



# UNEQUAL MOLDOVA

## Analysis of the most relevant inequalities in The Republic of Moldova



Schweizerische Eidgenossenschaft  
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Swiss Agency for Development and Cooperation SDC  
Agenția Elvețiană pentru Dezvoltare și Cooperare  
Швейцарское управление по развитию и сотрудничеству



Sweden  
Sverige

This report is developed under the Joint Equal Opportunities Initiative project. The project is implemented by East Europe Foundation in partnership with the Partnership for Development, from financial resources offered by Swiss Agency for Development and Cooperation (SDC) through the Swiss Cooperation Office in the Republic of Moldova and the Government of Sweden. The opinions expressed, belong to the authors and do not necessarily reflect the views of the donors.

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## INTRODUCTION

**This analysis aims to identify and analyse the basic inequalities for vulnerable groups in Moldova.** The report is realized within the project "Joint initiative to promote equal opportunities", implemented with the support of the Swiss Agency for Development and Cooperation and the Government of Sweden. The initiative aims to improve the situation of marginalized and vulnerable groups, by promoting the principle of equality and non-discrimination in the elaboration and implementation of public policies.

**This is the second edition of the report on inequalities in Moldova.** The first report was labored in 2017 and included the analysis of three basic areas: the standard of living, the health and the labor market. Five areas are analysed in this report: income, access to community services, participation, health and security at local level.

**This analysis identifies and examines inequalities for five relevant areas:** (I) Income – poverty level analysis, relative deprivation analysis and income analysis; (II) Community services – access, cost and quality of local services, such as water and sanitation, street lighting, waste management, etc .; (III) Participation – the level and availability of participation in the decision-making process at local level; (IV) Health – access to medical insurance and basic medical services; (V) Security – perceptions regarding personal and community security, as well as the prevalence of forms of gender-based violence.

**In the analysis, inequalities are identified and evaluated from several perspectives:** gender (men and women), age (young and old), disabilities and the perspective of Roma. At the same time, this report also addresses the inequalities between the poor and the rich, as well as the territorial inequality - the inequalities between the people / households in rural and urban areas or different districts and regions in Moldova. Inequalities are identified based on a simple distributional analysis of the positive effects associated with the domain, as well as the negative ones. The analysis starts from the central premise that in a society without discrimination and exclusion of some groups, the share of positive and negative effects associated with a domain must be equal for all groups, and the difference between them reflects the degree of inequality between the respective groups.

**This study has two basic findings:** (I) In the Republic of Moldova we can see significant inequalities in all areas; (II) the fact that these inequalities persist over time, signifies the failure of public policies and indicates the clear need to radically change the paradigm on which the authorities decide, finance and implement public policy priorities.

## EXECUTIVE SUMMARY

**Findings regarding income inequalities:** the share of poor households is declining, but this progress is very fragile. If the poverty line were to increase by 500 MDL (for 2016), the share of the poor in rural areas would increase about 4 times. The income of the poorest continue to grow, although the growth rate has slowed in recent years. Their income have increased, to a large extent, from remittances and social benefits, the share of income from productive sources has decreased or remained unchanged over the years. This fact clearly indicates that economic growth is not inclusive enough.

**Findings regarding access to community services:** access to community services is determined by several levels of inequality. Thus, we attest significant inequalities between urban and rural areas, inequalities between different rural communities and inequalities between households within the same community. The most deprived households for access to community services are Roma households, households with persons with disabilities and households with low income. For vulnerable groups that have access to services, these are quite expensive. Thus, for 55% of households with at least one person with disabilities, water supply services are very and very expensive. For Roma households, the share is 66%.

**Findings regarding participation:** Although most citizens are aware of their rights to information and participation, the actual level of information of citizens on the activity of LPAs in their community is very small, in general, and especially for vulnerable groups. The level of information regarding LPA activity could be partially explained by the level of education and proximity of LPA citizens (in rural and small localities the level of information is higher). The level of participation and involvement of all citizens is low and the involvement of vulnerable groups is even lower. The willingness to participate is higher among the empowered groups (with higher income and better educated).

**Health Findings:** In the last 10 years, the number of uninsured persons has not changed significantly. According to CPD estimates, the share of people without health insurance in 2018 was 28.5%, compared to 32% in 2010. A significant proportion of vulnerable groups do not go to the doctor: about 48% of the people in households with people with disabilities did not go to the doctor, even if they needed to. In the same situation were also the low-income households, the elderly and women. At the same time, we can see significant inequalities between different regions of the country in terms of certain health indicators. For example, in the Soldanesti district the average life expectancy in 2017 was 68 years, and in Edinet - 74 years. Between 2010-2017 the average life expectancy in Calarasi district increased on average by 5 years and in Leova by only about a year.

**Security Findings:** The degree of insecurity is higher among vulnerable groups. The share of those who do not feel safe is higher among the Roma, people with disabilities, women, the elderly and non-Roma households, but who live in the localities with a predominantly Roma population. The incidence of violence is higher for women in vulnerable groups. The share of those suffering from the most common forms of gender-based violence is twice as high among women in households with persons with disabilities and Roma women. From the perspective of age groups, women of pre-retirement age suffer more. People at risk of being subjected to violence are less likely to report the case. Thus, women in vulnerable groups, although they have a higher risk of being subjected to violence, are less likely to report the case of violence, compared to women in other groups (with a high level of education, young, rich, economically active).

## POLICIES FOR AN INCLUSIVE MOLDOVA

**The measures of the authorities in relation to the inequalities of Moldova are not sufficient.** The policy response from the authorities in relation to inequalities targeting vulnerable groups was to develop laws and policies specific to these groups. Although this approach is a welcome one and must continue, most of the time these laws and public policies are not ambitious enough and with sufficient resources to effectively address the structural inequalities affecting these groups.

**The existence and persistence of inequalities in Moldova reflects the need for a new policy approach from the authorities.** A first step in this regard would be to integrate the needs of vulnerable groups in all public policy documents and to force the authorities to make efforts to reduce inequalities by law. In addition to the obligation existing at the time of not discriminating and excluding, the authorities must assume a positive obligation to reduce inequalities. The change of this paradigm has been assumed by the Republic of Moldova, in the context of the Sustainable Development Goals 2030. Efforts to integrate the vulnerability were initiated in the process of elaborating the National Development Strategy "Moldova 2030", their continuation and amplification being necessary.

**Policies for a more inclusive labor market.** In order for the income of vulnerable groups to continue to grow in a sustainable way, we must ensure that they obtain income from wages or other productive sources. This means that the authorities must make a significant effort to place vulnerable groups on the labor market. The Employment Strategy, approved in 2016, recognizes some of the inequalities in the labor market, along with other public policy strategies and documents, but the objectives and actions of this Strategy are not ambitious enough to effectively address the structural causes that determine the inequalities in the labor market. Many of the structural reforms of the labor market are delayed (adoption of nurseries, reform of child care leave, adult education during life), others are implemented fragmentarily (the law on social inclusion of persons with disabilities) or are implemented without sufficient financial resources (the law on the promotion of employment and unemployment insurance). The reform of the pension system has been an important step, which can contribute to the increase of the employment of older people, but without complementary interventions it implies risks for some specific groups, such as the women of pre-retirement age in the rural areas.

**Inclusive fiscal policies.** In the Republic of Moldova, a vision is completely lacking as to what a fair fiscal policy would mean. Several tax policy decisions from the perspective of taxation (reducing the tax rate of income tax, tax facilities for IT companies) are essentially regressive tax decisions, through which the majority of citizens subsidize the activity of the most profitable and wealthy citizens in the world. country, while for many categories of public sector employees the level of pay remains very low.

**Policies for a more inclusive DCFTA.** Although agri-food exports have increased in recent years, employment in rural agriculture has declined. With the signing and entry into force of the Association Agreement and the creation of the Deep and Comprehensive Free Trade Area (DCFTA), agri-food exports to the EU market began to increase. According to some estimates, since the signing of the Agreement there has been an increase in the share of agri-food exports in total EU exports from about 35% in 2014 to about 40% in 2017, with a 44% increase of the respective exports over the years 2015-2017, compared to 2012-2014. At the same time, the number of employees in rural agriculture (a proxy for the quality of employment) is constantly decreasing, this tendency having a much faster rate for women employees. Similarly, although the textile and clothing manufacturing industry has benefited from this agreement, the average wage in this sector continues to be much lower, compared to the average wage in the economy. This situation indicates that the benefits of DCFTA are not fully felt by all. The support provided by the authorities, but also by the development partners, must be a much fairer one. In addition to the objectives of efficiency and compliance with EU standards, it

must pursue objectives of qualitative growth in employment in rural areas and, in particular, in rural agriculture.

**Policies for inclusive agriculture.** In 2015, the World Bank estimated that the support from the public budget for agriculture had the equivalent of 2% of the country's GDP (1.4% direct expenditure and 0.6% through fiscal expenses). The same analysis specified that, for the most part, the public financial support benefits the big farmers, the richest regions and the male farmers. At the same time, the analysis concluded that 75-80% of the subsidies were directed to the large corporate farms. Thus, the subsidy programs in agriculture must be rethought, in a significant way, from the perspective of equity. In particular, they must be designed to put conditionalities in relation to actual employment in agriculture. Otherwise, some of these resources can be used to implement the employment and unemployment reduction programs, approved by the Government in 2019. The experience of countries with a high level of employment indicates a fairly high degree of financing of active employment policies. The financial envelope in countries such as Denmark, Sweden, Finland and France exceeds 1% of GDP, and the OECD countries average 0.5% of GDP.

**More inclusive regional development policies.** Public investments in recent years have contributed significantly to reducing inequalities in access to services between rural and urban population. At the same time, we observe that there are still significant inequalities between rural communities and households in the same community in terms of access to community services. While it is true that investments in public services must take into account the principle of economies of scale, the authorities must identify ways in which they can ensure a reasonable level of equity in broadening access for small localities, for the more marginalized (social and geographical) parts of the localities, but also for households that have a lower consumption potential of services and, respectively, do not represent a viable economic potential. The Ministry on this sphere must assume the obligation to evaluate the impact on equity for each investment project, and the communities and authorities that provide a higher level of access will be favored in a competitive process.

# INCOME

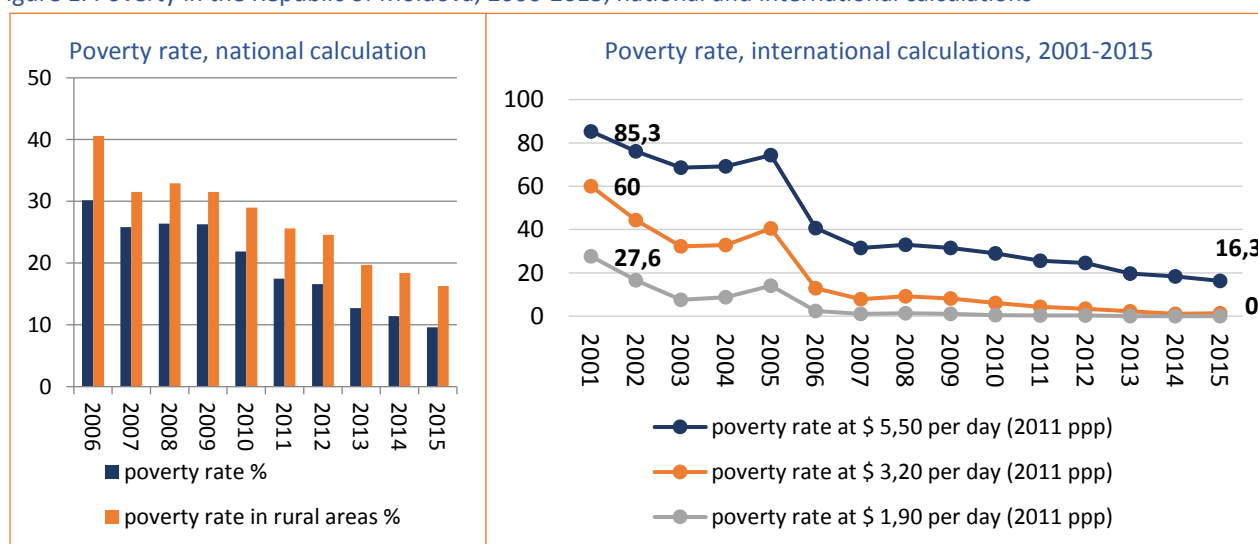
## 1.1. Poverty

**1. The methodology for calculating the poverty line requires clarification.** It is important to mention that the National Bureau of Statistics (NBS), based on Household Budget Study (HBS), carries out the assessment of poverty level in the Republic of Moldova. Because of last ten years changes in the structure of income, expenditures and consumption of the population and increased non-response rate of the respondents to the HBS in 2018, the National Bureau of Statistics has adjusted the calculation methodology of poverty line and HBS methodology.

**2. Considering these methodological details, we will focus in the report more on the analysis of trends, than on the exact figures for one year or another.** By examining the trends for the past ten years, we will be able to understand what the essential dynamic is regarding the inequalities related to the standard of living of the population.

**3. Poverty is in decline.** The poverty rate measures the proportion of the population that is below the level of economic resources needed for a decent living, compared to the total population. The latest data show that the share of the poor in the Republic of Moldova is constantly decreasing. National and World Bank calculations (Figure 1) show a similar trend of poverty for both urban and rural communities. The report on inequalities in 2018<sup>1</sup>, indicates the same trend for the level of poverty among vulnerable groups.

Figure 1. Poverty in the Republic of Moldova, 2006-2015, national and international calculations



Source: Ministry of Economy and Infrastructure

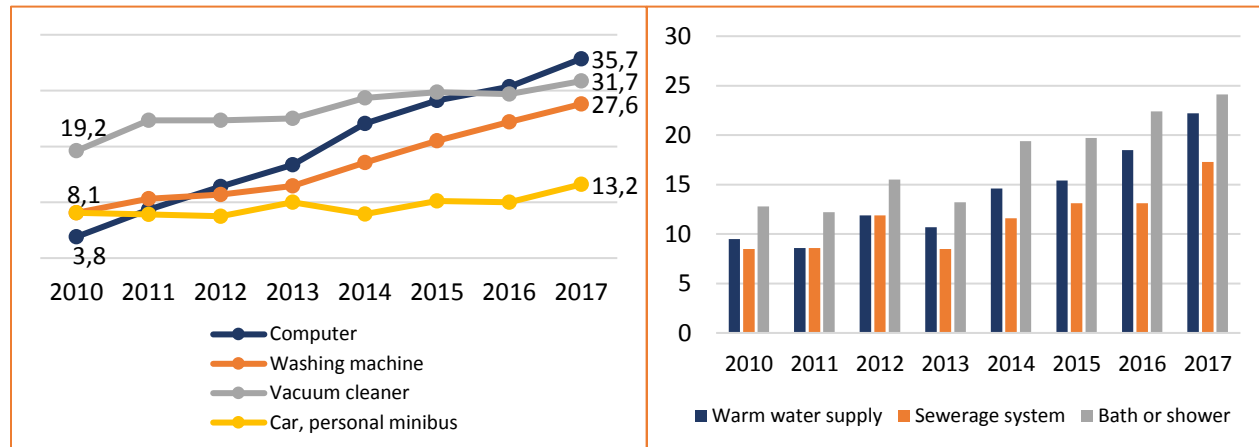
Source: World bank poverty & equity data portal

**4. The analysis of consumption indicators (a welfare proxy) reveals the same trend.** By proxy indicators we suppose the provision of households with goods, such as a computer, a vacuum cleaner, a washing machine or a car, but also services, such as hot water, a bathroom inside the house, etc. The figure below illustrates that among the poor quintile (20% of the population with the lowest income) the consumption level increased, respectively the income level. This fact suggests, most likely, a reduction in the poverty rate. For

<sup>1</sup> Inequalities in the Republic of Moldova: Challenges and Opportunities  
<http://eef.md/index.php?pag=news&id=984&rid=1207&l=en>

example, compared to 2010, the share of households that have a computer has increased approximately 10 times.

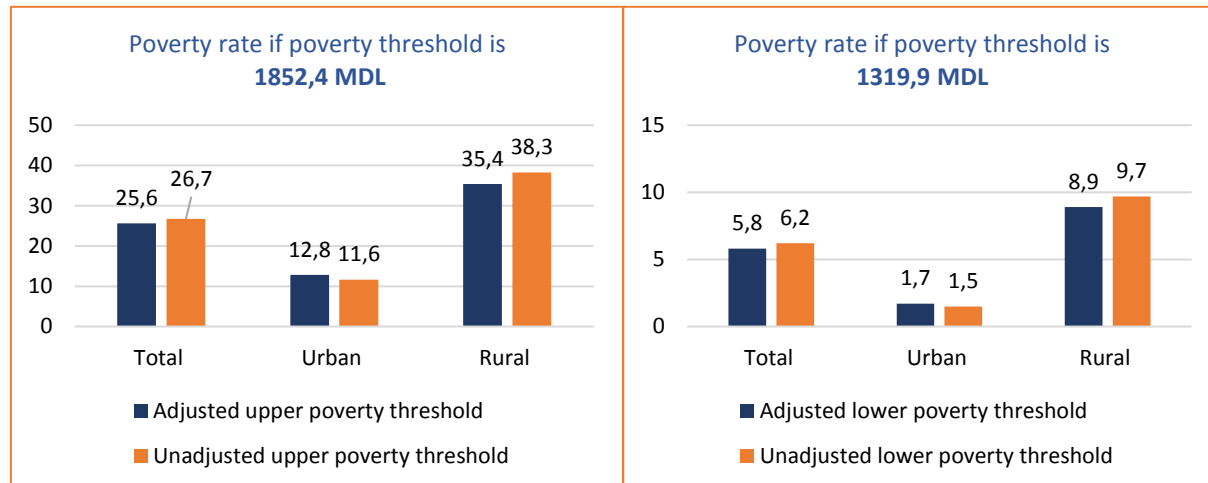
Figure 2: Level of supply with goods and services of the poorest 20% of the population



Source: National Bureau of Statistics

**5. Although the poverty rate has decreased, the share of people at risk of poverty is quite significant.** In the process of adjusting the methodology for calculating the poverty line, the NBS calculated its rate depending on the upper poverty threshold, which constituted 1852.4 MDL in 2016 and the lower poverty threshold (1319.9 MDL). We can see that a difference of only 500 MDL changes quite dramatically the picture regarding the proportion of those considered poor in the Republic of Moldova (see figure 3 below). This further emphasizes the need and importance of more comprehensive analyses of poverty in Moldova.

Figure 3: Poverty rate based on low and high level of poverty in 2016



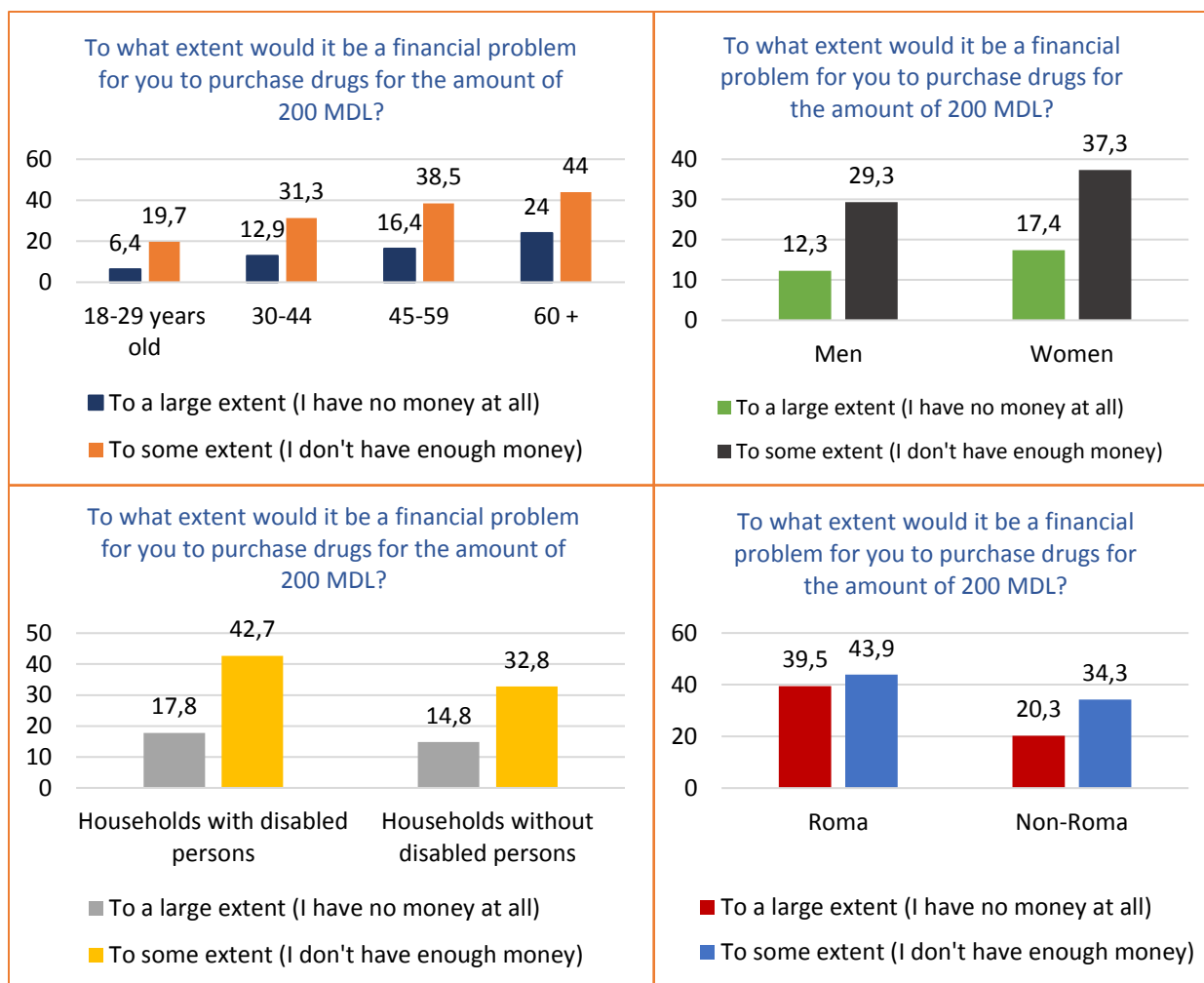
Source: National Bureau of Statistics

**6. In order to assess the degree of poverty, we have used alternative measures.** Thus, CPD started an opinion poll in 2018 (for details see the chapter on methodology), in which the respondents answered the question to what extent the purchase of drugs worth of 200 MDL would be a problem for them, from a financial perspective. About 15.1% of the respondents stated that the purchase of drugs for 200 MDL is a very big problem (they have no money at all), and 33.7% stated that it is a big problem for them (they do not have enough money). The conclusion is that these respondents (who answered that it is a very big or a big problem for them) could be considered poor from a financial/monetary perspective.



**7. There are significant inequalities in terms of monetary deprivation.** The manifestation of monetary deprivation (inability or reduced ability to buy drugs for 200 MDL) increases with age and is higher among women. The simplest explanation of the current statement is that among women the proportion of the elderly is higher and that women have less income. Similarly, inequalities regarding the level of deprivation are observed in the households of Roma people and those where persons with disabilities are present, compared to non-Roma families and in which there are no persons with disabilities. The monetary deprivation among these groups is explained by their reduced inclusion in the labour market or in other productive activities (see Inequality Report 2018).

Figure 4: Inequalities of monetary deprivation from the perspective of Roma gender, age, disability and ethnicity



Source: Inequality Survey, CPD 2018

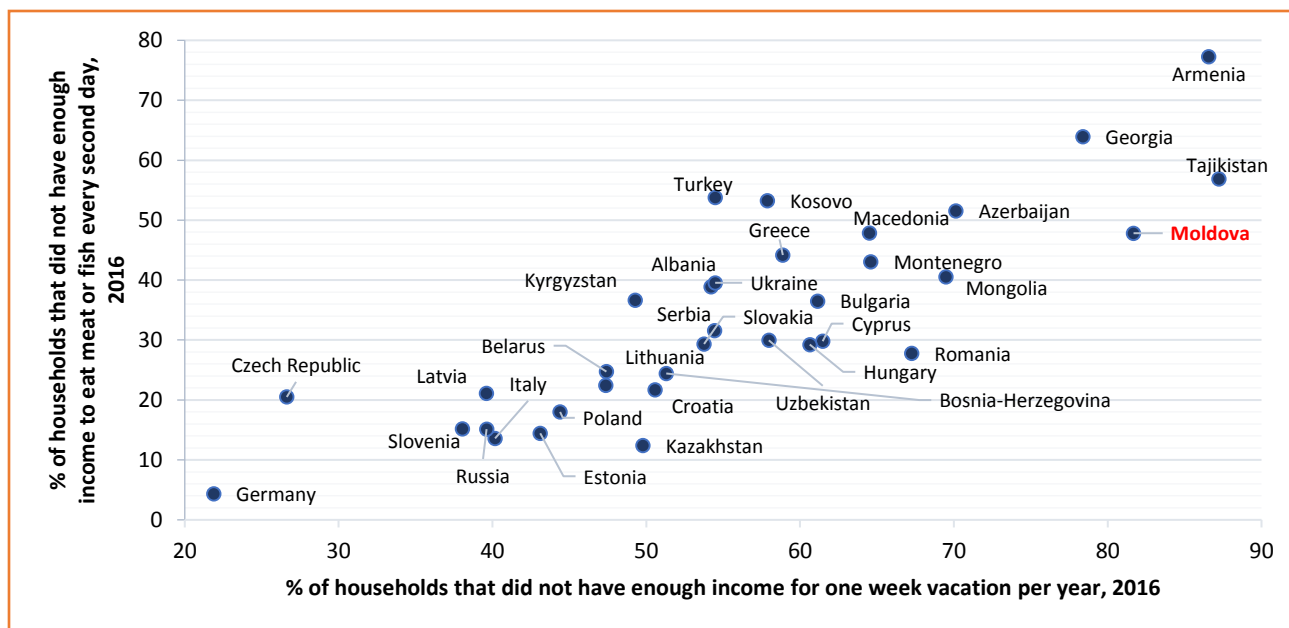
**8. Relative degree of deprivation in Moldova is quite high in the regional context.** The relative degree of deprivation is estimated by using two proxy indicators. First proxy indicator for monetary poverty refers to the ability of the household to have enough income as to consume meat or fish daily. The second indicator refers to the ability of the household to pay for a holiday once a year. This proxy indicator measures the middle class<sup>2</sup>. The European Bank for Reconstruction and Development (EBRD) measured these indicators at regional level in the study *Life in Transition Survey*<sup>3</sup>, in 2016. In the figure below, shows that in Moldova 48%

<sup>2</sup> The group whose resources are smaller compared to the rest of the population, but these resources allow them to cover a minimum standard of living.

