

Changing THE WAY WE careSM

Situational Analysis of Care Reform in the Republic of Moldova

Analysis focused on vulnerable groups of children and the prevention
of child-family separation

Chisinau, 2021



MacArthur
Foundation

Situational Analysis of the Care System in the Republic of Moldova

REPORT 1
Analysis of Care Reform in the Republic of Moldova



REPORT 2
Assessment of Child and Family Protection Personnel Training



REPORT 3
Assessment of Social Services For Vulnerable Children and Families



REPORT 4
Analysis of National and International Best Practices in Case Management



REPORT 5
Knowledge, Attitudes, and Practices of Reintegrating Children into Families



REPORT 6
Analysis of Research Reports on the Reintegration of Children in Residential Institutions*
(available only in Romanian)



REPORT 7
Findings from Child Assessments from 6 Residential Institutions



REPORT 8
Analysis of the Regulatory Framework and Financing Mechanism for the Alternative Care System



WWW.CHANGINGTHEWAYWECARE.ORG

WWW.CHANGINGTHEWAYWECARE.ORG

Changing The Way We CareSM (CTWWC) is implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network, Lumos Foundation, and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID, the MacArthur Foundation and the GHR Foundation.

Need to know more? Contact Changing the Way We Care at, info@ctwwc.org or visit changingthewaywecare.org.

© 2021 Catholic Relief Services. All Rights Reserved. This material may not be reproduced, displayed, modified or distributed without the express prior written permission of copyright holder. For permission, write to info@ctwwc.org. The photographs in this publication are used for illustrative purposes only; they do not imply any particular health, orphanhood, or residential care status on the part of any person who appears in the photographs.

ACKNOWLEDGEMENTS

This report was written by Mihai Magheru on behalf of Changing the Way We Care (CTWWC) and is primarily based on the analysis of a series of seven reports prepared under the initiative from January–August 2021. The information herein reflects both the opinions and analysis of the reports and their corroboration with a number of other relevant national and international specialized sources and documents so as to provide a comprehensive overview of vulnerable children and families in the Republic of Moldova, especially children at risk of separation from families, as well as up-to-date data on the child care and protection system and the state of reforms at the date of publication.

The author would like to thank Ms. Kelley Bunkers, CTWWC Senior Technical Advisor, and Ms. Britton Buckner, representative of Catholic Relief Services (CRS) in the Republic of Moldova for their guidance and strategic support in preparing this report. Thanks are also due to the entire CTWWC team in the Republic of Moldova who were supportive throughout the process.

Sincere appreciation is expressed for the support received from representatives of civil society, especially Dr. Ludmila Malcoci, Keystone Human Services International Regional Director, Central and Eastern Europe and Executive Director Keystone Moldova; Dr. Liliana Rotaru, President of Copil, Comunitate, Familie (CCF) Moldova; and Mrs. Daniela Mamaliga, President of Partnerships for Every Child (P4EC) who also coordinated the thematic research process. Members of these organizations provided constant feedback throughout the review and drafting process, adding valuable contributions in terms of knowledge, expertise, and relevance to the current reality in the Republic of Moldova.

Last, but not least, the research and analysis work carried out by individual consultants and research companies that prepared the reports is appreciated. The original methodological approaches and the high standard of sociological research brought an added scientific and informational value to each of the investigated thematic areas.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of CTWWC and do not necessarily reflect the views of USAID or the U.S. government.

Table of Contents

LIST OF FIGURES.....	5
TERMINOLOGY.....	6
ACRONYMS.....	7
EXECUTIVE SUMMARY.....	8
INTRODUCTION.....	15
FINDINGS: SITUATION OF VULNERABLE CHILDREN.....	23
Children living with their parents.....	23
Children separated from their parents.....	24
Causes of vulnerabilities.....	31
RECOMMENDATIONS AND PROSPECTS FOR IMPROVEMENT OF THE QUALITY OF LIFE OF VULNERABLE CHILDREN.....	38
Developing and supplementing the legislative and social policy framework.....	38
Improving governance.....	40
Ensuring a continuum of services.....	41
Strengthening monitoring and evaluation mechanism.....	42
Improving and strengthening system resources.....	43
Promoting social participation in general and participation of the child in particular.....	45
ANNEX 1 – METHODOLOGICAL FRAMEWORK OF SITUATIONAL ANALYSIS REPORTS.....	47
ANNEX 2 – FRAMEWORK FOR CORRESPONDENCE BETWEEN SYSTEMIC RECOMMENDATIONS AND NCPP 2022–2026.....	49
SELECTIVE BIBLIOGRAPHY.....	52
END NOTES.....	56

LIST OF FIGURES

List of Figures

Figure 1: Systemic approach scheme.....	18
Figure 2: Children receiving family support out of the total number of children, by type of support (primary and secondary).....	25
Figure 3: Children at risk, neglected, and separated from the family, from 2017–2019.....	27
Figure 4: Children in alternative family-based care.....	28
Figure 5: Children in residential care institutions, by age groups.....	30
Figure 6: Children/children with disabilities in residential care institutions, by gender.....	30
Figure 7: Summary of determinants of children's vulnerability.....	31

List of Tables

Table 1: Types of residential care institutions participating in the research.....	29
Table 2: Correspondence between NCPP 2022–2026 and CTWWC Situational Analysis reports: All children grow up in a non-violent environment.....	49
Table 3: Correspondence between NCPP 2022–2026 and CTWWC Situational Analysis reports: Children grow up in a safe and protective family environment ensuring their welfare.....	49
Table 4: Correspondence between NCPP 2022–2026 and CTWWC Situational Analysis reports: Children benefit from an effectively managed child protection system.....	50

TERMINOLOGY

Each thematic report presents an individualized glossary. This report uses much of the same terminology found in those reports and introduces a new distinguishing term and an underlying theme in all the reports—**vulnerability**.

Child vulnerability is frequently referred to in literature on children's development and rights, but its concrete definition is underdeveloped. A child's vulnerability is the result of the interaction of a series of individual and environmental factors that combine dynamically over time. It is a key element of the Convention on the Rights of the Child, given that it stipulates the responsibility of governments to take protective and preventive measures against any form of ill-treatment (while also supporting families as they fulfill their role as caregivers) through the development of institutions, facilities, services, etc.

In this report, **vulnerability** is understood as the factors that can lead to the separation of the child from the family in order to identify the determinants of such vulnerability and formulate specific recommendations to prevent situations of vulnerability and risk of separation.

ACRONYMS

ANAS	National Social Assistance Agency
CCTF	Family-Type Home
CM	Case Management
CMT	Community Multidisciplinary Team
CP	Case Plan
CPA	Central Public Authorities
CPCD	Commission for the Protection of Children in Difficulty
CSO	Civil Society Organization
CTWWC	Changing the Way We Care
EU	European Union
FC	Foster Care
IEP	Individualized Educational Plan
NBS	National Bureau of Statistics of the Republic of Moldova
LPA	Local Public Authorities
LSBFE	Local Specialized Bodies in the Field of Education
MECR	Ministry of Education, Culture, and Research
MHLSP	Ministry of Health, Labor, and Social Protection (recently restructured)
NCPP	National Child Protection Program 2022-2026
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
PA	Public Association
STAS	Territorial Structures of Social Assistance
UAT	Administrative Territorial Units

EXECUTIVE SUMMARY

Context

Changing the Way We Care (CTWWC)¹ is a global initiative launched in October 2018 by a consortium of organizations, including Catholic Relief Services² (CRS) and Maestral International.³ CTWWC is working with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. This study is part of a series of thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions. This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

This report is built upon the completed thematic research and provides a comprehensive picture of the situation of vulnerable children and their families in the context of deinstitutionalization and prevention of placement in residential care institutions. The report also considers additional information within the current context of the Republic of Moldova. Together with the other reports, this analysis forms a theoretical and practical base articulating the realities faced by vulnerable children and their families, as well as the prospect of improving their quality of life through a systemic approach and addressing the challenges posed by the COVID-19 pandemic.

Purpose and Objectives

The purpose of this analysis is to provide a complete picture of the current situation of vulnerable children at risk of separation from their families, including issues created by the COVID-19 pandemic. The study aims to develop concrete recommendations that State and civil society actors should implement in order to streamline the alternative child care system and improve the situation of the most vulnerable groups in the Republic of Moldova.

Two major objectives were considered in order to respond to the complex needs of analysis and synthesis:

- Identify and select the most relevant findings and recommendations from the thematic reports through a process of reviewing data and information. The process consisted of a) a detailed analysis of the research reports in accordance with international quality standards on research and evaluations, in particular rules, principles, and standards of the UN Evaluation Group,⁴ and b) systematizing interim data, findings, and recommendations in executive summaries drawn up in line with UNICEF guidelines.⁵
- Corroborate data from the seven thematic reports with additional data and information, such as the Situation Analysis⁶ carried out by the Technical Group for the purpose of developing the National Child Protection Program (NCP) 2022–2026,⁷ statistical data of the National Bureau of Statistics of Moldova, and other reports and analyses detailed below.

This report synthesizes the analyses of the thematic reports and adds value by corroborating their findings with recent data on the situation of the most vulnerable children in the Republic of Moldova as well as on the functioning of the alternative care system.

Methodology and Conceptual Framework

The report utilizes a systemic approach⁸ and is based on six pillars of analysis:

1. A comprehensive framework for legislative and regulatory conditions, and social policy for child protection at national and sub-national levels.
2. An effective governance, including mechanisms for cross-sectoral and interdepartmental cooperation and collaboration, including decentralization and de-concentration, and involving the public, private, and non-governmental sectors.
3. A delivery model based on a broad continuum of services, including case management (CM) and referral systems.
4. A mechanism of responsibility and accountability, including quality standards and monitoring and evaluation (M&E) processes.
5. A set of human, technical, and infrastructure resources (including workforce) backed by adequate financial resources and budgetary allocations.
6. Social participation, especially the participation of children.

In light of the 2030 Agenda for Sustainable Development Goals,⁹ and articulated within the UN Guidelines on Alternative Child Care,¹⁰ the 2019 Resolution on the Rights of the Child,¹¹ and the recommendations of the UN Committee on the Rights of the Child, the report proposes an approach based on human rights, particularly, the rights of the child.

Each of the thematic reports adopt a series of methodological approaches in line with the specific objectives of the analysis, including qualitative and quantitative methods. The COVID-19 pandemic imposed a number of restrictions, which is why most of the field work consisted of virtual data collection activities. All research methodologies were well documented and include data on limitations. The highest quality standards have been guaranteed in line with the guidelines outlined. A collaborative and participatory approach was also at the core of the research approach. Ethical considerations based on the principles and norms promoted by the United Nations Evaluation Group were constantly taken into account.¹²

Main limitations: Given that this is a summary of a wide range of recently completed work, there are few limitations; however, limitations may include: (i) the global existence of other models and theories; however, this analysis included the most relevant ones for the current context in the Republic of Moldova; (ii) the level of knowledge and practices differs from one organization to another, but this is an advantage of the analysis due to the fact that it allows the presentation of a variety of complementary approaches; and (iii) the discussions and debates took place online due to the COVID-19 pandemic, limiting stakeholder participation; however, this can also be viewed as an advantage as more participants were able to meet at the same time and more frequently than would have been possible if meetings were attended physically.

Findings: Situation of vulnerable children in the Republic of Moldova

Child vulnerability is frequently referred to in literature on children's development and rights, but its concrete definition is underdeveloped.¹³ A child's vulnerability is the result of the interaction of a series of individual and environmental factors that combine dynamically over time. A number of factors contribute to the increased risk of **vulnerability in children**, including: (i) internal or individual factors that are of a cognitive, emotional, and/or physical nature, and are dependent on certain personal characteristics; and (ii) external or environmental factors that appear at both the family and community levels. This analysis proposes a dual approach regarding the status of children's relationships with their parents, i.e., children living with, or separated from, their parents.

Children living with their parents

On January 1, 2021, the National Bureau of Statistics of the Republic of Moldova registered 559,700 children. At that time, the infant mortality rate (for children under 1 year of age) was 8.9¹⁴ per 1,000 live births, and the number of children with disabilities was 12,300,¹⁵ over 2% of the total number of children in the Republic of Moldova.

Children represented 21.8% of the total population of poor people, and 24.3% of those classified as extremely poor.¹⁶ Of particular concern are issues related to risk and poverty, which are often associated with a number of other social, economic, educational, and health problems.

