

MOLDOVA COUNTRY REPORT

Formative and Summative Evaluation of the Childcare and
Deinstitutionalisation Reforms in eight countries in Europe and Central
Asia from 2009 to 2022



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Authors	Awaz Raoof, Sihana Bina, Professor Dame Carolyn Hamilton and Associate Professor Diana Cheianu-Andrei
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This evaluation was conducted by Coram International on behalf of UNICEF Europe and Central Asia Regional Office as part of a regional formative and summative evaluation of childcare and deinstitutionalisation reforms in eight countries (Armenia; Bulgaria; Georgia; Moldova; Montenegro; North Macedonia; Serbia; and Tajikistan) from 2009 to 2022. In-country data collection for the evaluation in Moldova was carried out by Awaz Raoof and Diana Cheianu-Andrei. The Coram International team is led by Professor Dame Carolyn Hamilton DBE. Team members who are part of the region-wide evaluation team include, Kara Apland, Sihana Bina, Catherine Burke, Farah Elhouni, Bruce Grant, Ramyah Harrichandrian, Rosalie Lord, Awaz Raoof and Amelia Smith.

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List of Acronyms

APP	Professional parental assistance
CCTF	Family-Type Children's Homes
CPD	Country programme document
CRC	UN Convention on the Rights of the Child
CRC Committee	UN Committee on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRPD Committee	UN Committee on the Rights of Persons with Disabilities
DFID	Department for International Development of the UK Government (now part of the FCDO)
DI	Deinstitutionalisation
ECARO	Europe and Central Asia Regional Office
ERG	Evaluation reference group
EU	European Union
FCDO	Foreign and Commonwealth Development Office of the UK Government
FGD	Focus group discussion
GA	Guardianship authority
GBP	British pound sterling
KII	Key informant interview
LPA	Local public administration authority
LPA1	Local public administration authority of the first level – Mayoral Offices at village level or city/town level
LPA2	Local public administration authority of the second level (district level/ Chisinau municipality/ autonomous territorial unit)
MDL	Moldovan Leu
MoER	Ministry of Education and Research
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSP	Ministry of Labour and Social Protection
RI	Residential institution
SEN	Special educational needs
SIDA	Swedish International Development Cooperation Agency
SSWF	Social service workforce
TACIS	Technical Assistance to the Commonwealth of Independent States
ToC	Theory of Change
ToR	Terms of reference
TSSA	Territorial Structures of Social Assistance
UN	United Nations
UNEG	UN Evaluation Group
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
USD	United States Dollar

EXECUTIVE SUMMARY

This report presents the main findings, conclusions and recommendations of a formative and summative evaluation of childcare and deinstitutionalisation (DI) reforms in Moldova from 2009 to 2022. The evaluation was commissioned by the United Nations Children's Fund (UNICEF) Europe and Central Asia Region Office (ECARO), as part of a multi-country evaluation of the impact of national childcare reforms in eight countries in the region (Armenia; Bulgaria; Georgia; Moldova; Montenegro; North Macedonia; Serbia; Tajikistan) and was conducted by Coram International.

1.1. Object, Purpose, Objectives and Users

The **object** of this evaluation is the national childcare reforms undertaken in Moldova between 2009 and the end of 2022, with a focus on DI, children with disabilities and children for whom it is often difficult to find a durable family-based placement ("hard to place children"). The evaluation does not include the detention of children in conflict with the law but does include children at risk of offending. The evaluation does not provide an assessment of inclusive education, early detection and intervention in disability cases, broader social protection programming to alleviate poverty but instead identifies any barriers/ bottlenecks in the child protection system to children accessing these services and the impact of these barriers/bottlenecks to childcare and DI reforms. The object of the evaluation covers all government childcare and DI reforms in Moldova, including those which were not implemented directly with UNICEF. A cost analysis does not form part of the terms of reference.

Regarding **implementation status** of the object, childcare and DI reforms in Moldova from 2009 to 2022 straddle several national policies and UNICEF country programme documents (CPDs). This evaluation therefore covers reforms which have already been implemented (the summative element) as well as the approach under the current CPD 2023-2027 (formative element).

The **purpose** of the evaluation is to provide a rigorous assessment of the results of DI and childcare reforms undertaken by the government of Moldova and UNICEF, with a particular focus on children with disabilities and hard to place children. The evaluation's geographical scope covers programming across Moldova at both national and sub-national levels.

The **objectives** of the evaluation are to:

- Assess the impact of childcare policies and understand what worked and what did not in the DI of children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of the reforms;
- Assess the actual and potential contribution of UNICEF's work to national progress in the reforms;
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems; and
- Assess the extent to which the childcare system was prepared to respond to the influx of population from the war in Ukraine, to inform the development of the recommendations above.

The primary **intended use** of the evaluation is for UNICEF ECARO and UNICEF Moldova Country Office to support efforts by the national and sub-national government, NGOs and other partners in Moldova to progress DI and childcare reforms. The primary **intended users** of the evaluation are therefore UNICEF ECARO, UNICEF Moldova Country Office, the government of Moldova (most notably MoLSP, MoER, MoH and MoF), public administration authorities at the first and second levels (LPA1 and LPA2), social work and academic training bodies, NGOs, UN agencies and donors working on the social services system and child protection issues in Moldova.

1.2. Methodology

The methodology is based on the Organisation for Economic Co-operation and Development / Development Assistance Committee criteria of **relevance, effectiveness, impact, efficiency, sustainability and coherence**. The methodology was equity and rights-based and adopted a theory-based approach to determine whether, how and why (or why not) childcare reform initiatives have led to the changes set out in the reconstructed Theory of Change (ToC) at the outcome and impact levels. The reforms aimed to achieve **two outcomes**: a significant decrease in the rate of children separated from their families (Outcome 1); and children, including children with disabilities, only being placed in residential care where such setting is specifically appropriate, necessary and constructive for the child and in his/her

best interests (Outcome 2). The **overall impact** of the reforms is to ‘establish the necessary conditions for raising children, including children with disabilities, in a family.’

The evaluation was consultative and participatory, and involved a gender-responsiveness methodology. A **mixed-methods** approach to data collection and analysis was adopted, incorporating both quantitative (using secondary data) and qualitative methods to gather data that is rich, explanatory, accurate and measurable. This enabled triangulation of results, improving their validity.

The evaluation involved a desk review, analysis of secondary/ administrative data and primary data collection through KIIs with government, UNICEF and NGOs, and individual interviews and focus group discussions (FGDs) with children, parents/carers and professionals and practitioners. Primary data collection was carried out with stakeholders at the national level in Chişinău or, where necessary, online, and at the sub-national level in four districts/ municipalities: Chişinău; Făleşti; Ialoveni; and Hînceşti.

A total of **67 interviews/FGDs** were carried out consisting of: two KIIs with UNICEF; nine KIIs with government line Ministries/agencies at the national level; 10 individual/group interviews or FGDs with staff in residential care settings; five individual/group interviews or FGDs with community social assistants and child protection specialists; two interviews with staff at the Inclusive Education Unit; seven individual/group interviews with gatekeeping commissions and TSSAs; five individual/group interviews or FGDs with parents, carers, professional parental assistants and parent educators; 10 individual/group interviews with NGOs; three individual interviews with young people who have aged out of care; and 14 individual/group interviews, FGDs or participatory sessions with children (13 girls and eight boys, three of whom were known to have a disability).

1.3. Key Findings

Relevance: Reforms to childcare laws and policies have been extremely relevant to DI. These required, among other things: strengthening gatekeeping and coordination mechanisms at the local levels; the establishment of a continuum of care and social services; the closure/transformation of RIs; and redirection of funds from RIs to funding a minimum package of social services and inclusive education. The legal and policy reforms are broadly in line with international and regional child rights standards, which have been important drivers of these reforms, particularly in the context of EU accession negotiations. UNICEF’s input has been extremely relevant, including technical and financial support, strategic advice, advocacy, knowledge-sharing and capacity-building. However, the UNICEF-Government of Moldova country programme document (CPD) 2023-2027 lacks explicit indicators on DI which is a gap.

The reforms targeting children with disabilities to ensure their social and educational inclusion. Recent reforms also recognise the needs of certain other hard to place children (namely, children at risk of offending and children left behind), albeit to a more limited extent. However, there is little in the reforms reflecting a gender-based approach to DI (except for CPD 2023-27) or consideration of the needs of ethnic minority children (Roma). Further, some laws and policies, such as those regarding children at risk of offending, are not fully aligned with international child rights standards.

Effectiveness/Impact: Moldova has made excellent progress in reducing the number of children in formal residential care, as evidenced by a 92 per cent reduction in numbers between 2009 and 2022. Good progress has also been made in reducing the numbers of children with disabilities (95 per cent reduction between 2009 and 2021). However, there was a more modest decrease of 8 per cent between 2017-2021 in the numbers of children separated from their parents, with significant gender disparities in the percentage decrease (3 per cent decrease in the numbers of girls and 13 per cent decrease for numbers of boys).

The outcomes can be attributed to: the legal and policy reforms and large-scale closure of RIs; the continuum of community-based support services and family-based alternative care; development of referral and gatekeeping mechanisms and case management procedures; recruitment of a social service workforce (SSWF) to operationalise these mechanisms; and parallel reforms particularly for inclusive education. The commitment and buy-in of government was crucial, whilst UNICEF played a key strategic and technical role. The reforms would not have been possible without civil society, which played a major role in awareness-raising, closing/transforming individual RIs, providing social services and technical input to support inclusive education, and keeping DI on the agenda during emergencies.

However, there has been a plateau in progress to reduce formal residential care for children with disabilities. Children with complex disabilities, aged zero to seven, older adolescent children and children at risk of offending, are

particularly hard to place. The reasons for this include: inconsistent availability and quality of (specialist) social services and family-based alternative care; challenges in implementing guardianship arrangements for children left behind; changes in behaviours and attitudes of stakeholders and public not being universal; remaining barriers to inclusive education; varying quality of case management and decisions not always being in the child's best interests but, rather, due to a lack of alternatives; challenges in sustaining and supporting a SSWF in the child protection system; and gaps in national child rights monitoring mechanisms.

With the support of UNICEF and civil society, the MoLSP was able to provide social services to thousands of Ukrainian children and their families, helping to minimise the risks of family separation. Though unintended, the emergency response helped to develop the skills of social service workers and encourage NGOs to expand services for refugees to other groups of children. However, the response to the crisis reinforced and exacerbated a major existing challenge in the system: limited availability of social service workers to work with families. The crisis response also further highlighted the inconsistent availability of community-based support services, particularly for children with disabilities, such as early intervention services. Stakeholder views on the ability of the childcare system to cope were nuanced.

Efficiency: The inadequate allocation of financial and human resources by the State towards DI and childcare reform has been a challenge since the beginning of the evaluation period, though the central Government is taking targeted steps to address this. Despite the laws and policies requiring reallocation of funds from RIs to community-based services, this reallocation has not been consistent throughout Moldova and insufficient financial resources have been allocated by LPAs to the development of social services at community level. A key cause for this challenge is that the central government delegated responsibility for the development of social services to LPAs without also transferring sufficient financial resources to LPAs to enable them to do this. There are also varying levels of political will among LPAs towards the reforms and broader structural factors such as the government financial deficit. These are key reasons for the unequal distribution and quality of social services in Moldova. Further, low salaries and an excessive workload are contributing to the insufficient number and high turnover of child protection specialists.

Coherence: There has been strong alignment between civil society and government in planning and implementing DI. Strengthened inter-sectoral coordination, particularly through the Coordination Council for the Reform of the Residential Childcare System (MoLSP, MoER, MoH, MoF and UNICEF) have been essential for DI. Progress has made in strengthening coordination mechanisms for handling individual cases, though challenges remain with regard to coordinating primary prevention services.

Sustainability: The reforms have resulted in sustained changes to the normative framework through the adoption of laws and policies which broadly align with international and regional child rights standards. Other factors enabling sustainability include: changes in attitudes and behaviours of key stakeholders (though these have not been universal); establishment of necessary institutional mechanisms (e.g. gatekeeping commissions); and improvements in coordination and multi-sector working. The inconsistent investment by LPAs in social services have created real risks to sustainability, resulting in some reliance by Government on external funds to implement the reforms. UNICEF has contributed to sustainability through its technical support for developing the legal, policy and institutional frameworks and strategy work through the Coordination Council mentioned above.

1.4. Conclusions

Relevance: Moldova's reforms and reconstructed ToC are extremely relevant to childcare reform, DI and the needs of children at risk. Moldova has made significant progress in developing a strong legal and policy framework. The legal requirement for the reallocation of financial resources from closed/transformed RIs to developing social and educational services was a particularly positive aspect. The range of social services in the legal and policy framework is vast and too extensive to offer consistently throughout the country during the evaluation period. Serious consideration should be made to the long-term relevance of small-scale residential care units where hard to place children may remain in limbo until adulthood, creating conditions akin to institutionalisation. The reconstructed TOC includes relevant risks and assumptions though requires explicit reference and increased attention to hard to place children and gender-responsive programming. UNICEF's programming has, on the whole, been relevant to DI and childcare reform. However, specific indicators relating to childcare and DI should be included in the CPD 2023-2027.

Effectiveness: Moldova has made excellent progress towards achieving the outcomes of the ToC and contributing to establishing the necessary conditions for raising children in a family. Most of the progress made is in relation to Outcome 2. The output relating to the development of community-based services has not yet been fully achieved, and

goes towards explaining the partial attainment of the Outcomes. Excellent progress has been made in achieving outputs relating to the development of the institutional framework and improved functionality of gatekeeping and childcare mechanisms at the local levels, though some challenges remain here (see Efficiency). Though there are data gaps, excellent progress has been made in closing/transforming RIs and financial resources redirected to social services and inclusive education. There continues to be a need for social and behavioural change strategies in favour of DI. UNICEF's added value, as compared to other international NGOs working in this area, has been in its strategic advantage to promote coherence among stakeholders.

The childcare system has responded well to external factors, most notably the Ukraine refugee crisis. Numbers of children in RIs do not, as yet, appear to have been affected significantly by emergencies. However, they have amplified existing challenges, most notably the limited numbers and high workloads of social service workers in the child protection and social services systems. This finding indicates that Moldova would not have been able to respond to these challenges as effectively as it did without the extensive external support.

Efficiency: While the legal requirement to reallocate financial resources from closed/transformed RIs to developing social and educational services has been vital, it has not resulted in consistent investment by LPAs. This is mainly due to the insufficient transfer of financial resources from central government to LPAs, external factors such as government financial deficit and varying levels of political will. Despite the progress made in building social work capacities, the SSWF is in need of development and support.

Coherence: The excellent coherence between key childcare NGOs, line Ministries (MoLSP, MoER and MoF), UNICEF and certain LPAs to close/transform RIs, has been a key factor contributing to the large drop in numbers of children in formal residential care. Coherence was achieved through the establishment of a multi-sector coordination council, established links with the Presidential Office reinforcing buy-in from the highest political levels, UNICEF's financial and strategic input to convene stakeholders, the involvement of the MoF, and the advocacy and technical expertise of NGOs. However, stakeholders' aims and strategies have not always been aligned at the local levels, due to varying levels of political will among LPAs. There is also concern among some NGOs that the recentralization of social services as part of the Restart reforms will undo some of the reforms. At the sub-national levels, there is a need to clarify and train professionals and practitioners on the case management framework for child protection cases and primary prevention services.

Sustainability: The reforms have resulted in sustained changes to the legal and policy framework. There has been good progress in creating an enabling environment for sustainability, most notably through changes in behaviours and attitudes of key stakeholders, establishing gatekeeping and referral mechanisms, and improvements in intersectoral coordination to develop and implement the reforms. However, challenges remain across all these areas, which need to be addressed to support sustainability. The lack of funding for services at LPA levels is one of the most significant, if not the most significant, barrier to sustaining DI, resulting in a reliance by government on external funds to sustain the reforms. UNICEF is well-placed to provide technical and strategic advice to government to ensure that the recentralisation of social services does not undo progress in DI and that emergency preparedness is integrated into this.

1.5. Lessons Learned

- i. To achieve DI, particularly where RIs fall under various line Ministries and administrative levels of government, it is important to develop political buy-in at the highest levels of government and mechanisms for regular inter-sectoral coordination among civil society and government at national and local levels.
- ii. Particularly where large numbers of children reside in boarding schools, it is beneficial to introduce a legal requirement to redirect funds from closed/transformed RIs to developing inclusive education, social and child protection services.
- iii. In order to sustain childcare reforms, it is not sufficient to recruit or reallocate social service workers to providing case management and social services; ongoing efforts are needed to develop and support them.
- iv. Although small scale residential care settings are important for facilitating the first stage of the DI process, it is essential to monitor how these settings are used, to ensure that they do not create conditions similar to institutionalisation.

1.6. Recommendations

1. Policy: Key line Ministries (particularly MoLSP, MoH, MoER and MoF) lead efforts through the National Council for the Protection of Children's Rights in close consultation with NGOs, to develop a costed national action plan on DI and childcare reform for the next three years. **(Develop plan in short term; implementation in medium-term)**

2. Continuum of care and social services: As part of the Restart reforms, the MoLSP, with the support of the MoF:

- Invests in and ensures the consistent availability of primary and secondary family support services in all districts and maintains the gatekeeping and case management mechanisms, particularly of children aged zero to three;
- Further diversifies foster care and expands specialist social services for children with disabilities;
- Expands social services to support children aging out of the childcare system;
- Funds community-based rehabilitation programmes for children at risk of offending;
- Develops a framework for accreditation and licensing of all alternative care providers including regular monitoring by an independent body. **(Development of plan in short term; implementation in medium-term)**

3. Deinstitutionalisation:

- The MoLSP introduces a legal moratorium on new placements of children under the age of seven years in residential care, and develops a plan for and monitors the deinstitutionalisation of all children remaining in large-scale RIs;
- The stakeholders in recommendation 1 include plans for the progressive scaling-down and deinstitutionalisation of children in all remaining public and private temporary placement centres and community houses. **(Implement moratoria immediately; develop plans in short term; implementation in medium-term)**

4. Inclusive education: The MoER and Republican Centre for Psycho-Pedagogical Assistance, in collaboration with Psycho-Pedagogical Assistance Services and NGOs in the sector, and with the support of the MoF, continue to develop educational support services to ensure inclusive education of children with disabilities and/or with special educational needs. **(Planning in the short-term; implementation in medium-term)**

5. M&E:

- The MoLSP conducts an inventory of all remaining residential care settings in Moldova to monitor them and inform the DI plans above.
- In developing its information management system for individual cases, the MoLSP ensures that it collects data to monitor the number of cases in which family separation is prevented. **(Development of plan in short term; implementation in medium-term)**

6. SSWF Strengthening: The MoLSP develops a five-year plan for the planning, development and support of the SSWF, with a focus on child protection specialists in the child protection system. **(Development of plan in short term; implementation in medium-term)**

7. Intersectoral coordination:

- The National Council for the Protection of Children's Rights keeps childcare and DI reforms as a priority issue on its agenda and uses the forum to ensure coherent decision-making among stakeholders towards this aim, including with LPAs through local councils.
- The MoLSP, MoER, MoH, MoF and childcare NGOs consider re-establishing a coordination council to work with LPAs and implement childcare/DI reforms. **(Short-term and ongoing)**

8. Social and Behavioural Change: MoLSP, with the support of the MoF, plans and implements a social and behavioural change strategy to promote the importance of and recruit potential foster carers and adopters, particularly for children who are hard to place, and guardianship care provisions for children left behind. **(Development of plan in short term; change over medium to long-term)**

9. Emergency preparedness: All stakeholders, including line Ministries, LPAs, civil society and UNICEF, factor in strategies and contingencies for emergency/crisis preparedness into child protection and DI programming. **(Short-term and ongoing)**

10. UNICEF: Provide technical expertise, advocacy and strategic advice to implement the recommendations above, as well as support the government and NGO stakeholders to mobilise financial and material resources for this purpose.

1. BACKGROUND

1.1. Object of the Evaluation

The object of this evaluation is the national childcare reforms undertaken in the Republic of Moldova (hereinafter Moldova) between 2009 and the end of 2022, with a focus on deinstitutionalisation (DI). For these purposes:

- ‘Childcare reforms’ refer to the reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection.
- ‘Deinstitutionalisation’ refers to the process of planning transformation, downsizing and/or closure of residential institutions (RIs), while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards.¹ DI therefore consists of four elements, namely, (i) the prevention of placing children in RIs, (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.²

The object of the evaluation refers to childcare and DI reforms throughout Moldova although it was not possible for the evaluators to undertake in-country data collection in the Gagauzia Autonomous Territorial Unit and Transnistrian region (hereinafter Transnistria).

The evaluation covers childcare and DI reforms targeting all children (i.e. persons under the age of 18 years), who are the rights holders and ultimate beneficiaries of the interventions. However, the evaluation pays special attention to:

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others;³ and
- ‘Hard to place’ children, namely, children for whom it is often difficult to find a durable family-based placement.

An overview of the description of the rights holders, their geographical locations and numbers are set out in **Table 1**.

Table 1: Description of rights holders

Category of rights holder	Relevance in the reforms	Geographical locations and numbers
Children in Moldova	Potential beneficiaries of interventions to prevent family separation and institutionalisation	Nationwide, there were approximately 788,400 children in January 2009 ⁴ and 539,400 children in January 2023 (278,214 boys and 261,186 girls). ⁵
Children in with disabilities	Potential beneficiaries of interventions to prevent family separation and institutionalisation	Nation-wide, there were 10,869 children with disabilities in 2009 ⁶ and 10,936 children with disabilities receiving state social allowances in January 2023. ⁷ In terms of the total estimated number of children with disabilities, there were approximately 10,700 children with disabilities in 2020. ⁸
Children in residential care	Beneficiaries of DI interventions	2009: 8,106 (gender breakdown unavailable) (MoLSP) 2011: 5,369 (2383 girls; 3328 boys) (TransMonEE) 2021: 828 (401 girls; 427 boys) (TransMonEE) 2022: 677 (336 girls; 341 boys) (MoLSP)

1. Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

2. Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

³ Convention on the Rights of Persons with Disabilities, Article 1.

⁴ National Bureau of Statistics of the Republic of Moldova, The situation of children in the Republic of Moldova in 2008, available at https://statistica.gov.md/ro/situatia-copiiilor-in-republica-moldova-in-anul-2008-9578_1725.html, accessed 29 November 2023.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ UN Partnership on the Rights of Persons with Disabilities. Situational Analysis of the Rights of Persons with Disabilities in Moldova. Available at: https://www.undp.org/sites/g/files/zskgke326/files/2023-02/Situation_Analysis_CountryBrief_Moldova_0.pdf

Child refugees and separated and unaccompanied child refugees	A group of children who are potentially at risk of family separation or at risk of institutionalisation where unaccompanied or separated, in the crisis context.	As at 17 May 2023, since the beginning of the war, Moldova received over 100,400 refugees from Ukraine, approximately 24 per cent of whom are children ⁹ and 953 of whom were separated or unaccompanied. ¹⁰
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The roles and responsibilities of duty bearers and non-state actors involved in implementing these reforms, as well as their geographical locations and numbers reached (where relevant), are summarised in **Table 2**.

Table 2: Overview of rights holders, duty bearers and implementing stakeholders

Category of stakeholder	Relevance / roles and responsibilities and linkages
National-level primary duty-bearers	
Ministry of Labour and Social Protection (MoLSP)	Designated central child protection authority responsible for, among other things; developing child protection and childcare policies; and monitoring the implementation of laws on social services to prevent and support DI and provide alternative care. It also continues to operate residential care settings for children at risk and children with disabilities and is the central authority for adoption.
Ministry of Health (MoH)	Responsible for temporary placement centres for children aged zero to seven; Physiopulmonological rehabilitation centre for children in Târnova and Cornesti and overall responsibility for the provision healthcare services including for children with disabilities and maternal services (as of 1 January 2024, these services are under the Agency for the Management of Highly Specialized Social Services).
Ministry of Education and Research (MoER)	Responsible for: special institutions for children with sensorial impairments, auxiliary boarding schools, boarding schools for orphans; education including pre-school; and inclusive education support services.
Ministry of Finance (MoF)	Overall responsibility for the allocation of the State budget towards national-level services and to local public administration authorities (LPAs).
National Council for the Protection of Children's Rights	Inter-sectoral council chaired by the Prime Minister, responsible for coordinating and monitoring the implementation of policies and treaties relating to child protection at the intersectoral, national, regional and local levels. ¹¹ Councils are also required to be established at the territorial level and at second-level local public administration authorities. ¹²
National Bureau of Statistics	Central statistical body responsible for compiling and disseminating data regarding the situation of children.
Child Rights Ombudsperson	Part of the national human rights institution (People's Advocate Office) responsible for protecting and promoting children's rights in Moldova as set out in the UN Convention on the Rights of the Child (CRC).
National Agency for Social Assistance (reorganised to the Agency for the Management of Highly Specialised Social Services)	Administrative authority under the MoLSP mandated to improve the quality of social services offered and monitoring of implementation of social services laws. The Restart reforms involve the transfer of functions of training social services staff to MoLSP. Under the Restart reforms, this agency has been reorganised into the Agency for the Management of Highly Specialised Social Services. ¹³
State Social Inspectorate	The State Social Inspectorate is subordinate to the MoLSP and is responsible for oversight and regulation of social assistance services. From May 2023, upon the approval of Government Decision 313, it has taken over the responsibility for accrediting social services from the National Council for the Accreditation of Social Service Providers, which has been dissolved.
Republican Centre for Psycho-Pedagogical Assistance	Centre responsible for overseeing the provision of inclusive education support services provided at district and school levels.
RIs	Residential institutions for children (noting that some of these fall under the authority of the LPAs and may therefore be sub-national stakeholders). Official numbers of RIs and residential care settings at the beginning and end of the evaluation period are unavailable (see part 4.2 for details). Based on the desk

⁹ Data provided by UNICEF Moldova.

¹⁰ UNICEF, 17 May 2023. Available at: <https://www.unicef.org/moldova/en/stories/child-protection-specialists-moldova-have-been-trained-improve-safety-measures-every-child#:~:text=Since%20the%20beginning%20of%20the,by%20their%20parents%20or%20caregivers>.

¹¹ Regulations for the National Council for the Protection of Children's Rights 2023, approved by Government Decision 338/2023, para. 2.

¹² Government Decision 338/2023), para. 2.

¹³ Government Decision No. 955/2023 regarding the reorganisation and operation of the Agency for the Management of Highly Specialised Social Services and the reorganisation of some public institutions under its mandate.

	review and primary data collection, there were 67 to 68 RIs in Moldova in 2007, 62 of which were under the then Ministry of Education and Youth (now the MoER). ¹⁴
Sub-national level primary duty-bearers	
Territorial Structures of Social Assistance (TSSA) and, in Chisinau, General Directorate for the Protection of Children's Rights at the second-level local public administration (LPA2) (i.e. district/municipal levels)	Acts as the territorial guardianship authority (and local guardianship authority in Bălți and Chișinău) responsible for, among other things: <ul style="list-style-type: none"> • working with local guardianship authorities to prevent family separation and reintegrate the child in the family; • providing support to local guardianship authorities to identify, evaluate and assist children at risk and children separated from their parents; • ensuring the placement of children separated from their parents; establishing/withdrawing the status of child without parental care; • establishing the status of adoptable child; determining training needs of child protection professionals; • identifying need for social services and recommending services to the LPA to meet these needs; and • raising awareness of children's rights. As part of reforms to the social services sector (see part 1.2.5), except for Chișinău and Gagauzia Autonomous Territorial Unit, these functions will be taken on by the new Territorial Social Assistance Agencies and new TSSAs.
Commissions for the Protection of the Child in Difficulty (referred to in this report as the 'gatekeeping commissions')	Intersectoral committee established under the district/municipal council of LPA2 responsible for, among other things: monitoring children in the childcare system and the delivery of services to children in difficulty to uphold children's rights to be raised in the family; and notifying the LPA on the need to establish new child protection services or extend existing ones. Under the Restart reforms, the commissions will be established under the subordination of the newly-established Territorial Social Assistance Structures, with the exception of Chișinău and Gagauzia Autonomous Territorial Unit.
Local public administration authority at the first level - mayors of villages/ sector/ city (LPA1)	Acts as the local guardianship authority responsible for: <ul style="list-style-type: none"> • working with territorial guardianship authority to prevent family separation and reintegrate the child in the family; • evaluating families with children at risk and of children separated from their parents; • ensuring emergency removals of children where there is imminent danger to child's life or health and emergency placements; • establishing guardianship on children left behind; and • monitoring of children at risk and undertaking awareness raising.
Relevant non-state actors	
Non-governmental organisations (NGOs)	NGOs provide technical expertise, advocacy and services to support childcare and DI reforms, including community-based services to prevent family separation, conducting assessments and monitoring the DI of individual children from RIs, and providing services to support social inclusion of children with disabilities and the placement of children in a family-based care arrangement.
International organisations and donors	International organisations and donors provide technical expertise, strategic advice and funding to support the childcare and DI reforms above. Key agencies providing funding for DI and childcare reforms include UNICEF, the EU and United States Agency for International Development (USAID). Other agencies who supported the reforms include: UNHCR, the former Department for International Development (DFID) which is now the Foreign and Commonwealth Development Office (FCDO), World Bank, and the Swedish International Development Cooperation Agency (SIDA).

Regarding implementation status of the object of the evaluation, childcare and DI reforms in Moldova from 2009 to 2022 straddle several national policies and UNICEF country programme documents (CPDs) (2007-2011, extended to 2012; 2013-2017; 2018-2022). This evaluation therefore covers reforms which have already been implemented. However, given that this is a formative evaluation, it is also necessary to consider the government's and UNICEF's planned approach to childcare and DI reforms in Moldova, as reflected in CPD 2023-2027. A summary of the object of the evaluation, as reflected in UNICEF CPDs, is set out in [Table 3](#) (further below).

The object of the evaluation covers all government childcare and DI reforms in Moldova, including those which were not implemented directly with UNICEF. As such, information regarding the cost or budget of both government and UNICEF-supported reforms is required. However, government financial data on childcare and DI reforms are limited. In addition, under UNICEF CPDs, childcare and DI components were integrated within several outcomes relating to

¹⁴ National Strategy regarding the reform of the residential childcare system 2007-2012, part 1; UNICEF Moldova and Terre des Homes, Evaluation of the Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, p. 23.

child protection, governance, social and behavioural change, education, health and child rights monitoring without any official breakdowns for the amounts allocated directly or indirectly to childcare and DI. This creates additional challenges to identifying the total budget or cost for the object of the evaluation. However, summaries of the budgetary and cost information available are set out in [Table 3](#) and

Table 4.