<sup>3</sup> Life in Transition Survey (LITS) <https://www.ebrd.com/what-we-do/economic-research-and-data/data/lits.html>

of households could not afford consuming meat or fish daily and about 80% of households did not have enough income for one-week vacation.

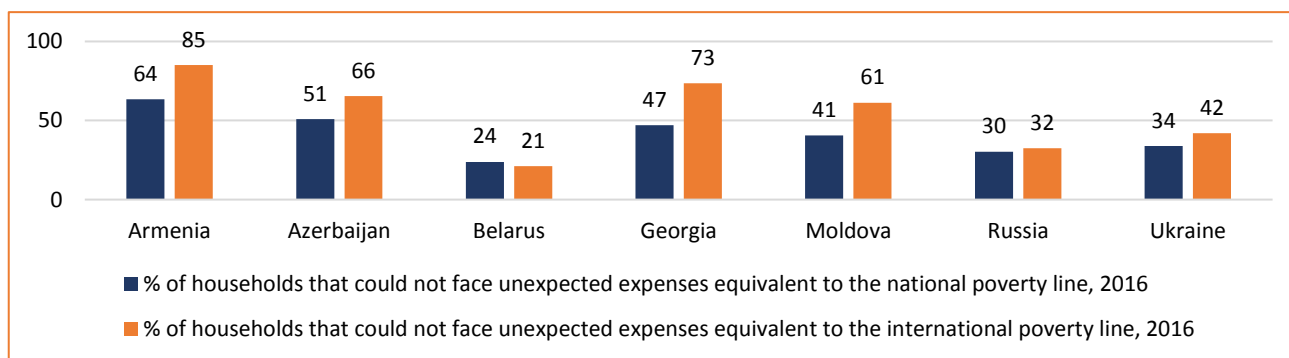
Figure 5: Relative degree of deprivation in regional context



Source: Life in Transition (EBRD), 2016.

**9. Monetary vulnerability in Moldova is quite high.** It represents the ability of households to cope with certain unexpected expenses. The figure below illustrates high degree of vulnerability of households in case of such expenses, equivalent to the national and international poverty threshold. According to these indicators, around half of Moldovan households would be vulnerable from monetary perspective

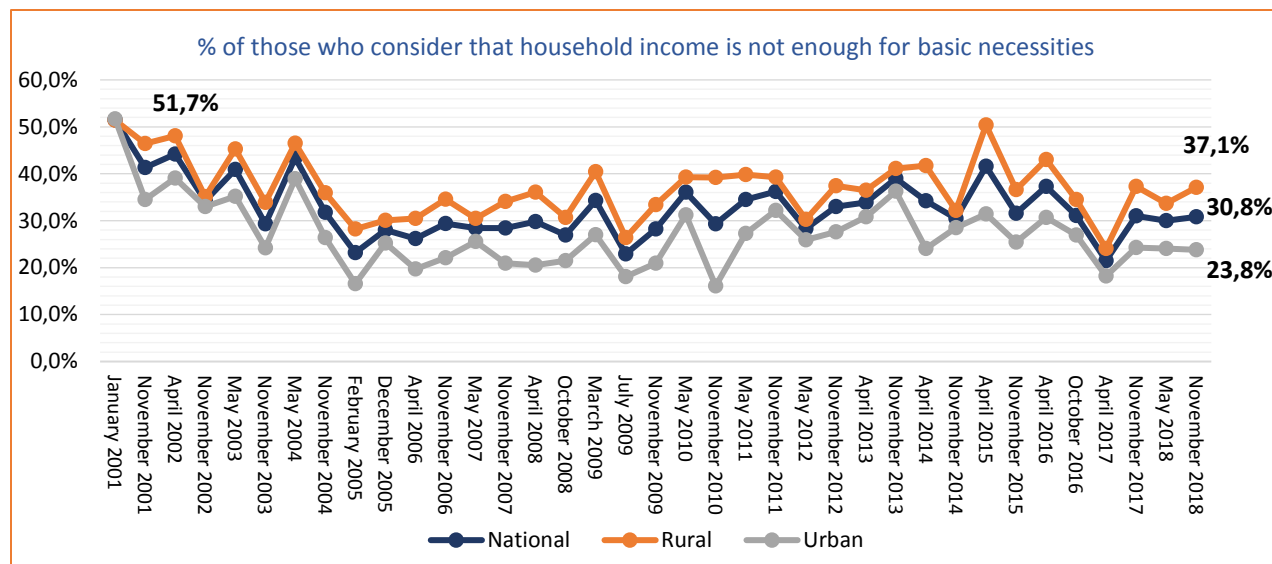
Figure 6: Relative level of monetary vulnerability in the regional perspective, 2016



Source: Life in Transition (EBRD), 2016.

**10. A complementary model for measuring poverty is the self-assessment of respondents' own income.** Beginning with 2001, the Barometer of Public Opinion (BOP) asks respondents, twice a year, to assess to which extent available revenues allow them to obtain their strict necessary, an indicator defined by each individual respondent. The figure below shows that, although this indicator has a certain degree of volatility, share of the poor (those who consider that the income of their households do not reach even for strict necessary) has been decreasing for those from rural areas, with a more significant difference in the last year. This personal approach can be influenced by different subjective factors, such as the political situation in the country, the electoral options of the respondents, etc. At the same time, this approach is a simple and allows a bigger variety of answers from the respondents.

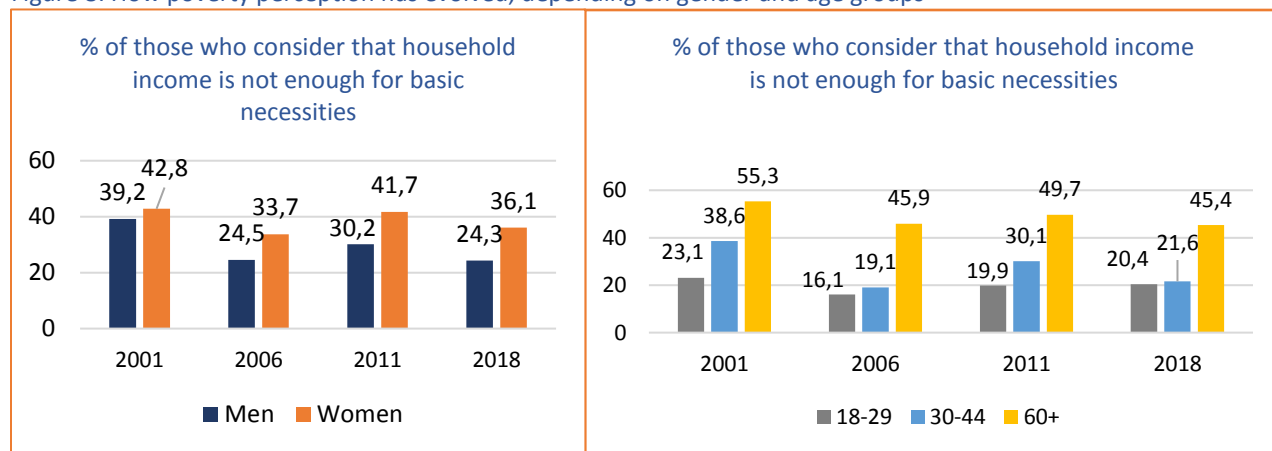
Figure 7: Self-assessment of poverty, 2001-2018



Source: Barometer of Public Opinion, Institute for Public Policies

**11. Most of the poor people are the elderly and women.** An analysis from the perspective of gender and age groups shows that the degree of self-esteem of poverty has been and continues to be higher among the elderly (people aged 60+) and women.

Figure 8: How poverty perception has evolved, depending on gender and age groups



Source: Barometer of Public Opinion, Institute for Public Policies

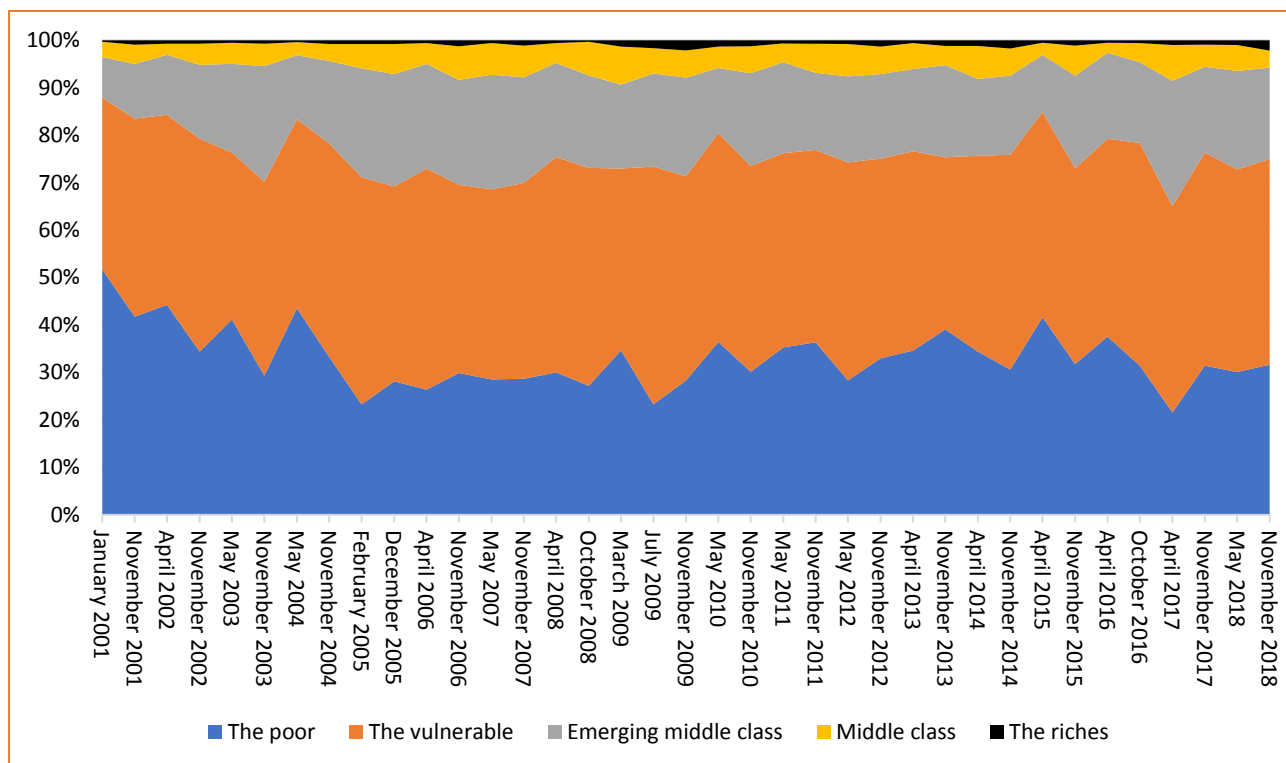
**12. The biggest social class in Moldova is that of vulnerable people.** BOP data allows estimating proportion of social classes and their dynamics based on the indicators analysed above. Based on the answers to the question regarding household income and their ability to cover the necessary requirements, there are identified five classes: *Poor*, *Vulnerable*, *Emerging middle class*, *Middle class*, and *the Rich*<sup>4</sup>. Thus, analyses reveal that the greatest share in the Moldovan society is held by the vulnerable - persons with income that provide them with only strict necessities. The group is called vulnerable, because its representatives are at risk of becoming poor in case they will face a crisis, a shock (reducing remittances, drought, floods, etc.). Their share ranged from 40% in 2001 to 47% in 2018. Depending on the demographic aging of Moldova, the

<sup>4</sup> An approach of social classes based on income in Moldova is provided by the World Bank. Cojocaru, Alexander; Matytsin, Mikhail. 2018. Moldova Poverty and Shared Prosperity Update 2018. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/30468> License: CC BY 3.0 IGO

group of vulnerable people will continue growing. One of the reasons is that the number of people from rural areas who are self-employed in subsistence agriculture will continue to increase.

Figure 9: Self-assessment of social classes in Moldova, 2001-2018

**To what extent does your household income is enough to ensure the strict necessity? The answers:** We do not have enough for strict necessity – **the Poor**, We have only for the strict necessity - **the Vulnerable**, We have enough for a decent living, but we do not permit buying more expensive goods - **the Emerging middle class**, We have enough to buy some expensive goods, but with restrictions in other areas - **Middle class**, We manage to have everything we need, without limiting ourselves to anything – **the Riches**.



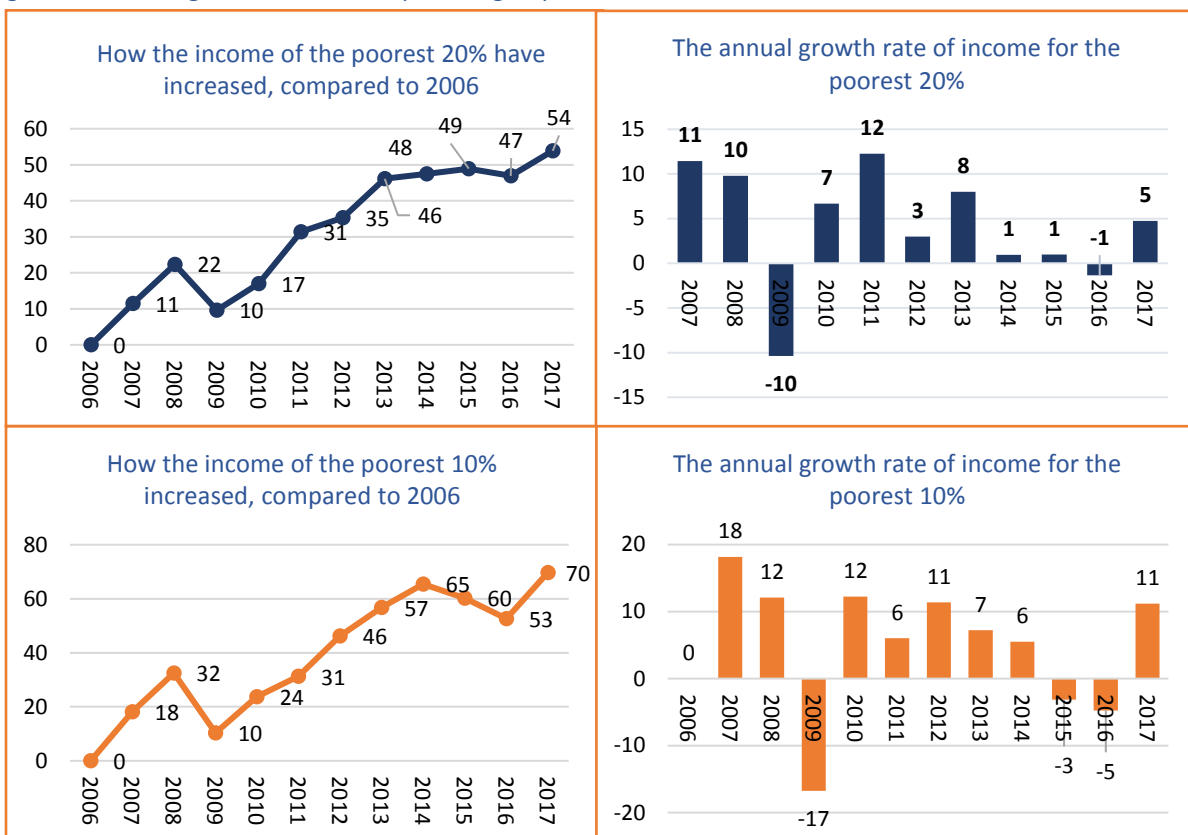
Source: Barometer of Public Opinion, Institute for Public Policies

## 1.2. Income

**13. The available income is calculated annually by the NBS based on Household Budget Research.** Available income represents all means of in kind and money resource, derived from salary and personal activity, from the agricultural production of the auxiliary household, income from property, pensions, other social benefits, as well as other transfers (including free of charge goods and money received outside the household). The absolute values of the income represent average values per member of the household, calculated by dividing the total income/expenses to the number of units in the given community.

**14. The income of the poorest groups continued to grow over the last 10 years.** The CPD appraisals show that in real terms (the value adjusted to the prices of 2017), the average monthly income of the poorest 20% (quintile I) of the Moldovan society was 54% higher compared to the average income of 2006 (figure 10). The average income of the poorest 10% (1<sup>st</sup> decile) had about the same dynamics, except starting only with 2014, when the average income was 60% higher than in 2006, it stagnated and started to grow only in 2017. The trend for both groups is that the pace of revenue growth has started to slow down with 2011.

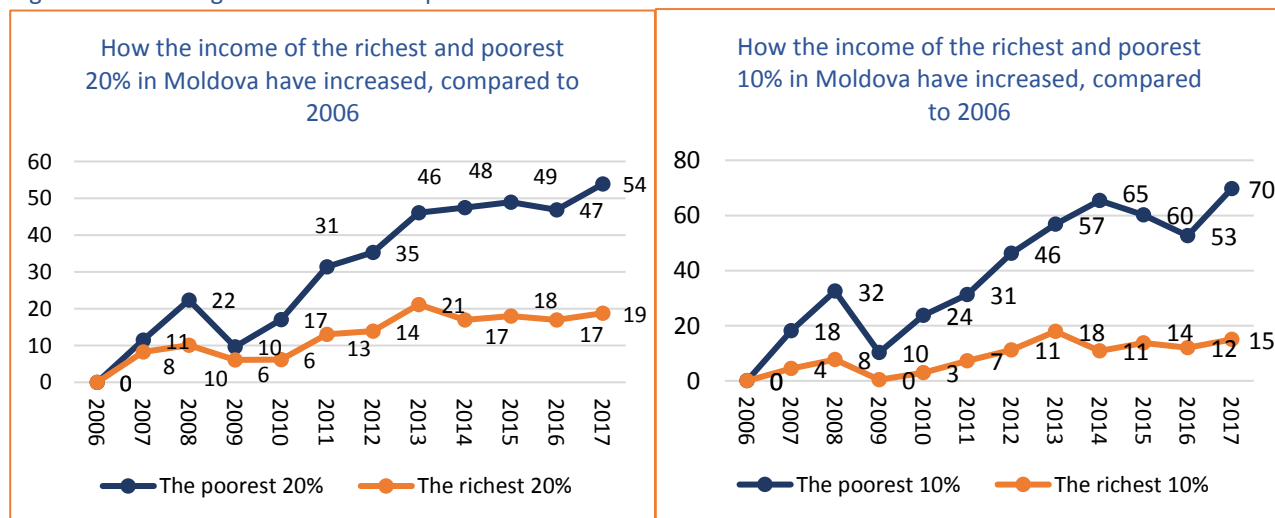
Figure 10: Income growth rate for the poorest groups in Moldova, 2001-2017



Source: Authors calculations based on NBS data

**15. In relative terms, the growth rate of income for the poor was faster compared to the riches.** Revenues for the 20% richest people in Moldova were 19% higher in 2017, compared to 2006. A slower growth rate can be observed for the 10% richest (X-decade) - by 15% compared to 2006. Thus, it is stated that the economic growth of the last ten years, benefited more the poor, at least in relative terms (the income for the poor have increased faster, since they were extremely low in 2006).

Figure 11: Income growth rate for the poorest and richest 20% and 10% of Moldova

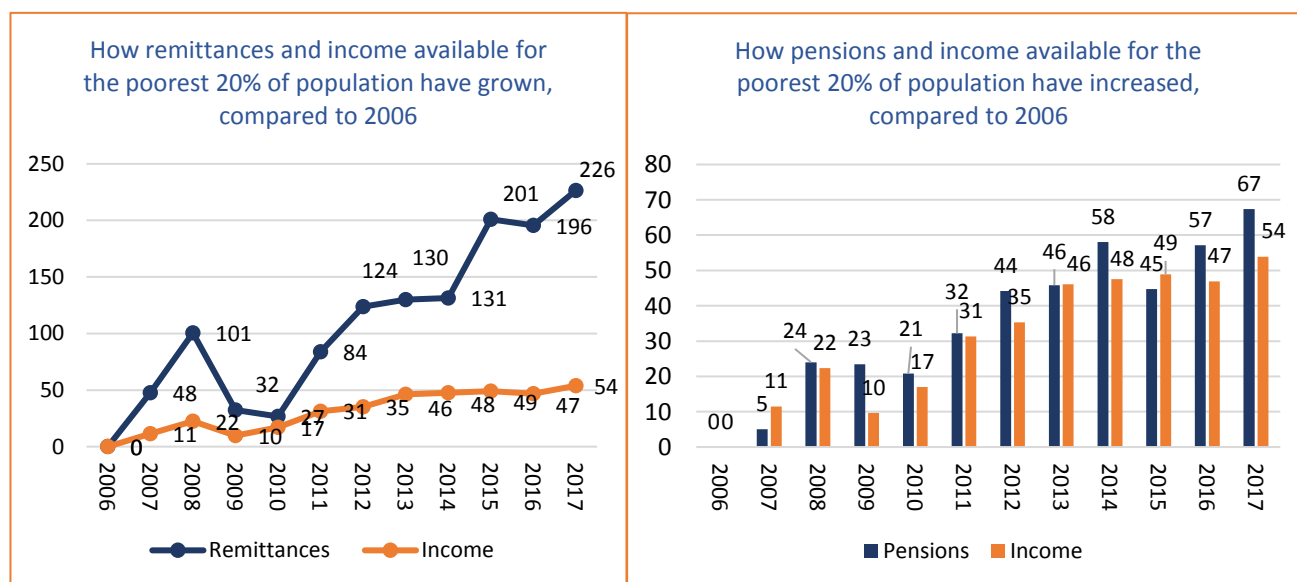


Source: Authors calculations based on NBS data

**16. Possibly, the income of the rich are underestimated.** It is to mention that the Household Budget Study (HBS), carried out by the NBS, has faced in the last years a significant rate of refusals, especially from the households of the Chisinau municipality. It can be assumed that that the study, tends not to measure in a sufficiently real way the rich deciles and quintiles. And at the international level, it is considered<sup>5</sup> that HBSs do not faithfully capture income and wealth of the rich parts of society. In such cases, data from household budget surveys are complemented by fiscal administrative data. For example, in China, official data showed that 1% of the population in the top of the income pyramid had a cumulative 6.5% of the total income of the country. An analysis of income, using tax data, determined that, in fact, they owned 11.5% of total income. Similarly, in Brazil, data from household budget surveys showed that the top 10% of the population held 40% of total income with a declining trend. After an analysis of the administrative data from the tax authorities, it was found that they owned 55% of the total income with a growth trend.

**17. The income of the poorest have increased due to remittances and pensions.** Compared to 2006, in 2017 remittances for the poorest 20% of population have grown by 226% higher. Remittances, as a component of income for the poorest, have grown much faster compared to other components. Pensions, too, have grown fast enough compared to available income. Explanation depends two factors: (i) aging of those with low income and (ii) starting with 2016, pensions have actually increased due to the decisions of the authorities (by valorisation and their ad-hoc increases).

Figure 12: The growth rate of remittances and pensions as part of the income available for the poorest 20%, compared to 2006.

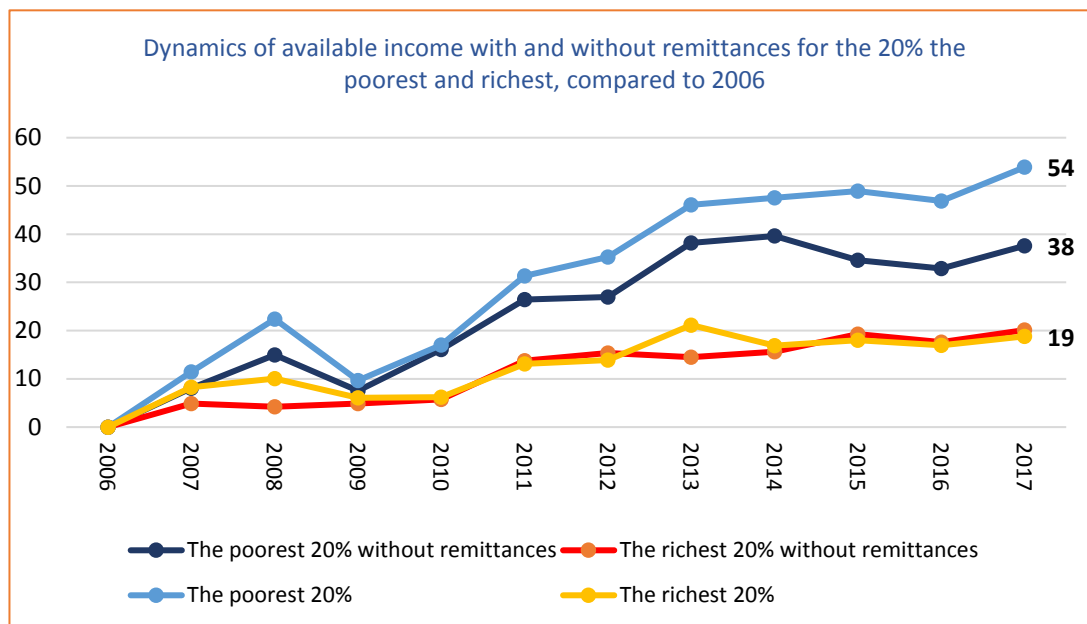


Source: Authors calculations based on NBS data

**18. Without remittances, available income would be much lower for the poorest 20%.** Available income for the poor quintile was 54% higher in 2007 than in 2006. If there were no remittances, this income would have been only 38% higher. For the rich quintile, the dynamics of remittance growth was equal to the rate of increase in available income. In other words, remittances mattered less for the relative growth of the rich people's income.

