facing most development projects with major training components. Furthermore, there are seemingly few practical ways of avoiding such situations, other than introducing conditioned agreements, both with the institution and the individual, that guarantees their presence in the position for a reasonable time. With more generally designed training programs, as have been the case with the two Social Work projects, it seems probable that most participants will be able to use the knowledge and experience gained in similar functions and institutions as their original ones.

The fact that a change of government took place in March 2001 have had some influence on the turn over of staff and also on the organisation of the social work. However, this could possibly also be positive with regard to the division of the functions for social security and social assistance, as well as to the development of new strategies and policies for social work in line with methods and strategies promoted by the projects. The reason being that poverty reduction, including social services, is a main priority of the new government.

Organisation, performance of experts, reporting, cost-effectiveness

The *organisation* of the projects from the Swedish side, as well as the *performance* of the Swedish experts, are highly appreciated by the Moldovan counterparts in relation to all projects. The counterparts on the Moldovan side are, however, not always as clearly defined. They have also shifted and been reorganised during the project period.

One specific aspect of project organisation and implementation is the balance and sequence of activities in Moldova and Sweden. Comparing the projects, it could be noted that the Habilitation project started (pilot phase) with on the job training and had the study visits later in the project implementation (in the middle of phase II). The two Social Work projects started with a training program in Sweden (pilot phase) and in Moldova (phase II also including study visit to Sweden) and continued with on the job training. It is evident from the comments of all the participants met, that the visits to Sweden have an important motivation effect apart from visualising implementation of new methods etc. However, it is not evident if this effect is stronger if the visit to Sweden comes early in the project or later when the counterparts on both sides have come to know each other.

The *reporting* from the Swedish consultants to Sida is generally of good quality. However, it is easier to present and verify result during the implementation and afterwards, if project objectives, and targets for the different components are clearly and concretely defined. For example, the expected results for each seminar and follow-up/on the job training visit could be stated in advance and then related to in the report.

With regard to *cost-effectiveness*, the main variables that influence the total cost of the projects are:

- the time used (and to some extent the number of visits) by Swedish teams in Moldova;
- the number of participants and length of study visits to Sweden,
- the time used by the Swedish consultants for project administration.

There are no indications available to this follow-up mission that the amount of these variables is unreasonable in relation to the results achieved. The question regarding the possibility of obtaining the same results with less time for Swedish consultants and for Moldovans in Sweden could presently not be answered based on any verifiable facts. A thorough impact evaluation, including questionnaires or interviews with more local participants in the projects, could possibly give a base for comparative discussions of cost-effectiveness between these projects and other similar projects. Such an evaluation could also include a comparison of costs and effects of study visits and training in Sweden in relation to training and development activities in the cooperating country.

Gender equality

According to the final reports of the first pilot phase for the projects Social Work with Children and Social Work with Elderly, gender aspects have been highlighted and discussed as part of the training. The aim has been to encourage the legitimacy of gender equality as a fundamental value in modern society in general and within the field of social work in particular. These reports also note the fact that in Moldova, as in most other countries decision makers and higher officials in the social services are men, whereas the overwhelming majority of the staff working with clients are women. It could also be noted that in the second phase of Social Work with Children, gender aspects appear as the main theme of one of the four seminars in Moldova (“The need of family and children in a gender perspective”). The interim reports during the second phase of the projects do not mention other specific activities or comments on gender equality. In general, however, the focus of the training and development activities on staff working directly with clients in all the projects, as well as the results so far, indicate that women are being strengthened in their work role.

8 Recommendations

Generally this type of support for change of attitudes, methods and strategies ought to be seen in a long term perspective of 5–10 years. After the present initial phases, the next phase of these projects should therefore preferably be planned for at a three- or four-year period, with a midterm review as a condition for continuation of contracts.

Social Investment Fund

As only two projects have been implemented so far, it is recommended to finalise the support for Children at Risk micro-projects within the present agreement and then perform a follow up or specific evaluation of this component before deciding on further contributions directly to the Fund. However, Sida should consider increasing the present parallel support for technical assistance to include follow-up visits during the initial period of operation of the micro-projects (2–3 years). Sida should also promote the use of micro-projects as development activities related to the training within a continued Social Work with Children project (see project proposal from Ungheni above).

Habilitation of Children

It is recommended to continue support for a third phase in line with the proposal made by the Swedish team, which focuses on identification and prevention of disabilities in relation to pregnancy, birth and early childhood. Contacts and exchange of experiences with both Social Work projects are also recommended as they intend to increase focus on children and elders with disabilities.

Social Work with Children

Continued support for a third phase is recommended, with focus on on the job training in the present three counties related to concrete cases and micro-projects (Social Investment Fund). A broadening of training activities to all counties should preferably wait until new methods and cooperation have been consolidated in the present counties. They would then constitute a firm and more solid base of experience for this broadening of the training within Moldova. The next phase of support is also recommended to include contacts and exchange of experiences with the project on Habilitation of Children.

