

FINAL REPORT

Children in Moldova are Cared for in Safe and Secure Families project

Implemented by Partnerships for Every Child

January 1, 2014 through December 31, 2017



Partnerships for Every Child

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ACRONYMS

ABC	advisory board of children
APC	Advancing Partners & Communities
CPS	Child Protection Strategy
CSO	civil society organization
CSW	community social worker
DHHC	deaf or hard-of-hearing children
DI	deinstitutionalization
FBO	faith-based organization
GKC	gate keeping commission
KAP	knowledge, attitude, and practice
LA	local authority
LSPC	Law on Special Protection of Children at Risk or without Parental
M&E	monitoring and evaluation
MLSPF	Ministry of Labor, Social Protection and Family
MOE	Ministry of Education
MOF	Ministry of Finance
MOIA	Ministry of Internal Affairs
NABC	National Advisory Boards of Children
NGO	nongovernmental organization
NMP	National Model of Practice
PANDA	Program for Alcohol Non-dependence Assistance
P4EC	Partnerships for Every Child
PPAS	psycho-pedagogical assistance service
SAD	social assistance department
SAAIS	social assistance automatic informational system
UNICEF	The United Nations Children's Fund
USAID	U.S. Agency for International Development

OVERVIEW OF PROJECT

Background

When the “Children in Moldova are Cared for in Safe and Secure Families” (Children in Moldova) project began in 2014, Moldova registered the highest rate in the region of children living in under-resourced large-scale institutions. As the poorest country in Europe, with a declining population and a high rate of migration, and 1 in 4 children having a parent living abroad, the country experienced a financial crisis that reduced household income, tax revenue, etc. According to Ministry of Labor, Social Protection and Family (MLSPF, now Ministry of Health, Labor and Social Protection), in 2014 1.2 percent of children (9,000) were at great risk of losing family care. Loss of parental care was caused by a complex array of underlying and immediate factors: household poverty, alcohol abuse, gender-based violence, abuse and neglect; parental migration; lack of access to high-quality education, health, and social care, particularly for children with disabilities; lack of national policies focusing on strengthening families and preventing family separation; the persistent public belief that the state can care for children better than families; an oversupply of residential (institutional) care; and an undersupply of family-based care for children without parental care.

Within previous U.S. Agency for International Development (USAID) funded project and support of other donors and nongovernmental organizations (NGOs), national policy was moving from the institutionalization of children to their care within their families and communities. The National Strategy on Reorganization of Institutional Care (2007–2012) had achieved a 54 percent reduction in the number of children in residential care with the support of Partnerships for Every Child (P4EC) and three other NGOs, Lumos Foundation Moldova (Lumos), CCF Moldova – copil, comunitate, familie (CCF), and Keystone Human Services International Moldova (Keystone Moldova).

At the start of the Children in Moldova project funded by USAID’s Displaced Children and Orphans Fund (DCOF) there were 6,000 children living in residential care (4,500 children in 49 large-scale institutions and 1,557 children in 27 small group homes). The overall aim of Children in Moldova, which was implemented by P4EC, was to advance child care reform by implementing the newly approved legislation; ensure that these new laws were in line with the Law on Special Protection of Children at Risk or without Parental Care (LSPC) developed to ensure implementation of the UN *Guidelines for the Alternative Care of Children*; and oversee the transition from institutional to family- and community-based care. The original closing date of the project was June 30, 2017, but it was extended until December 31, 2017.

Launch activities

Project activities started with negotiations and signing cooperation agreements with MLSPF and the Ministry of Education (MOE). This ensured government of Moldova commitment to project objectives and ensured its ownership of results achieved by joint effort with the Children of Moldova project team.

National and local steering committees were established to govern project implementation and ensure transparency, participation, and ownership of all stakeholders. Steering committees were established in each project district to manage change processes at the local level. The groups included high-level decision makers such as ministers, vice ministers, ministerial department heads, and district vice presidents of. The steering committees discussed and approved all project plans and key decisions.

The project launched in April 2014 during the final conference of the previous USAID-funded project to ensure continuity within the reform process. This link was important for participants in the child care reform process, policy and decision makers and professionals, from all over the country.

At the launch event, lessons and case studies on reorganization of the residential care system and social service system reconfiguration, child participation, inclusive education, and communication were discussed to illustrate progress achieved so far and ongoing challenges to be taken on by the new project.

At project start, the Children in Moldova team was involved in the development of the action plan for the national Child Protection Strategy to ensure that all project activities and outputs were in line with national governmental plans. In particular, the project helped develop the direction and actions under the strategy's first two objectives related to reorganization of residential care, development of family-based alternative care, and community-based social and educational support services. The project also helped MLSPF promote and approve the action plan.

Coverage

Children in Moldova worked in 11 districts. Initially, 10 local authorities (LAs) were selected as project districts in consultation with the Ministry of Labor, Social Protection and Family (MLSPF), Ministry of Education (now Ministry of Education, Culture and Research), the United Nations Children's Fund (UNICEF) and civil society organizations (CSOs). The Cahul, Causeni, Nisporeni, Orhei, and Soroca LAs were selected because they had high numbers of children in institutional care and so were prioritized by the Government of Moldova (GOM) for closure of children's institutions (Children in Moldova called them "new" districts, even though they had earlier involvement with P4EC and other NGOs). The Calarasi, Falesti, Singerei, Telenesti, and Ungheni ("old" districts) were selected because they had a significant level of human resources capacity from P4EC support in previous projects. After the start of Children in Moldova, a sixth "new" district, Rezina, was selected at the request of the Ministry of Education (MOE) and approved by USAID. In this district, activities mostly focused on deinstitutionalization of care (two residential institutions were closed with project support).

There were general differences in project emphasis between the old and new districts. Significant deinstitutionalization work was well underway in the old districts, with residential facilities closing and children reintegrating into communities. In these districts the project focused on strengthening prevention activities, such as taking inter-sectoral collaboration to the next level by piloting the National Model of Practice (NMP) for early identification of risks among children in Ungheni, Falesti, and Calarasi. In Rezina and the new districts of Soroca and Nisporeni, the project was involved in supporting children's reintegration into families and communities and closure of residential institutions. Many of the same activities occurred in all districts based on needs and context. Examples include building capacity in case management, developing inter-sectoral approaches, strengthening family-based alternative care options for children, supporting advisory boards of children (ABCs), initiating the Psycho-social Assistance Program for Children (PANDA) for families affected by alcohol-abuse, creating communication strategies, assessing financial issues, and conducting parenting education/counseling. For the latter, a model called Mellow Parenting was introduced during the project period, which was supported by funding from the European Union and World Childhood Foundation.

At the same time, the Children in Moldova project helped MLSPF and MOE improve national child care and child protection policies and legislation and build capacity through training to support the transition of the child care system towards family- and community-based services. The project also worked with district-specific social service systems built on family support, alternative care, and child protection; capacity building/training; inclusive education; financial management; child participation; and deinstitutionalization.

Strategic objectives

Children in Moldova's goal was to improve the safety, wellbeing, and development of highly vulnerable children, particularly those who were living without adequate family care. The project worked to ensure that:

- 1) across Moldova, 100,000 children who were at risk of losing family care, living with seriously inadequate family care, or outside family care had increased chances to stay with their strengthened families or be placed in appropriate, protective, and permanent alternative family care;
- 2) 4,000 children were prevented from being separated from their families in 11 districts; and
- 3) 3,000 children who were outside family care in five districts lived with safe and nurturing families.

Children in Moldova provided structured support to the national and local authorities to apply a system-wide approach to strengthening and preserving family care and providing adequate alternative family care to children.

Children in Moldova addressed the following key problems: 1) household poverty, alcohol abuse, and violence as the main factors causing family separation; 2) poor access of children at risk and their families to appropriate social care and educational services; 3) the vast majority of children without parental care or with educational special needs were being placed in large institutions that harmed their development; 4) a lack of effective policies to prevent family separation, protect children without parental care, and deinstitutionalize children; 5) an undersupply of community-based support for families and family-based alternative care services; 6) a lack of effective gate-keeping; 7) an oversupply of old-style institutional care; 8) the inability of LAs, service providers, and communities to prevent unnecessary family separation and protect children who lack parental care; 9) inadequate collaboration among agencies with responsibilities for child protection to prevent unnecessary separation and protect children from violence; and 10) a lack of children's participation in the development and implementation of childcare policies and services.

ACTIVITIES AND APPROACHES

Framed activities into four key development areas: policy and legal framework revision; national-level capacity building; national public awareness raising, and local-level practice development. At the national level, the project worked with the MLSPF, MOE, and other relevant ministries to strengthen national child protection systems, and to develop and improve social policies to prevent family separation and protect children outside family care. Children in Moldova also supported these ministries to provide support, guidance, and capacity-building to all 35 LAs of Moldova and increase general public support to child care reform to ensure that national child care and protection policies and legislations were implemented appropriately and communicated effectively to the general public. At the local level, the project supported 11 LAs to implement programs aimed at keeping children and families together by improving families' capacities to care for their children, develop alternative family-based care for children, and close down large-scale institutions for children, all while ensuring children's and families' involvement in these processes (see Annex 1).

Provided comprehensive and constant support to key partners to develop strategic visions and plans for policy, system, and services. Children in Moldova worked at the three levels of social services system, focusing on the development of primary social services (family support-type) and specialized services (alternative family care); reducing reliance on highly specialized services (residential care); and ensuring distribution of resources from institutions to community-based social and educational services.

The project's long-term vision required a variety of approaches and strategic interventions at a number of different points and levels in the child welfare system. Main project approaches were:

- **Informed the legal and policy frameworks and advocated, with stakeholder participation, for more effective laws, regulations, policies, and strategies at both national and district levels.** This entailed research (often global) on possible best-practice models, adaptation to the context of Moldova, piloting, and scaling. The process gave Children in Moldova significant credibility, including input and influence into more effective laws and regulations.
- **Promoted innovation at local level, particularly for helping families and communities care for children.** New care and support models were designed around two main approaches: promoting child wellbeing and strengthening families. These approaches were incorporated in the new case management methodology developed for use by all child care service providers, as well as the inter-agency mechanism developed for social protection, health, education, and police personnel to work together to safeguard children's wellbeing.
- **Emphasized parenting education mechanisms and skills to help vulnerable families and children.** P4EC piloted the complementary Mellow Parenting with other funding. Mellow Parenting is a relationship-based early intervention focused on improving parent-child relationships. It was piloted in Scotland in 1996 and has spread with many different applications for mothers, fathers, expectant parents, and children of various ages. In 2016, Mellow Parenting, a Scottish organization, began working with Children in Moldova to prevent babies at risk from being abandoned and improving support for vulnerable parents to care for their children by piloting its approach in eight districts. Though not funded through DCOF/USAID, Mellow Parenting complemented the risk-prevention and family support priorities of Children in Moldova.
- **Based practice and policy development on evidence from mapping exercises and needs assessment.** A mapping exercise of existing social services and a needs assessment were conducted at the beginning of the project to identify local resources and training needs of key professional staff from national ministries, LAs, service providers, and other stakeholders. The findings were used to design and deliver comprehensive training to these groups. Project developments were informed by in-depth diagnosis of the child care system and complemented by analysis of knowledge, attitudes, and perceptions of professionals and the wider population with the aim of fulfilling children's right to grow up in a safe family and community environment.
- **Developed a comprehension capacity building program, aimed at promoting fundamental changes in the way that communities, professionals, decision- and policy-makers treat children and families.** At project start, organizational capacities were assessed and capacity-building programs were developed for national and local authorities, as well as for other organizations involved in designing and implementing the child care reform. The project also helped national and local authorities and service providers to develop incentives (e.g., professional supervision, initial and ongoing training, increased salaries of community social workers and their managers, restructured departments, job descriptions, and clear line management relationships) to motivate staff and sustain capacity building efforts.
- **Developed a change-management approach.** Capacity-building is not just about skills and knowledge; it requires fundamental shifts in professional values, individual behavior, and workplace and community culture. For Children in Moldova, this meant that the goals of deinstitutionalizing children and preventing unnecessary separation of children from their families needed to be internalized by practitioners, public officials, and the public. Children in

Moldova's approach to change management involved a seven-step process: 1) leadership and vision—developing consensus on key project objectives and identifying a leadership team; 2) stakeholder management and communications—identifying important stakeholders and how they could help the project succeed, then developing a stakeholder engagement plan; 3) stock taking of skills and identifying gaps—not only in technical terms but in attitude and motivation; 4) organizational aspects—determining if stakeholders are organized in the best way for the project to succeed or if teams need to be reorganized; 5) culture—recognizing cultural and behavioral norms, identifying successful approaches in developing child care system and getting stakeholders to use them; 6) performance—identifying project measurement indicators and incorporating them into team and individual performance indicators; and 7) planning—bringing all of the above aspects together into project work plans and management procedures.

- **Designed all activities in cooperation and consultation among project team and beneficiaries, partners, and other stakeholders at the various administrative levels.** In producing practical and demonstrable local outcomes, the project influenced policy and practice at higher administrative levels.
- **Aligned agencies and individuals with child care reform and built capacity and culture to support it.** Good communication was particularly important because of the range of stakeholders, citizens, CSOs, government organizations, and donors involved, and because changes in the system created “winners” and “losers” and had political consequences. An awareness-raising and advocacy campaign conducted throughout the project aimed to change people's attitudes, maintain political commitment, and ensure consistency in childcare reform. Awareness-raising also focused on helping communities identify and solve problems before they became serious and expensive and promoting the importance of community and family and keeping children in that environment.
- **Encouraged children and parents/caregivers to be involved in the development of models of support, care, and protection through participation in decision-making and policy dialogue.** The project team facilitated communication using tools and methods and adapting them to individual children. Through Advisory Boards of Children, the project supported LAs to create a safe and supportive environment for children to participate in service design, development of the service legal framework, and monitoring and evaluating proposed service models.
- **Mainstreamed child protection from abuse and neglect into all project activities.**
- **Mainstreamed gender issues in all project activities to give project beneficiaries and partners equal opportunities to participate in and benefit from the intervention.** The project prioritized girls at risk or outside family care for assistance, and encouraged fathers to get involved in family-strengthening activities.
- **Analyzed, reflected upon, and used monitoring data to identify good practices and lessons throughout the project life to continually improve project quality and efficiency and inform national policy development processes.**

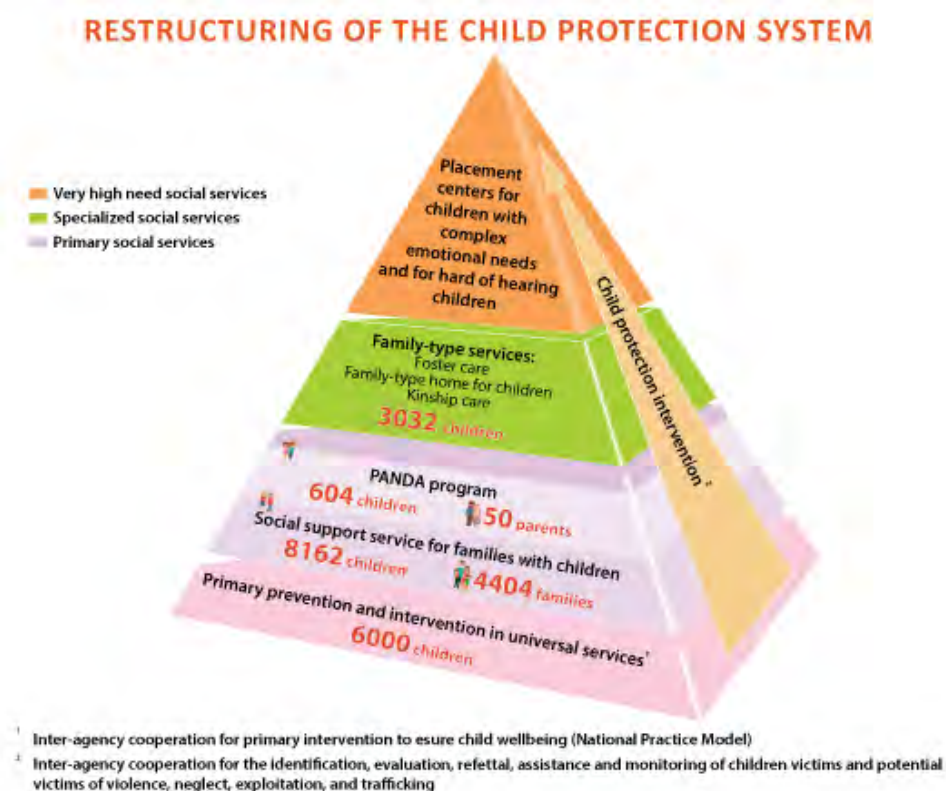
MAIN ACHIEVEMENTS

The project contributed to the acceleration of care reform ensuring fundamental, sustainable changes. Project results indicated that USAID's assistance contributed to long-lasting system transformation. There is evidence that the project, in working with decision makers, supported the reconfiguration of the childcare system, by scaling up residential care reform in the country and preparing systems for early intervention and family perseverance. Continuity through the five

governments during the four years of project life indicates that Moldova is unlikely to return to the institutionalization model.

