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Mid-term Evaluation of Implementation of the Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020 in the Republic of Moldova

Volume I: Final Evaluation Report

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Abbreviations

NASA	National Agency for Social Assistance
LPA1	Local Public Administration (first tier - locality level)
LPA2	Local Public Administration (second tier - rayon level)
PPA	Professional Parental Assistant (<i>foster care</i>)
APSCF	The Alliance of Active NGOs in the field of Child and Family Social Protection (APSCF)
CERME	Romanian Association for Economic Modelling
CCF Moldova	Child, Community, Family Moldova
CCTF	Family-Type Houses for Children (<i>foster care</i>)
NPCDS	National Commission for Protecting Children in Difficult Situations
CPCDS	Commission for Protecting Children in Difficult Situations
CPS MD	Child Protection Strategy 2014-2020 of the Republic of Moldova
CSSA	Council for Social Services Accreditation
EQ	Evaluation question
GD	Government Decision
G.O.	General Objective
GIP	General Inspectorate of Police
SocInsp	Social Inspection
M&E	Monitoring and Evaluation
MIA	Ministry of Internal Affairs
MCFW	Cross-sectoral Mechanism for Child and Family Welfare
MECR/MEduc	Ministry of Education, Culture and Research
MEcon	Ministry of Economy
MPF	Ministry of Public Finances
MJ	Ministry of Justice
MHLSP	Ministry of Health, Labour and Social Protection
MoH	Ministry of Health (<i>acronym used in instruments, currently part of MHLSP</i>)
NBS	National Bureau of Statistics of the Republic of Moldova
ODA	Official Development Assistance
OECD/DAC	Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC)
CSOs	Civil Society Organisations
RIQL	Research Institute for Quality of Life
S.O.	Specific Objective
SEN	Special Educational Needs
SPPA	Service of Psycho Pedagogical Assistance (LPA2)
TSSA	Territorial Structure of Social Assistance (LPA2)
ToR	Terms of Reference
UN GII	The United Nations Gender Inequality Index
UN HDI	The United Nations Human Development Index
UN IHDI	Inequality-adjusted UN HDI
UN MDGs	The United Nations Millennium Development Goals
UN SDGs	The United Nations Sustainable Development Goals
UNICEF	United Nations International Children's Emergency Fund
UNHCR	UN Refugee Agency
WB	The World Bank

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Executive Summary

This document represents the Final Evaluation Report for the "Mid-term evaluation of implementation of the Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020 in the Republic of Moldova". The evaluation was conducted between May – November 2019.

Objectives and Purpose of the Evaluation. The main objectives of the evaluation are as follows: (i) to assess the relevance, efficiency, effectiveness, sustainability and to the extent possible impact of the interventions as outlined in the Strategy and Action Plan; (ii) to identify and document lessons learned; and (iii) to provide clear recommendations on further adjustment of the activities and the monitoring and evaluation framework of the Strategy and Action Plan for the remaining period of implementation.

This is a mid-term formative evaluation that covers the first two phases of implementation: (2014-2016) and (2017-2019), which aims to improve the likelihood of achieving successful outcomes through better planned interventions and activities.

The purpose of this evaluation is to support the Ministry of Health, Labour and Social Protection (MHLSP) in evaluation of the mid-term results and early evidence of achievements in implementing the Child Protection Strategy and its corresponding Action Plan.

The intended users of this evaluation are as follows: (i) at central level - MHLSP (Health and Social Protection Sectors, National Agency for Social Assistance, Social Inspection); Ministry of Education, Culture and Research; Ministry of Public Finances; Ministry of Internal Affairs; General Police Inspectorate; Ombudsman for Children's Rights; development partners (UNICEF Moldova) and civil society organizations; (ii) at local level – first and second tier local public administration, residential institutions for children, civil society organisations; (iii) parents and caregivers and children, including the most vulnerable. The evaluation's indirect users are represented by evaluation networks, human rights bodies and research institutes that can use the lessons and collected data.

Evaluation Object. The object of this evaluation is the Child Protection Strategy for 2014-2020 in the Republic of Moldova (CPS MD) and its Action Plan 2016-2020. CPS MD was adopted by the Government in 2014 (GD no. 434/ 2014), after approving the legal framework for identification, assessment and assistance for the children in risk situations and of children separated from their parents (Law no. 140/2013). The Strategy includes three general objectives, as follows:

1. Ensuring the necessary conditions for raising and education of children in the family
2. Preventing and combating violence, neglect and exploitation of children, promotion of non-violent practices in raising children
3. Reconciling family and work to ensure growth and harmonious development of the child.

Evaluation Methodology. The evaluation applied a mixed-method approach, including: stakeholders' mapping; mapping of the actions included in the Action Plan; mapping of situation and contextual analyses; in-depth documentary review; structured desk analysis of policy documents and legislative frameworks; quantitative, qualitative and participatory methods. Thus, the evaluation is based on an extensive research using a mix of methodology that ensures a degree of validity and effective means of triangulation of information, in line with UNEG Norms and Standards for Evaluation.

The methodology includes data collection from all relevant ministries, UNICEF Moldova, active non-governmental organizations, a national representative sample of local public administration institutions (urban and rural), as well as parents/ caregivers and children (among the most vulnerable) from six rayons in the country. Triangulation of data was intensively used in order to ensure data accuracy and robustness of findings. The evaluation mainstreamed gender and human rights considerations throughout the entire process. Particularly in what concerns data analysis, a special focus was paid to disaggregation of data whenever available.

About 1,000 persons, including children, adolescents and parents/caregivers, from 34 districts of the country,¹ were consulted during the evaluation.

Main Findings and Conclusions

The key findings and conclusions are presented below structured by the evaluation criteria and questions.

Relevance

In general, the Strategy and its associated Action Plan are considered relevant for the current national and international contexts by the stakeholders involved in evaluation. These documents have preserved their relevance over time, a fact also confirmed by alignment with other policy documents that were developed during their implementation period.

The programming phase suffered from a partial use of the participatory approach and the failure in undertaking the systems approach. No monitoring and reporting mechanism, no coordinating body and no theory of change was developed. No priority areas for strategic intervention were identified and no estimate of the necessary resources (human, financial, material) was made. The lack of these vital components of strategic planning had negative consequences on the relevance and effectiveness of the policy.

There is a general consensus among the stakeholders regarding the existence of a good level of adequacy of the Strategy and the Plan both for the rights of the children and for the needs of the most vulnerable. However, some equity issues have been identified, as shown below under the section on Coverage.

Effectiveness

Achievement of objectives, activities and expected results shows a mixed picture. Significant progress has been achieved in several key areas of intervention of the Strategy, noticeable in the impressive decrease in the number of children placed in residential institutions, including those in the age group 0-3 years, the significant increase in the capacity to identify cases of violence, neglect and abuse of children by developing and strengthening the cross-sectoral mechanism of combating violence, along with conducting national information and awareness campaigns for attitude change. The dominant opinion among stakeholders is that most of the objectives of the Strategy (general and specific), of the activities of the Plan, as well as of the expected results, have been or are likely to be achieved in a timely manner.

Of all the types of actions provided in the Action Plan, the most neglected area of intervention refers to the development of the IT system, monitoring and evaluation, which significantly hampers information feedback loops towards achieving objectives and expected results. The dashboard prepared during the evaluation shows that until June 2019 only one quarter of the actions (31 out of the 124 total) were completed, while 40% (or 49) of the actions were in progress. The other 35% of the actions were either postponed to 2020, or cancelled, suspended or with unclear status, being dependent on conjugal political decisions. Delayed actions are distributed among all institutions with responsibilities in implementing the Action Plan.

The analysis of the implementation stage achieved for each action confirmed the stakeholders' estimates according which the objectives / activities with the highest chances of not being achieved by 2020 have been the Specific objective 1.4: Reducing the negative effects of the parents' migration on the children left behind; Specific objective 2.1: Prevention of violence, neglect and exploitation of children and Specific objective 3.1: Resizing the social significance of motherhood and fatherhood and the role of both parents in raising children.

Due to the way the Action Plan was designed, the dashboard based on the research data, although rigorously, it reflects only partially the progress made in developing specialized services or community services for children and families in the Republic of Moldova. Thus, even though the elaboration of the

¹ Participants to the consultation process came from 32 rayons, Chişinău and Bălţi Municipalities. No participants were recorded from Şoldăneşti, Transnistria and Bender Municipality.

normative framework for the organization and operation of a large number of services is delayed, in many districts and localities, the territorial structures, professionals, local authorities and civil society organizations, in partnership or independently, have developed a wide range of services for children and their families. The main problems at the time of the evaluation related to the still small number of these services, which most often covered only to a small extent the local needs, and the quality still not satisfactory of these services.

The key areas of intervention in which progress is still lagging behind refer to: strengthening the institutional capacity at the local level to prevent the separation of child from family; extending the professional parental assistance network as a family-type alternative to institutionalization; coordinating the deinstitutionalization process across the Government; intensifying the parental education activities implemented throughout the country; developing the specialized services available at the local level (including services for the aggressors); increasing participation in the preschool education, especially in rural areas and among Roma children; along with the strengthening of the monitoring and evaluation capacity both at central and district levels.

These results could be obtained as a result of the improvement of the legislative framework, the increase of institutional capacity through the organization of professional training programs and the consolidation of the work experience in cross-sectoral teams, with a consistent support of the civil society organizations and international organizations, among which UNICEF played a major role. However, there are also factors that hinder the achievement of objectives and reduce the effectiveness of interventions. Most of these factors are organizational in nature and affect the institutions at central and local level, from all social sectors, notably the lack or deficit of specialists, high staff turnover, underfunding (massive in some areas), poor staff accountability and poor orientation to the customer of many services.

Efficiency

Efficiency assessment has been a difficult task, as there are no specific targets set for achievement at mid-term. In addition, deadlines have been set only at the level of activities. Therefore, the evaluation is based on financial data collected at central level, which include only part of the Strategy activities. However, of the 31 actions completed of the Action Plan, the majority concerned changes of the regulatory framework with no funding estimates associated.

There is a general consensus that the financial resources are insufficient both at district and local level. The available resources differ from district to district, but over half of the Territorial Social Assistance Structures (TSSA) declare that the financing causes implementation difficulties. Even with regard to the minimum service package (GD 800/2018) the financial resources are not sufficient, waiting lists for some services being reported in most rayons. The funds available to develop the necessary services at the level of local communities (other than the minimum package) are even more deficient. Half of the professionals and representatives of the local authorities (LPA1) report that there are no funds from the local budget for this purpose and another 20% say that the existing funds are totally insufficient. The same opinion is shared by representatives of civil society organizations and adds that "all financial difficulties fall on the parents' shoulders, especially if the child needs some therapy".

Sustainability

The analysis of the prerequisites for ensuring sustainability shows that the achievements obtained in the implementation process of the current Strategy and associated Action Plan represent a solid basis on which a new strategy and, in particular, an updated and improved action plan can be developed. The most relevant achievements in this regard include the new legislative framework, the institutional capacity strengthened through training and the experience of working in multidisciplinary teams gained at local level.

There is a consensus among the stakeholders who participated in the research that the sustainability of the obtained results is rather poorly satisfactory. The main challenges posed to sustainability of interventions include the lack of identification of the financial resources saved in the state budget due to the deinstitutionalization process, the insufficient capacity development at local level and in the MHLSP, and the inadequate development of the social services available for specific groups. In addition, there are

potential risk factors at the level of the general context, from the evolutions of the national economy, to political instability, still intense emigration (among both parents and specialists), as well as a low level of financial and human resources.

Impact

This evaluation being an intermediate one only considered the early signs of system-level impact. The impact on children and their families was out of the scope of this evaluation.

As an overall assessment, professionals and representatives of local authorities evaluated the implementation of the Strategy and Action Plan as having a satisfactory impact on the access, quality and relevance of child protection services, as well as on preventing the separation of the child from the family / the reintegration of children into their families. Representatives of civil society organizations were more critical in this regard, focusing on the many issues that still need to be improved. The representatives of the Territorial Social Assistance Structures were considerably more positive, emphasizing the significant changes achieved in the system during the evaluated period 2014-2019, although they agreed that many deficiencies were still waiting to be addressed.

The analysis on objectives and expected results shows that at systemic level the implementation of the Strategy has really led to significant results in relation to the fulfilment of the child rights, especially regarding the right to be protected from violence, abuse or neglect, the right to grow up in the biological family, the right to pre-school education, and the right to live and develop to the fullest potential.

Group discussions conducted by the evaluation team with rights holders (children, adolescents and parents / caregivers) identified additional obstacles in fulfilling their rights, mainly related to access to quality education, access to health services (especially for children with disabilities), the lack of specialized support services for parents and the exercise of the right to information, as well as the lack of functional grievances (complaints) mechanisms.

Coverage, Coordination and Coherence

The Strategy and its associated Action Plan provisioned measures and interventions for many vulnerable groups of children. The research carried out by the evaluation team identified several equity issues related to the insufficient coverage of certain groups of vulnerable children and young people. The equity issues relate mainly to: the still disproportionately high share of children with disabilities in residential care; underdevelopment of community services, especially for children with disabilities and children with autism; lack of support for young people leaving the protection system; segregation of Roma children in education; lack of services for vulnerable adolescents, especially for those with "behavioural problems"; the increasing number of NEET young people (not in education, training or employment), especially among young people with disabilities, which is associated with an increasing concern about children with special educational needs after completing compulsory education; still scarce services for children with parents in divorce and children whose parents committed criminal offences; and public funding for the planned interventions.

The mechanism of coordination and integration between the social sectors is rather fragmented at the central level, being adversely influenced by contextual factors such as the sudden changes of policies and institutional structures. Cross-sectoral coordination needs to be substantially strengthened in future programming efforts to increase the effectiveness of policies for children and families. Even if it works in an unfavourable environment, UNICEF brought significant contributions in the implementation of the Strategy and Action Plan.

Cooperation between MHLSP and other development partners encompassed all steps of the policy cycle: design, implementation and monitoring and evaluation. Harmonization of roles played by each partner has to be further reinforced, as long as there are simultaneous accomplishments in increased institutional capacity at central level.

Recommendations and Lessons Learnt

The recommendations are aimed to inform the MHLSP and other stakeholders on the development of a new child protection strategy after 2020 and, according to the ToR, also highlight the links with the current programming documents, in particular the National Development Strategy "Moldova 2030 ". The recommendations are prioritized and have a time frame and an addressee, and each recommendation has correspondence in the evaluation results. The recommendations are grouped into strategic and operational recommendations.

Strategic recommendations

1. Ensure a systems and participatory approach in the elaboration of the next child protection policy or subsequent regulations/ policy documents, throughout the implementation
2. Conduct an accurate review of available and needed human and financial resources that incorporates risk assessment
3. Select strategic priorities and organise the interventions according to priorities, with realistic and measurable expected results
4. Develop the new policy based on a Theory of Change that explicitly articulates the theories and assumptions to the desired real change in the lives of rights holders.

Operational Recommendations

5. Strengthen institutional capacity in the child protection area at MHLSP level
6. Develop a monitoring and evaluation framework and a M&E functional mechanism
7. Continue building on the good practices already achieved and focus on the increase policy effectiveness of the ongoing interventions
8. Conduct a management response plan based on the evaluation findings, conclusions and recommendations

Lessons Learnt

Several key lessons have been brought out by conducting this evaluation:

- The influence of policy environment has been significant in achieving expected impacts. Staff turnover has to be acknowledged as one of the key elements in any risk assessment for future policy implementation. Specific lines of action for strengthening institutional capacity need to be included in the next programming documents.
- Low participation level in the programming phase negatively affects subsequent policy cycles. Large consultation mechanisms put in place from the initial stage of programming would increase ownership and bring about magnified relevance to the needs of user. Participation has to be further ensured during implementation, monitoring and evaluation phases. Participation in all policy cycles has to be supported by a good communication campaign on the envisaged theory of change, results framework and complete Plan of Action (including budgetary estimations and responsible entities differentiated between first and second tier levels of local public administration).
- A broad scope of actions does not necessarily result in increased coverage. Taking into consideration the limited available financial and human resources, a set of strategic interventions that can yield multiplier effects in other areas has to be identified in order to be included in the future Child Protection Strategy.
- Monitoring for results is a complex endeavour, but it can start with simple elements. These include an exhaustive list of residential institutions and their current status in the process of deinstitutionalization as well as a mailing list of all municipalities (mayors and social community workers included) in the Republic. In order to create a sound M&E system, stakeholders that only contribute to monitoring results (and not to policy implementation), representatives of institutions such as the National Bureau of Statistics, the Ombudsman, and the Social Inspection, should also be included along the way in programming for policy results.

In a nutshell, at a challenging time for implementing child protection policies, the Government of Moldova needs to prove that it stays committed to leveraging sound evidence and data to promote better policies for better lives of vulnerable children, including poor and marginalized children. This can only be achieved by listening the voices of rights-holders and working hand in hand with stakeholders across the board.

Introduction

This Final Evaluation Report is the fourth deliverable for the "Mid-term evaluation of implementation of the Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020 for the Republic of Moldova". The evaluation was commissioned by UNICEF Moldova in order to inform further interventions in child protection area to be in line with the key new strategic planning document "Moldova 2030" that considers the 2030 Agenda for Sustainable Development and provisions of the Association Agreement with the European Union.

The evaluation covers the implementation of the Action Plan of the Child Protection Strategy (CPS MD) from 2016 to 2019.

The Evaluation Report is based on both quantitative and qualitative data collected in July-September 2019. It was peer reviewed by Universalia and it was validated within three workshops that were held in November 2019 with representatives of local authorities of level I and II from all regions of Moldova. In December 2019, a final workshop was organised in Chişinău with the participation of MHLSP, relevant ministries, and CSOs, for disseminating the key evaluation findings and recommendations and for collecting feedback of the key stakeholders from the central level.

Subsequently, all feedback and comments from both peer reviewing and the validation workshops was used to consolidate the findings into the present Final Evaluation Report. This report takes into consideration the results achieved and the lessons learned, and it contains concrete recommendations and strategic vision with regards to further implementation of the Strategy and Action Plan and/or possible adjustments of the current documents to be aligned to Sustainable Development Goals (UN SDGs) and the latest developments of the National Development Strategy "Moldova 2030". The Final Evaluation Report was delivered on December 23, 2019. The electronic version of the Final Evaluation Report (in English and Romanian) will be prepared and designed for further dissemination through the Government and UNICEF websites.

The research and preparation of this report were carried out by a consortium of two companies from Romania, namely the Research Institute for Quality of Life (RIQL), an institute of the Romanian Academy, which is the lead partner, and the Association of Romanian Centre for Economic Modeling (CERME), a non-governmental social research organization. A team of six international experts Manuela Sofia Stănculescu (Senior, Team leader), Monica Marin (Co-team leader), Georgiana Blaj, Bogdan Corad, Catalina Iamandi Cioinaru, and Andreea Stănculescu were directly involved in the preparation of this document and all other activities of the project.

The research team highly appreciates the excellent cooperation, guidance and feedback received from Elena Laur, UNICEF Monitoring and Evaluation/ Child Rights Monitoring Specialist, as well as from Gheoghe Trofin the representative of the MHLSP Direction of Child Protection.

The evaluation used only the Romanian language, but translation in Russian was available (if needed) during interviews and focus groups. We are grateful to the local specialists who assisted the research team with the translation during field visits. The team is grateful to all more than 1,000 participants² (including children, adolescents and parents/caregivers) at interviews, focus groups and surveys, for their time and contributions to this evaluation. Comments and suggestions received during the process, as well as feedback from UNICEF Moldova and the MHLSP are reflected in this document.

This report is organized in six chapters and several annexes. The first chapter describes the context of evaluation. The second chapter defines the object of evaluation, while the third chapter presents the objectives, purpose and scope of evaluation. The fourth chapter is dedicated to the evaluation methodology including the approach, the research design, data collection methods, management of the

² Participants to the consultation process came from 32 rayons, Chişinău and Bălţi Municipalities. No participants were recorded from Şoldăneşti, Transnistria and Bender Municipality.

study, stakeholders' participation, as well as evaluation limitations and the corresponding mitigation strategies. The fifth chapter contains the main findings, while the sixth chapter draws the conclusions, extracts lessons learnt and proposes a series of recommendations for the betterment of child protection interventions in the Republic of Moldova.

Attached to this report, details about the evaluation process, management of the study, evaluation design, and the research instruments developed and used for primary data collection within this project are packed in Volume II: Evaluation Toolkit. The list of documents consulted during evaluation is provided in Bibliography. Annexes to this report contain the original ToR, evaluation matrix, data collection methods, selection of the rayons for qualitative research, and the list of interviewees.

1 • Context of the Evaluation

The Republic of Moldova is a low middle-income country situated in Eastern Europe, bordered to the west by Romania and to the north, east and south by Ukraine. Moldova has a population of 3.54 million people (2019, January 1), out of whom 52% women and 48% men. About 747 thousand people (or 21% of total population) are 0-19 year olds, out of whom almost two thirds (64%) live in rural areas.³

Moldova's ethnic and linguistic⁴ diversity has shaped the development of the country.⁵ The 2004 census revealed that Moldova's population comprises, alongside ethnic Moldovans and Romanians, a number of other ethnic groups, including Ukrainians, Russians, Găgăuz, Bulgarians, and others, who account for about 22% of the population. Typically, the national minorities speak Russian as their first language, attend Russian language schools, and some also take additional courses in their mother tongue (Bulgarian, Găgăuz, Ukrainian). Furthermore, about 15% of households have mixed nationality, and around 35% may have a mixed ethnic background.

The fragmented territorial-administrative structure (containing 898 administrative units, out of which 94% rural and one-third with less than 1,500 inhabitants)⁶ along with incomplete decentralization process and under-financing resulted in very low capacity of local governments to invest in social development and deliver services for children.⁷

As the most recent *Systematic Country Diagnostic* of the Republic of Moldova shows,⁸ low labour force participation and high informality, coupled with population aging, strain the fiscal system and limit the role of public transfers in reducing poverty. Moldova stands out as a country with pervasive informal employment and a large agricultural sector dominated by many small subsistence farms. Informal employment⁹ is high in Moldova relative to other countries in the region. The incidence of total informal employment is around 30%, while it is 10% among wage employees, who are concentrated mostly in micro and small enterprises. In addition, an increasing number of people are working in subsistence agriculture, particularly among older people and the less well educated from rural areas. Many of these people are likely to be among the poor.

The Human Development Index (UN HDI) is 0.7 (2017),¹⁰ which positions Moldova in the high human development category, ranking it 112 out of 189 countries and territories.¹¹ This is below the average of 0.757 for countries in the high human development group and below the average of 0.771 for countries

³ National Bureau of Statistics (2019) "The structure of resident population of the Republic of Moldova, by age, residency and sex" as of January 01, 2019.

⁴ The Moldovan language, which is written in the Latin script and shares the same literary standard as Romanian, was declared the official language of the country only in 1989. Previously, Russian had been the official language, while Moldovan, written in the Cyrillic script, was also taught in schools and used widely informally.

⁵ World Bank (2016: 11). Political and electoral preferences are influenced by membership in ethnic group. Thus, popular opinion remains roughly equally divided between the European Union and the Eurasian Economic Union.

⁶ The average population of the territorial-administrative units is around 3,000 inhabitants. Only 14% of them have a population of more than 5,000 people.

⁷ Gheorghe (2017: 15).

⁸ World Bank (2016).

⁹ According to the World Bank (2014) *Work Disincentives in Moldova*, cited in World Bank (2016), informal employment in Moldova comprises the self-employed in the informal sector, unpaid family workers, and wage workers who do not receive any of the following three benefits: (a) social contributions paid by the employer, (b) paid annual leave, or (c) sick leave.

¹⁰ However, when the value is discounted for inequality, this HDI falls to 0.627.

¹¹ All data in this paragraph come from UNDP (2019).

in Europe and Central Asia, as well as much below the OECD average (0.895). However, the Republic of Moldova's HDI value, after a decline between 1990 and 2000, it has constantly increased until 2017. Specifically, between 2000 and 2017, Moldova has registered positive developments in all three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. Also, in 2017: (i) The 'loss' in human development due to inequality (UN IHDl) was lower in Moldova (10.4%) than the average of overall loss in ECA countries (11.7%); and (ii) The 'loss' in human development due to inequality between female and male achievements in reproductive health, empowerment, and economic activity (UN GII) was in Moldova (0.226) lower than the ECA average (0.270).

Moldova has adopted the Millennium Development Goals (UN MDGs)¹². Since 2000, the country has made significant progress in meeting most targets, particularly in reducing poverty and infant mortality, as well as in ensuring access to compulsory education. The main drawback observed across all of the eight MDGs is the gap between the rural and urban living standards, which has actually increased in recent years. People in rural areas continue to have limited access to basic assets and services, such as water and sewerage supply, health and education services.

After 2015, building on the MDGs achievements, Moldova has embarked in the process of prioritising the Sustainable Development Goals (UN SDGs)¹³ and integration within the national development frameworks. In line with SDG 1,¹⁴ Moldova has achieved significant progress in reducing poverty. The absolute national poverty rate fell from its peak of 73% in 1999 to 9.6% in 2015, and the extreme poverty rate declined from 59.7% to 0.2% in the same period. However, there are still noteworthy differences in poverty rates between rural and urban areas, with rural poverty almost five times higher than urban poverty. Thus, the poor and the 40% of country population with the lowest incomes (bottom 40) are concentrated in rural areas and typically hold lower-quality jobs in the agricultural sector.¹⁵ Given the high informality in agriculture compared with other sectors, this dependence on agricultural employment leads to high informality rates among the poor and the bottom 40. Accordingly, the reliance on agricultural income of the poor makes them more prone to shocks related to natural hazards.

Over the last years, Moldova has made significant progress in advancing key child rights. Nevertheless, the most recent UNICEF Situation Analysis (SitAn)¹⁶ shows that there are several groups whose rights are still breached and who suffer of persistent deprivations and inequities. These vulnerable groups comprise children from poor families, especially from rural area, children with disabilities, Roma children, children left behind as a consequence of migration, and most at risk adolescents.

Children in Moldova remain disproportionately poor,¹⁷ with 86% of poor families living in rural areas. In 2015, the risk to be poor for children from rural areas was nine times higher compared with children from

¹² UNDP Moldova: <https://www.md.undp.org/content/moldova/en/home/post-2015/mdgoverview.html> accessed October 2019.

¹³ According to Gheorghe (2017: 19), the following SDGs are of particular interest for ensuring sustainable outcomes for children: SDG 1 End poverty in all its form everywhere; SDG 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG 3 Ensure healthy lives and promote well-being for all at all ages; SDG 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 10 Reduce inequality within and among countries; SDG 16 Promote just, peaceful and inclusive societies for sustainable development, access to justice, accountable, effective and inclusive institutions. UNICEF support is envisaged to be provided for their prioritizing and integration in sector policy documents and sector development frameworks, through cooperation with the National Council on Child Rights Protection, as well as for ensuring links between the SDG child rights monitoring indicators and UNICEF Global indicators, TransMonEE database and alike.

¹⁴ UNDP Moldova: <https://www.md.undp.org/content/moldova/en/home/sustainable-development-goals/goal-1-no-poverty.html> accessed October 2019.

¹⁵ World Bank (2016).

¹⁶ UNICEF (2017b: 3-5). The same groups are identified as vulnerable also in other studies, such as Mihalache, Rusanovschi (2014), APSCF (2017), and Carstocea and Carstocea (2017).