<sup>5</sup> World Inequality Report pag 29 <https://wir2018.wid.world/files/download/wir2018-full-report-english.pdf>

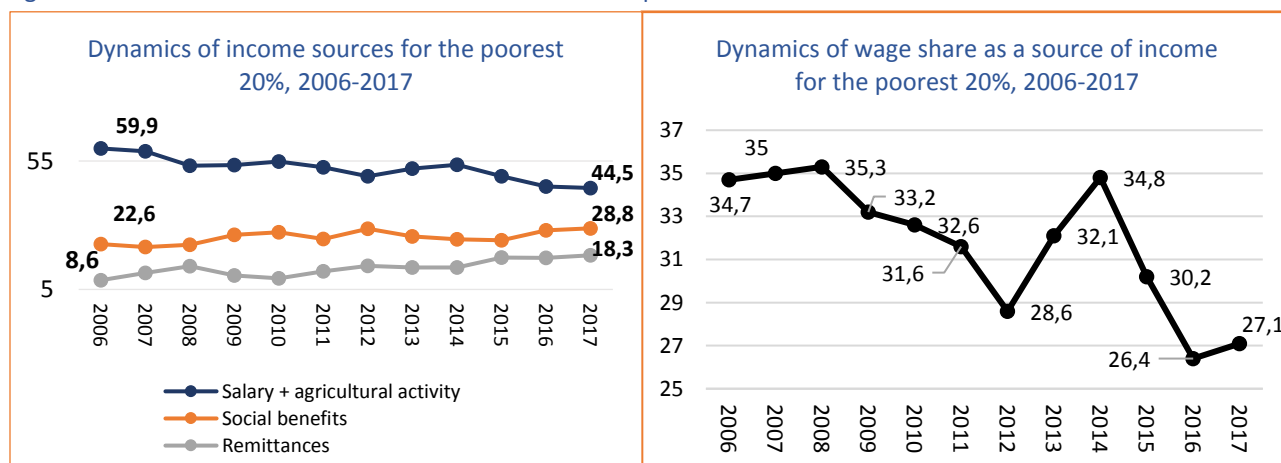
Figure 13: How remittances influenced the income of the rich and poor in Moldova



Source: Authors calculations based on NBS data

**19. It is unclear how sustainable is this model of poverty reduction (based on remittances and social benefits).** During the last ten years, the productive income (wages, agricultural activities, etc.) of the poor have decreased continuously, and the non-productive ones (social benefits, remittances) have increased (see the figure below). This model of poverty reduction and welfare assurance for the lowest income groups in society is not so sustainable. For the authorities, it will be difficult to ensure a sustainable rate to increase social benefits, given that the number of pensioners increases year by year compared to the decrease in the number of employees in the real economy. The rising dynamics of remittances will most likely continue, but these will depend on the lack of economic shocks (as was the case in 2009 in the EU and 2014 in Russia).

Figure 14: How sustainable are the income sources for the poorest 20% of Moldova?

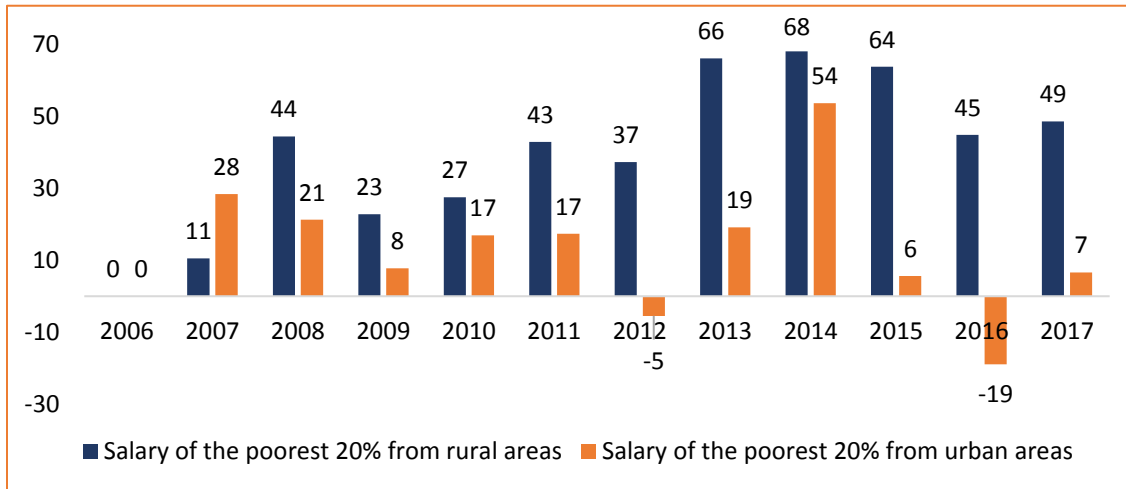


Source: Authors calculations based on NBS data

**20. Decreased income for the poor from the urban and rural areas, is explained by different factors.** In urban areas, most people with low income are pensioners and elderly. This explains why in the last 10 years their wages income did not increase in real terms. In rural areas, however, people with low income are not only pensioners and the elderly, but also employees in areas with very low salaries (agricultural sector,

informal sector). This situation also requires different policy interventions. Thus, poverty reduction at urban level could take place through social benefits and active employment measures for the elderly, and at rural level - by increasing quality employment on the labour market.

Figure 15: How rural and urban wages have increased for the poorest compared to 2006

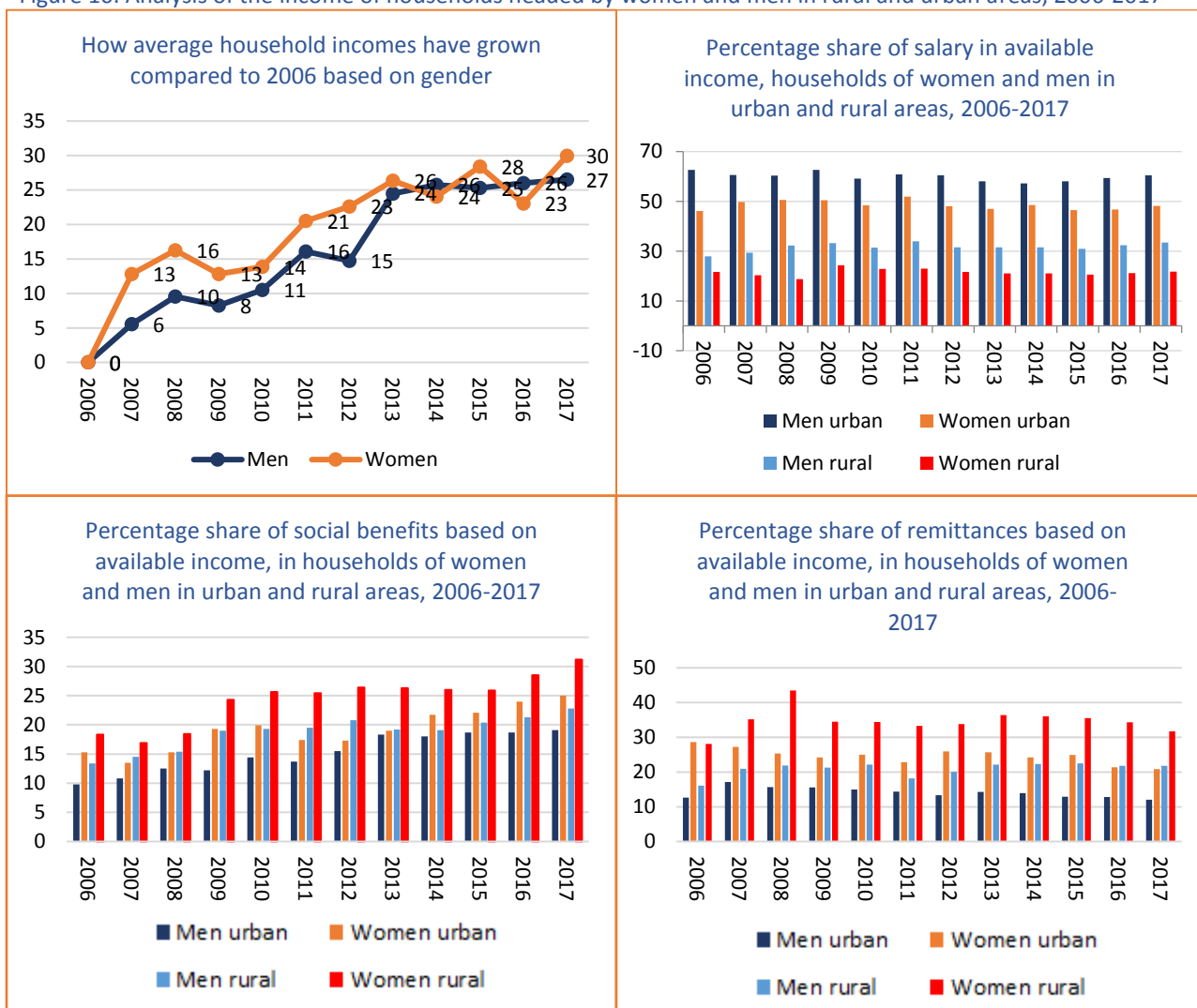


Source: Authors calculations based on NBS data

**21. Women income in rural areas largely dependent on remittances and social benefits.** It is important to note that the NBS presents household income data. In terms of gender equality, it is important to mention about households where male or female is the head of the family. Households run by men and women have a quite different income structure. In women's households, the significant share of income is determined by remittances and social benefits (in particular pensions), while in those driven by men - by productive activity, such as salary income or other informal income (from agriculture). Although income rate increasing was relatively the same, it is important to note that households run by women in rural areas (as their source of income depends on remittances and social benefits) are much more important sources of income compared to salary. This means that the majority of households run by women (both retired and working-age) in rural areas are not active in the labour market. Indirectly, this situation illustrates the level of economic dependence of women in rural areas. Many of the women able to work, that are inactive on the labour market, will further depend on men remittances and income in the household, including when they reach retirement age.



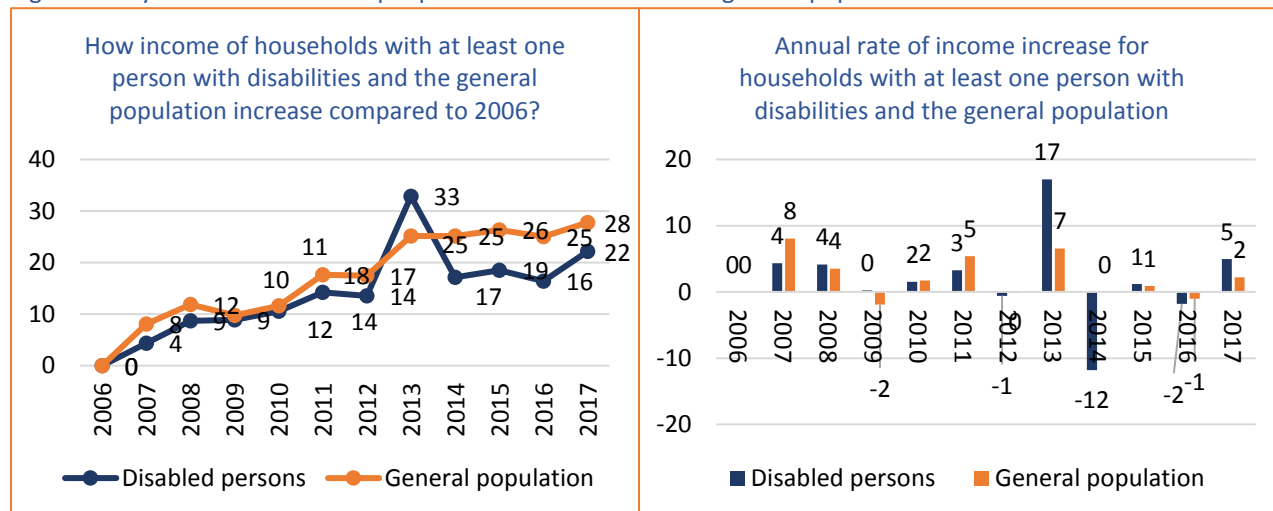
Figure 16: Analysis of the income of households headed by women and men in rural and urban areas, 2006-2017



Source: Authors calculations based on NBS data

**22. Income of people with disabilities had a slower growth rate, compared with the income of general population.** To understand the cause, we analysed income of households in which at least one person with disabilities lives. In real terms, their income were 22% higher in 2017 compared to 2006. During the period of 2013-2014, the income generated by remittances varied quite significantly in the household budget with at least one person with disabilities. Thus, the income of the general population grew more stable, which led to a significant divergence compared to 2014. This divergence is largely explained by the fact that households in which people with disabilities received less remittance income. In 2017, in these households, 12% of income were determined by remittances, compared with 16.5% for the general population.

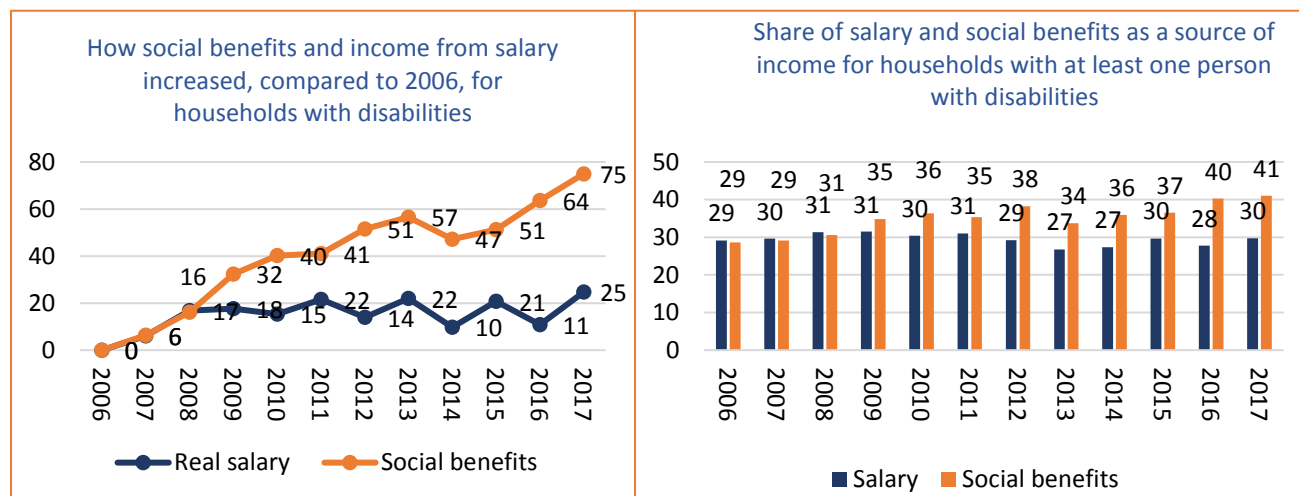
Figure 17: Dynamics of income of people with disabilities and the general population



Source: Authors calculations based on NBS data

**23. The most important source of income for households with at least one person with disabilities is social benefits,** which is 75% higher in 2017 compared to ten years ago. The dynamics of salary growth as a source of income was much lower, which shows that people with disabilities continue to have very limited opportunities to enter the labour market.

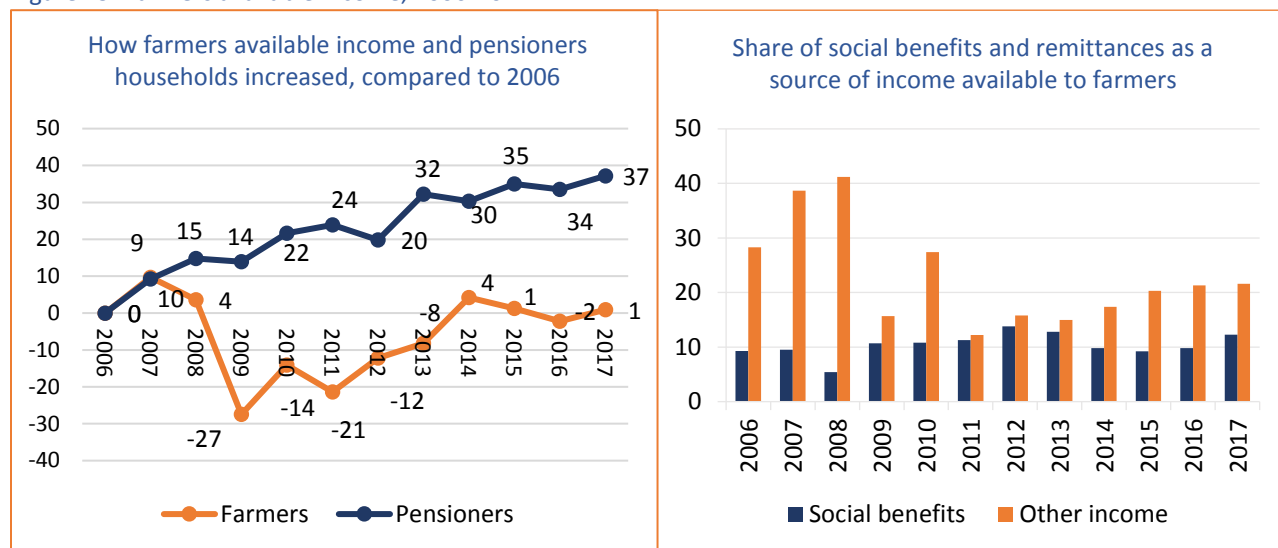
Figure 18: Social benefits and salary as sources of income for households with at least one person with disabilities



Source: Authors calculations based on NBS data

**24. Farmers do not fall current poverty reduction model.** The NBS qualifies the farmers as households for which the main source of income is the individual agricultural activity. Their available income was not increased since 2006 (see figure below), because a significant share of earnings is in non-monetary natural form (22.5% in 2017). At the same time, farmers have benefited less from social benefits, as they are able to work and activate, in addition, in an informal sector. Finally, yet importantly, they get less income from remittances. Farmers represent a pessimistic scenario for much of the environment that *are trapped* in a non-productive sector, with limited access to social benefits and remittances. It is important to mention that most of persons living in Moldovan situation is similar to those of the farmers, if these people did not have access to remittances.

Figure 19: Farmers available income, 2006-2017

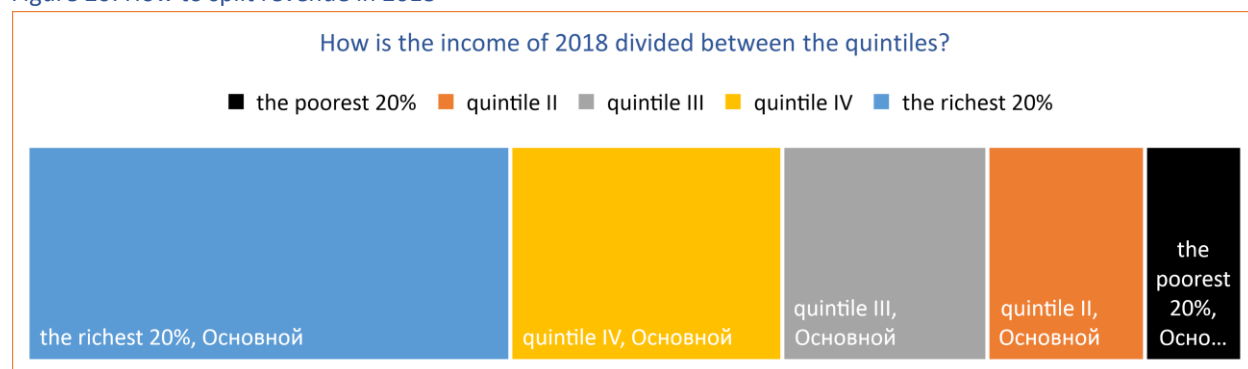


Source: Authors calculations based on NBS data

### 1.3. Income inequality

**25. Although the income of the poorest people have increased, the income inequality is quite significant.** A simple way to understand the level of income inequality is to assess what share of income in society is accumulated by the richest quintile (20% the richest) relative to the poorest quintile (20% the poorest). According to NBS data, in 2018, 20% of the richest people accumulated 40% of the total income, and the poorest - only 8% of the income. It is important to mention that, most likely, the income for the rich quintile is underestimated and, possibly, the share of the income accumulated in 2018 is actually higher.

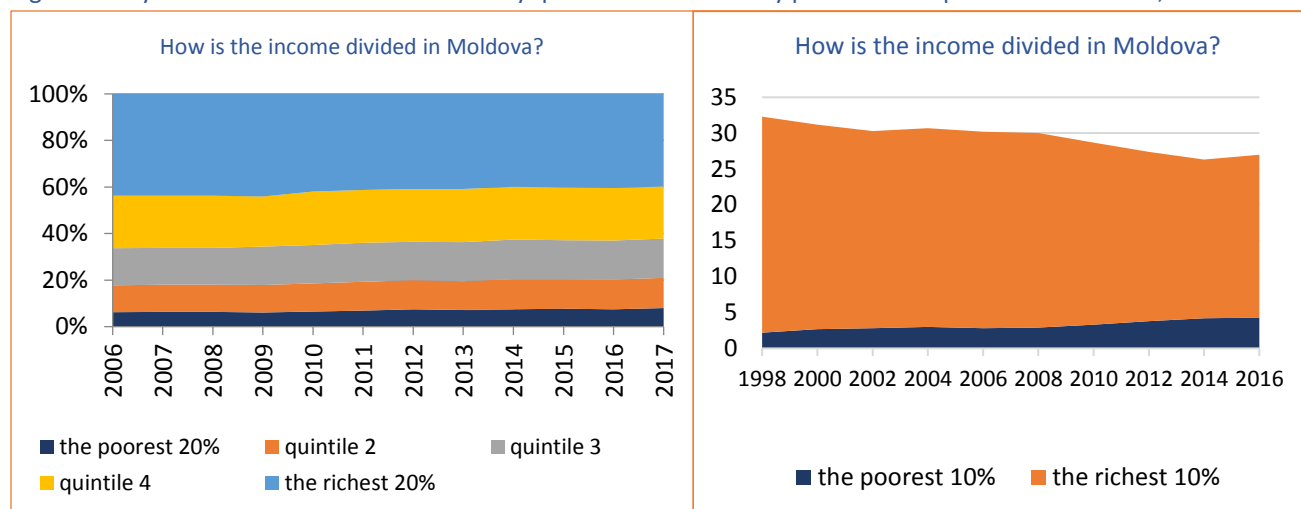
Figure 20: How to split revenue in 2018



Source: NBS

**26. Inequality of income has diminished quite a bit in the last decade.** When the income of the rich are underestimated, more useful is to analyse the income dynamics of the poorest. In 1998, the poorest 10% held 2.2% of income and in 2016 - 4.3%. In 2006 the poor quintile accumulated 11.5% of the total income, in 2017 they already collected 13%.

Figure 21: Dynamics of income accumulation by quintiles and deciles by poor and rich persons of Moldova, 1998-2017

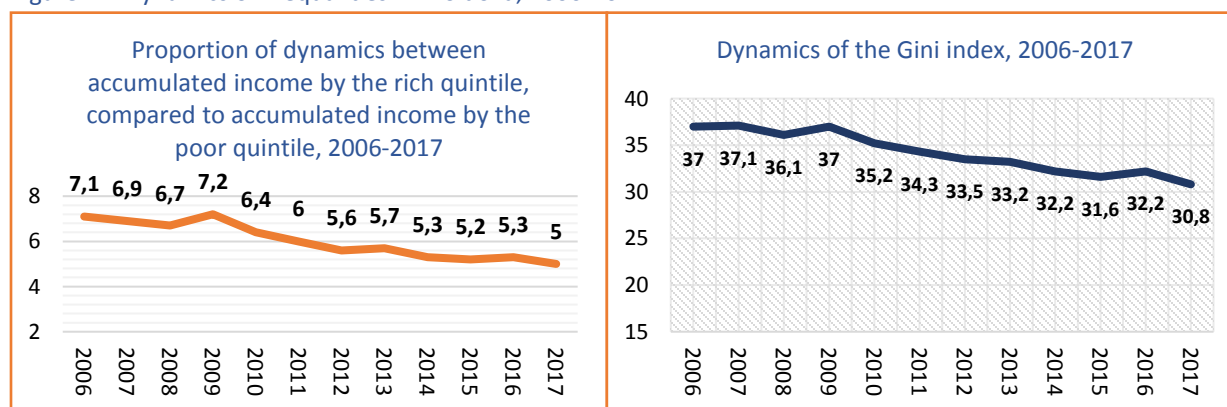


Source: NBS

Source: World bank poverty & equity data portal

**27. Inequality of income has always decreased, except for the periods when remittances were reduced.** In order to analyse income inequality, it was compared the income accumulated by the rich quintile to the income accumulated by the poor quintile. A complementary way is the dynamic analysis of the Gini<sup>6</sup> index. In our case, the index closer to 0 means a lower inequality. As it is closer to 100, it indicates a situation of significant inequality. It is to note that, although, the level of income inequality has decreased slightly over the years, the situation is reversed in the periods when the poorer groups received fewer remittances. This fact illustrates the importance of remittances in the model of poverty reduction and income growth for the poorest levels in Moldova.

