



REPORT ON COSTING OF DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN IN MOLDOVA

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ON COSTING OF DOMESTIC
VIOLENCE AND VIOLENCE
AGAINST WOMEN
IN MOLDOVA

Report on Costing of Domestic Violence and Violence against Women in Moldova

This report was developed by NGO Women's Law Center with methodological assistance of the NIRAS-Indevelop, and with the support of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and World Health Organization (WHO) Country Office in the Republic of Moldova.

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The opinions expressed in this Report belong to the authors and do not necessarily reflect the views of the UN Women, World Health Organization, the United Nations and other affiliated agencies, or of the Austrian Development Cooperation.

The Report on Costing Domestic Violence and Violence against Women in Moldova and its Brief are available in Romanian, Russian and English and can be accessed at moldova.unwomen.org and www.cdf.md/rom/resources

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This report is dedicated to the women of the Republic of Moldova.

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ACRONYMS

AHR	Advocates for Human Rights
ATU	Administrative-Territorial Unit
CEDAW	Convention for the Elimination of All Forms of Discrimination against Women
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CIFMA	Compulsory Insurance Funds for Medical Assistance
CPA	Central Public Administration
CSOs	Civil Society Organizations
DV	Domestic Violence
DV/VAW	Domestic Violence / Violence against Women
ECHR	European Court of Human Rights
GDP	Gross domestic product
GBV	Gender Based Violence
GBV/DV	Gender Based Violence/Domestic Violence
GoM	Government of Moldova
GP	General Practitioner (family doctor)
GRB	Gender Responsive Budgeting
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
IMAGES	International Men and Gender Equality Survey
IOM	International Organization for Migration
IPV	Intimate Partner Violence
LPA	Local Public Authorities
LPFBFA	Law on Public finances and Budgetary and Fiscal Accountability
MH	Ministry of Health
MIA	Ministry of Internal Affairs
MJ	Ministry of Justice
MLSPF	Ministry of Labor, Social Protection and Family
MoF	Ministry of Finance
MTBF	Medium Term Budgetary Frame
NBS	National Bureau of Statistics
NCJE	National Center for Judiciary Expertise
NDS	National Development Strategy "Moldova 2020"
NGO	Non-Government Organization
NHIH	National Health Insurance House
NIRAS	An international, multidisciplinary consultancy company
NPEGE	National Program to Ensure Gender Equality
NRM	National Referral Mechanism
OSCE/ODIHR	Organization for Security and Cooperation in Europe/ Office for Democratic Institutions and Human Rights
PFM	Public Finance Management
SSIB	State Social Insurance Budget
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nation Development Programme
USAID	United States Agency for International Development
VAW	Violence against Women
VAWE	Women Against Violence Europe
VAWG	Violence against Women and Girls
WHO	World Health Organization
WLC	Women Law Center

FOREWORD

Violence against women is one of the most severe forms of gender inequality and it is still one of the most pervasive human rights violations of present time. It affects women disproportionately and has a profound effect on families, communities and society as a whole. The elimination of gender-based violence and protection of women survivors is as stated goal of the Sustainable Development Goals and UN Agenda worldwide.

In Moldova, violence against women is widespread and systemic phenomenon. According to the research undertaken by the National Bureau of Statistics there are more than 63 percent of women and girls aged 15-65 who have experienced at least one form of violence during their lifetime.

The report you are holding in your hands attempts to provide an estimate of the costs borne by the state and non-state actors – government, civil society, international organizations as well as individuals –, underlining that the economic, social and human implications of violence against women is much larger in the long- and medium-term and that the costs add up and impact the whole society. It is for the first time in Moldova, when a costing exercise attempts to bring together all sectors and offers a costing value for all violence against women and domestic violence related services and support.

We hope the findings of the report will serve as a tool for the adjustment and the implementation of the national legal framework in line with the requirements of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Council of Europe Convention on preventing and combating violence against women and domestic violence. We also trust it will also help to expedite the process of signature and ratification of this Convention by Moldovan authorities and other legal and regulatory framework aimed at improving responsiveness to the domestic violence issue in Moldova.

The findings of this report clearly show the significant impact of gender-based violence on society as a whole. Its main recommendations are pointing to the urgent need for a paradigm change in the response mechanism from mitigation to prevention of domestic violence cases and addressing the root causes of violence, at the same time emphasizing the need for adopting a holistic, multidisciplinary and victim-centered approach to better protect the women and children that survive violence.

Ulziisuren Jamsran
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EXECUTIVE SUMMARY

Violence against women and domestic violence is widespread and systemic in Moldova. Estimates suggest that more than 63 percent of women and girls aged 15-65 have experienced at least one form of violence during their lifetime.

The present report, *Costing of DV and VAW in Moldova*, was commissioned by the UN Women in Moldova Office and WHO Moldova Office in July 2015 to cost existing multidisciplinary services at the central and local levels and specialized services and responses to addressing violence against women in the Republic of Moldova.

The present report focuses on costing of those multidisciplinary services and specialized services and response mechanism to address DV and VAW in the Republic of Moldova; it is meant to deepen the understanding around the phenomenon of DV and VAW. Its findings will contribute to further advocacy for state funding at both central and local levels and prioritization of funds to improve mechanisms aimed at ensuring better protection and assistance to victims of DV and VAW. The costing exercise is also intended to facilitate enhanced coordination across sectors to prevent and respond to cases of violence against women and domestic violence as well as to highlight the different level of expenditures, including those of social, health, justice and non-state sectors.

The report attempts to provide costs borne by the state and non-state actors—government and civil society as well as individuals—reinforcing the extent of the phenomenon. The study also underlines that implications of DV and VAW are much larger in the long- and medium-term and that the costs add up and impact the whole society.

The findings of the report are timely as they could serve as an advocacy tool for the adoption of amendments to the national regulatory framework in line with the requirements of the European Convention to Prevent and Combat Violence against Women and Domestic Violence and to expedite the process of signature and ratification of this Convention by Moldovan authorities and other legal and regulatory framework aimed at improving responsiveness to the DV issue in Moldova.

It should be emphasized that this is the first exercise of this kind in Moldova, which brings together all sectors and offers a costing value for all DV- and VAW-related services and support.

Key results

As the response to DV in general is scant and not at all systemic, many of the costs of the existing mechanisms are not shown and are therefore either hidden or costs borne by individuals. The figures point to the fact that most of the spending is on mitigation of DV cases and not on prevention activities across all sectors. The multidisciplinary response and coordination in responding to DV and VAW is still not working in practice and the findings of this report point to the need for all sectors to work together in order to reinforce the multidisciplinary response.

Government

In costing the government spending, the following sectors were considered: social protection, health and legal. The total government spending for the reference year was 36,092 thousand lei. Due to the response mechanism, which currently focuses on mitigation of DV and VAW and not on prevention, the highest costs are for the health sector, especially for hospital treatment of victims. The second highest spending is that of the legal sector, which is due to the procedures of the justice system once a domestic violence case enters the criminal law system. To note, in 2012-2016 more than 81,450 Euro about 1,550,970.90 lei have been paid in reparations by the Moldovan Government to women victims of violence based on the European Court of Human Rights rulings.

The figures clearly show that the private funding covers what the government fails to cover in terms of services. Thus, 60% of social services are covered by the CSOs. It should be noted that the victims' contribution to covering attorney services exceeds four times the state's contribution. Along these lines, victims also bear a great share of the health expenses; consequently the costs supported by victims exceed 1.5 times the state's contribution. The findings of the current report point furthermore to the fact that over 30% of the services that are listed as essential in the international standards do not exist in Moldova or are not efficient.

The main gaps in the general service provision in Moldova include gaps in provision of: 1) social assistance and especially social aid for victims of DV, economic empowerment and social housing; 2) mental health and psychosocial long term support; and 3) access to state-funded legal counseling and representation.

Social

The figures reveal the striking reality that the lowest spending of the government is in the social sector. The total social assistance costs for the reference year are 5,195 thousand lei. At the same time, it should be noted that the social protection sector in Moldova is generally severely underfinanced. The figures show that 87% of the costs in social assistance sector cover the social assistance services, specifically shelter and food. While these are important, there must be an increased funding of specialized services such as psychological and legal counseling and child care services.

Although prevention is the prerogative of social assistants, figures indicate that they do not take an active part in the response mechanism at the prevention stage or at the stage of assistance and protection. Additionally, the number of cases registered by the police is 20 times higher than the cases reported by the social assistants.¹ At the same time, one should consider that community social assistants are paid very low wages (24 lei/1 Euro per hour) while being overburdened.

Health

Figures show that the highest government expenses are linked to healthcare and account for 15,845 thousand lei per reference year expenditure for DV. About 80% of the costs on health cover expenses for hospital treatment. Further, the figures show that only about 10% of the presented cost is spent for GP services, pointing to the fact that these services are still not an entry point for the identification and referral of victims of DV and VAW and for the prevention of the most serious cases. This is primarily due to lack of knowledge on effective medical response to domestic violence in the sector.

Based on the individual costs survey used for the report, the health costs reported by individual victims are very high; more than 2800 lei is spent by victims on hospital treatment and more than 3400 lei is spent by victims treated at their homes.

Analysis of related statistics reveals that only one emergency case was registered by the Health National Insurance House as a case of DV. However, more than 874 DV cases were reported by the police as cases with medium and serious health impact.

Legal

The total cost for the Legal sector is 14,990 thousand lei, with almost 80% spent on justice. Police costs ac-

count only for 18% of all legal costs; even though police handle many more cases than the justice system, the police sector is paid very low wages (1 working hour by an investigating officer is worth 37 lei/1,85 Euros²). The effectiveness of the police response is thus hampered by low remuneration. However, as the specialized training for police has increased its effectiveness in identifying and responding to cases of DV, more cases are investigated and more protection orders have been issued.

One of the important findings of this report regarding access to justice is that although the costs for private attorneys are by 33.7 times higher than that of the state guaranteed legal aid the victims of DV and VAW prefer to hire private attorneys. This is due in part to the fact that the Law on State Guaranteed Legal Aid does not cover all victims of DV and VAW; this preference for private attorneys also points to the questionable quality of state services provided currently. These expenses pose a huge financial burden on the victim in accessing justice. To afford an attorney in an average DV/VAW case, a victim would have to pay up to 12 average economy wages³.

The figures disclose that only 3% of the total legal sector spending is allocated to the penal system. Thus, from 3000 investigated cases in the reference year, only a very small number of offenders has been sentenced to prison time. This confirms the reality revealed in numerous decisions issued by the European Court of Human Rights against Moldova of the lack of effective sanctioning for aggressors and inconsistent application of the law.

CSOs

The figures show that more than 60% of the costs of social services provided to victims of DV and VAW are covered by civil society organizations. Data reveal that non-governmental organizations provide specialized services to victims, such as legal advice, representation, hotlines, psychological counseling and shelter as well as capacity building to front-line professionals.

In contrast with services provided by public entities, the NGOs provide victim-tailored and needs-based specialized assistance. Even though a great number of services are covered by the civil society, they are not sufficient. The report estimated that more than 175 shelter places are still missing. It should therefore be a priority of the national authorities to take on the responsibility for the ongoing funding of such services as well as ensuring even geographical coverage.

¹ Report on the Monitoring of the implementation of the National Referral System Strategy for the protection and assistance of victims and potential victims of trafficking in human being for 2014 and statistics of the General Inspectorate of Police of MIA for 2014.

² The exchange rate is at the average early rate for 2014 <https://www.bnm.md/>

³ The average economy wage for 2014 was 4172 lei

The report also identified that only a few NGOs keep statistics on DV/VAW assisted beneficiaries; this lack of data hampers the collection of overall statistics per sector as well as cost calculation.

Individual

The present report undertook a survey of individual costs per beneficiaries in order to capture the real costs supported by women victims of DV and VAW. The sample of the interviewed victims is rather small and the findings and conclusions are merely indicative.

To note, the survey captured more costs supported by victims than those reflected in the cost for government. For example, there is financial impact on victims' occupation status, living situation as well as on school attendance by children.

Almost all interviewed women had serious health problems, of both physical and psychological nature, as a consequence of DV. However not all of them had access to medical treatment; this is especially true for women from the rural areas. The average amount spent per case is more than 3000 lei spent for medical treatment (hospitalization, procurement of medication, medical services and investigation). At the same time the costs for transportation for accessing health services are quite high as well.

More than two thirds of interviewed victims called the police to report the case at no additional costs. The highest costs in accessing justice were costs to cover the attorney services. The costs for attorney services ranged from 200 to 20000 lei (average 9000 lei). The costs for transportation for accessing legal services are also high due to the need to participate at the different stages of proceedings before the courts of law, especially for the victims from rural areas.

When victims of DV/VAW access services offered by CSOs they no longer have to pay out of the pocket, as these services are offered free of charge. All victims received face-to-face counseling and individual psychological counseling; 30% received psychological counseling for their children; 15% received accommodation/shelter; 15% received services to access the labor market; 10% had access to financial support, and 10% received support to find accommodations.

Data indicate that the expenses for accommodations are an important share of the individual costs, with an average of about 3200 lei. The fact that these victims had to leave their homes in search of housing impeded women to seek help.

INTRODUCTION

In Moldova, seven out of ten women in the rural area and six out of ten in the urban area have suffered from at least one form of spousal/partner violence over their lifetime⁴. In a recent study on the perceptions of men on gender equality, more than 41% of surveyed men pointed to the fact that there are moments when a woman deserves to be beaten and more than 27% of men think that a woman should tolerate violence in order to preserve the family⁵. In Moldova, as in other parts of the world, violence against women remains deeply rooted in the gender imbalance, as the majority of interviewed men (90%) perceive that for a woman the most important role is to take care of the home and family and more than 60% of men think that when women are hired, in fact they take away jobs from men⁶.

While the Moldovan authorities have taken important steps forward to combat domestic violence, by adopting in 2007 Law no. 45 on Preventing and Combating Family Violence, criminalizing domestic violence (Art 201¹ of the Criminal Code) and providing coordinated response mechanisms, there remains an urgent need to eliminate barriers to justice, ensure victim safety, and ensure accountability for offenders. There are some shelters and specialized services for victims in Moldova, but since the law does not provide for a dedicated source of funding for shelters and victim services, these services remain seriously underdeveloped and under-funded⁷.

Since 2013, the MLSPP with the participation of civil society has been working on a Draft Law introducing amendments to harmonize national legislation with provisions of the Istanbul Convention⁸. This has been

a lengthy and difficult process. The amendments have recently reached the Parliament, and adoption of the law is expected before the end of 2016. Amongst main amendments of the Draft Law should be listed the obligation to fund services from the local and state budget, the diversification of services for victims and the introduction of the emergency protection order.

Measuring the costs of violence against women and demonstrating what resources are needed to fully implement legislation is an opportunity for initiating better budgeting practices and ultimately closing the gap in implementation of laws and policies for the benefit of survivors. **Costing of violence against women can be defined as "financial valuation of the added monetary and non-monetary resources and efforts that have to be invested for the implementation of a law or a policy to end violence against women; or the consequent costs to an economy of not implementing the law or the policy"**⁹.

The advantages of costing violence against women are multiple: it fosters an understanding that violence against women is a human rights issue and not a private one and that the financial burdens arising from such violence do not fall only on the survivor, but are also borne by her family, society and nation. Since the costs affect everyone, even though the abuse may be private, it brings the issue of violence against women into the open as a societal issue. Costing this issue also highlights the budgetary gaps in addressing violence against women; this report is intended to reveal funding deficits and the need for prioritizing interventions aimed at reducing violence against women in the national budgets. The costing exercise is also intended to facilitate enhanced coordination across sectors to prevent and respond to cases of violence against women and domestic violence as well as to highlight the different levels of expenditures, including those of social, health, justice and non-state sectors.

Finally, as the implementation of the legislation in the field of violence against women and domestic violence remains problematic, the costing exercise should support the efforts in strengthening implementation of these laws and policies to make them more effective. Thus, by demonstrating the significant economic and social impact of violence against women and by analyzing the necessary resources to address the situation,

⁴ National Bureau of Statistics of the Republic of Moldova, in collaboration with the UNDP, UN Women, and the United Nations Population Fund, *Violence against Women in the Family in the Republic of Moldova* (2011).

⁵ Men and Gender Equality in the Republic of Moldova, based on IMAGES, Women's Law Center and SocioPolis, Chisinau 2015, http://cdf.md/files/resources/96/IMAGE%20Moldova_English.pdf

⁶ Ibidem

⁷ Ongoing concerns with regard to the government's response to domestic violence have been highlighted during Moldova's 2013 CEDAW review: (a) the inconsistent application of laws aimed at combating domestic violence; (b) the failure to take note of lower-level injuries; (c) the fact that it takes repeated instances of domestic violence to trigger an investigation; (d) the ineffectiveness of protection orders against alleged aggressors; and (e) the low rate of reporting cases of sexual violence, including rape, and ineffective investigation and prosecution in reported cases.

⁸ Compatibility Report of the Legislation of the Republic of Moldova with the provisions of the Convention to Prevent and Combat Violence against Women and Domestic Violence, UN Women and Women's Law Center, Chisinau 2013.

⁹ Definition of costing from the "Understanding the Costs of violence against women and girls and its response: selected findings and lessons learned from Asia and the Pacific", UN Women 2013

the costing analysis can recommend improvement for more efficient use of existing resources.

The team of authors was faced with a great challenge of finding relevant and reliable data in the scarcity of information provided. The writing of the report was accomplished in the period September 2015 – July 2016 by a team of international consultants from NIRAS and national consultants coordinated by the WLC, based on a desktop analysis, data provided by relevant national authorities, and interviews with victims and professionals.

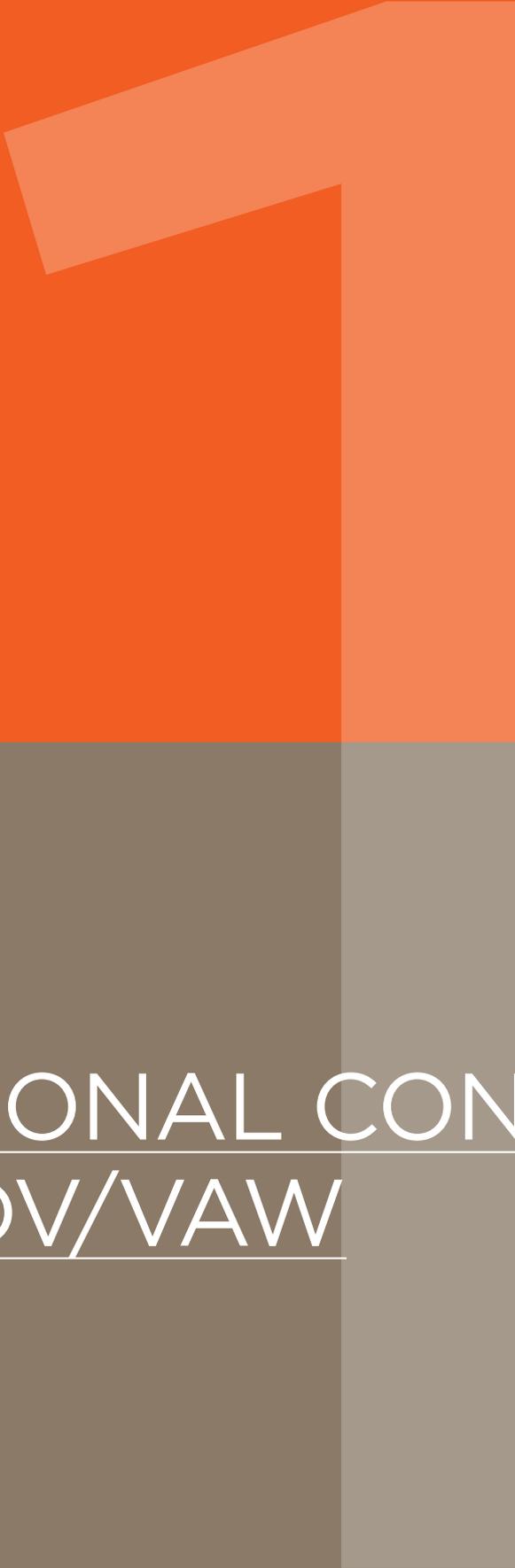
While it is clear that violence against women is a priority human rights issue, as pointed out in the ECHR case of *Eremia and Others v. the Republic of Moldova*¹⁰ costing serves to reinforce this point as well as to put greater accountability on the part of state and non-state

actors to end such violence. Thus, part of ensuring implementation of the domestic violence legislation and policy must be the development of detailed budget allocations and adequate funding of GBV/DV services, which is currently missing.

The report includes 3 main parts:

- Part One on Costing of Domestic Violence and Violence against Women in Moldova;
- Part Two on Gender Responsive Budgeting; and
- Part Three on Conclusions and Recommendations that includes two sections: one dealing with conclusions and recommendations from the costing exercise and the section dealing with conclusions and recommendations on gender responsive budgeting for Moldova.

¹⁰ *Eremia and Others v. Moldova*, No. 3564/11, ECHR (2013). The court found that the domestic violence investigation was not effective, the state failed to take proactive measures in enforcement, and the State "repeatedly condoned" such violence.



NATIONAL CONTEXT
OF DV/VAW

REVIEW OF MOLDOVA

CONTEXT

The Republic of Moldova ratified the CEDAW Convention on 28 April 1994 and along with its ratification, the State has assumed the obligations to ensure the observance of its provisions.¹¹ However, despite the ratification of the Convention the Government's commitment aimed at ensuring the equality of women is relatively new and not yet comprehensive. Indeed, the Law on Equal Opportunities of Women and Men was adopted only in 2006¹². This law was one of the State's attempts to ensure equal exercise of rights by women in the political, economic, educational, health and other areas of life in order to prevent and eliminate all forms of gender-based discrimination.

Although the "National Program on Gender Equality in the Republic of Moldova for Years 2010-2015" adopted by the Government, addressed in part the prevention and elimination of gender-based violence, corresponding resources have not been allocated to implement in a meaningful way the activities foreseen in the action plan.

On September 18, 2008, the Law on Preventing and Combating Domestic Violence (Law no. 45) entered into force.¹³ The Law regulates five forms of domestic violence, including physical, psychological, sexual, economic and spiritual violence.¹⁴ This Law provided a foundation for increasing access to justice and safety for domestic violence victims by introducing the possibility to obtain protective orders. However, due to the lack of specific directives on requesting, issuing, and extending protective orders, Law no. 45 was rarely

implemented in its early years.¹⁵ In July 2010, the necessary directives for implementation were established in Law no. 167.¹⁶

Despite a comprehensive normative framework, domestic violence in Moldova is a „serious" problem¹⁷ and is „widespread"¹⁸. A national study in 2011 found that 63.4% of women in Moldova aged 15 or older had experienced physical, psychological, or sexual violence from an intimate partner over their lifetimes¹⁹. The number of protection orders is steadily increasing; in 2014 there were 920 protection orders compared to 448 in 2013 and only 23 in 2011. In 2014 2374 domestic cases were investigated as criminal offenses, compared to 471 in 2011.²⁰ Official statistics of MIA also point to the fact that in 2014 there were 2374 victims registered, of which 2088 were women, 78 were children and 285 were men. About 30 women were killed as a result of domestic violence.

The study on women's vulnerability to HIV/AIDS in Moldova indicates that only 12.2% of victims would report the abuse to the police, 5.1% to other municipal authorities, 6.3% to the justice system and 11.2% to hospitals. These studies all point to a widespread perception that police involvement in cases of domestic violence seems inefficient and that domestic violence is largely underreported due to: shame; fear of social stigma; lack of knowledge about existing laws, judicial procedures and services; or **mainly because of lack of confidence in the system**²¹. Some reports indicate that victims are often reluctant to report do-

¹¹ Moldova is also a party to the International Covenant on Civil and Political Rights (ICCPR), and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), and is bound by their provisions, the International Covenant on Economic, Social, and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC). Moldova has neither signed nor ratified the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).

¹² Committee on the Elimination of Discrimination against Women Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women Moldova. Combined fourth and fifth periodic report [15 September 2011]

¹³ Law on Preventing and Combating Domestic Violence, Law 45 of 01.03.2007 Official Monitor No. 55-56, 18.03.2008.

¹⁴ Ibid., Article 2

¹⁵ Manole, Discriminatory Ill-treatment of Women in Moldova, sec. 2.2.1.1, The Equal Rights Review, Vol. Six (2011).

¹⁶ Law on the Amendment and Supplementing of Certain Legislative Acts, Law 167 of 09.07.2010 The Official Monitor No. 155-158 03.09.2010. The passage of Law 167 took almost two years. Email from Women's Law Center, 27 September 2007, on file with authors.

¹⁷ Cozzarelli, Catherine. 8 March 2011. *2011 Gender Assessment for USAID/Moldova*.

¹⁸ N.d. *2011 Progress Report: United Nations - Republic of Moldova. Development Assistance Framework 2007-2012*.

¹⁹ National Bureau of Statistics of the Republic of Moldova, in collaboration with the UNDP, UN Women, and the United Nations Population Fund, *Violence against Women in the Family in the Republic of Moldova* (2011).

²⁰ Statistics offered by the General Police Inspectorate of the MIA, February 2015.

²¹ Ibid. 18.

mestic violence for several reasons, including: a high level of tolerance of the general public and specialists towards gender-based violence, including domestic violence; victims do not self-identify themselves as such due to the fear of recidivism by perpetrators, in particular, given the persisting patriarchal mentality, especially in rural areas; domestic violence is considered a private matter; a lack of services for domestic violence perpetrators which makes assistance to victims one-fold and not efficient; inadequate law

enforcement; and low financial and technical capabilities of the state to support the development of services²².

In its Concluding Observations for Moldova in 2013 CEDAW reiterated its serious concern about the high prevalence of domestic violence, including against older women victims, coupled with lack of comprehensive data collection on the magnitude and forms of violence against women²³.

²² International Organization for Migration (IOM). 7 June 2012 Correspondence from a representative to the Research Directorate.

²³ Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova*, 29 October 2013, U.N. Doc. CEDAW/C/MDA/CO/4-5

The Committee, specifically pointed to the following: (a) The inconsistent application by the courts, prosecutors and police of laws aimed at combating domestic violence, which undermines women's trust in the judicial system, as well as the lack of awareness among women of existing legal remedies; (b) The failure of the police and prosecutors to give attention to low level injuries and that it often takes repeated acts of violence to initiate criminal investigations; and the reluctance of the police to intervene in cases of domestic violence within the Roma community; (c) The ineffectiveness of protection orders against alleged perpetrators which are either not issued by courts or issued with delays; the failure of police officers to enforce protection orders; the lack of sufficient support services to victims from rural areas and the Transnistria region, including shelters; and the non-coverage by the State system of legal aid to victims of gender-based violence; (d) The low rate of reporting of sexual violence cases, including rape, and the ineffective investigation and prosecution in such cases; and, (e) Reports concerning some Moldovan migrant women who upon return to the country are stigmatized and at risk of sexual violence.

ROLES AND RESPONSIBILITIES OF DIFFERENT ACTORS

Although Law no. 45 marked an important step in Moldova's effort to address domestic violence, some obstacles remain. While the Law provided for victim protection services, the issue of limited funding has prevented the creation of these services and provision of adequate rights. *Country Reports 2011* states that „real progress in protecting women and children against domestic violence is slow” (US 24 May 2012, Sec. 6). Other reports, such as the 2009 report of the UN Special Rapporteur and a more recent IOM analysis indicate an overall lack of enforcement of the law on domestic violence partly due to an absence of planning, lack of provisions on budget allocation, as well as due to lack of infrastructure to support victims of domestic violence.

The CEDAW Committee in its 2013 Concluding Observations for Moldova pointed to the inconsistent application by the courts, prosecutors and police of laws aimed at combating domestic violence, which undermines women's trust in the judicial system, as well as the lack of awareness among women of existing legal remedies. The committee also noted: the failure of police and prosecutors to give attention to low level injuries; that it often takes repeated acts of violence to initiate criminal investigations; the reluctance of the police to intervene in cases of domestic violence within the Roma community; the ineffectiveness of protection orders against alleged perpetrators which are either not issued by courts or issued with delays; and the failure of police officers to enforce protection orders. While Law no. 45 is a step forward, more urgent and focused reforms are required to eliminate barriers to justice, ensure victim safety, and provide accountability for offenders.

The relevant ministries have approved the subsequent laws and instructions on handling domestic violence cases by social protection institutions, family doctors and police officers, stemming from the new regulation. See Table 1. DV Actors, responsibilities and key laws. Still, in practice, **existing instructions are not fully and effectively put in practice by all actors, thus**

the identification, recording and reporting of cases of domestic to ensure coordinated response to violence remains weak.