¹⁷ At the national level, in 2015, the poverty rate for children was 11.5% compared to 9.6% for the general population. *National Development Strategy Moldova 2030*, approved by GD no. 1083 (2018: 38), based on data for 2015 from the Household Budget Survey implemented by NBS.

urban areas.¹⁸ Families with children, single parent families with children, and parents under 18 years had, on average, the lowest incomes (equal or below the national average of minimum subsistence). Accordingly, the poverty rate of families with three or more children was at a high 23%. The share of families with children in the national social aid programme decreased from 84% in 2009 to 42% in 2014.¹⁹

According to the NBS, in Moldova there are registered about 12,200 children with disabilities (as of end of 2018). Both children and adults with disabilities have a disproportionately high risk of poverty as compared with the general population.²⁰ Although Moldova made significant progress in the inclusion of children with disabilities and special educational needs in mainstream education, they still have lower enrolment rates and are more deprived of quality education, be it pre-school or general education. It is known that health services specifically designed for children with disabilities are far from optimal. However, little else is known about their health conditions, including information on early identification and early detection or access to rehabilitation services.²¹

Both the incidence and the depth of poverty are twice as high among Roma children compared to non-Roma children. Almost 51% of Roma households live below the threshold of absolute poverty.²² In Moldova, as in many other countries, Roma children face many other risks besides poverty, including low participation in education, difficulties in school, early marriages, difficult access to social assistance programmes and healthcare service.

Outwards migration from Moldova has been progressively increasing, with an estimated one third of the working-age population currently abroad. As a consequence, many children do not enjoy the right to grow up in a family environment. In 2012, there were an estimated 150 thousand children having one or both parents abroad. Children from rural areas are more likely to live without one or both parents due to emigration (29% against 21% with one or both parents abroad).²³ Children left behind are usually cared for by their grandparents, extended family members or, in some cases, by themselves. While the transfer of remittances may provide better living conditions for the children left behind, the absence of parents is emotionally challenging and may lead to lack of care and the increased likelihood of risky behaviour.

Beyond the vulnerable groups of children, there are several challenges more commonly faced by children in Moldova, particularly noticeable being immunisation; breastfeeding; enrolment in general education and academic performance; and child protection (violent disciplining at home, sexual abuse, children in detention).²⁴ For example, limited information is available on violence against children, however, corporal punishment and violence is reported to remain worryingly common in Moldova. During the academic year 2016-2017 almost 11 thousands cases of abuse or violence against children were reported by teachers and school managers.²⁵ Also, at home, an estimated 76% of children aged 2 to 14 years have experienced violent disciplining, 48% were subject to physical punishment and 69% to psychological abuse.²⁶ Furthermore, a qualitative study on the social norms showed that there are certain ages at which parents consider physical punishment acceptable.²⁷ Besides the parents' tolerant attitude towards the child abuse, neglect and violence, another challenge stems from the parents' (negative) attitudes regarding the programs developed in the field of inclusive education.²⁸

¹⁸ The data in this paragraph come from Annex to GD no. 1083 (2018: 38-39).

¹⁹ UNICEF (2017a).

²⁰ Annex to GD no. 1083 (2018: 38).

²¹ Gheorghe (2017: 21).

²² Annex GD no. 1083 (2018: 39) citing from United Nations Moldova (2013) "Roma in the Republic of Moldova in areas of their compact population".

²³ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF (2014) presenting the findings of the 2012 MICS.

²⁴ See UNICEF (2017b) for an analysis of the system barriers which hinder the realization of children's rights.

²⁵ Ministry of Education, Culture and Research data, 2017.

²⁶ National Centre of Public Health of the Ministry of Health of the Republic of Moldova and UNICEF (2014) presenting the findings of the 2012 MICS.

²⁷ IMAS, UNICEF (2015).

²⁸ Terre des Hommes (2018) Regarding the results achieved after two-year project implementation in 3 rayons.

Critical is also the need to develop and consolidate community-based services for children and families, namely the early prevention and intervention services, the use of case management method by community social workers,²⁹ even more so given that in many rural communities they are the only professionals to manage social cases³⁰ and their workload is already increased.³¹

However, in almost all indicators of child well-being in Moldova, there have been gradual improvements in the area of child and family protection. Since 2012, the number of children in institutions has decreased from 5 thousand to less than 2 thousand, while the use of family-based alternatives has increased from 9 thousand to about 12 thousand. The financial flow for childcare services also expanded, providing alternatives to placement in institutions. The number of children in detention has declined considerably and alternatives to detention are used more.

While abandonment of young children is rare, the high level of emigration leads to family separation. Mainly due to the migration for work abroad of the single parent or of both parents,³² the number of children without parental care almost doubled between 2005 and 2015 (from 2,111 to 4,172). Most children left in residential care are from rural areas: two in three institutionalized children are from villages. Still there are cases of children under 3 years old placed in residential care, particularly among children with disabilities.³³ Despite the successful childcare reform, children with disabilities constitute the majority of institutionalized children (69%) and they stay longer than others in residential institutions.³⁴

The Republic of Moldova has undertaken important reforms to advance key child rights as part of the National Action Plan for the Implementation of the Association Agreement between the Republic of Moldova and the European Union during 2017-2019,³⁵ in particular Chapter 27, and in support of the implementation of the Convention on the Rights of the Child. Several legislative, institutional and policy measures were adopted, in particular the Law no. 140 on the Special Protection of Children at Risk and Those Separated from their Parents (2013), the Law no. 315 on social benefits for children (2016), the establishment of the National Agency for Social Assistance (2016) and of the Ombudsman for child protection (2016), and others.

One of the key developments included adoption of the Child Protection Strategy for 2014-2020 (CPS MD) and its Action Plan for 2016-2020 with a particular focus on deinstitutionalization and prevention of violence against children. The implementation of the strategy was one of the main pre-requisites for the Republic of Moldova to advance the overall reform process and to achieve compliance with the internationally recognized standards for an efficient child protection system.

As mentioned above, administrative data generated by the Ministry of Health, Labour and Social Protection (MHLSP) and by the Ministry of Internal Affairs (MIA) attest constant progresses in decreasing the number of children in residential care and number of children survivors of violence and sexual exploitation. However, statistics cannot depict systemic bottlenecks hampering the achievement of tangible results for children entering the child protection system. With no formal monitoring mechanism in place, and with several recent reports highlighting persisting problems in tackling family separation, institutionalization and violence against children, the UN Committee on the Rights of the Child, in its Concluding Observations, has recommended the Government to “ensure implementation of the Law no. 45/2007 (on preventing and combating domestic violence), and step-up implementation of the National Child Protection Strategy”.³⁶

²⁹ Cheianu-Andrei (2016); APSCF (2017); Ciocan (2018: 42).

³⁰ Ianachevici (2017: 5).

³¹ Boechat and Hofstetter (2015: 88).

³² Biroul Național de Statistică al Republicii Moldova and UNICEF (2017: 169).

³³ Ianachevici (2017: 3).

³⁴ UNICEF (2017b).

³⁵ See <http://dcfta.md/eng/national-action-plan-for-the-implementation-of-the-association-agreement-between-the-republic-of-moldova-and-the-european-union-during-2017-2019>.

³⁶ UN CRC (2017: 6).

In 2017, the assessment of the National Development Strategy “Moldova 2020” was conducted and its lessons learned fed to the process of development of new strategic planning document “Moldova 2030” that considers the 2030 Agenda for Sustainable Development and provisions of the Association Agreement with the European Union.

The National Development Strategy “Moldova 2030” draws attention to the insufficiency of statistical data disaggregated by gender, age, region, ethnicity, disability and over-estimation of the official number of population as a consequence of migration. Furthermore, the weak or lack of monitoring and evaluation of different strategies is viewed as one of weak points in the implementation of strategic planning documents, along with: excessive focus on economic development; arbitrary selection of development priorities; lack of strategy integration in the core of administrative processes; the unclear role of national development strategies in the general policy framework; the generalized deficit of financial and professional human resources in public administration and decreased relevance of strategic planning.³⁷

Also, there are key policies, legislation and programs that are not cost based and the statistical data on spending are insufficiently disaggregated by sector – education, social protection and health, region and level (central and local). The insufficient or lack of financial resources, in close relationship with the low fiscal capacity at rayon level, hinders further the development of social services at local level.³⁸

The net Official Development Assistance (ODA) to Moldova halved between 2014 and 2017 (from US\$ 517.8 million to US\$ 241.03 million).³⁹ According to OECD data, Moldova’s major donors are the EU institutions, followed by USA and Romania, with the greatest assistance going to social infrastructure.⁴⁰

Regarding civil society, the national coalition called the Alliance of Active NGOs in the field of Child and Family Social Protection (APSCF) is the main partner in the implementation of the CPS MD 2014-2020 and its Action Plan. In 2019,⁴¹ APSCF has 60 members that are mostly active in Chişinău and its suburbs and are primarily involved in direct social service delivery, within small-scale projects co-financed by the local public administration. Fewer CSO members are involved in advocacy, in actively monitoring the local, regional or national implementation of child rights as well as of government policies, or in building capacities at community level. APSCF is recognized by the government as a representative civil society structure, but its recommendations are not always considered although its member organisations developed models which inspired similar type of services by the Government (e.g. the district level psycho-pedagogical services under the Republican Centre for Psycho-pedagogical Services, the resource centres for children with disabilities in schools, etc.). More generally, the limited capacity of the child-focused CSOs for advocacy and engagement in high level policy dialogue is of utmost concern.⁴²

UNICEF Moldova has supported development of the Strategy and its associated Plan of Actions alongside funding this first evaluation of their implementation. In addition, UNICEF is mentioned in the Ministry’s annual reports, among other international donor organizations among key contributors to implementation.⁴³

Finally, the current Strategy of the Child Protection 2014-2020 and its Action Plan have not yet benefitted from an evaluation process. Even if this mid-term evaluation is conducted towards the end of the implementation process, it is expected to substantially inform further interventions in child protection area to be in line with the new key strategic documents of the country.

³⁷ Annex GD no. 1083 (2018: 20-22).

³⁸ Ciocan (2018).

³⁹ <https://data.worldbank.org/indicator/DT.ODA.ODAT.CD>

⁴⁰ <http://www2.compareyourcountry.org/aid-statistics?cr=302&lg=en&page=1>

⁴¹ See <https://aliantacf.md/> and <https://aliantacf.md/membri/>

⁴² Gheorghe (2017: 24).

⁴³ Further details on UNICEF’s role in section 5.7. Coordination, sub-section 7.2. Role and Comparative Advantage of UNICEF.

2. Object of the Evaluation

The object of this evaluation is the Child Protection Strategy for 2014-2020 in the Republic of Moldova (CPS MD) and its Action Plan 2016-2020. CPS MD was adopted by the Government in 2014 (GD no. 434/2014).⁴⁴

This is a mid-term formative evaluation commissioned by UNICEF Moldova in order to inform further interventions in child protection area to be in line with the key new strategic planning document “Moldova 2030” that considers the 2030 Agenda for Sustainable Development and provisions of the Association Agreement with the European Union. The evaluation is part of the Costed Evaluation Plan, with a total budget of 52,000 USD.⁴⁵ The evaluation was awarded in May 2019 to a consortium of two companies from Romania: RIQL (lead partner) and CERME.

The rationale behind the evaluation is (i) to have a proper measurement of the results achieved up to date (2019), (ii) to determine bottlenecks and barriers and (iii) to identify best ways for further promotion of children’s right to a safe and nurturing environment in the context of broad child protection reform. The objective is to continue to enhance the implementation of the CPS MD and its Action Plan which will be ended in 2020. The knowledge generated by the evaluation will be used by the Government to address existing gaps and adjust the reforms if needed so.

Intended results. The Child Protection Strategy for 2014-2020 was aimed to reach three general objectives by achieving eight specific objectives. The Action Plan for the Strategy was adopted two years after the Strategy adoption (in 2016). The Action Plan sets the implementation for a total number of 124 actions. Figure 1 presents the intended results of CPS MD organised by general and specific objectives.

Theory of change. Although in the CPS MD 2014-2020 it is not explicitly stated, a theory of change can be detected, differentiated across measures, progress indicators, changes at system level as well as final impact. The theory of change reconstructed by the evaluation team is presented in Annex 2. This shows that there is a clear linkage between the general and specific CPS MD objectives and the Convention of the Rights of the Child and Universal Declaration of Human Rights, as shown also in Figure 1.

Intended reach. The CPS MD 2014-2020 does not provide a statement on the intended aggregate number of beneficiaries, apart from an implicit intended reach of all children and their families across the whole country (from all communities rural or urban) through programmatic interventions.

⁴⁴ Previously, the legal framework for identification, assessment and assistance for the children in risk situations and of children separated from their parents (Law no. 140/2013) was approved.

⁴⁵ Approved by UNICEF Executive Board, Second Regular Session, 12-15 September 2017 and Biannual Work Plan for 2018-2019 signed by the MHLSP and UNICEF (Outcome 2 Output 6, Activity 6.1). Available at: https://www.unicef.org/about/execboard/files/2017-PL7-Rep_of_Moldova_CEP-EN-2017.06.19.pdf.

Figure 1: General objectives, specific objectives, expected results and related human/ child rights of the Child Protection Strategy for 2014-2020 in the Republic of Moldova

GENERAL OBJECTIVE 1 Ensuring the necessary conditions for raising and education of children in family				GENERAL OBJECTIVE 2 Prevention and countering of violence, neglect and exploitation of children, promotion of nonviolent practices in raising and education of children		GENERAL OBJECTIVE 3 Reconciliation between family life and professional activity to ensure a harmonious raising and development of children	
1.1.	1.2.	1.3.	1.4.	2.1.	2.2.	3.1.	3.2.
Prevention of separation of children from their families	Gradual cessation of institutionalisation of children aged between 0-3 years	Continued reduction of the number of children in residential care	Reduction of the negative effects of parents' migration on children left in the country	Prevention of violence, neglect and exploitation of children	Countering of violence, neglect and exploitation of children	Redefining the social signification of maternity and paternity & the role of both parents in raising and education of children	Promotion of supporting services for employed parents
EXPECTED RESULTS: Substantial decrease of the rate of children separated from their families	EXPECTED RESULTS: Children aged between 0-3 shall be placed in residential institutions only in exceptional cases and for a determined period	EXPECTED RESULTS: Children shall be placed in residential institutions only in exceptional cases and for a determined period	EXPECTED RESULTS: All children whose parents are abroad are provided with temporary guardianship/ curatorship & The incidence of social risks on the children whose parents are migrants is declining	EXPECTED RESULTS: Change of attitude and perception towards violence, neglect and exploitation of children & Substantial reduction of the incidence of risks on children	EXPECTED RESULTS: Substantial increase of the referral rate for the identified violence cases, in order to provide assistance to children victims and to punish the offenders	EXPECTED RESULTS: Increase of women's employment rate and professional activity Reduction of prejudices regarding the role of both parents in raising and educating children and promotion of parental equality	EXPECTED RESULTS: Parents, especially women with children, have a relatively equal access to (re)integration into the labour market
Related child human rights: To live with his or her parents unless it is not in his or her best interests To protection from abuse or neglect To an adequate standard of living If mentally or physically disabled, to special care, education and training To education that develops the child's personality and talents If not with family, to appropriate care, taking into account the child's cultural background				Related child human rights: To protection from abuse or neglect To an adequate standard of living If not with family, to appropriate care, taking into account the child's cultural background To education that develops the child's personality and talents To rehabilitate if a victim of violation of the rights To have a due process of law		Related child human rights: The right to marriage and family The right to work The right to social security (including childcare) The right to food and shelter for all Recognition of the principle that both parents have common responsibilities for the upbringing and development of the child	

Source: * Declaration of Human Rights, abridged for youth. Paraphrased in simple terms from the Convention on the Rights of the Child. Available at: <https://www.6seconds.org/2016/11/11/childrens-rights-simplified/> and Universal.

Budget. The CPS MD 2014-2020 does not provide any cost estimate, but it states that the "implementation is financed from the state budget, budgets of the territorial administrative units, donations, sponsorships or other types of contribution from natural or legal persons from the country and from abroad, in accordance with the law, and other sources of finance in conformity with the legislation in place".⁴⁶

Implementation phases. The implementation of the CPS MD 2014-2020 was organized in three phases with specific areas of priority intervention, as follows:

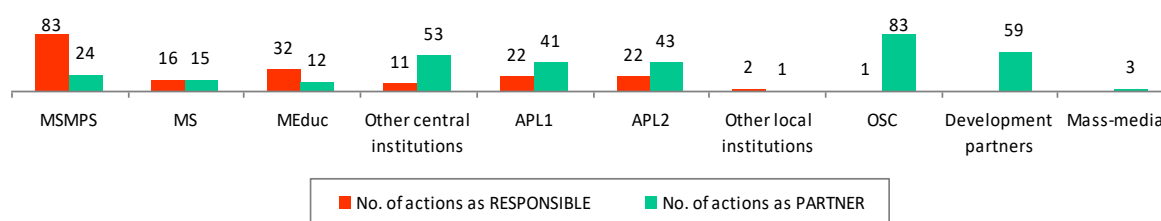
- Implementation phase I was planned to cover the years 2014, 2015 and 2016. The specific areas of intervention assigned to phase I included: continuation of the activities already in progress; carrying out of certain complementary reforms within the protection system;⁴⁷ elaboration of the Action Plan; collecting relevant statistical data, in order to establish the baseline for the determination of the specific progress indicators; and identification of the volume of necessary resources for the achievement of the established indicators.
- Implementation phase II was intended to cover the years 2017, 2018 and 2019, principally focusing on the continuation of the laid out and/or initiated during the first phase, especially in order to ensure the sustainability of policies and the durability of results.
- Implementation phase III is programmed to cover the year 2020, focusing on the analysis of the results and identification of priorities for the elaboration of a new strategic paper.

Accordingly, the present evaluation covers the first two implementation phases.

Implementation mechanism and partners: Analysis of key stakeholders

The Ministry of Health, Labour and Social Protection (MHLSP)⁴⁸ was assigned the role of coordinating implementation process of the Strategy and its Action Plan. To this aim the MHLSP created a working group comprised by representatives of the relevant partner authorities, institutions and organizations. However, the implementation involves not only a large number of actions, but also a large number of partners from various line ministries, from central and local institutions, as well as from CSOs.

Figure 2: Responsible and partner institutions in the implementation of the Action Plan with the corresponding number of actions (number of actions)



Source: Database compiled based on the Action Plan 2016-2020 (N=124 actions) on implementing the CPS MD 2014-2020. The sum of values of the bars for responsible institutions is 189 as some actions have up to five responsible institutions. The sum of values of the bars for partner institutions is 334 as some actions have up to seven partner institutions.

For performing the analysis the key stakeholders, the project team developed a database with all 124 actions included in the Action Plan 2016-2020, in which every action, responsible institution and implementing partner has its own unique identification code. In this way an accurate and systematic analysis was conducted.

⁴⁶ GD no. 434 (2014: 17).

⁴⁷ These refer to (i) the administrative decentralisation and the decentralisation of social assistance services; (ii) the identification of solutions to enhance the effectiveness of social benefits for families with children; (iii) the implementation of reforms in the area of protection of people with disabilities, including children; (iv) the development of the Automated Information System "Social Assistance".

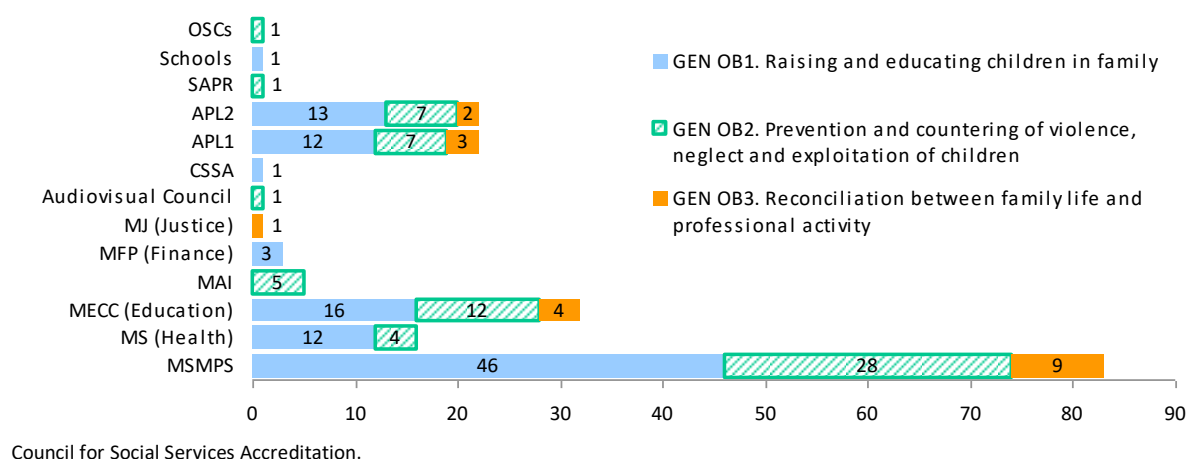
⁴⁸ This was the Ministry of Labour, Family and Social Protection in 2014 when the Strategy was adopted.

The analysis of stakeholders shows that MHLSP and MECR represent the key organizations that are responsible for most actions provided in the Action Plan (Figure 2). In fact, only 20 of the total of 124 actions do not have any central institution among the responsible institutions. Local public authorities (LPA2 and LPA1) are also involved as responsible parties for implementing the actions. Yet, the Action Plan does not make a clear distinction between the responsibilities of the first (LPA1) and the second tier (LPA2) of public administration. The non-governmental sector is designated as responsible organization for only one action,⁴⁹ while development partners are not included in the category of responsible institutions.

The non-governmental organizations and the development partners were planned to be implementation partners for most actions provided in the Action Plan. Mass-media was mentioned as partner for only three actions, although a total of nine actions refer to information, awareness or communication campaigns on various topics.

Figure 3: Distribution of actions by responsible institution and general objectives of the Child Protection Strategy for 2014-2020 in the Republic of Moldova (number of actions)

Source: Database compiled based on the Action Plan 2016-2020 (N=124 actions) on implementing the CPS MD 2014-2020. Note: CSSA =



Considering only the institutions responsible for implementation, only the following institutions can be considered as key from the point of view of contribution towards implementing all three general objectives of the Strategy:

- At the central level: MHLSP (which currently includes MS) and Ministry of Education (which is part of the current MECR)
- At the local level: LPA1 and LPA2

As shown in Figure 3, the other institutions/organisations are involved in implementing only one general objective.

⁴⁹ Responsible for “Institutionalizing the service street children”, together with local public authorities.

3 • Purpose, Objectives and Scope of the Evaluation

The purpose of this evaluation, according to the ToR (Annex 1), is to support the Ministry of Health, Labour and Social Protection (MHLSP) in the evaluation of the mid-term results and early evidence of achievements in implementing the Child Protection Strategy for 2014-2020 and the corresponding Action Plan 2016-2020.

The main objectives of this evaluation are as follows:

- Assess the relevance, efficiency, effectiveness, sustainability and to the extent possible impact of the interventions as outlined in the Strategy and Action Plan;
- Identify and document lessons learned; and
- Provide clear recommendations on further adjustment of the activities and the monitoring and evaluation framework of the Strategy and Action Plan for the remaining period of implementation.

The intended users of the evaluation, in accordance with the ToR and the analysis of key stakeholders presented in the previous section, are as follows:

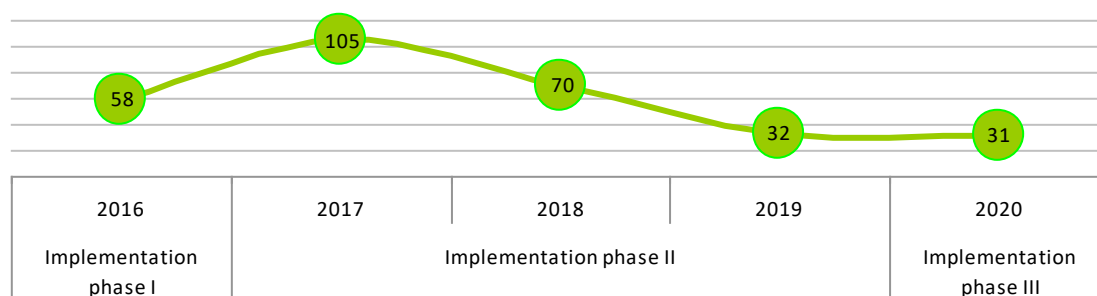
At central level:	<ul style="list-style-type: none">- Public administration institutions: MHLSP (Health and Social Protection Sectors, National Agency for Social Assistance, Social Inspection); MECR; MPF; MIA, GIP; Ombudsman for Children Rights- Development partners (UNICEF Moldova) and- Civil society organisations
At local level:	LPA1, LPA2, residential institutions for children, civil society organisations
Right-holders:	Parents and caregivers and children, including the most vulnerable
Indirect users:	Evaluation networks, human rights bodies and research institutes that can use the lessons and collected data.

The intended use of this formative evaluation consists of providing a set of meaningful lessons learned and recommendations useful for the future child protection policies and programme adjustments and development. In this respect, all relevant stakeholders are expected to benefit from the evaluation conclusions and recommendations.

The scope of the evaluation. This is a mid-term formative evaluation and, as the ToR specify, it covers only the first two implementation phases of the Strategy and Action Plan. As a formative evaluation, this study takes place during implementation of the reform with the aim to improve the likelihood of achieving successful outcomes through better planned interventions and activities.

According to the time frame provided in the Action Plan, about three quarters of all actions should have been completed or in progress at the evaluation time (June 2019).

Figure 4: Actions provisioned in the Action Plan according to their time frame (number of actions)



Source: Database compiled based on the Action Plan 2016-2020 (N=124 actions) on implementing the CPS MD 2014-2020. The sum of values in the graph is 296 as most actions cover more than one year.

This evaluation covers all 124 actions envisioned in the Action Plan, although the consolidated monitoring reports issued by the MHLSP in 2017 and 2018 show that implementation started only for a part of actions. Consequently, actions related to all general and specific objectives of the CPS MD are part of the evaluation scope. In terms of thematic coverage, the evaluation refers to a large variety of actions, including: Legislation, legal provisions; New institutional arrangements and instruments; Closing the residential institutions for children; Automated Information System “Social Assistance”; Training and hiring specialists in various topics; Developing and delivering of various services for child and family; Information, awareness or communication campaigns.

Regarding the geographical scope, the evaluation reflects about the nationwide implementation of the Strategy and Action Plan, but sub-national level is considered as well. The research was conducted at national level and strong participation of key stakeholders from all levels (central and local), public and civil society, parents/ caregivers and children, including the most vulnerable from urban and rural communities, from all rayons of the country,⁵⁰ was ensured during the data collection process.

⁵⁰ Exception makes the rayon Șoldănești, Transnistria and Bender Municipality.

4. Methodology

This assessment is based on defining the systems of child protection as a complex set of structures, functions and capacities (formal and informal) assembled together in order to prevent and respond to violence, abuse, neglect and child exploitation.⁵¹ Correspondingly, the elements set as components of the child protection system include: human resources, funding, laws and policies, governance (including coordination and coherence), monitoring and data collection, together with protection, intervention and care management services (ibid.). The evaluation framework addresses these components.

The theory of change reconstructed by the evaluation team (Annex 2) represented the theoretical basis used to assess the implementation of the Child Protection Strategy 2014-2020 and its Action Plan, to understand why and how results have occurred (or not) and to appraise the contributions of various stakeholders, as well as the role and comparative advantage of UNICEF. Thus, this evaluation study identified: (i) the extent to which the strategy vision and principles as well as each planned objective and action have been achieved or not; (ii) the level of involvement of the central and local public authorities, institutions and other stakeholders, given that the results of the implemented actions is to a large extent dependant on the interaction between key stakeholders, including children, families, and communities; (iii) the risks, obstacles and challenges related to implementation, as well as (iv) early evidence of effectiveness/ impact in improving the situation of children and families targeted by the Strategy.