According to CTWWC analyses, **almost one-tenth (8.4%)** of children in the Republic of Moldova benefited from some form of family support, the vast majority of them benefiting from primary family support. This service is distinguished by the fact that it offers support to the vulnerable family with both prevention services and financial support in the form of an allowance. Primary family support is one of the main social protection mechanisms focused on poverty reduction.

Although only indirectly related to family separation, it is worth mentioning that the situational analysis for the development of the NCPP 2022–2026 contains important information about related vulnerabilities, including a lack of the following: **drinking water in educational facilities, toilets with hygienic and safe conditions, hot water and soap, classroom furniture appropriate for the age and development of the children, and quality information on health, hygiene, healthy eating, etc.**

In terms of child violence, the Ministry of Health, Labor, and Social Protection (MHLSP) study¹⁷ published in 2020 indicates a number of worrying realities: (i) in terms of sexual violence, 7.6% of girls and 5.4% of boys aged 13–17 experienced some form of sexual violence in the last 12 months; (ii) in terms of physical violence, 10.8% of girls and 15.1% of boys aged 13–17 have experienced some form of physical violence in the last 12 months; the first experience of which occurred for 71.2% of girls and 51.4% of boys between the ages of 12 and 17; and for 23.9% of girls and 42.4% of boys, the first experience of physical violence occurred between the ages of 6 and 11; and (iii) in terms of emotional violence, 36.8% of girls and 29.7% of boys aged 13–17 have experienced some form of emotional violence.

According to CTWWC analyses, a number of **prevention services** are available, though their territorial distribution is uneven, and the availability of more sophisticated services is specific to only a small number of localities, mainly urban ones. Such services are intended for children with disabilities, those in precarious situations, those experiencing social and educational need, those at risk, and those in need of protection (mother-child), etc.

Children living separated from their parents in family-based alternative care

Most children living separately from their parents (9,972 children) benefited from the **guardianship/kinship service**: 6,718 benefited from guardianship/kinship without payment and 2,390 were paid for providing the service. There were also 7,012 children benefiting from **custody service**; 3,024 children in **child and family social support centers**; 1,362 children in **personal assistance**; and 811 children in **foster care (FC)**. Most foster care assistants provide long-term placements, followed by those offering short-term placements. The emergency placement is less widespread, and the temporary one is almost nonexistent: of 405 foster carers, 280 provide long-term placement, 167 provide short-term placement, 80 provide emergency placement, and 10 provide temporary placement. At the same time, 271 children benefited from services in **family-type homes (CCTF)**. According to data obtained from CTWWC analyses, the availability of such services is not territorially uniform.

Children living in residential care institutions

A total of 676 children (307 girls and 369 boys) are still in the residential care system in 39 institutions operated by Territorial Structures of Social Assistance (STAS)/local public authorities (LPA), National Social Assistance Agency (ANAS), Ministry of Education, Culture and Research (MECR)/local specialized bodies in the field of education (LSBE), and non-governmental organizations (NGO). Of these children, two categories are the most vulnerable and face a number of difficulties: children under the age of 3 (over 10% or 69 children) and children with disabilities (over 38% or 259 children). Among those with disabilities, over 68% (177 children) have a severe degree of disability. About a third (37%) of children placed in the residential care system have been placed in care for less than one year and 40% have been placed for over three years. Of the total, 552 children (82%) have a case plan (CP).

Causes of vulnerability

The analysis identified five main causes of vulnerability in children and their families:

- i. Social norms and awareness-raising mechanisms: Although it is stated that family/family-type environments are preferred, the age and disability of the child in question may be key factors in preferring protection in institutions; community involvement is not reliable; and trust in authorities is low.
- ii. Individual contributors: Disability, mental health difficulties, child abuse, ill-treatment, and out-of-home care, all of which are exacerbated by poverty and socio-economic difficulties.
- iii. Systemic contributors: Reduced human and financial resources, poor collaboration with specialists in other fields, and a lack of complex support were identified as significant factors contributing to child vulnerability.
- iv. Case management contributors: Poor individualized approaches, poor initial and complex needs assessments, lack of periodic reviews of case plans, failure to comply with case management procedures, and failure of all relevant institutional actors, (including those in related fields [e.g., health, education, security, etc.]) to implement measures.
- v. Relevant workforce factors: Quality, quantity, availability, management, training, promotion, etc. of the workforce must meet minimum standards.

Recommendations for improving quality of life of vulnerable children

The thematic reports, as well as a series of current documents and data relevant to the socio-economic realities in the Republic of Moldova, have led to the development of specific systemic recommendations for improvement, according to the Maestral Model (UNICEF 2010, Op. Cit), as specified in the methodological section. Specific details of these recommendations can be consulted in those documents. The six systemic action pillars, on the basis of which concrete action can be taken to improve the quality of life for vulnerable children in the Republic of Moldova, are presented in the diagram (page 14) and are in line with the objectives of the NCPP 2022–2026. These include three overall objectives (OO) based on a set of specific objectives (SO), as follows:

OO 1 – All children grow up in a non-violent environment: SO 1.1 – Strengthen activities to prevent violence through information, awareness-raising; SO 1.2 – Strengthen cross-sectoral cooperation mechanisms; SO 1.3 – Develop services for preventing and combating violence; SO 1.4 – Strengthen activities through cooperation in educational, community, and media environments.

OO 2 – Children grow up in a safe and protective family environment ensuring their welfare: SO 2.1 – Strengthen families' capacities to ensure children's welfare; SO 2.2 – Mobilize the community to ensure children's welfare; SO 2.3 – Develop alternative family-type services; SO 2.4 – Reduce the number of children in residential care institutions; SO 2.5 – Reduce the effects of parental migration on children's welfare.

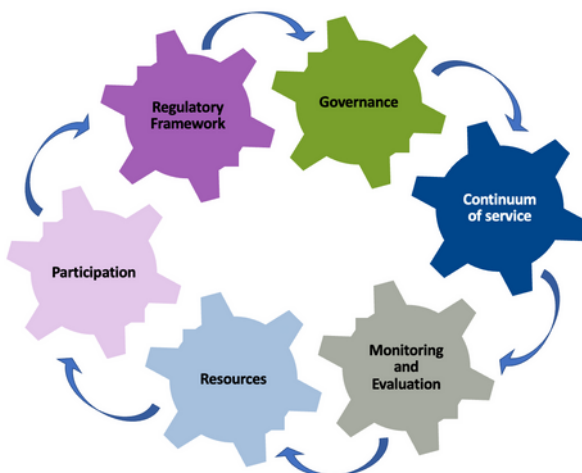
OO 3 – Children benefit from an efficiently managed child protection system: SO 3.1 – Human resources are sufficient for the proper functioning of the system; SO 3.2 – Initial and continuing education system works and meets the needs of social service workers; SO 3.3 – Mechanism for data collection, analysis, and monitoring is implemented at the national level; SO 3.4 – Financial resources are allocated sufficiently and efficiently; SO 3.5 – Legislative framework is strong, comprehensive, and effectively implemented; SO 3.6 – Children are involved in decision-making at all stages; SO 3.7 – Responsibilities of local and central authorities related to child protection are established efficiently; SO 3.8 – Child Protection Policy is effective and efficient.

The six pillars of the systemic approach allow for recommendations to be formulated from a holistic perspective in addressing the risks faced by vulnerable populations, particularly the vulnerability of children at risk of separation from their families. These pillars are articulated according to the priorities of the NCPP 2022–2026, as follows:

Developing and supplementing the legislative and social policy framework: Recommendations for a more comprehensive framework of legislative and social policy for child protection at national and sub-national levels that will support the proper functioning of the care system and the protection of vulnerable children and their families.
NCPP 2022–2026: SO1.2, 1.4, 2.3, 2.4, OO 3.

Ensuring more effective governance: Proposals for the development of intersectional and interdepartmental cooperation and collaboration mechanisms, including on decentralization and deconcentration, and involving the public, private, and non-governmental sectors, in conjunction with the development of the regulatory framework, that strengthen governance in support of vulnerable populations.
NCPP 2022–2026: OO1, OO2, OS 3.3, 3.6, 3.8.

Social participation, especially participation of the child, ensures the relevance of interventions and their adaptation to the actual needs of the population. Adopting a collective impact-oriented work style complements the participatory approach by setting common agendas, developing common measurement systems, mutual reinforcement, and strong communication between partners.
NCPP 2022–2026: SO1.1, 1.3, 1.4, 2.2, 2.4, 3.6, 3.8



Developing and strengthening a broad continuum of services, including case management and referral systems, will contribute to ensuring a complex and complete response to the needs of vulnerable children. Complementing with a consolidated minimum package of services is also essential.
NCPP 2022–2026: SO1.2, 1.3, 1.4, 2.1, 2.3, 2.4, 2.5, 3.3, 3.6, 3.8

Strengthening human, technical, and infrastructure resources, including a well-trained workforce backed by adequate financial resources and budget allocations, and ideally, child-friendly budgeting, are also key elements of a functional and efficient system developed in the best interests of the child.
NCPP 2022–2026: OO1, OO2, OO3

Improving the monitoring and evaluation mechanism, focused on responsibility and accountability, including quality standards and monitoring and surveillance processes, is needed to complete and streamline the complex and complete response of the continuum of services for the needs of vulnerable children.
NCPP 2022–2026: SO1.2, 2.4, 3.1, 3.2, 3.3, 3.8

INTRODUCTION

Background

This report comes at an extremely important time for all children in the Republic of Moldova, especially those in situations of vulnerability or at risk of separation from the biological family. The importance of the moment derives from several social, economic, political, and strategic development considerations, conditioned by internal and/or external factors.

Therefore, this report seeks to address both the programmatic and strategic needs specific to the CTWWC initiative and to propose an integrated, articulated, and harmonized approach to a complex issue faced by the child protection and care system. The report offers recommendations and concrete solutions developed on the basis of scientific evidence and reflective of the realities faced by families. The report looks at the availability of services, as well as the regulatory, institutional, and strategic frameworks of the care system.

At the national level, predominantly in the last year, the Republic of Moldova has experienced profound social and political transformations. Specifically, the government developed a new National Vision and Strategy for the Protection of Children's Rights with a new NCPP 2022–2026,¹⁸ focused on three strategic objectives based on the actual needs of the 559,700¹⁹ children in the Republic of Moldova and their families. In short, these objectives focus on: (i) raising and developing children in a non-violent environment, (ii) raising and developing children in a safe and protective family environment ensuring their welfare, and (iii) ensuring efficient governance of the child protection and care system.

At the international level, the commitments of the Republic of Moldova (in terms of reporting on the implementation of stipulated norms and provisions by the ratification of the UN Convention on the Rights of the Child [CRC])²⁰ include regular reporting every five years. The last periodic report was submitted to the Committee on the Rights of the Child in 2016, bringing together both **the fourth and fifth Periodic Reports** under Article 44 of the CRC. Therefore, 2021 is a pivotal year with the anticipation of a new report to the CRC Committee.²¹

According to the MHLSP,²² in the Republic of Moldova, 267,000 people have been infected with COVID-19 and over 6,300 have died from it. **Humanity as a whole continues to be severely affected (socially, economically, and educationally) by the pandemic.**²³ Beyond the problems inherent in public health, the pandemic has generated a number of negative social and economic effects, which will continue to be felt, especially by the most vulnerable groups of society (i.e., children), for many years to come. The government of the Republic of Moldova has taken a series of measures and legislative steps to help the population affected by the pandemic.²⁴

The following sections establish a conceptual framework that helps frame the specific challenges regarding the collection of evidence of vulnerable children and the prevention of child–family separation, as well as how recommendations were developed and, more generally, how this report should be used.

CTWWC Initiative

To understand the purpose of this report and how its recommendations were developed, it is important to note that CTWWC is a global initiative, launched in October 2018 by a consortium of organizations including CRS and Maestral International. CTWWC works with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

Globally, CTWWC has three main objectives:

1. **Governments promote the care of children in families** by improving and adopting policies and investments in social service professionals and in national and community systems that serve vulnerable children and families.
2. **Children remain or return to families** through family strengthening processes, which take into account children's voices, the involvement of the community, and family support initiatives.
3. **Family care is promoted globally**, through national, regional, and global advocacy to promote policies, best practices, and the reallocation of resources by multilateral, bilateral, corporate, philanthropic, faith-based, and secular individuals and organizations. This global effort uses evidence and lessons learned from CTWWC demonstration countries, such as the Republic of Moldova, and other countries undergoing similar reforms, to influence policies and practices that will lead to the redirection of funding from residential care institutions to child care in families.

In the Republic of Moldova, CTWWC aims to end the placement of children in institutional care and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. This study is part of a series of thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions.