Table 3: Overview of the budget for childcare reforms in UNICEF country programmes

Country Programme	Programme Component	Budget (USD)
2007-2011, and extended to 2012	Outcome 4.1: By 2012, 30 percent less children are living in residential care Outcome 4.2: By 2012, national and local authorities and service providers detect, monitor, report and assist on cases of violence against children, including child trafficking Outcome 4.3: By 2012, families and communities improve knowledge and apply more practices preventing violence against children, especially violence in the family (See part 2.4 on the theory of change for linked outcomes on inclusive education, positive parenting and strengthened child rights monitoring)	8,000 (1,000 from regular resources and 7,000 from other resources)
2013-2017	Outcome 1: By the end of 2017, the government addresses disparities in access to quality education, health, protection and justice services for disadvantaged ¹⁵ children and families. (A breakdown of the amount allocated to childcare and DI component is not available).	17,000 (2,000 from regular resources; 15,000 from other resources)
2018-2022	Outcome 1: By 2022, Moldova national systems and services are more inclusive, able to protect the rights of children, and respond to the needs of the most vulnerable children ¹⁶ in an equitable way. (A breakdown of the amount allocated to the child protection output is not available.)	10,925 (2,525 from regular resources; 8,400 from other sources)
2023-2027	Outcome 1: By 2027, every young girl and boy, especially the most vulnerable, will enjoy the right to grow in a caring and protective family environment, benefiting from good-quality health care, early childhood development and learning support for the best start in life.	11,000 (1,500 from regular resources; 8,500 from other resources)

Table 4: Overview of the estimated costs for key national programmes relating to childcare and DI

Programme or Strategy	Programme Component or Objective	Estimated Costs (USD)
National Programme for Child Protection 2022-2026	Objective 1: consolidation of the child protection system in order to respond promptly and effectively to the needs of the child supported by an increase in the share of expenses allocated to family and child protection which will have an impact of reducing the extreme poverty rate among children	821,194 (MDL 14.823 million – 10.31 per cent of the total)
	Objective 2: Ensure zero tolerance towards violence against children so that the share of children who have been subjected to violence decreases and the share of the population that believes any act of violence against children must be reported to authorities for intervention increases	2,562,250 (MDL 46.25 million – 32.19 per cent of the total)
	Objective 3: Ensure that children grow up in a safe and protective family environment that guarantees their wellbeing so that the absolutely poverty rate of households with three or more children decreases and share of children at risk reduces (includes childcare and DI-specific sub-objectives)	4,556,650 (MDL 82.25 million – 57.25 per cent of the total) (Reminder allocated to coordination, monitoring, evaluation and reporting)

1.2. Context

1.2.1. Geographical and demographic context

The Republic of Moldova is a landlocked country situated in Eastern Europe, bordered by Romania to the west and Ukraine to the north, east and south. Moldova has a population of around 2.5 million people out of which

¹⁵ Defined as “children living in rural areas and children living in the region of Transnistria; Roma children; children with disabilities; marginalised adolescents; children victims of abuse, violence, exploitation and neglect; children in institutions; children in conflict with the law; CPD 2013-2017 Matrix.

¹⁶ Defined as, “Child victims of violence, children in conflict with the law, out-of-school children, children with disabilities”; CPD 2018-2022, Matrix.

approximately 52 per cent are women.¹⁷ The largest ethnic group are Moldovans which comprise 75% of the total population.¹⁸ Other smaller populations consist of Ukrainians, Russians, Gagauz, Roma (Gypsies), and Bulgarians.¹⁹ The vast majority of ethnic Moldovans, Russians, Gagauz and Ukrainians identify as [Eastern Orthodox](#) Christians. There are also other Christians and smaller Muslim and [Jewish](#) communities.²⁰

One of the biggest challenges Moldova is facing is depopulation, due to an aging population and high migration rates. In the past two decades, the natural population growth has been in the negative as the number of deaths continues to exceed the number of births. In 2020, Moldova was among the countries with the highest median age (of 37.5 years). Approximately 21.5 per cent of the population are children,²¹ around two per cent of which are children with disabilities.²²

1.2.2. Socio-economic and political context

Moldova is a parliamentary democracy, having declared its independence from the Soviet Union on 27 August 1991.²³ Its independence was internationally recognized in 1992 when Moldova joined the United Nations (UN). Moldova signed an Association Agreement with the EU in 2014, which came into force in 2016, followed by the European Council granting it EU candidacy status on 23 June 2022.

At the outset of the evaluation period in 2009, the CRC Committee observed that Moldova was facing “serious economic and social challenges...posed by the transition to a market economy, including increased unemployment, poverty and corruption” which was having “an especially severe impact on children belonging to the most vulnerable segments of society.”²⁴ However, by 2021, Moldova had transitioned from a lower middle-income country to an upper-middle income country. The current GDP is estimated at \$15.5 billion (USD), amounting to \$ 5,714 (USD) GDP per capita.²⁵ Moldova’s economy is dependent on remittances which amount to a yearly average of 15 per cent of its GDP.²⁶ It is among the poorest countries in Europe,²⁷ with an overall poverty rate of 31.1 per cent, and extreme poverty rate of 13.5 per cent, in 2022.²⁸ The poverty line in Moldova is based on consumption expenditure, combined from two components of a food basket and a non-food basket.²⁹ In 2022, the absolute poverty rate among children was 28.4 per cent, while extreme poverty was 12.3 per cent.³⁰ Households with children in rural areas and those with more children are at a higher risk of poverty.³¹

COVID-19, supply shortages, the energy crisis and the war in Ukraine have exacerbated poverty and socio-economic challenges in Moldova due to Moldova’s economic links with Ukraine and Russia.³² COVID-19 highlighted the economic challenges that existed prior to the pandemic, such as political instability and inadequate public services.³³ COVID-19 decreased the income opportunities for households with children (a loss of approximately 15 per cent of their income)

¹⁷ National Bureau of Statistics of the Republic of Moldova, [Population and demographic processes](https://statistica.gov.md/en/statistic_indicator_details/25), January, 2023, available at: https://statistica.gov.md/en/statistic_indicator_details/25

¹⁸ National Bureau of Statistics of the Republic of Moldova, Population and Housing Census in the Republic of Moldova, May 12-25, 2014

¹⁹ National Bureau of Statistics of the Republic of Moldova, Population and Housing Census in the Republic of Moldova, May 12-25, 2014

²⁰ Ibid.

²¹ National Bureau of Statistics of the Republic of Moldova, The situation of children in the Republic of Moldova, available at https://statistica.gov.md/en/the-situation-of-children-in-the-republic-of-moldova-9578_60434.html, accessed 25 October 2023

²² National Bureau of Statistics, Situation of Children in Moldova 2022, p. 1; UNICEF Moldova, Situation Analysis of children and adolescents in Moldova, March 2022, available at: <https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>

²³ Ibid.

²⁴ CRC Committee, Concluding Observations 2009, para. 1.

²⁵ World Bank, available at: <https://www.worldbank.org/en/country/moldova/overview>, accessed 24 October 2023

²⁶ UNICEF Moldova, Situation Analysis of children and adolescents in Moldova, March 2022.

²⁷ Ibid, p. 20.

²⁸ National Bureau of Statistics of the Republic of Moldova, [Living standard of the population](https://statbank.statistica.md/PxWeb/pxweb/en/30%20Statistica%20sociala/30%20Statistica%20sociala_04%20NIV_NIV070/NIV070050.px/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774), 2022, available at: https://statbank.statistica.md/PxWeb/pxweb/en/30%20Statistica%20sociala/30%20Statistica%20sociala_04%20NIV_NIV070/NIV070050.px/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774

²⁹ UNPD Moldova, Impact Assessment Report: Social and Economic Impact Assessment of the COVID-19 Pandemic on Vulnerable Groups and Economic Sectors in the Republic of Moldova, November 2020

³⁰ National Bureau of Statistics of the Republic of Moldova, *Analysis of monetary poverty and wellbeing of households with children in 2022*.

³¹ UNICEF, Situation Analysis of children and adolescents in Moldova, 2022.

³² Ibid, pp. 8 and 21.

³³ Ibid, pp.22

and the level of remittances that households received (17 per cent drop in income compared to 13 per cent for those not receiving remittances).³⁴

Since the start of the war in Ukraine in February 2022, more than 100,000 refugees have sought refuge in Moldova approximately 26 per cent of whom are children and 953 of whom were separated or unaccompanied.³⁵ In response, the government, with the support of international organisations and NGOs, have been providing support to refugees by providing access to food and shelter, healthcare, job opportunities and education for children.

The governance structure in Moldova is critical to this evaluation given the central role of LPAs in delivering child protection and other social services. In 2013, Moldova implemented a national decentralisation programme in an effort to strengthen local autonomy, which included transferring child protection responsibilities from the national level to the local levels (administrative councils and TSSAs at the district (rayon) level and mayors and local councils at the village level). However, the quality and provision of social services have been inconsistent throughout the country, depending on the funding priorities of local authorities.³⁶ In its paper, “Reform: the RESTART social assistance system: for fair access to quality social services” in March 2023, the MoLSP considered that the social assistance system has been through a period of stagnation and resolved to increase the population’s access to quality social benefits and services by recentralising the social assistance system. These reforms (referred to in this report as the ‘Restart reforms’) are elaborated in **part 1.2.4** (Policy context) below.

1.2.3. Status and needs of beneficiaries

According to the Law no. 140/2014 (including amendments which come into force on 1 January 2024), children “at risk” in Moldova are those who are subjected to violence and/or neglect; children begging or in prostitution; children lacking care and supervision from their parents; orphan children; children who live on the street; children whose parents refuse to exercise their parental responsibilities for raising and caring for the child; abandoned children; children with a parent against whom judicial protection measures have been initiated; child victims of crime in a serious situation; and children in conflict with the law or who are at risk of committing a crime.³⁷

Recent reports indicate that the number of children at risk in Moldova is increasing, due to deteriorating socio-economic conditions, increased migration by parents/carers and lack of community social services for children, though improved identification and referral of children at risk may also be a contributing factor.³⁸ Approximately one third of adolescents have one parent working abroad and around 10 per cent of adolescents have both parents abroad.³⁹ Migration of parents is the main reason for separation of children from one or both parents.⁴⁰ In 2020, according to UNICEF, around 34,000 children had the official status of being separated from their parents, out of which 85 per cent were left in the care of extended families by parents/carers migrating abroad.⁴¹

More generally, children from ethnic minority backgrounds, including Roma children, have been identified as particularly vulnerable to discriminatory practices.⁴² Although the latest census indicates that the Roma population constitutes 0.3 percent of the total population (from those who declared their ethnicity),⁴³ it is believed that the actual number is significantly higher.⁴⁴ This discrepancy may be attributed to a reluctance to self-identify due to concerns about stigmatization and discrimination.⁴⁵ There are no data on the number of Roma children in Moldova. The main

³⁴ UNICEF, COVID-19 Impact on the Remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova, page 31, available at: <https://www.unicef.org/moldova/en/reports/covid-19-impact-remittances>

³⁵ UNICEF, 17 May 2023. Available at: <https://www.unicef.org/moldova/en/stories/child-protection-specialists-moldova-have-been-trained-improve-safety-measures-every-child#:~:text=Since%20the%20beginning%20of%20the,by%20their%20parents%20or%20caregivers.>

³⁶ UNICEF, Situation Analysis of children and adolescents in Moldova, 2022, p. 20.

³⁷ Law 140/2014 on the special protection of children at risk and of children separated from their parents (as amended), Art. 8.

³⁸ UNICEF, Situation Analysis of children and adolescents in Moldova, 2022, p. 11; MoLSP, Reform the RESTART social assistance system: for fair access to quality social services, p. 6.

³⁹ UNICEF, *Country Programme Document (CPD): Republic of Moldova 2023-2027*, Executive Board Second regular session 2022 6–9 September 2022

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² CRC Committee, Concluding Observations: Moldova, 20 October 2017, para 15.

⁴³ National Bureau of Statistics of the Republic of Moldova, Population and Housing Census in the Republic of Moldova, May 12-25, 2014

⁴⁴ Government Decision no. 576/2022, Programme for Supporting Roma population in the Republic of Moldova for the years 2022-2025

⁴⁵ Ibid.

challenges that Roma children face include lack of birth registration, non-enrolment in education or dropping out of school.⁴⁶

Household poverty, disability of the child, neglect, inability of parents to care for children, and domestic violence have been recognised as drivers of children being placed in RIs.⁴⁷ During data collection, disability and special educational needs were reaffirmed as drivers of child institutionalization, along with parents migrating abroad and leaving their children behind.⁴⁸ A mid-term evaluation of the implementation of Moldova's Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020 found that children with disabilities made up the majority of institutionalized children (69 per cent) and typically remained in RIs for longer periods than other children.⁴⁹ Children with disabilities were also usually concentrated in large institutions catering specifically for children with disabilities, such as boarding schools for children with mental disabilities and special educational needs, special institutions for children with physical and sensory impairments and auxiliary boarding schools.⁵⁰

International and national monitoring mechanisms have raised serious concerns about the safety and treatment of children with disabilities in RIs. In 2016, the UN Special Rapporteur on the Rights of persons with Disabilities reported that children with disabilities in institutions in Moldova were suffering severe human rights abuses. It was reported that children with disabilities were often kept in inhumane conditions, isolated from the outside world and subjected to neglect, mistreatment and violence, including sexual and gender-based violence, perpetrated by staff members.⁵¹ The Special Rapporteur also reported practices such as administering chemical and physical restraints and forced medication, all of which are used as forms of control or treatment. Moreover the children were not receiving an inclusive education and were excluded from community activities. The Special Rapporteur noted that institutionalization of people in psychiatric RIs remained a major problem. Other sources have echoed these concerns and highlighted the limited or non-availability of education for children with disabilities⁵² or special educational needs in residential institutions.⁵³

1.2.4. Policy context

During the evaluation period, childcare and DI reforms have been underpinned by a series of policies, strategies and action plans aimed to protect a range of human and children's rights. [Figure 1](#) provides an overview of the most relevant policy documents.

Figure 1: Most relevant policies, strategies and action plans relating to childcare and DI reforms in Moldova during the evaluation period

⁴⁶ UNICEF, Situation Analysis of children and adolescents in Moldova, 2022, p. 26, available at: <https://www.unicef.org/moldova/en/reports/situation-analysis-children-and-adolescents-republic-moldova>

⁴⁷ Changing The Way We Care (CTWWC), Investing in Family Care for Moldova's Future – The Case for Meeting Moldova's Human Capital Needs. 7 June 2023. Available at: https://bettercarenetwork.org/sites/default/files/2023-09/final_en_investing_in_family_care_for_moldovas_future.pdf Page 7.

⁴⁸ KII with Ministry of Health, 20 June 2023, and KII with representative of an NGO, 15 June 2023.

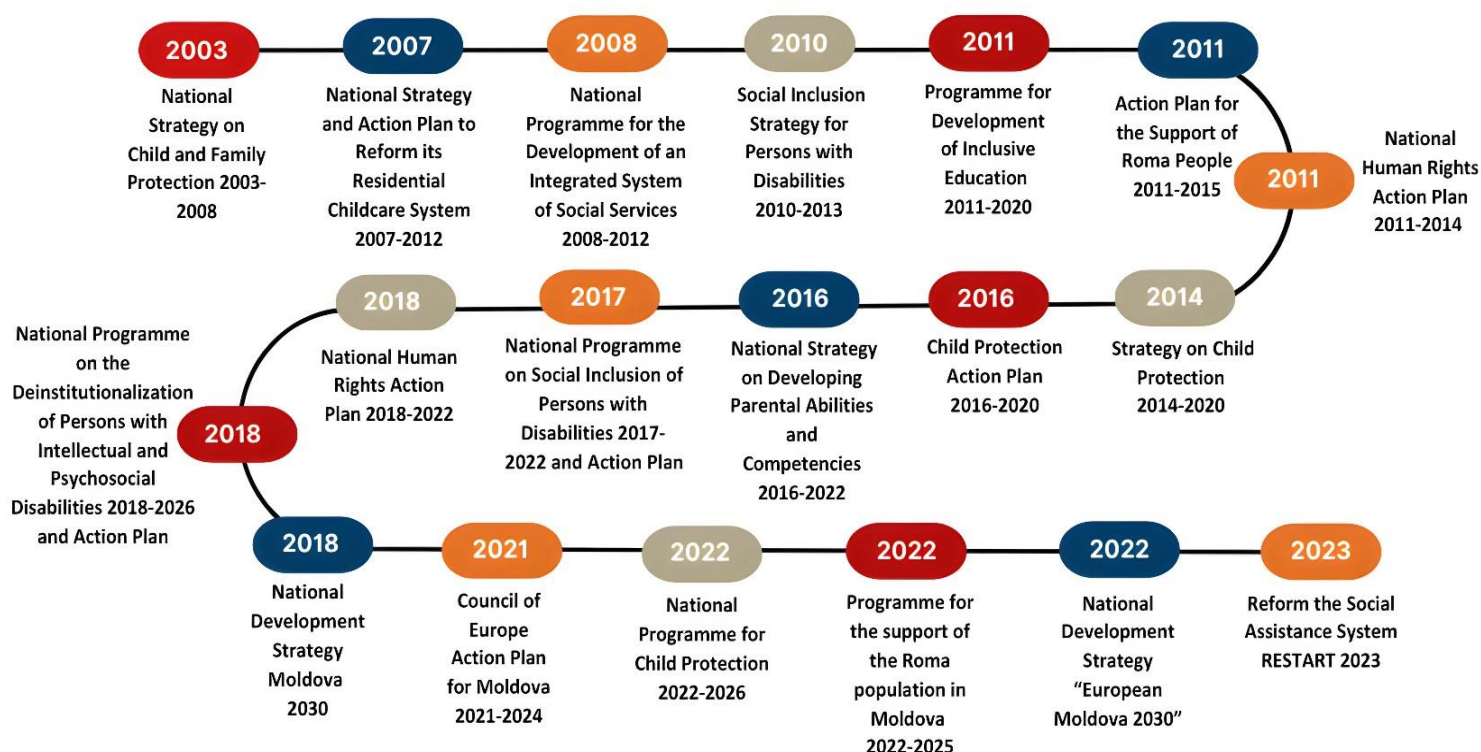
⁴⁹ UNICEF, Mid-term Evaluation of Implementation of the Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020 in the Republic of Moldova, 2021 (Mid-Term Evaluation), p. 20.

⁵⁰ Ibid.

⁵¹ Devandas-Aguilar, Catalina, UN Human Rights Council, Report of the Special Rapporteur on the Rights of Children with Disabilities on her Mission to the Republic of Moldova, 2 February 2016

⁵² Submission prepared by Moldovan NGOs for child rights protection for Universal Periodic Review 12th session, Child Rights in the Republic of Moldova: Key issues of concern, 2011, paragraph 21.

⁵³ CWWC, Findings and recommendations from the evaluations of six residential institutions, Chisinau, 2022, p.8



The Restart reforms aim to ensure equitable access to quality social services and to address the inconsistent availability and quality of services to support DI and deliver family-based alternative care at the local level. The Strategy aims to achieve the following four results by 2026: (i) the vulnerable population has increased access to social services and benefits; (ii) social services correspond to minimum quality standards and respond adequately to the needs of the population; (iii) the social assistance system has sufficient human resources who are motivated and able to provide benefits to the eligible population and quality social services; and (iv) the social assistance system is digitised for efficiency and reduction of fraud.⁵⁴

Moldova's childcare and DI reforms have taken place within its broader objectives of attaining its international commitments, most notably the Millennium Development Goals (for the period up to 2015) and the Sustainable Development Goals (SDGs) for the period 2016-2030. These are reflected in its National Development Strategies 2008-2011 and 2020 as well as the Moldova-UN Partnership Framework for Sustainable Development 2018-2022. Most relevant to this evaluation is SDG 16, Target 16.1 on significantly reducing all forms of violence and deaths; Target 16.2 on ending abuse, exploitation, trafficking and all forms of violence against and torture of children; and 16.a on strengthening national institutions for building capacity at all levels to prevent violence. However, the reforms also relate to the other SDGs and targets in Table 5 given common drivers of institutionalisation.

Table 5: SDGs and targets relevant to this evaluation

Goal 1: No Poverty
Target 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
Goal 3: Good health and wellbeing
Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (note: substance abuse can be a key driver of child protection risks and family separation)
Goal 4: Quality Education
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

⁵⁴ MoLSP, Reform the RESTART social assistance system: for fair access to quality social services, pp. 8-9.

Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations (note: lack of inclusive education services or support is a key driver of institutionalisation of children with disabilities)
Goal 5: Achieve gender equality and empower all women and girls
Target 5.1 End all forms of discrimination against all women and girls everywhere
Goal 10: Reduce inequality within and among countries
Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
Target 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
Target 10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies (note: parents migrating can result in children remaining behind and being placed in alternative care)
Goal 16 Promote just, peaceful and inclusive societies
Target: 16.6 Develop effective, accountable and transparent institutions at all levels

1.2.5. Legal context

Moldova has ratified all the major human rights treaties, including the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. In 1993, Moldova ratified the CRC and, in 2010, the UN Convention on the Rights of Persons with Disabilities (CRPD).

The rights of children and adolescents in Moldova are protected by the constitution which guarantees children's rights in accordance with the Universal Declaration of Human Rights and other ratified international treaties.⁵⁵ International treaties to which Moldova is party have precedence over national legislation.⁵⁶

Moldova's main laws governing childcare and DI are Law no. 547 on Social Assistance 2003, Law no. 45 regarding the prevention and combating of family violence 2007, Law no. 99 on Adoption 2010, Law no. 123 on Social Services 2010, Law no. 60 on the Social Inclusion of Persons with Disabilities (2012), Law no. 140 on the Special Protection of Children at Risk and those Separated from their Parents (2013) (referred to in brief as 'Law no. 140'), the Education Code (152/2014, amended in 2023) and Law no. 315 on Social Benefits for Children (2016). However, the 2023 government decision on the approval of the draft law relating to the Restart reforms amends several of these and other public administration laws.

The MoLSP is the "central public administration authority" responsible for coordinating and evaluating the provision of social assistance.⁵⁷ Until the Restart reforms entered into force on 1 January 2024, LPA2 and LPA1 were responsible for the delivery of social assistance. Their functions included identifying need, organising and granting social assistance to meet that need and managing the allocation of financial and human resources to ensure the delivery of social assistance.⁵⁸ From 1 January 2024, two new agencies were established under the MoLSP: (i) the Agency for the Management of Highly Specialized Social Services which will manage highly specialised social services founded by the MoLSP; and (ii) ten Territorial Social Assistance Agencies⁵⁹ which will implement the social assistance policy directly and through TSSAs, and provide methodological support to public administration authorities at the first level and other service providers. The TSSAs are subordinate to the Territorial Social Assistance Agency, rather than the district level public administration authorities, are without legal personality and are responsible for the implementation of social assistance at the local levels (see [Figure 2](#)), with the exception of Chisinau municipality and Gagauzia Autonomous Territorial Unit, where social assistance will remain under the competence of the local public administration authorities.⁶⁰

⁵⁵ Article 4 (1), Constitution of the Republic of Moldova, 29 July 1994

⁵⁶ Article 4 (2), Constitution of the Republic of Moldova, 29 July 1994

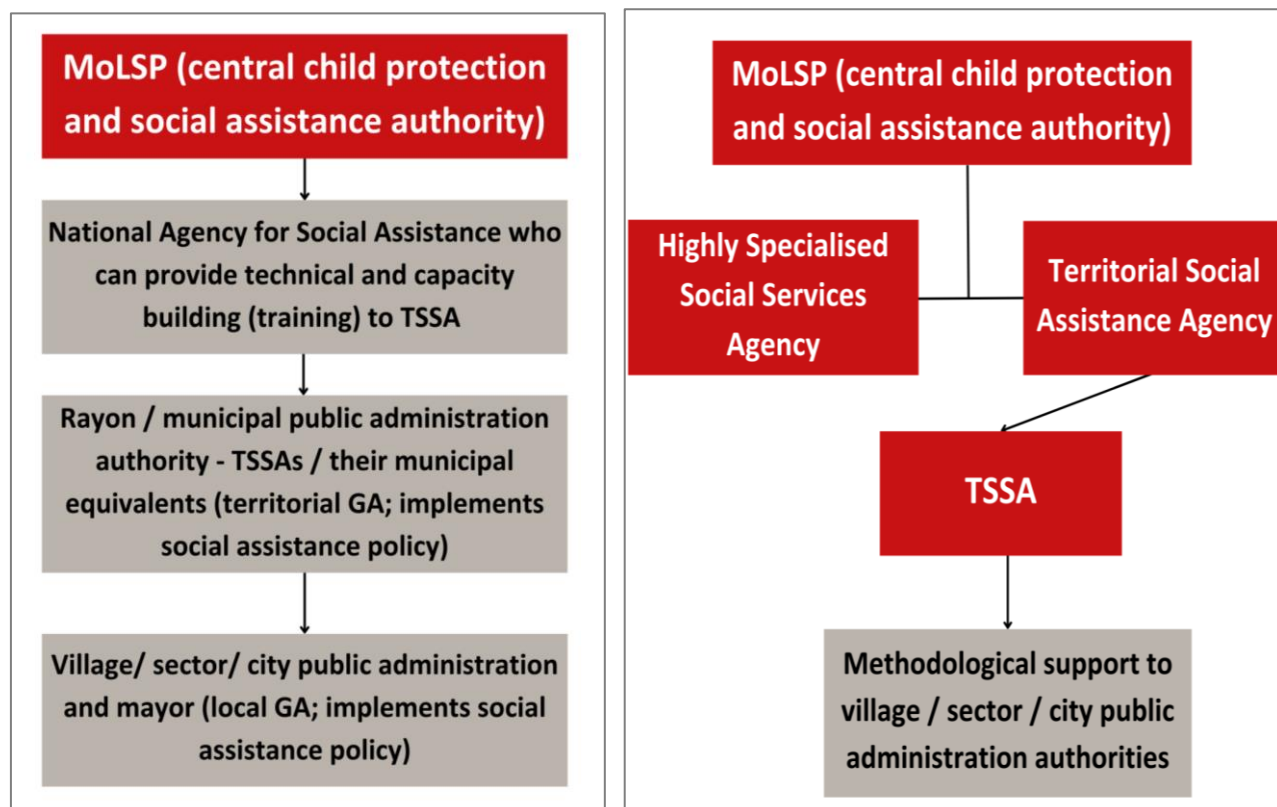
⁵⁷ Law no. 547 on social assistance 2003, Art. 12.

⁵⁸ Law no. 547 on social assistance 2003, Art. 12.

⁵⁹ Government Decision no. 957/2023 regarding the establishment, organization, and functioning of territorial social assistance agencies, Point 3, subsection 4.

⁶⁰ Law no. 547 on social assistance 2003, as amended by Government Decision 2023 on approval of the draft law for the modification of some normative acts (reform the RESTART social assistance system), Art. 1.

Figure 2: Institutional structure for child protection and social assistance before and after the Restart reforms (except for Chisinau, Balti and Gagauzia Autonomous Territorial Unit)



The MoLSP is also the designated “central child protection authority” responsible for developing, promoting and monitoring the implementation of the state’s child protection policy.⁶¹ Until the Restart reforms entered into force on 1 January 2024, guardianship functions generally fell upon the TSSAs (referred to in the law as “territorial guardianship authorities” (GAs)) and mayors of villages (communes) and cities (“local GAs”). In Chişinău and Gagauzia Autonomous Territorial Unit, the General Department for Child Rights Protection and the Department for Health and Social Protection, are the territorial GAs, respectively. Further, in both Balti and Chişinău, the territorial GAs also exercise the responsibilities of local GAs, except for autonomous administrative-territorial units within them, where the responsibilities of the local GAs were exercised by the mayors of the respective administrative-territorial units. Guardianship functions include assisting children and their families to prevent family separation, reintegrating children in their families, undertaking assessments to determine whether it is in the child’s best interests to stay with their family and making alternative care orders.⁶²

From 1 January 2024, except in Chişinău and Gagauzia Autonomous Territorial Unit where the structure remains unchanged, responsibility for providing child protection services have been recentralised (see Figure 2). Under these reforms, the mayors of villages (communes) and cities remain as the local GAs but the Territorial Social Assistance Agency becomes the territorial GA, exercising its functions through the TSSAs.⁶³

2. Purpose, Objectives and Scope

2.1. Purpose, use and intended users

The purpose of the evaluation is to assess Moldova’s and UNICEF’s results to date in DI and childcare reforms at the outcome and impact levels, with a focus on children with disabilities and other ‘hard to place’ children. The evaluation

⁶¹ Law no. 140 on the Special Protection of Children at Risk and those Separated from their Parents 2013, Art. 3.

⁶² Law no. 140 on the Special Protection of Children at Risk and those Separated from their Parents 2013, Art. 3.

⁶³ In Balti and Chişinău, the territorial GAs continue to exercise the responsibilities of local GAs, except for autonomous administrative-territorial units within them, where the responsibilities of the local GAs were exercised by the mayors of the respective administrative-territorial units.

aims to provide an objective assessment of the strengths and weaknesses in the approach taken by Moldova as well as insights on how to address barriers/bottlenecks. The focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is both summative, evaluating interventions which have been completed, but also contains a formative element, providing an important learning opportunity both for UNICEF and its partners, especially the government of Moldova, in planning and implementing childcare and DI reforms in coming years.

This evaluation will inform a regional evaluation covering eight countries (Armenia; Bulgaria; Georgia; Moldova; Montenegro; North Macedonia; Serbia; Tajikistan) which will interrogate the progress that has been made in the region in DI with the focus on outcomes and impacts. It will look specifically at key common bottlenecks and explore where and in what way solutions to those bottlenecks were implemented by national governments (with or without UNICEF's support), and why they were or were not effective. In particular, there is a need to look at the key accelerators to ensure that children, particularly children with disabilities, are appropriately included in DI efforts. The evaluation is important for documenting good practices and sharing experiences on what work across the region to inform the next stages of reforms.

The intended use of the evaluation is for the UNICEF Eastern Europe and Central Asia Regional Office (ECARO) and UNICEF Moldova Country Office to support efforts by the national and sub-national government, NGOs and other partners in Moldova to progress DI and childcare reforms. In particular, the evaluation will allow UNICEF to identify the progress, gaps, and windows of opportunity to work with the government and other partners to ensure that the human (and child) rights-based recommendations are fulfilled and are in accordance with international standards. It is anticipated that UNICEF ECARO will lead similar efforts with UNICEF Country Offices, governments and intended users in the eight target states, and possibly even more widely in the region, using the lessons and recommendations of this evaluation via the regional report.

The primary intended users of this evaluation are therefore the UNICEF ECARO child protection section, UNICEF ECARO evaluation section, UNICEF Moldova Country Office child protection, evaluation and education sections, the government of Moldova (most notably the MoLSP, MoER, MoH and MoF) and related government agencies, LPAs, social work academic and training bodies, as well as national and international NGOs, UN agencies and donors working on the social services system and child protection issues in Moldova. Secondary intended users of this evaluation are the justice, education, health, child rights monitoring and public finance teams within UNICEF, government, civil society, development and donor agencies working in Moldova, given the interlinked nature of childcare and DI reforms with programming in these areas. The UNICEF HQ child protection section and evaluation office will also be a secondary audience, as will UNICEF Country Offices and their partners in the other seven target states, and even in the region more generally.

2.2. Objectives and scope of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO and are set out in the terms of reference (ToR), enclosed in [Annex A](#). Moldova was not initially part of the evaluation but joined during the inception phase with the agreement of the UNICEF Moldova Country Office. Given that Moldova joined the project later in the inception phase, it was not feasible to undertake an evaluability assessment for Moldova. However, the objectives in the ToR (objectives 1 to 4 below) apply to all countries involved in the evaluation, including Moldova. In addition, Objective 5 was added at the request of the UNICEF Moldova Country Office.

Objective 1: To assess the impact of government childcare policies and understand what worked and what did not in the DI of children and, in particular in the case of children with disabilities and other hard to place children, how and why. In particular:

- To what extent were actual results for children achieved, how and why?
- Are there children who were not reached by DI? Who are they and what are the factors that contributed to that?
- To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts.
- To generate synthesis of lessons to learn from successful and unsuccessful cases.
- To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems).

- To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders.

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms.

Objective 3. To assess the actual and potential contribution of UNICEF’s work to the national progress (outcome and impact) in DI and childcare reforms for children in residential care, including for children with disabilities and other ‘difficult to place children.’ In particular:

- To determine the extent to which UNICEF has met its objectives.
- To determine the impact and effectiveness of UNICEF’s contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches.
- To assess UNICEF’s added value and comparative advantage in Moldova (in comparison to other stakeholders).
- To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the CRC and CRPD (to the extent relevant) on national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

Objective 5. To assess how the childcare system was prepared (or not) for the sudden influx of population in light of the war in Ukraine, to inform the development of recommendations for the strengthening of the child protection system.

2.3. Scope of the evaluation

2.3.1. Thematic Scope

The evaluation concerns childcare and DI reforms, as defined in [part 1.1](#), at the national and sub-national levels. In line with the ToR, the evaluation covered national childcare reform initiatives with a strong focus on DI including prevention and gatekeeping, provision for children with disabilities and other hard to place children, planning for change, executing transformation, including redirecting resources from institutional care to expanded family and community-based services, and overall implementation frameworks and monitoring.

