Assessing Alternative Care for Children in Moldova

Assessment Report (Volume 1)

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Molly Cannon, MEASURE Evaluation, Palladium
Camelia Gheorghe, consultant
Moldova country core team

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MEASURE Evaluation
University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, North Carolina 27517
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

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CONTENTS

FIGURES

TABLES

ABBREVIATIONS

CCT	country core team
CRC	Convention on the Rights of the Child
DCOF	Displaced Children and Orphans Fund
DI	deinstitutionalization
EMIS	Education Management Information System
M&E	monitoring and evaluation
MOECR	Ministry of Education, Culture and Research
MOHLSP	Ministry of Health, Labour and Social Protection
NGO	nongovernmental organization
NSWA	National Social Work Agency
PAP	prospective adoptive parents
SIAAS	Social Assistance Automatic Informational System
UN	United Nations
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

In 2017, the Displaced Children and Orphans Fund (DCOF) of the United States Agency for International Development (USAID) engaged the USAID-funded MEASURE Evaluation to build on and reinforce progress in advancing national efforts on behalf of children who lack adequate family-based care in Moldova. With the support of MEASURE Evaluation, the Ministry of Health, Labour and Social Protection (MOHLSP) conducted a participatory self-assessment of the national alternative care system. Specifically, the assessment measured Moldova's status on implementation of the United Nations' Guidelines for Alternative Care of Children. The purpose of the assessment workshop was to inform action planning to address priority needs identified in alternative care for children.

This report on the assessment comprises two volumes. Volume 1 provides an overview of the assessment tool and methods used for conducting the assessment and presents the key findings of the assessment, by alternative care areas and system components. It also includes a summary of recommendations. Volume 2 presents the assessment tool and responses, a glossary of key terms, detailed recommendations, and a list of references. It also presents the country core team (CCT) membership and the assessment workshop participants.

Assessment Workshop

Moldova's assessment took place November 29 to December 2, 2017, at Vatra Hotel in Vadul lui Vodă. In total, 26 participants attended the workshop, including participants from the Core Country Team (CCT), MOHLSP, National Social Work Agency (NSWA), Social Inspection, Ministry of Internal Affairs, National Statistics Bureau, *rayon* (district) health and education directorates, nongovernmental organizations (NGOs), and UNICEF's Moldova country office. Facilitators led small group discussions and review of select areas of care, organized by system strengthening components. Groups then reported back on key system weaknesses identified, statements where consensus was difficult to reach, statements where answers were uncertain (either due to lack of information or clarity in the formulation of some statements in the tool), and recommendations for improving each area of care. After facilitators gained consensus for all areas of care and system components, there was one set of responses.

Key Findings

Findings in this report are presented by areas of care, with a summary by system component. Because many of the findings are similar across areas of care, we present here a summary of the findings by system component, noting specific areas of care that may need to be strengthened.

Leadership and governance: Moldova has a relatively well-developed policy and legal framework governing alternative care and has ratified the key international instruments related to child rights protection. The main piece of domestic legislation is Law no. 140/2013 on the special protection of children in risk and children separated from their parents. The law contains provisions on the alternative care of children, clarifies the roles of guardianship authorities, and describes the gatekeeping procedures. There are several gaps in the legal framework concerning informal kinship care, supervised independent living, postadoption support, and child-friendly justice mechanisms which need to be addressed.

At the policy level, the Strategy for Child Protection 2014–2020 and Action Plan for the Implementation of the Strategy 2016–2020, in particular, provide the framework for delivering and facilitating access to appropriate care options for children deprived of parental care. The implementation of laws and policies is, however, suboptimal in almost all areas of care, especially at rayon and local levels, given insufficient orientation of staff and funding from the state budget. The Action Plan is not adequately monitored to ensure timely remedial measures. In addition, the existing multisectoral coordination bodies, notably the National Council for Child Rights Protection and the Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education, play a relatively limited role in ensuring multisectoral oversight and coordination of alternative care policies.

Service delivery: The assessment reveals that the policy-to-practice gap is significant, with the availability and quality of alternative care services varying considerably among rayons. This is primarily due to competing priorities and scarce human and financial resources at the local level, compounded by the recent decentralization, which puts the responsibility of financing such services on the rayons. Where there are adequate services, they are often provided by NGOs, illustrating a lack of sustainable service delivery for the country. Moldova has adopted case management guidelines, but these need to be strengthened to address the special needs of children with disabilities or children in informal care.

Quality of service delivery is another key concern, as not all alternative care services are accredited and standardized, i.e., through the regulation of minimum quality standards that must be observed by all service providers. In this respect, gaps have been identified in the area of formal kinship care, adoption placements, and family post-reintegration. At the same time, follow-up inspections are rare, and implementation of recommendations by inspected service providers is unsatisfactory. Workshop participants assessed the existing monitoring mechanisms to be fairly weak, in particular in relation to the residential institutions, kinship care, and family reintegration.

Moldova's alternative care system misses some important services, such as supervised independent living, post-foster care placement, special services for kinship carers and children in informal care, and services for prospective adoptive parents (PAP) of children with disabilities.

Workforce: Although the workforce is an essential component of ongoing reform efforts, there are significant gaps in this area. For example, there are very few child rights protection specialists working at the level of local guardianship authorities, although such specialists are required according to the law. Further, there are insufficient foster carers to meet the demand.

There are no standard caseload thresholds for relevant social workforce involved in the provision of alternative care for children, in particular for case managers and community social workers. This, combined with low salaries and insufficient professional development opportunities, leads to burnout, diminished quality of services, and even staff turnover.

There is no institutionalized training mechanism for all professionals working in social assistance, although some efforts are underway by the recently established NSWA. Judges and law enforcement lack specific training opportunities in alternative child care. Trainings are provided to foster carers and staff of community homes and residential institutions, but there is no monitoring and quality check mechanism in place to check if these trainings have been delivered according to the legal provisions.

Monitoring and evaluation (M&E) and information systems: In Moldova, a large amount of data is collected, but it is not always reliable, timely, or useful for decision making. Data collected are primarily used for the annual Social Report, and much less for routine monitoring and ongoing improvement of practices at the local level, and there is a general lack of data demand or data use culture at all levels. While standard indicators exist, the country is limited in its ability to analyze, report, and use data related to case management—mostly due to there being no longitudinal database. While the Social Assistance Automatic Informational System (SIAAS) database exists, it is currently not functional for tracking individual cases over time. Most data collected can be disaggregated by sex, age, and locality, but not by disability type or length of time in care.

The roles and responsibilities for data collection and reporting are relatively well-defined within the MOHLSP, but they are poorly documented across ministries and not always clear enough between the MOHLSP and non-state actors.

Social norms and practices: Some awareness-raising campaigns targeting the general public and government staff have been conducted by NGOs with the support of donors. They aimed to discourage recourse to and/or placement of children in residential care and changing the negative social norms related to institutionalization; increasing the awareness on the importance of family in raising a child; and promoting family-type alternative care. Workshop participants nevertheless agreed that these efforts were insufficient to sustainably transform the ingrained paternalistic social norms inherited from the communist past of the country. There is no national advocacy and communication strategy seeking to promote positive norms related on alternative care.

Financing: Funding remains a critical issue for alternative care of children. The costs for providing alternative care services have not been estimated for all services and there are no specific budget lines for several of them. Most problematic is the area of informal kinship care, but there are issues related to adoption and family reintegration services as well. As far as system deinstitutionalization is concerned, funds saved through the closure of institutions are not necessarily used for prevention or alternative care services. The allocation of necessary funding is affected by scarce resources, as well as weak financial forecasting and needs-based prioritizing capacity at the local level.

Recommendations

Appendix G (see Volume 2 of this report) contains a long list of recommendations that can be sorted by system component or by area of care. Here we present the overarching recommendations by system component.

Leadership and governance: The recommendations around leadership and governance fall into four main categories: (1) strengthening of the coordinating bodies, i.e. National Council for Child Rights' Protection and Coordination Council for the Reform of Residential Child Care System and Development of Inclusive

Education; (2) alignment of the rayon strategies to national strategies through the revision of key strategies and action plans following a mid-term review; (3) amendment of the regulatory framework to ensure protection of children at higher risk, e.g., children under age three at risk of institutionalization and children in informal kinship care; and (4) development of additional guidelines/policies to guide work in alternative care, e.g., assessments of risk prior to placement, clarification of roles and responsibilities for informal kinship carers, supervised independent living, and postadoption support.

Service delivery: There are three categories of recommendations related to service delivery: (1) improvement and monitoring of subnational implementation, e.g., balanced development of services across all rayons and minimum package of services to be financed by the state; (2) strengthening of the service delivery, e.g., supervised independent living, post-foster care placement services, specialized services for children with disabilities, children in informal care, kinship carers, PAPs of children with disabilities, improvement of parenting skills, and prevention of alcohol/drug abuse; and (3) development of new procedures and quality safeguards, e.g., periodic review of the placement of children in alternative care, adoption of minimum quality standards for all services, procedures for re-integration, specialized case management for children with disabilities, and enforcement of the complaint mechanisms for children in formal care.

Workforce: Recommendations regarding the workforce focus on four main areas: (1) addressing recruitment and retention issues, e.g., for foster carers and community social workers; (2) institutionalization of the in-service training for different cadres with respect to alternative care, such as case managers, kinship carers, judges, and law enforcement staff; (3) development of workforce standards such as caseload thresholds, and monitoring of the quality of training; and (4) revision of the definition of qualifications/profiles for each category of relevant staff/official involved in alternative care in accordance to their roles and responsibilities.

M&E and information systems: A thorough review of the current indicators and M&E systems that support collection and use of data is a first step in addressing other recommendations in this area, which include: (1) mapping and identification of gaps in routine monitoring indicators, including development and enhancement of indicators; (2) improvement of M&E processes, such as ensuring data quality assurance procedures and establishing data use guidelines; (3) strengthening the electronic solutions (e.g., SIASS) to enable better monitoring of quality standards, facilitate more routine analysis of data, and allow for following children throughout the alternative care spectrum; and (4) definition of roles and responsibilities for data collection and reporting across relevant ministries and between them and nongovernmental actors.

Social norms and practices: The primary recommendation for this system component is to develop a communication and advocacy strategy around all areas of care, including prevention of separation and reintegration.

Financing: Given decentralization and the role of rayons to fund services, participants recommended building capacity at the local level for financial forecasting and prioritizing based on a needs assessment. At the central level, a minimum package of social services should be made available in all rayons and paid for from the state budget. A child rights-oriented budgeting process with specific budgetary lines and clear allocation of funding for specific areas of care support (benefits and services) is required. Finally, the assessment recommends that savings resulting from transformation/closure of residential institutions be reallocated for the development of alternative family-type services.

INTRODUCTION

Moldova's care reform initiative is based on the United Nations (UN) Guidelines for Alternative Care of Children (hereafter called "UN Guidelines"), which outlines specific principles and standards regarding appropriate care of children to ensure that they grow in a protective environment, free from deprivation, exploitation, danger, and insecurity. The MOHLSP, with funding and technical assistance from USAID's DCOF and MEASURE Evaluation, conducted a self-assessment of the alternative care for children system through a participatory stakeholder workshop, which took place November 29–December 2, 2017, at Vatra Hotel in Vadul lui Vodă, Moldova.

The assessment workshop aimed to strengthen the capacities of government partners to accomplish the following specific objectives:

- Provide leadership in implementing a structured assessment of national alternative care for children system and strategies using a standardized framework/tool
- Identify gaps and continuing needs in alternative care for children
- Develop plans to address priority needs in alternative care for children

The purpose of the assessment workshop in Moldova, in particular, was to inform action planning for addressing identified priority needs in concert with the MOHLSP's current preparation of a new legislative package for securing the financial sustainability of social services at the community level and of a new strategic approach towards deinstitutionalizing the children with severe disabilities still residing in old-fashioned, large-scale institutions.

The preparation and facilitation of the assessment workshop was led by CCT, set up in May 2017 under the leadership of the MOHLSP and composed of decision makers and specialists from government, development partners, and NGOs. The members of the CCT were selected by the MOHLSP, in cooperation with the USAID Mission in Moldova and MEASURE Evaluation, based on stakeholder expertise, experience, and commitment to alternative care for children in Moldova. Its membership is presented in Appendix A (Volume 2).

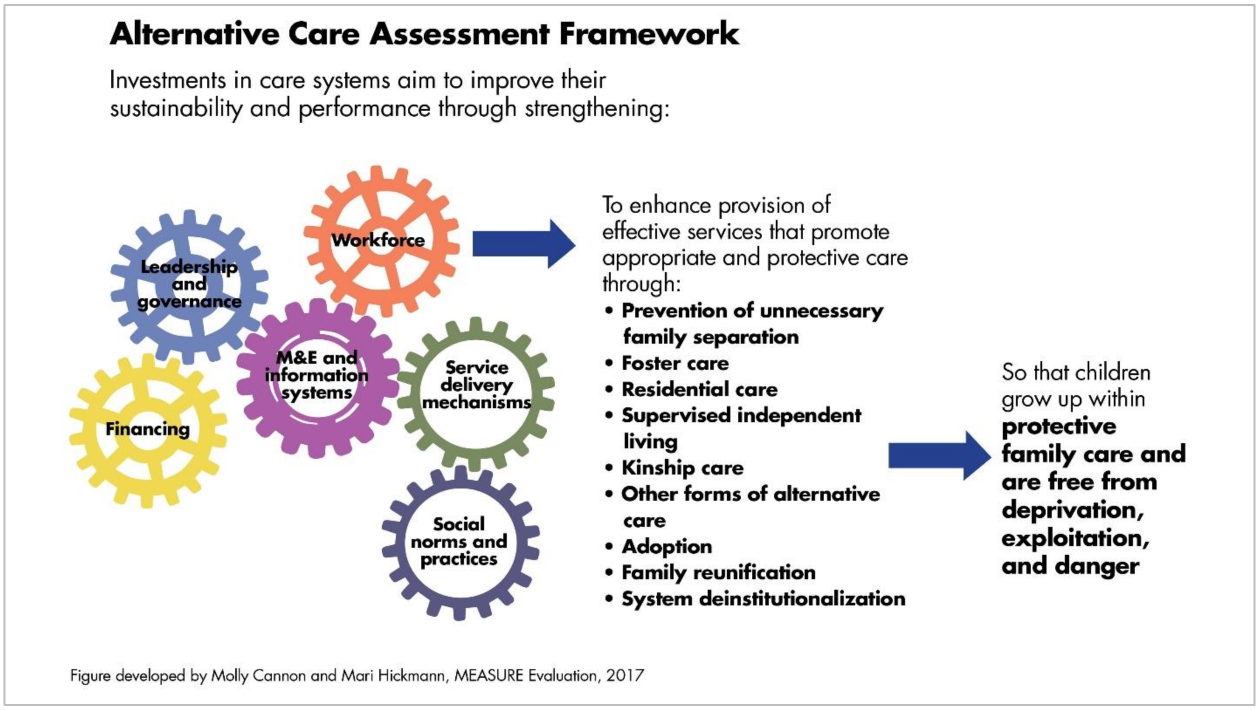
In total, 29 participants attended the workshop, including participants from the CCT, MOHLSP, NSWA, Social Inspection, General Police Inspectorate (Ministry of Internal Affairs), National Bureau of Statistics, rayon health and education directorates, NGOs, and UNICEF's Moldova country office. The workshop was also attended by three MEASURE Evaluation experts. The participant list is provided in Appendix B (Volume 2).