The project contributed to the development of primary social services (family support-type services) and specialized services (alternative family care), and reduced reliance on the use of highly specialized services (residential care). The child care system in project districts has been reconfigured (see Chart 3) in so that the vast majority of children and families receive support at the community level by means of strengthened universal services that are able to identify early concerns in child wellbeing; provide timely interventions; involve other professionals when needed; refer children and families to primary family support services; and apply case management in line with the child wellbeing and strengthening family approaches. Fewer children and families are referred to district-level for secondary family support or alternative family-based care through the improved gate-keeping system. All 11 district authorities managed to establish a range of family-based alternatives that are fully sustained from the local budgets. Only a small number of children continue to be referred to highly specialized district- or national-level services, such as small group homes and institutional care. These are mainly children who have complex or sensorial disabilities for whom there are few social care and education alternatives at community level. Moreover, the project supported LAs to consolidate the primary social services level by developing PANDA, aiming to support children and parents in alcohol co-dependent relationships to reduce the risk of separation and abuse.

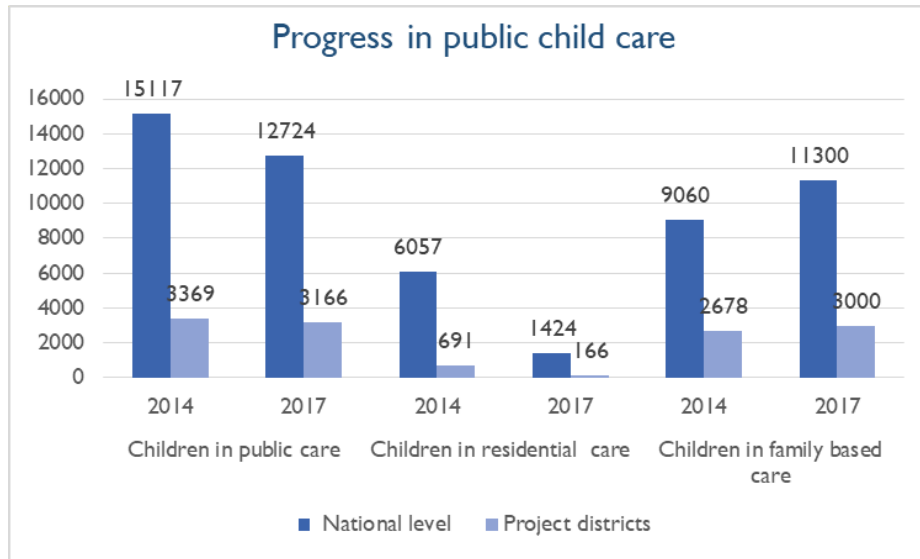
Chart 3



By the end of the project, the new legislation was reported to affect 168,000 children. The project indirectly contributed to a 15.8 percent total reduction in the number of children in public care; a 76.5 percent decrease in the number of children placed in residential care (large scale institutions and small group centers); and a 24.7 percent increase in number of children placed in family-based care across the country. The project contributed directly to an 8.5 percent reduction in the number of children in public

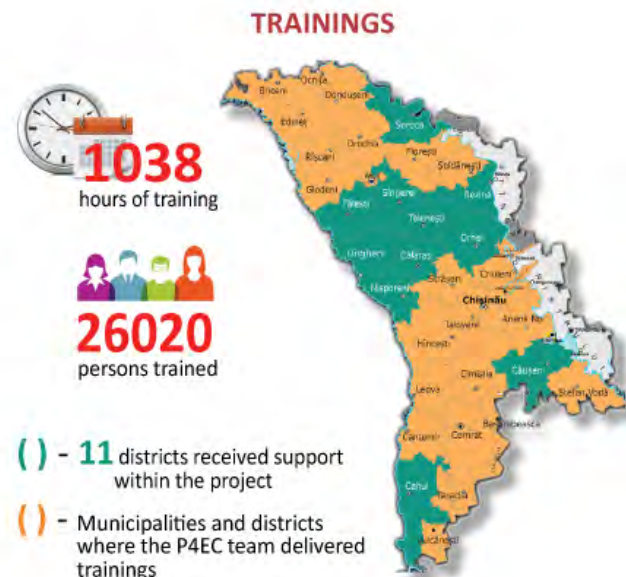
care; and 11.3 percent decrease in the number of children placed in residential care; and a 14.4 percent increase in number of children placed in family-based care in project districts (see Chart 4).

Chart 4



At the end of 2017, the number of children who received family support at national level was 60,000, which represents an increase of 55 times since January 2014. The project directly served 55,000 children by means of primary and secondary support. Of them, 8,000 children were supported to prevent family separation and institutionalization. To achieve these results for children and families, the project trained more than 26,000 local decision makers and professionals (see chart 5).

Chart 5



To strengthen protection of children at risk or without parental care national authorities were supported to enforce implementation of the LSPC, revise primary and secondary legislation in line with LSPC, and strengthen inter-agency cooperation. In particular, the project focused on early intervention by universal services (education and health systems) and inter-agency cooperation in response to problems before conditions deteriorated and referral to social workers was necessary for children’s protection.

KEY LEARNING

The project implemented a number of approaches that resulted in expected outcomes for children in families (described in section d, above.) The approaches were designed, tested, adjusted through the project life in line with lessons from implementation. In addition, we note the following key learning points.

The project’s whole-system approach based on an in-depth diagnosis of the situation helped stakeholders develop a complete vision of the future of child care and child protection in Moldova. Without a common vision it might have been difficult to plan the development of the child care system, engage stakeholders, develop support for the reform, and ensure sustainability of the results. The vision helped stakeholders think beyond the status quo and plan the short-, mid-, and long-term phases and reconfiguration of the system, ensuring full transition from institutional to family and community-based care.

To create a vision, the project supported stakeholders to undertake a comprehensive analysis of the social processes, demographic, social, political, and economic trends, and gave them structured capacity-building that addressed not only gaps in knowledge and skills but also their beliefs and attitudes. The project also helped ministries develop strategies and plans for specific elements of the system, especially those that lacked consensus among national and local stakeholders, such as specialized child protection services, the educational system for deaf and hard-of-hearing children (DHHC), and primary risk prevention.

Changing attitudes of policy makers, decision makers, and professionals is one of the most difficult elements in the development process. In order to achieve change in attitudes the project

planned and made considerable ongoing efforts, applying various approaches and strategies, such as study visits to countries that have made progress in child care reform, visits of representatives of low-performing districts to those that benefited from technical assistance projects for child care system, and provided various formal and informal training opportunities.

Observing national and international examples of best practice is a critical component of participatory learning. Interacting with national and international counterparts inspires new ideas and highlights important challenges and lessons and stimulates thinking about ways to advance agendas and shift thinking toward preventing child-family separation and supporting family reunification and alternative care for children.

Inter-agency collaboration is key to balanced development of the child care system. The project fostered collaboration between MLSPF, MOE, Ministry of Health (MOH), and Ministry of Internal Affairs (MOIA) on a number of subjects such as inter-agency mechanisms for the prevention of child abuse and neglect and for primary prevention of risks, DI, and prevention of unnecessary separation of children. At the district level, the project encouraged LAs to collaborate at all phases of strategic planning, starting with needs assessment then planning and budgeting, monitoring and evaluation. The project encouraged participation and collaboration of all stakeholders from the phase of design through testing, adaptations, and full implementation. This comes through the project approach to vertical and horizontal capacity-building and training. Stakeholders begin to “speak the same language,” use the same points of reference, and assess children and families in more uniform ways leading to coordinated response. The project approach helped child protection advocates and practitioners in project areas motivate key government stakeholders, such as mayors, fulfil their legally mandated duties in child protection and family welfare.

Joint trainings increase responsibility and collaboration. Joint trainings for social service providers such as community social workers (CSWs), teachers, medical assistants, and mayors increased collaboration across sectors, which helped to decrease the number of children separated from their families. For example, the health sector now works directly with mothers to enhance their child care skills.

Involvement of district LAs in all processes (development, consultation, testing, adaptations, implementation, promotion for approval, communication with general public at district and national levels) helped them accept responsibility for the implementation and results of system changes, increased understanding, and as a result, motivated them to achieve and ensure sustainability of the results.

Inclusive educational systems and preparing households to receive children home was critical to deinstitutionalization of the child care system and successful reintegration of children.

The project model for deinstitutionalization and care reform should be adapted for districts still needing to close residential care institutions, with appropriate incentives to create political support where resistance remains. Guidelines, procedures, training modules, skilled trainers, case management tools, and systems developed and used by the project can all be applied to this process.

The emerging comprehensive strategy for reducing institutional care for children with significant special needs was informed by this project. Adaptive inclusive education was instrumental to the process of de-institutionalizing children with disabilities. The project and its stakeholders helped to identify and demonstrate what is required for foster care to better support children with disabilities. This includes mechanisms for greater financial support and preparation of foster families. Community-based support linked to the project through training and other activities,

such as day and respite care, personal assistant home care, and mobile teams supporting families with disabilities are of great help. Stakeholders reported that inter-agency collaboration at the community level between health, education, social assistance specialists, and mayoral authorities increased significantly during the project.

Prevention was an overarching project framework, ranging from early identification and response to risk through the NMP to building the strength of children and families to withstand shocks and challenges. Prevention measures included support to families with vulnerable children with parent education, links to schools with inclusive education, material and financial support, and services such as day care centers.

Advisory Boards of Children (ABCs) helped stakeholders understand and meet the needs of separated and at-risk children. ABCs involve groups of youth who advocate for children's rights and protection. Because children in care often feel freer to discuss their concerns with other children, the ABCs have in some cases identified and reported problems district child protection personnel and officials had not been aware of about children in foster and guardianship. Several districts took over support for ABCs by providing them with financing and support to be able to continue their valuable work after the end of the project. Other districts should consider establishing ABCs.

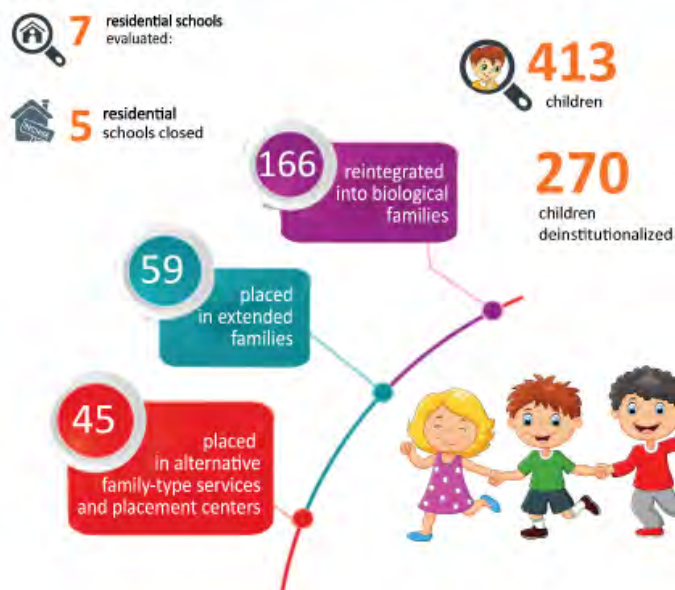
KEY RESULTS AND SUCCESSES

The project helped LA stakeholders to deinstitutionalize 270 children from five facilities. The project assessed 413 children in institutions to plan their release from residential care. Of these, 270 were supported to reintegrate with their birth or extended families or placed in family-based alternative care. These children and their families received monetary and family support in the pre- and post-reunification/placement period to support sustainable long-term care. The project helped 145 of these deinstitutionalized children integrate into community education. Sixty-five of them received individual educational plans and support teachers in classroom through linking them to educational reform supporting the development of inclusive education for children with special educational needs. All children integrated successfully and remained in school after the end of the project.

As a result of the project, five of seven assessed residential institutions were closed, and two others launched transformation processes (see chart 6). The project helped the seven LAs to assess, plan, and implement the reorganization of the residential care institutions. In addition, the project helped the MOE develop a strategic vision and action plan for the development of an educational system for DHHC. It also created an inter-ministerial working group to assess children proposed for placement in special institutions, thus linking the special needs assessment competed by educational structures with assessments by social assistance structures to keep children outside institutional care. As a result, the number of new entries in residential institutions decreased by more than 90 percent.

Chart 6

DEINSTITUTIONALIZATION



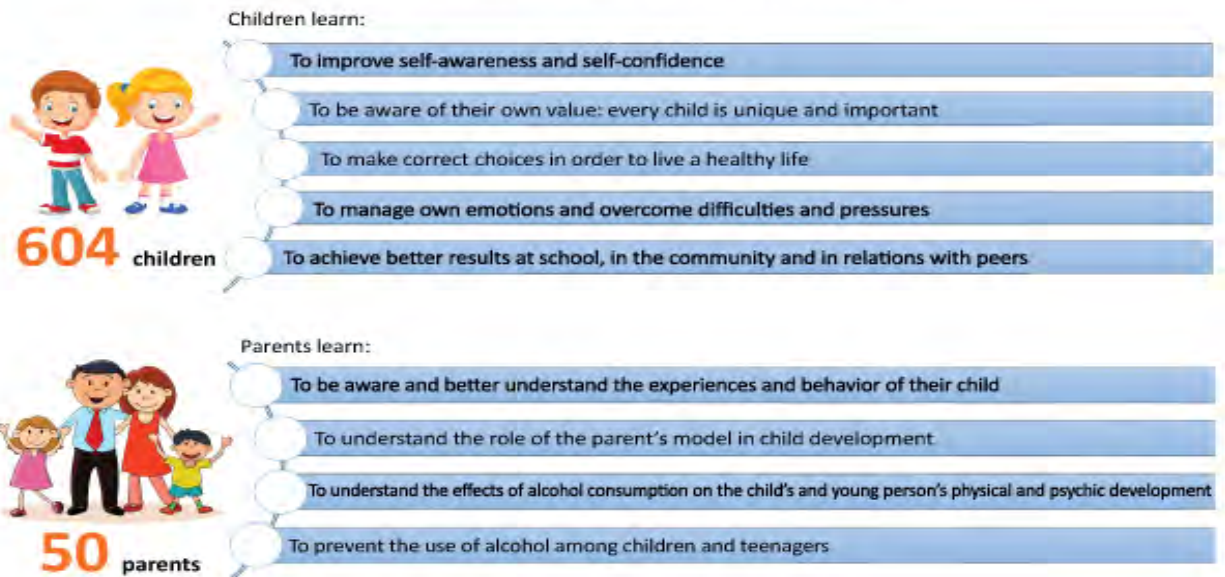
Prevented separation of 8,000 children by helping families in need better care for their children. 1,423 children who could not be prevented from separation with their families were placed by LAs in safe and secure alternative family-based care, developed with project support. However, although LA Family Support Services were better able to provide services for children, services gaps remained because of the distance between families and those services.

Piloted and adapted PANDA to the national context and integrated it into the existing service system by revising the Family Support Regulations. PANDA was implemented 2015–2017 in nine districts and included 56 groups with **604 children** and 6 groups with **50 adults** (see chart 7). Outcomes included improved self-image of children, changed attitudes toward their situation and that of their family, increased school achievement, improved interactions in their communities and with peers, and increased awareness of the harmful effects of alcohol consumption. Nine Social Assistance Departments (SADs) in pilot districts accepted full responsibility for ongoing implementation of PANDA.

