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POLICY BRIEF

Ending the placement of children aged 0–6 years in residential care in the Republic of Moldova

Draft for analysis and discussion

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Background information

Moldova has been reforming its child protection and care system for more than fifteen years with remarkable achievements. This includes a strong legal and policy framework supporting family care and social services, strengthened and expanded alternative family-based care[1], and a reduction of children in institutions from 17,000 in 1995 to less than 700 children in 2022.[2] Continued reform of the child care system remains a priority for the Government of the Republic of Moldova, as articulated by the approval of three key policy documents focused on child protection: the National Child Protection Program (2022–2026); [3] the Action Plan on the Development of Early Childhood Intervention System (2023–2027); [4] and the Program for the Development of Inclusive Education (2024–2027).[5] These three policy documents illustrate the commitment of the Government of Moldova and partners to achieving the goal of zero children in institutions[6] and a system of medical, social and educational services that prioritize safe and nurturing family care for all children.[7]

Despite these notable achievements, there remain gaps in policy and practice that continue to allow for the placement of children in institutions, including young children aged 0–6 years and children with disabilities. Recent evidence found that 10% of the 675 children in institutional care were under three years old and approximately 58% were under 6 years old. More than one-third (38%) were children with disabilities, and more than two-thirds of those have a severe disability and/or complex care needs. Only four out of five children placed in residential institutions had a case plan[8]. As recently as May 2023, 26 children under the age of three were found to have been placed in institutional care.[9] This data demonstrates that the child welfare system is not yet responding to family-based care needs for young children. In addition, between 2018 and 2022, the number of children at risk increased. A study carried out by Sociopolis[10] commissioned by Changing the Way We Care, found that one in ten children (0–2 years) and one in four children (3–6 years) in Moldova were at risk of separation in 2022.

[1] Changing the Way We Care. (2021). Situational Analysis of Care Reform in the Republic of Moldova: Report 1. Analysis Focused on Vulnerable Groups of Children and the Prevention of Child-Family Separation. Situational Analysis of the Care System in the Republic of Moldova. Changing the Way We Care. Retrieved from: <https://bettercarenetwork.org/sites/default/files/2022-01/Report%20%20Care%20Assessment%20187%20Web.pdf>

[2] National Bureau of Statistics, Moldova.

[3] Government Decision 347/2022 regarding the National Program for Child Protection 2022–2026 and its Action Plan. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=131899&lang=ro

[4] Government Decision 347/2022 regarding the National Program for Child Protection 2022–2026 and its Action Plan. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=131899&lang=ro

[5] Government Decision 347/2022 regarding the National Program for Child Protection 2022–2026 and its Action Plan. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=131899&lang=ro

[6] Changing the Way We Care (2023). Investing in Family Care for Moldova's Future: The Case for Meeting Moldova's Human Capital Needs. Retrieved from <https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova%E2%80%99s-future-the-case-for-meeting-moldovas-human-capital-need>

[7] Government Decision 347/2022. Op.cit.

[8] Changing the Way We Care. (2021). Op.cit.

[9] Data provided by CTWWC partners engaged in placement centers for children under three.

[10] Sociopolis. (2023). Understanding the Potential for a Moratorium on Placing Children aged 0–6 in Institutional Care. Unpublished, copy received from Changing the Way We Care.

Analysis of early intervention for children in the Republic of Moldova, carried out by Maestral International at the request of UNICEF Moldova,[11] shows that families encounter major barriers in accessing early intervention services. These barriers are caused by long distances required by the family and child to reach early intervention services (32%), the lack of public transportation to these types of services (29%), total lack of services in some regions (26%) and difficulties in obtaining a referral for services from the family doctor (19%). These findings demonstrate the need for urgent action by the authorities to strengthen cooperation between health and social protection authorities to provide support to families with children aged 0–3 years, including facilitating access to early intervention services for children with disabilities or developmental delays. International studies and practices confirm that referral mechanisms and early intervention provided to children in the 0–3 years age group contribute to the prevention of the separation of children from their parents, promote inclusive education and represent a key element in the deinstitutionalization process. Strengthened intersectoral collaboration for early intervention is the foundation of support provided to children and families by health, social protection and education professionals.[12]

Ending the placement of all children in institutional care remains at the forefront of Moldova's care reform efforts. A critical step in this effort is ending the placement of young children in residential care. Reaching this goal also reflects Moldova's commitment to securing membership in the European Union. The European Commission's opinion regarding the application for the accession of the Republic of Moldova to the European Union (June 2022) highlighted the importance of Moldova's continued progress on deinstitutionalization and securing other rights for children. The recommendations specifically mentioned that the number of babies and children with disabilities in institutional care in Moldova is a concern.[13]

Economic resources saved through the closure of institutions have not, until now, been used to prevent separation by providing social services designed to address the root causes that make families vulnerable to separation.[14] The study conducted by Maestral and UNICEF describes some progress made in the system of public financing of early intervention services for children. In 2023, 10 providers of early intervention services for children were contracted by the National Medical Insurance Company compared to two providers in 2017. However, the system is still fragile because the cost standards were developed in 2011 and do not meet the current needs of children and families, especially those living in regions of the country that do not have such services. For these families, the current system of medical and social services does not cover the costs of transportation, temporary accommodation, or home visits by early intervention teams.[15]

[11] UNICEF Moldova. (2023). Situational Analysis of the Early Childhood Intervention Systems in the Republic of Moldova. Retrieved from: <https://www.unicef.org/moldova/media/11446/file/Moldova%20ECI%20Sit%20report%20EN.pdf>

[12] EASPD (2022). ECI Position Paper – Family-centered Early Childhood Intervention: The best start in life. Retrieved from: <https://www.easpd.eu/publications-detail/eci-position-paper-family-centred-early-childhood-intervention-the-best-start-in-life/>

[13] European Commission (2022). Communication from the Commission to the European Parliament, the European Council, and the Council. Commission Opinion on the Republic of Moldova's application for membership of the European Union. COM (2022) 406. Final.

[14] Cannon, M. & Gheorghe, C. (2018). Assessing Alternative Care for Children in Moldova: Assessment report (Volume 1). Retrieved from: <https://www.data4impactproject.org/wp-content/uploads/2020/09/tr-18-262a-1.pdf>

[15] UNICEF Moldova. (2023). Op.cit.

A recent analysis, carried out by Changing the Way We Care in 2021, has illustrated the clear cost benefits of investing in social services versus residential care. The results of the study show that placing a young child in a residential institution costs between 245,000–339,000 MDL annually, compared to 120,000 MDL for a child placed in foster care.[16] At the same time, preventing separation of at risk families through family support services has an average annual cost of approximately 20,000 MDL[17] and approximately 6,000 MDL for early intervention.[18] According to the Investment Case for Family Care in Moldova (2023)[19] developed by Changing the Way We Care, transitioning from residential services to family-based community services allows for the protection and care of more children with the same investment and that resources currently used to cover residential care of about 700 children would be sufficient to cover family and community-based care for over 33,000 children, or 6.2% of the total number of children in Moldova. Family and community-based care can be provided through a package that includes five core services: (i) family support; (ii) family-based alternative care; (iii) personal assistance for children with disabilities; (iv) mobile team and (v) respite services. These services represent an important step forward in the alignment with the provisions of the European Child Guarantee.[20]

The Moldovan legal framework clearly states that placing children in residential care, including institutions, should be the last resort. The National Child Protection Program includes a recommendation for introducing a moratorium on the placement of children under the age of three in institutional care[21], a step articulated, for the first time, in 2013 at the Sofia Conference on Deinstitutionalization of Children 0-3.[22] Governmental and non-governmental actors have endorsed the recommendation to introduce a moratorium on the placement of children under seven in institutional care. [23] The age was expanded from children 0-3 to 0-6 to reflect the age range of children cared for in institutions for young children. The international conference organized by UNICEF Moldova in November 2023 emphasized the importance of placing the family at the center of early intervention services and highlighted the role of intersectoral collaboration in improving practices for early child development. The event provided an opportunity to reflect on the significance of early childhood intervention, allowed for the exchange of international ideas and experiences and endorsed the recommendation to end the placement of young children in institutions. [24]

[16] Changing the Way We Care (2022). Residential institutional evaluation findings and recommendations. Retrieved from: [EN_Final_Summary_Residential_Assessments \(bettercarenetwork.org\)](#)

[17] Ibid.