MEASURE Evaluation submitted a workshop report to the CCT, describing in detail the workshop methods, process, and lessons learned for future assessments. This report provides the detailed findings from the assessment and specific recommendations for the government and partners based on the assessment findings.

ASSESSMENT TOOL AND METHODS

The assessment tool used during the assessment workshop was originally developed by USAID/DCOF and MEASURE Evaluation, based on the UN Guidelines, with the aim of assessing the systems of alternative care for children in four countries—Armenia, Ghana, Moldova, and Uganda—according to the Assessment Framework (Figure 1).

Figure 1. Assessment framework for the alternative care for children



Alternative Care Assessment Framework

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

To enhance provision of effective services that promote appropriate and protective care through:

- **Prevention of unnecessary family separation**
- **Foster care**
- **Residential care**
- **Supervised independent living**
- **Kinship care**
- **Other forms of alternative care**
- **Adoption**
- **Family reunification**
- **System deinstitutionalization**

So that children grow up within **protective family care and are free from deprivation, exploitation, and danger**

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

The Moldova CCT reviewed, revised, and finalized the assessment tool and the glossary of key terms (Appendix C, in Volume 2) to adapt them to the country context. The tool includes several tabs, each one representing an area of alternative care for children, e.g., prevention of unnecessary family separation, and foster care, as illustrated in Figure 1. In each tab, there is a series of statements organized by system components, i.e., leadership and governance, service delivery mechanism, workforce, monitoring and evaluation (M&E) and informational systems, social norms and practices, and financing. Each statement has predetermined response options—"completely," "mostly," "slightly," "not at all," "yes," and "no." The tool includes dashboards to show the status by tab (area of care), as well as by system component. To enable a quick overview of this status, colors have been assigned to each response option, i.e., green for "completely/yes," yellow for "mostly," orange for "slightly," and red for "not at all/no."

Workshop facilitators divided participants into groups and asked each group to respond to each of the statements by tab, based on consensus. (Note that there was some variation in group formation and tab assignments; see Appendix D, in Volume 2, for group composition). After discussing and providing responses in groups, they reported back to the plenary on the following:

- Key system weaknesses identified
- Statements where consensus was difficult to reach
- Statements where answers were uncertain (either due to lack of information or clarity in the formulation of some statements in the tool)
- Recommendations for improving each area of care

At the end of each day, MEASURE Evaluation conducted a rapid preliminary analysis through all groups' reports and compared commonalities, differences, and split responses. Responses were categorized as leaning toward the positive ("completely," "mostly," and "yes") or toward the negative ("not at all," "slightly," and "no"). Where there was discord, MEASURE Evaluation, together with facilitators, presented the disagreements back to the plenary and, in some cases, reassigned groups to come to consensus on all statements in the tool.

The workshop culminated in one final set of responses (Appendix E, in Volume 2) and a series of notes highlighting challenges and recommendations. More information on the assessment methodology is provided in the workshop report submitted by MEASURE Evaluation to the CCT in January 2018. The legislative and strategic references used in this report are included as Appendix F, in Volume 2.

The main limitation of the assessment methodology is that it involved a self-assessment and potentially introduced different types of response bias. While an independent assessment could have been done, the process was intentionally designed to be a self-assessment led by the government. The hypothesis was that stakeholder involvement in tool development and implementation and real-time consensus building promote ownership and a greater likelihood that findings would be used.

FINDINGS

Findings are summarized in this section according to areas of care. Crosscutting findings, which touch upon all areas of care, are described first, followed by findings specific to each area of care.

The dashboards (figures) presented below contain horizontal bars for each system component. The numbers in each horizontal bar show the distribution of the total number of statements for the respective system component, according to the response provided by the workshop participants. For instance, in Figure 2, there are a total of 26 statements for the "Service Delivery Mechanisms" system component. The response was "completely/yes" for nine statements, "mostly" for nine statements, and "slightly" for eight statements.

Crosscutting Issues

- Moldova has a well-developed policy and regulatory framework governing alternative care for children but faces challenges in implementation, especially at the local level given insufficient funding from the state budget, and it needs stronger multisectoral coordination and oversight.
- Other challenges include gaps in the provision of specialized support and case management to children and caregivers with disabilities; undefined caseload thresholds for specific workforce cadres; lack of disaggregated data for some groups of vulnerable children; and problems with the dissemination, cross-sector analysis, and use of collected data.
- Complaint mechanisms for children in formal care are not optimal.

Figure 2 presents an overview of the assessment results.

Figure 2. Crosscutting issues

Leadership and Governance

Moldova has a regulatory framework that standardizes the process for child admission to an alternative care setting. The key legislation comprises Law no. 338/1994 on children rights, Law no. 140/2013 on the special protection of children in risk and children separated from their parents, and 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. The latter established multidisciplinary teams at the local level, comprised of social workers, education professionals, health workers, and police officers working together on the identification, registration, initial assessment, emergency protection, specialized examination, comprehensive assessment and assistance, documentation, and recording of cases subject to violence, neglect, exploitation, and traffic.

The legislation explicitly provides for gatekeeping procedures, including procedures to screen referrals, authorize placement of children and ensure admission safeguards, and guarantee the appropriate use of alternative care. The body in charge of deciding the admission of a child to formal alternative care is the territorial guardianship authority functioning at the rayon level (social assistance and family protection directorate) and in the capital city, Chişinău (municipal child rights protection directorate). There are few cases stipulated by law when placements are authorized by the MOHLSP or by the Ministry of Education, Culture and Research (MOECR), such as the placements in residential care institutions under the direct governance of the respective ministries. While the decision mainly lies with subnational-level authorities, coordination and oversight of compliance with alternative care policies is to be ensured at the national level by the inter-ministerial National Council on Child Rights Protection, headed by the prime minister. According to workshop participants, its multisectoral coordination and oversight role needs to be significantly strengthened, as it does not meet regularly or perform all necessary functions in an optimal way.

The national policies, translated in strategies and legislation, that are relevant to alternative care include the key provisions required by the UN Guidelines, reinforcing the principles of "necessity" and "suitability," as illustrated in Figure 3.

Figure 3. Alternative care principles (UN Guidelines)

For instance, Law no. 140/2013 requires a child's separation from family care to be an act of last resort. According to the law, each child without parental care should be provided with a legal guardian or other recognized responsible adult or competent public body. The law stipulates that the removal of a child against the will of his or her parents should be always made by an authorized administrative body or judicial authority. At the same time, the legislation requires that care placements must consider the factors allowing a child to remain near his/her usual place of residence, that contact is maintained between the child and family while the child is in alternative care, and that siblings are placed together, unless it is contrary to their best interest.

The legislation also stipulates that decision making on alternative care placement should consider the best interest of the child and should take place through a judicial, administrative, or other adequate and recognized procedure, with legal safeguards, including, where appropriate, legal representation on behalf of children in any legal proceedings. Objective 1 of the Strategy for Child Protection 2014–2020 on ensuring the prerequisites for raising and educating children in the family and the related Action Plan for Its Implementation 2016–2020 require children under three years old to be placed in a family-based setting unless exceptional circumstances apply. The only gaps that were identified by workshop participants refer to the lack of specialized support to caregivers with disabilities who have children in alternative care and for whom there are no specific legal provisions.

Service Delivery

While the policy framework is well-aligned to UN Guidelines, the implementation varies across the country and lags behind in a number of areas. Workshop participants attributed the policy-practice gap to poor enforcement mechanisms, uneven development of services across the country, insufficient training of staff working in social services, and limited financial resources at the local level.

For instance, according to the law, alternative care placements should be as close as possible to the child's place of residence, and siblings should be placed together, unless contrary to their best interest; however, the lack of alternative care services in some rayons raises significant challenges in monitoring the extent to which this occurs. In fact, workshop participants indicated that this is not occurring consistently in all rayons. Another problematic issue is related to children under three years old not always being placed in a family-based setting, although this should be the priority care measure as per legal provisions; this is also caused by the lack of services (such as foster care) in some rayons, but also by an uneven understanding at the local level of the specific circumstances that might call for residential care placement of such small children. In addition, the situation is not monitored well enough to take timely corrective action. The UN Guidelines require the children with disabilities who are in alternative care and the caregivers with disabilities to receive specialized support; however, these guidelines are not followed in Moldova, as noted by workshop participants.

Not all children without parental care are provided with a legal guardian, other recognized responsible adult, or competent public body, especially children left behind by labor migrant parents and sometimes children who are placed in services run by NGOs. Complaint mechanisms for children in formal care are stipulated in the minimum quality standards of various services and in the internal rules of institutions; nevertheless, these mechanisms are not properly functioning, e.g., children are not adequately informed about the possibility of making complaints and how, and confidentiality is frequently breached. Children in alternative care are to a limited extent enabled to understand the rules, regulations, and objectives of the care setting and their rights and obligations therein.

Moldova has mandatory procedures for the assessment, planning, and review of children's placements in alternative care, through case management. Poverty is not the only justification for the removal of a child from parental care, as confirmed by the workshop participants and a recent UNICEF assessment of early childhood family separation and abandonment in Moldova, which was mentioned during discussions. These procedures comply with UN Guidelines overall and best practices in the region. Improvement is nevertheless needed concerning the quality and regular review of the individual assistance plans, especially of children placed in residential institutions. Workshop participants noted that their individual assistance plans and placement decisions are not always reviewed regularly, leading to lengthy placements in residential institutions and reduced chances of reintegration into their family.

In addition, governmental and nongovernmental professionals should be further trained to better master the use of case management in parallel with embedding the latter into the Social Assistance Automatic Informational System (SIAAS) to allow tracking of the child.

There are procedures for the child's case file to follow the child throughout the alternative care period. An important gap refers to specialized case management support for children with disabilities and for children with special needs who leave care. Another concern is that not all service providers are accredited.

Workforce

Currently, there are standard caseload thresholds for members of the workforce involved in the provision of alternative care for children, including foster carers, educators, and residential care staff. There are also thresholds for social workers and healthcare workers, but they refer to the overall population in a certain locality rather than to children in care. No thresholds exist at all for child rights protection specialists at the community level. Actually, the latter should be hired by local guardianship authorities (mayors of communes and towns), as per Law no. 140/2013, but in reality, there are very few localities which managed to observe the law due to limited resources and other competing priorities.

M&E and Information Systems

Although there are disaggregated and public data at national and rayon/local levels describing the reasons for the placement of children in alternative care, they do not entirely depict the reality. This is because data on children placed in temporary placement centers (including those run by religious organizations) are not always included. As far as children who are unaccompanied or separated in emergency situations are concerned, disaggregated and public data are not available.

Further, there are no multisectoral forums—at the national and rayon levels—where data on alternative care are regularly shared and reviewed. National data are analyzed internally, but the results of these analyses are not made public. At the local level, such analyses are relatively superficial and ad hoc.

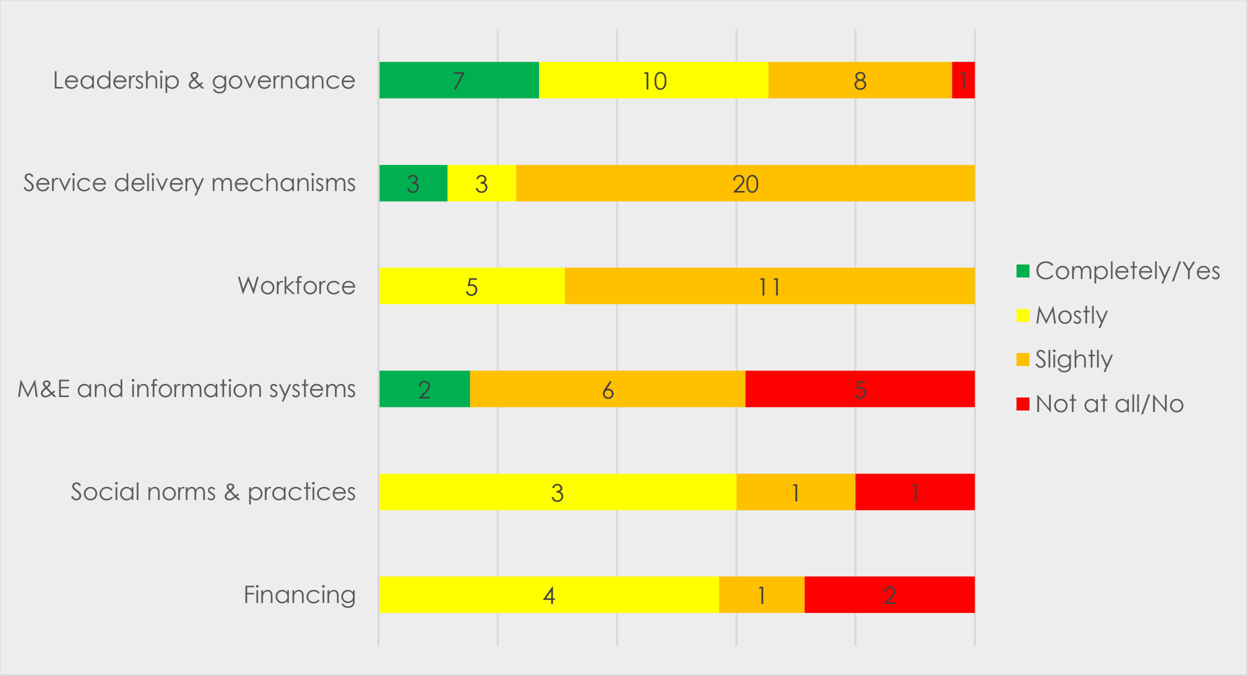
The existing data collection mechanisms raise data accuracy issues and data do not always add up correctly between the various collecting agencies operating in the social protection, health, education and public safety sectors. As workshop participants mentioned, data are collected separately, not reconciled, and rarely analyzed across sectors. The analysis is primarily done on an annual basis and is used for annual reporting, and less often for monitoring purposes.

Prevention of Unnecessary Family Separation

- In Moldova, although a relatively good policy framework exists that promotes children's right to family, the strategies and laws are inadequately disseminated, implemented, and enforced at the local level.
- Targeted interventions to prevent family separation are fairly weak and under-resourced.
- Data to monitor prevention programs need considerable improvement and coordination across relevant government agencies and with NGOs.
- The lack of resources impedes the implementation of awareness and advocacy activities to promote positive social norms towards avoiding unnecessary family separation.
- Costs for prevention activities are estimated based on available resources rather than need, on the background of insufficient capacity for financial forecasting and prioritizing.

Figure 4 presents an overview of the assessment results.

