

MOLDOVA SOCIAL ASSISTANCE REFORM

Beneficiary Assessment

FINAL REPORT



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Preface/Acknowledgements

This Beneficiary Assessment was commissioned by the Ministry of Social Protection, Family and Children (MSPFC) and conducted by a team of researchers from EveryChild, led by Daniela Mamaliga, and supported by colleagues from Oxford Policy Management (OPM). The EveryChild team included Irina Spivacenco, Svetlana Rijicov, Veronika Midari, Natalia Semeniuc, Viorica Postolachi and Ana Palii. Support from OPM was provided by Simon Brook, Jeremy Holland, Fred Merttens and Sabine Weinzierl.

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Executive summary

Background

The Ministry of Social Protection, Family and Children (MSPFC) is undertaking a strategic review of social assistance design and delivery. The new social assistance policy—through the provision of cash transfers and social services—will be targeted at the poorest parts of the population. It aims at providing people with a safety net to prevent them from falling into poverty and support their efforts to move out of poverty. As part of this reform process the MSPFC commissioned a Beneficiary Assessment to elicit insights about the relationship between vulnerability and existing social assistance services “on the ground”. The Beneficiary Assessment¹ was carried out in urban and rural communities in four raions across Moldova, with focus group discussions conducted with representatives of four different types of vulnerable group: the elderly, families with children at risk, disabled (or carers of disabled) and young people². In addition, key informant interviews were completed with individuals from government, social service providers and civil society. The Beneficiary Assessment focussed on three main research questions:

1. Who is vulnerable?
2. How do people cope with or adapt to risk?
3. What can be done to reduce vulnerability and reduce risk?

Perceptions of poverty

Poor people across Moldova make distinctions between the poverty status of different groups, households and individuals within their communities. Focus Group Discussion (FGD) participants tended to divide their communities into three or four poverty categories that equated to “wealthy”, “middle”, “poor” and “very poor”. Participants identified specific characteristics of these groups, listing the types of assets, opportunities and activities associated with people in each category. These characteristics varied across communities and across focus groups, with the biggest distinctions emerging between rural and urban contexts. The “very poor” group typically made up between 10-20 per cent of rural and urban communities. These people were seen as destitute and unable to cope, and were identified in two separate sub-categories: the “undeserving poor”, including alcoholics and vagrants, who were perceived not as victims but as the architects of their own downfall, undeserving of sympathy and support; and the “deserving poor”, including the elderly and disabled, a group perceived to have slipped into poverty through no fault of their own.

Coping and adapting strategies

Poor people experience uncertain events, or “risks”, in their households and communities, and adopt different strategies to cope with or adapt to these events. These events could be one-off shocks, such as the death of an income earner or a health shock, cyclical events such as droughts or political elections, or trends such as increasing out-migration or price inflation. Faced with price inflation or other events that reduce income, poor households adopted strategies that helped them to cope, but at the cost of eroding their asset base. In some cases households were able to adapt and manage their assets sustainably. Coping strategies typically included changing consumption patterns, while some people might also pursue various channels to borrow money, including village

¹ This included both beneficiaries and non-beneficiaries of social services and social transfers amongst the poor and vulnerable.

² In some cases an alternative fourth group comprised people aged 45-58 years who were not working but who had not yet retired.

loan organisations, private individuals, banks/credit unions or local shops. Going into debt appeared to be a common coping strategy.

Households also changed family structures to get by: parents were increasingly supporting their children for longer, while those who could not cope were putting their children into state institutions as a coping strategy. One pervasive tactic was to migrate and generate remittance flows as an income supplement for the whole family. The impact of migration on those left behind was mixed, challenging the widespread assumption that if people go abroad their families are automatically better off and therefore do not need support (or even should not get support when needed). Certainly, many families were benefiting from remittance flows, but even in cases of financial benefit (and there were many examples given of people *not* benefiting financially from migration), there were widely perceived negative social consequences of migration, including family break up and alcoholism.

For those left in the towns and villages, land assets enabled them to get by in difficult times, although the threat of drought or other natural calamities, combined with the high costs of inputs compared to production returns, dissuaded poor people from investing in their land. Some people were dissuaded from starting small businesses because of what they perceived to be an inhibitory tax and regulation structure governing commercial enterprises.

The state had a small but often hugely significant role in supporting coping and adapting strategies (though not always acknowledged as such), most significantly through reliable and predictable cash transfers. Those FGD participants who did receive benefits relied heavily on these cash transfers to make ends meet. In some cases they could use this reliable, if small, income stream more strategically to make investments, or more often simply as a way of acquiring goods on credit. Indeed, for those without a remittance stream, pensions were very often considered to be the most significant source of income.

Experiences with social assistance

FGD participants were asked about their experiences with social assistance, including their experiences in accessing benefits and services, and the extent to which this social assistance impacted on their coping and adapting strategies. In general, a lack of awareness and access to relevant information, sometimes even misinformation, was felt to be a key problem and impediment, particularly for those in rural communities; urban participants of all categories tended to be better informed. This lack of knowledge regarding rights and entitlements was compounded by the perceived negligence, indifference, and sometimes outright hostility of institutional staff. The cost of applying for and accessing social services was also often felt to be inordinately high. Petty corruption was perceived to be rife.

These perceptions added up to a profound lack of confidence and trust in the system. When asked, people overwhelmingly felt that the only thing one could rely on was oneself (and God!). When asked what the state could do for them in the way of social services, the predominant reaction was to request greater levels of cash benefit so that people were better able to support themselves. There was very little conception of other types of benefits and services the state might usefully provide.

Emerging challenges for social assistance reform

A number of **key challenges** relating to accessibility, inclusion, delivery and impact of social assistance were identified from the Beneficiary Assessment.

Accessibility means making sure that those people that are entitled to social assistance are able to access those transfers and services. There are four elements of accessibility that need to be addressed: eliminating bureaucratic red tape, changing attitudes and behaviour, improving outreach and information sharing, and reducing scepticism/building trust.

Inclusion means making sure that the social assistance system does not reinforce existing institutions and attitudes that exclude groups of people from claiming their entitlements and participating fully in society. There are three elements of inclusion that need to be addressed: supporting the “undeserving poor”, challenging the concept of “irrecoverable” people, and including disabled people in mainstream society.

Delivery means designing systems and partnerships that deliver social assistance in the most efficient and effective way possible. There are four elements of delivery that need to be addressed: building competencies amongst officials, making systems more efficient, identifying and building partnerships with civil society, and linking social assistance with “joined up” public policy delivery.

Finally, **impact** means ensuring that social assistance reform keeps more people out of poverty than before and enables people to become independent. There are three elements of impact that need to be addressed: not pushing people into poverty through a shift to needs-based transfers, breaking out of welfare dependency amongst beneficiaries, and building capacity for Monitoring and Evaluation.

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Abbreviations

DPC	Directorate for the Protection of Children
FGD	Focus Group Discussion
MSPFC	Ministry of Social Protection, Family and Children
OPM	Oxford Policy Management
SAD	Social Assistance Department
TIH	Territorial Insurance House

1 Introduction

The Ministry of Social Protection, Family and Children (MSPFC) is undertaking a strategic review of social assistance design and delivery. As part of this review process the Ministry commissioned a Beneficiary Assessment to elicit insights about the relationship between vulnerability and social assistance “on the ground”. The Beneficiary Assessment was carried out in urban and rural communities in four raions across Moldova, with focus group discussions conducted with representatives of four different types of vulnerable group³: the elderly, families with children at risk, disabled (or carers of disabled) and young people⁴. In addition, key informant interviews were completed with individuals from government, social service providers and civil society. The Beneficiary Assessment focussed on three main research questions:

1. Who is vulnerable?
2. How do people cope with or adapt to risk?
3. What can be done to reduce vulnerability and reduce risk?

In this report we present the key findings of the Beneficiary Assessment, drawing on the evidence and analysis provided by focus group participants and key informants. We use these data and analysis to raise a number of key strategic challenges that face the MSPFC as it considers how best to design and deliver social assistance—incorporating both cash transfers and social services—for sustained poverty reduction.

This report is structured in the following way. Section 2 describes the objectives and methodology of the study in greater detail. Section 3 presents the main findings of the assessment by discussing perceptions of poverty in rural and urban communities, risks faced, strategies adopted, and experiences with social assistance. Section 4 concludes by flagging some key challenges to be addressed in strengthening the design and delivery of social assistance in Moldova.

³ These included both beneficiaries and non-beneficiaries of social services and social transfers amongst the poor and vulnerable. The focus groups tended to be largely comprised of women as it was these, in their common capacity as carers of children and disabled, who more often than their male counterparts actually accessed social services on behalf of the family unit.

⁴ In some cases an alternative fourth group comprised people aged 45-58 years who were not working but who had not yet retired.

2 Objective and methodology

2.1 Objective

The objective of this Beneficiary Assessment was to provide information that will assist in the design and implementation of the social assistance policy framework. The research focussed on three main areas:

1. Who is vulnerable?

- Which individuals, households and groups are most vulnerable?
- What are the characteristics of the vulnerable?

2. Why are they vulnerable?

- Why are people vulnerable and what risks do they face?
- How do people cope with and adapt to risks?

3. What can be done to reduce vulnerability and prevent risk?

- Which benefits—social services and cash transfers—are available and used at the moment?
- What are the perceptions of the quality of social assistance services? How do they contribute to reduce risk and vulnerability?
- What support do people need (e.g. money, training, long/short term support)?
- What are suitable approaches for delivering services?
- What are people's views on errors of inclusion/exclusion?
- Who should deliver services (e.g. central government, local government, social workers, civil society, etc)?

2.2 Methodology

While there are regular quantitative poverty assessments for Moldova, utilising household survey data, there is no recent qualitative research on poverty and social assistance. This study—utilising Focus Group Discussions and key informant interviews—not only contributes to filling this information gap but also provides specific information on poverty and vulnerability for the ongoing reform of targeted social assistance. Focus Group Discussions are a useful research method to understand local perceptions of poverty and vulnerability and explore specific topics in depth while enabling vulnerable groups, who cannot speak for themselves in formal arenas, to express their views.

Although this type of qualitative research provides valuable descriptive and diagnostic material, it does not make claims of representativeness as it was conducted in a small number of communities in only four raions; in order to achieve depth of understanding the study sacrificed breadth. The study has generated strongly indicative findings on vulnerability and social assistance.

It is worth pointing out that, beyond the life of this beneficiary assessment, these findings can be further tested in subsequent rounds of research, for example through: a) the design of a survey module that can be attached to a future round of a national survey instrument in Moldova; or (b) by rolling out these in-depth qualitative research methods to the remaining raions in Moldova in order to capture variability nationally and generate a more nationally-representative qualitative data base. These future choices will of course require strategic and resource commitment.