4.1. Evaluation Criteria and Questions

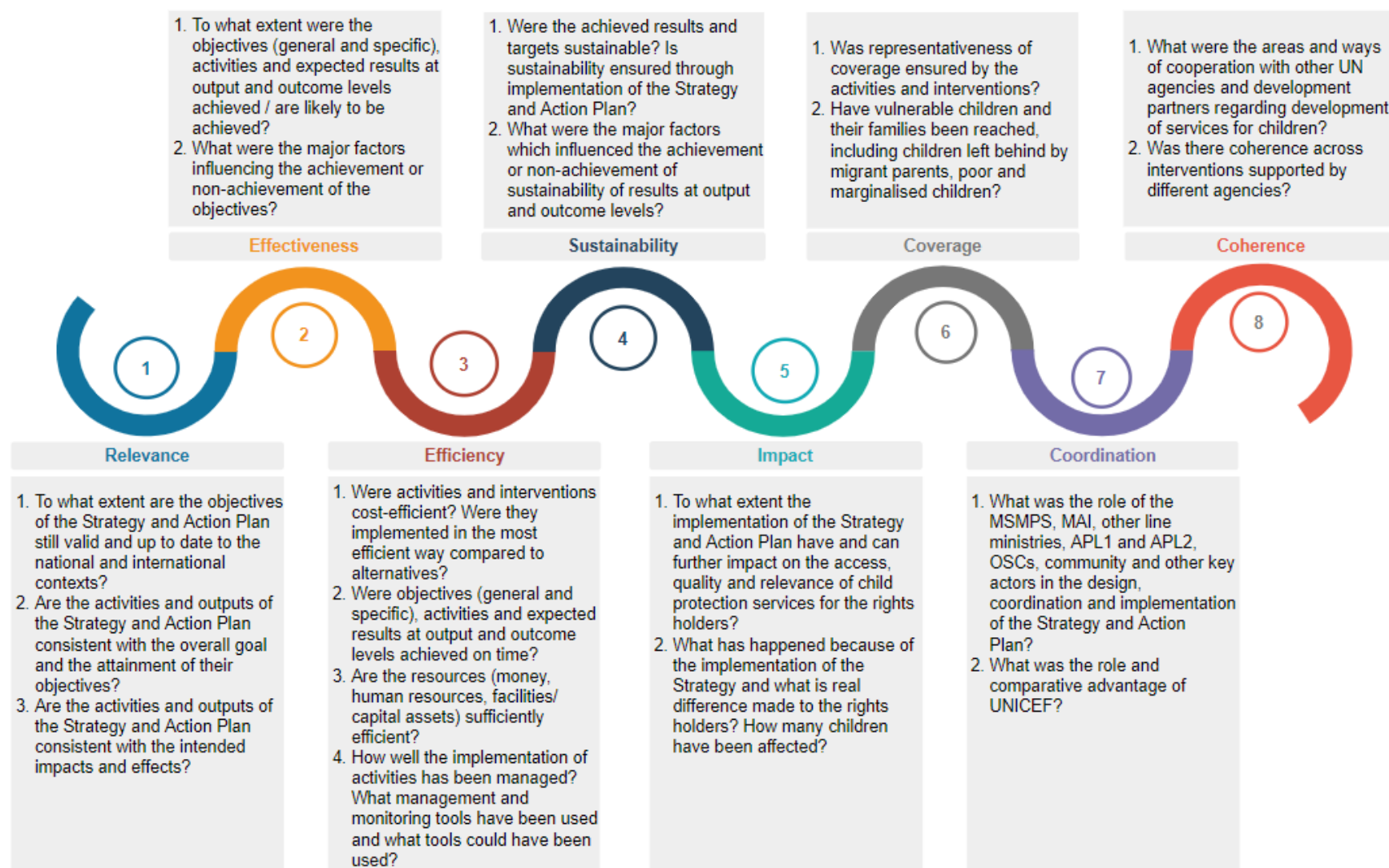
According to the ToR, the evaluation focused on the standard OECD/DAC criteria⁵² regarding relevance, effectiveness, efficiency, sustainability, and impact. Additionally, the ToR required the evaluation to also assess questions regarding coverage, coordination and coherence. The eight evaluation areas with the corresponding 19 evaluation questions have been embedded in the Evaluation Matrix (Annex 4). Figure 5 presents the evaluation criteria and questions.

This set of eight criteria is appropriate for the evaluation purpose and they are sufficient to provide a sound assessment, being all necessary and equally important, in line with internationally recognised best practice and recommended methodologies for an evaluation of such complexity.

⁵¹ UNICEF, UNHCR, Save the Children and World Vision (2013: 1, 4).

⁵² DAC Criteria for Evaluating Development Assistance: <http://www.oecd.org/dac/evaluation/49756382.pdf>.

Figure 5: Evaluation criteria and questions



The issues related to Gender Equality, Human Rights-Based Approach to Programming and Results-Based Management are addressed across the evaluation questions. In this respect, the project was conducted in line with the principles of inclusion, participation, and fair power relations. In accordance with the UNEG (2011), these principles were approached as follows:

- **Inclusion:** The analysis of results identifies the groups which benefit and the groups which contribute to the implementation of the Strategy. Data on rights holders are disaggregated by relevant criteria: socio-economic status, gender, age, urban/rural residence, ethnicity (Roma/non-Roma) as much as possible. Data on stakeholders are differentiated across duty-bearers of various types, based on their contribution to Strategy's implementation.
- **Participation:** This evaluation was conducted in a participatory manner. Data collection included all key stakeholders at central and local level (see Annex 5 and section 4.5). The methodology was adjusted according to the recommendations of various stakeholders consulted during the in-country field missions. Also, the evaluation is based on a mixed methods approach, as outlined in the section on Methodology.
- **Fair Power Relations:** The evaluators already have a substantial experience in conducting research projects including evaluations on various social inclusion topics. Consequently, they are trained to be sensitive to power dynamics. The first field mission conducted by project coordinators has significantly contributed to a good understanding of the evaluation context. The recommendations are drawn based on all the collected data and information, and inform on ways to support the empowerment of disadvantaged groups.

4.2. Evaluation Phases and Management of the Study

In order to answer the evaluation questions, RIQL and CERME performed in accordance with the ToR the following tasks:

- ☐ Assessed the status of implementation of the Strategy and Action Plan
- ☐ Developed the Evaluation Report with concrete recommendations and strategic vision
- ☐ Disseminated key evaluation findings and recommendations.

The evaluation team comprised six researchers with extensive experience in academic research.⁵³ Annex 6 presents the list of members of the evaluation team with corresponding position, working days and key tasks, in line with the technical offer.

The evaluation was organized in three phases:

(i) Inception phase =>	(ii) Data collection and cleaning =>	(iii) Analysis, reporting and dissemination
May 2019	June-September 2019	September-December 2019

Evaluation phases are succinctly presented below, while the evaluation process is fully documented in Volume II: Evaluation Toolkit that is attached to this Evaluation Report.

⁵³ Previous relevant experience of each team member has been presented in the technical offer submitted to UNICEF.

(i) Inception phase. A preliminary desk review was carried out in order to prepare the first mission. In order to assess the status of implementation of the Strategy and Action Plan, the research team started by examining the Plan (including 124 different actions). A database was elaborated by identifying the implementing organizations and the key topics associated with each institution at central and local level. Subsequently, the research team developed methods and instruments for primary data collection and evaluation. The Evaluation Matrix that represents the main evaluation tool (see Annex 4). The data collection methods are presented in Annex 5, while the reasoning for their selection is explained below in the section 4.3 on evaluation design. The research instruments - interview guides, focus group guides and the set of questionnaires for the online surveys - along with the other documents for field research (informed consent/assent for participation) are provided in Volume II: Evaluation Toolkit that is attached to this Evaluation Report. This Phase ended on June 21, 2019 with a revised version of the Inception Report, which was sent to peer reviewing by Universalia and it was found satisfactory.

(ii) Data collection and cleaning. This phase consisted of an in-depth documentary review and field work to collect primary data from key stakeholders, based on the research instruments developed in the Inception Phase. Firstly, the project team advanced the secondary data review by fully making use of the documents, research reports, evaluations, strategic documents, key laws, and administrative data already gathered⁵⁴ and relevant for the period 2014-2019. Secondly, the research team conducted primary data collection during two in-country missions. Thirdly, the evaluation team conducted the qualitative study at local level in six selected rayons, during a third in-country mission. For the six rayons, a total of 240 persons participated in 51 interviews or small group discussions and 20 focus groups. In parallel, three online surveys were implemented with LPA1, LPA2 and CSOs, in the period July 29 – September 9, 2019. The Data Collection and Cleaning Phase lasted between July and September 2019.

(iii) Analysis, reporting and dissemination. The analysis was based on the Evaluation Matrix developed during the Inception Phase. Therefore, it was structured according to the eight evaluation criteria and the evaluation questions showed in Figure 5. Information and facts collected during the first two phases were analysed and integrated in first and second draft of the Evaluation Report, based on the contents suggested in the ToR. The Evaluation Report was peer reviewed by Universalia and it was validated within three workshops that were held in November 18-19, 2019 in Cahul (South region), Anenii Noi (Center region) and Râșcani (North region) with representatives of local authorities of level I and II.⁵⁵ In December 9, 2019, a final workshop was organised in Chișinău with the participation of MHLSP, relevant line ministries, and CSOs, for disseminating the key evaluation findings and recommendations and for collecting feedback of the key stakeholders from the central level.

This Final Evaluation Report was completed by incorporating stakeholders' and end-users' comments on the draft findings, conclusions and lessons. This report will be also submitted to the Global Evaluation Reports Oversight System (GEROS) for final quality assessment with feedback provided to the UNICEF Moldova office on the quality of evaluation.

In terms of quality assurance mechanism, the UNICEF Monitoring and Evaluation/ Child Rights Monitoring Specialist together with the Child Protection Specialist have been accountable for reviewing and approving the evaluation methodology, as well as the intermediary and final evaluation results. Furthermore, all activities and deliverables undertaken by the consortium were discussed and planned in consultation with UNICEF and MHLSP. Quality assurance procedures have been applied as a standard rule in the work conducted by the members of the consortium. These have varied from drafting unbiased research instruments, ensuring an accurate sampling frame for the quantitative research, using in an appropriate manner the data and information,⁵⁶ complying with all ethical considerations in data collection and processing, as well as drafting research reports that fulfil highest academic standards.

⁵⁴ Mainly from UNICEF CO, MHLSP, MIA, MEduc, NBS, and CSOs.

⁵⁵ Representatives from Taraclia participated in the Anenii Noi workshop, while those from Glodeni and Criuleni took part in Râșcani workshop.

⁵⁶ Sources are clearly identified and distinction made between official statements / reports and the comments / reflections by team experts (supported by proper empirical evidence).

4.3. Evaluation Design

The object of evaluation - CPS MD 2014-2020 concerns a broad range of interventions in order to address a wide and heterogeneous range of risks and vulnerabilities facing children in Moldova, implemented by many different partners, at central and local levels, and through various partnership arrangements. Accordingly, the evaluation design combines various data sources, data collection methods and data analysis methods that are suitable for the evaluation purpose, objectives and scope, as shown in the next sections.

A counterfactual was not integrated in the evaluation design given that is not methodologically appropriate for the nature and object of the evaluation. Concomitantly, the contribution of each type of institution to the change in child rights fulfilment was very difficult to assess, as this was usually the joint result of the work of various partners (central and local, public and non-governmental) done under diverse national and local policies and programs/projects.

4.3.1. Evaluation matrix

The Evaluation Matrix (Annex 4) assigns specific methods and data sources to each evaluation question, selected in order: (i) to be relevant for the assessment of relevance, effectiveness, efficiency, impact, sustainability, plus coverage, coordination, and coherence; (ii) to provide accurate information and mitigate the information gaps and limitations (see section 4.6); (iii) to ensure impartiality and lack of biases by reflecting a diversity of perspectives of key stakeholders, including the vulnerable beneficiaries; and (iv) to document innovative approaches of national efforts, as well as the barriers and bottlenecks impeding on the success of child protection reform implementation.

The methodology includes primary and secondary data collection and analysis. The methods used for collection and analysis of primary data are provided in Volume II: Evaluation Toolkit. Secondary data involved the examination of administrative statistics, relevant studies and reports considerations of the international treaties relevant for Republic of Moldova, as well as the good practices at international and regional levels.

The evaluation follows the UNEG Norms and Standards as well as the UNEG Ethical Guidelines for Evaluation. The Evaluation Matrix integrates the Human Rights and Gender Equality issues, in accord with the UNEG recommendations. The ethical aspects are detailed in section 4.4.

4.3.2. Data collection methods and instruments

The evaluation applied a mixed-method approach,⁵⁷ including: stakeholders' mapping; mapping of the actions included in the Action Plan 2016-2020; mapping of situation and contextual analyses; in-depth documentary review; structured desk analysis of policy documents and legislative frameworks; quantitative, qualitative and participatory methods. Thus, the evaluation is based on a mix of methodology that ensures a degree of validity and effective means of triangulation of information, in line with UNEG Norms and Standards for Evaluation.

The below data collection methods were selected in order to increase the breath of perspectives, to ensure sufficient data of high quality (in addition to the secondary data), with national coverage, and within the resources available for the evaluation. The way in which stakeholders participated in the research is presented in section 4.5.

Primary data used in this evaluation were collected through the following methods:

- | | |
|---------------------|--|
| Qualitative methods | <ul style="list-style-type: none">• Unstructured and structured interviews with relevant institutional representatives of central and local public administration• Structured interviews with representatives of relevant civil society organisations |
|---------------------|--|

⁵⁷ Stern et al. (2012).

- Structured interviews and focus-group discussions with relevant professionals working at the local level, in community or in residential institutions for children, in six selected rayons
 - In-depth interviews and focus-group discussions with rights holders (children, adolescents, parents/caregivers), in community or in residential institutions for children, in six selected rayons
 - Visits in residential institutions for children and to families with children in vulnerable situation
 - Round tables/workshops with relevant ministries and active civil society organisations participating in the Working Group for Child Protection
- Quantitative methods
- Online surveys of professionals with responsibilities in Strategy implementation at LPA2 (rayon) and LPA1 (community) levels, across the country
 - Online survey of representatives of civil society organisations active in the field of child protection

To sum up, this evaluation is based on information from all relevant ministries, UNICEF Moldova, active non-governmental organizations,⁵⁸ a national representative sample of local public administration institutions (urban and rural), as well as parents/ caregivers and children (among the most vulnerable) from six rayons in the country.

Details about the data collection methods together with the research instruments are included in Volume II: Evaluation Toolkit. All instruments respond to all evaluation questions structured on the basis of OECD/DAC evaluation criteria. Simultaneously, by analyzing the Action Plan, the research team identified the key stakeholders responsible for implementing each action and accordingly customized each research instrument for the corresponding institution/ group. Therefore, the evaluation instruments cover all actions specified in the Action Plan, all key stakeholders, and all evaluation questions.

Prior to collecting data, the project team prepared detailed informed consent/assent for the various types of stakeholders consulted in the research (see Volume II: Evaluation Toolkit).

The research reference period used in all instruments was June 2019.

Qualitative methods. The field work took place in six rayons, including urban and rural communities, which were selected primarily on the criteria of diversity. The primary data obtained through qualitative research techniques registered information at micro (individual – parent/caregiver/adolescent, household), meso (municipality and residential institutions), and rayon levels. Overall, 75 interviews or small group discussions and 20 focus groups were organized with a total of 278 participants, out of which 22 children or adolescents in vulnerable situations and 55 parents or foster parents. Thus, the qualitative methods covered the rights holders to provide reliable data on people's perceptions, opinions, and beliefs, while providing insight into the potential risks and obstacles. Also, the methodology ensured a proper coverage of the respondents (duty bearers and rights holders) in terms of gender, age, urban/rural areas, vulnerability and types of services for children.

Quantitative methods. Two online surveys were implemented in the period of July 29 – September 9, 2019 with professionals from TSSA (LPA2) and community social workers (LPA1) that have responsibilities in Strategy implementation at local level. These surveys had a national⁵⁹ coverage and were implemented with the support of the MHLSP focal point.

The ToR specifies that "the design of the study will not require representativeness in order to be valid, and no extrapolation of the results is expected". Nevertheless, the high response rates indicate that these surveys ensure statistically representative data not only at the national and urban/rural level, but also for a large number of rayons. The total response rates are: 89% for TSSA (LPA2) and 75% for LPA1, with some differences between rayons and between urban and rural.

⁵⁸ Selected based on the desk-research, in particular Ciocan (2018).

⁵⁹ It included all rayons with the exception of Transnistria and Bender Municipality.

A third online survey on CSOs active in the field of child protection was implemented during the same period, with the support of The Alliance of Active NGOs in the field of Child and Family Social Protection (APSCF). Overall, 720 professionals (from LPA2 and LPA1 levels), representatives of municipalities (LPA1) and of CSOs completed questionnaires in the three online surveys.

In September 2019, data entry and cleaning of all survey data was done, which allowed an accurate assessment on the Strategy implementation following the evaluation criteria/ questions.

4.3.3. Methods of data analysis

The evaluation was designed to assess the CPS MD 2014-2020 and the Action Plan based on the OECD/DAC Evaluation Criteria, namely relevance, effectiveness, efficiency, sustainability, impact, plus coverage, coordination, and coherence. To this aim, the Evaluation Matrix grouped the 19 evaluation questions around the eight evaluation criteria and specified indicators, sources of information and data collection methods for each criterion, the forms of triangulation between them being made clear. Correspondingly, the evaluation instruments were customized for each key stakeholder by covering all corresponding actions mentioned in the Action Plan, as well as the relevant evaluation questions.

Within this analytical framework, the analysis: (a) assessed the status of implementation of the Strategy and Action Plan; (b) identified potential risks and obstacles to ensure the fulfilment of human/child rights in the areas in which the Strategy is implemented; (c) identified and examined barriers and bottlenecks to the successful implementation of child protection reform; (d) reflected the opinions and perceptions of all key stakeholders; and (e) documented innovative approaches of national efforts, in order to inform further interventions in child protection area to be in line with the key new strategic planning documents of the country.

Triangulation of data was intensely used in order to ensure data accuracy and robustness of findings. The evaluation mainstreamed gender and human rights considerations throughout the entire process. Particularly to the data analysis, a special focus was paid to disaggregation of data by gender, ethnicity, age and income, whenever relevant.

The analysis was elaborated according to the notes taken from interviews / focus groups and on the data collected through online surveys that were organized in three databases (SPSS format). Whenever relevant, we drawn on official statistics as well as on additional data mainly from the MHLSP (collected through the forms CER 103 and CER 103 A).

4.4. Ethical Considerations

Impartiality and lack of bias were assured by the evaluation methodology which relied on a cross-section of information sources and used a mixed methodological approach (quantitative, qualitative and participatory) to ensure triangulation of information through a variety of means. Also, it involved all types of stakeholders/ beneficiaries from all levels. Generally, the evaluation methodology was designed around the UNEG and UNICEF norms and standards.⁶⁰

During data collection, attention was paid to ensuring the ethical character of the evaluation process, as the participants could openly express their opinions, protecting the confidentiality of their answers. Overall, the UNEG Code of Conduct was strictly respected, notably independence of judgement, impartiality, accountability, confidentiality, avoidance of risks, harm to and burdens on those participating in the evaluation, accuracy, completeness and reliability of report, transparency. The research team has extensive experience in data collection, all researchers being trained to observe the rules of integrity, honesty and respect for dignity and diversity, fair representation, and compliance with codes for vulnerable groups, irrespective of differences in culture, religion, gender, disability, age and ethnicity.

⁶⁰ UNEG (2008) and UNICEF (2015a).

No personal data about the interviewees have been disclosed. The recruitment process followed a standard voluntary procedure. Before starting an interview, small group discussion or focus group, stakeholders were informed about the context and themes of the discussion, as well as about the purpose of the discussion and the way their opinion was going to be processed, ensuring the confidentiality. The respondents were asked to sign an informed consent/assent form after being informed about the research and their voluntary participation in the study. The informed consent/ assent forms are differentiated by research instruments and type of respondents (see Volume II: Evaluation Toolkit).

Selection of parents/caregivers (final beneficiaries) for the focus groups was done in cooperation with local authorities, especially community social workers. The participation of children and adolescents (final beneficiaries and rights-holders) in the evaluation was also ensured through local authorities and based on prior consent of parents. They were also asked to confirm their consent. Parents and children were approached in a culturally-sensitive manner, based on UN Ethical Guidelines. Participants in focus groups were informed that they can withdraw anytime during the discussions, without any obligation to explain the reasons. Privacy and security of participants were considered in selecting the locations where meetings were organized.

Ethical review of both Inception report and Final Evaluation report was conducted by the National Committee of Ethical Expertise of Clinical Research. Evaluation methodology, data collection tools and content of the report were cleared by the independent experts. UNICEF Ethical Research Involving Children guidelines were used in developing consent templates.

4.5. Stakeholders' participation in evaluation

The evaluation was done in a participative manner, with close involvement of the MHLSP, MECR as primary duty bearers, Ombudsperson for Children's Rights, representatives of the National Council for Child Rights Protection, as well as, at the rayon level, members of gatekeeping commissions (CPCDS), representatives of TSSA, representatives of development partners (including UNICEF), civil society and professionals across social sectors as secondary duty bearers, and rights holders (children and adolescents, parents/ caregivers). In total, about 1,000 people were involved during the evaluation, out of which 720 in surveys and 945 from the local level. The key implementing agency of the Strategy and its associated Plan of Actions is represented by MHLSP.

Two meetings were organised during the evaluation with the Working Group for Child Rights Protection, including representatives of ministries and of civil society organizations under MHLSP coordination. The first meeting took place in the Inception phase (May 2019) and focused on the evaluation design and methodology. The second was held in the Reporting and dissemination phase (December 2019) and aimed at the dissemination of findings, lessons and recommendations. All activities and deliverables undertaken within the project were discussed and planned in consultation with UNICEF and MHLSP. Comments and suggestions received during the process were reflected in this document.

According to the evaluation design, the stakeholders participated by data collection, consultations, and providing comments on draft documents during the whole process (see Annex 5). Thus, the involvement of the stakeholders was essential for data collection, for validating findings and conclusions, as well as for verifying the feasibility of recommendations. Furthermore, some of them will be responsible for the recommendations follow-up. So, the participative approach has served, on the one side, by informing the evaluation, and on the other side, by assuring capacity development and empowerment objectives of the evaluation.

4.6. Evaluation Limitations

The main limitations have been identified in the ToR. The first limitation refers to the limited data availability to track the progress and assess the situation of the most disadvantaged boys and girls, though there are activities in the Action Plan dedicated to this type of statistical data collection.

Correspondingly, the research team consolidated data from various sources given extended desk research, and, to the extent possible, collected new disaggregated data. Furthermore, the evaluation put a strong emphasis on triangulation for increasing data reliability.

Secondly, the Strategy and Action Plan lack a specific monitoring and reporting mechanism to track the progress. There is no coordination body to monitor the implementation of the reforms, considering inter-sectoral activities and envisaged collaboration across different stakeholders. To mitigate this shortcoming, the project team collected all available data needed to evaluate the current stage of implementation and elaborated recommendations aimed at institutionalizing a monitoring and evaluation mechanism for the future.

Thirdly, a theory of change was not developed during the planning stage of the Strategy or Action Plan. In this regard, the evaluation team developed and tested a reconstructed theory of change (Annex 2) to serve as framework for evaluation.

Fourthly, the impact measurement is limited at system level. The changes in life of children will not be a subject of this evaluation as baseline data is not specified in the Strategy; therefore a comparison with current situation is impossible. As a solution, the research team organized focus groups with children, adolescents and with parents/caregivers that benefitted from selected interventions. As discussed in a previous section, the implementation started only for a part of actions, and most of these refer to legal provisioning or training of professionals. Consequently, at present, only early evidence of impact may be scarcely observed.

Fifthly, the accuracy of available information might be a limitation. For example, the entire methodology is built on the presumption that the Action Plan includes all relevant stakeholders for Strategy implementation. In this respect, the research instruments include a series of control keys for verifying aspects, such as the distribution of implementation responsibilities. Similarly, the evaluation team placed emphasis on the triangulation, especially recognising the limitations of the interview or questionnaire data from some sources.

Finally, it is worthwhile to mention the project calendar suffered some delays as against the initial planning due to force majeure reasons - political instability and protest movements which subsequently created an effective period of hiatus in government. As response, the evaluation team was flexible and carried out in-country missions during appropriate periods agreed with UNICEF and MHLSP.

5. Evaluation Findings

"Sorry if we upset you with our realities" (Citation from a questionnaire)

Implementation of the Child Protection Strategy (CPS MD) and its Action Plan in the period 2014-2019 was heavily influenced by the specific contextual features as showed in the recent Evaluation of the Government of Moldova – UNICEF 2013-2017 Country Programme of Cooperation.⁶¹ The protracted political crisis, including the political instability and protest movements in 2019, created a period of hiatus in the government. Sudden change in policies or institutional restructuring that took place without warning required the international actors, including UNICEF, and their national partners to adapt their planned interventions and objectives with some loss of efficiency. The limited possibilities for financing social sector reforms slowed down their implementation including that of the CPS MD, which directly affected the vulnerable children and families. The frozen conflict in the Transnistria region led to restricted scope for the implementation of specific interventions in social sector.

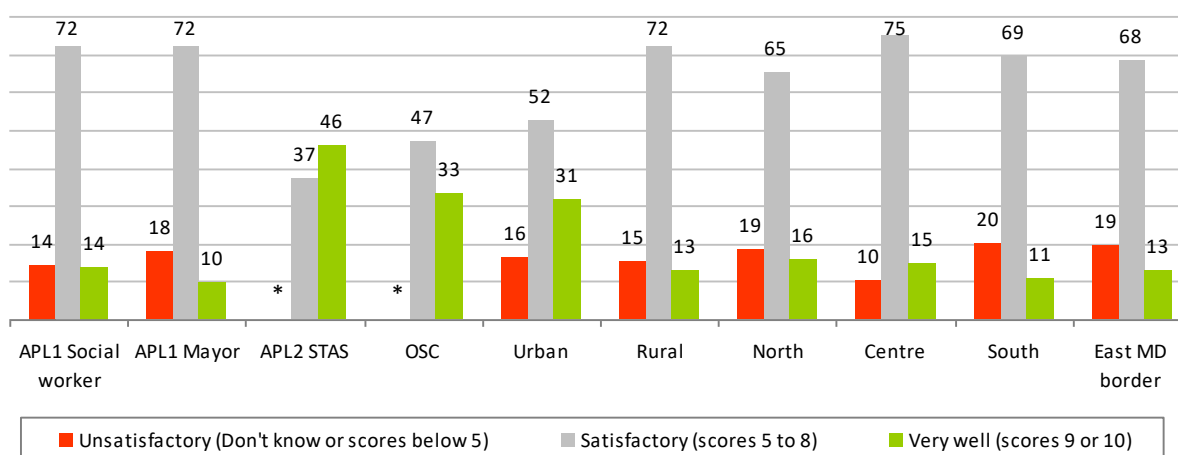
Knowledge of the Key Stakeholders about the Strategy and Action Plan – the Unplanned (Positive) Effect of the Evaluation

An important part of the data used in this evaluation was collected from ministries, central institutions and CSOs, that mostly have been members of the Working Group for Child Protection. They took part in the CPS MD and Action Plan formulation, being active in its implementation and/or monitoring. Hence, the stakeholders have a good knowledge of the object of evaluation.

Another considerable part of information was collected from relevant actors working at the local level across the country: (i) at rayon level (LPA2), the Territorial Structures of Social Assistance (TSSA), the gatekeeping commissions (CPCDS) and Service of Psycho Pedagogical Assistance (SPPA); (ii) at LPA1 level, the community social workers who are supposed to implement the interventions or small CSOs. For these actors the CPS MD 2014-2020 and its associated Action Plan is not necessarily a working instrument in their daily activity. For example, the representatives of SPPA made clear during the qualitative research that: "we have our own Strategies, Inclusive Education Development Program and the Strategy for social inclusion of people with disabilities, this is how we work, we don't use the Strategy for Child Protection". Fortunately, these strategic documents are aligned with CPS MD to a great extent. Adding on, the CPCDS representatives tended to underline that they strictly follow the legislation, but with limited knowledge of the CPS MD; few of them even said: "it's now the first time that I read it, let me see what it's all about".