Chart 7

PANDA

Psycho-social assistance program with therapeutic elements for children and adults who live with alcohol-addicted persons



Developed, piloted, and integrated the National Practice Model (NPM) into the existing service provision for children. The NPM established a mechanism for early identification of risk and was built on previous work on inclusive education and multi-disciplinary team development. It was based on established practice in Scotland. The NMPs gives specific education and health sector staff skills and tools to identify early risk in settings where they observe and interact with children, such as schools, clinics, and home visits. Leaders and specialists in these sectors can identify problems at an early stage and mobilize a multi-disciplinary response to preventing risks from escalating and resulting in family separation, dropping out of school, or and other more serious problems. Existing local level services and supports at the can swing into action because the NMP development involved cooperation among key government stakeholders in social protection, including in health, education, law enforcement, and others. The coordination and fine-tuning of a national practice system will take time, resources and fine-tuning, but it is based on global best practice.

Led to a moderate shift in attitudes toward placing children in residential care centers, increasing sentiment that it is not appropriate. Through the media, Children in Moldova promoted broad public recognition that the family is the best place to raise a child. A sociological survey (omnibus-type) of professional and public beliefs, attitudes and behaviors was carried out at national level every year with a sample of over 1,000 respondents, using the same questionnaire. The findings of the initial survey served as a baseline for the development of the communication strategy, while the findings of the subsequent surveys were used to measure the progress achieved in changing attitudes and perceptions of the general public throughout the life of the project. The key communication messages were designed and adapted according to the public beliefs on the importance of family care for children. A range of communication tools were developed and used life to reach different target groups. These included such as quarterly project newsletters, leaflets, and booklets on different child care models developed by the project (e.g. the PANDA program, the National Practice Model for early identification of problems, foster care as an alternative to institutions), video and audio clips broadcast

on national and local TV and radio stations. Materials to promote project approaches and children's stories were posted on social networks. The final longitudinal measurements of public attitudes over the four years of the project showed the following:

- Public opinion is trending toward a greater number of people believing the family is the best place to raise a child.
- There was a shift in perception of children in residential care, with some now holding positive views and less negative stereotypes.
- There is a perception that the government has a greater focus on child protection and that national policies and legislation are being better implemented. Social workers and specialist also believe the normative framework developed in recent years provides much greater opportunity for child protection and keeping children out of institutions. Stakeholders such as mayors are being forced to be more accountable. National policies are beginning to shift the burden of child protection, more broadly from the SADs to other sectors, including health, education, and municipalities. National care reform policies and laws are beginning to be reflected in strategies and policies developed at the district level.

Strengthened 3,756 professionals at various levels of government and civil society through formal training, workshops, and day-to-day support.

Strengthened capacity of local and national authorities to implement effective and meaningful child participation policies and practices (see Chart 8). The project facilitated the development and implementation of child participation. At the individual level, children were empowered to participate in the assessment of their own needs, development of their individual plans including decisions about people they would like involved in it. At the group level through the ABCs, children participated in the design, implementation and evaluation of various services, mechanisms, and process. Also, at policy level, ABCs participated in revaluations of specific services; programs to address specific problems of children and families; gate-keeping commissions (GKCs); and local child protection councils.

Chart 8



*Cahul, Calarasi, Causeni, Falesti, Singerei, Orhei, Ungheni, Soroca, Nisporeni, Telenesti

The project expanded ABCs to 10 districts and the national level, enabling 494 youth to review services and consult with child beneficiaries then report back to the LAs. Government stakeholders reported that findings from the children's monitoring reports were used to inform service improvement and development and that the decision-makers actively sought children's feedback and views. ABC members reported that they were generally treated as partners in service development, developed skills in developing questionnaires, holding interviews, and communicating with other children who need and/or receive services. They said that the decision-makers and professionals are collaborating with ABCs and encourage their work. In its concluding observations to the 4th and 5th country report, the UN Committee in the Rights of the Child recommended the ABC and PANDA models for nationwide replication.

Supported a substantial amount of primary and secondary legislation and policies, including revision of several legal acts in line with LSPC, the Family Support Service Regulations and Minimum Quality Standards; the Foster Care Service Regulations and Minimum Quality Standards; the Gate Keeping Regulations; the Instruction on Inter-agency Cooperation Mechanism for Primary Prevention and Child Wellbeing, and the Guardianship Service Regulations. Significantly, the project helped the MLSPF and Ministry of Finance (MOF) define the package of statutory services to be funded from the state budget and develop the methodology for funding these services through transfers to LAs. A legal initiative for enforcing financing of a package of social services from the central budget was developed and approved by parliament.

Produced a significant number of documents and guides that made a case for continued reform and can be used in other parts of Moldova and beyond. These include case management, family support, foster care, professional supervision, gate-keeping, and NMP implementation guides (see Annex 2). All these documents are available and can be shared by P4EC if requested (e-mail: dmamaliga@p4ec.md).

Helped authorities and service providers develop a professional supervision system that affected the quality of social services for children and families by delivering the best outcomes for beneficiaries and supporting honest and open working relationships between professionals and beneficiaries. Professional and peer-to-peer support was provided to staff of the SADs related to effective case management, capacity building and strengthening of practical use of theoretical knowledge throughout the project life. The introduction of a culture of professional supervision facilitated changes and critical thinking among the SADs staff supporting them to accept the reform and its challenges. Supervision was integrated into clearly defined professional relationships, as a mechanism to support professionals to undertake complex work with children and their families.

MAJOR CHALLENGES

Funding constraints at the local level brought about through de-centralization had to be resolved for project models to have significant expansion and replication, let alone improve prospects to grow more specialized support. Fiscal decentralization reform launched in 2015 with the aim to increase financial and functional autonomy of the LAs risked the whole child welfare system in the country. As a result of a range of amendments to the Law on Local Public Finance, the burden of financing all social services delivered at the local level was transferred to the LAs that usually do not consider social services as a priority. As a result, some LAs had to reduce their budgets for social services because they only had funds to maintain existing services; not to expand or develop new ones. Moreover, across the country, some services like small group homes and community-based multifunctional centers were reorganized and some even closed.

In order to overcome the negative effects of the decentralization on social services system, the project worked on a plan to develop, promote and approve a set of amendments to ensure that at least one

package of social services be funded by the central budget. A legal initiative for enforcing financing of a package of social services from the state budget was developed and approved by Parliament.

Reintegration of children with disabilities, particularly those who require extensive daily care is a challenge. Greater investments are needed for specialized multi-disciplinary community-based strategies and services, like specialized foster care and small-scale residential care, vocational training, and day support centers.

Care is needed for children with complex emotional needs. LAs, foster parents, and multidisciplinary teams identified the challenges of raising children with violent or undisciplined behavior and are poorly adjusted to living in a home environment in family-type care. During the extension period, the project supported MLSPF to design and implement a specialized residential unit for children with complex emotional needs. The business plan of the service and the operational manual were developed by a qualified expert from the UK. The consultant also devised and delivered training to the existing center's staff in December 2017. In the meantime, the building allocated by MHLSP for the center was redesigned and adapted for service provision.

However, the ministry needs further support to make this service operational: all staff must be recruited, follow-up training provided, operational procedures finalized, and professional supervision provided to staff working with these children. Additionally, foster care services need to be strengthened and provided by specially trained foster caregivers, as the best alternative for children who cannot be returned to their families. The decision on permanent protection (after the placement in the center) must be made on the needs of the individual child.

Social and psychological services are needed for people with alcohol and substance abuse problems. There is a significant gap in the availability of such treatment, though PANDA was embraced as a mechanism that can be particularly helpful for the psychosocial health of children in families where such abuse is occurring.

Financial challenges and difficulty securing jobs make families more vulnerable. The last public opinion survey (2017) conducted with project support indicated that more than 80 percent believe that a healthy economic environment would keep people in the country by giving them jobs that paid enough to provide families with adequate living conditions. While availability of financial assistance has increased and is viewed as one of the most effective support services, social workers say it could be more accessible and better managed. However, the budget for this is limited.

Parenting training is critical to preventing separation. Unfortunately, Moldova has made little progress in designing and implementing parenting programs. During 2016–2017, Children in Moldova, with EU and Childhood support piloted and adapted Mellow Parenting, a 14-week program delivered to mothers or fathers separately and based on attachment and social learning theories with elements of cognitive behavioral therapy. Mellow Parenting proved to be an efficient and economically sound primary risk-prevention program and should be among the family support service's programs package.

PROJECT OBJECTIVES AND ACTIVITIES

The preceding sections focus largely on what the project did and accomplished. This section provides an overview of its conceptual structure.

Objective 1. By June 2017, across the country, 100,000 children who are at risk of losing family care, are living with seriously inadequate family care, or are outside family care have increased chances to stay with their strengthened families or be placed in appropriate, protective and permanent alternative family care.

Activity 1.1 Build capacity of the MLSPF and MOE to implement the national CPS, amend child care legislation in line with the LSPC, and develop National Child Participation Policy

“The law on amending a number of legal acts” in line with the LSPC was approved by Parliament at the end of May 2017. The project helped MLSPF prepare for government approval of the draft law (2014–2016) and discussions in parliamentary commissions (December 2016–May 2017). The Law incorporated amendments to family, civil, administrative, criminal, and housing codes, laws on social assistance, local public administration, civil status, etc. The amendments refer to sanctions for failure to fulfill parents’ primary responsibility to bring up and protect children; sanctions regarding fulfillment of the authorities’ responsibility to protect children from abuse, neglect, and exploitation; measures to ensure property rights of children without parental care, especially the right to a living space by applying restrictions to parents/guardians selling their real estate; inclusion of child protection officers in the social assistance system staffing list, and other amendments.

The development of a legal initiative for enforcing financing of a package of social services from the state budget took place during in the project extension period and based on the action plan agreed to during a five-day study visit to United Kingdom (UK), 27 November - 3 December 2016, by key policy-makers from the Parliament and Government. As a result of meetings and discussions with UK policy makers and scholars, the Moldovan delegation agreed to apply the principle of statutory services, which calls for state funding for a mandatory package of social services to be provided by LAs. The package of statutory services was decided by MLSPF in close consultation with LAs representatives and international organizations such as UNICEF and United Nations Development Program. All stakeholders agreed with the Ministry’s decision to include family support service, foster care, family-type children’s home, and personal assistance services for children and adults with disabilities in the package. The project supported the development of a methodology to fund the package of services by setting up a “standard” allocation per beneficiary for four services to cover LA expenditures from the state budget. The proposed methodology was presented to the members of the Parliamentary Commission of Social Protection, Health, and Family and a wider professional community at the project final conference. A list of potential legal acts to be revised as a result of development of the financing mechanism for social services was defined by project. An initiative to legalize financing of four social services from the state budget was prepared with the project support and approved by the Parliament.

Secondary legislation developed/revised and approved by the government with project support, including Family Support Regulations and Minimum Quality Standards (September 2014), revised Gate-Keeping Regulation (January 2016), foster care (September 2014), and Family Support Regulations. The revision of the Family Support Service Regulations aimed to ensure the sustainability of PANDA and other programs aimed at building parental and children’s resilience, such as Mellow Parenting. The government decision amending Family Support Regulation was adopted in December 2017, giving LAs the opportunity to plan resources for 2018. The project helped MLSPF develop methodological guides for the above-mentioned legislation and revise case management and supervision mechanisms. All developed and revised guides incorporated child wellbeing indicators, strengthening families’ framework, and legal requirements imposed by the LSPC and revised secondary legislation. The development/revision was based on legal gap analysis, in consultation with key representatives of MLSPF, LAs, and CSOs. The case management tool was revised to incorporate child wellbeing indicators and strengthen family frameworks, piloted in the project districts, and approved by MLSPF in 2017.

Development and approval of the guardianship regulations in line with LSPC was not completed. The project developed the draft guardianship regulation in consultation with representatives from 11 project districts and national ABC members. The MLSPF launched a wider national consultation process, but it was stopped and postponed because the unexpected legislation was approved (legislation on legal

capacity of people with mental disabilities that introduced amendments in the procedures of placing children in guardianship care, which had an impact on the text of the guardianship regulations). The decision to postpone approval was based on the recommendations of two legal experts involved in the development of guardianship legislation (on behalf of the Children in Moldova and UNICEF), who said that the new legislation on legal capacity of people with mental disabilities required that Law 140, Family Code, Civil Code and Criminal Procedure Code (primary legislation) be amended prior the approval of the Guardianship Regulations (secondary legislation).

Instruction on inter-agency cooperation mechanism for primary prevention and child wellbeing, the NMP, was developed, piloted, and approved by the GOM in January 2018. The NMP concept (upon which the approved instruction was based) was the result of international learning on child wellbeing and family strengthening approaches that revolutionized the thinking of national and local decision makers on how child welfare should be configured. The process of NMP development took more than 2.5 years (2015–2017), and involved a cultural change. At the start of the process, the project delivered a capacity-building program facilitated by experts from Scotland and the U.S. to overcome resistance of stakeholders, particularly those from universal services (education and health) and NGOs involved in narrowly defined child protection areas. The project designed the primary prevention model in collaboration with two NGOs (Lumos and CCF) that worked with the GOM on similar initiatives for different age groups of children in different universal and targeted services. The developed NMP model was piloted with the support of the four ministries (MLSPF, MOH, MOE, and MOIA), which signed a cooperative agreement on the 7th of February, 2016. After the piloting the NMP model, the results were analyzed and disseminated and the instruction for the NMP model devised and proposed for Government approval, thus it become part of the national policy for inter-agency work on children. This joint work was important because existing inter-agency mechanism of collaboration on child abuse and neglect (designed, tested, and implemented with the support of the previous USAID project and approved in 2014) lacked procedures for primary-risk prevention.

At the request of the key national partners, the project supported the development of ‘visions’ for specialized child protection services and an educational system for DHHC. The visions were developed to support the implementation of the approved national Child Protection Action Plan (2016–2020) and 2020 Education Strategy.

The strategic visioning process on the system of specialized child protection services (2016) looked at global best practices for protection victims of child abuse; development of specialized services for children victims and witnesses of abuse and neglect; plans for new services and challenges to implementation; strategies, mechanisms, and processes for integrating a system of services; and ways to ensure stakeholder involvement. The MLSPF came up with a model for a system that would integrate a range of prevention, intervention, and recovery services to meet the complex needs of children who are witnesses, victims, or potential victims of violence and neglect.

During the extension period, the project helped the MLSPF design a concept for a specialized service for children with complex emotional needs with support from an expert from the UK. The draft concept included goals and objectives of the service, methodology of delivered services, and requirements for human resources, physical environment, and other aspects. The concept was presented by the external consultant at the project’s final conference. The consultant also devised and delivered training to the center’s staff in December 2017. The building allocated by MHLSP for the center was redesigned and adapted for the service. The center is financed by the central budget.

A strategic vision for reforming the educational system for DHHC and an inter-agency action plan were developed and approved by the MOE, MOH, and MLSPF at the end of 2016. This was inspired by Romania’s experience developing an integrated system for DHHC, observed by a group of

stakeholders from the MOE, MOH, MLSPF, and academics during a learning visit to Cluj municipality organized with project support. A curriculum and training program were developed for an in-service training for special education and mainstream teachers on specific subjects in education and psycho-pedagogical interventions for DHHC. A draft concept was developed for the establishment of a national resource center and support services for DHHC. It included monitoring the number of children with hearing and visual disabilities in mainstream schools; developing and updating a database to track the educational and therapeutic services they receive; and recovery and rehabilitation. A consultant was hired by DCOF to help the MOE refine the strategic vision and approach and o came in September 2017 to meet stakeholders from the MOE, Deaf Association, Association for Deaf Children, and visiting managers, teachers, and children from the country's three DHHC residential institutions. Although the project team received some preliminary findings, it received no final report or advice from the consultant or DCOF.