The study methodology involved selecting a small number of research sites, identifying a typology of vulnerable groups (including both beneficiaries and non-beneficiaries) and conducting FGDs with representatives from each type of vulnerable group. The four groups identified were: the elderly, families with children at risk, disabled people (or carers of the disabled) and a fourth group which was defined by the key informants in each community, typically either young people or people aged 48-58 years who were not working but who had not yet retired. The social assistance needs of these groups differ, so separate Focus Group Discussions for each vulnerable group provided a platform in which these needs could be voiced and discussed openly.

Case studies were developed through eliciting individual stories from selected FGD participants. In addition key informant interviews were conducted in each site with individuals from government, service providers and civil society.

2.2.1 Identifying research sites

Through discussions with the MSPFC Working Group, four raions were selected for the Beneficiary Assessment: Cahul (South), Orhei (Centre), Soroca (North) and Chisinau. These raions were selected to ensure a regional balance and Chisinau was selected because of its status and distinctive social and economic situation. In addition, all of the selected raions had experienced various pilot social assistance activities⁵. In all raions, pilot social assistance activities are expected to have impacted more on urban communities than on remoter rural communities.

Within these four raions, two sites were randomly selected (one urban and one rural). The characteristics of these sites are summarised in Table 2.1.

Table 2.1 Sites selected for the Beneficiary Assessment

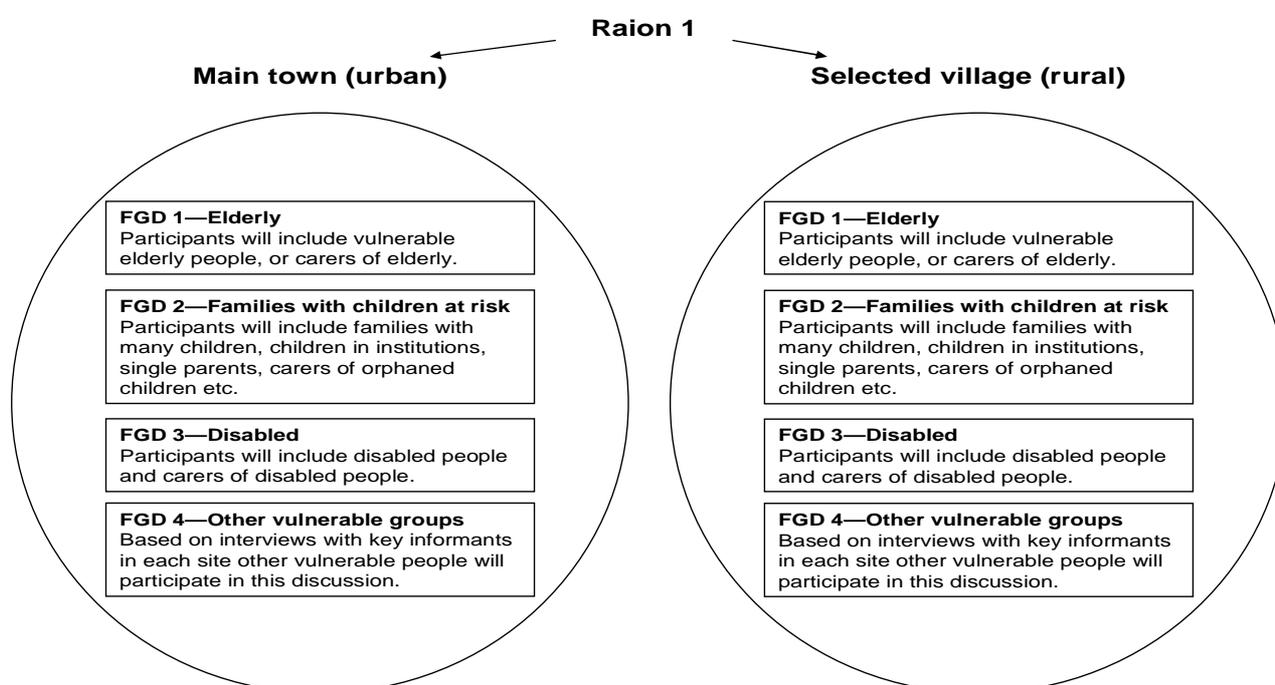
Raion	Site	Characteristics	Exposure to pilot activities
Cahul	Cahul Town	Urban	Yes
	Crihana Veche	Rural	Yes
Orhei	Orhei Town	Urban	Yes
	Biesti	Rural	Yes
Soroca	Soroca Town	Urban	Yes
	Volovita	Rural	Yes
Chisinau	Ciocona	Urban	Yes
	Togatin	Rural	Yes

⁵ Cahul and Orhei were involved in the EC TACIS 1 project (Capacity Building in Social Policy), which piloted the development of gate keeping, family support and reintegration, and foster care services. Soroca and Orhei were involved in the EC-funded Food Security Programme (FSP) project, which administered a unified application form for cash benefits. Additional piloting has begun in Balti, Falesti, Floresti, Hincesti, Straseni and Telenesti under the TCAIS 2 project being implemented by UNICEF, although these only started very recently and so are not expected to have had any impact on the results garnered by this beneficiary Assessment. Foster care services and family support and reintegration were piloted in Chisinau, but not gate keeping. Chisinau was also involved in the FSP.

2.2.2 Focus group discussions and key informant interviews

In each of the eight communities key informants were identified from the local administration (raion and primaria), social assistance sector (e.g. social workers and social assistants) and civil society working in the area of social assistance, health and education. The purpose of the interviews with key informants (45 key informants in total) was two-fold: first to obtain specific information about the community, including poverty and available social assistance services; and second to help identify one locally-specific vulnerable population group to be held as the fourth focus group—in addition to the standard three of the elderly, families with children at risk, and the disabled. In most cases this fourth group turned out to be young people. However, in two sites—Chisinau (urban and rural) and Soroca (rural)—key informants identified middle-aged people who were not working but who hadn't yet retired. Figure 2.1 provides an overview of the focus groups of different vulnerable groups in each raion.

Figure 2.1 Composition of focus groups in each raion



In each community the key informants were asked to propose potential people fitting into each category from which a focus group was selected. Separate FGDs were arranged with representatives of each of the four types of vulnerable group in rural and urban areas in each raion. A total of 166 beneficiaries and non-beneficiaries participated in the focus group discussions.

Using a semi-structured interview guide and a range of participatory tools participants were encouraged to discuss a range of questions around vulnerability, coping and adapting strategies, and their experiences with social assistance transfers and services. The participatory tools (compare Annex B) used during the FGDs can be categorised into three broad groups:

- tools for describing poverty characteristics, incidence, and distribution;
- tools for understanding poverty dynamics, assets, vulnerability, and livelihood strategies; and,

- tools for identifying the institutional constraints and opportunities for poverty reduction.

The tools were used in a flexible manner during the discussions to facilitate discussion around the topic area.

The preliminary findings of this study were presented and discussed at a MSPFC workshop on strategic policy making on the 4th of July. Once this report has been approved and discussed at the national level by the MSPFC, dissemination workshops will be organised in each raion, with stakeholders from government (central, raion and primaria administration), civil society and (non-) beneficiaries invited to discuss the results of the Beneficiary Assessment and its implications for the social assistance policy design and delivery. The results of the Beneficiary Assessment will be fed into cross-sector working group discussions at national and possibly at raion level.

3 Findings

3.1 Perceptions of poverty⁶

Poor people across Moldova make distinctions between the poverty status of different groups, households and individuals within their communities. Focus Group Discussion (FGD) participants tended to divide their communities into three or four poverty categories that generally equated to wealthy, middle, poor and very poor. Participants identified specific characteristics of these groups, listing the types of assets, opportunities and activities associated with people in each category. These characteristics varied across communities and across focus groups, with the biggest distinctions emerging between rural and urban contexts. Examples of a rural and urban focus group wealth ranking are provided in Table 3.1 and Table 3.2.

It should be stressed that the dividing line separating the wealthiest group from the other three groups was much more distinct and stable than the dividing lines between the middle, poor and very poor groups. Oscillations and movement between these latter groups, particularly downward movement (after a health shock, for instance), was frequently cited by FGD participants both in relation to themselves and other members of their communities. Upward mobility was rare, especially upward mobility that did not involve a family member migrating abroad.

Across all participant groups there was generally a very high value placed on the education of children. This was seen as perhaps the best route out of poverty in the long run. Not being able to educate your children was a source of deep distress (including for children themselves, who well appreciated the difficulties posed to those who were forced to drop out of education at any level).

Family was also accorded a high value. It was universally considered that one's family offered the best insurance for future security; it was the children who would support the parent in old age. Those without family support networks were invariably considered the poorest and most vulnerable. In this connection, migration was felt to pose a serious threat to material well-being, due to the heavy strain it placed on family cohesion.

There was often a significant sense of discrimination felt by the poor and most vulnerable from those institutions with which they regularly had to interact. There was also a sense of social antagonism, directed upwards from the poorer and vulnerable groups to the more affluent. The wealthiest people were commonly perceived to have stolen from the poorest during the period of privatisation after the collapse of the Soviet Union, to be exploiting the labourers and proliferating a climate of corruption.

⁶ Officially, as endorsed by the Ministry of Economy, the poverty line at 2006 prices was computed at 747 lei per month per single adult (meaning that other adults require 523 lei per month and children 374 lei per month). The average per capita requirement is 574 lei per month. This calculation includes in-kind gifts and consumption from own production. According to national statistics, about 30% of people in Moldova have a consumption level below the poverty line.

Box 3.1 Voices: Expressions of poverty

If we buy some clothes, we have nothing to eat, if we buy food, we have nothing to wear. (Disabled participant, rural Soroca)

There are many poor people in our community, but not all of them would admit they are poor because they would be ashamed. When my children go to school, they are with children whose parents are abroad. They have better things, clothes, shoes etc., and my children feel uncomfortable. Children from vulnerable families suffer more from discrimination by their peers from wealthier families. They feel lonely and they suffer. (Female, families with children FG, urban Chisinau)

When I gave birth to my fifth child I did not have enough money for food. Both my child and I were very weak, and I fell ill with Tuberculosis. My children were ostracised, nobody would play with them. The children at school were very cruel. (Female, families with FG, rural Chisinau)

We don't have food, cannot wash the clothes of our children, live with our parents, no meat or chickens. We don't even have money to prepare for the May 2nd holiday. (Young people participant, rural Orhei)

Next spring we will witness a famine... (Female, disabled FG, rural Soroca)

Source: FGDs conducted by EveryChild.