Figure 6: Self-assessed knowledge about the Child Protection Strategy 2014-2014 of the professionals implementing it at local level, by various characteristics (% of group)

⁶¹ Gheorghe (2017: 42).



Source: Online surveys, August-September 2019 (N=720). Notes: LPA1 Mayor = mayor, deputy mayor or local secretary. CSO = All civil society organizations consulted during evaluation. * Less than 5 cases. The differences shown in the graph are statistically significant at $p=.05$. Similar results were obtained regarding self-assessed knowledge about the Action Plan 2016-2020.

The qualitative research at local level indicated a limited knowledge about the Strategy's general and specific objectives, as well as of the Action Plan. Nevertheless, on a scale from 1 to 10, the stakeholders self-assessed their knowledge both about the CPS MD and the Action Plan with a satisfactory average score of 7.⁶²

However, Figure 6 shows that there are significant differences between local stakeholders. Specialists of TSSA and those from CSOs self-assessed their knowledge significantly better than community representatives (LPA1), with percentages of very well scores (9 or 10) of 46% and 33% respectively, as compared with 13%. As an observation, small CSOs working in the territory tend to self-assess the level of their knowledge more modest than the large key CSOs. At the LPA1 level, the mayors declared significant lower levels of knowledge about Strategy (and Action Plan), with 18% of them not being able to answer or giving a score under 5.

Significant differences were also recorded between urban and rural professionals responsible with the CPS MD implementation, in favour of those working in towns and cities. Regional differences were also significant, with a statistical over-representation of those with unsatisfactory self-assessments in the South region and in the rayons found next to the Moldovan Eastern border. The self-assessed scores varied also significantly among rayons from a minimum of 5.9 (average score for Edineț rayon) to a maximum of 8.1 (average score for Anenii Noi rayon).⁶³

In conclusion, the opinions of local stakeholders considered within the general assessment of Strategy relevance, effectiveness, efficiency, sustainability and impact should be understood in the context of their general knowledge about the evaluation object. Nonetheless, the local stakeholders have actually implemented the Strategy and Action Plan across the country and they provided relevant and reliable factual data about the status of the interventions under CPS MD in their communities, both during the qualitative study and through the surveys.

The broad consultation process organized for the purpose of this evaluation has had positive unplanned effects. Parents participating in the group-discussions exchanged information on potential services for their children. Communication and exchange of data and opinions between various professionals active at local level was intensified. Moreover, it promoted the Strategy and its Action Plan among local stakeholders, especially when face-to-face interviews/ group discussions were conducted. It stimulated critical thinking over its general and specific objectives, implementation and lessons learned. It contributed to working out policy recommendations that echo the voices of various stakeholders and rights-holders.

⁶² Standard deviation is 1.7 for the CPS MD and 1.8 for the Action Plan.

⁶³ According to a One-Way variance analysis significant at $p=.000$

5.1. Relevance



1. To what extent are the objectives of the Strategy and Action Plan still valid and up to date to the national and international contexts?
2. Are the activities and outputs of the Strategy and Action Plan consistent with the overall goal and the attainment of their objectives?
3. Are the activities and outputs of the Strategy and Action Plan consistent with the intended impacts and effects?

EQ1.1. Relevance for national and international contexts

The preserved relevance of the Child Protection Strategy for 2014-2020 and Action Plan over time is confirmed by the alignment to key policy documents developed during the period of their implementation. The evaluation team carried out a structured review of the main policy documents relating to the general objectives set in the CPS MD 2014-2020, as the child protection interventions do not operate in a vacuum but are embedded in broader development strategies of the country. The analysis considered the following documents:

- (1) *National Development Strategy „Moldova 2030”*, approved by GD 1083/2018, aligned with the UN 2030 Agenda for Sustainable Development
- (2) *Education Development Strategy for the years of 2014-2020 „Education 2020”*, approved by GD no. 944/ 2014
- (3) *Programme for developing inclusive education in the years of 2011-2020*, approved by GD no. 523/ 2011. In parallel with this evaluation, UNICEF Moldova commissioned another evaluation project for this Programme, including the implementation of the standards for a child friendly school.⁶⁴
- (4) *Inter-sectoral strategy for developing abilities and parental competences for the year of 2016-2022*, approved by GD 1106/2016.
- (5) *Plan of actions for supporting Roma population for the years of 2016-2020*, approved by GD no. 934/2016.
- (6) *Strategy for ensuring equality between men and women in the Republic of Moldova for the years of 2017-2021 and its Action Plan*, approved by GD no. 259/ 2017
- (7) *National Strategy for prevention and fight against violence towards women and violence in the family for the years of 2018-2023 and its Action Plan for the years of 2018-2020 on its implementation*, approved by GD no. 281/ 2018.
- (8) *Plan of actions on promoting Internet safety for children and adolescents for the years of 2017-2020*, approved by GD no. 212/2017.

The review of these programming documents (see Annex 3) showed a close alignment to the CPS MD 2014-2020 and Action Plan, at the level of objectives and expected results.

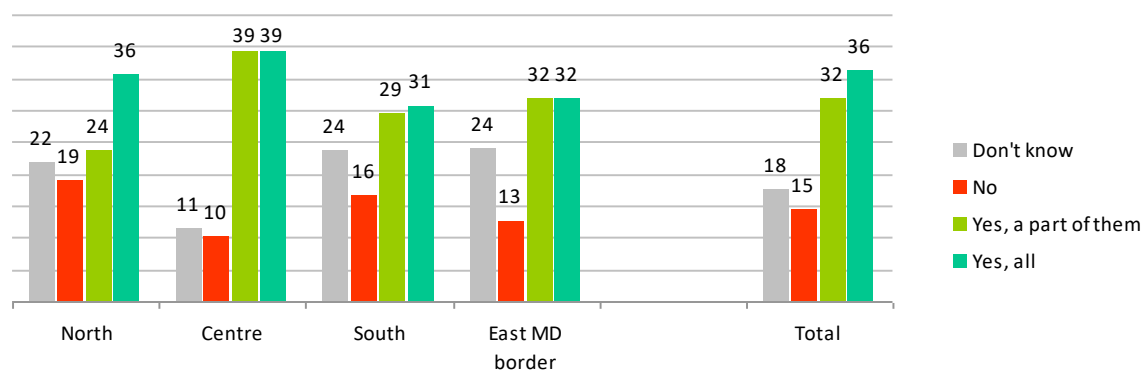
From the stakeholders' point of view,⁶⁵ the CPS MD 2014-2020 and its Action Plan are considered relevant for the current national and international contexts. This opinion is shared by most of the central and local stakeholders consulted during this mid-term evaluation study. More than two thirds of

⁶⁴ Quality standards for primary and general secondary school from the perspective of child friendly school, approved by Ministerial Order no.970/ 2013.

⁶⁵ The entire section on Relevance presents findings from the quantitative and qualitative research.

participants evaluated as relevant the current Strategy's objectives, all or a part of them (Figure 7). The core themes of the Strategy: prevention of child separation, deinstitutionalization, children left behind by migrant parents, inclusive education, preventing and fighting against violence, neglect and exploitation of children, promotion of non-violent practices in raising children, development of accessible public child care and education services for children of pre-school age, and promotion of parental equality are generally considered as being still valid for the present national and international contexts.

Figure 7: In the current context (2019), are the Strategy objectives still relevant? (%)



Source: Online surveys, August-September 2019 (N=720 representatives of TSSA, LPA1, and CSOs). The differences shown in the graph are statistically significant at $p=.000$.

However, the opinions are diverse reflecting different local conditions and interests. Thus, about a third of participants could not evaluate relevance or considered that the objectives lost their relevance in the context of the year 2019 (Figure 7). Among them, significantly higher percentages held representatives of municipalities (mayors or local secretaries), stakeholders with an unsatisfactory knowledge about CPS MD, as well as LPA1 representatives from rayons (i) with a relatively low number of children from vulnerable groups, (ii) a low coverage with social services of the children from vulnerable groups (according TSSA), and also (iii) with low fiscal capacity.⁶⁶ These communities were over-represented in rayons without a local Strategic Plan or a Social Services Strategy aligned with the CPS MD (at the research time, 19 out of the 35 participating rayons had such a strategic document). Therefore, in their perception, the community priorities were other than children and families from vulnerable groups. Noticeable, among the few communities in the country that hired a child protection specialist there were such communities and the presence of this specialist has not yet yielded an effect in attitude change. In the same time, this kind of communities was more frequent in the North and South regions (as compared with Centre), as well as within the rayons situated at the Eastern border of the country.

At the other extreme, 36% of participants considered that all CPS MD objectives have remained relevant. Considerable higher incidence of this opinion was observed among the stakeholders with a very good knowledge about CPS MD (according their self-assessment), especially professionals from TSSA (46%) or CSOs (47%), and from rayons that developed various social services between 2015 and 2017 succeeding to diminish the number of children in institutions to levels relatively low (at most 10 children per rayon) as compared with the other rayons.

Stakeholders who declared that only a part of the CPS MD objectives have been still relevant in 2019, represented the voice of a different category of communities. These were significantly over-represented in rayons without a local Strategic Plan or a Social Services Strategy aligned with the CPS MD, and that also did not developed social services during the period 2015-2017. Nonetheless, in the same period, the number of children from vulnerable groups identified in these rayons was relatively high, while the number of children in institutions was also high (over 25) and increasing. Therefore, the proportion of these communities was significantly higher among rayons with a limited interest (and investments) in

⁶⁶ Details about predictors are available in section 4.3.3.

deinstitutionalization and developing social services for children in vulnerable situations and their families.

Beyond this statistical profile, there have been also many professionals with different views, from all rayons, that suggested that some of the CPS MD objectives should be rephrased/ reconsidered in the current national and international context. Most often, they referred to changes at the level of specific objectives or even actions/measures and not to the three general objectives of the Strategy. Exception makes the General Objective 3 of the Strategy - Reconciliation between family life and professional activity to ensure a harmonious raising and development of children, which is also covered within the Strategy for ensuring equality between men and women in the Republic of Moldova for the years of 2017-2021.⁶⁷ The changes most frequently mentioned referred to:

- Put more emphasize on the development of prevention and early intervention services in communities, particularly by allocating optimal budgets for all existing services with impact in keeping children in their families.
- Boost deinstitutionalisation of children by changing the financial allocations from institutions to social support service (or other community services) for reintegrating children in their families. Highly appreciated by professionals was a model developed and piloted by Keystone for people with disabilities.
- Rephrase the Specific Objective 1.2⁶⁸ so that to completely ban the institutionalization of children under 3 years, including those with disabilities.
- Change the action 3 under Specific Objective 3.1⁶⁹ so that to develop a national social housing program (or financial support for paying a rent) for youth that leave the social protection system and orphans (and not for families with children at risk). Other stakeholders mentioned the same modification, but in relation with the action 7 under Specific Objective 1.3.⁷⁰
- Develop inclusive education for upper secondary cycle, especially in mainstream vocational education.
- Strengthen the integration between rayon and community levels by placing the child protection specialists hired (or to be hired) within communities under TSSA instead of under municipalities.
- Strengthen the integration between mobile teams under TSSA and SPPA in order to ensure a better coverage of the children in need.
- Increase the focus on continuous training for professionals (and corresponding budgets), particularly of the community social workers expected to implement the reforms.
- Increase the focus on monitoring and evaluation of the implementation process, if possible, by using more participatory methods.
- Add a specific objective and corresponding actions aiming to strengthen the central government level capacity, especially of MHLSP, for programming for policy results, including estimating and ensuring realistic inputs, as well as coordination of interventions at national level.

Child rights are embedded in the formulation of outcomes and outputs, while the strategic framework reflects recommendations of international human rights organizations such as the UN Convention on the Rights of the Child and UN Guidelines on the Alternative Care of Children. The policy framework envisages actions directed towards vulnerable children and their families, including children left behind by migrant parents, poor and marginalised children.

Child rights are, nevertheless, less reflected in the disaggregation level of result indicators. The current Action Plan includes disaggregation by age of indicators for children placed in residential institutions (children aged 0-3) - Specific Objective 1.2; children aged 1-3 years old placed in subsidized child care

⁶⁷ Approved by GD no. 259/ 2017.

⁶⁸ Specific Objective 1.2: Stopping the gradual institutionalization of children aged 0 - 3 years.

⁶⁹ Specific Objective 3.1: Resizing the social significance of motherhood and fatherhood and the role of both parents in raising children.

⁷⁰ Specific Objective 1.3: Continuous decrease on the number of children placed in residential care.

services - Specific Objective 3.2; and area of residence for children aged 3-6 years from rural areas enrolled in kindergarten services - Specific Objective 3.2. Yet, monitoring of results would greatly benefit from disaggregation of many indicators by poverty level (or wealth quintiles), disability, gender, ethnicity, and others.

From the gender perspective, the Action Plan promotes parental equality in child upbringing, campaigns countering the prejudices concerning the roles of women and men within family and society, flexible working schedules for both parents, development of parental education, counters domestic violence, supports development of foster care for vulnerable children, including teenager mothers or pregnant teenager, and addresses several bottlenecks which undermine the fulfilment of children's rights.

EQ.1.2. Consistency of activities and outputs with the overall goal and the attainment of objectives

The CPS MD Action Plan has been elaborated in 2015, at times of serious challenges regarding economic situation and high political instability, with two governments of a short duration as well as a transitional government in the course of a single year.⁷¹ These conditions hampered implementation of a results-based-management approach when planning for policy results.

Most interventions implemented within the framework of the CPS MD have primarily targeted the system changes and acted at national level.

Most of the activities and outputs of the CPS MD Action Plan are consistent with the overall goal and attainment of objectives. The Action Plan, adopted two years after the Strategy has been approved, is drafted in general as a subsequent set of actions formed by: (i) changes in legal provisions; (ii) setting up new institutional arrangements and instruments/ development of various services; (iii) training sessions and (iv) information/ awareness campaigns.

Only a small share of the actions envisages monitoring and evaluation (M&E) activities (see Table 1). As already specified in the ToR, there is no established monitoring and reporting mechanism to track the progress and no coordination body to monitor the implementation of the reforms, considering inter-sectoral activities and envisaged collaboration across different stakeholders. A theory of change was not developed during the Strategy planning stage and had to be reconstructed during the evaluation process (see Annex 2), in order to explain how the undertaken activities contributed to a chain of results that led to the intended impacts.

Neither the CPS MD, nor the Action Plan have attached a clear financial envelope. In fact, in the column of costs in the Action Plan is uniformly completed with: "according to the allocations annually foreseen in the national public budget". Ensuring adequate funding in the Annual (Multiannual) State Budget Laws for the central, second and first tier levels of public administration should be part of the programming process. This process was hindered by the limited possibilities for financing social sector reforms caused by a substantial deficit in Moldova's public finances,⁷² but also by the lack of mechanisms for accurate and timely needs assessment in order to inform on drafting the needed financial resources.

The absence of the abovementioned essential components of the strategic programming framework led to negative impacts on: (i) adequate assessment of attainment of objectives; and (ii) continuous adjustment of activities needed for attainment of objectives.

Both the CPS MD and the Action Plan were elaborated based on a broad consultation process. Consequently, these documents have been well aligned both with the national strategic framework and with the country programme cooperation with most relevant donors and large CSOs active in the field of child protection. Nonetheless, local representatives both from LPA2 and LPA1 levels (and both professionals and municipalities) that have been expected to implement the interventions in

⁷¹ UNICEF (2015).

⁷² For example, World Bank (2016), Gheorghe (2017).

communities were rather marginally involved. This has negatively affected both the general knowledge about the CPS MD among the local stakeholders, as well as achievement of intended impacts and effects.

Correspondingly, many stakeholders underlined the weak link between the objectives/ actions of the CPS MD and its Action Plan, including the bulk of daily activities carried out in the social assistance local offices. As an LPA2 professional expressed it: "We are doing a lot of things here, but if you come and ask like this, from the Strategy, looks like we are doing nothing ... But we do all we can and we cover most of these actions, it is just a matter of translation of our work directly in the field into this 'desk' language." Furthermore, the interviewed Russian-speakers stakeholders emphasized their limited access due to lack or insufficient availability of translation in Russian (or other minority languages) of the documents, materials, workshops, trainings and so on.

The weak consultations with the territorial structures from rayon and community levels led also to the formulation of some "irrelevant" objectives from the local stakeholders' point of view. A good example is action 3 under Specific Objective 3.1 regarding implementation of a national social housing program for families with children at risk. Especially in rural communities, but also in some small towns, many dwellings are available with zero rent due to the massive outwards migration. Social housing is not available, but also not needed, according to local professionals and municipalities. Only in larger cities and only for specific vulnerable groups (especially youth living public care) social housing is seen as being "relevant" and necessary.

Not only due to weak consultation, but also due to the introduction of the new interventions without a proper preparatory phase, some practitioners at local level have considered part of the CPS MD related actions as being redundant. The newly enacted legal provisions regarding the cross sectoral cooperation mechanism for primary prevention of risks on child's welfare (GD 143/2018) provide a good example in this sense. On the ministry side, this new mechanism has aimed at filling in the gaps⁷³ in primary prevention left uncovered by the existing cross sectoral mechanism for combating violence against children (GD 270/2014).⁷⁴ On the local professionals' side, specifically given the already accumulated cross-sectoral working experience within the existing mechanism, the value added of a second mechanism was not clear, especially in the context of adoption of a revised version (in 2017) of the case management mechanism. Even more so, they said, considering the numerous similarities between the three mechanisms along with lack of a proper preparatory phase or adequate training. As evaluators were told during fieldwork, "everything is very confusing, more and more papers, commissions and team meetings, but less training or events during which to really understand what is what and who is who". Although the child and family welfare framework as well as case management method or prevention and combating violence, neglect, exploitation are all valuable and necessary, the problem is the they are not integrated in a unique comprehensive mechanism. The overlap of three mechanisms leads to situations in which "a hand of people within a community of 3,000 souls have to take part in several commissions and teams, hence to make tonnes of reports and when a real case occurs you have nothing to offer, no psychologist, no emergency services, no support services and so on." (Interview with a CPCDS member)

EQ.1.3. Consistency of activities and outputs with the intended impacts and effects

Determining the consistency of activities and outputs with the intended impacts and effects was challenging, as even a part of the output indicators envisaging changes at system level⁷⁵ could not be monitored, because baseline data have not been included in the programming stage and no sustainable monitoring mechanism has been put in place during the implementation period (see 5.3 Efficiency, the subsection on usage of monitoring tools).

⁷³ The MHLSP consolidated the monitoring report on implementation of CPS MD 2014-2020 for 2018.

⁷⁴ Building further on previous efforts gained for applying the cross sectoral cooperation mechanism in the health and social fields for preventing and reducing infant mortality rate and mortality rate of children aged under 5 years (GD 1182/2010).


⁷⁵ According to the ToR, for this evaluation the questions related to impact on children and caregivers are limited to the impact at system level.

There is a general consensus among the stakeholders consulted during research that there is a good level of adequacy of the CPS MD and its Action Plan to the needs of vulnerable children, in their capacity of rights-holders. The review of the challenges summarised in the Context chapter of this evaluation report and of the CPS MD planned results indicates that the CPS MD has addressed most of the needs of vulnerable children and their families. Some equity issues were nevertheless pointed out regarding insufficient coverage of certain vulnerable groups of children (see 5.6 Coverage). Further on, the focus-group discussions with parents of vulnerable children revealed several bottlenecks in ensuring adequate fulfilment of children's rights, poorly addressed by the current Strategy:

- Insufficient places in nurseries/ crèches and/or kindergartens, in particular in urban areas
- High costs of access to educational services – informal payments requested for parents to cover costs of textbooks, consumables, notebooks, etc.
- High costs of access to health services, especially for parents of children with disabilities who need to cover transportation and other costs for rehabilitation services or disability assessment, as well as consultations or highly specialized treatments which are only available in Chişinău.
- Lack of emergency placement services for at-risk children.
- Lack of functional grievances system on the quality of social services provided – parents declared they are afraid of calling the Trust Line Call or to participate in a protest for fear of not being excluded from the social benefits by representatives of the Social Assistance and Family Protection Departments.
- Poor information campaigns conducted by the social workers targeting parents of vulnerable children on the topic of services available within the community or in micro-urban or rural neighbouring areas.

The evaluation found that in particular the programming phase failed to adopt a systems approach, which requires not only a participatory process, but also a problem-focused causal analysis. According to this approach, in a participatory manner, it is more likely to identify the immediate causes (the most visible causes), the underlying causes (less obvious, but implicitly related to the problem) and the "root" causes (which may be common to a variety of social problems, but if addressed can effectively solve a number of problems). In this respect, the key shortcoming in the planning process of the Strategy and its Action Plan is that it failed to have a system approach, while involving a highly participatory process at central level but less so with respect to local level stakeholders, from TSSA and LPA1 professionals to relevant representatives of municipalities which are assigned responsibilities to develop a broad range of services at community level. From the results-based management approach, this has negatively affected the entire policy project cycle. It has further translated into poor ownership, no valid logic model or theory of change, and lack of sound monitoring or reporting mechanisms.

5.2. Effectiveness



1. To what extent were the objectives (general and specific), activities and expected results at output and outcome levels achieved / are likely to be achieved?
2. What were the major factors influencing the achievement or non-achievement of the objectives?

This mid-term evaluation focused the first two implementation phases of the CPS MD 2014-2020 and Action Plan 2016-2020, that covered the periods 2014-2016 and 2017-2019, as presented in section 4.2. Out of the specific areas of intervention laid out for the first phase only a small part benefited of some progress, while the remaining recorded stagnation or postponement. Some progress was registered in: (i) the administrative decentralisation and the decentralisation of social assistance services; (ii) the

identification of solutions to enhance the effectiveness of social benefits for families with children; and (iii) the implementation of reforms in protection of people with disabilities, including children. By contrast, the Automated Information System “Social Assistance” after a short period of development (including delivering training), it stagnated and up to June 2019 it has not become functional in the planned areas.

The Action Plan was elaborated and adopted in 2016. Nonetheless, besides data collected through the CER 103 and CER 103A forms, the planned collection of relevant statistical data in order to establish the baseline for the determination of the specific progress indicators was not achieved. Baseline values and specific progress indicators were not specified. As well, the planned identification of the volume of necessary resources for the achievement of the established indicators has not been accomplished until the evaluation time. All these delays continued in the second implementation phase, which was initially planned to focus on "continuation of the laid out and/or initiated during the first phase, especially to ensure the sustainability of policies and the durability of results" (ToR). As a consequence, the evaluation team had to put a lot of effort in identifying appropriate data, to consolidate and to triangulate those data, in order to ensure reliable and accurate data, as well as in collecting a large volume of primary data for carrying out the analysis presented in the next sections. Therefore, this section presents a mixture of official data from CER 103, survey and qualitative data in order to make the best possible use of all collected evidence to answer the evaluation questions.

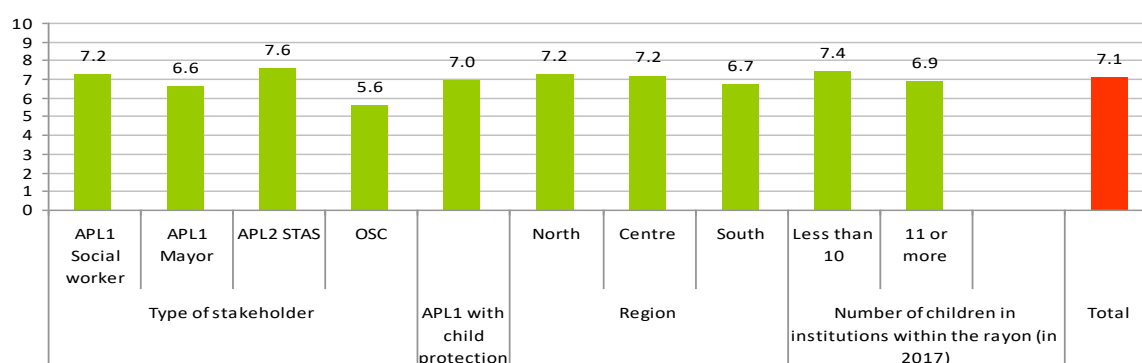
EQ.2.1. Achievement of objectives, activities and expected results at output and outcome levels

This chapter is opened on the subjective global assessment of effectiveness done by the stakeholders who took part in the research. It follows the systematic assessment of the CPS MD general and specific objectives done by the evaluation team.

The subjective stakeholders' assessment

The dominant opinion among stakeholders is that most objectives of the Strategy (general and specific), activities from the Plan and expected results, have been either achieved or likely to be achieved in due time. Correspondingly, on a scale from 1 to 10, the global assessment of effectiveness obtained an average score of 7.1.⁷⁶

Figure 8: On a scale from 1 to 10, please assess effectiveness of results obtained in your rayon in the period 2015-2019 as result of implementation of the CPS MD (average scores by group)



Source: Online surveys, August-September 2019 (N=635 valid answers of representatives of TSSA, LPA1, and CSOs). Note: The differences shown in the graph are statistically significant at $p=.000$, according to One-Way variance analysis.

⁷⁶ Standard deviation of 1.5. The questionnaires and interviews included a second question regarding effectiveness, namely: Q14. In your rayon, to what extent are achieved/ are likely to be achieved the objectives of the Strategy (general and specific), activities from the Plan as well as expected results? Between the two questions there is a high correlation with Pearson coefficient 0.62 significant at $p.000$

The CSOs representatives were more reserved in their assessments, whereas the TSSA professionals appeared to be the most optimistic stakeholders, as shown in Figure 8. Lower scores of effectiveness were provided by local representatives from rayons situated in the South region. As well, professionals from rayons with more institutionalized children (that thus have faced more difficulties with deinstitutionalization process) tended to be less positive regarding the achievement of CPS MD objectives. The opinions of the few child protection specialists hired across the country did not differ significantly from the national average.

Regarding the objectives/ activities most likely not to be achieved by 2020, a number of 208 people expressed their opinions. The majority pointed three specific objectives linked to deeply culturally embedded features or to the general economic environment of the country, namely: (i) Specific Objective 1.4: Reduce the negative effects of parents' migration on children left behind; (ii) Specific Objective 2.1: Prevention of violence, neglect and exploitation of children; (iii) Specific Objective 3.1: Resizing the social significance of motherhood and fatherhood and the role of both parents in raising children.

A considerable part of opinions mentioned the lack or insufficient funding or even that "any action that requires sizeable funds has low chances to be achieved". De facto, the assessment of effectiveness is significantly correlated with the rayon fiscal capacity: the higher the public expenditures per inhabitant in the rayon, the higher the effectiveness average score given by stakeholders.⁷⁷

⁷⁷ Pearson coefficient equal to 0.17, significant at $p=.000$

The objective assessment of achievement and non-achievement of activities

For assessing achievement or non-achievement of activities the evaluation team determined for each action provided in the Action Plan, a status of implementation by triangulating and consolidating data collected during the research from all sources. Thus, the 124 actions in the Action Plan were divided in three groups. The first group comprises actions completed in June 2019. The second group includes actions in progress in the reference period. The third group refers to a mix of actions planned for 2020 (which however are expected to be completed), and actions cancelled or suspended or with an unclear status.

Table 1: Action Plan by type of actions and implementation status in June 2019 (number of actions)

Type of actions	Action complete	Action in progress	Action not initiated...		Total
			... planned for 2020	... not planned	
Legislation, legal provisions	16	12	7	11	46
Development of various services for child and family	1	15	0	4	20
Training specialists in various topics	0	10	2	6	18
New institutional arrangements and instruments	8	3	3	2	16
Information, awareness or communication campaigns	5	1	1	2	9
Automated Information System "Social Assistance"	0	1	1	3	5
Closing the residential institutions for children	0	4	1	0	5
Delivering various services for child and family	1	1	0	1	3
Hiring various types of specialists	0	2	0	0	2
Total	31	49	15	29	124

Source: Database compiled based on the Action Plan 2016-2020 (N=124 actions) on implementing the CPS MD 2014-2020.

