

Assessing Alternative Care for Children in Moldova

Appendixes (Volume 2)

June 2018



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APPENDIX A. COUNTRY CORE TEAM (CCT) MEMBERSHIP

According to the Minister of Labour, Social Protection and Family's Order no. 1/10.07.2017, updated to reflect the new positions, the country core team (CCT) has the following composition:

Team leader (former):¹

- Stela Grigoraș – (former) minister, Ministry of Health, Labour and Social Protection

Deputy team leaders:

- Rodica Scutelnic – secretary of state, Ministry of Health, Labour and Social Protection
- Lilia Oleinic – senior consultant in the Mother and Child Health Care Unit, Ministry of Health, Labour and Social Protection (deputy of Ms. Scutelnic)
- Valentin Crudu – head of Pre-university Education Directorate, Ministry of Education, Culture and Research

Members:

- Viorica Dumbrăveanu – secretary of state, Ministry of Health, Labour and Social Protection
- Corneliu Țăruș – head of Directorate Policies for the Protection of Family and Children's Rights, Ministry of Health, Labour and Social Protection
- Viorica Marț – senior consultant, Ministry of Education, Culture and Research
- Marin Maxian – head of Directorate General Public Safety, General Police Inspectorate, Ministry of Internal Affairs
- Ala Negruță – deputy director general, National Bureau of Statistics
- Liubovi Stoianov – head of Directorate Statistics of Social Services and Living Conditions, National Bureau of Statistics (deputy of Ms. Negruță)
- Irina Malanciuc – director, Lumos Moldova²
- Liliana Rotaru – president, CCF Moldova

¹ At the time of writing this report, the new team leader has not yet been appointed.

² Deputized by Domnica Ginu, interim director of Lumos Moldova. Her position as deputy of I. Malanciuc in the CCT has not yet been formalized.

- Daniela Mămăligă – director, Partnerships for Every Child

Permanent invitees:

- Marcela Țirdea – (former) senior consultant, Permanent Secretariat of the National Council for the Protection of Children’s Rights, State Chancellery
- Barbara Jamar³ – chief Child Protection, UNICEF Moldova
- Liudmila Avtutova – project management specialist, Social Sector and Children’s Rights, USAID Mission

Secretary:

- Daniela Vaipan⁴ – (former) head of cabinet of the Minister of Health, Labour and Social Protection

³ Deputized by Sergiu Rusanovschi, child protection officer, UNICEF Moldova. His position as deputy of B. Jamar in the CCT has not yet been formalized.

⁴ At the time of writing this report, the new secretary has not yet been appointed.

APPENDIX B. WORKSHOP PARTICIPANT LIST

No.	Name	Position	Institution/Organization
Government of Moldova			
1.	Stela Grigoraș	Minister	MOHLSP
2.	Corneliu Țăruș	Head of Directorate for the Protection of Family and Children's Rights Policies	MOHLSP
3.	Anastasia Gruzin	Chief adviser, Directorate for the Protection of Family and Children's Rights Policies	MOHLSP
4.	Lidia Pidpenco	Chief adviser, Directorate for the Protection of Family and Children's Rights Policies	MOHLSP
5.	Gheorghe Trofin	Chief adviser, Directorate for the Protection of Family and Children's Rights Policies	MOHLSP
6.	Dorel Nistor	Head of Prevention Department, General Police Inspectorate	Ministry of Internal Affairs
7.	Diana Pascal	Principal specialist	NSWA
8.	Carina Ignat	Principal specialist	NSWA
9.	Diana Moraru	Principal specialist	NSWA
10.	Iulia Iordachi	Inspector	Social Inspection
11.	Boris Vizir	Head of department	Social Inspection

No.	Name	Position	Institution/Organization
12.	Liubovi Stoianov	Interim head of the Social Services and Living Conditions Statistics Department	National Bureau of Statistics
Municipal and rayon-level authorities			
13.	Nina Sterpu	Head of directorate	Education Directorate Nisporeni
14.	Iulia Pancu	Head of directorate	Education Directorate Ungheni
15.	Lilia Chioseă	Deputy director of Municipal Children Hospital "V.Ignatenco"	Municipal Health Directorate Chişinău
Civil society organizations			
16.	Daniela Mămăligă	Director	Partnership for Every Child
17.	Parascovia Munteanu	Deinstitutionalization and community development program director	Keystone Moldova
18.	Teodora Rebeja	Program coordinator	Terre des hommes Moldova
19.	Cristina Triboi	Program coordinator	Terre des hommes Moldova
20.	Svetlana Rijicova	Program manager	Partnership for Every Child Moldova
21.	Mariana Ianachevici	President	APSCF (an alliance of NGOs active in the area of child and family social protection)

No.	Name	Position	Institution/Organization
22.	Rodica Corețchi-Mocanu	Program coordinator	CNPAC
23.	Ana Tomulescu	Program manager	CCF Moldova
24.	Valentina Ghenciu	Project manager	Lumos Moldova
25.	Galina Morari	Project manager	Lumos Moldova
International organizations			
26.	Sergiu Rusanovschi	Child protection specialist	UNICEF Moldova
MEASURE Evaluation			
27.	Molly Cannon	Team lead	
28.	Camelia Gheorghe	Consultant M&E for Moldova	
29.	Hasmik Ghukasyan	Consultant M&E for Armenia	
30.	Anastasia Kulikovskaia	Interpreter	
31.	Diana Mirza-Grisco	Interpreter	
32.	Tatiana Iovu	Intern	

APPENDIX C. GLOSSARY OF KEY TERMS

Definitions of Key Terms for Assessment Tool

Best Interest Determination: A formal process, with strict procedural safeguards, designed to determine the child’s best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision makers with relevant areas of expertise, and balance all relevant factors in order to identify and recommend the best option.

Boarding schools/Internats: Facilities that take care of children through their growing years, providing education and residential care. They typically host poor, disadvantaged, or orphaned children.

Care institutions: See “institutions.”

Children born in custody: Children who are born to mothers who are in custody, such as a jail or prison.

Community development officers: Staff who often support vulnerable people within their communities. In some countries, community development officers play a role in the prevention, reintegration, and reunification of children in alternative care.

Community homes: Small residential facilities provided for the temporary placement of groups of children without parental care, including children with disabilities, who often cannot be placed in foster care or adopted.

Complaint mechanism: Telephone helplines, websites, and any other systems within schools, social welfare offices, law enforcement institutions, or communities through which children in alternative care can notify someone of concerns regarding their treatment or conditions of placement and report abuse, speak to a trained counselor in confidence, and ask for support and advice. Such mechanisms should be well-publicized and easily accessible to children and should guarantee the safety of children and confidentiality of reporting.

Data are regularly collected: Data that are collected from relevant stakeholders on a routine basis, such as monthly, quarterly, semi-annually, or annually. Ideally, the frequency of data collection would be set in national standards, but in the absence of its documentation, the frequency may be observed informally, in practice.

Data quality assurance activities: Activities to ensure the quality of data collection and to check, verify, or validate the degree to which data correctly describe what they are intended to describe. Activities may include data auditing or data “spot checks,” which quickly check for inconsistencies in data or analysis. Other data quality assurance activities may be used as well, such as data cleaning (e.g., removing outliers, inputting missing data), to remove anomalies in the data and improve data quality for safe information use.

Defined qualifications/profile (of staff): A standard document that outlines the type of educational and/or professional experience required to obtain a given position.

Disability type: Goes beyond whether or not a child is disabled (yes/no) to categorize how children are disabled (e.g., deaf, mute, blind, physically impaired, autistic).

Emergency transit center: A safe place where refugee children and their parents could be brought in to prepare for resettlement in a new home and receive basic services, such as medical examinations and treatment, orientation workshops, and language courses geared to the countries where they will be resettling.

Exceptional/specific circumstances: In the tool, these terms refer to the placement of children 0–3 years old in residential care or when placement in a family-type setting does not apply. In this context, they refer to the prevention of siblings being separated, as a planned temporary measure, or as an emergency short-term response (CELCIS, 2012).

Explicit references: Language/content that is directly written in a document so that a person obviously may find the reference upon looking at the document.

Family group conferencing: When family members and social workers convene to discuss the situation of the family, how it affects the child (children), and what would be the best care solution.

“Family-type” group homes: Similar to community homes, also called “small group homes.” These are arrangements whereby children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figure(s) as caregiver(s), but not in the caregiver’s usual domestic environment.

Family reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community of origin, in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (Family for Every Child, Guidelines on Children’s Reintegration, 2016).

Family reunification: The process of physically returning children in out-of-home care to their families and communities of origin. Following reunification with the family, the process of reintegration occurs (see “family reintegration” definition).

Foster care: Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved, and supervised for providing such care.

Formal kinship care: Family-based care within the child’s extended family or, in some jurisdictions, with close friends of the family who are known to the child (often referred to as fictive kin), which has been ordered by a competent administrative body or judicial authority.

Functioning coordination body: Group of stakeholders representing government and nongovernmental stakeholders from different sectors. A body is functional if it meets regularly (i.e., per the group’s terms of reference).

Gatekeeping: A process of making decisions about care in the best interests of children who are at risk of losing, or are already without, adequate parental care. It is a systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs.

Government-authorized agency/commission: A body given official permission by the government to make decisions for something to happen or to give permission to a third party to do something.

Information system: A system for collecting, organizing, processing, and analyzing data in order to inform evidence-based decisions about policy or programs. The purpose of an information system is to turn raw data into useful information that can be used for monitoring and evaluation of public policies and program.

Informal kinship care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by the extended family, close friends of the family, or trusted acquaintances known to the child in their individual capacity, at the initiative of the child, his/her parents, or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Institutions/institutional care: An institution or facility that has the purpose of providing care and supervision for children on a 24-hour basis. In some countries, these are also referred to as “orphanages” or “residential care” (see definition of “residential care”).

Knowledge, attitudes, and practice survey: Also known as a KAP survey, this is a representative study of a specific population to collect information on what is known, believed, and done in relation to a particular topic. It helps reveal misconceptions and misunderstandings that influence people’s behaviors around a given topic. In many cases, these are used to help identify common barriers related to people’s behaviors toward a program, service, or change occurring.

Legal provisions: A statement in an agreement or a law that a particular thing must happen or be done (Cambridge dictionary).

Monitoring mechanism (to ensure good quality services): Mechanism to observe whether services/programs are being implemented according to national quality service standards, acting as an accountability and learning mechanism to enhance the quality of care and/or support services.