Figure 22: Dynamics of inequalities in Moldova, 2006-2017

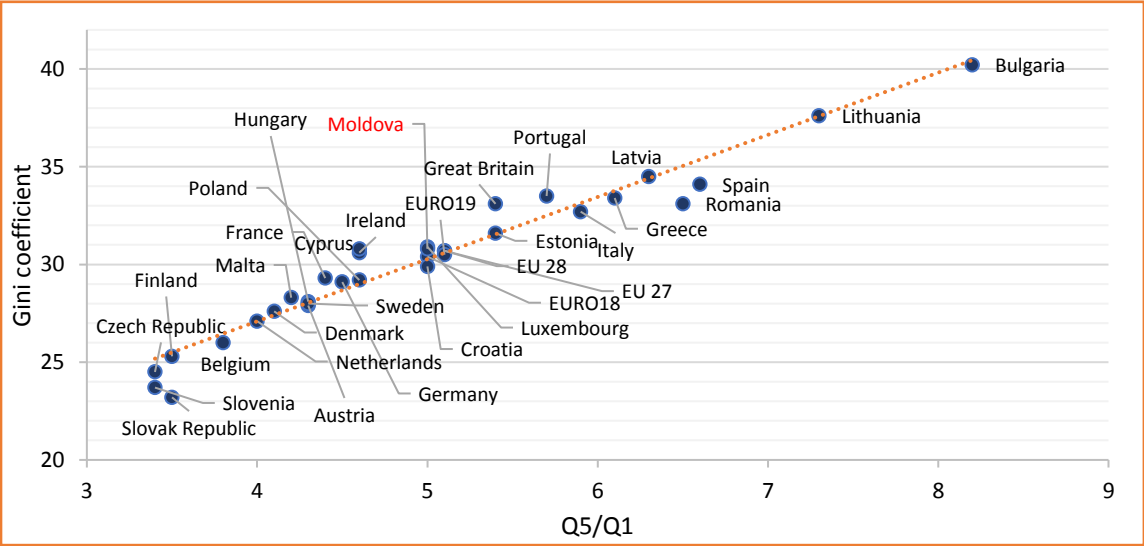


Source: NBS

**28. In the regional context, the level of inequality in Moldova is equivalent to the EU average.** To compare Moldova with the EU countries based on the indicators mentioned above, Moldova position is at the average of the countries of the respective region.

Figure 23: Moldova and EU countries depending on the main values of inequalities

<sup>6</sup> The income concentration coefficient (Gini coefficient) determines the degree of deviation of the effective distribution of income/expenses by equal population groups from the line of uniform distribution of income/expenses. The statistical size of the index varies from 0 to 1, equating to 0 - total equality of income/expenditure between all population groups; to 1 - total inequality, when all the income/expenses belong to one person/group.



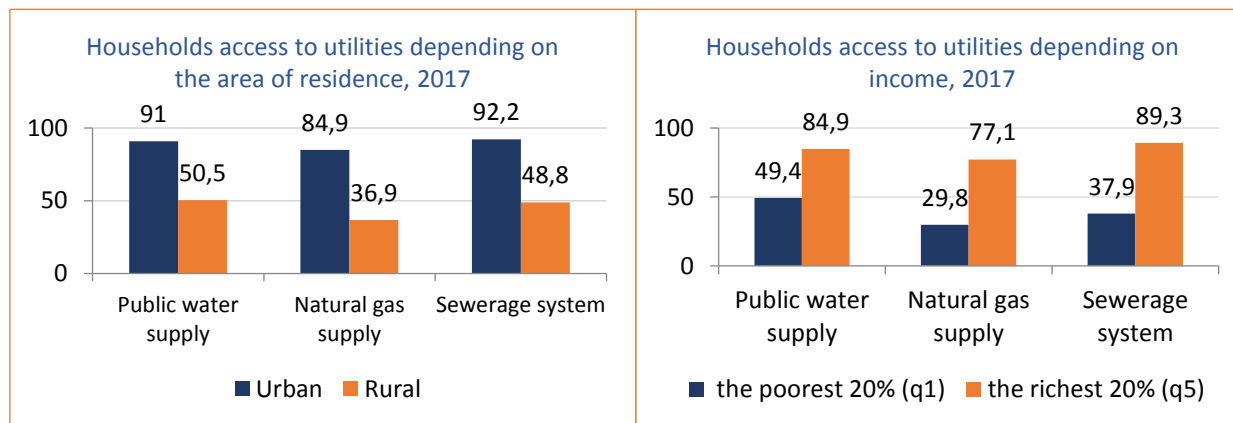
Source: NBS, EUROSTAT

# COMMUNITY SERVICES

## 2.1. Access to community services

**29. Location and income of the household determine access to community services.** Thus, rural and poor households have a twice lower access rate to services (aqueduct provided by public services, gas, sewerage system), compared to those from the urban areas and those from the richest quintile. Thus, level of inequalities are analysed in this chapter, from household income perspective and only for rural households.

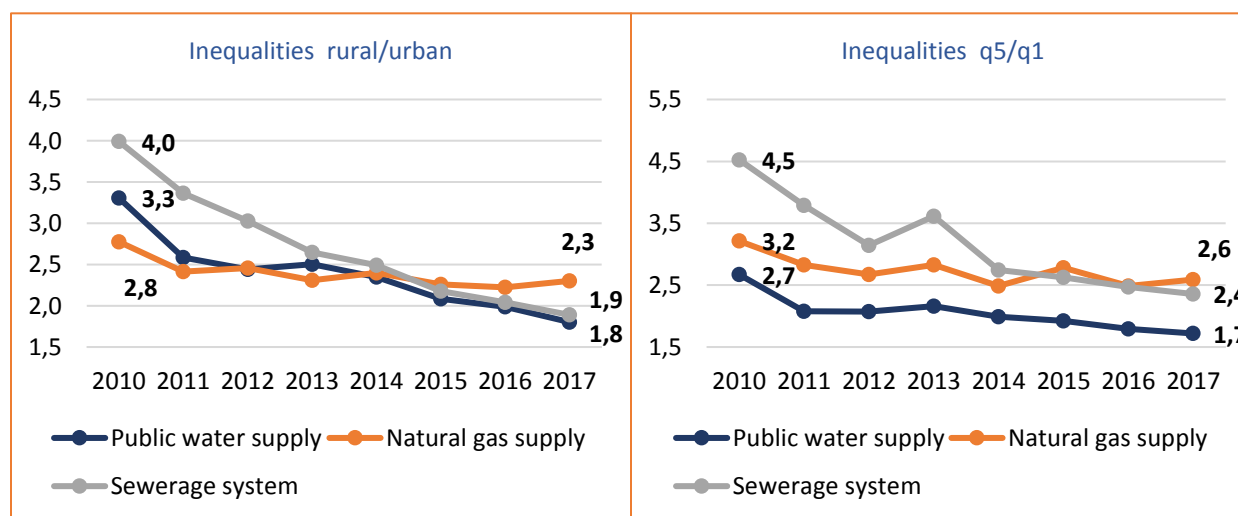
Figure 24: The level of supply of households with utilities, depending on the area and available income, 2017



Source: NBS

**30. Level of access to utilities has improved in recent years.** Inequalities accessing utilities have been alleviated in both rural and poor areas. Since most of the poor quintile's representatives live in rural areas, it is expected that inequalities on both dimensions will improve simultaneously. In general, inequalities have decreased because the income of people from rural areas and those from the poor quintile have increased (see chapter 1), but because of the fact that authorities and development partners have invested more in rural areas.

Figure 25: Dynamics of inequalities of access to rural/urban and q5/q1 utilities, 2010-2017

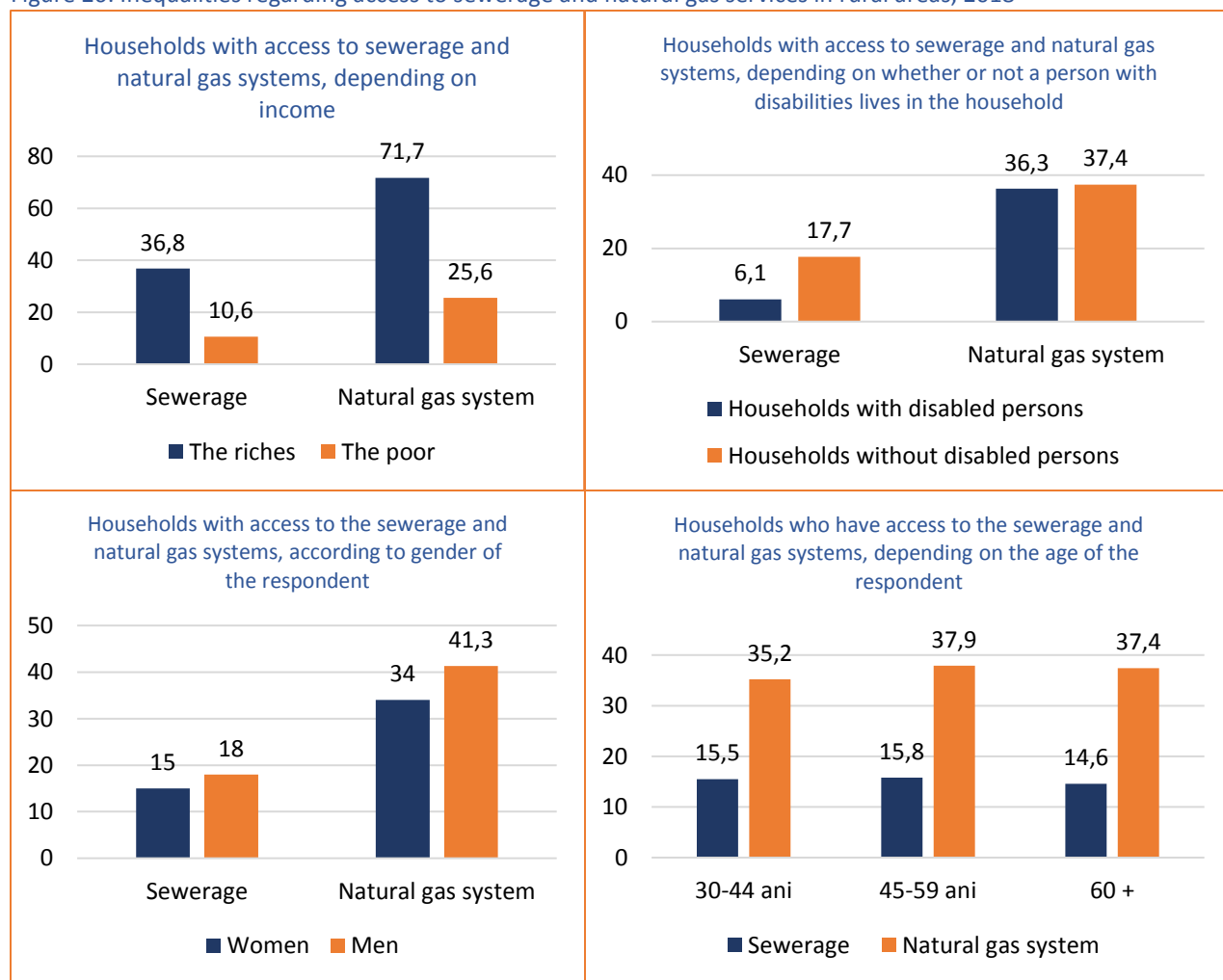


Source: BNS

**31. Further analyses will focus on inequalities regarding access to community services in rural areas.** Inequalities will be analysed considering following aspects: gender, age group, income level, disability and Roma ethnicity. The analyses focuses on data collected from survey conducted by CBS-AXA at the request of CPD in 2018 (see the methodology for additional details).

**32. Significant inequalities while accessing to services and utilities are present in rural areas.** By inequalities we assume distinction between the share of households considered more empowered (such as rich households, those in which there are no persons with disabilities, etc.) and the share of households with characteristics of potentially vulnerable groups (poor, in which a person with disabilities lives), who have access to one community service or another. The figure below illustrates the level of inequalities for two of these services - the sewerage system and gas system.

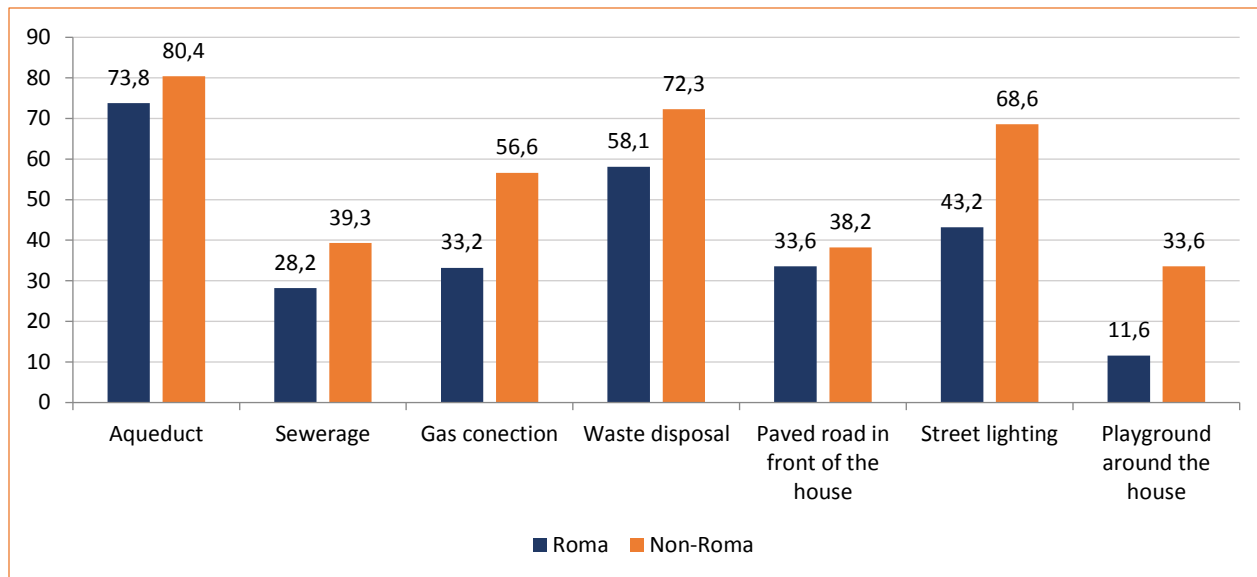
Figure 26: Inequalities regarding access to sewerage and natural gas services in rural areas, 2018



Source: CBS-AXA survey conducted at CPD request, 2018

**33. Regardless of the community service, the households of Roma people benefit less from services and utilities, compared to those of non-Roma people.** The data on access to services for these households is illustrated in the figure below. These data is collected from communities with significant Roma population. Thus, access to community services was compared between Roma and non-Roma in the same communities. In order to exclude situations where access rate of Roma households is lower compared to non-Roma ones, the same communities were chosen for the analyses. For the simple reason that they are concentrated in communities that, generally, offer limited access to such services.

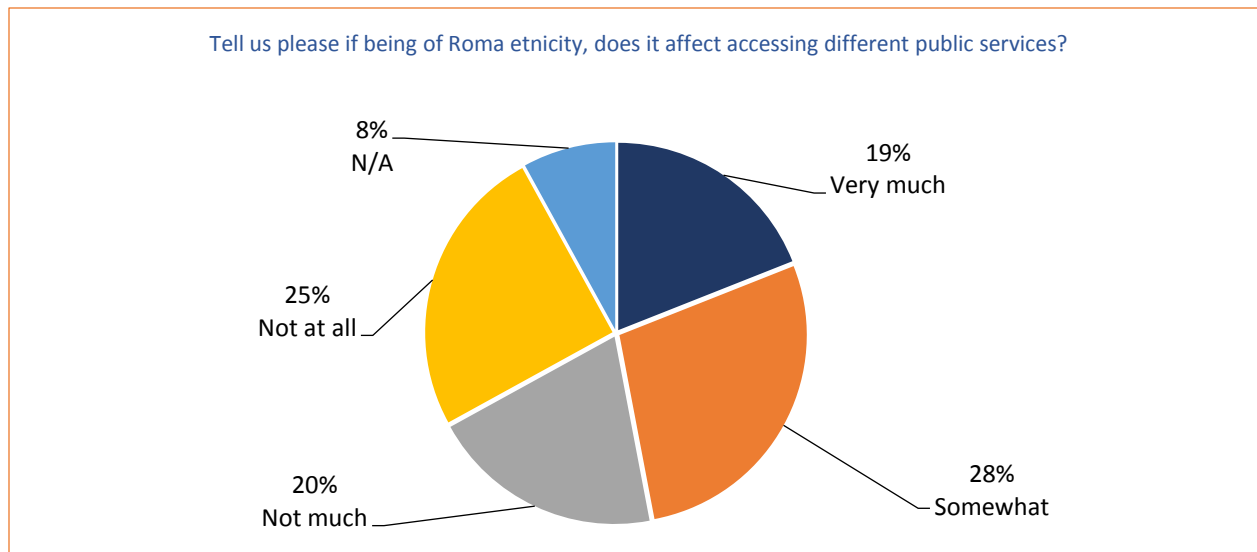
Figure 27: Inequalities in accessing services between Roma and non-Roma households (%), 2018



Source: CBS-AXA survey conducted at CPD request, 2018

**34. Inequalities that target Roma people derive from both exclusion and discriminatory practices.** Approximately 47% of Roma people believe that limited access to public services is caused the fact that they belong to this ethnic group. Such a significant share of exclusion perceptions is explained only because of existence of such practices in reality.

Figure 28: Perceptions of Roma people regarding their discrimination while accessing services

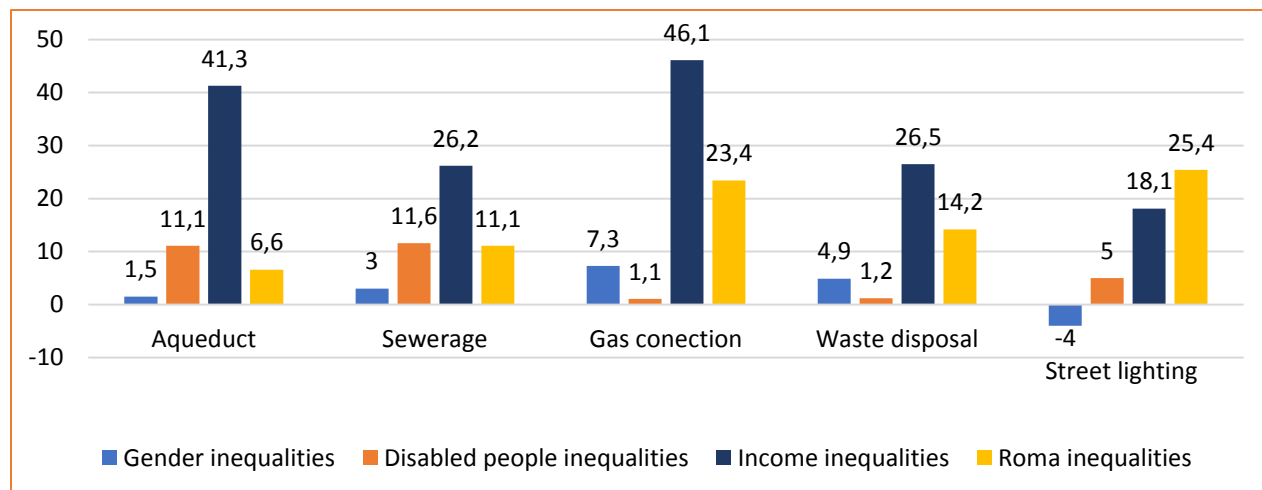


Source: CBS-AXA survey conducted at CPD request, 2018

**35. However, the most significant inequalities refer to those related to household income.** These are followed by the inequalities between Roma and non-Roma households, then those on the disability criterion and, finally, on the gender criterion. Inequalities based on age criterion are less present for the same age groups. We reiterate that data regarding the inequalities in accessing services in table below are calculated only for rural regions.



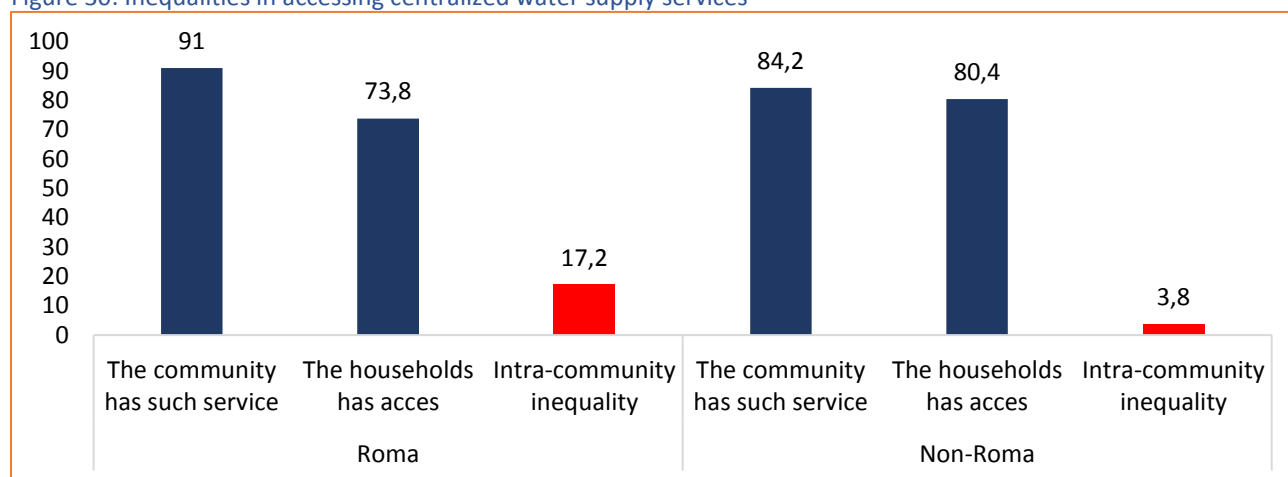
Figure 29: Inequalities in accessing community services



Source: CBS-AXA survey conducted at CPD request, 2018

**36. Another inequality feature in access to services is intra-community inequality**, shown in figure nr. 30. This is the difference between the percentages of households mentioning that there are certain services in their community (for example, centralized drinking water supply system) and the percentage of households that have and use this service. Intra-community inequality allows to comprehend more precisely the level of inequalities, because the first condition for a household to benefit from one service or another is the presence of this service in the community.

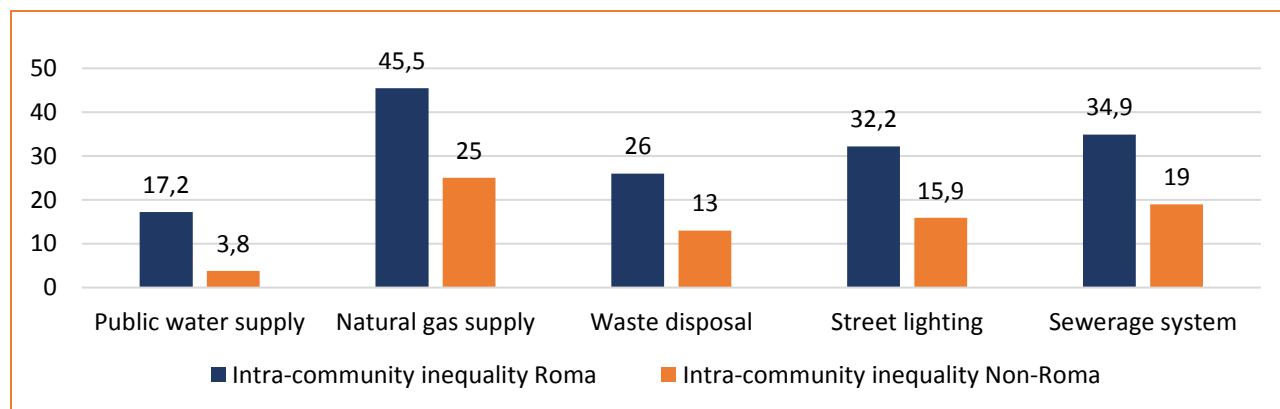
Figure 30: Inequalities in accessing centralized water supply services



Source: CBS-AXA survey conducted at CPD request, 2018

**37. And in this context, intra-community inequality is more pronounced in case of Roma households**, being twice as large for all types of services. However, it is to mention that intra-community inequality for water supply service is smaller in absolute value (17.2%) compared to other services, but almost five times higher compared to the intra-community inequality of the non-Roma households for this service (3,8%). This means that in communities, where certain community services are created, there is a much higher probability of benefiting from them for non-Roma households, compared to Roma households. Registered inequalities regard less structural factors that exceed LPA capacities or the community. They refer more to the aspects of exclusion and lack Roma households possibility to cover any connection costs.

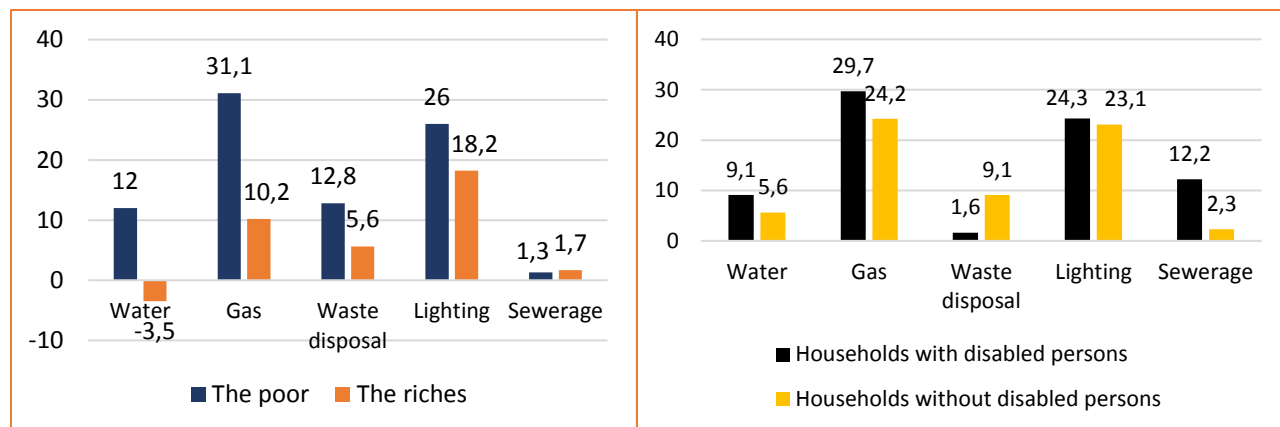
Figure 31: Intra-community inequalities between Roma and non-Roma households



Source: CBS-AXA survey conducted at CPD request, 2018

**38. Intra-community inequalities are equally significant for the poor and households in which people with disabilities are present.** Connection to gas and public lighting services is confirmed to be the biggest intra-community inequalities. The small inequalities regarding centralized sewerage system demonstrate generally, lack of this service in the rural regions. Negative value of intra-community inequality for the rich indicates that their households have access to such a service, even if community water supply service does not exist.