Law no. 45 does not provide for a dedicated source of funding for many existing shelters and victim services; thus the NGOs and maternal centers that provide crucial services to victims have to strive each year to raise sufficient funds from inadequate governmental support and private donations. Currently, the nongovernmental organizations provide most of the specialized assistance to women and children affected by domestic violence and these activities rely heavily on the support of donors. These organizations provide shelter, psychological, social and legal counseling, and a helpline. These centers are few in number, have limited human and material resources, and are located almost exclusively in urban areas.²⁴ Nonetheless, these services remain seriously underdeveloped and underfunded. Up until 2014, there were 9 public social protection service providers²⁵ and 5 private social providers (non-governmental organizations) that provide services to women survivors of violence and their children as well as one public institution specializing in work with perpetrators.²⁶ Of the nine centers financed from the public budget, three are financed from the central budget and six from the local budget.

Another important barrier to combating domestic violence lies in limited criminalization of violations of

²⁴ The main organizations of this kind are: the shelter run by NGO “Casa Marioarei”, the Women's Law Center, the International Center “La Strada”, the Center “Memoria”, “Promolex”, “Gender Center” in Chisinau, the Youth Center in Soroca and “Stimul” from Ocnita.

²⁵ These institutions are: Cahul Maternal Center, Center for Protection and Assistance for Victims of Trafficking in Human Beings and Potential Victims; Maternal Center “Pro Familia”; Maternal Center Ariadna, Maternal Center “Pro Femina”, “Sotis” Center of Family Crisis; Maternal Center of Temporary Shelter and Child Rehabilitation Center; Center ‘Parent-Child Couple’ in Cornesti and the Assistance and Counseling Center for Family Aggressors.

²⁶ Capacity Gap Analysis Study of the service providers working with women victims of domestic violence in Moldova, Women's Law Center in partnership with WAVE Network, 2014 (hereinafter referred to as Capacity Gap Analysis Study).

TABLE 1.

DV Actors, Responsibilities and key relevant Legal Frameworks

Institution	Level	Law	Responsibility
Police	Central and local	Law no. 45, Art. 8, Criminal Procedure Code, Law No. 320 on Police, of 27.12.2012 Ministry of Internal Affairs, Order no. 275 from 2012 Joint order of the Ministry of Health and Ministry of Internal Affairs 372/388 from 03.11.2009 on improvement of cooperation between health system and police.	Case Registration Intervention at the scene Preliminary investigation Arresting the aggressor First medical aid Victim safety report Assist victims in protection orders Supervision of protection measures.
Judiciary	First instance courts, Court of Appeal, Supreme Court Prosecutors Judges	Law no. 45, Civil Procedure Code, Criminal Procedure Code, Criminal Law	Protection Orders Supervision of criminal proceedings Court hearings and appeals Sentencing
Probation office	Central and local	Law no. 45 (art. 9), Law no. 8 of 14.02.2008 on Probation	Programs for the rehabilitation and the re-socialization of imprisoned perpetrators
Legal Aid	Central	Law on State Guaranteed Legal Aid no. 198 from 26.07.2007	Free legal aid in criminal cases for offenders and victims of crimes
Health	Central and local ²⁷	Law no. 45 (art. 8); Instruction of the Ministry of Health No 155 from 24.02.2012, on the intervention of the medical institutions in cases of domestic violence with reference to the actions of medical workers in DV cases Regulation no.199 of 27.06.2003 on forensic examination of injuries	Medical aid Emotional support Detailed documentation, Reporting cases Referral to other services Forensic examination of victims
Social Protection	Central and local	Law no. 45 (art. 8, 13,15)	Primary assistance Identification Crisis intervention Evaluation and multi-disciplinary resolution of the case Monitoring of the cases Implementing protection orders.

Source: WLC analysis of the national legal framework

protective orders to only those that occur subsequent to a first offense, thus exposing victims to substantial risk of future harm if aggressors are not held accountable for their first offense. Prosecutors similar to police have been slow to apply Article 201¹ of the Criminal Code to cases of low-level injuries. The judiciary impedes domestic violence victims' access to justice as well. Judicial bias against victims presents a substantial barrier to the protective order relief envisioned by Law no. 45. Many judges do not issue protective orders because of a common mispercep-

tion that victims are lying to obtain benefits such as property or child custody.

Health institutions provide medical assistance to DV victims but in cases of more serious health problems, victim seeking support and services from the medical institutions may only benefit from relevant services

²⁷ LPA are not financing medical expenses, they are contributing their statutory capital in creating medical institution, while provision of medical services it is a centralized function for these services a Health Insurance Company is subcontracted.

based on their Medical Insurance. The majority of the victims, however, do not have an active insurance (except children who get mandatory insurance up to the age of 18). Furthermore, based on Moldovan legislation, healthcare institutions hold an important role of identification and referral (Table 1) of victims of domestic violence and registration of data into victims' medical records. The legal framework encourages medical personnel to also develop a safety plan with the victim.

In principle, doctors should inform victims about the need to contact forensic doctors for documenting the injuries and on the value and importance of such reports in court as evidence. Especially in case of children, there is an express obligation within the legislation to act in the best interests of children, by informing relevant authorities of any dangers posed to the life and security of children by the domestic violence situation (abuse, violence or neglect), irrespective of the consent of the victim. The consent of the victim to report is not necessary likewise in cases when injuries have been inflicted by illegal actions, resulting in dam-

ages to the victim's health. Moreover, forensic exams may be performed in Moldova free of charge at the request of police, prosecutor's office or judge, or at the request of the victim for a fee²⁸.

Although Law no. 45²⁹ charges both central and local administration bodies with taking measures aimed at preventing and combating DV, this issue is not currently a priority for them. As noted, actions undertaken in the area particularly related to provision of social protection are based on the non-government sector's initiatives. However, these initiatives are inadequate and cannot possibly provide suitable legal and social assistance for this category of victims. The lack of efficient communication on this topic on the horizontal and vertical level among various state institutions (Ministry of Labor, Social Protection and Family, Ministry of Interior Affairs, General Prosecutor's Office, service providers etc.), leads to "chaotic actions, from case to case", and not to actions which would help DV victims in accessing the justice system and receiving necessary psychological, legal and medical assistance³⁰.

²⁸ Conditioned also by presenting of an ID document

²⁹ Article 8 Law Nr. 45 to prevent and combat domestic violence.

³⁰ La Strada. Ensuring access of victims of sexual violence to adequate legal and social protection in the Republic of Moldova. 2015.

COORDINATION OF POLICIES TO PREVENT AND COMBAT DOMESTIC VIOLENCE

The Strategy of the National Referral Mechanism (NRM) for protection and assistance of victims and potential victims of trafficking in human beings was adopted by the Decision of the Parliament no. 257-XVI from 5 December 2008³¹. The Strategy mentions such awaited results as: a developed National Referral Mechanism, an enhanced legislative framework, enhancing the quality of the protection and assistance to the victims and potential victims of human trafficking, such as duration and diversity of assistance, new services at the local level, sensitization and trainings of professionals, elaboration of standardized procedures of assistance to victims and potential victims of trafficking in human beings. To date, the Strategy (and thus the NRM) was primarily centered on the victims of trafficking, although victims of domestic violence along with irregular migrants are considered as potential victims of trafficking and therefore covered by this document.

Pursuant to amendments from July 2010, Law no. 45, Article 7, was supplemented with a new paragraph (3), setting up an Inter-ministerial Coordinating Council within the Ministry of Labor, Social Protection and Family, for preventing and combating domestic violence, having in its structure both governmental representatives and members of civil society. This Council had to ensure coordination and cooperation between the ministries and other central administrative authorities in the field of preventing and combating domestic violence. Consequently, on 23 March 2014 the Government of Moldova has adopted Decision no.228 on the Regulation on activity of the multidisciplinary territorial commission as part of the National Referral Mechanism (NRM), which regulates the activity within the multidisciplinary teams through Moldova.

Multi-disciplinary teams at the local levels are tasked with providing individualized and supportive responses to victims of domestic violence. This mechanism in theory links all of the actors in combating DV and provides victims with much necessary support and access to rights and benefits when deemed appropriate. For victims to receive the full protection guaranteed by the law, however, improvements to the NRM are necessary. Development of adequate infrastructure combined with tailored and targeted capacity development of individual actors is needed to create an efficient NRM. The lack of infrastructure, weak capacities and lack of unified standards in provision and quality of services make the mechanism ineffective.

Proper use of protective orders and other measures provided by the Law, the increase in knowledge regarding the specific roles and responsibilities of all actors and the awareness raising on victim-centered response to cases of DV would ensure better efficiency of the NRM, especially giving the limited budgets that are currently at the disposal of relevant ministries and local authorities.

As it stands, many maternal centers and social workers infrequently utilize the protective order remedy to promote victim safety; health care professionals lack knowledge of effective medical response to domestic violence that incorporates the special needs of victims and social workers and police officers are not fully aware of the provisions of the Law on prevention and combating of domestic violence. Indeed, about 44% of the social workers and every 5th police officer interviewed in a study were not aware of their duties and obligations and how to respond to cases of domestic violence³². Additionally, the level

³¹ <http://lex.justice.md/md/330608/>

³² Promo-LEX Association, Assessment Report on the implementation of provisions of the Law no.45 on the protection order in the Republic of Moldova during 2008-2011, page 164.

of understanding of specific forms of domestic violence on behalf of relevant authorities was also identified as a problem: 44% of social workers, 40% of police officers and 75% of judges interviewed could not provide an explanation of the term psychological violence, while 56% of social workers and 63% of prosecutors could not provide an explicit definition of what sexual violence means. Likewise, 20%

of police officers and 38% of prosecutors could not provide a definition of economic violence. Similarly, the judges also do not have a well-defined opinion on economic violence³³.

Insufficient awareness regarding the forms of domestic violence and obligations of responsible authorities affect the correct identification, qualification and punishment of cases of domestic violence.

³³ For the elaboration of the Assessment Report on the implementation of the provisions of the Law 45 on protection order in the Republic of Moldova during 2008-2011, Promo-LEX Association conducted 47 in-depth interviews throughout Moldova with relevant authorities: 8 judges, 8 prosecutors, 15 police officers, 16 social workers.

SPECIALIZED SERVICES WORKING WITH WOMEN VICTIMS OF DOMESTIC VIOLENCE IN MOLDOVA

Whilst the legal framework for other sectors tends to introduce some provisions and space for a multi-sectoral approach to service delivery, the specialized service framework is focused on provision of single specialized services.

Specifically as per provisions of Article 11 of Law no. 45-XVI from 1 March 2007 on Preventing and Combating Family Violence, the right of the victim to benefit from counseling activities for the physical, psychological and social rehabilitation is guaranteed. In this regard, Article 10 of the Law on Preventing and Combating Family Violence established conditions and procedures for creation of centers for rehabilitation of victims as well. According to the law, the center for rehabilitation of victims provides protection and accommodation to the victims and offers psychological, pedagogical, social and legal assistance, as well as medical care for the members of the family who are or who can potentially become victims of domestic violence.

The centers for rehabilitation of victims of domestic violence are specialized institutions that offer temporary placement and assistance to the victims of domestic violence, in accordance with the legislation in force and with the minimum quality standards. The purpose of these centers is to offer assistance to victims of domestic violence, socialization and reintegration in the family and/or community. The centers are supposed to offer free of charge: specialized social services, housing, protection and temporary placement to victims of domestic violence; as well as legal, social, psychological and urgent medical assistance. The quality of services provided by these centers should be evaluated on a regular basis by the body responsible for accreditation of social services, but standards for accreditation of these services are still being drafted.

The capacity gap analysis conducted by WAVE Network in 2014 assessed 14 of such centers, including

12 of the entities whose beneficiary groups included women survivors of violence and their children³⁴. This analysis identified that the majority of the entities provide accommodation to women survivors of violence but due to the lack of specialized legal aid or intervention, centers in Moldova provided few other services beyond accommodation. The majority of the NGOs did not receive state funding and depended heavily on external donor resources. In practice, many of the public institutions also run NGOs, thus enabling them to accumulate both state and private funding. However, two of the public institutions have experienced periods where, due to lack of state funding, they were unable to operate and provide services.

All centers appear to serve various beneficiary groups, including victims of trafficking. Only one of the centers is focused solely on assisting women who are victims of intimate partner violence or domestic violence, although these victims are the majority of the beneficiaries in other centers that serve a variety of groups (some even including men) and appear to address various societal problems, including mental health, homelessness, HIV/AIDS, crisis situations and single motherhood, among others. This setup is largely due to the lack of specialized services in Moldova. The centers do not appear to always have the professionals necessary to support women suffering from intimate partner violence or domestic violence and their children including psychologists, childcare workers, educational specialists and legal and/or medical professionals. The types of services provided by the centers indeed vary greatly.

³⁴ The questionnaire for interviews and the subsequent analysis and capacity building was conducted utilising WAVE's 'Away from Violence' Manual which aims at providing guidelines for running a women's shelter, while at the same time establishing various 'principles' applicable to women's service provision. As a result, only organizations that serve women survivors of violence were considered for analysis.

Most of the centers provide telephone counseling, face-to-face counseling and networking. Services/activities such as crisis intervention, internal training of staff, follow up/evaluation and awareness raising are carried out by the majority of the centers. However, there appears to be a lack of crucial services such as legal advice and legal aid. Court accompaniment, although a crucial service for women survivors of violence, is not provided by all of the centers. The services appear to be lacking also when it comes to access to the labor market, resettlement, and housing support. At the same time, lack of these services may have more to do with the overall situation of social assistance in Moldova, especially in terms of lacking transitional housing.

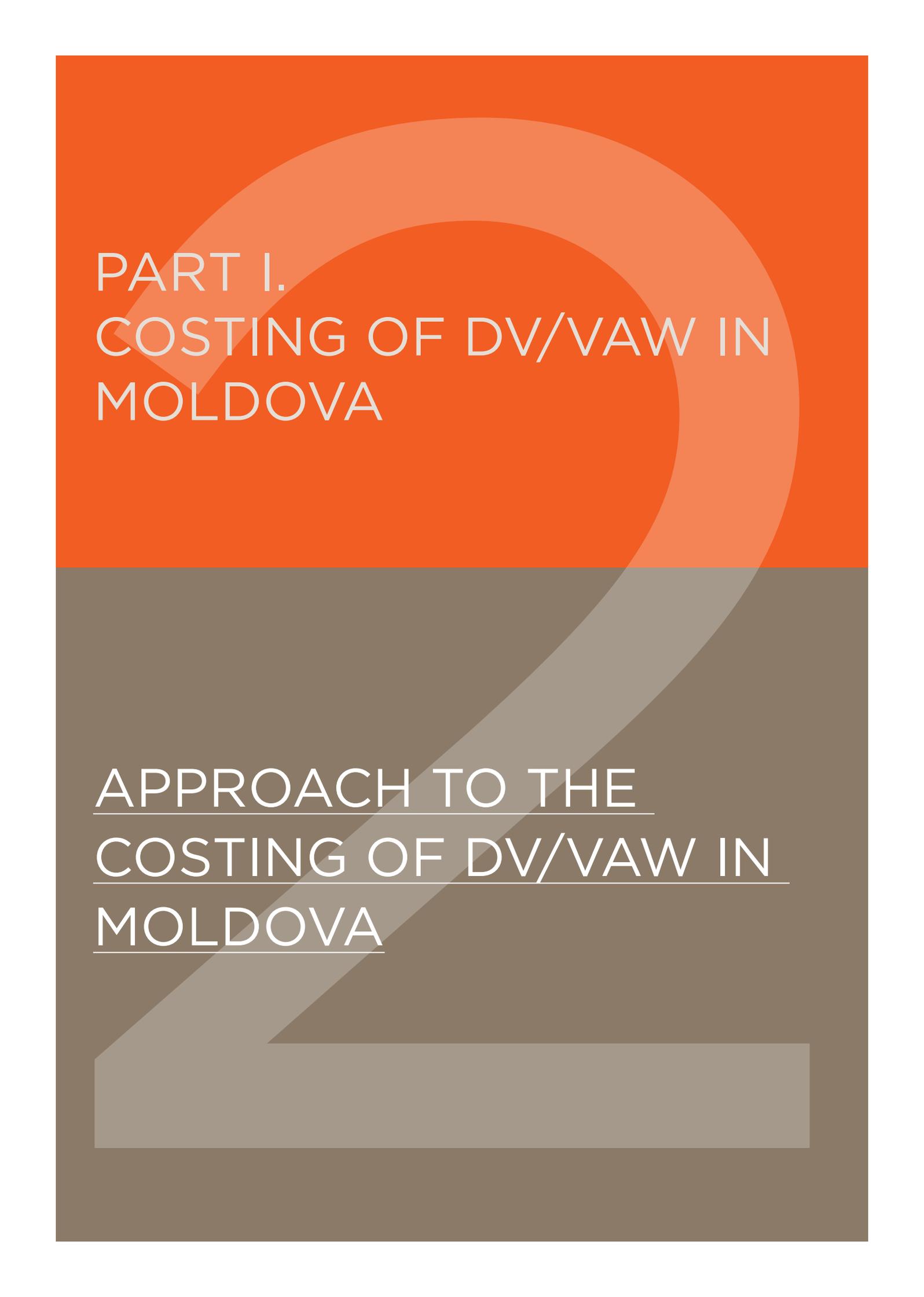
The WAVE assessment highlights the need for additional accommodations. Although centers have an es-

timated capacity to provide shelter for 181 survivors of violence in Moldova, an estimated 175 places are still needed³⁵. It should also be noted that not all entities providing accommodation are specialized for survivors of domestic violence, and the shelter capacities are therefore allocated to a variety of beneficiaries.

Another problem contributing to lack of adequate specialized services is the dependency of the aforementioned centers and institutions on local funds, as the mayors' offices and local public authorities have not prioritized violence against women/domestic violence thus far.³⁶ While the monthly volume of beneficiaries accommodated in shelters appears to be somewhat similar in all centers, the annual budgets and the number of staff differ greatly. On average the majority of the centers, however, appear to have an annual budget (2014) of about 500,000 Moldovan lei.

³⁵ Based on the Council of Europe Convention on preventing and combating violence against women and domestic violence Explanatory Report Article 23 (Shelters) stipulating 1 shelter place per 10,000 inhabitants. With Moldova's estimated 3,559,497 inhabitants, there is a need for at least 356 shelter places in the country.

³⁶ Haller, Birgitt. (2013). Needs Assessment. [Special Service Agreement No. 2013-MOL68-BH].



PART I.
COSTING OF DV/VAW IN
MOLDOVA

APPROACH TO THE
COSTING OF DV/VAW IN
MOLDOVA

METHODOLOGY

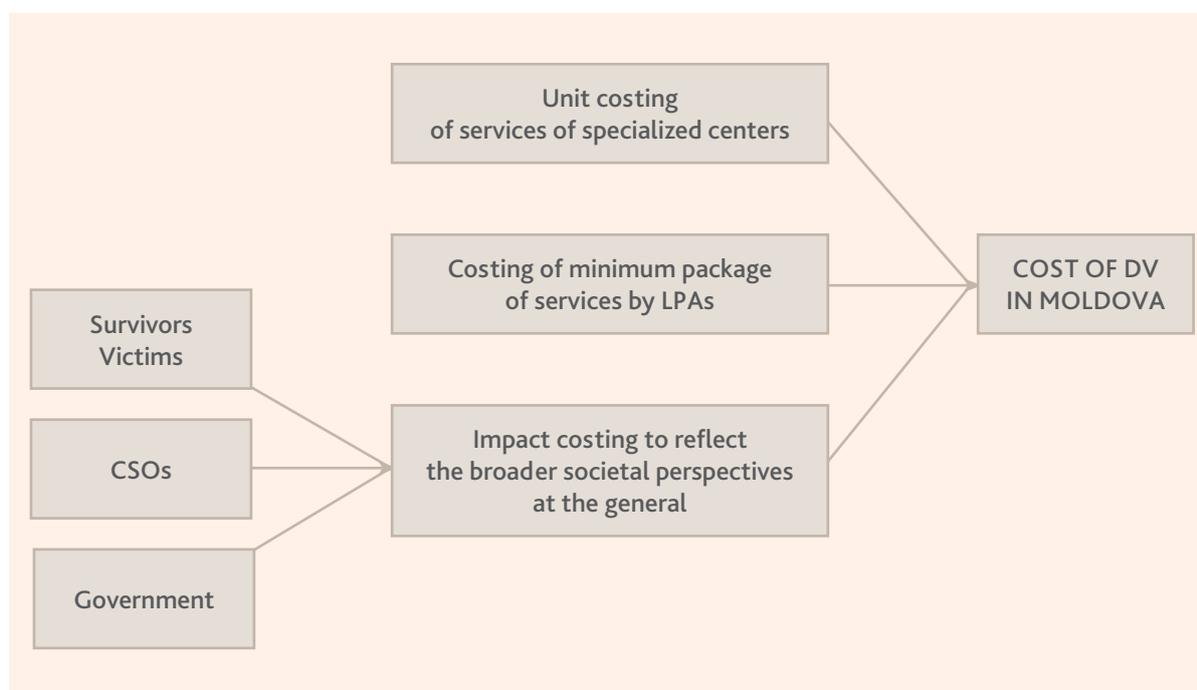
Domestic violence has devastating consequences for both the individual victim and wider society as it drains the resources of public and voluntary services and employers and causes uncountable pain and suffering to those who are abused. The purpose of this study is to offer a better understanding of the full cost of domestic violence and to provide the basis for action within an additional financial policy framework. Undeniably, costing of domestic violence adds a financial dimension into the discourse surrounding the issue of combating domestic violence and increases the range of ways in which policy interventions can be articulated, measured and evaluated.

Therefore, this report aims to provide the government of Moldova and key stakeholders with data and calculations that might assist them in addressing spending priorities to improve policy frameworks based on need and justice. By demonstrating that the cost of domestic violence is borne by the wider economy and society, not only the victims, it is hoped that

this report will make a contribution to policy development to reduce and eliminate this violence in Moldova³⁷ as well make recommendations for a better budgeting process.

This report examines the costs borne by 3 groups (victims/survivors, CSOs and government) and does not at this point include any calculations of the cost on a second generation and on business. It focuses on Domestic Violence and Violence against Women, in line with the current legal framework and protection practices in Moldova, and includes all forms of violence. During the research the following costs were examined:

- Existing services (separate from new services as required within the Istanbul Convention)
- Unit costing of services of specialized centers and the costing of a 'minimum' package of services by LPAs
- Costing to reflect the broader societal perspectives at the general level.



³⁷ Sylvia Walby. 2009. *The Cost of Domestic Violence: Up-date 2009*. Project of the UNESCO Chair in Gender Research, Lancaster University.

The methodology for costing of this DV³⁸ study in Moldova is based on best international practices. It focuses on capturing the three main types of cost: 1) the use of services, mainly public services including the criminal justice system (including the police); 2) the health care system (not including mental health) and 3) social services and civil legal services. Secondly, the study aims to capture the individual costs borne by victims themselves. Although an important aspect of the costing exercise, the human cost of pain and suffering is not included due to time limitations and inability to obtain data on public's willingness to pay within the timeframe of this research.

The cost estimates are derived from relatively straightforward accounting methods (Day et al 2005) and follow a 'bottom-up' approach³⁹ (Chan and Cho 2010). The calculations are actually based on a model that sums the costs of all the different effects of violence against women. Although there are weaknesses in this model, in particular regarding the complexity of accurately measuring the costs in each of the sectors owing to the widespread nature of the effects of violence against women in society, the research team chose this approach as it allows the estimation of costs of violence in an area/sector to be estimated before and after an anti-violence initiative is implemented and enables the government and other actors combating DV to discover the social savings resulting from any reduction in violence.

As mentioned above, this study is attempting to value a range of economic and social impacts of domestic violence by bringing together data from various fields (public health, justice, social protection, civil society and individual costs borne by victims)⁴⁰. The costing study also aims to explore the types of costs of domestic violence in Moldova, borne by the victim, and to stress the very public nature of domestic violence (disproving the myth that it is a private matter) by examining all types of costs associated with this issue. The report includes:

- Health Costs both borne by women and the State, these costs include physical injuries, inpatient hospital visits, emergency services, medication and premature mortality.
- Justice Costs, borne by the State and private services, which include policing, prisons, legal services, prosecution and counseling,
- Social protection costs including violence prevention programs, accommodation and direct social services to women with children.
- Costs to civil society and programs run by non-governmental organizations aimed at providing vital social services to women and children.
- Individual costs borne by victims as a result of the abuse and in the attempt to access exiting services.

Domestic violence affects the long-term health and wellbeing of afflicted children and interferes with their education attainment and social development. It also presents opportunity costs for women such as foregone income, tax revenue, and unpaid work in the community; loss of wages by family and friends supporting women; and lower consumption due to lost employment). However, the wider societal and second-generation costs have not been calculated as part of this study due to limited data and time limitation.

Despite the limited gender disaggregation of much of the collected data, the Moldova study is similar to other international studies, more successful in calculating the *direct* costs of domestic violence (examples include the cost of crisis accommodation, legal services, income support, and health and medical services) than in calculating the indirect costs of domestic violence (examples include the replacement of lost or damaged household items, and costs associated with changing houses or schools).

³⁸ DV defined as violence occurring between household members or intimate partners and GBV as gender-based violence against women (physical, sexual and psychological), no matter the context or setting they occur:

- in the family (such as battery, marital rape; sexual abuse of female children; dowry-related violence; female genital mutilation/cutting and other traditional practices harmful to women);
- in the general community (such as rape, sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution), and
- violence perpetrated or condoned by the state, wherever it occurs.

³⁹ Bottom-up approach is a unit cost per item established then multiplied by the number of victims and/or incidents (i.e. prevalence and/or incident rates).

⁴⁰ View Annex 4 for detailed explanation of individual unit costs as well as assumptions on which those unit costs were based.

SCOPE OF THE ANALYSIS

The focus of this first costing study in Moldova was on the cost of domestic interpersonal violence, as opposed to violence perpetrated by a stranger. **This is the first time that Moldova is attempting to calculate the economic costs of domestic violence.** For this study, the team has adopted as a starting point methodologies used internationally. In particular the study built upon the existing methodologies of studies undertaken in the UK, Australia and Vietnam.

Key features of the methodology used for costing of domestic interpersonal violence in Moldova included:

- a focus on economic costs, making a clear distinction between economic costs and transfer payments;
- use of a prevalence approach that conceptually captures all annual costs of domestic violence and its consequences;
- allocation of costs to:
 - health, justice and social protection costs;
 - production-related costs;
 - consumption-related costs;
 - administrative and other costs;
- allocation of costs to following groups which bear the costs and pay or receive transfer payments:
 - victim/survivor;
 - government;
 - rest of the community/society (non-government).

The analysis scope involved the following:

- The model was based on desktop analysis. Cost estimates are indicative only, and should be used for informing decisions rather than as a basis for decision-making.
- Interviews with institutions and relevant professionals were conducted to supplement the missing data.
- Where sufficient information was not available, or time did not permit the reconstruction of the similar international economic cost estimates, assumptions were adopted based on the best available evidence.

- All assumptions and their bearings on the cost estimates are made transparent.
- The analysis establishes a 'base case' profile which forecasts levels of violence against women and their children without intervention⁴¹.
- The analysis adopts a reported prevalence-based approach.
- The economic costs do not include the cost of the new National Action Plan initiatives. These costs should be estimated as part of a detailed business case for investment.

Thus, the aim of this report was to provide indicative estimates of costs of violence against women and their children in the reference year (2014), and the purpose of it is to provide decision-makers with a sense of the scale of this problem and its impact on society.

Estimates in the overall findings must be considered indicative (and in some cases speculative) and are conditional on numerous assumptions made during the course of the analysis. A considerable margin of uncertainty surrounds the original estimate as it is based on limited data and on parameters that reflect a large element of judgment.

The approach to the analysis involved the following steps:

1. Constructing the base case 'prevalence of violence' profile
 - The number of women experiencing violence was calculated using prevalence rates from the 2011 National Bureau of Statistics Report "Violence against women in the family in the Republic of Moldova".
2. Constructing the economic costs of violence. This involved:
 - constructing cost estimates by obtaining relevant data to establish present-day costs and applying appropriate cost escalation factors

⁴¹ That is, it assumes a continuation of current policy.

DATA AND COSTING METHODS AND LIMITATIONS

While the methodologies for estimating economic costs are still in the process of being refined, several meta-reviews of costing studies⁴² indicate that most studies use four distinct approaches or methodologies: accounting methodology for estimating direct costs, Econometric Approaches, The Willingness-to-Pay Method and DALYs.

Accounting methodology used in the current exercise focuses on establishing a unit cost either through a bottom-up approach (based on detailed costs for providing a service) or a top-down proportional approach (derived from an annual budget). The accounting methodology is used across service provision sectors for an aggregate cost of preventing and responding to violence. It is also used for establishing foregone income and requires data on prevalence of Inter-Partner Violence, number of incidents experienced in a year, days lost per incident and average wage. Accounting methodology is a core methodology used in most studies to establish direct cost of service provision⁴³.