3.1.2 Perception of poverty in rural communities

Participants in rural communities typically identified a small proportion of **wealthy** people. The wealthiest people made up 10-20 per cent of the whole community. They had large houses, utilities and cars. They tended to be large landowners and were seen to have acquired their land through bribing local officials and exploiting the lower classes around them. They had good political connections with the raion council. Those rural wealthy people who daily commuted to work in urban areas received large salaries by rural standards—perhaps 2000 lei per month. They were likely to be receiving large remittance flows from relatives abroad. They typically had only one or two children, whom they could afford to put through higher education, perhaps abroad. They would also take annual foreign holidays.

The **middle group** were seen to make up around 40 per cent of rural communities. They typically had a stable, but not large, salaried income (perhaps 300-600 lei per month). They lived in modest houses with a TV/radio and fridge. They had some livestock which they did not have to sell in difficult times. They were able to save money for a major investment, such as health treatment, a gas connection or a car. They might have one family member living abroad and sending remittances. They generally did “OK, but work very hard”. They owned plots of land around their home, which they were able to use productively. Some might lease their land to others; although this was more likely to be poorer people who couldn't afford, or who were otherwise unable, to work the land themselves. Some might own their own small business. They tried to put their children through higher education.

The **poor group** typically made up 40 per cent of the community. They often had large families (3-10 children). People in this group had few assets. They had only small plots of land⁷, sometimes split between different sites which made it difficult to make productive use of that land. They lacked the capital or capacity (e.g. through age or infirmity) to work and invest in this land, and could not take the risk of investing in expensive inputs for fear that the crops would fail through drought.

⁷ The number of ha per person varies in different areas. Land in Moldova was divided according to the number of ha that each community (*kolhoz*) had in their jurisdiction. There are some villages where people received 1-3 ha per person, and some villages where people received less than one ha per person.

They might have some small animals, but would have to sell these in times of stress. They had their own houses but could not afford to connect to the main gas pipe (if it had reached the village) and/or struggled to pay their utility bills. Most of their household income was spent on food and utilities. They could only afford second-hand clothes, if at all. Fulfilling basic sanitation needs was also a problem for this group.

People in this group might have health problems that they could not afford to deal with. Indeed, these problems were often the primary determinant of their welfare status as belonging to this group. They prioritised their children's schooling but could not afford to send their children into higher education. These people wanted to work, and distinguished themselves from the "undeserving poor" (see below), but had few skills and few opportunities. They lacked access to credit and productive assets. Their work was often casual, including poorly paid occasional agricultural labour for large landowners (often paid in kind). This group lacked the political connections with the raion and other influential institutions.

This group also included households with elderly and disabled people who were just about coping on small but regular state benefits.

The **very poor** group made up between 10-20 per cent of rural communities. Some were without shelter and/or unable to satisfy basic nutritional requirements. These people were destitute and unable to cope, and were identified in two separate sub-categories:

- The "undeserving poor", including alcoholics and vagrants, who were perceived not as victims but as the architects of their own downfall, undeserving of sympathy and support. Their poverty was often perceived as a social pathology and even as an explicit choice. They were alleged not to be trying to improve their lives and wanted "everything for free".
- The "deserving poor", a group perceived to have slipped into poverty through no fault of their own. They included the elderly and disabled people who lacked support from family and had no remittance flow from overseas relatives. These were widely seen as the most deserving of state support.

Table 3.1 Wealth ranking produced by a group of disabled beneficiaries in a rural community in Orhei

Wealth category	Characteristics	Percentage
Very poor	Young No house No land No shelter Work for other people Sometimes receive clothes from people they work for	20%
Poor	Have a house but nothing in the house No oven or furniture Cook outside the house Some have allotment No livestock (if they do have livestock they sell it when stressed) All age ranges Work on a daily basis	30%
Middle	Have a house Own livestock Have land Lease their land to other people Aged in their 40s	25%
Rich	Can provide good conditions for their children House Car Land Most own shops that provide income Have stolen state property from the cohort Go to university in Chisinau, Romania Some have children abroad	25%

Source: FGD from a community in Biesti, Orhei.

Rural FGD participants also discussed trends in rural poverty. There was a widespread perception that well-being in rural communities had deteriorated over the past decade. Ten years or so ago everyone had jobs, families were close and “only the alcoholics were poor” (Disabled participant, rural Orhei). Now, “everyone lives on their own”, and an average daily wage for casual workers of 50 lei puts you in the poverty bracket:

Now, everybody is poor, households fall to ruin. (Male, elderly FG, rural Soroca)

3.1.3 Perceptions of poverty in urban communities

As in rural communities, urban FGD participants tended to identify four basic categories or levels of welfare, corresponding to a “rich” group, a “middle” group, a “poor” group and a “very poor” group. There were, however, some interesting variations on these categories. In some instances, FGDs divided the population according to job type (see Table 3.2), with, respectively, “businessmen”, “those who migrate abroad”, “budget (state) workers”, and the “unemployed”

standing in for the more generalised categorisations⁸. This reveals quite precisely some people’s perceptions of what type of work will afford them a particular level of welfare status.

Table 3.2 Wealth ranking produced by a group of young people in the urban community of Cahul

Wealth category	Characteristics	Percentage
“Businessmen” (rich)	<p>“They have everything”</p> <p>Usually their business is a shop/ bar/ hotel</p> <p>Average 1-2 children</p> <p>From 25-60 yrs old</p> <p>Often father and son both work in the business</p> <p>They may own 2-3 flats in the town</p> <p>Often those with a business first went abroad to get the capital</p> <p>A very few got funds by applying for some aid from various places (NGOs, special projects etc.)</p>	20%
“Those who go abroad” (middle)	<p>Usually stay abroad for a long time (10 yrs), send money home to invest in house, children’s education, business</p> <p>Some can afford 1-2 flats, or a place in Chisinau. They keep their flats in Cahul as an investment</p> <p>Families often break up; mother goes abroad, father stays at home with children, does not work, starts drinking...</p> <p>Some do not do well abroad and come back with nothing</p> <p>Some take their whole families, they emigrate for good</p> <p>Some come back and decide they no longer like Moldova, they can’t live here anymore</p>	50%
“Budget (state) workers” (poor)	<p>They work just to survive</p> <p>Difficult even to pay rent; depend on support from family</p> <p>Have strict working hours (8-5 or 9-6), then they often have to work evenings and/or weekends as well to earn extra money; they cannot afford the time to improve themselves</p> <p>They do get holidays but they work during these</p> <p>If they have families with land in the villages they go to work on the land; if they do not, their families will not help them with produce during the rest of the year</p>	15%
Unemployed/ don’t want to work (very poor)	<p>Not many unemployed as people work “unofficially”</p> <p>Not many register with labour agency (a participant who worked as a social worker for the raion said only 17% are registered)</p>	10%
Landowners	<p>Those who live in Cahul but who have land in the villages</p> <p>Sometimes these are business people</p> <p>Got their land from their parents who lived in the villages and who died</p> <p>Often they don’t work or study</p> <p>Sometimes they go abroad hoping for better life but come back no better off</p>	5%

Source: FGD from a community in Cahul.

⁸ Not all the young people groups used these terms, and some elderly groups also deployed distinct welfare categories, such as from rural Orhei who described those who “worked”, those who “work abroad”, and those who “work on a daily basis” (i.e. casual labourers), to correspond to the wealthy, middle and poor groupings.

The **rich group** tended to be seen as constituting around 10-20 per cent of the population. They were considered to "have everything", including their own business—often a shop, a bar, or a hotel—a good house, good furniture, telephone, TV, etc. They could afford a good education for their children, were able to take them to the cinema or the theatre, and could even afford holidays abroad. They might also own two or three flats in the town which they could rent out. On average rich families had one or two children (rarely three), and often ran a family business in which, for instance, father and son both worked. Although rich people sometimes acquired the capital for starting their business by working abroad, they were more frequently associated with their previous positions as decision makers or factory managers with political connections, who were able to buy factories at low prices during privatisation. A very few may have obtained funds by applying to some aid agency or NGO etc., although FGD participants did not provide any concrete examples of this. They were often perceived to not communicate with those beneath them on the socioeconomic ladder, to be "greedy", and to be exploiting the poor, whom they paid badly and/or cheated out of previously agreed contracts (e.g. for agreed levels of remuneration or payments in kind).

The **middle group** was generally seen to constitute the majority group in the urban population, maybe 35-50 per cent of the people, although the dividing line between this and the poor group was often fluid and tenuous. The middle category were those who owned a stable but not necessarily a large salary, a house of reasonable condition, occasionally even another flat to rent out, and little or no debt. For some groups (e.g. the young people group in urban Cahul), what actually constituted the middle grouping was that at least one member of the family had gone abroad. One of the main distinguishing features of this group was that they were not "stressed" or "nervous" like those poor or very poor below them.

The **poor group** was perceived to make up around 15-30 per cent of the population. They comprised those who lived on regular but small salaries—including many budget or state workers such as social workers, teachers, etc.—those who lived off pensions and other transfers such as disability benefits, those who lived only off intermittent or "unofficial work" (which left them exposed to exploitation by their employers), and those living with health shocks. This group had poor housing and living conditions (rusted pipes, bad furniture, poor plumbing etc.), large debts and few or no material comforts. They could not afford to educate their children to a high level, nor to go on holidays. They often held at least two jobs. They felt that they and their children were discriminated against at work and at school, on account of their poverty and poor clothes, and that their home life was characterised by "lots of crying". They felt they worked "very hard all the time, but for nothing, in vain." If they did get holidays they had to work during these periods rather than rest (for instance to help on a relative's land in the villages, in order that they might be sent some produce for consumption during the year).

The fourth group identified was the **very poor**. They made up around 10 per cent of the community. This group was largely destitute and, as in rural communities, tended to be sub-divided into two categories of the "deserving poor" and the "undeserving poor". This group could not afford to spend any money on clothes or hygiene, and struggled even to satisfy minimum nutritional requirements. One elderly lady, for example, whose pension provided the sole source of income for her and her 12 year old grandson, described how she survived on a diet of bread and tea in order that her grandson could eat cabbage and other "proper food". Another woman brought in a bra to the focus group to show how long she had been wearing it (seven years): "we get our clothes from humanitarian aid groups; without this we would be naked!"⁹

⁹ Several groups spoke about buying their clothes from second hand charity shops, but also identified that even these were often too expensive.