Figure 4. Prevention of unnecessary family separation



Leadership and Governance

The right of every child to grow up in a family is guaranteed by the UN Convention on the Rights of the Child (CRC). The UN Guidelines emphasize that States should seek to prevent the separation of children from their parents and families, where possible. The legal framework in Moldova includes provisions aimed at strengthening families to meet their responsibilities towards their children and to prevent children from entering alternative care. The key legislation on the matter includes the Constitution, the Family Code, and Law no. 338/1994 on children's rights. The Constitution stipulates the State's obligation to protect and support the family through economic and other types of measures in accomplishing its main responsibilities and duties (Articles 48 and 49). Furthermore, it stipulates that special attention shall be paid to the care, upbringing, and education of orphan children and children without parental care (Article 49) and provides for special assistance in the enforcement of the rights of all children and young people (Article 50). Law no. 338/1994 stipulates that a child is entitled to live with parents, unless this is not in his/her best interest (Article 16). Other important laws relevant for prevention services include Law no. 547/2003 on social assistance and Law no. 123/2010 concerning social services. According to workshop participants, there are around 50 different domestic legal acts that embed the responsibility of the State for the provision of family support. At the same time, Moldova has ratified the UN CRC, according to which the State party is accountable for supporting families, in its capacity of main duty-bearer.

The Social Service "Support for Families with Children" (hereinafter called "family support service") plays an important role in preventing and overcoming risk situations and ensuring that children are raised and educated in the family. The Framework Regulation on the organization and operation of this service, approved by Government Decision no. 889/2013, stipulates that the service is aimed at assisting in building child-rearing and educational capacities by strengthening protective factors within families and connecting them to relevant community resources. One of the service key objectives focuses on strengthening parenting skills and community awareness so as to prevent possible risks at early stages. Another Government Decision, no. 816/2016, regulates early intervention services and related quality standards; these services are aimed at identifying the risk groups of children who may develop disabilities and intervening as early as possible to prevent or minimize effect, including prevention of separation from family.

At the policy level, the Strategy for Child Protection 2014–2020 contains an explicit objective on the prevention of separation of children from their families (Specific Objective 1-1) and measures for strengthening the capacity of territorial guardianship authorities, improvement of the effectiveness of the social benefits system to support families and protect children, and development of early intervention and better social safety nets targeting families with children at risk of separation. In addition, several related policies prioritize the provision of protective essential services and strengthening of capacities of families to care for their children. These include the National Programme for the Social Inclusion of Persons with Disabilities 2017–2022, which foresees the development of community social services and early intervention services in each rayon/municipality for people with disabilities, including children, to prevent separation from family and institutionalization. Another relevant policy document is the Strategy for the Development of Parenting Skills and Competencies 2016–2022 aimed at giving every child the opportunity to have a proper family environment, providing support to families to care for children and prevent unnecessary family-child separation. Nevertheless, there is still no action plan for its implementation.

Collectively, the national policies explicitly reference the provision of the following intervention areas (services): parenting skills training; early child development and care; household economic strengthening; social, education, and health services; psychosocial support; respite services; specialized services to support children with disabilities to live in the family; and services for dealing with children born in custody. However, the workshop participants mentioned that the following care services are neither explicitly referenced nor prioritized in existing policies relevant to family strengthening: dealing with alcohol/substance abuse, increasing capacities of parents with disabilities, support and care services for single and adolescent parents, or parents with mental health problems.

While most government staff have been trained on their roles and responsibilities related to the implementation of the legislation and national strategies, the workshop participants noted that more intense multisectoral training, including for new staff, is needed. At the moment, the system is affected by significant staff turnover, and there are no induction programs to orient or train new government staff on these policies. In addition, there are concerns that these relevant policies have been insufficiently disseminated, and not all decision makers and staff at the rayon/local level have a good understanding of the role of family support service in prevention and how it functions. As a result, the respective service has not been properly developed in all rayons, and local strategies are, to a limited extent, aligned to national policies on the background of limited resources and competing priorities. The staff of NGOs have not been orientated or trained on their roles and responsibilities in the implementation of national policies, especially those working in NGOs in rural areas and in religious cults. There are currently no specific in-service training programs targeting nongovernmental staff involved in the provision of prevention services.

Service Delivery

Implementation of the legal and policy framework for prevention is occurring to some extent; however, not all vulnerable families with children are adequately covered according to workshop participants. In many cases, implementation challenges are due to inadequate resources and expertise. For instance, improving parenting skills is addressed on an ad hoc basis, mostly through the work of UNICEF and NGOs. Early childhood development and care services are largely occurring in mother and baby units (maternal centers), day care centers, and through nurses conducting home visits to support young and/or impoverished mothers, but systematic programs with parents do not exist. Economic strengthening support (including cash transfers and skills training) are provided; however, coverage and level of support vary across rayons and in some are limited due to lack of financial resources (e.g., the means-tested benefit "Ajutorul Social," Law no. 133-XVI/2008), and so exclusion from social protection remains a major challenge. Moreover, this support is mainly aimed at addressing risks once they have already materialized, rather than preventing risks.

Access to social services is uneven across the country, i.e., social services do not exist in all rayons or are not always near the beneficiaries or physically accessible. For instance, the family support service is functioning only in 19 out of 32 rayons in Moldova. Although the number of children in residential care has decreased continuously over the last years, around 1,000 children are still institutionalized annually (Ministry of Health, Labour and Social Protection, 2017, p. 137), signaling the need for more and better prevention services to be made available in all rayons of the country.

The quality of existing services is hampered by the high work overload of community social workers, who play a key role in the implementation of prevention actions. Law no. 140/2013 introduced the position of child rights protection specialist to support the local guardianship authority; strengthen child protection, reintegration, and alternative family care services at the local level; and reduce the workload of community social workers to allow them to focus on primary support services. However, such specialists have been employed in very few localities due to the lack of financial resources. This means that in the majority of localities, community social workers remain the only ones implementing most child protection tasks, including prevention, on top of many other tasks related to social benefits and support to the elderly and persons with disabilities.

Health services are largely provided by the health insurance system, but there are coverage issues with parents who are not employed. At the same time, access to quality health services is problematic in rural areas due to the lack of medical staff. Care services do not explicitly target single and adolescent parents, or parents with disabilities or mental health problems. Psychosocial support services are not commonly provided, owing to a lack of psychologists, psycho-pedagogues (in Moldova, these are professionals who combine psychology and teaching), and therapists. Services for dealing with alcohol/substance abuse are also not commonly provided, apart from some NGO support (e.g., PANDA program). Respite services are seldom provided or are ineffective when they are provided. Services to build the capacity of parents with disabilities and to provide specialized support to children with disabilities are available (e.g., mobile team, personal assistant, day care centers), but to a rather limited extent due to the lack of skilled staff and financial resources at the level of local authorities. The services for children born in custody should be improved.

Minimum quality standards to promote quality family support exist (see Government Decision no. 780/2014) and are used to guide service delivery by both state and nongovernmental providers. There is a monitoring mechanism aimed to ensure the delivery of good quality family support services, and the regulatory framework clearly states that the Social Inspection withdraws the accreditation of service providers that fail to meet the standards. Nevertheless, there remain services functioning without accreditation, and the legal framework is unclear with regard to those who fail to comply with the criteria repeating the application procedure. The embedment in SIAAS of indicators related to minimum quality standards of care services (where they exist) is aimed at supporting a better and more efficient system of monitoring service provision.

Workforce

Workshop participants agreed that on the whole, social workers, child protection specialists working in the rayon, social assistance and family protection directorates, and educators have the qualifications and job profiles appropriate for their roles and responsibilities in providing family strengthening and support services. However, the same cannot be said about healthcare workers, therapists, and youth care professionals, who do not have well-defined qualifications/job profiles that include roles related to prevention in the context of alternative care services.

There was widespread concern related to the training of staff involved in strengthening and supporting families, as there are actually few public mechanisms for building skills in this area or to address staff turnover. Indeed, the high workload, unattractive salaries, and poor professional development opportunities cause a high turnover of community social workers. Except for health and education sectors, which have state training centers, the training for staff involved in child care and protection, provision of support to children with disabilities, early child development, and family economic strengthening is mainly provided by NGOs, UNICEF, and donors. The recently established National Social Work Agency (NSWA) has screened the number, skills, and competencies of the staff working in the area of social assistance and is planning to develop systematic in-service training program to develop capacity.

M&E and Information Systems

Currently, there are some standard indicators included in the SIAAS, but they are not adequately supporting the monitoring of progress in preventing family-child separation. Statistical data are collected only at the end of the year for the purpose of annual reporting rather than for monitoring. These data are not comprehensive and may not be entirely helpful in monitoring the provision of prevention services in the context of alternative care, as they primarily include data from governmental actors, but sporadically also from NGOs and religious cults. In addition, monitoring whether the aims of prevention and alternative care services are being met over time is hampered by the lack of data disaggregation (by sex, age, locality, disability type, etc.).

Staff turnover, lack of skills, and poor understanding at the local level of the need to collect correct, timely, and comprehensive data affect the quality and reliability of data. There is no clear accountability or documented process for ensuring the quality of data, and data quality assurance activities related to family strengthening services are not conducted.

Social Norms and Practices

Currently, there are no regular awareness raising, communication, or advocacy activities aimed at prioritizing prevention of unnecessary child-family separation over placement of a child in alternative care, except some ad hoc activities dependent on donor support. The few that have been conducted to date targeted to a large extent the general public and people working in alternative care—national, regional, and frontline government staff.

There is no advocacy and communication strategy to promote the prevention of unnecessary separation of a child from his/her family. Overall, one of the main challenges in this area is unavailability of funds and human resources to effectively embark upon awareness raising and sensitization campaigns.

Financing

Costs required for prevention services are to a large extent estimated, but the workshop participants agreed that the estimates are based on available resources rather than a local needs assessment[1] and that the financial forecasting and prioritizing capacity at rayon and local levels is relatively weak.

Only some of the costs for prevention activities are included as a government budget line item in the state budget (e.g., cash benefits, Ajutorul Social) and local budget (e.g., personal assistant for children with disabilities, mobile team, social canteens). Regardless of what is established in the budgets, participants expressed substantial concern that, in general, funds are not allocated as per budget.

Financial contributions from private sector actors or development partners that provide support for family strengthening services are not tracked by the government.

Foster Care

- Moldova made good progress in developing a policy framework on foster care that is largely in line with the UN Guidelines. It plans to further develop the legal provisions to promote foster care for some priority groups, including newborns, children with disabilities, pregnant girls, and young mothers at risk of abandoning their child.

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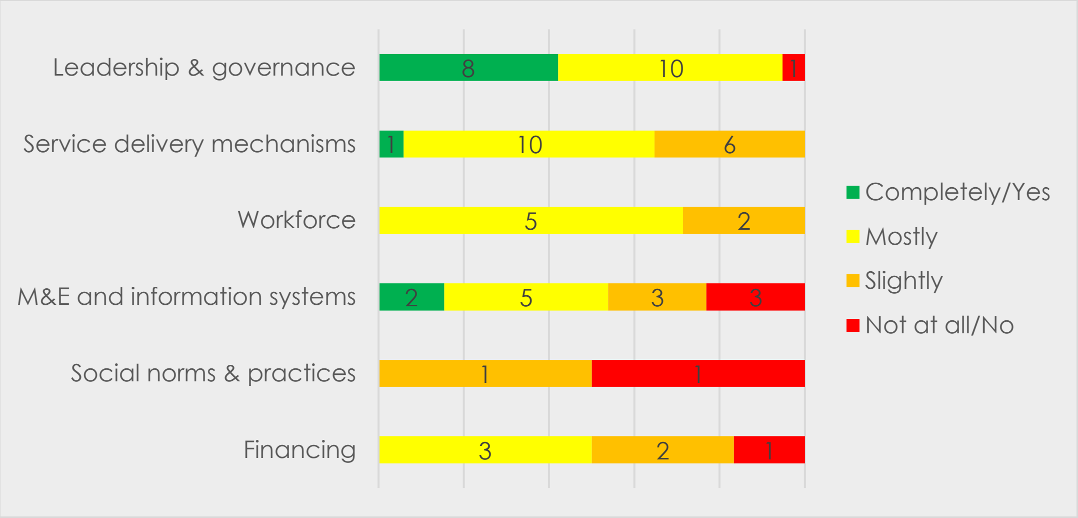
[1] Therefore, the Action Plan 2016–2020 for the Implementation of the Strategy for Child Protection envisages training staff in the assessment of social services needs at the national and local levels (Action 1.3.24).

- Nevertheless, enforcement of the legal provisions and implementation of relevant strategies are not optimal, especially due to the lack of capacities (staff, skills, financial resources) at the rayon level.
- One of the most important challenges faced by the country is the insufficient number of trained foster parents to cover the need in all rayons, in particular of those caring for specialized children's needs. Some steps have been taken to promote foster care and recruitment of specialized foster carers, but they should be rolled out nationally and broaden the target children.
- While standardized indicators for monitoring foster care exist and data are collected regularly, improvements are needed in the area of data quality assurance.

Figure 5 presents an overview of the assessment results.

Figure 5. Foster care



Leadership and Governance

In Moldova, foster care takes two forms—professional parental assistance, regulated by Government Decision no. 760/2014, and family-type children's homes, regulated by Government Decisions nos. 937/2002 and 812/2003. More general provisions are stipulated in Law no. 547/2003 on social assistance and Law no. 123/2010 on social services.

According to the law, the foster care service functions within the rayon social assistance and family protection directorates and Chişinău directorate for the protection of children's rights. It could be also delivered by private service providers that are accredited. The directorates are mandated to maintain a register of candidate and approved professional parental assistants (foster carers). The commission for the protection of the child in difficulty (hereinafter called "the gatekeeping commission"), established at the rayon level, is the decision-making body concerned with the protection measures. It is based on a systematic process (described in the legislation and case management guidelines) by which the best interests of the child are determined, including for the placement of the child in alternative care (e.g., foster care, kinship care, residential care). It is also responsible for the approval of applicants to the position of foster carers and the endorsement of the annual review of their competencies. In addition, the law specifies the different types of foster care placements, i.e., emergency, short-term, long-term, respite. The Social Inspection is the authorized state body responsible for ensuring that all providers of foster care comply with minimum quality standards through inspections.

The Strategy for Child Protection 2014–2020 foresees measures for the development of family-type care services, including foster care, with a view to prevent the institutionalization of children under three years old and reduce the number of children already in residential care. The Action Plan for the Implementation of the Strategy contains measures for amending the regulatory framework to enable the placement in foster care of some priority groups, such as newborns, children with disabilities, pregnant girls, and young mothers at risk of abandoning their child. It also contains measures for training foster carers of these groups. As workshop participants noted, it remains to be seen to what extent this will materialize in practice. Both governmental and nongovernmental actors have been, to a large extent, trained on their roles and responsibilities in the implementation of the foster care-related provisions in the legislation and strategy. There is reasonably good alignment of rayon strategies with the national policy, but less in the administrative territorial unit of Găgăuzia, where the strategy is currently under development.