The thematic areas include: (2) workforce and training, (3) quality, relevance, and availability of social²⁵ services for children and families, (4) case management, (5) knowledge, attitudes, and practices regarding (de)institutionalization, (6) documentation of strong reintegration practices (available only in Romanian), (7) a situational assessment of children in residential care institutions, and (8) the legal framework and funding mechanism for social services for children and families.

This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

All CTWWC activities are based on a collaborative approach, which includes a common agenda, mutual support, a common monitoring system, and continuous and transparent communication.

Purpose and objectives

The purpose of this analysis is to provide a complete picture of the current situation of vulnerable children at risk of separation from their families, including the unique context created by the COVID-19 pandemic. The study aims to develop concrete recommendations that State and civil society actors should implement in order to streamline the alternative child care system and improve the situation of the most vulnerable groups in the Republic of Moldova.

Two major objectives were considered in order to meet the above-mentioned goal and to respond to the complex needs of analysis and synthesis:

1. **Identify and select the most relevant findings and recommendations from the thematic reports through a process of reviewing data and information.** The process consists of a) a detailed analysis of research reports in accordance with international quality standards on research and evaluations, particularly rules, principles, and standards of the **United Nations Evaluation Group**²⁶ and b) systematizing interim data, findings, and recommendations in executive summaries drawn up in line with **UNICEF guidelines**.²⁷
2. **Corroborate data from the thematic reports with additional data and information,** such as the Situation Analysis carried out by the Technical Group for the purpose of developing the NCPP 2022-2026, official statistical data of the National Bureau of Statistics of Moldova, and other reports and analyses detailed below.

Conceptual foundations

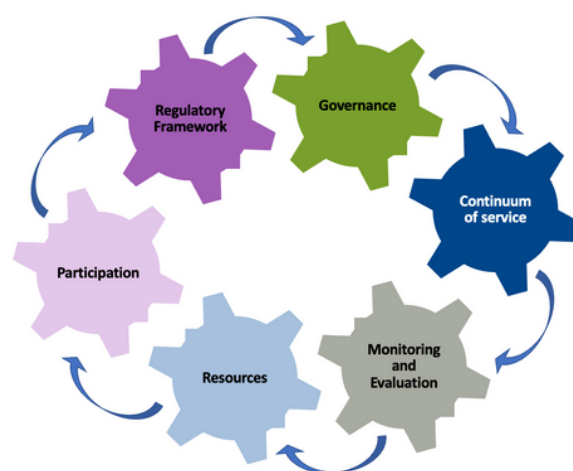
A systemic approach²⁹ is essential to addressing challenges at local, regional, and national levels, but it is particularly important when addressing the challenge of alternative child care. The systemic approach can also be found in the call to action²⁸ of the Inter-Agency Joint Working Group involved in strengthening child protection systems in Sub-Saharan Africa, in order to secure children's right to a life free from violence, abuse, exploitation, and neglect, in contexts characterized by the state of emergency and non-emergency.

This systemic approach includes six pillars of action (see Figure 1 below) to which a set of relevant cross-cutting aspects can be added, both in general, and especially, in the current context of the Republic of Moldova: (i) gender equality, gender equity, and gender-based violence, (ii) disability, (iii) poverty and social exclusion, and (iv) resilience.

The pillars of the systemic approach are schematically represented in Figure 1, taking into account that their details include:

1. A comprehensive framework of legislative and regulatory conditions as well as social policy for child protection at the national and sub-national levels.
2. Effective governance, including mechanisms for intersectional and interdepartmental cooperation and collaboration, including on decentralization and deconcentration, and involving public, private, and non-governmental sectors.
3. A delivery model based on a broad continuum of services, including CM and referral systems.
4. A mechanism of responsibility and accountability, including quality standards and M&E processes.
5. A set of human, technical, and infrastructure resources, including manpower, backed by adequate financial resources and budgetary allocations.
6. Social participation, especially the participation of the child.

Figure 1: Systemic approach



Source: Author, based on cited documentation

In addition to the systemic approach, a **human rights approach**, especially one that is **focused on children's rights**, is absolutely necessary. This conceptual framework is specific to both the mode of operation of the United Nations and of any organization involved in activities with and for children. Note that this report adopted the approach of the United Nations Sustainable Development Group,³⁰ including the perspective of the **2030 Agenda**³¹ for Sustainable Development Goals, which sets a conceptual framework for any process related to human development focusing on international human rights standards and on promotion and protection of human rights, in this case, the rights of the child as stipulated in the CRC.

Another important and central element in the conceptual foundation of the report is the **UN Guidelines for the Alternative Care of Children**,³² which came out of the need to recognize gaps in the implementation of the CRC on children deprived of parental care. The guidelines focus on the need for relevant policies and practices on two principles: necessity and adequacy.

At the heart of the principle of necessity is the desire to support children so that they remain in the care of their families. The removal of any child from his or her family must be a measure of last resort, and a rigorous participatory assessment is required before taking it. As far as the principle of adequacy is concerned, a range of appropriate alternative care options are defined; i.e., each child who needs alternative care also has specific requirements (e.g., the duration of care—short or long term—or keeping siblings together). The care option chosen must be adapted to the individual needs of the child. The adequacy of the placement should be regularly assessed to determine the need to continue providing alternative care and the viability of possible family reunification.

In a similar vein, it is worth mentioning the **2019 Resolution on the Rights of the Child**³³ which was adopted by the United Nations General Assembly (UNGA) on December 18, 2019 in the third committee of the UNGA. The resolution focuses specifically on children without parental care. It emphasizes the importance of growing up in a family environment and the child's right to a family. It also emphasizes the rights of children with disabilities to be raised in family life, opposes the unnecessary separation of children from their families and the illegal or arbitrary deprivation of liberty of children, encourages efforts for the reunification of families when it is in the best interests of the child, and stresses that children should not be separated from their families due simply to poverty or lack of resources. Among other recommendations, the resolution urges states to strengthen child protection and care systems and to improve care reform efforts, expresses its concern at the growing number of migrant children (especially those who are unaccompanied or separated from their parents or their primary caregivers), calls on states to provide support to families and to prevent the unnecessary separation of children from their parents, and urges States to provide a range of alternative care options and to protect all children without parental care.

Finally, according to international commitments, with the ratification of the CRC in 1993, the Republic of Moldova committed to report to the **UN Committee on the Rights of the Child** every five years on how the rights of the child are respected in the country. The reporting process includes, in addition to the government's report, an "alternative" report submitted by civil society, which is to include (at the minimum) a "report of children,"³⁴ section, based on extensive consultative and participatory processes that reflect children's voices. Although the last report dates from 2016, note that despite the progress of the last five years, the placement of children under age 3 in residential care institutions still remains a common practice, despite warnings from the UN CRC about the need to phase it out. This report, including concrete data on these and other aspects of child care, may be useful in the process of developing a new country report, which the government should already be planning as five years have passed since the last report.

Methodological approaches and technical notes

Each of the analyzed thematic reports adopted several methodological approaches in line with the specific objectives of each analysis. In most cases, these implied the use of both **qualitative and quantitative methods**, the central source of information being primary data directly collected through research and in some cases supplemented with secondary data from other research reports at both national and international levels.

The COVID-19 pandemic imposed a number of restrictions, which is why most of the "field" work consisted of virtual data collection activities either by telephone or through various online platforms. The preparation of this report also benefited from these styles of communication both when reviewing the individual reports and when conceptualizing the framework, i.e., detailing the content and preparing the final validation.

Therefore, the drafting of this report relied on a wide range of methodological approaches (see Annex 1) that led to sound findings from a scientific point of view that were relevant to current realities in the Republic of Moldova. Particular attention has been paid to guaranteeing the highest quality standards, in line with the guidelines mentioned above.

A collaborative and participatory approach was also central to the investigation. Ethical considerations based on the principles and norms promoted by **the United Nations Evaluation Group**³⁵ were constantly taken into account. Research protocols put a special focus on issues related to ensuring the protection of the identity of research participants and the protection of the data collected. Participants were informed both about the context and purpose of the research, as well as about the compliance with the principles of anonymity and confidentiality, including voluntary participation. Research teams were sensitive to the opinions, beliefs, and habits of the participants, and interactions with them were based on criteria of integrity and honesty.

When preparing this report, several sources were considered, each of them having a specific role in the development of the findings and in the formulation of recommendations. With the exception of the thematic reports prepared under the CTWWC initiative and referenced nominally below, the rest of the sources are briefly presented, by way of example for the relevant category. A full list of sources is detailed in the bibliography section. The thematic reports prepared under the CTWWC initiative which form the basis of this report are listed below. Throughout the report they are mentioned by their number (i.e., - 8). The reports are hyperlinked in order to facilitate direct access to the source.

- Report 1: Analysis of Care Reform in the Republic of Moldova.
- Report 2: Assessment of Child and Family Protection Personnel Training.
- Report 3: Assessment of Social Services For Vulnerable Children and Families.
- Report 4: Analysis of National and International Best Practices in Case Management.
- Report 5: Knowledge, Attitudes, and Practices of Reintegrating Children into Families and Prevention of Child-Family Separation.
- Report 6: Analysis of Research Reports on the Reintegration of Children in Residential Institutions (only available in Romanian).
- Report 7: Findings from Child Assessments from Six Residential Institutions.
- Report 8: Analysis of the Regulatory Framework and Financing Mechanism for the Alternative Care System.

Secondary data from recent official sources aimed at supplementing or reinforcing the findings of the above-mentioned research were also considered.

- MHLSP 2019 Violence against Children Survey in the Republic of Moldova.
- Statistical publication prepared by the National Bureau of Statistics in 2020 entitled “Children of Moldova,” which presents a summary of the main statistical indicators on the situation of children in the Republic of Moldova from 2014-2019.

Specific approaches of international organizations unanimously recognized as relevant in the area of interest of the report were utilized to strengthen the conceptual framework. These include universal standards and principles presented previously, which also contributed to the establishment and consolidation of key analysis concepts in particular on vulnerability.³⁶

Main limitations:

One of the most notable limitations was the time necessary to prepare this report. Other limitations may include: (i) the existence of other models and theories at a global level; however, this analysis includes the most relevant models for the current context in the Republic of Moldova; (ii) the level of knowledge and practices differs from one organization to another, but this is an advantage of the analysis as it allows for presentation of diverse and complementary approaches, and (iii) discussions and debates took place online due to the COVID-19 pandemic, limiting stakeholder participation; however, this can be viewed as an advantage in that more participants were able to meet at the same time and more frequently than would have been possible if meetings were attended physically.

Report Structure

The report is structured into two central parts, the first is focused on the vulnerabilities of children in the Republic of Moldova, and the second is focused on the concrete prospects for improving their situation and that of their families. A number of relevant thematic issues were addressed in each part, as follows:

Section two of this report, **Findings on the situation of vulnerable children in the Republic of Moldova**, focuses on a number of social, economic, cultural, educational, and health characteristics of children, both those living with their biological families and those separated from and benefiting either from an alternative family-type protection measure or from care in residential institutions. Causes of children's vulnerability and methods of intervention are presented; the latter being analyzed from the perspective of services and professionals in the system.

Section three of this report, **Recommendations and perspectives for improving the quality of life of vulnerable children in the Republic of Moldova**, proposes a series of methods to improve the situation of vulnerable children, focusing on the necessary reforms from a systemic perspective and their articulation with the NCPP 2022–2026. The recommendations provide a pragmatic framework under which CTWWC actions can make the measures suggested in the plan more relevant, sound, and effective.

FINDINGS: SITUATION OF VULNERABLE CHILDREN

Child vulnerability is frequently referred to in literature on children's development and their rights, but its concrete definition is underdeveloped.³⁸ Child vulnerability is the result of the interaction of individual and environmental factors that combine dynamically over time. For example, depending on age, young children can be severely affected by familial stress and/or lack of material means as the brain develops in a rapid and intense manner in the very young. At the same time, at older ages (e.g., adolescence), children are liable to be more exposed to risks in the community (e.g., quality of school, etc.). Vulnerability is a key element of the CRC, as it stipulates that it is the responsibility of governments to take protective and preventive measures against any form of ill-treatment, while also supporting families to fulfill their role as caregivers through the development of institutions, facilities, services, etc.

In this report, in order to identify the determinants of vulnerability and articulate specific recommendations to meet the needs of vulnerable families and reduce the risk of separation, vulnerability is understood in terms of risks or factors that may lead to the separation of the child from the family.