3.2 Risks and strategies

This section looks at the types of uncertain events or “risks” that poor people experience in their households and communities, and the strategies that people adopt to cope with and adapt to these events. These could be one-off shocks, such as the death of an income earner or a health shock, cyclical events such as droughts or political elections, or trends such as increasing out-migration or price inflation. The impact of these events depends on how vulnerable the people experiencing them are. In many cases vulnerable individuals and households can cope with these changes in the short term, but at the long term cost of eroding their assets or those of their children. In other instances, less vulnerable people can adapt to these risks by managing their assets sustainably and by using their assets to diversify their livelihood strategies or spread risk through insurance mechanisms.

3.2.1 Risks

Poor people in rural and urban communities face a number of uncertain events that impact on their ability to get by in their daily lives (see Table 3.3 below).

Table 3.3 Types of risks faced by vulnerable individuals, households and communities

Shocks	Health shock Death of an income earner Death of beneficiary (e.g. pensioner) Drought (rural communities) Break-up of family (often due to emigration) Redundancy/job loss Loss of child to trafficking
Cycles	Life cycle changes (e.g. having children, retirement, entering/graduating school/college) Political cycles
Trends	Price inflation (food, utilities) Declining social capital

Although **migration** is in fact a coping and adapting strategy, and as such will be discussed in more detail in the following section, it is important to emphasize here that it is also commonly cited as a significant risk. Due to the threat it poses to family cohesion, and even to the social fabric more broadly, migration was highly prioritised on most focus groups’ lists of risks and anxieties. Tales of family dissolution were invariably interwoven with stories of migration and there was articulated the significant fear that those living abroad were often doing so illegally at their own peril, without the protection of the state. This worry constituted a considerable cause of strain and embitterment for those left at home:

People working abroad are not rich, they are not favoured. They are cheated, sick, beaten, disdained. Their families are destroyed, their children left on their own. (Female, pre-pension FG, urban Chisinau)

Box 3.2 **Voices: The dual effects of migration on a family from urban Cahul**

My name is Elena. I recently graduated from the University of Cahul. During my time as a student I was engaged by a family in Cahul as a tutor to their young teenage daughter. The young girl's parents were in Europe and her elder brother of 17 was working in Russia. The daughter did have two other guardians, employed by her parents to share the care of the child between them, but these also had to work so the young girl was not well monitored and often left on her own.

As a result, I noticed that the young girl's school work began to suffer. She became wayward and badly behaved, and eventually I was persuaded by the parents to move into the house and care for the child full-time, in place of the other two carers. My presence re-established some measure of parental authority in the home and helped the young girl get back on track with her studies; her grades soon picked back up.

Meanwhile the older brother in Moscow heard of his sister's situation and began to feel resentful of the fact that she was at home enjoying herself, living off the remittances their parents sent back, while he was working hard in Moscow. So he decided to come home. His arrival, however, disrupted the young girl once again, and, as he was out drinking and partying on the money his parents sent him all the time, the young girl began to do the same. Again her studies fell by the wayside.

I reported the situation to the parents abroad and eventually I was granted full control of the family budget. I was thus able to impose some order on the older brother by controlling the house funds and soon got the daughter back to her studies.

Source: FGD with young people in urban Cahul, 15/06/07. EveryChild.

Health shocks were another risk widely seen as having a major impact on vulnerable people. They were at the top of many lists compiled during FGDs. Health shocks were perceived to push households “over the edge” into a position in which they could no longer cope. One elderly FGD participant in rural Chisinau put it this way: “If we are healthy, we can overcome all the difficulties we have”. Health shocks can have a particularly damaging impact if they involve a wage earner, but also if they incur long term medical expenses.

For those with serious illnesses or disabilities, the cost of medication could often exceed 50 per cent of the household budget, thereby competing directly with the other major claim on that budget, utilities.

Just one of the medicines I need for my child costs around 1000 lei for a 10 day course. What should I do to be able to pay for it?
(Female, disabled FG, urban Soroca)

This was why health shocks were one of the primary reasons people fell downwards through the categories of welfare. In order to cope with the cost of medication, people adopted various strategies including falling into debt and alternative medicines. One participant described how she had once tried to substitute her prescribed medicine for a traditional remedy because she could no longer afford the prescription. As a result she ended up in hospital.

While health insurance coverage was perceived to be widespread, there was some confusion about what treatments it covered and what it did not. There was confusion amongst some groups, particularly the elderly, about health insurance entitlements. More than one participant reported paying health insurance but still having to pay for health care. When a focus group of pre-pension age beneficiaries in rural Chisinau was asked about what happens to their money, to whom they pay the insurance, or why the insurance wouldn't cover their health care costs, they couldn't answer.

This confusion about health costs was compounded by the perception that there was an effective privatisation at the point of delivery, with health workers imposing additional charges. One participant from rural Soroca described how she had to pay the petrol for an ambulance to take her husband to hospital, and an elderly lady from urban Cahul put forward that:

Medical services are free only on paper. When you go to the hospital, you get consulted once, twice, then they tell you they have no more medicines and make you pay. If you don't pay, you don't get cured.

The consensus across focus groups was that “money talked” in getting medical treatment: “If you don't have money they say 'we don't have this, we don't have that...'. If you can afford to pay you are given good treatment, if not, you aren't. As a woman from Volovița put it,

One cannot go to hospital without something in the bag. They can see you from the door and if you have nothing in the bag they keep you waiting for quite a long time.

There were some incidences recounted where the inability to pay for health treatment, or the substandard attention received due to the inability to pay, resulted in the death or permanent disability of the patient.

Participants also gave examples of outright exploitation of those in dire need. A cancer sufferer from Chisinau told how she received the first two chemotherapy sessions she had been prescribed for free, but then on the third and final one, crucial for the success of the treatment, she was made to pay. One elderly lady from a rural Chisinau community commented:

Doctors think in Euros! They have forgotten the colour of Lei. I don't even know what these other currencies look like!

This notion of petty corruption was especially predominant apropos of disability benefits and the Medical Commission, which determines degrees of disability. Not only disabled participants but the elderly, young people, and even social workers all recorded a functional system of bribery that enabled those who were not really disabled (or not as disabled as they claimed) to gain access to the highest level of disability benefit. Such bribes also secured those who could afford it access to specialist care “sanatoriums” and health retreats ahead of those who were most vulnerable and in need.

In some cases, the traumatic nature of accessing health services was itself felt to have a profound effect on the relationship between patients and health providers, reducing the overall confidence of users in the system:

Going to the doctor makes you more ill. You have to go from one doctor to another, it is very stressful. You have to pay for everything. If you run out of money the doctor will no longer treat you. This is why we don't trust the doctor. (Female, elderly FG, rural Chisinau)

Basic levels of sanitation and hygiene were also considered to be a significant threat to health levels generally amongst the more vulnerable strata of society. Poor living conditions, bad plumbing, rusty pipes, the inability to afford health and hygiene products on a regular basis due to competing priority demands on the household budget, and the lack of clean clothes, bedding and adequate household furnishings were all felt to contribute to the general paucity of health status amongst the poor. One woman from Chisinau, herself disabled but also caring for two disabled

children, described how her son's deafness was the direct result of an infection he had picked up in the home, and another described how two of her immediate family had died due to the lack of heating in her apartment.

In addition to health shocks, FGD participants identified **price inflation** as having a significant impact on their daily struggles to get by¹⁰. They perceived prices to be outpacing the rise in their wages and benefits and described how this put a huge strain on household budgeting. The poor typically spent more than 50 per cent of their household budget on basic food items—bread, milk, cereals, potatoes—and utilities, and struggled as the cost of these goods and utilities increased. One key informant calculated that utility prices had increased by 17 per cent in the past year alone:

Practically one cannot pay the utilities. Once again I am saying, if during the Soviet Union three roubles were enough to pay the gas, now the salary is not enough to pay the utilities. (Male, key informant, Orhei)

Utilities were thus seen as a major driver of inflation: “If the gas tariffs go up, all prices increase: bread, food, power.” There was a level of expectation that government should be the ones to do something about this situation:

Why does nobody control the prices? The sugar is 10 lei today, tomorrow it costs 12. Mediators make the prices. The tax office does not control them at all. (Female, elderly participant, urban Cahul)

Thus, bad public financial management also was spoken of in this connection, with some people's biggest fear being that another financial crisis would see all their savings eradicated (if they had any), or worse, the abolition of the benefits upon which they depended. There was a sense that things didn't improve, but only got worse:

In the soviet times we had money, but there were no goods to buy with that money. Now there are a lot of goods, but we don't have the money to buy them. (Female, key informant, rural Cahul)

Another risk that impacted on people's lives and appeared high on their list of fears was **natural disaster**, such as drought, flood or earthquake. Such risks often dissuaded people from making the necessary investments in their productive capacities, as a singular arbitrary event such as a drought could destroy all their hard work and savings. War was also listed as a major worry by many of the participants; the conflict with Transnistria clearly leaving a lasting impression.

¹⁰ Here we should qualify that although this report does reflect the sentiments of focus group participants as expressed to us, their comments should in no way be read as constituting the authors' endorsement of these as viable statements about policy to deal with inflation. Ultimately, the real questions such policy needs to consider are: what is the source of inflation and what are the best ways of combating it? Energy price inflation was clearly caused by external shocks, but overall increase in inflation was also caused by remittances flows, and higher salaries/pensions that were not accompanied by appropriate investment and increased productivity. Likewise, the issue of farm gate prices versus retail prices of agricultural products does impact upon the redistributive effect of inflation, but this is an issue of the efficiency of extant markets. In a context of high inflation, those who struggle with it should be protected, but in order to be effective such support needs to be appropriately targeted.

3.2.2 Coping and adapting strategies

Faced with health shocks, price inflation or other events that reduce income, poor households adopt strategies that either help them to cope, or in some cases adapt (see Table 3.4). Coping strategies typically included **changing consumption patterns** by eating less, cutting out meat and dairy products, buying expired or throw-away food products, not buying clothes, not heating their apartments, or moving in with other family members for the winter.

People also use various strategies to **borrow money**, including village loan organisations, private individuals (who typically charged 10% interest p.a.), banks/credit unions (who typically charge 25 per cent p.a., or two per cent per month. Shops sometimes gave credit but at higher prices and by asking for repayment in Euros. Some people were able to borrow small amounts for short term purchases from neighbours (often without interest), or simply draw upon neighbour's charitable donations; although the availability of this kind of help varied from one community to another. For some, "neighbours are very important ... they are the first to help us when our children are away". For others, "no-one helps anyone else". This variation depends not only on location—with no distinct pattern emerging between urban and rural—but also on the group concerned: when asked if disabled people help each other, one participant responded, "We do not have anything to give". The really desperate beg on the streets.