The project supported national authorities to develop and implement child participation policies and practices. As a logical continuation of the child participation practices developed at local level during the project, the project helped MLSPF incorporate child participation in the development of the Child Protection Chapter of the Action Plan for the EU Association Agreement.

The project supported the MLSPF to develop the concept for the national ABC. Twenty-three young people (17 girls and 6 boys) were recruited as national ABC members to advise the MLSPF on policies, programs, and services for children. National ABC members received numerous training opportunities, ranging from initial and follow up training to summer schools and participation at national and international conferences, meetings with government representatives, and international and national experts in different fields. The program included training on the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, and key child care and protection issues, as well as evaluation of social services, conducting research, public speaking, and support to organize activities in their communities and schools. National ABC facilitated communication between the Ministry and district-level ABCs by collecting qualitative data on children's needs and wellbeing from the field, and informed national policy development. Members of the national ABC and local ABCs conducted a national survey of children and young people, seeking their views on preferred ways of accessing services when they face difficulty. The survey was conducted at the request of the MLSPF to help to define the intervention arm of the National Child's Helpline. Annex 6 provides an overview of the training of ABC members.

Activity 1.2 Support national authorities to improve monitoring and evaluation framework to monitor children and vulnerable families

The project helped 11 LAs devise databases to monitor children in institutions who were reunified with their families and supported to prevent unnecessary separation. Between 2014 and 2016, the project, in collaboration with LA representatives, developed databases integrating the wellbeing and strengthening families' frameworks, and trained and supported CSWs and district-level child and family protection specialists to introduce, analyze, and use the data for planning services to deinstitutionalize children and prevent family separation. The information from these databases was used by NORC at the University of Chicago (NORC) for baseline and endline analyses of Children in Moldova.

In 2014, Children in Moldova helped MLSPF assess M&E practices and instruments used by the central and LAs, and other sectors such as health, education, and police to monitor children at risk and outside family care. The assessment covered 12 districts across the country that had a package of minimum social services for children and families in place. The findings reflected the need for a mechanism to collect data on common indicators to facilitate data exchange between social service

sectors. The survey recommended a review of the method for collecting indicators at national and local levels so that more information on children at risk and children already separated from their parents could be collected in a short time period. It was hoped that this would eliminate the repetitive (and not always coordinated) nature of data transmission between sectors; establish and harmonize frequency of data collection for all sectors; and include indicators on the prevention of child separation from family.

In line with the assessment findings, in 2015–2016 the project supported MLSPF to revise the national annual statistical report on children without parents to collect data on children receiving primary and secondary family support according to the provisions of LSPC on the special protection of children.

In 2016–2017 the project supported MLSPF to integrate the new case management framework into the Social Assistance Automatic Informational System, which was developed with support from the World Bank, and to teach heads of community social assistance service across the country to use the tool and to build CSW capacity to input data in the system.

Activity 1.3 Support national authorities to implement the CPS, LSPC, and inter-agency protocols on child protection and primary prevention

This activity included supporting MLSPF to train the national workforce of community child protection specialists and social workers to provide services, GKC on revised regulations to prevent unnecessary child separation, and LAs on inter-agency collaboration for child protection.

The project assessed capacity-building needs of the national authority partners (representatives of MLSPF and MOE) and devised and delivered a capacity-building plan, which included study visits to Sweden (2014), the UK (2015, 2016), and Romania (2016, 2017). Formal and informal in-country training was provided upon request.

The project supported training-of-trainers (TOT) for representatives of the MLSPF and SADs from the project districts on a number of development areas, such as family strengthening and wellbeing frameworks, case management, family support, foster care, NMP, child participation, and inter-agency collaboration mechanisms for child abuse and neglect.

In 2014, the project conducted a knowledge, attitudes and practice (KAP) assessment, interviewing 462 decision makers and practitioners. The findings were used by NORC and the project team for the development of the project evaluation baseline as well as training strategies and curricula for various stakeholders.

The project supported the MLSPF to train the workforce across the country to apply newly approved and revised legislation. Although the project planned to train community child protection specialists in line with the new child care legislation, it was not able to do so because they were never recruited at the community level due to financial constraints created by the fiscal decentralization reform. Instead, the project trained about 1,100 community mayors, who represent local guardianship authorities as per LSPC, on their role (2016) and on amendments to a number of legal acts (2017). In addition, during 2016–2017 more than 1,120 CSWs across the country were trained on new case management procedures and family support service.

The project supported the MLSPF to train district authorities to apply the inter-agency mechanism on child abuse and neglect. Children in Moldova trained 556 social assistance, health, education, and police professionals from 29 districts to implement collaboratively protocols on child abuse and neglect (UNICEF trained staff from the other six districts). During the project extension, it supported the MLSPF to train 489 members of multi-disciplinary teams in 26 districts on the NMP.

The project supported the MLSPF to train 35 GKC's across the country on provisions in the newly revised regulations and follow-up training on GKC's role in foster care and family support services.

Delivered training on the new regulations and quality standards to foster care teams and National Accreditation Council. Five training workshops (2 days each) were delivered to 108 foster care practitioners (2015–2016), including 23 members of the National Accreditation Council. In addition, these members and those of the Agency for Social Assistance received training to use the foster care practice guide.

The project supported MOE to build Psycho-Pedagogical Assistance Services (PPAS) capacity to improve inclusive education practices across country, including integrating wellbeing and strengthening families approaches in work with children and families in pre-schools and schools. In 2016, the project provided support to all 35 PPAS in the country, with a one-day training on planning and time management for PPAS heads, and training for all local staff on organizational management and revising instruments for assessing and supporting children with special educational needs. A workshop on inclusive education was organized for representatives of DOE and PPASs from all districts on the philosophy and strategic management for including children with complex needs in mainstream schools. The workshop's moderators from the United Kingdom and Romania conducted the training. In addition, attendees were trained on improving practices for working with DHHC in special and mainstream schools and received technical support to identify all DHHC across the country and develop education strategies for them. This activity was not part of the original project plans, but was identified as a priority by the project and its partners, who requested support to build the capacity of national and district PPASs.

Activity 1.4 Support national authorities to develop a common vision on child care reform and communicate it to the public

Children in Moldova continued to support MLSPF and MOE to have a joint vision for child care reform and communicate with local stakeholders and the general public to ensure nationwide expansion and support.

A national survey into professional and public beliefs, attitudes, behaviors was carried out on an annual basis with a sample of over 1,000 respondents. Findings from the initial survey served as a baseline for development of the communication strategy. The findings of subsequent surveys were used to measure the progress in changing attitudes and perceptions of the public over the life of the project. Key communication messages were regularly adjusted (see Annex 3).

A concept for a joint communication campaign, with the slogan "Safe and secure family for every child" was developed in consultation with the ministries. A number of meetings with representatives of the MLSPF, National Radio and TV Company, and NGOs involved in child care reform were held to shape the joint communication platform. The campaign launched on the 9 April 2014 with participation of the deputy prime minister, MLSPF minister, 250 decision-makers and practitioners from all over the country.

Communication plans were designed and implemented during the project, addressing the deinstitutionalization of children, alternative family care for separated children, prevention of unnecessary separation of children with family support services, and support for the NMP. In addition, the project devised and implemented a communication plan to support child participation by promoting the results of the local and national ABCs efforts to change child care practices and policies. Because of the national elections in November 2014 and the constantly changing governments (five during the project life), the project team planned communication tactics and strategies to influence political agendas and prioritize strengthening family care.

The project trained a group of journalists to reflect child care reform results, challenges, and priorities. A group of national and local level journalists active in promoting the reform objectives, processes and results were identified and provided with initial and follow-up training (2015–2016) on the reorganization of the child care system, development of inclusive education for children and family-based alternative services for separated children, and strategies, services, and programs promoting children’s wellbeing and family strengthening. Leaders of national and local authorities and CSOs served as trainers at these events. The project also organized media events such as press clubs, conferences, and round-tables to discuss child care reform and maintain journalists’ interest, convey progress, and reinforce political commitment and public support.

Developed a range of communication tools such as quarterly project newsletters, leaflets, and booklets on child care models (e.g. PANDA, NMP, foster care), national and local TV and radio video and audio clips. Materials to promote project approaches and news and children’s stories were developed and placed on organizations’ website and social networks. In addition, the national ABC Facebook page established by MLSPF was developed and promoted, and a video on wellbeing domains was developed by children and young people from ABCs. At the project end a set of infographics that reflect the key achievements and a calendar for 2018 using the infographics was produced. These were widely distributed on social networks and at the project’s final conference.

Activity 1.5 Facilitate GOM alliances with CSOs, FBOs, and academia

The project developed concepts on engaging FBOs, CSOs, and academia regarding family strengthening and child’s wellbeing. Training programs were devised and delivered for each target group. The project team participated in a number of planning and coordination events organized by the National Council for Child Rights Protection, MLSPF, MOE, UNICEF, and the National Alliance for Child and Family Protection and other CSOs to promote the project and identify possible allies among CSOs, FBOs, academia, and practitioners.

Collaborative relationships were established with a number of NGOs active in child care reform and interested in approaches developed by the project. These NGOs (CCF/HHC, Lumos Foundation, Keystone Moldova, and National Center on for Child Abuse Prevention) participated in training events organized by the project and delivered by experts from the UK and USA. In addition, these NGOs benefited from separate training on care models developed by the project and participated in all consultations organized by the project on new models of care and legislation.

Collaborative relations were created with five universities that train social workers, State University of Moldova (Chisinau), Ion Creanga Pedagogical University (Chisinau), Free International University of Moldova (Chisinau), Aleco Russo State University (Balti), and B.P. Hasdeu University (Cahul). Fourteen chairs and professors received a two-day training on the approaches developed by the project. They were presented with all methodological guides developed by the project for integration in undergraduate courses. As a result, three universities identified or established courses in which information on strengthening families and child wellbeing would be integrated.

Three-day international conference “Ensuring the right to a family for every child: Challenges and Solutions” was organized in collaboration with MLSPF and Lumos Foundation in May 2016 to celebrate the 10-year anniversary of child care reform in Moldova. Over 400 people, including representatives of central and local authorities, social workers, teachers, health workers, police, and representatives of the media, ABCs, and NGOs attended and discussed achievements in the process of child deinstitutionalization, development of family and community-based services, inclusive education and early intervention, and future strategies. Workshops for different groups of professionals, on foster care, integrated social services, services for children with complex emotional needs, inclusive education,

and child participation in decision-making were led by international experts. At the end of the conference, children's representatives launched an appeal to the participants to work together for safe and secure families and happy children, which was integrated in the conference resolution.

Collaborative relationships were established between the project, MLSPF, and the Orthodox Church, by signing at the beginning of 2016, a memorandum of understanding on promoting family strengthening at the national level and with churches at the local level. A "Together for the Moldovan Family" campaign was organized in partnership with MLSPF, Lumos Foundation, and the Metropolitan Church of Moldova to promote values for the healthy upbringing of children, including religious services, discussions on family issues at local churches, and a national flash-mob entitled, "A prayer and a good thought for the Moldovan family" on International Family Day (15th of May 2016) in front of the National Cathedral. The campaign ended with a radio marathon organized on 16 June 2016, International Day of Children. Additionally, workshops for about 140 priests from Cahul, Calarasi, Causeni, Falesti, Rezina, Soroca, and Ungheni districts were organized on the involvement of faith-based communities and organizations into the support of families and children. The trainings covered child wellbeing and family strengthening, as well as concrete ways that churches can support children and families.

The e-child web communication platform was developed, uploaded on a web-hosting server, and launched at the project's final conference (<http://www.e-copil.md>). During the development process, the project worked on making connections with potential members of the e-child (e-copil) web communication platform (NGOs, academia, practitioners, media, etc.) and setting up clear partnerships to use the platform to promote child wellbeing and strengthening families. The international consultants from USA and UK who supported the development of these approaches agreed to be part of the communication platform and to share their resource materials. The platform is a virtual space for interactive communication and information-sharing on children's wellbeing and family strengthening. It is maintained by the MLSPF, and is intended for use by professionals working in child and family protection, as well as parents and children.

A one-day final conference in December 2017 was attended by public and central authority representatives, specialists from the local social assistance and education departments, health sector, and NGOs. The conference was welcomed by the ministers of MLSPF and MOE, and the deputy head of the USAID Moldova mission, who underlined the importance of the project in the context of the child care system reform in the Republic of Moldova. The communication web platform, "e-copil.md" (e-child) was launched at the conference.

Objective 2. By June 2017, 4,000 children in 10 LAs have been prevented from being unnecessarily separated from their families.

Activity 2.1 Support 10 LAs to develop a holistic model for family strengthening and preservation

The project supported 11 districts, instead of the 10 planned initially, training family support teams, community workers, and child protection specialists to provide primary and secondary family support; trained foster care teams, community social workers, and child protection specialists to provide and support short-break foster care placements for children with disabilities; and revised membership and trained gatekeeping commissions.

The process started with a study tour to Scotland to expose decision-makers to the NMP developed by Government of Scotland. Participants were prepared to embark on a long-term effort to change Moldavians' mindsets and interactions with children, families, teachers, social workers, and health professionals.

Decision-makers participated in workshops to build their capacities to develop a family-strengthening model. The workshops helped professionals identify problems and intervene early and strengthen parental skills and resilience in parents and children, including those in households affected by alcohol abuse. A workshop on social services integration and children’s wellbeing in May 2016 was attended by representatives from 13 LAs (including 11 project districts) and Chisinau municipality. It was facilitated by John Oates, senior lecturer in psychology at the Open University, United Kingdom, and John Diamond, CEO of the Mulberry Bush Organization, Oxford Shire, United Kingdom. Participants learned about “key working,” which is a way for people to work together to support and meet the needs of children and young people whose needs require a range of professional inputs and services. The second topic concerned inclusion of children with severe emotional and other complex needs.

The project trained family support teams, CSWs, and district-level child and family protection specialists in 11 LAs to develop and provide services to prevent separation. Project site coordinators developed training plans for each LA. The Family Support Curriculum was developed according to the revised Family Support Minimum Quality Standards, which are in line with UN Guidelines for Alternative Care of Children. Project site coordinators developed and operationalized a framework for regular group and individual professional supervision sessions to help CSWs to apply case management and referral procedures; develop and maintain a database of children supported to prevent separation; and enforce the Government Decision no. 270 on inter-agency collaboration in cases of child abuse and neglect. The project also trained community multi-disciplinary teams to identify, assess, and plan interventions to prevent separation, child abuse and neglect, and to provide family-strengthening interventions.

At district level, 84 members of 10 GKC were supported through additional formal training and professional supervision that offered technical assistance to analyze cases of children proposed for family separation, using the child wellbeing indicators and family protective factor to make decisions in each child’s best interest. The project helped LAs revise GKC membership after GOM approval of the GKC regulations that were revised in line with UN guidelines for alternative care of children and revised family support secondary legislation. The newly established GKC were provided formal training and support throughout the project.

The project provided initial and ongoing training and follow-up support and supervision to 11 foster care teams to provide short-break foster care as a way to prevent permanent separation of children with disabilities. The training program was designed in collaboration with the National Foster Care Association. The foster care teams included representatives of SADs: managers, child protection specialists, social assistants, and in some districts a psychologist.

The project trained 351 community multi-disciplinary teams from 8 project districts¹ on family separation prevention. A KAP assessment of 222 local professionals’ training needs and the results of the national level roll-out sessions informed development of a comprehensive training package. Thirty-five local trainers, 16 of whom were SADs leaders responsible for professional training of social workers/child protection specialists, were trained. The training included initial and follow-up sessions, coaching and professional supervision for CSWs, their managers, and members of community multi-disciplinary teams.

The project helped 11 LAs apply a joint M&E framework to register and monitor children at risk of separation and those separated and in residential care. The framework was piloted in three LAs (Nisporeni, Soroca, and Rezina), adjusted, then applied in all project LAs. The framework integrated key

¹The other two project districts, Orhei and Causeni, were trained by another NGO - National Center for Child Abuse Prevention within a project funded by UNICEF. This decision was made to avoid duplication and waste of resources.

elements of the revised case management tool and gathered information in child wellbeing areas pre- and post-intervention. The M&E framework development was an ongoing process of revisions based on recommendations from local partners and in cooperation with the MLSPF that integrated the key elements of the framework in the Social Assistance Automatic Informational System, managed by the MLSPF (with the support of the World Bank Project).