As stated in the ToR and inception report, given the resources available for this evaluation, the object of the evaluation does not include programming in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national DI agenda;
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support;
- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion;
- Child justice: the detention of children in conflict with the law (suspected, accused or convicted of a criminal offence) or their reintegration after release.

Instead, the evaluation aimed to identify any barriers or bottlenecks in the child protection system to children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on children with disabilities. The evaluation did, however, include the DI of children *at risk of* coming into conflict with the law or children with so-called “deviant” behaviour, particularly where these children are hard to place.

The geographic scope of the evaluation is the territory of Moldova though primary data collection could not be carried out in Gagauzia Autonomous Territorial Unit and Transnistria. This is due to the political and physical challenges to evaluating reforms in these regions. The evaluation covers the period from 2009 until the end of 2022. It addresses

the perspectives of a range of programme beneficiaries, including children, adolescents, and their families as well as key stakeholders in the child protection sector.

2.4. Reconstructed Theory of change

The evaluators reconstructed the ToC to capture childcare and DI reforms during the evaluation period, based on national policies and CPDs (see [part 4.1](#) and [Annex B](#)), and to identify clearly the outcomes and impact of the reforms, which are the levels of the intervention that are being evaluated.

The context in [part 1.2](#) explains why change was needed and the needs of children in the childcare system. The reforms aimed to change this in two ways: a significant decrease in the rate of children separated from their families (Outcome 1); and children, including children with disabilities, only being placed in residential care where such setting is specifically appropriate, necessary and constructive for the child and in his/her best interests (Outcome 2). These outcomes were intended to contribute towards the overall impact of ‘establishing the necessary conditions for raising children, including children with disabilities, in a family.’

Outcome 1 would be achieved via the following five outputs: (i) a continuum of community-based social services are established to prevent family separation and institutionalisation, including specialist services for children with disabilities; (ii) child protection referral, gatekeeping and coordination mechanisms are functional at the local levels; (iii) laws and policies are adopted in line with international standards on childcare; (iv) the child protection system is staffed by a well-capacitated social service workforce (SSWF); and (v) parents/carers and communities are aware of and support the right of the child, including children with disabilities, to be raised in a family.

Outcome 2 would be achieved via six outputs, consisting of the same five outputs above, plus RIs being closed or transformed in line with international standards and financial resources being redirected to establish social services and inclusive education.

The inputs/activities that were intended to bring about these results consist of: (i) advocacy by UNICEF and NGOs with government at national and LPA levels to develop and implement childcare reforms in line with international standards; (ii) establish mechanisms and partnerships for inter-sectoral coordination at national and LPA levels to develop and implement childcare reforms; (iii) national laws and policies are amended or introduced in line with international standards on childcare and child protection; (iv) redirecting human and financial resources from closed/transformed RIs to establishing a minimum package of social services and inclusive education; (v) piloting and scale-up of community-based social services and family-based alternative care; (vi) training for the SSWF in the child protection and social services systems; and (vii) raising the awareness of parent/carers and communities to generate demand for childcare and DI reform. A visual summary of the reconstructed ToC is enclosed in [Figure 3](#).

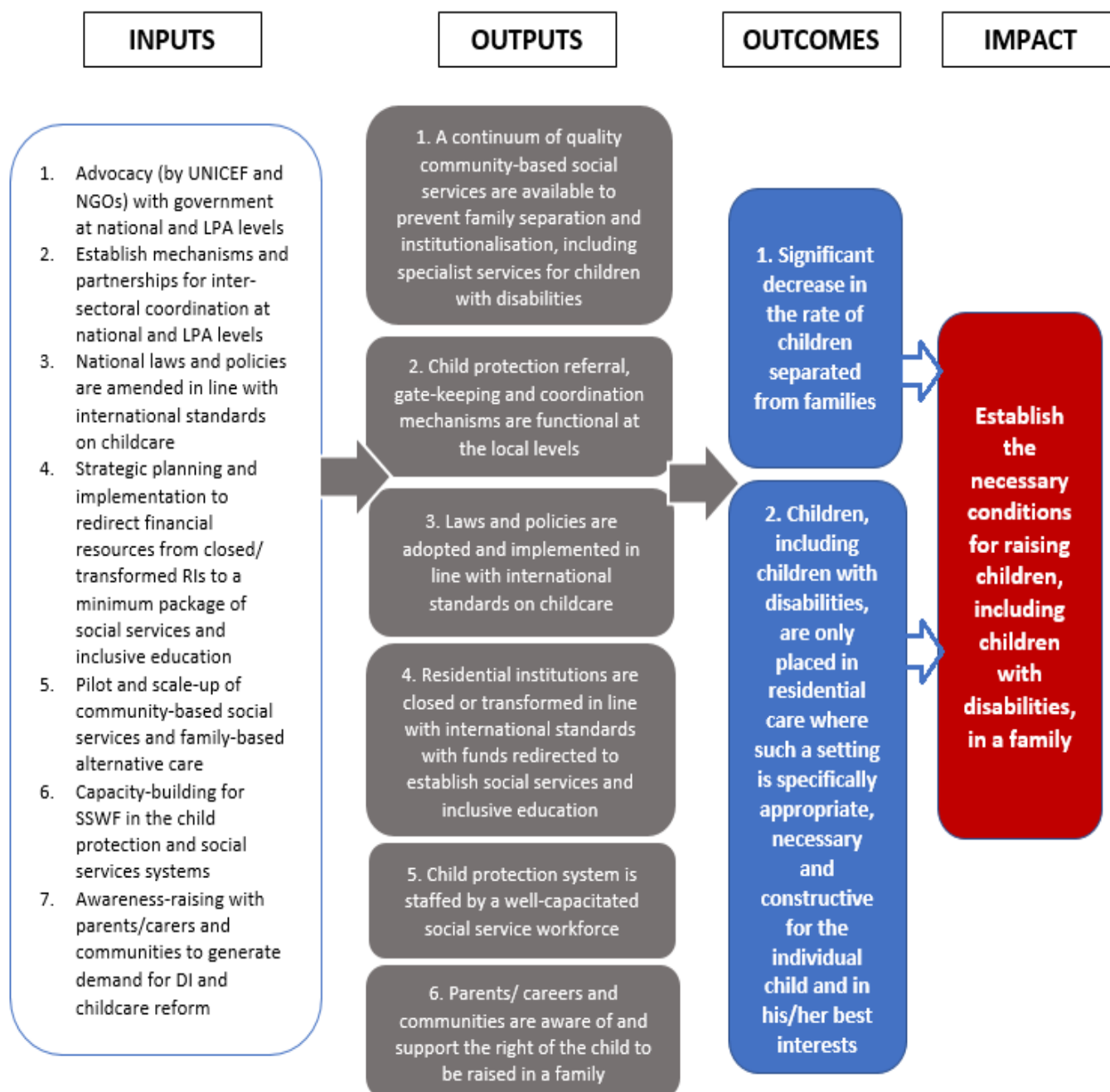
The risks and assumptions underpinning the reconstructed TOC (see [Table 6](#)) are based on (i) the risks and assumptions set out in the CPDs; (ii) cross-cutting issues or parallel programming which complement childcare reforms (e.g. reforms relating to inclusion education, child rights monitoring systems and governance frameworks) and (iii) consultation with stakeholders. A visual summary of the reconstructed ToC is enclosed in [Figure 3](#).

Table 6: Risks and assumptions underpinning the reconstructed theory of change

Risks	Assumptions
<ul style="list-style-type: none"> Deterioration of the political and economic situation, which could lead to increased poverty and the stagnation of reforms Continuous out-migration of skilled professionals Lack of donor attention to “social areas of work” Potential environmental emergencies Limited public expenditure on children and families to support 	<ul style="list-style-type: none"> Political stability and political will across all sectors (government and non-government; and social, education, health) to develop and implement childcare reforms, resulting in consistent policy implementation NGOs have the capacity to advocate, provide technical assistance for, and to monitor childcare reforms Equitable access to inclusive education for children with disabilities and children with special educational needs (SEN), supported by the redirection of financial and human resources from closed/transformed RIs Disparities in children’s access to healthcare services are addressed

<p>social sector reforms and bring innovations to scale</p> <ul style="list-style-type: none"> • High rotation of staff in leadership and technical functions in line Ministries which may delay decision-making or implementation • Low appetite for multi-sectoral approaches weakening the quality, scope and sustainability of results • Focusing on children and adolescents who are easier to reach rather than left behind • Increasing digital divide preventing most vulnerable populations from accessing information • (For more recent reforms) Ukraine crisis and other shocks putting undue pressure on stretched social services, budgets and systems 	<ul style="list-style-type: none"> • Early detection and early intervention services for children with disabilities and developmental delays are available and accessible to children • Social protection system has the capacity to reach the most deprived families with children and to deliver equitable social protection services and financial assistance • Governance structures and societal attitudes are more child-sensitive and equity-oriented • Government systems for monitoring children's rights are strengthened and pay particular attention to the most vulnerable children • Strengthened accountability frameworks • Progressive stabilization of the economy • Government's commitment to child rights is enforced in harmony with the SDGs corresponding to recommendations of the CRC Committee • Effective mainstreaming of 'Leave No One Behind', human rights, gender equality, sustainability, resilience and accountability principles across UN interventions and initiatives • Expanded engagement at sub-national level opens new programme and resource partnership opportunities between the public and private sector • (For more recent reforms) COVID-19 and Ukraine conflict are successfully resolved in the short to medium-term, giving way to a more predictable environment
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Figure 3: Reconstructed TOC



3. Methodology

3.1. Conceptual Framework and Evaluation Criteria

The methodology for the evaluation is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee, namely relevance, effectiveness, efficiency, sustainability, and coherence. The methodology was developed according to the UN Evaluation Group's Norms and Standards for Evaluation (2016) and incorporates UNICEF's guiding principles on gender equality, equity and human rights. The approach taken is equity and rights-based, rooted in the CRC, the Convention on the Elimination of all forms of Discrimination Against Women, the CRPD and other key international standards.

In addition to the human and child rights standards above, the evaluation is framed around UNICEF’s broader strategic priorities, including ‘Leave No One Behind’⁶⁴ and the UN Disability Inclusion Strategy.⁶⁵ As such, special attention has been paid to vulnerable or ‘at risk’ groups of children (many of whom are likely to be regarded as hard to place) to ensure that their specific needs are identified, represented and addressed throughout data collection and sampling techniques, analysis and recommendations. These groups include: children with disabilities; boys and girls; children left behind by migrating parents; Roma children; adolescents; and refugee or asylum-seeking children.

A theory-based evaluation approach was applied to determine whether and how childcare reforms have led to the changes set out in the ToC, and why this may (or may not be) the case. This approach allowed the evaluators to analyse the mechanisms, assumptions, risks and contextual changes that either facilitated or impeded progress. This approach was considered most appropriate in light of the intricate and multifaceted nature of the reforms, which involve various stakeholders and sectors such as education, healthcare, and social protection.

The evaluation applied a mixed-methods approach to data collection and analysis, incorporating both quantitative (using secondary/administrative data) and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable.

The evaluation has taken a consultative and participatory approach with UNICEF, stakeholders and beneficiaries in order to ensure that the findings are context-appropriate and high-quality and that stakeholders have overall ownership of the process and outputs. This approach was user-driven and learning-oriented to promote future implementation and sustainability of the findings, conclusions and recommendations after the conclusion of the evaluation. This approach also reinforces the accountability and ownership of the research. To achieve this, the evaluators conducted online consultations and workshops during the inception and report-writing stages of the evaluation, participatory research techniques and validation sessions. In undertaking the evaluation, a gender-responsiveness methodology was also employed throughout the methods and tools and data analysis techniques.

3.2. Changes to the Terms of Reference

Changes to the ToR were agreed between the evaluators, UNICEF and evaluation reference groups (ERGs) for each of the then seven participating countries during the inception phase, though these were mainly methodological and did not affect the thematic scope. The changes to the ToR were as follows:

- The rounds of feedback from the ERGs were reduced from three to two given the resource and timing constraints for the completion of the project. The reduction of the rounds of comments from the ERG has not affected the quality of feedback received.
- Given resource constraints, a combined initial online stakeholder consultation for all focus countries was held rather than separate consultations for each focus country. However, breakout rooms were arranged providing time for country-specific consultations, such that this approach did not diminish the effectiveness of the session.
- To ensure that the voices of children were heard during the evaluation, it was agreed that the methodology would include primary data collection with children, which was not included in the ToR.

3.3. Evaluation Questions

During the inception phase, with the agreement of UNICEF and the ERGs, some amendments were made to the evaluation questions, some questions were deleted and some added. The amendments were made to enable a comparison between the results of the target countries, fulfil the overall objectives of the evaluation and to allow for better comparison with an earlier evaluation conducted in 2013. A comparison of the original and final set of evaluation questions is enclosed in Annex C. The evaluation (sub-)questions are summarized in Table 7.

Table 7: Evaluation questions

Key Evaluation Questions	Sub-questions
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⁶⁴ UNICEF ECARO, *Our mandate: no child left behind*, accessed from <https://www.unicef.org/eca/our-mandate-no-child-left-behind> on 18 October 2023.

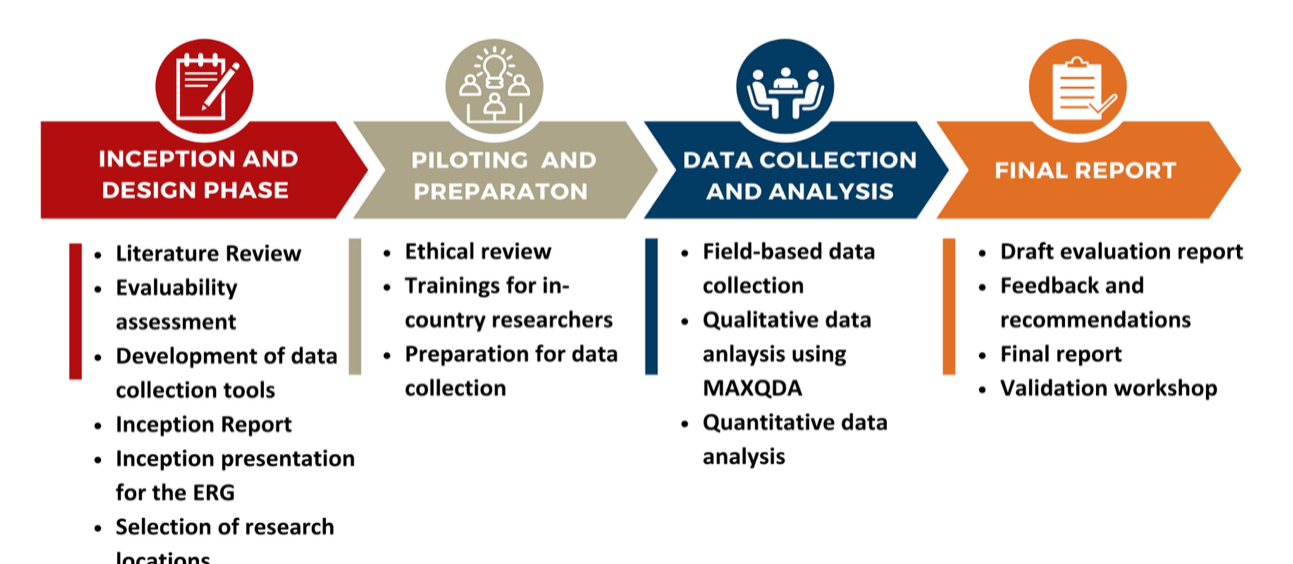
⁶⁵ UN Disability Inclusion Strategy, accessed from https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf on 18 October 2023.

Relevance	
Q1. To what extent have the childcare reforms been relevant to the DI of children in residential care?	Q1.1. To what extent have reforms to childcare policy and the legal framework been relevant to the DI of children in residential care? Q1.2. To what extent have services introduced under the childcare reforms been relevant to the DI of children in residential care?
Q2. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRC, the UN Guidelines for the Alternative Care of Children, EU Guidelines (if relevant) and the CRPD?	Q2.1. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRC? Q2.2. To what extent have the childcare and DI reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children? Q2.3. To what extent have the childcare and DI reforms been aligned with States' obligations under the relevant EU Guidelines? (N/A for Tajikistan) Q2.4. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRPD?
Q3. To what extent, if any, have UN Guidelines on Alternative Care for Children, EU guidelines and policies (if relevant), CRC and CPRD acted as a trigger for national reform?	Q3.1. To what extent have the UN guidelines on Alternative Care for Children acted as a trigger for reform? Q3.2. To what extent have, EU guidelines and policies acted as a trigger for reform? Q3.3. To what extent has the CRC acted as a trigger for reform? Q3.4. To what extent has the CRPD acted as a trigger for reform?
Q4. How relevant have the childcare and DI reforms been to the needs of children with disabilities and hard to place children?	Q4.1. How relevant have the childcare and DI reforms been to the needs of children with disabilities ? Q4.2. How relevant have the childcare and DI reforms been to the needs of hard to place children?
Q5. How relevant has UNICEF's input been to national childcare and DI reforms?	
Effectiveness/Impact	
Q6. How did the DI reforms (and other external factors) contribute to the desired outcomes?	Q6.1. Which elements of the DI reform generated the desired outcome(s)? Q6.2. How much of the observed outcome(s) can be attributed to the DI reforms? Q6.3. What was the impact of other external factors on childcare and DI reforms?
Q7. Under what circumstances, and why did the DI reforms generate the desired outcome(s)?	Q7.1. Under what circumstances did these DI reforms generate the desired outcomes? Q7.2. Why did the childcare and DI reforms generated the desired outcomes? Q7.3. What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders?
Q8. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms?	Q8.1. Has sufficient attention been given to measuring, monitoring and reporting results? Q8.2. Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality? Q8.3. How effectively has evidence been used to inform changes and adjustments to the DI reforms?
Q9. Were there any unintended consequences which resulted from the childcare and DI reforms?	-
Q10. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)?	Q10.1. To what extent have disabled children targeted by the DI reforms actually been reached? Q10.2. To what extent have hard to place children targeted by the DI reforms actually been reached? Q10.3. Have any groups of children not benefited from the childcare and DI programme?
Q11. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain?	Q11.1. What has been the impact of DI reforms on the number and profile of children in alternative care? Q11.2. What has been the impact of the new services on the use of institutionalisation? Q11.3. What challenges remain?
Q12. What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?	-
Efficiency	

Q13. How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts?	Q13.1. How has the Government used its human resources to support DI reforms? Q13.2. How has the Government used its technical resources to support DI reforms? Q13.3. How has the Government used its financial resources to support DI reforms? Q13.4. To what extent has this allocation of resources been effective in supporting DI reform efforts?
Q14. Retrospectively, what resources (national, EU, other donors) were available to carry out DI?	Q14.1. What have been the transition costs, covered by whom and for how long? Q14.2. How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors?
Coherence	
Q.15. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform?	Q15.1. Was there alignment between the aims and strategies of these actors? Q15.2. What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from RIs?
Sustainability	
Q16.1 [New question] Were the childcare and DI reforms sustainable? Q16.2 Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability? Q16.3. What is UNICEF's role in the sustainability of the DI reforms?	-

Based on the evaluation questions, an evaluation matrix was developed by the evaluators (see Annex D). It contains: the evaluation questions and sub-questions (set out above) across the evaluation criteria; qualitative and quantitative indicators which emerge from / relate to the evaluation questions; data sources for answering the research questions and measuring indicators; and any limitations in data or the ability of researchers to analyse it. The process of the evaluation more generally is summarised in **Figure 4: Process of the evaluation**.

Figure 4: Process of the evaluation



3.4. Data Sources, Collection Methods and Sampling

A range of qualitative and quantitative methods was used to collect data to answer the evaluation questions as follows.

Desk review: A large number of documents relating to childcare reform and DI were reviewed, including UNICEF reports, CPDs and associated internal documents, government plans, policies, strategies, laws, programmes, reports and evaluations as well as NGO reports, research studies and relevant press reports.

Key informant interviews (KIIs): KIIs were conducted to obtain detailed and specific information related to childcare reforms and DI. The KIIs were guided by a standardised set of questions, but allowing for a response-directed interaction. KIIs were conducted at the national level and sub-national level, some of which involved multiple stakeholders from each body (i.e. a group interview) where it was felt that this would increase the comfort of respondents and enrich the interaction.

Individual/group interviews, FGDs or participatory sessions with children and young people: Individual or group interviews or FGDs were held with children and young people placed in or transitioned from RIs or family-based alternative care, and children who had received community-based services developed as part of the reforms. The purpose was to ensure a rounded view of children's and young people's experiences of the childcare system. As with the KIIs, interviews and FGDs were guided by a standardised set of questions to capture the different stages of the child protection response and the child's experiences, while also allowing for the researcher to probe for more detail on aspects of particular interest. Participatory sessions were held with younger children.

Individual/group interviews or FGDs with professionals, practitioners, parents and carers: Individual/group interviews or FGDs were held with civil society, service providers and staff in RIs to gather their perspectives on different aspects of the reforms. The interviews/FGDs also aimed to understand how reforms have translated into changes in the provision of services on the ground and the enabling factors and barriers that have shaped these changes. This enabled the assessment of the nature of services provided, their quality, appropriateness and the capacity of service providers to address child protection issues. The FGD tool incorporated an interactive element involving participatory systems mapping. During this exercise, participants were asked to identify individuals or entities that, based on their understanding, played a role in generating the outputs, outcomes and impact, as articulated in the ToC. Individual interviews and FGDs were also held with parents/caregivers (including guardians, professional parental assistants and parent educators) to understand their point of view and how reforms have impacted them and their children. Data collection tools are enclosed in Annex E.

3.5. Sampling

3.5.1. Data collection sites

Data collection was carried out with stakeholders at the national level in Chişinău or, where necessary, online and at the sub-national level in four districts/ municipalities: Chişinău; Făleşti; Ialoveni; and Hînceşti. The research locations were selected in consultation with the UNICEF Country Office and the ERG, which included the capital city as well as locations in which there was a high prevalence of RIs and childcare service providers. In the research sites, while data collection focused on selected districts/cities, in order to evaluate a broad range of RIs and community-based services and ensure that RIs and services from a mix of rural and urban locations were selected, data collection was undertaken in surrounding locations depending on the location of these RIs/services.

3.5.2. Selection of research participants

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random. Purposive sampling prioritised diversity to ensure respondents of diverse backgrounds and with diverse perspectives are included in the evaluation.

The sampling strategy for key informants was purposive and included key stakeholders at both national and sub-national level who have particular knowledge, expertise and accurate information in relation to childcare and DI reforms, including stakeholders in relevant government agencies, UN agencies and international and national NGO partners. The purpose of this selection was to obtain knowledge, expertise and accurate information in relation to indicators in the evaluation framework from stakeholders.

The sampling for FGDs with local service providers and staff in RIs was also purposive, to include the perspectives of NGOs, local service providers and RIs.

The sampling strategy for interviewing beneficiaries (children, young people and adults) aimed to ensure diversity and representation across different RIs, services and categories of hard to place children, particularly across a range of disabilities (physical; mental; sensory etc.). The identification of the sample relied on organizations that were involved in the interviews and FGDs, utilizing a snowball sampling method. A total of 67 interviews/FGDs were carried out

consisting of: two KIIs with UNICEF; nine KIIs with government line Ministries/agencies at the national level; 10 individual/group interviews or FGDs with staff in residential care settings; five individual/group interviews or FGDs with community social assistants and child protection specialists; two interviews with staff at the Inclusive Education Unit; seven individual/group interviews with gatekeeping commissions and TSSAs; five individual/group interviews or FGDs with parents, carers, professional parental assistants and parent educators; 10 individual/group interviews with NGOs; three individual interviews with young people who have aged out of care; and 14 individual/group interviews, FGDs or participatory sessions with children (13 girls and eight boys, three of whom were known to have a disability). A detailed list of the number and gender of the research participants is enclosed in Annex F.

3.6. Analysis Methods

3.6.1. Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of innovative tools such as MAXQDA enhances the efficiency and accuracy of data collection and management, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what had worked, for whom, under which circumstances, how, and why?" This analytical approach played a pivotal role in addressing research inquiries about the underlying mechanisms connecting childcare and deinstitutionalisation reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalisation reforms and their effects.

Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within deinstitutionalisation reforms and to discern the varying contributions of different actors, including entities like UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

3.6.2. Quantitative data analysis

Administrative data was analysed using Excel software. Preliminary quantitative data analysis involved cleaning and checking the data to understand the extent and randomness of missing data, which was found to be extensive. Initial analysis produced descriptive statistics on the composition of the sample and the overall results, disaggregated by factors of interest including type of RI or care arrangement and disability status.

3.6.3. Data triangulation

Different types of data and different data sources were triangulated with one another in order to identify any inconsistencies in information. Furthermore, considering the varying array of stakeholders situated at different 'levels' within the system—comprising children, parents, frontline workers, NGOs, government stakeholders, and decision-makers. Data triangulation was employed across all participants. This approach facilitated a comprehensive portrayal of DI reform aspects, spanning inputs, outputs, outcomes and impact across the entire system. This methodology encompassed the viewpoints of a diverse assortment of stakeholders, thereby capturing insights from all key players. Triangulation helped to ensure the accuracy of findings, analysis and interpretation. Different methods enabled the evaluators to overcome any biases or weaknesses associated with a particular method.

3.7. Risks, Limitations and Mitigation Measures

A series of risks and limitations were identified during the inception phase and corresponding mitigation strategies adopted to address these. A summary of the risks, limitations and mitigation strategies are summarised in [Table 8](#).

Table 8: Evaluation risks, limitations and mitigation strategies

Risks and limitations	Mitigation strategies
Sampling bias - The complex nature of childcare and DI reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population.	The sampling plan was crafted through a series of consultations during the inception phase and a dedicated workshop involving the ERG. The ERG workshop played a pivotal role in determining the participants and research locations, benefiting from the valuable insights and suggestions of the participants who possess expert knowledge in the field. Their involvement ensured that the chosen locations align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes.
Reporting bias - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and DI of children), it is likely that the evidence gathered is affected by reporting bias. Participants may have been reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives (children, young people and adults). Further, participants may be resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF or other partners/stakeholders.	To mitigate against reporting bias, evaluators took care to carefully explain to all participants that the evaluation was learning-oriented. Evaluators also emphasized that confidentiality of responses would be protected and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively and interactions will be flexible and participatory to allow for the most authentic, spontaneous and participant-led exchange.
Limited data - The limitations of existing data, particularly of administrative data on the reforms at the outset of the evaluation period and financial data, and the diffusive nature of childcare and DI programming, have presented a challenge in measuring the contribution of the childcare and DI reforms to changes in outcomes. Primary data collection in Gagauzia Autonomous Territorial Unit and Transnistria was also not possible, limiting the ability to evaluate results in those locations.	The evaluators triangulated data from several sources when analysing differences between intervention and comparison districts in order to better link any differences identified to elements of UNICEF's programme.
Availability of disaggregated data - quantitative data disaggregated by gender, disability and vulnerable groups, were at times limited. This lack of disaggregated data hindered the research team's ability to assess the impact of reforms and UNICEF's programming fully.	The reliance on qualitative data collected from stakeholders assumed greater significance where disaggregated quantitative data was limited. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.

3.8. Validation and Oversight

An ERG was established to provide oversight of and input into the evaluation, strengthening accountability, ownership and accuracy of the evaluation. The ERG members include representatives from Child Community Family (CCF), Keystone Moldova, Partnership for Every Child and Changing the Way we Care (CWWC). Coram International consulted upon the inception report with a broader group of stakeholders from Moldova as part of the regional online consultation on 31 January 2023 as well as sharing the report with the ERG for written comments. An internal online workshop with UNICEF ECARO and Moldova Country Office was held on 25 January 2024, and another call with the UNICEF Country Office on 12 February to consult on the first draft of the evaluation report. Written comments on the evaluation report were received from the ERG, based on which the report was amended and shared with the government and other stakeholders for further consultation and validation. A final online consultation and validation session was held with stakeholders on 3 May 2024 (MoLSP, MoH, MoER, the Child Rights Ombudsman, the NGOs CCF, Keystone, Lumos, CWWC, and Partnership for Every Child and UNICEF focal points from their child protection, social policy, child rights monitoring, health and education sectors). No written comments were received from stakeholders on the third draft of the report. The evaluators therefore finalised the report based on oral comments received from the final consultation and validation on 3 May 2024.

3.9. Ethical Considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines, Coram International's own Ethical Guidelines (Annex G) and UNICEF's Ethical Standards in Research, Evaluation Data Collection and Analysis. In addition, Coram International employed the following ethical safeguards for this evaluation:

Independence, impartiality, and integrity: The absence of conflict of interest was duly checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality, and respect of rights: Rights-holders and stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted in full respect of the participants' right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for children or young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

Data collection with children: Individual interviews or FGD were conducted with children (7–18 years) who were in RIs or alternative care or who had left an RI or childcare system. UNICEF procedures for ethical research involving children were adopted, most notably, through the application of UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021) and application of a tailored ethical protocol for the evaluation in line with these standards. In particular, the principle of "do no harm" was applied, children were asked to participate on a voluntary basis, interviews and FGD were only carried out with children providing their prior informed written consent (as per the ethical protocol and research practice in Moldova) and their participation was strictly confidential. The prior written informed consent of the child's parent / guardian was also obtained. Special care was also taken to ensure that especially vulnerable children were able to participate and give informed consent. Inquiries were made in advance of the data collection to ensure that communication aids needed to facilitate child participation were in place (e.g. a signer for children with hearing impairments). A procedure was put in place for researchers to report any potential child protection disclosures to UNICEF.

The evaluation underwent an ethical review process conducted by the 'Health Media Lab Institutional Review Board' which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools. The ethical approval is attached as [Annex H](#) and data collections tools and template consent forms tailored to the data collection in Moldova are attached in [Annex I](#).

4. Evaluation Findings

4.1. Relevance

4.1.1. To what extent have childcare reforms in Moldova been relevant to the DI of children in residential care? [Q1]

To what extent have reforms to childcare policy and the legal framework been relevant to the DI of children in residential care? [Q1.1]

Reforms to childcare laws and policies have been extremely relevant to DI and go towards achieving both outcomes and output 3 of the ToC. Moldova's approach focused on redirecting financial resources from transformed/closed RIs, particularly MoER boarding schools, to developing a minimum package of social and educational services. An analysis of the general legal and policy framework is provided below. A more detailed analysis relating to children with disabilities and other hard to place children is set out in [part 4.1.4](#). UNICEF's interventions are set out in [part 4.1.5](#).

Moldova adopted its National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, which focused directly on upholding the right of the child to be raised in a family. The Strategy/Action Plan aimed to achieve this by: reducing the number of children in RIs and the number of RIs (relevant to outcome 2); restructuring RIs to provide enhanced support for children in families (relevant to both outcomes and outputs 1 and 4); increasing the number of services to prevent family separation and institutionalisation and to support family reintegration (relevant to both outcomes and especially output 1); and reducing the length of time children stay in RIs (relevant to outcome 2). Activities in the Action Plan included: strengthening the legal framework (both outcomes); strengthening the institutional framework of the GAs, multi-sectoral gatekeeping and other child protection stakeholder bodies (both outcomes especially output 2); developing and allocating trained staff to these bodies (both outcomes especially output 5); establishing child protection case management mechanisms and community-based child protection and family support services (both outcomes especially outputs 1 and 2); developing the regulatory framework for the child protection system including introducing minimum standards and accreditation/licensing processes for child protection services (both outcomes especially outputs 1 and 3); monitoring and evaluating the reforms (both outcomes); and implementing a communication and social mobilisation strategy to build support for DI (both outcomes and output 6). The Strategy and Action Plan required the assessment of each child in residential care, development of individual reintegration plans for the child, preparing the child and family for reintegration, and post-transition monitoring and assessments of the child.