[18] UNICEF Moldova (2023). Op.cit.

[19] Changing the Way We Care (2023). The investment case for family-based care and human capital development in Moldova. Retrieved from: <https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova%E2%80%99s-future-the-case-for-meeting-moldovas-human-capital-needs>

[20] Changing the Way We Care (2023). International conference on Financing Family Strengthening and Child Protection Services in the Context of Moldova – EU Association Agenda. Retrieved from: <https://bettercarenetwork.org/library/social-welfare-systems/cost-of-care-and-redirecting-of-resources/financing-family-strengthening-and-child-protection-services-in-the-context-of-moldova-eu>

[21] Government Decision 347/2022. Op.cit.

[22] Changing the Way We Care. (2021). Op.cit.

[23] Ibid.

[24] UNICEF Moldova (2023). International Conference on Early Childhood Intervention. Retrieved from: <https://www.unicef.org/moldova/en/press-releases/shifting-towards-family-centered-services>

During the International Conference on Financing for Better Care organized by Changing the Way We Care under the leadership of the Parliament of the Republic of Moldova in June 2023,[25] experts shared evidence and recommendations that can contribute to ending the placement of children in residential institutions. The conference participants discussed the need for a package of core social services that is guaranteed and financed from the state budget. This core package should include family support services and sufficient foster care services for all children who need them, especially young children and children with disabilities. Conference participants also emphasized the importance of redirecting funds from residential institutions to financing the package of core services that prioritize family and community-based care, in accordance with the national policy and the recommendations of the European Union.

For Moldova to truly move forward in its efforts to end reliance on institutional care for children, and fully align with the United Nations Guidelines for Alternative Care of Children, which specifically state that "alternative care for young children, especially those under the age of three years, must be provided in family-based settings,"[26] prohibiting the placement of young children aged 0–6 years in institutional care is not only necessary but urgent.

[25] Changing the Way We Care (2023). International Conference on Financing family strengthening and child protection services in the context of the Moldova-European Union Association Agenda. Retrieved from: https://bettercarenetwork.org/sites/default/files/2023-11/raport_eveniment_iunie_2023_ro_final_2711.pdf

[26] UN General Assembly (2010). Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142. Retrieved from: <https://www.refworld.org/docid/4c3acd162.html>, page 5.

INTERNATIONAL EVIDENCE

More than eight decades of research documents the adverse effects of child separation and institutionalization on the young child. The 1940's and 1950's work of Dr. John Bowlby, who published widely on attachment, child-mother separation and institutionalization, has brought considerable attention to this research. He suggested that the stable relationships between children and caregivers is critical to healthy development and is missing in institutional care settings. A 2008 publication on the St. Petersburg Orphanage Research suggested that children in institutions can have as many as fifty different caregivers. [27] Harvard University's world-renowned Center on the Developing Child has continued building and sharing evidence on child development, resilience, and the impact of toxic stress on children, which includes separation stress. Some of the Center's most important work demonstrates that adversity can disrupt children's development; that responsive relationships and positive experiences build strong brain architecture; and that early experiences and early development of adaptive skills can counterbalance adversity.[28]

In 2019, the Lancet commissioned a group of researchers to review eight decades of evidence on the institutionalization and deinstitutionalization of children. This research, published in 2020, found strong negative associations between institutional care and children's development, particularly in relation to physical growth, cognitive development and attention, socio-emotional development and mental health. Experts found that leaving institutions for foster or family care is associated with significant recovery for some developmental outcomes. The length of time spent in residential care was associated with increased risk of adverse sequelae and diminished chance of recovery.[29] A report by the European Association of Service Providers for Persons with Disabilities (EASPD) in the year 2022 in the Balkan countries[30] shows that early childhood intervention is an essential component in all stages of the deinstitutionalization process. Further, analyses carried out by the Bucharest Early Intervention Project,[31] published in 2022, indicate that the early childhood care environment has a long-term impact on the child's cognitive development.

According to the Investment Case for Family Care[1], community-based social services for children and families have been shown to strengthen long-term human capital. There is a large body of evidence that family and community-based social services—largely unavailable when Moldova became independent—contribute to

[27] Cited in Bakermans-Kranenburg, M.J., et al. (2011). "Attachment and emotional development in institutional care: Characteristics and catch-up," Society for Research in Child Development. vol. 76, no. 4, pp. 62-91.
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4166527/#:-:text=Bowlby%20\(1951\)%20was%20highly%20suspicious,%3B%20Spitz%2C%201946\)%20regarding%20the](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4166527/#:-:text=Bowlby%20(1951)%20was%20highly%20suspicious,%3B%20Spitz%2C%201946)%20regarding%20the)

[28] Center on the Developing Child at Harvard University. (2016). "Applying the Science of Child Development in Child Welfare Systems." <http://www.developingchild.harvard.edu>

[29] Van IJzendoorn, Marinus H, et al. (2020). "Institutionalisation and deinstitutionalisation of children I: A systematic and integrative review of Evidence regarding effects on development." The Lancet Psychiatry, vol. 7, no. 8, 2020, pp. 703–720, [https://doi.org/10.1016/s2215-0366\(19\)30399-2](https://doi.org/10.1016/s2215-0366(19)30399-2)

[30] EASPD (2022) Building and Strengthening ECI Systems <https://easpd.eu/resources-detail/building-and-strengthening-integrated-eci-systems-balkan-report/>

[31] [homepage \(bucharestearlyinterventionproject.org\)](http://homepage.bucharestearlyinterventionproject.org)

[32] Changing the Way We Care (2023). Changing the Way We Care (2023). The investment case for family-based care and human capital development in Moldova. Op.cit.

human capital by enhancing health status and educational outcomes while reducing social problems. This in turn leads to higher lifetime future earnings for today's children.

In the view of the Center on the Developing Child at Harvard University, "the healthy development of all children is essential for a prosperous community, and there is now a great deal of evidence about how child development works and how we can prevent and address developmental problems."^[33] Both research and practice show that early childhood intervention contributes to positive changes in child development that subsequently have a significant long-term impact on the health of society at large.

At the same time, inaction entails significant costs for the economy and society. Evidence shows^[34] that when children are exposed to a range of adversities, including loss of family care, violence, abuse and neglect, the impact is expressed in: (i) increased health care costs for both physical and mental health problems; (ii) higher costs to the criminal justice system as these children are more likely to come into conflict with the law; (iii) higher welfare costs to address the social problems these children develop throughout their lives and (iv) as noted above, a significant decrease in productivity and lifetime earnings. A recent comprehensive study shows that adverse childhood experiences cost Europe and the United States around 1.3 trillion USD annually.^[35]

^[33] Center on the Developing Child at Harvard University. Op.cit.

^[34] Changing the Way We Care (2023). The investment case for family-based care and human capital development in Moldova. Op.cit.