Figure 32: Intra-community inequalities in terms of income and disability

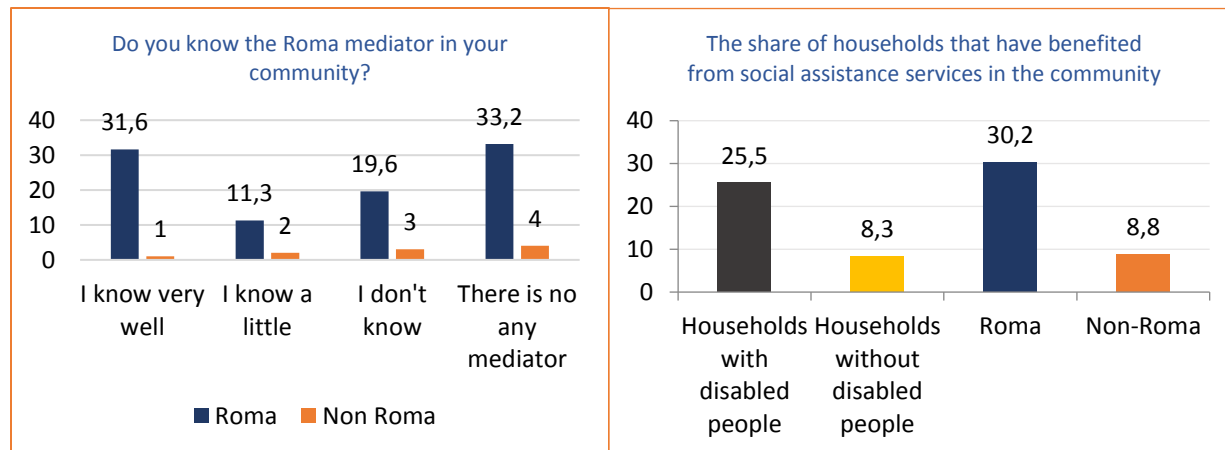


Source: CBS-AXA survey conducted at CPD request, 2018

**39. The access to social services is more oriented towards vulnerable groups, but the level of ensuring these services continues to be quite low.** For example, only 32% of Roma respondents know the community mediator. Half of the Roma population either does not know or does not have a community mediator in the community. This situation is a direct result of the insufficient actions of the public authorities, both locally and centrally, regarding the consolidation and extension of the function of community mediator. According to the latest estimates<sup>7</sup>, in 2016 only 22 community mediators were hired out of 48 needed. Figure 33 shows that social assistance service is better targeted to vulnerable groups, but its coverage remains low.

<sup>7</sup> REPORT on the analysis of the functional framework and the normative acts regarding the formalization, consolidation and efficiency of the activity of the community mediator. Vocea Romilor Coalition, 2016

Figure 33: Access to basic social services for the Roma people and persons with disabilities

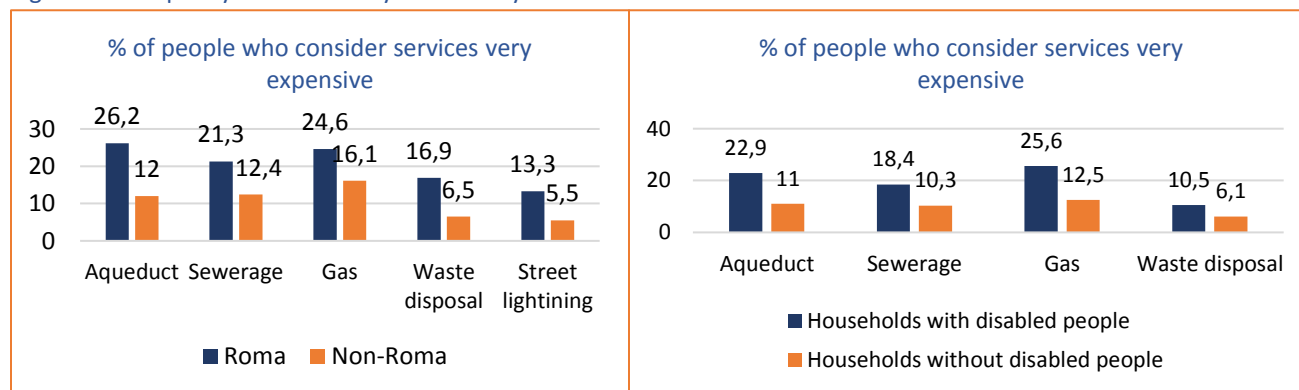


Source: CBS-AXA survey conducted at CPD request, 2018

## 2.2. Quality of community service

**40. There is an acute inequality in terms of financial accessibility to community services.** Price of the services represents an important aspect of their quality. In analysis establishes that for Roma households and households with at least one person with disabilities, services seem to be much more expensive, as they have a low purchasing power. For example, for 55% of households with at least one person with disabilities, water supply services are expensive and very expensive. For Roma households, the share is 66%.

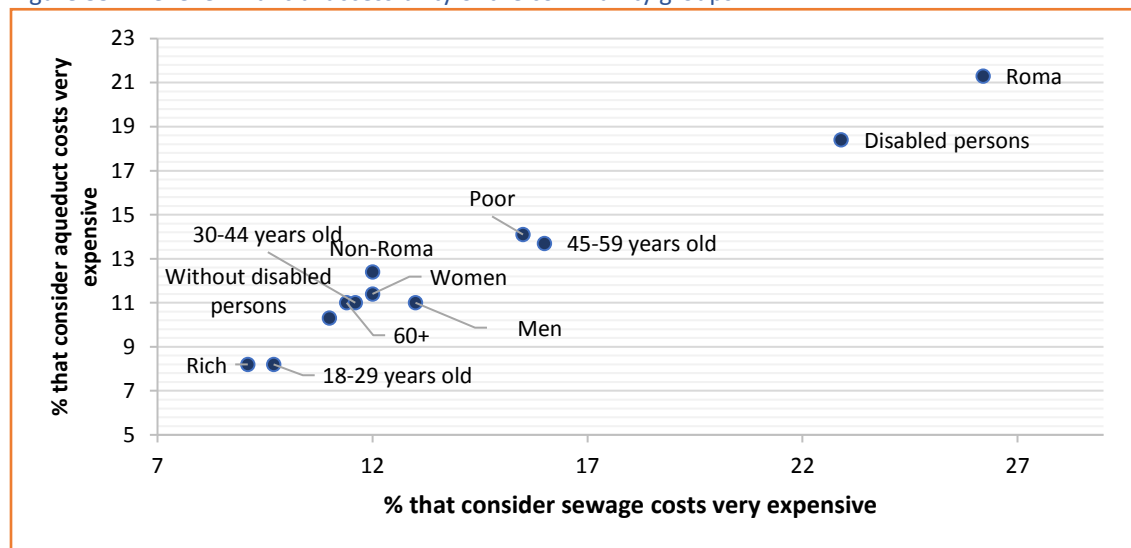
Figure 34: Inequality in accessibility community services



Source: CBS-AXA survey conducted at CPD request, 2018

**41. The most marked inequalities are attested to the Roma people and the people with disabilities.** The figure below illustrates the distance (inequality) between community groups in terms of financial accessibility. The most vulnerable groups are: Roma people, those with disabilities, the poor and the pre-retirement age (who are most likely employed in subsistence agriculture).

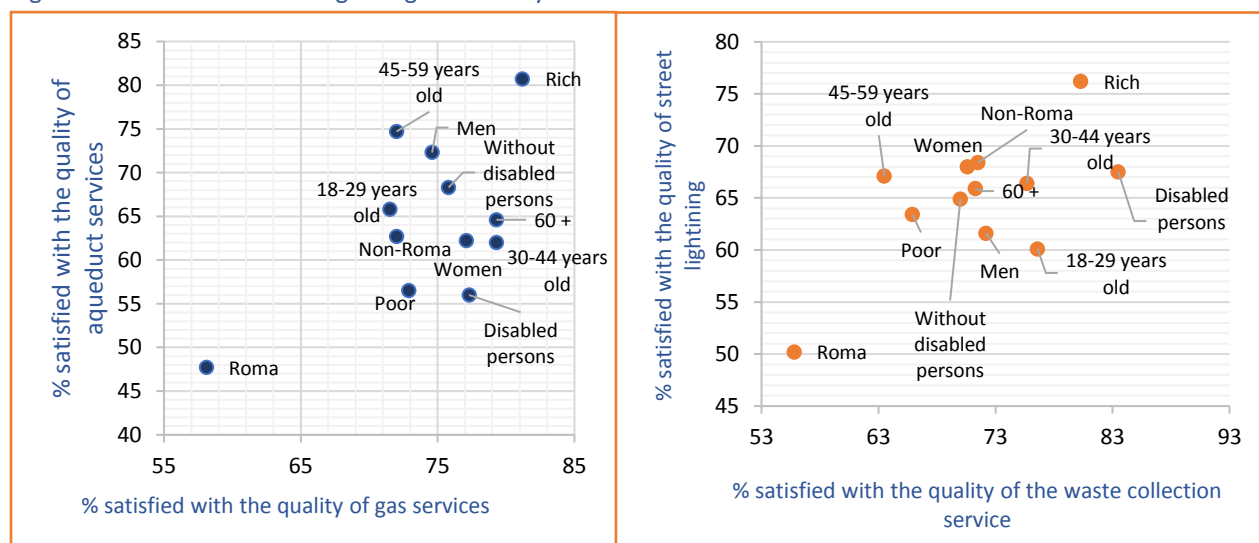
Figure 35: The level financial accessibility of the community groups



Source: CBS-AXA survey conducted at CPD request, 2018

**42. With the exception of Roma households, most community groups are satisfied with the quality of the services they benefit from.** Most groups are satisfied with the quality of community services. The most satisfied are the wealthy households (see figure 36). The only community group that appreciates community services less positively are Roma households. This can be explained by the quality of the service, its price (see figure 35), but also the elements of marginalization and discrimination on the part of the service presses.

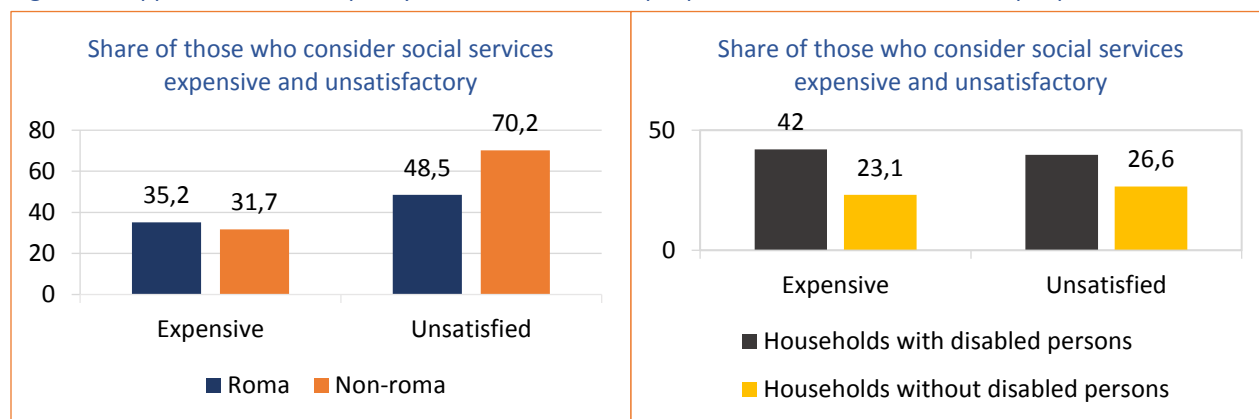
Figure 36: Satisfaction level regarding community services



Source: CBS-AXA survey conducted at CPD request, 2018

**43. Quality of social services is low.** The level of appreciation of the quality of social services is more critical in terms of price and satisfaction. Although most social services are, free of charge or at a reduced price, a significant part of Roma households and households in which people with disabilities live are considered expensive, indicating rather related costs (transportation, travel time) to access these services. The significant share of people dissatisfied with social services, in fact, demonstrates the low level of services that are provided in the community or that the services accessible to certain households do not meet their specific needs.

Figure 37: Appreciation of the quality of social services for people with disabilities and Roma people

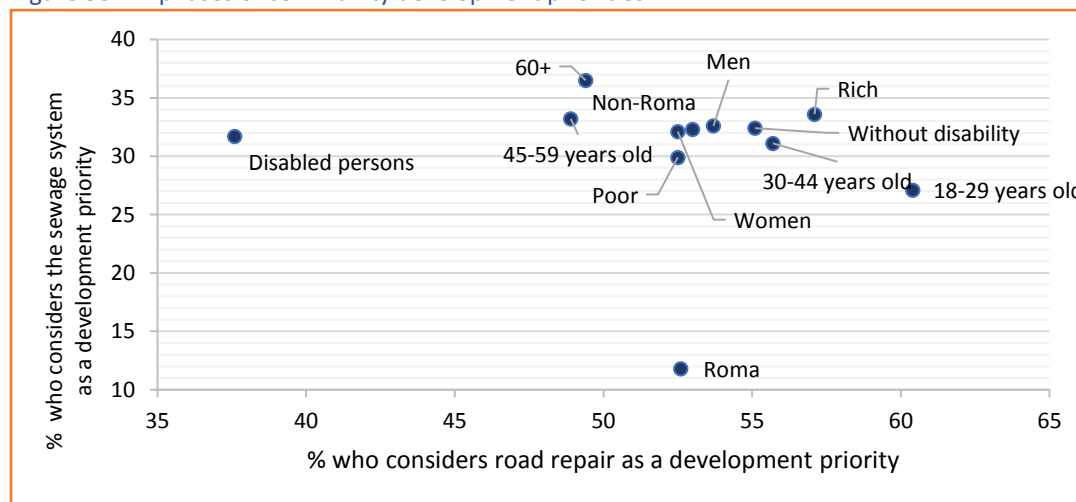


Source: CBS-AXA survey conducted at CPD request, 2018

### 2.3. Community development priorities

**44. Priorities are largely the same for all community groups.** For all community groups, the three most important development priorities are the following: road renovation, connection to sewerage system and extension of street lighting. Although most of the top priorities coincide, their intensity (the percentage of those who opt for a development priority compared to other priorities) differs. For example, for households where people with disabilities live, road repair is a priority with a lower intensity (below 50%); Roma households, however, are less interested in connecting to the sewerage system. Young people households request the biggest demand for road renovation, given the fact that they have less access to paved roads.

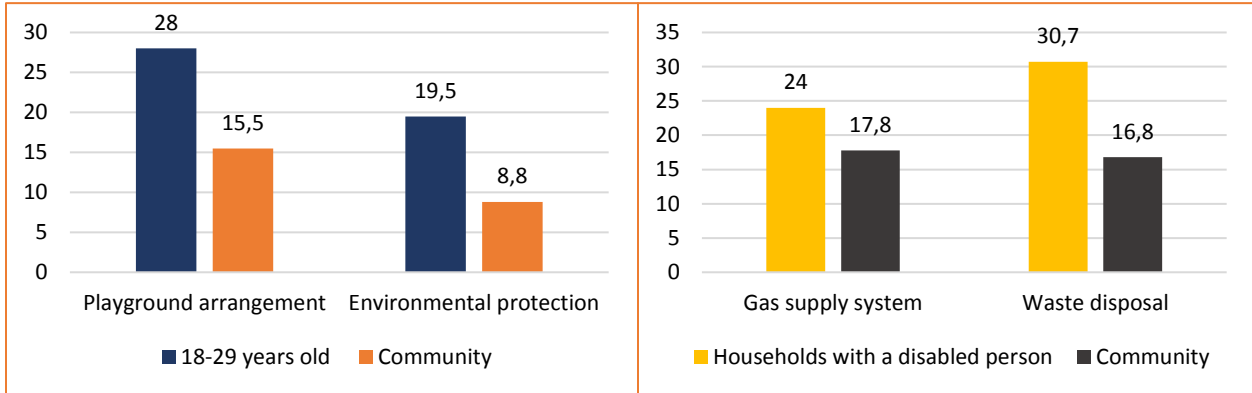
Figure 38: Emphases of community development priorities



Source: CBS-AXA survey conducted at CPD request, 2018

**45. At the same time, development priorities differ for specific groups.** For example, young people's households prioritize more development of playgrounds and the protection of the environment, compared to the rest of the community. In addition, households of people with disabilities, particularly opt for extending waste collection and gas supply services. This indicates some of the moments that the authorities must consider: (i) the need to study the specific needs of the groups of inhabitants, in order to offer them equal treatment; (ii) ensuring the fairest participation of all community groups in the community development process; and (iii) developing inclusive public policies.

Figure 39: Specific priorities for community development



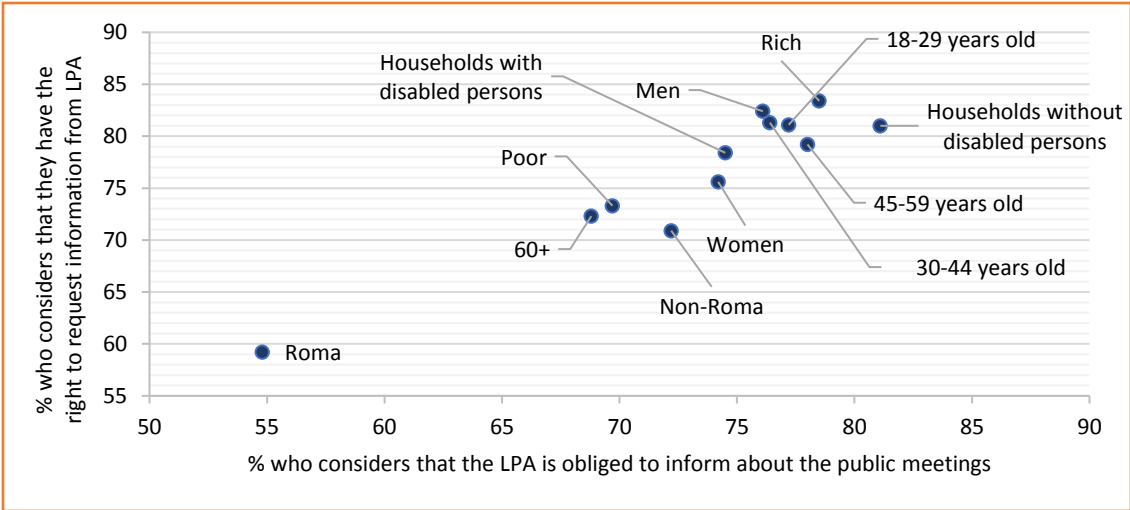
Source: CBS-AXA survey conducted at CPD request, 2018

# PARTICIPATION

## 3.1. Level of information

**46. Most citizens are aware of their rights regarding access to information of public interest.** Access to information is determined by citizens' perception of their right to request information and the obligation of Local Public Authorities (LPAs) to inform/provide citizens or community implicitly. The figure below illustrates the population's perception of these two issues. It is to note that most respondents know and are aware of their right to access information and the obligation of the LPA to inform. Therefore, inequalities are identified and refer to the households of people with disabilities, the elderly and those headed by women.

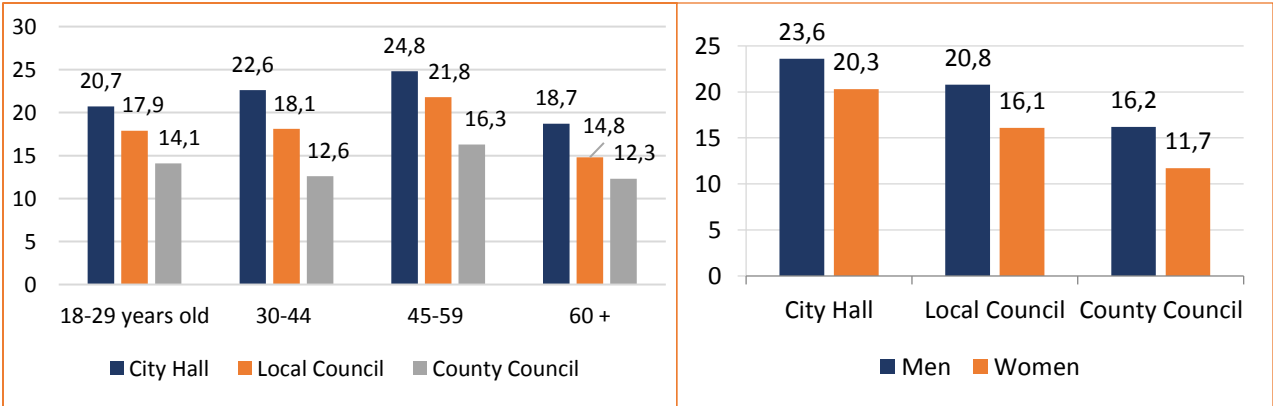
Figure 40: Level of perception of rights regarding access to information

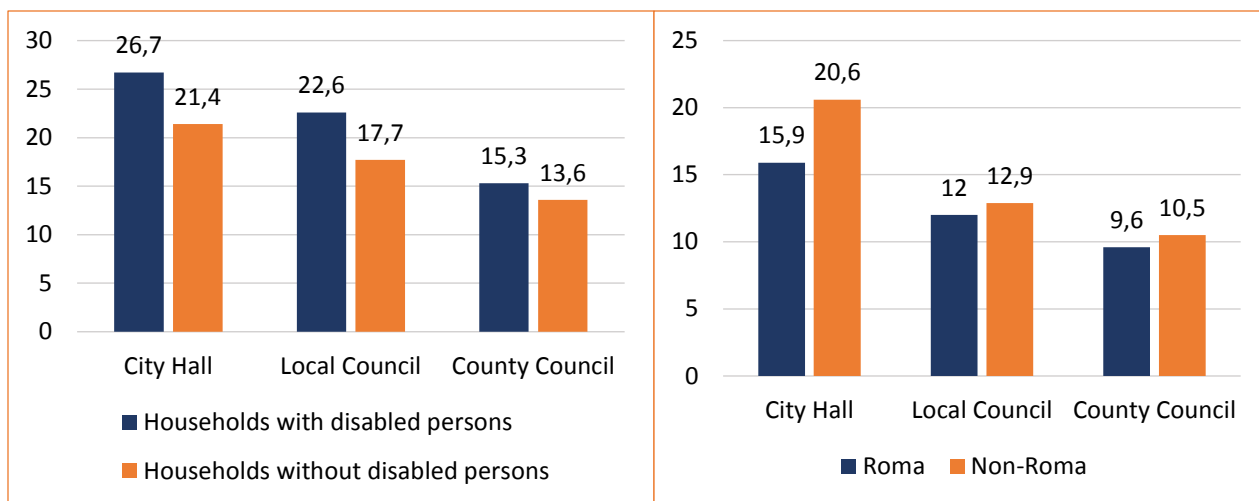


Source: CBS-AXA survey conducted at CPD request, 2018

**47. The level of information of citizens regarding LPA activity is very low.** Although most citizens are aware that they have the right of access to information, and the LPA has the obligation to inform the community, the level of de facto documentation regarding the activity of the LPA is quite small. In the case of providing information, also inequalities are identified. The only exception are the households in which people with disabilities are present. They are more informed about the activity of the LPA, since, most likely, they interact more often with their representatives (such as the social worker).

Figure 41: Perception about the level of information (% of those who are aware of LPA activity)

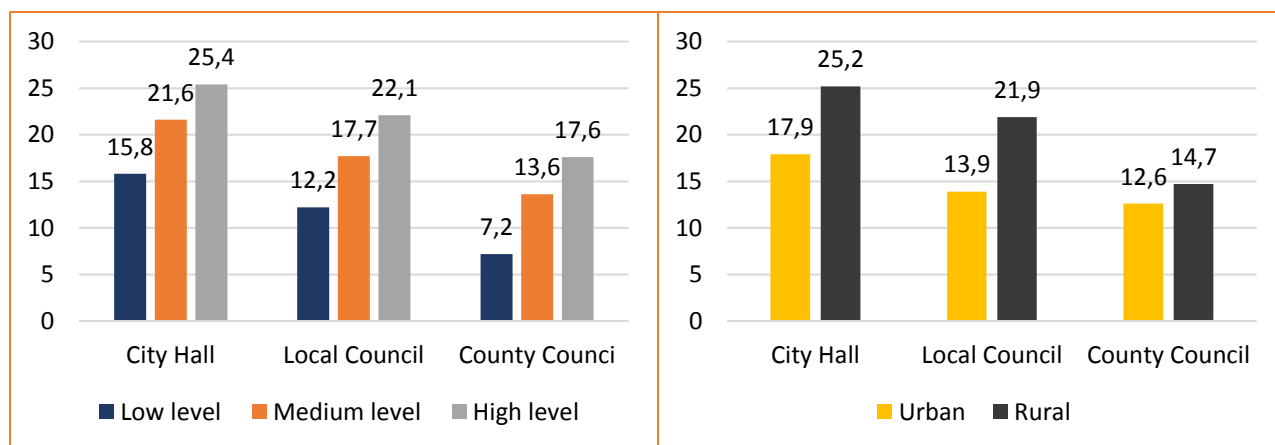




Source: CBS-AXA survey conducted at CPD request, 2018

**48. The level of information regarding LPA activity could be partially explained by the level of education and citizens approach to LPA.** The higher the level of education, the higher is the degree of information about the LPA activity (see the figure below). Another quite important aspect that influences the level of information of the citizens represents the residence of respondents. In rural areas, the level of information on LPA activity is higher compared to urban areas. We could suppose that being a resident in the area next to LPA favours and determines the level of information.