An advantage of the accounting methodology is that it is straightforward and less data intensive than other methods. It is most often useful to establish a quick rough estimate based on available data and simple assumptions. Another advantage is that it can establish opportunity costs at the household level, which can be a powerful demonstration to communities of the impact of violence.

A limitation of this method is that it requires primary data, which is often not available, particularly in the global south. Another disadvantage is that time frames may not be consistent when depending on unit costs from other studies. More importantly it is not possible to capture long-term costs and it has the potential for double counting. The interpretation of the costs of direct provision is problematic – increase in cost of service provision may be a reflection of effective response by government and NGOs, leading to increased use of services, plus increase of expenses due to inflation, which affects direct costs for utilities, heating, water, etc. In fact this highlights that service provision costs

⁴² Duvvury, et al., 2004; Morrison and Orlando, 2004; Day, et al., 2005; and Willman, 2009

⁴³ (see Greaves, et al. 1995, Heiskanen and Piispa 2002, Access Economics 2004)

FIGURE 1.
Cost calculation formula

$$TCV = \sum_{i=1}^I (p_i^V - p_i^{NV}) V_i C_i$$

- *TCV* is the total costs of violence against women;
- *I* categories of costs;
- p_i^V is the percent of violence victims using service *i*;
- p_i^{NV} is the percent of the population not affected by violence who use service *i*;
- V_i is the total number of violence victims eligible to use service *i*, and C_i is the per person cost of service *i*;
- Thus, the level of service *i* is measured by taking the differential usage rate by victims of violence and multiplying it by the number of violence victims to get the number of victims using the service as a result of violence. Costs resulting from violence are then found by multiplying that figure by the per person cost of providing the service.

need not linearly increase with increased prevalence/incidence rate of IPV.

Main limitations of the costing exercise (Table 2) are often linked with unavailability of any data, which will refer explicitly to victims of domestic violence. None of the sector collects data systematically for this specific target group⁴⁴, which results in underestimation of the costs and inability to capture hidden costs both for the institutions and for the individuals (loss of income, property etc.).

⁴⁴ Legal sector collects some data on the victims (provided by the Ministry of the Internal Affairs) but these data refer to a specific intervention of authorities (in this case police) at certain moment of a violence case and do not fully reflect the magnitude of the phenomenon.

BOX 1

Advantages and disadvantages of chosen method

An advantage of the accounting methodology is that it is straightforward and less data intensive than other methods. It is most often useful to establish a quick rough estimate based on available data and simple assumptions. Another advantage is that it can establish opportunity costs at the household level, which can be a powerful demonstration to communities of the impact of violence.

A limitation of this method is that it requires primary data, which is often not available, particularly in the global south. Another disadvantage is that time frames may not be consistent when depending on unit costs from other studies. More importantly it is not possible to capture long-term costs and it has the potential for double counting. The interpretation of the costs of direct provision is problematic – increase in cost of service provision may be a reflection of effective response by government and NGOs, leading to increased use of services, plus increase of expenses due to inflation, which affects direct costs for utilities, heating, water, etc. In fact this highlights that service provision costs need not linearly increase with increased prevalence/incidence rate of IPV.

TABLE 2.
Summary of limitations for costs calculation exercise

Sector	Main limitations
Social Protection	<p>The public official data does not include the number of beneficiaries and type of activities included in the service.</p> <p>The budget classification is not used properly by the service providers' finances from the budget.</p> <p>The component of the domestic violence is not seen separately in the budget data. Additional investigations were necessary to find out the costs, not only from the private providers (ONGs) but from the state one too.</p>
Health	<p>Health system is not collecting data on doctors' visits as consequences of the injuries caused by domestic violence; therefore assumptions were used to define incidence.</p> <p>Mental health costs could not be calculated to their full implication due to lack of basic input data.</p> <p>Estimation of number of beneficiaries per each health dimension was the most time consuming activity.</p>
Legal	<p>Unavailable data and inexistent approach of the authorities to treat domestic violence problem from the costing perspective (especially unit cost).</p> <p>Several data sources had to be consulted to gather data to calculate costs for the legal sector. Data was collected through 2 main methods: secondary data and primary qualitative data. Secondary data were collected from several sources: a) by addressing two ministries, Ministry of Internal Affairs of Moldova and Ministry of Justice of Moldova; b) State Budget Law 2014; c) other reports and surveys. Primary data was collected through discussions with sector professionals (lawyers, providers of legal services from WLC, police). All data had to be double checked with professionals for each subsector.</p> <p>Inexistence of a unified model for data sharing and reporting, therefore data was received in different format very hard to use or/and impossible to cross-check.</p> <p>The most sensible part in formulating the assumptions for this exercise was assuming how much time each professional in the sector will spend per each entry point (task).</p>



COST OF DV AND VAW
PER SECTORS PER ACTOR

COST TO GOVERNMENT

The European Convention to Prevent and Combat Violence against women and domestic violence (Istanbul Convention) sets forth the obligation to provide both general and specialized support services.⁴⁵ General services should include: social, health and employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large. By contrast, specialist support services have specialized in providing support and assistance tailored to the – often immediate – needs of victims of specific forms of violence against women or domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services at the moment in the Council of Europe countries are offered by NGOs.⁴⁶

As per the Istanbul Convention, women and girls, victims of gender-based violence, should have access to the following services: 1) crisis information; 2) crisis counseling; 3) help lines; 4) shelter and safe accommodation; 5) material and financial aid; 6) creation, recovery, replacement of identity documents; 7) legal and rights information, advice and representation, including in plural legal systems; 8) psycho-social support and counseling; 9) women-centered support; 10) children's services for any child affected by violence; 11) community information, education and community outreach; and 12) assistance towards economic independence, recovery and autonomy. The report highlighted that the situation in Moldova, when it comes to funding and provision of the above-listed services is similar to that in almost all of the CEE/CIS countries. Indeed as stated before, whilst most of the cost for these services is often

covered by the government, CSOs provide services to beneficiaries at the local levels. The findings of the costing study indeed confirmed this for Moldova, and point furthermore to the fact that over 30% of the services that are listed as essential in the international standards do not exist in Moldova or are not efficient.

The current document considers the following public sector spending on support to women and girls who are victims of gender-based violence: 1) **social protection sector**, including social protection services (public institution service providers, such as maternal centers), work of community social assistants, government policy and other personnel spending on support to victims of violence. 2) **Health sector**, including: emergency care, hospital treatment, family doctors and legal medical care. And 3) **the legal sector** that has been defined around the legal process of a DV-related case: intervention and actions undertaken by the police, justice including the work of attorneys, prosecutors, judges and other professionals working on DV related cases and the penal system, including temporary and permanent detention.

The costs for DV were defined based on unit cost (one case) of each stage of interaction with state institutions multiplied by the number of cases of DV at each particular stage during the reference year (2014). *The total government spending in the reference year was about 36,030 thousand lei: the total social protection spending was 5,195.1 thousand lei, total spending on the health sector was 15,845 thousand lei, and the total legal sector spending was 14,990 thousand lei.*

As per Figure 2. the state spends the most on health-care closely followed by the legal sector, and a quarter of total spending was on social protection. These data show less is invested in prevention and social assistance in Moldova and as a result, the actual cost increases when the consequences have to be addressed in the judicial and health sectors, which are indeed the most costly.

The sub sector with the highest costs is hospital treatment (figure 3), due to the high unit cost (one hospital bed). The justice sector is the second highest cost. The costs of the justice sub-sector are higher due to more expensive labor costs compared to other sub-sectors; the time spent by a prosecutor or a judge for a DV case is more expensive than the same amount of time

⁴⁵ Article 20 and 22 of the European Convention to Prevent and Combat Violence against Women and Domestic Violence.

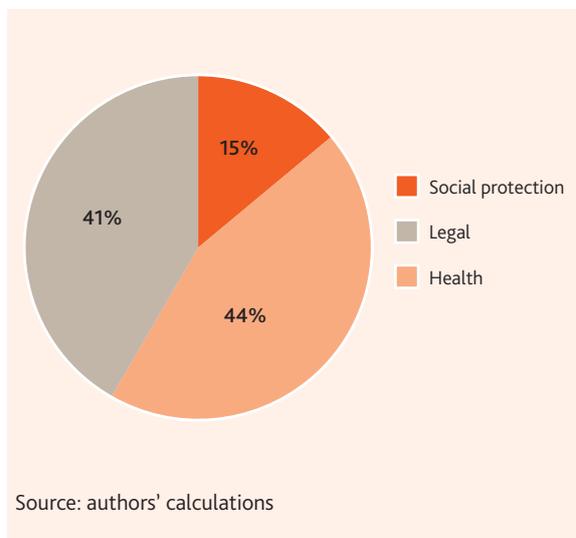
⁴⁶ The specialized services should aim at ensuring the complex task of empowering victims through optimal support and assistance catered to their specific needs should include: shelter and safe accommodation, immediate medical support, the collection of forensic medical evidence in cases of rape and sexual assault, short and long-term psychological counseling, trauma care, legal counseling, advocacy and outreach services, telephone help-lines to direct victims to the right type of service and specific services for children as victims or witnesses-Explanatory Report to the Council of Europe Convention to Prevent and Combat Violence against Women and Domestic Violence, <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016800d383a>

spent by other professionals like investigation officers and community social assistants because of the significant discrepancy in wages. The social protection services represent one third of the cost of hospitalization and legal system, followed by police costs, which are almost one fourth of the first two⁴⁷.

Cross sector incidence data analysis, as well as the best international experience and practices in costing of DV, show that these costs still do not fully reflect the real spending nor the required adequate spending on DV interventions and support for the victims.

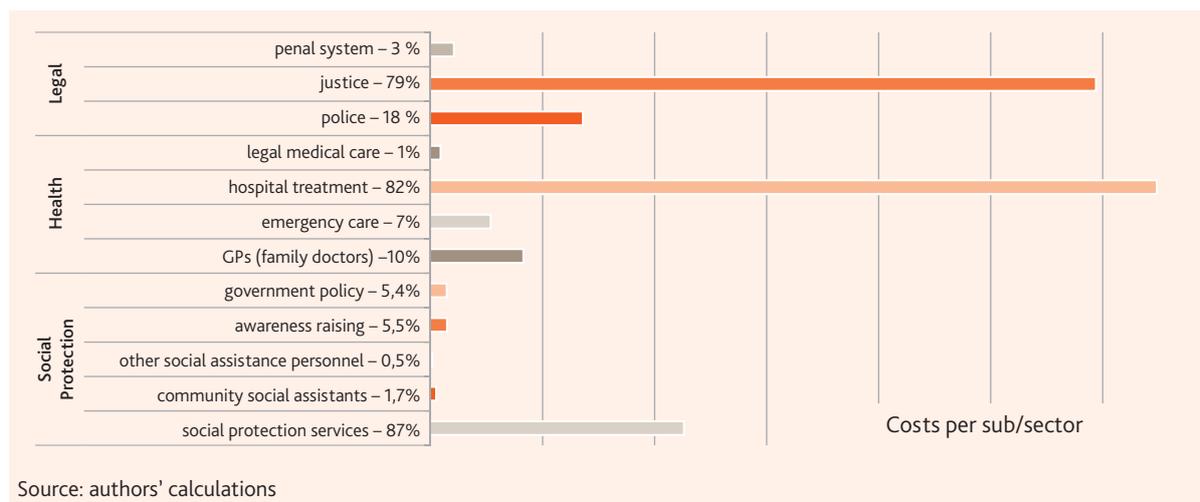
The projected cost exercise revealed that these costs would increase for each sector. It was assumed that not much will change in allocation methods, but more efficient spending will be considered. The bigger social sector costs were calculated assuming that more victims would initially seek social services (in accordance with incidence reported by the police). The legal costs were increased with additional allocations that would need to be done as the new amendments to national legislation on DV, namely the Draft Law no. 246, are implemented. These changes would increase the workload per DV case for the investigation officers. The projected health costs reflect the costs of increased incidence of hospitalization cases. Figure 4. presents the difference between actual costs and projected costs. Assumptions and calculation details on projected costs are presented in the subchapters below.

FIGURE 2. Total government spending on DV, reference year



Despite the existence of a comprehensive legal framework on the multidisciplinary approach to responding to cases of DV, in practice, interviews⁴⁸ with victims and professionals from different sectors revealed that there is very little interdisciplinary cooperation when it comes to preventing and dealing with DV cases. This conclusion is also confirmed by the costing exercise, with figures showing that very

FIGURE 3. Total governmental costs, sub-sectors, reference year

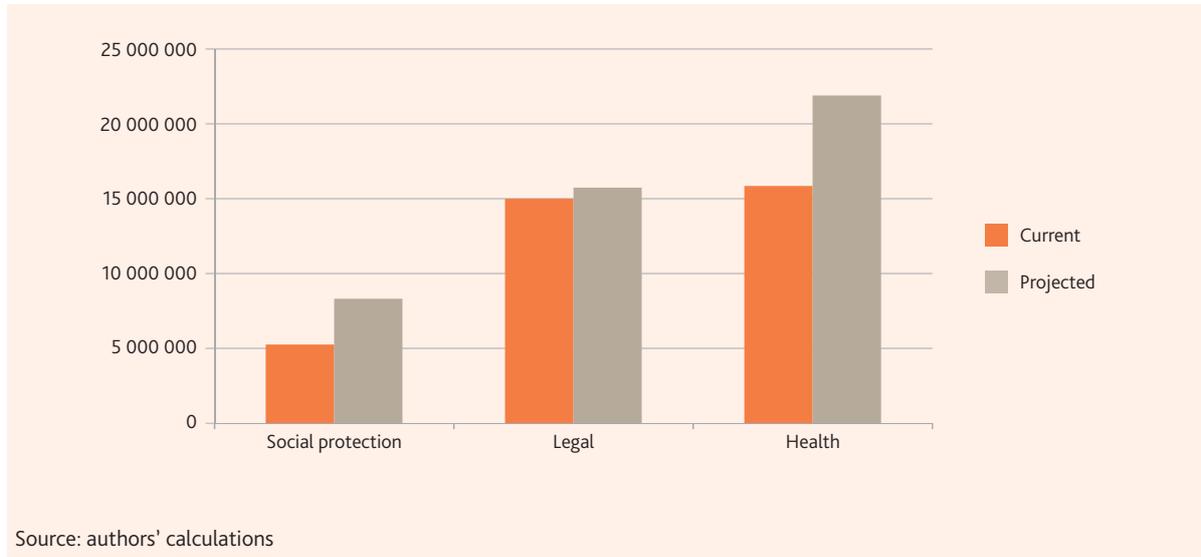


⁴⁷ Data and calculation details on costs presented in the subchapters below.

⁴⁸ For the purposes of this Report, more than 20 victims of domestic violence have been interviewed as well as a number of specialists working on DV cases.

FIGURE 4.

Current costs versus projected costs by sector, reference year



little is spent on the existing multidisciplinary mechanisms. In 2014 the cost of the multidisciplinary teams under the National Referral Mechanism was estimated at 61 thousand lei. This was calculated estimating the work cost of the team (371 members * 5 average number of meetings per year * 1 hour per meeting * 32.9lei per hour⁴⁹, data according to 2014 report on monitoring of the implementation process of the Strategy of the NRM).

The governmental costs in Moldova are relatively low because the labor costs in the respective sectors are rather low. For instance, one hour of work by a community social assistant is 24 lei per hour and for an investigation officer is 37 lei per hour (which is about 1.3 Euros and 2 Euros, respectively, for the reference year).

The government under spending is also reflected in the fact that the lacking necessary services and support for victims of domestic violence is compensated directly by the victims themselves or by the NGOs working in the area of social and legal protection. Figure 5 illustrates some of the private spending; the first graph (left) shows the share of spending on social services for DV victims and perpetrators by state, which represents 40% of total spending on DV social services by NGOs, which covers over 60% of the total spending on DV social services. The second graph shows the funds spent

by the state on attorneys representing DV victims and the funds the private sector is charging for the same amount of work. The last graph (right) shows the total state spending on hospitalization of DV victims versus the out-of-pocket money spent on the same number of cases.

3.1.1.

Social protection sector

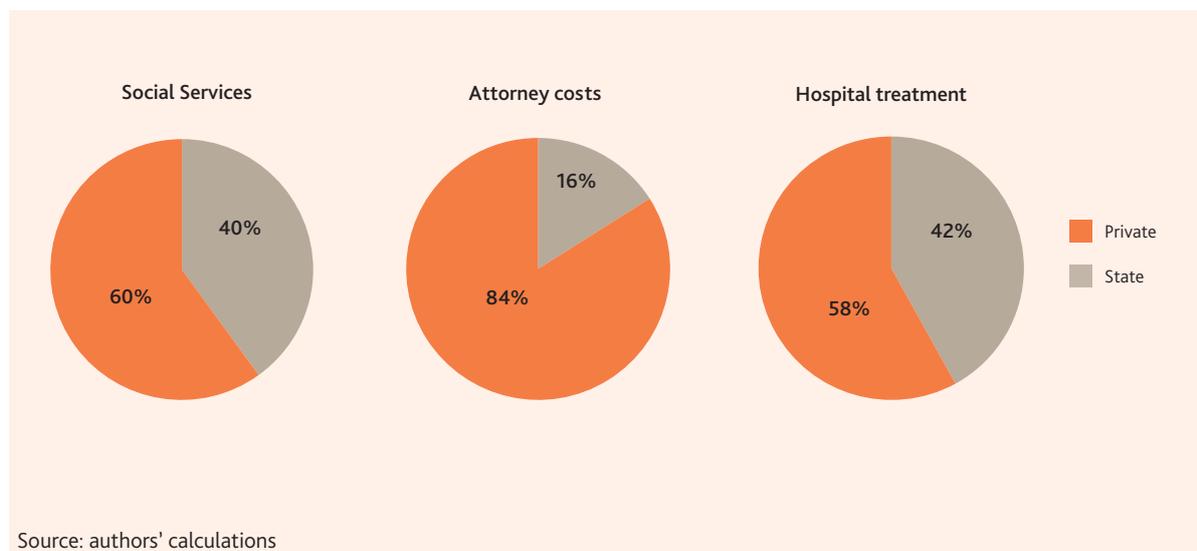
a. Introduction

According to the provisions of Law no. 45 on Preventing and Combating Domestic Violence, victims of DV are entitled to social protection. While the law regulates and stipulates for many services like housing, vocational education training, employment support and psychosocial assistance, its practical implementation shows that the type of available services for the DV victim is linked directly to the type of institution (Center for rehabilitation of DV victims) identified within the law (Art.10) and in charge for the provision of these services. Additionally, a comparative analysis of the norms of the Istanbul Convention and Law No. 45 on Preventing and Combating Domestic Violence shows that the national law does not directly stipulate a separation of services for victims into general and specialized. The law merely provides for victims' access to state support - general/non-specialized services and specialized services are provided. As to the contents of general services, the law does not mention the state's duty to ensure victims' ac-

⁴⁹ Average monthly salary for civil servants 5260.4 lei/ 20 working days per month / 8 working hours per days. Salary of civil servants was taking into account because multi-disciplinary teams include civil servants from different sectors.

FIGURE 5.

State spending versus private spending, reference year



cess to financial aid, housing, education, training and employment assistance⁵⁰.

Funding of social protection services for women victims of domestic violence in Moldova is carried out from public and donor resources. To date, there are 9 social protection service providers that offer services to women survivors of violence and their children as well as one public institution specialized in work with perpetrators (three from the central budget and six from the local budget).⁵¹ Thus when addressing specifically the cost of DV within the Social Protection for Moldovan Government, we often consider these costs to include budget allocations from the national public budget to public rehabilitations centers and their running costs.⁵²

Moldova operates an extensive social protection system, with both a contributory social insurance component and noncontributory social benefits. Total social protection spending is quite large by regional

standards; it increased from 9% of GDP in 2003 to almost 13% in 2013. Of this amount, over 11% of GDP was spent on social insurance (mostly pensions), and about 2% was used for non-contributory social assistance programs. Against the growing budget envelope, the efficiency of social protection spending raises concerns. Moreover, the changing demographic situation offers challenges and opportunities that the government needs to address, including by making the social protection programs fiscally sustainable. In general, the whole public expenditure on social protection sector accounted for 32% of the whole national public budget in 2014. (Figure 6 presents the social spending trend by source of financing). Two thirds of social protection is social insurance expenditure and one-third is social assistance⁵³.

Recently, the development and financing of social services was transferred to the local public administration of level II.. Considering the low financial capacity of local public administration, this is a cause for concern regarding how the social services will further develop and expand to include more support to victims of domestic violence. As the figure below shows, while total social spending increases, social spending at local level remains at almost the same level in absolute amount and decreases as share in total national public budget.

Although, Moldova spends generously on social assistance programs compared to countries at the same

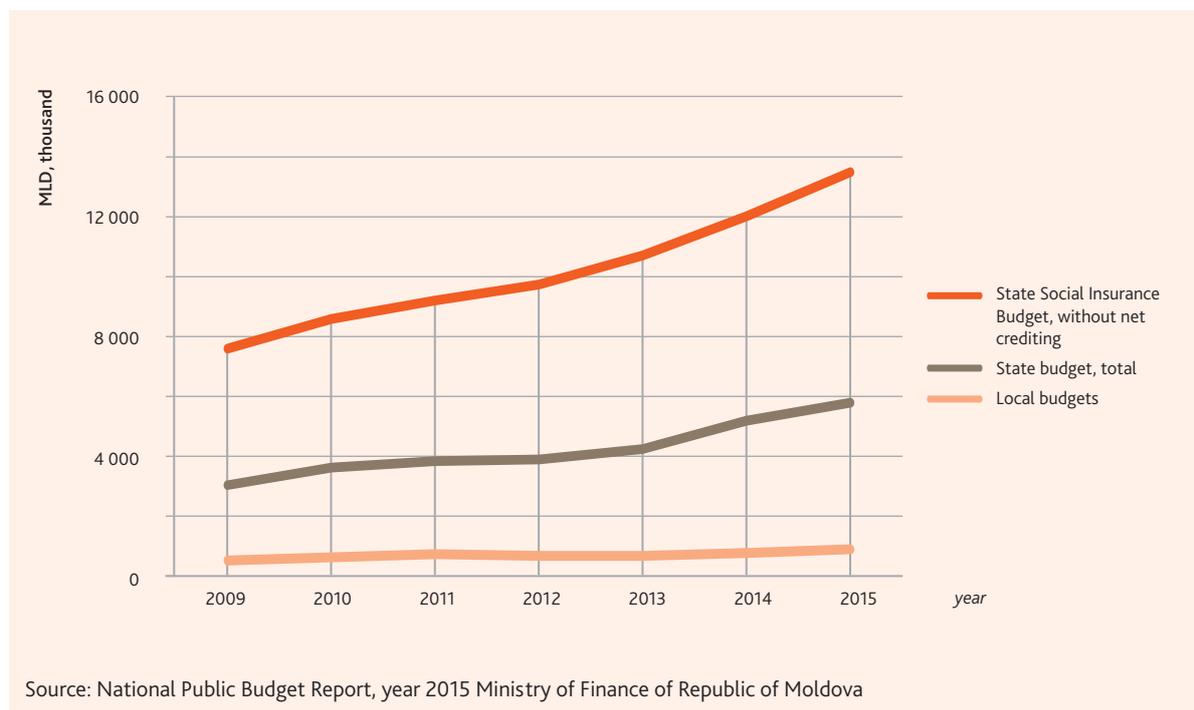
⁵⁰ La Strada, Report on the review of accredited services, 2016 (under Task 3, Deliverable 7: Report on the review of accredited services). as per Contract No: PSC2015-032)

⁵¹ Capacity Gap Analysis Study of the service providers working with women victims of domestic violence in Moldova, Women's Law Center in partnership with WAVE Network, 2014 (hereinafter referred to as Capacity Gap Analysis Study).

⁵² According to 2014 Capacity Gap Analysis Study on Service Providers Working with Women Victims of Domestic Violence in Moldova majority of the centers lack specialized services such as: legal advice/aid; psychological and social support, medical care and job related support as well as resettlement/housing support are lacking although recommended by the Istanbul Convention.

⁵³ Report on execution of national public budget in 2014, www.mf.gov.md/reports/?y=2014&m=y, authors' calculation.

FIGURE 6.
Moldova social spending, 2009-2015



level of development, the overall effectiveness of the social safety net is weak, and the social program is still fragmented into multiple categorical benefits that have only a small impact on prevention and protection from domestic violence. Only 22% of all social assistance transfers⁵⁴ are received by the poorest 10% of the population, with only 54% in that group receiving some type of assistance. There is need for further and stronger reforms in the targeting and management of targeted social assistance for an efficient and effective protection of all vulnerable categories and in particular to victims of DV⁵⁵.

b. Sector costs and main findings

Current costs

Social protection sector costs for domestic violence considered for this study consisted mostly of the Government of Moldova's expenditure on the following:

1. Expenditure for the social service providers for women victims of domestic violence (identified by Art 10 of the Law as the Centers for rehabilitation of DV victims and Centre for Aggressors);

2. Expenditure for the community social assistants and other social assistance personals;
3. Allocations for the public awareness campaigns on VAWG/GBV;
4. Allocation to MLSPF for policies to ensure gender equality and prevention of VAWG.

As it can be observed from figure 7, most of social protection sector costs refer to social protection services (about 87%). Community social assistants account for only 1.7% of costs and 5.4% of spending is for drafting public policy aimed at providing support to women and girls, victims of gender-based violence. About 3% of the cost is for public awareness campaigns. **The total annual cost of social protection spending on DV was roughly estimated at 5,195.1 thousand lei.**

Table 3 presents yearly spending on each dimension considered under the social protection spending, as well as the share of each dimension in total spending. The share of the IPV/DV was calculated differently for each social protection dimension; details on these calculations are presented below in the description of costs section.

The structure of expenditures in the social protection sector confirms the earlier conclusion that the state

⁵⁴ Social assistance payments

⁵⁵ The World Bank, Enhanced Social Safety Nets for Moldova's Poorest Households, 2014.

FIGURE 7.

Total social protection spending, 2014

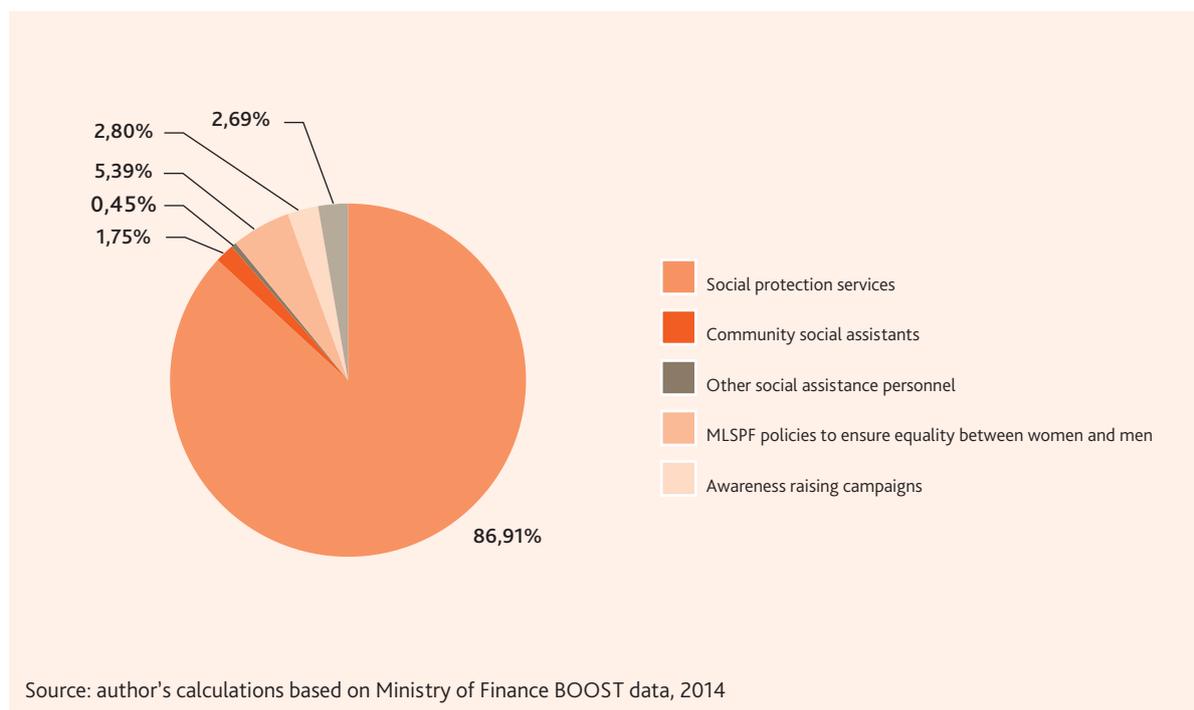


TABLE 3.

