GLOBAL CASE STUDY SERIES

The Impact of COVID-19 on Children's Care

MOLDOVA

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Changing THE WAY WE care

Changing the Way We Care[SM] (CTWWC) is a global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others toward family care.

Since COVID-19 was declared a pandemic in March 2020, the world has experienced a series of waves and variants of the ever evolving and vaccine eluding COVID-19 virus. Initial responses predominantly focused on slowing the spread of the virus and included movement restrictions, intra-country and inter-country border closings, quarantine, isolation, social distancing, and mask wearing. Whilst these responses aimed to slow the spread of the virus, they also tended to overlook the prioritization of vulnerable populations such as children with disabilities, children in alternative care settings and children who have lost either one of both parents/caregivers due to the virus. The initial response plans also neglected to assess and address the secondary impact of the virus, that is increased mental health and psychological distress, disruption in accessing basic services, loss of caregiver's livelihood and food insecurity.

In numerous countries, for children in residential alternative care settings the response led to abrupt

reunification with families that were - from parenting capacity, psychological and financial perspectives - ill-prepared for their return. Children who had no families to return to were kept in residential care, many of whom were children with disabilities, and thus, inadvertently exposed to further exclusion and were disproportionately affected by the disruption of essential services and access to education.[i] The Global Reference Group on Children Affected by COVID-19 and research by the Imperial College of London estimate that minimum of 10,512,700 children globally have lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.[ii] These deaths compound the anxiety, uncertainty and fears children faced and continue to face related to grief, loss (community, friendship and other social networks), separation from family, placement into alternative care and falling into poverty.[iii]

Within this evolving context of the pandemic, this document is one of a series of case studies conducted in India, Kenya, Moldova and Uganda over the course of 2020-2022 to gather information on how COVID-19 has and is affecting family-child reunification, alternative care placement, and support for reintegration and to identify trends and recommendations for family- and community-based care of vulnerable children in the context of COVID-19 and beyond. The case studies are intended to inform programming for CTWWC and others working on the care and protection of children during COVID-19 and future emergencies. They present recommendations around the global and national responses to caring for vulnerable children during emergencies such as COVID-19 and provide individual country-level learning.

Using a mixed-methods approach the case study explored these questions:

- In what ways has the COVID-19 pandemic affected the reunification of children and families and the provision of family/community support services? What was most helpful and who was involved?
- In what ways has the COVID-19 response affected the reunification of children and families and the provision of family-based alternative care and family/community support services in terms of emergency response, recovery and longer-term rebuilding? What immediate and more long-term steps were taken? By whom? What was most helpful? What were the main gaps?
- What considerations need to be taken in global and national responses to COVID-19, and other health pandemics that may arise in the future, to ensure the safety and wellbeing of children in family and community-based care?

While the small number of key informants comprises a limitation, in the analysis of information attention was given to balancing the information shared by interview informants and learning gathered through desk review. Interviews were phased approach between the end of 2020, the beginning of 2021 and June and July of 2022.

CTWWC deeply appreciates the time and input from many Moldovan CTWWC colleagues to make this case study a reality. Thank you to Caritas Moldova, Community, Child and Family (CCF), Keystone Moldova, Lumos Moldova, Partnerships for EveryChild and the Center for Child Abuse and Neglect, who all helped us to gain the critical insights needed to present this study.