Mother and baby units: A service addressed to mothers who are in crisis situations and at risk of placing their children in alternative care. A mother can live in these units for a limited period with her child or children, while social workers assist her in preparing for an independent life. In many cases, the mother learns parenting skills, and in some cases, she is supported to finish her education and/or gain employment and is assisted in repairing the relationship with her family.

National guidelines: A government document that describes a process or program. Guidelines are often used to determine a course of action and support the implementation of a program, activity, or idea.

National policy: A course of government action in response to public problems. The policy is usually put in practice through laws and regulations, strategies, national programs, and action plans.

Oversight mechanism: A body/agency/commission whose role is to supervise the implementation of policies and observance of legal provisions. In some jurisdictions, they have the mandate to force regulators and service providers to demonstrate and justify the relevance of their regulation (potential and existing) or compliance with certain standards, respectively, as well as to offer them technical advice.

Prospective adoptive parents: Adult(s) that have usually cared for a child for a designated period and are likely to legally adopt the child. Often courts are the agency responsible for identifying and determining if parent(s) meet criteria to later adopt a child.

Quality assurance (of services): A systematic process of checking to see whether a service is meeting and maintaining a desired level of quality, as stipulated in official standards of practice or minimum quality standards.

Registration (of children and/or caregivers): Documentation of the name, contact, and other details of a person used for tracking people.

Regulatory framework: Government-documented principles, rules, or laws to govern behaviors, programs, services, etc. Regulation of a given issue may be fully covered in one document or in multiple documents. A regulatory “framework” accounts for all relevant documents.

Residential care: Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes.

Residential special schools: Schools providing education and residential care to children with disabilities and children with special education needs.

Respite services: Planned, short-term care of a child, usually based on foster or residential care, to give the child’s family a break from caring for him/her.

Service delivery: How services are delivered to intended beneficiaries. This includes knowledge of who is providing what type of services and the knowledge that these services are being provided to intended beneficiaries. This does not account for whether the services provided are able to meet the needs of all people who require those services, but rather whether the services exist.

Social norms: Collective representations of acceptable group conduct as well as individual perceptions of particular group conduct that govern the behavior of members of a society or community.

Social service workforce: Describes a variety of workers—paid and unpaid, governmental and nongovernmental—who staff the social service system and contribute to the care of vulnerable populations.

Social welfare officers: Staff, often employed by the government, who manage and monitor services intended to support the social, education, health, and other needs of vulnerable children and families. Responsibilities of these officers vary across countries, but they may include child protection case management, provision of counseling and referral to access basic social services, among other responsibilities.

Specialized support (related to disability): Specific health, education, care services, etc., adapted to the needs of children with disabilities.

Standard indicators to monitor: Metrics to regularly measure progress that have been written down and defined to ensure common understanding and use.

Standards of practice to promote quality: Documented benchmarks that describe details of how services/programs should be delivered to provide quality care and/or support.

Standardized process: The tools and documented procedures for assessing children, with the explicit purpose of making a determination on whether the child is ready to transition out of his/her current care situation.

Strategy: A government-documented plan or course of action to achieve a medium- or long-term goal. It generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. Strategies often support the practical implementation of a national policy.

Supervised independent living: Settings where children and young people, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers. Such arrangements and support may be provided for individuals or small groups.

Temporary placement center: Institution for a temporary home, care, and protection of the child in difficulty until reintegration into the biological, extended, or adoptive family. Children should usually not stay longer than 12 months in a center.

Therapists: Medical and paramedical staff, including speech therapists, kineto-therapists, therapeutic massage therapists, psychotherapists, etc.

Unaccompanied children: Children up to 18 years old whose parents (or only parent) have (has) died, been deprived of parental rights or declared incompetent to take care of the child, have avoided taking care of the child or protecting their rights and interests, or who have been recognized as dead, missing, or unknown by procedures prescribed by the law.

Voluntary registration (of informal caregivers): Formalization of the informal care arrangement after a suitable lapse of time to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future. This formalization should be done with the consent of the child and parents concerned.

APPENDIX D. WORKSHOP GROUP COMPOSITION

(a) Three groups (Days 1, 2, and 3)

Role/Type of stakeholder	Group 1	Group 2	Group 3
Facilitator/Rapporteur Government	Corneliu Țăruș, MOHLSP	Anastasia Gruzin, MOHLSP	Gheorghe Trofin, MOHLSP
Note taker (Excel) Government	Diana Pascal, NSWA	Diana Moraru, NSWA	Carina Ignat, NSWA
Government	Dorel Nistor, Ministry of Internal Affairs	Boris Vizir, Social Inspection	Lidia Pidpenco, MOHLSP
Government		Liubovi Stoianov, National Bureau of Statistics ⁵	
Government	Iulia Pancu, Education Directorate Ungheni	Nina Sterpu, Education Directorate Nisporeni	Iulia Iordachi, Social Inspection
Government		Galina Morari/ Valentina Ghenciu, Lumos ⁶	Lilia Chiosea, Health Directorate Chisinau

⁵ Attended the last two days

⁶ Ana attended the first two days, while Mariana the last two days

Role/Type of stakeholder	Group 1	Group 2	Group 3
CSO	Parascovia Munteanu, Keystone	Daniela Mămăligă, Partnerships for Every Child	Rodica Corețchi-Mocanu, CNPAC
CSO	Ana Tomulescu, CCF /Mariana Ianachevici/ASPCF ⁷	Teodora Rebeja/ Cristina Triboi, Terre des Hommes ⁸	Svetlana Rijicova, Partnerships for Every Child
International organisations			Sergiu Rusanovschi, UNICEF
MEASURE Evaluation	Molly Cannon	Camelia Gheorghe	Hasmik Ghukasyan

(b) Four groups (Day 4)

Role/Type of stakeholder	Group 1	Group 2	Group 3	Group 4
Facilitator/Rapporteur Government	Corneliu Țăruș, MOHLSP	Anastasia Gruzin, MOHLSP	Gheorghe Trofin, MOHLSP	Lidia Pidpenco, MOHLSP
Note taker (Excel)	Diana Pascal, NSWA	Diana Moraru, NSWA	Carina Ignat, NSWA	Camelia Gheorghe

⁷ Galina attended the first day and Valentina attended the last two days.

⁸ Teodora attended the first three days and Cristina attended the last day.

Role/Type of stakeholder	Group 1	Group 2	Group 3	Group 4
Government	Dorel Nistor, Ministry of Internal Affairs	Lilia Chioseu, Health Directorate Chisinau		Liubovi Stoianov, National Bureau of Statistics
Government	Iulia Iordachi, Social Inspection	Boris Vizir, Social Inspection	Iulia Pancu, Education Directorate Ungheni	Nina Sterpu, Education Directorate Nisporeni
CSO	Svetlana Rijicova, Partnerships for Every Child	Daniela Mămăligă, Partnerships for Every Child	Valentina Ghenciu, Lumos	Parascovia Munteanu, Keystone
CSO	Mariana Ianachevici, ASPCF	Rodica Corețchi-Mocanu, CNPAC	Teodora Rebeja, Terre des Hommes	
MEASURE Evaluation		Molly Cannon	Hasmik Ghukasyan	Camelia Gheorghe

APPENDIX E. ASSESSMENT TOOL AND RESPONSES

Tool for Assessing, Addressing, and Monitoring National Care Reform in Line with the United Nations Guidelines for Children in Alternative Care



Introduction

Ensuring children grow up in protective family care, free from deprivation, exploitation, and danger is a priority for many countries. Significant improvements have been made in government systems and policies related to the well-being and development of vulnerable children, with particular attention to preserving and facilitating children's access to appropriate, protective, and permanent family care. The United States Agency for International Development (USAID) Displaced Children and Orphans Fund (DCOF), along with several other stakeholders, invest in strengthening government systems to ensure family-based care for children around the world.

MEASURE Evaluation, with support from USAID/DCOF, developed this tool to support countries as they assess, address, and monitor national care system reform. The draft tool was discussed and improved during a workshop (September 2017, London) attended by the Core Country Teams from the four participating countries in this activity (i.e., Armenia, Moldova, Ghana, and Uganda). In a subsequent phase, each Core Country Team has adapted the tool to the national context.

This tool applies the United Nations (UN) Guidelines for the Alternative Care of Children. The structure of the tool follows a framework that covers key areas of caring for children outside of family care: foster care, residential care, supervised independent living, kinship care, other forms of informal care, adoption, and family reunification and system deinstitutionalization. This tool also has questions related to preventing child-family separation, which is a critical component of keeping children in family-based care. As shown in the graphic, the tool applies a system strengthening framework. We present system components that are commonly agreed upon to be critical to sustainably and effectively strengthening national systems.

Alternative Care Assessment Framework

Investments in care systems aim to improve their sustainability and performance through strengthening:

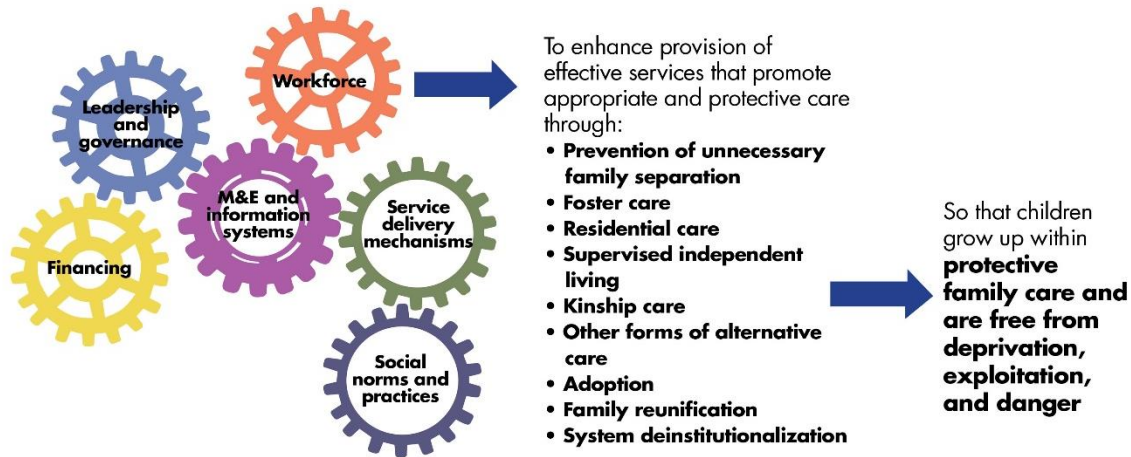


Figure developed by Molly Cannon and Mari Hickmann, MEASURE Evaluation, 2017

The tool has been developed in Excel to allow for the real-time development of graphics with the results of the assessment once responses to statements are completed during the workshop. Assessment results can be used to make plans to address gaps in the development of alternative care for children. Each section of the tool in Excel consists of a series of statements. Next to each statement is a drop-down list of response options and a column specifically designed for the justification of responses.