The project identified and trained CSOs and FBOs to prevent unnecessary family separation. In early 2016 project site coordinators collaborated with partner LAs and identified and trained staff from 15 NGOs in to improve community mobilization and provide family support programs based on the Strengthening Families Approach, including financial support. 20 participants learned about the NMP concept and writing project proposals.

A small grants component to support NGOs in delivering community initiatives was designed by project. As a result of a call for small grants in 2017, three project proposals were selected and implemented. The small grant scheme was launched by three local NGOs that received grants of \$2,000 each, in three communities in Nisporeni, Calarasi, and Ungheni districts. Proposed activities focused on building parenting skills and community mobilization. In two of the three communities, the NGOs delivered a structured educational program through parents and children's clubs. The third NGO focused on modeling a community mobilization plan starting with needs assessment, planning, and intervention.

Activity 2.2 Support LAs districts to plan, deliver, and evaluate a strengthening families program

The Strengthening Families Program USA in 2015 helped the project and its partners apply family strengthening policies and practices. The key areas were assessment of the current child welfare and social services systems, policies and practices to inform program design, provision of on-site training to a group of professionals tasked with program testing and development; long-distance support during the testing/piloting period; and evaluating pilot results to adjust the program accordingly. The six-day on-site training for national trainers was conducted in two stages. These trainers then trained districts stakeholders and supported the integration of the strengthening families approach in day-to-day work.

The project supported three pilot LAs to plan and test NMP. A workshop with decision makers and representatives of the four sectors (education, police, social assistance, and health care) from three pilot sites was held to prepare implementation of the NMP (training tools, content, and logistics). This process facilitated integration of the new model in the daily practices of every person working with children. The NMP pilot (awareness stage) was launched in March 2016 in 100 communities with a total of 5,386 professionals participating in the one-day training.

The concept for piloting the new Inter-Agency Mechanism on Cooperation for Child Wellbeing (developed as a result of the NPM piloting) was developed and agreed by the project stakeholders, which included the sample, implementation steps, tools and indicators for monitoring the implementation. A sample of seven rural and one urban communities with around 6,000 children from 0–18 years old, and around 600 “named persons” (nurses, nursery teachers, and head teachers) was selected. After the piloting, the Instructions on the Inter-Agency Cooperation Mechanism for the Child's Wellbeing were revised in consultation with the inter-ministerial coordination group and sent to the government for approval. The instructions were approved by the GOM in January 2018.

After piloting was completed and NMP adjusted, the concept was replicated in all project districts (except Rezina) and disseminated to all 35 LAs by the end of the project. In 10 project districts employees of all agencies and organizations working with families and children were trained. In rest of the districts, NPM training was delivered to district multidisciplinary teams. The training provided

general information on wellbeing and family strengthening approaches and the community-level inter-agency cooperation mechanism. Five people from 10 project districts were trained to deliver training on the NMP. Over 11,500 professionals from 324 communities were fully trained on using the NMP and another 550 members of 35 district multidisciplinary teams across the country received awareness-raising training on NPM.

The MLSPF created an inter-ministerial working group tasked with developing instructions on the Inter-Agency Cooperation Mechanism on Child Wellbeing, to regulate NPM institutionalization.

Activity 2.3 Support LAs to plan, deliver, and evaluate a psychosocial support program for children (PANDA)

The project supported LAs to plan, build capacities, deliver, and evaluate PANDA, which was developed according to the Swedish “ErstaVandpunkten” model. It is a program of psycho-emotional support with therapeutic elements for children and adults who live with an alcohol-addicted person. PANDA was adjusted to the Moldovan context by P4EC after its team was trained in Sweden in 2014. The training included one module for children and one for non-drinking parents/caregivers living in homes affected by alcohol abuse. The adapted training curriculum and tool for children were piloted during a set of exercises with children. Thirty decision-makers and practitioners from 10 districts received one-day training on the program. Fifty-six facilitators were selected and trained to pilot PANDA for children in Calarasi, Cahul, Causeni, Falesti, Nisporeni, Orhei, Soroca Telenesti, and Ungheni districts.

The PANDA pilot started in 2015 Orhei district. Four groups in four communities, comprising 32 children, were launched. The piloting process was reviewed at mid-term and showed indicated that: 1) program implementation must be preceded by actions to prepare the community, including training community social workers, SAFPD specialists, and school teachers to accept PANDA and its beneficiaries; 2) PANDA may need to be connected to community centers or libraries where children attend activities to reduce stigma and to save money; 3) PANDA must be presented in a way that prevents stigmatization and appeals to children and parents. A number of changes were made based on the conclusions of the pilot (see Annex 3).

In 2016, PANDA implementation was replicated in eight other project districts (see Annex 4). The project team met with decision makers and developed a replication plan that included recruiting and training moderators, raising awareness of community actors and general public, and selecting groups of children. 314 CSWs and 604 children from 56 groups attended PANDA trainings.

The parent module was piloted in Telenesti and Calarasi. The evaluation results showed that participation had a positive impact on alcohol parents not consuming alcohol. The training manual was adjusted and finalized based on the results of the pilot then conducted in three other project districts. Overall six groups of adults (2 M/48 F) completed PANDA. According to the moderators, children who attended the course in parallel with their parents were more confident and proud of themselves and their parents. Meanwhile, parents who participated started to provide more support to their children and managed their emotions better, applied new ways of communication with their families, and understood co-dependence and ways to stop it. They were also interested in discussing PANDA with their children and other parents. All moderators said that the high rate of attendance was an indicator of success.

LAs were supported integrate PANDA within the existing social services system. The project identified several models for integrating PANDA in local service provision: 1) in the network of social services developed by the SADs; 2) in the primary Family Support Service as a prevention program; and 3) in the network of DOE services. The project lobbied the MLSPF to amend the Family Support Service

Regulations to integrate PANDA. The project helped MLSPF draft the amendments and consult with relevant ministries. In December 2017, the government approved a set of amendments to the Family Support Service Regulation, including the integration of different programs (with all expenditures accordingly). Two of nine LAs took over the costs of PANDA and integrated it in the existing local social services system. The other seven were supported to budget the delivery of PANDA in 2018.

Activity 2.4 Support 11 LAs to develop communication plans and tools

The project supported 11 LAs to increase their capacity to develop communication plans and tools. A two-day training was delivered to 42 decision makers and specialists from all project districts to build their skills in planning and conducting communication activities, establishing relationships with mass media, and drafting communications plans. The communication strategies and action plans for each LA were finalized, approved by district councils, and implemented with project support. Additionally, more than 300 CSWs received a one-day training to build their confidence and skills in mass media. They learned to respond to requests from tabloids that wanted to broadcast sensational stories, including not to provide confidential information about clients.

Objective 3. By June 2017, 3000 children who are outside family care in five LAs live in safe and nurturing families.

Activity 3.1 Support 7 districts to shift alternative care toward permanent family-based care and assess, plan, and reorganize residential institutions

The project supported 7 LAs (instead of 5 planned initially) to undertake a social services survey. The services provided by community and faith-based organizations were covered by the survey to inform selection of local organizations to be trained to provide family strengthening and psycho-social support services. The survey reports for each of the seven project districts defined the baseline for and informed development of social services plans in each district. The findings were used to plan social services strategies.

Two two-day strategic planning workshops to launch the development of strategic plans for reorganization of the child care system for five new districts for 42 decision-makers were organized in 2014. The events started the strategic thinking process about a number of reforms such as the reconfiguration of the child care system, reorganization/closure of large-scale institutions, development of a gate-keeping system, early intervention, family support and alternative-family based care programs, child participation, and communication for reform.

In 2015 strategic planning workshops were held in all project districts, involving 152 decision makers, practitioners, and community members. LAs were supported to develop strategic thinking and follow a planning process starting with needs assessment, design of policy options, and action planning. All district LAs developed social service strategies that were approved by the district councils. The strategies guided the development of services and programs at the district and community levels.

The project team participated in monthly SADs planning meetings, including budgeting for child and family protection activities and encouraged peer-to-peer support and sharing experience among the project districts.

The project team provided ongoing support for LAs on emerging topics. A two-day management training was provided to the heads of child and family social services from all project districts in 2016. The training focused on management styles, responsibilities, roles, organizational procedures, and typical challenges. Particular focus was placed on the motivating staff members.

Ongoing support to build CSW capacities to monitor deinstitutionalized children. Children in Moldova had regular group and individual supervision meetings with CSWs in all project districts. The social workers were given practical guidance on providing family support and reviewing care plans of reunited children. The most difficult cases, for which confidentiality was crucial, were mostly reviewed in individual meetings. The subjects addressed at the group supervision meetings focused on the on delivery of family support services, application of case management and case referral procedures, and implementation of the Government Decision no. 270 on inter-agency collaboration in cases of child abuse and neglect. Difficult cases were opportunities to share learning and best practices.

Trained foster/alternative care teams to provide high-quality services aligned with newly established standards. The program integrated child wellbeing and protective factors for families and trained about 220 CSWs.

At mid-term, the project organized a workshop to analyze results and challenges of alternative care services and identify priorities for future development plans. About 40 persons, including vice-presidents of districts responsible for social issues, heads of SADs, and service managers from all project districts participated.

A workshop on the introduction of evidence-based practice models in foster care was held in May 2016. The foster care teams from 13 LAs (including 11 project districts) and Chisinau municipality attended the event facilitated by Sarah Goad, of the Michigan Department of Health and Human Services, and Myrna McNitt, IFCO board of trustees member (USA). They emphasized using brain science in developing practice. The importance of inclusive family-based care and community services were emphasized as key in helping children develop their full potential. Participants were challenged to consider how to apply evidence-based work to their practice.

A follow-up workshop to build SADs staff capacity to provide qualitative family-based alternative care was organized in December 2016. The workshop was a starting point in negotiation with the SADs' management regarding appointing staff with the appropriate skills to be trained as trainers in alternative care.

Activity 3.2 Support five districts to build CSW capacity to plan, implement, and monitor individual plans for deinstitutionalization and develop short-break, emergency, and short- and long-term foster care

The project supported 7 LAs to assess, plan, and reorganize 7 institutions. The project team supported the local and national authorities to undertake individual complex assessments of all children in these institutions and their families, and an analysis of the institutions' human and financial resources and property/facilities (see Annex 5.) Children in Moldova provided technical assistance to enable SAD team to conduct qualitative assessment through formal training, ongoing follow up support, and supervision. The SAD staff assessed children and their families; developed individual care plans; prepared families, communities, and schools for children's reintegration.

At the beginning of the process, instruments for comprehensive child and family assessment were revised to reflect the particular characteristics of children in the institutions to be supported to close or reorganize. Multi-disciplinary assessment teams were recruited and trained in all five LAs and supported to access institutions, children, and families and to develop care plans and link with community social workers to support children's reintegration with their biological families as the preferred option, place children in extended families as the second option, and in foster care as the third.

The GKC's were supported to make recommendations on a case-by-case basis to ensure children's safety and security. The project also formed a team of experts to analyze each institution's financial and

human resources. The assessment reports were presented to the national and local authorities for validation and decisions on optimization of these facilities. Transformation plans were developed for each institution in collaboration with the representatives of the line ministries, LAs, and the institution. The transformation plans included returning children to family care, services and mechanisms to be strengthened and developed to achieve this and prevent separation, and reallocation of institutional financial, human, and material resources. The plans considered the findings of the mapping exercise.

The project supported children, families, and residential staff in the deinstitutionalization process. Children in institutions had a complex assessment of their and their families' needs undertaken by the multi-disciplinary teams. The assessment and recommendations were presented to the district GKC for discussion and approval, and returned for further assessment where necessary. The GKC also decided on financial or material support to prepare families for reintegration.

Children in institutions received personal development training and individual counseling to understand the process they would undergo to return to their own families or be placed in alternative family care. The project provided opportunities for children to learn about their rights, leadership, conflict resolution, communication, and life skills.

Residential staff members were provided with training, including in change management to reduce their resistance and adopt a constructive attitude and behavior in the transformation process. Change management training (which included training on national provisions for child care and protection) was provided to increase employees' understanding of the transformation process, decrease anxiety associated with losing their jobs, and open up other opportunities for them to serve children and families. The employees of residential institutions were helped to understand the fundamental needs of children and the importance of the family in development and upbringing. The content of the trainings for the residential staff was determined by the status of the institution after the evaluation: 1) recommendation for closure or 2) recommendation for maintaining the institution and adjusting it to meet quality standards. For the five institutions that were to be closed, the focus was on preparing the personnel for closure and orienting them to related areas of work (e.g. in mainstream schools and preschool education, social work). In the second case, for the two institutions for DHHC, the trainings strengthened skills in work with children, aligning services to minimum quality standards, improving communication, conflict prevention and resolution skills, and ensuring children's participation in decisions. Staff were supported to redeploy to other jobs in the community or incorporated in making schools inclusive for all, including children with special learning needs. The human resources assessment was an essential part of the evaluation and aimed to assess employees' chances for redeployment, looking at staff qualifications and work experience, attitudes and behaviors, ability to manage change, and willingness for redeployment. The project team considered individual skills and aspirations of personnel for a new mission working with and for children. The project linked with government and private organizations to mobilize resources for retraining and appropriate job placements for all personnel who were willing and qualified to continue working with children.

From our experience, strategic leadership was essential for staff retraining and redeployment. Champions among residential staff were identified and supported to lead the transformation process.

166 children placed in residential care were supported to reintegrate with their families and communities. Reintegration must be in the child's best interests and there must be clear indicators of family stability, commitment, and motivation to re-establish and develop their relationship with the child. The project collaborated with the residential staff and social workers for a comprehensive social work assessment of children to determine whether reintegration would be in their best interest, supported social work teams to devise and implement reintegration strategies and family support plans, monitor

each returned to family care, and support parents to make appropriate decisions about the care of their children.

A total of 104 children for whom reintegration was not an option were placed in family based-care, 59 in kinship and 45 in foster care. Each child who was reintegrated in biological or extended family or placed in foster care was supported to enter a mainstream school in his/her community of origin. Throughout the process, every child returned to family care had access to CSWs and other specialists in the school. District educational authorities supervised the process, and the project identified support staff within each community school to be responsible for each child.

The monitoring of deinstitutionalized children in the family, at school, in the community, and in alternative care services was an ongoing process. Monitoring was based on child wellbeing indicators. The results showed progress in child development, especially improvement of child-parent attachment. The project team and CSWs and child protection specialists conducted monitoring visits to deinstitutionalized children, provided practical guidance to social workers in the provision of the family support and review care plans of reintegrated children.

Assessed the special schools for DHHC from Hirbovat and Cahul and planning change. After the assessments of the children and their families, and the educational and support services provided to children in these institutions, a transformation plan was developed for each institution, focused on improving services by building staff capacity to work with DHHC and support children to graduate, return to their families, or continue vocational education. The project identified experts who could take the staff through the process of change by providing formal and informal training.

Support MOE to develop a strategic vision regarding the educational system for DHHC. The project undertook multiple meetings with middle management of the MOE regarding the findings of the assessment report, discussing possible options and perspectives. The project team had valuable consultations with USAID/DCOF regarding the reform options proposed by the project. The results of the assessment of these two institutions launched the strategic thinking regarding reorganization of the educational system which would provide better outcomes for children, closer to their families and communities and provide improved opportunities for the children to continue education and find employment.

Activity 3.3 Train and support 10 districts to develop inclusive education at district and school level

The project worked at local and national level to support LAs to develop inclusive education practices and to mobilize support at national level for local level decision-makers and practitioners.

11 project districts were supported to develop and implement inclusive education plans. To assess and plan inclusive education developments in the 11 project districts, meetings were organized with representatives of republican and local PPAS. Members of PPAS participated in the strategic planning workshops, where priorities and targets for inclusive education development were established. Then awareness sessions for the mainstream school directors were organized before the start of the new school year. The curricula and training program in inclusive education were finalized in cooperation with the republican PPAS and the MOE. A team of national trainers was identified and prepared to provide training to mainstream schools in the project districts involved in the DI process. The team provided initial training (four modules), follow-up training and supervision to 545 teaching support staff and inclusive education managers, managers of intra-school multidisciplinary committees and representatives of the PPAS in 389 schools in six districts. Supervision aimed to support teaching staff in improvement of children individual educational plans for deinstitutionalized children. Support was also provided through training and coaching visits.