Social protection spending by dimensions, 2014

Name	Amount, thousand lei	Share, %
Social protection services	4.515,2	86,9
Community social assistants	90,9	1,7
Other social assistance personnel	23,4	0,5
MLSPF's Division for policies to ensure equality between women and men and prevent domestic violence	280,2	5,4
Awareness raising campaigns	145,5	2,8
Other activities	139,9	2,7
Total	5.195,10	100%

Source: author's calculations based on Ministry of Finance BOOST data, and state budget, 2014

TABLE 4.

Executed budgets (all and DV related) public entities, reference year

Name of entities	Executed Budget, thousand lei	Share DV, %	Budget to DV, thousand lei
Cahul Maternal Centre	492,6	26%	130,4
Centre of Protection and Assistance for Trafficking of Human Beings and Potential Victims	2.827,8	45%	1.280,5
Maternal Centre 'Pro Familia', Causeni	800,2	79%	634,7
Shelter: Centre 'Parent-Child Couple', Cornesti	503,3*	89%	450,3
Assistance and Counseling Centre for Family Perpetrators**, Drochia	289,8	100%	289,8
Pro Femina' District Maternal Centre, Hancesti	517,7	58%	301,0
Shelter: Centre of Family Crisis SOTIS, Balti	736,7	77%	569,3
Maternal Centre of the Temporary Shelter and Child Rehabilitation, Balti	1.419,3*	27%	387,1
Maternal Centre Ariadna, Drochia	524,6	90%***	472,2
Total	8.112,2	56%	4.515,2

Source: Ministry of Finance database of public spending BOOST.

*10% of total entity budget, which refer only to shelter/maternal centre.

**The beneficiaries of this entity are not victims of IPV/DV, but perpetrators. However, from point of view of estimation cost of IPV/DV this expenditure is included on overall social protection cost of IPV/DV.

***In contrast to other entities, this share is based on entity estimates because calculation based on ration of number of beneficiaries is not relevant for this case.

invests little on prevention and more on reaction to cases of domestic violence. It should be highlighted, however, that the community social assistance service should be the main link between the victim and the public sector, guiding and providing support to access services and support. However, figures show that this link is still lacking, as more victims are in contact with police and do not seek help from community social assistants. Complex measures to increase the outreach and put emphasis on the role of the community social assistant in this process should be taken. The figures show that not much is invested to strengthen this link; the need for more investment in community social assistance is one of the major problems of the social sector, one that is severely underfinanced. Most spending in the social protection sector is for providing shelters for victims

and their children. While this service is much needed and should be further developed, in the medium and long term the state should consider investing more in prevention activities.

As mentioned earlier, up until 2014, there were 9 public social protection service providers and 5 private social providers (non-governmental organizations) that provide services to women survivors of violence and their children as well as one public institution specialized in work with perpetrators.⁵⁶ From the nine centers financed from the public budget three are financed from the state budget and six from the local

⁵⁶ Capacity Gap Analysis Study of the service providers working with women victims of domestic violence in Moldova, Women's Law Center in partnership with WAVE Network, 2014 (hereinafter referred to as Capacity Gap Analysis Study).

budgets. The spending of the 5 private social providers will be further addressed in the Costs to Civil Society Chapter.

The budgets of the nine public entities whose beneficiary groups include women survivors of violence and their children accounted for a total of 8.1 million lei in 2014. However, these public entities serve various beneficiary groups, not only victims of DV. The shares of budget allocated to victims of DV were estimated based on information collected from the Capacity Gap Analysis Study. More specifically, the budget share to DV was estimated based on the ratio of DV entity's beneficiaries to all entity's beneficiaries per year. These shares differ from one entity to another and on average for all nine entities it was 56%, which means that 4.5 million lei was used by these entities for victims of DV in 2014 (table 4).

Most of these funds were allocated to maternal centers, about 67% which provide mainly: accommodation, telephone counseling, face-to-face counseling, and support for child survivors' social reintegration, psychological and social assistance (some), medical assistance (some), food provision and support in accessing financial aid. The Centre of Protection and Assistance for Traffic of Human Beings and Potential Victims represents 16% of total spending, providing mainly: accommodation, telephone counseling, face-to-face counseling, crisis intervention, psychotherapy, legal advice and legal aid (criminal and civil law), access to the labor market, resettlement/housing support, access to financial aid, medical assistance and food provision.

Shelters represent 12% of total spending providing mainly: accommodation, telephone counseling, face-to-face counseling, crisis intervention, legal advice, support for child survivors' social reintegration, psychological and social assistance, medical assistance, food provision and support in accessing financial aid. Services for perpetrators provided by the Drochia Centre for Aggressors, represents 3.6% of total spending providing: telephone counseling, face-to-face counseling, education programs for aggressors, legal advice, outreach, crisis intervention, follow-up evaluation with the family, social reintegration (access to education), access to labor market and access to financial aid (for families).

On average, the budgets of these nine public entities were adjusted during the year 2014. The budget adjustment was on average 2-5 % of the initially approved budget for 2014. This shows that these entities have the capacity to absorb the existing funding; moreover, the funds were not sufficient for almost all entities. In addition to public financial allocations,

seven out of nine public entities mentioned the existence of donor funding from international institutions. Also, seven out of nine public entities stated the assistance coming from voluntary activities and support from population/organization in the form of various goods/clothes/materials. All of these help to supplement the lack of public funding mentioned by public entities as one of the key problem in carrying out their activity.

Projected costs

As described in the methodology part, current costs do not fully represent the real costs of the DV phenomenon. Discussions with experts, comparison between data on DV which social assistants report (485 cases, 2014) and that which police report (728 cases have been examined by the district officer, 2014) lead to the conclusion that the number of DV victims requiring social protection and social assistance is indeed much higher. The current report attempts to estimate these costs. The projected costs therefore consist of costs of the social services provided by the 9 state entities for an increased (closer to reality) number of victims.

To estimate the real number of beneficiaries, the current number of beneficiaries was multiplied by a coefficient k ($k=1.84$). The coefficient was calculated based on the case study on incidence in two districts in Chisinau. In 2015 in Chisinau there was a significant increase in IPV/DV cases from 45 to 391. This increase was mainly produced by 328 cases (84%) coming from two Police Inspectorates (Riscani and Ciocana); the police officers from these two districts were trained by the Women's Law Centre as part of a police monitoring Project⁵⁷. Table 5 presents projected costs of the 9 state entities offering support to an increased number of beneficiaries according to the above-mentioned case study.

As per the increase coefficient the costs of state social services will almost double. The costs will increase significantly in the entities with the greatest share of beneficiary victims of domestic violence, which indeed in terms of the Istanbul convention are considered to be specialized services. Figure 8 presents the projected costs for each public entity, the growth depending on the actual share of the DV services.

⁵⁷ Under the Monitoring of Police Project in two sectors of Chisinau Municipality implemented by the WLC during 2014- 2015, more than 250 police officers from Riscani and Ciocana Police Inspectorates were trained. In April 2014, WLC signed a partnership agreement with the two Police Inspectorates based on which police refers all cases of DV reported to them to the WLC for assistance. As a result, by the end of 2015, 328 cases have been referred for assistance by the local police to WLC.

TABLE 5.

Projected costs (only DV related) public

Name of entities	Cost per beneficiary	Increase by 84% for unit cost K=1,84	Projected cost Thousand lei
Cahul Maternal Centre	5.433,6	9.997,8	239.947,3
Centre of Protection and Assistance for Traffic of Human Beings and Potential Victims	32.012,9	58.903,8	2.356.150,0
Maternal Centre 'Pro Familia', Causeni	33.403,6	61.462,7	1.167.791,4
Shelter: Centre 'Parent-Child Couple', Cornesti*	32.167,3	59.187,8	828.629,9
Assistance and Counseling Centre for Family Perpetrators**, Drochia	17.045,6	31.363,9	533.185,9
Pro Femina' District Maternal Centre, Hancesti	16.721,5	30.767,5	553.814,5
Shelter: Centre of Family Crisis SOTIS, Balti	31.626,6	58.193,0	1.047.473,5
Maternal Centre of the Temporary Shelter and Child Rehabilitation, Balti	38.709,5	71.225,5	712.255,3
Maternal Centre Ariadna, Drochia	47.216,3	86.877,9	868.779,0
Total			8.308.026,8

Source: Ministry of Finance database of public spending BOOST

*This institution was recently dissolved but it was part of overall SP services expenditures in 2014

c. Description of the costs

Social service providers' costs are calculated based on the cost per beneficiary of the social services, including DV, considering the executed budgets of the 9 public social services providers. The total expenditure of an entity is considering subtracting the expenditures which are directly DV-related. Data was extracted from the Ministry of Finance database of public spending BOOST and the state budget report for 2014 year.

The essential data for budgeting services for DV beneficiaries in all nine public entities whose beneficiary groups include women survivors of violence and their children are publically available. However, all these nine entities provide services for various beneficiary groups, not only victims of DV, without any special

specialized services for the DV group.⁵⁸ The shares of budget allocated to victims of DV were estimated based on information collected from the Capacity Gap Analysis Study. More specifically, DV budget share was estimated based on the ratio of DV entity's beneficiaries to all entity's beneficiaries per year.

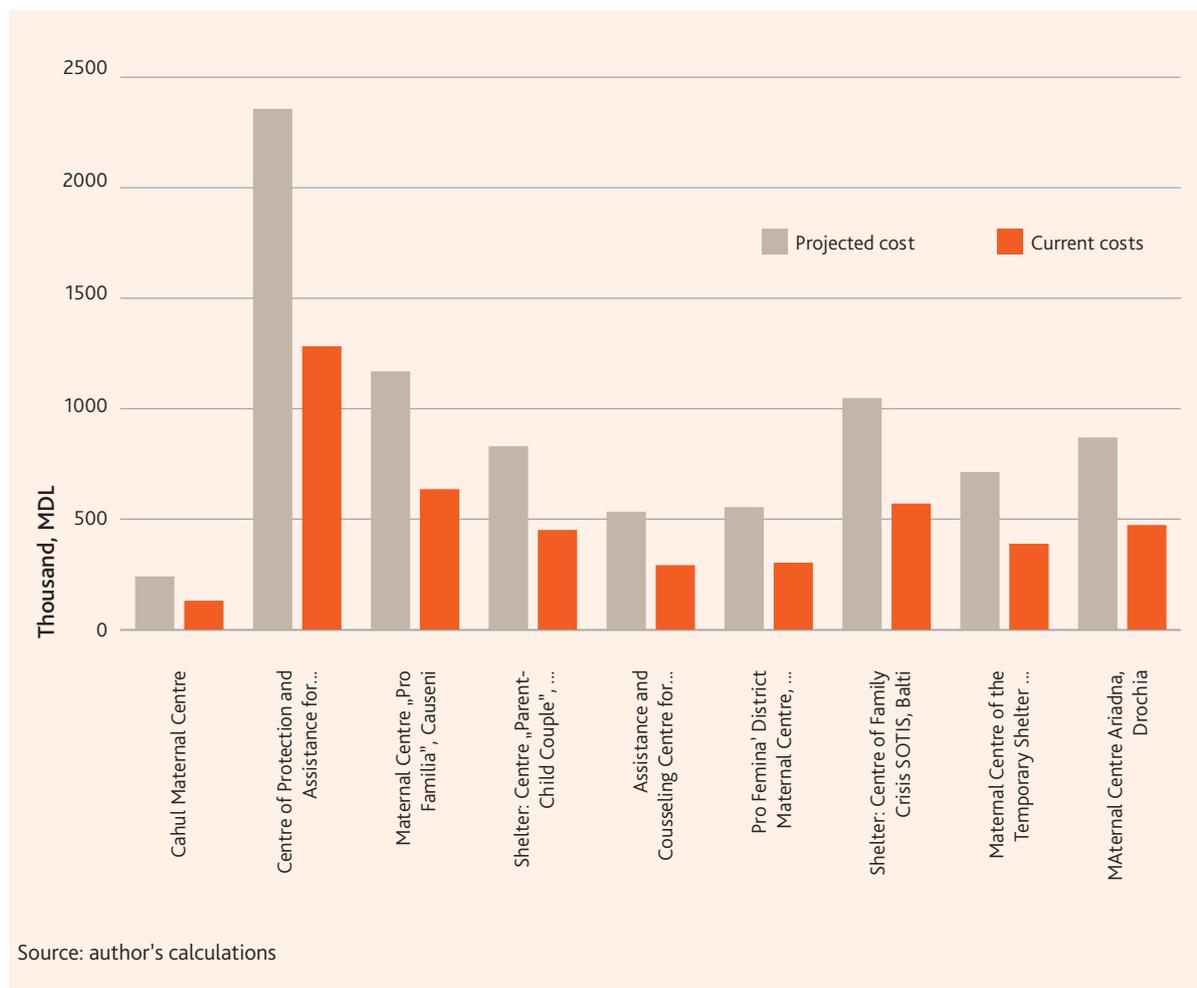
Community social assistants

Based on interviews with the representative of Social Assistance Division of Chisinau Municipality,⁵⁹ a reasonable a community social assistant's workload is

⁵⁸ Capacity Gap Analysis Study of the service providers working with women victims of domestic violence in Moldova, Women's Law Center in partnership with WAVE Network, 2014 (hereinafter referred to as Capacity Gap Analysis Study).

⁵⁹ Interview with Aurelia Bulat, Municipal Social Assistance Division, March 2016.

FIGURE 8.
Projected costs per public institution, thousand lei



5 hours per DV case. In addition to this time, pursuant to DV cases for which the protection order was issued, a supplementary time of 1.5 hours (once in two months) should be added. Comparative to other sectors it was observed that the number of DV cases in which community social assistants are involved is lower. According to a 2014 report on monitoring the implementation process of the Strategy of the National Referral Mechanism, only 485 cases of DV were reported for 2014.⁶⁰

According to the Ministry of Finance database on public spending BOOST, the expenses for communi-

ty social assistants were 52 million lei in 2014. As of 01.01.2015, there were 1,121 community social assistants registered and working in Moldova, according to the Social report 2014 year. This gives 24.1 lei per one working hour.⁶¹ As a result, the cost of community social assistants for DV cases for 2014 was 90.9 thousand lei (485 cases * 5 hours per case * 24.1 lei per hour plus 149 cases with protective order⁶² * 9 (1.5*6) hours per case * 24.1 lei per hour). This is a quite a

⁶¹ 52 million MDL / 1,121.5 persons / 12 months / 20 working days per month / 8 working hours per day.

⁶² Because community social assistants are not involved in all cases when protection orders are issued, those cases with social assistants' implication were estimated from total number of IPV/DV cases as following: 485 cases of IPV/DV from National Referral Mechanism report / 3000 cases of DV, to which art. 274 of the Criminal Procedure Code was applied * 920 issued protection orders, all data for 2014.

⁶⁰ Report on Monitoring the implementation of National Referral Strategy for the protection and assistance of victims and potential victims of trafficking in 2014, http://antitrafic.gov.md/public/files/Raport_SNR_2014.pdf

small amount compared to other social services costs and other sectors' costs. On the other hand, as mentioned above, the number of cases with community social assistants' involvement significantly increased in 2015.

Other social assistance personnel include the rayon Social Assistance Divisions, in reporting on DV cases. The cost of this activity was estimated at 23.4 thousand lei (485 cases * 2 hours per case* 24.1 lei per hour). In addition, the activity of MLSPF's Division for policies to ensure equality between women and men (estimated at 50% (assumed rate referring to DV) of total amount of 560.3 thousand lei for 2014) are 280.2 thousand lei.

Public awareness campaigns include 145.5 thousand lei for the "UN Campaign: 16 days of Activism against gender based violence", carried out during November and December 2014. According to the Social Report in 2014, state budget resources sustained this campaign. An additional 139.9 thousand lei for DV from the campaign „Family Festival" (279.8 thousand lei* 50% (assumed rate referring to DV)) are included under "other social protection" costs.

3.1.2.

Healthcare system

a. Introduction

The health sector is a critical entry point for identifying DV, providing medical care to women and young girl survivors⁶³ and referring them to other essential services, such as shelters, counseling centers or specialized medical care. Indeed, for many survivors of violence a visit to a health professional is the first and sometimes only step in accessing support and care.⁶⁴All healthcare specialists have the important mission to complete correctly and comprehensively the medical record, which may be used by the victim

⁶³ Gender-based violence seriously affects all aspects of women's health – physical, sexual and reproductive, mental and behavioral health. Fatal outcomes may be the immediate result of woman being killed by the perpetrator, or in the long-term, as consequence of other adverse health outcomes. For example, mental health problems resulting from trauma can lead to suicide, or to conditions such as alcohol abuse or cardiovascular diseases that can in turn result in death. HIV infection as a result of sexual violence can cause AIDS and ultimately lead to death. Other non-fatal reported problems which women may face as a result of domestic violence are: injuries, permanent disabilities, gastrointestinal disorders, respiratory disorders, urinary tract infections, post-traumatic stress disorder, depression fears, sleeping disorders, alcohol and drug abuse, miscarriages/ low birth, sexually transmitted diseases etc. (WHO 2013).

⁶⁴ The EECA RO Resource Package "Strengthening Health System Responses to Gender based Violence in Eastern Europe and Central Asia" , p.12, available in English and Russian language at the following link: EN: <https://drive.google.com/file/d/0BwOfjz3wKV4zd-2V6ZmdXYWQwcTQ/edit?usp=sharing>

of DV as evidence in court, proving current or repeated violence. Namely, forensic specialists have the important role of completing the forensic report, reflecting with precision the degree of injuries inflicted by the aggressor.

In Moldova, however, healthcare professionals lack knowledge of an effective medical response to domestic violence that incorporates special needs of victims. Many physicians are not aware of domestic violence cases in their practice, do not know how to identify them and do not know how to respond to victims. Uninformed doctors will not compile an adequate medical report to support a victim's case, which may result in the denial of a protective remedy in the short term, and, in the long term, may substantially increase the risk of further harm to the victim (AHR 2012). In addition, as already mentioned, forensic doctors also lack knowledge in this area and the system of classification of injuries in DV cases has not been adjusted, resulting in categorizing injuries as less severe (resulting in fewer chances for a protection order or for prosecuting the perpetrator). Health care providers' lack of knowledge and attitudes present a substantial barrier to a victim receiving adequate care.⁶⁵

Furthermore, the need for improved recording of DV by healthcare specialists has been confirmed in an interview with a police representative in 2014. This representative welcomed the use of a special form for the medical record by family doctors and other healthcare specialists or at least mandatory inclusion of the incident into the victim's medical record— not merely the medical symptoms (e.g. bruises present, patient mentioned being beaten by husband, etc.) but also any other important signs,... Such details included in the medical records by doctors may serve further as proof in courts as additional support to the forensic report.

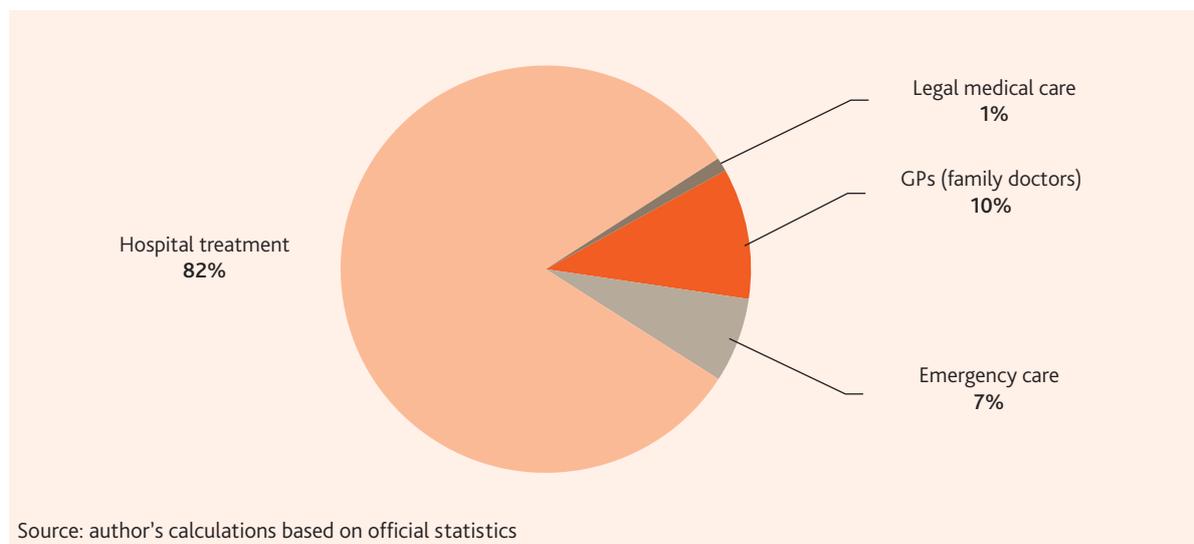
Although the general guidelines elaborated at the level of Ministry of Health for intervention in DV cases are quite comprehensive, such important detail as the interviewing/screening of the victims still needs to be expanded, and, most importantly, conveyed through trainings to healthcare specialists. Due to a project on torture implemented recently, some forensic centers in Moldova acquired technological means for annexing the photographs to the forensic report, which may be used as additional visual means in court. Currently, only Chisinau has separate rooms for forensic examining of the minors and victims of sexual crimes.

Trainings are also important for the uniform and direct implementation of the Ministerial Regulations/Orders.

⁶⁵ Advocates Human Rights, page 46

FIGURE 9.

Healthcare costs, total, thousand lei



It has been reported that such trainings on legislation and the obligation to report cases of domestic violence are already included in the curricula of the students at the Medical Universities. However, it remains important to expand the curriculum and ensure continuous training of medical specialists (which is needed also due to fluctuation of personnel).⁶⁶

Another paramount issue is financing of and access to quality medical care by victims of DV. Victims of domestic violence often do not have medical insurance and cannot afford to pay for health care. It has been affirmed by healthcare representatives that survivors of DV still get primary and emergency medical care, since family doctor services and some emergency interventions are free of charge; therefore, even when the woman lacks mandatory medical insurance, she may still receive a certain amount of medical healthcare, based on the law on mandatory medical insurance⁶⁷. This law envisages several categories in art. 4 (4), where the Government of Moldova has the position of the insured party, thus guaranteeing the payment for these healthcare services to certain categories (e.g. unemployed women, mothers of four children), without mentioning specifically the category of victims of DV. Funding for these services is adopted each year, in an amount established by the law. However, the reality is that the Government of

Moldova covers only a small amount of these medical expenses.⁶⁸

Also, it is important to consider the role of medical institutions in treating the aggressor (treatment from alcohol and drug addiction, psycho-therapy treatments, and specialized programs for perpetrators of domestic violence aggressors etc. are discussed within this research within the social protection section). The costs for treatment shall be covered by the aggressor or as possible from the state budget, taking into consideration the prioritization of victim-centered state services.

b. Sector costs and main findings

The DV related costs of health care in Moldova are estimated at 15,845,854.00 lei per year. The main components of this total cost are: a) family doctors (GPs); b) emergency care; c) legal medical care; and d) hospital treatment.

More than 80% of the total cost represents the cost for hospital treatment, which represents about 12,958,258.00 lei per year (reference year 2014). This is due to rather high costs of one case of hospital treatment, about 5,000.0 lei, which represented in 2014 more than 3 minimum wages. The unit cost of one hospital treatment is the most expensive of all considered services. Data received from police suggest that many more victims might be in need of hospital treatment but due to various reasons don't seek hos-

⁶⁶ Interviews with healthcare professionals during 2014 study-tour of Tajikistan representatives.

⁶⁷ see Law on mandatory medical insurance No. 1585-XIII from 27.02.1998 http://www.cnam.md/editorDir/file/Legi/legea_1585.pdf

⁶⁸ Advocates for Human Rights Report, page 47

pital treatment. A simple calculation show the raise of the hospital treatment costs to 16,198,160.00 lei per year (details of the calculations below).

About 10% of the total cost represents the costs of services provided by the family doctors, about 1,648,523.00 lei for 2014. The unit cost for a visit to the family doctor is 86 lei; as mentioned above, this cost is due to very low labor costs in the health sector along with other public sectors. Emergency care accounts for 7% of the total cost and represents 1,066,930.00 lei, and forensic medicine accounts for 1% (171,873.00 lei). These dimensions are less costly not only due to low registered incidence but mostly due to the very low unit costs (details about incidence and unit costs presented below).

Figure 9 shows the total costs and percentages of total healthcare costs per each costing component.

One important dimension of healthcare costs related to DV is mental health costs. This dimension was not possible to cost because of lack of information on what care would be needed in the cases of DV, how much time a victim will need for treatment and what particular supports will be needed. Currently the healthcare sector spends about 10,240,000.00 lei on mental health, providing services to about 99,000 beneficiaries through the Community Mental Health Centers; there are 34 such centers in Moldova. Still, due to particularities of the treatment, there is no average cost per patient and no statistics of mental health treatment of DV victims. Further research is necessary to identify the package of services, as well as the number of victims of domestic violence using these services.

The state is not covering nearly all the costs of victims' needs on healthcare, a very large share is covered by the victim – the out-of-pocket payments are analyzed in the next section.

The costs for DV related-healthcare are high both for the state, and especially for individuals, a fact which sustains the above mentioned conclusion that the state should invest more in prevention of the domestic violence to spend less in the long term to mitigate the effects of DV.

c. Description of costs

Current costs

The healthcare system does not routinely register the accessing of the system as a result of violence, including domestic violence. Therefore it was necessary to estimate the number of women accessing healthcare. The main data source for these estimations was the study published by the National Bureau of Statistics

(NBS) in 2011 "Violence against women in the family⁶⁹ in the Republic of Moldova". The study revealed that the share of women that suffered as a result of psychological, physical or sexual violence applied by husband/partner **over the course of the last 12 months** was 26.8%, of which 18.1% were from urban areas and 33.1% from rural areas. The share of women between 15-65 years old that suffered as a result of psychological, physical or sexual violence applied by husband/partner **during their lifetime** was 63.4%, of which 57.4% were from urban areas and 68.2% from rural areas.

The share of women that accessed healthcare during their lifetime as a result of domestic violence was about 2.55%. The share of women that accessed healthcare during their lifetime as a result of domestic violence, with consequences classified as serious (internal fractures, fractured teeth, abortion, etc.) was 0.91%.

The study *doesn't offer data* regarding the access to healthcare over the last 12 months, but only during a lifetime. To estimate the access over the last 12 months it was assumed that the rate of access (over the last 12 months) is identical with the share of domestic violence over the last 12 months in comparison with that during a lifetime. The estimations show that 42% of the women accessing the healthcare system as a result of domestic violence in their lifetime have accessed it over the course of the last 12 months (32% in urban areas and 49% in rural areas).

The share of women who have accessed healthcare over the last 12 months as a result of domestic violence was 1.08% (including 0.8% from urban areas and 1.24% from rural areas). The share of women who have accessed healthcare over the last 12 months as a result of domestic violence with consequences classified as serious was 0.38% (including 0.29% from urban areas and 0.44% from rural areas). Subsequently, these shares were used to calculate the incidence using the total number⁷⁰ of women living in the country. The number of women having accessed healthcare as a result of domestic violence in 2014 was 14158 women (4962 from urban areas and 9197 from rural areas). The number of women having accessed healthcare as a result of domestic violence in 2014 with serious consequences was 5057 women (1772 from urban areas and 3285 from rural areas).

The 2011 National Bureau of Statistics Report "Violence against women in the family in the Republic

⁶⁹ 15-65 years old

⁷⁰ Number of women 15-64 living in the country in 2014. In RM was 1361335, from which 617581 from urban areas and 743754 from rural areas, National Bureau of Statistics.

of Moldova" doesn't offer information that can be used to calculate the number/share of women that were treated in hospital as a result of domestic violence. The exercise "Analysis of questionnaires filled in by victims of domestic violence beneficiaries of the Women's Law Center regarding the impact of abuse on the family and its costs" shows that 50% of women with "serious health problems as a result of domestic violence" received treatment in hospital. As a result, it was estimated that the number of women receiving treatment in hospital in 2014 as a result of domestic violence was 2528 (886 from urban areas and 1642 from rural areas).

The costs for visiting **general practitioners (GPs) (family doctor)** as a result of domestic violence against women was calculated by multiplying the average cost for one GP visit by the number of visits. The price of one GP visit is provided by healthcare statistics and was **86 lei** in 2014. According to joint order of the Ministry of Health and the National Health Insurance House (NHIH) no. 1605/414-A from 31.12.2013 "Allocations for primary healthcare from sources of the Compulsory health insurance" constituted 957 million lei per capita in 2014. At the same time according to the "Activity report of the National Health Insurance Company in 2014" about 11 million visits were made to GPs. ($957/11=87$). The number of visits represent the number of women having accessed healthcare as a result of domestic violence in 2014 (14158 women accessing the health care plus the number of repeated visits due to injuries caused by the act of violence with serious consequences (5057 visits).