Response Types

There are two sets of different response options in the tool, and only one type of response option per statement. Participants must select from the drop-down list provided for each question. The two different response options are as follows:

- Where possible responses can fall across a range, these are the options:
 - (1) Completely: This statement is fully correct/true, and there is no room for improvement.
 - (2) Mostly: This statement is mostly correct/true, and minimal improvements are needed.
 - (3) Slightly: This statement is somewhat correct/true, and moderate improves are needed.
 - (4) Not at all: This statement is incorrect/untrue, and there is substantial room for improvement.
- Where possible responses are clear-cut, these are the options:
 - (1) Yes: This statement is fully correct/true, and there is no room for improvement.
 - (2) No: This statement is incorrect/untrue, and moderate to substantial improvements are needed.

This version in Word presents the results of the assessment workshop.

Crosscutting Issues

Leadership and governance	Responses	
1.A regulatory framework for a standard process for referrals/admission of a child to an alternative care setting exists.	Completely	
2.There is a government-authorized agency/commission at the national level responsible for referring or deciding admission of a child to formal alternative care.	No	
3.There is a government-authorized agency/commission at subnational levels responsible for referring or deciding admission of a child to formal alternative care.	Yes	
4.There is a functioning national coordination body that provides multisectoral oversight to ensure compliance with alternative care policies.	Yes	
5. Two-part question:	Leadership and governance	Service delivery
	5.a. National policies/strategies relevant to alternative care include the following provisions:	5.b. The following areas of alternative care policy are occurring in service delivery:
	5.1. A child is separated from the care of the family only as a measure of last resort, temporarily, and for the shortest possible duration.	Completely Mostly
	5.2. Poverty is never the only justification for the separation of a child from parental care.	Completely Mostly
5.3. Each child without parental care is provided a legal guardian or other recognized responsible adult or competent public body.	Completely	Mostly

5.4. The separation of a child against the will of his or her parents is always made by an authorized administrative body or judicial authority.	Completely	Completely
5.5 A standard complaint mechanism exists for children in formal care.	Completely	Slightly
5.6. Children in alternative care are enabled to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.	Completely	Slightly
5.7. Alternative care placements are as close as possible to the child's place of residence.	Completely	Slightly
5.8. Siblings are placed together, unless it is contrary to their best interests.	Completely	Mostly
5.9. Contact is maintained between the child and family while the child is in alternative care, whenever possible.	Completely	Mostly
5.10. Children under 3 years old are placed in a family-based setting, unless specific circumstances apply.	Completely	Slightly
5.11. Children with disabilities who are in alternative care are receiving specialized support.	Completely	Slightly
5.12. Children whose caregivers are disabled are receiving specialized support.	Not at all	Slightly
5.13. Children in emergency/special circumstances are being placed in temporary care.	Completely	Mostly
Service delivery	Responses	
6.Mandatory procedures for the assessment, planning, and reviewing of children's placements in alternative care (e.g., case management) exist.	Completely	
6.1. Relevant government actors have been oriented or trained on these procedures.	Mostly	
6.2. Relevant nongovernmental actors have been oriented or trained on these procedures.	Mostly	
7.These procedures specify each of the following:		

7.1. Procedures to conduct an assessment of the circumstances affecting the child that takes into account the child's immediate safety and well-being, as well as his or her longer-term care and development	Completely
7.2. Procedures for stating the specific goals and measures to achieve them in each plan for a child's alternative care (e.g., individual care plan)	Completely
7.3. A policy stating that care plans for children in alternative care should be reviewed regularly (at a mandatory interval) to consider placement in permanent family care (e.g., return to family, kinship care, adoption, or long-term foster care)	Completely
7.4. Procedures for closure of an alternative care case	Completely
7.5. Procedures for specialized case management support for children with disabilities	Slightly
7.6. Procedures for specialized case management support for children with special needs who leave care	Slightly
7.7. Procedures for the child's case file to follow the child throughout the alternative care period	Completely
7.8. Procedures to document or register and trace unaccompanied or separated children in emergency situations	Completely
8. All alternative care service providers are registered and authorized to operate by a competent authority.	Mostly
8.1. Authorization of service providers is regularly reviewed by the competent authorities on the basis of standard criteria specified in the law and/or standards.	Completely
Workforce	Responses
9.Two-part question:	<div>9.a. Standards on maximum number of cases in management (i.e., maximum number of children in care per</div> <div>9.b. The current workforce meets the standard maximum levels of cases in</div>

	worker) exist for the following cadres:	management for the following cadres:
9.1.Social workers	Yes	No
9.2.Child/family protection specialists (rayon/city)	No	No
9.3. Healthcare workers	Yes	No
9.4. Therapists	No	No
9.5. Educators	Yes	Yes
9.6. Foster carers	Yes	Yes
9.7. Youth care professionals		
9.8. Social welfare officers		
9.9. Community development officers		
9.10. Institutional care providers	Yes	Yes
9.11. Policemen	No	No
9.12. Mayors	No	No
9.13. Other? specify:		
Monitoring and evaluation (M&E) and information Systems	Responses	
10. There are disaggregated and public data at national and subnational levels that describe the reasons why children are placed in alternative care.	Mostly	
11. There are disaggregated and public data at the national and subnational levels on the number of children who are unaccompanied or separated in emergency situations.	Not at all	

12. Multisectoral forums (e.g., body or commission) exist where data on alternative care are regularly shared and reviewed.	Slightly
12.1. At the national level	Slightly
12.2. At subnational levels	Mostly

Prevention Of Family Separation

Leadership and governance	Responses	
1. Legal provisions exist to strengthen families or ensure support for families in meeting their responsibilities towards their child and to prevent children from entering alternative care.	Completely	
2. National policy or strategy exists that addresses provisions to strengthen and support families as a means to prevent child-family separation.	Completely	
2.1. Policy or strategy is current (includes the current year)	Completely	
2.2. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy	Mostly	
2.3. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy	Slightly	
2.4. There are subnational policies/strategies that align with the national policy/strategy.	Slightly	
3. Two-part question:	Leadership and governance	Service delivery

	3.a. National policy/strategy that includes provisions to strengthen/support families explicitly references the following service areas as a means to prevent unnecessary child-family separation:	3.b. The following service areas are being provided:
3.1. Improving parenting skills	Mostly	Slightly
3.2. Early child development and care	Mostly	Slightly
3.3. Economic strengthening (e.g., access to savings and loans, cash transfers, skills training, or support for income-generating activities)	Mostly	Slightly
3.4. Access to social services	Completely	Slightly
3.5. Access to education services (e.g., provision of school supplies or school fees/vouchers)	Completely	Mostly
3.6. Access to health services (e.g., community-based health services or health vouchers/insurance)	Completely	Slightly
3.7. Child support and care services for parents:	Slightly	Slightly
(a) single parents; teenagers;	Slightly	Slightly
(b) with disabilities	Slightly	Slightly
(c) with mental health problems	Slightly	Slightly
(d) other categories (specify):	Slightly	Slightly
3.8. Psychosocial support	Mostly	Slightly

3.9. Dealing with alcohol/substance abuse	Slightly	Slightly
3.10. Respite services	Completely	Slightly
3.11. Increasing capacities of parents with disabilities	Not at all	Slightly
3.12. Specialized services to support children with disabilities to live with the family:	Mostly	Slightly
(a) Medical	Mostly	Slightly
(b) Educational	Mostly	Slightly
(c) Other (specify):	Mostly	Slightly
3.13. Services for dealing with children born in custody (e.g., born when mother is in prison)	Mostly	Slightly
3.14. Other? specify:		
Service delivery	Responses	
4. Minimum quality standards to promote the quality of family strengthening/support services exist.	Completely	
4.1. The minimum quality standards are being used to guide service delivery provided by government actors.	Completely	
4.2. The minimum quality standards are being used to guide service delivery provided by nongovernmental actors.	Completely	
5. A monitoring mechanism to ensure good-quality delivery of family strengthening/support services exists:	Mostly	

5.1. Quality assurance of delivery of family strengthening/support services occurs regularly (per national standards, if applicable).	Slightly
5.2. The regulatory framework clearly states what happens when family strengthening/support service providers do not meet the minimum standards.	Mostly
Workforce	Responses
6. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in providing family strengthening/support services:	
6.1. Government social workers	Mostly
6.2. Nongovernmental social workers	Mostly
6.3. Child protection specialists	Mostly
6.4. Healthcare workers	Slightly
6.5. Therapists	Slightly
6.6. Educators	Mostly
6.7. Youth care professionals	Slightly
6.8. Social welfare officers	
6.9. Community development officers	
6.10. Other? specify:	Mostly
7. There are training mechanisms in the following areas aimed at building skills of staff involved in strengthening/supporting families:	

7.1. Child care	Slightly
7.2. Child protection	Slightly
7.3. Early child development	Slightly
7.4. Working with children with disabilities and other special needs	Slightly
7.5. Parenting skills	Slightly
7.6. Children's rights	Slightly
7.7. Economic strengthening/access to social protection	Slightly
7.8. Access to social protection	Slightly
7.9. Other? Specify:	
Monitoring and evaluation (M&E) and information systems	Responses
8. Standard indicators to monitor prevention of unnecessary child-family separation services exist.	Slightly
9. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
9.1. Within ministry in charge of alternative care	Slightly
9.2. Across relevant ministries	Slightly
9.3. Between ministry and nongovernmental actors (civil society organizations, private sector, etc.)	Slightly
10. Data are regularly collected (e.g., annually or quarterly) to monitor family strengthening/support services/programs.	Completely