In parallel, the National Programme on an Integrated System of Social Services 2008-2012 was adopted and was relevant to achieving both outcomes, particularly output 1. The National Programme aimed to provide comprehensive, integrated and efficient social services to support individuals in difficulty by addressing their social needs and reducing exclusion. This included the expansion of primary social services at the community level, the development of specialised social services at all administrative levels including temporary placement centres for children, support for substitute families and material aid to support the reintegration of children in their families after leaving residential care, and highly specialised social services for children who have specific needs and require rehabilitation or intensive support from specialists (e.g. children with disabilities requiring prosthetic and orthopaedic services or services provided for the rehabilitation of victims of abuse). However, the National Programme anticipated maintaining certain RIs (psychoneurological board schools) for a “very limited group of beneficiaries with specific problems who require a 24/7 continuous care regime” (para. 84).

The Child Protection Strategy for 2014-2020 and its Action Plan 2016-2020 built upon the 2007-2012 reforms. Objective 1 of the Strategy/Action Plan was to create an environment conducive to the upbringing and education of children within their families and aimed to address the remaining challenges to childcare reforms. The Strategy/Action Plan aimed to prevent family separation (relevant to outcome 1), gradually bring an end to placing children aged 0-3 years in RIs (both outcomes), continued reduction of numbers of children in residential care (outcome 2) and a reduction in the negative effects of parents’ migration on children left behind (outcome 2). The Strategy/Action Plan would achieve this by strengthening the capacities of territorial and local GAs (outputs 2 and 5) ensuring uniformity and control of the decision-making process regarding family separation (output 2), streamlining the system of social benefits for family support and child protection (both outcomes and output 1), developing the network of social services to support children and families at risk of separation including early intervention (outcomes and output 1). The Strategy/Action Plan also included developing an integrated data collection system regarding the child’s situation.

Moldova also developed policies to develop parental skills to prevent violence, neglect, and exploitation of children, relevant to both outcomes and particularly outputs 3 and 6. The National Strategy for Development of Parental Skills and Competences 2016-2022 made note of the progress in the childcare and DI reform but emphasised the importance of the involvement of parents in the education and care of children. Its objectives included ensuring access to information and courses/services/programmes on parenting skills. However, the Strategy did not have an Action Plan to support its implementation.

Legal reforms were introduced to implement these policies, including Law no. 123/2010 on Social Services. This Law set out the legal framework for the provision of social services to “overcome difficult situations, prevent marginalization and social exclusion” (Art. 1), in line with the National Programme on an Integrated System of Social Services 2008-2012. The Law enabled the government to outsource social services to non-state actors, including CSOs. Importantly, Regulation 351/2012 (amended in 2018) placed the redirection of financial resources from RIs to developing a minimum package of social and education services on a legal footing (relevant to both outcomes). Children deinstitutionalised from RIs, left without parental care, at risk of family separation or institutionalisation, with

disabilities or special educational needs, in difficult situations, and their families, were beneficiaries of these services (Art. 2(d)). The minimum package of social services, to be provided by LPAs, included: family support; specialized family placement; professional parental assistance, which is akin to foster care (commonly known by its Romanian acronym, APP); family-type children's homes, which are akin to foster care for larger groups of children (commonly known by its Romanian acronym, CCTF); temporary placement services; personal assistance service; mobile team service; and the family and child social assistance centre. The minimum package of inclusive education services included psycho-pedagogical assistance and various support services within pre-school, primary, and general secondary education institutions. A series of government decisions were passed to establish these and other social services to support DI (see Q1.2 below). Government decision 800/2018 also clarified the obligations of LPA2s to provide a minimum package of social services including the social support service for families with children, personal assistance social services and social monetary support.

Law no. 140 is another significant law, as it established the institutional framework, legal duties and general procedural framework for the reporting and handling of child protection concerns and decisions on the placement of children at risk (relevant to both outcomes). Crucially, the Law prioritises the upbringing and education of the child in the family, places the primary responsibility for raising, educating and protecting children on the parents and imposes obligations on state authorities to ensure that children are protected from violence, abuse, neglect and exploitation.⁶⁶ Law 140 was amended via Government Decision 112/2020 to introduce the temporary protection measure of "custody" by the local GA for children left behind (i.e. whose parent(s) are absent for more than two months, either in another locality within Moldova or abroad). In addition, Law no. 99/2010 introduced a legal regime for adoption.

The current National Programme for Child Protection 2022-2026 illustrates the ongoing relevance of national policy reforms, though it marks a change in approach. The National Programme recognises that the barriers to child protection system reforms are not new, requiring a "paradigm shift in intervention." The National Programme includes three priorities which are said to place children's best interests at the centre. DI, alternative care and support to prevent family separation are one of the three priorities of the National Programme, the other two (linked) priorities being: good governance in the field of child protection; and preventing and combating violence against children in all its forms and in all environments. One of the targets for the DI/childcare priority are to reduce the percentage of children at risk from 1.8 per cent (2020) to 1.5 per cent (2026) (particularly relevant to outcome 1). The sub-objectives related to strengthening capacities of parents and families to raise their children, providing necessary support to prevent family separation and consolidating family-type alternative care (outputs 1 and 6), liquidation or reorganisation of RIs and reintegration of children into the family or transfer to family social services (outputs 1 and 4) and supporting communities and children to benefit from partnerships between public administration authorities and civil society (outputs 1 and 2).

Legal reforms to implement the Restart reforms came into force on 1 January 2024 and make fundamental changes to the social services/assistance system. The amendments envisage the removal of the minimum package of social services, replacing it with the concept of "basic social services",⁶⁷ though the list of basic social services have not yet been defined (at the time of writing). However, based on the Restart policy, several childcare and community-based services to prevent family separation and institutionalisation, and support the child's integration into a family, are expected to be subject to these reforms. These include: support for families with children; day care centres for children at risk and children with disabilities; APP; CCTF; personal assistance; sheltered housing; care at home services; social aid canteens; integrated violence rehabilitation services; reorganised multifunctional centres (re-organized); and monetary support services.⁶⁸

Broader policies relating to human rights have been extremely relevant to DI and all outcomes of the ToC and are mentioned here for completeness. These include the National Action Plan for Human Rights 2011-2014 and subsequent National Action Plan for Human Rights 2018-2022, which aimed to ensure that all citizens, especially the most vulnerable, are able to exercise their rights. The former Action Plan recognised the challenges to ensuring the right of the child to be raised in a family and family separation. The Action Plan therefore included actions to ensure access to the formal education system by children from RIs and those left behind, improve legislation to support

⁶⁶ Law no. 140 on the Special Protection of Children at Risk and those Separated from their Parents 2013, Art. 4 and Chapter II.

⁶⁷ Law 256/2023 for the amendment of some normative acts (reform of the "Restart" social assistance system)

⁶⁸ MoLSP, Reform to RESTART Social Assistance System: for fair access to quality social services, March 2023, p. 8.

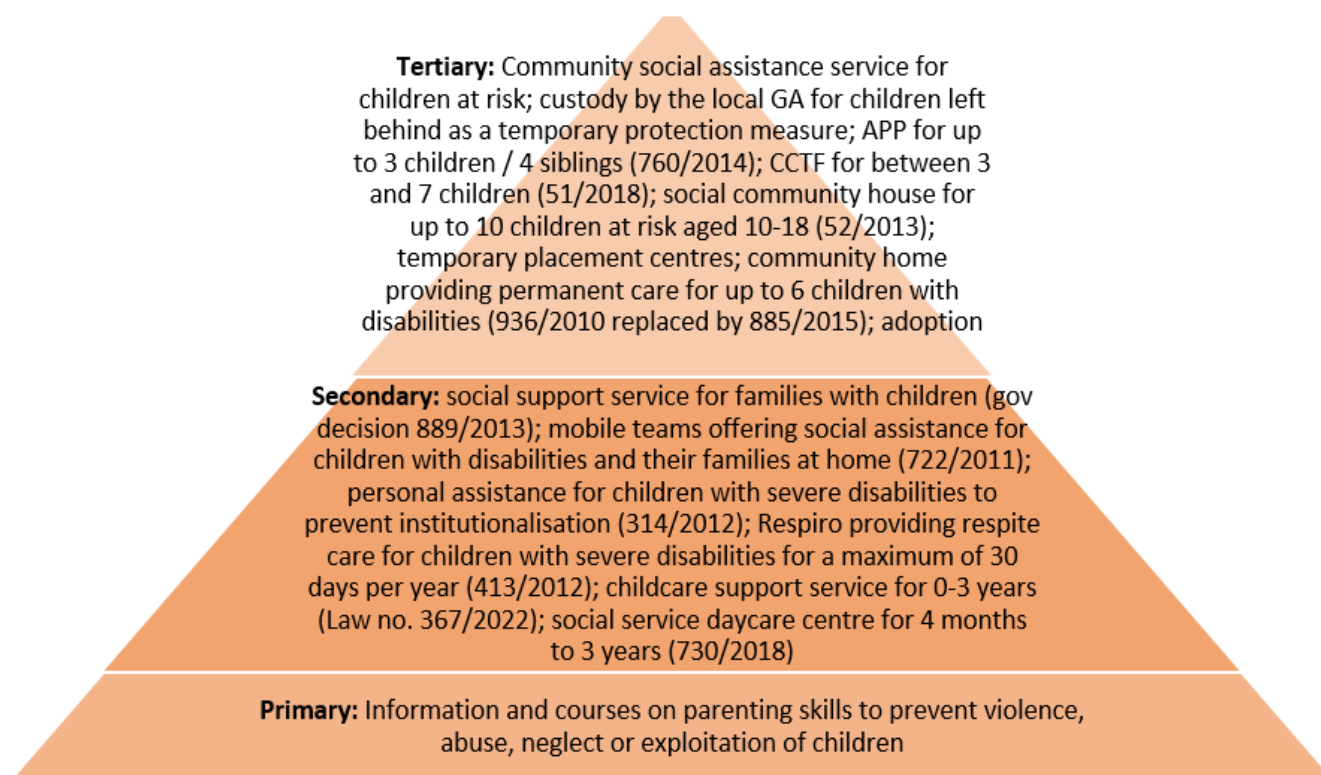
socially vulnerable children, strengthen the system of adoption including through awareness-raising campaigns to attract adopters, strengthen the institutional framework within the child protection system including the activities of GAs and LPAs and developing frameworks for the inspection and accreditation for social services for children and families.

Similarly, broader policies relating to Moldova's attainment of the SDGs are extremely relevant to DI and both outcomes of the ToC. The National Development Strategy for Moldova 2030 notes the need to accelerate DI, ensure direct funding of basic social services from the State budget and ensure better planning, reporting and monitoring of social services provided in the family environment (part 2.8). The Strategy therefore includes specific objectives of providing a range of quality and appropriate social assistance services (objective 6.1 in the Strategy), ensuring a child protection system that responds promptly and effectively to the needs of each child (objective 6.3) and preventing and protecting children from violence, abuse, neglect and exploitation (part of objective 9).

To what extent have services introduced under the childcare reforms been relevant to the DI of children in RI? [Q1.2]

During the evaluation period, Moldova introduced a continuum of care and social services to prevent family separation and support the reintegration of children in a family. These services go towards meeting both outcomes of the reconstructed ToC, and particularly outputs 1, 3 and 4. These services may be categorised into primary (universal), secondary (targeted) and tertiary-level (highly targeted) services, as illustrated in Figure 5.

Figure 5: Continuum of care and social services introduced during the evaluation to prevent family separation and support reintegration of the child into a family



There are plans to combine CCTF with APP (at the tertiary level) into one service.⁶⁹

Relevant to children aging out of care are the independent or semi-independent community living arrangements. Relevant to children with disabilities aging out of the care system is the adult family placement social service, which was introduced to prevent the institutionalization and promote the social inclusion of adults with severe disabilities by placing them in the care of a "family assistant's family" (government decision 75/2014). Similarly, sheltered housing was introduced by government decision no. 711/2010 for adults with mental disabilities, who are not declared to be

⁶⁹ MoLSP, Reform to RESTART Social Assistance System: for fair access to quality social services, March 2023.

incapable by the courts, do not have housing/require improved living conditions and, with periodic support, can lead an independent life in the community.

Closely linked to DI, particularly to the DI of children with disabilities and special educational needs, were the parallel services and redirection of funds from RIs to developing inclusive education. In 2014, the government established the Republican Centre for Psycho-Pedagogical Assistance at the national level to support inclusion of these children in mainstream schools. The Centre is an umbrella organisation, which is reported to have 35 Psycho-Pedagogical Assistance Services at the district levels. In parallel, inclusive education resource centres within schools were established to provide educational support services.⁷⁰ According to government figures, in 2019, there were more than 900 resource centres in mainstream schools and more than 900 teachers were employed to support children with special educational needs.⁷¹

4.1.2. To what extent have the childcare and DI reforms been aligned with States' obligations under the CRC, EU Guidelines, the UN Guidelines for the Alternative Care of Children and the CRPD? [Q2]

The legal and policy reforms introduced during the evaluation period are broadly in line with the CRC, UN Guidelines for the Alternative Care of Children, CPRD and EU Guidelines.

Moldova has made excellent progress in aligning its laws and policies with the CRC and UN Guidelines for the Alternative Care of Children. Indeed, in 2017, the CRC Committee commended Moldova's progress in aligning its childcare laws and policies with the CRC.⁷² The legal and policy reforms outlined in [part 4.1.1](#) explicitly aim to ensure the right of the child to grow up in a family, which is a fundamental premise of the CRC and UN Guidelines for the Alternative Care of Children.⁷³ Several of these policies also explicitly aim to implement the provisions of the CRC and other international instruments which Moldova has ratified.⁷⁴ Similarly, in line with the CRC and UN Guidelines, the Special Protection for Children at Risk Law is based on prioritising the child's best interests and prioritising raising and educating the child in a family (see Article 4).

The explicit and intensive focus on DI throughout the legal and policy documents outlined in [part 4.1.1](#) is in line with Moldova's obligations under Article 20 of the CRC to provide family-based alternative care for children who cannot remain in the family. These reforms also align with the UN Guidelines for the Alternative Care of Children (para. 23) on developing family-based alternatives as part of an overall deinstitutionalisation strategy of large residential care facilities. Additionally, a focus on DI of children under the age of three (outlined in, for example, in Child Protection Strategy for 2014-2020 and its Action Plan 2016-2020 and in government decisions no. 730/2018 and Law no. 367/2022) is in line with the UN Guidelines for the Alternative Care of Children (para. 22), which places particular emphasis on the importance of family-based settings for this age group. The introduction of the range of services outlined under [Q1.2](#) to prevent family separation and support family reintegration more generally are also particularly relevant to realising these international standards. Similarly, the laws and policies aimed at strengthening case management and gatekeeping at the LPA levels are critical for achieving these childcare reforms, in line with Moldova's obligations to establish a child protection system under Article 19 of the CRC.

Specific reforms have been introduced to ensure the DI of children with disabilities and their inclusion in childcare reforms line with the CRPD, Article 23 of the CRC on the right to a full and decent life and Article 34(b) of the UN Guidelines for the Alternative Care of Children on social inclusion and DI services for children with disabilities. Several policies relevant to childcare and DI (detailed in [part 4.1.4](#)) explicitly aim to implement the CRPD and/or concluding observations of the CRPD Committee.⁷⁵ Several of the policy reforms post-2017, including the 2017-2022 and 2018-

⁷⁰ UN Partnership of the Rights of Persons with Disabilities, End of Project Report, p. 11; KII, Republican Centre for Psycho-Pedagogical Assistance.

⁷¹ Committee on the Rights of Persons with Disabilities, Combined second and third periodic reports submitted by the Republic of Moldova under article 35 of the Convention pursuant to the optional reporting procedure, due in 2020, para. 151.

⁷² Committee on the Rights of the Child, Concluding observations on the combined fourth and fifth periodic report of the Republic of Moldova, 20 October 2017, para. 26.

⁷³ Policy examples include the National Strategy and Action Plan on the Residential Childcare System Reform 2007-2012 (Introduction), the Child Protection Strategy for 2014-2020 and its Action Plan 2016-2020 (General Objective 1) and National Programme for Child Protection 2022-2026 (General Objective 3), as well as the National Action Plan for Human Rights 2011-2014 (Activity 79) and National Action Plan for Human Rights 2018-2022 (Section 4 on Vision and Purpose).

⁷⁴ Child Protection Strategy for 2014-2020, opening paragraph; National Strategy and Action Plan on the Residential Childcare System Reform 2007-2012, Introduction; National Programme for Child Protection for 2022-2026, Specific objective 1.1.

⁷⁵ See for example, the Social Inclusion Strategy of People with Disabilities 2010 and 2013; its subsequent programme for 2017-2022; the National Programme for the DI of Persons with Intellectual and Psychosocial Disabilities from RIs and its Action Plan for 2018-2026;

2026 national programmes on social inclusion and DI of children with disabilities, have gone even further by explicitly aiming to implement the recommendations of the UN Special Rapporteur and feedback from the UN Human Rights Council to Moldova's universal periodic review on the challenges to the system.⁷⁶

With regard to legal reforms, Law 60/2012 on the Social Inclusion of People with Disabilities affirms that all persons with disabilities, which includes children, are entitled to the full range of rights set out in, among other things, the CRPD (Article 8(4)). Article 8(11) of that Law also requires that all actions concerning children with disabilities prioritise the best interests of the child, in line with Article 3(1) of the CRC. Government decisions provide for a range of services to prevent family separation and institutionalisation of children with disabilities, including mobile teams, personal assistance, Respiro and daycare centres, some of which are included in the minimum package of social services (see [part 4.1.1](#)). Services were also introduced to strengthen inclusive education, which were key to DI (see [Q1.2](#)). It is notable that the CRPD Committee called for the implementation of the moratorium on new placements of children with disabilities⁷⁷ in RIs though this policy has not been applied to all RIs (e.g. the MoH Placement and Rehabilitation Centre for Early Years Children) due to the absence of alternative placements (see [part 4.2.6 \[Q11.3\]](#) for more details).

Moldova has made progress in aligning its laws and policies with the EU laws. In 2014, Moldova signed an Association Agreement with the EU, which came into force in 2016. As part of this Agreement, Moldova undertook the process of aligning its national legislation with the EU *acquis* (Article 448 of the Agreement).⁷⁸ In light of this, the Government adopted the 1171/2018 Regulation on the harmonization of the legislation with the legislation of the European Union, which outlines the principles, conditions, methods, and instruments for legislative harmonization with the *acquis*. It also establishes the coordination and monitoring of the harmonization process at the national level. Several policies relevant to childcare reform have been explicitly adopted to ensure the implementation of this Agreement. The National Child Protection Programme for 2022-2026 (in its introduction) notes that it derives from the Association Agreement; as such, it was adopted in accordance with the Association Agreement and the CRC and aims to ensure the full implementation of their standards.⁷⁹ Several other laws and policies explicitly aim to implement EU standards. Reforms include the Social Inclusion Strategy of People with Disabilities 2010 and 2013, which aims to implement the European Social Charter and other EU standards "in the context of the European integration process". In addition, in the latest report in November 2023 the European Commission noted that the legal framework for child protection is closely aligned with the international framework and standards.⁸⁰

Despite these strides, there remain some areas requiring further alignment with international standards. This is also an area that requires constant monitoring and evaluation, particularly in light of the Restart reforms. In 2017, the CRC Committee recommended that Moldova takes additional measures to ensure that its national adoption procedures are "not unnecessary lengthy," ensure proper regulation and monitoring of adoption and establish standard guidelines for the screening of potential adoptive parents.⁸¹ At the time of writing, Moldova had not yet submitted its next State report to the CRC Committee so the CRC Committee's assessment of Moldova's progress in this area remains to be seen.⁸² However, there was some feedback during primary data collection echoing concerns about the lengthy legal procedure before a child is adopted (see [part 4.2.6 Q11.3](#)). In addition, the EU noted that while the legal framework for child protection is closely aligned with the international framework, including the legislation on the inclusion of

⁷⁶ The Social Inclusion Strategy of People with Disabilities 2017-2022 para. 12,13.14; the National Programme for the DI of Persons with Intellectual and Psychosocial Disabilities from RIs and its Action Plan for 2018–2026, para.37.

⁷⁷ CRPD Committee, Concluding Observations, 2017, paras 36-37.

⁷⁸ Association Agreement between the European Union and the European Atomic Energy Community and their Member States, of the one part, and the Republic of Moldova, of the other part. 26 November 2013, available at: https://gov.md/sites/default/files/document/attachments/7048451_en_acord_asociere.pdf

⁷⁹ National Programme for Child Protection for 2022-2026, Introduction and Part II: General Objectives and Specific Objectives.

⁸⁰ European Commission, Republic of Moldova 2023 Report - Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2023 Communication on EU Enlargement policy. 8 November 2023. Page 40.

⁸¹ Committee on the Rights of the Child, Concluding observations on the combined fourth and fifth periodic report of the Republic of Moldova, 20 October 2017, para. 28.

⁸² Moldova was due to submit its combined sixth and seventh periodic reports no later than August 2022 though it has not been possible to find the State report from publicly available sources.

persons with disabilities, a contradiction to the CRPD arises in prioritizing support for families with two or more persons with severe disabilities over those with only one.⁸³

4.1.3. To what extent, if any, have the UN Guidelines on Alternative Care for Children, EU Guidelines and policies, CRC and CRPD acted as a trigger for national reforms? [Q3]

Moldova's accession to the CRC in 1993 was an important driver for childcare and DI reforms and continues to be a guiding force. National legislation and policies make direct references to the CRC and its fundamental principles on ensuring a family environment and family-based alternative care options (see [part 4.1.2](#)). This finding was echoed in the primary data collection, as several participants explained how Moldova's obligations under the CRC acted as a driver for it to reform RIs and make changes to childcare standards more generally.⁸⁴ CPDs governing UNICEF's interventions were also shaped explicitly around the concluding observations of the CRC Committee and aimed to support Moldova to fulfil its obligations, not only under the CRC but also the CRPD.⁸⁵ The most recent CPD (2023-2027) expressly refers to Moldova's upcoming state report for its next CRC periodic review as an opportunity to "galvanise public debate" on the challenges to fulfilling Moldova's CRC obligations, including those on childcare. Research participants referred less to the UN Guidelines for the Alternative Care of Children as a trigger though, in light of the alignment of national laws and policies with these guidelines (for which see [part 4.1.2](#)), they too have evidently influenced the reforms.

The CRPD has been a significant driver of childcare and DI reforms relating to children with disabilities and special educational needs during the evaluation period, the start of which coincides with Moldova's ratification of the treaty in 2010. This is evident in the range of laws and policies adopted during the evaluation period to implement Moldova's obligations under the CRPD and their alignment with its provisions (see [parts 4.1.2](#) and [4.1.4](#)). A year after the CRPD Committee's recommendation to Moldova to, among other things, develop a national Strategy for DI of Children with disabilities,⁸⁶ Moldova adopted the National Programme for the DI of People with Intellectual and Psychosocial Disabilities from RIs 2018-2026. Research participants echoed this finding and explained how the CRPD was used to advocate for and inform legal and policy changes:

"In 2010, the CRPD was ratified. That helped us to push for the revision of all legislation from the point of view of [ensuring] social inclusion of children with disabilities we supported the Ministry to develop the first social inclusion strategy.... we included in this strategy the DI of children and adults with disabilities and the development of social care services at the local level.... We supported the Ministry to revise all the legislation in relation to social inclusion based on the ratification of the CRPD and this strategy on social inclusion and so on." (Individual Interview, NGO).

Moldova's journey towards EU accession has played a particularly influential role in DI and childcare reforms. To implement the Association Agreement (particularly chapter 27), the government and the EU adopted three consecutive Association Agreement Agendas (2014-2016, [2017-2019](#), 2021-2027), which include the DI of children as a priority area. In the most recent agenda, the parties agree to continue DI and reduce the number of children in RIs to zero progressively, while advancing alternative forms of care.⁸⁷ EU accession negotiations are likely to continue to be a driver of the reforms. In June 2022, the EU Commission noted that although the DI of children has progressed in recent years, more needs to be done to ensure the DI of children with disabilities and babies, as well as improvements to the overall situation of Roma children and children left behind by parents. More recently, both the EU acquis and the EU Minimum Child Guarantee have been significant drivers of the government's Restart reforms. This was echoed in the data collection⁸⁸ and in recent documents implementing the reforms.⁸⁹ The continuous EU funding for childcare

⁸³ European Commission, Republic of Moldova 2023 Report - Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2023 Communication on EU Enlargement policy. 8 November 2023. Page 41.

⁸⁴ KII, national level stakeholder, 14 June 2023; Individual Interview, NGO, 15 June 2023.

⁸⁵ See for example, CPD 2007-2011, paras. 17 and 23; CPD 2013-2017, indicators in relation to governance and social change relating specifically to the status of implementation of CRC Committee concluding observations; CPD 2018-2022, para. 20; UNICEF, Evaluation of the Government of Moldova – UNICEF 2013-2017 Country Programme of Cooperation, Chisinau, UNICEF Moldova Office, 2017.

⁸⁶ Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the Republic of Moldova, 18 May 2017, Para. 17.

⁸⁷ European Commission, Association Agreement Agenda 2021-2027. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=COM:2022:69:FIN>

⁸⁸ KII, stakeholder withheld to protect anonymity.

⁸⁹ See for example: The National Child Protection Programme for 2022-2026 and Social Inclusion Strategy of People with Disabilities 2010-2013.

and DI reforms in Moldova reinforces the influence that EU guidelines have on national childcare reforms (see [part 4.3 on Efficiency](#)).

4.1.4. How relevant have the childcare and DI reforms been to the needs of children with disabilities and hard to place children? [Q4]

Q4.1. How relevant have the childcare and DI reforms been to the needs of children with disabilities?

Childcare and DI reforms have paid strong attention to meeting the needs of children with disabilities as well as children with special educational needs (summarized in [part 1.2.3](#)). To prevent and reduce the institutionalisation of these children, the reforms have focused on developing social and educational services. In 2010, Moldova adopted the Strategy for Social Inclusion of Persons with Disabilities 2010-2013 which aimed to align the social protection system for people with disabilities to European and international standards (particularly relevant to both outcomes and output 3). The expected results included developing early intervention socio-medical services for children aged zero to three through legal reforms and capacity-building (relevant to outputs 1 and 5), reducing the number of children with disabilities in long-term residential care and increasing the number of children with disabilities in general education schools (relevant to both outcomes and assumptions concerning education reforms).

The National Programme of Social Inclusion of People with Disabilities 2017-2022 aimed to build upon the preceding strategy by tackling the remaining large numbers of children with disabilities being educated in special schools and other remaining RIs, and the insufficient supply of community social services to support their integration into a family and community (para. 18). The first objective of the programme was to improve access to community social services for persons with disabilities, deinstitutionalize at least 30 percent of persons with disabilities and prevent further institutionalisation. The Programme also included a specific objective to ensure quality inclusive education for children with disabilities including pre-school education (objective 2 of the programme) and to strengthen institutional capacities to implement the CRPD (objective 8). Notably, objective 9 of the Programme aimed to increase public awareness of the rights and abilities of persons with disabilities, which is relevant to the assumption in the TOC that societal attitudes are more child-sensitive and equity-oriented.

Responding to the need for targeted action to deinstitutionalise children with disabilities remaining in RIs, in 2018, the government adopted the National Programme for the DI of Persons with Intellectual and Psychosocial Disabilities from RIs and its Action Plan for 2018–2026. This was the first programme dedicated explicitly to the DI of people with disabilities. The programme aims to transform RIs managed by the National Social Assistance Agency into resource centres which provide social services at the community level, in order to ensure the right to independent living for people with disabilities (outcome 1 of the programme).⁹⁰ The Action Plan foresees a 60 per cent reduction in the number of institutionalized people with disabilities by 2026, with a focus on children. Through the creation of social services at community level, the programme aims to prevent further institutionalisation of people with disabilities.⁹¹ In addition, the programme aims to build the capacity of people working in resource centres and RIs, as well as strengthening monitoring and oversight of these services.⁹² Pre-2024, the Programme did not apply to children with disabilities in RIs managed by the MoH. However, from 1 January 2024, these RIs were transferred from the MOH to the Agency for the Management of Highly Specialised Social Services (gov. decision 955/2023) and fall within these reforms.

Moldova's legal reforms have paid particular attention to the needs of children with disabilities, such as Law 60/2012 on Social Inclusion of Persons with Disabilities. Several government decisions have also been introduced to establish community-based services specifically for children with disabilities, including those aging out of the care system (mobile teams, personal assistance, Respiro, daycare centres and adult family placements – see [part 4.1.1](#)).

Parallel reforms to the education sector are linked to childcare and DI reform efforts. The Inclusive Education Development Programme 2011-2020 stipulated that resources freed up from the transfer of children from RIs to mainstream schools would be used to invest in developing inclusive education (para. 79), supporting the DI of children with disabilities and special educational needs. It also planned for the establishment of psycho-pedagogical assistance

⁹⁰ National Programme on the Deinstitutionalization of Persons with Intellectual and Psychosocial Disabilities and the Action Plan for 2018–2026, Government Decision, Objective 1 and 2.

⁹¹ Ibid, Objective 3.

⁹² Ibid, Objectives 4 and 5.

services in general education institution to support inclusive education (paras. 61, 64). The 2014–2020 Education Development Strategy explicitly made the link between challenges in DI and barriers to inclusive education. It included a specific objective to ensure the socio-educational reintegration of children placed in RIs, reducing institutionalisation by 25 per cent by 2015, and 50 per cent by 2020, as well as transforming of residential educational institutions to general education ones by at least 20 per cent by 2015, and at least 25 per cent by 2020 (specific objective 1.7). It also required continued reforms to establish psycho-pedagogical assistance for children with special educational needs including appointment of support employees, development of inclusive education resources and training of teachers on inclusive education, including at pre-school level (priority action 1.6 and budget table). The new Inclusive Education Development Programme 2024-27 builds upon this by focusing on pre-school children.⁹³

These policy reforms were reflected in the law. Besides the 351/2012 Regulation for the redirection of financial resources, in 2014, the Education Code was adopted with the aim of ensuring the right to inclusive education for every child, irrespective of disability, in both public and private educational institutions at all levels. However, as highlighted by the Special Rapporteur on the rights of persons with disabilities, despite efforts to integrate children with disabilities into mainstream education, there are provisions within the Education Code regarding home schooling, which could potentially be misused to exclude children with disabilities from mainstream schools.⁹⁴

Going forward, there is a need to focus efforts on developing and supporting specialist family-based alternative care services for children with disabilities, as analysed in [part 4.2](#) (Effectiveness).

Q4.2. How relevant have the childcare and DI reforms been to the needs of ‘hard to place’ children?

National reforms recognise the needs of certain other categories of ‘hard to place children’ albeit to a more limited extent than they have with children with disabilities. These groups include children who are at risk of offending or so-called children with “deviant behaviour,” although most of the legal and policy reforms in relation to these children have taken place towards the end of the evaluation period or are ongoing. Although children at risk of offending would be regarded as “children at risk”⁹⁵ and subject to national child protection procedures, including prioritization of the placement of the child in a family, as the ‘effectiveness’ analysis in [part 4.2](#) indicates, these children often run away from care, have complex emotional needs and/or display challenging behaviours, creating challenges to finding a family who is willing and able to care for the child. In 2018, Moldova adopted ‘Law 299/2018 regarding measures and services intended for children with deviant behaviour’, based on, among other principles, the best interests of the child as a priority, non-separation from the family and social inclusion (Article 4). Further, recognising that these children are hard to place, the National Plan for Child Protection 2022-2026 includes the creation of specialized services and psychosocial rehabilitation aiming to benefit at least 50 per cent of children as well as victims of violence and children in conflict with the law.⁹⁶

The reforms regarding children at high risk of offending are in need of refinement. Laws and policies still refer to these as children with “deviant behaviour” which is a stigmatising term and does not appropriately describe the causes of their behaviour or their needs. Although Law 299/2018 provides a spectrum of possible measures to be imposed on the child, it still permits their placement in a specialised residential care setting following a decision of the courts. There are no prohibitions against the detention of children in such settings. There are also no requirements that the care setting must be small-scale to enable individualised care and support, and may only be used as a last resort. However, positively, the Law requires the provision of specialised social services (for residential care) or qualified and individualised social, legal, pedagogical, medical, psychological rehabilitation and care (for highly specialised residential care services).