Going into debt appeared to be a common coping strategy. Faced with competing demands on the household budget some households went into debt with the utility companies. One beneficiary in urban Chisinau had to fund medicine costs of 4,000 lei just to keep her medical condition (cancer) stable. At the time of the FGD she could not afford to pay for her treatment and had utility debts of 15,000 lei. Another disabled participant in the focus group produced a big bag of medicine receipts and said she collects them to show the utility companies why she can't pay her bills (she had debts of around 9000 lei).

Households also **changed family structures** to get by. Parents were increasingly supporting their children for longer, while those who could not cope were putting their children into state institutions as a coping strategy. One woman described how she even tried separating from her husband in the hope he would be given another apartment – he was not. Some people move in with other family members for the winter in a bid to save money on heating and utilities. Such strategies place a big burden on the psychology of those who are forced to adopt them. As one pre-pension age participant put it: "It is awful to be 56 and to have to live off your parent's pension."

As mentioned in the previous section, a pervasive strategy was to **migrate** and generate remittance flows as an income supplement for the whole family. For the majority of working age Moldovans, economic migration represents the most viable, perhaps the only strategy to cope with price inflation and a lack of well paid local jobs. People in rural communities estimate that one third of the population are abroad, and these mainly young people¹¹. In urban communities estimates varied, but it was claimed that perhaps as many as 70 per cent of households had at least one extended family member working abroad.

Many FGD participants perceived that migration was the only way people could support their children's education, improve their living conditions and/or invest in businesses. One rural participant (female) had a daughter who was a teacher, but she only earned 300 lei/month so had to go abroad. Another, a social worker, told how her small salary of 600 lei was not enough to live on; she did her job only because she was "dedicated to it", and because she received support from

¹¹ A mayoral candidate (female) from Crihana Veche in rural Cahul stated that out of the 600 children attending the school in which the FDGs were held, 58 had both parents abroad and 150 more had at least one parent abroad (Key informant interview, rural Cahul).

her family, but it was “very difficult and stressful, and not well paid.” As one disabled FGD participant (male) explained, “If one family member goes abroad, it changes the situation completely.”

The same was true of urban communities. In the city of Cahul, for example, urban FGD participants estimated that the vast majority of households in their city had one parent living and working abroad. Most of these migrant workers were women/mothers working in the service sector as domestic helpers or health care workers in Italy, Turkey, Greece and Moscow. Male migrants mostly went to Moscow, and less often Europe, and predominantly worked in construction.

Remittances provided a fairly steady income stream, helping recipient households to cope by boosting household budgets. Despite the financial benefits this situation could afford, however, such as being able to invest better in the home or education of children, there were widely perceived social costs of migration. These included the possibility of family break-up, that children would be deeply affected by the absence of their parents, or that the parent remaining at home would turn to alcohol (most often the father). Social health risks were dominated by discussions of alcoholism. FGD participants pointed out that families can quickly fall into poverty if one member becomes an alcoholic. Underpinning these social impacts was the background fear that migrants would never return to their families. Elderly participants spoke of their sense of loneliness and isolation at being left alone by their children: one woman stated that her loneliness was “killing” her, and one disabled person worried that “Everyone will leave and only we will be left; only people who cannot work abroad will still be here.”

For every migration story of modest or relative success there thus appeared a less encouraging counterpart. Sometimes people went abroad, particularly the unskilled and more vulnerable, but did not return home with any savings or any better off. Others disappeared altogether; one woman spoke of how she had not spoken to her daughter in two years. Furthermore, with people moving abroad, FGD participants asked “who is left to work and make the economy viable?” The impact of this coping strategy appeared to be a growing sense of hopelessness and a culture of apathy and dependency.

Box 3.3 Voices: The other side of migration

I am a cancer sufferer and a mother of two. One of my daughters is divorced with one child, whom I help support, and the other is currently living in Turkey with her two children. This last is trapped in a relationship with an abusive partner and cannot afford the ticket home. She is threatening suicide. I am trying to sell my apartment and move into a smaller one in order to raise the funds to bring my daughter home (amounting to around \$700). If I can do this, all four of us will live together in the smaller apartment. (Female, disabled participant, urban Chisinau)

One of our neighbours was exporting apples to Russia. He managed to earn quite a lot of money in the beginning. He was buying apples here and selling them in Moscow. The last time he borrowed money from some other people something happened, he had some problems. At present he is still in Russia working to reimburse the money he borrowed, and the interest grew much bigger than the amount he borrowed. He has been in Moscow for more than 10 years now. (Male, key informant, rural Soroca)

When parents live abroad, their children remain here with nobody to take care of them, nobody to monitor them. It is a big problem for the children who suffer without parents to guide and help them. There are cases when parents leave and do not come back. It is better if the children are left with grand parents, but this is not always possible. (Female, families with children participant, rural Chisinau)

One of my son's classmates stays with neighbours; his parents are also abroad. One evening he had an argument with this family and he was staying outside on the streets at 10 o'clock in the evening! He didn't have anywhere else to go. (Female, disabled participant, urban Soroca)

Source: Key informant interviews and FGDs conducted by EveryChild.

For those left in the towns and villages, **land assets** enabled them to get by in difficult times. Having a plot of land was a significant help, providing produce for consumption and, if a surplus was produced, sale and income. Plot owners benefited at harvest time, but the rest of the year was very hard for them; they worked very hard and it cost them a lot of money to work the land (a typical estimate was 6-10 lei per square metre). However, the risk of drought in rural areas constrained strategies around using small plots of land to grow food. One rural elderly participant commented, "We work our allotments only to feed ourselves."

Selling surplus produce was not without problems, however. A rural complaint of this nature concerned the sale of dairy products:

If one wants to go to the market to sell milk you need to give your milk for testing and it costs 9 lei, but one litre of milk is worth only 2 lei. The market is in Soroca [and you] spend 6 lei for the transport. As a result it is not profitable. There is no market in the village; it would have been good to have a local market. (Female, elderly FG, rural Soroca)

Speculation on products such as meat and walnuts by larger businessmen—e.g. purchasing meat at 19 lei per kilo and selling it at 50-60 lei per kilo—was also cited as a serious obstacle by smallholders trying to sell their produce.

In urban contexts, ownership or access to land outside of the urban centre aided households in their consumption requirements over the course of the year. Sometimes such access was the difference between belonging to the middle category of welfare status or the poor category. But this aid came at a price, as these people were often required to pay for any benefits they received by labouring on the land during holidays. Others perceived that access to or ownership of land denied people the aspiration to work hard and better themselves, with detrimental effects on their

consumption of alcohol and/or on their diligence at work or study. For those who had access to allotments or land within the urban centre, sometimes it was felt to be a significant benefit (e.g. in growing vegetables for personal consumption) and sometimes inconsequential.

People trying to adapt by starting their own businesses sometimes felt constrained by **taxes** and the documentation process associated with going into business. One key informant (male) noted:

If we speak about business then it is the taxes that people fear the most. You only start to do something and you have already a lot of taxes to pay and at the end you remain with nothing – you have more taxes to pay than you expect to have in income. Even if you get credit you don't even manage to invest it and you already have to pay the income tax. Besides, you have to pay the interest to the bank and to reimburse this credit... and if you want to close your business you need even more documents than you did to open it. And there would be a lot of inspections and controls to see if you are clean.

There was a perception that the state should do more to help and less to hinder, by creating facilities for people who wanted to start a business. These people should be exempt, at least for an initial period, of all the taxes. The state should also facilitate the process of getting long-term loans at affordable rates.

Human capital was seen as intrinsically important for keeping healthy and working. Yet while education was seen as long-term strategy and high priority, many FGD participants saw few immediate returns to investment in education. Disenchanted young people who could not afford higher education found themselves stuck in the villages and towns with few prospects. Some participants acknowledged that the Labour Office could provide training and unemployment benefit for certain periods of time, but there was a lot of confusion over whether people would have to pay back the money spent on them if they registered with this agency, or whether they would be forced into accepting a job that did not suit their circumstances or risk losing their benefits.

Box 3.4 Voices: The cost of education

The requirements are high both in school and in the kindergarten. We parents work, but our salary is very small. On the 1st of September, when the children go to school, we need to buy them clothes, stationary, we spend everything we have on it. There is not much left for food, or for other needs. (Female, key informant, rural Soroca)

Practically, if you have two children you can't afford to send them to kindergarten or to school. Although there is a programme so that books are free of charge, it is not enough because every child needs his/her separate copy book, which you have to buy additionally. There are data showing that just to begin a school year a child needs 1500 lei. Can you imagine, those who have two-three children how much they have to spend? And if we take the transport... We in Orhei don't have buses we have just maxi taxis, which are expensive. Every day the child has to pay a maxi taxi fare to go to and from school. (Female, key informant, Orhei)

Children divide themselves into categories. Today it is not the fashion to divide children according to their academic ability, but according to the clothes they wear, how much pocket money they have, where they spend their holidays. One of my colleagues, a teacher, was staying in the hospital and I wanted to organise a surprise for her. I suggested to her pupils that they should go and visit her there. A couple of children from poor families said they would like to visit her, but they had nothing to take for her so they could not go. I told them it's not necessary to have a present for the teacher, the most important thing is to visit her. Well, we all walked together to the hospital, but these children refused to enter, as they had nothing for their teacher, while the other children each had a small present. (Female, key informant, rural Cahul)

Source: Key informant interviews conducted by EveryChild.

Despite the importance of state cash transfers to people's living arrangements, however, underpinning discussions of coping and adapting strategies was a sense of self reliance, of not holding out hope that the government would provide any additional support to help them cope with risks. This extended to a strongly expressed desire amongst disabled adults to be increasingly independent through employment opportunities. In some cases FGD participants had neither the belief nor the sense of entitlement to approach authorities for further assistance. One example given by a focus group in rural Chisinau was that the primaria paid most of the participants' salaries—working in the local kindergarten, as cleaners in the school etc.—and therefore people did not feel emboldened to go and ask for more money.

Table 3.4 Types of coping and adapting strategies adopted vulnerable individuals and households

	Strategy
Coping	Change food consumption behaviour Borrow money for consumption Help from neighbours and friends Begging Selling cattle, livestock Sell everything to pay for health treatment Parents using children to work on the land? Remove radiators Parents become unpaid carers for their “bed-ridden” children Children as part-time or full-time carers? Putting children into institutions
Adapting	Migration and remittance flows Parents support children for longer Grandparents looking after children while parents migrate Collective livelihood action? Borrow money for investment Renting land in exchange for produce Renting house (elderly) Getting credit from shops against pension Bartering (goods for goods, services for services) Investing in your land plot (rural) Access to rural plot (urban strategy)? Bribe officials to get benefits

3.3 Experiences with social assistance

This section looks in more detail at vulnerable people’s experiences with social assistance, including their experiences in accessing benefits and services and the extent to which this social assistance impacts on their coping and adapting strategies.