10.1. This includes data from government actors.	Completely
10.2. This includes data from nongovernmental actors.	Not at all
11. It is possible to disaggregate data related to family strengthening/support services/programs by:	
11.1. Sex of child	Not at all
11.2. Age of child	Not at all
11.3. Locality (urban/rural)	Not at all
11.4. Disability type	Not at all
11.5. Ethnicity (as appropriate)	
11.6. Other? specify:	Slightly
12. Data quality assurance activities for data related to family strengthening services/programs are conducted regularly (at least 1 time per year or according to applicable national standards).	Slightly
Social norms and practices	Responses
13. Activities (e.g., awareness and advocacy campaigns, communication, social mobilization, trainings) aimed at prioritizing prevention of unnecessary child-family separation over placement of the child in residential or other form of alternative care are conducted regularly.	Slightly
13.1. These activities target the general public.	Mostly
13.2. These activities target national and subnational government staff.	Mostly

13.3. These activities target frontline staff involved in caring for children.	Mostly
14. An advocacy and communication strategy that includes promoting the prevention of unnecessary separation of the child from his/her family exists.	Not at all
Finance	Responses
15. Costs required for services to strengthen/support families as a means to prevent child-family separation have been estimated.	Mostly
16. Costs for activities to strengthen/support families as a means to prevent children from placement in alternative care are included as a government budget line in the:	
16.1. State budget	Mostly
16.2. Local budget	Mostly
17. Funding to support activities to strengthen/support families as a means to prevent children from placement in alternative care was allocated per the government budget(s).	Slightly
18. Funding to support activities to strengthen/support families as a means to prevent children from placement in alternative care was released per the government allocation.	Mostly
19. Financial contributions from private sector actors that provide support to activities to strengthen/support families as a means to prevent children from placement in alternative care are tracked by the government.	Not at all
20. Financial contributions from development partners that provide support to activities to strengthen/support families as a means to prevent children from placement in alternative care are tracked by the government.	Not at all

Foster Care

Leadership and governance		Responses
1. Legal provisions for foster care exist.		Completely
2. National policy or strategy that addresses provisions for foster care services exists.		Completely
2.1. Policy/strategy is current (includes the current year)		Yes
2.2. National policy/strategy includes a systematic process to determine the best interest of the child (e.g., gatekeeping) for foster care placement determinations		Completely
2.3. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy		Mostly
2.4. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing the national policy/strategy		Mostly
2.5. There are subnational policies/strategies that align with the national policy/strategy.		Mostly
3. There is a national regulatory framework to authorize/register foster carers.		Yes
4. There is an official state body (or bodies) responsible for ensuring (through inspections) that all providers of foster care comply with national standards.		Yes
5. Two-part question:	Leadership and governance	Service delivery
	5.a. National policy/strategy that includes foster care explicitly references the following:	5.b. The following areas are being provided:
5.1. Special preparation, support, and/or counseling services for foster carers are provided:		

(a) Before the placement	Mostly	Mostly
(b) During the placement,	Mostly	Mostly
(c) After the placement	Not at all	Slightly
5.2. Special preparation, support, and/or counseling services for children placed in foster care are provided:		
(a) Before the placement	Mostly	Mostly
(b) During the placement	Mostly	Mostly
(c) After the placement	Mostly	Slightly
5.3. Specialized support for foster carers of children with disabilities	Mostly	Slightly
5.4. Parents and carers participate in matters related to administrative and judicial proceedings for foster care placements.	Completely	Slightly
5.5. Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings in foster care placement decisions.	Completely	Mostly
5.6. Children are assessed through standardized processes, to determine when they are ready to transition out of foster care.	Mostly	Slightly
Service delivery	Responses	
6. Minimum quality standards to promote the quality of foster care services exist.	Mostly	
6.1. The minimum quality standards are being used to guide service delivery provided by government actors.	Completely	
6.2. The minimum quality standards are being used to guide service delivery provided by nongovernmental actors.	Mostly	

7. A monitoring mechanism to ensure good-quality foster care services exists.	Mostly
7.1. Quality assurance of foster care services is conducted regularly (per national standards, if applicable).	Mostly
7.2. The regulatory framework clearly states what happens when foster carers do not meet the minimum standards.	Mostly
8. The number of foster care parents covers the need for the placement of children.	Slightly
Workforce	Responses
9. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in foster care:	
9.1. Government social workers	Mostly
9.2. Nongovernmental social workers	Mostly
9.3. Child protection specialists	Mostly
9.4. Healthcare workers	
9.5. Therapists	
9.6. Educators	
9.7. Foster carers	Mostly
9.8. Youth care professionals	Slightly
9.9. Social welfare officers	
9.10. Community development officers	
9.11. Other? specify:	Mostly

10. There are training mechanisms that are building skills of staff involved in monitoring and supporting foster care placements.	Slightly
Monitoring and evaluation (M&E) and information systems	Responses
11. Standardized indicators to monitor foster care services exist.	Mostly
12. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
12.1. Within ministry in charge of alternative care	Mostly
12.2. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	Slightly
13. Data are regularly collected (annually, quarterly, etc.) to monitor foster care services/programs.	Mostly
13.1. This includes data from government actors.	Mostly
13.2. This includes data from nongovernmental actors.	Not at all
14. It is possible to disaggregate foster care data by:	
14.1. Length of stay in foster care	Not at all
14.2. Sex of child	Completely
14.3. Age of child	Mostly
14.4. Locality (urban/rural)	Completely
14.5. Disability type	Slightly
14.6. Ethnicity (as appropriate)	Not at all

14.7. Other? specify:	
15. Data quality assurance activities for data related to foster care are conducted regularly (at least 1 time per year or according to applicable national guidelines).	Slightly
Social norms and practices	Responses
16. Activities (e.g., communication and advocacy campaigns) aimed at informing and raising the awareness of the general public on foster care as a more adequate form of care compared to residential care are conducted regularly.	Slightly
17. An advocacy and communication strategy that includes promoting appropriate foster care exists.	Not at all
Finance	Responses
18. Costs for provision of foster care services have been estimated.	Mostly
19. Costs for foster care service provision are a government budget line item in the:	
19.1. State budget	
19.2. Local budget	Mostly
20. Funding to support provisions for foster care was allocated per the government budget(s).	Slightly
21. Funding to support foster care services was released per the government allocation.	Mostly
22. Financial contributions from private sector actors that support foster care are tracked by the government.	Not at all
23. Financial contributions from development partners that support foster care are tracked by the government.	Slightly

Residential Care

Leadership and governance	Responses
1. Legal provisions for residential care exist.	Mostly
2. National policy or strategy that addresses provisions for residential type placement exists.	Completely
2.1. Policy or strategy is current (includes the current year)	Completely
2.2. Policy/strategy includes provisions for public residential care facilities	Mostly
2.3. Policy/strategy includes provisions for private residential care facilities	Slightly
2.4. Policy/strategy includes provisions for determining whether or not a child should be placed in residential care (gatekeeping mechanism)	Completely
2.5. Policy/strategy explicitly prohibits the placement of children 0–3 years old in residential care (except in exceptional circumstances)	Slightly
2.6. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy	Mostly
2.7. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy	Slightly
2.8. There are subnational policies/strategies that align with the national policy/strategy	Slightly
3. There is a national regulatory framework to ensure authorization/registration of residential care facilities.	Yes
4. There is an official state body (or bodies) responsible for ensuring (through inspections) that all residential care facilities comply with national standards for residential care.	Yes

	Leadership and governance	Service delivery
	5.a. The national policy/ strategy that includes residential care explicitly references provision of the following residential care facilities:	5.b. The following residential care facilities exist:
5. Two-part question:		
5.1. Mother and baby units	Mostly	Mostly
5.2. Temporary placement centers	Completely	Completely
5.3. Community homes	Completely	Slightly
5.4. "Family-type" group homes		
5.5. Emergency transit centers		
5.6. Boarding schools/internats acting as residential care facilities	Completely	Mostly
5.7. Residential special schools	Mostly	Completely
5.8. Specialized care facilities providing rehabilitation services	Mostly	Completely
5.9. Specialized support for children in residential care with disabilities	Mostly	Slightly
5.10. Other (please specify):		
Service delivery	Responses	
6. Services provided in residential care facilities address the needs of children with disabilities and other special needs.	Slightly	
7. Minimum quality standards to promote quality residential care services for children exist.	Mostly	

7.1. The minimum quality standards are being used to guide public residential care facilities.	Mostly
7.2. The minimum quality standards are being used to guide private residential care facilities.	Slightly
8. A monitoring mechanism to ensure good-quality residential care exists.	Slightly
8.1. Quality assurance of residential care services is conducted regularly (per national standards, if applicable).	Slightly
8.2. Regulatory framework clearly states what happens when residential care facilities do not meet the minimum standards	Mostly
Workforce	Responses
9. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in residential care:	
9.1. Government social workers	Mostly
9.2. Nongovernmental social workers	Mostly
9.3. Child protection specialists	Mostly
9.4. Healthcare workers	Mostly
9.5. Therapists	Mostly
9.6. Educators	Mostly
9.7. Youth care professionals	
9.8. Social welfare officers	
9.9. Community development officers	

9.10. Institutional care providers	
10. There are training mechanisms that are building skills of staff involved in monitoring and supporting residential care.	Slightly
Monitoring and evaluation (M&E) and information systems	Responses
11. Standard indicators to monitor residential care services exist.	Slightly
12. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
12.1. Within ministry in charge of alternative care	Mostly
12.2. Across relevant ministries	Slightly
12.3. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	Not at all
13. Data are regularly collected (annually, quarterly, etc.) to monitor residential care.	Mostly
13.1. This includes data from government actors.	Completely
13.2. This includes data from nongovernmental actors.	Slightly
14. It is possible to disaggregate data related to residential care by:	
14.1. Type of care facility (e.g., public, private, temporary placement center, group homes)	Mostly
14.2. Reasons that led to the placement of children in residential care institutions (e.g., poverty or lack of family-type services) as documented by the decisions of the gatekeeping mechanisms	Mostly
14.3. Length of stay in residential care	Slightly

14.4. Sex of child	Completely
14.5. Age of child	Completely
14.6. Locality (urban/rural)	Completely
14.7. Disability type	Slightly
14.8. Ethnicity (as appropriate)	
14.9. Other? specify:	
15. Data quality assurance activities for data related to residential care are conducted regularly (at least 1 time per year or according to applicable national standards).	Slightly
Social norms and practices	Responses
16. Activities (e.g., awareness campaigns, trainings) aimed at changing the negative social norms in which placing a child without parental care in a residential institution is the best form of protection, are conducted regularly.	Slightly
16.1. These activities target the general public.	Slightly
16.2. These activities target national and subnational government staff.	Mostly
16.3. These activities target frontline staff involved in caring for children.	Slightly
17. An advocacy and communication strategy that includes positive norms related to residential care exists (e.g., that residential care is a measure of last resort, if no family-type alternative is available).	Slightly
Finance	Responses
18. Costs for residential care services are estimated.	Mostly
19. Costs for residential care are included as a government budget line item in the:	

19.1. State budget	Mostly
19.2. Local budget	Slightly
20. Funding to support the functioning of residential care facilities was allocated per the government budget(s).	Mostly
21. Funding to support the functioning of residential care facilities was released per the government allocation.	Mostly
22. Financial contributions from private sector actors that support residential care are tracked by the government	Not at all

Supervised Independent Living

Leadership and governance	Responses
1. Legal provisions for supervised independent living exist.	Not at all
2. National policy or strategy that addresses provisions for supervised independent living arrangements exists.	Not at all
2.1. Policy or strategy is current (includes the current year)	
2.2. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy	
2.3. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy	
2.4. There are subnational policies/strategies that align with the national policy/strategy.	