The foster care policy framework includes many of the critical provisions of the UN Guidelines, such as the provision of special preparation, support, and counseling for both foster carers and children before and during placement; provision of specialized support for foster carers of children with disabilities; provisions for the participation of parents and carers in administrative and judicial proceedings for foster care placements; provisions for children's views to be taken into account in administrative and judicial proceedings for foster care placement decisions; and provisions for the assessment of children in foster care to determine when they are ready to transition out of foster care. A gap identified by the workshop participants in the existing legislation and strategy is the lack of special support and counseling services for foster carers after placements.

Service Delivery

While the provisions in the policy framework are to a large extent compliant with UN Guidelines, implementation lags behind in several areas. The number of foster care parents do not cover the need for the placement of children in all rayons (according to workshop participants, less than half of the need is covered). Foster carers of children with disabilities are entitled to supplementary training and a 30 percent higher child allowance, but these legal provisions are not enforced in all rayons due to lack of qualified specialists and resources. Support and counseling of both foster parents and children after the placement are actually absent or of poor quality, depending on the available human and financial resources. The participation of parents and carers in matters related to the administrative and judicial proceedings for foster care placements is rather formal or not happening at all. Children's views are not always given due weight in foster placement decisions, with the workshop participants making reference to some ombudsman studies that provide evidence in this respect. Improvements are also needed in the assessment processes aimed at determining if children are ready to transition out of foster care when parents are ready to receive them.

Moldova has minimum quality standards and a monitoring mechanism to ensure good-quality foster care services. These are regulated by government decision and are being used by both rayon directorates and accredited private providers in their service delivery. Quality assurance of foster care services is conducted regularly, according to the quality standards and work program of the Social Inspection. The regulatory framework stipulates what happens when foster care providers and foster parents do not meet the minimum quality standards. According to workshop participants, the foreseen introduction of quality indicators in the SIAAS would improve the monitoring of service providers. For instance, they said, "Care arrangements encourage and facilitate the contact of the child with the family," "the child with disabilities benefits from specific support and rehabilitation services to maximize his/her potential and better adapt to school and social environment," "the service provider informs the child, family, and service staff on the procedure for submission and examination of complaints," "the service provider ensures the revision of the individual assistance plan the first month after the placement, three months after the placement, six months after the placement, and whenever needed."

Workforce

Foster carers have defined qualifications and profiles relevant to their roles and responsibilities concerning the child in care. The same applies in the case of social workers and child protection specialists and educators, but to a more limited extent for other professionals who are in contact with foster carers and children, such as healthcare workers, therapists, and youth care professionals.

According to the law, applicant foster carers should attend 50 hours of initial training, organized by the service provider (rayon directorate or accredited private provider), based on a curriculum approved by the MOHLSP. Graduation from this training is a mandatory condition for becoming a foster carer, in addition to other eligibility criteria. In addition, they need to attend 30 hours of in-service training each year organized in the same conditions as the initial training. According to workshop participants, it is unknown to what extent these legal provisions are respected, especially concerning the in-service training. In addition, the quality of trainings is not always adequate in all rayons. A major weakness is the lack of institutionalized training mechanisms aimed at building the skills of staff involved in monitoring and supporting foster care placements. This is planned to be addressed by the NSWA, in cooperation with rayon directorates.

M&E and Information Systems

There are standardized indicators for monitoring foster care service provision in SIAAS and in the minimum quality standards. The roles and responsibilities for collecting and reporting on these indicators are documented within the MOHLSP, but less between the ministry and NGO providers. Data are collected annually through statistical form CER 103 on children left without parental care (http://www.statistica.md/pageview.php?l=ro&id=5542&idc=536) and include only the public service providers. Disaggregation is available by sex, age groups, and locality, but not by length of stay in foster care or disability type. There is no clear and documented process for ensuring the quality of data and no evidence that data quality assurance activities are conducted regularly.

Social Norms and Practices

Activities aimed at raising awareness of the public about foster care being a more adequate form of care than residential homes are ad hoc and mainly conducted by NGOs. An advocacy and communication strategy that promotes appropriate foster care does not exist and needs to be developed. According to the Action Plan for the Implementation of the Strategy for Child Protection 2014–2020, a sensitization campaign was planned for 2017 with the aim of recruiting foster carers for newborns, children with disabilities, pregnant girls, and young mothers at risk of abandoning their child. To date, the campaign promoting the recruitment of foster carers for children ages 0–3 and children with disabilities has been implemented in four rayons and three cities. Such efforts should nevertheless be rolled out at the national level and also target other disadvantaged groups, i.e., pregnant girls and young mothers.

Financing

It is essential that adequate budgets and resources be allocated specifically to the implementation of foster care. In Moldova, costs for providing foster care services have been estimated to a large extent and introduced as a specific budget line in the local budgets. The funding allocated by the local authorities for foster care has, however, not been sufficient to cover the need for, and hence the preparation of, legislation by the MOHLSP for the introduction of a minimum package of social services financed by the state (including foster care, among other essential services).[2] The allocated funding was nevertheless released in full. As in other areas of alternative care, financial contributions from private sector and development partners are to a limited extent tracked by the government.

Residential Care

- Moldova has reformed most of its residential care institutions. However, there remain some old-type institutions, especially hosting children with severe disabilities and other special needs, where the insufficiently qualified staff and poor infrastructure hinder the specialized care and support of children that are needed. These need to be closed down, with new smaller group homes created.
- Policies governing residential care do not explicitly prohibit the placement of children 0–3 years old in residential institutions. They nevertheless discourage it, except in exceptional circumstances.
- While standards of practice to promote quality residential care services for children exist, they are not always enforced. This is due to several reasons, such as the lack of an institutionalized training mechanism to build the skills of staff involved in monitoring and provision of residential care.
- Because data on residential care institutions are reported by different ministries, data do not align to tell one story. In addition, data quality assurance is weak.

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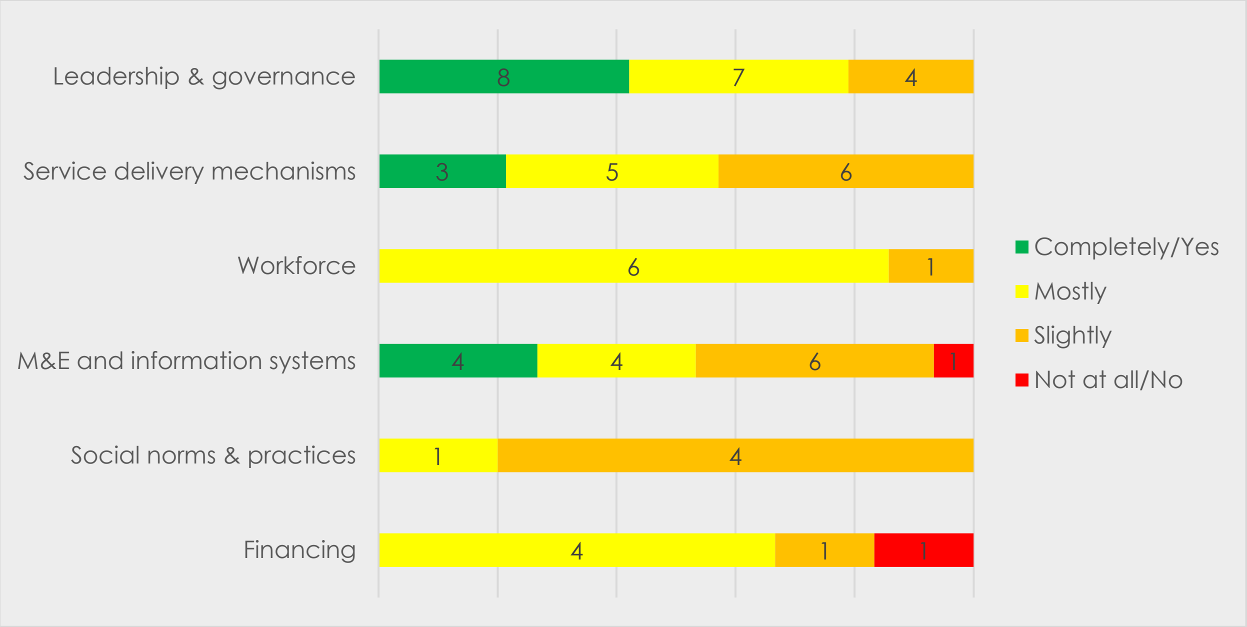
[2] This is in line with Action 1.3.5 of the Action Plan 2016–2020 for the Implementation of the Strategy for Child Protection, which envisages the development of a mechanism aimed at ensuring the financial sustainability for the functioning and development of social services at the local level.

- There is no advocacy or communication strategy to promote social norms that discourage the placement of children in residential care.

Figure 6 presents an overview of the assessment results.

Figure 6. Residential care



Leadership and Governance

Legal provisions relating to residential care services are contained in Law no. 140/2013, which outlines the typology of residential placement services (community homes, temporary placement centers, etc.) and the procedures for the placement of children in residential care. Another key piece of legislation is the Education Code, which regulates the regime and organization of residential education units for different groups of children, i.e., children without parental care or orphans (boarding schools), children with chronic illnesses (sanatoria-type education institutions), and children with special needs (residential special schools, auxiliary schools).

At the policy level, the Strategy for Child Protection 2014–2020 and Strategy "Education 2020" reference residential care as an alternative care option, but in the context of system de-institutionalization, as detailed in a later section in this report devoted to that topic.

The regulatory and policy framework outlines the gatekeeping mechanism to be used for the assessment of the child, determination of his/her best interests, and assistance and monitoring (Law no. 140/2013). It requires that residential care be considered as a last resort for children deprived of parental care, after exhausting family and community-based care options. It does not explicitly prohibit the placement of children 0–3 years old in residential care, which per UN guidelines is allowed only in exceptional circumstances, but it nevertheless discourages it. The Strategy for Child Protection 2014–2020 contains a specific objective on the gradual cessation of institutionalization of these children. Policies include provisions mainly for public residential care facilities and less for private facilities, which prompted the workshop participants to suggest the improvement of the regulatory framework. Another identified shortcoming is the limited alignment of the rayon strategies with the ones operating at the national level.

According to the law, the residential care services are accredited by the National Council for the Accreditation of Social Services Providers and by the National Education Inspectorate, depending on the type of service.

Most of the relevant government actors have been trained on their roles and responsibilities related to implementing national policy/strategy, but it is noted that nongovernmental actors have benefitted from appropriate training or orientation only to a limited extent.

Service Delivery

Moldova has a mixture of classical, old-type residential care institutions inherited from the Soviet past and new ones, which were transformed or set up more recently as part of the overall alternative care reforms. The latter are hosting a much lower number of children, have more qualified staff, and better comply with minimum quality standards. The residential care institutions are administered by the MOECR (which oversees most institutions), the MOHLSP, and the local public authorities and include boarding homes for children with mental disabilities, temporary placement and rehabilitation centers for small children, temporary placement centers, community homes, boarding schools, special schools for children with sensory deficiencies, auxiliary schools, and mother and baby units (maternal centers). Most residential care institutions are public.

Services provided in community residential care facilities address the needs of children with disabilities by and large; however, this is not the case with many old-type boarding schools, where most children with special needs are hosted and where specialized care and support are not provided. This is primarily caused by the lack of qualified staff and poor infrastructure.

The quality standards are being used to guide the public institutions, but the ones run by private service providers only to a limited extent. The current regulatory framework clearly states what is to happen when an institution does not meet minimum quality standards. In general, institutions that are not performing well are marked for closure, but there is concern that the lack of alternative services for children hosted by the respective institution and even political interference sometimes influence whether such facilities are ultimately closed or allowed to remain open.

According to Law no. 123/2010 on social services, the MOHLSP is in charge of monitoring and evaluation of social services, including residential care services. The ministry has the official responsibility to ensure that all residential institutions comply with the quality standards, through the National Council for the Accreditation of Social Services Providers and Social Inspection. A different monitoring system is in place for the institutions coordinated by the MOECR and for those that used to be under the former Ministry of Health. Overall, monitoring of residential care institutions does occur, but it is generally thought to be insufficient and with rare follow-up inspections or implementation of recommendations by service providers.

Workforce

Social workers, child protection specialists, healthcare workers, therapists, and educators have to a large extent clearly defined qualifications related to their roles and responsibilities in residential care.

Currently, there are no institutionalized training mechanisms aimed at building the skills of staff involved in monitoring and supporting residential care. The legislation regulating the organization and operation of various residential care services and related minimum quality standards (where they exist) stipulate the responsibility of the employers to provide regular training to their staff, as follows:

- The staff of residential-type institutions in the education sector (capacity: maximum 250 children) should attend trainings, seminars, conferences, working groups, or scientific sessions at least once yearly (Government Decision no. 432/2007).
- The staff of temporary placement centers (capacity: maximum 25 children) should attend continuous training programs, based on a training plan informed by an assessment of needs, and induction training should be provided to new staff (Government Decision no. 450/2006).
- The staff of placement centers for children with disabilities (capacity: maximum 60 children) should attend continuous training programs, based on a training plan that is to be implemented annually or as many times as needed; induction training should be also provided to new staff (Government Decision no. 823/2008).
- The staff of community homes for children in risk situations (capacity: maximum 10 children) should attend an initial training of 50 hours, as well as annual continuous training courses for a minimum of 20 hours (Government Decision no. 529/2014).

According to workshop participants, these trainings are ad hoc and mainly provided by NGOs under different donor-funded programs. The National Programme for the Social Inclusion of Persons with Disabilities 2017–2022 envisages measures for the curriculum development and training of the staff from residential care institutions involved in the care of persons with disabilities, including children.

M&E and Information Systems

There are some indicators and case management and supervision tools to monitor residential care service provision. As residential care institutions are functioning under the responsibility of various authorities, indicators are in turn included in several informational systems, i.e., SIAAS run by the MOHLSP, the Health Statistics Information System run by the National Centre for Health Management, and the Education Management Information System (EMIS) run by the MOECR. These systems do not communicate with each other, and data may be inconsistent or overlap. The different definitions of indicators (e.g., age groups), as well as the lack of case management embedment in the SIAAS to track the child in the protection system are also issues. Data on residential care are collected annually, but in a fairly fragmented way, which impedes analysis aimed at informing decision making/practices. In addition, the roles and responsibilities for collecting and reporting on residential care indicators are not well-defined between the MOHLSP and nongovernmental actors, affecting further the comprehensiveness and reliability of information. According to Law no. 123/2010 on social services, private providers of social services (including those of residential care) should submit reports at the request of social assistance authorities at local and rayon levels; nevertheless, this occurs only sporadically in practice.

Data can usually be disaggregated by type of residential care facility (e.g., public, private, temporary placement center, group homes, boarding, special schools, etc.), reason that led to the placement of the child in residential care, sex and age of the child, and locality (urban/rural). The disaggregation of data by length of stay of the child in residential care and by disability type is less common. Overall, data quality assurance activities are insufficient, and workshop participants noted that improvements are needed to avoid compromising the use of data for decision making.