The costs for the **Forensic Medical Centre** for "Crimes within the family relevant to domestic violence against women" was estimated by multiplying the number of cases of "aggression within the family" by the costs of one case. According to data offered by the Forensic Medical Center in 2014, 5562 cases were linked to domestic violence, with 2/3 at the price of 23 lei per case and 1/3 at the price of 57 lei per case. From these cases about 90% were related to women. The total cost of the forensic services was in 2014 17.183,0 lei.

The costs related to **emergency medical services** were calculated by multiplying the number of cases of women accessing the healthcare system in 2014 as a result of domestic violence with serious injuries (5057 cases as described above) by the cost of one emergency intervention. A request for the emergency medical assistance (ambulance) costs 211 lei (based on the basis of the Government Decision no. 1020 from 29/12/2011 "tariffs for healthcare services, p.3446"). The total cost of emergency care is 1,066,930.0 lei for 2014.

Hospital treatment costs were defined by multiplying the number of cases treated in the hospital by the average price for one hospital treatment offered by the National Health Insurance House. The number of cases treated in the hospital was calculated based on the assumption that 50% of the number of women accessing the healthcare system in 2014 as a result of domestic violence with serious consequences sought hospital treatment. This assumption is based on the data collected through the *Analysis of questionnaires filled in by victims of domestic violence, beneficiaries of the Women's Law Center regarding the impact of abuse on the family and its costs* survey (details on the survey in part 3.3. Cost to individuals of the current report).

The average price of a hospitalization in 2014 was 5126 lei. Calculations were made on the basis of data from the Institute for emergency healthcare. Researchers attempted to select the cases from the database of the Institution for emergency healthcare⁷¹ that indicated, through primary and secondary diagnoses, a diagnosis relevant to domestic abuse⁷², but only one case was detected. Since one case is not representative, an average was calculated of the amounts paid by the NHIH for all women whose main diagnosis was an injury⁷³. A total number of 5082 cases were identified with an average price of 5126 lei. The total cost of hospital treatment is estimated at 12,959,917.0 lei for 2014.

Projected costs

While the incidence of healthcare costs was carefully estimated based on currently available data, compared to the figures reported by the police it is clear that some of the victims prefer not to access the healthcare system and the overall costs might not fully reveal the extent of the healthcare system's expenditures. The data also reveals the weak referral mechanism and that the medical system doesn't properly inform and refer cases of domestic violence for assistance to police or the social sector. For the projected costs it was assumed that access would increase slowly as efforts to raise awareness, train and offer support are intensifying. Therefore, an increase of 25% in accessing the hospital care was assumed, which increases the costs of hospitalization to 16,198,160.0 lei per year and an increase of total costs up to 19,085,486.0 lei.

⁷¹ www.urgenta.md

⁷² Diagnostics that were searched for: X85.0, X86.0, X87.0, X88.0, X89.0, X90.0, X91.0, X92.0, X93.0, X94.0, X95.0, X96.0, X97.0, X98.0, X99.0, Y00.0, Y01.0, Y02.0, Y03.0, Y04.0, Y05.0, Y06.0, Y07.0, Y08.0, Y09.0 (see international classification of diseases, revision 10: <http://apps.who.int/classifications/icd10/>). Only a single case was detected, paid for by the National Health Insurance Company at a price of 29309 lei.

⁷³ Codes S, and T00.0 - T14.9 according CIM 10;

3.1.3.

Legal Sector: police, justice and penitentiary

a. Introduction

Effective police and justice response is crucial in ensuring that relevant laws combating domestic violence and violence against women and girls meet the international standards: that they are enforced; keep women and girls safe from violence, including from further violence; that they hold perpetrators accountable and that they provide for effective reparations for victims and survivors.⁷⁴ Thus, the justice system, and all actors within the system, must be accountable for ensuring that they deliver on their obligations.⁷⁵

The core elements of effective police and justice response and victim-centered intervention should include: prevention, initial contact, assessment/investigation, pre-trial process, trial process, perpetrator accountability and reparations, post-trial processes, safety and protection, assistance and support, communication and information and justice sector coordination.⁷⁶

Despite the progress and improvements to the legal framework in Moldova in the last years, the police and justice sector's response has been notably deficient and is often not functioning at a level required to address the severity, nature and extent of gender based violence; to protect the well-being and safety of victims and survivors; and to ensure women's access to justice. The gaps include: the inconsistent application by the courts, prosecutors and police of laws aimed at combating domestic violence, which undermines women's trust in the judicial system, as well as the lack of awareness among women of existing legal remedies; the failure of the police and prosecutors to give attention to low-level injuries and that it often takes repeated acts of violence to initiate criminal investigations; the ineffectiveness of protection orders against alleged perpetrators which are either not issued by courts or issued with delays;

⁷⁴ According to international standards, a women-centered approach to justice and policing service delivery puts the needs and realities of women and girls at the core of any justice service rather than the goals of the justice institutions. This means prioritizing women safety, empowerment and recovery; treating every woman with respect; supporting and keeping them informed throughout the justice process. Holding perpetrators accountable requires justice and policing services to support and facilitate the victim's and survivor's participation with the justice process, promote her capacity of acting or exerting her power, while ensuring that the burden of seeking justice is not placed on her but on the state.

⁷⁵ Essential Services for Women and Girls Subject to Violence 2015, UNWomen, UNFPA, WHO, UNDP and UNODC.

⁷⁶ Module 3: Justice and Policing. The Essential Services for Women and Girls Subject to Violence 2015, UNWomen, UNFPA, WHO, UNDP and UNODC

and the failure of police officers to enforce protection orders⁷⁷ as well as very few effective sentences against perpetrators.⁷⁸

During 2012-2016 Moldova has been sanctioned by the European Court of Human Rights in at least 5 cases of domestic violence, namely: Eremia and Others v. the Republic of Moldova 28 May 2013 – 15,000 Euro for non-pecuniary damages and 2,150 for costs and expenses; I.P. v. the Republic of Moldova (no. 33708/12) – 10,000 Euro for non-pecuniary damages and 2,000 for costs and expenses; B. v. the Republic of Moldova, 16 July 2013 – 15,000 Euro for non-pecuniary damages and 3,000 Euro for costs and expenses; Mudric v. the Republic of Moldova, no. 74839/10, ECHR (2013), - 15,000 Euro for non-pecuniary damages and 2,150 for costs and expenses; T.M. and C.M. v. the Republic of Moldova, no. 26608/11, ECHR (2014). – 15,000 Euro for non-pecuniary damages and 2,150 for costs and expenses. In total, more than 81,450 Euro about 1,550,970.90 lei⁷⁹ have been paid in reparations by the Moldovan Government to women victims of violence.

b. Sector costs and main findings

For the present exercise, only costs that are covered by the authorities have been considered; other legal sector costs paid by the victim, aggressor or other parties were not considered. The legal sector costs consist of the main sub-sectors: a) police; b) justice and c) penal.

Police costs were estimated by calculating the time and resources spent by the police in a case of domestic violence (interrogations, investigations, transport, issue of documents, etc.) multiplied by the number of DV cases recorded by the police on a yearly basis, specifically in 2014. The justice costs account for the time spent by lawyers, judges and other professionals in a case of DV (investigation, courts, hearings etc.) multiplied by the annual number of cases. Penal costs reflect the costs of the detention in the case of sentencing of the offender. The total annu-

⁷⁷ Committee on the Elimination of Discrimination against Women, *Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova*, 29 October 2013, U.N. Doc. CEDAW/C/MDA/CO/4-5.

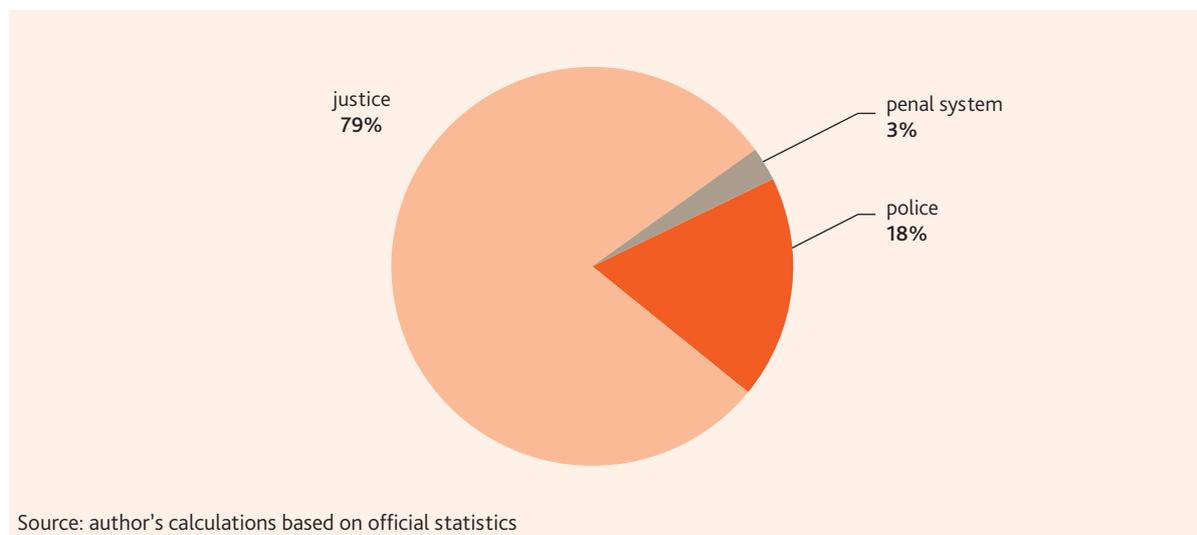
CEDAW Committee in its 2013 Concluding Observations for Moldova.

⁷⁸ UPR Submission to the United National Human Rights Council review in October – November 2016, by: Women's Law Center, International Center "La Strada", Promo-LEX, and The Advocates for Human Rights, a non-governmental organization with special consultative status, and endorsed by the National Coalition "Life without violence!"

⁷⁹ The exchange rate is at the average early rate for 2014 <https://www.bnm.md/>

FIGURE 10.

Total legal sector costs



al cost for all three legal sectors was estimated at 14,990,523.34 lei.

The total cost of the police sector is 2,711,511.92 lei per year. In 2014, police registered more than 5,000 cases, but only about 2,270 cases have been carried on and further investigated. In 827 cases the judge issued a protection order. While most cases have been dealt with by police, the cost remains low (about 18% of total legal cost, figure 10) due to the low salaries paid to the police sector (one hour of work of the investigation officer is 37 lei). While the remuneration policy of the police sector is a topic that goes far beyond current analysis, these costs prove that it is hard to expect efficiency and implication from the police with this level of remuneration. Like in the case of other sectors it is worth investigating if positive incentives (like salary bonuses) might help in the sector's improved reaction to the DV phenomenon. Discussion with sector professionals revealed that the police sector has insufficient resources to allocate to solving a case (gasoline, mobile phone expenses, paper etc.). This problem should be also addressed in a larger dialog.

The total cost for the justice sub-sector consists of two main parts, the costs linked with work of the attorney (lawyer) and the costs of the work of the judges, prosecutors and the court clerk. The total justice subsector costs rise to 11,870,238.46 lei, about 79% (figure 10) of the total costs of the legal sector. The justice sub sector is the second largest cost of all sectors (after hospital treatment). In the reference year about 2,270 such cases passed through the legal sector. The costs

are higher due to the fact the work force for these professionals are more expensive, with attorneys' work classified as most expensive, followed by the costs of prosecutors' work.

The total cost of the penal sector is 408,772.96 lei per year. The penal costs **are rather low because** of the insignificant number of actual cases resulting in detention. This is true despite the significant number of professionals who feel strongly that many more cases deserve to result in detention. On average, out of 3000 yearly initiated domestic violence cases, few offenders end up sentenced to prison time. This may be caused by corruption but also points to a discriminatory attitude of the judiciary towards domestic violence victims.

During the costing exercise a major cost discrepancy of one of the entry points—attorney fees - was noticed. The cost of a state -appointed attorney was 385 lei per hour; on average about 13,000 lei are spent on one case of DV. At the same time, the Bar Association recommends defense attorney fees of between 50 and 150 Euros per one working hour, which represent about 2000 lei/hour. The cost of one average case based on this scenario is about 57,000 lei.

Legal representation of one case in accordance with the market prices costs 33.7 times more than the cost according to state prices. Nonetheless, many victims choose to hire an attorney at the market price and do not take advantage of the attorney services offered by the state. In practice, when domestic violence victims seek a civil protection order, they do not

benefit from qualified legal aid stipulated in Law no. 198/2007⁸⁰ because they do not meet the stringent criteria set out in Article 19. Victims must then seek out the assistance of specialized non-governmental organizations or a private lawyer for representation. In most cases of domestic violence, victims are extremely vulnerable, lack money, means of transportation, and have limited flexibility in their schedules. As a result, it is almost impossible for them to identify and reach a non-governmental organization (which is often only located in Chisinau or in some district capitals); in the absence of these options, they must hire and pay for a lawyer.

As a result, victims give up on asking for protective measures or, even when they do apply, they do so at a very late stage.⁸¹ This observation was confirmed by the analysis of the data delivered by the survey performed with victims of domestic violence. While the survey is not representative, it shows that about 90% of the surveyed women will have some expenses linked with the legal services, and the expenses for this sector/dimension are the most significant. The bulk of the cost from the legal perspective is the cost to cover the attorney services. The cost of an attorney is about 4 times higher than the cost to cover medical expenses, and about 5 times higher than costs related to renting a home. The survey also revealed that the costs of the surveyed cases for attorney services were as high as 18,000 lei.

Such costs represent a huge burden on the victim. The total cost accounts for more than 12 average economy wages; in other words, attorney fees would cost a victim one year's salary.

To cover this gap, it is recommended to ensure access to state guaranteed legal aid for all victims of violence in due time, irrespective of the distances and vulnerabilities, as well as more legal counseling services to be put in place throughout Moldova to help victims understand and plead their cause within the complex and complicated legal sector. Donors and state should consider offering more support to the specialized NGOs that help properly represent victims properly.

c. Description of costs

The cost is calculated per each domestic violence case at all points of interaction with the legal system. The

⁸⁰ Law No 198 of 26.07.2007 on State-Guaranteed Legal Aid

⁸¹ UPR Submission to the United National Human Rights Council review in October – November 2016, by: Women's Law Center, International Center "La Strada", Promo-LEX, and The Advocates for Human Rights, a non-governmental organization with special consultative status, and endorsed by the National Coalition "Life without violence!"

cost of one case is multiplied with the number of cases that occurred in 2014 to have the cost per year, using 2014 as reference year. All costs are accumulated in order to calculate the total cost for the police, justice and penitentiary sectors. It is not possible to calculate the "per case" cost for police, justice, or penitentiary sector due to the fact that the entry points of interaction within each sector is different.

For the **police sector** several major costs were identified. The **transportation costs** to the place where the case of violence took place include the cost of fuel consumed by the police car. It was assumed that the average distance to the location of the incident is up to 8 km (this is the average distance from the rayon center to the village, a 16 km. round trip considering both rural and urban variables). One car consumes on average 6.8 liters of fuel per 100 km. The average price for the year 2014 of one liter of gasoline was 15 lei per 1 liter. The number of women who have accessed the police system, due to cases of domestic violence during the year 2014 (which have resulted in light and serious injuries) is 5057. Discussions with the police officers revealed that in many cases officers use personal cars; since gasoline costs are not reimbursed, this personal cost is an important disincentive for police to react to a domestic violence case.

Emergency police unit/ operation police unit indicator includes the cost of the human resources involved in the task. Discussions with practitioners revealed that on average, one hour is spent per emergency intervention. As a rule, two officers participate in each intervention: a criminal investigation officer and one post commander. To calculate this indicator, the salary of 2 persons per hour was considered calculated and multiplied by number of hours spent per task. The average police salary is 5900 per month (source: Functional Analysis of the MIA, 2015). For all indicators, in which MIA representatives are involved, this cost per hour is applied.

Interrogations

Discussions with professionals revealed that for one case on average, the following parties are considered for interrogation: the victim, the witness and the suspect. Interrogations also include writing the criminal process minutes. Based on the interview with practitioners, the following case-scenario resulted: for an average case, police interrogate 1 witness, 1 victim and 1 perpetrator, each lasting 1 on average 1 hour which accounts for 3 hours of work, plus one additional hour to perform the criminal procedural actions related to interrogations (i.e. transcription, collecting evidence, and minutes). This work is done by one specialist. The total cost is related to human resources costs.

Training and on the job trainings represent the cost to train the police specialist how to deal with domestic violence cases. Although these costs have been provided by the MIA, specialized trainings for police officers are not conducted regularly, with NGOs bearing a great share of training costs. The state did cover the cost of simple trainings, with the average cost to train one specialist in 2014 at 169 lei. When it comes to on-the-job training, the state had no means to cover these costs, which were covered by donors through civil society institution. The yearly cost of the on-the-job training for one person is 4392 lei per person, which is almost 26 times higher than the cost of the state to invest in improved skills for the professionals. To note, that NGOs report that the costs for conducting training or national trainers, developing a new training curriculum and training more than 600 police officers in 2012-2013 amounted to 788,200 lei.

All other costs related to the police in dealing with cases of domestic violence were included in the **administrative cost**. Based on discussion with specialists the following categories were included: paper (50 sheets), cell phone conversation costs additional to the costs covered by the state, and printing the photos (10 photos on average).

Forensic investigation: the only evidence used in the criminal procedures are the forensic medical reports performed by the health department. There are no additional costs related to forensic investigation to be included in this part.

Police also file applications to courts for issuance of **protection orders**; to calculate related costs the human recourse time to develop this document was considered. Information for this indicator was extracted from the Ordinance no. 275 of the MIA, Guidelines for efficient intervention in cases of domestic violence. There is also a standard form, which is annexed to the file, to be completed and which contains also other activities. Filling out this form by the specialist takes on average one hour.

There are two main elements (entry-points) of a case of domestic violence, when interacting with the justice sector, the work done by the prosecutor's office and the work done by the attorney. Usually, the **prosecutor investigation** will include, for an average case of domestic violence, one witness, one victim and one perpetrator. Total time spent by a prosecutor is 3 hours for interrogation plus two hours for writing the indictment, plus an additional 1.5 hours for other procedural actions related to the criminal file. The total human resource-time spent per one average case is 6.5 hours. In compliance with the Law on budget for the year 2014, the average salary of a prosecutor is 6473.6 lei.

The **prosecutor** also spends time in the **courtroom**. For one average criminal case, the prosecutor in the courtroom presses the charges, participates in the trial and presents evidence. Based on interviews with professionals, time spent was estimated to be 8 hours for hearings, plus 1 hour each case, plus 6 hours for appeal (two rounds), plus 3 hours for other activities related to the courtroom procedure. The total human resource-time for a prosecutor is therefore 20 working hours.

When it comes to **interrogations done with the participation of the attorney**, on average the attorney will interrogate: one witness, one victim and one perpetrator. Total time spent by the attorney is 3 hours for interrogation plus 2 hours for writing the submission to court, plus an additional 1.5 hours for other procedural actions related to the criminal file (preparing the strategy for defense). The total human resource-time spent per one average case is 6.5 hours. The cost of the defense attorney differs as per two scenarios: if the attorney is a state-appointed one or if the attorney is hired by the victim. Costs and implication of each scenario are described below.

Preparing the defense

Several professionals revealed that they spent an additional 5 hours on various activities linked with preparing the defense. The defense attorney also spends time in the courtroom; per one average case the attorney presents the arguments for defense, participates in the trial and presents evidence, for a total of eight court appearances of 1 hour each, plus 8 hours in the first instance court, plus 6 additional hours in the instance court, plus 6 in the appeal court. The total human resource-time for the defense attorney is 20 working hours.

In the courtroom, costs related to work of **judges** and work of the **court clerk** have been considered. As per discussions with specialists, for one average case the judge spends 1.5 hours; there are 8 hearings in court, plus 3 hours for a protection order, plus additional time for preparing the materials of the case and editing. The total human resource-time used is 13 working hours for the judge and 13 working hours for the court clerk. The average salary of the judge in 2014 was of 11927.4 lei per month and the average salary of a court clerk was of 2200 lei per month.

The third dimension of cost is related to the penitentiary sector, including probation and detention. The **probation** costs were extracted from an analysis done by the National Center for Judiciary Expertise (NCJE); this will not represent the cost for a probation case linked with domestic violence, as there are

no data available for domestic violence cases, but determines a generic cost of a probation case. The costs for **preventive detention** of one person, including food is 125 lei per day, as and is provided by the department of the penitentiaries. As per discussions with professionals, the cost was calculated for a period of up to 15 preventive detention days on case. This cost was calculated based on an assumption of a one-year detention.

When the **defense attorney costs** are covered by the state, one hour of his/her work costs 385.2 lei as per a letter submitted by the Ministry of Justices (01/11961 from 13.11.2015). In this particular case the total cost for attorney services will account for 1690 lei per case (please see above details on how this was calculated).

Projected costs

The new Draft Law no. 246 introducing amendments to legislation on domestic violence stipulates new provisions for the police officers in a case of domestic violence (article 15 (2)) on the supervision of the execution of the emergency restriction order and protection order (points 1.3 and 5). This implies an increase in time spent by the police officers/investigation officers on a DV case. An additional 9 hours of work were added to each DV case (information of the offender on protection measures, supervisor of leaving the place by the offender and taking measure to ensure the aggressor leave the place if needed, unforeseen visits to the victim's place). The additional 741,591.00 lei per year will be spent on these measures, which raise the police costs to 3,453,102.92 lei per year and the total legal costs to 15,732,114.00 lei per year.

COST TO CIVIL SOCIETY

a. Introduction

The Law on Preventing and Combating Domestic Violence provides for the creation of services to protect victims of domestic violence; however, it doesn't include any provision on the special role of non-governmental organizations.

Although the national legal framework, namely the Law on social services,⁸² regulates that service providers may be both public and private (run by NGOs and commercial enterprises), at the moment, there is no mention that NGOs are funded from the state budget. Moreover, as part of the decentralization reform, the primary responsibility for funding such services lies with the local public administration authorities.

Furthermore, the national legal framework currently doesn't recognize the special role played by the Moldovan NGOs in the provision of specialized social services. Indeed, it lacks the mechanism of actual procurement of such services, although the Law on public procurement⁸³ provides for such possibility. Furthermore, the Istanbul Convention requires public welfare services such as housing services, employment or unemployment services, public education and training services, public psychological and legal counseling services and financial support services to address the specific needs of victims of violence, none of which are currently specifically financed by government but rather are provided by CSOs with donors' support.⁸⁴ The Council of Europe recommends providing safe accommodation in specialized women's shelters, sufficiently staffed, funded and available in every region, with one family place per 10 000 head of population. Currently an estimated capacity of 181 places exists in the country, with an estimated 175 places lacking.⁸⁵ This requirement is currently not met by responsible institutions in Moldova.

The Convention also requires the establishment of toll-free telephone help-lines⁸⁶, which are often the

most important way of enabling victims to find help and support. A helpline with a widely advertised public number that provides support and crisis counseling and refers to face-to-face services, such as shelters, counseling centers or the police, forms the cornerstone of any support service for all forms of violence covered by the scope of this Convention.

As stated above, currently the non-governmental organizations that provide specialized assistance and protection to victims of domestic violence are mainly funded by international technical assistance projects and donations. If Moldova were to comply with the recommendations of the Istanbul Convention, the central and local public administration bodies should take on the responsibility for the ongoing funding of such services.

Still, it is worth mentioning that in 2014, the MLSPF has purchased a new social service provided by the NGO International Center "La Strada", the child help-line, a toll-free number for the protection of children at risk.⁸⁷ The toll-free trust line for victims of domestic violence is not being covered by the state budget currently.

b. Sector costs and main findings

It is estimated half of social services for women and child victims of violence, as well as family offenders in Moldova, are provided by civil society organizations. The kind of services that are provided by civil society organizations include: shelters, counseling and support services.

There are four main private entities registered as NGO whose beneficiary groups include women survivors of violence. The budgets of these NGOs accounted for 11.5 million lei in 2014. These NGOs serve various beneficiary groups, not only victims of DV. Similar to the public entities the shares of budget allocated to victims of DV were estimated based on information collected for the Capacity Gap Analysis Study. More specifically, in this case the budgeted share to DV was estimated based on entity estimates. These shares differ from one entity to another; on average for all four entities it was 69%, which means that 7.9 million lei was used by these entities for victims of DV in 2014 (Table 6).

⁸⁷ Report under Task 3, Deliverable 7, Report on review of accredited services by the International Center La Strada, May 2016.

⁸² Law on social services, No 123 of 18 June 2010, Official Gazette, 2010, No 155-158.

⁸³ Law on public procurement No 96-XVI of 13 April 2007, Official Gazette, 2007, No 107-110.

⁸⁴ Article 20, paragraph 1.

⁸⁵ Based on the Council of Europe Convention on preventing and combating violence against women and domestic violence Explanatory Report, Article 23 (Shelters) stipulating 1 shelter place per 10,000 inhabitants. With Moldova's estimated 3,559,497 inhabitants, there is a need for at least 356 shelter places in the country.

⁸⁶ Article 24 of the Istanbul Convention, telephone helplines.

TABLE 6.

Budgets (all and DV related) private entities, 2014

Name of entities	Budget, thousand lei	Share IPV/DV, %	Budget to IPV/DV, thousand lei
Shelter "Casa Marioarei"	1.684,7	100%	1.684,7
Advocacy "Women's Law Centre"	2.987,3	95%	2.838,0
Advocacy "Honor and Rights of the Contemporary Woman"	1.024,8	60%	614,9
International Centre for Protection and Promotion of Women's Rights "La Strada"	5.184,2	48%*	2.498,2
The Trust line for women**	638,3	48%**	307,6
Total	11.519,30	69%	7.943,20

Source: Capacity Gap Analysis Study. Budget was provided in USD and EUR and it was converted in lei based on average official exchange rate of lei against USD and EUR for 2014.

* Assumed as similar to the trust line for women.

** Presented as a separate line, i.e. budget for the trust line for women was deducted from the whole "La Strada" institution's budget, based on data from WAVE Report 2015 on budget for the trust line for women for 2014. Share to victims of IPV/DV was estimated as a ratio of phone calls related to victims of IPV/DV to all calls registered at the trust line for women during a year.

Amongst the NGOs the organization with the highest spending on DV is the advocacy Women's Law Center, followed by the International Centre for Protection and Promotion of Women's Rights „La Strada" and the shelter Casa Marioarei. The amount of spending depends on the number of beneficiaries, the nature of offered services and the fundraising capabilities of the organization.

The major difficulty in estimating the cost of DV for the NGOs was separating services and support offered to DV victims from services provided to other beneficiaries. The identification of the share of DV was done based on data gathered from each organization and using the similar algorithm used for the estimation of DV share for state entities. Figure 12 present the share of DV service spending for each organization.

The current costing report could not capture all of the **hidden costs** borne by civil society organizations, such as unpaid work undertaken for lobbying and advocacy around domestic violence and violence against women as well as the amount of time dedicated by volunteers. Obviously, taking these factors into consideration would increase the total cost to civil society.

c. Description of the costs

Social service providers' costs are calculated based on the cost per beneficiary of the social services including DV considering the executed budgets of the private providers. The budgets of these NGOs accounted for 11.5 million lei in 2014. As it is in case of the public entities, these NGOs serve various beneficiary groups, not only victims of DV. Similar to the public entities the shares of budget allocated to victims of DV were estimated based on information collected for the Capacity Gap Analysis Study. More specifically, in this case the budgeted share for DV was estimated based on entity estimates. These shares differ from one entity to another and on average for all four entities it was 69%, which means that 7.9 million lei was used by these entities for victims of DV in 2014.

FIGURE 11.