Reforms have paid attention to the needs of children left behind by migrating parents, which is particularly relevant to both outcomes and particularly output 1 of the reconstructed ToC. The Special Protection for Children at Risk Law was amended to introduce “custody” by the local GA as a temporary protection measure for children whose

⁹³ KII, MoER.

⁹⁴ Devandas-Aguilar, Catalina, UN Human Rights Council, Report of the Special Rapporteur on the Rights of Children with Disabilities on her Mission to the Republic of Moldova, 2 February 2016

⁹⁵ Children who “practice vagrancy, begging, prostitution”, “children who live on the street, run away or were kicked out from home” and “children who are exposed to the risk of committing crime” (as well as children in conflict with the law) are regarded as “children at risk” under Article 8 of the Special Protection for Children at Risk Law.

⁹⁶ National Programme for Child Protection for 2022-2026, Government Decision no. 347/2022, Introduction and specific objective 2.3.

parents/only parent is present for more than two months in another locality of Moldova or abroad.⁹⁷ Under Article 13, as a general rule, parents leaving for over two months must inform the local GA about the child's caregiver to formalise the arrangement and make such children known to the authorities so that they can have oversight of the arrangement. There is very little in the reforms reflecting a gender-based approach to DI or consideration of the needs of ethnic minority children (Roma).

4.1.5. How relevant has UNICEF's input been to national childcare and DI reforms? [Q5]

UNICEF's role has been extremely relevant to childcare and DI, as reflected in its CPDs (see [part 2.4](#)). The relevance of UNICEF's input was also recognised by stakeholders during interviews, who noted that UNICEF has played an essential role in initiating and developing childcare reforms and is uniquely placed to support the key duty-bearers (e.g. MoLSP, MoER, MoH, MoF) given its relationship with the main government partners.⁹⁸ In practice, UNICEF's relevant interventions include:

- Technical support, advocacy, and international knowledge-sharing for the adoption and revision of legal and policy frameworks, such as the National Strategy for the Reform of the Residential Childcare System 2007-2012, Action Plan for Child Protection Strategy 2014-2020, Inclusive Education Programme 2011-2020 and National Programme for the Development of Inclusive Education 2024-2027, Strategy for the Development of Parenting Skills and Competences 2016-2020, National Programme for Child Protection and its Action Plan for 2022-2026, amendments to Law 140 to expand the role of the GAs for the protection of children left behind and the inclusion of child rights protection specialists at the municipal and city levels;⁹⁹
- Supporting the government to plan resource leveraging by redirecting state funding from residential care to social services and education (see Coherence in [part 4.4](#));
- Technical and financial support for modelling and piloting, or the general provision of, social services such as the gatekeeping commissions, APP/CCTF, day care centres and specialized services for children with disabilities including family support and personal assistance services (e.g. since October 2022, UNICEF has entered into two memoranda of understanding with municipal authorities in Chisinau to provide financial support to establish social assistance services, including personal assistance and a day care service for children aged four months to three years);
- Capacity development of duty bearers (government and other authorities at the central and local level), child protection specialists, community social workers, NGOs and other frontline workers, in the field of child protection, such as in determining the best interest of the child, identifying children at risk including unaccompanied or separated children, delivering quality protection services, preventing and responding to violence against children,¹⁰⁰ addressing individual needs of every child, promoting positive parenting, providing inclusive and quality education,¹⁰¹ as well as training for APPs and individuals providing CCTF services;¹⁰²
- Awareness raising among community members to prevent the abandonment of children by informing families on the availability of services and assistance programmes and to increase reports of child protection concerns;
- Promoting inclusive education through communication for social change, collaborating with the MoER and MoF to extend the inclusive-education funding formula to benefit all vulnerable children, in addition to its current coverage of children with disabilities and initiating the modelling of a single registry at a selected district level to cover social assistance, education and health services;
- Providing technical expertise to design and implement the Restart reforms, to align the social services sector in line with EU standards as part of the accession process.

UNICEF's involvement in emergency situations was described as "very needed".¹⁰³ UNICEF provided urgent assistance to Ukrainian refugees through its 'Blue Dot Safe Spaces' established in partnership with UNHCR.¹⁰⁴ It also signed a

⁹⁷ Ibid.

⁹⁸ KII with representative from Ministry of Labour and Social Protection, 15 June 2023; KII with representative from Territorial Structure of Social Assistance (TSSA), Ialoveni, 19 June 2023; KII with representative from Ministry of Education, 12 June 2023

⁹⁹ UNICEF, 2017, Evaluation of the Government of Moldova – UNICEF 2013-2017 Country Programme of Cooperation, Chisinau, UNICEF Moldova Office

¹⁰⁰ UNICEF Moldova, Country Office Annual Report 2021,

¹⁰¹ UNICEF, 2017, Evaluation of the Government of Moldova – UNICEF 2013-2017 Country Programme of Cooperation, Chisinau, UNICEF Moldova Office

¹⁰² Individual Interview, TSSA, 13 June 2023.

¹⁰³ Individual Interview, General Directorate for Child Protection, 20 June 2023.

¹⁰⁴ UNHCR and UNICEF, Blue Dot Safe Spaces, <https://bluedothub.org> accessed 20 February 2020.

memorandum of understanding with the MoLSP to provide technical and financial assistance to help ensure that the social services system could respond to the large numbers of refugees. This support included: providing financial aid to families through the ‘social support service for families with children’ to prevent family separation; supporting the hiring of additional personal assistants for children with severe disabilities; identifying the need for and supporting the recruitment of 11 new foster families providing specialised services; providing additional financial support for APPs, parent educators and children in foster care; and supporting the resilience and adaptability of the social service workers by providing salary bonuses.¹⁰⁵ UNICEF, the MoLSP and Chisinau Municipality also partnered to offer temporary accommodation for young people (including from Ukrainian) leaving care, in an environment close to a family, where they received services to develop independent living skills, vocational training, employment and access to university.¹⁰⁶ At border points, UNICEF supported the government to establish a system for identifying unaccompanied and separated children (UASC) by border police and referring them to GAs. UNICEF also supported the delivery of training to border police and GAs to ensure best interests procedures for all children at risk including UASC from Ukraine. These interventions are particularly relevant in light of significant numbers of UASC adolescents fleeing Ukraine where the law allows children from the age of 16 to exit Ukraine unaccompanied.¹⁰⁷ UNICEF also observed an increasing number of UASC 17 year-old boys fleeing Ukraine, believed to be driven in part by military conscription on Ukraine at the age of 18.¹⁰⁸

UNICEF’s recent CPDs are relevant to childcare and DI reform though the current CPD lacks explicit indicators on DI. Outcome 4 of CPD 2007-2012 included specific indicators tracking the proportion of children residing in residential care, the number of children reintegrated into families, and those placed in alternative care. Similarly, CPD 2013-2017 included specific indicators on the rate of children in institutional care, foster care and guardianship. CPD 2023-2027 highlights the efforts to prevent the institutionalization of children and young people, such as those with disabilities, those left behind, and unaccompanied refugees¹⁰⁹ but does not include any specific outputs or indicators to measure this, which are significant gaps.

In recent years, UNICEF programming has paid increased attention to gender-based issues and development of gender-responsive child protection services, as is evident from the language on gender-responsiveness and indicators for boys and girls in CPD 2023-2027, a feature that has not been as prevalent in previous CPDs outside the context of gender-based violence.

4.2. Effectiveness/Impact

4.2.1. How did the DI reforms (and other external factors) contribute to the desired outcomes? [Q6]

Q6.1. Which elements of DI reform generated the desired outcome(s)?

Moldova has made excellent progress in reducing the total number of children in formal residential care, which goes towards meeting outcome 2 of the reconstructed ToC. As outlined in Figure 6, there was a 92 per cent reduction in numbers of children in formal residential care between 2009 and 2022, with numbers steadily decreasing during this period. Disaggregated figures for boys and girls were available for the years 2011-2021 (see Figure 6), according to which there was a 87 per cent decrease in the numbers of boys and an 83 per cent decrease in the numbers of girls. Except in 2019, the numbers of boys in formal residential care have consistently exceeded the numbers of girls, though the difference in numbers has generally become less as overall numbers in residential care have declined.

Figure 6: Numbers of children in residential care (TransMonEE for 2011-2021 and MoLSP¹¹⁰ for 2009-2010 and 2022)

¹⁰⁵ MoLSP and UNICEF, *Protection, Inclusion, Welfare: Strengthening the Social Assistance and Child Protection in Moldova, 2022-2023*.

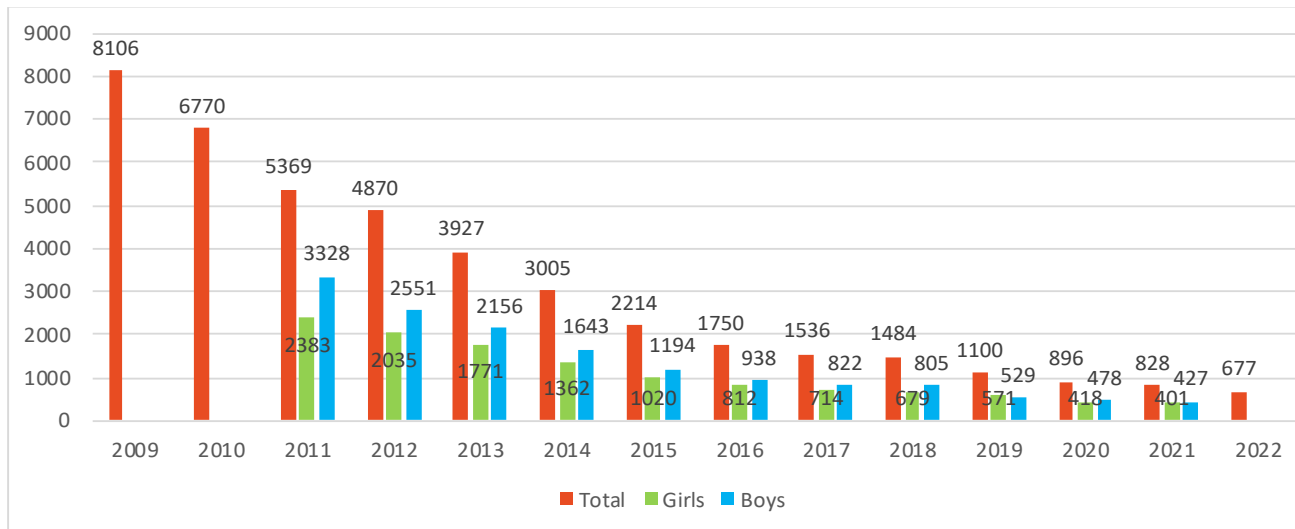
¹⁰⁶ *ibid.*

¹⁰⁷ UNICEF Moldova, written comments to Coram International, 16 February 2024.

¹⁰⁸ *ibid.*

¹⁰⁹ UNICEF CPD 2023-2027, 11 July 2022, para. 25

¹¹⁰ Figures for 2009 and 2010 are referenced in UNICEF Moldova, *Children in the Republic of Moldova, Situation Analysis 2016*, Chisinau, 2017, p. 67, available at: <https://www.unicef.org/moldova/media/2511/file/SITAN-UNICEF-Moldova-2016.pdf>, accessed on 25 October 2023; Figure for 2022 was obtained from Ministry of Labour and Social Protection, Report regarding children in the residential system in 2022, available at: <https://social.gov.md/en/informatie-de-interes-public/rapoarte/>, accessed on 25 October 2023.

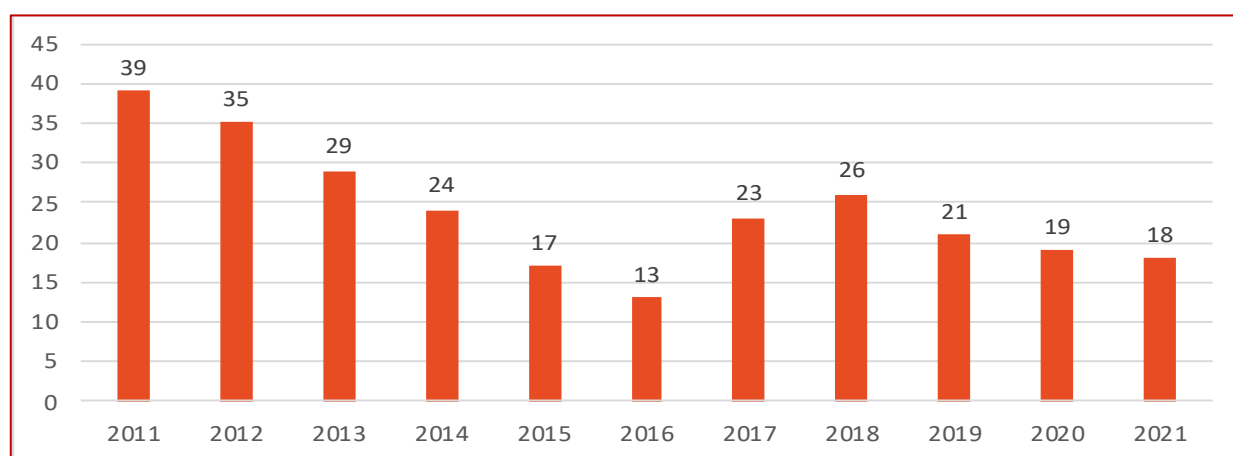


Similarly, Moldova has made good progress in reducing the numbers of children with disabilities in formal residential care. There was a 95 per cent decrease in the numbers of children with disabilities in formal residential care between 2009 and 2021 (figure for 2022 was not available in TransMonEE). Gender disaggregated figures are only available for 2013 to 2021, according to which there was a slightly larger reduction in numbers of boys in formal residential care than girls (89 per cent and 86 per cent reduction, respectively).

The reducing rate of children in formal residential care reinforces Moldova's progress towards meeting outcome 2 of the reconstructed ToC. Between 2011 and 2021 (TransMonEE; figures for 2009, 2010 and 2022 were unavailable), there was a 79 per cent reduction in the rate of children in formal residential care at the end of the year. Again, there was a higher reduction in the rate for boys than girls (83 per cent reduction and 77 per cent reduction, respectively). However, Moldova has almost achieved gender parity in the rate of children in formal residential care towards the end of the evaluation period.

Between 2011 and 2021, there was a 54 per cent reduction in the use of formal residential care for children in the childcare system, reinforcing Moldova's progress towards achieving outcome 2 of the reconstructed ToC (see [Figure 7](#)). The move towards using residential care as a last resort was also echoed in qualitative interviews. For example, some social service workers spoke about the use of residential care as a "last resort" when options such as kinship care, APP or CCTF were not available.¹¹¹

Figure 7: Percentage of children in formal residential care out of the total number of children in formal alternative care at the end of the year (TransMonEE)

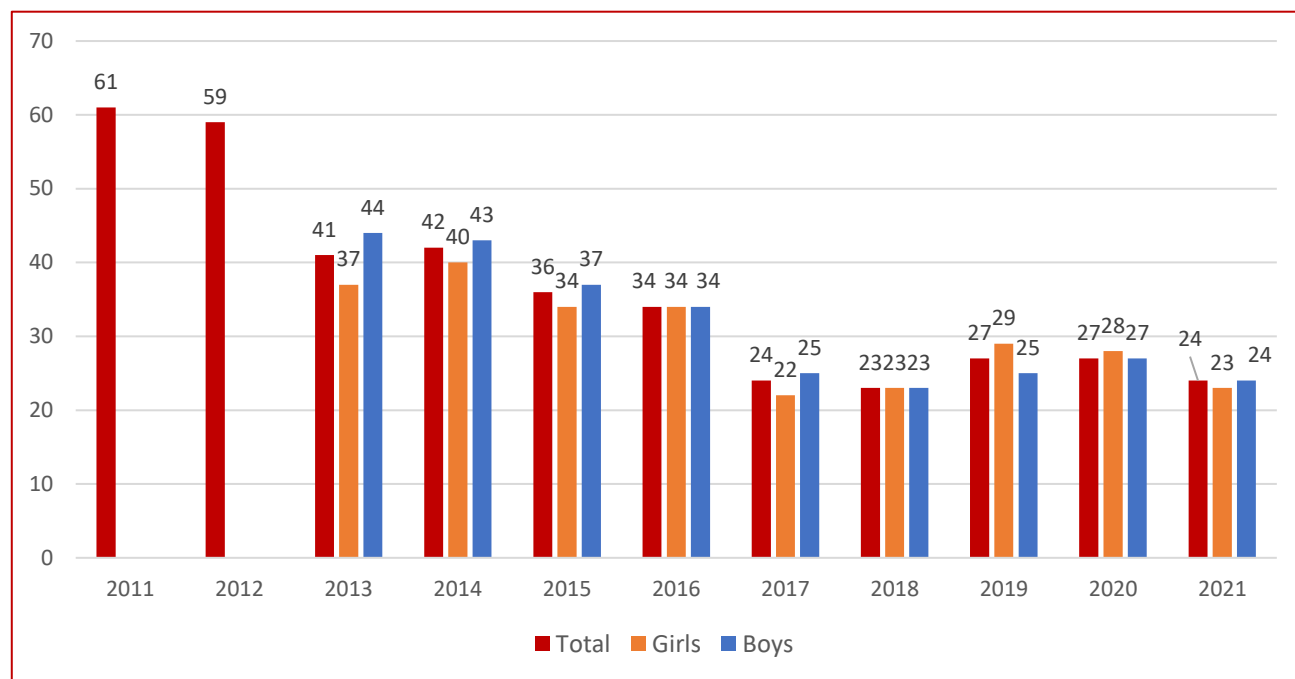


However, out of the total numbers of children in alternative care, the percentage of children in formal residential care has fluctuated significantly (see [Figure 7](#)). The marked increase in 2016 is understood to be due to the indicators being

¹¹¹ E.g. Group interview and stakeholder mapping with community social assistant and frontline social service worker in Făleşti district, 21 June 2023.

modified to include residential care settings such as temporary placement centres and community houses for children at risk.¹¹² the use of formal residential care for children with disabilities has also fluctuated (see Figure 8) and remained broadly consistent between 2017 and 2021, which indicates a plateau in progress to reduce the use of formal residential care for children with disabilities. indeed, this is noted in CPD 2023-2027, which provides that the pace of reforms related to specialised institutions, in which approximately 250 children with disabilities reside, “has lagged.”¹¹³

Figure 8: Percentage of children with disabilities in formal residential care at the end of the year (TransMonEE)



Qualitative data suggests that there has been a significant reduction in the numbers of RIs in Moldova during the evaluation period, though administrative data is lacking and significant questions remain regarding the number and categories of residential care settings remaining in the country. There are no official administrative data from the central level on the total number of residential childcare settings in Moldova and their disaggregation by category, capacity, location and type, which is a significant gap in the national M&E framework (for which see part 4.2.3). Baseline figures on the total numbers of RIs under different sectors for the National Strategy and Action Plan for the Reform of the Residential Childcare System 2007-2012 were also incomplete.¹¹⁴ Further, there is no official distinction between large-scale residential institutions and smaller scale residential care facilities, such that the figures on children in formal residential care above are likely to include children residing in both types of residential care settings. This creates challenges in analysing the extent to which Moldova has closed or reorganised large-scale residential institutions. It also raises the question over the extent to which children have been transferred from large-scale RIs to smaller-scale residential care facilities rather than family settings. Based on the desk review and primary data collection, there were 67 to 68 RIs in Moldova in 2007, 62 of which were under the then Ministry of Education and Youth (now the MoER).¹¹⁵ By 2021, there were 39 RIs with children in residence, 25 under the Territorial Structures of Social Assistance, four under the National Social Assistance Agency, eight under the MoER and local education authorities and two operated by NGOs.¹¹⁶

The MoER has made excellent progress in DI. At the national level, during the evaluation period, the MoER reported that it has deinstitutionalised all children from residential boarding schools and no longer has any children in

¹¹² Stakeholder consultation, 25 January 2024.

¹¹³ CPD 2023-2027, para. 12.

¹¹⁴ UNICEF Moldova and Terre des Homes, Evaluation of the Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, p. 22.

¹¹⁵ National Strategy regarding the reform of the residential childcare system 2007-2012, part 1; UNICEF Moldova and Terre des Homes, Evaluation of the Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, p. 23.

¹¹⁶ CWWC, *Situational Assessment of Social Services for Vulnerable Children and Families*, 2021, pp. 20-21.

residential care under its direct authority.¹¹⁷ Those that remain “on their books” as being in residential care are in auxiliary schools (also referred to as “special educational institutions”) falling under LPAs; six auxiliary schools were closed in 2023.¹¹⁸ As at January 2024, only three auxiliary schools with residential placements remain, housing a total of 22 children.¹¹⁹ The MoER provided administrative data on the numbers of children in residential care in these schools for the period 2014 to 2022, according to which there was a colossal decrease (99 per cent) from 2447 children to 32. Disaggregated figures were not provided.

At the time of the data collection, two RIs falling under the MoH were still in the process of deinstitutionalisation and, from 1 January 2024, have been transferred to the MoLSP. These RIs (the Placement and Rehabilitation Centre for Early Years Children in Chisinau and the Temporary Placement and Rehabilitation Centre for Children in Bălţi) are for children under the age of six.¹²⁰ Their transfer to the Agency for the Management of Highly Specialised Social Services under the MoLSP, is a positive step towards their transformation and eventual closure, given the MoLSP commitment to this area (see further below). The evaluators visited the centre in Chisinau, which was reported to accept children up until the age of seven in its residential unit.¹²¹ The centre has reduced its beds from 200 to 60, though at the time of data collection, was reported to have 63 children in its care.¹²² The centre offers Respiro, a maternal centre for mothers and children in emergency situations and daycare for children aged four months to three years of age, as the numbers of children in residential care have decreased.¹²³ The remaining challenges in achieving deinstitutionalisation of younger children (particularly relevant for outcome 2 of the reconstructed ToC) are elaborated in [part 4.2.6 \[Q11.3\]](#).

Data indicated that, at the time of data collection, children with TB or at risk of contracting TB were still being placed in MoH RIs (the Physiopulmonological Rehabilitation Centres for Children in Târnova and Corneşti). These centres were not officially recognised as RIs and placements did not go through the gatekeeping commission. However, during consultations on this evaluation, the government reported that these centres have been closed. Before their closure, the Corneşti centre had a capacity of 100 beds; in 2021, the centre accommodated 199 children (114 boys and 85 girls).¹²⁴ There was no data available regarding the duration of their placements. The overall number of children placed at the Târnova centre was unknown; however, in 2022, Ombudsperson reported that nine children had been hospitalized for more than four years at the Târnova centre.¹²⁵ During the primary data collection, the MoH echoed this and reported that children with TB, children whose family members have TB or children at risk of developing TB, may be placed in a medical rehabilitation centre under the LPA2 for up to six months for rehabilitation by an order of a pneumologist and with parental/guardian consent.¹²⁶ Children subject to such placements were reportedly often from disadvantaged backgrounds, low income families and suffering from malnutrition or anaemia so the child is taken out of the care of the family to prevent infection and spread of disease.¹²⁷

The MoLSP is also still in the process of deinstitutionalising its RIs. In 2007, the MoLSP had two RIs for children with disabilities, one for girls in Hincesti and one for boys in Orhei. These RIs remain today and were reported to house 40 children.¹²⁸ The RIs have a moratorium on new placements. At the time of data collection, out of the 243 residents in the Hincesti RI, 14 were children (the rest having already reached adulthood).¹²⁹

Local public administration authorities and charitable organisations continue to operate RIs. At the sub-national levels, 23 of the 38 administrative divisions contacted for administrative data reported the total numbers of RIs in their

¹¹⁷ KII, MoER focal point, 12 June 2023.

¹¹⁸ KII, MoER focal point, 12 June 2023; Government Decision No. 1054/2023.

¹¹⁹ Statistics reported by UNICEF to Coram International during consultation.

¹²⁰ UNICEF Moldova and Terre des Homes, Evaluation of the Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, p. 23.

¹²¹ Individual Interview, staff, Early Childhood Placement and Rehabilitation Centre of Chisinau, 20 June 2023.

¹²² Individual Interview, staff, Early Childhood Placement and Rehabilitation Centre of Chisinau, 20 June 2023.

¹²³ KII, MoH focal point, 14 June 2023.

¹²⁴ Ombudsman Report on Observance of Child’s Rights in the Republic of Moldova in 2021, Chisinau 2022, page 87. Available at: https://ombudsman.md/wp-content/uploads/2022/05/RAPORT-COPII_RED_eng.pdf

¹²⁵ Ibid, page 92.

¹²⁶ KII, MoH focal point, 14 June 2023.

¹²⁷ KII, MoH focal point, 14 June 2023.

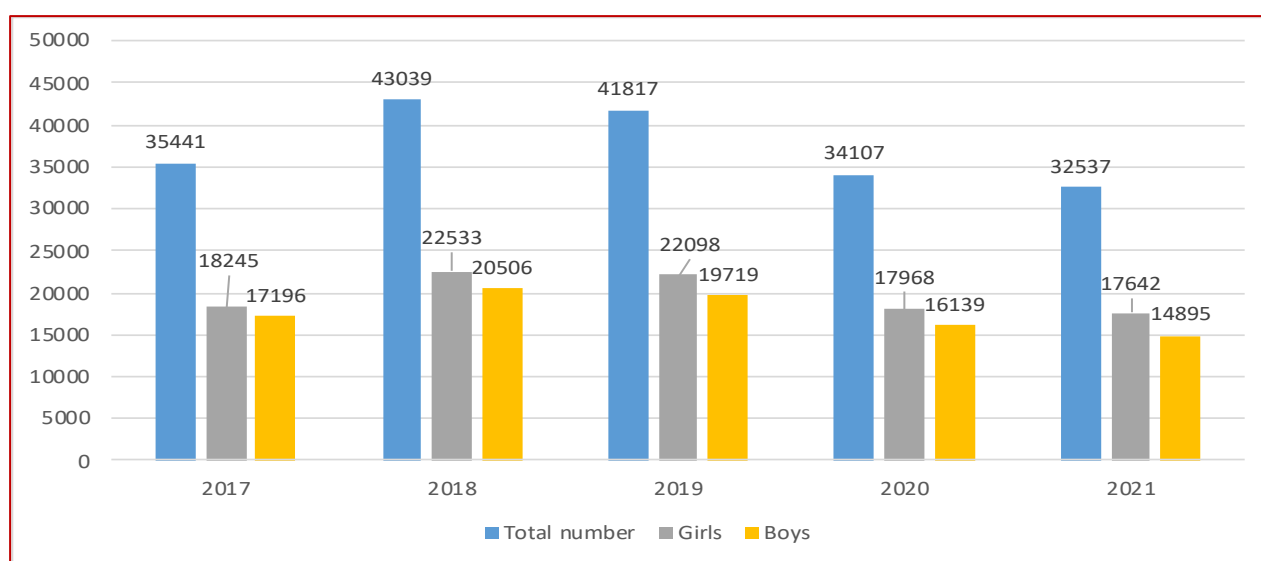
¹²⁸ UNICEF Moldova and Terre des Homes, Evaluation of the Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, p. 23; regarding numbers of children, Individual Interview, National Social Assistance Agency, 29 June 2023.

¹²⁹ Individual Interview, staff, temporary placement centre for CWD, Hincesti, 13 June 2023.

locality. Among these 23 administrative divisions, there were a total of 18 RIs under their authority in 2022. It is not known how many RIs are being operated by charitable organisations though one was visited during the data collection.

Moldova's progress towards achieving outcome 1 of the reconstructed ToC (significant decrease in the rate of children separated from families) has been more modest. Administrative data on the numbers of children separated from their parents has been collected against different indicators over the evaluation period. The Mid-Term Evaluation analysed the numbers of "children left without parental care" for 2009-2016 and those "separated from their parents" for 2017-2018, which indicated a sharp increase. Indeed, in 2017, the CRC Committee expressed concern about the "increasing number of children being legally separated from the parents, the rate of abandonment of newborn children.... and children remaining behind whose parents have migrated abroad".¹³⁰ However, the Mid-Term evaluation concluded that this increase was a consequence of a policy decision to include children with both/single parent(s) abroad in the numbers of children separated from families.¹³¹ Its analysis of the numbers of children without parental care for reasons other than the migration of parents had decreased in number.¹³² Administrative data collected for this evaluation supports this finding; even including the numbers of children left behind, MoLSP data for 2017-2021 demonstrates a modest decrease of 8 per cent in overall numbers of children separated from parents (see Figure 9).

Figure 9: Numbers of children separated from their parents at the end of the year (MoLSP)



There is a significant gender disparity in the percentage decrease of children separated from their parents between 2017 and 2021 (see Figure 9); there was a three per cent decrease in the numbers of separated girls compared to a 13 per cent decrease in the numbers of separated boys during this period. This is consistent with findings from previous evaluations which found that the increase in numbers of children separated from parents following the inclusion of children left behind was higher for girls than boys, in rural than urban areas, and substantially higher for older children (seven to 17 years of age) than those aged zero to six years.¹³³

Migration by parents/single parent continues to be the main driver of family separation and a primary cause of the increasing numbers of children at risk (as defined in Law no. 140) though poverty, abandonment and neglect are also drivers.¹³⁴ In 2022, out of the total number of children separated from their parents (33,053), 86 per cent (28,570) had parents abroad. Among these cases, custody was initiated for 12,801 children, 80 of whom were children with disabilities. Ninety per cent of children for whom custody was initiated were left in the care of extended family.¹³⁵

Q6.2. How much of the observed outcome(s) can be attributed to the DI reforms?

¹³⁰ CRC Committee, Concluding Observations 2017, para. 26(b).

¹³¹ UNICEF Mid-Term Evaluation, 2021, p. 54.

¹³² UNICEF Mid-Term Evaluation, 2021, p. 54.

¹³³ UNICEF Mid-Term Evaluation, 2021, p. 54.

¹³⁴ UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, pp. 11 and 59.

¹³⁵ Ministry of Labour and Social Protection, 103 Report on children at risk and children separated from their parents in 2022

The observed outcomes can be attributed to several aspects of childcare and DI reform. First, the establishment of a clear legal and policy framework for childcare and DI reforms outlined in [part 4.1](#) contributed towards both outcomes of the ToC. The improved legal and regulatory framework is identified in the literature as a key enabler of childcare and DI reform,¹³⁶ was noted by the CRC Committee in 2017¹³⁷ and is reinforced by stakeholder feedback during the primary data collection. For example, one participant remarked that “improvements” to the legal and policy frameworks, such as Law no. 140, were among the main reasons for DI results.¹³⁸

Despite the adoption of the legal and policy reforms, there have been some challenges to ensuring their consistent implementation across the country. As one participant from government remarked, “we want too much. We write many beautiful things on paper but not all of them are achievable.”¹³⁹ This was echoed by another participant from the NGO sector, who considered that, “the biggest challenge for DI and many areas in Moldova is taking the step from good policy, good official processes for child protection, and implementing it in a way that will become true everywhere in Moldova.”¹⁴⁰ However, and interestingly, the Mid-Term Evaluation found that, despite barriers to establishing the legal framework for certain community-based services (insufficient human resources, lack of expertise, political decisions to postpone), various LPAs, NGOs and partnerships nevertheless proceeded to develop the services in a number of rayons,¹⁴¹ such that the results are only partly attributable to the legal and policy reforms.