Social Norms and Practices

Currently, there is no advocacy or communication strategy to promote social norms that discourage the placement of children in residential care unless deemed to be more beneficial for the child than any other family-type setting. Nonetheless, several national awareness-raising campaigns and some trainings and advocacy activities have been undertaken by NGOs, in cooperation with UNICEF and other partners, to support residential care reform, primarily targeting the government staff and general public. Frontline staff involved in caring for children have been addressed by the awareness campaigns and trainings to a lesser extent.

Financing

Costs for providing residential care services have been estimated and included as specific budget lines in the state and local budgets, depending on who is the provider of the respective services. Funding to support the functioning of residential care facilities was allocated according to the budget and released to a large extent. Financial contributions from the private sector to support residential care are not tracked by the government.

Supervised Independent Living

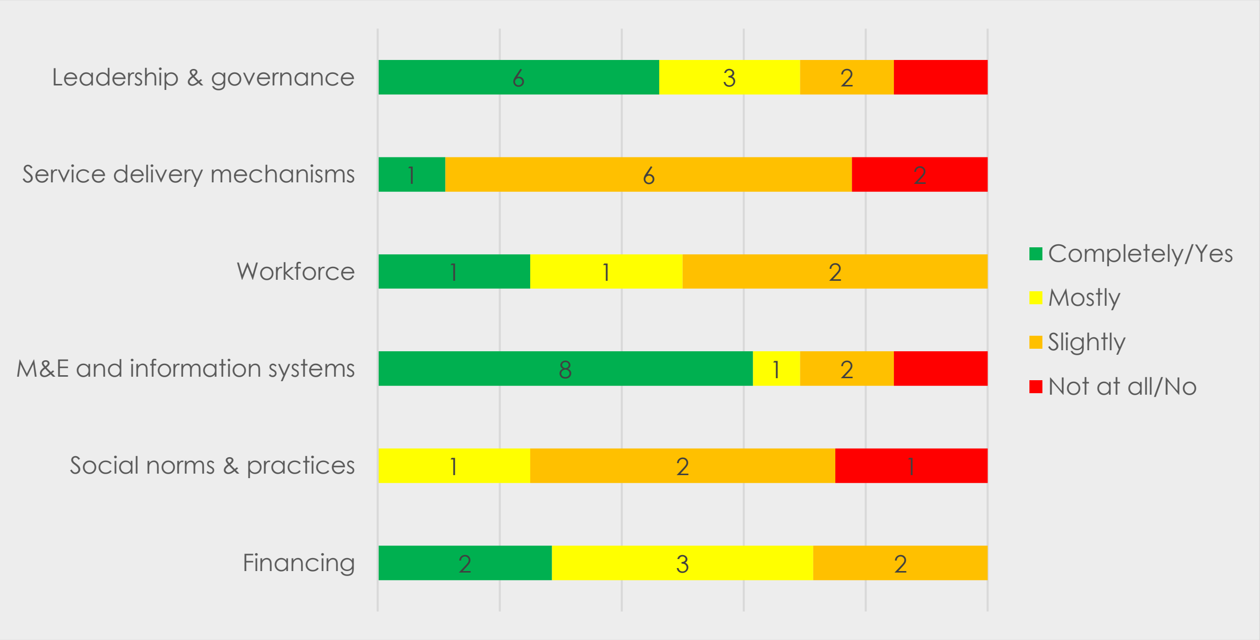
The UN Guidelines for Alternative Care of Children consider supervised independent living arrangements to be one of the formal alternative care options for children separated from family care. Although different interventions, such as family reintegration or foster care, aim to return children to safe family environments, they are not always feasible for older children. In such instances, independent living may be considered as a form of alternative care that allows children to gradually gain autonomy, making reintegration into their communities possible. However, there are currently no policy and legal frameworks on supervised independent living of children in Moldova and no standards of practice to provide related services, apart from some sporadic attempts by NGOs. The workshop participants nevertheless mentioned that the needs of children ages 15–18 should be analyzed to check the extent to which it might be useful to regulate and develop supervised independent living services, since foster care would be very difficult to use for this age group.

Formal Kinship Care

- Formal kinship care is explicitly acknowledged in the law as the priority alternative care measure in the case of child-family separation and if family reintegration is not possible.
- However, the services for special preparation, support, and/or counseling of kinship carers and children before, during, and after the placement are relatively weak.
- This is most worrying in the case of kinship carers of children with disabilities who are lacking any specialized support.
- Quality monitoring of formal kinship care placement needs to be strengthened.
- Data quality assurance activities should be conducted regularly.

Figure 7 presents an overview of the assessment results.

Figure 7. Formal kinship care



Leadership and Governance

According to Law no. 140/2013 on the special protection of children at risk and children separated from their parents, kinship care takes priority over other alternative care measures in cases of child separation from his/her family and if family reintegration is not possible. This is reasoned by the fact that the child needs to have stability and continuity in care, raising, and education, according to ethnic, religious, cultural, and linguistic identity. The gatekeeping commission, which is the key decision-making body at the rayon level, issued its formal endorsement of child placement taking into consideration this priority measure first (Government Decision no. 7/2016). The guardianship authorities at the local and rayon levels are in charge of assessing the situation of the child and deciding his/her placement in kinship care if the extended family or close family friends could provide an appropriate environment for raising and educating the child. There is a system of registration of formal kinship carers. The staff involved in kinship care have been trained on their roles and responsibilities related to implementing the legislation.

At the policy level, the Strategy for Child Protection 2014–2020 and its Action Plan 2016–2020 contain specific measures to improve the legal framework on formal kinship care, ensure temporary kinship placement of children left behind by migrant parents, and train the staff on the process of establishing kinship care. Nevertheless, neither the regulatory nor the strategic framework explicitly references special preparation, support, and/or counseling services for kinship carers and children before, during, and after the placement. There is no specialized support for kinship carers of children with disabilities either, apart from the general support provided to any family having in care a child with disabilities.

According to the law, parents and carers participate in matters related to administrative proceedings for formal kinship care placements, while children's views should be given due weight in accordance with their age and maturity during these proceedings. There is no standardized process in place for children’s assessment to determine when they are ready to transition out of kinship care.

Service Delivery

The gaps in the policy and regulatory framework leave kinship carers and children without specialized support before, during, and after the placement of the child in formal kinship care. Despite legal provisions, children's views are seldom considered during the administrative and judicial proceedings. The quality standards to promote good-quality formal kinship care are underdeveloped and not reflected in the SIAAS. Mechanisms for regular monitoring of formal kinship care placements are not articulated well enough to ensure placement safety and quality. A concern shared by the workshop participants was the fact that the regulatory framework is not clear enough on what happens when formal kinship carers do not meet the legal requirements.

Workforce

The government social workers and child protection specialists have defined qualifications/profiles relevant to their roles and responsibilities in formal kinship care. This is not the case with the mayor, who is the local guardianship authority. There are no training mechanisms for building the skills of staff involved in monitoring and supporting formal kinship care, but rather there are disparate training courses.

M&E and Information Systems

Moldova has a system to register and trace children in formal kinship care, the main responsibility in this respect lying with the local guardianship authority as per legal provisions. There are few standard indicators to monitor formal kinship care service provision included in SIAAS. Data are collected annually through statistical form CER 103. The roles and responsibilities for data collection and reporting on these indicators are well-documented within the MOHLSP. Data could be disaggregated by sex, age category, and locality (urban/rural), but not by length of stay in formal kinship care and disability type. Data quality assurance activities are not conducted regularly.

Social Norms and Practices

There have been few awareness activities addressed to specialists working in the rayon social assistance and family protection directorates that included messaging related to formal kinship carers responsibility. Moldova does not have an advocacy and communication strategy for promoting positive norms on formal kinship care as the second best option for caring a child (in case family reintegration or adoption is not possible).

Financing

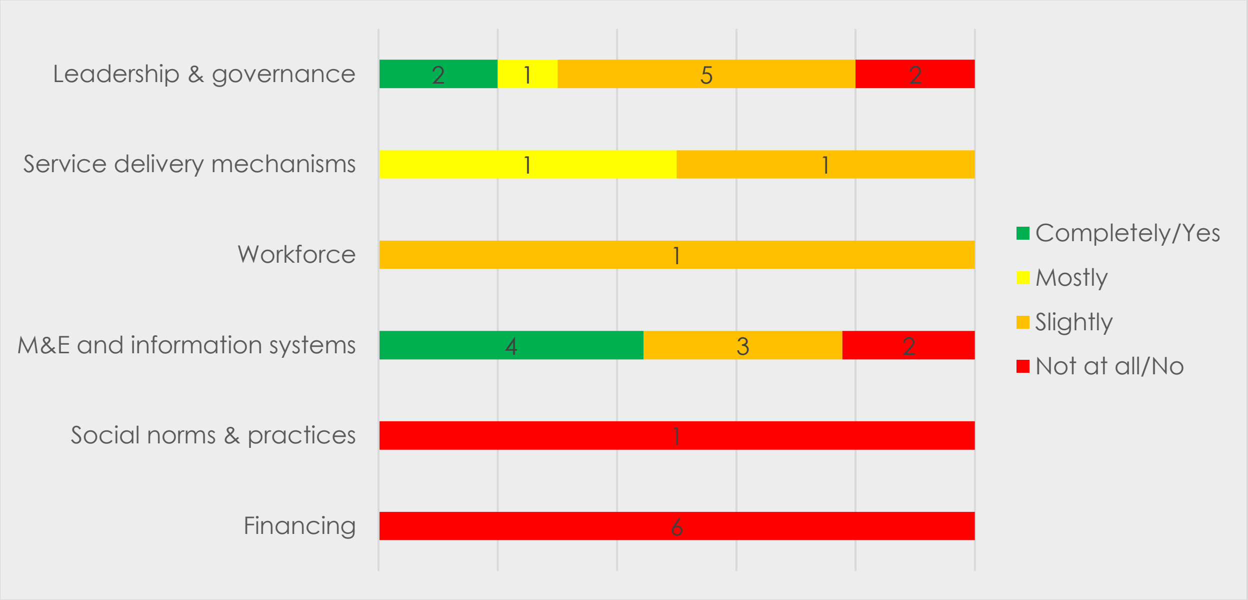
Costs for supporting formal kinship care (allowances for children, according to Government Decision no. 581/2006) have been estimated and included as a budget line in the local budget. Funding to support formal kinship care was allocated per the government budgets and released accordingly. Financial contributions from the private sector or development partners are sporadically tracked by the local government, but not at the national level.

Informal Kinship Care

- In Moldova, informal kinship care practices have a long history and are primarily customary.
- The country is affected by massive labor migration, and many children left behind by their parents are cared for under informal kinship arrangements by relatives (extended family), close friends, or trusted acquaintances for long periods of time.
- Measures towards regulating and supporting this area of care through the government system have not been prioritized until recently. As many children were left behind by migrant labor parents and taken care of informally, legal amendments are being prepared to regulate the “custodial placement” and provide benefits and services to carers, including ones outside the extended families.
- Monitoring of informal carers and informal care arrangements is a challenge.

Figure 8 presents an overview of the assessment results.

Figure 8. Informal kinship care



Leadership and Governance

In Moldova, informal kinship carers include relatives (extended family), close friends, or trusted acquaintances known by the child.

Currently, informal kinship care is insufficiently regulated in the law and acknowledged in policy documents. The Action Plan 2016–2020 for the Implementation of the Strategy for Child Protection includes measures for regulating the legal representation of rights and interests of the child, custody, and legal responsibility for the raising and care of the child, including children left in informal kinship care by migrant labor parents. The only document, however, that explicitly recognizes the role of informal kinship carers and their de facto responsibility for the child is the Strategy for the Development of Parenting Skills and Competencies 2016–2022, which includes them among the target groups for parental education programs. Any other support and counseling for informal kinship carers is not explicitly referenced in the legal and policy framework. In addition, it does not explicitly outline a mechanism to ensure oversight of informal kinship care arrangements, while the system of notification and/or registration of informal kinship carers is under development. While formalizing care arrangements in the extended family may not be always appropriate or realistic, developing a system whereby the transfer of responsibility for the child's care to relatives, friends, or trusted acquaintances is reported to the local authority (e.g., mayor, rayon directorate for social assistance and family protection) would improve monitoring and support. According to workshop participants, authorities encourage informal kinship carers to notify them of their informal care arrangement, but less so the more formalized voluntary registration.

Service Delivery

Children in informal kinship care and their caregivers are assisted within the broader social protection systems. There are no specific mechanisms to assess informal kinship carers' and children's needs and ensure that they have access to services and support. Informal carers are not legal representatives of the child and cannot make vital decisions for him/her. In addition, there are no documented mechanisms for monitoring informal kinship arrangements, for example, through regular home visits. The lack of support and monitoring raises concerns for the welfare of children and the impact on their current and future well-being, despite the best intentions of carers.

Workforce

With few exceptions, there are no staff with defined responsibility to monitor informal kinship care arrangements.

M&E and Information Systems

There are no standard indicators to monitor informal kinship care arrangements, apart from some statistical data on children whose parents have traveled abroad and which are reported each semester by the rayon social assistance and family protection directorates. However, according to workshop participants, the exact number of children living in informal kinship care arrangements is not known in all rayons (due, for example, to different data reported by social assistance, education, healthcare providers and police, lack of data on children cared by religious organizations, etc.). Data quality assurance mechanisms would be needed to ensure complete, reliable, and timely data, able to improve the understanding of the scale, scope, and reasons for informal kinship care, and inform service and policy developments at local, rayon, and national levels.

Social Norms and Practices

There is no advocacy and communication strategy to promote positive social and cultural norms on informal kinship care.

Financing

Costs for supporting informal kinship care have not been estimated, and there are no specific budget lines for providing support and oversight of informal kinship care arrangements at the central or local government level.

Other Forms of Alternative Care

According to Moldovan legislation, cases when children are left with people other than those included in the category of "informal kinship carers" (see section 3.7 above) are considered to be profound parental neglect cases and are outside the alternative care system. Such cases are subject to specific child protection measures.