Spending by organization, total NGO spending, reference year

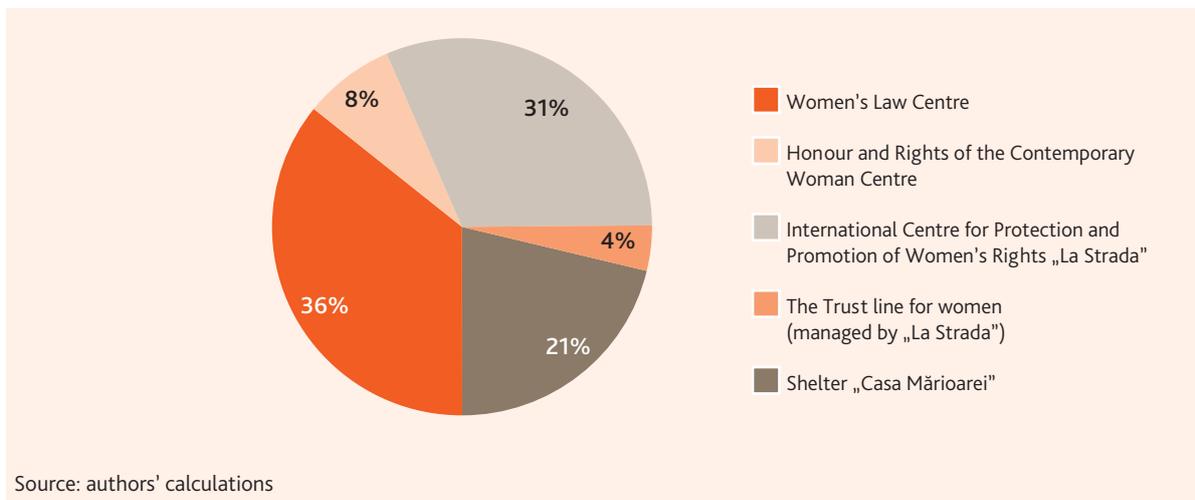
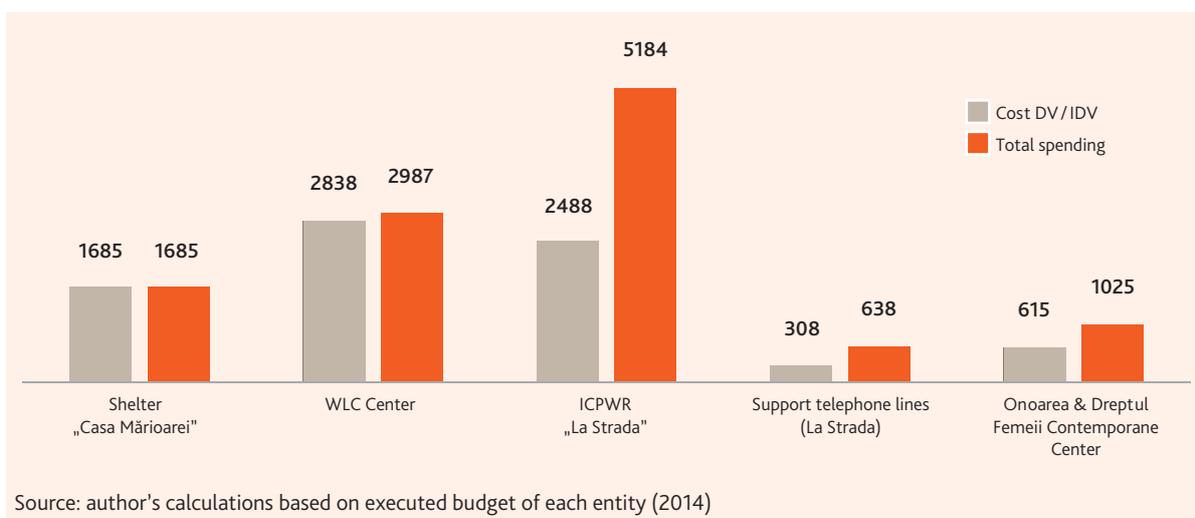


FIGURE 12.

Total NGOs spending versus DV, thousand lei, reference year



COST TO INDIVIDUALS

a. Introduction

Given the extent of the costs that victims of domestic violence need to pay directly out of the pocket, the current report included a survey to capture these costs.

The survey included 20 women, all victims of domestic violence who were assisted by the Women's Law Center (WLC) and by other institutions providing services to this category of beneficiaries. The template of the questionnaire is presented in the Annex 2. Women victims of abuse were selected randomly from persons that benefitted from services during the period of September 2015 - January 2016.

The number of victims participating in the survey is very low and thus, findings and trends should be considered with care. The collected data display some tendencies but have a very high margin of error. To observe tendencies more precisely in the future, it is necessary to perform a representative research study among victims of domestic violence, including those who do not access social services.

About 20% of women participating in the survey were aged between 22-29 years old, 30% aged 30-34,

30% aged 35-39 and 20% aged 40 and more. About 40% were from urban areas and 60% from rural areas. Fifteen percent of the women did not complete secondary education (*gymnasium*), 15% completed secondary education (*lyceum*), 25% completed vocational education (*professional, college*) and 45% completed higher education (incomplete or graduated). Only 20% had no children under the age of 18 years old, 45% had one child and 35% had 2 or more children. Twenty percent were unemployed, 70% had full-time official employment and 10% were on maternity leave or migrant workers.

b. Sector costs and main findings

The survey revealed the impact of abuse on the family of victims and the costs supported by the family (general overview). The analysis goes beyond the analysis of the government costs and considers wider expenses linked to DV.

Impact on health

As a result of abuse 16 (80%) of the victims encountered health problems. 6 (30%) of the 20 victims had serious health issues and addressed a doctor; 10

TABLE 7.

Expenses related to accessing/benefitting from various services

Institution	Minimum, lei	Maximum, lei	Average, lei	Median, lei	Persons who've supported such expenses	
					Persons	%
Expenses related to hospitalization, healthcare services, investigations, procurement of medicine	250	8000	2194	1200	9	45
Expenses related to gathering of evidence (forensic expertise, other types of expertise)	10	350	100	50	14	70
Expenses related to legal aid ⁸⁸	200	20000	8886	9000	7	35
Expenses for rent	1500	5000	3233	3200	3	15

Source: authors' calculations based on the survey

⁸⁸ Seven out of 20 victims had expenses related to legal aid representation in courtroom, as a result of the last episode of abuse, while others benefitted from the services of a defense attorney provided by the Women's Law Center or by the state guaranteed legal aid. Presented expenses do not include the expenses of the state guaranteed legal aid service or Women's Law Center, necessary to provide these services.

(50%) of the victims encountered health problems, but did not visit a doctor and 4 (20%) revealed they did not encounter any health problems.

Of the people with serious health problems as a result of abuse, 3 victims needed in-hospital treatment and 3 received outpatient treatment. Nine (45%) of the persons with serious health problems also had costs related to medical treatment, medicine and hospitalization. The number of persons from rural areas accessing healthcare institutions is significantly lower compared to the urban areas (1 out of 4 victims from the rural areas visited the doctor, as compared to 3 out of 4 victims from urban areas). This situation results from reduced access of victims from rural areas to healthcare institutions.

Impact on the occupational status

Eleven (78%) out of 14 employed victims missed from 1 to 30 work days due to domestic violence, with an average of 15 missed days. As a result of violence, 1 out of 14 victims had to resign from the workplace.

Impact on school attendance by children

Sixteen of the 20 families had children under the age of 18. A total of 25 children under the age of 18 were part of the survey group. As a result of abuse, 7 children (from 4 of the families) missed school, for a period of 1 to 7 days, on average 3 school days.

Impact on the living situation

11 (55%) out of the 20 victims were forced to change homes as a result of abuse. Seven (35%) of these found a place to live with their parents, relatives or friends; 2 (10%) rented an apartment, 1 (5%) stayed at a shelter and 1 (5%) moved to live at another property she possessed. Victims from the rural areas move more rarely as compared to those living in urban areas and usually move in with their parents or other relatives. Urban victims were more likely to pay rent than rural victims. Change of domicile resulted in additional transportation costs for 4 victims. These expenses ranged from 100 to 500 lei (on average 267 lei). One victim obtained financial support from WLC to cover her transportation expenses.

Costs related to accessing/benefitting from various services

Sixteen out of 20 victims called the police as a result of violence. Usually, accessing police services does not require additional costs from victims. One victim out of the 16 accessing law enforcement declared she had expenses related to accessing the police (50 lei).

Victims indicated their largest expenses were in accessing services to be **represented in the courtroom**. Expenses in this category vary significantly, because they depend on the decisions taken by the victims—to obtain a divorce, property partition etc. Thus, lawyers represent victims in one or several

TABLE 8.
Transportation expenses for accessing services

Institution	Minimum, lei	Maximum, lei	Average, lei	Median, lei	Persons who had such expenses	
					persons	%
Medical /Healthcare	18	100	64	50	5	25
Forensic service	10	50	21	20	14	70
Police	10	100	23	12	13	65
Prosecutor's Office	6	150	52	50	9	45
Defense attorneys	6	150	49	30	15	75
Court of law	12	120	68	75	18	90
Social services	6	360	51	24	15	75

Source: authors' calculations based on the survey

criminal and/or civil matters, including partition of property, inheritance etc.

One victim needed to request the services of a specialist who presented reports of a psychological evaluation for her and her two children in the court of law. She paid an amount of 7000 lei for these reports. Within the process of accessing the judicial system, victims also encounter other expenses related to working on the cases.

Services accessed by the victims of domestic violence

As a result of domestic violence, victims appeal to various institutions for support or services. Collected data within this research reveal that victims have accessed the following institutions in order to obtain social assistance: non-governmental organizations offering specialized services to the victims of domestic violence (10 persons, 50% of victims), Departments for Social Work and Family Protection (3 persons, 15%), Municipality Department for Protection of Children's Rights (2 persons, 10%), hotline (1 person, 5%), Center „Amicul” (1 person, 5%) and the Center for the Rehabilitation of children with disabilities (1 person, 5%).

Services accessed by the victims of domestic violence are: face to face consultancy (20 victims), individual psychological counseling (20 victims), primary legal assistance (18 victims), legal consultations (19 victims), consulting by phone (18 victims) qualified legal assistance (16 victims), medical assistance (6 victims), psychological counseling for children (6 victims), access to labor market (2 victims) and accommodation/shelter (3 victims), access to financial support (2 victims), information support for finding living premises (2 victims), hotline (1 victim), economic empowerment (1 victims), non-formal education (1 victim) and services for reintegration into family/community (1 victim).

Transportation expenses for accessing and benefitting from the services of various institutions

Victims of domestic violence have various transportation expenses associated with accessing services provided by the state or non-governmental institutions. Some victims have significant expenses related to accessing social services, because most of these are located in Chisinau. For example, the National Centre for the Prevention of Child Abuse offers psychological services to abused children through its “Amicul” center, but to access these services it is necessary for the mother and child to travel to Chisinau. Other examples are: The Centre for Rehabilitation of Children with

Disabilities, the International Centre La Strada, the Women's Law Center etc.

Based on the impact of violence on the health of the victims and the costs of violence inflicted upon them, the victims of DV were divided into 3 categories:

- Victims who acquired, as a result of violence, serious health issues and accessed healthcare specialists (3 victims needed in-hospital treatment and 3 visited the doctor and were provided with a treatment plan but did not need hospitalization);
- Victims who had health problems due to domestic violence but did not contact a doctor (10 victims);
- Victims who mentioned they had no issues with their physical health as a result of violence (4 victims).

Within the assessment of the impact of the abuse on the families of victims and the costs inflicted upon them as a result of violence, these 3 categories were preserved, since there is a difference between them pertaining to the: (i) patterns for accessing the services, (ii) type of accessed services, (iii) costs supported, depending on the impact of the abuse on the health of the victim/s.

Victims who were confronted with serious health issues as a result of violence and visited a doctor

As a result of the abuse, 5 out of 6 persons who've encountered serious health issues were absent from the workplace for a period of 3 up to 25 days (1 person – 3 days, 1 person – 10 days, 2 persons – 14 days and 1 person – 25 days). As a result of violence 1 person (out of the 5 employed) needed to resign from her job. As a result of violence, in one family two children missed school (each for two days). All victims with serious health problems appealed to the police after the latest case of abuse. They did not have any additional expenses related with their appeal to the police and documentation of their cases. The victims had other expenses, though, related to **accessing services** (see Table 9.).

Three out of 6 victims had expenses related to legal aid as a result of the latest abuse, and the other victims benefitted from a lawyer from the Women's Law Center or from state-appointed lawyers. Three out of 6 victims needed to move home to separate from the aggressor. One went to live with relatives, and 2 rented a place to live. None of these victims had any expenses related to moving house (furniture transport etc.). None of the victims from this category accessed accommodation services. Four out of 6 victims accessed social services as a result of violence - 2 victims accessed the Women's Law Center, 1 victim

accessed the hotline and 1 victim accessed the Department of Social Assistance and Family Protection. None of the victims declared the expenditures related to destruction of the assets, or selling of assets by the aggressor. Expenses related to transportation in order to access the services provided by the healthcare institutions, social assistance services etc. are contained in the Table 10. These expenses are higher for the persons from the rural areas.

Services accessed by victims of domestic violence with serious health issues are: face-to-face consultancy (6 victims), individual psychological counseling (6 victims), legal consultations (6 victims), qualified legal assistance (6 victims), primary legal assistance (5 victims), psychological counseling for children (2 victim), access to labor market (1 victim), accommodation / shelter (1 victim), access to hotline (1 victim), economic empowerment (1 victim), access to financial sup-

TABLE 9.
Expenditures related to accessing/use of various services

Institution	Variation of the amount, lei	Average sum, lei	Median, lei
Expenses related to hospitalization, medical services and investigations, procuring medication	1000 – 8000	3117	1750
A) Expenses related to hospitalization, medical services and investigations, procuring medication ⁸⁹	1500 – 5000	2833	2000
b) Expenses related to hospitalization, medical services and investigations, procuring medication ⁹⁰	1000 – 8000	3.400	1200
Expenses related to the gathering of evidence (forensic medical expert opinions, other expert opinions)	23-350	150	150
A) Expenses related to gathering evidence (forensic medical expert opinions, other expert opinions) ⁹¹	150 – 200	175	175
B) Expenses related to gathering evidence (forensic medical expert opinions, other expert opinions) ⁹²	23 – 350	133	25
Expenses related to legal aid ⁹³	8000 – 18000	12000	10000
a) Expenses related to legal aid ⁹⁴	18.000		
b) Expenses related to legal aid ⁹⁵	8000 – 10000	9000	9000
Expenses related to rent ⁹⁶	1500 – 3200 monthly	2350 monthly	

Source: authors' calculations based on the survey

⁸⁹ 3 victims who were treated in hospital.

⁹⁰ 3 victims who were not treated in hospital, but received treatment at home.

⁹¹ 3 victims who were treated in hospital.

⁹² 3 victims who were treated at home.

⁹³ 3 of those 6 victims had expenditures related to legal aid during court trial, as a result of last abuse, while others benefitted of the legal aid services provided by a defence attorney of the Women's Law Center or by the state guaranteed legal aid. Presented expenses do not include the expenses supported by the state or by the Women's Law Center which are necessary to cover these costs.

⁹⁴ 1 victim was treated in hospital, the others received assistance by WLC.

⁹⁵ 2 victims, not treated in hospital, had expenses related to legal aid, another benefitted from the help of a state lawyer.

⁹⁶ 2 persons out of 6 rent living premises. They rent the premises for a period of 3 to 5 months.

TABLE 10.

Expenses for transport to get to and access services

Institution	Variation of the amount, lei	Average, lei	Median, lei
Medical/Health	18-100	64	50
Forensic	12-50	25	22
Police	10-30	23	25
Prosecutor's office	10-150	68	50
Defense attorney	6-100	57	50
Court	100-120	108	100
Social services ⁹⁷	12-360	118	35

Source: authors' calculations based on the survey

port (1 victim), informal education (1 victim), services for reintegration into family/community (1 victim).

Victims who've had health problems due to domestic violence, but did not address a doctor

As a result of the abuse, 5 out of 10 victims of domestic violence were absent from the workplace for a period of 1 up to 30 days (1 person – 1 day, 1 person – 2 days, 1 person – 20 days, 2 persons – 30 days). As a result of violence in 4 families, children missed out on school. In one situation 2 children missed out on school for

7 days, in other case 2 children missed out 1 day of school and in another case – 1 child – 1 day. Three out of 10 victims in this category had expenses related to procurement of medicine. Only 6 victims from this category appealed to the police as a result of abuse. They did not have any additional expenses related with their appeal to the police and documentation of their cases. The victims had other expenses, though, related to accessing services (see Table 11).

Two out of 10 victims had expenses related to courtroom legal representation due to the last case of abuse, and another 3 benefitted from the services of

TABLE 11.

Expenses related to accessing/benefitting from different services

Institution	Variation of amount, lei	Average, lei	Median, lei
Expenses related to self- administrated treatment and procurement of medication	250-500	350	300
Expenses related to the gathering of evidence (legal medical expert opinions, other expert opinions)	10-200	70	75
Expenses related to legal representation ⁹⁸	200-6000	3100	3100

Source: authors' calculations based on the survey

⁹⁷ 4 out of 6 persons appealing to social services spent money for transport.

⁹⁸ 2 out of those 10 victims have had expenses related to legal representation at trial as a result of the abuse, other 3 benefitted of the services of a defence attorney provided by the Women's Law Center. These expenses include the expenses for the services of a defence attorney. In one case, the file is at the initial stage of the procedure, which means the expenses shall likely increase. Presented expenses do not include the expenses of the state or the Women's Law Center to provide these services.

a defense attorney, provided by the Women's Law Center. One person had expenses related to completing their children's documents – 30 lei. Four out of 10 victims needed to change their place of residence in order to avoid living with the aggressor and moved in with their parents (2 persons) or their relatives (2 persons). Two of these victims had expenses related to the change of domicile (transportation of clothes and other goods) – 100 lei and 500 lei (on average – 300 lei). One victim also accessed accommodation services. Eight out of 10 victims accessed social services as a result of violence – 5 victims accessed the Women's Law Center, 2 victims contacted the Department of Social Assistance and Family Protection and 1 victim contacted the Amicul Center (National Center for Prevention of Child Abuse). These victims also had expenses related to accessing social services. None of the victims declared the expenditures related to destruction of the assets, or selling of assets by the aggressor.

Transportation expenses to access the services provided by the healthcare institutions, social assistance services etc. are contained in the Table 12. These expenses are higher for the people from rural areas.

Services accessed by victims who've had health problems due to domestic violence, but did not address a doctor are: face-to-face consultancy (10 victims), individual psychological counseling (10 victims), primary legal assistance (9 victims), legal consultations (9 victims), qualified legal assistance (7 victims),

psychological counseling for children (3 victims), access to labor market (1 victim) and accommodation/shelter (1 victim) and access to financial support (1 victim).

Victims who've reported they had no health problems as a result of violence

As a result of the abuse 1 out of 4 victims of domestic violence in this category were absent from the workplace for a period of 20 days. None of the women in this category had any expenses related to medical services or procurement of medication or use of transportation to access medical assistance. Three out of 4 victims from this category appealed to the police as a result of abuse. They did not have any additional expenses related with their appeal to these authorities. However, victims had other expenses related to accessing the services. One out of these 4 victims had significant expenses related to courtroom representation, as a result of the last abuse (20 000 lei), another woman was provided a defense attorney by the Women's Law Center (see Table 13).

All victims in this category needed to change their place of residence in order to avoid living with the aggressor. Thus, one victim moved in with her parents, another went to live with her relatives, one moved to an apartment she had in joint property with the aggressor and one moved to a shelter. One of these victims had expenses related to the change of domicile (transportation of clothes and other goods) – 200 lei.

TABLE 12.

Transport expenses for accessing/benefitting services

Institution	Variation of the amount, lei	Average sum, lei	Median, lei
Forensic services ⁹⁹	10-30	18	16
Police ¹⁰⁰	10-30	16	11
Prosecutor's office ¹⁰¹	6-140	20	10
Defense attorney ¹⁰²	12-50	27	25
Court	12-100	43	27
Social services ¹⁰³	6-100	30	24

Source: authors' calculations based on the survey

⁹⁹ 8 out of 10 persons had expenses related to transport to contact the forensic institutions.

¹⁰⁰ 6 out of 10 persons had expenses related to transport to contact the police.

¹⁰¹ 3 out of 10 persons had expenses related to transport to contact the prosecutor's office.

¹⁰² 6 out of 10 persons had expenses related to transport to benefit from the services of a defence attorney.

¹⁰³ 8 persons requesting these services had expenses for transport.

Two out of 4 victims accessed social services as a result of violence – 1 victim accessed the Women’s Law Center and 1 victim contacted the Center for Rehabilitation of Disabled Children. None of the victims declared the expenditures related to destruction of the assets, or selling of assets by the aggressor. Expenses related to transportation in order to access the services provided by the healthcare institutions, social assistance services etc. are contained in the Table 14. These expenses are higher for the persons from the rural areas.

Services accessed by victims of domestic violence without health problems are: face to face consultancy (7 victims), individual psychological counseling (4 victims), primary legal assistance (7 victims), legal consultations (3 victims), qualified legal assistance (3 victims), psychological counseling for children (1 victim), access to labor market (1 victim) and accommodation/shelter (1 victim).

TABLE 13.
Expenses related to accessing/benefitting services

Institution	Variation of the amount, lei
Expenses related to the gathering of evidence (legal medical expert opinions, other expert opinions) ¹⁰⁴	7000
Expenses related to legal representation ¹⁰⁵	20 000

Source: authors' calculations based on the survey

TABLE 14.
Expenses related to transport to services

Institution	Variation of the amount, lei	Average sum, lei	Median, lei
Police ¹⁰⁶	6-100	38	8
Defense attorney ¹⁰⁷	12-150	71	60
Court ¹⁰⁸	50-100	83	100
Social services ¹⁰⁹	6-126	16	16

Source: authors' calculations based on the survey

¹⁰⁴ 1 out of 4 victims

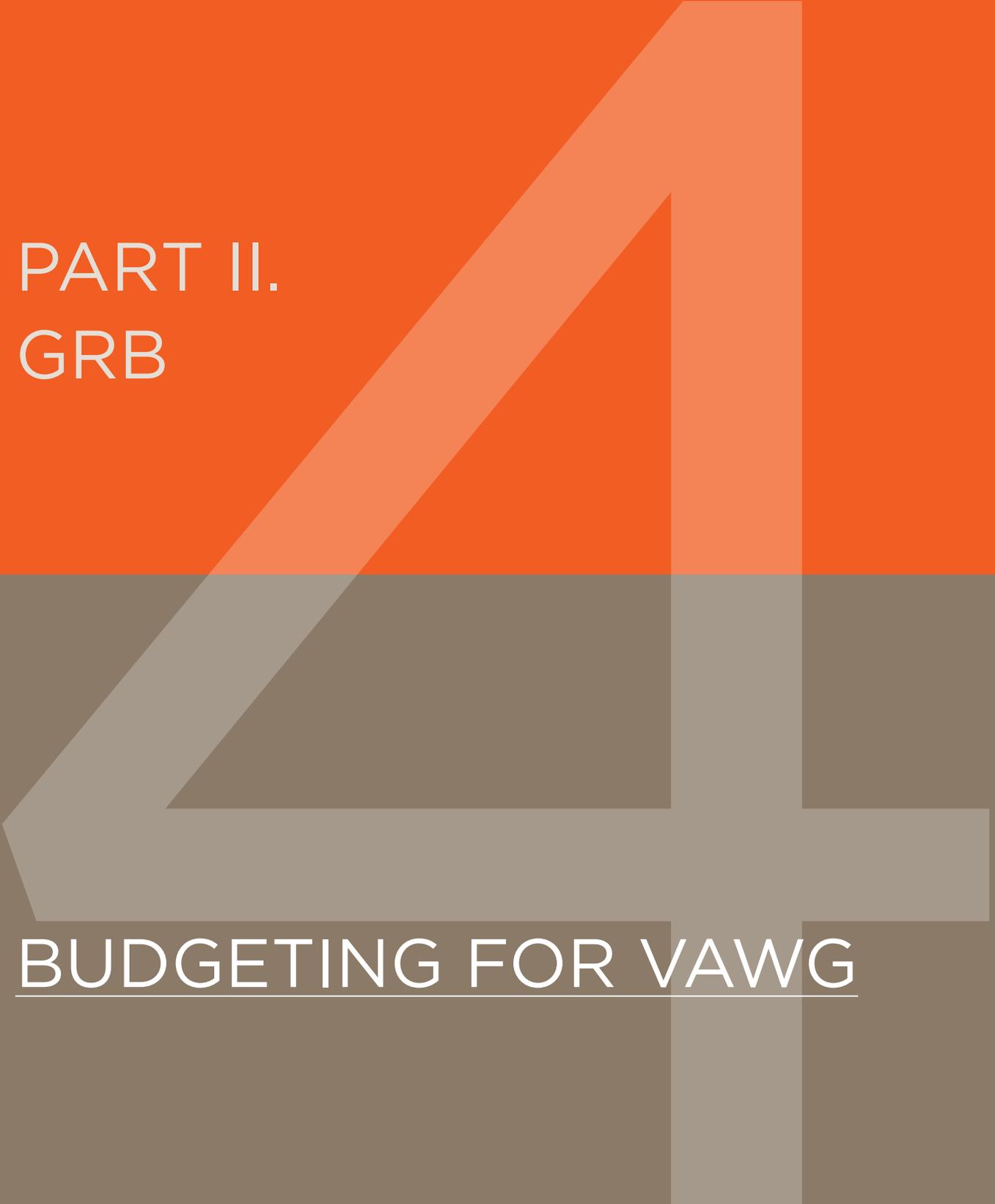
¹⁰⁵ 1 out of 4 victims

¹⁰⁶ 3 out of 4 persons had expenses for transport to contact police.

¹⁰⁷ 4 persons had expenses for transport to access the services of a defence attorney.

¹⁰⁸ 3 out of 4 persons had expenses for transport to contact the courts of law.

¹⁰⁹ 2 persons who've accessed these services, have had transport expenses.



PART II.
GRB

BUDGETING FOR VAWG

BRIEF OVERVIEW OF PROGRAM AND GENDER BUDGETING

The National Development Strategy “Moldova 2020” (NDS), which was approved by Law no. 166 of 11 July 2012, is the overarching public policy document in Moldova, summarizing the country’s growth objectives. The NDS objectives are mainly focused on aligning the education system to labor market needs; increasing public investment in the national and local road infrastructure; reducing financing costs by increasing competition in the financial sector and developing risk management tools; improving the business climate; reducing energy consumption by increasing energy efficiency and using renewable energy sources; ensuring financial sustainability of the pension system; increasing the quality and efficiency of justice and fighting and increasing competitiveness in agriculture and sustainable rural development¹¹⁰.

The implementation of the actions foreseen in the NDS requires additional financing, which needs to be prioritized in the context of lack of additional funds in the budget.

In short, Moldova’s public finance policy objectives are encapsulated within the overall objectives of the NDS. Thus the rationale for public finance management (PFM) reform is simple; the implementation of several actions in the NDS require improvement of the structure and level of funding that need to be included in the medium-term budget framework (MTBF).

The development of sectoral expenditure strategies and annual program-based budget planning in Moldova have to take into account the priorities envisaged by the NDS, Government’s action plan 2016-2018 and other policy strategies. The MoF in collaboration with

the State Chancellery is responsible for ensuring this synchronization¹¹¹.

The Law on Public finances and Budgetary and Fiscal Accountability (LPFBFA), adopted in July 2014 and fully effective on January 01, 2015, also provides a high-level overview of the systemic key issues to be followed in order to fulfill the implementation of these plans, including: the need for linking strategies and budgets; the need for budgetary and fiscal rules; the need for further strengthening program budgeting; the need for capacity building in strategic planning and budget formulation in the CPAs; and the need for improving cash flow planning and management. The main goal of the named law is to ensure sustainability of public finances, enhancing fiscal discipline and budgetary management, and to ensure efficient and transparent public financial resources allocation and their use¹¹².

Although Moldova’s budget system has been improved in important areas, and the LPFBFA provisions require a relatively comprehensive and transparent budget, and although the country has a modern treasury system with appropriate controls for budget money use imple-

¹¹¹ A reform agenda for public finance management – the PFM Strategy 2013-2020 – was therefore elaborated and approved in August 2013. The new Law on Public Finances and Budgetary and Fiscal Accountability also supports implementation of this strategy.

¹¹² Budget system and budget process in Republic of Moldova is regulated by:

The Constitution of RM; Law on the budgetary system and the budgetary process no. 847-XIII approved in May 24, 1996 (till end of 2015 budget year); Law on Public Finance and Budgetary-Fiscal Accountability (Law No 181 of July 25, 2014 published in Official Monitor nr.223-230/519 of August 08, 2014); Government Decision nr.82 on MTEF and budget preparation approved on January 24, 2006; Law on local public finance no. 397-XV approved on October 16, 2003, which was amended by Law No 267 of 1 November 2013 in view of establishing a new formula for the preparation of local budgets calculation; Tax Code approved on April, 1997; Law on Public Debt, State Guarantees and on-Lending from State Borrowing (No 419-XVI from 2006, amended on 29 May 2014); Law on Public Procurement (No 96-XVI from the 13th of April 2007) which has been replaced by the new Law on Public Procurement No 131 of 03 July 2015) that has been adopted in July 2015. and will enter into

¹¹⁰ ECORYS. Public Expenditure and Financial Accountability (PEFA) Assessment Update for Moldova (2012-2014), 2014.

mented since 2000¹¹³, the gender-responsive budgeting has not yet become a part of the budget planning process.