PPAS in 11 districts were supported by the project to build capacities through formal training and professional supervision. The KAP assessment of PPAS was undertaken to shape the support offered to them. A training program on supporting children with complex emotional needs was developed provided to the 11 Psycho-Pedagogical Assistance Services from the project sites. A two-day training in applying the child wellbeing framework in the process of assessment of children with special needs on was delivered to the heads of 11 PPAS from the project sites. Professional supervision sessions were provided to all 11 district-level PPAS by the Republican PPAS with the project's support.

Activity 3.4 Build capacities of five LAs to put in place sound child participation policies and practices

The project supported five LAs to strengthen their child participation practices and another five LAs to develop child participation concept and child protection policies and the regulation of the ABCs. In all of the project districts these documents were approved by the district councils and formed the bases for the development of child participation practices.

Five LAs were supported to establish and train ABCs. Awareness-raising sessions on child participation were provided for more than 75 decision-makers as part of the strategic planning workshops. ABCs were created, children recruited in collaboration between the DOE and SAD. All members of ABCs were recruited through open competitions. They received five modules of initial training on children's rights, duty bearers, the system of social services, monitoring and evaluation of services, interviewing techniques, and public speaking. In addition, other training themes were added depending on the priorities identified by ABCs and LAs. Annex 6 provides an overview of the training of ABC members.

Organized summer schools for all members of the ABCs in each project year. The summer schools presented unique opportunities for children and young people to strengthen their capacities to be involved in the design, delivery, monitoring and evaluation of children's services, as well as exchange experience and planning future activities of ABCs.

In all of the project districts during the project life, ABCs were involved in monitoring 2,292 children cared for in different children services, including children in residential care; returned to family care, or placed in foster care, kinship care, family-type children's homes, or small group homes; as well as children with special needs included in mainstream schools. All these monitoring activities were included in the annual monitoring plans and children were prepared long in advance. A special focus was placed on ABC members understanding wellbeing domains and acquiring skills to monitor in relation to these. This work culminated with the development of a booklet with a question guide.

LAs in project districts made a number of significant improvements in service delivery processes due to the ABC's monitoring activities and the findings that they reported. For example, foster carers and staff from family-type homes were provided training in dealing with adolescents' behavior issues and child participation. In some cases, foster carers and educators were deployed in response to child abuse identified by ABCs. The teaching support staff from the mainstream schools were provided with additional trainings in working with children with special needs in order to improve the support on the inclusion process.

The summer school for Youth-in Foster-Care Group was organized in August 2015. This event was part of a project plan to strengthen the capacities of the National Foster Care Association (NFCA) to promote the rights of children in alternative care and make children's voices heard. The event hosted 14 youth 13–8 years old from 14 districts of Moldova (including 9 project districts), who are in foster care. The program concerned the methods and activities to promote voices of children in care, understanding the child wellbeing approach and setting Facebook profile of the NFCA. In parallel a one-day workshop

for the foster care professionals from these 14 districts was organized. The workshop aimed to promote NFCA, extending its membership, promoting child wellbeing approach and short-break foster care.

LAs were supported to take over and integrate the ABCs within the existing local child protection system in the extension project period. The project supported the SADs in taking over the funding of the child participation specialists who coordinate the ABCs. To facilitate this process, the MLSPF requested the Presidents of District Councils to ensure the financial support for maintaining district ABCs, highlighting their effectiveness in protecting of children's rights and prompting improvements in the quality of services.

In the deinstitutionalization process (2014–2016) the project supported LAs to prepare children from residential care for change. In the institutions, meetings were held with 319 children to provide them with information regarding the purpose of the social work assessment, the subsequent move of the children from institutions to their families, schools, and communities. The information was delivered in a child-friendly manner and was adapted to their age and level of development. Most of the children cared for in the residential institutions received training regarding children rights, self-esteem and leadership, as a part of their preparation process for living in families and communities. The 8th and 9th grade pupils attended a module on future planning a future profession.

The project supported LAs to train 11,249 school children to accept children reintegrated, with a particular focus on non-discrimination and children's wellbeing (2015–2016). A group of 15 trainers was prepared to train children from mainstream schools where children from residential care were enrolled. This group received four-day training. The objectives of the work with children focused on identifying cases of discrimination and building skills for constructive, tolerant and non-discriminatory behavior, and identifying issues in relation to the eight child wellbeing indicators. The training activities focused on self-awareness, development of communication skills and conflict resolution, understanding, and children's rights. As a result of these activities most children with special educational needs reintegrated successfully from institutional care integrated in mainstream schools with their classmates being open and providing help. Teachers' attitudes were found to be influential.

MONITORING AND EVALUATION

USAID arranged for an independent evaluation of the project, [Evaluation -- Endline Report Moldova: Performance Evaluation of USAID/DCOF's Children in Moldova are Cared for in Safe and Secure Families Project](#), which was carried out by NORC. Quantitative and qualitative methods were used to measure the achievement of project outcomes and outputs (through interviews, focus groups, questionnaires).

Partnerships for Every Child carried out its own monitoring and evaluation processes, as well. These were based on the project's logical framework and performance monitoring of key outcomes via the established indicators (see Table 1), using a variety of methods and tools that supported ongoing analysis of project implementation.

Information from the project M&E system had at least five roles in child care reform in Moldova: 1) as a management tool—to ensure that local and national managers had good information about the results of pilots and design tests and the full implementation of the care and support models at the district and national levels; 2) in support of public awareness raising—the information derived from monitoring the reform of the child care system was used to publicize the benefits; 3) in support of accountability—it was important to establish modern communication systems to respond to any challenges and complaints from beneficiaries, CSOs, and advocacy organizations, particularly related to infringement of children

and parents' rights; and 4) for database development—the project supported national and local authorities and institutions to develop and maintain databases and use information to track children and inform service and policy development processes.

Particular attention was paid to the project's long-term impact, measured against positive changes expected by the target groups to identify learning and recommended reform actions. Site-monitoring visits were undertaken monthly with individual meetings; steering committee meetings with key LA decision makers; supervision meetings with professionals and practitioners; and focus groups and interviews with children and families.

M&E involved partners, beneficiaries, and other actors to encourage learning and adjusting project activities as necessary. Children from ABCs were active participants in the monitoring processes at national and local levels, measuring progress in policy implementation and the wellbeing of children in social services. Children's participation in defining gaps, lessons, and recommendations for social services system improvement was critical.

The project used quantitative data collected by national and local partners, as well as data provided by the National Bureau of Statistics. The M&E tools were based on in-depth research and practical impact assessments of the developed models. Qualitative data assessed impact at individual beneficiary levels, based on beneficiaries identifying their own indicators of change in accordance with their expectations. Interviews and focus groups with stakeholders, including children, parents, professionals, and CSOs were used to determine changes in the lives of children and families. In addition, storytelling was used to gather feedback from children. The project reported regularly back to all stakeholders who participated in all these processes.

LA partners were supported to develop reliable systems and procedures to collect information on children and families supported by the project. Databases of deinstitutionalized children and family support were developed for the project districts. SADs were assisted to keep records of all children entering the child protection system. The databases were maintained and stored in LA offices. The project obtained statistics from LAs on a quarterly basis and randomly checked the information.

Table 1. Indicator Summary Table (based on Performance Monitoring Report)

Main indicators	Indicator target (life-of-project)	Achieved Oct– Dec 2017	Achieved by end
Objective 1: 100,000 children who are at risk of losing family care or are outside family care increased chances to stay with their strengthened families or be placed in appropriate, protective and permanent alternative family care			
No. of children in residential care	4,845		1,424
No. of children in alternative family care	11,325		11,300
No. of children whose families received family support	1,650		60,000
No. of families with children receiving means-tested poverty benefit	50,000		19,828 ²

² The number of households with children receiving means tested benefit decreased as the number of families receiving family support increased.

% change in awareness - family care is better for children than institutional care	70		59
No. of professionals trained (nationwide training activities)	2,654	12	3,756
No. of NGOs involved in the coordination/implementation of child care reform	15		15
Objective 2: 4,000 children in 10 LAs prevented from separation from their families			
No. of children supported to stay with their families	4,205	6,301	52,099 ³
No. of children prevented from unnecessary separation	4,000	685	3,308 ⁴
No. of families supported to provide appropriate care to their children	1,630	2,915	29,528
No. of families strengthened to provide appropriate care to their children	1,500	609	7,531 ⁵
No. of children from alcohol affected families improved social & emotional capabilities	2,500		604
No. of children with disabilities receiving short-break foster care	173		58
No. of parents who have improved parenting of their children	1,200	527	571
No. of decision-makers and practitioners trained to improve support	3,806	1,041	25,064
Objective 3: 3,000 children outside family care in 5 LAs live in safe and nurturing families			
No. of children assessed and care plans developed	525 ⁶		413
No. of children deinstitutionalized from residential care	525	16	270 ⁷
No. of children from residential care supported to enroll in mainstream education	525		145 ⁸
No. of children with SEN enrolled in mainstream education supported with IEP	525		65 ⁹

³ 43,344 children receiving primary and 8,755 children receiving secondary family support.

⁴ Closed cases of secondary family support; overall there were 5,467 cases active or under permanent monitoring (see PMP, lines 41 and 42).

⁵ The total of 6,128 families who received primary family support and 1,403 families who received secondary family support (only closed cases).

⁶ The estimated number of children in residential care in project districts at the project design phase, which was changed when the project started.

⁷ The number of deinstitutionalized children, 143 of 413 assessed children continued to stay in special schools for DHHC, 78 graduates were supported to integrate in community and educational system

⁸ This figure represents the number of children who were supported to enroll in school, The remaining 270 deinstitutionalized children were supported to graduate.

No. of children placed in appropriate, protective & permanent family-based care	2,475	206	1,423 ¹⁰
No. of residential care institutions assessed	7		7
No. of mainstream schools trained & supported to put in place inclusive education	0		389
No. of residential care institutions closed down or converted to another use	5		6
No. of changes made in child care services delivery recommended by ABCs	25		20
No. of children from residential care trained to be prepared for change	525		319 ¹¹
No. of children from mainstream schools trained to accept reintegrated children	2,000		11,249
All objectives			
No. of children trained (ABCs)	0		813
No. of people trained (journalists, trainers, academics)	0	10	101
No. of children participating in the development of their care plans	3,400	385	3,721
No. of children who have improved wellbeing indicators	4,200	630	3,488
No. of organizations strengthened	88		614

Professionals from social assistance and education departments, including CSWs and teaching support staff, were trained and supported to measure changes in the wellbeing and safety of children who were deinstitutionalized as well as those for whom family separation was prevented. CSWs had ongoing supervision support to monitor deinstitutionalized children and the wellbeing of children and families and provide appropriate support when needed. They recorded any changes in children's ability to learn and develop; their self-esteem and identity; relationships with family and friends; the suitability of the home environment and local area; and their opportunity to take part in positive activities.

USAID BRANDING AND MARKING

Children in Moldova developed a number of documents to which the USAID logo/brandmark was applied: presentations developed for the training of different target groups, newsletters, a foster care booklet, practice guides, infographics, calendars, conference stationary, video and audio spots, banners, and stories.

⁹ The children identified with special educational needs with individual educational plans. The remaining of 145 followed a general mainstream program with additional social support.

¹⁰ This figure represents new children placed in alternative care, while the target included all children in alternative care in project sites.

¹¹ This figure includes a number of graduates who were prepared to leave residential care.

BUDGET

- a) Total ceiling budget (USAID-funded portion): \$4,400,000
- b) Total number of months in sub-award: 48 months
- c) Actual cumulative expenditures (USAID-funded portion): \$ 4,397,164.81
- d) Difference between expected expenditures and actual expenditures: \$ 2,835.19

OTHER ISSUES

Sustainability

The project developed the following mechanisms to ensure institutional and financial sustainability of project achievements:

- **Agreements** stipulating **clear responsibilities** of partners and sustainability plans.
- **National and local steering committees** ensured that government stakeholders implemented the project, achieved results, and in process became strong supporters of the new approaches.
- **A legal and normative base** to support locally developed child care models.
- A **structured approach to capacity building** to ensure institutional sustainability and cultural change.
- **Organizational and financial management skills development** to enhance local social assistance structures' capacities to identify and allocate resources for child care priority areas.
- **Involved civil society organizations, children, parents, and communities** in project implementation, enabling them to be better able to hold authorities accountable after the project.

Coordination with national and local government

The project was designed and implemented with a philosophy of coordination and collaboration with national and local authorities. The whole project aimed at building capacities of national and local authorities to exercise their roles as duty bearers in child care and protection. The project was governed by national and district-level steering committees. Representatives of national and local authorities were involved in all project phases starting from the design all the way to final evaluation and final conference. Government partners participated in all project activities at national and local levels (technical working groups, training, conferences, learning visits, etc.).

Collaboration with other organizations

The project worked in close collaboration with a number of CSOs active in child care reform in Moldova, such as Lumos, CCF, and Keystone, in the national-level policy and legislation development work and communication activities. The project also identified and built capacity through training and limited funding of local CSOs in strengthening families. It developed relationships and signed a memorandum of understanding with the Metropolitan Orthodox Church and in collaboration trained and supported a significant number of local churches to use family strengthening approaches in their activities. In addition, the project developed relationships with universities training social workers and provided training and support to incorporate child wellbeing and strengthening families approaches in their under-graduate programs. Moreover, the project offered to the universities the practice

implementation guides it had developed to be used for training social work students. The project also developed relationships, trained, and supported a group of journalists on child care reform issues.

ANNEXES

ANNEX I. INTERVENTIONS BY DISTRICT

District	Deinstitutionalization			Psycho-social assistance model (alcohol)	Family strengthening program	Strengthening						Child participation	Social Services Survey	Strategic planning	Developing inclusive education
	No. of institutions	Type institution	National or local			Family support service	Alternative care	Gate-keeping	Professional supervision	Inter-agency mechanism for CAN	Communication				
				P- piloting R-replication N- none	Y-Yes; N - No										
Nisporeni	1	special needs	L	R	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Causeni	0			R	R	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Soroca	1	special needs	N	R	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Orhei	1	sanatorium (cardio)	N	P	P	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Cahul	1	hard-of-hearing	N	R	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Singerei	0			N	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Telenesti	0			P	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Calarasi	1	hard-of-hearing	N	P	P	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Falesti	0			P	P	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Ungheni	1	sanatorium (TB)	N	P	P	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Rezina	2	sanatorium (neuro)	N & L	N	N	Y	Y	Y	Y	N	N	N	N	N	Y

ANNEX 2. KEY GUIDANCE MATERIAL AND OTHER DOCUMENTS DEVELOPED WITH PROJECT SUPPORT

	Name of the document	Available in English?	Shared with DCOF?
	PRIMARY LEGISLATION		
1	Law on amending several legal acts in line with the Law no. 140	N	
	SECONDARY LEGISLATION	N	
1	Family Support Service Regulations and Minimum Quality Standards	N	
2	Foster Care Service Regulations and Minimum Quality Standards	N	
3	Gate Keeping Regulations	N	
4	Instruction on Inter-agency cooperation mechanism for primary prevention and child wellbeing	N	
5	Guardianship Service Regulations (approval was postponed)	N	
	POLICY DOCUMENTS		
1	Strategic vision of specialised child protection services	Y	Y
2	Strategic vision for reforming the educational system for deaf and hard of hearing children	Y	Y
3	Child protection policy (for professionals working with children/youth)	Y	
4	Concept of child participation in decision-making	Y	
	GUIDANCE MATERIALS		
1	Case Management Methodology and practical guide	Y	Y
2	The Family Support Service practical guide	Y	Y
3	The Professional Supervision Mechanism in Social Assistance practical guide	Y	Y
4	The Foster Care Service practical guide	N	
5	The Gate-Keeping Commission practical guide	N	

6	PANDA manual for children	N	
7	PANDA manual for adults	N	
8	Policy and procedures manual of services for children with complex emotional needs	Y	
9	Business plan for the development of services for children with complex emotional needs	Y	
10	Guidelines for Resource and Support Center for children with hearing impairments	Y	Y
11	Questionnaire for children's wellbeing indicators	N	
	TRAINING CURRICULA	N	
1	Training concept for ABC members	Y	
2	Training curriculum for ABC members	Y	
3	Training curriculum for community social workers (in-service training on social protection of children and families in risk)	N	
4	Training curriculum for heads of SAFPD (in-service training on social protection of children and families in risk)	N	
5	Training curriculum for specialists of SAFPD (in-service training on social protection of children and families in risk)	N	
6	Training curriculum for initial training of members of GKC's and LAs	N	
7	Curriculum for initial training of applicants for foster caregivers	N	
8	TOT curriculum on National Model of Practice	N	
9	Training curriculum on educational and rehabilitation process for hearing disability	Y	Y
10	Materials for in-service training for school teachers: education, intervention, and evaluation of children with hearing disabilities	Y	Y
	OTHER DOCUMENTS		
1	PANDA case study	Y	
2	Methodology for evaluating the child participation at local level	Y	
3	Description of the transfers with special destination for financing the minimum package of social services from the state budget	N	

ANNEX 3. RESULTS OF MAIN SURVEYS AND EVALUATIONS CONDUCTED DURING THE PROJECT

3.1 PANDA pilot evaluation key findings

The moderators and parents noticed positive changes in children - in the behavior, language, attitudes and emotional state vision of life of children. All parents spoke positively about PANDA and some of them expressed willingness to participate in the adult program. All children who finished PANDA said they liked attending meetings and would like to be enrolled in PANDA again.