Background

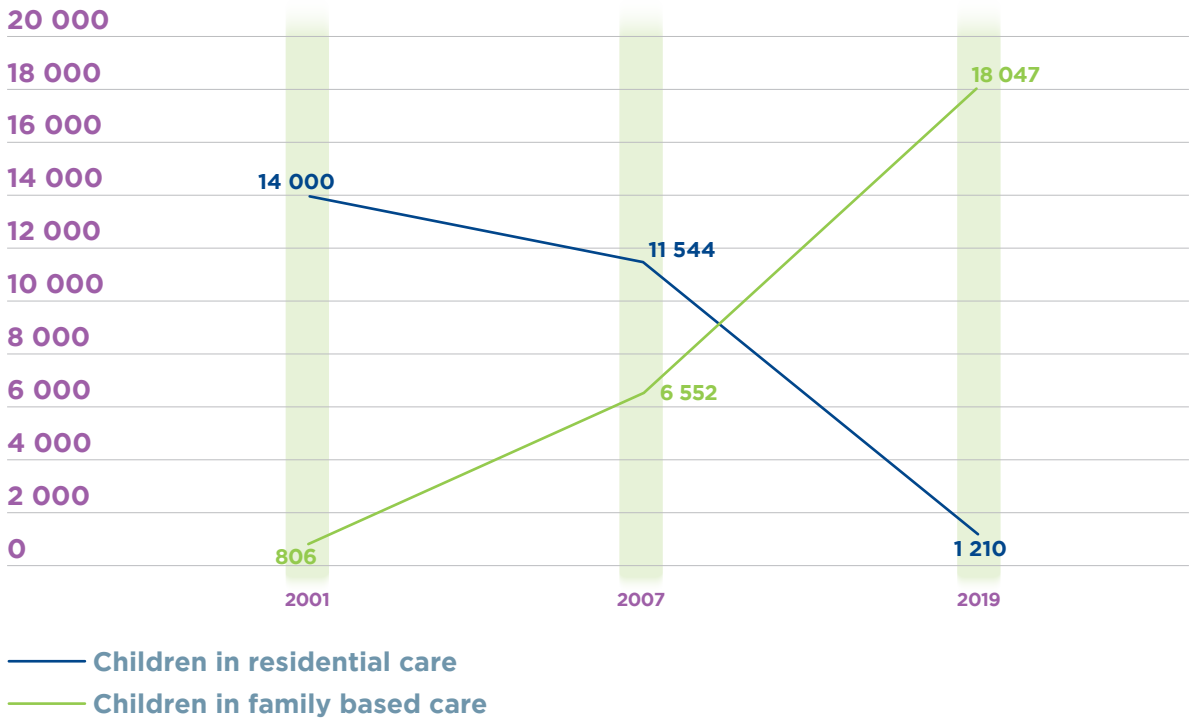
The Republic of Moldova is one of the poorest countries in Europe. It is a landlocked country south of Ukraine with a total population of just over 2.6 million inhabitants of which 21.7% are children under the age of 18 years old[iv]. Nearly a quarter of all children live in poverty (24%) and 11.3% of children are subjected to extreme poverty.[v] Poverty is highest in rural areas where children are five times more likely to live in poverty than in urban areas.[vi]

In 2019, about 27% of Moldova's labor force worked abroad full time or on a temporary basis.[vii] Moldova's economy is highly dependent on remittances, which represented about 16% of GDP in 2019 and makes Moldova one of the top 20 countries in the world most dependent on remittances.[viii] Due to high rates of labour migration, many children in the Republic of Moldova do not live with both biological parents and a significant share does not live with either. Most children of migrants live with their grandparents; 90% of children with both parents abroad live with their grandparents, while one third of children with one parent abroad live with their grandparents.[ix]

Despite challenges faced in the provision of family-based care and limited resources, it should be noted that since 2007, the Republic of Moldova has achieved transformative results in reforming the residential childcare and the child protection

MOLDOVA:

Number of children in residential care and in family based care over the past 2 decades



systems.[x] Through joint efforts of government, civil society and international organizations, the number of children living in institutions in Moldova decreased from 14,000 in 2001 to 11,544 in 2007[xi] and then dropped to 1,210 in 2019[xii]. The number of children in family-based care increased from 806 in 2001 to 6,552 in 2007[xiii] and then tripled to 18,047 in 2019[xiv]. The number of residential care institutions has dropped from 67 large-scale residential institutions in 2001[xv] to 15 in 2015[xvi]. This was achieved through considerable service development and diversification, funding allocation, strengthening of state professionals in social, educational, and medical fields, focusing of inter-sectoral collaboration and changes in practice, and improved advocacy and partnerships with local public authorities, media and private businesses.[xvii] Also, public attitudes have shifted positively towards supporting vulnerable families and preventing unnecessary child separation from the family.[xviii]