At the level of Action Plan, a quarter of the actions (or 31) were completed in June 2019, while 40% (or 49) were ongoing. Out of the actions in progress, it is not clear whether they will be completed by 2020 at the expected output levels. The other 35% (or 44) of actions were not initiated at the research time. Table 1 shows that all types of actions divide in an equilibrated manner between the three groups of actions with different implementation status. Be it legislation, new institutional arrangements, trainings, information campaigns, development or delivery of various services are found among completed, ongoing, and among the not initiated actions. Nonetheless, the most disadvantaged has been the area of the IT system and monitoring data in which most envisaged activities were either postponed or with an unclear status.

At the research time, all institutions responsible for the CPS MD implementation succeeded to complete some actions, while handling actions in progress along with actions not initiated. For example, the MHLSP which has been responsible with the implementation of 83 actions had 22 completed actions, 27 ongoing ones, and 34 not initiated. The second key implementer, MECR (Education) is responsible for a portfolio of 32 actions succeeded to complete 9, had 12 in progress, and has not initiated 11.

The main challenge in the process of determining the implementation status was caused by the contradictory assessment or inconsistent data provided by various stakeholders. The issue of contradictory assessments among stakeholders is further detailed in the section 5.7 Coordination.

This analysis revealed several key findings. Firstly, particularly in the area of legislation, some actions were cancelled because the expected result had already been achieved through previous regulations or it lost its relevance (due to changes in the general landscape or in specific areas of action). For example, actions 2.1.3, 2.1.4 in the responsibility of MECR or action 2.2.6 assigned to MHLSP. The first two actions involved changes of the regulatory framework on services of psychological and speech therapy and on services of psycho-pedagogical support for children with behavioural problems. After an analysis, the MECR decided that these regulatory changes were not necessary. The first type of services was already

delivered through SPPA in the existing legal framework. For the second type of services, the training of specialists was completed and services were piloted but "it is not known whether a normative framework will be reached" (MECR). Regarding the action 2.2.6 the change of the Law no. 435/2006 on administrative decentralization was stopped as "the inclusion of child protection in the fields of activity of the local public authorities of level I and II had already been achieved through the Law 436/2007" (MHLSP), and anyway the State Chancellery was preparing a new administrative reform.

In other cases, behind a non-achieved action the reality is rather positive, but the achievement is neither acknowledged, nor recorded due to the weak monitoring. Many of these actions refer to specialized services. This is the case of the action 2.1.9: Implementation of Programs of training in parenting skills. According to the MHLSP "a Strategy for the Development of Parental Skills was approved, but an action plan or a national program has not yet been developed". Even so, professionals from TSSA in partnership with many CSOs developed such programs in 15 rayons and activities of parental education have been available in 39% of all country localities. In consensus, all stakeholders evaluated the impact of these available services on preventing the separation of children from their families as being satisfactory.⁷⁸

Similar situations were recorded for other service related activities, such as 2.1.7, 2.1.13, 2.1.5 or 2.2.8. These actions refer to the development of legal framework for the organization and functioning of those services. The legal framework was not achieved due to the low capacity of the MHLSP (insufficient human resources, lack of expertise in various areas, workload of the staff - only one person in charge with the child protection field, political decision to postpone etc.), but various stakeholders (either TSSA or CSOs or partnerships) piloted and developed such services in a number of rayons.⁷⁹

For other specialized services, the Action Plan includes two actions, one related to the legal framework and the second concerning the development of that particular service. Such examples refer to services of specialized psychological recovery of child victims of violence, neglect, exploitation and trafficking (actions 2.2.7 and 2.2.12)⁸⁰ or services of accompanying the child victim/witness in legal proceedings (actions 2.2.9 and 2.2.14). Correspondingly, the action related to the development of regulations is not achieved, while that regarding the development of service is in progress.

As a second key finding, the analysis of implementation status uncovered a serendipity effect. Thus, several actions were completed or ongoing but not in relation to the CPS MD. For example, action 1.1.11 envisaged the organization of extracurricular activities for at risk children in the general education. These activities were reported in 66% of communities (both rural and urban) across the country, being organized by local schools, resource centres within schools or by the SPPA. The qualitative research showed that all actors from the educational system did extracurricular activities with a special focus on children at risk in a natural manner as part of their daily activity or linked to the Strategy for Inclusive Education.

Another example of serendipity was action 1.1.20 aiming at capacity building for Social Inspection duties in monitoring child protection authorities, institutions or responsible persons. No training was organized, no funds were allocated and no coordination activities were performed for the achievement of this action. Nevertheless, progress was achieved within a capacity building program developed at the initiative of the Social Inspection specialists and with the World Bank assistance. As a result, the Social Inspection issued their first report on a child protection service (professional parental assistance).

In conclusion, due to the way in which the Action Plan was conceived, the dashboard of CPS MD and its Action Plan showed in Figure 9, although rigorous, it does reflect only partially the advance in developing specialized or community services for children and family in the Republic of Moldova.

⁷⁸ On a scale from 1 to 10, a national average score of 7.2, with a standard deviation of 1.9.

⁷⁹ See below the analysis of the general objective 2, specific objective 2.1.

⁸⁰ See below the analysis of the general objective 2, specific objective 2.2.

The in-depth objective assessment of achievement and non-achievement of objectives and expected results

Figure 9 shows that achievement of activities and expected results has been uneven across the general and specific objectives of the Strategy. The largest number of completed activities (marked in green) lies within the Specific Objective 1.1: Prevention of child separation. The largest number of actions with high likelihood not to be finalised until December 2020 (marked in red) are found in Specific Objective 2.1: Prevention of violence, neglect and exploitation of children. The sole objective without any completed action is Specific Objective 1.4: Reduce the negative effects of parents' migration on children left behind. Consequently, these results confirm the evaluation made by stakeholders.

The areas where the CPS MD implementation was mostly advanced in June 2019 was concentrated under the General Objective 1, particularly the Specific Objectives 1.1, 1.2, and 1.3 regarding: prevention of child separation, reducing the institutionalization of children aged 0-3 years, and continuous decrease of the number of children placed in residential institutions.

Figure 9: Dashboard as of June 2019 of the CPS MD and its Action Plan



Below we present the main findings of the in-depth analysis organized by the CPS MD objectives, general and specific.

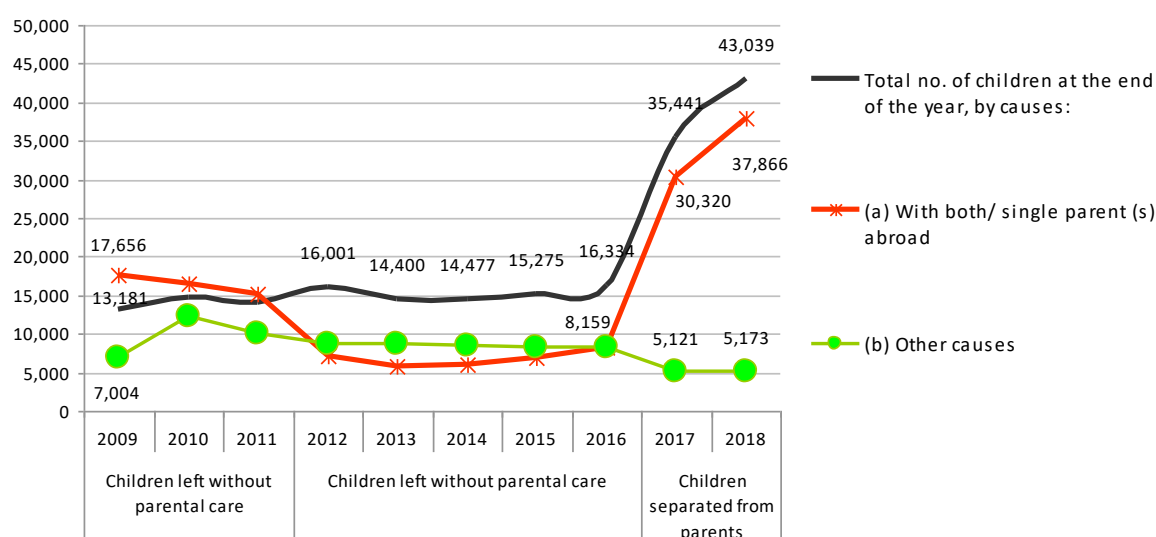
GENERAL OBJECTIVE 1. Ensuring conditions for raising and educating children in the family

S.O. 1.1.

Prevention of child separation

The main source of data about children without parental care is the CER 103 form.⁸¹ This form was introduced in 2009 and it was changed two times, in 2012 and 2017, but only few of the annual reports are publicly available. The main methodological change refers to the way in which children with both/single parent(s) abroad are treated, as shown in figure below. In addition, starting with 2017, the various causes of separation have been grouped into: (1) children with both/single parent(s) abroad; (2) children with an established status of "left temporarily without parental care"; (3) children with an established status of "left without parental care"; and (4) children taken from parents due to an imminent threat to their life or health.

Figure 10: Total number of children without parental care in the Republic of Moldova by main causes



Source: Based on data from CER 103 form, which was changed in 2012 and in 2017. Nonetheless, the data presented in the graph are comparable in time.

Notes: Law no. 140/2013 defines the child separated by parents as the child who is deprived of parental care in specific situations, such as children whose parents have died; children with unknown parents; children whose parents are deprived of parental rights; children whose parents are not deprived by their parental rights but refuse to or cannot carry out their parental duties regarding child rearing and care (because of illness or imprisoned etc.); children who have been abandoned by their parents; children living in the street, who have left or been driven from home. According to UN (2010) Guidelines on the Alternative Care of Children, children left without parental care represent all children not cared over night by at least one of the parents, by any reason or circumstances.

Figure 10 seems to indicate a dramatic increase in the number of children without parental care. However, this implies neither a total failure of the prevention efforts, nor ineffectiveness of the implemented measures by CPS MD. Instead, it is a consequence of the change in registration by the TSSA of the children with both/single parent(s) abroad in relation to an intended change in policy regarding the establishment of guardianship for them, which is detailed under the Specific Objective 1.4. (S.O. 1.4). This increase was higher in rural areas than in urban areas, higher for girls compared to boys and substantially larger for children aged 7-17 years (compared to 0-6 years).

Regarding the children without parental care due to reasons others than parents' migration, their number has continuously decreased from around 8,800 in 2012 to 8,159 in 2016, afterwards declining steeply to 5,100-5,200 in 2017-2018. This

⁸¹ Annual statistical reports based on data reported by the Territorial Structures of Social Assistance (TSSA) from all districts (including *Municipiile*) to the MHLSP, which then transmits them to the NBS.

positive result can be (at least partly) attributed to the newly developed services and the activities implemented under the CPS MD and its Action Plan. Among these children 73% in 2017 and 71% in 2018 had established the status of "children left without parental care", around 20% had a status of "temporary" separated, while the remaining were separated from parents due to an imminent threat to their life or health.

The situation of children without parental care who benefitted of various forms of protection is not clear. Between 2012 and 2016, the CER 103 form reported this indicator disaggregated by forms of protection. Thus, in 2012-2016 were reported as children without parental care only those receiving a form of protection. Correspondingly, the proportion of children without parental care protected through various means was virtually 100%. By contrast, since 2017, the CER 103 form has been changed by reporting separated data by form of protection, in the absence a total number of children benefiting of various forms of protection. According to this new form, the protection of children without parental care collapsed to 26% in 2017 and 15% respectively in 2018.⁸² The unprotected children are precisely those with both/single parent(s) abroad. Again, this result is an effect of way in which data are reported, without being adjusted and recalculating the time series to allow a clean comparison.

The objective on strengthening local public authorities' capacity for preventing child separation is only partially achieved and unlikely to be achieved by the end of 2020. The functions of the child protection specialist were regulated for both local and rayon levels (actions 1.1.2 and 1.1.3) and the establishment of the Family and Child Protection Departments subordinated to the TSSA was in progress in June 2019 (action 1.1.13). Out of the 31 TSSA⁸³ that responded to the online survey, 17 reported to have such a department. Other 5 TSSA declared to have plans for developing it by 2020. Also, the action (1.1.14) the gradual employment of child protection specialists⁸⁴ was in progress. A total of 32 LPA1 (from 17 rayons and Bălți Municipality) reported that they hired a child protection specialist in 2016-2019. Nonetheless, in June 2019, only 24 were still active in communities from 14 rayons and Bălți Municipality, the other 8 being dismissed due to the lack of necessary financial resources. Notable facts: (1) The 32 (and 24) LPA1 that hired a child protection specialist were situated in all regions, mostly in rural area; (2) Additional 11 municipalities planned this action for late 2019, and 31 for 2020; (3) The progress has had a slow pace, as in 2018, 19 child protection specialists were hired;⁸⁵ (4) The majority (55%) of the child protection specialists hired at the LPA1 level had a temporary work contract for one year; Out of the 8 specialists that left local offices, 6 were temporary employees; (5) The qualitative research revealed the existence of a non-standardized law enforcement of this regulation. There are cases of municipalities employing the child protection specialist as a permanent position funded through the State Budget (and not from the local budgets, as provisioned in the Plan of Actions). This has been enacted with prior approval of the State Chancellery. At the same time, most of the interviewed mayors did not even know that this legal possibility exists; (6) The TSSA lack a clear image on how this action is implemented by the municipalities within their rayons. In the survey they reported different data than those declared by local representatives.⁸⁶ Therefore, one can observe a fragmentation of these services. Furthermore, the process of strengthening capacity does not seem to be accompanied by integrating or coordinating the rayon and the locality levels, as the child protection specialists is not directly linked to the TSSA, but to the mayoralty. Although in progress at the evaluation time, the action on gradual employment of child protection specialist in all municipalities has very low probability to be completed by the end of Strategy implementation.

Due to the low number of child protection specialists hired within the country, the actions (1.1.16 and 1.1.17) regarding their training was not initiated. However, according to action 1.1.16 mayors should have been also trained. The training of mayors was also postponed. The action (1.1.19) on strengthening the capacities of members of the Commissions for Protection of Children in Difficulty (CPCDS) was cancelled. Furthermore, the action (1.1.8) on determination and regulation of the ratio⁸⁷ of children in locality per specialist for child protection in mayoralty was cancelled (according to MHLSP), although there are mayoralties lacking both community social worker and child protection specialist.⁸⁸

Strengthening the institutional capacity of both TSSA and local public authorities is further hindered by the delay in the development of the Automated Informational System "Social Assistance". A part of the child protection corresponding modules were created in the system and a part of the specialists have been trained (action 1.1.23). Other modules were

⁸² The total number of beneficiaries is determined by adding the number of beneficiaries of all forms of protection used in the 2012-2016 version of the CER 103 form, namely: (re)integrated in the biological family; placed under guardianship with the extended family or with others; adopted; placed in foster care (PPA and CCTF); placed in residential services for children. Then, the values shown in the text are calculated as the proportion of total beneficiaries in total children without parental care.

⁸³ Did not answer the rayons: Leova, Șoldănești, Strășeni, and UTA Găgăuzia.

⁸⁴ According to Law no. 140/2013 regarding the special protection of children at risk and children separated from their parents.

⁸⁵ Parliament of the Republic of Moldova (2018).

⁸⁶ According to the TSSA, only 12 rayons had at least a locality with a child protection specialist.

⁸⁷ According to MHLSP, this ratio was of 5,000 persons per community social worker, in 2010. According to the interviewed TSSA specialists, in July 2019, the average ratio was about 800 children per specialist, while the optimum would be 400 children per specialist.

⁸⁸ For example, in 2018 there were 8 such cases. Parliament of the Republic of Moldova (2018)

initiated in 2015 but "do not work yet, the action (1.1.12) should be completed by the end of 2019, but it is not certain" (MHLSP). Thus, in June 2019, the system was not functional on monitoring the activities of guardianship authorities and providers of social services targeting the children at risk or those separated from parents (action 1.1.24). The TSSA at rayon level still use the old version of IT systems previously developed by the MHLSP. This has a strong negative impact on monitoring capacities at central and rayon level.

However, there are also achievements in relation to strengthening the institutional capacity. A good example is the increased capacity in monitoring and evaluation of child protection services of the Social Inspection (action 1.1.20), although this result was a serendipity effect.⁸⁹

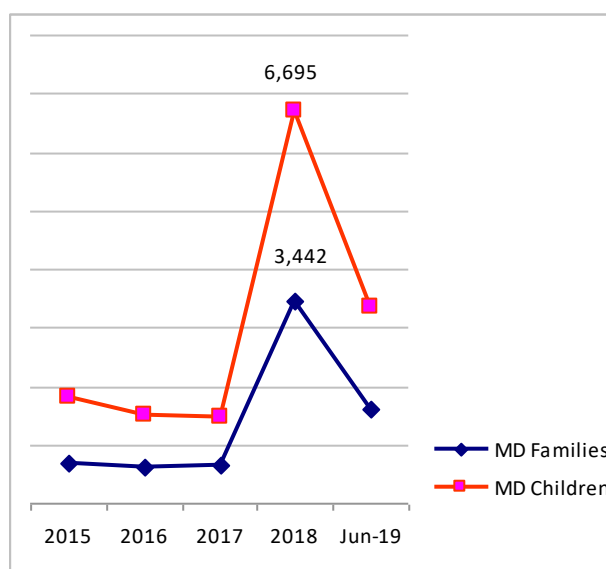
Another result of S.O. 1.1 was achieved due to the serendipity effect, namely action (1.1.11) regarding the organization of extracurricular activities in the general education for at risk children, in order to prevent separation from family. Such activities were reported in 66% of communities across the country, being organized by local schools, resource centres within schools or by the SPPA. These communities are both rural and urban, but with significant regional differences. Thus, the proportion of communities organizing extracurricular activities in the general education for at risk children is significantly higher in the Centre region (74%). It also varies considerably among rayons, from less than a third of localities from Briceni and Ocnița rayons to over 90% of localities in Telenești or Ungheni rayons.

Family support service

Figure 11: The number of beneficiaries of family support service (secondary support including monetary aid, at the end of the year)

Source: Online surveys, August-September 2019 (N=681 valid answers of representatives of TSSA and LPA1).

Notes: At the rayon (LPA2) level, did not answer TSSA from: Glodeni, Leova, Șoldănești, Strășeni, and UTA Găgăuzia. At the LPA1 level, only municipalities from Șoldănești and Vulcănești (one of the three divisions of UTA Găgăuzia) did not answer. Data were validated using CER 103 from 2017 and 2018. For the other years, data are not available in CER 103.



⁸⁹ See more details in section 5.1 Relevance.

The development of the family support service represents a key achievement for prevention of child separation from family and for child reintegration within family. The family support service for families with children has been targeted by two actions under S.O 1.1, namely actions 1.1.7 and 1.1.22, plus action 1.3.15 regarding the development of family support among other social services. The first refers to the review of the regulatory framework in order to increase the amount of the monetary monthly/unique aid associated with this service. The second is linked to capacity building for TSSA in delivering the family support service. In June 2019, the first action was completed and the other two actions have been in progress.

This service became increasingly available after 2015. It was piloted, and in 2017 it was functional in 22 rayons, out of which only 18 reported beneficiaries of secondary support including monetary aid, at the end of the year. However, 6 TSSA handled between 10 and 50 such cases, 6 had 51 to 99 cases, and only 6 worked with over 100. In 2018, budgets for the family support service were transferred in August to all TSSA across the country. As a result, the number of beneficiaries peaked to almost 6,700 children from 3,450 families at risk, a five time increase as compared with 2017. However, given the different budgets allocated by the MHLSP to rayons for developing this service together with the short time (September-December 2018) and effort required to deal with this complex service (including cross-checking, forms to fill, field visits and intense interactions with the families), the rayons behave very different. While some TSSA increased drastically their number of beneficiaries, other TSSA undertook only a very small number of cases. The rayons with more than 400 children in families receiving secondary support with monetary aid: Hâncești, Soroca, and Ungheni (besides Chișinău Municipality with over 1,700 such cases). At the other extreme, Glodeni and Strășeni did not develop the service, while others 8 rayons registered less than 10 such cases. In 2019, the curve presented in Figure 11 is expected to descend, as the budgetary allocation for the entire year 2019 is smaller than that for September-December 2018. Furthermore, in June 2019, the funds for this service have already been delayed, hence, the visited rayons had already opened waiting lists for the beneficiaries.

Notable facts regarding the family support service: (1) Although the service has been delivered in nearly all districts⁹⁰ of the country, 11 TSSA declare that within their rayon there are municipalities (LPA1) without any specialist trained in providing it; (2) A percentage of 22% of LPA1 representatives confirmed the lack of trained specialist in delivering this service, both from rural and urban areas, as well as from all regions, with no significant differences; (3) Nonetheless, there is a consensus that the family support service is functioning "well" or "very well"; and that (4) it has a high impact on preventing the separation of the child from the family / reintegration of the child into the family (average score of 8 on a scale from 1 to 10); (5) The stakeholders' evaluation is in line with the statistical data available in CER 103, which show that during 2018 a total of 44,620 children exited the family support service,⁹¹ out of which only 1% of children were separated from their families and 1% of children left to an unknown direction (with family or alone), while 92% were "case solved"; (6) Under this service, 79% of children receive only primary support (information, counselling) and about 21% of them benefit from secondary support (14% with monetary aid and 7% without it). Beneficiaries are both boys and girls, almost equally distributed between the age groups 0-6 and 7-17 years old, but 68% from rural areas.⁹² Furthermore, most of them come from families with many children; the average number of children per family receiving family support including monetary aid is 2.5.

Case management

Development of the case management is another achievement related to the CPS MD with a significant positive impact on the prevention of child separation from family and on child reintegration within family. The Action Plan includes two actions aimed at the development of case management, namely: (action 1.1.5) review the mechanism of case management for children and (action 1.1.18) capacity building of specialists with child protection responsibilities in implementing case management for children. In June 2019, the mechanism was revised and the training activities were in progress.

⁹⁰ Exception makes Glodeni and Strășeni as mentioned above. In addition, TSSA from Leova, Șoldănești and UTA Găgăuzia did not answer these questions.

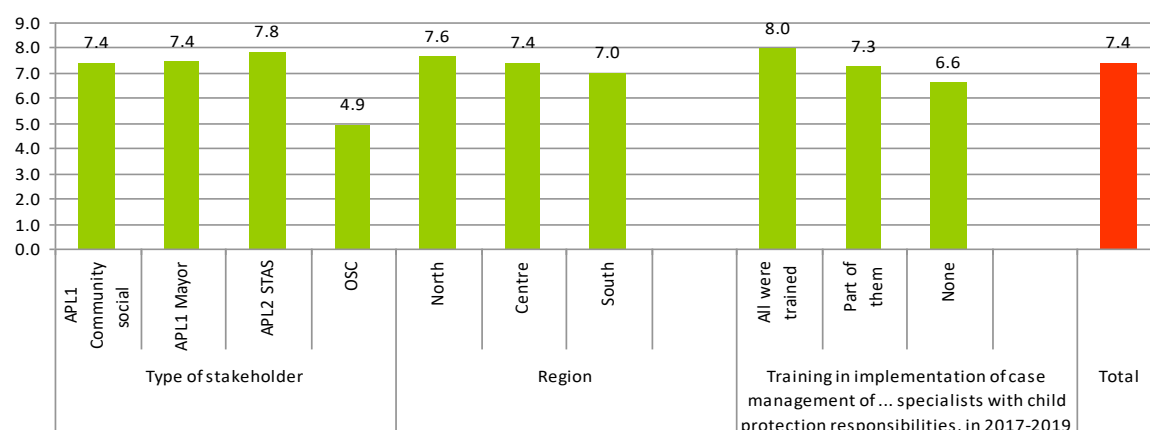
⁹¹ Including primary support and secondary support (with or without monetary aid). Data about the exit reasons disaggregated by type of support are not available.

⁹² Data under point (5) from 2018 CER 103.

Out of all localities in the Republic, 24% of LPA1 had in June 2019 all specialists trained in case management, 38% had only a part of specialists, and 13% had none.⁹³ The situation by district is shown in Figure A1, Annex 7.

Significant delays in building capacity in case management at the LPA1 level are registered in five rayons: Briceni, Edinet, Orhei, Rezina, and Taraclia. There are no significant differences between the rural and urban localities. Nonetheless, the regional disparities are considerable. The rayons from the South region and those next to the Moldova's Eastern border concentrate disproportionately high shares of localities with only a part or none of the specialists trained in case management. This result points out once again to the lack or insufficient availability of documents, guides and trainings in the Russian language (or other minorities' languages).

Figure 12: On a scale from 1 to 10, how well is the case management mechanism (revised in 2017) implemented at local level? (average scores by group)



Source: Online surveys, August-September 2019 (N= 677 valid answers of TSSA, LPA1, and CSOs). Note: Did not answer specialists from Leova and Șoldănești rayons.

The mechanism of case management functions "well" across the territory, according to the stakeholders' assessment (Figure 12). However, the CSOs representatives tend to consider that case management is yet barely acceptable. Their opinion should be considered specifically because a part⁹⁴ of them played an important role in implementing the action 1.1.18 on capacity building. Figure 12 illustrates the regional disparities, as well as the significant correlation between the institutional capacity and the performance of the mechanism in preventing child separation from family. Thus, on a scale from 1 to 10, while in localities without trained specialists the average performance of the case management mechanism is only 6.6, in those with all specialists trained the average performance is significantly higher (score of 8).

As a final remark, the case management mechanism appears to function better in the rayons with more services for children and family: the higher the number of services, the better implemented is the case management.⁹⁵ This result indicates, once again, on the key role of the available supply of services as a prerequisite for a performing case management. Even if at risk cases are identified and evaluated, a tailored effective intervention to support the child and family requires the existence of relevant services to actually address the identified vulnerabilities.

⁹³ A proportion of 26% of LPA1 did not answer this question.

⁹⁴ Especially the National Centre for Prevention of Child Abuse, Terre des Hommes and CCF Moldova.

⁹⁵ Pearson coefficient of 0.16 significant at p.000.

S.O. 1.2.**Stopping the gradual institutionalization of children aged 0 - 3 years**

In the Republic of Moldova, at the beginning of 2019, there were over 145 thousands children 0-3 years with usual residence,⁹⁶ accounting for 5% of total population. Girls represented 48% and boys 52%.⁹⁷

Data centralized at national level in CER 103 form show a continuous decline of the number of the relinquished children both at birth (in maternity) and especially outside the medical institutions – from a total of 822 cases in 2010, to 318 in 2014 and 185 cases in 2017-2018.⁹⁸ In the same time, the relinquishment of children in maternity for child's disability reason followed the same descending trend.⁹⁹

A recent study¹⁰⁰ shows that in the Republic of Moldova, the children with low weight, premature born and those with various health problems have an increased risk of abandonment at birth. Higher risk of separation from parents at an early age (in maternity or outside the medical institutions) is shared by children from families with "groups of brothers", children with teenage mothers, mothers without identity papers and mothers "without perinatal card", with at most gymnasium education, from socially vulnerable families, cases of youth previously placed in residential institutions, young mothers from families with parents left for work abroad or young mothers "from better-off families, not accepted by their own families", mothers with disabilities or mothers who already abandoned other children. Considering these findings, the data collected through the online surveys on TSSA and LPA1, although do not provide exhaustive statistics, indicates an alarming increasing trend of teenage mothers, both in rural and urban communities.

Table 2: Number of teenage mothers up to 18 years old (married or not) reported by stakeholders

Respondent	2015	2016	2017	2018	June 2019	No. of valid answers
LPA2: TSSA	82	114	128	160	44	21
LPA1: Total	206	254	315	346	209	598
Rural	145	162	219	237	181	567
Chişinău	36	66	66	59		1
Urban other than Chişinău	25	26	30	50	28	30

Source: Online surveys, August-September 2019. Note: Valid answers of LPA1 representatives from 33 districts. Did not answer LPA1 representatives from Şoldăneşti rayon. From Leova rayon only the city of Leova answered.