Social Work with Elderly

It is recommended to support the proposed continuation focused on consolidating the training and team work in the present counties, and on the training of trainers for dissemination of the module training material. The training for heads of social assistance departments should be preferably be done in relation to this material, whereas a longer and broader management training should wait until the new ways of working have been consolidated in the present counties. With regard to work with disabled, exchange of experiences with the Habilitation of Children project regarding attitudes towards the disabled and ways of influencing different authorities is recommended.

Annex 1

Terms of Reference

Sida Öst 423/01
2001-08-06

Background

Since 1998, Sida has supported programmes within the social sector in Moldova. The social Sector is prioritised in the Sida co-operation with Moldova. The main aim of these programmes are to support the de-institutionalisation of children as well as elderly and handicapped. The programmes include capacity building for key decision makers at national and local level and social workers as well as investments through micro – projects, within the WB supported Social Investment Fund (SIF).

The key counterparts are the Ministry of Labour and Social Protection, local authorities and the World Bank SIF.

The follow-up of the SIF constitutes a part of a full analyses of the needs and relevance of the SIF in the eastern European countries. In conjunction with the follow-up of the SIF it was decided that all Sida funded programmes within the social sector should be included.

Purpose of the follow-up

The purpose is to follow-up the Sida funded projects within the social sector in Moldova and the Moldova SIF in specific. The follow-up should focus on objectives obtained through the programmes funded since 1998 and organisational structure. The follow-up should also include recommendations for other complementary areas for Sida funding within the social sector.

The Assignment

The programmes to be included in the follow-up are the following:

- Development of Social Work Phase I and II, decision nr Öst 562/98 and 149/00
- Children Institutions Phase I and II, decision nr Öst 567/98 and Öst 402/00
- Social Investment Fund Phase I and II, decision nr Öst 51/98 and Öst 288/99
- Elderly and Handicapped, Phase I and II, decision nr Öst 75/99 and Öst 148/00

The programmes to take into account in general in the follow-up are the following:

- Development of Social Work with Children, decision nr Öst 551/00
- Space Utilisation, decision nr Öst 552/00
- Social Policy, Project Preparation, decision nr Öst 259/01

The issues to be covered and discussed in the follow-up are the following:

- An overall description of the social sector in general in Moldova,
- A short relevant description of the current political, economic and social situation in Moldova. Which implications this has on current social sector policies and reforms.
- An overview of the relevant programmes carried out by other international organisations.

- An overview of the cooperation; What results have been achieved? Which cooperation should be further addressed by Sida, the Swedish counterparts towards other stakeholders in Moldova?
- Whether and to what extent the objectives of the projects have been achieved. What are the reasons for high or low achievement of the objectives? Are the objectives well formulated and reasonable? Which are the main obstacles encountered in the cooperation?
- The effect of the training and the project activities on the social sector in Moldova. Which are the tangible results and or changes observed in the social service sector nationally or locally?
- The organisational structure of the project. Has the organisation of the counterparts been functional/optimal for the cooperation? Has the received knowledge been administered/managed in a proper way?
- The competence of the Moldovan counterparts (national level – Ministry of Labour and Social Affairs, local level and the SIF). Is the amount and skills of the consultancy in different areas been reasonable? Have the experts/personell involved in the project carried out their tasks in a professional manner?
- The cost-effectiveness of the project. Could the same results have been achieved at lesser cost and with less human and financial resources? Is the relation between the amount of funding from Sida and achieved results reasonable?
- External factors. To what extent have external factors, such as the political changes in the country, affected project implementation and results? Has the risk analyses been realistic? How should future activities take external factors and potential mishaps into consideration?
- Reporting. What has been the quality of reports submitted to Sida? Have reports adequately reflected project successes and setbacks?
- Gender equality. How has the cooperation been related to gender equality? Have gender issues been taken into consideration in the contents of the projects?
- Sida's handling of the project and the relations with the Swedish and Moldovan counterparts.
- The Social Investment Fund.

To what extent is the SIF as a tool for development relevant in the Moldovan context considering the economical, political and social situation? To what extent have the micro-projects had an impact on the social sector as a whole, the local community and the target population in specific? To what extent has the SIF led to capacity building at national level, local community and micro-project in specific?

Within the SIF which areas of priority should be mainly considered given the Moldovan context?
To what extent has the SIF involved decision makers at national and local level respectively?

Are the levels of the investment made in general and by the local community in specific relevant to the economical situation of the country/local counterpart and to the effect of the micro-project on the social sector development? In what particular circumstances is investment financing for local costs motivated? What are the conditions and restrictions that should be applied?