On March 8, 2020, the first COVID-19 diagnosis was made in Moldova, after which the number of cases increased rapidly. On March 17, 2020, Moldova's parliament declared a State of Emergency.[xix] Following Parliament's declaration of the State of Emergency, the Exceptional Situations Commission met and introduced a stronger set of measures aimed at slowing the spread of the virus. On March 13, 2020, all educational institutions and many public venues were closed. Strict transportation restrictions were introduced and most of Moldova's land border crossings with Romania and Ukraine were closed. Additional quarantine measures followed, including the establishment of a special working regime for all public sector offices; prohibition of meetings, public events and other mass events; the requirement that schools and universities shift to online and distance-learning methods; and the temporary suspension of courts processing criminal and administrative cases (with exceptions). The commission also decided to make all health care related to COVID-19 free, irrespective of patients' medical insurance coverage.[xx] Social welfare department offices were also temporarily closed but community social workers continued working while respecting social distancing regulations, in particular to continue monitoring and supporting cases they had already been working on before COVID-19. That is, visiting households while staying at the required distance on the doorstep to meet with household members and review their situation.[xxi] In September of this year (2022), the Global Reference Group on Children Affected by COVID-19 estimated at least 2,100 children in Moldova had lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.[xiii]

It must be noted that care reform actors in Moldova are experiencing a complex emergency entailing the ongoing COVID-19 pandemic as well as the influx of women and children, some unaccompanied and separated, due to the February Russian invasion and subsequent armed conflict in Ukraine. The conflict in Ukraine commenced on the 24th February 2022 and has led Europe's largest refugee crisis, since World War II, with more than 6.4 million Ukrainians refugees and a third internally displaced. Details of the conflict's impact on the care reform landscape in Moldova does not fall within the scope of this case study. However, lessons learnt from the COVID-19 pandemic are being adapted and applied to supporting the needs of Ukrainian children accessing the Moldovan child protection system, inclusive of alternative care.

Impact of COVID-19 on Alternative Care and Reunification

Within the Moldovan legislative framework, the transfer/reintegration of children separated from their parents falls under the child protection regulations[xxii] with residential care for children being nearly exclusively provided by the government. The Ministry of Health manages institutions for pre-school children (0-7 years old), children with disability and two homes for children with tuberculosis. The Ministry of Education manages residential care for school-age children whilst a small number of residential institutions and smaller residential protection centers are managed by local public authorities.[xxiii] Additional residential-based alternative care settings, such as small group homes, are organized and operated by non-government organizations (NGO).

Rapid Deinstitutionalization

As part of the March 2020 COVID-19 containment measures, the government issued a circular note to residential care institutions (RCIs) to send children with families back home and, for those children remaining in residential care, to ensure social distancing measures and strict mobility restrictions practiced to protect children in RCIs from infection.[xxiv] Compliance with the abovementioned child protection regulations and associated processes and procedures were disbanded as a result of the exceptional conditions created by the pandemic. Home assessments were not undertaken prior to children being returned home, caregivers were not notified in a timely manner of the child's return, specialist (multi-sectoral) meetings concerning children were not convened, monitoring and support around the process of leaving residential care and returning home was not offered, and some children returned home without essential documents such as birth certificates or medical cards.

According to the Lumos Foundation 2020 report on the impact of COVID-19 in Moldova, "*more than 11% of caregivers never saw the child before the reintegration*,"[xxv] which raised concerns around the quality of relationship and/or attachment between the child and family at the time of reunification.