The discrepancies between the statistics declared by TSSA and municipalities come from the fact that teenage mothers are not considered all of them as being at risk as "children with children". Only less than a quarter of the total cases of teenage mothers are registered and treated by the TSSA as being at risk.

Therefore, the need for services of family planning within communities is growing. Correspondingly, the Action Plan includes the action (1.2.10) on enhancing the access to family planning services by increasing awareness of adolescents and young people. The representatives of the MHLSP (Health Directions) mentioned this action as being in progress, since "in each rayon there is a health centre and informing activities are continuously carried out by the health specialists." Also, various CSOs mentioned their contribution to the development of the family planning services within communities. Nevertheless, there is a consensus that family planning services have been used only to a small to medium extent, hence additional measures to improve the uptake among adolescents and youth are still necessary.

Another service for preventing the risk of separation at an early age is the day care centre for children aged between 4 months and 1.5 (3) years old. Actions 1.2.7 and 1.2.8 from the Action Plan consider regulating and development of this kind of service. In June 2019, the service was regulated and such day care centres were functioning in Chişinău and Bălţi Municipalities as well as in Glodeni rayon. Only rayon Sângerei and Chişinău declared to have planned opening such a centre by 2020. In addition, models of early intervention services for children aged 0 to 3 years were developed in 2018 (action 1.2.9), implemented in Floresti and Ialoveni, in partnership with Lumos, and in Criuleni and Cahul, with UNICEF (MHLSP, Health Directions).

Child and family welfare framework

⁹⁶ With around 107 thousands children 0-2 years old.

⁹⁷ NBS data reported by NCPCDS. <https://cnpdc.gov.md/ro/content/copiii-moldovei-indicatori-de-baza>

⁹⁸ Data for 2017 and 2018 report 111 and 130 children respectively, with an established status of "child without parental care" because "their parents abandoned them". In addition, among children at risk there were also registered 74 and 55 relinquished children respectively.

⁹⁹ This indicator is no longer reported in the new CER 103 form adopted in 2017.

¹⁰⁰ Ianachevici (2017: 30).

Starting with 2018, the implementation of a new cross sectoral mechanism on child and family welfare (MCFW) has begun, besides the existing mechanisms of case management and that for preventing and combating violence against children. The aim of MCFW has been to prevent at an early stage potential risks and difficult situations for children. Correspondingly, the Action Plan refers to (action 1.2.1) the change of regulatory framework for enhancing efficiency of cooperation between professionals working with children, through integration in working practices of the child welfare framework and (action 1.2.11) training in child and family framework of all specialists with responsibilities in applying the MCFW. In June 2019, both actions were in progress.

From the beginning the MCFW was designed (GD 143/2018) to fill in the gaps in primary prevention left uncovered by the existing cross sectoral mechanism for combating violence against children (GD 270/2014). Due to a weak preparatory phase, the new cross-sectoral MCFW has not benefitted from a smooth implementation. Also, the weak preparatory phase induced among local specialists a feeling of redundant activities, with an unclear value added, particularly given the existing cross sectoral mechanism for combating violence against children and in the context of the newly revised version (in 2017) of the case management mechanism.¹⁰¹ However, the introduction of MCFW was thought in correlation with the new network of child protection specialists at the local level (as presented under S.O. 1.1). As this network did not develop, the available human resources were limited to the existing community social workers, with a workload already exceeded. In addition, the educational and health specialists supposed to participate in the MCFW were assigned additional attributions to their basic activity without corresponding incentives, which significantly hindered the collaboration between institutions. The lack of doctors in many rural communities together with the high personnel turnover in all social sectors further diminished the available human resources.

As a consequence of the deficit in human resources, over a third of LPA1 representatives were not able to report the number of specialists taking part in the local team for implementing the MCFW.¹⁰² The remaining localities divide almost equally between communities with small size local teams (1-3 specialists), medium size (4-5) or large teams (6-26 specialists). A total of 13 localities declared that they had no specialist implementing the MCFW.

There are significant differences between rayons, as shown in Figure A2, Annex 7. As general rules: (i) non-responses to this question were considerably more frequent for LPA1 from rayons located next to the Eastern border; (ii) the small size local teams were significantly more among rayons in the South region; (iii) medium and large size local teams were more spread in rayons with larger numbers of children in residential institutions and in those that developed a Strategic Plan or a Social Services Strategy aligned with the CPS MD 2014-2020; (iv) while LPA1 not able to specify the number of specialists involved in the local team for MCFW prevail by far in Rezina, Ocnița, Edineț, Taraclia, Cimișlia, Criuleni or Briceni, localities with small teams are heavily overrepresented in Râșcani, Ialoveni and Cantemir, and those with medium size teams predominate by far in rayons such as Drochia, Anenii Noi, Glodeni, Florești and Sângerei. The large teams cover more than half of localities from Ungheni, Cahul, Căușeni, Soroca and Strășeni; (v) the distribution of MCFW local teams by size does not vary significantly between urban and rural areas.

Training of all specialists involved in the implementation of the MCFW (action 1.2.11) was provided only for a part of them. Overall, out of over 2,100 specialists involved with MCFW across the country, around 1,630 were trained. Even among social workers, the training sessions provided by the NASA (MHLSP) involved only about a half (or 555) of all community social workers in the country. Noticeable the proportion of trained specialists is over 90% in urban areas and 77% in rural areas. Out of all existing MCFW local teams only 57% have all members trained in child and family framework, while 37% have only a part of specialists properly trained, and 6% have no such specialist. As a general pattern, both for rural and urban areas, the larger the local teams, the lower the share of trained members, as shown in the Figure A3, Annex 7.

Table 3: Which of the following do you consider as key difficulties in implementing the MCFW/ key factors influencing achievement or non-achievement of results? (number of valid answers)

	CSOs			TSSA (LPA2)			
	No	Yes	Total	No	Yes	Total	
A1. Funding/budget	5	6	11	13	14	27	There is a consensus that insufficient and improperly trained specialists and poor collaboration represent the key obstacles for the effective implementation of the MCFW.
A2. Material resources	5	4	9	20	7	27	
A3. Human resources	1	10	11	8	19	27	
A4. Collaboration between institutions	0	12	12	12	15	27	
A5. Monitoring and evaluation	1	8	9	18	8	26	
A6. Legal framework	6	2	8	22	6	28	
A7. Others	5	1	6	23	2	15	

Source: Online surveys, August-September 2019. Note: The dominant opinions are marked in colour.

¹⁰¹ See section 5.1 Relevance, EQ 1.2.

¹⁰² In fact, this is the question with the highest non-response rate in the questionnaire.

Under these circumstances, the stakeholders held divergent opinions regarding the assessment of the functioning of MCFW. The proportion of CSOs that assessed the situation in June 2019 as being "(very) weak" reached a high 62%, with extreme opinions such as "MCFW? A joke" or "MCFW is not working at all". The same proportion declined to about 30% of the TSSA representatives, because: "it could have been much worse considering the lack of preparation, insufficient training, additional volume of responsibilities and above all politicization of the process due to the assignment of the leading role to the mayor", as well as "not only poor training, but also lack of translation into Russian of the methodological documents". Finally, the community social workers and the LPA1 representatives only in proportions below 15% shared the same opinion, as they said "we do all that we can in the given time and with the available resources".¹⁰³ The assessment of MCFW performances is significantly correlated with the composition of local team: the larger the number of specialists involved in the local team and the higher the share of those trained in child and family framework, the better the assessment of MCFW performances.¹⁰⁴

In June 2019 the MCFW had been implemented for only about one year and a half hence impact cannot be assessed. However, in terms of perceived potential impact, there is a significant correlation between the potential impact and the assessment of the existing performances. The stakeholders who assess current performances of the MCFW as medium or good tend also to credit the MCFW with a significant potential impact.¹⁰⁵

Protection of children separated from parents at early ages

In spite of all preventive efforts, an increasing number of children aged 0-2 years left without parental care have been registered. The number of newly registered cases of children 0-2 increased from about 300 in 2012 to over 350 in 2016. Due to change in the registration procedures (as presented above), their number doubled in 2017 and then doubled again in 2018, reaching a high of 1,409 new cases. Nevertheless, they have constantly represented around 5% of all children without parental care. Similar to all the other children without parental care, most children aged 0-2 years were separated from family because both /single parent(s) were left abroad.

Due to inconsistent data it is impossible to assess what really happened during 2014 and 2019 with the children aged 0-2 years within the child protection system: how many of them benefitted from any form of protection or what forms of protection were they provided. For example, the CER 103 data indicates an almost three times decline of the number of children 0-2 placed in residential institutions from 260 children in 2016 to 93 in 2017, followed by 74 in 2018. The BNS data reported by the NCPDCS provides conflicting data, the corresponding numbers being 215, 149, and respectively 157. So, it seems to exist a declining trend, but the exact numbers are uncertain. This decline was caused to a large extent by the restructuring of the placement centre for early ages from Bălți.¹⁰⁶

If taken into account only children 0-2 years old who receive either family-type services (reintegration into the biological family, guardianship, adoption, PPA, CCTF) or residential services, then it can be observed that the proportion of those placed in residential services has drastically dropped from 64% in 2010 to 15% in 2015. Afterwards, it increased again and, subsequently it declined to 20% in 2018. In other words, during 2010-2015, children separated from parents at early ages represented a priority, being offered the opportunity to live and grow up in a family environment instead of being placed in institutions. After 2015, placing them in institutions not only that it was not banned, but in practice one in every five of them continued to be sent to institutions. Looking at the available data (CER 103 form) in this manner appears to indicate that current practices within the child protection system do not lead to the achievement of the S.O. 1.2 - stopping the gradual institutionalization of children aged 0-3 years (see Table A.1 in Annex 7).

The assessment of children's duration of stay in institutions (if it shortened or not) it is not possible as such data are not available for any age group and not only for those aged 0-2 years.

Professional foster care (PPA and CCTF)

In order to prevent institutionalization of children, the development of alternative care is critical. To this aim, the Action Plan has foreseen the extension and professionalization of the existing network of professional parental assistants (PPA) by: (action 1.2.13) carrying out raising awareness campaigns for recruiting professional foster care (PPA) for placement of newborns, children with disabilities, teenage mothers, and teenage mothers at risk of abandoning their child; (action 1.2.3) amending and completing the regulatory framework regarding the PPA for protecting the previously mentioned vulnerable groups; and (action 1.2.12) providing the necessary specialized training in this respect. In addition, (action 1.3.15) refers to the development of professional foster care among other services. The change of the regulatory framework was completed in June 2019, while the other actions were in progress.

¹⁰³ In this paragraph are used citations from questionnaires.

¹⁰⁴ Pearson coefficients of 0.11 and 0.24 respectively, significant at $p=.05$ and $p=.000$.

¹⁰⁵ Pearson coefficient of 0.52, significant at $p=.000$.

¹⁰⁶ As part of reforming the Temporary Placement and Rehabilitation Centre for Children from Bălți, through the project "Early age children – we understand the needs, develop services, reforming the system", prevention of activities were carried out for almost 300 children, and other 75 children left the residential institution. The project was implemented by CCF/HHC Moldova, in partnership with UNICEF and MHLSP.

Firstly, foster care has gained relevance in the protection of children 0-2 years. Table A1 (Annex 7) shows that the share of children aged 0-2 years separated from parents who were placed in foster care has grown from less than 5% of all children 0-2 benefitting of a form of protection, until 2016, to more than 18% in 2018.¹⁰⁷ This positive trend is also a result of the continuous development of the national network of foster care, specifically of PPA, as shown in Figure A4, Annex 7.

The network of professional foster care has developed, yet it is not sufficient to cover all needs. According to the TSSA estimations about 100 additional PPA units are needed across the country in order to cover the needs of over 200 children (Figure A4, Annex 7). However, there are significant differences between rayons. Briceni and Hâncești have neither developed PPA nor intend to do it. Instead, Hâncești manages the largest number of Family Type Houses for Children (CCTF) in the country.

The network of PPA is very unevenly distributed across the country, from rayons with less than 5 PPA (Bălți Municipality, Basarabasca, Dubăsari, Glodeni, Ocnița or Taraclia)¹⁰⁸ to rayons such as Ungheni and Orhei with 44 and 39 units respectively, in 2019. Correspondingly, the Territorial Structures of Social Assistance (TSSA) approached in different manners the two actions related to awareness campaign for fostering PPA recruitment and the training of APP, according to the size of their network and their future plans. Thus, only 10 TSSA in the country organized an awareness campaign for the purpose of recruiting APP, especially those that have already invested in developing the network and have plans to develop it further. These 10 rayons concentrate 40% of all PPA units in the country. Only other 4 rayons planned this activity for 2020. These are rayons with relatively large networks of PPA which have already covered local needs to a large extent (they need 5 more PPA at the most). All the other TSSA did not carry out a campaign and had no plans to do it.

Difficulties in recruiting professional foster care were expressed only in larger cities, especially Chișinău, mainly caused by the low attractiveness of salaries for PPA in the specific context of large cities.¹⁰⁹ In the entire country the recruitment of PPA has been substantially supported by religious associations, which have at the same time offered prevention services (like day care centres or summer schools) for children.

We would like to have more professional foster care, but this is a huge responsibility to take and they don't want to be hired, we don't have enough, those that have been employed, came to us because of their religious beliefs and they even accepted children with various diseases. (Interview with mayor, rural area)

Training about working with the specified vulnerable groups was organized in 21 rayons, in 14 of them for all PPA and in 7 with a part of PPA.¹¹⁰ In some districts this training was done in partnership with CSOs such as Every Child or CCF Moldova. Thus, about 70% of all PPA in the country benefitted of this training. However, in June 2019, a number of 71 PPA had among beneficiaries newborns, children with disabilities, teenage mothers or teenage mothers at risk of abandoning their child, of which 12 were not trained in working with such beneficiaries. They were spread in 27 rayons, their number varying from 1 to 5 per rayon. This indicates that the capacity of the current network of PPA in caring for the selected vulnerable groups still needs to be improved. Specifically this low capacity of the PPA network represents the cause for still too few children 0-2 years and children with disabilities¹¹¹ (although increasing) placed in professional foster care. The recent audit¹¹² of the quality of services provided by PPA should be taken into consideration in planning more effective measures.

Enhancing the capacity of the PPA network is even more critical considering that the relevance of CCTF for the specified vulnerable groups appears to be very low. The network of Family Type Houses for Children (CCTF) is extremely unevenly developed across the country. Four rayons - Hâncești, Drochia, Cantemir and Ialoveni - concentrate almost three thirds of all units in Moldova.¹¹³ However, at the end of 2018, only 5 children aged 0-2 years and 16 children with disabilities were placed in the 60 CCTF operating in the Republic (data CER 103, MHLSP).

Adoption

Three actions refer to children's adoption within the Action Plan, concerning the review of the legal framework in order to: (action 1.2.4) speed decision making, grant social support to adopters during custody, prevent and combat corruption in the adoption procedure; (action 1.2.5) ensure the guardianship on adoptable children, with the payment of the corresponding allowance during the period of entrusting these children to the adopters; (action 1.2.6) ensure the right of the adopter(s) to grant the additional paid leave with a duration of 30 calendar days in the period of matching with the adoptable child. In June 2019, all these actions were in progress. A draft law was prepared to be approved by the end of the year.

¹⁰⁷ However, the number of children 0-2 years has remained rather low (less than 70, in 2018).

¹⁰⁸ Data from 2018 CER 103 show that Leova and UTA Găgăuzia fall also in this category.

¹⁰⁹ See also Gheorghe and Budianschi (2019: 40).

¹¹⁰ Out of the rayons with 10 or more PPA, only Orhei, Criuleni, Ialoveni and Edineț did not organize it.

¹¹¹ Similar to children aged 0-2, the number of children with disabilities placed in PPA has almost doubled between 2014 and 2018, yet it remained low (only 73 children at the country level, at the end of 2018, CER 103).

¹¹² Social Inspection (2019).

¹¹³ In June 2019, according to the TSSA questionnaires (except for Leova, Șoldănești, Strășeni, and UTA Găgăuzia), 56 CCTF were in the Republic, with 248 beneficiaries.

However, the statistical data on adoption show that the number of adopted children has constantly declined after 2009 and registered an abrupt fall in 2017. Accordingly, the number of beneficiaries of the adoption allowance decreased. Nevertheless, the proportion of beneficiaries of adoption allowance among the adopted children has constantly grown from 57% in 2009 to 95% in 2018, which indicates that adoption is increasingly done by Moldovan citizens living in Moldova. Noticeable, adoption has lost its relevance as a permanent solution for children aged 0-2 years separated from parents, as their share in total adopted children reduced from 12% in 2012 to only 5% in 2018. For children with disabilities, adoption is even less relevant.

S.O. 1.3. Continuous decrease on the number of children placed in residential care

All available data indicate a considerable decrease of the number of children placed in residential institutions. According to the BNS data reported by the NCPDCS, the rate of institutionalized children per 100,000 children aged 0-17 years with usual residence has almost halved, from 492 to 252. However, the residential institutions used to be subordinated to Ministry of Health (MoH), Ministry of Education (MECR) and Ministry of Labour and Social Protection. As a result of institutional restructuring, nowadays the institutions for children are divided between MHLSP and MECR. Due to institutional fragmentation and to the lack of a comprehensive monitoring and evaluation framework, the process of deinstitutionalization cannot be rigorously assessed. Table 4 shows that, even after 5 years of implementation of the CPS MD, the evidence-based adjustments of the current policy cannot be identified based on the inconsistent data provided by various official sources.

Table 4: Number of institutionalized children in Moldova, 2010-2018

Source:	At the end of the year:	2010	2011	2012	2013	2014	2015	2016	2017	2018
CER 103	Children without parental care in residential services	4,418	3,204	1,818	1,804	1,470	1,188	1,037	1,470	1,129
CER 103A	Children without parental care in residential services			1,424	1,356	1,022	738	706	536	n.a.
CER 103A	Total no. of children in residential services			4,586	3,927	3,005	2,214	1,750	1,536	1,484
BNS/ NCPDCS	Total no. of children in residential service	6,770	5,711	4,889	3,927	3,005	2,214	1,750	1,536	1,484

The main source of inconsistencies in data comes from the lack of coordination between the two main instruments to collect data (CER 103 and CER 103A forms) by MHLSP. One instrument collects data from TSSA, while the other collects data from the residential institutions (which transmit those to TSSA). The problem is caused by the different scope of data (children without parental care versus beneficiaries of residential institutions, regardless whether they are separated from family or not), but more importantly by the lack of clarity. For example, the inconsistencies between the first two rows in Table 4 that have the same scope and the same reference period.

Furthermore, in the available data not even the types of institutions can be traced. The number of institutions by type is not available. The type of institution is not defined in a uniform manner across stakeholders and across the country. An example is provided below using the official data about children in institutions at the end of 2017. There is no correspondence between the types of institutions used in the two forms, since regardless how the types in CER 103A are combined, cannot be identified which ones correspond to placement centres and which ones correspond to other institutions from CER 103 form.

Official data for 2017

Total, of which:	1,470		Total, of which:	1,536
Community houses for children at risk	60	↔	Community houses for children at risk	42
Placement centres	585	?	Gymnasium of boarding type	456
Other institutions	825		Boarding schools of sanatorium type	0
			Boarding houses for children with mental impairments	101
			Special institutions for children with physical and sensory impairments	75
			Auxiliary boarding schools	126
			Maternal centres	78
			Temporary placement centres for early ages (0-6 years)	183
			Temporary placement centres for children aged 7-17	488

Source: CER 103

Source: CER 103A, Total no. of children

According to TSSA, between 2015 and June 2019, while the number of placement centres functioning in the country has increased, that of Community houses for children at risk stayed constant. The number of institutions of Boarding school type has decreased more than three times, as the inclusive education was implemented.

The CPS MD associated Action Plan planned for a broad evaluation process to be held between 2016 and 2018, in order to guide the deinstitutionalisation process, including: (action 1.3.1) a complex evaluation of children placed in residential institutions and elaboration of individual care plan for all of them; (action 1.3.2) complex evaluation of the residential institutions for children and corresponding reorganisation plan for each of those; (action 1.3.3) the development and adoption of a Framework Plan for the transformation of residential institutions. In addition, two actions require the implementation of the existing and newly developed (action 1.3.17) individual care plans for children and (action 1.3.18) reorganization plans for each residential institution. In June 2019, both the complex evaluation process and the implementation of assistance plans were ongoing. By contrast, the elaboration of a Framework Plan was cancelled, as explained by the representative of the main responsible institution for this action: "we don't need such a plan, we are in charge only to ensure access to quality education for all, whereas the problems of children living in institutions have a social nature, so others have the responsibility to address them" (Interview with central public administration institution). In addition, action 1.3.15 envisages the development of two types of residential services - Community house for children at risk and Community house for children with mental disabilities, among other social services. This action is in progress.

The TSSA reported a total number of 127 functioning residential institutions that they have considered to be placement centres in 15 rayons, with around 450 beneficiaries in June 2019. Only one centre had a reorganisation plan, while two thirds of children had an individual care plan based on a complex evaluation. Although the number of placement centres seems to have increased, the average size of these institutions has declined as the total number of beneficiaries was reduced. Regarding the institutions of Boarding type school,¹¹⁴ only TSSA from 9 rayons reported a total number of 33 functioning units with 155 beneficiaries, in June 2019. Out of those none had a reorganisation plan and only about a third of children had an individual care plan. The complex evaluation of children is in progress and has been achieved in partnership with large CSOs with significant international experience in deinstitutionalization, of which CCF Moldova was the most frequently mentioned by specialists. The complex evaluation of institutions was implemented at a much slower pace. The MECR mentioned plans for the end of 2019 to boost this process within a partnership with Lumos and other CSOs.

As a consequence, the number of children reintegrated in their biologic families registered a growing trend with a peak in 2016 and 2017, going stable in 2018. Data made available in 2017 regarding exits from residential services show that out of 1,090 children who left residential institutions during the year, 71% were reintegrated in their families. This represents an impressive achievement of all deinstitutionalization process. In 2018, the results stabilized but remained positive, with a total of 638 leaving institutions out of which 38% were reintegrated in the biological family. Additional 22% of them were offered the opportunity to grow up in a family type service (guardianship, PPA or CCTF), while other 8% left to high schools, vocational schools, colleges or higher education institutions.

Yet, a number of challenges are still to be addressed. The first challenge is that still the voice of children placed in residential care is poorly taken into consideration, as shown by the qualitative research conducted in mid-2019.

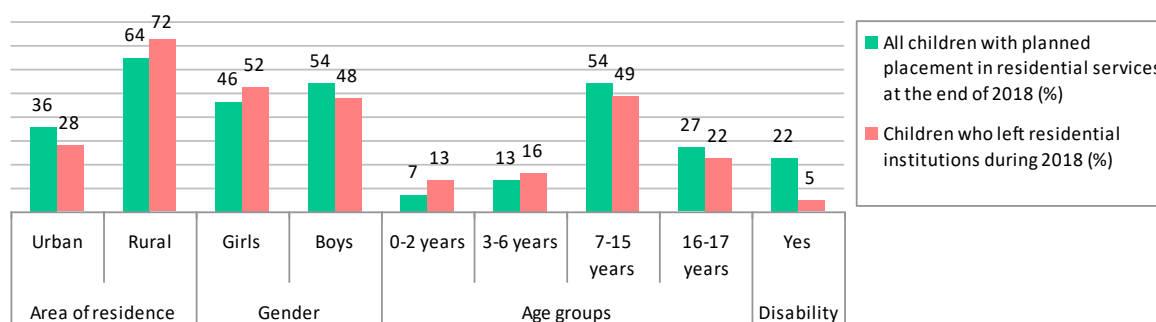
Nobody asks me about the menu, the menu is set from the Ministry... (Interview with a beneficiary of a residential institution, urban area)

I like pink colour, but nobody asks me what I want to wear, the carer/educator comes and brings me the clothes to wear. (Interview with a beneficiary of a residential institution, urban area)

The second challenge relates to the persistent equity issues. Figure 13 shows that among the institutionalized children are disproportionately represented boys, children from rural areas, children with ages 7 to 17 years, and especially children with disabilities. By comparing with the characteristics of children who leave the residential units it appears that children from rural areas are more numerous within institutions but they account for an even larger share of exits. With respect to gender, data seem to indicate that girls are fewer and they have a higher probability of leaving institutions as compared to boys. Nevertheless, the data on exits from 2017 confirm such a pattern, so this may vary from a year to another. Regarding the age groups, data show that children aged 0-6 years are not only fewer but they have a higher probability of leaving institutions compared with the older children. This is in line with the S.O. 1.2.

Figure 13: Characteristics of children living in residential services

¹¹⁴ These institutions overlap only partially with the category of "other residential institutions" used in the CER 103 form.



Source: Based on 2018 CER 103 (MHLSP). Data for 2017 display similar results with the exception of gender (see text above).

Children with disabilities

The issue of children with disabilities represents a challenge much more difficult to tackle. As we have shown above, the current network of foster care (PPA and CCTF) still has a low capacity to take over and provide quality services for this group. Consequently, children with disabilities account for 22% of all children in residential institutions, but only 5% of children leaving such services (Figure 13). Furthermore, data about children with disabilities left without parental care collected through CER 103 became available only in the 2018 version. A time series is available only about children with disabilities in institutions (collected through CER 103A form). The longest series of data is presented in the NCPCDS set (BNS data) and this shows an eleven times drop of the number of children with disabilities from 3,655 in 2010, 1,250 in 2014 when the CPS MD was adopted, to 338 children in 2018.

More importantly, consolidating all available data about children with disabilities placed over time in various forms of protection reveals that, even if their number shrunk, the practice to institutionalize them represents a structural feature yet to be address. Thus, out of all children with disabilities benefitting from a form of protection as much as 95% of them were placed in institutions in 2012. This proportion reduced only little (90%) until 2014 after which it has descended but reached only 67% in 2018. In other words, even at present, two of every three children with disabilities, once separated from parents, are placed in an institution.

Furthermore, they are not spread across the various types of institutions, but they are concentrated in rather large institutions almost exclusively for children with disabilities, which are: Boarding houses for children with mental impairments, Special institutions for children with physical and sensory impairments, Auxiliary boarding schools. The qualitative research revealed a resistance of specialists and local authorities to reorganize these types of institutions. The main arguments against restructuring of such institutions point out that the specialized services provided within institutions have not yet been developed in communities, and have very low chances to be developed due to the chronic lack of financial and human resources. A pronounced concern was repeatedly expressed in focus groups and interviews with specialists from all social fields that "children with disabilities will be the only losers of this process as after compulsory education is 'faked' in mainstream schools, most of them will have no chance to learn a trade, to ever make an independent life. The entire responsibility is placed on family shoulders, and so they will end up living unknown somewhere between the hills" (Focus group with specialists in urban areas).

For addressing the abovementioned concern, the CPS MD associated Action Plan included a series of measures aiming at the development within communities of various services for children with disabilities: (action 1.3.9) Changes/ additions on the normative framework for boosting inclusion of children with disabilities in preschool education (in progress, as "a permanent activity" according MECR; (action 1.3.10) Develop the legal framework (Standards and Regulations) for general education organization and operation of educational services for the schooling of children with severe disabilities. After piloting, home schooling and at distance became available (MECR);¹¹⁵ (action 1.3.11) Develop and approve the legal framework on providing psychological, psycho-pedagogical, speech therapy services, including for children with special educational needs. The newly elaborated framework was not approved by the Ministry of Justice, instead methodological guides were accepted and adopted (MECR); (action 1.3.12) Changes/ additions to the Framework Regulation on the organization and functioning of the district/municipal psycho-pedagogical assistance service (SPPA), approved by GD 732/2013. This action has been postponed for 2020, after the evaluation of selected SPPA will be finalised (MECR); (action 1.3.13) Changes/ additions to the existing legislation with provisions for transporting disabled children to and from educational facilities. Local authorities can procure transportation means for providing this service (MECR).