A number of internal or external factors contribute to increasing the risk of vulnerability in children. Such factors include:

1. **Internal factors or individual factors** are cognitive, emotional, and/or physical in nature, but also depend on certain personal characteristics. The most important are: (i) having a disability; (ii) identifying mental health difficulties; (iii) having an emigration history or precedent (both for emigrant parents and for unaccompanied minors), poor treatment of the minor (i.e., abuse, neglect, exploitation, and any form of violence against the child); and (iv) being cared for outside the family/home.
2. **External factors or environmental factors** are present in both family and community levels. In families, children may be affected by (i) poverty and material deprivation, (ii) poor health and/or unhealthy parental behavior, (iii) low levels of parent education, and (iv) stress and exposure to domestic violence. In the community, the most important factors are related to the quality of the school and the quality of the neighborhood.

Children living with their parents

Before analyzing the situation of children in families—taking into account the fact that the National Bureau of Statistics of the Republic of Moldova (NBS) on January 2, 2021, registered the birth of 559,700 children — it is important to note that in the Republic of Moldova, the mortality rate of infants under 1 year of age was 8.9.³⁹ per thousand live births, which is about three times higher⁴⁰ than the EU average.

In 2019, the number of children with disabilities⁴¹ was 12,300 children in children aged 0–17. Thus, children with disabilities accounted for over 2% of the total number of children in the Republic of Moldova. Children with disabilities constituted 21.2 per 1,000 children aged 0–17.

Early education (preschool/kindergarten) is the first step of the education and training system. Its purpose is the multilateral development of the child and preparation for integration into school. In 2019, 1,486 early education institutions, including five with health facilities and seven with services for children with special needs were opened in the country. About three-quarters of these institutions were located in rural areas. The number of children enrolled in early education institutions in 2019 was 149,700 with a coverage rate of 93.9%.

Household income determines not only the socio-economic status of the household, but also their level of vulnerability. In 2019, the average monthly income available per person in households with children⁴² was 2449.1 lei (US\$138). The main source of income were salaries (53.5%), followed by social benefits (9.2%), and agricultural activity (8.2%). The contribution of child allowances was 3.3%. Remittances remained a secure source of income, contributing to income formation of 16.8%.

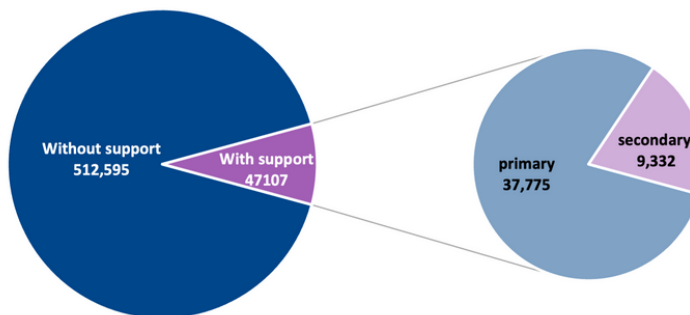
Children accounted for 21.8% of the total poor population and 24.3% of the extremely poor population.⁴³ Given that in 2019, the poverty rate per total population was 25.2%, children were poor in proportion of 24.0%, and 11.3% of children were subjected to an extreme level of poverty. **The rural environment faced a higher risk of poverty where the child poverty rate was five times higher than in the case of children living in urban areas.** Depending on the age of the child, the poverty level was higher in children aged 16–17 (26.8%).

Data presented above indicate an important complexity of the issues faced by vulnerable children in the Republic of Moldova. Of particular concern are issues related to precariousness and poverty, which are often associated with a number of other social, economic, educational, and health problems, which can lead, albeit indirectly, to the separation of the child from the family.

Almost a tenth (more precisely, 8.4%) of children in the Republic of Moldova benefited from one of the two components of the family support service, mostly from primary family support. This service is distinguished by the fact that it provides the vulnerable family with both prevention services and financial aid in the form of an allowance, constituting one of the main social protection mechanisms focused on poverty reduction. Details of the numerical data related to these beneficiaries are shown in Figure 2.⁴⁴

According to the situational analysis for the development of the NCPP 2022–2026, providing children with drinking water in educational institutions, access to toilets with better conditions, hot water and soap, furniture in classrooms corresponding to the age and development of the child, and providing quality information regarding health, hygiene education, and healthy eating, etc. are challenging.

Figure 2: Number of children receiving family support out of the total number of children, by type of support (primary and secondary)



Source: Author, based CTWWC Thematic reports

Most schools in rural areas lack indoor toilets connected to water and sewage systems, and in most cases, lack good sanitation. Children say these rooms are not cleaned regularly, or if cleaned, only the floors are done, and then, only superficially. The toilets inside the educational institutions lack toilet paper, soap, and tap water. Further, their presence is attested only during planned controls or visits, and sanitary facilities generally are not adapted to the special needs of children with disabilities.

In terms of child violence, the MHLSP study⁴⁵ published in 2020 indicates a number of worrying realities: (i) in terms of sexual violence, 7.6% of girls and 5.4% of boys aged 13–17 experienced some form of sexual violence in the last 12 months, and 5.3% of girls and 5.2% of boys experienced unwanted sexual touches; given all children in that age group, 86.6% of girls and 65.6% of boys who experienced some form of sexual violence had more than one incident; (ii) in terms of physical violence, 10.8% of girls and 15.1% of boys aged 13–17 have experienced some form of physical violence in the last 12 months, and the first experience of physical violence occurred for 71.2% of girls and 51.4% of boys between the ages of 12 and 17; for 23.9% of girls and 42.4% of boys the first incidence occurred between the ages of 6 and 11; and finally, (iii) in terms of emotional violence, 36.8% of girls and 29.7% of boys aged 13–17 experienced some form of emotional violence.

At the national level, 29 services are available, but with an uneven distribution, particularly in rural areas. Of these, for children living with their parents, the following important data are distinguished:⁴⁶

- As of January 1, 2021, 1,362 children with disabilities were benefiting from personal assistance. The service is provided to children in 35 of the 36 administrative territorial units (UAT) participating in the research.
- The collected data attest that 416 children with disabilities benefit from the Mobile Team service. The service is not available in all UATs. In addition, this service is not available to all children with disabilities in the same UAT.
- 408 children benefited from services in the day care centers for children at risk.
- As of January 1, 2021, 152 children with disabilities were benefiting from the social service day care center for children with disabilities (i.e., 1.2% of the total number of children with disabilities [12,300]).

- The demand for the services of the maternal centers is lower than the supply, which is why some of these services have been reorganized; on January 1, 2020, 101 children were placed together with their mothers.
- Day care centers for the care of children aged 4 months to 3 years (social nursery) is a new service, from which 36 children aged 4 months to 3 years and their mothers benefited as of January 1, 2021. The small number of children in this service is explained by the COVID-19 pandemic, which caused the service to halt from March–November 2020; the subsequent re-opening of the service allows activity at half capacity according to epidemiological rules.
- The research data attests to 24 children with severe disabilities as beneficiaries of the small group home for children with disabilities as of January 1, 2021.

The above data, which details the uneven territorial availability of a number of necessary preventive services, presents a complex issue for vulnerable children and their families. Thus, despite all efforts, and especially in certain geographical and environmental areas, a large proportion of children end up being separated from their families and become beneficiaries of protection measures either in alternative care services or in residential care centers, as presented in the next chapter.

Children living separated from their parents

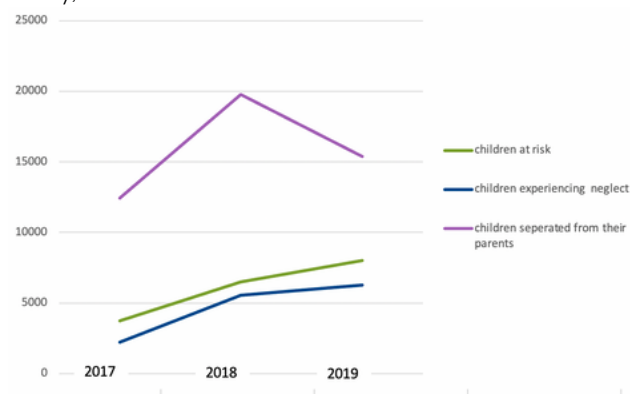
The number of children at risk has grown significantly⁴⁷ in recent years, from 3,743 new cases in 2017 to 8,005 new cases in 2019. The increase could be linked to consecutive revisions of the annual reporting forms—CER103—and/or better data collection. At the same time, there is real reason for concern as the instances of **neglect** which, according to 2019 data, covers the basic needs for survival and development (i.e., food, clothing and hygiene) are rising dramatically (2,241 cases in 2017; 5,569 cases in 2018; and 6,243 cases in 2019).

There is also a general upward trend in the number of children separated from their parents: 12,449 children in 2017; 19,786 children in 2018; and 15,403 children in 2019. The data are centralized in the graph in Figure 3. As for the main cause of separation, it is defined as the departure of one or both parents abroad which accounted for 88% of new cases in 2017, 92% of new cases in 2018; and 90% of new cases in 2019. Children aged 7–15 are the most affected group, followed by children aged 3–6.⁴⁸

Children in family-type alternative care

Although a wide range of services is available at the national level, their distribution is not uniform and in the vast majority of cases, the UATs have developed a minimum set of services, including: (i) community support, (ii) family support services, (iii) personal assistance, (iv) guardianship/curatorship, (v) foster care, and (vi) custody.⁴⁹

Figure 3: Number of children at risk, neglected, and separated from the family, from 2017–2019



Source: Author, based on CTWWC Thematic reports

Family support services, as mentioned above, include the largest number of beneficiaries nationwide (over 47,000), but the needs of the vulnerable population are complex and the lack of complementary services, such as certain types of day care centers for children with disabilities, young children, and/or those who face socio-economic problems, including behavioral and adaptation problems, mean that the current approach to children's problems is not meeting the level of need.

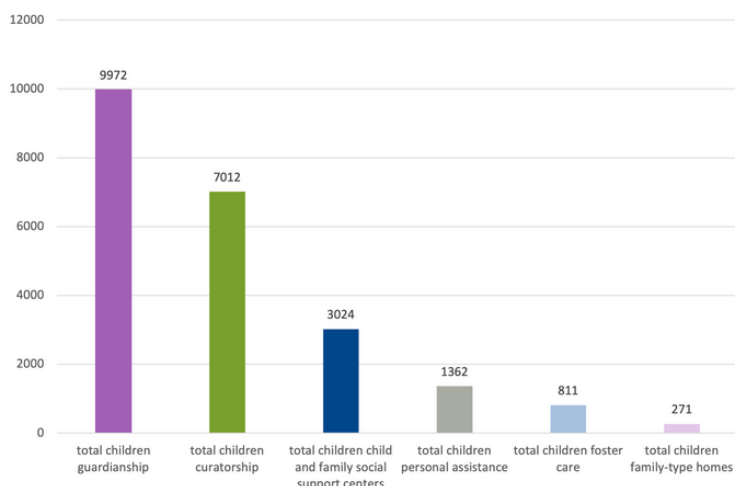
Services mapping analyzed 12 types of services for preventing child-family separation (presented in the previous section) and alternative care (presented below) providing detailed information on the situation as of January 1, 2021 (i.e., the criteria for admission to the service, strengths and challenges, as well as a number of opportunities to improve service quality). A frequent problem is the quality and number of human resources employed, which reveals a need to strengthen the workforce, as well as the problem of inter-institutional and intersectional cooperation and collaboration, which leads to the need to strengthen mechanisms for both.

Data on children receiving family-based alternative care as of January 1, 2020, are graphically represented in Figure 4.⁵⁰

- A total of 9,972 children benefited from the guardianship/curatorship service: 6,718 did not pay for the service while 2,390 did. According to data collected, this is the second most available service, however, the availability of the service is not uniform at territorial levels. The full service is provided in 35 UATs, but in others, only one form of the service is provided. Guardianship/curatorship service is provided free of charge in 27 UATs, but requires payment in 33 UATs.
- A total of 7,012 children benefited from the custody service. According to data collected, this is the third most available service, however, the availability is not uniform at territorial levels and is provided in only 33 UATs

- There were 3,024 beneficiaries in child and family social support centers; 1,362 beneficiary children in personal assistance; and 811 beneficiaries in FC. Most FC assistants provide long-term placement, followed by those who provide short-term placement. The emergency placement is less widespread, and the temporary one is practically missing: of a total of 405 FC assistants, 280 provide long-term placement, 167 offer short-term placement, 80 offer emergency placement, and 10 offer temporary placement. At the same time, 271 children benefited from services in CCTFs.