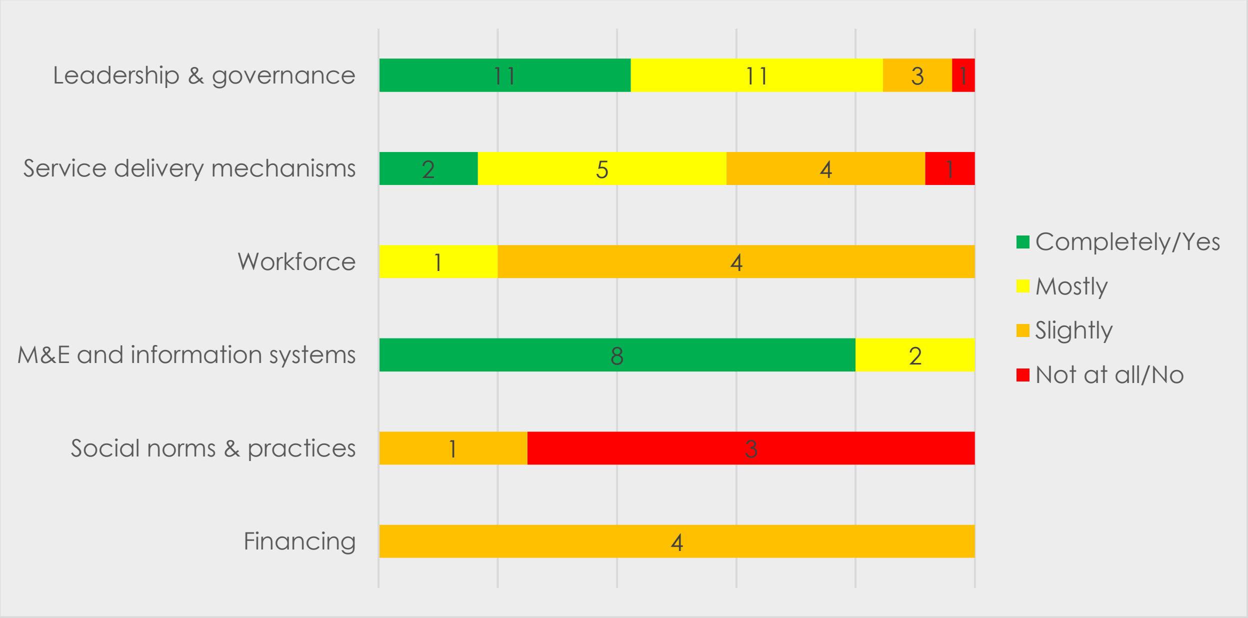
The workshop participants nevertheless agreed that the population needs to be encouraged to report such cases to authorities as soon as they become aware of children left with unknown, inappropriate persons.

Adoption

- In Moldova, legal and policy provisions concerning adoption exist, and they are well-aligned with UN Guidelines (as far as pre-adoption is concerned) and with the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption.
- Nevertheless, there are concerns regarding the lack of specialized support for prospective adoptive parents and adoptive carers of children with disabilities, as well as insufficient preparation, support, and/or counseling services for children before, during, and after adoption. In addition, there are no quality standards for adoption placement services.
- Adoption is rarely promoted as a care option for vulnerable children deprived of parental care in case family reintegration and kinship care are not possible.
- The costs required to provide adoption services (i.e., support to adoptive parents and children transitioning to adoption) are only partially known, and significant budgetary planning needs to occur at the level of the government.

Figure 9 presents an overview of the assessment results.

Figure 9. Adoption



Leadership and Governance

The Hague Convention was ratified by Moldova in January 1998. Adoption is regulated by Law no. 99/2010, which to a large extent is in line with the Hague Convention. The law sets out the procedure for both domestic and inter-country adoption, including the eligibility criteria and the process for determining if a child is eligible for adoption. It describes a systematic process for determining the best interests of the child up for adoption and stipulates that the adoption decision is taken only after all reintegration measures in the biological family or extended family have been exhausted. It also sets the roles and responsibilities of different duty bearers.

In this respect, the MOHLSP is in charge of accrediting the foreign agencies involved in inter-country adoptions, based on established criteria, and monitoring the observance of children's rights before and after adoption. The only legal tax required by the state for inter-country adoption services is the accreditation tax of 3,000 MDL for foreign agencies. The ministry has an established mechanism for cooperation with authorities and accredited agencies in receiving countries, according to the Hague Convention. In the case of domestic adoptions, the key role is played by the territorial guardianship authority (rayon social assistance and family protection directorates), which is responsible for the assessment of applicants, the issuance of the prospective adoptive parents' (PAP) certificate, the preparation of PAPs for adoption and matching with the child, endorsement of compatibility between the PAP and the eligible child, official confirmation that the respective adoption is in the best interest of the child, and monitoring the child's situation after the domestic adoption. The PAPs are registered in the State Registry of Adoptions, established by Order of the Minister of Labor, Social Protection and Family no. 309/2011. There is also a Consultative Council for Adoptions, including relevant ministries, ombudsman, and NGOs, which is in charge of preliminary endorsement of the MOHLSP's decision on the selection of PAP within the inter-country adoption procedures, as well as the examination and endorsement of decisions for the separation of siblings through domestic or inter-country adoption. The guardianship authorities at the national and rayon level have been trained on their roles and responsibilities related to the implementation of the regulatory framework on adoption.

Further, Law no. 99/2010 sets out a clear and documented process for obtaining voluntary and appropriate consent of birth parents or guardians for adoption. It provides for information and preparation of PAPs before the placement in order to get their certificate, but also during the placement.

There is no specific strategy or other policy document concerning adoption. Nevertheless, adoption is referenced in the Action Plan 2016–2020 for the Implementation of the Strategy for Child Protection, which contains measures for amendment of the legal framework to ensure the celerity in decision making, prevention and combat of corruption, and provision of social support to adoptive parents and supplementary paid leave during the matching period.

The workshop participants have identified several gaps in the legal and policy framework concerning the specialized support for PAPs of children with disabilities, as well as special preparation, support, and/or counseling services for children before, during, and after adoption.

Service Delivery

Although not specified in the law, carers participate to a large extent in matters related to administrative and judicial proceedings for adoption placements, in particular the foster parents and the staff of residential institutions where the child has been living before adoption. As far as children are concerned, their views are not always given due weight in accordance with their age and maturity during the adoption process, despite legal provisions. Overall, children seldom receive special preparation, support, and/or counseling services before, during, and after adoption placement. According to workshop participants, children are in need of more information and counseling to better prepare them for the adoption process. In this respect, the role of child psychologists is essential, as is the establishment of a child-friendly justice system. Specialized support for PAPs of children with disabilities and adoptive carers of children with disabilities is also needed.

Moldova does not have minimum quality standards for adoption placements, apart from legal criteria for the assessment of applicants. In the case of inter-country adoption, an assessment form with relevant quality indicators needs to be completed.

Postadoption monitoring mechanisms exist for both domestic and inter-country adoption placements, and the institutional roles and responsibilities in monitoring are clearly spelled out in the legislation. As mentioned above, the MOHLSP is mandated to monitor the respect of children's rights before and after the inter-country adoption, while in the case of domestic adoption this responsibility falls under the territorial guardianship authorities at the rayon level, who have to monitor the child for five years after adoption. The monitoring is documented in regular evaluation reports.

All adoption placements occurring in the last 12 months have been authorized and registered in the State Registry for Adoptions. It is foreseen to include the registry in SIAAS.

Workforce

The MOHLSP's staff involved in adoptions and most child protection specialists working in the rayon directorates for social assistance have defined qualifications/profiles relevant to their roles and responsibilities in adoption. Other categories of staff, such as social workers (governmental and nongovernmental), judges and law enforcement staff, do not have well-defined qualifications in the area of adoption. Further, there are currently no training mechanisms aimed at building the skills of staff involved in monitoring and supporting adoption placements, apart from some ad hoc trainings.

M&E and Information Systems

Currently, there are standardized indicators to monitor domestic and inter-country adoption services, and the roles and responsibilities for collecting and reporting on these indicators within the MOHLSP and rayon directorates are documented. Data are regularly collected to monitor adoption and are disaggregated by type of adoption (domestic, inter-country), geographic placement of the child, sex, age, and overall health status of the child, but not on type of disability. The workshop participants also noted that data quality assurance activities for data related to adoption (e.g., set deadlines for submission of different documents related to the child, PAP, or adoption; regular review and validation of each document by a specialized employee in the

MOHLSP) are also conducted regularly and may constitute a good practice on which to build and be adapted to other areas of care. Integration of the State Registry for Adoptions in the SIAAS will further improve data quality assurance.

Social Norms and Practices

There have been few activities to raise awareness on adoption as a permanent form of care for children. Workshop participants agreed that this care option for children deprived of parental care is not promoted in Moldova, and there is no advocacy and communication strategy that includes positive norms on adoption with the aim to increase the number of adopted vulnerable children and raise awareness that inter-country adoption is envisaged only when no appropriate domestic solution exists for a child.

Financing

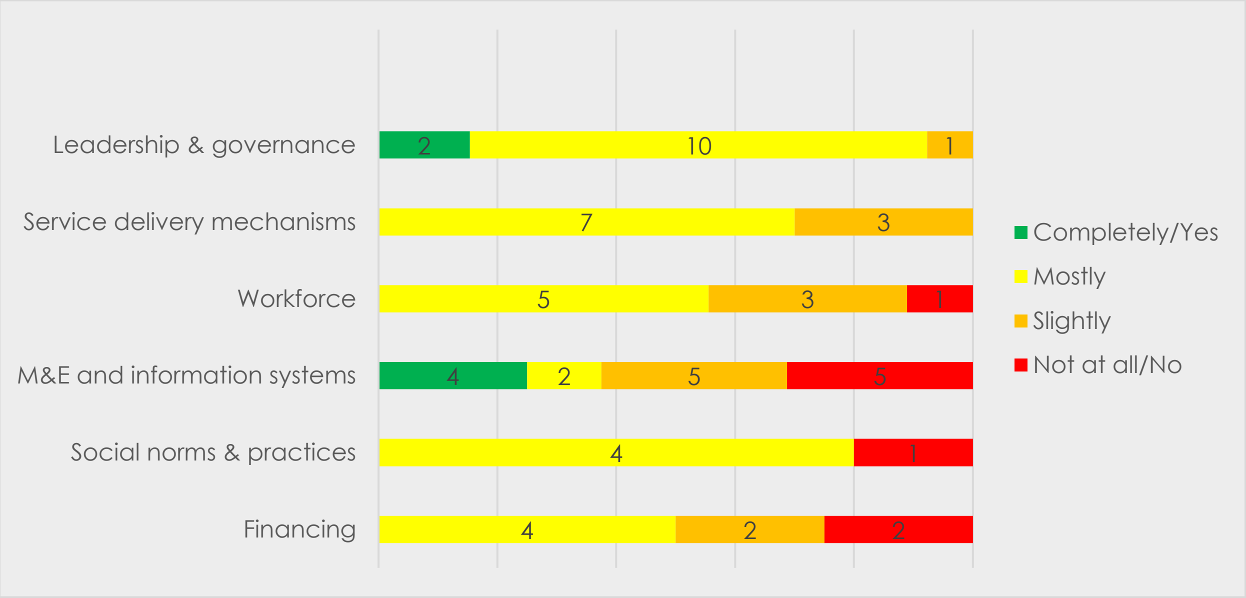
Costs for providing adoption services have been estimated to a limited extent, apparently considering only the accreditation tax and the staff salaries for pre-assessment. There is a budget line in the state budget for adoption allowance for the families. There is no adoption-related budget line in the local budgets. Staff costs, both central and local, are part of the overall payroll and are evidenced as such in the respective budgets. Funding for adoption allowances was allocated per government budget and released in full, but there is no other evidence concerning the coverage of other adoption-related costs and needs.

Family Reunification and Reintegration

- Moldova has a legal and policy framework that protects the family, acknowledges the importance of parental care, and reinforces many principles of the UN Guidelines in support of family reunification and reintegration.
- As in the case of other areas of care, this national framework is not always translated in aligned strategies and plans at the rayon and local levels.
- Alternative care for children initiatives have been mainly focused on the reintegration of children from residential institutions. In recent years, attention has also been paid to children placed in other alternative care services, but case management needs to be further strengthened to make the reintegration of these children more efficient, as envisaged in the relevant national strategy.
- There is a range of prior to and post-reunification and reintegration services for children and families, but the availability, quality, and monitoring are uneven across the country.
- There are no institutionalized training mechanisms for building skills of staff involved in this area, apart from ad hoc training initiatives.
- The range of indicators to monitor child-family reintegration services is weak and needs to be enhanced, while data quality assurance should be conducted regularly.
- Given the fact that child-family reunification and reintegration is part of other services, there are no distinct estimations of costs, distinct budget lines, or specific funding allocations.

Figure 10 presents an overview of the assessment results.

Figure 10. Family reunification and reintegration



Leadership and Governance

Both the Constitution of Moldova and the Family Code recognize the importance of the family unit and parental care, and reinforce many of the UN Guidelines in support of family reunification and reintegration.[3] In addition, Law no. 140/2013 on the special protection of children at risk and children separated from their parents stipulates the responsibility of the local and territorial guardianship authorities to take all necessary measures for the reintegration of the child into his/her family, based on an individual assistance plan. In Moldova, family reintegration is not regulated as a separate, individual service, but rather part of the family support service and the ultimate result of different forms of alternative care (e.g., kinship care, foster care). The reintegration is based on the decision of the gatekeeping commission functioning at the rayon level. The case management guidelines (Minister's Order no. 96/2016) require the community social workers to work with the family to prepare them for child reintegration and post-reintegration, as part of family support.

The main policy document supporting the reunification and reintegration of children is the Strategy for Child Protection 2014–2020, according to which a comprehensive and integrated social protection system is required. It makes reference to models of reintegration services that were piloted successfully as part of the broader family support services and that could be used for rolling them out at the national level. The strategy and its action plan also foresee measures for the improvement of the case management and family

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[3] In Moldova, reunification is part of the reintegration process, and it is not referenced distinctively in the policy or legal documents. This assessment has been done with that fact in mind.

reintegration of children currently living in residential care. Nevertheless, only a few rayons have strategies/plans aligned with the national policy framework related to family reunification and reintegration, possibly due to development partners' presence and advocacy in the respective rayons. According to workshop participants, the local authorities who have embarked on child deinstitutionalization have regulated the family support service with a view to providing appropriate support in the reintegration process. Most of the relevant governmental and nongovernmental staff have been trained or oriented in procedures for reunification and reintegration, but there is a need to continue these trainings in light of the significant staff turnover.

The legal and policy framework that supports reunification and reintegration contains the core principles of the UN Guidelines. It includes a systematic process to determine the best interest of the child for family reunification and reintegration (i.e., gatekeeping). There are also legal provisions requiring the children to be involved in reunification decisions. Guidelines for completing a transition plan, including the preparation of families and children for reunification and reintegration, are part of the de-institutionalization methodology approved by all relevant ministries back in 2010 and, more recently, of the case management guidelines and minimum quality standards. The legal and policy framework provides to a large extent for services aimed at supporting families prior to and post-reunification, as well as children with special needs. There are general provisions related to the preparation, support, and/or counseling services for children before, during, and after reunification.

Service Delivery

Targeted services that meet the individualized needs of children and families are key to achieving family reunification and ensuring children's safety. Overall, services for families prior to/post-reunification are provided to ensure an environment to which a child can be safely returned and to help maintain that environment after reunification. These services vary by rayon and program but generally include individualized case management, ongoing counseling/psychosocial support, family strengthening (e.g., parenting skill trainings), among others. Special preparation, support, and/or counseling services are also provided to children before, during, and after reunification, albeit to a lesser extent and with variable quality, depending on the specialists involved in the process. Specialized support for reintegration of children with disabilities is also provided. In line with the UN Guidelines, children's views are considered in administrative and judicial proceedings for reunification decisions. For instance, there were cases when children refused to return to their mother or fathers, and their views were given due weight by the authorities.