Besides the development of legal framework, other actions have envisaged the development of services, namely: (action 1.3.16) Developing the support services (assessment, rehabilitation, assistance) for inclusion of children with disabilities in preschool; (action 1.3.20) Piloting models of inclusive education for children with severe disabilities. This has been done in the period 2016-2019, in Ialoveni, in partnership with Lumos (MECR); (action 1.3.22) Developing the competences of the

¹¹⁵ No evaluation was done regarding the uptake and impact of these new opportunities.

qualified staff for assistance of children with special educational needs; (action 1.3.23) Specializing the SPPA personnel in working with children with senses deficiencies, autism and severe disabilities; (action 1.3.21) Ensuring transportation of children with disabilities to and from educational facilities. In June 2019, all these actions were in progress.

The support services (assessment, rehabilitation, assistance) for inclusion of children with disabilities in preschool have been developed in all districts of Moldova.¹¹⁶ A share of 41% of territorial-administrative units (LPA1) has developed such services, but 4% added that those services were totally insufficient for covering the local needs, especially from rural LPA1. The other 59% of LPA1 did not develop such services and only 6% mentioned a need in this respect. Hence, 53% have neither developed nor had any intent to do it. The rural areas are at a great disadvantage, as just 40% of localities that have developed such services as compared with 68% of urban LPA1.

A significant support for the inclusion of children with disabilities in mainstream education is also provided through Resource Centre, speech therapists and psychologists in primary schools and gymnasium. However, according to LPA1 representatives,¹¹⁷ these vital resources have still been scarce, particularly in rural areas. In June 2019, while 42% of cities and towns had one or more primary schools or gymnasium with a Resource Centre (29% had none and 29% did not answer), only a third of communes benefitted of at least a school with a Resource Centre (50% had none and 17% did not answer). However, during the field visits, the evaluators were repeatedly informed that the quality of services provided by the existing Resource Centre is "at least questionable, foremost due to the lack of trained human resources, particularly in schools with several children with difficulties" (Interview with CPCDS member, urban area). There is a lack of specialists. Only in about a third of towns there was at least one speech therapist in primary schools and gymnasiums. Among the rural localities this share falls to 6%. At least a psychologist in schools was reported in two thirds of cities and towns, whereas in rural areas only one in every five LPA1 had such resources. Thus, children with disabilities in rural areas still face a considerable risk of lack of support for integrating in mainstream education.

Besides the availability and quality of the support educational services, ensuring physical access to school for children with disabilities has remained problematic in some localities. Figure A5 (Annex7) shows that in 38% of all territorial-administrative units, transportation of children with disabilities to and from school was not available in June 2019, although it was necessary. Only 3% of all LPA1 mentioned plans to implement such services until 2020. The need for such services appears more prominent in towns and cities; 57% of them did not have such service while necessary, 30% provided the service and 13% declared that it is not needed. The action 1.3.13 of the Action Plan refers specifically to transporting children with disabilities to and from educational facilities. The activity was achieved, yet poor local budgets still feed the inequity related to the physical access to school.

¹¹⁶ Source: Online surveys, August-September 2019. Note: Did not answer LPA1 from Șoldănești. Non-response rate for these questions was 3%. Percentages in this paragraph were calculated from valid answers (N=656).

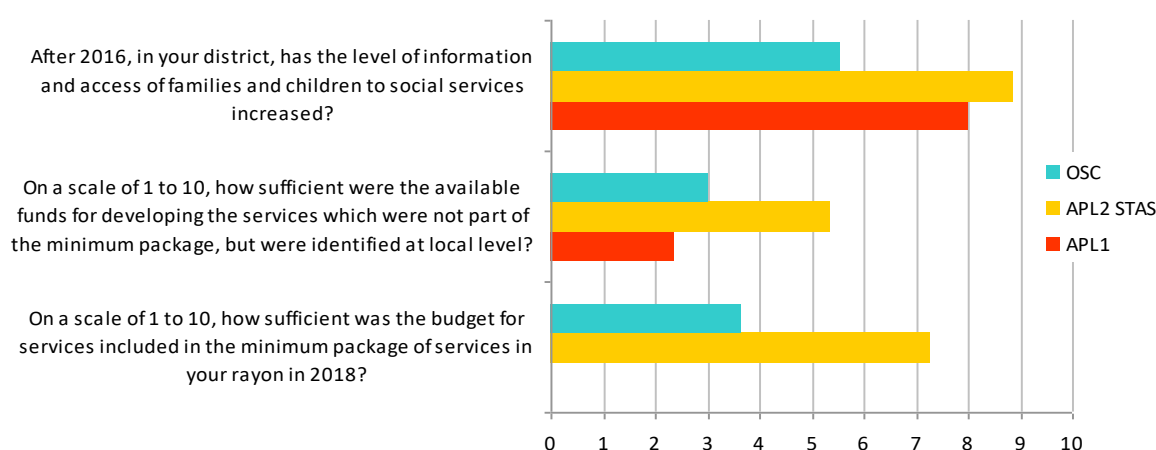
¹¹⁷ Source: Source: Online surveys, August-September 2019. Note: Did not answer LPA1 from Șoldănești.

Social services

The development of community services is a prerequisite both for preventing separation of child from family and for supporting the reintegration of children in their families. In this sense, the Action Plan includes a broad range of activities: (action 1.3.6) Review of the regulatory framework regarding the organization and operation of social services to families with children, children at risk and children separated from parents (orphanage family type, temporary placement centre for children at risk, centre living and placement centre for children with disabilities). This action was completed according to the MHLSP consolidated monitoring report on the CPS MD implementation from 2018; (action 1.3.4) Finalizing the mechanism for assessing the needs of social services at national and local level (including needs assessment and program planning for maintenance/development of social services). The MHLSP focused on the development of minimum package¹¹⁸ of social services (GD 800/2018) and the national mechanism was cancelled. The TSSA has the responsibility to identify, assess, plan, maintain, and develop social services at local level. (MHLSP); (action 1.3.24) Training of specialists/persons responsible for needs assessment mechanism of social services at national and local level. As the national mechanism was cancelled, this action also was ceased; (action 1.3.19) Accreditation of social services providers; (action 1.3.5) Developing mechanisms for ensuring sustainable funding for maintenance and development of local social services. As the national mechanism was cancelled, the responsibility regarding social services falls under the local authorities; (action 1.3.15) Development of various social services for families with children, children at risk and children separated from parents based, among which Personal assistance, Assisted social housing and Sheltered housing for people with mental disabilities; (action 1.3.7) Develop the legal framework for the provision of support for children who leave the social protection services. The last four actions were ongoing in June 2018.

The action (1.1.15) provided for increasing the level of information and access to social services to families and children by TSSA. According to the specialists working in TSSA or at the local level, the level of information has increased "to a (very) large extent", as shown in figure below.

Figure 14: The mismatch between supply of and demand for social services



Source: Online surveys, August-September 2019.

By contrast, the CSO representatives considered the progress as being "barely satisfactory". During our field meetings with parents and children we observed a rather good level of information, although this could have been biased due to the recruitment procedure.¹¹⁹ Nonetheless, some of them complained about the difficult relationship with the social assistance representatives, and the lack of fully open and easily available ways to information necessary to access various benefits and services. As well, they complained about the lack of a functional grievance mechanism.

The participation of rights holders in planning the development of social services is well covered in legislation and in all methodological guides. However, most often it is done "only in a sporadic way, largely by the NGOs that develop services, but not in all cases, though there are good practices for consulting children's opinion, such as those developed by NEOVITA, CIDDC [The Child Rights Information Centre]". (Citation from a questionnaire)

Developing mechanisms for ensuring sustainable funding for maintenance and development of local social services has not been achieved and has no realistic chances to be ensured. Under-financing was a recurrent theme in interviews and focus

¹¹⁸ The minimum package of services includes: monetary support for disadvantaged families/persons, personal assistance services, and family support service for families with children. Funding of this package is carried out by TSSA within a threshold decided by the MHLSP.

¹¹⁹ Participants were selected from the beneficiaries of various services.

groups, and it was confirmed by the survey data. As shown in Figure 14, as consensus, only the budget allocated for the minimum package of services was satisfactory, whereas funding for maintenance and development of social services was severe.

Thus, in the period of the CPS MD implementation, the level of information of families and children about the available social services has improved, which has led to an increased demand for social services. Simultaneously, the access to social services has still been hindered, particularly due to insufficient funds, which have limited the available supply of social services within communities. This mismatch between high demand for services and limited supply has represented an increasing difficulty within the client-provider relation, mentioned in interviews both by parents and specialists.

However, within the limited funds available, and sometimes in partnership with CSOs, the TSSA developed a variety of social services with a preventive focus:¹²⁰

- Personal assistance (part of the minimum package of social services) was available throughout the country, but 25 rayons reported waiting lists due to insufficient funding
- Day care centres for children were reported in 22 rayons, but only Telenesti, Ungheni, and Donduşeni with a significant number of localities covered
- Parents's school have been developed only in Orhei and Făleşti, although there are good practices and guide developed by the CSOs
- Social canteens have been made available only in 13 rayons, but only in Hânceşti, Cimişlia, Căuşeni, Teleneşti, Soroca and Floreşti with a better coverage (4-6 canteens per rayon)
- Maternal centres for mother and child in 10 rayons
- Respiro (*răgaz*) services in 6 rayons, but of small capacity (except for Orhei)
- Mobile teams in 16 services, of which 8 with more than one unit.

In partnership with the CSOs, 10 TSSA have developed support services for children and youth who leave the social protection services, such as socio-professional integration services, centre of resources or sheltered housing. Just one more TSSA have plans to develop until 2020 such services.

S.O. 1.4. Reduce the negative effects of parents' migration on children left behind

There are foreseen six actions, out of which four were postponed for 2021. One line of action relate to the legal representation of the rights and interests of children, child custody and legal responsibility for the upbringing and child care, including for children with both/single parent(s) abroad. In this respect, (action 1.4.1) refer to drafting a new law; (action 1.4.3) to the development of an informational platform for awareness and counselling for parents, including migrant parents and their children on effective communication with children; and (action 1.4.6) to conduct a campaign to inform migrant parents about how to appoint the person to whom the child is entrusted during the absence of parents and the available support resources. As in June 2019 the new law has been in the process of being approved, the other two actions have been postponed until the law will be adopted (MHLSP).

The second line of action relates to development of the Automated Informational System "Social Assistance" with a module for regular monitoring of the situation of children with both/single parent(s) abroad (action 1.4.4). This was postponed for 2021 (MHLSP). The third line of action involved guardianship/ trusteeship, including for children with both/single parent(s) abroad: (action 1.4.2) developing new regulations for clearly distinguishing between *tutela* and *curatela*, the last being established especially for children with both/single parent(s) abroad; and (action 1.4.5) training local and territorial guardianship authorities (LPA1 and TSSA) and child protection specialists on how to establishing the newly introduced guardianship/trusteeship. In June 2019, the first action was in progress, while the second one was on hold (MHLSP). However, in relation to these new regulations, the registration procedure of children separated from parents due to parents' outward migration was changed and, correspondingly, the CER 103 form was adjusted.

As shown in S.O. 1.1, the number of children separated from parents due to the parents' migration abroad is very high. Due to change in the registration procedure it is difficult to determine whether this number has increased or it was simply under-registered before. However, the number of children left behind is certainly much higher given that only a small part of parents who migrate abroad announce the guardianship authority (LPA1). For example, in 2017, only parents of a third of all children left behind announced the guardianship authority and established guardianship as provided by art. 13 of the Law no. 140/2013.¹²¹

Due to the change in registration/ reporting, the total number of children in guardianship/ trusteeship has recorded a steep increase, whereas the number of those benefitting from guardianship allowance has stayed rather constant, as most of the children with both/single parent(s) abroad are in guardianship but do not receive this benefit (Figure A6, Annex 7).

¹²⁰ Source: Online surveys, August-September 2019. Note: Did not answer TSSA from rayons: Leova, Şoldăneşti, Străşeni, and UTA Găgăuzia.

¹²¹ Parliament of the Republic of Moldova (2018).

The qualitative research showed that in social assistance offices the lack of clarity in the registration procedure creates difficulties in handling the guardianship files. It was reiterated by various local specialists that in spite of changes in regulations (such as the Law no. 66/2017), cases of mayors who refuse to issue guardianship when parents are not present have remained frequent.¹²² Consequently, some mayors apply a temporary guardianship, until parents come back from abroad, as they are not willing to assume this responsibility if parents are absent.

In some communities the monitoring of children with parents abroad is done only in a sporadic manner. In other communities, the monitoring is more systematic being done by the community social worker in close cooperation with the kindergarten and school. However, it is not done in varying ways from a community to another.

We constantly monitor the situation of children left behind by migrant parents, we make guardianship assignment for every child when the parents come and ask for other benefits. We also work with the school and kindergarten, no institution receives them without guardianship. (Focus group with community social workers, urban area)

The directors have their own evidence, all schools and kindergartens send a notice to the social assistance office and they sum up all the cases and report them at rayon level. We suggest them to have guardianship responsibility put in place, but parents understand that if we assign guardianship, we will take away from their parental rights. If they leave the country for more than three months, the guardianship becomes problematic. (Focus group multidisciplinary team, rural area)

Furthermore, the institutional mechanism for monitoring children left behind by migrant parents is fragmented. This is based on a form which is periodically filled in by the community social workers (data disaggregated by age and gender and coverage with guardianship/trusteeship), which is sent to TSSA at semester. In parallel, similar data are collected at the level of Education Directorates, yet the two institutions do not exchange information in a systematic manner. The lack of a comprehensive monitoring mechanism to which to participate into a coordinated manner all relevant local actors hinders the collection of accurate data about the situation of children left behind by migrant parents.

¹²² This issue was also identified by previous studies (UNICEF, 2015: 73).

GENERAL OBJECTIVE. 2. Preventing and combating violence, neglect and exploitation of children, promotion of non-violent practices in raising children

S.O. 2.1.

Prevention of violence, neglect and exploitation of children

The cross-sectoral Strategy¹²³ for development of parental skills and abilities for the period of 2016-2022 has been adopted in 2016 (GD no. 1106), yet no plan of actions or national program has been adopted. Nevertheless, a draft Plan of actions for implementing the Strategy has been prepared and consulted in 2018 in several rayons, with public administration specialists from locality and rayon levels.¹²⁴ In line with this Strategy, the CPS MD has considered (action 2.1.1) the development of a set of parental education programs to be implemented in social assistance, education and health sectors, as well as (action 2.1.9) the actual implementation of these programs. In June 2019, no national program was developed, yet various activities have been implemented across the country. As we have already mentioned previously, the achievement of this outcome has been a serendipity effect.

Overall, at the Republic level, 38% of all LPA1 reported that parental education activities were implemented until June 2019. Regional disparities are not significant, but those between rayons are considerable (Figure A7, Annex 7). Thus, the proportion of localities in which parental education was implemented varies between over 90% in Căuşeni and below 5% in Ocniţa.

Consistent information is needed to show whether participation in parental education programs makes a significant change in the caring practices used for children's upbringing and education. Based on their experience, there is a consensus among stakeholders (LPA1, TSSA and CSOs) that the parental education has a satisfactory impact on preventing child separation from family, as well as on reintegration of children into family (with an average score of 7.3 on a scale from 1 to 10).¹²⁵ "Unfortunately, the impact is limited to parents participating in courses and not enough parents accept to take part" commented an CSO representative in the questionnaire.

At the local level different initiatives in the field of parental education have been performed by specialists from all social sectors. The health sector representatives conduct parental education activities when carrying out field visits for preventing infant mortality, while specialists from SPPA services organized parental education programs for parents of children with special education needs.

We called them and we taught them how to educate their children, how they should be involved, not to leave everything for the specialists. It's true that parents are not enough involved, but we convinced them ..., now everybody wants to be enrolled with our services, they learned we have results. We call them and say if you want to be enrolled then first take the parental education program. (Interview with SPPA representative, urban area)

The CSOs have significantly contributed to this outcome, to mention only few (in alphabetical order): Amici dei Bambini Moldova, Concordia Moldova, Every Child, Keystone, Lumos, National Center for Prevention of Child Abuse, Terre des Hommes, Tinerii pentru Cristos Moldova, Voinicel Center of Early Intervention. For example, in the project on Mellow Parenting, funded by Every Child, couples of mother and child from vulnerable families benefitted from parental education programs on issues related to activities, nutrition, toys, etc.: "mothers were even videotaped, then they saw the video in order to see how they acted, the project was very good for them" (project site). In other rayon, as part of Moldova Project,¹²⁶ a series of toy libraries (*ludotheques*) have been developed in the rural area and vulnerable families have been supported. The qualitative research identified recommendation suggested by TSSA professionals to allocate funds for parental education activities as part of the family support program/ benefits.¹²⁷ Key challenges that remain to be addressed in this field are the lack of specialized human resources, psychologists in particular, alongside parents' reluctance to participate in this type of programs.

¹²³ The targets set by this Strategy are: (i) about 80% of parents/ legal representatives/ care takers for the child who participate in parental education programs apply positive practice for caring, raising and educating children; (ii) about 80% of children (aged 0-18 years) will develop harmoniously in a family environment more appropriate for achieving their potential; (iii) about 90% of children aged 0-7 years will develop accordingly to the learning and early development standards.

¹²⁴ <https://cancelaria.gov.md/ro/content/planul-de-actiuni-al-strategiei-privind-dezvoltarea-competentelor-parentale-fost-consultat>

¹²⁵ Therefore, the achievement of this outcome is also relevant for S.O. 1.1.

¹²⁶ <https://www.themoldovaproject.com/>

¹²⁷ As part of the qualitative research, the evaluation team members assisted at informal parental education activities performed by TSSA professionals for single parent families who benefitted from family support program.

We here at rayon level, we don't have enough psychologists, neither does the Police and they should all be compelled to work with the psychologist, especially in cases of abuse, neglect and violence, because you see, I would work with the mother beating her girl, but she just slammed the door to my face. (Group discussion with CPDC members, urban area)

Second expected outcome for this objective (Reduction in the incidence of re-victimization cases) cannot be assessed as there are no data available. The only available data come from the free phone assistance services for victims of domestic violence and of violence against women, a service set up in partnership by MHLSP and La Strada (action 2.1.15). From a total number of 1,495 calls regarding domestic violence, 819 are new cases and 108 represent 'old' cases of violence. Data by age and gender show there are 148 cases of children, out of which 65 girls. For cases of referrals on domestic violence, there was only one case with one child as victim.¹²⁸ In a different order, the free phone assistance service is functional, but according to various CSOs representatives it covers only at a small extent the existing needs.¹²⁹ In addition, data from CNPAC recent survey (2018) show that only 4 in 10 parents with children aged 5-11 years talk with their children on the risks of sexual abuse, while 7 in 10 people consider that cases of abuse are not reported for fear of abuse and lack of trust in the solutions provided to individual cases by authorities.¹³⁰

Serious efforts were made for (actions 2.1.20 and 2.1.21) training on preventing and combating violence against children of specialists from educational institutions, health care and social assistance, culture, public policy, state labour inspectorate, other authorities and public institutions responsible for child protection. Also, (action 2.1.19) curriculum were revised for incorporating prevention and combating violence against children for the initial and continuous training of students in social assistance, pedagogy, psychology, medicine, law, public administration, journalism, and police. Debates, workshops and experience exchange regarding these issues were organized across the country. Additionally, awareness campaigns on prevention of violence against children, prevention of child sexual abuse and the safe and responsible use of the Internet by children were carried out (actions 2.1.22, 2.1.23, 2.1.24). Anyway the discussions during fieldwork with stakeholders and especially with children brought into light the need for more information and education campaign about the safe and responsible use of the Internet by children: "especially migrant parents bought expensive phones, with Internet connection and this is why we also had a danger with the blue game" (Group discussion, multidisciplinary team, rural area).

Also, the development of various services with a prevention focus has been initiated, regardless the delays in elaborating the corresponding legal framework:

- (action 2.1.5) Placement services for children with deviant behaviour, children who have committed offenses were reported in Făleşti and Cahul. In addition, Bălți Municipality, Chişinău Municipality, Ialoveni, and Soroca declared to have plans for opening such a service in 2019 or 2020.
- (action 2.1.7) Services for securing and facilitating meetings of children with a parent who lives separately from possible abuse child, parents in conflict situations, prevention of child abduction were reported by TSSA from Municipality Bălți and Făleşti. Other 7 rayons mentioned the need for such services.
- (action 2.1.13) Services for securing and facilitating of meetings possible abuse of children by parents, parents in conflict situations, prevention of child abduction reported by TSSA from Căuşeni and Drochia.
- (action 2.1.12) A service for street children is piloted in Chişinău Municipality.
- (action 2.1.14) Rehabilitation services for offenders, including sex offenders were reported by TSSA Drochia and Căuşeni
- (action 2.1.11) Psycho-pedagogical support for children with behavioural problems was developed by the SPPA in few rayons.

S.O. 2.2. Combating violence, neglect and exploitation of children

Related to achieving this objective there are several significant improvements accomplished regarding: improved regulatory framework, national level awareness campaigns, and enhanced functioning of the cross sectoral cooperation mechanism for identifying, assessment, referral, assistance, monitoring of children victims and potential victims of violence, neglect, exploitation and traffic. At the same time, challenges with potential effects on multiple specific

¹²⁸ MHLSP (2019b: 31).

¹²⁹ Data from 2018 Annual Activity Report on Child's Phone Line show that in what concerns the cases referred through this channel, the statistics of cases of violence, abuse and neglect indicate that the abusers for cases of physical or psychological violence are parents or caretakers, while neighbors or friends represent abusers in cases of sexual violence against children.

((http://lastrada.md/pic/uploaded/Telefonul%20Copilului_raport%20anual%202018.pdf)

¹³⁰ Available here: http://cnpac.org.md/uploaded/Publicatii/Raport%20CNPAC_2018_romanian.pdf

objectives, have to be still faced: lack of human/financial resources/ specialized services at local level, weak cooperation between members of the multidisciplinary team and social norms which still consider violence as acceptable.¹³¹

In 2017 the Republic of Moldova signed the European Council Convention regarding preventing and combating violence against women and domestic violence. In addition, in 2018 the National Strategy for prevention and fight against violence towards women and violence in the family for the years of 2018-2023 and its Action Plan have been adopted. Furthermore, the cross sectoral instructions for intervention in cases of domestic violence (approved in 2018) are piloted in five rayons - Căușeni, Făleşti, Orhei, Cahul and Hîncești.

A national level campaign (Neighbours for neighbours) aimed to raise awareness on reporting cases of violence and neglect through an increased number of cases reported by neighbours. Even if people are not always willing to mention their name when reporting, there is also the possibility to report anonymously cases of violence, neglect, exploitation and trafficking – "even if it is a false suspicion, we aim to encourage people to tell us, we go and check and see what is the situation" (Focus group multidisciplinary team, urban area). Besides this campaign, there are several events and campaigns aimed to raise awareness mentioned in the annual reports on domestic violence and violence against women issued by MHLSP.¹³²

Statistical data for 2018 show there is an increase in the referral rate of cases of violence identified for support of child victims (compared to 2017).¹³³ This holds true for both absolute numbers as well as share in the total number of at-risk children (related to expected outcome 1 for this objective). More than half of child victims of violence are boys, more victims are registered in the urban area and about one third of them are in the age range of 16-17 years.¹³⁴ Most cases are for victims of physical and psychological violence. There is however a different picture for cases of neglect. The referral trend is increasing as well, yet the share of boys and girls victims of neglect is almost equal, and there are more victims of neglect from the rural area. More than half of the victims of neglect are aged between 7 and 15 years and most frequent reasons for neglect are related to hygiene, clothing, surveillance and nutrition.

- (action 2.2.8) Temporary placement centres with emergency child victims of violence, neglect, exploitation and trafficking were reported in 11 rayons and another 6 mentioned the need for such services;
- (action 2.2.7) Specialized psychological recovery of child victims of violence, neglect, exploitation and trafficking was reported as being available in 8 rayons and additional 7 mentioned the need for such services.

GENERAL OBJECTIVE 3. Reconciling family and work to ensure growth and harmonious development of the child

S.O. 3.1.

Resizing the social significance of motherhood and fatherhood and the role of both parents in raising children

Expected outcomes are associated with this objective, namely i) increasing the rate of reintegration of women in employment and ii) reduce prejudices on the role of both parents in raising children and promote equal parenting. Neither can be assessed, as there are no monitoring data available.¹³⁵

Two activities under this objective have been implemented in the monitoring timeframe. These are represented by (action 3.1.4) revision of regulatory framework regarding the level of social benefits for child care in the regulatory framework and the regulation of paternity leave for a period of 14 days. In addition, (action 3.1.3) the implementation of a national social housing program for families with children at risk is considered by part of the interviewed stakeholders as "irrelevant". It might be the case that the situation depends on the local needs, as the evaluation team found social houses available in urban areas, while other stakeholders (also from the urban area) stated that there have been plenty of houses available for a low price rent, since many families left for work abroad. Yet, social community workers explained to the evaluators that a

¹³¹ About half of women in Moldova consider domestic violence as a private matter and almost half of them hold victim-blaming views (OSCE, 2019: v).

¹³² MHLSP (2019).

¹³³ For the period of 2014-2016, the cases of children left without parental care as a consequence of cases of not fulfilling parental responsibilities (abuse, neglect and violence) is in a rather constant evolution.

¹³⁴ Most of the child victims of violence are in the age range of 7-15 years old.

¹³⁵ Yet, some proxy data are available from the National Bureau of Statistics regarding gender statistics. For the monitoring period, employment rate of female aged 25-49 years with at least one small child (aged 0-6 years) increased from 37.2% in 2014 to 39.1% in 2018 (with a maximum value of 40.1 registered in 2016). The evolution was almost constant in the urban area (except for 2016), and a significant increase was registered in the rural area from 38.8% in 2014 to 44.4% in 2018. Simultaneously, the gender pay gap for all economic activities, increased from 12.4% to 14.4%. Available here: <http://statbank.statistica.md/pxweb/pxweb/ro/50%20Statistica%20gender/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774>

part of the families are not eligible for receiving social aid, as they do not have official papers for renting the house. Again, this might be the case for a non-standardized law enforcement policy across the rayons.

S.O. 3.2.

Promoting support services for employed parents

The expected outcome indicator, meaning parents, especially women with children have equal access comparable to (re) integration in the labour market, holds the same monitoring shortcoming as the ones mentioned above in S.O.3.1.¹³⁶

The latest data on expected progress indicators for this objective show that the targets have not been achieved. Official statistics bring out that the enrolment of children aged 1-2 years in preschool education (crèches/nurseries) is of 21.9% for 2018 (compared to the target set to at least 33% of children aged 1-3 years). Moreover, inequity across residential areas is still significant: 30.5% in the urban localities compared to 17.1% in the rural area. The same data source¹³⁷ shows that in the rural area the enrolment of children in preschool education between 3 and 6 years old is of 73% for 2018, unchanged compared to 2017 and significantly less than the target set at 90% for children in rural area.

At the request of parents, local public administration authorities can organize nursery education, funded by local budgets (action 3.2.5). In some rayons, like Glodeni, CCF Moldova supported the development of social crèche with all the necessary expenditures, including space renewal, equipment, personnel training, selecting beneficiaries and ensuring functionality. However, out of all localities in the Republic, less than 30% declared in the online survey that they developed nursery education between 2017 and 2017. This percentage varies from 63% of urban localities to 28% of rural ones. According to the data reported by TSSA in the online survey, the rayons could be divided in five categories: localities from 11 rayons have developed crèches enough to cover the needs to a large extent;¹³⁸ in other 4 rayons - Criuleni, Donduşeni, Făleşti and Ialoveni - some localities have developed crèches but the existing network does not cover the needs; Nisporeni and Hânceşti declared that they neither developed crèches, nor need to do it; 12 rayons declared that crèches were not developed while very much needed; and 6 rayons did not respond to these questions. In addition, the qualitative research showed ongoing challenges: (i) especially in the urban area, where the available places in crèches do not match the needs; (ii) in other cases, the large number of small children enrolled in a single crèche group makes it difficult to deliver high quality care and education; (iii) in other rural area, the crèches have not been organized at all due to the lack of space – still, they are needed "as mothers are required to stay at home with children, they have no place to take the children to" (interview with a mayor, rural area).