Figure 4: Children in alternative family-based care



Source: Author, based on CTWWC Thematic reports

Children in residential care institutions

Of the 48 residential institutions in the Republic of Moldova, 39 had children in placement; six had no children, but had staff employed; and four institutions which, although called residential care institutions, lacked the residential component and offered day educational services only. Residential care institutions vary widely depending on the institutions that run them and the profile of the children placed there. Of the 39 institutions that had children in placement as of January 1, 2021: 25 are operated by STAS, four are operated by ANAS, eight by MECR and LSBE, and two by NGOs. Seventeen of the 39 institutions provide services at district/municipal levels, 10 at local levels, 10 at national levels, and two at regional level. Table 1 below summarizes this information by type of institution (and numbers thereof), operating organizations, and number of beneficiaries of each type of specialized residential care.⁵¹

Table 1: Types of residential care institutions participating in the research

Types of institutions	The institution to which it is subordinate	Total number of institutions	Total number of children placed in the institution	Average number of children placed in the institution	Minimum number of children placed in the institution	Maximum number of children placed in the institution
Temporary placement centers for children, maternal centers, multifunctional centers, etc.	STAS/LPA	25	321	13	3	39
Temporary placement centers for young children and placement centers for children with disabilities	ANAS	4	136	34	19	61
Special institutions for children with sensory impairments, auxiliary boarding schools, boarding schools for orphans and children left without parental care	MECR/LSBE	8	203	25	9	58
Temporary placement center for children	NGOs	2	16	8	7	9
Total		39	676	17	3	61

Source: Report 3: Assessment of Social Services For Vulnerable Children and Families

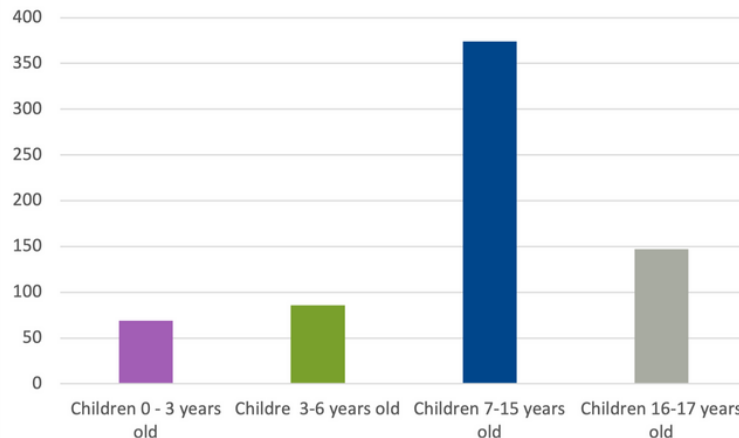
A total of 676 children (307 girls and 369 boys) are still in the residential care system, placed in the 39 functional institutions operated by TSSAs/LPAs, ANAS, MECR) / LSBE, and NGOs. Of these children, two categories are the most vulnerable and face a number of difficulties: children under 3 years of age (over 10% or 69 children—see Figure 5 below) and children with disabilities (over 38% or 259 children—see Figure 6 below). Among those with disabilities, over 68% (177 children) have a severe degree of disability.

About a third (37%) of children in the residential care system are less than 1 year of age, and about 40% are over 3 years of age. Of the total, 552 (82%) children have a CP.

The most common causes of institutionalization are neglect, excessive alcohol consumption by parents, inability of parents to care for children, domestic violence, disability of the child, and death of parents or caregivers.

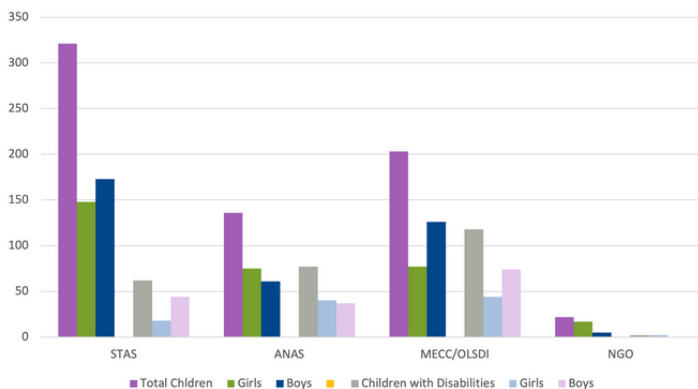
Regarding the deinstitutionalization process, the biggest difficulties include: disinterest on the part of parents or extended family, lack of a potential guardian for the child, lack of treatment and rehabilitation services for parents addicted to alcohol or other substances, and disability of the child.

Figure 5: Children in residential care institutions, by age



Source: Author, based on CTWWC Thematic reports

Figure 6: Total number of children/children with disabilities in residential care institutions, by gender



Source: Author, based on CTWWC Thematic reports

Causes of vulnerabilities

The opinions of citizens of the Republic of Moldova regarding factors that increase the vulnerability of children and families and implicitly, the risk of separation, are diverse and include:⁵²

- Over 90% of respondents believe that drug addiction, alcohol dependence, violence, and neglect are the main factors leading to the risk of child–family separation.
- Though only a third of respondents know or have heard of families at risk of separation, the general perception is that drug addiction, alcohol dependence, violence, and neglect, as well as poverty, have led to the risk of separation in those cases.
- Although in the vast majority of cases children are perceived as victims of the socio-economic problems characteristic of families at risk of separation (abuse, violence, lack of supervision, labor exploitation), in some situations they are also perceived as perpetrators of reprehensible activities or practices (drug, alcohol and tobacco use, wrongdoing, theft, murder).

The COVID–19 pandemic brought an additional number of challenges and the international community mobilized to better understand the actual impact of the pandemic.⁵³ Thus, in the assessment of the social and economic impact of the pandemic conducted in November 2020, the United Nations Development Program (UNDP) found that the pandemic mainly affected vulnerable groups of families with three or more children, women, low–income families, single parents, the elderly, etc. Specifically, according to the global UNDP study, the COVID–19 pandemic has exacerbated inequality between children from advantaged and economically disadvantaged families:

- 75% of children and young people did not have enough electronic devices for remote learning (80% of them from low–income families).
- 50% of children and young people did not have adequate knowledge of how to connect to remote learning platforms (85% of them from low–income families).
- 25% of children and young people were in a school that only partially provided remote learning (55% of them from low–income families).
- In addition to the above, the assessment shows that 18% of the low–income population lost their jobs during the pandemic compared to 2.8% of the general population; and 67% of low–income families did not have money to cover their basic needs. In urban areas this figure reached 83%. In this context, families had to give up quality food (65%), and one in five families saved on health and education services.

Current social norms and awareness-raising mechanisms in the Republic of Moldova

There is a generalized tendency among the population of the Republic of Moldova to prefer biological family environments or their substitutes (extended family or FCs) for the upbringing and care of children.⁵⁵ This is confirmed by:

- The high percentage (90%) of respondents who consider that in non-biological families children are treated very well or well.
- Options for the reintegration of children leaving residential care (71% into the extended family and 64% into an adoptive family).
- The high percentage (75%) of respondents who support the idea of deinstitutionalization and integration into biological families.
- Half of the respondents are willing to take care of non-biological children and are motivated by arguments of a moral-spiritual nature.
- The fact that in exceptional situations, 79% of parents would accept their own children living with relatives.
- The perception that families who take in/adopt children from orphanages can rely mainly on the help of relatives.
- The fact that one-quarter of respondents have tried to care for non-biological children and 4% have tried to adopt children.

To a lesser extent (though still statistically significant as it generally exceeds 50% of respondents), a preference for the placement of children in residential care institutions could also be identified, but this preference applies to certain categories of children or situations: (i) positive opinions about the way children are treated in residential care institutions coupled with a pro-institutionalization attitude (half of the respondents) and (ii) although it is generally believed that all groups of children at risk of separation are better cared for in families than in residential care institutions, the percentage of respondents who believe that vulnerable children would be better cared for in residential care institutions is twice as high as in those who believe that a child with a disability would be better cared for in a residential care institution (32% vs. 18%).

With regard to the most vulnerable categories, in line with all studies in the field, it is confirmed that **age and disability are the main barriers in the deinstitutionalization process**, which is defined as the willingness of families to take in children with disabilities (one-third of the respondents would not take them in), or older children (40% of the respondents would not take them in). This fact is also confirmed by the reluctance to integrate children with disabilities into general schools, especially children with intellectual disabilities (64%).

In terms of **personal and/or community support** and the involvement of authorities and citizens, there are two schools of thought. The first believes that there is generally support from community members (mainly extended family members), but also from local authorities and services such as, in order of importance, LPAs, social assistance services, schools and kindergartens, the church, and family doctor's offices. The second group believes that, in terms of actual involvement, the general population is not involved in helping families at risk of separation, and community support and resources

for vulnerable families are lacking. Further, formal and informal local leaders are not perceived as people one can rely on in difficult situations.

In terms of **declarative child care practices**: (i) most of the parents surveyed state that they take very good care of their children in terms of food and clothing, (ii) practically all children in the care of the respondents regularly attended school during the last school year, (iii) 2% of families with children under age 14 practice child labor outside the household, (iv) the study generally attests to close relationships between children and parents in most families, but sensitive topics are not discussed, and (v) 17% of respondents generally accept the application of corporal punishment to children.

Individual contributors to child vulnerability

Internal and external factors never act separately, which is why vulnerable children need consistent, coherent, and coordinated support throughout childhood. Often, however, children's policies are developed separately⁵⁵ without taking due account of how the range of factors that shape children's well-being interact, such as the effect of poor mental health on school performance and involvement, or how poor housing quality affects the health of child-family relationships.

Disparate approaches that focus on unique aspects of well-being are unlikely to be effective if they do not address other barriers to children's healthy development. Therefore, the development and implementation of child welfare strategies require a comprehensive government-wide approach. Such an approach incorporates coordination and integration into policy-making and implementation processes in order to strengthen responses to complex issues.

Examples of internal factors that increase children's vulnerability include:

- **Disability:** Children with disabilities are a very large group with different abilities and needs whose individual functioning is limited by physical, intellectual, communication, and sensory deficiencies, and/or various chronic diseases. Although the prospects for children with disabilities have improved considerably in recent decades, they are still overrepresented in institutional care settings and more likely to experience abuse, especially neglect. Compared to children without disabilities, those with disabilities are more likely to live in households characterized by fragile socio-economic situations, and are also more likely to be physically abused.
- **Mental health difficulties:** Evidence suggests that childhood mental health difficulties are becoming more common. Potential explanations are better detection and increased interest in emotional well-being and help-seeking behaviors. Inequality contributes to the pronounced differences in children's mental health. Children from fragile socio-economic backgrounds are two to three times more likely to develop mental difficulties than those from advantaged socio-economic backgrounds.
- **Ill-treatment of children:** Environmental risk factors for ill-treatment include poverty, living in poor quality and overcrowded housing, partner violence, and substance abuse. Risk factors at the level of the child include disability and a weak child-parent relationship.

56

- **Ill-treatment has long-lasting and durable economic consequences** for individuals and society. Adults who have been abused are more likely to have lower levels of education, earn less money, and have fewer opportunities. Abuse in childhood is associated with increased instances of poor mental health in adults and convictions for non-violent crimes.
- Last but not least, in terms of **care outside the biological family**, educational and health results for these children are weaker than for the general population. The same is true in terms of adult employment and the quality of future earnings.

System contributors to child vulnerability

In terms of resources available for the child care system in the Republic of Moldova⁵⁶ as well as mechanisms for coordination and intersectional collaboration and taking into account the diversity of sectors and professionals who need to interact,⁵⁷ a number of **systemic challenges** can be highlighted.

The issue of **human and financial resources** is complex regardless of whether prevention, alternative care, or residential care services are in question.

- The services generally face great difficulty in recruiting any type of human resource, especially in prevention services at the community level.
- The regulation of the minimum package of services (financial support for disadvantaged families/people; social support service for families with children; personal assistance social service) is deficient.
- The staffing structure of residential care institutions is complex and often cumbersome; in some cases, direct responsibilities for children are met by a very small percentage of the total staff.
- Residential care institutions benefit from a certain balance in terms of financial resources, including some institutions having access to various sources in addition to the state budget.
- The training needs of all staff in the system are very complex and include the need for basic knowledge in the field as well as some technical knowledge, but also the acquisition of skills and abilities complementary to technical ones, such as teamwork, communication and collaboration, and digital skills.

In terms of **collaborating with specialists in other fields and providing complex support** to children and families, strong inter-institutional collaboration is needed.