The groups of children were established by the moderators with the support of the local program coordinator who has provided lists of families affected by alcohol abuse registered by the community social assistance service. Selecting the place for the groups was conditioned by the local opportunities, i.e. existence of an appropriate facility in the community or of possibilities for the children or group moderators to commute to meetings.

Preparation for PANDA implementation was incomplete. A couple of parents refused PANDA due to the attitude and behavior of one community social worker, who failed to understand the specificity of PANDA and provide information to the parents in a sensitive way.

Logistic: school breaks, especially in the summer time, as well as long holidays (usually Christmas holidays), when children are involved in different leisure or household activities, have an impact on the children's attendance of PANDA. Access to transportation for the children and of group moderators is very important; the option by which moderators are transported to the meeting place seems to be the most cost-effective one.

Teamwork was a challenge. There were problems organizing sessions, in ensuring equal involvement of both moderators in moderating sessions and organizing individual discussions with children.

Collaboration with community social workers was limited to the provision of data on families with alcohol problems. The moderators noted a skeptical attitude of the community social workers in identifying and referring beneficiaries to PANDA. During PANDA course a couple of cases were identified and referred to SAFPD for further work (assessment, psychological counseling). SAFPD showed an interest in implementing PANDA, expressing the desire to integrate PANDA into the local level service provision. The evaluation results have been used to finalize the PANDA implementation plan. PANDA will be replicated five project districts using their own resources.

3.2 The survey conducted by NABC and local ABCs on views of children and young people regarding preferred ways of accessing services/organizations in the situations of difficulty.

The questionnaire was developed in a participatory way with the participation of the 200 members of the NABC and ABC and with the support of adults-coordinators. The members of the ABCs selected from 10 districts of Moldova a random sample of 1,220 respondents aged 10–17. The questionnaires were anonymous, which allowed children to answer the questions openly. The participation of children in the research included several stages: development of the questionnaire; training of children-operators; data collection; data analysis and writing conclusions.

The questionnaire had five main questions with several options: if they have problems/conflicts with anyone; what is the type of problems/conflicts they face; what they do and who they go to for help in case of a conflict or difficulty; what are the reasons for not asking for support; what do they do if they cannot ask directly for help (the options here include the child's helpline at local and national level)? The members of ABCs analyzed the data and drafted the conclusions.

The survey results show that children, most often, face conflicts in schools and in families, classmates/peers and siblings being mentioned in the most common causes of conflicts. At the same time, half of the children say that in difficult situations they go to their parents (867 children), to relatives (654 children) and to the teacher or school psychologist (515 children). This shows the importance of a healthy communication in the family and the need to increase the credibility of school teachers and psychologists.

When asked “What do you do and who do you go to for help in case of a conflict or difficulty?” 433 children mentioned the school psychologist and 421 children (2nd place by the number of answers) ticked “I don’t tell anyone”. In the case of the child’s helpline, 131 children chose to transmit the information to the national helpline and 331 children chose the local one.

Children say that they do not ask for help or do not tell anyone about a conflict because: 510 children consider that they can handle it alone, 392 children think that nobody can help them and 329 children do not trust anyone.

Data analysis also shows that children do not think that anyone might solve their problems, the lack of a competent professional to talk to and the lack of interest in solving a conflict or problem. Efficient communication with children requires the development of a plan for promoting the child’s helpline in order to increase its credibility. In addition, the services must be qualitative so that children feel protected and heard, children must be encouraged to discuss about their problems with adults in the family and in the public institutions and schools must have professional psychologists in their staff. The survey report is being developed and the results will be presented to MLSPF and LAs in January 2018.

3.3 The evaluation of the piloting of inter-agency cooperation mechanism on primary prevention (NPM), key findings:

The implementation of the inter-agency cooperation mechanism for primary prevention and intervention requires changes in the attitude of the stakeholders towards the educational and health care process with focus on primary prevention and intervention. The main difficulty encountered in primary prevention and intervention is the reorientation of universal service employees to see the child’s situation and child wellbeing as a whole, not only the aspects of wellbeing related to the sector.

The shift in attitude and reorientation towards important aspects for child growth and development among the employees of universal services requires more time than initially envisaged. The long-term experience to react only to problems led the staff miss seeing early signs of a risk or difficulty, which were considered insignificant or ordinary at the beginning of piloting.

The representatives of health care institutions and the administration of educational institutions declared that it is a very good mechanism. The parents (especially mothers) and adolescents also welcomed the cooperation mechanism for primary prevention and intervention.

According to the data collected, the most frequently affected child wellbeing indicators identified by the “named persons”¹² in children ages 7–18 in schools were achievement, health, safety, responsibility, nurture, activity, and inclusion. For children aged 0–3/5, the named persons from health care identified main concerns regarding safety, health, and nurture. In the preschool institutions, the working conditions and practices generally ensure children’s wellbeing. The named persons from kindergartens identified concerns related to achievement, responsibility, safety, nurture, and activity. However, there were fewer cases of concerns identified here compared to older children. This can be explained by the fact that children at this age are more protected, overseen by parents, brought to and from the kindergarten and the kindergarten teachers can see and talk to the parents every day.

¹² the ‘named person’ is the person responsible for the wellbeing of the child in the health (for children 0-3/5) or education sector (children 4/6-17), in line with the new legislation

The piloting highlighted the need to find solutions to the identified concerns and difficulties inside the institution. In most cases, where support actions were planned, the problems were solved within the sector responsible for the child. Only 41 cases (9.5 percent) of 431 (100 percent) for which the planning form was filled in, were referred to specialized services. This highlights the beginning of a radical shift in the way the issues of children who are potentially at risk are approached: cases are not immediately referred to the specialized services. Instead, all efforts are made to respond to issues early and locally, within the sector or with the contribution of other professionals.

In addition, the number of cases related to school abandonment that were referred to the district level social assistance office (and should not have been) dropped. Professionals learned to classify the cases, to understand which cases should go to the social assistance and which should not. Understanding referral is a positive impact of implementation of the mechanism for primary prevention and intervention. In the past, all cases used to be referred to the social assistance, while now the health and education services have learned to step in and solve the cases themselves. If they eventually do need to invite the social worker, they work as a team.

The piloted working tools for children's wellbeing (observation, assessment, and planning forms) were determined to be necessary, efficient and well-structured and must be implemented in all the educational and health care institutions. Most respondents said that the piloted forms must be attached to the child's file and incorporated in the child's medical form so that the information follows the child and informs the professionals from the institution attended by the child about the child's situation, progress and difficulties. This will ensure the continuity of the information and support provided to the child to achieve their wellbeing.

The implementation of the mechanism for primary prevention and intervention must be incorporated in the work of educational and health care institutions so that it becomes an ordinary practice and a standard skill.

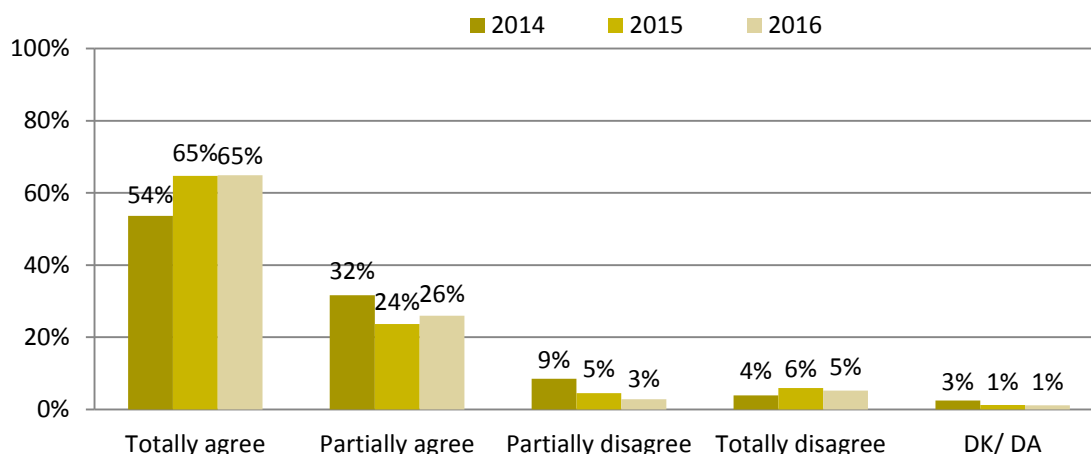
The employees of universal services (health and education) have realized that there are two levels of intervention (primary and specialized), that there are different tools and actions they must take at these levels, and that their duties vary from one level to another. At the primary prevention and intervention level, it is the duty of universal service personnel to solve the situations of children and, if there are cases of violence, neglect, exploitation and trafficking, their duty is to report the cases to social assistance. In this context, all the respondents suggested that the primary prevention and intervention framework is included in the existing instructions for Government Decision no. 270. The person in charge of violence, neglect, exploitation, and trafficking must also take responsibility for the primary prevention and intervention.

3.4 The public opinion survey 2017 key findings

The 2017 results were compared to those from 2014, 2015, and 2016. One of the key findings of the survey is that the family values and the family role in the child upbringing have increased. More people believe that families are able to provide good care and support to their children and have the knowledge for this. The parental economic situation is seen as the main driver for institutionalization of children, and the state is blamed for not providing enough support for families.

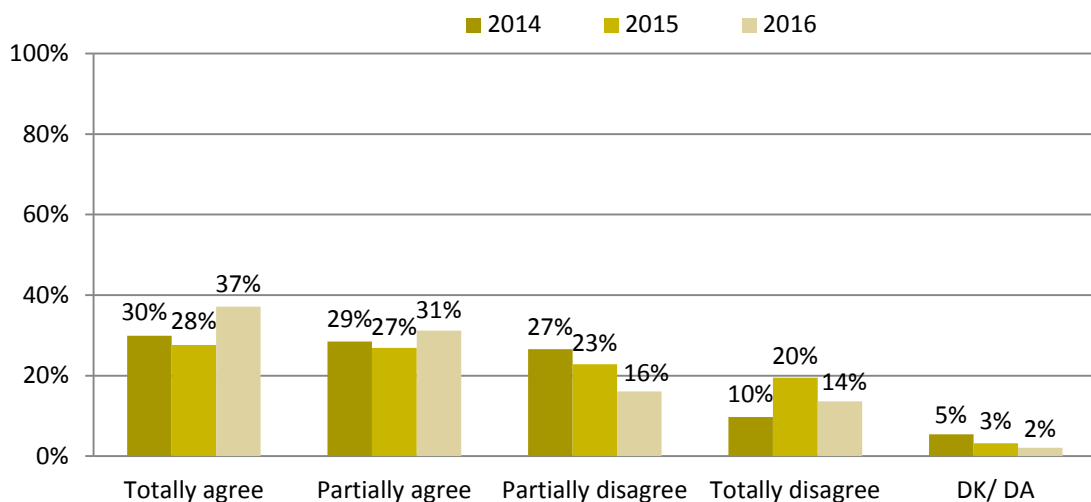
The importance of the family was reconfirmed in 2017, even though there is a slight decrease as compared to 2015 and 2016. Fifty-nine percent of the survey participants (65 percent in 2015, 65 percent in 2016) totally agree with the statement "The **family** is the most important for Moldovans." The changes on this indicator occurred mainly among urban respondents (large cities - metropolitan areas) where 42 percent totally agree with the above statement, while the figures in small town and villages were much bigger (72 percent and 63 percent). Another 29 percent said they rather agree with this statement.

*** The Importance of the Family in the Republic of Moldova**



Another decreasing trend was registered with regard to the role of the state in relation to the family and child. Most respondents consider that the family and children are a priority to the state - 61 percent share this view. However, this result is smaller than the 68 percent who said they totally or partially agree with this statement in 2016. Seventy-nine percent blame the state for not investing sufficient resources in helping families to raise their children. This result higher was higher by 7 percent than in 2016. Adults ages 26–40, those who have better jobs and education, were the least likely to have this view.

***The Family and Children are the Priority of the State**



One of the indicators with the most significant change during the four measurement years refers to the perception that parents do have sufficient knowledge and skills to raise their children: 50 percent said

they agree with this statement in 2014, while their number reached 62 percent in 2015, and 69 percent in 2016. In 2017, this figure decreased to 67 percent.

- In terms of solutions, the number of those who ask for support services at community level is in constant growth: 44 percent in 2017; 39 percent in 2016; 38 percent in 2015; and 31 percent in 2014. There are also two other opinion flows that represent significant figures: the number of those who would opt for cash benefits reduces from 33–35 percent in 2014 and 2015 to 28 percent in 2016, while in 2017 the registered number for this indicator reaches 22 percent. The percentage of those who rely on importance of the educational services at community level has a fluctuating evolution: 18 percent in 2017, 24 percent in 2016, 19 percent in 2015, while in 2014 there were 22 percent.
- In 2014–2016, there were no changes in the number of those who would opt for residential placement of children in difficulty - between 6 percent and 8 percent; in 2017 however, the figure for this indicator reaches 13 percent, which is largely encouraged by the inhabitants of metropolitan areas (as Chisinau) and people over 70.
- More than 80 percent think that an economically healthy environment would keep people in the country by giving them jobs and salaries to provide families with adequate living conditions.

ANNEX 4. CASE STUDY ON PSYCHO-SOCIAL SUPPORT PROGRAM FOR MEMBERS OF ALCOHOL-AFFECTED FAMILIES PANDA

Context. The excessive alcohol consumption is a serious problem in Moldova and the reasons are diverse. One of these is the accessibility of alcohol, given that our country is an agricultural one and viticulture and wine-making are important branches of the economy. Huge volumes of alcohol that cannot be registered or controlled by the state are produced annually in people's cellars.

Moldova has one of the highest levels of alcohol consumption per capita in the world. According to the Global Status Report on Alcohol and Health (WHO, 2014), Moldova had an annual consumption of 16.8 liters of pure alcohol per capita at the age of 15+, of which 10.5 liters of non-registered alcohol (produced in households). The consumption of alcohol linked strictly with the alcohol-consuming population is 25.4 liters of pure alcohol per capita per year. According to the WHO (Global Health Observatory Data Repository) the alcohol consumption is estimated to increase to about 17.7 liters of pure alcohol per capita by 2020 in Moldova.

Thus, traditions and habits related to the consumption of alcohol in the family on holidays, at tables with relatives, etc. have developed over time in society. These family examples involuntarily encourage children and young people to repeat the pattern of alcohol consumption. Fostering a culture of rational alcohol consumption is still an objective to be achieved.