The quality of reintegration and reunification of children in their families is ensured based on the minimum quality standards governing family support services and which are used by government staff to guide service delivery. However not all relevant actors have been oriented in their use, especially NGO staff. The workshop participants considered that specific standards would be needed to ensure the quality of reintegration after family reunification. In addition, the inclusion of quality indicators in SIAAS would facilitate more effective monitoring of service provision.

There is no specific monitoring mechanism to ensure quality delivery of family reunification/reintegration services; instead, there are case management guidelines (approved by Order of the Minister of Labour, Social

Protection and Family no. 96/2016) that detail all monitoring procedures until the case is closed and six to twelve months afterward, depending on the complexity of the case. Monitoring should be based on the child individual assistance plan and documented in reports of the monitoring visits conducted by local authorities in partnership with NGOs. In practice, regular monitoring to ensure quality of reunification and reintegration services is not always adequate, in part due to insufficient financial resources allocated to monitoring (e.g., travel budget).

Workforce

Qualifications of staff involved in family reunification and reintegration are somewhat, but not fully, defined. Qualifications for social workers, child protection specialists, educators, and psycho-pedagogues relevant to their roles and responsibilities on the matter are mostly defined but require review. The qualifications/profiles of other staff, i.e., healthcare workers, therapists, and youth care professionals, are not well-defined. Some efforts have been undertaken to build the capacity of state and non-state actors involved in monitoring and supporting family reunification and reintegration, primarily provided by NGOs under different donor-funded programs. Nevertheless, there are no institutionalized training mechanisms for building skills of staff in line with their roles and responsibilities.

M&E and Information Systems

There are very few standard indicators to monitor child-family reunification and reintegration services in Moldova. One of them is the "number of children reintegrated in biological family," which is captured in statistical form CER 103 on children left without parental care and included in the SIAAS. It can be disaggregated by sex, age, and locality, but not by length of stay in the family (except in some rayons), pre-reunification type of care (except for residential care), or disability type. There was consensus among workshop participants that the range of indicators needs to be enhanced to enable proper monitoring of child-family reunification and reintegration services, such as "the number of children who returned to alternative care services after reintegration in the family."

Roles and responsibilities for collecting and reporting on the existing indicators are documented within the MOHLSP but not across relevant ministries and NGOs.

Data are regularly collected to monitor family reintegration services within the child protection system; however, this is not consolidated with data from MOECR and with data available at the level of some local public authorities and NGOs. Data to routinely track the number of children from pre-reunification to post-reunification exist at the local level only. Data quality assurance activities are missing.

Social Norms and Practices

There is no advocacy or communication strategy that includes promoting family reunification and reintegration. Nonetheless, several awareness-raising and advocacy activities aimed at promoting family reunification and reintegration (over placement in other forms of care) have been conducted in recent years, targeting the public, national, and local government staff, and other frontline staff involved in caring for children (for example, residential institution managers and social workers).

Financing

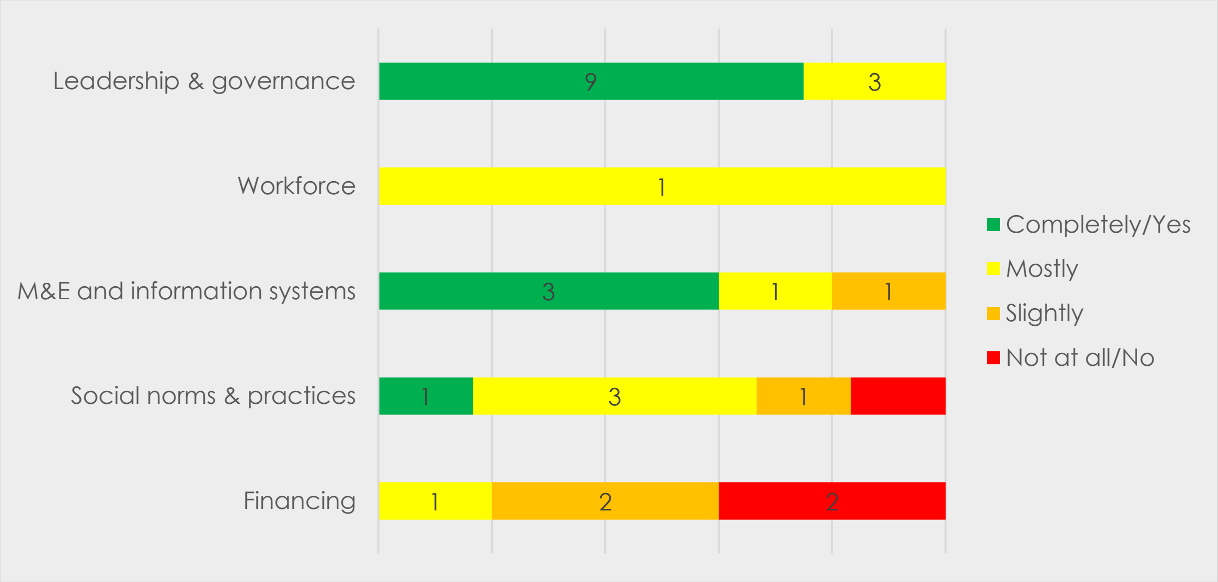
Costs for providing child-family reunification and reintegration services are not properly estimated. As family reintegration is not regulated as a separate, individual service, but part of family support and other services, there are no specific budget lines and no funding allocation for providing this service at the central or local government level. Development partners and NGOs represent important sources of funding for family reintegration services, but their financial contributions are not tracked by the government.

System Deinstitutionalization

- Moldova has made significant progress over the last decade in shifting away from residential care toward family-based care.
- It has a well-developed policy framework which supports system deinstitutionalization, prevents the setting up of new large-scale residential institutions, discourages residential care as an alternative care option for children under three years old, and caters for the specific needs of children with disabilities.
- The official multisector body responsible for overseeing the deinstitutionalization process—the Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education—has been less active in the recent period and excessively focused on inclusive education at the expense of multisectoral coordination of reform efforts toward system deinstitutionalization.
- Guidelines on institution closure/transformation, mechanisms, and indicators to monitor progress are available and used.
- An advocacy and communication strategy would be needed to promote positive norms related to family-based alternative care, other than institutionalization.
- A mechanism for redirecting the resources released from the residential system to social and educational integration services for children is envisaged in the strategic documents, but it is not functioning following the reforms in school financing and decentralization of local public finances.

Figure 11 presents an overview of the assessment results.

Figure 11. System deinstitutionalization



Leadership and Governance

Moldova has made significant progress in passing different policies and legislation to shift away from residential care toward family-based care (Appendix F, in Volume 2), managing to change the ratio of children in residential care to children in alternative family-type care from 2:1 in 2006 to 1:7 in 2016 (Ministry of Health, Labour and Social Protection, 2017). Gains started in 2002 with the passing of legislation related to family-type children's homes, followed by the National Strategy and Action Plan for the reform of the residential child care system 2007–2012, which aimed to decrease the number of children in residential institutions by 50 percent.

The Strategy for Child Protection 2014–2020 and related Action Plan for Its Implementation 2016–2020 ensure continuity of deinstitutionalization reform, with a focus on strengthening the family role in bringing up children. The strategy contains a specific objective on the gradual cessation of institutionalization of children ages 0–3 years; the number of these children in institutions has been decreasing since 2013, but their proportion in the total number of institutionalized children has had a reverse trend (Ministry of Health, Labour and Social Protection, 2017). The strategy also includes specific objectives on continuous reduction of children in residential care through the reorganization of the residential care system, development of inclusive education and family-type services, family reunification, and reintegration measures. In this respect, a Framework Plan for the transformation of residential institutions is envisaged to be developed, as a specific measure in the action plan. Under the MOHLSP, some steps have recently been taken in the case of two boarding homes for children with mental disabilities, with implementation of transformation plans launched at the end of 2016 already resulting in two shelter housing units and one small group home (community house) in which to redistribute the children.

Another key policy document is the Strategy “Education 2020,” which includes as a specific objective to reduce the number of children in residential institutions by 50 percent by 2020 and to transform at least 25 percent of residential-type educational institutions into general education units. This objective has already been achieved. As these institutions are mainly special education boarding schools for children with special needs, it can be said that Moldova’s deinstitutionalization policy takes into account the needs of these children. The country also has a National Programme for the Development of Inclusive Education 2011–2020 specifically targeting these children.

Over the past years, most of the relevant government and nongovernmental actors were trained in the policies supporting deinstitutionalization.

The Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education is the multisector body responsible for overseeing the system deinstitutionalization process in Moldova. There was a widespread concern among workshop participants that the council does not meet regularly and has been focused more on inclusive education in recent years and to a lesser extent on ensuring the intersectoral coordination that is much needed for the deinstitutionalization of children with severe deficiencies—a major challenge of establishing alternative care for these children.

Relevant staff have been oriented on existing guidelines for how to appropriately close or transform a residential care facility. Mechanisms to monitor the closure/transformation of residential care institutions are also available.

Workforce

Once large-scale residential institutions are planned for downsizing, transformation, or closure, retraining and redeployment opportunities are largely provided to carers and staff working in the respective institutions.

M&E and Information Systems

Several indicators measure progress on system deinstitutionalization. For instance, the number of children leaving residential care during the year is in statistical forms CER 103 and 103A, disaggregated by disability, age group, and reason (e.g., family reintegration; placement in family-type care). The Strategy “Education 2020” has an indicator counting residential care institutions transformed into general education units.

The roles and responsibilities for collecting and reporting on these indicators are fairly well-documented within the MOHLSP, and between the MOHLSP and NGOs involved in deinstitutionalization, but to a lesser extent across relevant ministries. Data are collected annually to monitor system deinstitutionalization processes.

Social Norms and Practices

A knowledge, attitudes, and practices survey that includes norms and behaviors related to children in institutions has not been conducted, nor are there plans to conduct this periodically, apart from some NGO initiatives supported by donors. Awareness raising aimed at changing the negative social norms related to child institutionalization and targeted to the general public, government staff, and frontline staff from institutions under restructuring has been done with the support of donors, too. However, these have not been anchored/guided by a national advocacy and communication strategy seeking to promote positive norms related to family-based care, as such a strategy does not exist.

Financing

Cost estimates for deinstitutionalization and transitioning to a system that prioritizes family-based care are largely known; however, they are not included in the government budget as a separate line item. There is no targeted funding allocated and released to support such activities. Instead, the costs of deinstitutionalization and development of services are primarily covered by donors and other development partners through NGO projects. Their financial contributions are to a limited extent tracked by the government.

The National Strategy and Action Plan for the reform of the residential child care system 2007–2012 provided for the development of a mechanism to reallocate the funds resulting from deinstitutionalization processes to inclusive and community social and education services. The mechanism functioned in several rayons for a couple of years, but after the school financing reforms and decentralization of local public finances, it became inapplicable. According to workshop participants, savings from deinstitutionalization have lost their track in the state budget, and it is unclear to what extent they were used for the development of alternative services. The current Strategy for Child Protection 2014–2020 and the Strategy "Education 2020" also include measures for redirecting the funds saved following restructuring of residential care institutions toward the social and educational reintegration of children. Nevertheless, the amendment of the legislation regulating local public financing in 2015 has impeded their implementation.

SUMMARY

This section summarizes the key findings of the assessment according to each system component, emphasizing identified gaps in order to support the CCT to address them during the forthcoming action planning process.

Heat maps are provided for each system component, highlighting the assessment responses to a number of common statements across areas of care.

Leadership and Governance

Moldova has a fairly well-developed policy and legal framework governing alternative care and has ratified the key international instruments related to child rights protection, most notably the UN CRC and the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption. The main piece of domestic legislation is Law no. 140/2013 on the special protection of children at risk and children separated from their parents. The law contains provisions on the alternative care of children, including parental responsibility, various forms of care (kinship care, foster care, residential care, etc.), family reunification, and protection of children. It clarifies the roles of guardianship authorities and describes the gatekeeping procedures. There are several gaps in the legal framework that need to be addressed, namely informal kinship care, supervised independent living, postadoption support, and child-friendly justice mechanisms.

At the policy level, the Strategy for Child Protection 2014–2020 and Action Plan for the Implementation of the Strategy 2016–2020, in particular, provide the framework for delivering and facilitating access to appropriate care options for children deprived of parental care, including guidance and measures for the placement of children in need of alternative care. Overall, existing laws and strategies provide a framework for promoting and strengthening the role of the family and for prioritizing a family-type environment for alternative care placements. The implementation of laws and policies is, however, suboptimal in almost all areas of care, especially at the rayon and local levels, given insufficient orientation of staff and funding from the state budget. In addition, the existing multisectoral coordination bodies, notably the National Council for Child Rights Protection and the Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education, play a relatively limited role in ensuring multisectoral oversight and coordination of alternative care policies.

Table 1. Leadership and governance heat map of assessment responses, by area of care

Assessment questions	**Areas of care**								
	Prevention	Foster care	Residential care	Formal kinship care	Informal kinship care	Supervised independent living	Adoption	Family reintegration	System DI*
Legal provisions exist	🟩	🟩	🟨	🟩	🟧	🟥	🟩	🟨	🟩
National policy/ strategy exists	🟩	🟩	🟩	🟨	🟩	🟥	🟨	🟨	🟩
Policy is up-to-date	🟩	🟩	🟩	🟩	🟩	⬜	🟩	🟩	🟩
State actors trained	🟨	🟨	🟨	🟨	🟧	⬜	🟨	🟨	🟨
Non-state actors trained	🟧	🟨	🟧	⬜	🟧	⬜	🟧	🟨	🟩
Rayon/local plans exist	🟧	🟨	🟧	🟨	🟧	⬜	🟧	🟧	⬜

* DI = deinstitutionalization

⬜ Not applicable	🟩 Completely	🟨 Mostly	🟧 Slightly	🟥 Not at all

Service Delivery

At the moment, the range and quality of alternative care services vary considerably from one rayon to the other, resulting in significant loss of equity for children deprived of parental care. This is primarily due to competing priorities and scarce human and financial resources at the local level. A worrying trend is the annual in-flow of children in residential care institutions, which signals the weaknesses of the prevention services, as well as the lack of sufficient family-type care options (e.g., specialized foster carers). Case management has been increasing in recent years, but it is still insufficient to cater for the special needs of children with disabilities or children in informal care.

Apart from equity in service provision, quality is another key concern, as not all alternative care services are accredited and standardized, i.e., through the regulation of minimum quality standards that must be observed by all service providers. In this respect, gaps have been identified in the area of formal kinship care, adoption placements, and family post-reintegration. At the same time, follow-up inspections are rare, and implementation of recommendations by inspected service providers is unsatisfactory. Workshop participants assessed existing monitoring mechanisms as weak, particularly in relation to residential institutions, kinship care, and family reintegration.

Complaint mechanisms for children in formal care are envisaged, but they are not always functioning. Moldova's alternative care system misses some important services, e.g., supervised independent living, post-foster care placement, special services for kinship carers and children in informal care, and services for PAPs of children with disabilities.