In general, a lack of awareness and access to relevant information, sometimes even misinformation, was felt to be a key problem and impediment, particularly for those in rural communities; urban participants of all categories tended to be better informed. This lack of knowledge regarding rights and entitlements was compounded by the perceived negligence, indifference, and sometimes outright hostility of institutional staff. The cost of applying for and accessing social services was also often felt to be inordinately high. Petty corruption was perceived to be rife.

In addition there was a small but significant sense of discrimination against the poor and vulnerable by those institutions with which they had to interact. The Territorial Insurance House (TIH), the Social Assistance Department (SAD), local and regional health centres, the family doctor, schools and the primaria, each afforded examples of such discrimination, which was felt to be particularly hurtful and traumatic for beneficiaries, exacerbating the deep sense of shame and humility they already professed. Within these organisations, however, such discriminatory elements were often seen to be a minority.

Such perceptions added up to a profound lack of confidence and trust in the system. When asked, people overwhelmingly felt that the only thing one could rely on was oneself (and God!). When asked what the state could do for them in the way of social services, the predominant reaction was to request greater levels of cash benefits so that people were better able to support themselves. There was very little conception of other types of benefits and services the state may usefully provide.

3.3.1 Perceptions of local institutions

In general, but especially in rural communities, poor and vulnerable people felt voiceless and extremely disconnected from their local institutions: “No-one cares about us” (female participant from rural Orhei); “We do not benefit from anything; nobody remembers about us” (female participant from urban Cahul).

FGD participants produced Venn diagrams that often showed ministries as being distant and insignificant in their lives: “People in the ministry talk a lot, but don’t do anything” (male participant from rural Orhei); “They should fight the corruption and not spend their time in luxury cars” (female participant from Chisinau). There was some distinction to be made here regarding rural and urban communities, and much variation across localities and between groups. In rural communities the primaria tended to be far more significant than state institutions, whereas in urban communities the reverse was normally the case. An example of one of these Venn diagrams is given in Figure 3.1.

Box 3.5 Voices: Age old problems

Though I’m a member of the Mayorality Council, I could hardly get 300 lei support from the Fund of the Social Support of Population last year. And I did not ask for this money to spend on drinks. They said that I have a son in Chisinau who could help me. Indeed, I do, he is a professor at the Academy of Police, but he has two children and took a credit to buy a house to live in. I cannot let his family starve and ask him to help me. Somebody told me that my children should support me; yes, they should if they can afford it, but haven’t I worked enough for this state to get some assistance from it now? (Female, disabled FG, rural Soroca)

I am 57 years old and live with my 14 year old son in a room with no windows. We sleep in one bed. At five o’clock in the morning I open the door to let the fresh air in. As a participant in the Afghanistan war and enterprise worker I was supposed to get an apartment at the beginning of 2000, but the director’s driver got my flat due to a forged document. I wrote letters everywhere; to Parliament, President Voronin, the Anticorruption Centre, and all I got in return were formal responses like, “The Anticorruption centre is considering your case...” Now, as well as the fact that we live in the above conditions, I cannot find a job. I was recently recommended to go see the newly elected mayor, but for how long do I have to continue calling for help? I have 18 months left till my retirement. I did get one job with the support of the Labour Office, but it cost me my health, for only 280 lei a month! I don’t go to the Labour Office anymore as I know I will not find a better job. How should I live now? Who should help me? My son is 14. I do not know what to do. (Female, pre-pension FG, urban Chisinau)

Source: FGDs conducted by EveryChild.

The SAD and TIH were also frequently positioned at the edges of the community in terms of accessibility, even where they were considered more important (“accessibility” included the notion of how one was treated when one dealt with them). As remarked, this was not the case, or much less so, in urban communities. In rural communities the primaria tended to be perceived as closer and more meaningful, with perceptions hinging more often on the particular outlook and behaviour of the local mayor. The one institution that got uniformly good press was the Directorate for the protection of Children (DPC), which was generally felt to be doing the best it could in a bad situation; it was predominantly considered the most sympathetic of all the government agencies.

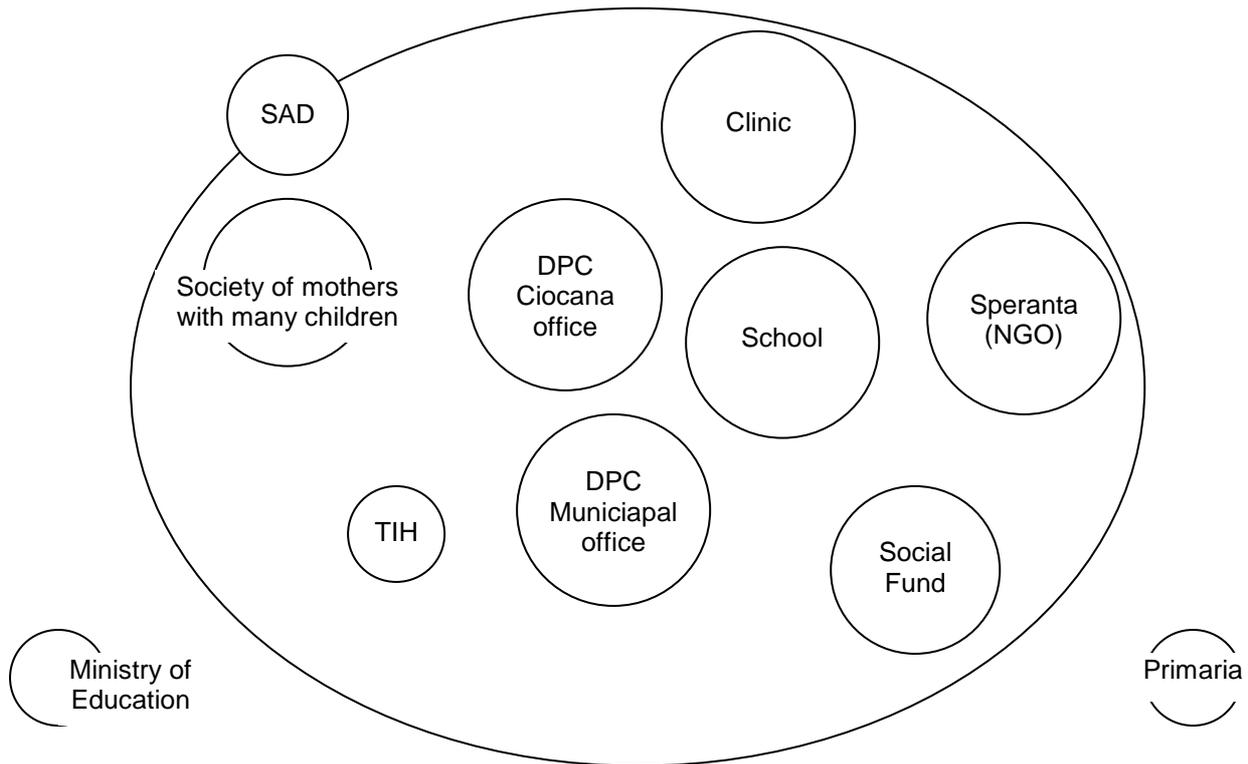
In all of these above institutions, however, there was a significant degree of disaggregation, both in terms of where they were situated—implying a significant degree of variation within specific institutions around the country—and also whom one dealt with within the particular institution—implying that some staff were largely considered helpful and sympathetic, while others were unhelpful and unsympathetic. Many examples were proffered testifying to the sense of discrimination and shame felt by poor and vulnerable people, examples of which are given below:

It is useless to go the SAD, they don't help people they don't know. They told me, 'You can work, you have two arms and legs'. (Young single mother from rural Orhei)

When I stay in the hospital with my child ... the doctor comes and asks for money, and if I give them 50 lei they say, 'Is that only for a chocolate bar?!' And I feel very bad because I do not have enough money even for my one child. (Female, disabled FG, urban Soroca)

We are ashamed to go and ask for support; if you don't have money, nobody will help you. (Female, rural Orhei)

Figure 3.1 “Importance” and “accessibility” of institutions, Venn diagram¹



Notes: (1) The large circle represents the community. The size of the various smaller circles represents the “importance” of the institutions to the people accessing them, and the distance from the centre of the community represents how “accessible” they are, the further away, the less accessible (‘accessibility’ includes not only physical proximity and ease of access but also how approachable they were, treatment at the hands of staff members, difficulty of application procedures, etc.). Source: FGD of Families with children, urban Chisinau.

Such barriers to accessing social services are highly successful in preventing people from claiming their entitlements. One elderly woman from Chisinau (who could not speak more than a few sentences at a time before bursting into tears) claimed that, aside from picking up her pension, she

never accessed any of the social services, including health care, due to how she had been treated by the SAD after the death of her husband. As another put it, “if you go for the first time and are refused or offended, you do not go back a second time.”

Adding to these “informal” obstacles is what can only be inferred as a deliberate campaign of misinformation propagated by some elements within the various institutions, both national and local. One former social worker (female) from Chisinau revealed:

I will tell you a secret: disabled people can receive a higher pension than they actually get. They are entitled to their old person’s pension, plus an extra 30% as disability pension. The law obliges them [the TIH] to inform people [about such rights], but whether they respect this law or not is another question.

The existence and function of the Labour Office was acknowledged, but rarely considered important or accessible to people’s strategies and often appeared shrouded in misinformation. FGD participants thought they may have to repay any money they received in unemployment benefit through their regular benefits, and spoke of being forced into jobs that didn’t suit their circumstances. One woman described how she couldn’t change her job because she needed to be near her children so that she could go home to feed them at lunch time etc.

There was much misunderstanding of the rules governing when and what one might be entitled to from the Labour Office, and also many examples of being sent for job interviews only to be categorically turned down due to one’s age or disability, or informed that the Labour Office had made a mistake and that there were no positions available.

For older workers who had lost their job, or disabled workers with specific skills, finding new employment was very difficult indeed: “When they look at your passport and see you are over 40 they tell you directly that they need people under 35.” (Female, urban Chisinau)

People aged between 45-60 years are very vulnerable. They are not retired yet, but they cannot find a job either as nobody accepts them, nobody employees these people. This is the age when most of the people start having health problems but also have to give a start in life to their children. They might not be disabled, but they can be very ill. Only they know how they survive. (Male, key informant, rural Cahul)

Such a situation bred both resignation and resentment:

I have worked for over 40 years but what is the use of it?