^[35] Brenner, GH (2019). How adverse childhood experiences cost \$1.33 trillion a year. Psychology today. Retrieved from: [How Adverse Childhood Experiences Cost \\$1.33 Trillion a Year | Psychology Today](#).

EXPERIENCE FROM THE REPUBLIC OF MOLDOVA

The National Child Protection Program (2022–2026) has set three objectives for Moldova’s child protection and care reform agenda: (i) strengthening the child protection system to ensure prompt and effective response to the needs of each child; (ii) promoting zero tolerance towards any form of violence against children by both adults and children; and (iii) ensuring that children grow up in safe and nurturing families. The five actions listed under the third objective include the reorganization or closure of residential institutions and the reintegration of children into families. Considering the political commitment as expressed by the alignment of the legal framework with international mechanisms as well as the approval of the child protection program, it becomes important to understand what could prevent the authorities of the Republic of Moldova from acting according to their own policies.

The main causes of children being separated from their families of origin include poverty, migration of one or both parents for better paid work and/or the child’s severe disability. Additionally, the health, social protection and education systems present a number of challenges, such as: the ineffective functioning of intersectoral collaboration mechanisms[36], irregular support by social workers and the limited capacity of medical, social and educational services to respond to the needs of children with disabilities in a rights-based manner that promotes inclusion.

Analysis of early intervention for children by Maestral and UNICEF[37] shows just a few examples of intersectoral collaboration and joint case management for children (0–3 years) with developmental delays, especially those from at-risk families. Even when early intervention service providers develop and implement case plans for the child and family, they do not ensure continuity of care by referring the child to social or educational services, which complicates the inclusion of children in early education programs and does not provide families with continuous support for raising, caring for and educating the child. The shortage of placements in preschool institutions and the lack of support services for inclusive education primarily affect children with disabilities and developmental delays. These barriers lead families to seek residential placement opportunities or early special education opportunities. Some parents advocate for early special education because the Education Code[38] provides that early education can also be organized in residential institutions.

A recent study by Sociopolis[39] shows that only 1% of children have been separated from their family due to imminent danger to their life or health and that up to 36% of children under the age of six were placed in a residential institution due to a disability.

[36] Sociopolis. (2023). Op.cit.

[37] UNICEF Moldova. (2023). Op.cit.

[38] The Education Code.

[39] Sociopolis (2023). Op.cit.

As of 2021, at least 16% of children in Moldova had at least one parent living and working abroad. [40] At the same time, the study shows that just over 18% of children between the ages of 0 and 6 years who left residential institutions were transferred to other institutions, the rest being reintegrated in the family or placed in family-based alternative care services.[41] These data demonstrate that family-based care is possible.

Although there is a regulatory framework on the intersectoral collaboration mechanisms[42] designed to identify at-risk children and prevent primary risks, implementation gaps remain. There is a lack of training for frontline workers (family nurses, family doctors, teachers, specialists in the protection of children's rights, community social workers, etc.) on how to use the collaboration mechanisms. At the same time, frontline community social workers are overburdened and, therefore, often fail to provide the primary prevention support. The lack of child protection specialists at the community level further exacerbates the problem and makes separation an "easier" response and a more convenient solution for the local guardianship authorities. Analysis of early intervention efforts, conducted by Maestral and UNICEF[43], also reveals a shortage of qualified human resources, especially qualified specialists who can provide direct assistance to families with young children. Even if service providers are looking to hire social workers, psychologists and speech therapists across all three sectors (health, social protection, education), there is a shortage of specialists and a lack of coordination to ensure the continuity of services for children and families from one system to another.

According to the Council of Europe's country report on child abuse and exploitation (2023),[44] the lack of funding for intersectoral cooperation and prevention services is a problem throughout Moldova. Prevention is further complicated by the fact that Moldova continues to have high rates of poverty, including extreme poverty especially among families in rural areas.[45]

On the positive side, practice shows that alternative family-based care services have a significant positive impact on children's development (0-6 years); professional parental assistants (foster carers) and child protection specialists report positive changes they observe in the physical and emotional development of children after placement in professional parental assistance (foster care)[46]. In this sense, more efforts can be made by the public authorities to develop the service and address problems related to the low salaries of professional parental assistants and insufficient allowances for the care of children (0-3 years) and those with disabilities.

[40] Council of Europe and ECPAT International. (2023). Ending Child Sexual Abuse and Exploitation: State of play in light of the Lanzarote Convention. Retrieved from: <https://rm.coe.int/eco-modova-2023apr/1680ab2261>

[41] Sociopolis (2023). Op.cit.

[42] [HG1182/2010 \(legis.md\)](#), [HG270/2014 \(legis.md\)](#), [HG143/2018 \(legis.md\)](#).

[43] UNICEF Moldova. (2023). Op.cit.

[44] Council of Europe and ECPAT International. (2023). Retrieved from: <https://ecpat.org/republic-of-moldova-council-of-europe-ecpat-country-overview-highlights-the-need-for-more-resources-to-tackle-child-sexual-abuse-and-exploitation/>

[45] Ibid.

[46] Sociopolis. (2023). Op.cit.

Finally, the attitudes and perceptions of the general population also play a significant role in perpetuating the system of separation and placement of children under seven years old in residential institutions. The UNICEF report^[47] showed that families with children with developmental delays or disabilities face stigma and discrimination in accessing needed services. In the field of early intervention for children, practitioners report an increasing number of children with developmental delays from families with multiple risks (alcohol abuse, family violence, poverty, parents with mental health issues, relationship problems). Discrimination and stigma against these families negatively influences the child's ability to access early intervention services and the family's involvement in the care and assistance process. In many cases, families at risk are left behind due to discrimination by service providers, limited financial resources to cover some essential child care expenses. As a result, children between the ages 0-6 years, especially those with disabilities or developmental delays from disadvantaged families, are at increased risk of placement in residential institutions as families view this as a solution they can "access". In such cases, participants in the Sociopolis study^[48] expressed concern about the "sudden closure" of residential institutions, because the social assistance system does not have enough support services for families with children and alternative family-based care services, especially for young children and children with disabilities. They suggested that respite care centers are particularly needed for emergency placement in "exceptional" cases. These concerns can be addressed by the proposed five-service package recommended by Changing the Way We Care^[49] (family support; family-based alternative care; personal assistance for children with disabilities; mobile team and respite) which represents an important step towards alignment with the provisions of the European Child Guarantee. This package focuses on supporting families and preventing separation and violence. Preventive services are much more cost-efficient compared to interventions after problems arise. By addressing the root causes of vulnerabilities and providing support services to families in need, the Government can prevent child protection issues from escalating. This fact, in turn, reduces the need to place children in residential institutions.

[47]UNICEF Moldova. (2023). Op.cit.

[48]Sociopolis. (2023). Op.cit.

[49]Changing the Way We Care (2023). Op.cit.

ROAD MAP

for ending the placement of children aged 0-6 years in residential care

The Road Map for ending the placement of children aged 0-6 years in residential care is a tool that ensures all components of child protective care: health, adequate nutrition, care, safety and early education[50], through the intersectoral collaboration between the Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research and local public administration authorities.

More effective coordination and consolidation of joint efforts for policy implementation in all three areas will contribute to the achievement of the EU-Moldova Association Agenda objective (point 7)[51] that states the Government commitment to complete the deinstitutionalization of children and developing preventive services and alternative forms of family care. To fulfill this commitment, the Road Map proposes actions that will contribute to the implementation of three related public policies, all of which include objectives related to deinstitutionalization and prevention of family separation:

1. In the area of social protection – the National Child Protection Program 2022–2026; [52]
2. In the area of health – the Action Plan on the development of the early intervention services system for children for 2023–2027; [53]
3. In the area of early education – the Inclusive Education Development Program for 2024–2027. [54]

The Road Map implementation plan is presented in Appendix 1.