Table 2. Service delivery heat map of assessment responses, by area of care

Assessment questions	**Areas of care**					
	Prevention	Foster care	Residential care	Formal kinship care	Adoption	Family reintegration
Standards of practice exist	🟩	🟨	🟨	🟧	🟧	🟨
Standards are being used by state actors	🟩	🟩	🟨	⬜	🟨	🟨
Standards are being used by nonstate actors	🟩	🟨	🟧	⬜	🟨	🟧
Monitoring mechanism exists	🟨	🟨	🟧	🟧	🟨	🟧
Quality assurance of services occurs regularly	🟨	🟨	🟧	🟧	⬜	🟧
Guidelines state what happens if minimum standards are not met	🟨	🟨	🟨	🟧	⬜	🟨

⬜ Not applicable	🟩 Completely	🟨 Mostly	🟧 Slightly	🟥 Not at all

Workforce

Although the workforce is an essential component of ongoing reform efforts, there are significant gaps in this area. For example, there are very few child rights protection specialists working at the level of local guardianship authorities, although such specialists should have been employed in each locality according to the law. There are no standard caseload thresholds for relevant social workforce involved in the provision of alternative care for children, in particular for case managers and community social workers, which leads to work burnout, diminished quality of services, and even staff turnover.

The definition of qualifications/profiles relevant for the roles and responsibilities of staff/officials involved in alternative care (in particular social workers and local guardianship authorities) is fairly weak. In addition, the dissemination of and regular orientation on legislation and policies relating to alternative care have been insufficient, making knowledge of the roles and responsibilities of various actors inconsistent across the areas of alternative care.

The table below shows the extent to which the cadres of staff have defined qualifications/profiles relevant for their roles and responsibilities across various areas of care.

Table 3. Workforce heat map of assessment responses, by area of care

Assessment questions	**Areas of care**						
	Prevention	Foster care	Residential care	Formal kinship care	Informal kinship care	Adoption	Family reintegration
Government social workers	🟨	🟨	🟨	🟨	🟧	🟧	🟨
Nongovernmental social workers	🟨	🟨	🟨	⬜	🟧	🟧	🟨
Child protection specialists	🟨	🟨	🟨	🟩	🟧	🟨	🟨
Healthcare workers	🟧	⬜	🟨	⬜	⬜	⬜	🟧
Therapists	🟧	⬜	🟨	⬜	⬜	⬜	🟧
Educators	🟨	⬜	🟨	⬜	⬜	⬜	🟨
Youth care professionals	🟧	🟧	⬜	⬜	⬜	⬜	🟧

⬜ Not applicable	🟩 Completely	🟨 Mostly	🟧 Slightly	🟥 Not at all

There is no training mechanism for all professionals working in social assistance; thus, the needs of children are addressed unevenly in the rayons in terms of the quality of the intervention and from an equity perspective. Capacity-building activities to strengthen and train the workforce are often conducted with donor support. Judges and law enforcement lack specific training opportunities in alternative child care. Trainings are provided to foster carers and staff of community homes and residential institutions, but there is no monitoring and quality check mechanism in place to check if these trainings have been delivered according to the legal provisions (e.g., minimum quality standards, operating regulations, etc.).

M&E and Information Systems

In Moldova, a large amount of data is collected by public stakeholders at various levels, but it is not always reliable enough, timely, or useful for decision making. At the same time there are some important data gaps, such as in the area of case management. Indeed, standard indicators for monitoring alternative service provision have been developed but are relatively weak in certain areas (i.e., prevention, informal care, family reintegration). They are primarily used for annual reporting and much less for routine monitoring or ongoing improvement of practices at the local level. Their use to inform policy and programming is also limited, as there are no mechanisms at the national, rayon, and local levels (e.g., regular meetings, multisectoral forums, functional and interoperable information systems) where data on alternative care are regularly shared and reviewed. Data demand is also weak. The roles and responsibilities for data collection and reporting are relatively well-defined within the MOHLSP, but they are poorly documented across ministries and not always clear enough between the MOHLSP and non-state actors.

Most collected data could be disaggregated by sex, age, and locality (urban/rural), but not by disability type, which diminishes the evidence base for decision making as concerns the alternative care of children with special needs. Other relevant disaggregation that is missing relates to the child’s length of stay in a given form of care, as well as to certain groups of disadvantaged children, e.g., unaccompanied children and children separated in emergency situations.

Data quality is affected by the insufficient training and motivation of staff and service providers at the local level to provide complete, reliable, and timely data. With the exception of adoptions, data quality assurance activities are not conducted regularly. The worst situation is in the area of family reintegration.

Table 4. M&E and information systems heat map of assessment responses, by area of care

Assessment questions	**Areas of care**							
	Prevention	Foster care	Residential care	Formal kinship care	Informal kinship care	Adoption	Family reintegration	System DI*
Standard indicators exist	🟧	🟨	🟨	🟨	🟧	🟨	🟧	🟨
Roles and responsibilities for data collection/reporting:								
• Are documented within the MHLSP	🟧	🟨	🟨	🟩	🟩	🟩	🟨	🟩
• Are documented across relevant ministries	🟧		🟧				🟧	🟧
• Are documented between the MOHLSP and non-state actors	🟧	🟧	🟥	🟩			🟥	🟩
Data are collected regularly to monitor services in this area of care	🟩	🟨	🟨	🟩	🟧	🟩	🟨	🟩
It is possible to disaggregate data for this area of care by:								
• Sex	🟥	🟩	🟩	🟩	🟩	🟩	🟩	
• Age	🟥	🟨	🟩	🟩	🟩	🟩	🟩	
• Locality	🟥	🟩	🟩	🟩	🟩	🟩	🟩	
• Disability type	🟥	🟧	🟧	🟥	🟥	🟨	🟥	
Data quality assurance activities related to this	🟧	🟧	🟧	🟧	🟧	🟩	🟥	

Assessment questions	**Areas of care**							
	Prevention	Foster care	Residential care	Formal kinship care	Informal kinship care	Adoption	Family reintegration	System DI*
area of care are conducted regularly	🟧	🟧	🟧	🟧	🟧	🟩	🟥	⬜

* DI = deinstitutionalization

⬜ Not applicable	🟩 Completely	🟨 Mostly	🟧 Slightly	🟥 Not at all

Social Norms and Practices

Some awareness-raising campaigns targeting the general public and government staff have been conducted by NGOs with the support of donors. They aimed to discourage recourse to and/or placement of children in residential care; change the negative social norms related to institutionalization; increase awareness of the importance of family in raising a child; and promote family-type alternative care. Workshop participants have nevertheless agreed that these efforts were insufficient to sustainably transform the ingrained paternalistic social norms inherited from the communist past of the country. There is no national advocacy and communication strategy seeking to promote positive norms related to alternative care.

Table 5. Social norms and practices heat map of assessment responses, by area of care

Assessment questions	**Areas of care**							
	Prevention	Foster care	Residential care	Formal kinship care	Informal kinship care	Adoption	Family reintegration	System DI*
Awareness campaigns, training, etc. aimed at changing negative social norms are conducted regularly	🟧	🟧	🟧	🟧	⬜	🟧	🟧	🟨
An advocacy and communication strategy, including positive norms related to family-based alternative care, exists	🟥	🟥	🟧	🟥	🟥	🟥	🟥	🟥

* DI = deinstitutionalization

⬜ Not applicable	🟩 Completely	🟨 Mostly	🟧 Slightly	🟥 Not at all

Financing

Funding remains a critical issue for care reform. The costs of providing alternative care services have not been estimated for all services, and there are no specific budget lines for several. Most problematic is the area of informal kinship care, but there are issues related to adoption and family reintegration services as well. As far as system deinstitutionalization is concerned, funding saved through the closure of institutions is not necessarily used for prevention or alternative care services. The allocation of necessary funding is affected by scarce resources, as well as weak financial forecasting and a low capacity for needs-based prioritizing at the local level.

Table 6. Financing heat map of assessment responses by area of care

Assessment questions	**Areas of care**							
	Prevention	Foster care	Residential care	Formal kinship care	Informal kinship care	Adoption	Family reintegration	System DI*
Costs required for services have been estimated	🟨	🟨	🟨	🟨	🟥	🟧	🟧	🟨
Costs for services are included as a government budget line item	🟨	🟨	🟨	🟩	🟥	🟧	🟨	🟥
Funding to support alternative care activities was allocated per the government budgets	🟧	🟧	🟨	🟨	🟥	🟧	🟧	⬜
Funding to support alternative care activities was released per the government allocation	🟨	🟨	🟨	🟨	🟥	🟧	🟨	⬜

* DI = deinstitutionalization

⬜ Not applicable 🟩 Completely 🟨 Mostly 🟧 Slightly 🟥 Not at all

RECOMMENDATIONS

During the workshop, the participants developed recommendations for each area of care and system component. A summary of those recommendations, as well as additional recommendations identified from further analysis of the findings, are presented below. A more detailed list of specific recommendations appears in Appendix G (Volume 2).

Leadership and Governance

The assessment recommends that the MOHLSP and the MOECR conduct a mid-term review of the Strategy for Child Protection 2014–2020 and Strategy "Education 2020" and revise the planning of measures to ensure comprehensive, systematic, and timely implementation of care reforms, in particular at the rayon and local levels. This would require adequate staffing, improved local capacities, proper funding, and an efficient monitoring process to inform remedial actions and further policy development. In this process, an important role needs to be played by the National Council for Child Rights Protection, which should better oversee and coordinate activities related to the implementation of care reforms, in line with UN Guidelines, at cross-sectoral, national, rayon, and local levels. Another key player is the Coordination Council for the Reform of Residential Child Care System and Development of Inclusive Education, which should be reactivated to facilitate the intersectoral coordination required for the continuation of system deinstitutionalization.

The assessment also recommends the adoption of a moratorium on institutionalization of children under age three and specific amendments to the regulatory framework in the areas of informal kinship care, supervised independent living, accreditation of service providers, child-friendly justice mechanisms, postadoption support, and other recommendations, which are presented in detail in Appendix G (Volume 2).

Service Provision

A balanced development of a social services network across the country is needed, possibly through the adoption of a minimum package of social services financed by the state (including, for example, family support, foster care, and personal assistance) and aligned with other related services (e.g., minimum educational services package). The assessment recommends prioritizing the prevention services to avoid family separation and stop the annual in-flow of children into institutions. This includes the recruitment of sufficient community social workers to provide outreach for identification of children at risk, referrals to adequate services, development of parenting programs, and reconsideration of the prevention dimension of social benefits schemes.

For equity reasons, specialized case management and services for children with disabilities are recommended (e.g., foster care, family reintegration, postadoption), as well as for children in informal care and children born in custody, given the multiple deprivations that are affecting these children.

As for quality, the assessment recommends provision of support to service providers for their accreditation, as well as adoption of minimum quality standards for all services, including for formal kinship care, adoption placements, and family post-reintegration, to allow better monitoring of service provision and enhanced quality for children in need. Improvement of the quality of individual assistance plans and periodic review of the placement of children in alternative care are also required, especially of children in institutions to prepare for transitioning to family-type care. In general, follow-up inspections and implementation of recommendations should be improved at the level of service providers.

The assessment recommends other specific areas to be addressed to strengthen service provision and cover the identified gaps, such as enforcement of the complaint mechanisms for children in formal care and development of new services (e.g., supervised independent living, post-foster care placement, special services for kinship carers and children in informal care, services for PAPs of children with disabilities) (see Appendix G, in Volume 2).

Workforce

A balanced service provision throughout the country would also require a sufficient number of personnel with adequate qualifications and skills. Guardianship authorities, whose role is key for child care and child protection, should have a clear definition of their duties and be fully equipped to make decisions strictly based upon the best interest of the child, including efficient and relevant referrals to support services.

In this respect, it is recommended to review the definition of qualifications/profiles for each category of relevant staff/official involved in alternative care and to revise them in accordance with their roles and responsibilities. The assessment also recommends the development and institutionalization of a high-quality in-service training mechanism (including induction and continuous training programs) for all professionals working in social assistance so that the needs of children are addressed in a unitary and equitable manner in all rayons. Training of other professionals working with and/or for children in alternative care is also recommended, such as judges and law enforcement officials who encounter challenges in applying the principle of best interest of the child in various practical or even legal situations. It is also important to monitor whether the training of foster carers and staff of community homes and residential institutions is provided as stipulated in the applicable operating regulations and minimum quality standards.

In order to facilitate the quality of services, avoid work burnout, and reduce staff turnover, the assessment recommends the establishment, by law, of maximum caseload thresholds for case managers and community social workers, as well as development of motivation and retention policies targeting this category of personnel.

Regular orientation and training of NGO staff involved in alternative care provision, as key partners of public authorities in progressing the reforms of the system, is very much needed.

M&E and Informational Systems

Good quality, comprehensive, and timely data are needed to inform decision-making processes related to the implementation of alternative care system reforms. To this end, the assessment recommends: (a) the development and institutionalization of a list of standard indicators for routine monitoring of alternative care (especially for prevention, informal care, and family reintegration, where the existing indicators are the weakest); (b) the development and implementation of data quality assurance and data-use mechanisms, and (c) the finalization and full operation of the SIAAS. The latter will require software development to integrate case management and indicators from minimum quality standards in the system to track the child in the alternative care system and improve the effectiveness of quality monitoring and reporting. It will also require training and motivation of staff and service providers at the local level to input complete, reliable, and timely data into the system. Interoperability of SIAAS with other relevant informational systems (e.g., EMIS, health care informational systems) will have to be explored.

Collection of disaggregated data is essential for facilitating 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 children separated in emergency situations). Additional disaggregation would include the length of stay of the child in a form of care and the type of disability. The definition of roles and responsibilities for data collection and reporting across relevant ministries and between them and nongovernmental actors will have to be well-documented.

The assessment also recommends the stimulation of data demand by sharing data among the relevant stakeholders, making public the results of analyses, and using them in policy formulation and assessment.

Social Norms and Practices

In order to address the negative social norms and practices that persist, an advocacy and communication strategy is needed toward developing knowledge, attitudes, and practices for preventing child-family separation and prioritizing family reintegration and family-type care (kinship care, adoption, foster care), with residential care only used as a means of last resort. Development of parental skills and accountability for the raising of their children should go hand in hand with the implementation of the advocacy and communication strategy mentioned above.

Another important area is raising awareness on the benefits of notification and formalization of informal kinship care arrangements.

Finance

In the area of finance, the assessment recommends development of local capacities for financial forecasting and prioritizing based on needs assessment in all areas of alternative care. A child rights-oriented budgeting process with specific budgetary lines and clear allocation of funding for specific areas of care support (benefits and services) is required. A minimum package of social services available in all rayons needs to be covered from the state budget.

The assessment recommends that savings resulting from the transformation or closure of residential institutions are guaranteed in the budget for the development of alternative family-type services.

Other specific suggestions related to finance are presented in Appendix G (Volume 2).

MEASURE Evaluation
University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, North Carolina 27517
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

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