Basic Needs

A rapid assessment conducted in June 2020 by the NGO Child Community Family (CCF), found that about half of the families they interviewed reported the COVID-19 crisis had affected them financially.[xxvi] Foster families were equally affected as many foster parents lost income from remittances or jobs, while simultaneously, the minimal foster care payments could not compensate for the financial challenges brought on by COVID-19. Respondents reported that many households with children actively lowered their living standards by cutting expenses- an estimated 58% decreased spending on clothing and health care, whilst 15% decreased money typically put towards meals, especially more costly categories of food such as meat, fish, fruit and vegetables.[xxvii] That is, foods which are key ingredients for promoting a child's growth and development.[xxviii]

Children with disabilities were the most vulnerable group impacted by the pandemic. Services, such as day care and rehabilitation centres were closed although attempts were made to offer online rehabilitation services. This, however, proved to be unfruitful given the complex health and intellectual needs of children with disabilities. Mobile therapy services for children and adults with disability were also suspended. The mobile therapy services comprised a team of four specialists: a physiotherapist, a speech therapist, an occupational therapist, and a social worker who would travel together in a car to visit children and adults with disabilities in their homes. These mobile therapy services are critical to the on-going development of children with disabilities, as there are few rehabilitation centers in the country and in rural areas the distance to such centers posed an accessibility challenge. Importantly, during acute periods of the pandemic, funds originally earmarked for the social services sector were diverted to health to support efforts to contain the spread of the virus. Despite the ending of the state of emergency in April 2020, reduced funding for social services budget has prevailed, as some district social services have not received funds to support their prevention services.[xxix] Lastly, persons who became ill with COVID-19 could access free health care, however they still required to pay for other medical treatments, such as those needed for post COVID-19 complications.[xxx]

PHOTO: SCHIMBATOR STUDIO

Protection Needs

Rural households, households with multiple children, children and women were particularly affected by the containment measures established during the state of emergency. Local public authorities also reported an increase in cases of child neglect and domestic violence among these households.[xxxi] These findings were not aligned to the reduction in the number of reported child protection cases observed during the state of emergency period. This is attributed to the imposition of travel restrictions, limited contact from social services actors with concerned children and families, and the limited involvement of actors from allied sectors such as the police, teachers and community members.[xxxii]

Results of a rapid assessment - conducted in April and May 2020 - on the perception of District Social Work Departments regarding the consequences of COVID-19 on families, children and professionals, found that the most affected families were those with a history of domestic violence, those with COVID-19 infected family members, single- parent families and families with alcohol addiction problems.[xxxiii] There was also the perception that children in street situations, children left alone at home due to caregiver hospitalization and children infected with the virus would result in increased risk of severe neglect, emotional abuse, exacerbation of mental health problems (children in street situations) and separation from family.[xxxiv]

Residential care institutions gradually adapted to the protective measures required of staff and children to prevent the spread of the virus on their respective sites. They also received protective supplies, guidance on use and trainings on how to prevent COVID-19 transmission. However,

respondents shared accounts of staff inconsistently wearing face masks, reduction in meal portions and/or mobility reductions, further compounding risks of maltreatment. There was heightened protection risks to children and adults (i.e., adults with disabilities who have lived in the institution their whole life and have nowhere else to go[xxxv]) in residential care because of isolation and lack of external monitoring. Burnout and/or weariness among residential care staff due to stress and isolation was also highlighted by respondents as an issue. In one instance, an RCI entered quarantine and staff where not allowed to leave the RCI for two months.[xxxvi] While respondents were not able to enter these institutions to verify such allegations, human rights organizations reportedly were able to do so and have since confirmed some cases of abuse within RCIs.[xxxvii]