Governance and coordination

Recommendation 1: Include the topic "Ending placement of children aged 0-6 years in residential care" on the agenda of the National Council for the Protection of the Rights of the Child and Territorial Councils for 2024–2026 [55] and on the agenda of the ministries with responsibilities for child protection.

[50] WHO, UNICEF, WB Group (2018). Protective care for early childhood development: A framework for helping children survive and succeed in transforming health and human potential

[51] EU-MD Association Agenda. Retrieved from: <https://eur-lex.europa.eu/legal-content/RO/TXT/PDF/?uri=CELEX:22022D1997&from=EN>

[52] Government Decision 347/2022 regarding the National Program for Child Protection 2022–2026 and its Action Plan. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=131899&lang=ro

[53] Government Decision 816/2016 regarding early intervention for children. Appendix 3. Retrieved from:

https://www.legis.md/cautare/getResults?doc_id=138646&lang=ro#

[54] Government Decision 950/2023 regarding the inclusive education development program in the Republic of Moldova for the years 2024–2027. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=141025&lang=ro

Result: Government commitment to end the placement of children aged 0–6 years in residential institutions and to achieve the "zero children in residential care" indicator by the end of 2026. The National Council for the Protection of the Rights of the Child (hereinafter the National Council) is the entity responsible for coordinating activities among Government ministries – the Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research and the local and territorial guardianship authorities.

Main actions:

- Approve the Government Decision on ending the placement of children aged 0–6 years in residential care and approve the Road Map and the intersectoral mechanism for monitoring its implementation. Include the commitment to prevent and end the placement of children aged 0–6 years in residential care on the agenda of the National Council for the Protection of Children's Rights, Territorial Councils for the years 2024–2026^[56] and on the agenda of the ministries with responsibilities for child protection.
- Monitor the implementation of the Road Map for ending the placement of children aged 0–6 years in 2025–2026 by the National Council.

Recommendation 2: Strengthen the activity of the intersectoral collaboration mechanisms (working groups, councils, committees) set up for advancing protection of children's rights by the Ministry of Labor and Social Protection, the Ministry of Health and the Ministry of Education and Research. Intersectoral collaboration mechanisms ensure coordination and regular monitoring of the relevant policy documents that support ending the placement of children aged 0–6 years in residential institutions.

Result: Intersectoral structures set up at the ministry level to ensure the effective functioning of the mechanisms to prevent separation and placement in residential care of children aged 0–6 years and propose policy and operational recommendations for the National Council on the protection of children's rights.

Main actions:

- The intersectoral thematic group for the implementation of Objective 3 of the National Child Protection Program, at the Ministry of Labor and Social Protection (MMPS Order no. 135/2023^[57]), coordinates and monitors the achievement of general objective three on a quarterly basis. Objective three of the National Child Protection Program includes actions regarding the provision of the necessary support to prevent separation of children from their parents, support for families with children at risk, strengthening of family-based alternative care services and closing/reorganization of residential institutions, by reintegrating children into families or placing them in family-based alternative care.^[58]

[56] Government Decision 338/2023 on the National Child Protection Council. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=137530&lang=ro

[57] Order-MMPS-nr.-135-from-September-20-2023.pdf (gov.md)

[58] Specific objectives 3.2 –3.4 of the National Program for Child Protection. Op.cit.

- Early Child Health and Development Coordinating Council, at the Ministry of Health (Ministry of Health Order no. 585/2023[59]) coordinates and monitors specific activities to ensure a coherent, complex and intersectoral process in the field of early intervention.
- The advisory council in the field of inclusive education, at the Ministry of Education and Research (MoER Order no. 211/2023[60]), coordinates and monitors the quality and access of children aged 0–6 years to inclusive early education services.

Recommendation 3: Strengthen the capacity of local guardianship authorities and community-level service providers in the application of the Instruction on the intersectoral collaboration mechanism for the primary prevention of child well-being risks[61] and application of case management principles and practices (MLSP Order no. 134/2023[62]).

Result: A mechanism to train local guardianship authorities and coordinators of universal services (public medical and sanitary institutions that provide primary health care, primary and secondary education institutions and early childhood education institutions) regarding the obligation to apply the Instruction for the primary prevention of child well-being risks and the application of case management by the multidisciplinary teams, with a focus on preventing the separation of the child from the family and placement into residential care (Common Order MMPS, MS, MEC no. 96, 1006,1151 of 25.11.2022[63]).

Main actions:

- Develop a curriculum and training program for local guardianship authorities and managers of universal services providing assistance to children aged 0–6 years and families/caregivers.
- Operationalize the practice of periodic training of multidisciplinary teams set up at the community level to prevent child well-being risks and carry out actions in accordance with the regulatory framework in the field of child rights protection.
- Promoting and applying the mechanism of identification, evaluation and referral to services for children aged 0–6 years with disabilities, developmental delays and children in families at risk, according to the Primary Risk Prevention Instruction.
- Organize trainings on the application of case management by child protection, health and education specialists to prevent the separation of the child from the family and facilitate the deinstitutionalization process.

[59] [MS order no. 585-29.06.2023.pdf \(gov.md\)](#)

[60] [Order MEC_211_din_02.03.2023_cc_ei.pdf \(gov.md\)](#)

[61] Government Decision 143/2018 on the Instruction regarding the intersectoral collaboration mechanism for the primary prevention of risks regarding the child's well-being. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro#

[62] [Order 134/2023 Support-Guide-Case-Management-in-the-Field-of-Child-Protection-2023.pdf \(gov.md\)](#)

[63] Joint order of MLSP, MoH and MoER of 25.11.2022. Retrieved from https://social.gov.md/wp-content/uploads/2022/12/Ordin-comun-MMPS_MS_MEC_privind-aprobarea-Fiselor-de-observare-evalua-re-si-planificare_96_1006_1158-din-25.11.2022.pdf

Recommendation 4: Improve the data management system on the well-being of children aged 0–6 years. Digitize information processes on well-being indicators for children aged 0–6 and strengthen the information systems managed by the three ministries: the Ministry of Health (Automated Information System "Primary Medical Care" – SIA AMP);^[64] the Ministry of Labor and Social Protection (Child Protection Information System – SIPC)^[65] and the Ministry of Education and Research (Education Management Information System – SIME)^[66].

Result: Information systems managed by the Ministry of Labor and Social Protection, the Ministry of Health and the Ministry of Education and Research are strengthened to include indicators for monitoring children aged 0–6 years in risk situations and those who left residential care, with an added possibility to ensure their interoperability in the future.

Main actions:

- Include child well-being areas in the existing indicators in the information systems managed by all three ministries to make the referral mechanism more efficient; facilitate data exchange; monitor the access of children and their families to social, health and educational services; and monitor the transition of children from one service system to another or ensuring the continuum of services.
- Improve tools for collecting and managing data on children aged 0–6 years used by each ministry to improve the statistics in the field of child rights protection, which currently show discrepancies.

Child and family- centered funding

Recommendation 5: Redirect public financial resources from residential institutions to community-based services, focusing on day care services for children under 3, mother and baby units, and package of core social services – support services for families with children, foster care, personal assistance, mobile team and respite.^[67]

Result: The budget allocated for the care of children aged 0–6 years in residential institutions gradually reduced to zero and a mechanism developed for redirecting these resources to community-based services, focusing on day care services for children under 3, mother and baby units, and a package of core social services – support services for families with children, foster care, personal assistance, mobile team and respite. A new model of financing services for children and families developed that operationalizes financing from the national budget and the mandatory medical insurance fund.