3. There is an official state body (or bodies) responsible for ensuring (through inspections) that all supervised independent living arrangements comply with national standards.		
	Leadership and governance	Service delivery
	4.a National policy/strategy that includes supervised independent living explicitly references the following:	4.b. The following service areas are being provided:
4. Two-part question:		
4.1. Special preparation, support, and/or counselling services for children/youth in supervised independent living:	Not at all	Slightly
(a) Before		
(b) During		
(c) After the placement		
4.2. Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings in supervised independent living decisions.		
4.3. Children are assessed through standardized processes, to determine when they are ready to transition out of supervised independent living.		
Service delivery	Responses	
5. Minimum quality standards related to supervised independent living arrangements exist.		
5.1. The minimum quality standards are being used to guide service delivery provided by government actors.		
5.2. The minimum quality standards are being used to guide service delivery provided by nongovernmental actors.		

6. A monitoring mechanism exists to ensure good quality of supervised independent living services.	
6.1. Quality assurance of supervised independent living is conducted regularly (per national standards, if applicable).	
6.2. The regulatory framework clearly states what happens when supervised independent living arrangements do not meet the minimum standards.	
Workforce	Responses
7. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in supervised independent living:	
7.1. Government social workers	
7.2. Nongovernmental social workers	
7.3. Child protection specialists	
7.4. Healthcare workers	
7.5. Therapists	
7.6. Educators	
7.7. Youth care professionals	
7.8. Social welfare officers	
7.9. Community development officers	
7.10. Other? specify:	
8. There are training mechanisms that are building skills of staff involved in monitoring and supporting supervised independent living.	

Monitoring and evaluation (M&E) and information systems	Responses
9. Standardized indicators to monitor supervised independent living services exist.	
10. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
10.1. Within ministry in charge of alternative care	
10.2. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	
11. Data are regularly collected (annually, quarterly, etc.) to monitor supervised independent living services/programs.	
11.1. This includes data from government actors.	
11.2. This includes data from nongovernmental actors.	
12. It is possible to disaggregate data related to supervised independent living by:	
12.1. Sex of child	
12.2. Age of child	
12.3. Locality (urban/rural)	
12.4. Disability type	
12.5. Ethnicity (as appropriate)	
12.6. Other? specify:	
13. Data quality assurance activities for data related to supervised independent living are conducted regularly (at least 1 time per year or according to applicable national standards).	

Social norms and practices	Responses
14. Activities (e.g., awareness campaigns, trainings) aimed at changing the negative social norms which impedes the supervised independent living units to be located in an appropriate neighborhood (e.g., readily accessible to necessary services and adequate transportation) are conducted regularly.	
14.1. These activities target the general public.	
14.2. These activities target national and subnational government staff.	
15. An advocacy and communication strategy that includes providing children/youth with opportunities to achieve positive outcomes and make successful transition to self-sufficiency exists.	
Finance	Responses
16. Costs for supervised independent living arrangements are estimated.	
17. Costs for supervised independent living arrangements are included as a budget line item in the:	
17.1. State budget	
17.2. Local budget	
18. Funding to support supervised independent living was allocated per the government budget(s).	
19. Funding to support supervised independent living was released per the government allocation.	
20. Financial contributions from private sector actors that support supervised independent living are tracked by the government.	
21. Financial contributions from development partners that support supervised independent living are tracked by the government.	

Formal Kinship Care

Leadership and governance		Responses
1. Legal provisions for formal kinship care exist.		Completely
1.1. Authorization/registration of kinship carers is regulated in the law.		Completely
2. National policy or strategy that addresses provisions for formal kinship care exists.		Mostly
2.1. Policy or strategy is current (includes the current year).		Completely
2.2. Policy/strategy explicitly references special preparation, support, and/or counseling services for kinship carers before, during, and after the placement.		Slightly
2.3. Relevant government actors involved in kinship care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.		Mostly
2.4. Relevant nongovernmental actors involved in kinship care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.		
2.5. There are subnational policies/strategies that align with the national policy/strategy.		Mostly
3. A system of registration of formal kinship carers exists.		Yes
4. Two-part question:	Leadership and governance	Service delivery
	4.a. National policy/strategy that includes formal kinship care references the following:	4.b. The following service areas are being provided:
4.1. Specialized support for kinship carers of children with disabilities	Not at all	Not at all

4.2. Parents and carers participate in matters related to administrative proceedings for formal kinship care placements.	Completely	Completely
4.3. Special preparation, support, and/or counseling services are provided to children before, during, and after placement in formal kinship care.	Slightly	Slightly
4.4. Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings in formal kinship care placement decisions.	Completely	Slightly
4.5. Children are assessed through standardized processes, to determine when they are ready to transition out of kinship care.	Not at all	Not at all
Service Delivery	Responses	
5. Minimum quality standards to promote good-quality formal kinship care exist.	Slightly	
6. A monitoring mechanism to ensure good-quality formal kinship care placements exists.	Slightly	
6.1. Quality assurance of formal kinship care placements is conducted regularly (per national standards, if applicable).	Slightly	
6.2. The regulatory framework clearly states what happens when formal kinship carers do not meet the minimum standards.	Slightly	
Workforce	Responses	
7. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in formal kinship care:		
7.1. Government social workers	Mostly	
7.2. Nongovernmental social workers		
7.3. Child protection specialists	Completely	
7.4. Youth care professionals		

7.5. Social welfare officers	
7.6. Community development officers	
7.7. Other? specify:	Slightly
8. There are training mechanisms that are building skills of staff involved in monitoring and supporting formal kinship care.	Slightly
Monitoring and evaluation (M&E) and information systems	Responses
9. There is a system to document/register and trace children in formal kinship care.	Mostly
10. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	Completely
10.1. Within ministry in charge of alternative care	Completely
10.2. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	
11. Standard indicators to monitor formal kinship care service provision exist.	Slightly
12. Data are regularly collected (annually, quarterly, etc.) to monitor formal kinship care.	Completely
12.1. This includes data from government actors.	Completely
12.2. This includes data from nongovernmental actors.	
13. It is possible to disaggregate data on formal kinship care services by:	
13.1. Length of stay in formal kinship care	Not at all
13.2. Sex of child	Completely
13.3. Age of child	Completely

13.4. Locality (urban/rural)	Completely
13.5. Disability type	Not at all
13.6. Ethnicity (as appropriate)	
13.7. Other? specify:	Completely
14. Data quality assurance activities are conducted regularly for data related to formal kinship care (at least 1 time per year or according to applicable national standards).	Slightly
Social norms and practices	Responses
15. Activities (e.g., awareness campaigns, trainings) aimed at changing the social norms according to which formal kinship carers should take care of a child as a moral duty and thus not be entitled to any financial assistance or support services to carry out their childcare responsibility, irrespective of their situation (e.g., poverty, unemployment, illness), are conducted regularly.	Slightly
15.1. These activities target the general public.	Slightly
15.2. These activities target national and subnational government staff.	Mostly
16. An advocacy and communication strategy on promoting positive norms on formal kinship care as the second best option for caring for a child (in case family reintegration or adoption is not possible) exists.	Not at all
Finance	Responses
17. Costs for formal kinship care have been estimated.	Mostly
18. Costs for formal kinship care are included as a government budget line item in the:	Completely
18.1. State budget	
18.2. Local budget	Completely

19. Funding to support formal kinship care was allocated per the government budgets.	Mostly
20. Funding to support formal kinship care was released per the government allocation.	Mostly
21. Financial contributions from private sector actors that support formal kinship care are tracked by the government.	Slightly
22. Financial contributions from development partners that support formal kinship care are tracked by the government.	Slightly

Informal Kinship Care

Leadership and governance	Responses
1. National policy or strategy that addresses provisions for informal kinship care exists.	Slightly
1.1. Policy or strategy is current (includes the current year)	Completely
1.2. The role of informal kinship carers and their de facto responsibility for the child are recognized in the policy/strategy.	Not at all
1.3. Policy/strategy explicitly references support, and/or counseling services for informal kinship carers.	Not at all
1.4. Relevant governmental and nongovernmental actors involved in monitoring informal kinship care have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Slightly
1.5. There are subnational policies/strategies that align with the national policy/strategy.	Slightly
2. National policy/strategy that includes provisions for informal kinship care includes a description of the role of government to provide support and/or oversight of informal kinship care arrangements	Slightly
3. A system of notification and/or registration of informal kinship carers exists.	Yes
3.1. Authorities encourage informal kinship carers to notify of their informal care arrangement (e.g., by raising awareness on the need to make the care arrangement known by authorities in the benefit of the child).	Mostly
3.2. Authorities encourage voluntary registration of informal kinship carers (e.g., by providing assistance for preparing the documents, explaining the benefits of formalizing the care arrangement).	Slightly
Service delivery	Responses
4. Support, and/or counseling services are available to informal kinship carers.	Slightly

5. Informal kinship caregivers are ensured access to available services and benefits, to help them discharge their duty to care for and protect the child.	Mostly
Workforce	Responses
6. There are staff with responsibility to monitor informal kinship care arrangements.	Slightly
Monitoring and evaluation (M&E) and information systems	Responses
7. Standard indicators to monitor informal kinship care arrangements exist.	Slightly
8. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
8.1. Within ministry in charge of alternative care	Completely
8.2. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	
9. Data are regularly collected (annually, quarterly, etc.) to monitor informal kinship care.	Slightly
9.1. These include data both from governmental and nongovernmental actors.	
10. It is possible to disaggregate data on informal kinship care services by:	
10.1. Length of stay in informal kinship care	Not at all
10.2. Sex of child	Completely
10.3. Age of child	Completely
10.4. Locality (urban/rural)	Completely
10.5. Disability type	Not at all
10.6. Ethnicity (as appropriate)	