Psychosocial Support Needs

The CCF rapid assessment also indicated that about half of the families felt the COVID-19 crisis had affected them psychologically, especially in terms of depression and isolation.[xxxviii] The Lumos Foundation study from 2020 also highlighted increased levels of stress between children and their family members due to home containment, worries about the virus and financial concerns.[xxxix] Respondents interviewed for this case study confirmed those results, sharing that grandparents struggled to manage the increased levels of stress and conflicts with children under their care in times of home confinement. Notably Moldova has one of the highest rates of children in grandparent care in Europe. The study reportedly concludes that the government rapidly issued containment measures, overlooked the need to monitor intangible impacts at family-level and the situation of children who were rapidly returned to their homes. As such, protocols to ensure such continued monitoring, follow up and support by responsible authorities were not developed.[xl]

The COVID-19 containment measures affected the children with disabilities ability for play and social interactions. Inclusive Education classes did not continue when schools closed. Children in residential institutions, most of them living with disabilities, no longer received visits from family members due to mobility restrictions and social distancing rules. Residential institutions focused on health mitigation and did not provide adequate support and/or access to virtual communication platforms to promote communications between children and their families, schools or friends.[xli]

At the community level, parent-self-support groups were unable to meet during the COVID-19 crisis because their meetings took place in the Social Welfare Department Office which had been closed and the department's psychologist who facilitated the meeting was on temporary leave.[xlii] These support groups provided safe outlets for parents/caregivers to discuss concerns or challenges they were experiencing with their children as well as recommendations on how to address those challenges within the household.

Access to Education

The UN-coordinated Education Taskforce for COVID-19 reported that when schools closed, caregivers (parents, grandparents, foster carers) were tasked with playing the role of teachers; a task few caregivers were prepared for, or able to take on, especially caregivers with limited education and resources or caregivers of children with special educational needs or younger children.[xliii]

PHOTO: SCHIMBATOR STUDIO

The expectation that caregivers to provide support to children to access and participate in online education was particularly difficult and often an impossible task for grandparents as many were barely smartphone proficient, let alone able to navigate internet features or use online education applications. Many households also lacked the required devices such as smart phones or tablets to access online classes. Lastly, children's caregivers were not able to share their smartphone for a half or full day at a time in efforts to promote their child's educational attainment.[xliv] Similar to accessing services to meet basic needs, access to online education was particularly difficult for children with disabilities, in part because their parents could not provide the support needed to participate in online classes.[xlv]

According to the Lumos Foundation study, more than half of the children reunified with their families did not access education, either online or physically in school. [xlvi] Once schools reopened in September 2020, some children returned to the residential care to resume their education,[xlvii] whilst others stayed home and did not go to school as their school was often in a different locality which they could not reach due to mobility restrictions.[xlviii] Of note, the transition of children to and from RCIs for educational purposes, did not follow standard procedures for entering or leaving institutional care. The rationale for this oversight in practice was attributed to the fact that existing protocols had not foreseen exceptional situations, such as the COVID-19 pandemic.[xlix] Of note, online education was not only a challenge for children, reportedly some teachers also found the transition to online teaching difficult to manage.[l]

Mitigation Measures for Harmful Impacts of COVID-19

Basic Needs

Respondents observed that NGOs and community actors consolidated their efforts and/or reorganized services to better meet the needs of financially marginalized families.[li] Caritas Moldova, for example, reorganized their day-care centres to cook food and prepare food packages which they delivered to families in need. Others, including Partnerships for Every Child (P4EC), partnered with community social workers to deliver food packages to struggling families. Of note, the Moldovan Government made provisions for government social workers to enter RCIs as essential workers, as well as to offer to support families at the grassroots levels during acute periods of the pandemic.

Gaps in shortages of personal protective equipment during the initial phase of the COVID-19 response were filled by several NGOs, including P4EC, who rapidly imported face masks, gloves and hand sanitizer. NGOs also provided PPE supplies to the ministries and directly to the RCIs. P4EC also developed a user guide for personnel in RCIs describing how to prevent COVID-19 transmission, handwashing and correct use of face masks amongst other protective measures.