- Collaboration between specialists in related fields is needed within the thematic activities and within the standard collaboration tools, such as multidisciplinary teams (MT); currently, there is low involvement of specialists in the education, medical, and public order systems.
- At the institutional level, the Commissions for the Protection of Children in Difficulty (CPCD) play a key role in controlling entry into the system. Of the 5,482 cases at the national level examined by CPCD, child-family separation was prevented in 55%, the institutionalization of the child was directly prevented in 21%, institutionalization of the child was proposed in 6%, and in another 6%, placement in FC or CCTFs was approved. In 93% of the cases proposed for institutionalization, children were placed in CCTFs.

Provision of social services for vulnerable children

According to legal provisions⁵⁸ the procedure for providing social services involves an individualized approach, an initial and complex needs assessment, and periodic review of the case plan, including of the placement. According to the provisions, the beneficiary's situation must be periodically reassessed by the social service provider, but reality indicates difficulties in maintaining the review schedule (i.e., after the first and third months of services, as needed, but not less than every six months). Based on the results of these reviews, the social service provider either completes or modifies the case plan or stops the provision of social services.

The provision of social services requires compliance with CM procedures adopted in 2016 by the MHLSP, which involve establishing risk levels for child welfare and applying a standardized methodology for handling cases, including for referring children to social services. At the national level, a wide range of care options have been regulated and are included in the classification of social services. However, the classifications have not been updated since 2011 in the context of the development and regulation of new social services and need to be revised and supplemented.⁵⁹

Although there are legal provisions, implementation by all targeted institutional actors, including in the related fields (health, education, security, etc.) is not a reality and, implicitly, is not effective. Moreover, thematic fragmentation by service also contributes to the reduction of effectiveness, while the responsibilities and powers assigned to the case manager are not clearly stipulated and are poorly articulated, such as the “role of the MT.” In general, there is no indication of procedures, model registers, provisions, opinions, or documents, nor is there a mechanism for identifying strengths and assessing the child and caregiver/family on this basis.

Factors linked with the system workforce

The quality of services provided for vulnerable children and their families is directly influenced by the quality and availability of the system workforce. Note that “social worker” is an inclusive concept⁶⁰ that covers a wide range of governmental and non-governmental professionals and sub-professionals working with children, young people, adults, the elderly, families, and communities to ensure development and healthy welfare. Social workers focus on preventive, response and protection, and promotional services, which are informed by the humanities and social sciences, indigenous knowledge, knowledge and skills specific to a discipline (but that are also interdisciplinary in nature), as well as ethical principles. Social workers mobilize people, structures, and organizations to: facilitate access to necessary services, reduce poverty, reduce discrimination, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect, and separation.

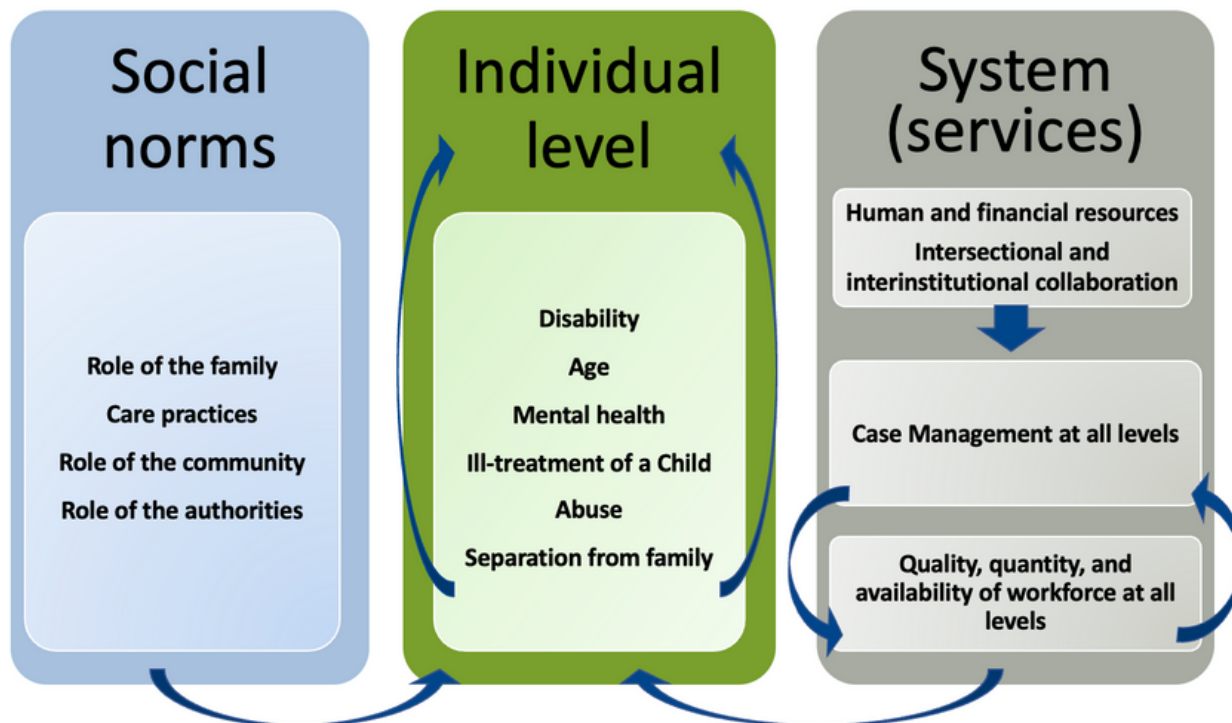
As part of the CTWWC initiative, and to understand in detail the characteristics of the workforce, it was decided to evaluate the system of initial and continuous training of child and family protection staff⁶¹ which will help to understand the workforce factors that may contribute to increasing the vulnerability of children and their families due to certain shortcomings:

- The system of initial and continuous training of social workers is at an early stage, as such, the methodology, mechanisms, and procedures for the organization and operation of the system are not approved.
- The professional supervision of social services specialists is fragmented and the emphasis is mainly on providing methodological support.
- The financial resources allocated for the initial and continuous training of social workers are insufficient. Most STASs do not allocate resources for staff training or, if present, they redirect these resources to cover other needs.
- Most training courses for caregivers (foster care assistants and others) are organized with the support of civil society organizations (CSO), and generally speaking, after the completion of their projects, these public social services providers do not ensure the continuity of such trainings.
- There are few digitized platforms for continuing child and family protection training programs.
- The collaboration between the key actors (MHLSP, ANAS, academia, CSOs, etc.) is fragmented in character and is achieved only through the implemented projects.
- The mapping of training programs/courses highlighted a great diversity of child protection programs/courses (66 programs/courses), but most of them are not yet approved.
- CSOs are a very important pillar in the development of vocational training programs and training for staff in the field of child and family protection, but they do not provide systemic interventions as they are conducted in accordance with the objectives of the projects they implement.
- The vast majority of public social service providers do not perform the initial and continuous training of staff in accordance with the unified curricula (approved by MHLSP) in compliance with the regulatory framework.
- The university social assistance system in the Republic of Moldova has made an essential contribution to the development of the social worker profession at all levels of training and specialization. The curricula in the specialty of social assistance have been revised and adapted to the changes that have occurred in the field of social work. At the same time, it is noted that universities are not involved in the process of continuing training of social services specialists.
- Training providers do not have training impact assessment methodologies.

Determinants of vulnerability of children and families

Data presented above on a number of internal and external factors that affect or determine the vulnerability of children and their families are summarized in the following diagram:

Figure 7: Summary of determinants of children's vulnerability



Source: Author, based on CTWWC Thematic reports

Recommendations and Prospects for Improvement of the Quality of Life of Vulnerable Children

The analysis of the situation of vulnerable children and families, as well as of the determinants of vulnerability, highlighted the need for structural, systemic reforms in the Republic of Moldova, which, when assumed in a uniform, coherent, and articulated way, can contribute to improving the situation of the most vulnerable groups and to the strengthening of a child-friendly system focused on their best interests. This will eventually eliminate the separation of children from their biological families, or, where absolutely necessary, children will be able to benefit from the most up-to-date family-based care services. The reform of the protection system and the transformation and/or closure of outdated residential care institutions also remains a central priority.

This report places an emphasis on priority and strategic recommendations, with details of specific recommendations found in the analyzed reports. Corroborated with the objectives of the NCPP 2022–2026 (Annex 2 summarizes the correspondence in three separate tables), this report presents the following structure of systemic recommendations:

Develop and supplement the legislative and social policy framework



A comprehensive framework of legislative and regulatory provisions, as well as social policy for child protection at national and sub-national levels, are absolutely necessary for the proper function of the care and protection system of vulnerable children and their families.⁶³

Law 140/2013 establishes the procedures for identification, assessment, assistance, referral, monitoring, and records of children at risk and children separated from their parents, as well as the authorities and structures responsible for implementing such procedures. The following strategic legislative improvements are needed:⁶⁴

- Supplement Law 140/2013 with provisions separating the responsibilities of the community social worker from those of child rights protection specialists employed within the mayor's office in order to support the guardianship authority in exercising the duties of protection and legal representation.
- Review and update the classification of social services against the normative acts regulating the social services approved after 2011, and develop regulations on the organization and operation of uncovered services.

- Supplement the regulations for the organization and operation of social services with provisions regarding: external evaluation; costs for the provision of each service; and requirements to accredit service providers in all cases.
- Review and approve (by the MHLSP) framework regulations for the activities of community social workers, in particular, regulations regarding the number of active cases one social worker can handle (depending on the complexity of the cases), taking into account new services which the community social worker has to ensure.
- Develop new regulations for the organization and operation of residential care institutions, which should include: 1) provisions regarding activities of the institutions during the transition period, including their role in the deinstitutionalization process and 2) requirements for accreditation of services provided by residential care institutions based on minimum quality standards specific to each type of service provided (day care, placement, etc.).

Regarding the **strengthening of the workforce in the system**, the following legislative reforms are needed:⁶⁵

- Develop and approve (by the MHLSP) the methodology, mechanisms, and procedures for the organization and operation of the initial and continuous training system.
- Develop a normative framework, including supervision as a mandatory activity, with an emphasis on providing psychological support to social services staff and the allocation of financial resources for the organization and operation of the initial and continuous training system.

Regarding the **improvement of CM**, the following needs are highlighted:⁶⁶

- Approve a law amending the status of operational guidelines into regulations that would require approval by a higher court (i.e., by the government, not a Ministry), which would allow a more efficient implementation and a more concrete application of the law by all targeted institutional actors, including in related fields (health, education, security, etc.).
- Improve regulations to ensure effective and efficient management by case managers, i.e., clearly stipulate and explain CM responsibilities and powers.
- Specify responsibilities and liabilities (i.e., the child rights specialist from the mayor's office) of case managers when working with the files of children at risk.

Improving governance



Effective governance, including mechanisms for intersectional and interdepartmental cooperation and collaboration, decentralization and de-concentration, and involving the public, private, and non-governmental sectors, completes the regulatory framework.⁶⁷

Various improvements contribute to a **better governance**:⁶⁸

- Identify and strengthen a mechanism, regulated by legislation, to facilitate the involvement of all stakeholders in addressing issues at the community level, ensuring a multidisciplinary approach in child development and in the spirit of children's best interests.
- Given the importance of the CPCDs, they should be strengthened both in terms of the legislation, to ensure the necessary formality, and in terms of stimulating and increasing capacity, including by providing appropriate training for all members.
- Organize and develop joint emergency response plans in line with current alert and management mechanisms, and adapt them to the specific needs of each service in order to address funding and operation of services. Contingency plans should also be in place to address crisis-specific issues in the residential care system, such as the specific issues caused by the COVID-19 pandemic.

Information, education, and awareness-raising campaigns at the level of LPAs, **regarding the role they play in supporting families with children**, especially families that are vulnerable and living in situations of poverty and instability, can contribute to more **effective governance**, especially at local level,⁶⁹ by noting the following recommendations:

- Raise awareness among local decision-makers about the importance of community support services, the role of community social services in supporting vulnerable families, and advocating for the allocation of resources needed to develop services at the community level.
- Raise the awareness of local decision-makers, but also of other formal and informal leaders in various relevant areas (protection, education, health, culture, religion, economic agents, etc.), on children's rights, especially the right to grow up and develop within a family.
- Support leaders and decision-makers through training activities (training, education, awareness-raising, mentoring, etc.) in the field of community mobilization and participation that focus on positive models and best practices documented in communities where community involvement and mutual aid are high.