Figure 42: Level of information regarding LPA activity depending on the level of education and are of residence

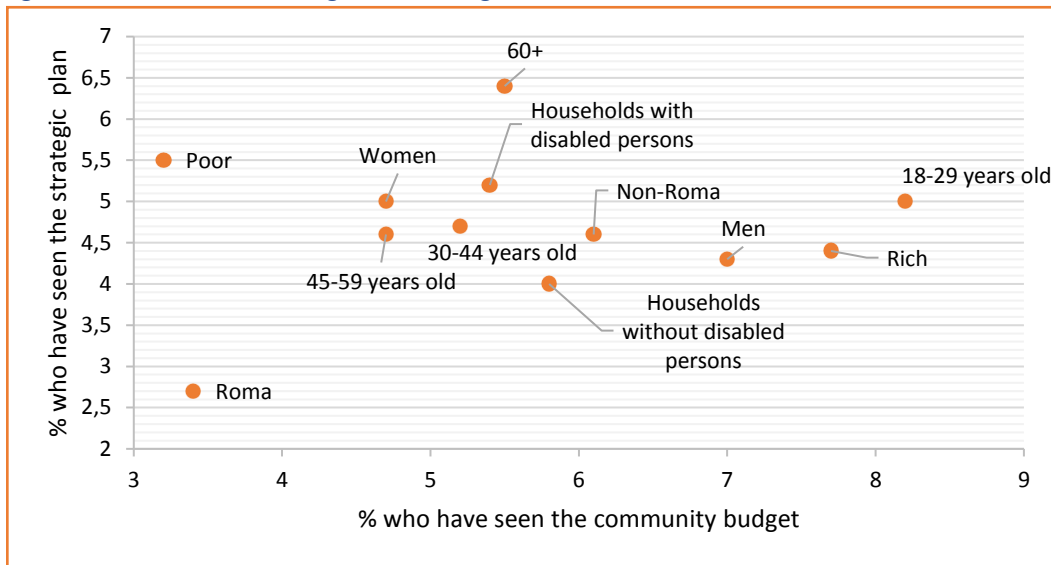


Source: CBS-AXA survey conducted at CPD request, 2018

**49. Access to relevant documents which concerns LPA activity is even lower.** At national level, only 17% of the citizens consider Local Council activity conducted in a transparent manner. Moreover, the share of citizens with access to community budget or strategic plan is below 8%. This varies from 8% in the case of young people to 3.5% in the case of Roma people. Therefore, in terms of access to information, the problem lies largely in the actions and inactions of local authorities. Even though a big part of citizens are aware of their rights to participation and information, only a small part of them actually have access to information.



Figure 43: Access to Local Budget and Strategic Plan

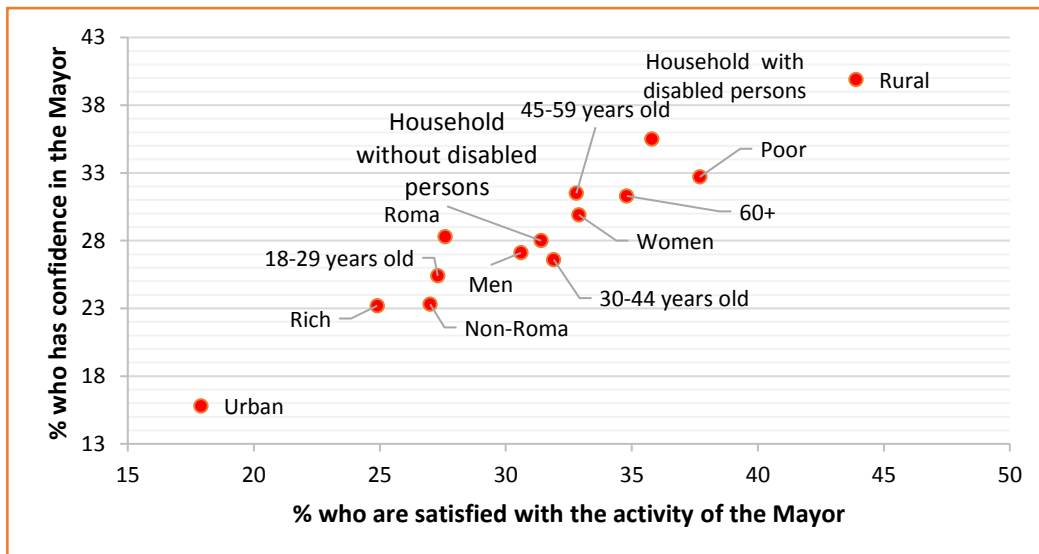


Source: CBS-AXA survey conducted at CPD request, 2018

### 3.2. Participation

**50. Vulnerable groups have greater confidence in LPA.** That is the reality concerning all the groups, except Roma people. It is to notice that in rural areas, where the distance between the citizen and the decision maker is smaller, the level of trust is higher. At the same time, there is a significant correlation between the confidence in the LPA and the frequency of interaction with the groups of citizens (including the vulnerable ones). More often they address in order to benefit from certain facilities or services, confidence level becomes higher. From the perspective community mobilization, the groups that are more satisfied with the LPA activity, tend to be less critical and less prone to mobilization effort.

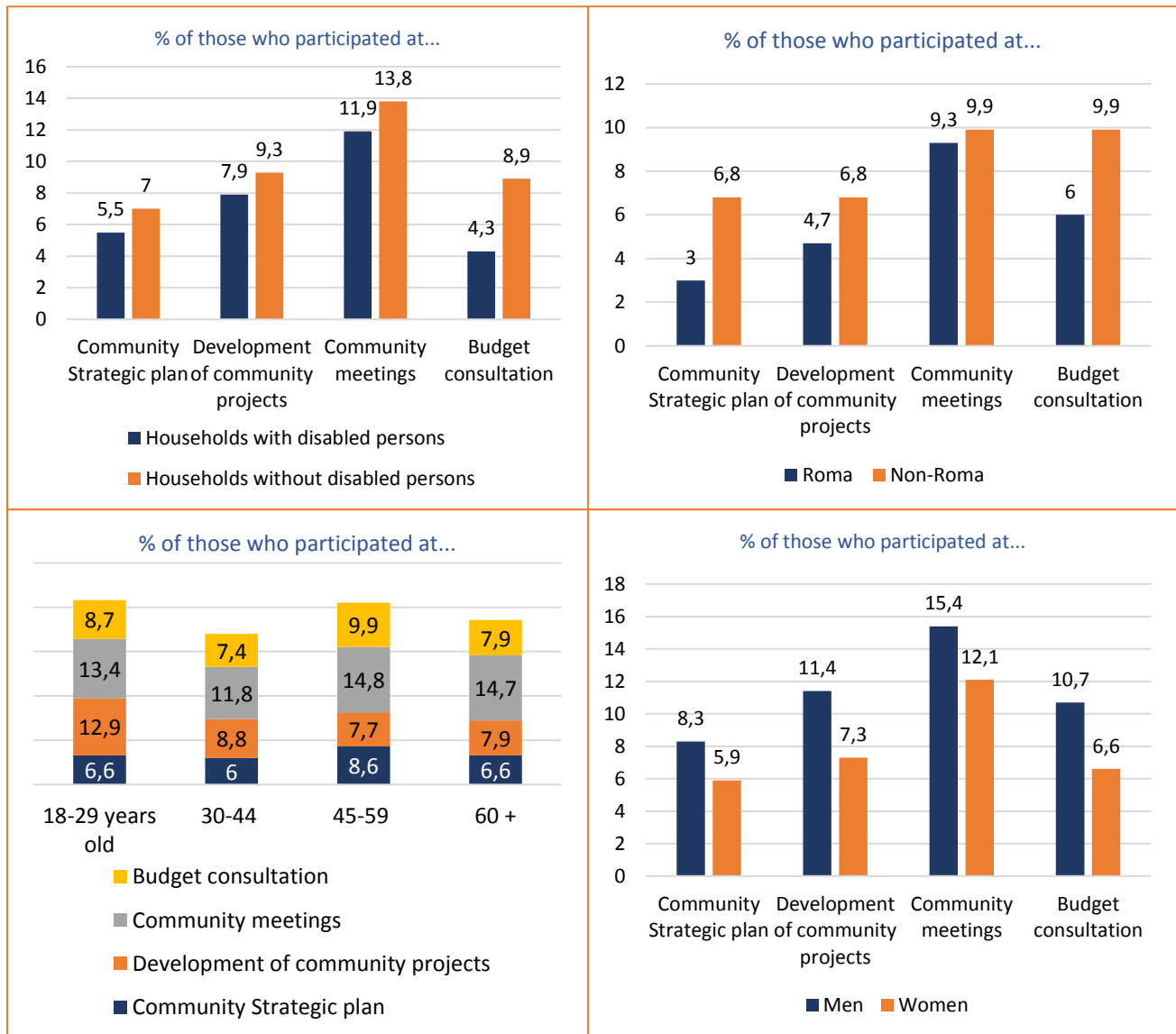
Figure 44: The level of trust and satisfaction in the activity of the Mayor



Source: CBS-AXA survey conducted at CPD request, 2018

**51. Involvement in the decision-making process is quite low, especially for vulnerable groups.** In below figure it can be observed the share of people who ever participated in one of four activities of community involvement. Except for participation in the community assembly, the share of involvement is below 10%. The level of participation of vulnerable groups could be observed below. Remarkably, in the case of the community meetings, the inequalities of participation are smaller, and in the case of the budget consultation, the inequalities are bigger. Given this fact, when process of citizen consultation was more open and proactive (in case of community meetings), the level of participation tends to be more equitable, at least quantitatively (we cannot know how groups express themselves during community meetings). However, when the process is more formal, most likely carried out within the city hall, the level of participation becomes more inequitable.

Figure 45: Level of involvement in different community activities

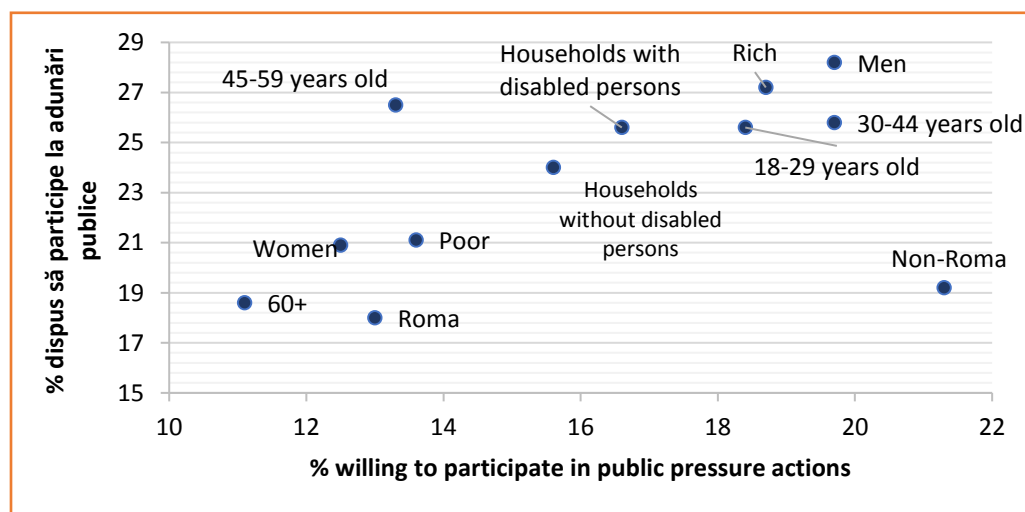


Source: CBS-AXA survey conducted at CPD request, 2018

### 3.3. Willingness for involvement

**52. Vulnerable groups are discouraged and, therefore, less willing to participate.** Willingness of involvement was estimated depending on the willingness to get involved in two types of actions: (i) community cooperation actions, such as participation in the community assembly and (ii) public pressure events, such as protests, strikes, petitioning. The community groups were positioned in the graph below depending on the availability of participation in these two types of actions. Although the involvement rate is relatively low (figure 45), it is worth noticing that there is still quite a significant desire for involvement, especially for households with persons with disabilities (figure 46). At the same time, it is to mention that, for biggest part of population, the desire to get involved is more evident among the empowered groups (men, rich and youth). This inequality of intent regarding involvement is largely explained by the specific barriers each group faces. These being analysed below.

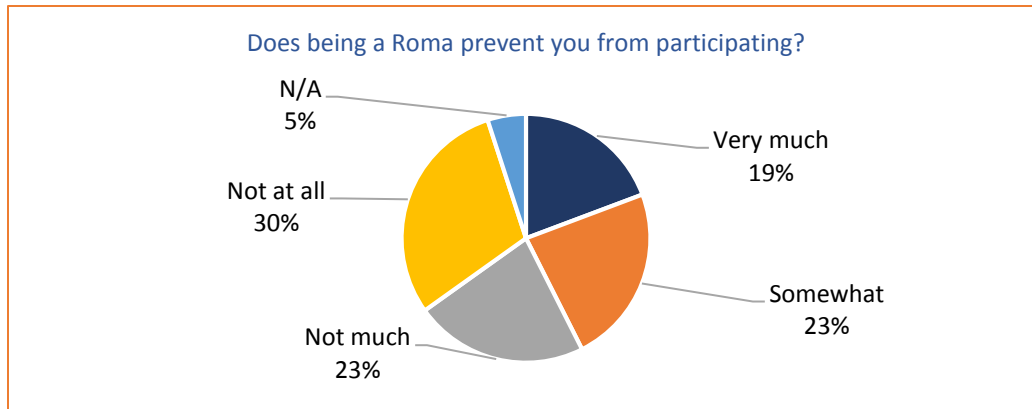
Figure 46: Willingness for involvement



Source: CBS-AXA survey conducted at CPD request, 2018

**53. Roma people intention to involve in public process is determined by discriminatory practices of exclusion and marginalization.** About 42% of the Roma respondents mentioned that ethnicity is an essential obstacle in participation. Such a significant share can only be explained by respondents' own experiences: discriminatory and exclusion treatment.

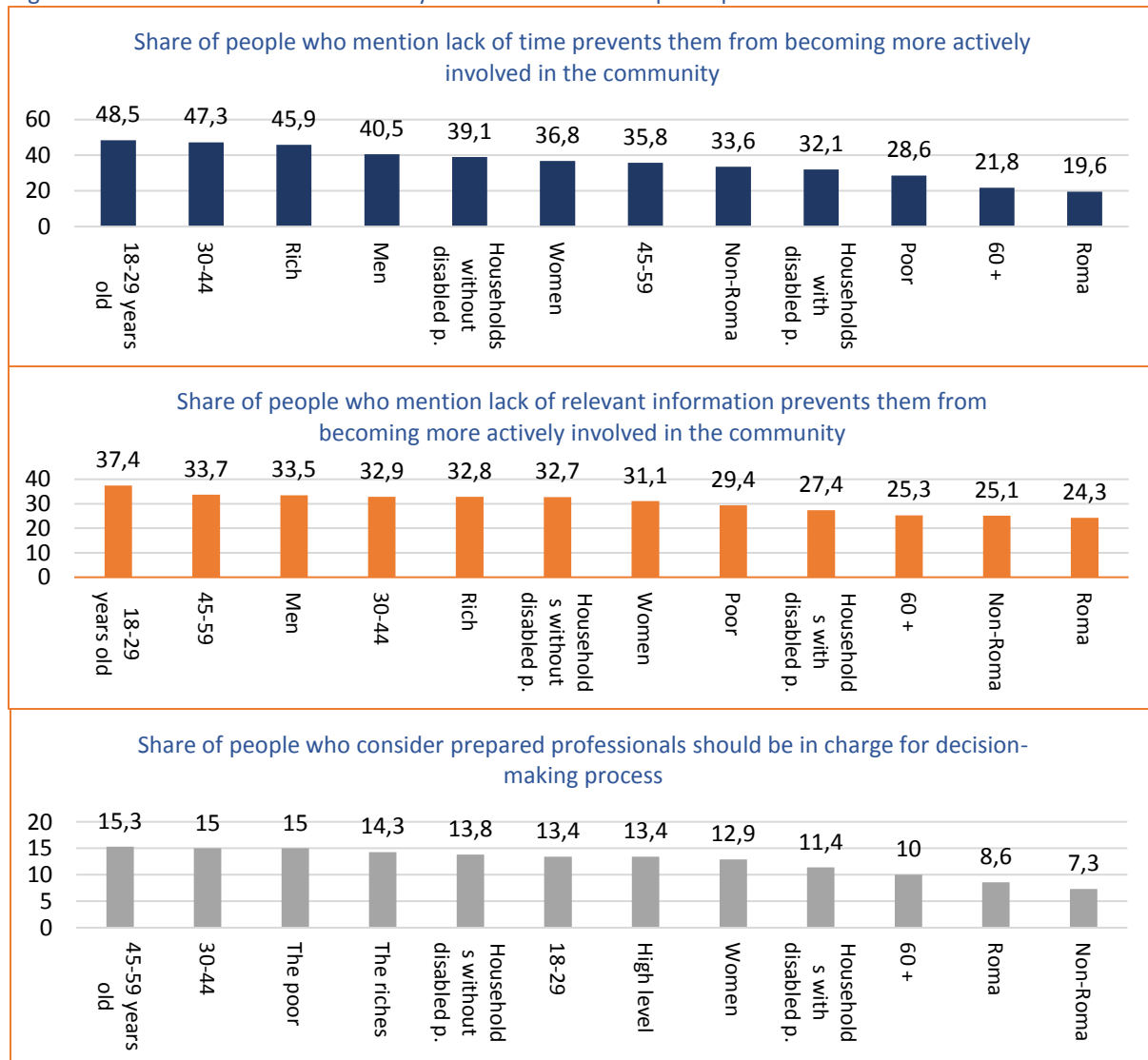
Figure 47: Perception of Roma people about how much their ethnicity prevents them from participating



Source: CBS-AXA survey conducted at CPD request, 2018

**54. The low level of citizen involvement is largely determined by local authorities.** The chart below shows three main factors why citizens are not actively involved in community life. They refer to 3 deficiencies: time, relevant information and insufficient training. It is important to notice that all these causes are determined in fact by LPA inaction. It could be assumed that in case of responsible authorities interested in involving a big number of community members, they could boost participation; they would identify the most effective methods of consultation considering time limitations; they would ensure that relevant information is accessible and presented in a frequent and proactive way to all community members; they would organize activities in order to develop members confidence in the process over time, but also in their own capacities of participation. So to conclude, citizen participation is more of a problem that needs to be solved, first of all by authorities and then by citizens. The differences in the intensity of these three causes, especially for the most vulnerable groups, are explained by the existence of additional factors that determine their absence of involvement, such as exclusion and marginalization in the case of Roma people.

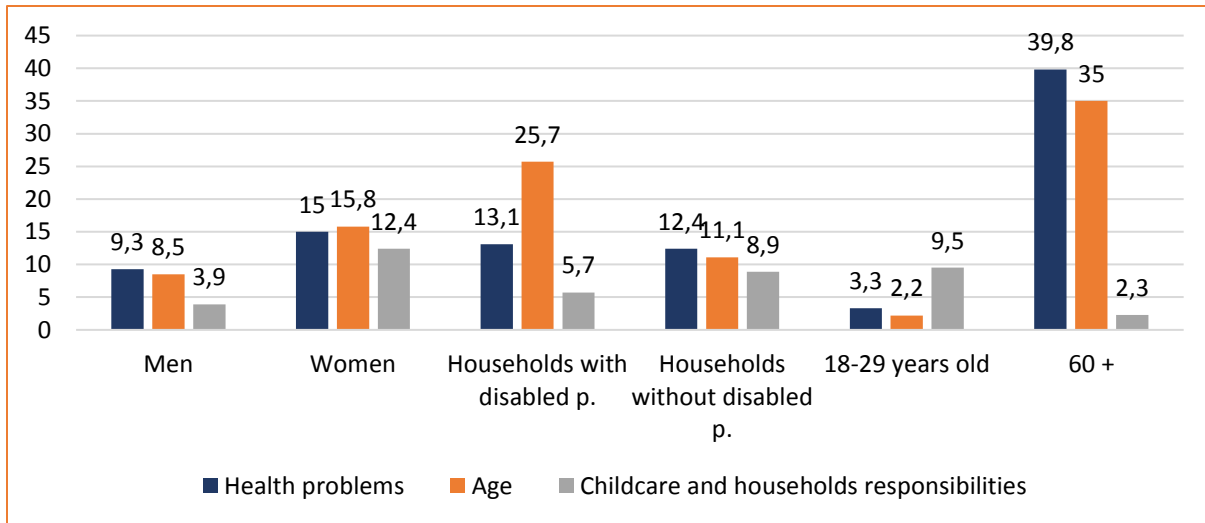
Figure 48: Factors that cause community members absence of participation



Source: CBS-AXA survey conducted at CPD request, 2018

**55. Nevertheless, there are also specific reasons that influence non-participation/absence of vulnerable groups.** These refer to self-assessment of their capacity to get involved, which especially refers to elderly and people with disabilities. Specifically, a big number of these categories of people have mentioned that their age and health do not allow them to participate in full swing. Another obstacle to participation refers to gender roles, related to raising of children and household responsibilities, a particularity referring mostly to women and young people of reproductive age.

Figure 49: Specific causes that discourage participation within the community



Source: CBS-AXA survey conducted at CPD request, 2018

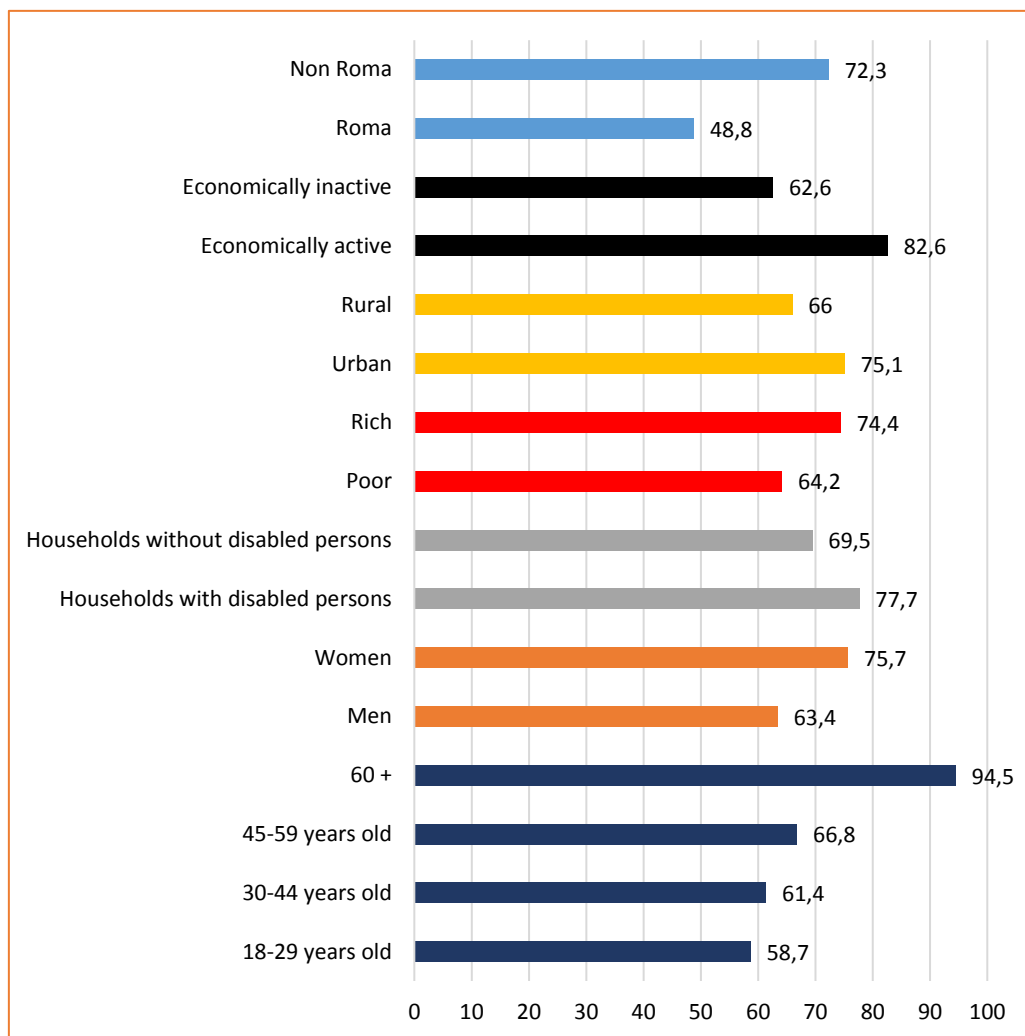
# HEALTH

## 4.1. Access to health services

**56. In the last 10 years, the number of uninsured persons has not changed significantly.** According to NBS data based on Household Budget Study (HBS) about 32% of the country's population did not have health insurance, in 2010. The share of the uninsured reached 31% in 2012 and 24% in 2016. According to the CPD study, the share of people without medical insurance in 2018 was 28.5%.

**57. Limited access to official employment explains why some groups do not have health insurance.** Groups that have the least health insurance are those that opt for informal employment (Roma people, young people, men and rural population). One positive thing about the current system of social protection and insurance is that the majority of the elderly and households with people with disabilities benefit from medical insurance.