A study on the consumption of alcohol and other drugs (ESPAD,¹³ 2015) among adolescents aged 15 – 16 (grades 8–9, including from Moldova) shows that:

- Half of pupils in grades 8 and 9 consumed alcohol in the last 30 days. 7.7 percent of them got intoxicated up to a state that they “waddled while walking, could not speak clearly anymore, vomited or did not remember what happened.”
- Around 38.7 percent of pupils consumed 5 or more portions of alcoholic drinks on an occasion in the last 90 days.
- Every second pupil can easily get alcoholic drinks and the most accessible for them is the low-alcohol cocktail with sweeteners (alcopops).
- At the age of 13 or earlier, over half of the respondents tried a glass of drink and about 8 percent of them were in a state of alcoholic drunkenness.¹⁴

Through Government Decision no. 360 of 06.06.2012, the local public authorities were advised to take measures to develop and approve annual territorial action plans for the implementation of the National Program on Alcohol Control for 2012-2020. This Government Decision recommends teaching healthy lifestyle to children and implementing socio-educational programs for the prevention of alcohol consumption.

Description of PANDA. PANDA is an evidence-based program of psycho-emotional support with therapeutic elements for children and adults who live in the same environment with an alcohol-addicted person. It is built around the feelings and needs of the child—not of the addict—and contains a number of family protective and strengthening factors.

PANDA was developed according to the Swedish model implemented by the NGO “ErstaVandpunkten.” It is evidence-based and underpinned by results achieved over time.¹⁵ It was

¹³ European School Survey Project on Alcohol and Other Drugs (ESPAD) - www.espad.org.

¹⁴ Data from the webpage of the National Public Health Centre <http://cnspl.md/index.php/ziua-nationala-fara-alcool-2-octombrie-2017/>

adjusted to the Moldovan context by the NGO “Partnerships for Every Child”. It is one of the few examples of best practices in this field.

PANDA is based on the idea of supporting the participants to support themselves. It offers an image of how the whole family is affected by somebody’s addiction and helps the family to change and to develop an efficient method of communication. In addition, it creates hope for the future and confidence that new prospects and opportunities may arise in situations of crisis.

PANDA has Two components – one for children and one for adults (parents who do not abuse alcohol)– that are delivered in parallel. The therapeutic effect is achieved through group activities where children/adults understand their emotions and the fact that alcohol addiction is not just their family’s problem.

PANDA objectives for children:

- Redirect the focus, preoccupations and communication in the alcohol-affected family from the behaviors of the addicted parent to the child’s feelings and needs.
- Provide support to the child NOW without waiting until the addicted parent completes a treatment.
- Realize that the child has the right to joy, play, and receive attention from parents.
- Learn behaviors and coping strategies.

Characteristics PANDA is built around the needs of the child. Its methods are selected on the basis of the child’s age and needs; the child is seen as an individual with the right to receive support, irrespective of the family’s attitude; the need of professional support for the child is fostered; the participants in PANDA can attend PANDA repeatedly at different stages of life.

PANDA beneficiaries (children):

- children ages 7–9 (mixed group)
- children 10–13 (boys and girls separately)
- adolescents 13–16 (mixed group)

Although PANDA is also recommended for children ages 4–6 (mixed group), in Moldova, it was not implemented because it implied developing a different mechanism for identifying participants and solving issues related to children’s travel to the facilities where the group activities were taking place.

Objectives of PANDA for adults

- Build skills in parenting and understanding of family roles.
- Learn methods of controlling own emotions and co-addiction relations.
- Realize trauma/tragedy/losses in family.

PANDA beneficiaries (adults): partners of addicted parents. In addition, PANDA can be recommended to the addicted parent provided that they abstain from alcohol consumption for at least 72 hours before entering PANDA.

The advantages of delivering PANDA for children and adults in parallel:

- This forms the feeling of unity, participation in joint activities, a common language and communication topics.

¹⁵<http://www.erstadiakoni.se/sv/vandpunkten/Om/>

- The child's feelings and behaviors are known and understood.
- The co-addiction behaviors are changed in the child and in the parent/caregiver at the same time.

The standardized delivery of PANDA is ensured through the use of methodological manuals developed within the project, being adapted to Moldovan context from the original program:

1. **Manual for facilitators. Children's groups** for the Psycho-Social Support Program for Children from Alcohol-Affected Families.
2. **Manual for facilitators. Adults' groups** for the Psycho-Social Support Program for Alcohol-Affected Families.

Implementation team

The implementation team in each district consisted of one coordinator and 6-8 facilitators who were selected through an open competition with the participation of representatives of the Territorial Social Assistance Structure / Education Department. The coordinator was a person with experience of working with families and children. One of the facilitators can also be the coordinator.

The coordinator forms the groups of children/adults, appoints the facilitators for each group (two facilitators per group). The coordinator must be a responsible and dedicated person with appropriate managerial skills in order to provide the necessary support to the facilitators. The coordinator must also know the procedure to refer difficult cases to community social workers or to the Territorial Social Assistance Structure, when complex support to the child and family is needed.

The facilitator delivers the sessions with children and adults in line with the methodology. The facilitators may specialize in delivering sessions for groups of children of a specific age or for adults.

The facilitators may be psychologists, social workers, health workers, teachers, or people with experience in the work with children/adults who have skills and competences of informal communication and are interested to work with children/adults. For all the cases, the facilitator must have a negative attitude towards alcohol consumption. For the qualitative implementation of PANDA, the implementation team must attend a course of initial and follow-up training. The training of facilitators and coordinators included the understanding co-addiction relationships in the alcohol-affected family and needs of children in alcohol-affected families.

The initial training focused on the use of interactive work methods, practicing the sessions suggested in the manual. The content for the follow-up training was determined after the identification of training needs that were discussed with the facilitators and coordinators at the supervision meetings.

It is recommended that the follow-up training is delivered in the form of supervision meetings where the difficult situations and cases are discussed.

Delivery of sessions and structure of PANDA

PANDA is delivered in the form of group meetings by two facilitators that lasts 15 consecutive weeks, one session per week of 1.5–2 hours. A children's group may include up to 10 persons, while adults' groups may have up to 20 persons. There may be individual meetings between the group meetings.

Each group meeting is structured in a similar way, especially the introduction and final part. The meeting includes: introduction, presentation of the topic, break, activities/exercises/games, and conclusion.

Topics for PANDA for children (15 group meetings) and Program for adults (13 meetings and 2 joint meetings with children):

No.	Program for children	Program for adults	Tasks accomplished at the meetings with children
1	Introduction I am not alone	Introduction There is hope	<ul style="list-style-type: none"> - Creating group cohesion. - Understanding that they are not alone in this situation. - Understanding that there is hope and change is possible. - Informing children about PANDA.
2	Feelings	Abuse – addiction – obsession	<ul style="list-style-type: none"> - Identifying and naming the feelings. - Understanding that there are no good or bad feelings. - The right to know ones' feelings. - Knowing the child's rights.
3	Defense	Family roles – adults – children – peers	<ul style="list-style-type: none"> - Understanding that people defend themselves in different ways. - Understanding that the child has the right to solicit help/haven/support from an adult. - Understanding the importance of having an adult to share feelings with.
4	Alcoholism – chemical addiction	Feelings	<ul style="list-style-type: none"> - Understanding that alcoholism is a disease, not somebody's fault. - Understanding how alcohol addiction is formed and how it influences the whole family. - Informing that the adult must control their addiction. - Helping the child to understand: it is not their fault, they are not able to heal and they have the right to receive support. - Opportunity to ask questions about alcohol.
5	Choices and risks	Limits	<ul style="list-style-type: none"> - Understanding that choices have consequences. - Understanding that to develop, we must take risks, which have positive and negative consequences.
6	Family	Right to live	<ul style="list-style-type: none"> - Understanding that families can be different. - Understanding that all the families face difficulties. - Reflecting on the relations and rules that exist in their family. - Helping to discover the positive aspects of their family.
7	Own person	Suffering	<ul style="list-style-type: none"> - Opportunity to discover themselves and their identity. - Learning to value themselves as an important person. - Helping discover one's own capacities and wishes.
8	Meeting with the family (joint meeting with adults and children)		<ul style="list-style-type: none"> - Opportunity to meet other families. - Opportunity to form a positive self -identity. - Sharing thoughts and feelings. - Opportunity to receive support (for children and parents).
9	Feelings	Discussion group	<ul style="list-style-type: none"> - Localizing the feelings in the parts of the body and naming them. - Helping to discover how the body reacts to its own

			feelings.
10	Defense	Control – risks and choices	<ul style="list-style-type: none"> - Understanding that defense protects from danger, but prevents seeking and receiving support. - Understanding the need to share problematic feelings. - Understanding the importance of soothing from another person. - Learning that support and consolidation may be solicited at a later stage. - Importance of having a trustworthy adult around. - Understanding that the feelings and the body are closely interlinked, that feelings can lead to physical symptoms (headache, stomachache, etc.).
11	Alcoholism chemical addiction	– Communication	<p>Building knowledge about:</p> <ul style="list-style-type: none"> - phases of alcoholism evolution - alcoholism is a disease with genetic, biological and social aspects - when a person consumes alcohol, all family members are affected differently
12	Family roles	Wheel of life – own person	<ul style="list-style-type: none"> - Understanding family roles and how they are affected when a member consumes alcohol. - Opportunity to choose how to think, feel and act. - Understanding that choices and risks have consequences. - Encouraging children to seek support.
13	Limits	Process of change	<ul style="list-style-type: none"> - Understanding that their body belongs to them. - Informing children that adults have the duty to respect and maintain limits, especially physical and sexual.
14	Own person	Trust	<ul style="list-style-type: none"> - Understanding the importance of positive perception on one’s identity. - Understanding the importance of positive feedback from others. - Understanding the characteristics and behavior they want. - Reflecting on their characteristics and behavior. - Possibility to express their expectations.
15	Meeting with the family - conclusion (joint meeting with adults and children)		<ul style="list-style-type: none"> - Understanding the importance of a positive perception on one’s family. - Consolidating the right to seek support when necessary. - Understanding parents’ responsibility to offer attention, support, soothing and encouragement to children. - Reflecting on the completion of PANDA.

PANDA has three key subjects:

- The influences of alcohol consumption on the child and family.
- Importance of sharing thoughts and emotions with trustworthy people.

- Awareness of participants' own value and their self-perception as a unique and important person.

At the meetings, children are encouraged through games and exercises to develop skills of communication, cooperation, empathy, identification of solutions and methods of avoiding problems, and improvement of self-control. In addition, children are taught to learn and understand their feelings, trust their abilities, and consolidate their self-esteem and their capacity to take wise decisions.

The skills built within PANDA enable the children to resist the pressure of their peers and of adults. These skills contribute to the development of healthy relations reducing the need to escape from reality through alcohol or drugs or other compulsive behaviors.

The subjects addressed at the group and individual activities are confidential.

ANNEX 5. SUPPORT LAs TO ASSESS, PLAN, AND REORGANIZE RESIDENTIAL INSTITUTIONS

No	Location	Type/purpose of institution	Ministry responsible	Number of children remaining in the institution	Home communities of children in institution	Work through Children in Moldova Project
1	Cahul district, Crihana Veche village	Auxiliary/boarding school for children with mild and moderate learning difficulties	MOE	Closed in 2014	Cahul, and 2 other neighboring districts.	Detailed assessment report submitted to LA and MOE with recommendations for closure and DI of children. The project supported LA to put systems and services in place and deinstitutionalize children.
2	Cahul district, Cahul town	Special boarding-school for deaf and hard-of hearing	MOE	28 children 8–21 years old	Throughout Moldova (21 districts)	Detailed assessment report submitted to MOE with recommendations. Strategic Vision for the development of educational system for deaf and hard of hearing children developed and approved by the MOEd.
3	Causeni district, Tocus village	Auxiliary school for children with mild and moderate learning difficulties	MOE	Closed in September 2013	Causeni district	The institution was included in the project proposal, but was closed before project started.
4	Ungheni district, Cornesti village	Center for Children affected by TB	MOH	55 children	Throughout Moldova	The project raised awareness of the authorities regarding this institution. Many changes have happened in order to improve the quality of care: social workers employed, the period of stay decreased from 6 to 3 months; gate-keeping improved; the number of children decreased from around 100 to 65 children at one time. the attempt to allow children to attend mainstream education

						in the community school nearby was not successful due to the resistance of health authorities and parents of children from Cornesti school.
5	Calarasi district, Hirbovat village	Special boarding-school for deaf and hard of hearing children	MOE	37 children 9–19 years old	Throughout Moldova (26 districts)	Detailed assessment report submitted to MOE with recommendations. Strategic Vision for the development of educational system for deaf and hard of hearing children developed and approved by the MOEd. Implementation action plan developed and approved.
6	Orhei district, Ivancea village	Sanatorium boarding-school for children with heart diseases.	MOE	Closed in 2014		The inter-ministerial working group established with Project support (Health, Education and Social Protection) analyzed the files/diagnoses of children proposed for institutionalization and stopped the new entries to the institution in September 2014. Subsequently the institution was closed due to lack of beneficiaries.
7	Nisporeni district, Nisporeni town	Auxiliary/boarding school for children with mild and moderate learning difficulties	MOE	Closed in 2015	Throughout district	Detailed assessment report submitted to LA and MOE with recommendations for closure and DI of children. The project supported LA to put systems and services in place and deinstitutionalize children.
8	Soroca district, Visoca village	Auxiliary/boarding school for children with mild and moderate learning difficulties	MOE	Closed in 2015	Throughout Moldova (14 districts)	Detailed assessment report submitted to LA and MOE with recommendations for closure and DI of children. The project supported LA to put systems and services in place and deinstitutionalize children.
9	Rezina district, Cinesauti village	Sanatorium boarding-school for children with	MOE	Closed in 2015	Throughout Moldova (8 districts)	Detailed assessment report submitted to LA and MOE with recommendations for closure and DI of children. The project

		psycho-neurological illnesses				supported LA to put systems and services in place and deinstitutionalize children.
10	Rezina district, Rezina town	Auxiliary/boarding school for children with mild and moderate learning difficulties	MOE	Closed in 2016	Rezina and 5 other districts	Detailed assessment report submitted to LA and MOE with recommendations for closure and DI of children. The project supported LA to put systems and services in place and deinstitutionalize children.

ANNEX 6. TRAINING FOR ABCs

The training program was ongoing, consisting of 11 modules calculated for 78 hours of training. The content of the training program was structured in such a way as to provide a gradual entry of children in the subjects of the program, ensuring that the new information is based on the previous one and offers more insight into the child's rights.

Children started with the concepts of child and childhood, the differences between a child and an adult and the child's rights as human rights. Then, they studied the relationship among needs, obligations, and rights. Then, children were informed about the CRC and other international and national acts in as appropriate to their age and understanding. A separate module was dedicated to monitoring children's rights and the ethics of this process. The shift to the following level of competence of the ABC members in the training program included grouping children to engage in advocacy activities. Children were informed about participation in decision making, the levels and methods of participation, and the importance and benefits of child participation in community life.

A challenging element in the training of ABC members was their involvement in collecting opinions from child beneficiaries of services about the quality of such services, their security, and their comfort with the services provided. To prepare the ABC members for these activities, modules were added to inform them about the types of social services for children and families, indicators of child wellbeing, and the identification and reporting of cases of abuse.

To achieve these objectives, the training program applied different teaching strategies: individual and group work, examination and commenting of the legal and regulatory acts, guided discussions on cases of violation of rights, debates on controversial subjects, implementation of projects with suggestions of solutions for specific issues of the community life, analysis of specific examples, examination of case studies, stimulation of the advocacy methods, cooperation in solving learning tasks, expression of the own points of view, and ongoing evaluation of the activities. In addition, children were supervised by trainers throughout the training program. Children were encouraged to work in groups so they could consult each other and share ideas, experiences, best practices, and problems. Activities outside of ABC meetings was a key element in the training program. After each training module, children were asked to do specific tasks at school or in the community.

Practical interactions between ABC and specialists in different areas of service provision and visits to social services were facilitated in all districts to familiarize children with the system of social services and its role in supporting children and families.



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