Second, the establishment and roll out of a continuum of community-based support services and family-based alternative care have been important factors towards achieving both outcomes of the ToC, particularly Output 1. This attribution was highlighted in both the desk review materials and by participants during the primary data collection.¹⁴² The range of services introduced are listed in [part 4.1.1](#) [Q1.2]. This attribution is also supported by the administrative data cited in the literature; between 2007 and 2019, the number of children in family-based care is reported to have tripled from 6,562 to 18,047.¹⁴³ It is also reported that there are mobile services in 70 per cent of the rayons.¹⁴⁴ However, the coverage and quality of these services vary (see [part 4.2.6](#) [Q11.3] on remaining challenges).

Third, reforms to develop child protection referral and case management procedures, gate-keeping mechanisms and a SSWF to operationalise these frameworks (Outputs 2 and 5 of the ToC), have contributed to achieving both outcomes. This attribution is clear from the desk review and was reinforced by government and NGO participants and frontline social service workers during primary data collection.¹⁴⁵ These participants emphasised the value of working with parents/carers to support them to care for their children and overcome their difficult life situations, thereby removing the “need” to place children in an RI.¹⁴⁶ In 2017, the CRC Committee also commended Moldova for establishing gatekeeping commissions and enhancing the quality of social services for families with children in connection with its progress in DI.¹⁴⁷ As one director of an RI commented with regard to the development of gatekeeping mechanisms: “In 2009, the child would be placed in the centre first, then after that the documents were sorted out but not now.” Central to this has been improved intersectoral coordination through the gatekeeping commissions and multi-disciplinary coordination mechanisms¹⁴⁸ (see [part 4.4.1](#) on coherence for details).

¹³⁶ UNICEF Mid-Term Evaluation, 2021, p. 81; CPD 2013-2017, para. 13.

¹³⁷ CRC Committee, Concluding Observations 2017, para. 26.

¹³⁸ Individual interview, community social assistance service, Făleşti, 21 June 2023.

¹³⁹ Details withheld to protect anonymity, KII, June 2023.

¹⁴⁰ Details withheld to protect anonymity, KII, June 2023.

¹⁴¹ UNICEF Mid-Term Evaluation, 2021, p. 51.

¹⁴² Individual interview, community social assistance service, Făleşti, 21 June 2023; Group interview and stakeholder mapping with community social assistant and frontline social service worker in Făleşti district, 21 June 2023; Individual interview, Municipal Directorate for the Protection of Children’s Rights, Chisinau, 26 June 2023; Group interview, parents, 22 June 2023 (on early intervention, mobile teams and psycho-pedagogical support services to support inclusive education); Group Interview, parents, 19 June 2023 (regarding Inclusive Education Unit); UNICEF Mid-Term Evaluation, 2021, pp. 54, 64-65 and 73-74; Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, pp. 3 and 11.

¹⁴³ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, pp. 3 and 11.

¹⁴⁴ Individual Interview, NGO, 15 June 2023.

¹⁴⁵ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, pp. 3 and 10; Mid-Term Evaluation, p. 59; Director, RI, 16 June 2023; Group Interview, gatekeeping commission.

¹⁴⁶ E.g. Group interview and stakeholder mapping with community social assistant and frontline social service worker in Făleşti, 21 June 2023.

¹⁴⁷ CRC Committee, Concluding Observations 2017, para. 26.

¹⁴⁸ Group interview, Gate-Keeping Commission, location withheld to protect anonymity, 21 June 2023; KII, NGO, 23 June 2023; Individual interview, NGO, 22 June 2023; Group interview and stakeholder mapping with community social assistant and frontline social service worker in Făleşti district, 21 June 2023.

Fourth, outcomes are attributable in part to parallel reforms in other sectors, particularly the education sector, as reflected in the assumptions of the reconstructed ToC. These include progress made in inclusive education, the efforts for which have been commended by the CRC Committee.¹⁴⁹ Several research participants and desk review sources highlighted the progress in expanding and facilitating inclusive education, including the piloting of inclusive education programmes by NGOs, training of teachers to support children with special educational needs and children with disabilities, the establishment of a pilot inclusive education unit in Ialoveni to provide additional support to children enrolled in the adjoining mainstream school, and the establishment of district/municipal psycho-pedagogical assistance services.¹⁵⁰ The Republican Centre for Psycho-Pedagogical Support was described by one civil society participant as the “backbone” of inclusive education¹⁵¹ while parents spoke positively about psycho-pedagogical support services for inclusive education.¹⁵² The MoER estimates that approximately 11,000 of the 330,000 children in general education are provided with support for special educational needs. Out of the 11,000 children, approximately 4000 are children with disabilities who require specialised services to support their learning.¹⁵³ Between 2013 and 2021, there was a 74 per cent increase in the number of children with disabilities and with special educational needs enrolled in mainstream schools.¹⁵⁴ However, most of this change took place between 2013 and 2014; between 2014-2021, numbers have remained between 9385 (2014) and 10,155 (2016). Challenges remain in implementing inclusive education, which are analysed in [part 4.2.6](#) [Q11.3]. See also [part 4.2.2](#) [Q7.3] for the attribution of changes in stakeholder and community behaviours and attitudes towards children with disabilities.

Q6.3. What was the impact of other external factors on childcare and DI reforms?

The influence of EU accession and compliance with international standards have undoubtedly been the main external factors influencing DI and childcare reforms (outlined in detail in [part 4.1.3](#)). Though the reduction of the child population may have contributed to reducing numbers of children in RIs as noted in previous evaluations,¹⁵⁵ this is unlikely to have had a significant impact on DI results given the large-scale closure of RIs, particularly boarding schools. Further, as outlined above, the attribution of childcare and DI reforms is still apparent from the decreasing rate at which children are in formal residential care. Other potential external factors include the “political instability and protest movements in 2019” which are reported to have disrupted Government programming.¹⁵⁶ As explained further below, though this resulted in some staff turnover affecting programme continuity and monitoring, this has not had a significant impact on DI trends. The impact of COVID-19 and conflict in Ukraine is analysed in [part 4.2.7](#) [Q12].

4.2.2. Under what circumstances and why did the DI reforms generate the desired outcome(s)? [Q7]

Q7.1-2: Under what circumstances and why did the childcare and DI reforms generate the desired outcomes?

The commitment and buy-in of central government and LPAs to the reforms have been essential for DI. Buy-in to the reforms has been expressed at the highest levels, as evidenced in the legal and policy documents in [part 4.1](#), as well as at high level conferences involving government Ministers.¹⁵⁷ Previous evaluations have also identified government buy-in as a key enabling factor.¹⁵⁸ Committed individuals within key line Ministries were active in advocating for the reforms.¹⁵⁹ Some LPAs have also played a key role in advocating for reform and working with directors and staff of RIs to reorganise or close the institution.¹⁶⁰ Where the attitudes of RI directors and staff could not be changed in favour of DI, some LPAs placed moratoriums on new placements instead and focused on reintegrating children in the RI back

¹⁴⁹ CRC Committee, Concluding Observations, para. 29.

¹⁵⁰ KII, MoER, 12 June 2023; Observation visit to the Inclusive Education Unit; Individual Interview, staff, Inclusive Education Unit; Individual Interview, NGO, 15 November 2023; Mid-Term Evaluation, p. 71.

¹⁵¹ Individual Interview, NGO, 16 June 2023.

¹⁵² Group interview, parents, 22 June 2023.

¹⁵³ KII, MOER, 12 June 2023.

¹⁵⁴ <https://gov.md/sites/default/files/document/attachments/subiect-03-nu-765-mec-2023.pdf>, accessed 26 February 2024.

¹⁵⁵ UNICEF Moldova and Terre des Homes, Evaluation of the Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, p. 13.

¹⁵⁶ National Programme for Child Protection for the Years 2022-2026, Analysis of the Situation.

¹⁵⁷ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 10.

¹⁵⁸ Mid-Term Evaluation, p. 82.

¹⁵⁹ Individual Interview, NGO, 15 June 2023.

¹⁶⁰ KII, State Social Inspectorate, 29 June 2023; Individual Interview, General Directorate for Child Protection, Chisinau Municipality, 20 June 2023.

with their families, leading to the eventual closure of the RI.¹⁶¹ Arguments concerning the cost inefficiencies of large-scale RIs were, in the view of some stakeholders, a persuasive argument when advocating for government reforms.¹⁶² The continuity of focal points in the MoER helped to maintain the momentum of DI in the education sector throughout the evaluation period. However, more generally, staff turnover in central government (connected to prior periods of political instability) are reported to have created some challenges to the continuity of reforms.¹⁶³

UNICEF has played a key strategic and technical role in achieving the desired outcomes. UNICEF has used its strategic position to help strengthen coherence among stakeholders in achieving DI and to encourage buy-in from government to realise its international obligations in this area.¹⁶⁴ In particular, UNICEF has worked closely with the National Council for the Protection of Children's Rights, particularly during the initial stages of the reforms, to put DI and childcare reform on the agenda of the different line ministries and to develop policies to realise this aim. On the technical side, UNICEF was instrumental in helping the government to implement childcare and DI reforms, as elaborated in **part 4.1.5**.¹⁶⁵ Data indicates that UNICEF has a comparative advantage in facilitating and convening stakeholders and experts at the higher levels across different sectors, as well as equity-focused data collection, policy design and service delivery.¹⁶⁶

Civil society has played a major role in achieving childcare and DI outcomes in Moldova, without which DI and childcare reforms would not have been achieved. NGOs that have been working directly on childcare and DI reforms include: CCF Moldova; CWWC; Keystone International; Lumos; and Partnership for Every Child, as well as numerous other local NGOs and those which have contributed to advancing children's rights more generally. The Alliance of Active NGOs in the field of Child and Family Social Protection (APSCF) also brought together NGO voices to advance DI and integration of children with disabilities into society. First, NGOs raised awareness of the negative impact that RIs have on children's development and the importance of growing up in a family environment. This facilitated the exchange of good practices from other jurisdictions and advocated for their implementation in the Moldovan context.¹⁶⁷ It contributed to influencing government DI policies and a change in the approach of parents and civil servants of relying on RIs to care for children in difficult life situations.¹⁶⁸ This also raised awareness of the presence and situation of children with disabilities in RIs among LPAs, prompting reform.¹⁶⁹

Second, NGOs worked in a structured way in partnership with the MoER, MoLSP, MoF and LPAs to develop 'residential care transformation plans' for each RI, with geographical areas and RIs divided between each NGO-government partnership. The role of the NGOs involved deinstitutionalising individual children (through family tracing, assessments and monitoring and supporting the child's transition) as well as broader policy reforms such as ensuring that financial resources from the RIs were reallocated, as per the law, to developing social and educational services to support DI. This helped to ensure that the services appeared on the LPAs' balance sheet, which was particularly important within the decentralised social services system¹⁷⁰ (though this is changing with the Restart reforms). Indeed, one research participant considered that NGOs had a strategic advantage over line Ministries in supporting reforms at the local levels given their knowledge, presence and networks in local communities.¹⁷¹

Third, NGOs provide services to prevent institutionalisation, such as daycare services for children with disabilities and operating accredited mobile teams.¹⁷² Crucially, they have also played a vital role in training LPA staff on gatekeeping, supporting families, case management and DI¹⁷³ and training professional parental assistants on caring for vulnerable groups.¹⁷⁴

¹⁶¹ Individual Interview, TSSA, location withheld to protect anonymity, 20 June 2023.

¹⁶² KII, State Social Inspectorate, 29 June 2023.

¹⁶³ Mid-Term Evaluation, p. 82.

¹⁶⁴ KII, NGO 23 June 2023; Individual Interview, General Directorate for Child Protection, 20 June 2023.

¹⁶⁵ KII, former government focal point, 2023; Mid-Term Evaluation, pp. 102-103; Individual Interview, international organisation, 4 July 2023.

¹⁶⁶ UNICEF CPD 2023-2027, para. 17; Mid-Term Evaluation, p. 103.

¹⁶⁷ KII, NGO, 23 June 2023.

¹⁶⁸ KII, NGO, 23 June 2023; Stakeholder written comments to the draft report.

¹⁶⁹ Individual Interview, NGO, 15 June 2023.

¹⁷⁰ Individual Interview, NGO, 15 June 2023.

¹⁷¹ Online Interview, stakeholder details withheld to protect anonymity.

¹⁷² Individual interview, NGO, Criuleni district, 22 June 2023.

¹⁷³ Individual interview, NGO, Criuleni district, 22 June 2023.

¹⁷⁴ UNICEF Mid-Term Evaluation, 2021, p. 65.

Fourth, NGOs supported reforms to the education sector, which were intrinsic to DI. They piloted services and capacity building to support inclusive education.¹⁷⁵ Together with international organizations, NGOs conducted training sessions for teachers and other staff engaged in inclusive education. They also enhanced the capacity of psycho-pedagogical assistance services, implemented pilot projects to test intervention measures, developed teaching materials, and delivered social and psycho-pedagogical support services.¹⁷⁶ Finally, NGOs played an influential role in ensuring that childcare and DI reforms remained a priority during the COVID-19 pandemic and response to the Ukraine refugee crisis.¹⁷⁷ As a response to COVID-19, under the umbrella of OHCHR, an NGO Task Force on COVID-19 and Human Rights was created with 54 NGOs across Moldova, including in Transnistria and in the Gagauzia Autonomous Territorial Unit.

Broader reforms have helped to create an enabling environment for DI and childcare reforms, including changes in socio-cultural norms, contributing to Output 6 of the TOC. These include decreased tolerance of violence against children among the general population as well as LPAs.¹⁷⁸ Changes to behaviours and attitudes is addressed in relation to Q7.3. Parallel efforts to support the inclusion of persons with disabilities in the workplace, empowerment of persons with disabilities to claim their rights and dispelling discriminatory assumptions and stereotypes towards persons with disabilities, have supported DI of children with disabilities.¹⁷⁹ Improved administrative capacity at the local levels has also contributed to the attainment of childcare and DI outcomes.¹⁸⁰

Q7.3. What changes did the DI reforms have on behaviour, attitudes, thinking and reasoning of stakeholders?

Childcare and DI reforms have contributed to changes in behaviours, attitudes, thinking and reasoning of key stakeholders towards DI and childcare reform, as reflected in the assumptions and Output 6 of the ToC. This is a notable achievement as resistance to the reforms from some government stakeholders, staff of RIs, and religious institutions (towards definitions of violence), was reported as a significant barrier, particularly during the initial stages of DI.¹⁸¹ This change was noted in the desk review materials¹⁸² and emphasized during the primary data collection. As elaborated in [parts 4.2.2 and 4.4.1](#), advocacy and multisector collaboration by key focal points in central government, civil society and UNICEF contributed to generating wide-spread political support for the reforms. Participants reported that the reforms have contributed to changing attitudes and increasing understanding among social service workers and communities about the importance of raising a child in a family and closing RIs.¹⁸³ Social service workers were reported to have played a key role in changing behaviours and attitudes of parents/carers and dispelling fears that they would not be able to look after the child.¹⁸⁴

Similarly, reticence by school teachers and parents of school children to the integration of children with disabilities, special educational needs and “challenging behaviours” in mainstream schools has been a barrier to DI; however, this too is in the process of changing, according to some stakeholders.¹⁸⁵ Some negative attitudes and thinking around DI remain among LPAs, practitioners in education, health and law enforcement, and in the general public, which contributes to the unequal availability and quality of services provided at the local levels and incomplete achievement of the outcomes (see [part 4.2.6 \[Q11.3\]](#)). This issue is reflected appropriately in the assumptions in the ToC.

4.2.3. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms? [Q.8]

¹⁷⁵ Individual Interview, NGO, 15 November 2023; Mid-Term Evaluation, p. 71.

¹⁷⁶ UNICEF and MoER, Joint Evaluation of the Programme for Development of Inclusive Education 2011 – 2020, 2019, p. 16

¹⁷⁷ Online interview, NGO, June 2023.

¹⁷⁸ UNICEF Mid-Term Evaluation, 2021, p. 82.

¹⁷⁹ Individual Interview, NGO, 22 June 2023.

¹⁸⁰ UNICEF Mid-Term Evaluation, 2021, p. 81.

¹⁸¹ KII, NGO, 23 June 2023; Individual Interview, community social assistant, 21 June 2023; Individual Interview, government participant from the social services sector, 29 June 2023; Individual Interview, former government focal point, 2023.

¹⁸² Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 3; CPD 2023-2027, para. 15.

¹⁸³ See also Individual interview, TSSA, Falesti, 21 June 2026.

¹⁸⁴ Individual Interview, teacher, 19 June 2023; Individual Interview, Specialist in the Protection of Child Rights, 26 June 2023.

¹⁸⁵ Group interview, staff, small group home, location withheld to protect anonymity, 19 June 2023; Individual Interview, government participant from the social services sector, 29 June 2023.

Q8.1-8.2. Has sufficient attention been given to measuring, monitoring and reporting results, including specifically on gender equality?

Attention has been given to developing national monitoring mechanisms to assess children's rights, though these do not yet enable a comprehensive assessment of DI and childcare reform. Gaps in indicators and lack of data disaggregation are a challenge, but are appropriately reflected in the assumptions in the ToC. In 2009, the CRC Committee reiterated previous concerns that data collection was "not sufficiently developed" and was "not disaggregated for all areas covered by the Convention" (i.e. the CRC).¹⁸⁶ It therefore recommended that Moldova strengthens mechanisms for systematically collecting and analysing disaggregated data, including on sex, age and geographical location.¹⁸⁷ By 2017, the CRC Committee noted Moldova's efforts in this area but nevertheless called upon the state to "improve expeditiously its data-collection system," in particular with respect to vulnerable groups of children, and reiterated recommendations for improved disaggregation of data.¹⁸⁸ Data gaps and insufficient disaggregation, analysis and use of data are echoed in the desk review materials¹⁸⁹ as well as in the analysis in **part 4.2.1**, such as gaps in gender disaggregated data for children with disabilities and in numbers of residential care settings. Further, data is not sufficiently disaggregated by type of disability or duration in care.¹⁹⁰

Inconsistent and inaccurate data is another challenge. For instance, there are discrepancies between figures reported by the MoLSP (based on figures reported by TSSAs) at year end and those at the year beginning, which were considered to be likely due to "human error".¹⁹¹ The lack of coordination in sharing data and the absence of a unified data monitoring system for childcare and DI reforms contributes to this challenge. In 2017, the CRC Committee recommended strengthening data sharing between Ministries, reporting compliance by relevant Ministries and institutions and the establishment of a centralised system for data monitoring.¹⁹² Lack of coordination and sharing of data between professionals and practitioners (e.g. community social workers and education authorities on children left behind) and between sectors (health, education and social sector) on child protection have been documented.¹⁹³

Specifically with regard to the Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020, the Mid-Term Evaluation found that no monitoring and reporting mechanism or coordination body was in place to track implementation of these documents, no theory of change and no baseline indicators.¹⁹⁴ The same evaluation concluded that institutional fragmentation and lack of a comprehensive M&E framework meant that the process of DI could not be rigorously assessed.¹⁹⁵ The monitoring role of the MoLSP was described as "formal", rather than as a "management and monitoring tool."¹⁹⁶ Reasons for this included frequent turnover of staff, political instability and weak institutional human and financial resources,¹⁹⁷ the latter of which was echoed during the primary data collection.¹⁹⁸ Challenges in operationalising and tracking individual child protection cases via the Social Assistance Automatic Informational System have been documented.¹⁹⁹ UNICEF CPD 2018-2022 noted challenges in establishing mechanisms of accountability and monitoring key policies and reforms relating to children in LPAs.²⁰⁰ However, Data for Impact, with funding from USAID, has launched a project to strengthen national data monitoring mechanisms

¹⁸⁶ CRC Committee, Concluding Observations 2009, February 2009, "Data collection."

¹⁸⁷ CRC Committee, Concluding Observations 2009, February 2009, "Data collection."

¹⁸⁸ CRC Committee, Concluding Observations 2017, para. 10(a).

¹⁸⁹ CPD 2013-2017, para. 10; UNICEF Mid-Term Evaluation, 2021, pp. 67 and 90; Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 11.

¹⁹⁰ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 11.

¹⁹¹ Individual Interview, government stakeholder, 14 June 2023.

¹⁹² CRC Committee, Concluding Observations 2017, para. 10(b).

¹⁹³ UNICEF Mid-Term Evaluation, 2021, pp. 76 and 90; Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 11.

¹⁹⁴ UNICEF Mid-Term Evaluation, 2021, pp. 45 and 47.

¹⁹⁵ UNICEF Mid-Term Evaluation, 2021, p. 67.

¹⁹⁶ UNICEF Mid-Term Evaluation, 2021, p. 90.

¹⁹⁷ UNICEF Mid-Term Evaluation, 2021, p. 90.

¹⁹⁸ KII, 14 June 2023.

¹⁹⁹ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 11.

²⁰⁰ UNICEF CPD 2018-2022, para. 15.

including for the childcare system. The National Programme for Child Protection 2022-2026 also aims to address these challenges and includes a ToC, monitoring framework and baseline indicators (see [part 4.1.1](#)).²⁰¹

Q.8.3. How effectively has evidence been used to inform changes and adjustments to the DI reforms?

The use of evidence to inform changes and adjustments to DI reforms has improved over the evaluation period, but still requires development, including by ensuring that children's voices are heard in the reforms. At the outset of the evaluation period, the CRC Committee noted inadequate use of data on children to assess progress and inform policy development.²⁰² It therefore called upon Moldova to use disaggregated data "effectively for the formulation and evaluation of policies and programmes for the implementation and monitoring of the CRC."²⁰³ Improvements in evidence-based policy development have been highlighted in evaluations of previous CPDs and CRC Committee concluding observations.²⁰⁴ However, in 2017, the CRC Committee recommended that Moldova ensures that data on children is shared among Ministries and "used for the formulation, monitoring and evaluation of policies and programmes".²⁰⁵ Importantly, it has been reported that children's voices are lacking in policy development.²⁰⁶

4.2.4. Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms? [Q9]

The evaluation has highlighted negative and positive unintended consequence of the reforms. Targeted efforts to integrate Ukrainian refugees in communities in Moldova have, in the view of some participants, had a positive impact on interventions for other children. For example, one participant described how the response to the Ukraine refugee crisis had a spill-over effect for other children, by reinvigorating efforts to ensure access by all children in the locality to quality education, good parenting and nutrition.²⁰⁷ On the other hand, as detailed in [part 4.2.6](#), there are reports that, during the DI process, some children were returned to unsafe environments and not monitored effectively.

4.2.5. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)? [Q10]

Q10.1-3. To what extent have children with disabilities and 'hard to place' children targeted by DI reforms actually been reached?

In practice, the reforms have not reached all children with disabilities, particularly those with more complex and multiple disabilities who require 24/7 care and assistance, those between zero and seven years of age, and those aging out of the care system. As such, outcome 2 of the ToC has not yet been fully achieved. This challenge was noted by the EU in 2019²⁰⁸ and is affirmed in policy documentation²⁰⁹ and primary data. At the time of the data collection, children aged zero to seven, most of whom have disabilities, were still placed in MoH RIs due to lack of alternative measures (noting that these RIs were transferred to the MoLSP on 1 January 2024).²¹⁰ Other categories of children who are particularly hard to place include older adolescents, particularly those with intersecting vulnerabilities such as Roma children with special educational needs,²¹¹ and children at risk of offending.²¹² Research participants explained how a minority of the children in the RIs, which were closed as part of the DI process, were placed in another

²⁰¹ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 11.

²⁰² CRC Committee, Concluding Observations 2009, February 2009, "Data collection."

²⁰³ CRC Committee, Concluding Observations 2009, February 2009, "Data collection."

²⁰⁴ UNICEF CPD 2023-2027, para. 15. UNICEF Mid-Term Evaluation, 2021, p. 91.

²⁰⁵ CRC Committee, Concluding Observations 2017, para. 10(b).

²⁰⁶ UNICEF Mid-Term Evaluation, 2021, p. 84.

²⁰⁷ KII, State Social Inspectorate, 29 June 2023.

²⁰⁸ EU Association Implementation Report on Moldova, 12 September 2019, referenced in Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 3.

²⁰⁹ E.g. National Programme for the DI of Persons with Intellectual and Psychosocial Disabilities from RIs and its Action Plan for 2018-2026.

²¹⁰ Individual Interview, staff, Early Childhood Placement and Rehabilitation Centre of Chisinau.

²¹¹ Staff, temporary placement centre, 19 June 2023; Individual Interview, LPA2, 20 June 23.

²¹² KII, NGO, 23 June 2023; Group Interview, Gatekeeping Commission, 19 June 2023; Individual Interview, temporary placement centre, 16 June 2023; KII with a representative of community social assistance service, 21 June 2023.

RI as they were adolescents without parental care and the authorities could not find a family to take in these children.²¹³ Challenges also remain in supporting children aging out of care (see [part 4.2.6 \[Q11.3\]](#)).

Several stakeholders noted challenges with working with children at risk of offending. These children were reported to often run away from home or alternative care, including both family-based and residential alternative care, and live in street situations.²¹⁴ The dilemmas faced by TSSAs on how to deal with these cases was highlighted in previous evaluations.²¹⁵ The continued institutionalisation of these children does little to address the underlying causes of the child's behaviour.²¹⁶ The reasons for the reforms not reaching these children are analysed in [part 4.2.6 \[Q11.3\]](#).

4.2.6. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain? [Q11]

Q11.1-2: What has been the impact of DI reforms on the number and profile of children in alternative care and of the new services on the use of institutionalisation?

Childcare and DI reforms have, on the whole, contributed to the DI of children and to upholding children's rights to be cared for and nurtured in a family environment, thereby avoiding the negative effects of institutionalisation on these children. The contribution of the reforms and the circumstances in which these took place have been analysed in preceding sections. The primary data reinforces the positive impact that these reforms have had on child beneficiaries. Participants explained that the introduction of family-based alternative care options, specifically the APP and CCTFs, had made the children safer and better prepared for life than an RI.²¹⁷ One NGO participant considered that the scale of the positive impact of these reforms would become more visible in 10 to 15 years' time when "we will probably feel these effects in generations to come."

However, there is some data to indicate that, in a minority of cases, children deinstitutionalised from RIs were placed in family-based care settings which were not in the child's best interests nor adequately monitored. According to some participants, in a minority of cases, children were reunited with parents who were unprepared or unfit to care for the child and, in extreme cases, placed the child at risk of harm (e.g. child trafficking).²¹⁸ One NGO participant considered that some children in care were "reintegrated at any cost into families that weren't necessarily prepared or well evaluated."²¹⁹ Further, as outlined in [part 4.2.5](#), certain groups of children have not been reached fully by the reforms.

Q11.3 What challenges remain?

One of the most significant bottlenecks to DI the reforms is the inconsistent availability and quality of community-based services to prevent family separation, support family reintegration and family-based alternative care (i.e. incomplete achievement of Output 1). This is evident from the literature, which reports significant disparities between different districts in terms of implementing legal provisions on childcare, including on APP and CCTF.²²⁰ Reasons for uneven supply of services at the sub-national levels include: limited financial resources of LPAs; varying levels of political will, economic capacities and technical knowledge and skills among TSSAs and mayoral offices;²²¹ and different degrees of interventions from civil society and development partners.²²² Some participants held the view that childcare reforms happened quickly such that the development of community-based services and family-based alternative care had not been sufficiently planned or developed to keep pace with DI.²²³ Specifically with regard to APP and CCTF, there

²¹³ Individual Interview, TSSA, location withheld to protect anonymity, 20 June 2023.

²¹⁴ Group Interview, gatekeeping commission, 21 June 2023; Individual Interview, Director, RI, 16 June 2023; Individual Interview, member of second level LPA, 20 June 2023; Individual Interview, NGO, 22 June 2023; Group Interview, staff, temporary placement centre, 19 June 2023.

²¹⁵ UNICEF Mid-Term Evaluation, 2021, p. 100.

²¹⁶ Individual Interview, TSSA, 26 June 2023.

²¹⁷ E.g. Group interview and stakeholder mapping with community social assistant and frontline social service worker in Făleşti district, 21 June 2023; Individual Interview, TSSA, Făleşti district, 21 June 2023.

²¹⁸ Individual Interview, NGO, 22 June 2023; Group Interview, staff in residential setting, 20 June 2023.

²¹⁹ Details withheld to protect anonymity, KII, June 2023.

²²⁰ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 10; UNICEF Mid-Term Evaluation, 2021, pp. 65 and 66.

²²¹ KII, international organisation, 4 July 2023.

²²² Individual Interview, NGO, June 2023.

²²³ Individual Interview, NGO, 23 June 2023.

is insufficient interest in becoming a foster carer.²²⁴ Interestingly, all the foster carers participating in this evaluation had either grown up in, or had a family member (spouse or parent) who had grown up in, an RI and spoke about their appreciation of providing children with a family. This area requires further research. The low salaries paid to foster carers perpetuates low demand,²²⁵ particularly in larger cities where there are high living costs.²²⁶

There is a need to strengthen services to prevent family separation (incomplete attainment of Outcome 1 and Output 1). One NGO participant explained that this is due in part to a lack of understanding that prevention services involve more than monetary support to include education programmes for parents, though there is an emphasis on developing “prevention services” in policy discourse.²²⁷ Similar feedback was received from community social assistants.

There are challenges in implementing guardianship arrangements for children left behind, hindering the attainment of Outcome 1. One stakeholder explained that many parents are unaware of the legal mechanisms to place their children in temporary guardianship, resulting in children left behind in informal, unsupervised care arrangements. Further, an interview with a child in a temporary placement centre also revealed that she returns home temporarily when her mother is present, but returns to the centre while she is away, resulting in a cycle of institutionalisation/returning home.

The inconsistent availability and quality of community-based services is a particular barrier to the DI of children with multiple or more complex disabilities, who require specialist and more frequent/continuous support (affecting the attainment of both Outcomes and Output 1).²²⁸ In 2017, the CRPD Committee expressed concerns over the lack of community-based services for children with disabilities which could lead to their life-long institutionalization.²²⁹ This was later reinforced by UNICEF in CPD 2023-2027 which recognised that the “pace of reforms related to specialized institutions (accommodating approximately 250 children with disabilities) has lagged” and that a “wide range of specialized services for children with disabilities and families with children with disabilities will prevent family separation and, consequently, will reduce the institutionalization of children”.²³⁰ Research participants echoed this view during interviews.

Even where specialist services are available, they are not always available to beneficiaries long enough to meet the child’s needs.²³¹ One gatekeeping commission reported that offers by them to train professional parental assistants to care for children with disabilities were rejected. One reason for this is that the financial assistance provided to them and to parental assistants, are insufficient. This is particularly the case in light of the difficult economic situation, high inflation rates, the cost of equipment needed for the child (e.g. hearing aids) and the need to travel to major cities to access specialists.²³²

The development of services to support children aging out of the care system / transitioning to more independent living are lacking in Moldova and requires greater emphasis in the ToC and policy documents. The concern about the lack of such services was highlighted by the CRC Committee in 2017 and remains today.²³³ Participants from across the research sites from a range of stakeholders (civil society and government) and beneficiaries (children and young people), reported that little has been done to address this issue or that the support available for children transitioning from care (financial; shelter; employment guidance; social support networks) is insufficient, particularly for those leaving RIs and children with disabilities.²³⁴ In one FGD with children in a residential care setting, when asked what they thought could make children’s lives there better, an 11-year old child responded in relation to another 15-year

²²⁴ UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, p. 12.

²²⁵ Individual Interview, placement centre, 16 June 2023; Individual Interview, TSSA, 13 June 2023.

²²⁶ UNICEF Mid-Term Evaluation, 2021, p. 65.

²²⁷ Individual Interview, NGO, 23 June 2023.

²²⁸ UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, p. 12.

²²⁹ Article 7 and 19, UN Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the Republic of Moldova, 18 May 20167

²³⁰ CPD 2023-2027, para 12.

²³¹ Group interview, parents, 22 June 2023.

²³² Group Interview, carers of CWD, 22 June 2023; Group Interview, Community Social Assistants, 19 June 2023.

²³³ CRC Committee, Concluding Observations 2017, para. 26(c); UNICEF Mid-Term Evaluation, 2021, p. 100.