The introduction of vaccines not only served as a key measure to counteract the spread of the virus, but also assisted inoculated service providers (health, social welfare, etc.) to address the basic needs of struggling children and families. Vaccinations arrived in Moldova in February/March 2021 under the COVAX initiative; a partnership between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, WHO and the United Nations Children's Fund (UNICEF).[lii] The vaccination of children against COVID-19 commenced on the 18th November 2021 and was accompanied by campaigns, delivered through multiple outlets inclusive of signage on public buses, detailing information about the vaccines and vaccination sites.[liii] Family doctors as well as other health workers have been actively promoting vaccinations as well as supporting information campaigns so as to ensure that adolescents, that is children aged 12 years or older, are receiving protection from the virus.

Protection Needs

Government offices, which were initially closed during the acute periods of the pandemic, demonstrated adaptations to undertaking their day-to day tasks to better meet the protection needs of children. Respondents observed government offices using virtual communication platforms for meetings for stakeholder discussions and decision-making. One example is the district-level gatekeeping commissions - which started functioning again in January 2021- met with members online to discuss cases and match prospective foster families with children requiring family-based alternative care.[liv] Also, community social workers prioritized monitoring and advising families at a distance, providing social benefits and social services, exercising service duties online

such as receiving requests by email/telephone, and convening group and individual meetings at the district/county level.

Psychosocial Support Needs

Some community social workers have been engaged in the provision of counselling support to families in need. It must be noted, that more community social workers are needed to provide psychosocial support or psychological first aid; however of the existing community social worker cadres, many are not academically qualified social workers and therefore do not possess the necessary competencies or skills to provide these basic psychosocial services.[lv] Regarding the promotion of family contact, NGOs such as Keystone provided mobile devices to RCIs caring for children with disabilities to enable virtual communication between children and their families. However, caregiving staff were not always supportive of such communication because they feared that children might disclose challenges faced in the residential care institution.[lvi] As positive parenting groups could not meet due to mobility restrictions and social distancing rules, some NGOs, such as P4EC, developed online parenting sessions. These online sessions are considered to be an emergency approach to facilitate continued engagement of the parents in exceptional times, such as acute periods of the COVID-19 crisis. Respondents from P4EC noted that in-person sessions are preferred to virtual sessions as in-person sessions provide parents/caregivers with more opportunities to interact, share and learn from each other.

Access to Education

Measures taken to promote children's access to education also required technological adaptation from care reform actors. For children in large foster care settings, the Ministry of Education offered tablets to the children whilst the CCF offered devices to vulnerable families, especially those families with a lot of children.[lvii] Also, some RCIs managed by the Ministry of Education provided funds to families of reunited children to a smartphone and to cover internet connectivity costs so their children could access online education, and other RCIs printed out school homework instructions and posted these to the children. [lviii]

Remaining Challenges

Within the care reform agenda, the work of the Ministry of Labour and Social Protection's community social workers is very important. They work to address social and parenting challenges that families may be experiencing and monitor, and support children placed in family-based alternative care with an aim of family reintegration. However, the child protection system including alternative care was ill-prepared to care for children when basic services were suspended due to the containment measures.[lix] There was a lacuna of information and processes regarding what would happen to children who remained in residential settings as well as how to address cases of children who were separated from families.[lx] Management of RCIs, nonetheless ensured that children did not enter the RCIs as per the guidance of the Exceptional Situations Commission. During this time care reform actors reported that they encouraged foster care or reintegration for children in RCIs, however there was no emergency placement for foster care structures in place.[lxi] These are some of the challenges that the protection system in Moldova continues to face.

While community-based social workers continued monitoring children and families who had already been registered to receive support when the COVID-19 crisis hit, they struggled to take on the new cases of children returning home from RCIs. The COVID-19 pandemic severely affected social and disability services at the community level as district-level social welfare funds, including funds for disability services, were mobilized to cover costs associated with the COVID-19 pandemic response. Gaps in the health care systems space, medicine and medical human resources to adequately support children and adults was highlighted during acute periods of the pandemic.[lxii] They also noted that the community health system did not have the required experience or resources to disseminate key messages during this time.[lxiii] Again, these gaps persist and continue to challenge the full protection of children and vulnerable families in Moldova.