Ensuring a continuum of services



A delivery model based on a broad continuum of services, including case management and referral systems, is essential to ensuring a complex and complete response to the needs of vulnerable children. Completing it with a minimum package of services is also essential.⁷⁰

Ensuring the continuum of services implies action at several levels:⁷¹

- The prevention services at the community level should be developed in accordance with existing needs at the local level, taking into account the fact that LPAs currently have limited capacity to assess such needs and face difficulties in directing financial resources for the development of community services. Therefore, the development of services must be accompanied by the training of local actors, both technically and financially.
- The development of social services should include a component of separation prevention services and alternative mechanisms for short-term and emergency child care (up to 72 hours).
- Thus, the following can be ensured: (i) recognizing the role of families; (ii) supporting families in order to prevent unnecessary long-term separation for family and child; (iii) protecting children without parental care and ensuring adequate and high quality alternative care; (iv) recognizing the disadvantages of institutional care; (v) strengthening protection systems; (vi) ensuring adequate financial and human resources; (vii) improving data collection and regular reporting; and (viii) ensuring full participation of children without parental or family care, etc.

In the same vein, strengthening the continuum of services is recommended through:⁷²

- Developing and strengthening a common set of minimum services in the vast majority of UATs, beyond the minimum package, by expanding and diversifying with complementary quality services to address the complexity of vulnerabilities faced by children and their families.
- Formalizing the moratorium on the placement of children under 3 years of age in residential care institutions.
- Developing mechanisms to respond to the complex needs of children with disabilities.
- Strengthening CPs with a coherent mechanism and appropriate multidisciplinary and intersectional approaches.

CM also contributes to the efficiency of the continuum of services.⁷³

- The CM approach can be adapted to the context of the Republic of Moldova by putting emphasis on the CM method's general information without targeting certain social services or groups of children.
- Guidelines should not contain tools, but rather provide the standard structure for case management. This standard structure will help lead to local development of tools for each social service, which then can be annexed to the regulations for the organization and operation of such services.
- CM regulation should include the following elements: purpose, objectives, area of application, and glossary with key concepts.

Strengthening monitoring and evaluation mechanism



A mechanism focused on responsibility and accountability, including quality standards and M&E processes, complements and streamlines the complex and comprehensive response of the service continuum for the needs of vulnerable children.⁷⁴

When developing an **efficient information management system**, it is necessary⁷⁵ to follow the characteristics and dynamics of measures for children placed in institutions or for whom institutionalization has been prevented. In addition, a national database, which would record and track LPA solutions for vulnerable children and families, would allow for better management of the situation of each child and family, as well as prevent institutionalization and support the process of reintegration.

Regarding the **evaluation of the training program's impact**, the following are recommended:⁷⁶

- Develop a methodology for evaluating the impact of training programs or courses from two perspectives: when carrying out follow-up activities and when evaluating the impact of trainings in partnership with the management team of the institution/social service.
- Diversify evaluation methodologies and forms.

Regarding **training monitoring**, the following are recommended:

- Ensure (by MHLSP) the monitoring of the operation of the initial and continuous training system of social workers.
- Develop and approve the training quality monitoring methodology, which will include monitoring procedures and document models applied in this process.
- Develop a monitoring mechanism for financial resources allocated for the initial and continuous training of social workers.

With regard to the **evaluation of training needs**, the following are recommended:

- Develop a methodology for evaluating the training needs of specialists in the field of child and family protection.
- Develop platforms that allow adaptive training.
- Systematic mapping of training needs, including by digitizing the training needs of the evaluation process.

The **multidisciplinary and intersectional approach** appear as the quintessence of **case management**.⁷⁷ One places a significant emphasis on the role of the multidisciplinary team in the evaluation, monitoring, and review process, and the other places the emphasis on collaboration with professionals and related institutions or organizations that are relevant to case management.

Improving and strengthening system resources



A combination of human, technical, and infrastructure resources, including a workforce, backed by adequate financial resources and budget allocations, and, ideally, child-friendly budgeting, are key elements of a functional and efficient system developed in the best interests of the child.⁷⁸

To improve the **funding mechanism of social services**, the following steps are recommended:⁷⁹

- Amend Law 123/2010 on social services in order to regulate the specific conditions and types of community social services that can be funded from the state budget.
- Implement (through CPAs and LPAs) a provision to inquire about the number and types of social services necessary for the deinstitutionalization of children and to prevent institutionalization.
- Implement public-private partnership agreements with the participation of non-profit organizations and religious institutions in the provision of social services.
- Amend Law 131/2015 on public procurement regarding the guarantee of performance of service contracts. It is also necessary to approve the standard documentation required for awarded public procurement contracts and public-private partnerships in order to contract social services by LPAs and CPAs.
- Create regional social services through cooperation between LPA I and LPA II, as required, or between LPA II from different districts/municipalities by developing public-private partnership agreements, taking into account the reduced financial capacities at town hall and/or district levels.

- Use the state budget to fund specialists in child rights protection working in mayoral offices and hire him/her through the STASs, establishing the number of staff units based on the population of children at the town hall level and examining the possibility of hiring a specialist for several town halls.

Developing and consolidating a viable financial mechanism for the redirection of financial resources after the closure of residential care institutions is necessary⁸⁰ for the development of the system of social services for children who has been deinstitutionalized and the prevention of the separation of the child from the family. It is preferable to provide a solution for the long-term development of social services for children and families at the community level through transfers to LPAs.

A better organization of the trainings and detailing of the training programs is necessary:⁸¹

- Organize trainings that provide for the continuity of training courses by social service providers; establish and maintain an effective platform for the digitization of continuing education programs in the field of child and family protection; and ensure effective collaboration between all actors in order to exclude monopolies on training and ensure the creation of results-based partnerships.
- Develop training programs focused on: developing continuous training programs by modules (with differentiated access to modules that reflect training needs); organizing trainings based on differentiated curricula; ensuring connection between training programs and professional skills; engaging universities in the process of continuous training of specialists in the field of social assistance; and developing new training programs that depend on identified training needs and professional categories.

The human resource system, especially at the local level, needs⁸² to strengthen trainings in the basic skills of relationships, cooperation, and technology. These trainings need to be developed and made available to the entire staffing structure, including re-training those in the residential care system and increasing the skills of those in the prevention system. In terms of financial resources, the redirection of financial resources from the state budget to residential care services needs to be managed by a coherent and articulated process of closing outdated institutions and ensuring complementary financing of the alternative care system by raising awareness among local decision-makers for funding and developing prevention services.⁸³

Promoting social participation in general and the participation of the child in particular



Social participation, in particular the participation of the child, contributes to ensuring the relevance of interventions and adapting them to the actual needs of the population. Adopting a working style that is focused on the collective impact complements the participatory approach by establishing common agendas, developing common measuring systems, mutual strengthening, and sound communication between partners.⁸⁴

Social participation is directly related to societal values and norms regarding participation. It is also related to the opportunities that formal and institutional frameworks promote.⁸⁵

First of all, information and awareness-raising activities that address aspects of the analyzed issue are recommended for the entire population. Through collaboration with the media, awareness-raising campaigns should be organized utilizing both social and classic media formats in order to:

- Raise public awareness of diversity, in particular functional diversity.
- Raise public awareness of the negative effects that separation from the biological family has on the physical, emotional, psychological, and spiritual development of children, regardless of age.
- Raise public awareness of positive inclusive education models.

Secondly, information, awareness-raising, and educational activities are recommended for professionals from various sectors on how to address problems faced by the most vulnerable families with children:

- Professionals in the field of education need special awareness-raising and training on the integration of children with disabilities into mainstream education and on working effectively with families.
- Professionals in the fields of social assistance, education, and health also need to be made aware of the specific problems that adolescents face, ways to address these issues, the negative effects of poverty on families with children, and the support needed to prevent the separation of children from their parents.
- The development of a culture of intersectional and interdisciplinary cooperation and collaboration can also benefit from the contribution of awareness-raising activities.

In terms of **collective impact**⁸⁶ the following steps are needed: (i) establish a common agenda, (ii) develop common measuring systems, (iii) mutually reinforcing activities, (iv) sound and constant communication between partners, and (v) a "backbone" to support the whole process. In terms of principles of practice: (i) design and implement the collective impact initiative with equity prioritization, (ii) include community members in collaborative processes, (iii) joint recruitment, (iv) use data to enable constant learning, adaptation, and improvement, (v) cultivate leadership based on unique system skills, (vi) focus on system programs and strategies, (vii) build a culture that stimulates and cultivates relationships, trust, and respect among participants, and (viii) adapt to local contexts.

ANNEX 1

METHODOLOGICAL FRAMEWORK OF THE THEMATIC REPORTS

CTWWC Thematic Reports	Methodological Framework
<p>Analysis of Child Reform in the Republic of Moldova</p> <p>(Report 1)</p>	<p>Analyze 55 normative acts, and their funding, regulating social services for children at risk or separated from their parents in order to establish compatibility of their provisions with the requirements of the UN Guidelines for the Alternative Care of Children.</p>
<p>Assessment of Child and Family Protection Personnel Training in the Republic of Moldova</p> <p>(Report 2)</p>	<p>Qualitative and quantitative approaches with semi-structured and applied individual interviews and data sheets/forms on the university training of social workers and the mapping of training programs.</p>
<p>Assessment of Social Services for Vulnerable Children and Families</p> <p>(Report 3)</p>	<p>Qualitative and quantitative research at the national level: (i) qualitative: in-depth individual interviews with decision-making representatives from the MHLSP and the ANAS; 12 focus group discussions with the participation of 125 specialists, practitioners, decision-makers, heads of STASs, social services specialists, secretaries of the district CPCD, and members of the multidisciplinary community team; six interviews with representatives of residential care institutions; and (ii) quantitative: 36 complex questionnaires applied to STAS; 39 complex questionnaires applied to residential care institutions that have children; 1,030 questionnaires regarding the professional competences of social services specialists addressed to children and families operated by STAS.</p>
<p>Analysis of Existing National and International Practices in Case Management</p> <p>(Report 4)</p>	<p>Analyze existing guidelines, operational procedures, tools, and materials in the field of CM at national and international levels, identify strengths and weaknesses of the CM Guide approved in 2016 by the MLSPF, and develop recommendations for a working group set up for this purpose.</p>
<p>Knowledge, Attitudes, and Practices of Reintegrating Children into Families and Prevention of Child-Family Separation</p> <p>(Report 5)</p>	<p>Field research involving 1,005 people over 18 years old from over 382 localities. Included were two group discussions with formal and informal leaders and 16 in-depth interviews with different categories of parents.</p>

<p>Analysis of Research Reports regarding the Reintegration of Children in Residential Institutions.*</p> <p>(Report 6)</p> <p><small>*Report only available in Romanian.</small></p>	<p>Quantitative and qualitative methods were applied, including 13 research and evaluation reports that were analyzed covering the years 2007-2020, two focus group discussions with public and associative sector specialists, and four Good Practice Sheets were collected from NGOs involved in the deinstitutionalization process.</p>
<p>Findings from Child Assessments in Six Residential Institutions</p> <p>(Report 7)</p>	<p>In the context of the COVID-19 pandemic, the evaluation of children was carried out with the involvement of staff from residential care institutions and representatives specialized in the fields of evaluation (social workers, psychologist/psycho-pedagogues, and doctors/nurses). The selection of institutions took into account the particulars of children in residential placement, especially children aged 0-3 years and children with severe disabilities who have increased vulnerability. The review of tools consulted with various specialists in the field and were improved based on the recommendations of the extended working group of specialists. The local evaluation team benefited from capacity building activities in applying forms for evaluation and mentoring during the evaluation by CTWWC partner organizations.</p>
<p>Analysis of the Regulatory Framework and Financing Mechanism for the Alternative Care System</p> <p>(Report 8)</p>	<p>Analyze 55 normative acts, and their funding, regulating social services for children at risk or separated from their parents to establish compatibility of their provisions with the requirements of the UN Guidelines for the Alternative Care of Children.</p>

ANNEX 2

FRAMEWORK FOR CORRESPONDENCE BETWEEN SYSTEMIC RECOMMENDATIONS AND NCPP 2022–2026

The tables below systematize and visually summarize the key information needed for facilitating access to relevant data generated by the thematic reports that can strengthen the NCPP in a broad collaborative process already underway between key players in the field in the Republic of Moldova. Each overall objective (OO) is presented together with its specific objective (SO) in an individual table, indicating the lines of correspondence with the thematic reports within CTWWC and the systemic approach adopted by the report.