²³⁴ Individual Interview, NGO, 23 June 2023; Individual Interview, TSSA, 19 June 2023; Individual Interview, NGO, 12 July 2023; Individual Interview, TSSA, 13 June 2023; Individual Interview, NGO, 16 June 2023; Individual Interview, NGO, 15 June 2023.

old participant: “This guy needs to go somewhere, to a hostel or vocational centre, as I am afraid that he will be on the streets [after he leaves here].”

Most professional parental assistants participating in the research expressed concerns about the welfare and prospects of children aging out of APP or CCTF. In practice, however, participants reported that children aging out of APP/CCTFs often make relationships with, and some even continue to live with, their foster carers, due to strong connections developed with the carer, the lack of alternative shelter options and lack of other social support mechanisms.²³⁵ Though some children and young people aging out of RIs are placed in sheltered housing / community houses²³⁶ and some services are available through NGOs, many remain in the RI. As noted further above, in Hincesti, for example, at the time of the data collection, only 14 of the 243 residents in the temporary placement centre for girls with disabilities were children; the remaining 229 individuals were all placed in the RI as children but had remained there due to the absence of alternative arrangements.²³⁷ Similar reports were made regarding the temporary placement centre for boys with disabilities in Orhei²³⁸ and smaller scale temporary placement centres. One reason for this was to prevent the young person from being placed in an RI for adults further outside the city.²³⁹ Transition by children with disabilities to independent life was described as “abrupt” with little preparation and planning.²⁴⁰ Persons with disabilities who are deinstitutionalized as children also risk being reinstitutionalized as adults²⁴¹ whilst children leaving care more generally are reported to be particularly at risk of human trafficking or domestic violence.²⁴²

Specialist community-based services for working with children at risk of offending and their parents/carers are also lacking. This challenge was recognized in the National Programme for Child Protection 2022-2026, which notes that insufficient community-based services for such cases could pose a risk to the childcare reform system and result in the child’s institutionalisation.²⁴³

Changes in behaviours and attitudes of stakeholders towards DI and childcare reform have not been universal, affecting Output 6. Research participants explained that there remain some individuals at all levels of government who are in favour of placing separated children in RIs.²⁴⁴ This was, in the view of one participant, a barrier to implementing a complete moratorium on new placements in RIs.²⁴⁵ Some participants spoke about continued stigma by members of the community to children in care; one staff member in an RI reported that children from the RI rarely went to the houses of school friends as “in the majority of cases, the parents of those children or friends do not accept our children to visit them” and that the “inclusion notion is not very popular here.” When asked why, the participant considered that previous generations “see things in a very narrow way.”²⁴⁶ With regard to children with disabilities, discrimination continues to be a barrier to DI or, where the child has returned to their family, to social inclusion and inclusive education.²⁴⁷ Stigma associated with having a disability was also reported to discourage some parents to having a formal assessment of their child’s disabilities, preventing the child from accessing the necessary support and prevention services at an early age.²⁴⁸ Healthcare professionals are also not always aware of the potential of children with disabilities (e.g. their potential for future employment).²⁴⁹ Similar challenges arise with regard to attitudes towards children at risk of offending.²⁵⁰ More broadly, with regard to preventing children from entering the childcare system (particularly relevant to Outcome 1), there continues to be a need to address “widespread harmful social norms, beliefs and practices, such as violent disciplining.”²⁵¹

²³⁵ Group Interview, Community Social Assistants, 21 June 2023; Group Interview, Gatekeeping Commission, 21 June 2023; Individual Interview, government stakeholder, social sector, 29 June 2023.

²³⁶ Individual Interview, National Social Assistance Agency, 29 June 2023; Individual Interview, TSSA, 19 June 2023.

²³⁷ Individual Interview, temporary placement centre for girls, 13 June 2023.

²³⁸ Individual Interview, NGO, 15 June 2023.

²³⁹ Individual Interview, NGO, 16 June 2023.

²⁴⁰ UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, p. 12.

²⁴¹ KII, national level government stakeholder, social sector.

²⁴² Individual Interview, NGO, 23 June 2023.

²⁴³ National Programme for Child Protection for 2022-2026, Government Decision no. 347/2022.

²⁴⁴ Individual Interview, TSSA, June 2023; Individual Interview, NGO, 15 June 2023.

²⁴⁵ Individual Interview, NGO, 15 June 2023.

²⁴⁶ Individual Interview, placement centre, 16 June 2023.

²⁴⁷ UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, p. 12; Individual Interview, NGO, 20 June 2023; Individual Interview, National level government stakeholder, social services sector, 29 June 2023.

²⁴⁸ Individual Interview, teacher, 19 June 2023; Group Interview, Gatekeeping Commission, 21 June 2023.

²⁴⁹ Individual Interview, NGO, 22 June 2023.

²⁵⁰ Individual Interview, NGO, 22 June 2023; RI, staff member.

²⁵¹ CPD 2023-2027, para. 15.

Despite the progress made in improving inclusive education for children with disabilities, barriers remain.²⁵² There are challenges with integrating children with disabilities in kindergartens (which fall under the authority of mayoral office), as many of the specialist services to support inclusive education are only provided for children from compulsory school age (i.e. from age five). There is also a reluctance by some kindergartens (and schools) in providing psycho-pedagogical assistance services.²⁵³ The placement of children with disabilities in large classes with insufficient individualised support and teachers trained to work with children with disabilities create difficulties in both learning and teaching.²⁵⁴ There were reports of a lack of professional guidance and vocational training for children with disabilities, particularly with intellectual disabilities.²⁵⁵ Existing mechanisms to assess and provide children with disabilities with support do not always work correctly, resulting in the children not having their rights to inclusive education met.²⁵⁶ This includes the lack of holistic assessment of the child's needs and abilities by the healthcare sector and lack of coordination between health, social and educational sectors to meet the child's needs (see [part 4.4.1 \[Q15.2\]](#)). Similarly, there is a lack of continuity for the child's educational development as the child moves from kindergarten, to primary and then secondary school, a lack of communication between educational institutions and no designated person to monitor and support that transition.²⁵⁷ Consequently, as CPD 2023-2027 highlights, 1,033 children with disabilities are assigned to "special schools."²⁵⁸ In line with the socio-normative barriers outlined above, teachers and parents are sometimes reluctant to integrate children with disabilities into mainstream schools due to concerns about the impact this will have on other children and on the teacher's ability to "cope" with teaching the children.²⁵⁹ Similar challenges were reported for children at risk of offending²⁶⁰ (see [part 4.2.2 \[Q7.3\]](#)).

The quality of case management varies across the country and works better in some places than others, affecting the attainment of Output 2.²⁶¹ Several stakeholders described the need to strengthen monitoring by community social assistants and designated case managers in the LPA of children in the child protection system.²⁶² The CRC Committee also flagged this concern in 2017, noting that there was a "lack of individual care plans and inadequate monitoring of institutional placement of children, which perpetuates their institutionalization and minimizes the child's changes of reintegration within the family".²⁶³ Several stakeholders mentioned, in particular, that gatekeeping for placements of very young children in RIs was either not working well enough or not implemented at all.²⁶⁴

The quality of case management is affected by challenges in sustaining and supporting a trained cohort of child protection specialists and community social assistants working with children at risk to ensure that the children's voices are heard and decisions made in their best interests (Output 5 and both Outcomes of the ToC). Young people who have transitioned from care and who were interviewed as part of this evaluation highlighted the training needs of social service workers; for example, one young person reported feeling that their social service worker from LPA was disinterested in them and lacked motivation and commitment to help them. Another participant (a 14 year old living in a temporary placement centre) reported that they were not informed about why they were removed from their family and placed in care. Similarly, the Mid-Term Evaluation found that the objective of strengthening LPAs' capacities for preventing child separation is only partially achieved and unlikely to be achieved by the end of 2020. The reasons for this include lack of human capacities at the local level.²⁶⁵ See [part 4.3 \(Efficiency\)](#) for more details.

There is a need to strengthen permanence planning in Moldova. Several children interviewed reported that they had changed alternative care settings and schools several times, with one 11 year old having changed schools seven times due to moving between alternative care placements. One reason for this is the breakdown of APP/CCTF (e.g. the foster carer not having the skills to care for a child who is at risk of offending). Further, as noted in [part 4.1.2](#), the adoption

²⁵² EU Association Implementation Report on Moldova, 12 September 2019, referenced in Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 3.

²⁵³ KII, MOER, 12 June 2023; Group interview, parents, 22 June 2023.

²⁵⁴ Individual Interview, National level government stakeholder, social services sector, 29 June 2023; Individual Interview, staff of placement centre, 16 June 2023; Individual Interview, teacher, 21 June 2023; Group interview, parents, 22 June 2023.

²⁵⁵ Individual Interview, NGO, 22 June 2023.

²⁵⁶ Individual Interview, NGO, 22 June 2023.

²⁵⁷ Individual interview, early intervention service, 22 June 2023.

²⁵⁸ CPD 2023-2027, para. 6.

²⁵⁹ Group interview, staff of small group home, details withheld to protect anonymity, 19 June 2023; Group interview, parents, 22 June 2023.

²⁶⁰ Group interview, staff of small group home, details withheld to protect anonymity, 19 June 2023.

²⁶¹ Mid-Term Evaluation, 2021, pp. 59-60.

²⁶² E.g. Individual Interview, government stakeholder, 29 June 2023; Individual Interview, RI, 16 June 2023.

²⁶³ CRC Committee, Concluding Observations 2017, para. 26(c).

²⁶⁴ Details of interviews withheld to protect anonymity.

²⁶⁵ UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, p. 12.

process in Moldova is unduly long, leaving children in limbo in alternative care (including residential care) without any real prospects of family integration.²⁶⁶

There is a need for further data around the extent to which RIs are being replaced with smaller scale residential placement units, which create conditions akin to the institutionalisation of children. These settings include temporary placement centres and, arguably, community homes. One temporary placement centre observed during the primary data collection had capacity for 21 children, 17 of which were filled at the time; another had 25 children residing in the centre. The community home visited had 12 children placed with it due to it having to take in emergency cases. Though intended primarily for temporary placements, in both settings, hard to place children reside there until they age out of the system due to the lack of family-based alternatives and no prospects of family reintegration or kinship care.²⁶⁷ In this connection, UNICEF's 2020 white paper on the use of small-scale residential care should be noted.²⁶⁸ The paper recommends, among other things, that governments direct resources away from constructing small-scale residential facilities towards family-based care. Where such settings are not reorganised into "hubs of innovative services to meet emerging family and community needs for support", the paper recommends that there should be a 1:3 staff to children ratio, capacity of between four to six beds and that the placement is as short-term as possible (never exceeding six to 12 months).²⁶⁹

Feedback from children in residential care reinforces the need for reforming remaining temporary placement centres. One 16-year old girl reported that, although she did not want to return home and felt safe in the centre, she did not have "a reliable person" she could go to with her problems. In another case, when asked whether the centre felt like home, a child aged 14 reported that although the material conditions in the centre were better than at home, he still did "not feel good" or have any friends. These sentiments were echoed by another child, aged 11. One TSSA participant highlighted that such residential placements were ineffective because the children "influence each other and take negative behaviours from each other and... when you want to integrate him at home, he has worse behaviour than he was brought in with." Reinforcing these concerns, children at one temporary placement centre explained how older adolescents would often run away and not listen to staff, steal from younger children, and ask them to clean up after them and do their chores. One of these children reported that the educators "don't know what else to do" to resolve the problem.

There is data to indicate that temporary placement centres are not always used as a last resort. For example, one TSSA participant reported that if it appears that the child can be reintegrated back into the family, the child is placed in a placement centre instead of in APP "to avoid double traumatization" from moving from a placement centre, to an APP and then back to the family.²⁷⁰

There are challenges in the broader system of monitoring and evaluating childcare services, including remaining RIs and other residential care settings. Prior to 2 June 2023, the National Council for the Accreditation of Social Service Providers was responsible for accrediting childcare services. However, in practice, not all services (e.g. CCTF) are accredited and is an area still undergoing development.²⁷¹ One stakeholder explained that the TSSAs have little involvement in the accreditation procedure, despite their responsibilities for providing the services, which was a gap in the framework.²⁷² However, this was not the feedback from all stakeholders, as another reported strong monitoring and collaboration with the TSSA.²⁷³ Further, the monitoring system described by stakeholders highlighted some gaps, such as children in RIs only being interviewed by inspection teams in the presence of staff,²⁷⁴ and inspection visits being announced in advance.²⁷⁵ From 2 June 2023, the National Council for the Accreditation of Social Service Providers was dissolved and its powers transferring to the State Social Inspectorate, which is responsible for "control" and

²⁶⁶ Individual Interview, placement centre, 16 June 2023.

²⁶⁷ Individual Interview, temporary placement centre, 16 June 2023; Individual Interview, temporary placement centre, 13 June 2023; Individual Interview, TSSA, 13 June 2023.

²⁶⁸ UNICEF (2020), 'White Paper The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region', UNICEF Europe and Central Asia Regional Office.

²⁶⁹ *ibid.*

²⁷⁰ Individual interview, TSSA participant, location withheld to protect anonymity, 21 June 2023.

²⁷¹ Individual Interview, State Social Inspectorate, 29 June 2023.

²⁷² Individual Interview, TSSA, 21 June 2023; Individual interview, staff, placement centre, 16 June 2020.

²⁷³ Individual Interview, staff, placement centre, 19 June 2023.

²⁷⁴ Individual interview, staff, placement centre, 16 June 2023.

²⁷⁵ Individual Interview, staff, placement centre, 19 June 2023.

“accreditation” of social assistance services.²⁷⁶ The effectiveness of these reforms remains to be seen though one stakeholder from civil society highlighted that the State Social Inspectorate is not an independent body, raising questions about conflict of interest and monitoring standards that will be applied.

4.2.7. What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms? [Q12]

The COVID-19 pandemic has created challenges for the delivery of DI and childcare reforms. The limitations on in-person interactions during the pandemic are reported to have hindered the delivery of community-based prevention services, such as early intervention services for children with disabilities, which are deliverable online.²⁷⁷ It also hindered some NGOs to pilot services.²⁷⁸ Where interactions were moved online, one NGO participant considered that it affected the motivation of families to engage in the service and hindered the effectiveness of services as a result.²⁷⁹ At the extreme, staff at one temporary placement centre reported complete unpreparedness and fear during the pandemic.

Data suggests that the longer-term socio-economic impact of the COVID-19 pandemic on caregivers, families and communities, will contribute to increasing numbers of children at risk of separation or in need of alternative care.²⁸⁰ Children from poor families, children with disabilities, Roma children, children with behavioural challenges, children in conflict with the law and children in street situations, are considered to be particularly at risk.²⁸¹

With UNICEF’s support, the MoLSP was able to provide social services to thousands of Ukrainian children and their families, helping to minimise the risks family separation. Between 2022-23, social service workers provided support to 24,874 refugee children, including 436 refugee children who benefited from the social support service for families with children. Eleven new foster care families (APP/CCTF) were established providing specialised services, including for refugee children. Over six thousand (6,364) refugee children, including 126 unaccompanied and 827 separated Ukrainian children, received support from crisis management specialists.²⁸² Child protection specialists supported 22,803 families and 42,707 children including 7,358 refugees.²⁸³

The response to the Ukraine refugee crisis reinforced and exacerbated a major existing challenge in childcare system: the limited availability of social service workers to work with families. Several participants reported that the human resource capacities were diverted to the crisis and significantly added to the workload of TSSAs and community social assistants.²⁸⁴ Participants spoke about the high level of involvement of the TSSAs and community social assistants in the crisis response, who worked tirelessly to cope with the increased workload, though this issue was, for some, subsiding.²⁸⁵ One NGO participant considered that this experience highlights the need for strengthened pastoral support and supervision for social service workers to ensure their professional development and wellbeing. The response also further highlighted the inconsistent availability of community-based support services, particularly such as early intervention services.²⁸⁶

Interestingly, several participants highlighted the positive consequences for staff of working on the refugee response. This included staff gaining valuable experience and developing their skills in working with children in crisis situations.²⁸⁷ For another NGO participant, the work with child refugees (in their case, awareness-raising about the risk of sexual abuse and exploitation) inspired improvements to the work with non-refugee children in Moldova.

²⁷⁶ Moldpres, State Social Inspectorate to be responsible for accreditation of social service providers at national level, 2 June 2023; Law on Social Assistance No. 547/2003, amended in 2022 and in force on 1 January 2023, Article 26-1; Individual Interview, State Social Inspectorate, 29 June 2023; Government Decision No. 313/2023.

²⁷⁷ Individual Interview, NGO, 22 June 2023.

²⁷⁸ Individual Interview, NGO, 22 June 2023.

²⁷⁹ Individual Interview, NGO, 22 June 2023.

²⁸⁰ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 3.

²⁸¹ Ibid.

²⁸² MoLSP and UNICEF, *Protection, Inclusion, Welfare: Strengthening the Social Assistance and Child Protection in Moldova*, 2022-2023.

²⁸³ MoLSP and UNICEF, *Protection, Inclusion, Welfare: Strengthening the Social Assistance and Child Protection in Moldova*, 2022-2023.

²⁸⁴ Individual Interview, NGO, 23 June 2023; Individual Interview, NGO, 22 June 2023.

²⁸⁵ Individual Interview, NGO, 22 June 2023; Individual Interview, NGO, 23 June 2023.

²⁸⁶ Written comments from the ERG, submitted to Coram International in March 2024.

²⁸⁷ Individual Interview, NGO, 22 June 2023.

Stakeholder responses on the ability of the childcare system as a whole to cope with the refugee crisis were nuanced. For one, the fact that the numbers of children in RIs did not increase “showed how strong the Moldova system is” and “the skills, strength and commitment of those engaged in the process.”²⁸⁸ Indeed, there are many examples of NGOs expanding their services to refugee children, such as the prevention services for children with disabilities and translating materials (e.g. parenting education materials) into Russian so that they can be used by Ukrainian parents.²⁸⁹ UASC from Ukraine were placed in temporary placement centres or directly into APP/CCTF/social community home pending a decision on a durable solution.²⁹⁰ In Falesti, it was reported that out of Ukrainian 80 children placed in the temporary placement centre, 73 were placed in family-based care. The other seven children were reportedly placed in an RI in Balti as a measure of last resort.²⁹¹

On the other hand, some participants considered that the Ukraine war (and COVID-19) reduced the chances of ensuring children in localities have access to services.²⁹² Stakeholders experienced challenges in finding accommodation for accompanied children from Ukraine. One temporary placement centre for children, which was at full capacity (25 beds), took in 36 refugees (mothers and their children) who stayed at the centre for over a year.²⁹³ Staff at the Placement and Rehabilitation Centre for Early Years Children also noted increasing numbers of requests to accommodate refugee mothers and children from Ukraine.²⁹⁴ Although some other participants reported a complete diversion of attention from childcare and DI to responding to the refugee crisis, they did not consider the impact to be ongoing.²⁹⁵ However, it should be noted that some stakeholders expressed worries about preparedness of the childcare system as a result of any escalations in the war in Ukraine.²⁹⁶ Challenges also remain in how Moldova continues to respond to emergencies while at the same time continuing to strengthen the childcare system.²⁹⁷ The response to the refugee crisis also highlighted challenges in coordination between stakeholders, which are explored in [part 4.4](#) (Coherence).

More broadly, the effects of the economic crisis, COVID-19 pandemic and war in Ukraine combined have also contributed to creating a challenging economic environment for reform, contributing to the restricted availability of funding for DI and childcare services.²⁹⁸ The energy crisis, stemming from the conflict in Ukraine, is also a consideration for the childcare system, as it may place families at heightened risk of difficult circumstances and separation.²⁹⁹

4.3. Efficiency

4.3.1. How has the Government used its resources – human, technical³⁰⁰ and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts? [Q13.1-4]

A cost analysis is not part of the ToR for this evaluation and, in any event, is not wholly possible due to the lack of financial data available specifically on DI and childcare reforms (as noted in [part 1.1](#)). Instead, though the evaluation focused on assessing the use of government, UNICEF and donor resources for childcare and DI reforms.

The inadequate allocation of financial (and human) resources by the State towards DI and childcare reform has been a challenge since the beginning of the evaluation period, though the central Government has taken targeted steps to ensure the efficient reallocation of financial resources from RIs to fund the reforms. This challenge was highlighted by the CRC Committee in 2009, both generally and specifically in relation to DI, and particularly for children from disadvantaged backgrounds and in rural areas.³⁰¹ Government Decision No. 351/2012, amended in 2018, which passed regulations for the redirection of financial resources from RIs towards a minimum package of social services and

²⁸⁸ Online Interview, NGO, June 2023.

²⁸⁹ Individual Interview, NGO, 22 June 2023.

²⁹⁰ Individual Interview, NGO, 22 June 2023; Individual Interview, TSSA, 21 June 2023; Individual Interview, Chisinau Municipal Authority.

²⁹¹ Individual Interview, TSSA, 21 June 2023.

²⁹² KII, State Social Inspectorate, 29 June 2023.

²⁹³ Group interview with staff, RI, 16 June 2023.

²⁹⁴ Individual Interview, staff, Placement and Rehabilitation Centre for Early Years Children.

²⁹⁵ Individual Interview, NGO, 22 June 2023; Individual Interview, NGO 2023.

²⁹⁶ Staff group interview, private RI; Individual interview, NGO, 16 June 2023.

²⁹⁷ Online Interview, NGO, June 2023.

²⁹⁸ Individual Interview, National Social Assistance Agency, 29 June 2023.

²⁹⁹ KII, international organisation.

³⁰⁰ The evaluators interpret this to refer to the technical expertise of staff (knowledge and skills) whereas ‘human’ resources are interpreted to mean the number and distribution of staff.

³⁰¹ CRC Committee, Concluding Observations 2009, paras. 10, 13, 17-18 and 45(a).

inclusive education, included a moratorium on new placements of children in RIs. Not all policies, programmes and action plans relating to childcare and DI have been costed, a gap which is highlighted in the current National Programme for Child Protection 2022-2026 (see its 'Analysis of the Situation'). Positively, the National Programme for 2022-2026 is costed per objective and specific objective and year.

Despite the law, the reallocation of funds from RIs to community-based services has not been consistent throughout Moldova. Based on the largely qualitative data available, the redirection of resources from boarding schools to funding social services and inclusive education has been a significant factor contributing to DI.³⁰² However, the CRC Committee reiterated in 2017 that there is a lack of government funding for services, which has negatively affected the implementation of legislation and that its previous recommendations on resource allocations have not been implemented.³⁰³ The government itself recognises this challenge, noting the lack of financial resources allocated by LPAs in local budgets to the development of social services at community level.³⁰⁴ The unmet demand for services due to under-investment is also highlighted in more recent reports, evaluations and primary data collection.³⁰⁵ This challenge is a key reason for the unequal distribution and quality of social services in the country.³⁰⁶

A range of internal and external factors have affected the financial allocations towards childcare and DI reforms. A key challenge is that the central government delegated responsibility for the development of social services to LPAs without transferring sufficient financial resources to the LPAs to enable them to do this. Further, data indicates inconsistent political and recognition of childcare reforms as a priority among LPAs (see [part 4.2.2 \[Q7.3\]](#)). However, broader structural factors such as the substantial government financial deficit and lack of correct and prompt mechanisms for providing information on the financial resources necessary for reform, have also contributed to this challenge.³⁰⁷ Also note the impact of external factors in [parts 4.2.1 \[Q6.3\]](#) and [4.2.7](#).

One of the main aims of the Restart reforms are to recentralise responsibility for funding the minimum package of social services, thereby ensuring consistent and adequate funding for these services. The Restart reforms have the potential to improve the efficiency of financial allocations, as even before the reforms, there was evidence of the central government funding decentralised services. For example, the Mid-Term Evaluation found that child protection specialists required to be appointed by LPA1 have in fact been funded by the State budget with prior approval of the State Chancellery.³⁰⁸

The retention of trained social service workers remains a significant challenge. Research participants, including former staff from RIs, explained how they were retrained and appointed to work in temporary placement centres or community houses for children at risk.³⁰⁹ Further, existing research reports indicate that, since 2008, as a result of the legal and institutional reforms, there is at least one public servant working on prevention of family separation and the provision of family support, and one public servant working with children in alternative care, in each district.³¹⁰ However, the concerns raised by the CRC Committee in 2017 on the availability of adequate human resources to implement legislation, persist today.³¹¹ There is a distinct shortage of child protection specialists to support GAs in fulfilling their responsibilities under Law No. 140. Indeed, the Mid-Term Evaluation found that, out of the 32 LPA1 which reported hiring a specialist between 2016-2019, only 24 were active by June 2019 due to lack of financial resources to sustain the role.³¹² In 2023, the government reported that there are only 56 such specialists employed in

³⁰² Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, pp. 3 and 10; CPD 2023-2027, para. 2; Group interview, gate-keeping commission, location withheld to protect anonymity, 21 June 2023; Stakeholder consultation 12 February 2024; stakeholder written comments to the draft report.

³⁰³ CRC Committee, Concluding Observations 2017, paras. 7 and 10.

³⁰⁴ Combined second and third periodic reports submitted by the Republic of Moldova under article 35 of the CRPD, 28 October 2020, para. 123; MoLSP, Reform to RESTART Social Assistance System: for fair access to quality social services, March 2023.

³⁰⁵ UNICEF Mid-Term Evaluation, 2021, p. 73; KII, NGO, 23 June 2023; Individual Interview, TSSA, 13 June 2023; Individual Interview, NGO, 22 June 2023.

³⁰⁶ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, pp. 3 and 10; Mid-Term Evaluation, p. 58; Individual Interview, TSSA, 13 June 2023; Individual Interview, NGO, 22 June 2023.

³⁰⁷ National Programme for Child Protection 2022-2026, Analysis of the Situation.

³⁰⁸ Mid-Term Evaluation, p. 56.

³⁰⁹ E.g. Individual Interview, TSSA, 21 June 2023.

³¹⁰ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 12.

³¹¹ CRC Committee, Concluding Observations 2017, para. 26(a).

³¹² Mid-Term Evaluation, p. 56.

the country, affecting the quality of services.³¹³ In the absence of this specialist, child protection functions are carried out by community social assistants, who are already overburdened.³¹⁴ Staff from two temporary placement centres involved in the primary data collection also reported having to take on some functions of community social assistants informally to address capacity gaps. Other research participants echoed the challenges of high staff turnover and limited numbers of staff for delivering community-based child protection and childcare services.³¹⁵

There are numerous reasons for the inefficient allocation of human resources towards childcare reforms and DI. Low salaries and an excessive workload have contributed to the insufficient number and high turnover of child protection specialists.³¹⁶ The introduction of the new inter-sectoral coordination mechanism to address primary risks under government decision 143/2018 (see [part 4.4.1](#)) without a corresponding increase in the numbers of child protection specialists, has exacerbated this problem.³¹⁷ Further, the fragmentation of responsibilities between LPA1 and LPA2 and their lack of coordination in building the capacities of specialists has been a factor, particularly in relation to child protection specialists who are employed by LPA1 and capacity-building interventions provided by LPA2.³¹⁸ More broadly, not all TSSAs have received training to deliver community-based services, such as the social support services for families with children.³¹⁹ Several actions to build the capacity of child protection specialists, mayors and gatekeeping commissions were cancelled or not-initiated under the previous Child Protection Strategy 2014-2020.³²⁰ Additionally, there are a lack of trained supervisors to manage specialists providing specialist prevention services.³²¹

4.3.2. Retrospectively, what resources (national, EU, other donors) were available to carry out DI? [Q.14]³²²

Besides UNICEF, childcare and DI reforms have been funded by a number of international and external donors, including the EU, USAID, the UK government through the FCDO (formerly DFID), SIDA and World Bank as well as numerous international and national NGOs and faith-based organisations. Due to the limited availability of financial administrative data and childcare and DI reforms being fragmented across sectors and programmes, it is not possible to compile a breakdown of all financial resources for all childcare and DI reforms. However, based on the data available, the EU has been a major funder of the reforms through TACIS I to III. UNICEF's financial contributions towards child protection reforms have been significant (see [part 1.1](#) (Object of the evaluation)) though a specific breakdown for DI and childcare reform specifically is not available from the documentation. Importantly, a range of international and national NGOs and faith-based organisations have supported childcare reforms and DI. This includes funding from the FCDO to support Moldova establish a minimum package of social services, including alternative care, as part of the Restart reforms (4.5 million GBP planned).

Despite this, there has been limited funding opportunities for reforms to the social sector generally³²³ which may affect childcare and DI reforms going forward. Further, it is particularly notable that the response to the Ukrainian refugee crisis was largely funded by civil society and external donors rather than funded through the State budget.³²⁴

4.4. Coherence

4.4.1. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors? [Q15]

Q15.1. Was there alignment in the aims and strategies of these stakeholders?

³¹³ MoLSP, Reform to RESTART Social Assistance System: for fair access to quality social services, March 2023, p. 6.

³¹⁴ Mid-Term Evaluation, p. 56; KII, national level stakeholder (details withheld to protect anonymity), 14 June 2023.

³¹⁵ Individual Interview, General Directorate for Child Protection, 20 June 2023; Individual Interview, NGO, 15 June 2023.

³¹⁶ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 12; Individual Interview, NGO, 15 June 2023.

³¹⁷ Mid-Term Evaluation, p. 62.

³¹⁸ Mid-Term Evaluation, p. 56.

³¹⁹ Mid-Term Evaluation, p. 58.

³²⁰ Mid-Term Evaluation, p. 56.

³²¹ Individual interview, NGO, 22 June 2023.

³²² Note that Q19-20 in the evaluation matrix are not applicable to Tajikistan.

³²³ National Programme for Child Protection 2022-2026, Analysis of the Situation.

³²⁴ KII, NGO, 23 June 2023.

There has been strong alignment between civil society and government in planning and implementing DI, contributing to all TOC outputs and outcomes. As elaborated in [part 4.2.2](#), NGOs, the MoER, MoLSP, MoF and selected LPAs worked in partnership in a structured manner to develop and implement residential care transformation plans and redirect funds from RIs to social services and inclusive education. Coherence in the aims and strategies of these stakeholders is particularly important given the fragmentation of RIs and services among sectors and administrative levels. However, as the analysis in [part 4.2.2](#) [Q7.3] indicates, despite the excellent progress made in DI, varying levels of political will among LPAs are contributing to the inconsistent implementation of childcare laws and policies, and demonstrate some misalignment between LPAs and central government in some parts of the country. Similarly, DI reforms have progressed at different rates between sectors, with the MoH not implementing a moratorium of new placements in its RIs after the restructuring of what was then the Ministry of Health, Labour and Social Protection.³²⁵ At the time of writing, authority for the MoH's RIs have been transferred to the MoLSP, which has the potential to accelerate the reforms. However, during data collection, several participants from NGOs expressed concern that the centralization of social services under the Restart reforms will undo progress made in the sector. This finding emphasizes the importance of using the inter-sectoral coordination mechanisms to ensure coherence going forward.

Q15.2. What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from RIs?

Between 2007-2015, several national-level coordination mechanisms were established with UNICEF's support to lead the DI reforms. The main mechanism was the Coordination Council for the Reform of the Residential Childcare System, which was led by the MoER and UNICEF and involved the MoLSP, MoH, MoF and key childcare NGOs. UNICEF also financed a reform unit in the MoER which transferred resources from its RIs to developing inclusive education.³²⁶

The National Council for the Protection of Children's Rights has also been an important inter-sectoral body responsible for coordinating strategies relating to child rights, but has undergone periods of inactivity. This Council, was established in 1998 and reactivated in 2010 and 2023.³²⁷ The original regulations provided for LPAs to establish local councils for child protection to, among other things, coordinate activities concerning children and families, implement special assistance measures for children with special needs and supervise services for raising and educating children delivered by the LPA.³²⁸ The Council's 2023 regulations affirm its mandate to coordinate and monitor the implementation of national policies and international treaties relating to child protection.³²⁹ The regulations also require councils to be established at the territorial levels (coinciding with a new, third level of public administration introduced by the Restart reforms), as well as at the LPA2 level.³³⁰

Key line Ministries involved in the reforms have been and continue to be members of this Council, including the MoLSP, MoH, MoER and MoF.³³¹ The Council also includes representatives of international organisations and NGOs working in the field.³³² The Council has had several working groups, including a working group on the implementation of the development programme for inclusive education and activities for the DI of children, which was established in 2014³³³ but is no longer functioning today. The Prime Minister chaired a meeting of the Council in August 2023 where it is reported that he expressed the government's commitment to remain focused on strengthening the child protection system and improving services for families with children, including within the framework of the Restart reforms.³³⁴

³²⁵ Individual Interview, NGO; KII, identity withheld to protect anonymity, July 2023.