Many families had already been facing significant challenges before COVID-19, such as lack of stable employment, lack of resources, lack of services for children, lack of living space, domestic violence and substance abuse.[lxiv] For families and children in these situations, the COVID-19 pandemic not only added to or exacerbated pre-existing challenges but, also highlighted the fact that much more support is needed to ensure the psychological well-being of children reunified with families or relatives and much more is needed to strengthen families overall.

PHOTO: SCHIMBATOR STUDIO

Conclusions & Lessons Learnt

Care reform actors demonstrated flexibility and adaptability as it pertains to incorporating virtual working modalities to complete day-to-day tasks. **LESSON: Though in-person interactions are preferred, the use of virtual modalities remains applicable in 2022, for both alternative care activities and activities designed to support Ukrainian refugees.**[lxv]

Adaptability was also evidenced by the re-purposing of NGOs resources and facilities to address the basic needs of financially comprised families in the form of cooking, preparing and distributing food packages. Respondents also learnt that school coursework and classes can be offered online, however there are barriers to the same for children from marginalized homes, children with parents/caregivers with low literacy or technological knowledge levels, and children with disabilities. **LESSON: Children with disabilities, children located in rural areas and parents/caregivers need more technological and practical support to assist their children with consistently accessing education through virtual platforms.**

The COVID-19 pandemic illuminated weaknesses in child protection system inclusive of alternative care. These weaknesses were observed at the policy level where, prior to COVID-19, policy documents neither included separate items on emergencies nor explicit references to multi-sectoral support during emergencies.[lxvi] **LESSON: care reform actors will benefit from engaging policy level actors for the revision of legislation, regulations and procedures to clearly address how the needs of at-risk children within the development and humanitarian contexts.** This may include, though is not limited to: revision of laws to account for 'exceptional situations' such as the COVID-19 pandemic; coordination of service delivery across sectors for at-risk children; continuation of services to children with disabilities; delivery of social protection interventions such as cash transfers[lxvii] in a coordinated manner; establishment of emergency foster care structures; and multi-sectoral support for the identification and monitoring of at-risk children. Respondents also noted that, though Law 140 APP (foster parents) speaks to emergency settings & multi-sectoral support, protection measures for children do not differ based on the type of emergency. Furthermore, in August 2020, an amendment to Law 140 spoke to kinship care via guardianship for custody matters concerning children whose parents were abroad; however, this improvement to the law was neither instigated by nor related to the pandemic.[lxviii]

LESSON: The pandemic highlighted the importance of addressing mental health and psychosocial needs of children, foster carers and RCI staff alike. Though trainings on psychological first aid were offered, there is need to build more local capacity in this area to ensure a cadre of trained personnel. This area of expertise will assist with preventing burnout, weariness and/or exhaustion[lxix] amongst RCI staff, community social workers staff, and foster carers. At the micro/individual level children, parents/caregivers and care leavers would benefit from accessing psychosocial support for the development of positive coping mechanisms for managing stressors associated with psychological or physical harm[lxx] and/or arising from emergency setting. One way of doing this would be to strengthen youth's capacities[lxxi] to provide PFA/PSS to their peers in times of crises either through the models of youth councils, advisory boards of children and youth friendly health centers, which already exist in Moldova.

Endnotes

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xxxix Interview with Lumos-Moldova representatives, April 2021

xl *Ibid*.

xli Interview with Keystone Moldova representative, April 2021.

xlii Interview with P4EC-Moldova representatives, April 2021

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Changing The Way We Care℠ (CTWWC) is a global initiative funded by USAID, the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are Better Care Network, Lumos Foundation, and Faith to Action. CTWWC's vision is to be a bold global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others to build momentum towards a tipping point of change for children.

Need to know more? Contact Changing the Way We Care at:
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