^[64] Government Decision 586/2017 Regulation on how to keep the Medical Registry. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=135428&lang=ro#

^[65] Government Decision 446/2022 Concept of the information system in the field of child protection. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=132016&lang=ro

^[66] Government Decision 601/2020 on the Concept of the Management Information System in education. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=135904&lang=ro#

^[67] Temporary placement centers for children in Balti and Chisinau municipalities, Temporary Placement Center for Children Separated from Parents, Soroca municipality

Main actions:

- Redirect public financial resources from residential institutions to community based services – day care services for children under 3, mother & baby units, and a package of core social services: support services for families with children, foster care, personal assistance, mobile team and respite.
- Reorganize the Temporary Placement and Rehabilitation Center in Bălți and the Placement and Rehabilitation Center for Young Children in Chisinau into regional child and family centers and diversify their funding sources.[68] Regional centers will provide core social services and early intervention services at the center, at the child residence, or other places such as the day care centers.
- Strengthen the regional centers (created on the basis of the reorganization of the Temporary Placement and Rehabilitation Center in the Balti municipality and the Placement and Rehabilitation Center for Young Children in the Chisinau municipality) and develop and pilot their financing from two public sources: the national budget and the National Medical Insurance Company budget for early intervention services.

Recommendation 6: Modify the financing mechanism of family-based alternative care services, especially the professional parental assistance (foster care) service by including specific provisions for the placement of children aged 0–3 years and children with disabilities. Raise awareness and promote domestic adoption practices for eligible children.

Result: The regulatory framework on the remuneration of professional parental assistants (foster carers) who are caring for children in the age group 0–3 years and children with disabilities revised; living allowances for children aged 0–3 years and allowances for children with disabilities established based on the needs documented in analyses and studies in the field.

Main actions:

- Amendment of the Law 270/2018 regarding the public salary system[69] with the inclusion of specific provisions for the remuneration of professional parental assistants (foster carers) who provide care for children aged 0–3 years and children with disabilities.
- Amendment of the regulation regarding the types, amounts and specific conditions for living allowances for children placed in guardianship/curatorship services and professional parental assistance (foster care)[70] based on the analysis of the actual costs of caring for children aged 0–3 years, children with disabilities and other factors.
- Develop a needs-based financing mechanism for regional social assistance agencies.
- Allocate sufficient funds to the regional social assistance agencies for preventing separation and provision of alternative family-based care services (foster care) according to the needs identified in the region.

[68] At the same time, it is recommended to identify the possibility of creating a regional Center for family and children in the Southern Region (Cahul).

[69] Law 270/2018 on the unitary salary system in the budget system. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=133552&lang=ro#

[70] HG 1278/2018 (legis.md)

Sectoral policies and practices

Recommendation 7: Implement policies and improve sectoral practices in the fields of social assistance, health and education to focus on the needs of children and families with children, to prevent separation and end placement of children aged 0–6 years in residential institutions.

Result: The three ministries will update relevant policies and their implementation framework to achieve the Government's commitment to end the placement of children aged 0–6 years in residential institutions.

Recommended actions for the Ministry of Labor and Social Protection:

- Promote national adoption as an important value for Moldovan society, including all adoptable children of different ages and with different developmental needs.
- Develop and approve an Evaluation Plan[71] for temporary placement centers for children and provide technical assistance to the national Agency for Highly Specialized Social Services[72] and regional social assistance agencies[73] in carrying out the assessment of placement centers and the development of reorganization/liquidation plans for each institution.
- Support regional social assistance agencies in diversifying and expanding the services recommended in the package of core social services (family support; family-based alternative care; personal assistance for children with disabilities; mobile team and respite) that contribute to both prevention of separation and deinstitutionalization of children.
- Support regional social assistance agencies that do not have Mother & Baby Units or day centers for children aged 4 months – 3 years in the planning and development of at least one Mother & Baby Unit and day centers for children aged 4 months – 3 years depending on the identified needs.
- Support the Agency for Highly Specialized Services in the reorganization of the Chisinau and Balti Placement and Rehabilitation Centers for young children into regional child and family centers.
- Monitor the process utilized by the Agency for Highly Specialized Social Services to examine and review applications for placement in residential care of children aged 0–6 years submitted by the authorities.

Recommended actions for the Ministry of Health:

- Revise the Standard for Monitoring Child Growth and Development in Outpatient Settings and the Child Development Record (F 112/e) approved by the order of the Ministry of Health, Labor and Social Protection nr. 964/2019.[74]
- Harmonize the Information Management System “Primary Health Assistance” – SIA AMP with the revised indicators of the Standard for Monitoring Child Growth and Development in Outpatient Settings.

[71]Based on the methodology developed and applied by CTWWC in 6 residential institutions that was coordinated with the MLSP.

[72]Placement and rehabilitation center for children from Balti municipality, Placement and rehabilitation center for young children from Chisinau municipality, Temporary Placement Center for Children Separated from Parents, Soroca municipality

[73] For placement centers managed by the regional social assistance agencies.

[74]Order of the Ministry of Health no. 964 from September 2, 2019. Retrieved from: <https://msmps.gov.md/sites/default/files/>

- Training of family doctors and family nurses on the application of the Standard for Monitoring Child Growth and Development in Outpatient Settings and on filling out the Child Development Record (F 112/e) and on the use of screening tools in cases when development difficulties are identified.
- Monitor the implementation by the family doctors of the Standard for Monitoring Child Growth and Development in Outpatient Settings[75] (home visits) and the registration and referral of children with developmental delays or at risk for developmental difficulties to early childhood intervention services.
- Monitor the implementation of the protocol on home visits for healthy children aged 0–3 years by the family nurses[76], the registration of children at risk for their well-being and their referral to social services.
- Monitor the application by family doctors of the standard clinical protocol on "Autism spectrum disorders in children and adults"[77] and refer cases to Community Mental Health Centers or early intervention services.
- Ensure the implementation of the referral mechanism for the family and child with developmental delays, children from families at risk to a child protection specialist or community social worker within the early intervention service, so that they may carry out the stages of case management.
- Expand early intervention services for children in areas where they do not exist.

Recommended actions for the Ministry of Education and Research:

- Revise and expand the minimum package of services for educational inclusion for all categories of children with special educational requirements and/or disability based on their individual needs (particularly in early educational institutions).
- Develop a financing mechanism for educational inclusion of children with special educational requirements and/or disability in early education institutions (funding formula based on the individual needs of the child).
- Set up the special shared fund for inclusive education and the mechanism for allocating resources according to identified needs and according to the quality standard of inclusive education in early education institutions.
- Ensure early education institutions have supportive teaching staff, based on the individual needs of children with special educational requirements and/or disability.
- Ensure access of children under 7 years old to speech therapy assistance, psycho-pedagogical and psychological assistance.
- Develop a monitoring mechanism for the educational inclusion of children with learning delays and children from at-risk families in early education institutions (monitor the implementation of assessments of children under 6 years old and monitor their enrolment in early childhood education institutions, and ensure provision of support services for educational inclusion, based on needs).

[75] Order of the Ministry of Health no. 964 from September 2, 2019. Retrieved from: <https://msmps.gov.md/sites/default/files/>.

[76] Order of the Ministry of Health no. 631/2017.