10.7. Other? specify:	
11. Data quality assurance activities are conducted regularly for data related to informal kinship care (at least 1 time per year or according to applicable national standards).	Slightly
Social norms and practices	Responses
12. An advocacy and communication strategy on promoting positive norms on informal kinship care exists.	Not at all
Finance	Responses
13. Costs for informal kinship care have been estimated.	Not at all
14. Costs for informal kinship care are included as a government budget line item in the:	Not at all
14.1. State budget	Not at all
14.2. Local budget	Not at all
15. Funding to support informal kinship care was allocated per the government budget(s).	Not at all
16. Funding to support informal kinship care was released per the government allocation.	Not at all

Adoption

Leadership and governance	Responses
1. The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption has been ratified by your country.	Yes
2. Legislation on intercountry adoption is in line with the Hague Convention.	Mostly
3. National policy or strategy that addresses provisions for adoption exists.	Mostly
3.1. Policy or strategy is current (includes the current year).	Completely
3.2. Policy/strategy includes provisions both for domestic and intercountry adoption.	Completely
3.3. Policy/strategy includes a systematic process for determining the best interest of the child (e.g., gatekeeping) for adoption.	Mostly
3.4. Policy/strategy includes a process/criteria for determining adoption that requires either verification that the child is adoptable.	Completely
3.5. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Mostly
3.6. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Slightly
3.7. There are subnational policies/strategies that align with the national policy/strategy.	Slightly
4. There is a designated body/agency in charge of adoption placement determinations.	Yes
4.1. Ensures domestic adoption complies with national standards	Yes
4.2. Ensures intercountry adoption complies with national standards	Yes

4.3. The body/agency has an established mechanism for cooperation with authorities in receiving countries in relation to intercountry adoption.	Mostly	
5. Criteria for accrediting or authorizing agencies involved in adoption placements exist.	Mostly	
5.1. Related to domestic adoption agencies		
5.2. Related to intercountry adoption agencies	Mostly	
6. There is a national regulatory framework to ensure authorization/registration of prospective adoptive parents (PAPs).	Mostly	
6.1. Related to domestic adoption agencies		
6.2. Related to intercountry adoption agencies	Mostly	
7. A system that documents authorized/registered PAPs exists.	Completely	
8. Limits are imposed on fees, costs, contributions, and donations required or solicited by state and nonstate actors, institutions, and individuals for intercountry adoption services.	Yes	
9. There is a national regulatory framework to ensure a clear and documented process for determining a child is eligible for adoption.	Yes	
10. Two-part question:	Leadership and governance	Service delivery
	10.a. National policy/strategy that includes adoption explicitly references the following:	10.b. The following service areas are being provided:
10.1. Special preparation, support, and/or counseling services for PAPs before, during, and after placement.	Yes	Yes
10.2. Specialized support for PAPs of children with disabilities.	No	No

10.3. Carers participate in matters related to administrative and judicial proceedings for adoption placements.	Mostly	Slightly
10.4. Special preparation, support, and/or counseling services for children before, during, and after adoption placement	Slightly	Slightly
10.5. Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings in adoption placement decisions.	Mostly	Slightly
Service delivery	Responses	
11. Minimum quality standards to promote quality adoption placements exist.	Slightly	
11.1. The minimum quality standards are being used to guide service delivery provided by government actors.	Mostly	
11.2. The minimum quality standards are being used to guide service delivery provided by nongovernmental actors.	Mostly	
12. Postadoption monitoring mechanisms exist.	Mostly	
12.1. For domestic adoption	Mostly	
12.2. For intercountry adoption	Mostly	
13. Adoption placements occurring in the last 12 months are authorized/registered.	Completely	
Workforce	Responses	
14. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in adoption:		
14.1. Government social workers	Slightly	
14.2. Nongovernmental social workers	Slightly	

14.3. Child protection specialists	Mostly
14.4. Law officers / justice department staff	Slightly
14.5. Other? specify:	
15. There are training mechanisms that are building skills of staff involved in monitoring and supporting adoption placements.	Slightly
Monitoring and evaluation (M&E) and information systems	Responses
16. Standardized indicators to monitor domestic and intercountry adoption services exist.	Mostly
17. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
17.1. Within ministry in charge of alternative care	Completely
17.2. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	
18. Data are regularly collected (annually, quarterly, etc.) to monitor adoption.	Completely
18.1. This includes data from government actors.	Completely
18.2. This includes data from nongovernmental actors.	
19. It is possible to disaggregate data on adoption by:	
19.1. Domestic vs. intercountry adoption	Completely
19.2. Geographic placement of child	Completely
19.3. Sex of child	Completely
19.4. Age of child	Completely

19.5. Disability type	Mostly
19.6. Ethnicity (if appropriate)	
19.7. Other? specify:	
20. Data quality assurance activities for data related to adoption are conducted regularly (at least 1 time per year or according to applicable national standards).	Completely
Social norms and practices	Responses
21. Activities (e.g., campaigns) promoting positive norms on adoption as a permanent form of caring for a child deprived of parental care (in case family reintegration is not possible) are conducted regularly.	Slightly
22. An advocacy and communication strategy that includes positive norms related to adoption exists.	Not at all
22.1. This strategy aims at increasing the number of adopted vulnerable children (e.g. children with disabilities, children with chronic diseases)	Not at all
22.2. The strategy aims at raising the awareness of staff and PAPs that intercountry adoption may be envisaged only when no appropriate domestic solution exists for a child.	Not at all
Finance	Responses
23. Costs for adoption services have been estimated.	Slightly
24. Costs for adoption services are included as a budget line item in the:	
24.1. State budget	Slightly
24.2. Local budget	Slightly
25. Funding to support adoption was allocated per the government budget(s).	

26. Funding to support adoption was released per the government allocation.	Slightly
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Family Reunification And Reintegration

Leadership and governance	Responses
1. Legal provisions for family reunification/reintegration exist.	Mostly
2. National policy or strategy that addresses provisions for child-family reunification and reintegration exists.	Mostly
2.1. Policy or strategy is current (includes the current year)	Completely
2.2. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Mostly
2.3. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Mostly
2.4. There are subnational policies/strategies that align with the national policy/strategy.	Slightly
3. National policy/strategy that includes provisions for child-family reunification/reintegration includes the following:	
3.1. Systematic process to determine the best interest of the child (e.g., gatekeeping) for family reunification determinations	Mostly
3.2. A process for involving children in reunification decisions (e.g., timing or placement)	Yes
3.3. Guidelines for completing a transition plan that includes preparing families and children for reunification	Mostly

	Leadership and governance	Service delivery
	4.a. National policy/ strategy that includes family reunification/ reintegration explicitly references the following:	4.b. The following service areas are being provided:
4. Two-part question:		
4.1. Services for families prior to/post reunification (e.g., psychosocial, financial)	Mostly	Mostly
4.2. Specialized support for reintegration of children with disabilities	Mostly	Mostly
4.3. Special preparation, support, and/or counseling services are provided to children before, during, and after reunification.	Mostly	Mostly
4.4. Children's views are given due weight in accordance with their age and maturity by administrative and judicial proceedings in reunification decisions.	Mostly	Mostly
Service Delivery	Responses	
5. Minimum quality standards of practice to promote quality reintegration and reunification exist.	Mostly	
5.1. The minimum quality standards are being used to guide service delivery provided by government actors.	Mostly	
5.2. The minimum quality standards are being used to guide service delivery provided by nongovernmental actors.	Slightly	
6. A monitoring mechanism to ensure quality delivery of family reunification/reintegration services exists.	Slightly	
6.1. Quality assurance of delivery of reintegration services occurs regularly (per national standards, if applicable).	Slightly	
6.2. What happens when service providers do not meet the minimum standards is clearly stated in the regulatory framework.	Mostly	

Workforce	Responses
7. The following staff have defined qualifications/profiles relevant to their roles and responsibilities in family reunification and reintegration:	
7.1. Government social workers	Mostly
7.2. Nongovernmental social workers	Mostly
7.3. Child protection specialists	Mostly
7.4. Healthcare workers	Slightly
7.5. Therapists	Slightly
7.6. Educators	Mostly
7.7. Youth care professionals	Slightly
7.8. Social welfare officers	
7.9. Community development officers	
7.10. Other? specify:	Mostly
8. Are there training mechanisms that are building skills of staff involved in monitoring and supporting family reunification and/or reintegration?	Not at all
Monitoring and evaluation (M&E) and information systems	Responses
9. Standard indicators to monitor child-family reunification and reintegration services exist.	Slightly
10. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
10.1. Within ministry in charge of alternative care	Mostly

10.2. Across relevant ministries	Slightly
10.3. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	Not at all
11. Data are regularly collected (annually, quarterly, etc.) to monitor family reunification/reintegration services/programs.	Mostly
11.1. This includes data from government actors.	Completely
11.2. This includes data from nongovernmental actors.	Slightly
12. Data to routinely track the number of children from pre-reunification to post-reunification exist.	Slightly
13. It is possible to disaggregate family reunification and reintegration data by:	
13.1. Length of stay in family	Not at all
13.2. Pre-reunification type of care (e.g., foster care, residential care, kinship care)	Slightly
13.3. Sex of child	Completely
13.4. Age of child	Completely
13.5. Locality (urban/rural)	Completely
13.6. Disability type	Not at all
13.7. Ethnicity (if appropriate)	Not at all
13.8. Other? specify:	
14. Data quality assurance activities for data related to child-family reunification and reintegration are conducted regularly (at least 1 time per year or according to applicable national standards).	Not at all

Social norms and practices	Responses
15. Activities (e.g., awareness campaigns, trainings) aimed at prioritizing family reunification and reintegration over placement of the child in residential or other form of alternative care are conducted regularly.	Mostly
15.1. These activities target the general public.	Mostly
15.2. These activities target national and subnational government staff.	Mostly
15.3. These activities target frontline staff involved in caring for children.	Mostly
16. An advocacy and communication strategy that includes promoting family reunification and reintegration exists.	Not at all
Finance	Responses
17. Costs for child-family reunification and reintegration services have been estimated.	Slightly
18. Costs for child-family reunification and reintegration are included as a government budget line item in the:	Mostly
18.1. State budget	Mostly
18.2. Local budget	Mostly
19. Funding to provide support for reunification and reintegration was allocated per the government budget(s).	Slightly
20. Funding to support reunification and reintegration was released per the government allocation.	Mostly
21. Financial contributions from private sector actors that support reunification and reintegration are tracked by the government.	Not at all