³²⁶ Stakeholder consultation and written comments, January 2024.

³²⁷ Website of the National Council for Child Rights Protection, About the Council, accessed on 16 November 2023 from <https://cnpdc.gov.md/en/content/about-council>; Regulations of the National Council for the Protection of Children's Rights, adopted in 1998, paras. 5 and 6.

³²⁸ Regulations of the National Council for the Protection of Children's Rights, adopted in 1998, para. 16.

³²⁹ Regulations for the National Council for the Protection of Children's Rights 2023, approved by Government Decision 338/2023, para. 2.

³³⁰ Government Decision 338/2023), para. 2.

³³¹ Website of the National Council for Child Rights Protection, About the Council, accessed on 16 November 2023 from <https://cnpdc.gov.md/en/content/about-council>; Government Decision 338/2023, Annex 1.

³³² Ibid.

³³³ Website of the National Council for Child Rights Protection, Coordination of the implementation of the development programme of inclusive education and the activities of deinstitutionalisation of children, accessed on 16 November 2023 from <https://cnpdc.gov.md/en/grupul-de-lucru/coordonarea-implementarii-programului-de-dezvoltare-educatiei-incluzive-si>.

³³⁴ Website of the Government of Moldova, Moldovan PM Chair Meeting of National Council for Child Rights Protection, 15 August 2023, accessed on 16 November 2023 from <https://gov.md/en/content/moldovan-pm-chairs-meeting-national-council-child-rights-protection>.

In terms of the effectiveness of these bodies, strengthened inter-sectoral coordination, particularly through the Coordination Council for the Reform of the Residential Childcare System, have been essential for DI.³³⁵ This is a notable achievement as the CRC Committee had noted the overlap and duplication in the coordination of responsibilities and activities as a barrier to childcare reform at the outset of the evaluation period.³³⁶ Several research participants also reinforced the view that progress has been made in this area.³³⁷ The Coordination Council was singled out by research participants as being particularly effective; it helped stakeholders collaborate to develop policies and regulations for DI, redirect financial resources from RIs to social and educational services, address bottlenecks in the reforms and provide a link with LPAs as stakeholders working at sub-national levels were able to report concerns and needs to national-level authorities.³³⁸ The Coordination Council had a coordinator at the presidential level, which helped secure buy-in at the highest political level, as well as the MoF which was crucial for reallocating funds.³³⁹

The National Council for the Protection of Children's Rights was useful in developing a coherent vision for child protection reforms more generally. The Council enables government and NGO stakeholders to collaborate in developing policies to uphold children's rights, including in the child protection system.

Other coordination bodies have been involved in childcare and DI and contributed to strengthening inter-sectoral coordination in this area. These include the APSCF³⁴⁰ and the Association Alliance of Organizations for Persons with Disabilities. Similarly, at the sub-national level, participants explained that various working groups were established, enabling them to keep their "finger on the pulse on every decision, every law" and to discuss and resolve challenges in the reforms.³⁴¹ Specifically with regard to the Ukrainian refugee crisis, a separate inter-sectoral coordination mechanism was established, including the Ministry of Foreign Affairs, asylum specialists, the Bureau of Migration and Asylum and police, to coordinate the response.³⁴²

Despite these developments, there is room to improve inter-sectoral coordination between stakeholders at national and local levels in order to continue the momentum of the reforms. One participant at the sub-national levels noted that, "somehow these working groups disappeared" making it "much harder between us to interact and even to talk to each other."³⁴³ Efforts by NGOs also risk duplication.³⁴⁴ Particular challenges arise in coordinating reforms with the work of smaller NGOs which work in smaller communities and which are not known at the national level.³⁴⁵

Progress has been made in strengthening coordination mechanisms for handling individual cases, though this too requires further development.³⁴⁶ In 2017, the CRC Committee indicated that "[w]eak inter-sectoral coordination among various service providers" was a challenge, hindering the effective implementation of Law no. 140.³⁴⁷ The Mid-Term Evaluation echoed these findings. It also concluded that the inter-sectoral coordination mechanism on primary prevention introduced under government decision 143/2018 was not integrated with the existing mechanisms to form a "unique comprehensive system", leading to confusion among professionals and practitioners.³⁴⁸ This finding was echoed in the primary data collection.³⁴⁹ Several research participants noted a lack of coordination between healthcare and social work specialists in assessing the needs of children with disabilities and coordinating their access to integrated services such as personal assistance and support for inclusive education.³⁵⁰

³³⁵ Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 3.

³³⁶ CRC Committee, Concluding Observations 2009, "Coordination".

³³⁷ Staff, early intervention service for CWD; Individual Interview, Municipal directorate for the protection of children's rights.

³³⁸ KII, NGO, 16 June 2024; KII, international organisation, 4 July 2024.

³³⁹ Individual Interview, international organisation, 4 July 2023.

³⁴⁰ Individual Interview, staff, early intervention service, 22 June 2023.

³⁴¹ Individual Interview, staff, early intervention service, 22 June 2023.

³⁴² KII, MoLSP, 15 June 2023.

³⁴³ Individual Interview, staff, early intervention service, 22 June 2023.

³⁴⁴ Individual Interview, NGO, 12 July 2023.

³⁴⁵ Mid-Term Evaluation, p. 102.

³⁴⁶ Group Interview, NGO, June 2023.

³⁴⁷ CRC Committee, Concluding Observations 2017, para. 26(a).

³⁴⁸ UNICEF, Mid-Term Evaluation, p. 63.

³⁴⁹ Online Interview, NGO, June 2023; Individual Interview, staff, early intervention service, 22 June 2023; Individual Interview, TSSA, 21 June 2023.

³⁵⁰ Individual Interview, staff, early intervention service, 22 June 2023.

The response to the Ukraine refugee crisis has highlighted weaknesses or gaps in existing coordination mechanisms. Though some stakeholders reported working well together, others did not.³⁵¹ This is partly explored in [part 4.2.7](#) concerning the impact of the war in Ukraine on childcare and DI reforms.

The challenges to effective inter-sectoral coordination of individual cases are due in part to the limited availability of dedicated social workers in the child protection system (see [part 4.3.1](#)) and lack of a preparatory phase and adequate training of stakeholders to implement the coordination mechanisms.³⁵² This challenge is exacerbated by the high turnover of staff and therefore a continuous need for training.³⁵³ Indeed, not all professionals and practitioners (e.g. in the health sector) are aware of the law and their required involvement in responding to child protection cases and gatekeeping.³⁵⁴ Further, not all localities have professionals and practitioners available at any one time (e.g. outside of working hours) to respond to emergency cases.³⁵⁵ The varying levels of commitment and initiative of LPA1 also contributes to this issue.³⁵⁶ One participant considered that these challenges occur more in larger cities than smaller villages where professionals know each other and have closer networks,³⁵⁷ echoing a similar finding from the Mid-Term Evaluation.³⁵⁸

4.5. Sustainability

4.5.1. Are the DI and childcare reforms sustainable? [Q16]

The reforms have resulted in sustained changes to the normative framework through the adoption of laws and policies which broadly align with the fundamental international standards on alternative care and DI (see [part 4.1.3](#)). This view was echoed by previous evaluation findings³⁵⁹ as well as research participants who considered that the legal and policy reforms set out a clear message that children should not be placed in residential care except as a last resort and that there should be equal access by children to services.³⁶⁰ The requirement in the law to reallocate financial resources to funding a minimum package of social services and inclusive education appears to have been implemented for most RIs, particularly for the MoER's boarding schools. Some TSSA participants reported investing in and expanding their services, reducing reliance on RIs as an alternative care mechanism.³⁶¹ Indeed, one TSSA reported taking over a pre-school for the development of young children with disabilities when the NGO originally running it no longer had the funding to sustain the service.³⁶²

Other factors enabling sustainability include changes in attitudes and behaviours of key stakeholders, establishment of the necessary institutional mechanisms (e.g. gatekeeping commissions) and improvements in coordination and multi-sector working.³⁶³ Indeed, several stakeholders at the national level considered the reforms to be sustainable and that Moldova would not revert to institutionalisation.³⁶⁴ However, others considered that without addressing the challenges in the availability of services for children with disabilities and strengthening coordination, DI would not be sustainable.³⁶⁵

The lack of ringfenced financial resource for providing these services at the LPA levels have created real risks to the sustainability of the reforms. This view was reinforced by several stakeholders during the data collection³⁶⁶ and echoed in the literature.³⁶⁷ Similarly, the government reported that, in 2022, the support service for families with children was

³⁵¹ Individual interview, NGO, 22 June 2023

³⁵² UNICEF, Mid-Term Evaluation, p. 46.

³⁵³ Individual Interview, NGO, 15 June 2023.

³⁵⁴ Individual Interview, specialist in the protection of children at risk, 26 June 2023.

³⁵⁵ Individual Interview, specialist in the protection of children at risk, 26 June 2023.

³⁵⁶ Group Interview, community social assistants, 21 June 2023; Individual Interview, TSSA, location withheld to protect anonymity, 21 June 2023; Individual Interview, community social assistant, 21 June 2023.

³⁵⁷ Individual Interview, staff, early intervention service, 22 June 2023.

³⁵⁸ UNICEF, Mid-Term Evaluation, p. 102.

³⁵⁹ UNICEF, Mid-Term Evaluation, p. 92.

³⁶⁰ KII, State Social Inspectorate, 29 June 2023.

³⁶¹ Individual Interview, TSSA, 21 June 2023; Individual Interview, TSSA, 13 June 2023.

³⁶² Individual Interview, TSSA, 13 June 2023.

³⁶³ Individual Interview, TSSA, 21 June 2023; Mid-Term Evaluation, p. 108.

³⁶⁴ E.g. KII, MoLSP, 15 June 2023.

³⁶⁵ Individual Interview, NGO, 15 June 2023; Individual Interview, NGO, 16 June 2023.

³⁶⁶ Individual Interview, LPA2, 20 June 2023; Individual Interview, teacher, 19 June 2023.

³⁶⁷ UNICEF, Mid-Term Evaluation, p. 93.

stopped in 22 districts due to the termination of funding from Moldova's Population Support Fund and the inability of LPA2 to ensure its operation from its own or other sources of funding.³⁶⁸ In order to continue the provision of these services in the second half of 2022, UNICEF funded the service via a partnership with the MoLSP.³⁶⁹

Further, whether or not the Restart reforms will indeed deliver the services necessary to progress and sustain DI remains to be seen. Stakeholders were divided over whether the Restart reforms would help or hinder sustainability; for some, these reforms would undo progress made in DI to date; for others, the Restart reforms are a key part of a necessary discussion on how to ensure the sustainability of these services.³⁷⁰

4.5.2. Which key reform partners influenced and continue to influence the implementation, performance and sustainability of DI reforms? What is UNICEF's role in the sustainability of DI reforms? [Qu17-18]

The preceding analyses highlight that the following stakeholders have influenced and continue to influence the implementation and sustainability of the reforms: national government generally; civil society (national and international NGOs); UNICEF (see [part 4.2.2](#)); the EU; and international monitoring bodies (see [part 4.1.3](#)). During the initial stages of the childcare reforms, it was reported that NGOs recognised that a reliance on their services to implement DI posed a risk to sustainability and therefore made specific effort to ensure collaboration with LPAs.³⁷¹ However, there is evidence to indicate a notable reliance on external funds and civil society to implement the reforms such as community support services provided to foster carers,³⁷² particularly in crisis and emergency situations such as pandemics and arrival of large numbers of refugees in one go. Indeed, there was a view among stakeholders that, without the involvement of civil society and international organisations such as UNICEF and UNHCR, the childcare system and the government more generally would not have been able to respond to the refugee crisis as effectively as it did.³⁷³ As the analyses in [parts 4.2.6](#) [Q11.3] and [4.5.1](#) indicate, to ensure sustainability going forward, there is a need to strengthen the commitment and capacities of LPAs across Moldova and motivation and capacities of social service workers in the child protection sector.

UNICEF has contributed to the sustainability of the reforms to date through its technical support for developing the legal, policy and institutional frameworks and strategy work through the coordination mechanisms. However, capacity-building initiatives have been less sustainable, given the high turnover of social service workers. Further, although UNICEF's financial support to line Ministries and LPAs fills a critical gap in funding, this strategy is unlikely to promote sustainability of these services when funding expires.³⁷⁴ Similar findings are apparent from Moldova's response to the Ukraine refugee crisis (see further above). UNICEF's technical support to the government to design and implement the Restart reforms is an opportunity for UNICEF to contribute to establishing a system for the sustained delivery of services to support DI, factoring in crisis and emergency preparedness.

5. Conclusions and Lessons Learned

5.1. Conclusions

5.1.1. Relevance

Moldova's national laws and policies and reconstructed ToC are extremely relevant to childcare reform, DI and the needs of children at risk. Moldova made significant progress in developing a strong legal and policy framework (Output 3), which clarified the responsibilities of the LPAs to develop a continuum of care, a minimum package of social services and inclusive education (Outputs 1 and 2). The range of social services in the legal and policy framework is vast and, as the effectiveness analysis shows, has arguably been too extensive to offer consistently throughout the country during the evaluation period. Further, there is a need to continue assessing the impact of laws and policies to ensure that they remain relevant, particularly in light of the Restart reforms.

³⁶⁸ MoLSP, Reform to RESTART Social Assistance System: for fair access to quality social services, March 2023, p. 16.

³⁶⁹ Written comments, UNICEF Moldova.

³⁷⁰ Group Interview, NGO, June 2023.

³⁷¹ Individual Interview, NGO, 16 June 2023.

³⁷² Mid-Term Evaluation, p. 94.

³⁷³ Individual interview, NGO, 15 June 2023.

³⁷⁴ Individual Interview, community social assistant, 21 June 2023; Individual Interview, NGO, 15 June 2023.

The reforms have paid strong attention to the DI of children with disabilities and special educational needs, particularly from MoER boarding schools (reflected in both Outcomes and Outputs 1 and 4). The reforms have also paid attention to children transitioning from care and other hard to place children, albeit to a lesser extent and only more recently. Hard to place children include those with multiple or more complex disabilities, children at high risk of offending, older adolescents and children with intersecting vulnerabilities (e.g. Roma children with special educational needs). Explicit recognition of these groups in the ToC and reforms would strengthen their relevance.

The legal requirement for the reallocation of financial resources from closed/transformed RIs to developing social and educational services was a particularly positive aspect of these reforms (Output 4). As Moldova enters into the next phase of its DI journey, serious consideration should be made to the long-term relevance of small-scale residential care units which can create conditions akin to institutionalisation. These considerations should go hand-in-hand with efforts to strengthen permanence planning and promotion of long-term fostering or adoption for children who cannot be placed in kinship or family-based alternative care.

Output 5 on establishing a SSWF to operationalise the reforms is extremely relevant though more emphasis is needed in the policy documentation on developing and supporting the SSWF for child protection. Output 6 on generating awareness and support for the reforms is also extremely relevant, given the historic socio-cultural barriers to DI. Going forward, this Output should focus on promoting foster care, adoption and combatting stigma against hard to place children, which hinders their social inclusion. The reconstructed TOC includes relevant risks and assumptions.

UNICEF's programming has, on the whole, been relevant to DI and childcare reform. All its CPDs have included indicators relating to child protection, though not all of these include specific indicators on DI. Most notably, these indicators are missing from CPD 2023-2027, even though it includes, as an output, the prevention of child-family separation and upholding the right of the child to grow up in a family environment. Cross-cutting outcomes in the CPD relating to strengthening national monitoring and societal attitudes have been extremely relevant. The emphasis placed on gender-based issues has also improved, with CPD 2023-2027 specifically referring to results for boys and girls and establishment of gender-responsive child protection services, a feature that was missing from previous CPDs.

5.1.2. Effectiveness/Impact

Overall, Moldova has made excellent progress towards achieving the outcomes of the reconstructed ToC and contributing to the overall intended impact of establishing the necessary conditions for raising children in a family. Most of the progress made has been in relation to Outcome 2, as evidenced by a 92 per cent reduction in numbers of children in RIs between 2009 and 2022 and a 79 per cent reduction in the rate of children in formal residential care between 2011 and 2022. Although progress towards meeting Outcome 1 has been more modest, even with the inclusion of numbers of children remaining behind, there has been an 8 per cent decrease in these numbers between 2017 and 2021.

Although good progress has been made in reducing the numbers of children with disabilities in residential care (95 per cent reduction in their numbers in formal residential care between 2009 and 2021), progress has plateaued over recent years. Similarly, the reforms have not reached children transitioning out of the childcare system, children with multiple or more complex disabilities, children at high risk of offending, older adolescents and children with intersecting vulnerabilities, as effectively as others.

Output 1 of the reconstructed ToC relating to the development of community-based services has not yet been fully achieved, and goes towards explaining the partial attainment of the Outcomes. The inconsistent availability and quality of family-based alternative care, particularly for hard to place children, and social services to prevent institutionalisation/supporting family reintegration, are barriers to the reforms (see Efficiency for reasons). As such, targeted efforts are needed to progress Output 1, something which the Restart reforms aim to address. In addition, there is a need to strengthen and promote foster care (APP and CCTF), particularly for hard to place children, including targeted efforts to recruit, train, motivate and support foster carers. Related to this is a lack of permanence planning for children in the childcare system where hard to place children either remain in limbo in temporary placement centres for years, move between multiple alternative care placements or fluctuate in and out of the childcare system. Insufficient attention has been paid to supporting children transitioning from care.

Excellent progress has been made in achieving the Output 2 through the consolidation of the institutional framework and improved functionality of gatekeeping and childcare mechanisms at the local levels. The legal and policy

framework for DI and childcare reform is in place and generally in line with international standards (Output 3). Though there are data gaps, excellent progress has been made in closing/transforming RIs and financial resources redirected to social services and inclusive education (Output 4). However, challenges remain in achieving Output 5 on the establishment of a well-capacitated workforce (see [part 5.1.4](#) for details).

The progress made towards DI across both outcomes would not have been possible without efforts to change attitudes and behaviours, not only of staff within LPAs and RIs but also of parents, carers and local communities (Output 6). As outlined under 'Relevance,' there continues to be a need for social and behavioural change strategies in favour of DI, particularly as part of the drive to recruit foster carers, adopters and to combat stigma against hard to place children.

The development of data management and monitoring systems within government is ongoing. There is a need for ongoing, cross-cutting interventions to address major data gaps (e.g. disaggregated data on the profiles of children in, and duration of, alternative care placements; and numbers and categories of residential care settings) and ensure the sharing of accurate data between stakeholders. This is essential for strengthening accountability and ensuring that the reforms meet the needs of hard to place children.

The childcare system has responded well to external factors, most notably the COVID-19 pandemic, Ukraine refugee crisis and economic challenges. Numbers of children in RIs do not, as yet, appear to have been affected significantly by these factors. However, these crises have amplified existing challenges, most notably the limited numbers and high workloads of social service workers in the child protection system. This finding indicates that Moldova would not have been able to respond to these challenges, particularly the Ukraine refugee crisis, as effectively as it did without the extensive external support received by UNICEF, civil society and other international organisations. Despite this, there have been some positive unintended consequences to childcare reforms, including developing the experience of social service workers to respond in emergency situations and examples of NGOs expanding services for refugees to other groups of children.

UNICEF has played an important role in supporting childcare and DI reforms, through advocacy, technical assistance, and training. Its added value, as compared to other international NGOs working in this area, has been in its strategic advantage to convene and promote coherence among stakeholders from across government and civil society in working towards a uniform vision rooted in international standards. The need for this input will only become greater during CPD 2023-2027 as Moldova embarks upon the Restart reforms which will fundamentally change the institutional set up of the social services system and which has divided opinion among some stakeholders.

5.1.3. Coherence

There has been excellent coherence between key childcare NGOs, line Ministries (particularly MoER; MoLSP; MoF), UNICEF and certain LPAs to close/transform RIs, particularly boarding schools. This coherence has been a key factor contributing to the large drop in numbers of children in formal residential care. Particularly during the first half of the evaluation period, coherence was achieved through the establishment of a multi-sector Coordination Council, established links with the Presidential Office reinforcing buy-in from the highest political levels, UNICEF's financial and strategic input to convene stakeholders (particularly through its support of the Coordination Council and reform unit in the MoER), the involvement of the MoF, and the advocacy and technical expertise of NGOs.

However, stakeholders' aims and strategies have not always been aligned at the local levels, due in part to varying levels of political will among LPAs. There is also concern among some NGOs of the recentralization of social services as part of the Restart reforms. The revival of the National Council for the Protection of Children's Rights over recent months is a welcome development and is a potential forum for debate and resolution of these issues to ensure a coherent vision to the reforms going forward. At the sub-national levels, there is also a need to consolidate and train professionals and practitioners on the case management framework for child protection cases and parallel processes for ensuring inclusive education and healthcare services.

5.1.4. Efficiency

The reallocation of financial resources from closed/transformed RIs to developing social services and inclusive education has been key. However, the insufficient transfer of financial resources from central government to LPAs, varying degrees of political will and external factors (e.g. broader financial deficit) have resulted in inconsistent investment by LPAs in developing services to prevent family separation and support family reintegration, particularly

for hard to place children. Similarly, despite the progress made in building social work capacities to deliver family social support services and operate gatekeeping mechanisms, the retention of a trained SSWF has been a significant challenge. This is due to low salaries, excessive workloads and burnout, a shortage and high turnover of child protection specialists, lack of trained supervisors and fragmentation between LPA1 and LPA2 in recruiting and training these workers.

The Restart reforms are intended to resolve these issues. Further, SSWF-strengthening falls squarely under Outcome 1 of CPD 2023-27, though there are no specific indicators relating to this which is a gap. UNICEF is well placed to play a key role in supporting the government, particularly the MoLSP and local authorities, to build capacities in this area.

5.1.5. Sustainability

The reforms have resulted in sustained changes to the legal and policy framework which broadly aligns with international standards on alternative care and DI. There has also been good progress in creating an enabling environment for the sustainability of the reforms, most notably through changes in behaviours and attitudes of key stakeholders, consolidating and strengthening gatekeeping and referral mechanisms, and improvements in intersectoral coordination to develop and implement the reforms. However, challenges remain across all these areas, which need to be addressed to support sustainability, particularly in order to respond to crises and emergencies without relying on financial support from international organisations and civil society. Further, the lack of funding for services at LPA levels is one of the most significant, if not the most significant, barrier to sustaining DI, resulting in a reliance by the government on external funds and civil society to implement and sustain the reforms. Although the Restart reforms and recentralisation of social services have the potential to ensure sustainability, whether or not this occurs in practice remains to be seen. UNICEF is well-placed to provide technical and strategic advice to government to ensure that specific attention is given to developing and sustaining childcare reforms and DI as part of this broader restructuring of social services and integrating emergency preparedness into this.

5.2. Lessons Learned

1. To achieve DI, particularly where RIs fall under various line Ministries and administrative levels of government, it is important to develop political buy-in at the highest levels of government and mechanisms for regular inter-sectoral coordination among civil society and government at national and local levels. The coordination mechanisms should include line Ministries responsible for the RIs (education; health; social services) as well as MoF to ensure that funds freed from RIs are invested in a continuum of care, social services and inclusive education. The coordination mechanism should act as a forum for stakeholders to have frank discussions over the challenges encountered and to develop solutions. Consideration may also be made to transferring the RIs to one sector (e.g. from MoH to MoLSP) to facilitate the reforms.
2. The DI of children with disabilities and with special educational needs cannot take place without parallel efforts to develop inclusive education. This is particularly relevant where large numbers of children with disabilities and special educational needs reside in boarding schools. To achieve this, it is beneficial to introduce a legal requirement to redirect funds from RIs to developing inclusive education, social and child protection services.
3. To sustain childcare reforms, it is not sufficient to recruit or reallocate social service workers to providing case management and social services; ongoing efforts are needed to develop and support them. This includes providing sustained, accredited training for child protection specialists, mechanisms for their supervision and mentoring, opportunities for career progression, and salaries and incentives to attract and retain skilled staff. The development of a supported and resilient SSWF is particularly important in crisis or emergency settings.
4. Although small scale residential care settings are useful for facilitating the first stage of DI, it is essential to monitor how these settings are used to ensure that they do not create conditions similar to institutionalisation and to plan for their progressive reform into community-based services and small-scale temporary family-type settings.

6. Recommendations

The recommendations below were developed with the key duty-bearers and/or users of the report, most notably the government, ERG, UNICEF Moldova Country Office and UNICEF HQ. These interactions consisted of an online consultation with UNICEF ECARO and UNICEF Moldova Country Office on 25 January 2024 on the first draft of the report, an online consultation with UNICEF Moldova on 12 February 2024 to further consult on the amendments to the first draft of the report, written comments from UNICEF Moldova Country Office and UNICEF HQ via email on the

first draft of the report, written comments from the ERG and UNICEF Moldova Country Office on the second draft of the report (see [part 3.8](#) for the ERG's composition). A third draft of the report was circulated to stakeholders for comments and an online stakeholder consultation and validation was held with stakeholders on 3 May 2024 (MoLSP, MoH, MoER, the Child Rights Ombudsman, the NGOs CCF, Keystone Moldova, Lumos, CWWC, and Partnership for Every Child and UNICEF focal points from their child protection, social policy, child rights monitoring, health and education sectors). No written comments were received from stakeholders on the third draft of the report. The evaluators therefore finalised the report based on oral comments received from the final consultation and validation on 3 May 2024.

In these recommendations, “**short-term**” refers to recommendations which should be implemented within one-year, “**medium-term**” within three years and “**long-term**” between three and 10 years.

1. Policy: Key line Ministries (particularly MoLSP, MoER, MoH and MoF), in close consultation with NGOs, develop a costed national action plan bringing together the various policies relevant to DI and childcare reform into an actionable road map for the next three years. The action plan should be based on a ToC and include time-bound plans for the implementation of the following recommendations. The action plan should also factor in broader, cross-cutting or linked reforms (e.g. in child rights monitoring, education, social protection, healthcare, child justice etc.). **(Develop plan in short-term; implementation in medium term.)**

2. Continuum of care and social services: As part of the Restart reforms, the MoLSP, with the support of the MoF:

- Invests in and ensures the consistent availability of primary and secondary family support services in all districts to prevent unnecessary separation of children from their families, particularly of children aged zero to three years of age;
- Maintains the gatekeeping and case management mechanisms developed during the evaluation period;
- Further diversifies foster care (APP/CCTF) by recruiting, training and supporting foster carers to look after children with more complex needs, including by providing commensurate salaries, specialist training and support networks;
- Invests in and expands specialist services for children with disabilities and their parents/carers in all districts to prevent their institutionalisation and support their integration in the family and community, including rehabilitation services for children with severe disabilities, personal assistance, daycare and respite care, with commensurate allowances for parents/carers;
- Expands social services to support children aging out of the childcare system to transition to more independent living arrangements but which still provide social and pastoral support;
- Funds the development of community-based rehabilitation programmes for children at risk of coming into conflict with the law including family-focused social work and counselling;
- Develops a framework for the accreditation and licensing of all alternative care providers (including CCTF), including regular monitoring of the quality of alternative care services by an independent body. **(Develop plan in short term; implementation in medium term.)**

3. Deinstitutionalisation:

- The MoLSP introduces a moratorium on new placements of children under the age of seven years in residential care.
- MoLSP develops a plan for and monitors the deinstitutionalisation of all children remaining in its large-scale RIs in Hincesti, Orhei, Chisinau and Balti (with a view to their closure and transformation within the next three years), and plans permanent care arrangements for each child (e.g. family; kinship care; long-term fostering; adoption).
- The stakeholders in recommendation 1 develop plans for the progressive scaling down and deinstitutionalisation of children in all remaining public and private temporary placement centres and community houses and the reorganisation of these settings into community-based services or temporary family-type settings for no more than six children for a maximum of six months. **(Implement moratoria immediately; develop plans in short term; implementation in medium term.)**

4. Inclusive education:

- The MoER and Republican Centre for Psycho-Pedagogical Assistance, in collaboration with Psycho-Pedagogical Assistance Services and NGOs in the sector, and with the support of the MoF, continue to develop educational support services to ensure inclusive education of children with disabilities and/or with special educational needs in mainstream schools, including pre-school and vocational education, and their smooth and supported transition between educational levels. **(Planning in the short-term; implementation in the medium-term)**

5. M&E: The MoLSP:

- Conducts an inventory of all remaining residential care settings in Moldova to monitor their number, location, capacity (total number of beds), profiles of children placed in residential care, and the duration of placements, to inform the plans above;
- In developing its information management system for the social services system, ensures that it collects data on the total number of referrals of children at risk to gatekeeping commissions, the types of services to which they are referred and outcomes of these cases, including the number of cases in which family separation is prevented. **(Develop plan in short-term; implementation in medium term.)**

6. Social Service Workforce Strengthening: The MoLSP develops a five-year plan for the planning, development and support of the SSWF, with a focus on child protection specialists within the child protection system. This should include:

- A mapping of the SSWF to understand their number, locations, workloads, training needs, quality of supervision, job satisfaction and factors driving turnover/retention;
- An action plan for the effective planning, development and support of the SSWF;
- Development of compulsory pre-service and refresher training for child protection specialists and other relevant categories of social service workers on topics such as working with vulnerable children and families to prevent family separation, best interests decision-making, monitoring children in the care system and supporting their integration into family placements, and permanence planning. **(Assessment undertaken and plan developed in the short-term; implementation in medium-term.)**

7. Intersectoral coordination:

- National Council for the Protection of Children's Rights keeps childcare and DI reforms as a priority issue on its agenda and uses the forum to ensure coherent decision-making among stakeholders towards this aim, including with NGOs and LPAs through local councils.
- MoLSP, MoER, MoH, MoF and childcare NGOs consider re-establishing a coordination council to work with LPAs and remaining RIs to ensure the coherent implementation of the reforms at all administrative levels. **(Short-term and ongoing)**

8. Social and Behavioural Change: MoLSP, with the support of the MoF, plans and implements a country-wide social and behavioural change strategy to promote the importance of guardianship care provisions for children left behind and DI, and recruit potential foster carers and adopters, particularly for children who are hard to place (children with disabilities; children with special educational needs; Roma; children at high risk of offending). These efforts should be coordinated with parallel social and behavioural change strategies to eliminate discrimination, reduce violence against children and the social / educational inclusion of children with disabilities. **(Develop plan in short-term; implementation and change over the long-term)**

9. Emergency preparedness: Throughout all childcare and DI programming, all stakeholders (line Ministries, LPAs, NGOs and UNICEF), factor in strategies and contingencies for emergency/crisis preparedness rather than reflect these as assumptions/risks to their ToCs/programming. **(Short-term and ongoing)**

10. UNICEF: Provide technical expertise, advocacy and strategic advice to implement the recommendations above and support the government and NGO stakeholders to mobilise financial and material resources for this purpose. **(Duration as per the recommendation)**

7. Appendices

Annex A: Terms of References

Annex B: Overview of childcare and DI in the CPDs

Annex C: Comparison of changes to evaluation questions

Annex D: Evaluation matrix

Annex E: Regional templates of the data collection tools

Annex F: Research participants

Annex G: Ethical protocol

Annex H: Ethical approval

Annex I: Tailored tools and information and consent forms

Annex J: List of consulted documents