Gender Responsive Budgeting (GRB) is a methodology used to increase efficiency and effectiveness of resource allocation in terms of better services for women and men, boys and girls by incorporating GRB methods into PFM systems. It is used for identifying activities needed to improve service delivery, but also for identifying needs for funding to fulfill human rights obligations and gender equality obligations. In this study the term GRB is used specifically in identifying responsibilities for funding of services related to fulfilling DV obligations as per the relevant legal framework regulating the issue of DV in Moldova.

force on 1 May 2016; Law on Accounting (No 113-XVI of the 27th of April 2007); Custom Code approved on July 2000; Law on custom tariffs approved on November 1997; Law on Social Insurance Public System no. 489-XIV approved on July 1999; Law on Compulsory Medical Insurance no. 1585-XIII approved on February 27, 1998; Law on size, manner and terms of transferring of the compulsory medical insurance payments no. 1593-XV approved on December 2002; The current budget classification used for data analysis has been approved by the Minister of Finance Order No 93 of 19 July 2010 that will be substituted with new budget classification approved by the Minister of Finance Order No 190 of December 31, 2014 starting with 2016 year.

¹¹³ The treasury system in Moldova was developed and implemented in 5 steps: 1st – years 1993-1997; 2nd – years 1998-1999; 3rd – years 2000-2002; 4th – year 2004; 5th – year 2006.

BUDGET STRUCTURE AND FORMATTING

The political priorities are established in the MTBF document, which establishes a strategic and comprehensive view of the public revenues and expenditures covering all elements of the National Public Budget. The annual budget law is developed based on these priorities and takes into consideration the budget ceiling approved in the MTBF. Annually, after budget implementation and its monitoring and assessment, the priorities for the next 3 years period are revised based on performance results achieved in the past year.

The budget programming (performance budgeting) new planning approach is applied to all public institutions in Moldova starting with the 2015 budget year. As such, program planning must recognize budget constraints and performance indicators, must include cost analysis and must allow for reallocation of resources to higher priorities areas. Such program-based budgeting is approved as a separate annex to the annual budget law. The introduction of the MTBF as a strategic planning framework for the regular budget cycle is the main improvement in public financial management. The MTBF has been developed gradually since 2002 as a comprehensive analytical framework¹¹⁴. The MTBF is currently updated annually at the initial stage of the budget planning cycle. The macro budget limits approved in the MTBF by the Parliament serve as ground for preparation of the annual budget law.

The comprehensiveness of the MTBF approach has promoted adjustments in the coverage of all public funds in the annual state budget law. The most extra-budgetary funds (with the exception of the Social Protection funds) have been incorporated and considered as a main budget. Whereas, before, the collected revenues of the public authorities, formally part of the consolidated national public budget (NPB), were planned separately from the main budget, the new budget methodology has established a new approach

¹¹⁴ For a given set of macroeconomic assumptions, the MTEF provides decision makers with a projection of the expected national public budget (including the state budget, local budgets, state social insurance budget, funds for state health insurance) outcomes for a three-year time horizon.

for the management of own-source revenue of public authorities (Special Funds and Special Means in the previous legislation)¹¹⁵.

However the Government must work on further improving the strategic policy focus of the budget through developing stronger links between the MTBF and strategic national policy documents (i.e. Moldova 2020, EU (European Union)-Moldova Action Plan, etc.) and, in the case of domestic violence, the new Strategy on Domestic Violence, which is currently being drafted. An important area for further improvement in ensuring robust financing for combating domestic violence is also the development of the capacity at the line ministries' level to link expenditure planning to sectoral policy priorities.

According to the Law on Public Finance and Budgetary-Fiscal Accountability, the National Public Budget consists of the State Budget, the State Social Insurance Budget (SSIB), the Compulsory Insurance Funds for Medical Assistance (CIFMA) and the Administrative-Territorial Unit (ATU) budgets, which in turn consist of the 35 budgets of the ATU of level 2: district (rayon) budgets (32), central budget of the Autonomous Territorial Unit Gagauzia with special status and municipal budgets of Chisinau and Balti; and budgets of Level-1 ATUs (primarie): budgets of villages (townships) and towns (municipalities, except for Chisinau and Balti).

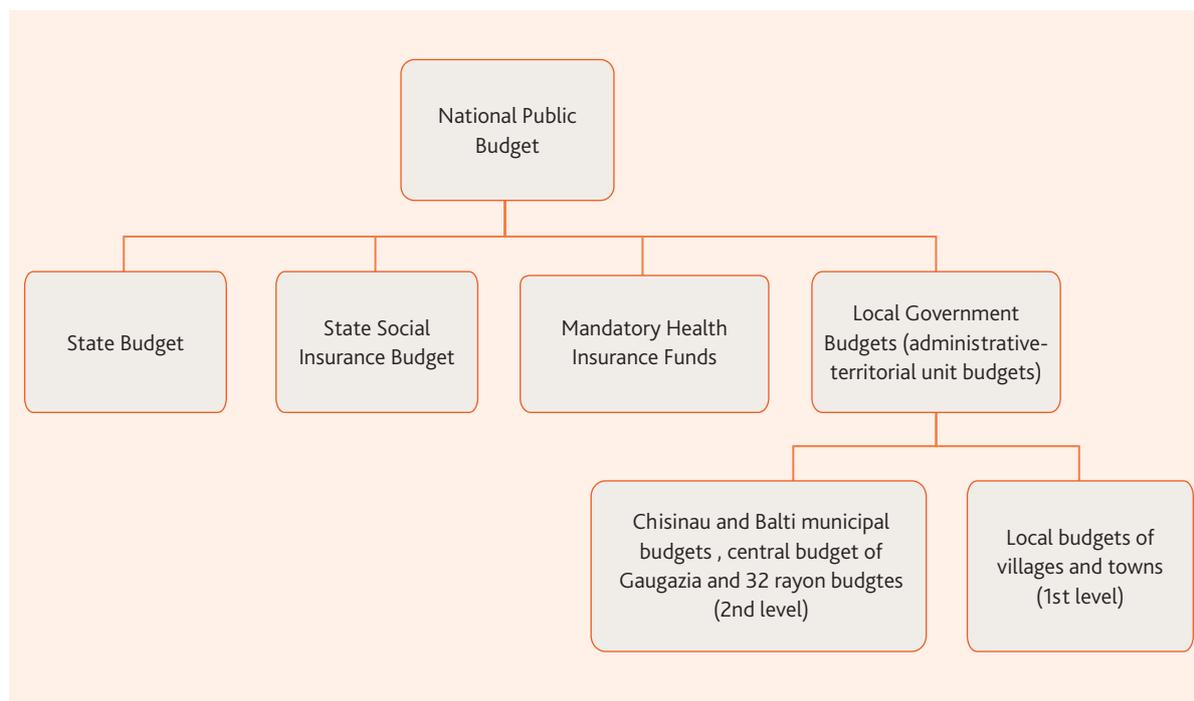
Administration of the three different budgets of the central government is split between three ministries. The Ministry of Finance administers the state budget; the Ministry of Labor administers the SSIB; and the National Social Insurance Agency administers the Social Protection and Family budget. . The Mandatory Health Insurance Fund is the responsibility of the Ministry of Health and is administered by the National Health Insurance Company.

The transfers between the different parts of the NPB (including transfers to and from local government budgets) are under the responsibility of the Ministry

¹¹⁵ Law Nr. 181 of 25 July 2014 on Public finances and Budgetary and Fiscal Accountability, Article 43, regulates the management of the own-source revenues.

FIGURE 13.

Structure of the Moldovan national public budget



of Finance. This is also true for cash management, which, for the entire NPB, is assigned to the State Treasury, directly subordinated to the Ministry of Finance.

There is also the lowest tier of tertiary budget beneficiaries, i.e. spending units at the lowest level, consisting of primary and general secondary schools, kindergartens, cultural institutions and libraries, which are subordinated either to a *rayon* or a *primaria* (municipal budget). In total, there are about 2,800 public authorities (850 beneficiaries of the State budget, the *rayons*, the *primaria* and 1,018 local service delivery units). The public function responsibilities of the central public authorities are approved by the Law on Government no. 64-XII approved on May 31, 1990¹¹⁶. The responsibilities of the local public authorities are subject of the Law no. 435 dated December 28, 2006 on administrative decentralization¹¹⁷.

The administrative-territorial units have inherent functions and functions delegated from the central level. The delegated functions include social

assistance functions, primarily the social cash payments¹¹⁸ and general education (primary and general secondary levels). These competencies are budgeted from the state budget by special destination transfers (targeted transfers) approved in the annual budget laws¹¹⁹. It should be highlighted that social protection services, including those for DV are not currently supported financially by the state budget in accordance with the provision of the new legal framework, namely Law no. 397 on Local Public Finance of 16.10.2003.

¹¹⁶ Republished in the Official Monitor no.131-133 (546) on September 26, 2002, <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=312895>

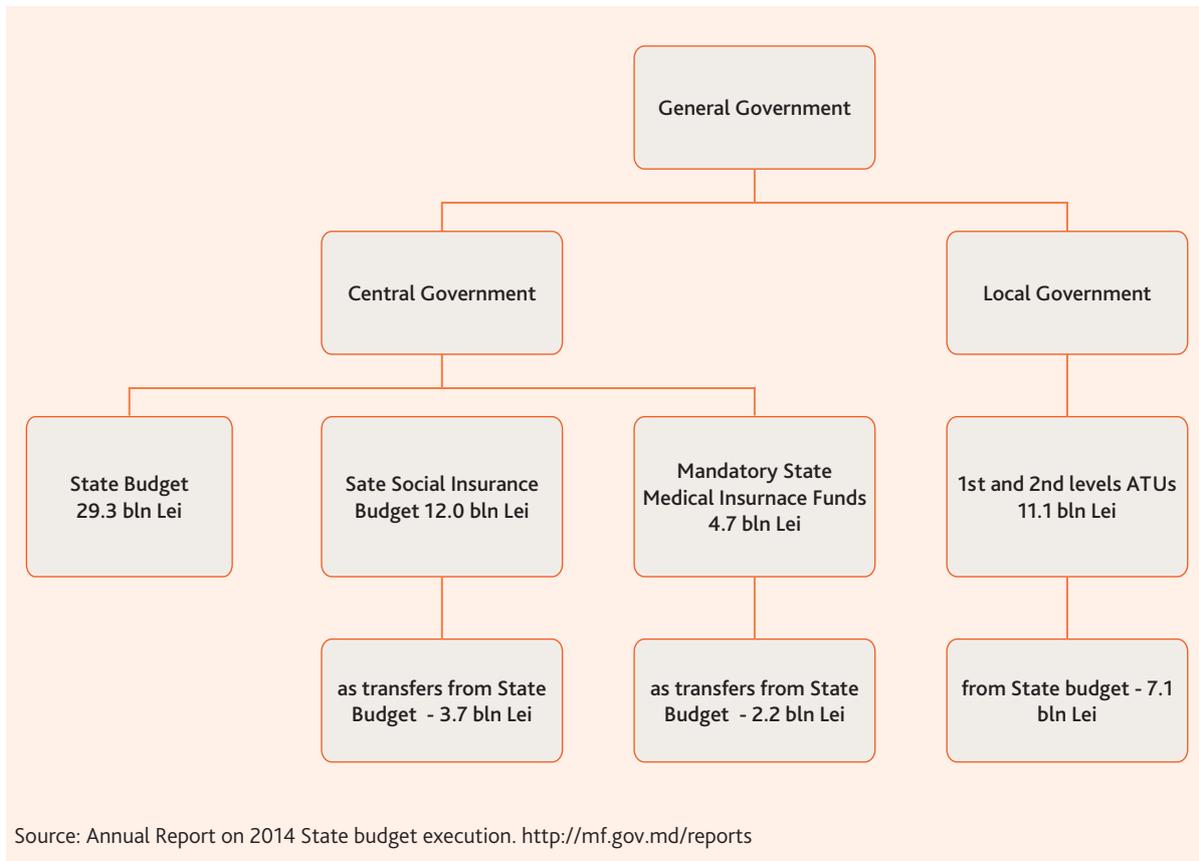
¹¹⁷ Published in the Official Monitor no.29-31 (91) on March 02, 2007, <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=321387>

¹¹⁸ Established by the Article 61 "Delegation of the social assistance competences, Law 435 on administrative decentralization.

¹¹⁹ This provision was included recently by amending the Law 435 on April, 12, 2015 after publishing it in the Official Monitor no.102-104 (179).

FIGURE 14.

Structure of the National Public Budget, 2014 budget execution



BUDGET PLANNING AND DOMESTIC VIOLENCE

Clear gaps in funding can be observed when examining the budget of Moldova from the aspect of the full implementation and fulfillment of Law no. 45 on Preventing and Combating Domestic Violence, as of March 1st, 2007. It should be noted that MLSPF in a partnership with civil society has recently developed Draft Amendments to the Legal Framework on Preventing and Combating Domestic Violence in Moldova¹²⁰, both in terms of the amount of funding realistically required for the implementation of the draft amendments and in terms of clarifying the respective legal obligations of the central and local authorities to take appropriate budgetary and administrative measures. The main purpose of the Draft Amendments was harmonization of the national legal framework on preventing and combating domestic violence with the Council of Europe's Convention on Preventing and Combating Violence against Women and Domestic Violence¹²¹ with a view to signing and ratifying this Convention in the future. The amendments are to provide clear obligation for all state and local entities to earmark dedicated funds in their annual budget and to set up a more regular and sustainable funding mechanism. Indeed, the OSCE/ODIHR in the Opinion on draft amendments to the legal framework on preventing and combating domestic violence in Moldova (July 2015)¹²² suggests further revisions to the draft amendments parts 24-28 and 34 to enhance allocation of financial provisions for DV.

¹²⁰ The Draft Amendments include draft amendments to the following legal acts: the Law on Preventing and Combating Domestic Violence (2008), the Law on the Functioning and Status of the Police (2013), the Law on State Guaranteed Legal Aid (2007), the Law on Local Public Administration Authorities (2007), the Law on Official Statistics (2005), the Law on the Legal Status of the Foreigners on the Territory of the Republic of Moldova (2010), the Law on the Legal Status of Arms and Ammunitions for Civilian Use (2012), the Criminal Code (2009), the Contravention Code (2009), the Criminal Procedure Code (2003) and the Code of Civil Procedure (2003) of the Republic of Moldova.

¹²¹ The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, CETS No. 210 (hereinafter "the Istanbul Convention") entered into force on 1 August 2014.

¹²² OSCE/ODIHR. Opinion on Draft Amendments to the Legal Framework on Preventing and Combating Domestic Violence in Moldova. July 2015. <http://www.osce.org/odihr/174536>

Whilst the Law on Preventing and Combating Domestic Violence names the authorities and institutions responsible for preventing and combating domestic violence (such as the Ministry of Social Protection, Family and Child, the Ministry of Education, the Ministry of Healthcare, the Ministry of the Interior and the Ministry of Justice (Art. 7)) and specifies the role of centers/services for the rehabilitation of victims of family violence and family aggressors, which can be created by government or public administration authorities, or by international organizations or NGOs (Art. 10) it does not address clearly the funding of the implementation of the law. .

Law no.45 provides under the current provision of the Art. 16 paragraph 1 that the funds for implementation provisions of the law shall be financed by the state budget and by the local public administration budgets within the financial limits established on yearly basis. Article 16 paragraph 2 establishes that the funding for centers/services for the rehabilitation of victim of domestic violence and perpetrators is provided by the local government budgets, donations and grants. The amendments included in the draft law identifies more clearly the Ministry of Labor, Social Protection and Family as the central body in charge of policy-making, public awareness raising and of setting up a free nationwide 24-hour telephone helpline; however, it does not specify how such services will be financed and particularly whether this should be covered by the budget of such entity. These gaps in the legal frameworks should be clarified, as without the clarification it is impossible to address cohesive budget planning and sufficient funding allocations for a multi-sectoral approach to combating domestic violence.

The line ministries' budgets (state budget) as well as the local budgets are developed by the responsible units and compiled by the line ministry or *rayon* council's budget department. This means that budgeting for domestic violence programs needs to be foreseen in the budget of each individual implementation unit during the budget planning process starting with the strategic budget planning (sector expenditure strategies within the medium term budget framework (MTBF)) and annual budget planning (program budgets

FIGURE 15.

Current codes in the named Budget Classifications



for DV included as activities and performance indicators) rather than being addressed solely under the umbrella of gender issues, coordinated by five full-time staff employed in the Ministry of Labor, Social Protection and Family and supported from the state budget by limited funding. Indeed this means there is only one single allocation for subprogram 9013 “Ensure equal opportunities between women and men” in the Program 90 “Social Protection=.” Similarly there are no direct funding allocations for the implementation of gender equality program and DV activities, except through indirect underline link between Sector policies and budgets.

This location of DV under the MLSPF is limiting especially as the costing study has uncovered many hidden costs within the budgets of relevant sectors such as health and justice—where significant spending occurred for domestic violence victims for variety of services but are not at all presented as such. Thus, classifications need to be reviewed and potentially amended to enable us to capture what government is and has been allocating for DV. This means that even though up to date programs, for example in justice sectors, did not have the specific program entitled “DV program,” they should analyze their budget spending and examine what resources were used to provide the services to this type of beneficiaries (try to collect the disaggregated data on emergency room, hospitalization and mental health services) and try to point the government into the direction of better transparency and planning and better earmarking rather than additional financial allocations.

4.3.1

Budgeting for Domestic Violence within the Public Finance Management (PFM) in Moldova¹²³

The objective of this section is to provide information on the PFM system in Moldova and to allow sufficient understanding of the wider context of Domestic Violence within the framework of PFM reforms as well as of the core characteristics of the PFM system in the country.

Moldova has over ten years of experience in piloting budget programming at the central level. Implementation of program budgeting was done in a few phases; in each phase several central government ministries were involved and over the time all ministries at the central level were included in piloting of program budgeting. Also, some *rayons* (local public administration level 2) participated in piloting of program budgeting. Starting with the annual budget 2016, all budgets, including the

¹²³ To have a real picture of the service delivery and spending in this area, as part of the costing exercise, official letters were sent to line ministries: Ministry of Internal Affairs, Ministry of Health, Ministry of Justice and Ministry of Labor, Social Protection and Family. The goal of these letters was to obtain information on costs incurred by sectors for addressing domestic violence cases in Moldova. Based on international best practices on costing of DV, special protocols with indicators were developed by sectors (Annex 1). However, it should be noted that based on the answers received on the letters, a gap was observed between available information provided by line ministries and the necessary pool of data.

local level ones, are to be prepared based on program and performance budgeting¹²⁴.

In spite of the improvement of medium-term budgeting, in recent years in terms of coverage and methodology, strategic linkages between the NDS, the MTBF and the performance targets in the budget submissions are still weak. Linkages between investment budgets and forward expenditure estimates are expected to improve on the basis of a newly adopted methodology, but its effects are yet to be seen. In terms of strategic allocation of resources, improvement is nonetheless needed in order to establish a long-term horizon and consistency with the NDS and other strategic documents. Costed strategies currently cover the 3-year MTBF period, whereas long-term policy strategies exist in parallel, with no or insufficient costing.

Despite the series of studies¹²⁴ on PFM and gender budgeting, as well as GRB initiatives initiated in partnership with the Ministry of Labor, Social Protection and Family in the past several years, the government has not managed to integrate GRB methodology into the performance/program budgeting. While the budget classification (Figure 16.) has some coverage to track such expenses in the public budget, the Methodological Guide on developing, approving and amending the budget, (approved by Ministry of Finance Order nr. 191 as of December 31 2014), does not request a special analysis of the forecasted expenditures from the prospective of budgeting for these specific gender relevant targets.

DV funding is not earmarked in the budget as a separate line and is not found in all of the sectoral budgets. The services provided by public social protection service providers run by state and local authorities are supported by the budget and are included in the social protection sector budget only under the allocations for specialized public institutions dealing with this specific target group. Currently spending is only realized under the funds for social services delivery. This lack of program budgeting for DV is visible across all sectors, despite the stipulations within the relevant existing sectoral legal and institutional frameworks, all of which perceive funding for DV in the Republic of Moldova as provided within health, police, justice and social protection sectors.

Moreover, the budgetary classification was changed and approved at the end of 2015, and the functional classification within the new budget classification currently foresees DV as falling under the **program code 9015 Ensuring equal opportunities between men and women, and as a set of activities:**

- 00382 "Protection against discrimination and ensure equality of all persons"
- 00296 "Maintenance of rehabilitation centers for victims of domestic violence"
- 00244 "Specialized social assistance services"

This coding does not allow us to identify DV as a cross-sectoral program with different functions with some shared and individual activities.

However, many of the current budget changes and reforms allow us to addressing DV. As this needs to be done in a comprehensive way, we suggest addressing DV within the existing program framework with dedicated sub-programs (for example 33) for DV in each relevant sectors, for example:

- Program 90 "Social Protection" Sub-program 9033 Preventing and Combating DV in Social Services;
- Program 35 "Internal Affairs" Sub-program 3533 Preventing and Combating DV in Internal Affairs;
- Program 40 "Justice" Sub-program 4033 Preventing and Combating DV in Justice;
- Program 80 "Public Health and Healthcare" Sub-program 8033 Preventing and Combating DV in Public Health and Healthcare.

This approach is part of the current methodology for creating programs and sub-programs within the approved requirements of the budget classification. Therefore, the proposed amendments follow the logic of the program and sub-program classification and will be easily approved and implemented. As an example, at the moment the same logic is applied for the "Applied scientific research" program (Code for sub-program 07). This approach will help capture multiple hidden costs in all sectors, for which government is currently utilizing budget resources, but for which there is no system of tracking, in particular in terms of linking them back to DV spending. To do so government needs to, within different sector budget classifications, add specific sub-Program for Domestic Violence (at the level of the program classification) and increase the number of DV identified activities (under activities)—not only those directly connected to services, which is currently the case.

¹²⁴ Law on Public Finance and Budgetary-Fiscal Accountability (Law 181) 25 July 2014

PART III.
CONCLUSIONS AND
RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations of the current report are presented into two separate sub sections. The first presents recommendations (general and per each sector) that result from the costing exercise. The second sub section presents recommendations based on the GRB analysis.

A. Conclusions and recommendations costing

The following section addresses the gaps and missing services through obligations set forth by the Istanbul Convention, which Moldova is currently preparing to ratify, and it sets forth specific recommendations and findings of the costing exercise. This section presents general recommendations to be considered in the short and medium run, as well as policy recommendations upon ratification of Istanbul convention. Along with general recommendations, sector specific recommendations are presented.

Key general recommendations:

- Allocations and resources should be spent on preventive and support services in order to avoid the huge costs of domestic violence.
- Ongoing specialized training of front line professionals is needed for improved response – priority should be given to training health and social sector professionals (community social assistance and family doctors). Training should be reinforced by clear protocols and guidelines to secure that medical, social, education, legal and law representatives provide adequate service to gender bases victims.
- Improve the National Referral Mechanism, multidisciplinary response and coordination in responding to DV and VAW. All sectors need to work together to reinforce the multidisciplinary response in line with international best practices such as the Essential Services for Women and Girls Subject to Violence 2015.
- Enhance the system of data collection to ensure that data are delineated by type of violence and by the relationship of the perpetrator to the victim.
- Establish more awareness raising programs about the criminal nature of violence against women and domestic violence and promotion of zero tol-

erance towards domestic violence to break stereotypes and encourage women to report cases of DV and VAW.

- Undertake awareness-raising and information campaigns on a regular basis and in cooperation with civil society organizations to address and transform gender stereotypes, which lead to discrimination against women in their professional and personal lives, to promote equitable parenting etc. Awareness raising and information campaigns work better in conjunction with outreach programs and should have community, local, state, and national support from government agencies.
- Develop and institutionalize a comprehensive formal curriculum, covering key issues such as Sexuality, Gender, HIV, etc. to teach children about equality between women and men, non-stereotyped gender roles, mutual respect, gender-based violence and the right to personal integrity to promote changes in mentality and attitudes to develop the capacity of young people to enjoy and advocate for their rights to dignity, equality, and responsible, satisfying and healthy sexual lives.

Recommendations per sector

Health sector:

- Reinforce the multidisciplinary referral mechanism by simplifying procedures and reducing the bureaucratic burden, especially for emergency cases. This might increase in time the reporting and registration of DV cases by the healthcare sector.
- Create positive incentives to register and report DV cases, especially for emergency and general practitioners, healthcare workers.
- Investigate further the causes of healthcare-related out-of-pocket payments (including individual spending on medication while the patient is being hospitalized) and consideration of particular measures to ensure access to healthcare for DV victims.
- Investigate further the possibilities to integrate specialized services within the recently created Centers for Mental Health (psychological support and counseling, medical treatment etc.).
- Improve disaggregated data collection at all healthcare sector entry points.

Legal sector:

- Improve access to justice for victims of DV and VAW – Law on State Guaranteed Legal Aid amended to cover such cases.
- Improve quality of services for state covered legal assistance.
- Develop procedures for conducting assessment of the lethality risk and of the risk of repeated violence to be carried out by relevant actors within the justice system.

Social sector:

Given the advocacy efforts of the CSOs for the signature and ratification of the Istanbul Convention by the Republic Moldova, it is recommended that within **5-10 years** the Government takes measures to comply with the minimum standards of availability of support services for survivors of VAW, specifically providing funding for:

- National women's phone hotline where all complainants/survivors of violence may get assistance by phone around the clock and free of cost and from where they may be referred to other service providers.
- Provision of one shelter/refuge place for every 10,000 inhabitants, providing safe emergency accommodation, qualified counseling and assistance in finding long-term accommodation, that is establish an estimated number of 175 shelter places throughout Moldova.
- Provision of one rape crisis centre for every 200,000 women; and access to health care, including reproductive health care and HIV prophylaxis.
- Provision of one women's advocacy and counseling centre for every 50,000 women, which provides proactive support and crisis intervention for complainants/survivors, including legal advice and support, as well as long-term support for complainants/survivors, and specialized services for particular groups of women (such as specialized services for immigrant survivors of violence, for survivors of trafficking in women or for women who have suffered sexual harassment at the workplace).

Upon **ratification of the Istanbul Convention** by the Republic of Moldova:

- Establish social housing as a pilot project: follow-up housing possibilities should be provided for shelter clients who have to move out after a certain period of time. They should not only be offered housing, but also psychological or psychotherapeutic support, and this measure might also

be combined with the participation in a labor market program.¹²⁵

- Develop programs for the protection of victims of sexual violence. Although victims of sexual violence currently benefit from free psychological counseling provided by several social service providers, they are not protected and not safe. There is a witness protection law in the Republic of Moldova, but it doesn't refer to victims of sexual violence as beneficiaries. In these conditions a protection and safety system for victims of sexual violence must be created to increase their trust in the state authorities.
- Establish special programs and services addressing child victims and witnesses in accordance with the Convention, including age and developmentally appropriate best evidence-based psychosocial interventions that are specifically tailored to children to cope with their traumatic experiences where necessary. All services offered must give due regard to the best interests of the child.
- Develop and scale up an effective intervention program for perpetrators throughout the country. The use of alternative sentencing, including sentences in which the perpetrator is mandated to attend an intervention program for perpetrators and no other penalty is imposed, are to be approached with serious caution and only handed down in instances where there will be continuous monitoring of the sentence by justice officials and women's non-governmental organizations to ensure the safety of the woman who has been subject to violence and the effectiveness of the sentence.¹²⁶

Recommendations from individual cost analysis¹²⁷

Victims made the following recommendations as part of the survey:

- Victims of domestic violence need free-of-charge medical services (surgical treatment of injuries resulted from violence, medical rehabilitation, and certain medical procedures). Currently, medical services are offered based on the medical insurance offered to women by the employer if they have a job. In cases when victims do not have a job, they must procure the mandatory medical insurance by themselves. Some victims lack financial resources to procure this medical insurance.

¹²⁵ Birgit Haller, Needs assessment Report, Special service agreement No. 2013-MOL68-BH, December 2013

¹²⁶ Article 16 Istanbul Convention

¹²⁷ A more in depth analysis on costing of these recommendations should be considered

- Protected place of residence for a period of at least 6 months, where they can find shelter after the acts of domestic violence.
- Severe legal sanctions for fathers not providing financial support for their children, as after divorce the vast majority of working fathers do not pay alimony, or there are many cases when fathers do not work, respectively mothers get no support in raising and caring for the children.
- Support for victims in identification of a workplace.
- More actions for awareness raising and prevention of domestic violence.

B. Conclusions and recommendations GRB

This study is indeed a first step in supporting the policy makers and stakeholders in assessing the full financial impact of DV and analyzing the amount of funding realistically required for the implementation of a multi-sectoral approach to combating domestic violence. Furthermore, by costing the domestic violence in Moldova, the study also aims to clarify the relevant legal obligations of the state and local authorities to take appropriate budgetary and administrative measures, and it addresses the overall need for more regular and sustainable funding mechanisms.