[77] Order of the Minister of Health, Labor and Social Protection no. 344 of 13.03.2019. Retrieved from: <https://msmps.gov.md/legislatie/ghiduri-protocoale-standarde/psichiatrie/>

- Organize continuous training programs for educators and administrative staff in early childhood education institutions on early identification of child well-being risks, prevention of separation, and educational inclusion.
- Develop and approve parenting education programs, especially for parents and caregivers of children aged 0–6 years, emphasizing the individual needs of children.

IMPLEMENTATION PLAN

Road Map for ending the placement of children aged 0–6 years in residential care

| NO. | ACTION | INDICATOR | RESPONSIBLE AUTHORITY | PERIOD |
|---|--|---|---|--|
| GOVERNANCE AND COORDINATION | | | | |
| <p>Recommendation 1: Include the topic "Ending the placement of children aged 0–6 years in residential care" on the agenda of the National Council for the Protection of the Rights of the Child and Territorial Councils for the years 2024–2026 and on the activity agenda of the ministries with responsibilities in the field of child protection.</p> <p>Result: Government commitment to end the placement of children aged 0–6 years in residential institutions and to reach the "zero children in residential care" indicator by the end of 2026. The National Council for the Protection of the Rights of the Child (hereinafter the National Council) is the entity responsible for coordinating activities with the Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research and the local and territorial guardianship authorities for the implementation of the Government commitment.</p> | | | | |
| 1. | Approve the Government Decision on ending the placement of children aged 0–6 years in residential care and approve the Road Map and intersectoral mechanism for its monitoring. | Government decision regarding the approval of the Road map | Ministry of Labor and Social Protection, Ministry of Health, Ministry of Education and Research, National Council | Quarter IV, 2024 |
| 2. | Include the commitment to prevent and end the placement of children aged 0–6 years in residential care on the agenda of the National Council on the Rights of the Child, Territorial Councils for the years 2024–2026 [78] and on the agenda of the ministries with responsibilities for child protection. | The 2025–2026 workplans of the National Council, Territorial Councils, MLSP, MOH, MER include the actions recommended in the Road map | Secretariat of the National Council | Quarter 1, 2025 Quarter 1, 2026 |

[78] Government Decision 338/2023 regarding the National Council on the Rights of the Child. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=137530&lang=ro

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| 3. | Monitor the implementation of the Road Map for ending the placement of children aged 0-6 during the years 2025-2026 by the National Council. | Progress reports discussed at the National Council meetings | Secretariat of the National Council | Quarterly, during 2025-2026 |
| <p>Recommendation 2: Strengthen the activity of the intersectoral collaboration mechanisms (working groups, councils, committees) set up to advance the protection of children’s rights by the Ministry of Labor and Social Protection, the Ministry of Health and the Ministry of Education and Research. Intersectoral collaboration structures ensure the coordination and periodic monitoring of the implementation of sectoral policy documents with impact on ending the placement of children aged 0-6 years in residential institutions.</p> <p>Result: The intersectoral structures set up at the ministry level ensure the effective functioning of the mechanisms to prevent separation and placement in residential care of children aged 0-6 years and propose policy and operational recommendations to the National Council.</p> | | | | |
| 4. | The intersectoral thematic group for the implementation of Objective 3 of the National Child Protection Program (MLSP Order no. 135/2023), coordinates and monitors the achievement of the third general objective of the National Child Protection Program on a quarterly basis. Objective three of the National Child Protection Program includes actions on the provision of the necessary support to prevent separation of children from their parents, support for families with children at risk, strengthening of family-based alternative care services and closing/reorganization of residential institutions by reintegrating children into families or placing them in family-based alternative care. | Progress reports sent to the National Council | The Ministry of Labor and Social Protection | Quarterly 2024-2026 |

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| 5. | Early Child Health and Development Coordinating Council at the MOH (Ministry of Health Order no. 585/2023[79]) coordinates and monitors efforts to ensure a coherent, complex and intersectoral process in the field of early intervention. | Progress reports sent to the National Council | The Ministry of Health | Quarterly 2024-2026 |
| 6. | The advisory council on inclusive education, at the Ministry of Education and Research (MER Order no. 211/2023[80]) coordinates and monitors the quality and access of children aged 0-6 to inclusive early education services. | Progress reports sent to the National Council | The Ministry of Education and Research | Quarterly 2024-2026 |

Recommendation 3: Strengthen the capacity of local guardianship authorities and community-level service providers in the application of the Instruction on the intersectoral collaboration mechanism for the primary prevention of risks to the child's well-being [81] and application of case management principles and practices (MLSP Order no. 134/2023[82]).

Result: A training mechanism for local guardianship authorities and coordinators of universal services (public medical and sanitary institutions that provide primary health care, primary and secondary education institutions and early childhood education institutions) regarding the obligation to apply the Instruction for the primary prevention of child well-being risks and the application of case management by multidisciplinary teams, with a focus on preventing the separation of the child from the family and preventing the placement into residential care (Common Order MMPS, MS, MEC no. 96, 1006,1151 of 25.11.2022[83]). Capacity of the multidisciplinary teams to apply case management for prevention of separation and deinstitutionalization improved.

[79] [MS order no. 585-29.06.2023.pdf \(gov.md\)](#)

[80] [Order MEC_211_din_02.03.2023_cc_ei.pdf \(gov.md\)](#)

[81] Government Decision 143/2018 Instruction regarding the intersectoral collaboration mechanism for the primary prevention of risks regarding the child's well-being. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro#

[82] [Order 134/2023 Support-Guide-Case-Management-in-the-Field-of-Child-Protection-2023.pdf \(gov.md\)](#)

[83] Joint order of MMPS, MS and MEC of 25.11.2022. Retrieved from: https://social.gov.md/wp-content/uploads/2022/12/Ordin-comun-MMPS_MS_MEC_privind-aprobarea-Fiselor-de-observare-evaluare-si-planificare_96_1006_1158-din-25.11.2022.pdf

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| 7. | Develop a curriculum and training program for local guardianship authorities and managers of universal services providing assistance to children aged 0-6 years and family/caregivers. Training program will focus on building capacity for preventing separation of children from their family, according to Moldova's policy framework. | Curriculum and training program approved by joint order of the Ministry of Education and Research, the Ministry of Health and the Ministry of Labor and Social Protection | The Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research, Congress of Local Authorities from Moldova | Quarter II, 2025 |
| 8. | Operationalize the practice of periodic training of multidisciplinary teams set up at the community level to prevent child well-being risks and carry out actions in accordance with the regulatory framework in the field of child rights protection.[84] | Training program approved | The Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research | Quarter I, 2026 |
| 9. | Promote and apply the mechanism for identification, evaluation and referral to services for children aged 0-6 with disabilities, developmental delays, and children from at-risk families according to the Primary Risk Prevention Instruction. | Monitoring reports on the implementation of the Instruction (HG 143/2018) | The Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research, local public authorities (municipalities) | Yearly 2024-2026 |
| 10. | Organize trainings on the application of case management by specialists in the fields of social assistance, health and education to prevent the separation of the child from the family and facilitate the deinstitutionalization process. | Training module on case management integrated into the training curriculum for local multidisciplinary teams Number of people trained yearly | The Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research | Yearly 2025 - 2026 |

[84] Government Decision 143/2028 Instruction regarding the intersectoral cooperation mechanism for the primary prevention of risks regarding the child's well-being. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro

Recommendation 4: Improve the data management system on the well-being of children aged 0–6 years. Digitize information processes on well-being indicators for children aged 0–6 and strengthen the information systems managed by the three ministries: the Ministry of Health (Automated Information System "Primary Medical Care" – SIA AMP);[85] the Ministry of Labor and Social Protection (Child Protection Information System – SIPC)[86] and the Ministry of Education and Research (Education Management Information System – SIME)[87]. The goal of digitization is to streamline the referral process, facilitate data exchange and monitor access of at-risk children and families to social, medical and educational services, while also ensuring the transition of children from one service system to another (continuum of care).