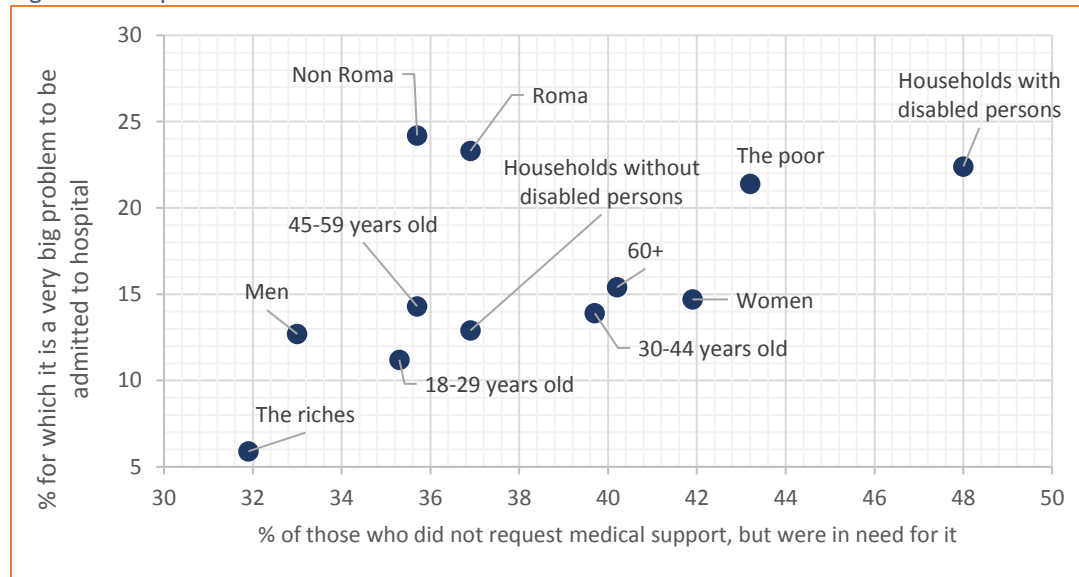
Figure 50: Share of health insurance holders



Source: CBS-AXA survey conducted at CPD request, 2018

**58. A significant share of vulnerable groups do not request medical assistance.** When measuring the real request for medical services, it is to mention that households with disabled people have bigger demand compared to those where there are no disabled. Higher requests are present in cases of Roma people, compared to non-Roma from the same communities. At the same time, it should be noted that about 48% of households with people with disabilities did not go to doctor, even if there is a necessity. The reality is the same in low-income households, the elderly and women.

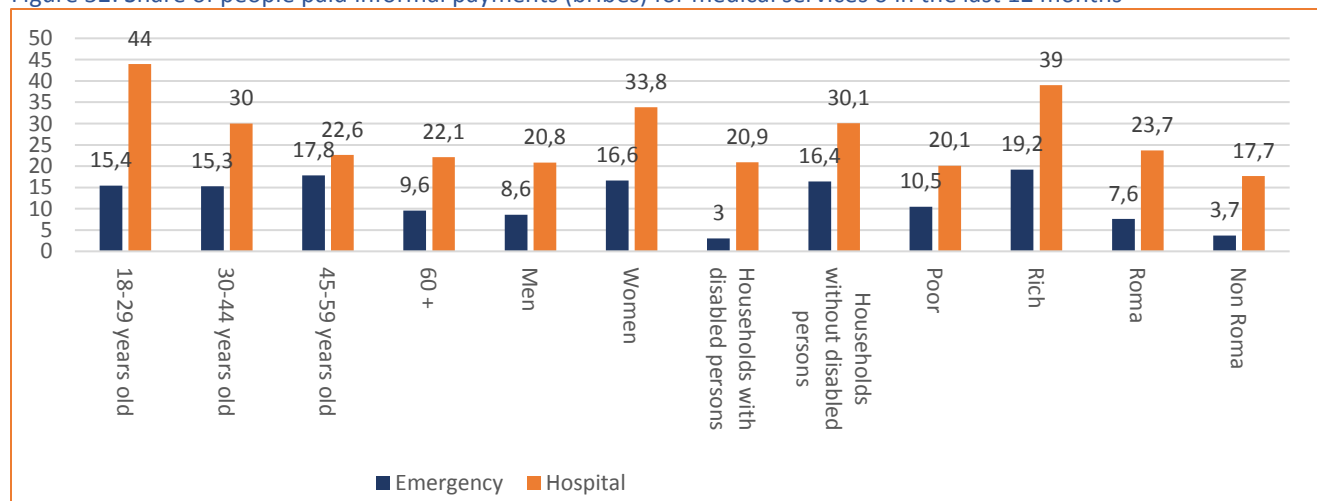
Figure 51: Request for medical services



Source: CBS-AXA survey conducted at CPD request, 2018

**59. The most significant barrier is the necessity to make informal payments for medical services.** Informal payments have rather high outrun in medical system. Young people, rich people and women are the largest groups - subjects to informal payments. The share of vulnerable groups, attempted to informal payments, reaches 20%. At the same time, it is important to mention that income of these groups are different and, although the share of the elderly who pay informally is lower, because paying informally it makes them much poor.

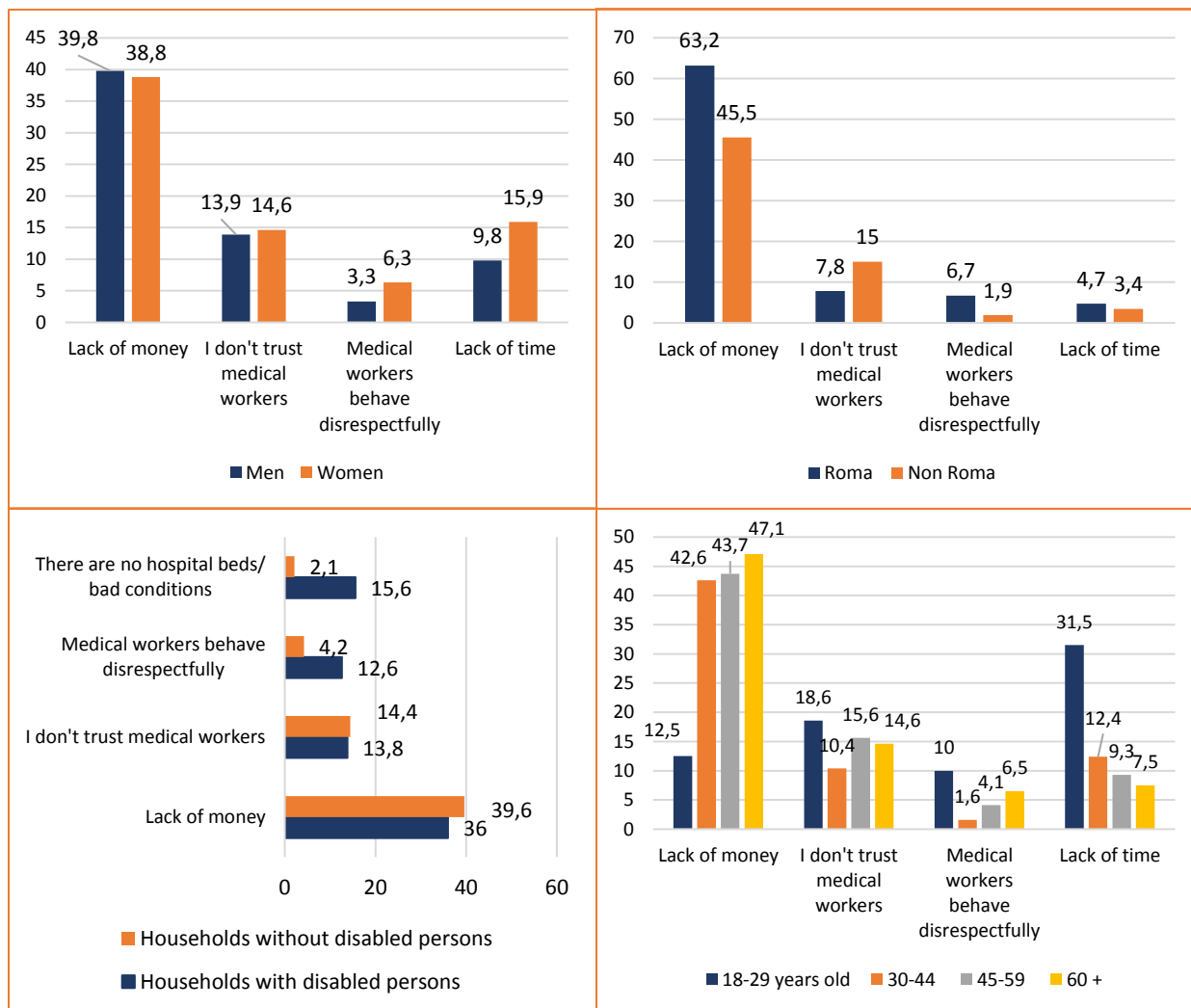
Figure 52: Share of people paid informal payments (bribes) for medical services o in the last 12 months



Source: CBS-AXA survey conducted at CPD request, 2018

**60. In addition to the need for informal payments, there are other reasons that discourage the population from receiving medical services.** Availability of time matters for women more than for men. For Roma households, although informal payments are a big awareness for them, however lack of trust and doctor's behaviour counts more. Non-Roma households are less concerned about this obstacle. The households of people with disabilities are mentioning among barriers: inadequate medical conditions and disrespectful medical workers behaviour. Finally yet importantly, in the case of young people, although their share among informal payers is quite high, the lack of money does not constitute a significant barrier, compared to other age groups. Rather, they complain about the lack of time.

Figure 53: The main reasons to deny hospitalization



Source: CBS-AXA survey conducted at CPD request, 2018

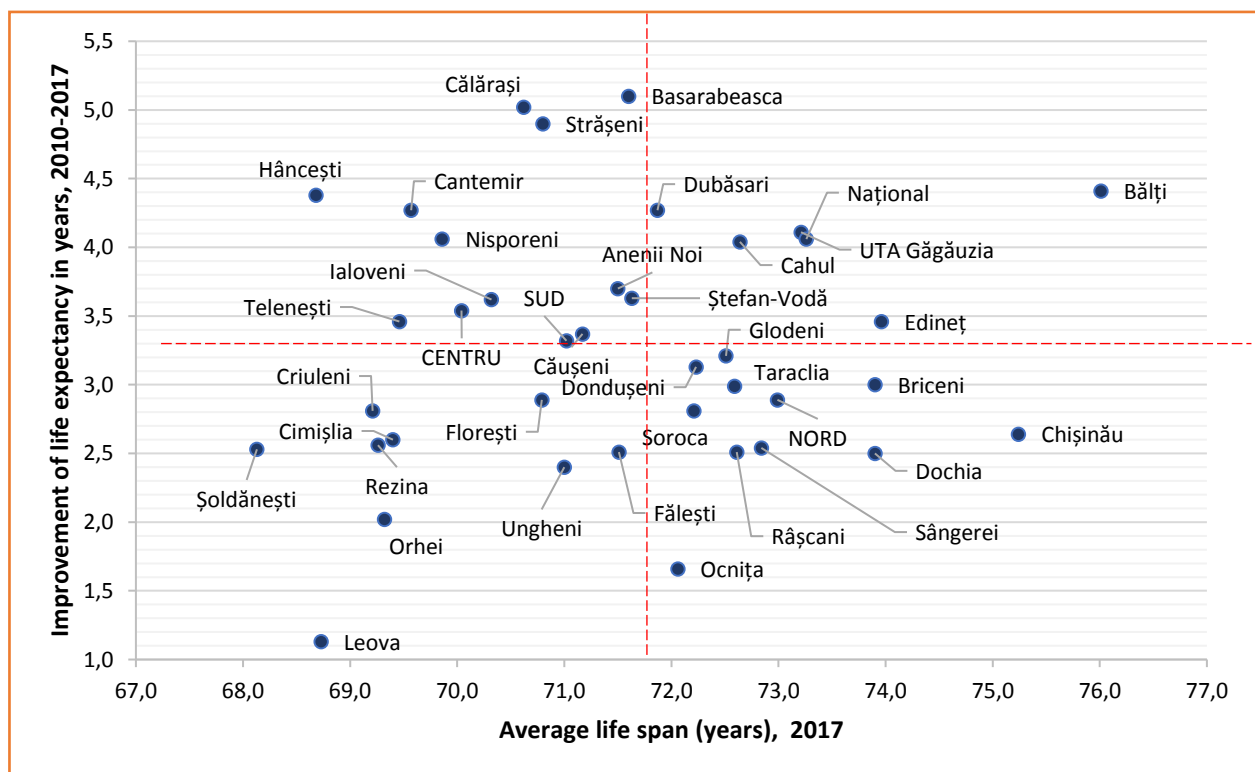
## 4.2. Territorial inequality

**61. A significant inequality is present in terms of life expectancy, taking into account different regions of Moldova.** In order to understand the level of inequality between the regions of Moldova in terms of health, we compared the average life expectancy for each district. We could suppose that the inequalities regarding the average life expectancy recorded in Moldova, compared to other countries, is explained by several factors, such as the level of economic development, the demography or the quality of the health system. In a



relatively small country, such as Moldova, the differences in average life span by regions could not be explained according to these factors. In the graph below, we have compared the average life in 2017 and the progress made in each district in terms of average life in the period of 2010-2017. As a result, 4 quarters with data emerged: districts/regions with long life expectancy, that grew mostly compared to 2010; districts/regions with lower life expectancy but not able to make progress compared to 2010; districts/regions where life expectancy is still low, but register progress compared to 2010 and districts/regions that have a long life, but did not reach significant progress. Thus, the figure below illustrates directly territorial inequality in terms of health. Therefore, the figure points to three basic conclusions: (i) fairly large dispersion between districts and regions - districts are distributed relatively even across all four quarters, (ii) there are significant differences in average life expectancy per districts - the average life expectancy in Soldanesti is 6 years lower than in Briceni, (iii) progress of recent years has been marked by inequalities between districts and regions of the country. All these conclusions indicate that health policies and interventions have a different impact from a territorial perspective.

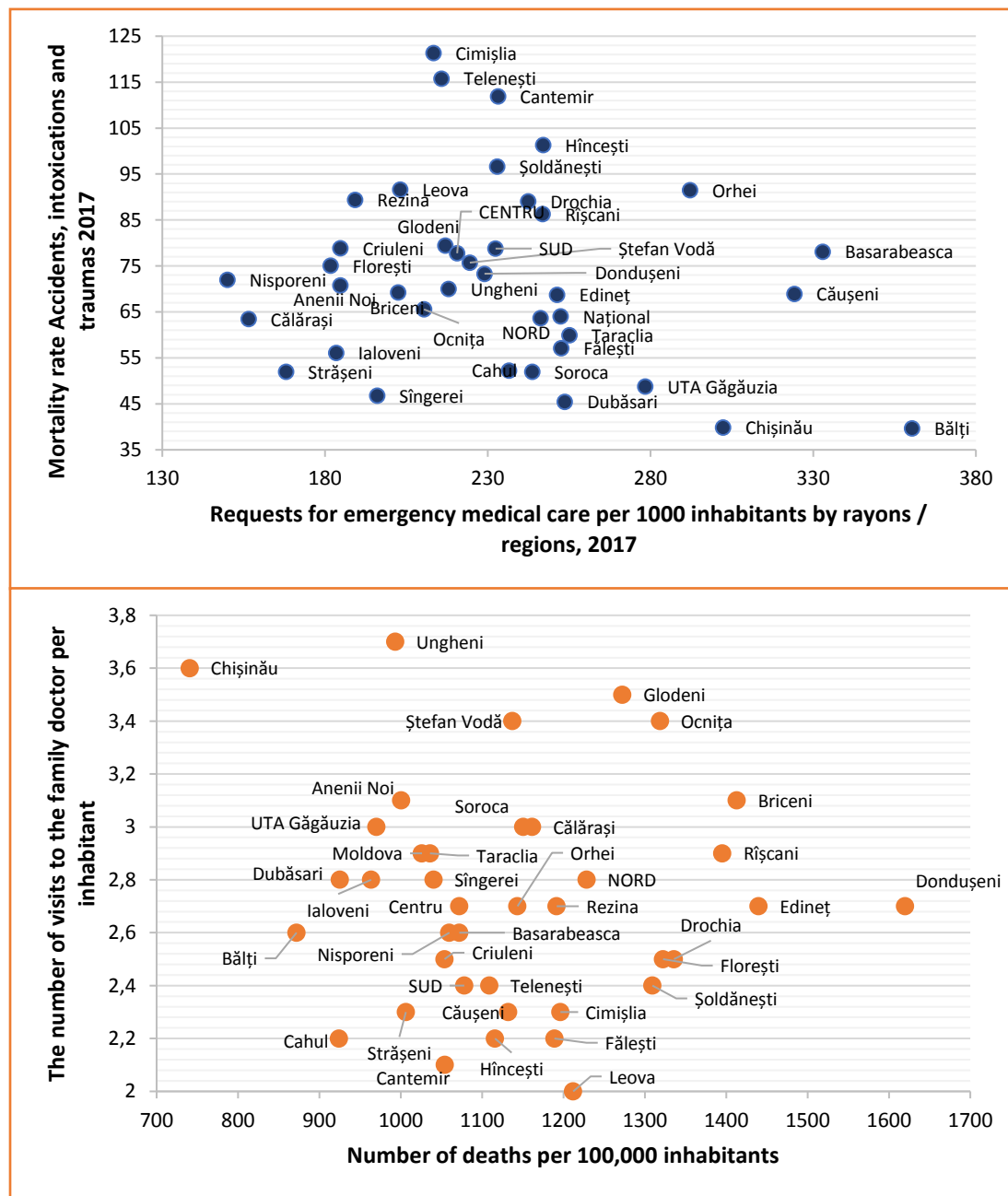
Figure 54: Life expectancy from territorial perspective, 2017-2010



Source: NBS

**62. Effective access to basic health services is also inequitable.** In order to understand the level of effective access to basic services (family doctor and emergency service), we correlated the degree of request for these services with other basic health indicators. For example, we tried to understand if in the districts/regions where the number of accidents was higher in 2017 and the requests for the emergency service were also high. Or if in the districts where mortality rate is higher and the number of visits to the family doctor is also high. In both cases the answer is - no. Thus, we can assume in reality basic health services are not accessed according to the real needs.

Figure 55: Access to basic medical services, in territorial profile



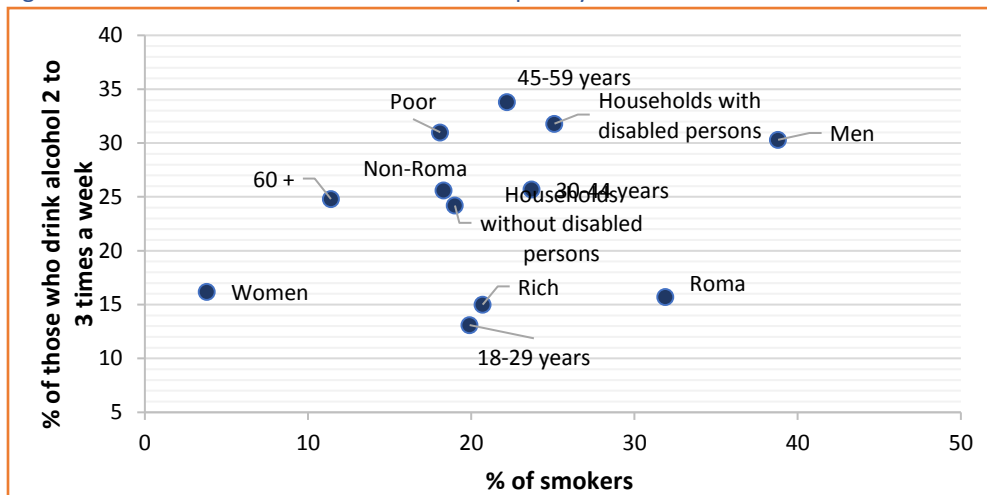
Source: NBS

### 4.3. Healthy lifestyle

**63. Men are the most vulnerable group in terms of alcohol and tobacco consumption.** Gender distinction is observed quite significantly towards mortality rate for the most important types of diseases in the Republic of Moldova. If we consider all age groups, mortality rate for men is several times higher for all classes and all causes of death, except for mortality caused by circulatory diseases. Most of differences, largely, are explained by behavioural elements, that are highly influenced by gender roles. The figure below illustrates the causes of this reality. The share of people who frequently use alcohol and smoke is highest among men.

The proportion of smokers is also considerably higher among Roma people and alcohol consumption is relatively high among households for people with disabilities and the poor.

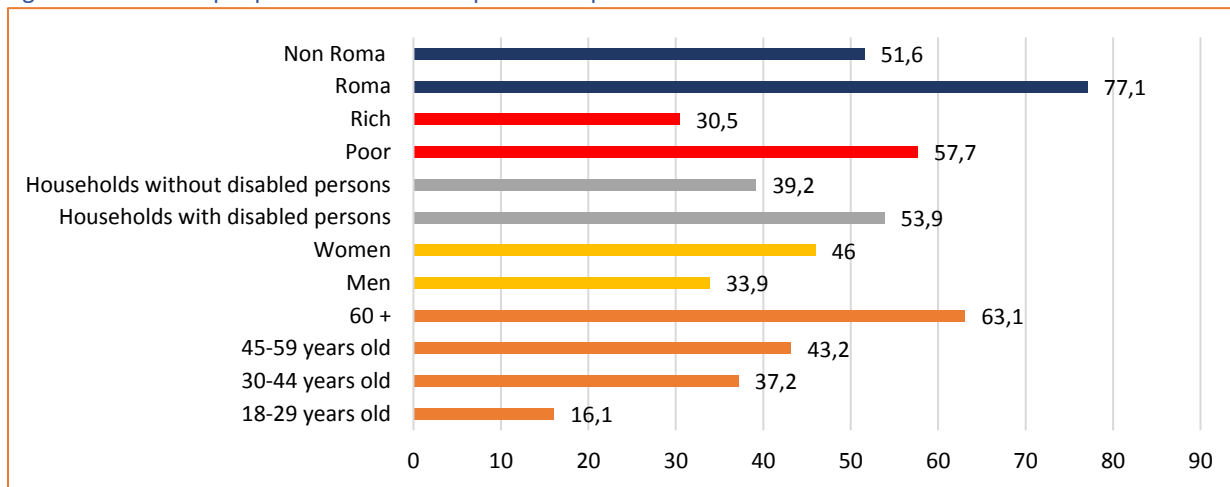
Figure 56: Share of smokers and those who frequently drink alcohol



Source: CBS-AXA survey conducted at CPD request, 2018

**64. Vulnerable groups practice less sport.** Inequalities in the practice of sport are quite significant. The practice of sport is determined by at least two important elements: (i) access to sports infrastructure (gym, sports ground, swimming pool), that is limited to Roma people, people with disabilities or the poor and (ii) practicing sport as a way of socializing (football, for example), that is less accessible to women and the elderly in rural areas.

Figure 57: Share of people who have never practiced sports in the last 12 months



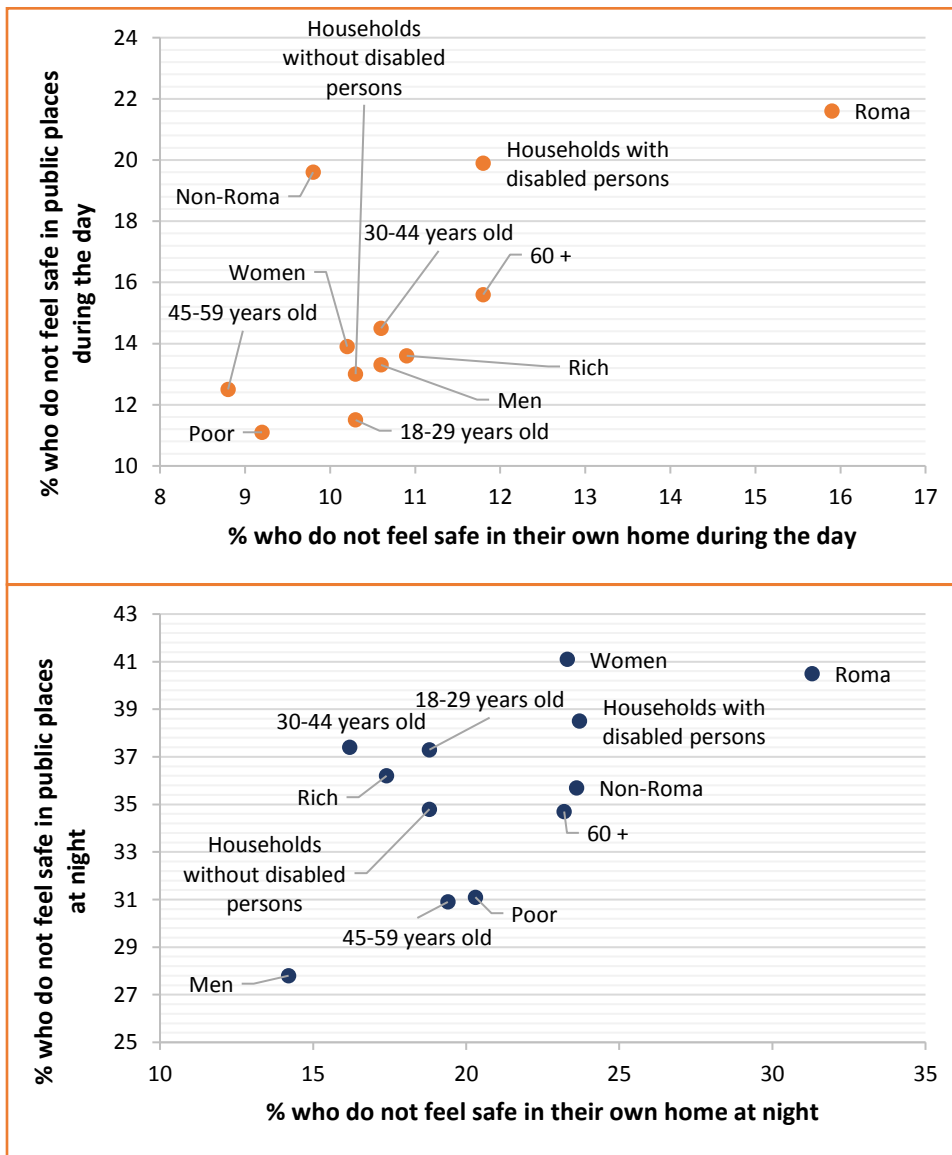
Source: CPD opinion poll, 2018

# SECURITY

## 5.1. Security in the community

**65. The degree of insecurity is higher among vulnerable groups.** In order to understand security level of different groups, we tried to measure level of security both in public places and in their own home, during the day and night. The graph below compares share of those who do not feel safe based on the above criteria. We note that the share of those who do not feel safe is higher among Roma, people with disabilities, women, the elderly and non-Roma households, but who live in communities with a predominantly Roma population.