I have spent half my life working in rehabilitation and what have I now?” (Female, elderly FG participants from urban Cahul)

Other important institutions included the local school, community centre and the Baptist Church (and to a lesser extent the Orthodox Church). Such organisations, although they couldn’t always provide material assistance, were felt to be invaluable for the “moral” support they did afford. These institutions were seen as immediately accessible to their communities and innately sympathetic. They were somewhere you could go to talk over your problems, and for this they were much appreciated. Local projects like social canteens and kindergartens (provided by the SAD and the Education Department respectively) were also very highly considered, both for

providing practical assistance (food, child care, etc.) and as a centre for community relations. Community centres were highly valued where they were found.

Schools were generally perceived positively, but there was also a significant sense of discrimination by particular staff members against poorer students and families. One woman recounted how her daughter had suffered terribly from such discrimination and consequently had moved (at great expense) to a school in Romania where she was doing much better. This type of discrimination was perceived in health institutions as well, but considered to be less prevalent in urban communities, particularly Chisinau, than in rural ones.

The cost of schooling was also a significant burden to poor and vulnerable people. Moldovans in general place a high value on education and parents tend to sacrifice even basic needs such as food in order to provide their children with the best education they can afford. Although schooling up until secondary level is supposedly free, numerous additional costs pose serious problems for some people. These include transport, text books, stationary and clothing¹².

These additional costs add an extra weight to people's already overburdened lives and sometimes prevent them from utilising education facilities to the optimum degree:

My grand children go to school – they are under my guardianship – and you hardly open the door in the school and they ask for money. I am afraid to go and ask about how they are getting on as somebody will ask for money again. (Female, rural Soroca)

There was some resentment at the way parents and guardians thus felt they were paying for the upkeep of schools and facilities when it should be the responsibility of government to do this. Some schools were able to offer exemptions of certain costs to certain people, such as families with many children—exemption from paying for textbooks, from contributing to the schools fund for repairs etc.—but this was not understood to be universal or regularised in any way.

Civic associations, such as the Association of Disabled people, and local community groups, such as the Chorus of Veterans in Cahul, were usually highly valued where they were found. However, not everyone in an area had always heard of their activities and sometimes, as with the Association of Disabled people in Cahul, where once they were regarded as an excellent source of support now they have ceased to operate in the area.

Some years ago there was a lady from a religious organisation who used to help us a lot. She brought wheelchairs from Kiev and gave them to us for free. Now she doesn't work in Soroca anymore, but she was of real help to us. (Female, disabled FG, Soroca)

As the above quotation indicates, local NGO projects providing advice, material support, clothing, food, medication etc., could be very helpful, but were only ad hoc in coverage and significance.

In some instances, local health care units were given high marks in institutional assessment exercises: "they listen and help," said one disabled FGD participant in rural Orhei. However, as with other institutions, there was a significant degree of disaggregation to be appreciated. Sometimes the local doctor him/herself was considered rude and unapproachable, whilst their assistant was very well received. Sometimes the whole unit was felt to be more or less unhelpful and unsympathetic. Everyone mentioned the level of bribery and unofficial costs attached to health

¹² Although school uniforms were not mentioned, having appropriate clothes was considered important in order to protect children against discrimination by both teachers and other pupils.

care in Moldova. The Medical Commission was considered particularly powerful and susceptible to corruption as it was this institution that evaluated and established right to and levels of disability benefit. The level of benefit fraud associated with disability payments was very high indeed:

There are many cases where people working abroad bribe some well positioned people to get the higher disability benefit, about 600-700 lei, and somebody else collects the money for them. There should be a commission to check all these cases; there should be some control from the state with regards to this money. Only those people who really need it should access it. (Female, urban Soroca)

Finally, there was also a general sense that people do not help each other as much as they used to, that the very fabric of community was coming apart. When a group in urban Cahul was asked if people helped each other, their answers were unambiguous: “No. No-one would do something for others with out payment”; “People want money and will just look after themselves.” With all of the pressures on the family, and with so many people migrating abroad, it was felt the crucial social support networks were no longer functioning as they should or used to:

Money is the best friend. If you have money, you have friends; if you don't have money then you don't have friends. (Male, elderly FG, rural Orhei)

Coupled with this perception was the notion that the wealthy are exploiting the poorer groups, that they “are not fair” and do not observe the law:

The rich stole the property from the cohort at the end of the Soviet Union... They sometimes hire us to work their land, but then they don't pay us. They give us bad food. (Female, rural Orhei)

Formerly people were working from day to night, and this was how they were earning a living. Nowadays people become rich on the back of other people. (Female, rural Soroca)

The rich do not care about the poor, they do nothing to help. (female, urban Cahul)

3.3.2 Social assistance: accessibility, quality and relevance

Many FGD participants had strong opinions about the accessibility, quality and relevance of social assistance.

Pension transfers were widely perceived to be working well, whereas previously they had been irregular: “this government is good... at least they provide the pension on time,” said one (female) pensioner in rural Cahul. “1991-1995 was difficult, and then we started to receive pensions on time”, said another in the same group.

Beyond this positive message, inaccessibility of social assistance was a huge issue and widely discussed. In rural areas FGD participants articulated a sense of remoteness and isolation from government social assistance, reflected in a lack of knowledge of the agencies and entitlements. Rural beneficiaries also had to spend a lot of money to travel to the SAD and TIH, and these agencies are only open to the public a limited number of days a week: “It's difficult to get out of the village” said one mother with children in rural Orhei when describing efforts to access social assistance. “You have to stand in long queues”, said a disabled person from Chisinau.

Box 3.6 Voices: Living with disabilities

People here used to work when they were young and now they deserve to get something from the state. They worked for this state and now they expect to be supported by the state. I can give you a concrete example from Crihana Veche: an old pensioner, absolutely blind, his wife also has problems with her eyes, tried to get some financial assistance from the raion Social Assistance Department (SAD). For this, they had to fill in an application form. Well, these old people live together with two of their grandchildren and they went a couple of times to the mayoralty with their granddaughter to fill in the application; though, I know, in such cases the primaria employees should visit the people and fill in the application form at their home. Anyway, this old man was derided, sent away, and he never received his application. Then he heard that I work for a non-government organisation and came to me. I went to the SAD and they told me to bring the documents and they would fill in the application. How did this happen? Why are these employees not made responsible for what they did? (Female, key informant, rural Cahul)

Our children cannot play and have fun with other children; they cannot move. Nobody comes to see them or play with them. My child stays inside all the time because since he grew up I cannot lift him, and do not have a wheelchair to carry him in. I sometimes open the door in summer, but this is risky because he has no vaccines and he catches infections, and it just means more money for treatment every time! (Mother of a disabled child in urban Soroca)

I have worked at the SAD for 20 years. I have two cousins, both with mental disabilities, whose parents died and whom I decided to take under my guardianship. The SAD told me to choose between my job and my guardianship. I gave up my job. I could not leave the children, I've know them since they were young. I do not get any money for the guardianship, but the boys have a 400 lei monthly pension each. It is quite difficult, as they have debts for the flat and my husband is ill. I have been in difficult situations before, but now I might not cope. (Female, pre-pension FG, urban Chisinau)

We have quadruplets, two of whom are disabled. Before the birth of our children my family could afford a lot of things, like holidays abroad, a flat, a car. The birth of our children brought happiness to our house in many ways, but in other ways it brought unhappiness. As a mother, I want my children to be by my side and to be healthy. The disability benefit paid my children is miserable. My children need to be looked after and so I cannot hold a job. The money we managed to save before was used for cures, medicines. We even had to sell a lot of things. Now, we count every coin. The state makes declarations, but in real life people are alone with their problems. (Female, families with children FG, urban Chisinau)

The state makes us understand that we are not like other people. (Female, disabled participant, rural Chisinau)

Source: FGDs conducted by EveryChild.

In urban areas, despite physical proximity and greater knowledge of entitlements, frustrations about accessibility were volubly expressed by FGD participants, who recounted stories of red tape, excessive documentation requirements, humiliation and incompetence. The red tape hurdles were all the more frustrating given the small amounts of money involved. In urban Chisinau a female disabled beneficiary described how he was getting 56 lei for heating and 27 lei for water, then tariffs changed in January and beneficiaries were required to resubmit their applications for compensation:

The letter went out telling us about this, but I got it late, and so missed the payments for January. It took two weeks to get together all the required documents, which included: copy of passport, medical certificate, pension documents, disability documents and a certificate from the housing department. The housing department document was particularly troublesome because people who owe money for rent, utilities etc., are refused this certificate.

The housing department also puts the names of everyone in debt on a list in a public space such as the lobby. One participant told how her children were too ashamed to go outside because their name was on this list. The application process for the utility compensations is arduous and costly, but ultimately felt to be worth it, even for the few lei people get.

There was a consensus among FGD participants that in the absence of accessibility, it comes down to contacts and who you know. There were claims from FGD participants that health workers bribe doctors to get them into disability “category 1” so they can claim the monthly allowance. One participant claimed she was being denied the opportunity to go to a health retreat/ sanatorium because other people with more money or influence kept jumping ahead of her on the list.

Another important dimension of inaccessibility was the behaviour and attitude of service providers and government officials, with many anecdotes emerging of rude treatment.

My children and I are starving, and nobody cares. The attitude of many functionaries is something like: you gave birth to 10 children, well, this is your problem. (Female, families with children FG, urban Chisinau)

Another participant told how he had not applied to the state for any assistance for years because he could not bear how he was treated when he did go. They used to ask him, ‘Don’t you feel embarrassed to come and apply for support?’ Some FGD participants had come to the conclusion that “for 200 or 300 Lei it is too much work to get all the papers together to get it, especially if they may be rude and refuse you”.

This element of mistreatment and discrimination often appeared to be more significant in determining whether people pursued their entitlements than the actual or proclaimed difficulty of the application procedure itself. Much of what characterises the dysfunctional relationship between service providers and service users is shame and embarrassment. On the one hand people feel ashamed to go and ask for help, while on the other officials are embarrassed when they see how the poorest people live. A female participant with a disabled child said:

I went to the mayor to ask for a home teacher (for my disabled child) and he said, “Why do you want someone to come to your house and see what miserable conditions you live in and tell everyone else?” (Female, rural Cahul)

On the demand side, poor people feel they have no voice or oversight, and are confused about entitlements and procedures. On the supply side, officials are perceived as unaccountable, incompetent and working with inefficient systems and procedures. Hence there is a perception that powerful officials and bodies are rarely challenged by ordinary people and have few sanctions imposed from above. Many participants talked about the role of the medical commission and how people have to report to it annually for four years until their condition was considered stable and the degree of disability was set. A child has to go every year for assessment. The Commission is seen as very powerful. There is a widespread perception that benefits get appropriated by those who are not the most vulnerable, i.e. those with connections and information, including those able to manoeuvre themselves or family members into a benefit category.