Result: Information systems managed by the Ministry of Labor and Social Protection, the Ministry of Health and the Ministry of Education and Research are strengthened to include indicators for monitoring children aged 0–6 years in risk situations and those who left residential care, with an added possibility to ensure their interoperability in the future.

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| 11. | Include child well-being areas in the existing indicators of the information systems managed by all three ministries to make the referral mechanism more efficient; facilitate data exchange; monitor the access of children and their families to social, health and educational services; and monitor the transition of children from one service system to another or ensuring the continuum of services. | Set of indicators in the information systems of the Ministry of Labor and Social Protection, the Ministry of Education and Research, the Ministry of Health improved and expanded, and data management capacity improved | The Ministry of Labor and Social Protection, the Ministry of Health, the Ministry of Education and Research | Quarter IV 2025 |
| 12. | Improve tools for collecting and managing data on children aged 0–6 used by each ministry to improve statistics in the area of child protection, which currently show discrepancies. | Data collection tools adjusted to the set of revised indicators | The Ministry of Labor and Social Protection, the Ministry of Health and the Ministry of Education and Research | Quarter IV, 2025 |

[85] Government Decision 586/2017 Regulation on how to keep the Medical Register. Retrieved from:

https://www.legis.md/cautare/getResults?doc_id=135428&lang=ro#

[86] Government Decision 446/2022 Concept of the information system in the field of child protection. Retrieved from:

https://www.legis.md/cautare/getResults?doc_id=132016&lang=ro

[87] Government Decision 601/2020 Concept of the Management Information System in education. Retrieved from:

https://www.legis.md/cautare/getResults?doc_id=135904&lang=ro#

CHILD AND FAMILY-CENTERED FINANCING

Recommendation 5: Redirect public financial resources from residential institutions^[88] to community-based services, focusing on day care services for children under 3, mother and baby units, and package of core social services – support services for families with children, foster care, personal assistance, mobile team and respite.

Result: The budget allocated for the care of children aged 0–6 years in residential institutions gradually reduced to zero and the mechanism is developed for redirecting these resources to support services for families with children and alternative family-based care services. A new model for financing services for children and their families from two public sources of financing is developed: the national budget and the mandatory medical insurance fund.

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| 13. | Redirect public financial resources from residential institutions to community-based services – day care services for children under 3, mother & baby units, and a package of core social services: support services for families with children, foster care, personal assistance, mobile team and respite. | The amount of public resources redirected from residential care for children under 6 years to community based services. | The Ministry of Labor and Social Protection, the Ministry of Finance | Quarter I, 2025 Quarter I, 2026 |
| 14. | Reorganize the Temporary Placement and Rehabilitation Center in Bălți and the Placement and Rehabilitation Center for Young Children in Chisinau into regional child and family centers and diversify their funding sources. ^[89] Regional centers will provide core social services and early intervention services at the center, at the child place of residence, or other places such as the day care centers. | Reorganization plans approved by order of the Ministry of Labor and Social Protection. Framework regulation for the organization and operation of regional centers for family and children approved by the Government | The Ministry of Labor and Social Protection | Quarter II, 2025 |

^[88]Temporary placement centers for children in Balti and Chisinau municipalities, Temporary Placement Center for Children Separated from Parents, Soroca municipality

^[89]At the same time, it is recommended to identify the possibility of creating a regional Center for family and children in the Southern Region (Cahul).

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|---|--|--|--|------------------|
| 15. | Develop the regional centers (created on the basis of the reorganization of the Temporary Placement and Rehabilitation Center in the Balti municipality and the Placement and Rehabilitation Center for Young Children in the Chisinau municipality) and pilot their financing from two public sources: the state budget of the Ministry of Labor and Social Protection and the budget of the mandatory medical assistance insurance fund managed by the National Medical Insurance Company for early intervention services. | New financing model piloted from two sources - the national budget through the Ministry of Labor and Social Protection and the mandatory health insurance fund through the National Health Insurance Company | The Ministry of Finances, the Ministry of Labor and Social Protection, the Ministry of Health, the National Health Insurance Company | Quarter I, 2026 |
| <p>Recommendation 6: Revise the financing mechanism of family-based alternative care services, especially the professional parental assistance (foster care) service with the inclusion of specific provisions for the placement of children aged 0-3 years and children with disabilities. Raise awareness and promote domestic adoption practices for eligible children.</p> <p>Result: Revised salary scale for professional parental assistants (foster carers) who are caring for children aged 0-3 years and children with disabilities; living allowances for children aged 0-3 years and allowances for children with disabilities established based on documented needs.</p> | | | | |
| 16. | Amendment of the Law 270/2018 regarding the public salary system ^[90] with the inclusion of specific provisions for salary scale of professional parental assistants (foster carers) who provide care for children aged 0-3 years and children with disabilities. | Proposals to amend the Law 270/2018 on the public salary system (Annex on the salaries in the social assistance area) approved by the Parliament | The Ministry of Labor and Social Protection, the Ministry of Finance | Quarter II, 2025 |

[90] Law 270/2018 on the unitary salary system in the budget system. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=133552&lang=ro#

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|-----|--|--|--|--------------------------|
| 17. | Amendment of the regulation regarding the types, amounts and specific conditions for granting allowances for raising and caring for children placed in guardianship/curatorship services and professional parental assistance (foster care)[91], based on the analysis of the actual costs of caring for children aged 0–3 years and children with disabilities. | Proposals to amend the Regulation (GD nr. 1278/2018) approved by the Government | The Ministry of Labor and Social Protection | Quarter I, 2025 |
| 18. | Develop methodology for identifying the needs for social services at the regional level and financing of services based on needs. | The methodology/ mechanism developed and approved by the Ministry of Labor and Social Protection | The Ministry of Labor and Social Protection | Quarter IV, 2024 |
| 19. | Allocation of the necessary funds to regional social assistance agencies for provision of social services to prevent separation and to provide alternative family-based care services necessary for the deinstitutionalization of all children aged 0–6 and the prevention of child separation, according to the needs identified at the regional level. | The regional budgets for family-based care services in 2025 increased by 20% compared to 2024; in 2026 increased by 25% compared to 2025 | The Ministry of Labor and Social Protection The Ministry of Finance | Quarter III, 2025 – 2026 |

SECTORAL POLICIES AND PRACTICES

Recommendation 7: Implement policies and improve sectoral practices in the fields of social assistance, health and education in order to focus on the needs of children and families with children, to prevent separation and end placement of children aged 0–6 years in residential institutions.

Result: The three ministries will update policies and their implementation framework in order to achieve the Government's commitment to end the placement of children aged 0–6 years in residential institutions.