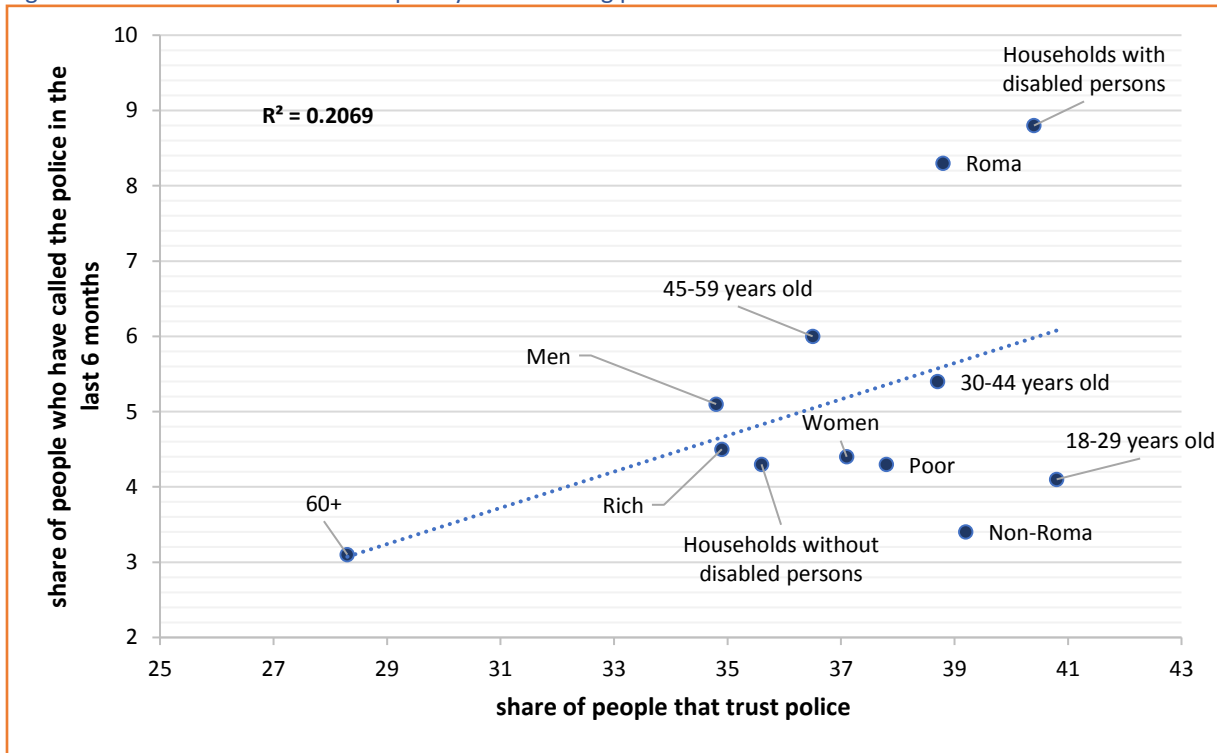
Figure 58: Share of people who do not feel safe during the day and night



Source: CBS-AXA survey conducted at CPD request, 2018

**66. Except for the elderly, vulnerable groups have bigger confidence in police services and contacting frequency is higher compared to other empowered groups.** Accessing police services is somewhat correlated with trust in this kind of services, with the exception of young people and non-Roma people. The degree of their request is lower, although the level of trust is relatively high. Surprisingly, the group with the lowest share of people who trust the police are the elderly. Roma people and people with disabilities have the highest confidence in the police and the highest level of request.

Figure 59: The level of trust and frequency of contacting police services

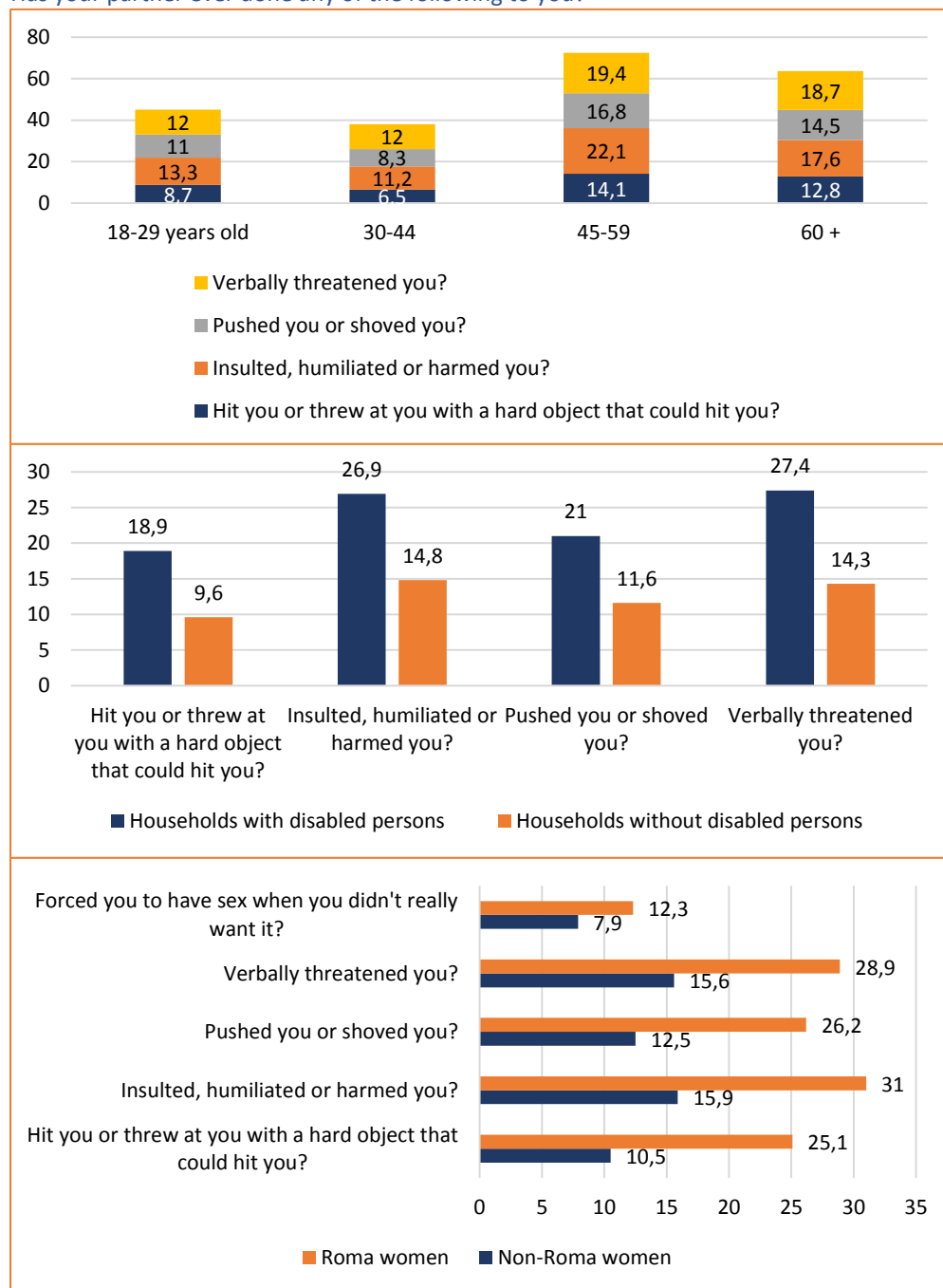


Source: CBS-AXA survey conducted at CPD request, 2018

## 5.2. Violence

**67. Violence frequency is higher for women emerging from vulnerable groups.** The share of women suffering from the most common forms of gender-based violence is twice as high among women in households with persons with disabilities and Roma women. Regarding age groups, women of pre-retirement age suffer more.

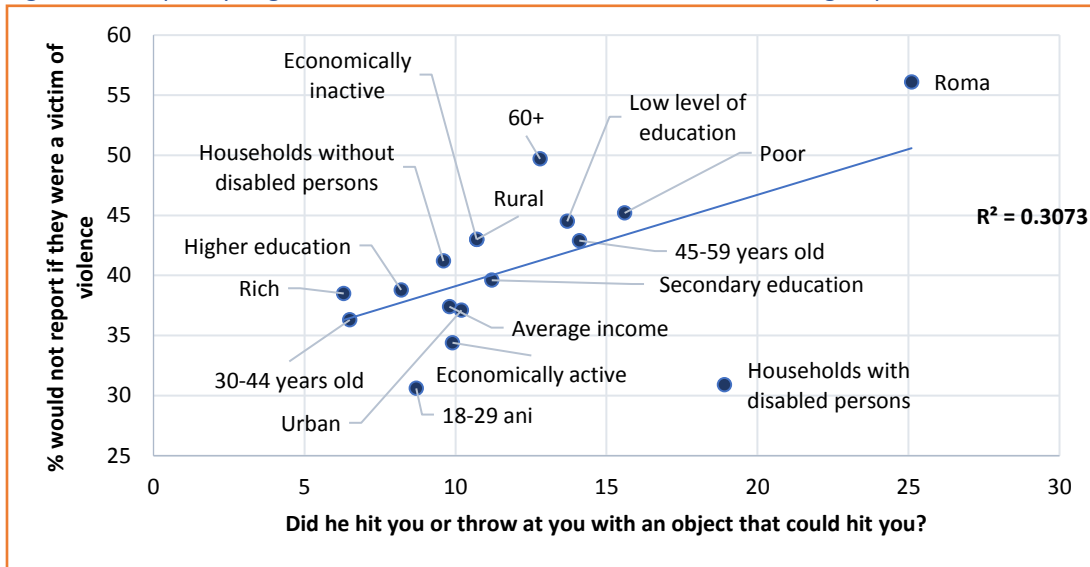
Figure 60: Frequency of gender-based violence for women from vulnerable groups  
Has your partner ever done any of the following to you?



Source: CBS-AXA survey conducted at CPD request, 2018

**68. Women who risk to be victims of violence are less willing to report the case.** Therefore, with the exception of women from households with disabilities, the women from vulnerable groups, although they have a higher risk to become victims of violence, are less likely to report the case of violence compared to women from basic groups (with higher education, young, rich, economically active).

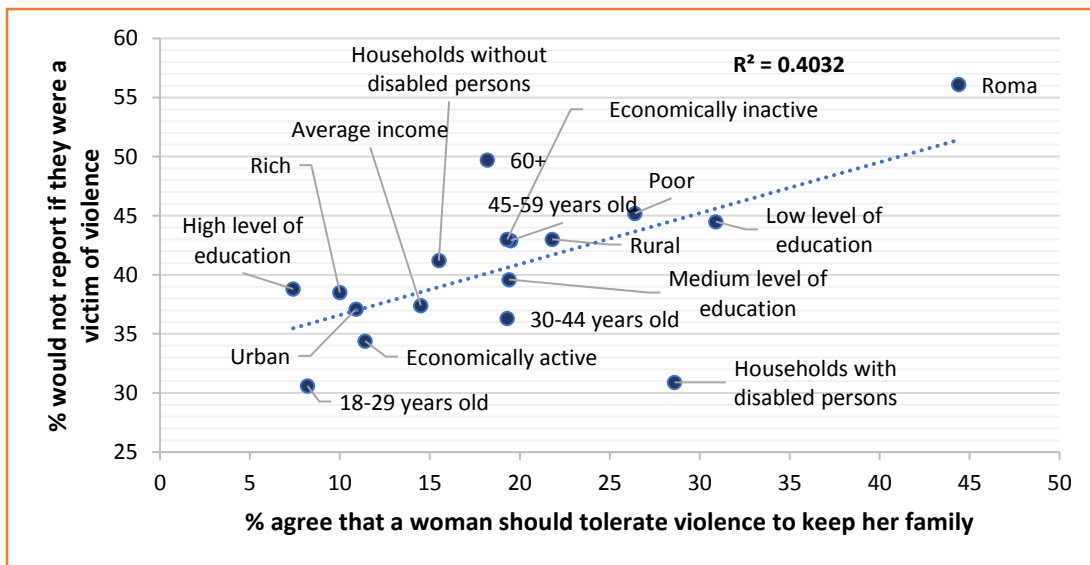
Figure 61: Frequency of gender-based violence for women from vulnerable groups.



Source: CBS-AXA survey conducted at CPD request, 2018

**69. Request for services in case of violence is determined by perceptions.** Some people consider it natural to tolerate violence in order to keep the family. They also prefer not to report cases of violence. In our case, the prevalence of this perception is higher among vulnerable groups.

Figure 62: Frequency of gender-based violence for women from vulnerable groups.



Source: CBS-AXA survey conducted at CPD request, 2018

## ANNEX: METHODOLOGY OF THE SURVEY

### METHODOLOGY

**The main analytical approach is the inequality analysis.** The analysis entails the principle of equality and non-discrimination through a complex examination vulnerable group situation, as compared to the general population, in exercising their rights to a decent living, work and healthcare services. The analytical effort focuses on identifying structural barriers that prevent targeted vulnerable groups to exercise their fundamental rights, and tends to formulate policy recommendations for removing these barriers.

**The analysis focuses on inequalities that targets reference group based on six comparators** and the data is used from the following perspectives: *gender* (data compares men and women), *age* (data for youth and elderly compares with data for adults), *disability* (data compares households in which at least one person with disabilities is present and households that persons with disabilities are absent), *Roma ethnicity* (data compares Roma people from communities predominantly inhabited by Roma and non-Roma people from the same communities) and the perspective of *relative income* ( the analyses compares people with relatively low income - the poor, and people with relatively high income – the rich).

**Data sources:** Current edition of inequality analyses uses several data disaggregated by reference groups, the information being provided by the NBS (Moldova National Bureau of Statistics), based on the Household Budget Study (HBS) and the existing administrative data, as well as data collected in two opinion polls, described below.

#### **Component 1 : Opinion poll of the general population**

The opinion poll was conducted on a sample of 1089 persons, aged 18+, nationally representative (except left bank of river Nistru). Interviewing method: face-to-face conversation with computer application (CAPI). The data was collected between July 27 and August 20, 2018.

Sampling strategy:

The analyses focuses on a stratified, probability-weighted and multistage sample. Basis of stratification: distribution of Moldova population aged 18+, by residence area and territorial profile, according to the data of the National Bureau of Statistics from January 1, 2018.

*Stratification criteria:* 13 geographical regions (based on former districts), residential environment, community size (2 types of urban communities and 3 types of rural communities).

*Community selection* and of subjects was carried out by probabilistic procedures.

*Address selection* is carried out through random route method.

*Number of communities* included in the study: 97, including cities as Chisinau and Balti. Number of sampling points - 224. Maximum number of interviews per sampling point - 6.

Of the total respondents: 36.3% men and 63.7% women; 45.1% respondents from urban areas and 54.9% - from rural areas. The analysis data presents situation according to a series of socio-demographic characteristics (see table 1).

Therefore, the analyses focuses on following **age groups**: 18-29 years, 30-44 years, 45-59 years, 60 years and more.



**Level of education** of the respondents is analysed from the perspective of three main groups:

- Low level: Without studies, unfinished primary (up to 4 classes), primary (4 classes), and incomplete secondary studies (9 classes);
- Medium level: *General school (10-11 classes), high school (12 classes), vocational school (1 year of studies), vocational school (3 years of studies)*;
- High level: *College (2-5 years studies), incomplete higher studies (degree, 3-4 years studies), complete higher studies (master's degree, 5-6 years studies), PhD.*

**The presence of children in the household** includes following groups: household with no children, household with children under 18 years, household with children under 7 years, household with children under 4 years.

Based on **respondent occupation**, groups were created as following: unoccupied, fully occupied, including in private or public sector.

Additionally, the respondents were grouped according to their well-being (**socio-economic level**) into three main groups: *low socio-economic level, medium and high.*

*Table 1. Sample distribution according to the socio-demographic characteristics of the respondents*

		Number	%
<b>Age of the respondent:</b>	<b>18-29 years</b>	154	14,1%
	<b>30-44 years</b>	254	23,3%
	<b>45-59 years</b>	267	24,5%
	<b>60+ years</b>	414	38,0%
<b>Gender of the respondent:</b>	<b>Male</b>	395	36,3%
	<b>Female</b>	694	63,7%
<b>Education of the respondent:</b>	<b>Law level</b>	232	21,3%
	<b>Medium/average level</b>	488	44,8%
	<b>High level</b>	369	33,9%
<b>Presence of children in the household:</b>	<b>Children present in the household</b>	410	37,6%
	<b>Children not present in the household</b>	679	62,4%
<b>Presence of people of disabilities in the household:</b>	<b>People with disabilities present in the household</b>	105	9,6%
	<b>No people with disabilities present in the household</b>	984	90,4%
<b>Employment situation:</b>	<b>Economically active</b>	355	32,6%
	<b>Economically inactive</b>	734	67,4%
<b>Socio-economic level:<sup>8</sup></b>	<b>Low level</b>	393	36,1%
	<b>Medium/average level</b>	347	31,9%
	<b>High level</b>	349	32,0%
<b>Place of residence:</b>	<b>Urban</b>	491	45,1%
	<b>Rural</b>	598	54,9%

Because population of different gender and age participates within migration processes, the sample recorded deviations from the official statistical data. In order to avoid the negative impact of these deviations on data, the final sample weights according to gender and age.

<sup>8</sup>Grouping in socio-economic classes is carried out according to the method of Dimension Reduction, the Varimax component based on the availability in the household of the basic comforts and of the goods of long use.

## **Component 2: Survey among Roma population**

The sample for the second component is divided into two main parts: the basic sample – directly Roma population and the control sample - the population living in the immediate vicinity with the Roma population.

### *Sample size:*

301 interviews with the Roma population,

153 interviews with the population living in the immediate vicinity with Roma population.

*Interviewing method:* face-to-face conversation based on computer application (CAPI). The data were collected between July 28 and August 19, 2018. The research is based on stratified quota sample.

*Layers of stratification:* data from 2014 Population and Housing Census.

*Stratification criteria:* communities in which Roma population constitutes over 1% of the total population of given community.

*Address selection* conducted randomly.

*Number of communities included in the analyses:* 31, including Balti and Chisinau municipalities.

Number of sampling points - 76. Maximum number of interviews per sampling point - 5.

Total respondents: 37.9% men and 62.1% women; 74.8% respondents from urban areas and 25.2% - from rural areas. The analysis of data is presented according to a series of socio-demographic characteristics (Table 2).

*Table 2. Distribution of sample among Roma population according to the socio-demographic characteristics of the respondents*

		<b>Number</b>	<b>Col %</b>
<b>Age of the respondent:</b>	<b>18-39 years</b>	99	32,9%
	<b>40-59 years</b>	113	37,5%
	<b>60+ years</b>	89	29,6%
<b>Gender of the respondent:</b>	<b>Male</b>	114	37,9%
	<b>Female</b>	187	62,1%
<b>Education of the respondent:</b>	<b>Without education</b>	113	37,5%
	<b>Primary education</b>	82	27,2%
	<b>Secondary and upper education</b>	106	35,2%
<b>Socio-economic level:</b>	<b>Low level</b>	99	32,9%
	<b>Medium level</b>	101	33,6%
	<b>High level</b>	101	33,6%
<b>Place of residence</b>	<b>Urban</b>	225	74,8%
	<b>Rural</b>	76	25,2%

For the purpose of comparison, the control sample was weighted according to gender and age structure of the sample for Roma population.

## ABOUT THE INVOLVED ORGANIZATIONS



Founded in 1998, the **Partnership Center for Development (PCD)** is a public institution, which aims to contribute to the promotion of an integrative discourse on the issues of human genres, the status of women and equal opportunities for women and men. PCD asserts itself as a non-governmental structure, advocating for the implementation of the concept of gender equality in all areas of life, promoting public policies in the field, addressing issues related to the role of women in society and its empowerment, eliminating all forms of discrimination against women, being at the same time a center for documentation, information and training for profile NGOs and initiative groups.

**Purpose:** To develop and strengthen the resources and mechanisms of equitable empowerment of women and men in order to promote gender equality in the Republic of Moldova by supporting a coherent approach to influence policies.

**Mission:** The PCD promotes the values of gender equality, as part of an open society, in order to strengthen an authentic gender partnership.

**Vision:** PCD advocates for the creation of a community with equal opportunities and opportunities for its members, of a society in which women and men are full citizens, able to solve common problems, to equally benefit from new opportunities. and to engage fully in political, economic and social activities.

Contact – Alexei Buzu, Executive Director  
phone: +(373 22) 23-70-89, e-mail: [alexeibuzu@gmail.com](mailto:alexeibuzu@gmail.com)



**The East-European Foundation (EEF)** was registered on November 3, 2009 at the Ministry of Justice of the Republic of Moldova and is the successor of the Eurasia Foundation (EF) in Moldova. The new organization continues the work of the Eurasia Foundation, which since 1994 has contributed to the promotion of democracy, human rights, the market economy and has supported the development of civil society, the media and the transparency of the public administration activity in the country.

**The mission** of the East-European Foundation is to empower the citizens of the Republic of Moldova with capacities and means to ensure sustainable development, through education and technical assistance programs that promote democracy, good governance and economic prosperity.

In its programmatic and institutional activity, the East-European Foundation is guided by the following **principles:**

- Responsiveness to the needs and challenges related to the social and economic development of the Republic of Moldova.
- Facilitate change in communities by promoting the best practices of sustainable development in the interest of the citizens of the Republic of Moldova.
- Identify and strengthen collaboration with representatives of communities and other parties able to contribute to the fulfilment of the Foundation's mission.
- Promote and facilitate cooperation between civil society, government and the private sector at Community level in order to ensure the sustainability of joint development efforts.
- Monitoring the success of programs and projects by assessing the impact and significant changes for citizens.
- Respecting and supporting diversity among employees, partners, communities in which we operate, without discrimination, regardless of race, ethnicity, gender, sexual orientation, religion, age, disability or political affiliation.
- Ensure adequate management of the funds and projects entrusted to the Foundation.

Contact: Andrei Brighidin, Development, monitoring and evaluation director.  
phone: 069739326, e-mail: [andrei.brighidin@eef.md](mailto:andrei.brighidin@eef.md)



**The Alliance of Organizations for People with Disabilities of the Republic of Moldova Association (AOPD)** provides the secretariat of the Platform of active organizations in promoting the rights of persons with disabilities, which currently has **39 organizations**.

The AOPD actively monitors existing public policies in the social-economic field, to ensure that the measures taken by the authorities are accessible and available even to persons with disabilities. At the same time, the Alliance also influences emerging public policies by consulting and endorsing them, ensuring the promotion and respect of the rights of the interest group.

**Mission:** Improving the quality of life of people with disabilities in the Republic of Moldova by collaborating with public authorities to create an environment with equal opportunities to realize the potential for people with disabilities.

**Purpose:** To develop common approaches and principles to promote the rights and inclusion of people with disabilities, in order to improve the quality of life for these people and their families.

**Objectives:**

1. Strengthening the capacities of the members of the Platform as a civil society action force;
2. Promoting the rights of persons with disabilities through advocacy activities and developing functional partnerships with the public authorities of the Republic of Moldova;
3. Changing the attitude of society towards people with disabilities, by informing and raising public opinion about the abilities and successes of people with disabilities, but also about their problems and needs.

Contact: Galina Climov, AOPD Executive Director  
phone: +373 22 23 42 61, email: [secretariat.aopd@gmail.com](mailto:secretariat.aopd@gmail.com)



**HelpAge International** provides the **Secretariat of the Active Aging Platform**. The platform was created in 2015 by HelpAge International in partnership with the Ministry of Labor, Social Protection and Family, and the financial support of the UN Fund for Population / Activity part of the National Program on integrating aging issues into public policies. Being an apolitical and independent entity, since 2016, the Platform for Active Aging applies the methodology of aging integration and analyzes policies from the perspective of aging, thus defending the rights of the elderly. The Platform comprises 24 non-governmental organizations that work with and for the elderly, from different localities of Moldova, including the local level. The Secretariat of the Active Aging Platform is provided by HelpAge

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phone: +373 69 62 84 61, [cristina.railean@helpage.org](mailto:cristina.railean@helpage.org)



**The Voice of Roma Coalition (VRC)** is a benevolent union of the Roma Associates of Moldova. It brings together 34 Roma NGOs from the country including the Transnistrian region and Gagauzia. The VRC secretariat is owned by the NGO "Tărnă Rom" which contributed to the Policy Map; Policy Monitoring; Initiation of Reforms; Approval and Proposals of solutions to the Government of the Republic of Moldova, PCA, APL as well as international institutions accredited in the country.

Contact: Marin Alla, Secretary General, The Voice of Roma Coalition  
tel: 069162200, e-mail: [vocearomilor@gmail.com](mailto:vocearomilor@gmail.com)



**The advocacy group "Youth"** was created in 2017, within the project "Joint Initiative for Equal Opportunities for Young People" funded by the East-European Foundation and implemented by the National Youth Council of Moldova. Currently, it consists of **32 youth organizations** from all over the country.

Regarding the comments and recommendations on the Concept of the National Development Strategy "Moldova 2030", Priority 4: "Relevant and quality education throughout the life", 5 organizations from the Group contributed substantially: AO "Alinta Students of Moldova", AO " Federation of Families for Unification and Peace in the World of Moldova ", AO" CAR ", AO" Motivation "and AO" National Youth Council of Moldova ".

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