Finally, and significantly, there was a reoccurring debate about the perceived relevance of social assistance as a service that could be improved and have a greater impact. FGD participants were not convinced about the value of services in reducing poverty; they would rather have money than a vague promise of improved supporting services.

We were brought up during soviet times. We were taught that the state should take care of us, now we do not know what to expect from these services. We did not live in Europe, we should be more informed with respect to different social services that could be implemented. (Male, key informant, rural Soroca)

Box 3.7 Voices: What social services staff say

First of all, the social assistant should collaborate with the Labour Office. There are people with medium or higher education background who would like to find an employment but do not know who to address. Secondly, the social worker should have a register of the vulnerable families. They should work in collaboration with the family doctor, or other specialists, to better understand the situation of families and determine their requirements, and thus be able to offer the support people really need, be it social or financial. (Male, key informant, rural Soroca)

We wish we had a good legal system for the people. We, the practitioners, know that the pension and benefit mechanisms are not good, and we hope that people from the related ministries and the Government will ask our opinion and improve the law. (Male, key informant, urban Soroca)

How can a social assistant exist with 500 lei? How can she go to a poor family to change the situation and work with the family? How can she talk to this family, feel for its members, fill in the social formulary with a 540 lei salary paid by the state? *This is the salary of a social assistant with higher education!* I was shocked when I heard from the minister that the salary is 540 lei. For this money we will never have services provided at an adequate level. The social assistant is poorer than the old woman she has to assist! (Female, key informant, rural Cahul)

The state should create opportunities for people to go abroad on legal bases, on work contracts; for people to be able to pay contributions to the social fund and other taxes if there are no proper opportunities in this country. The state should take care of its citizens, should defend their interests even in another country. Our people do not have any security abroad. If something happens then nobody takes care of them. I feel it myself, every time when my husband calls and says that something happened to him, I just pray God to bring him back home, safe and sound. They cannot go to a doctor, they are afraid because they are illegally on the territory of a foreign country. (Female, key informant, rural Soroca)

Source: Key informant interviews conducted by EveryChild.

4 Emerging challenges for social assistance reform

In this final section we draw out some of the main challenges for social assistance reform raised by the Beneficiary Assessment. These challenges centre on the value to poor people of integrating welfare and work; the desire amongst disabled people to be visible and included; and the clamour amongst beneficiaries for a proactive social assistance system that works for people rather than puts hurdles in their way. The challenges are organised into four themes of accessibility, inclusion, delivery and impact of social assistance.

4.1 Improving accessibility

Accessibility means making sure that those people that are entitled to social assistance are able to access those transfers and services. There are four elements of accessibility that need to be addressed: eliminating bureaucratic red tape, changing attitudes and behaviour, improving outreach and information sharing, and reducing scepticism/building trust.

There is much anecdotal evidence of anger and frustration with paperwork and other hurdles to accessing benefits. To some extent these hurdles are effective for targeting as they prevent the non-poor from going to the necessary lengths to access benefits. However, the risk is that very poorest lack the information and contacts to access the benefits that they desperately need. It is worth noting that there is also a debate here about whether the system of allocating scarce resources relies on these hurdles in order to keep effective demand low and keep the system financially viable.

There is also evidence emerging about the humiliation suffered by beneficiaries when coming into contact with some officials and service providers, compounding the shame and stigma already associated with welfare dependency. In some instances, beneficiaries swear never to return to claim their entitlements.

Particularly in rural communities the poorest households lack information about their entitlements, lack mobility, and feel distant and isolated from government and service providers. Their contact with government is limited to the primaria and this puts them at the mercy of a mayor who may be benevolent or who may be corrupt and exclusive. There is room for discussion here about the evolving role of the social assistants' network in fulfilling this outreach and information sharing function.

Accessibility is further reduced by a lack of faith amongst the poor that the welfare system can deliver anything more than a small stream of cash transfers. Beneficiaries have little ability to imagine a future in which services are expanded and improved, and this largely appears to be the result of a profound lack of confidence in the extant system. Options for building trust and creating demand for services include using the "demonstration effect" of successful service development in specific raions/ primarias.

4.2 Broadening inclusion

Inclusion means making sure that the social assistance system does not reinforce existing institutions and attitudes that exclude groups of people from claiming their entitlements and participating fully in society. There are three elements of inclusion that need to be addressed: supporting the "undeserving poor", challenging the concept of "irrecoverable" people, and including disabled people in mainstream society.

The Beneficiary Assessment revealed a perception amongst both government officials and amongst beneficiaries themselves that certain groups of people—for example alcoholics and vagrants who were otherwise able bodied—had brought their misfortune upon themselves and therefore did not deserve social assistance. There is a challenge to reach these people and give them the support and resources necessary to keep them out of poverty.

There is a perception within society that certain categories of people, particularly disabled people with a certain degree of disability (e.g. the “bedridden”), are “irrecoverable” and therefore lose entitlements to services and opportunities that would include them in society.

The above point links to a broader perception of disabled people as no longer capable of self sufficiency. A strong message from the Beneficiary Assessment from disabled beneficiaries themselves is that they do not wish to be charity cases; they need the skills, resources and opportunities to get jobs and lead independent lives.

4.3 Strengthening delivery

Strengthening delivery means designing systems and partnerships that deliver social assistance in the most efficient and effective way possible. There are four elements of delivery that need to be addressed: building competencies amongst officials, making systems more efficient, identifying and building partnerships with civil society, and linking social assistance with “joined up” public policy delivery.

On the supply side of social assistance delivery, there is a significant challenge in building up the capacities and confidence in public officials, and building an ethos of public service and accountability. Linked to this is an accompanying challenge of improving the efficiency of social assistance systems so that they deliver scarce resources to the right people, in time and with value for money. There is also the need for social assistance staff to feel valued and appreciated.

With scarce resources there is a policy incentive to work more closely with local civil society groups in order to deliver services more effectively. The Beneficiary Assessment suggests that with economic hardship and out-migration social capital has declined, and this might affect the type and level of voluntarism that can be developed with partners in communities.

Welfare dependency is deepened by the drain of resources from households and communities as young people and parents migrate to find better jobs. For graduates (high school and above) there are few employment opportunities to match their qualifications; for unskilled adults the daily casual wage of 50 lei is not enough to sustain them and their families while credit and inputs for longer-term investment are difficult to access. The challenge is to more effectively integrate social assistance with the delivery of other policies for poverty reduction, such as credit extension, skills development, business start-up support and tax breaks on new enterprises.

4.4 Maximising Impact

Impact means ensuring that social assistance reform keeps more people out of poverty than before and enables people to become independent. There are three elements of impact that need to be addressed: not pushing people into poverty through a shift to needs-based transfers, breaking out of welfare dependency amongst beneficiaries, and building capacity for Monitoring and Evaluation.

The Beneficiary Assessment qualifies household survey analysis and challenges the popular perception within government by finding that: (i) beneficiaries are not “well served” by cash transfers – they are able to stay out of extreme poverty by using benefits for basic consumption

needs; and (ii) if these people are denied benefits, either temporarily or permanently, during a shift to a needs-based system, there is a high likelihood that many of them will slip into extreme poverty, even without the “push factor” of a health shock or loss of income earner.

Furthermore, the benefits system is a “double edged sword” for many of the poor. On the one hand it keeps them out of extreme poverty, on the other it prevents them from adopting strategies that would increase their self-reliance so that they can climb out of poverty. The challenge is to reform the system in a way that does not create disincentives for people to take risks and climb out of poverty, whilst also linking with a “joined up” approach to public policy delivery.

Finally, there is a medium to long-term challenge at national, raion and local level to strengthen M&E systems to track outputs and outcomes: i.e. to make sure that cash and services are going where they are supposed to go, but also to see what kind of impact social assistance is having on poverty trends and patterns.

Annex A List of Focus Group Discussions and key informant interviews

Table A.1 List of FGDs

Location	Date	Group
Orhei (rural)	5 May 2007	Elderly
	5 May 2007	Families with children
	7 May 2007	Disabled
	7 May 2007	Young people
Orhei (urban)	16 May 2007	Disabled
	16 May 2007	Elderly
	16 May 2007	Families with children
	16 May 2007	Young people
Sorooca (urban)	8 June 2007	Disabled
	8 June 2007	Elderly
	8 June 2007	Families with children
	8 June 2007	Young people
Sorooca(rural)	22 June 2007	Disabled
	22 June 2007	Elderly
	22 June 2007	Families with children
	22 June 2007	48-58 years old
Cahul (rural)	12 June 2007	Disabled
	12 June 2007	Elderly
	12 June 2007	Families with children
	12 June 2007	Young people
Cahul (urban)	15 June 2007	Disabled
	15 June 2007	Elderly
	15 June 2007	Families with children
	15 June 2007	Young people
Chisinau (urban)	19 June 2007	Disabled
	19 June 2007	Families with children
	20 June 2007	Elderly
	20 June 2007	48-58 years old
Chisinau (rural)	18 June 2007	Disabled
	18 June 2007	Elderly
	18 June 2007	Families with children
	18 June 2007	48-58 years old

Table A.2 List of key informant interviews

Location	Date
Orhei (rural)	3 May 2007
Orhei (urban)	3 May 2007
Soroca (urban)	25 May 2007
Soroca(rural)	31 May 2007
Cahul (rural)	29 May 2007
Cahul (urban)	29 May 2007
Chisinau (urban)	11 June 2007
Chisinau (rural)	11 June 2007

Annex B Participatory tools

Method	Summary Description
1. Poverty characteristics, incidence and distribution	
Wealth / well-being ranking	This method involves the ranking of different individuals, households, or communities according to locally developed criteria of well-being. Performing such exercises for communities as well as households or individuals illustrates the significance of factors and assets that affect poverty at the community, group, or household level.
2. Poverty dynamics, assets, vulnerability and livelihood strategies	
Risk mapping / ranking	Good for understanding the vulnerability context, delineating perceptions of risk at different levels, and examining the multiple risk and vulnerabilities (the most vulnerable will experience multiple risks) and concomitant vulnerabilities as a result of a policy change; risk mapping helps to identify the covariance of risk and the coincidence of (multiple) vulnerabilities that impact most severely on the poorest.
3. Institutional analysis	
Institutional mapping/ Venn diagramming	A visual method of identifying and representing perceptions of key institutions (formal and informal) and individuals inside and outside a community as well as their relationships and importance. Enables understanding of how different community members perceive institutions both within the community (in terms of decision making, accessibility, and services) and outside the community (in terms of participation, accessibility, and services).
Institutional scoring	This enables an understanding of the relative differences in perceptions regarding different institutions across a range of criteria (e.g. accessibility, relevance, effectiveness, etc.). Compared to simply ranking, scoring enables an understanding of the magnitude of the relative differences.