Table 2: : Correspondence between OO1 of NCPP and CTWWC: All children live in a non-violent environment

















OO 1	CTWWC Report	Systemic approach
SO 1.1 – Strengthening activities to prevent violence through information, awareness	Report 2	  
SO 1.2 – Strengthening intersectional cooperation mechanism	Reports 3, 4 & 8	   
SO 1.3 – Developing services for preventing and combating violence	Reports 3, 6 & 7	   
SO 1.4. Strengthening activities through cooperation in the educational, community, and media environment	Reports 4 & 5	    

Table 3: Correspondence between OO2 of NCPP and CTWWC: Children grow up in a safe and protective family environment ensuring their welfare




















OO 2	CTWWC Report	Systemic approach
SO 2.1 – Strengthening the capacities of families to ensure the welfare of children	Report 3	  
SO 2.2 – Mobilizing the community to ensure the welfare of children	Report 5	  
SO 2.3 – Developing alternative family-based services	Reports 3 & 8	   
SO 2.4 – Reducing the number of children in residential care institutions	All Reports	     
SO 2.5 – Reducing the effects of parental migration on children's welfare	Report 3	  



Table 4: Correspondence between OO3 of NCPP and CTWWC: Children benefit from an effectively managed child protection system

OO 3	CTWWC Reports	Systemic approach
SO 3.1 – Human resources are sufficient for the proper functioning of the system	Report 2	
SO 3.2 – Initial and continuing education system works and meets needs	Report 2	
SO 3.3 – Mechanism of data collection, analysis, and monitoring is implemented at the national level	Reports 3 & 8	
SO 3.4 – Financial resources are allocated sufficiently and efficiently	Report 8	
SO 3.5 – Legislative framework is strengthened, comprehensive, and effectively implemented	Report 8	
SO 3.6 – Children are involved in decision-making at all stages	Reports 5 and 6	
SO 3.7 – Duties of local and central authorities with responsibilities in child protection are established effectively	Report 8	
SO 3.8 – Child protection policy is effective and efficient	All Reports	

SELECTIVE BIBLIOGRAPHY

CELCIS 2012: Centre for Excellence for Looked After Children in Scotland, (CELCIS) at the University of Strathclyde; International Social Service (ISS); Oak Foundation; SOS Children's Villages, International; and United Nations Children's Fund (UNICEF) 2012 MOVING FORWARD: Implementing the "Guidelines for the Alternative Care of Children."

Childhub 2016: Report of Children in the Republic of Moldova intended for the UN Committee on the Rights of the Child, 2016.

Collective Impact Forum 2014: CI_Readiness_Assessment_Jan_7_2014 (collectiveimpactforum.org)

EUROSTAT 2021

GSSWA 2020: Global Social Service Workforce Alliance 2013, Defining the Social Service Workforce, <https://www.socialserviceworkforce.org/defining-social-service-workforce>

Inter-Agency Statement 2013: On strengthening child protection systems in Sub-Saharan Africa: A call to action to African Union States, Inter-Agency Working Group, April 2013

MSMPS 2020: The Republic of Moldova, violence against children and youth survey, 2019

NBS 2020: Report "Children of Moldova", National Bureau of Statistics (NBS) of the Republic of Moldova 2020

OECD 2019: Conceptual framework of the Organization of Economic Cooperation and Development (OECD) on Child Vulnerability. Changing the Odds for Vulnerable Children: Building Opportunities and Resilience (2019)

UNDESA 2021: Transforming Our World: The 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs (un.org)

UNDP 2020: Assessing COVID Impacts on the SDGs - UNDP Covid-19 Data Futures Platform

UNICEF 2002: UNICEF Guide, Writing a Good Executive Summary – UNICEF Guide | Better Evaluation

UNICEF 2010 (Maestral International): The User's Guide on Child Protection Systems Mapping and Assessment Toolkit, UNICEF, developed by Maestral International

United Nations Evaluation Group (UNEG) 2008: Code of Conduct for Evaluation in the UN system. <http://www.unevaluation.org/document/detail/100>

UNGA Resolution on the Rights of the Child 2019, 2019 UNGA Resolution on the Rights of the Child | Better Care Network

World Bank 2008: Risk and Vulnerability Analysis in World Bank Analytic Work: FY2000—FY2007

ENDNOTES

1. For more details, please access Changing the Way We Care .
2. For more details, please access Catholic Relief Services (crs.org).
3. For more details, please access Maestral International.
4. A series of policy documents are available at Document Library (unevaluation.org).
5. Better Care Network (BCN) provides similar documents.
6. Unpublished document.
7. In the process of finalization.
8. In accordance with the User's Guide developed by Maestral International for UNICEF's Child Protection System Mapping and Assessment Toolkit, UNICEF 2010.
9. The Sustainable Development Agenda includes 17 objectives that Member States have committed to achieving by 2030.
10. For implementation details please access the report in English MOVING FORWARD: Implementing the 'Guidelines for the Alternative Care of Children', CELCIS 2012.
11. 2019 UNGA Resolution on the Rights of the Child | Better Care Network.
12. UNEG Code of Conduct for Evaluation in the UN system.
<http://www.unevaluation.org/document/detail/100>.
13. Cf. OCDE 2019, op.cit. Further details on OECD page.
14. National Bureau of Statistics (NBS) of the Republic of Moldova 2020, Report "Children of Moldova," Op. Cit.
15. NBS 2020, Op. Cit.
16. Ibid.
17. MHLSP 2020, The Republic of Moldova, violence against children and youth survey, 2019.
18. In the process of finalization. Details on status of advancement to Children of the Republic of Moldova will benefit from a new Child Protection Program for 2022-2026 - DGCP.
19. Cf. National Bureau of Statistics of the Republic of Moldova on 01/01/2021, in the NCPP 2022-2026 preparation document.
20. Adopted and opened for signature, ratification and accession by UN General Assembly Resolution no. 44/25 of 20 November 1989, to which the Republic of Moldova acceded in 1993, cf. Convention on the Rights of the Child | UNICEF Moldova.
21. Treaty bodies download (ohchr.org).
22. Ministry of Health of the Republic of Moldova (gov.md).
23. For examples, information can be accessed at The World Bank Group's Response to the COVID-19 Pandemic.
24. The page of the Ministry of Health of the Republic of Moldova (gov.md) provides information about COVID-19 measures.
25. Throughout the report, explicit reference will be made to the seven individual reports that formed the central basis of information, data and findings for the preparation of this report.
26. A series of policy documents are available at Document Library (unevaluation.org).

27. Better Care Network (BCN) provides similar documents.
28. In accordance with the User's Guide developed by Maestral International for UNICEF Child Protection System Mapping and Assessment Toolkit, UNICEF 2010.
29. Inter-Agency Statement on strengthening child protection systems in sub-Saharan Africa: A call to action to African Union States, Inter-Agency Working Group (see the list of the 13 organizations in the link), April 2013.
30. Note that this approach also provides for a harmonization of the ways of cooperation between various UN Agencies: Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies.
31. Sustainable Development Agenda includes 17 Objectives that Member States are committed to achieving by 2030.
32. For implementation details, please access the report in English MOVING FORWARD: Implementing the 'Guidelines for the Alternative Care of Children', CELCIS 2012.
33. 2019 UNGA Resolution on the Rights of the Child | Better Care Network.
34. Report of Children in the Republic of Moldova directed to the UN Committee on the Rights of the Child 2016 | ChildHub.
35. UNEG Code of Conduct for Evaluation in the UN system.
<http://www.unevaluation.org/document/detail/100>.
36. World Bank 2008, Risk and Vulnerability Analysis in World Bank Analytic Work: FY2000 –FY2007.
37. Conceptual framework of the Organization of Economic Cooperation and Development (OECD) on child vulnerability is the main element underlying the next chapter. More information may be accessed in English in OECD Library in the report Changing the Odds for Vulnerable Children: Building Opportunities and Resilience (2019).
38. Cf. OCDE 2019, op.cit. More details on OECD page .
39. National Bureau of Statistics (BNS) of the Republic of Moldova 2020, Report 'Children of Moldova', Op. Cit.
40. According to EUROSTAT data.
41. NBS 2020, Op. Cit.
42. NBS 2020, Op. Cit.
43. Ibid.
44. Data according to Report 3.
45. MHLSP 2020, The Republic of Moldova, violence against children and youth survey, 2019.
46. Data according to Report 3.
47. According to the situational analysis for the preparation of NCPP 2022-2026, unpublished document.
48. Ibid.
49. Data according to Report 3.
50. Data according to Report 3.
51. Data according to Report 3.
52. Data according to Report 5.
53. Data according to Report 6.
54. Data according to Report 4.
55. OCDE 2019, Op. Cit.
56. Data according to Report 2

57. Data according to Report 3
58. Data according to Report 8, which also include specific legislative references for each provision.
59. Data according to Report 4.
60. Defining the Social Service Workforce, <https://www.socialserviceworkforce.org/defining-social-service-workforce>, Global Social Service Workforce Alliance (GSSWA).
61. Data according to Report 2.
62. Such recommendations are relevant for NCPP 2022–2026 regarding SO 1.2 – Strengthening intersectional cooperation mechanism, SO 1.4. Strengthening activities through cooperation in the educational, community and media environment, SO 2.3 – Developing alternative family-based services, SO 2.4 – Reducing the number of children in residential care institutions, GO 3 – Children benefit from an effective child protection system.
63. According to Report 8.
64. Data according to Report 2.
65. Data according to Report 4.
66. Such recommendations are relevant for NCPP 2022–2026 on OO1 – All children grow up in a non-violent environment, OO2 – Children grow up in a safe and protective family environment ensuring their welfare, OO 3.3 – Mechanism for data collection, analysis and monitoring is implemented at the national level, OO 3.6 – Children are involved in the decision-making process at all stages, and OO 3.8. – Child protection policy is effective and efficient.
67. Data according to Report 3.
68. Data according to Report 5.
69. Such recommendations are relevant to the NCPP 2022–2026 regarding SO 1.2 – Strengthening cross-sectoral cooperation mechanism, SO 1.3 – Developing services for preventing and combating violence, SO 1.4. – Strengthening activities through cooperation in the educational, community and media environment, SO 2.1 – Strengthening the capacity of families to ensure the welfare of children, SO 2.3 – Developing family-type alternative care services, SO 2.4 – Reducing the number of children in residential care institutions, SO 2.5 – Reducing the effects of parental migration on children's welfare, SO 3.3 – Mechanism for data collection, analysis and monitoring is implemented at the national level, SO 3.6 – Children are involved in the decision-making process at all, and SO 3.8 – Child protection policy is effective and efficient.
70. Data according to Report 6.
71. Data according to Report 3.
72. Data according to Report 4.
73. Such recommendations are relevant to the NCPP 2022–2026 regarding SO 1.2 – Strengthening the cross-sectoral cooperation mechanism, SO 2.4. – Reducing the number of children in residential care institutions, SO 3.1 – Human resources are sufficient for the good functioning of the system, SO 3.2 – System of initial and continuous training is operational and meets the needs, SO 3.3 – Mechanism of data collection, analysis and monitoring is implemented at national level, and SO 3.8 – Child protection policy is effective and efficient.
74. Data according to Report 6.

75. Data according to Report 2.
76. Data according to Report 4.
77. Such recommendations are relevant to the entire NCPP 2022–2026, respectively OO 1 – All children grow up in a non-violent environment, OO 2 – Children grow up in a safe and protective family environment ensuring their welfare, respectively OO 3 – Children benefit from an effectively managed child protection system.
78. Data according to Report 8.
79. Data according to Report 6.
80. Data according to Report 2.
81. Data according to Report 3.
82. According to Report 5.
83. Such recommendations are relevant to the NCPP 2022–2026 on SO 1.1 – Strengthening activities to prevent the phenomenon of violence through information, awareness, SO 1.3 – Developing services for preventing and combating violence, SO 1.4. – Strengthening activities through cooperation in the educational, community and media environment, SO 2.2 – Mobilizing the community to ensure the welfare of children, SO 2.4 – Reducing the number of children in residential care institutions, SO 3.6 – Children are involved in decision-making at all stages, and SO 3.8 – Child protection policy is effective and efficient.
84. Data according to Report 5.
85. CI_Readiness_Assessment_Jan_7_2014.pdf (collectiveimpactforum.org)

Changing the Way We Care

www.changingthewaywecare.org 

info@ctwwc.org 

If you'd like to provide feedback on this document,
we'd love to hear from you. Please email:
CTWWCLearning@ctwwc.org



MacArthur
Foundation