22. Financial contributions from development partners that support reunification and reintegration are tracked by the government.	Not at all
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System Deinstitutionalization

Leadership and governance	Responses
1. There are legal provisions to shift away from residential care toward family-based care.	Completely
2. There are legal provisions that prevent new, large-scale residential institutions from being set up.	
3. National policy or strategy that addresses deinstitutionalization of the formal care system exists.	Completely
3.1. Policy or strategy is current (includes the current year)	Completely
3.2. Policy/strategy takes into account the needs of children with disabilities and other special needs	Completely
3.3. Policy/strategy gives priority to the deinstitutionalization of children 0–3 years old	Yes
3.4. Relevant government actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Mostly
3.5. Relevant nongovernmental actors have been oriented or trained on their roles and responsibilities related to implementing national policy/strategy.	Completely
4. There is an official state body responsible for overseeing the system deinstitutionalization process.	Yes
4.1. This body is multisectoral, including all relevant government agencies in its membership.	Completely
5. Guidelines on how to appropriately close or transform residential care facilities exist.	Yes
5.1. Residential care facility staff are oriented/trained on these guidelines.	Mostly

5.2. Mechanisms exist to monitor the closure/transformation of residential care facilities (e.g., timelines for closure/transformation, reports, site monitoring).	Mostly
Workforce	Responses
6. Retraining and redeployment opportunities are provided (where possible) to carers and other staff employed in large-scale residential institutions.	Mostly
Monitoring and evaluation (M&E) and information systems	Responses
7. There are indicators to measure progress on system deinstitutionalization.	Mostly
8. Roles and responsibilities for collecting and reporting on these indicators across the following groups are documented:	
8.1. Within ministry in charge of alternative care	Completely
8.2. Across relevant ministries	Slightly
8.3. Between ministry and nongovernmental actors (e.g., civil society organizations, private sector)	Completely
9. Data are regularly collected (annually, quarterly, etc.) to monitor system deinstitutionalization processes.	Completely
Social norms and practices	Responses
10. A knowledge, attitudes, and practice survey (or equivalent) that includes norms and behaviors related to children in institutions is conducted periodically (per national standards).	Slightly
11. Activities (e.g., awareness campaigns, trainings) aimed at changing negative social norms related to child institutionalization (e.g., prioritizing residential care instead of family-based care) are conducted regularly.	Mostly
11.1. These activities target the general public.	Mostly
11.2. These activities target national and subnational government staff.	Mostly
11.3. These activities target frontline staff involved in caring for children.	Completely

12. An advocacy and communication strategy that includes positive norms related to family-based alternative care, other than institutionalization, exists.	Not at all
Finance	Responses
13. There is an estimate of the costs required to transition to a system that prioritizes family-based care.	Mostly
14. Costs for transitioning to a system that prioritizes family-based care are included as a government budget line item in the:	Not at all
14.1. State budget	
14.2. Local budget	
15. Funding to support activities to transition to a system that prioritizes family-based care was allocated per the government budget(s).	
16. Funding to support activities to transition to a system that prioritizes family-based care was released per the government allocation.	
17. A plan/strategy to redirect savings from institutional closures to community-based services to support children in families exists.	Not at all
18. Funds saved through the closure of an institution are used for developing other prevention and/or other alternative care services.	Slightly
19. Financial contributions from private sector actors that support activities to transition to a system that prioritizes family-based care are tracked by the government.	
20. Financial contributions from development partners that support activities to transition to a system that prioritizes family-based care are tracked by the government.	Slightly

APPENDIX F. REFERENCES

A. LEGISLATION

Rights of the child:

- Law no. 338 from 15.12.1994 concerning the rights of the child. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=311654>.

Social assistance, social services, intersectoral services:

- Law no. 547 from 25.12.2003 on social assistance. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=312847>.
- Law no. 133-XVI from 13.06.2008 concerning the social benefit (Ajutor Social). Retrieved from <http://lex.justice.md/viewdoc.php?id=329197&lang=1>.
- Law no. 123 from 18.06.2010 concerning social services. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=335808>.
- Law no. 129 from 8.06.2012 concerning the accreditation of social services providers. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=344610>.
- Government Decision no. 816 from 30.06.2016 concerning the approval of the Framework Regulation on the organization and functioning of early intervention services and minimum quality standards for early intervention services. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=365709>.

Protection of children in risk and of children separated from their parents:

- Law no. 140 from 14.06.2013 concerning the special protection of children in risk situation and of children separated from their parents. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=348972>.
- Government Decision no. 270/2014 concerning the approval of the instructions on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance, and monitoring of children who are victims or potential victims of violence, neglect, exploitation, and trafficking. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=352587>.
- Government Decision no. 7/2016 for the approval of the framework regulation on the organization and operation of the commission for the protection of children in difficulty. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=362785>.

- Government Decision no. 889 from 11.11.2013 for the approval of the framework regulation on the organization and functioning of the family support social service. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350352>.
- Government Decision no. 780 from 28.09.2014 on the approval of the minimum quality standards concerning the family support social service. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354884>.
- Government Decision no. 1019 from 02.09.2008 on the approval of the minimum quality standards concerning the social services provided within the maternal centers. Retrieved from <http://lex.justice.md/md/329066/>.
- Government Decision no. 722 from 22.09.2011 concerning the approval of the framework regulation on the organization and functioning of the social service "Mobile team" and minimum quality standards. Retrieved from <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=340345&lang=1>.

Alternative forms of care:

A. Guardianship

- Government Decision no. 581 from 25.05.2006 approving the regulation on the conditions for establishing and paying the allowances for adopted children and of those in trusteeship/guardianship. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=316122>.

B. Foster care

- Government Decision no. 937 from 12.07.2002 for approving the regulation of family-type children home. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=296958>.
- Government Decision no. 1733 from 31.12.2002 concerning the norms for material insurance of orphan children and of children left without parental care from family-type children homes. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=294526>.
- Government Decision no. 812 from 02.07.2003 concerning the approval of minimum quality standards for family-type children homes. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=304878>.
- Government Decision no. 924 from 31.12.2009 concerning the allowances for children placed in professional parental assistance service. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=333273>.

- Government Decision no. 760 from 17.09.2014 concerning the approval of the framework regulation on the organization and functioning of the professional parental assistance service and minimum quality standards. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354816>.

C. Placement in residential institutions

- Government Decision no. 432 from 20.04.2007 concerning the approval of minimum quality standards on the care, education and socialization of children from residential-type institutions. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=323597>.

Small group homes:

- Government Decision no. 851 from 8.10.2014 concerning the approval of the regulation on the establishment and payment of daily allowance for children placed in community home for children in risk situations. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=355176>.
- Government Decision no. 529 from 13.07.2014 concerning the approval of minimum quality standards for the social service “community home for children in risk situation.” Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=353752>.
- Government Decision no. 52 from 17.01.2013 concerning the approval of the framework regulation on the organization and functioning of the social service “community home for children in risk situation.” Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=346425>.

Temporary placement centers:

- Government Decision no. 1018 from 13.09.2004 for approving the framework regulation concerning the center for temporary placement of the child. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=295609>.
- Government Decision no. 450 from 28.04.2006 for the approval of minimum quality standards on the care, education, and socialization of the child from temporary placement center. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=316030>.
- Government Decision no. 823 from 04.07.2008 concerning the approval of minimum quality standards for the social services delivered in the placement centers for children with disabilities. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=328489>.

Adoption:

- Parliament Decision no. 1468 from 29.01.1998 concerning the adherence of the Republic of Moldova to the Convention on children protection and cooperation in the area of international adoption and to the Convention on civil aspects of international children kidnapping. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=308091>.
- Law no. 99 from 28.05.2010 concerning the adoption juridical regime. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=335424>.

B. POLICY DOCUMENTS (all Government of the Republic of Moldova)

Strategy for child protection 2014–2020. Retrieved from <http://lex.justice.md/md/353459/>.

Action plan 2016–2020 for the implementation of the strategy for child protection 2014–2020. Retrieved from <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=365755&lang=1>.

Strategy for the development of parenting skills and competencies 2016–2022. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=366978>.

Strategy “education 2020.” Retrieved from <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=355494&lang=1>.

National programme for the social inclusion of persons with disabilities 2017–2022. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=371431>.

C. OTHER DOCUMENTS

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Family for Every Child. (2016). Guidelines on children’s reintegration.

Ministry of Health, Labour and Social Protection. (2017). Annual social report 2016.

APPENDIX G. DETAILED RECOMMENDATIONS

System component recommendation		Area of care
Leadership and governance		
1.	Strengthen the capacity of the National Council for the Protection of Children Rights as national authority in charge of multisectoral coordination and oversight of alternative care policies.	Crosscutting
2.	Support the rayon authorities to align their strategies to the national strategies/policies, including through the revision of the Strategy for Child Protection 2014–2020 and Strategy "Education 2020" and their action plans following mid-term reviews.	Crosscutting
3.	Amend the legal framework to ensure the legal representation of children placed in alternative care services run by NGOs and religious organizations.	Crosscutting
4.	Establish criteria/instruments for identifying the degree of imminent risk of children to avoid their placement in services that are not in line with their best interests.	Crosscutting
5.	Develop a mechanism regulating the separation of siblings.	Crosscutting
6.	Make explicit in the law the "specific circumstances" that would justify the placement of a child under three years old in residential institutions.	Crosscutting
7.	Regulate a mechanism for contracting with NGOs for programs and services.	Crosscutting
8.	Reconsider the prevention dimension of the social benefits legal framework (prioritize prevention rather than address the risks once they have already materialized).	Prevention
9.	Improve the legal framework concerning services for children born in custody.	Prevention
10.	Revise the legal framework to allow service providers to re-apply for accreditation (if they failed the first time).	Prevention
11.	Adopt a moratorium on institutionalization of children under age three.	Residential care
12.	Continue the reforms in the area of residential care, focused on the transformation of old-type institutions.	Residential care
13.	Improve the legal framework for private residential institutions.	Residential care
14.	Develop the legal framework related to supervised independent living.	Supervised independent living
15.	Review the effects of the Law 66/2017 (which modified some legal acts, such as the Civil Code, Family Code, Law 1402/1997 on mental health, etc.) on kinship care (it introduced several new concepts and apparently hindered the	Kinship care