Methodology and time scope

The consultant should gather information from the Swedish counterparts (Zenit International, Lennart Lundqvist, Stockholm University and Ragnar Götestam), the Moldovan counterparts at the Ministry

of Labour and Social Protection, local authorities, staff at micro-projects and project sites as well as relevant international agencies based in Moldova.

The assignment includes a total of 15 days of which 10 days in Moldova between August 27 to September 5, 2001.

The follow-up will be carried out jointly with Sida.

Reporting

Reporting should be written in English and submitted to Sida in five copies. Reporting should be divided into two parts: 1) Follow-up of the SIF to be submitted in draft no later than September 10, 2001 and in a final version after Sida comments no later than September 17, 2001; 2) Follow-up of social sector programmes including the SIF should be submitted in draft no later than September 17, 2001 and the final version after Sida comments no later than September 26, 2001.

Annex 2

Persons met

Ministries

- Valeriu Mostovoi, Deputy Minister, Ministry of Labour and Social Protection
- Eugen Ursachi, Department for Social Reforms, Ministry of Economy and Reforms
- Veaceslav Scobioala, Directorate Techn. Assistance, Ministry of Economy and Reforms

Donor organisations etc

- Giovanna Barberis, Ass Representative, UNICEF, Moldova
- Alexei Ionascu, Social Sector, World Bank, Moldova
- Steliana Nedera, DFID, Moldova
- Silvia Gidei, Economist, Tacis, Moldova
- Stela Grigoras, Director, European Children's Trust, Moldova
- Mariana Ianachevici, Programme Coordinator, Salvati Copiii, Moldova
- Anatoly Gudym, Director, Center for Strategic Studies and Reforms

Social Investment Fund

- Boris Popadiuc, Director, Moldova Social Investment Fund
- Responsible for Children at Risk component, Moldova Social Investment Fund
- Rector, School in Scoreni
- Mayor, Scoreni

Habilitation of Children

- Lidia Popa, Director, Orhei Boarding Home for Mentally Retarded Boys
- Valetin Friptu, Professor, Department of Obstetrics, University/Hospital No 1, Chisinau
- Iurie Dondiu, Deputy Director, Hospital No 1, Chisinau
- Elizaveta Timanovschi, Director, Republican Children's Home, Chisinau

Social work with Children and Elderly

- Andrei Globa, Chairman of Judet Council, Orhei
- Mihai Lazari, Department of Social Security, Judet Council, Orhei
- Ana Levinta, School Supervisor, Department of Education, Judet Council, Orhei
- Ala Buracovschi, Expert, Department of Family and Children, Judet Council, Orhei
- Vitalie Vrabie, Mayor, Ungheni
- Constantin Stratulat, Advisor Social Sector, Ungheni
- Tudor Radeanu, Director, Department of Social Assistance, Judet Council, Ungheni
- Iulia Chirilov, Chief of Directorate for Child Protection, Judet Council, Ungheni
- Eugina Iova and, Dean, Dept of Psychology, Creanga University, Chisinau
- Valentina Stzatan, Deputy, Dept of Psychology, Creanga University, Chisinau

Annex 3

List of documents

General

- Moldova's Transition to Destitution, Per Ronnås and Nina Orlova, Sidastudies no.1, October 2000
- Moldavien – en landanalys, Henrik Huitfeldt, Sida, October 2000
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- Draft National Strategy on Family and Child Protection, Government of Moldova, August 2001

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- Project Appraisal Document, The World Bank, January 1999
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- Moldova Social Investment Fund II (Sida beslut Öst 288/98)
- Report 1, Social Development of Children at Risk, Moldovan Social Investment Fund, Zenith International, 2001-05-31

Habilitation of Children

- Moldavien, Barn på Institution (Sida beslut Öst 567/98)
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- Moldavien, Barn på Institution II (Sida beslut Öst 402/00)
- Lägesrapport efter tre resor, Lunconsult AB, 2001-04-24
- Habilitation of children, Midterm Report, Lunconsult AB, 2001-07-25

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- Moldavien, Socialt arbete med barn (Sida beslut Öst 562/98)
- Towards a comprehensive approach to social work with children at risk in Orhei, Final Report, Zenith International, 2000-03-07
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- Elderly and Disabled II, Report 1, Zenith International, 2000-08-21
- Elderly and Disabled II, Report 2, Zenith International, 2000-12-08
- Elderly and Disabled II, Report 3, Zenith International, 2001-05-23
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Department for Democracy and Social Development
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Department for Natural Resources and the Environment
- 01/04:1** **Learning from Experience. Evaluation of UNICEF's Water and Environmental Sanitation Programme in India, 1996–1998. Annexes.** Pete Kolsky, Erich Bauman, Ramesh Bhatia, John Chilton, Christine van Wijk.
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Division for Humanitarian Assistance and Conflict Management
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Department for Africa, Department for Evaluation and Internal Audit
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Department for Central and Eastern Europe
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Department for Evaluation and Internal Audit

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