As mentioned previously, DV is not earmarked in the budget as a separate line or a separate program/s sub-program(s), even within the sectoral budgets. While the services provided by public social protection service providers run by central and local authorities funded from the budget are included within the social protection sector budget, their spending is seen under the funds for social services delivery only.

Generally, the main limitation in addressing the budget and budget planning around DV are:

- The official public data currently does not include the number of beneficiaries and types of activities included in the service;
- The budget classification is not used properly by the service providers' finances from the budget;
- The component of domestic violence is not seen separately in the budget data; and
- It is necessary to have additional investigations/research to identify and find the costs broken down by type of user, and by public vs. private providers.

To remedy the omission of DV in sectors other than social protection, we recommend the following:

- i) Establish fully developed DV sub-programs in program budget classifications for each of the relevant sectors,

- ii) Use the opportunities offered by the budget classification to reflect the multi-sectoral approach to combating DV in budget planning processes in all relevant entities and institutions (see Figure 3),
- iii) Include a separate chapter in the Methodological Guide on developing, approving and amending budgets (approved by Ministry of Finance Order nr. 191 as of December 31, 2014) with methods and examples of special analyses how to of the forecast expenditures from the gender budgeting perspective.
- iv) Include requirements and request a DV analysis in the Annual Budget Circular.

The Methodological Guide could be used as an entry point, which could support the inclusion of DV and use of GRB and DV issues comprehensively into the budget processes. The Methodological Guide therefore needs to be amended by including the GRB analysis as a prerequisite. Costing, planning and financing for DV can therefore serve as the first concrete example to apply GRB integration into the budget planning and reporting.

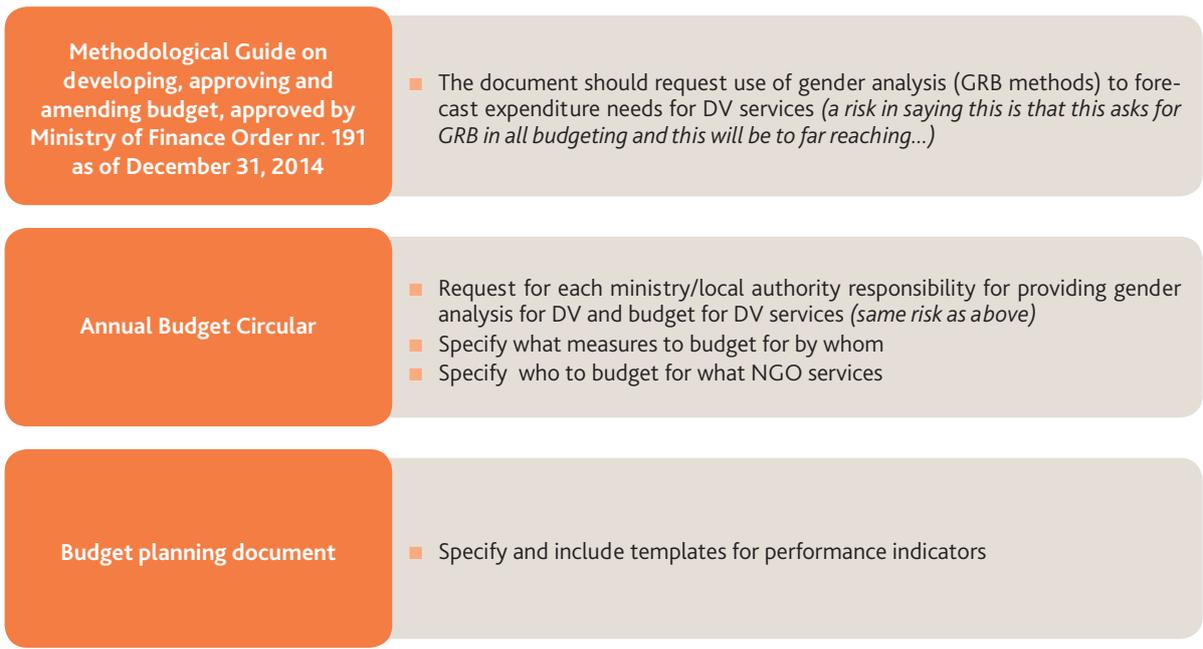
a. Recommendations for legal framework and priority setting

Currently, the legal frameworks address the issue of funding in a very general way by stating in the Law on Preventing and Combating Domestic Violence that its implementation shall be funded from the state budget, the budgets of territorial-administrative units within the limits of annually established funds and from other sources not prohibited by law. However, such a general and vague provision is unlikely to guarantee the regular and sustainable funding of the implementation of the legislation. While budgetary mechanisms of governments are variable, at a minimum, the ministries mentioned in Article 8 par. 1 of the Law should have the obligation to earmark dedicated funds for the implementation of the law in their annual budgets. The full financial impact assessment, which this study contributes to, can lead to further analysis of the funding needed for implementation of the Istanbul Convention¹²⁸.

Moreover, to bring the practices in line with the Istanbul Convention, it is suggested to revise the draft amendments to the legal framework on preventing and combating domestic violence in Moldova (July 2015)¹²⁹ pars 24-28 and 34 to clarifying the respective legal obligations of the State and local authorities to

¹²⁸ UN Women. UN Women: Handbook for Legislation on Violence against Women. 2012.

¹²⁹ OSCE/ODIHR. Opinion on Draft Amendments to the Legal Framework on Preventing and Combating Domestic Violence in Moldova. July 2015. <http://www.osce.org/odihhr/174536>



take appropriate budgetary and administrative measures for DV.

Also, as Article 8 of the Istanbul Convention requires the allocation by the State of appropriate financial and human resources for its implementation, including measures and programs carried out by NGOs and civil society, considerations have to also be given to amending Article 16 of the Law, to reflect the possibility of state funding for such organizations when they carry out measures on preventing and combating domestic violence. Finally, in line with the budgeting for similar Strategies¹³⁰ the cost for this DV implementation should be approved and included in the MTBF.

b. Recommendation for budget regulations

It is unclear still how DV-relevant services will be financed long term and particularly whether and which of these services should be covered by the sector budget of accountable ministry under the approved funds for sub-program Preventing and Combating DV.

Regarding the establishment of the free helpline, while the practice varies greatly from country to country, most states require the state to finance support services for victims of violence against women, while providing for accreditation mechanisms for selected non-governmental organizations (NGOs) to run such services. Furthermore, state is responsible to protect victims and allocate adequate funding even if the implementation of certain support services to victims of violence is car-

ried out by NGOs, which should be reflected in budget planning of relevant sectors and not only the Ministry of Labor, Social Protection and Family.

At the local levels, certain new provisions introduced by the Draft Amendment specifically provide that local public administrations should plan their local budgets accordingly. This means that these local administrations will also have to provide funding to the centers/services for assistance and protection of victims of domestic violence and their children, as well as to the centers for perpetrators, and fund some local-level activities relating to awareness raising and assistance to victims¹³¹. Furthermore, given the fragile fiscal stability at the local levels in particular, it is important to make the allocation of financial resources for the support of centers, services and assistance for these victims a priority in case of availability of limited resources and that the development of programs for social services for this target group is done according to the needs of the community and that it identifies the necessary funds, during the approval of the local budget. Local Public Administration Authorities should therefore plan budget sub-programs using the proposed program classification structure above of the social services based on evidence and needs of the community, submit them for approval to the local council, identify financial resources necessary for development and functioning of these com-

¹³⁰ such as child rights, human rights, disabilities

¹³¹ New Article 8 par 2 (c) and (d) of the Law and draft amendments to the Law on Local Public Administration Authorities.

munity level social services and include it as part of the local budget.

In order to clarify roles and responsibilities for providing DV services and funding the following budgetary regulatory procedures/documents should be amended:

c. Recommendations for budget classification

Presently, spending for DV within different sectors for services and rights clearly intended for victims and survivors is not clearly earmarked, though there is some mention of funding for public awareness raising (except for certain gender equality campaigns funded by the Ministry of Labor, Social Protection and Family) and some mention of setting up a free nationwide 24-hour telephone helpline, but this is only done under the function of Social Protection.

In order to establish a multi-sectoral approach and enable monitoring of the Law on Preventing and Combating Domestic Violence and the Law on Preventing and Combating Domestic Violence, it is recommended to identify in detail the way of incorporating DV into budget classification in order to be able to follow the spending in all relevant sectors where DV is addressed and for which they are responsible. Possible steps would involve:

1. Identification of separate sub programs (P1/P2) to be able to have a general picture of the government's spending on implementation of activities on DV as per Action Plans and as per requirements of the Istanbul Convention;
2. Inclusion of additional codes in classification of activities (P3); provision of specialized training on applying DV indicators and other specific gender equality identifies indicators on DV to be utilized in annual budget planning and Monitoring and Evaluation of those budgets.

The proposed changes to address DV need to be part of the existing program framework while adding a dedicated sub-program (for example 33) for DV in each relevant sector as follows:

- Program 35 "Internal Affairs" Sub-program 3533 Preventing and Combating DV in Internal Affairs;
- Program 40 "Justice" Sub-program 4033 Preventing and Combating DV in Justice;
- Program 80 "Public Health and Healthcare" Sub-program 8033 Preventing and Combating DV in Public Health and Healthcare
- Program 90 "Social Protection" Sub-program 9033 Preventing and Combating DV in Social Services.

d. Suggested system for financing DV (outline of responsibilities per level)

The suggested responsibilities have been identified as part of the costing exercise, but not limited to the spending in the analyzed budget year 2014:

A. Social Protection

A.1. Ministerial responsibilities:

- policy development on DV issues in cooperation with other interested sectors;
- developing the standards for social protection services and lobby the budget for this type of expenses;
- financing the public social protection service providers run by state, including current and capital expenses (if needed)

A.2. Local Public Administration (2nd and 1st levels)

- DV cases identification;
- primary social assistance;
- crisis intervention;
- evaluation and multi-disciplinary resolution of the case;
- monitoring of the cases and implementation protection orders;
- financing the public social protection service providers run by local authorities

B. Justice

B.1. Ministerial responsibilities:

- policy development on DV issues in cooperation with other interested sectors;

B.2. Local Public Administration (2nd and 1st levels)

- DV cases identification;

B.3. Judiciary institutions (First instance courts, Court of Appeal, Supreme Court, Prosecutors Judges)

- Protection Orders;
- Supervision of criminal proceedings;
- Court hearings and appeals;
- Sentencing;
- Free legal aid in criminal cases for offenders and victims of crimes.

C. Police Department

- DV case registration;
- Intervention at the scene in DV cases;
- Preliminary investigation of the DV cases;
- Arrest the aggressor;
- Assist victims in protection orders;
- Supervision of protection measures
- Prepare the victim safety reports.

D. Probation office

- Responsible for programs for the rehabilitation and the re-socialization of the imprisoned aggressors

E. Healthcare institutions

- Ensuring medical support for DV victims;
- Referral to other services, if needed, of the DV victims;
- Forensic examination of DV victims.

All these responsibilities should be foreseen in the budget program classification (P3) activities if they are not provided in the classification at the moment.

All proposed changes to the budget classification should be approved as part of one package, without using the stepwise approach.

ANNEXES

REQUIREMENTS OF DIFFERENT COSTING METHODOLOGIES

Methodology	Costs	Data Requirements
Accounting	<p>Direct tangible costs - health, police, court, shelter, counseling, legal aid</p> <p>Indirect tangible costs:</p> <ul style="list-style-type: none"> i) out of pocket expenditures – accessing services, leaving home, replacing property ii) loss of income due to missed work iii) missed school days 	<p>Prevalence rate – percentage of women experiencing in the population, Incident or victimization rate – number of incidents per 100 women</p> <p>Utilization rate – percentage of women experiencing violence using the service</p> <p>Unit cost of service provision – cost per 1 meeting of woman providing service, calculated on basis of detailed breakdown of cost or a proportion total budget of service based on utilization rate</p> <p>Primary data on fees, transport, and other routine costs for accessing services, hotel and transport costs leaving home, expenditure on replacing property (furniture, utensils, phones, vehicles, etc.)</p> <p>Days missed per incident, average wage Days missed by children per incident, total school fees paid in a year to estimate value of missed school days</p>
Econometric Approaches	<p>Indirect tangible costs</p> <ul style="list-style-type: none"> 1) lost time on the labor market 2) lost productivity/earnings 3) Consumption loss 	<p>Prevalence of violence/incidents, macro data on age, education, employment rate, occupation, years of employment, hours worked, earnings/wage data, labor force participation, discount rate</p> <p>Detailed data on income data for different types of households to calculate equivalent disposable income</p> <p>Data on probability of not being in relationship after violence</p>
Willingness-to-pay/accept	<p>Productivity loss, pain/suffering and lost quality of life</p>	<p>Prevalence data/incidents, distribution of type of injury or fatality, cost estimates on willingness-to-pay – detailed data by risk of different types of injury/negative outcomes, detailed data on jury awards for different types of injury or fatality</p>
DALYs	<p>Productivity loss, pain, suffering and lost quality of life</p>	<p>Detailed demographic and burden of disease data, detailed data health outcomes due to IPV, attributable fraction of burden of disease to IPV, value of statistical life, discount rate</p>

SAMPLE QUESTIONNAIRE

QUESTIONNAIRE FOR THE VICTIMS OF DOMESTIC VIOLENCE

■ I. SOCIO-DEMOGRAPHIC DATA

D1. Age of the victim _____

D2. Residence (in conformity with the domicile at the moment of abuse)

Urban Rural

D3. Level of education (indicate the level of last graduated studies)

Incomplete primary education (gymnasium) Secondary education (lyceum)

Vocational education College

Higher education (complete or unfinished), including PhD

D4. Number of juveniles (up to 18 years of age)

D5. Occupational status (at the moment of the last violent act)

Unemployed (*go to question V2*)

Officially full-time employed (with an employment contract) (*go to the next question*)

Official part-time employment (with an employment contract) (*go to the next question*)

Permanent unofficial employment (without a contract of employment) (*go to the next question*)

Occasional unofficial employment (without an employment contract) (*go to the next question*)

Something else (please mention) _____ (*go to the question V2*)

D6. Field of activity

Agriculture Industry Construction

Commerce Transport and communications

Public administration, education, health and social assistance

Other activity (indicate) _____

■ II. IMPACT OF VIOLENCE ON THE FAMILY

V1. How many days you were absent from the workplace due to the last violent episode (stayed home, visited the doctor, addressed police, contacted the judicial authority, stayed in a shelter for a period of time etc.)?

!!! (Operator shall write the total number of days when the women was forced to be absent from her workplace, to request a permission to be absent from work. In case she was not absent, requested a permission for being absent etc., you should indicate „0” value. In case she, as a result, had to request termination of the work contract or was dismissed from the workplace, indicate she lost her job).

V2. In the result of violence...

She did not have health problems (*go to question V5*)

She had health problems, but did not contact a doctor (go to question V5)

She was hospitalized. Indicate the number of days of in-hospital care _____ days

She contacted the doctor, but was not admitted into in-hospital care, however she received a treatment from the doctor. Indicate the number of days during which she received the treatment _____ days

V3. Was she impelled to make expenditures related to hospitalization, procuring medicine, procuring healthcare services and medical investigations as a result of the last abuse?

Yes, _____ lei

No

V4. Did she have certain transportation expenditures to have access to healthcare services?

Yes, _____ total lei

No

V5. Did she contact police, after the last abuse?

Yes (go to the next question)

No (if no, go to question V7)

V6. Did she have any additional expenditure related to contacting police (e.g. money to policeman for urgent documentation of the case, other expenses related to contacting law enforcement authorities)?

Yes, Indicate what for _____ Amount _____ lei

No

V7. Did she have expenditures related to legal aid (hiring a defense attorney) as a result of the last violent act?

Yes, Indicate the amount _____ lei

No

V8. Did she have any expenditure related to collecting evidence (forensic exams, ultrasound, other expertise etc.)?

Yes, Indicate the amount _____ lei

No

V9. She had certain expenditures related to transportation, to contact ... (indicate each contacted institution)

Institution	Yes, indicate the amount		No
1. Forensic service	Amount	lei	0
2. Police	Amount	lei	0
3. Prosecutor's Office	Amount	lei	0
4. A defense attorney	Amount	lei	0
5. Judge	Amount	lei	0

V10. At the time of abuse, did she need to change her domicile, in order to avoid living jointly with the aggressor?

Yes (go to the next question)

No (if no, go to question V13)

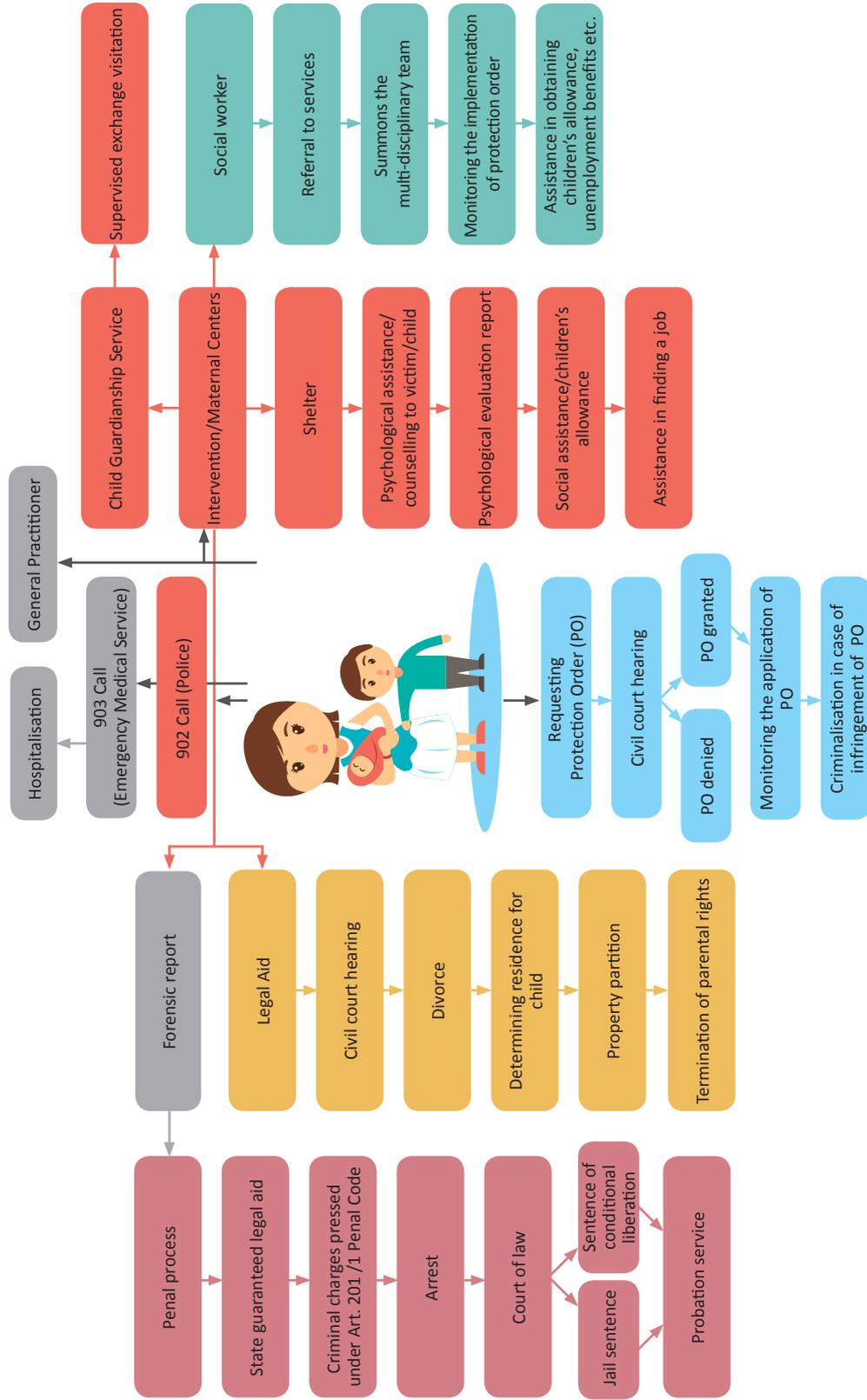
V.11. Where did she change her residence to

At her parents/relatives/friends

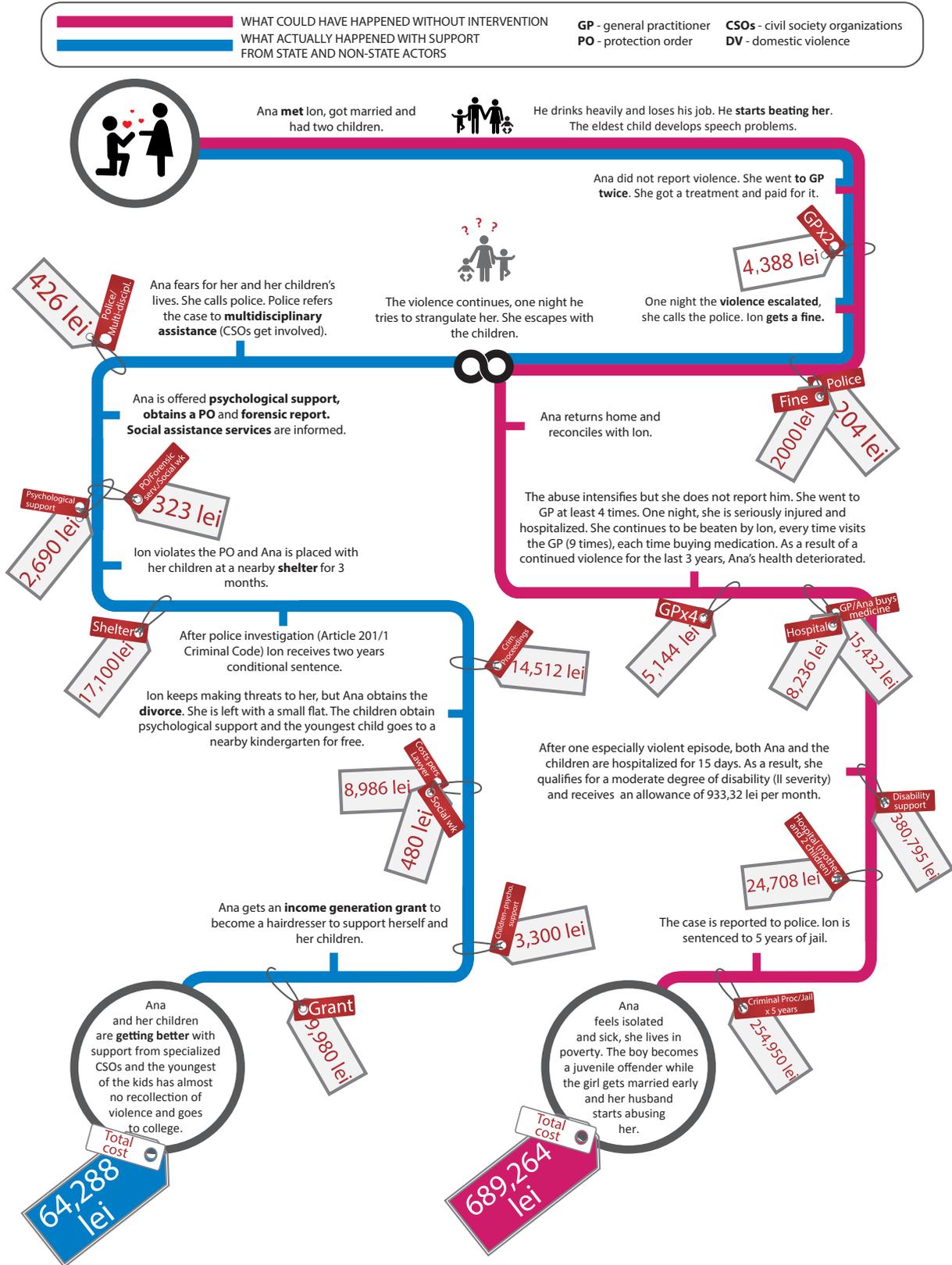
V.20. What services does the person who currently accessed the services need/ what services did she benefit from?

Type of services	Yes	No
1. Accommodation/shelter	1	2
2. Consultation on the telephone	1	2
3. Face-to-face consultation	1	2
4. Hot line	1	2
5. Individual psychological counseling	1	2
6. Group psychological counseling	1	2
7. Legal counseling	1	2
8. Primary legal aid	1	2
9. Qualified legal aid (accompanying to court)	1	2
10. Medical assistance	1	2
11. Economic empowerment	1	2
12. Informal education	1	2
13. Services for reintegration into family/community	1	2
14. Personal hygiene	1	2
15. Access to the labor market	1	2
16. Access to financial support	1	2
17. Informative support for identification of living premises	1	2
18. Psychological counseling for the child/children	1	2
19. Another service (indicate) _____	1	

ACTORS RESPONDING TO CASES OF DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN IN MOLDOVA



WOMEN'S JOURNEY TO SUPPORT AND PROTECTION SERVICES IN MOLDOVA



WOMEN'S JOURNEY TO SUPPORT AND PROTECTION SERVICES IN MOLDOVA

THIS IS ACTUALLY WHAT HAPPENED

- Ana met Ion, they got married when they were 19 year old and had two children (boy and girl).
- After the marriage, he starts beating her. He drinks heavily and loses his job, their income is scarce. The eldest child develops speech problems, due to frequent scandals at home.
- At first, Ana did not report violence, since she believes Ion will change. She went to GP twice, telling the doctor she felt down, by accident. She got a treatment and paid for it. **Cost of visit and treatment: 4,388 lei**
- One night the violence escalated, he beats her while she holds the baby in her arms and she decides to call the police. Police does not respond, since it is the first case of DV and there are no serious injuries. Ion gets a fine and is registered as a family aggressor offender. **Police intervention cost: 204 lei; Fine 2,000 lei.**
- The violence continues, however she does not report it. After he comes home drunk and tries to strangle her, she succeeds to escape and hide by a neighbor, together with the children.
- Ana fears for her life and feels her children are unsafe with Ion. She calls police. Police recognizes Ana is at risk and she has needs, because of the abuse. Police refers the case to multidisciplinary assistance (DV/GBV CSOs get involved). **Multidisciplinary assistance: 426 lei.**
- Ana obtains psychological support and is offered to stay at the shelter with her children, but she refuses. With support, Ana obtains an OP and police refers her to obtain a forensic report on the degree of injuries. Police and CSOs ensure that social worker services are informed. **Protection order/forensic/social worker: 323 lei; psychological support: 2,690 lei.**
- Ion violates the protection order and Ana chooses to stay with her children at a nearby shelter. She stays there with the children for 3 months. **Shelter: 17,100 lei.**
- Police initiated (Article 201/1 Criminal Code). Ion receives a two year conditional sentence. **Criminal proceedings: 14,512 lei.**
- Ion keeps making threats to her, but Ana obtains the divorce. After partition of property, she is left with a small flat. Divorce procedure lasts 1 year. The children also obtain psychological support and the social worker assists Ana in arranging the youngest child at a nearby kindergarten for free.

Lawyer (individual costs): 8,986 lei; Social worker: 480 lei; Children psychological support: 3,300 lei.

- Ana gets an income generation grant and attends the training, which enables her to be a hairdresser, and she can earn enough money to support herself and the children. **One grant: 9,980 lei.**
- Ana and her children are getting better with support from specialized CSOs and the youngest of the kids has almost no recollection of violence and goes to college.

TOTAL COST FOR THE INTERVENTION = 64 288 lei

WITHOUT SUPPORT, THE STORY COULD HAVE BEEN DIFFERENT

- Ana recounts and gets reconciled with Ion and returns home.
- Ana is continuously hurt but does not report him. She went to GP at least 4 times and received care/treatment, explaining the injuries as accidents. One night, after Ion beats her up, she calls the emergency medical services, being seriously injured. She is hospitalized. Within the next 3 years she is continues to be beaten by Ion, as a result she visits the GP at least 9 times, each time she needs to get a treatment and to buy expensive medication. As a result of a continued violence for the last 3 years, Ana's health significantly declined.
GP visits: 5,144 lei; Hospital (10 days) and emergency: 8, 236 lei; Medicine: 15,432 lei.
- After one especially violent episode, Ana and children are all brutally beaten by Ion. Both Ana and the children are hospitalized for 15 days. As a result, Ana's health and her working ability gets seriously impaired. She qualifies for a moderate degree of disability (II severity) and is entitled to a monthly support from the state in the amount of 933,32 lei per month. **Disability for life: 380,795 lei; Hospital treatment: 24,708 lei.**
- This time, the case gets reported to police and criminal investigation is initiated. After the arrest and trial, Ion is sentenced to 5 years of jail. **Criminal proceedings and jail time: 254,950 lei.**
- Ana feels isolated and sick, she lives in poverty. The boy becomes a juvenile offender while the girl gets married early and her husband starts abusing her.

WITHOUT INTERVENTION THE TOTAL COSTS FOR THE CASE = 689,264 lei