System component recommendation		Area of care
	adoption of some needed amendments on guardianship) and abrogation, if needed.	
16.	Develop the legal framework on informal kinship care, e.g. custodial placement, oversight mechanism, notification/registration.	Kinship care
17.	Acknowledge the role of informal kinship carers in policy documents and introduce targeted support and counseling for both carers and children.	Kinship care
18.	Introduce a standardized process for children's assessment to determine if and when they are ready to transition out of kinship care	Kinship care
19.	Develop a registration system for informal kinship care arrangements and clarify the role and responsibilities of the government in relation to such forms of care.	Kinship care
20.	Clarify by law the roles and responsibilities concerning postadoption support to children for adaptation in the new family.	Adoption
21.	Develop child-friendly justice mechanisms, particularly in relation to adoption.	Adoption
22.	Re-activate the Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education in order to facilitate the intersectoral coordination required for the deinstitutionalization of children with severe deficiencies.	System deinstitutionalization
Service delivery		
23.	Ensure a balanced development of social services network across the country (based on a minimum package) and correlated with the number of children in institutions in a rayon and other relevant services (e.g., minimum educational services package).	Crosscutting
24.	Provide support to service providers to enable them to comply with minimum quality standards, including through better monitoring and registration of performance indicators in the SIAAS.	Crosscutting
25.	Set up an independent system for the quality assessment of services.	Crosscutting
26.	Improve the quality and ensure regular review of individual assistance plans of children in alternative care, especially of those in institutions.	Crosscutting
27.	Develop specialized case management procedures and support services for children and carers with disabilities.	Crosscutting
28.	Ensure that all alternative care services are accredited; provide support to enable accreditation.	Crosscutting
29.	Ensure proper enforcement of complaint mechanisms for children in formal care.	Crosscutting

System component recommendation		Area of care
30.	Expand the family support service to all rayons.	Prevention
31.	Improve the parenting skills, including parenting programs and training for parents (with focus on parents with disabilities, single and adolescent parents). Adopt the action plan for the implementation of the relevant national strategy on parenting.	Prevention
32.	Develop programs for dealing with alcohol and substance abuse.	Prevention
33.	Ensure a critical mass of foster carers in all rayons.	Foster care
34.	Develop support and counseling services for children and foster carers after the placement.	Foster care
35.	Provide specialized support to foster carers of children with disabilities in all rayons.	Foster care
36.	Ensure that children's view are given due weight in foster placement decisions.	Foster care
37.	Improve supervision and monitoring of care in residential institutions, especially in old-type institutions. Ensure better follow-up inspections and implementation of recommendations by service providers.	Residential care
38.	Develop supervised independent living services for children ages 15–18 years.	Supervised independent living
39.	Improve the special preparation, support, and counseling services for formal kinship carers and children before, during, and after placement in kinship care (including for children with disabilities).	Kinship care
40.	Develop support and counseling services (including psycho-emotional support) for children in informal kinship care, based on a formalized needs assessment process.	Kinship care
41.	Adopt minimum quality standards for formal kinship care, including clarification of what happens if carers fail to comply with their responsibilities.	Kinship care
42.	Improve the monitoring of formal kinship placement and monitoring and oversight of children in informal kinship care arrangements.	Kinship care
43.	Improve the system for quick identification and oversight of informal kinship care arrangements.	Kinship care
44.	Reflect all areas of child well-being (health, safety, achievement, respect, responsibility, activity, inclusion, nourishing care) in the postadoption report.	Adoption
45.	Provide specialized support to children before, during, and after the adoption process.	Adoption

System component recommendation		Area of care
46.	Provide specialized support to PAPs and to adoptive carers of children with disabilities.	Adoption
47.	Ensure that children views are given due weight in the adoption process.	Adoption
48.	Develop and adopt minimum quality standards for the adoption placements and methodological guides for ensuring the quality of domestic adoption (e.g., matching, preparation of the child, formal consultation of the child).	Adoption
49.	Develop and adopt national standards for monitoring the quality of family reunification after reunification.	Reunification & reintegration
50.	Develop specific procedures for reintegration (for children with disabilities, for separated children), as the existing ones are general.	Reunification & reintegration
Workforce		
51.	Develop human capital so the needs of children are addressed in an equitable and consistent way in all rayons.	Crosscutting
52.	Establish maximum caseload thresholds for case managers and community social workers.	Crosscutting
53.	Train relevant staff from all rayons in case management, with a particular focus on children with disabilities deprived of parental care.	Crosscutting
54.	Review the definition of qualifications/profiles for each category of relevant staff involved in alternative care and revise them in accordance to their roles and responsibilities.	Crosscutting
55.	<p>Set up a training mechanism for improving the skills of staff involved in strengthening/supporting the family to prevent child-family separation and in all areas of alternative care:</p> <ul style="list-style-type: none"> • Develop the university curriculum • Provide continuous training programs (including induction training) in child well-being and other relevant aspects to all specialists from all sectors (public/nongovernmental, health, education, social protection, public safety) • Embed skills for personal development in the training programs (e.g., communication, empathy, conflict resolution, time management) 	Crosscutting
56.	Carry out regular orientation and training of NGO staff involved in alternative care provision, as key partners of the state in progressing toward the needed reforms of the system.	Crosscutting
57.	Develop motivation and retention policies addressed to community social workers.	Prevention
58.	Improve the recruitment system of foster carers (professional parental assistants).	Foster care

System component recommendation		Area of care
59.	Monitor the quality of in-service training provided to foster carers.	Foster care
60.	Define/make explicit the role and responsibilities of staff to monitor informal kinship care arrangements and train them on how to identify, oversee, and monitor them.	Kinship care
61.	Deliver continuous training to kinship carers (formal and informal).	Kinship care
62.	Increase the capacity of judges and law enforcement professionals in issues related to children (civil code and adoptions).	Adoption
Monitoring and evaluation (M&E) and information systems		
63.	Improve the collection of disaggregated data to facilitate appropriate M&E of alternative care policies and service provision for each area of care and for various groups of children at risk (including unaccompanied children and separated children in emergency situations); include the length of stay of the child in a form of care and type of disability among disaggregation.	Crosscutting
64.	Map the existing indicators used for routine monitoring of alternative care; identify the gaps and develop a final list; institutionalize these indicators in data collection and analysis processes, as part of routine monitoring; train staff accordingly.	Crosscutting
65.	Develop and fully implement the SIAAS to allow data collection, storage, processing, and visualization by authorities and other interested stakeholders.	Crosscutting
66.	Develop the interoperability of the informational systems, including data on alternative care, i.e., SIAAS, EMIS, and health care systems.	Crosscutting
67.	Harmonize data (on foster care, kinship care, etc.) collected at the local level with those at the national level and vice versa to enable analysis and inform policymaking.	Crosscutting
68.	Define the roles and responsibilities for data collection and reporting between the MOHLSP and relevant nongovernmental actors.	Crosscutting
69.	Set up multisectoral fora where data on alternative care are regularly shared and reviewed, with results of analysis made public.	Crosscutting
70.	Develop and implement a data quality assurance mechanism.	Crosscutting
71.	Develop standardized indicators and mechanisms for data collection and analysis to monitor the enforcement of the legal framework on prevention of unnecessary child-family separation.	Prevention
72.	Introduce standardized indicators to oversee and monitor informal kinship care arrangements.	Kinship care

System component recommendation		Area of care
73.	Improve mechanisms for data collection on informal kinship care arrangements to better understand the scale and reasons and thus inform the development of service provision and policies at local, rayon, and national levels.	Kinship care
74.	Develop the range of specific indicators related to family reunification and reintegration to enable proper monitoring of quality.	Reunification & reintegration
75.	Revise the SIAAS for capturing disaggregated data on family reintegration of children.	Reunification & reintegration
76.	Ensure the centralization/consolidation of data collected by different agencies activating in different sectors (social protection, health, education, public safety) and local authorities to track the child from pre-reunification to post-reunification and monitor family reintegration services.	Reunification & reintegration
77.	Improve data exchange and data interconnectivity referring to deinstitutionalization between ministries, including the Ministry of Finance.	System deinstitutionalization
Social norms and practices		
78.	Develop and implement a communication and advocacy strategy on prioritizing the prevention of child-family separation rather than placement of the child in residential care or other form of alternative care.	Prevention
79.	Develop and implement a communication and advocacy strategy to promote foster care and recruitment of foster carers in all rayons.	Foster care
80.	Develop and implement a communication and advocacy strategy to discourage placement of children in residential care and combat social norms that lead to such decisions.	Residential care System deinstitutionalization
81.	Develop and implement a communication and advocacy strategy to encourage the formal kinship care as the second best option for caring of a child.	Kinship care
82.	Raise awareness on the benefits of notification and formalization of informal kinship care arrangements.	Kinship care
83.	Encourage the citizens to inform the authorities of informal care arrangements that are detrimental to child well-being.	Other forms of care
84.	Develop and implement a communication and advocacy strategy integrating and promoting positive social norms on adoption as a permanent form of child care (in case family reintegration or kinship care are not possible).	Adoption
85.	Promote child reintegration in the family through awareness raising and communication activities carried out in a regular and systematic manner.	Reunification & reintegration

System component recommendation		Area of care
Finance		
86.	Develop the capacity of local authorities for financial forecasting and prioritizing based on needs assessment.	Crosscutting
87.	Improve the tracking by the government of financial contributions of development partners and private actors to alternative care reforms.	Crosscutting
88.	Ensure the funding of prevention services out of the state budget based on an agreed upon mechanism/formula.	Prevention
89.	Include foster care in the minimum package of social services to be financed from the state budget.	Foster care
90.	Ensure consistency between the social benefits provided to children in kinship care with those provided to children placed in other care services, as appropriate.	Kinship care
91.	Estimate the costs to support and oversee informal kinship carers and allocate funding accordingly.	Kinship care
92.	Develop a mechanism for the estimation of costs for family reunification and reintegration.	Reunification & reintegration
93.	Include a specific budget line for reintegration services.	Reunification & reintegration
94.	Ensure that savings resulted from transformation/closure of residential institutions are ring-fenced in the budget for the development of alternative family-type services.	System deinstitutionalization

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