[91] [HG1278/2018 \(legis.md\)](#)

| Recommended actions for the Ministry of Labor and Social Protection | | | | |
|--|--|--|---|--------------------------------------|
| 20. | Promote national adoption as an important value for Moldovan society, including all adoptable children of different ages and with different developmental needs. | Plan to promote national adoption Number of children adopted in the period of 2025-2026 | The Ministry of Labor and Social Protection | Quarter IV, 2025 Quarter IV, 2026 |
| 21. | Develop and approve an Evaluation Plan[92] for temporary placement centers for children and provide technical assistance to the National Agency for Highly Specialized Services[93] and to the regional social assistance agencies[94] in carrying out the assessment of placement centers and the development of reorganization/liquidation plans for each institution. | The evaluation plan approved by order of the Minister of Labor and Social Protection. Plans for the reorganization of the placement centers managed by the National Agency for Highly Specialized Social Services and regional social assistance agencies and approved by order of the Minister | The Ministry of Labor and Social Protection | Quarter II, 2025 |
| 22. | Support regional social assistance agencies in diversifying and expanding the services recommended in the package of core social services (family support; family-based alternative care; personal assistance for children with disabilities; mobile team and respite) that contribute to prevention of separation and deinstitutionalization. | Development plan for core social services for child protection | The Ministry of Labor and Social Protection | Quarter II, 2025 |

[92] Based on the methodology developed and applied by CTWWC in 6 residential institutions that was coordinated with MMPS

[93] For placement and rehabilitation centers for young children in Balti and Chisinau, and Temporary Placement Center for children separated from their parents in Soroca

[94] For temporary placement centers in the raions included under each regional agency.

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| 23. | Support regional social assistance agencies that do not have Mother & Baby Units or day care centers for children in the age group 4 months – 3 years in the planning and development of at least one Mother & Baby Unit and day care centers for children aged 4 months – 3 years based on the identified needs. | Number of services planned and developed | The Ministry of Labor and Social Protection | 2025–2026 |
| 24. | Support the Agency for Highly Specialized Social Services in the reorganization of Chisinau and Balti Placement and Rehabilitation Centers for young children into regional child and family centers. | Two regional centers for children and families set up in Balti and Chisinau | The Ministry of Labor and Social Protection | Quarter III, 2025 |
| 25. | Monitor the process utilized by the Agency for Highly Specialized Social Services to examine and review applications for institutionalization of children aged 0–6 years. | Percentage of approved applications from the total number of submitted applications | The Ministry of Labor and Social Protection | Quarter III, 2025 |
| Recommended actions for the Ministry of Health | | | | |
| 26. | Revise the Standard for Monitoring Child Growth and development in Outpatient Settings and the Child Development Record (F 112/e) approved by the order of the Ministry of Health, Labor and Social Protection nr. 964/2019.[95] | Ministry of Health order nr. 964/2019 revised/updated. | The Ministry of Health | 2025–2026 |

[94] Centrele de Plasament Temporar pentru Copii din raioanele arondate Agenției teritoriale asistență socială

[95] Order of the Ministry of Health no. 964 of September 2, 2019

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| 27. | Harmonize the Information Management System “Primary Health Assistance” – SIA AMP with the revised indicators of the Standard for Monitoring Child Growth and Development in Outpatient Settings. | Information Management System updated | The Ministry of Health | 2025–2026 |
| 28. | Training of family doctors and family nurses on the application of the Standard for Monitoring Child Growth and Development in Outpatient Settings and on filling out the Child Development Record (F112/e) and on the use of screening tools in cases when development difficulties are identified. | Continuous training program on using screening tools approved. Rate of family doctors and family nurses who participate in the training program. | The Ministry of Health | 2025–2026 |
| 29. | Monitor the implementation by the family doctors of the Standard for Monitoring Child Growth and Development in Outpatient Settings[96] and the registration and referral of children with developmental delays or at risk for developmental difficulties to early childhood intervention services. | The number of children referred by the family doctor to early intervention services. The number of children referred by the family doctor to the child protection specialist/community social worker | The Ministry of Health | 2025–2026 |
| 30. | Monitor the implementation of the protocol on home visits for healthy children aged 0–3 years by the family nurses, [97] the registration of children at risk for their well-being and their referral to social services. | Rate of family doctors and family nurses who report on the home visits in the Information Management System (SIA AMP) | The Ministry of Health | 2025–2026 |

[96] Order of the Ministry of Health nr. 964/2019

[97] Order of the Ministry of Health nr. 631/2017

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| 31. | Monitor the application by family doctors of the standard clinical protocol on "Autism spectrum disorders in children and adults"[98] and refer cases to Community Mental Health Centers or early intervention services for case management. | Rate of family doctors and family nurses who report on the use of the clinical protocol in the Information Management System (SIA AMP) | The Ministry of Health | 2025–2026 |
| 32. | Ensure the implementation of the referral mechanism for the family and child with developmental delays, children from families at risk to a child protection specialist or community social worker within the early intervention service, so that they may carry out the stages of case management. | Number of children referred by the family doctor to the child protection specialist/community social worker | The Ministry of Health, the Ministry of Labor and Social Protection | Yearly, 2025–2026 |
| 33. | Expand early intervention services for children, prioritizing the regions where they do not exist. | Number of newly developed early childhood intervention services in partnership with local public authorities (level II) | The Ministry of Health, The National Medical Insurance Company | Yearly, 2024–2026 |
| Recommended actions for the Ministry of Education and Research | | | | |
| 34. | Revise and expand the minimum package of core services for educational inclusion for all categories of children with special educational requirements and/or disability based on their individual needs (particularly in early childhood education institutions). | Package of core services for educational inclusion of all children with special learning requirements and/or disability, including children aged 0–6 years | The Ministry of Education and Research | Quarter IV, 2024 |

[98] Order of the Minister of Health, Labor and Social Protection no. 344 of 13.03.2019. Retrieved from: <https://msmps.gov.md/legislatie/ghiduri-protocoale-standarde/psichiatrie/>

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| 35. | Develop a financing mechanism for educational inclusion of children with special educational requirements and/or disability in early childhood education institutions (funding formula based on the individual needs of the child). | Financing mechanism approved by the Government | The Ministry of Education and Research | Quarter I, 2025 |
| 36. | Set up the special shared fund for inclusive education and the mechanism for allocating resources according to identified needs and according to the quality standard of inclusive education in early childhood education institutions. | Special fund for inclusive education for early childhood education institutions approved | The Ministry of Education and Research, local public authorities (level I) | Quarter I, 2025 |
| 37. | Ensure early childhood education institutions have supportive teaching staff, based on the individual needs of children with special educational requirements and/or disability. | Number of children with special educational requirements and/or disability assisted by supportive teaching staff | The Ministry of Education and Research | Yearly 2024–2026 |
| 38. | Ensure access of children under 7 years old to speech therapy assistance, psycho-pedagogical and psychological assistance. | Number of children with special educational requirements and/or disability who access speech therapy assistance, psycho-pedagogical and psychological assistance | The Ministry of Education and Research | Yearly, 2024–2026 |
| 39. | Ensure access to early childhood education for children with special learning requirements, children with disabilities, children at risk of separation, and children who were deinstitutionalized. | Percentage of children from total number of children with special educational requirements and/or disability enrolled in early childhood education institutions | The Ministry of Education and Research, local public authorities (level I) | Yearly, 2025–2026 |

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| 40. | Develop a monitoring mechanism for the educational inclusion of children with learning delays and children from at-risk families in early childhood education institutions (monitor the implementation of assessments of children under 6 years old and monitor their enrolment in early childhood education institutions, and ensure provision of support services for educational inclusion, based on needs). | Monitoring mechanism approved by the Government | The Ministry of Education and Research, the Ministry of Labor and Social Protection | Quarter II, 2025 |
| 41. | Organize continuous training programs for educators and administrative staff in early childhood education institutions on early identification of child well-being risks, prevention of separation, and educational inclusion. | Continuous training program for staff of early childhood education institutions approved Rate of educators and administrative staff who participated in the continuous training programs | The Ministry of Education and Research | Yearly, 2024–2026 |
| 42. | Develop and approve parenting education programs, especially for parents and caregivers of children aged 0–6 years, emphasizing the individual needs of children. | Number of parenting education programs approved | Ministry of Education and Research | Yearly, 2025–2026 |

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