EQ.2.2. Factors influencing the achievement or non-achievement of the objectives

The balance between factors promoting or hindering effectiveness is more inclined towards factors influencing non-achievement of the objectives by the time this evaluation has been performed. In order to achieve the ambitious targets/ outcomes set in the Strategy and its associated Action Plan, this balance should be reversed. This cannot be achieved without a strong commitment across central government institutions and a powerful coordination role assumed by MHLSP. Nevertheless, there are several key enablers that can further promote achievement of objectives.

- The improved regulatory framework enacted in several intervention areas, like preventing child separation from the family, preventing and combating violence, neglect and abuse, development of services at the local level (enactment of the law on the minimum package of social services).

When it comes to violence I don't forgive any abuser, the policeman makes all the necessary paperwork; now the legislation has been changed and they have to carry out community work, by an Order issued by the Court, I have a file for each of them and I monitor everyone's work, it's already much better now that the legislation changed" (Interview, mayor, rural area).

- Strong political commitment at central level for continuing the deinstitutionalization process.
- The decreased tolerance for violence in both general population as well as with the local public authorities (subjective perception indicators collected in the qualitative research). The evaluators have also been told that there is a general increased knowledge of children regarding cases of

¹³⁶ Proxy data show that the share of part-time female workers registered a slight decrease, from 6.9% in 2014 to 6% in 2017 (data for 2018 are not available).

¹³⁷ NBS, Press release, *Activity of early education institutions for the year of 2017 and 2018*.

¹³⁸ These rayons were: Anenii Noi, Dubăsari, Căuşeni, Cahul, Călăraşi, Bălţi Municipality, Râşcani, Taraclia, Soroca, Chişinău, and Teleneşti.

violence and neglect, as a result of the awareness campaigns conducted in kindergartens and schools. Consequently, parents (especially fathers) 'are now much more cautious, as children know that dad should not beat mom'.

- The improved administrative capacity at local level through the training sessions provided with or without the support of NGOs. In addition, a national level policy element acts as enabling factor for reporting cases of violence against women and children: the composition of local multidisciplinary teams includes a female policeman.
- Further strengthening of the already accumulated experience of working together in cross-sectoral mechanisms.

Building upon the support offered by international organizations like UNICEF, World Bank, UNDP. International donor organizations made notable contributions to promoting child rights in Moldova (see section 5.7 Coordination).

The key factors acting as bottlenecks for achieving Strategy's objectives and the realisation of children's rights as a whole are represented by organizational, contextual and managerial elements. Lack of specialized human resources, especially psychologists available within the police services, further weakens the cross-sectoral cooperation. In addition, frequent change of personnel in public services at central and local level (also in relation to political instability) acts as an obstacle to improved institutional cooperation.¹³⁹

To be honest with you, the multidisciplinary team works as a ping-pong match, it's not mine, it's yours. The Police has no psychologist, this is why in our institution, people come from their holidays to cover the needs, it's not really proper how we are called, we should have our name changed from Psycho-Pedagogical Assistance Service (SPPA) into Psychological Emergency Service (SUP). (Group discussion SAP representatives, urban area)

Lack of necessary financial resources for: (i) funding a child protection specialist in the municipality structure; (ii) continuous professional training of public services personnel (including training provided for working as a team to the whole team, not only for individual members of the team); (iii) transportation resources for members of the multidisciplinary team and (iii) other areas related to beneficiaries' area – e.g. services provided by NGOs only for children located in the rayon.

Lack of cooperation between local stakeholders which are part of the multidisciplinary team has been claimed by part of the stakeholders participating in the qualitative research.¹⁴⁰ In the education area, representatives of the Psycho-Pedagogical Assistance Services shared with the evaluators the lack of inefficiency of referral mechanism for domestic violence against children, even though formally each school has a coordinator in the field of violence.

When the referral note comes, only the social worker goes, the doctor and the policeman don't come. We, the girls from social work, we go together, we are a team for each other. The teacher and the psychologist don't even know where the beneficiaries live. The key difficulties would be that many time beneficiaries don't want to talk to anyone, the police is no help for us, they neither have the time, nor the transportation and they don't want to come with us on the field. We don't have transportation, we have a bus subscription and there is no bus going at the edge of the city, where we go. (Group discussion social workers, urban area)

Each educational institution has a coordinator for the field of violence. There are many cases of domestic violence that should be brought to our attention, but they are not, we only learn about cases of violence

¹³⁹ This is further hindered by insufficient transportation resources for members of the team (especially social workers and policemen), as highlighted by local stakeholders in the qualitative research.

¹⁴⁰ Annual report for 2018 on domestic violence and violence against women issued by MHLSP mentions inefficiency of multidisciplinary teams as a key challenge that remains to be addressed, but this challenge should be addressed by cause roots, as the ones previously mentioned. The same source of information assesses as an unequal distribution of responsibilities between multidisciplinary teams and legal/ court institutions – in this field, another problem remains the problem of non-enforcement of protection ordinances for victims of domestic violence, as well as non-standardized practice of issuing protection ordinances by courts in cases of domestic violence victims and documents for execution issued by Police services.

*in school. This is why I must say that in our case the cross sectoral mechanism does not work very well.
(Interview SPPA director, urban area)*

Lack of inter-institutional coordination implemented across the Government, especially for the deinstitutionalization process.

In contrast with the qualitative subjective perception on decreased tolerance against cases of neglect, abuse or violence, stakeholders still identify as an obstacle population's attitudes towards cases of violence, neglect and exploitation. This has several implications:

(i) working with parents in these cases can prove to be very difficult. Thus, reintegration in the family is also hindered and therefore, the period of time the child spends in the residential institutions is extended. Furthermore, parents can enhance the psychological violence against their children so that some potential cases of victims of violence do not succeed in being reported and registered as cases of violence, neglect or exploitation.

*Even though children are taken from their family and placed in the centre, parents are passive, they can stay for a long time in the centre, nothing changes at home, including hygienic and sanitation conditions.
(Group discussion multidisciplinary team, rural area)*

We have own initiative cases, but in some instances, the child is „educated” by his/her parents at night time, and in the morning he/she declares that he/she has eaten bread and salami, even though they have no bread or salami in the house (Group discussion with CPCDS members, urban area)

(ii) One of the most recent studies on violence against women¹⁴¹ shows that shame, fear, mistrust of the police and healthcare professionals, as well as lack of long-term and practical support such as housing and financial aid, represent obstacles for accessing services for women victims of violence (OSCE, 2019).¹⁴² In addition, in rural areas, 'where everyone knows everyone, nobody wants to argue with the neighbour, this is why they don't want to be reported as witness in cases of violence or neglect' (Interview mayor, rural area).

Lack of specialized services available at local level. In particular, the relevant stakeholders interviewed in the qualitative research reported lack of services for perpetrators in cases of alcohol abuse as well as lack of specialized services for victims of domestic violence.¹⁴³

Non-standardized law enforcement of legislative provisions. The qualitative research identified cases of municipalities employing the child protection specialist as a permanent position funded through the State Budget (and not from the local budgets, as provisioned in the Plan of Actions). This has been enacted with prior approval of the State Chancellery. At the same time, most of the interviewed mayors did not even know that this legal possibility exists.

Lack of voice and accountability mechanisms. Rights-holders' voice is poorly embedded in policy formulation. Accountability and participation by institutional representatives from local level are also underdeveloped (see Section 5.3 Efficiency).

EQ.2.3. Unplanned effects

As any policy document, the implementation of the Strategy and Plan of Activities are context-dependent. It is most likely that the frequent political instability has affected implementation process, probably in a rather negative way. Even so, the evidence collected for this evaluation did not reflect any significant unexpected or unplanned (positive or negative) effects of Strategy and Plan of Actions implementation.

¹⁴¹ Findings from a survey conducted on a representative sample of 1,802 women aged 18–74 living in Moldova.

¹⁴² Available at: <http://antiviolența.gov.md/wp-content/uploads/2019/08/OSCE-Well-Being-and-Safety-of-Women-Moldova-designed-V11-OSCE-No-Trim-Marks.pdf>

¹⁴³ Also mentioned in the annual report for 2018 on domestic violence – in relation to the lack of Centres for assistance of domestic violence victims and developing Centres for rehabilitation of domestic perpetrators. (MHLSP, 2019).

Interviewed stakeholders did not mention any unplanned effect, except for: (i) the negative consequences referred above to an increased length of child's stay in the residential system (as a consequence of difficult implementation of parental education programs and lack of specialized services); (ii) lack of effective reporting mechanisms of cases of violence when parents enhance the psychological violence against their child/ children; (iii) a visited foster care mentioned the psychological pressure for their own biological children when taking into care children from the residential system – 'my older daughter was still a child by the time I took the first child, and it was too much for her, she helped me a lot with all the housework but after a while, she needed support from a psychologist, she didn't manage any more'.

5.3. Efficiency



1. Were activities and interventions cost-efficient? Were they implemented in the most efficient way compared to alternatives?
2. Were objectives (general and specific), activities and expected results at output and outcome levels achieved on time?
3. Are the resources (money, human resources, facilities/ capital assets) sufficiently efficient?
4. How well the implementation of activities has been managed? What management and monitoring tools have been used and what tools could have been used?

In line with other strategic evaluations, this study does not use a conventional approach, but it is based on the triangulation of information from various sources and multiple key informants on the extent to which the CPS MD 2014-2020 results were achieved without waste and with a minimum of transaction costs, but also the quality and timeliness of the actual outputs.

EQ.3.1. Cost - efficiency of interventions

By the time this mid-term evaluation has been performed, only a quarter of the activities provisioned in the Plan of Activities have been completed.¹⁴⁴ As noted above, they refer mainly to changes in the regulatory framework. This type of activities has not been estimated as requiring dedicated funds, although they should have been. They (or at least part of them) could have been part of a Regulatory Impact Assessment (RIA) exercise. Regulatory impact analysis (RIA) is a systemic approach to critically assessing the positive and negative effects of proposed and existing regulations, and non-regulatory alternatives (OECD, 2009). It can be used as a tool to improve coordination among stakeholders, clearly evaluate implementation alternatives and develop sound evidence based policy. Given the limited institutional capacity of central government institutions, it is also an instrument to develop their administrative capacity to change for the better key areas of government performance: regulatory quality, government effectiveness, and voice and accountability.¹⁴⁵ Such type of activity can be conducted with the support of international donor organizations currently active in the Republic of Moldova.

The rest of actions which have not been yet completed, including the set of actions initiated and in progress has been negatively affected by the lack of a clear estimation of necessary funding. Only a part of the activities/ services from the Plan of activities are included/ clearly marked in the State Budget funding lines, as can be noted from the data provided by the Ministry for Public Finance (Table 5). The

¹⁴⁴ According to the dashboard previously presented, based on compilation of collected quantitative and qualitative data.

¹⁴⁵ In line with the definitions of Worldwide Governance Indicators, World Bank, available at: <https://info.worldbank.org/governance/wgi/Home/Documents>

financial support offered by large NGOs and international organizations has not been estimated and included in the financial planning of the Strategy and Plan of Activities. Taking into consideration all of the above, a cost-efficient analysis is unlikely to be accurately performed, even for the summative evaluation for the Strategy.

EQ.3.2. Timely achievement of objectives, activities and expected results

As outlined in the ToR, Strategy's implementation has been structured into three phases. This evaluation concerns the first two implementation phases, which cover the period 2014-2019.

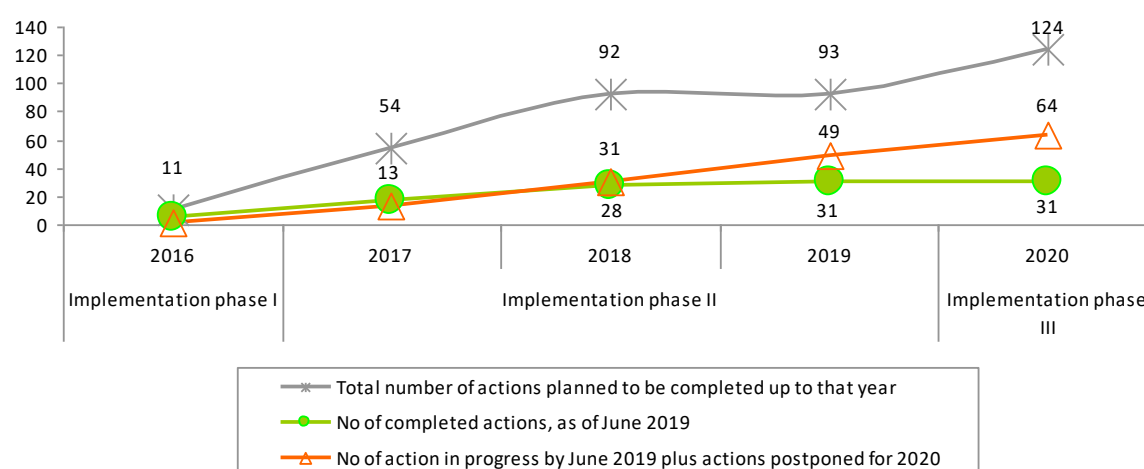
At the level of general/ specific objectives and expected results, there have not been intermediary targets set for their achievement at mid-term. All of the expected outcomes have been planned within the final deadline for implementing the Strategy and Plan of Actions. In addition, monitoring progress over expected results is problematic for most part of general and specific objectives, as outlined in the section on effectiveness. Perceptions from the survey conducted by the evaluation team indicate the dominant opinion among stakeholders is that most objectives of the Strategy (general and specific), activities from the Plan as well as expected results, have been either achieved or likely to be achieved in due time.

Time estimations have been associated only at the level of activities. The Plan of Activities has been approved two years after the Strategy has been validated, which means that the time frame for achieving general and specific objectives has been restrained, if we consider December 2020 as final deadline for implementing activities. Out of the total number of planned activities (124 activities), only three activities are planned for 2019 and 2020. Therefore, almost all of them should have been completed by the time this evaluation was conducted. When asked by the evaluators to assess likelihood to have the specific activities completed by this timeframe, the interviewed stakeholders assessed that one quarter of them (32 activities) will not be completed.

The activities most likely not to be achieved (neither initiated, nor planned) include changes in the regulatory framework, development of various services for child and family, but also training specialists in various topics. By specific objectives, most of them are grouped under the specific objectives 1.1. Prevention of child separation, 2.1. Prevention of violence, neglect and exploitation of children, and the two specific objectives under the third general objective. Even so, this distribution does not offer a comprehensive picture on the timely achievement of objectives, activities and expected results.

Based on the results of the analysis on implementation status (synthetically shown Figure 9 – the dashboard), the delay in implementation becomes visible, as can be observed in Figure 15.

Figure 15: The delay in implementation



Source: Database compiled based on the Action Plan 2016-2020 (N=124 actions) on implementing the CPS MD 2014-2020. The graph shows cumulated frequencies by year, hence each action is counted for each year since its start to 2020.

Both Strategy and its Plan of Action failed to timely implement a list of key interventions that could potentially act as enablers for achieving of provisioned activities/results/ objectives, among which the development of the Automated Information System “Social Assistance”, establishing baseline indicators, securing funds for child protection specialists in the State Budget, and finalizing the evaluation mechanism based on needs of social services at national and local levels. This deficit can be mainly attributed to the failure of selecting strategic priorities in the planning process, in particular when drafting the Plan of Action. Also, it is caused by a disconnection between planned activities and estimated needed resources at central government level.

EQ.3.3. Efficient use of resources

Foremost, the available resources (money, human resources, facilities/ capital assets) have been assessed as insufficient. Scarce financial resources have been one recurrent topic mentioned by the stakeholders included in the quantitative and qualitative research. This aspect, along with insufficient human resources, has been pointed out to the evaluators as main difficulties in implementation.

When asked to give a mark for the funds available at the local level for development/ support of social services, about half of the municipalities’ representatives answered ‘there are no funds from the local budgets for development of social services’, about 20% assessing that the available funds are totally insufficient. There are significant differences between urban and rural municipalities, with the urban ones giving much better marks concerning the available local budgets’ funds. Furthermore, a large part of the municipalities mentioned various implementation difficulties related to financial resources. These range from lack of financial resources for employing the child protection specialist, for developing specialized services, for transportation of social community workers, to ‘poor local budget’, ‘too small quota of own revenues left for the local budgets’, ‘insufficient financial resources provisioned for Plan’s implementation’, or ‘we need a copying machine’.

We plan for each service what we need as financial resources, but we are limited in the budget. We take it to the Finance Directorate, and they tell us a ceiling which cannot be surpassed. We are also limited in the number of potential beneficiaries, as is the case with the number of personal assistants available for children. (DAPSF representative, online survey)

Long waiting lists for specific services like the service of personal assistants for children with disabilities are a result of the scarce financial resources. According to the interviewed social community workers, this is also the result of the increased demand for services, based on a higher information level of parents with children about their own rights.

Mothers with children come and they already know about personal assistant services, the information level is high, yet there is no financial back-up – some are in the waiting list for three or four years to become personal assistant, they wait until someone dies, is out from the list and we pass to the next one in the waiting list. Still, we offer them support through the secondary family support. (Group discussion, social community workers, urban area)

In addition, contextual influences marked by complex macro-economic and political conditions negatively influence efficient use of human resources at local level. Understaffing coupled with high staff turnover significantly diminish capacity development activities, like training sessions provided for social community workers. The knowledge acquired in the professional training sessions ‘leaves’ the institution/ community as a consequence of personnel turnover. Furthermore, the interviewed stakeholders highlighted for the evaluation team that at national level the influence of political affiliation is increasing, and the social community workers are required to also fulfil activities related to the ruling political party.

Data provided by the Ministry of Public Finances for the period of 2014-2018 show a dramatic increase in the total number of beneficiaries and the corresponding allocated financial resources for professional foster care, family support services for families with children, community house social service but also for social assistance placement centres for children. Still, data includes only a part of the Strategy’s activities. The Ministry’s Budget lines have so-called ‘performance indicators’ which are not always linked to the ones envisaged in the Plan of activities for Strategy’s implementation. Furthermore, the institutional fragmentation of the deinstitutionalization process adds more complexity to an accurate assessment of

the overall resources planned and executed for implementing the activities. Previous studies¹⁴⁶ discuss a lack of traceability of financial resources saved for instance from deinstitutionalization process that can be further invested in the development of alternative family type services.

In a nutshell, poor financial resources at both central and local government levels have been assessed as one of the root causes for the activities/ results/ objectives lagging behind in implementation. The low level of financial resources meant, at least for part of TSSA representatives, a 'creative' list of prioritization criteria among the potential beneficiaries of services or social benefits. This means that an efficiency assessment should also consider 'waiting lists'/ potential beneficiaries, but this information is missing at national level.

¹⁴⁶ Cannon, Gheorghe (2018).

Table 5: State Budget expenditures for the social services and social assistance measures targeting children and families with children, chapter on Insurance and Social Assistance

	Executed 2014		Executed 2015		Executed 2016		Executed 2017		Executed 2018	
	No. benef.	Sum	No. benef.	Sum	No. benef.	Sum	No. benef.	Sum	No. benef.	Sum
Social protection - budgets of the territorial -administrative units										
Family type homes	347	8327.9	326	8092.8	338	9123.8	363	8953.3	249	7940.5
Day care social assistance centres for children	1441	22910	1393	24883.8	1180	22544.5	1259	21934	1233	23695.6
Social assistance placement centres for children	364	15759	355	19151.1	601	27749.9	702	28211	574	26754.9
Professional foster care services	469	17595	576	24477.1	624	27760.8	836	29528	902	33040.4
Psychosocial centres for rehabilitation of victims of domestic violence	93	2790	88	3272.7	78	3622.5	95	4049.9	74	4115
Family support for families with children service	489	1362.3	515	2823.3	628	2250.2	850	2218.3	6321	33337.5
Respiro social service	13	1230	16	1673.3	18	1715.7	15	1415.5	11	1235.3
Community House Social Service	69	5334.5	77	7270.5	86	8698.9	117	10475	111	11777.9
Total for social assistance institutions	3285	75308	3346	91644.6	3553	103466	4237	106784	9475	141897
Compensations for transportation services	177561	56589	174181	72365.6	174507	73347.1	187290	77673	163091	72187.5
Monthly allowances for adopted children covered by guardianship/ trusteeship	4832	34751	4418	36953.1	4213	39510.4	5102	48979	4101	39200.3
Financial insurance of children placed in social services (pocket money)									2019	7865.2
Total - measures	182393	91340	178599	109319	178720	112858	192392	126652	169211	119253
Total from the budgets of territorial administrative units	185678	166648	181945	200963	182273	216324	196629	233436	178686	261150
Social protection - State Budget										
Total for social assistance institutions	615	39537	649	42937.7	629	42242.1	629	45601	545	52247.2
Measures - total	0	27068	0	25803.9	1263	25657.1	1141	26380	1174	25072.8
Measures - total funded from the State Budget through the State Social Insurance Budget	75603	348489	76457	338472	76541	360098	71962	440207	81546	461092
State Budget TOTAL	76218	415094	77106	407214	78433	427997	73732	512189	83265	538412

Source: Ministry of Public Finance, data provided to the evaluation team, July 2019. Note: No. benef. = Number of beneficiaries.

EQ.3.4. Use of management and monitoring tools

Firstly, the use of management and monitoring tools has been hampered from the initial stage of Strategy and Plan's planning/implementation, as no baseline data have been provided, no measurable intermediary and final targets for outcome indicators at general and specific objective levels have been set, no theory of change has been developed, and only few progress indicators have associated quantitative targets. In addition, although the evaluation team succeeded to reconstruct a theory of change, there is no clear linkage between the expected results or the outcome mentioned in the Plan of Actions and the impact envisaged by the text of the Strategy.¹⁴⁷ Data sources are not mentioned at all. These shortcomings have significantly negatively affected accountability mechanisms, tracking progress and making necessary adjustments along the way. To mention, only a few indicators for which assessment cannot be conducted: (i) length of child's stay in the residential system – in relation to indicators under Specific Objectives 1.2. and 1.3.; (ii) substantial reduction of the incidence of re-victimisation cases under Specific Objective 2.1.; (iii) change of attitudes and perception towards violence, neglect and exploitation of children under Specific Objective 2.2.; (iv) reduction of prejudices regarding the role of both parents in raising and educating children and promotion of parental equality under Specific Objective 3.1. In addition to these, the evaluation team identified the need to improve monitoring systems for reintegration in the biologic family and labour market integration of graduates of auxiliary schools.

Secondly, the monitoring role assumed by MHLSP has been employed only in a formal way, and not as a management and monitoring tool. The monitoring implementation reports for the Strategy and its Plan of Actions issued by the Ministry do not provide sufficiently comprehensive information on the status of activities against expected target indicators. Nor do the annual activity reports conducted by MHLSP. This is partly explained by the frequent staff turnover, political instability, and weak institutional human and financial resources. By the time this evaluation started, there were five persons working in the relevant family and child protection department, among which only one coordinates the activities. By the time this report has been drafted, the person coordinating all the activities left the Ministry and the Secretary of State has been changed. This is only one example to show there is an urgent need to first improve staffing, knowledge as well as information systems at the Ministry level.

Deficiencies in cooperation between health, education and social sector representatives further transpose into M&E systems. The qualitative research showed cases of parallel monitoring systems which do not exchange information among them, as in the instance of children with disabilities. The doctors made up their list, the social assistance territorial structures have another list and they do not want to communicate between each other or to SAP, as the information is considered confidential. SAP representatives started recently to make their own list, based on a new legal provision. Besides this, teachers and educators have their own annual plan of activities which is monitored by the Education Department, which is the only institution to which they report the activities performed.

One key area for M&E purposes has been completely left out of the central stakeholders' concerns. This is the monitoring of poverty levels for children and families with children. Data published by CNPDC on section of well-being show data available for absolute poverty levels until 2015. The latest available data (2017) for the risk of poverty show almost equal risk of poverty for boys and girls aged 0-15 years, yet higher for boys aged 16-24 years than for the same age group of girls. Data from 2015 in the UNICEF Country Programme 2013-2017 Evaluation Report signals no progress for the proportion of households with children from poorest quintile receiving social payments (social aid and child benefits).¹⁴⁸ The poverty rate for households with three or more children was 23% in 2015 compared to the 10% national average and 8% for one-child families.¹⁴⁹ Monitoring of poverty levels among children and families with

¹⁴⁷ To give only one example, the third general objective has no clear correspondence in terms of impact in the text of the Strategy.

¹⁴⁸ Baseline data for 2013 – 28% and data for 2015 show 28.9% (in Gheorghe, 2017: 55).

¹⁴⁹ Ministry of Economy data mentioned in UNICEF Annual Report for 2018: 2.

children is particularly important to ensure the Strategy reaches the most vulnerable groups of rights-holders.

Nonetheless, participation principle has not been incorporated in the monitoring activities. Both institutional stakeholders and rights-holders claimed they have not been consulted when drafting the Strategy, Plan of Actions or monitoring reports.

We made our own proposals for the Strategy, but nobody asked or heard. We ourselves we want to be monitored at least once a year and maybe the Strategy would have been better. (Group discussion CPCDS, urban area)

However, there is progress on the use of monitoring tools. Data collected in CER103 and CER103A forms are disaggregated by gender, age, area of residence, disability and rayon level. In the last two years of Strategy implementation, 2017 and 2018, their content has significantly improved. Yet, there are no mechanisms put in place to check accuracy at the municipality level, as the Ministry only receives data at rayon level. No institution at central level holds a complete list of electronic mails contact details of stakeholders at municipality level. This signals very poor communication/ participation/ M&E tools. In addition, there are inconsistencies between the data collected in CER103 and data published/ provided by other institutions, like the National Bureau of Statistics or the National Council for Child Rights Protection. For example, the reform of the residential system as data from different institutions is not properly aggregated and checked across institutions. To start with, there is no list of all residential institutions currently operational in Moldova, across all types of stakeholders. Data from the National Bureau of Statistics do not include information from Bender municipality and rayons from the left part of the Nistru River. Information disaggregated by ethnicity is also scarce.

Another institutional achievement that has to be further enhanced is the setting up of the institution of Ombudsman for child protection, in 2016. This institutions provides, with the support of UNICEF, annual monitoring reports on Child Rights Protection in Moldova. The reports seem very well informed on the cases visited/ document by the institution. Yet there is no clear link with the data collected at national level and disaggregated by various levels, even though such information could provide useful insights on fulfilling child rights protection at national level.¹⁵⁰

To conclude, gaps in data and in general in M&E systems can substantially contribute to social exclusion and inequity. This represents one core areas that has to be addressed. It is among the top priorities for increased policy effectiveness in advancing child's rights in Moldova.

5.4. Sustainability



1. Were the achieved results and targets sustainable? Is sustainability ensured through implementation of the Strategy and Action Plan?
2. What were the major factors which influenced the achievement or non-achievement of sustainability of results at output and outcome levels?

¹⁵⁰ Another institution's role is not clear in the monitoring and evaluation framework and in particular, in feeding back with data the policy process. This is represented by the Social Inspection. Its inspection monitoring reports on relevant social services for children and families with children are not linked to policy formulation.

EQ.4.1. Sustainability of achieved results and targets

This formative evaluation has been conducted in advance of at least one year and a half before end of implementation period. Therefore, the overall sustainability of the achieved results and targets can only be addressed by a summative evaluation, carried out at least six months after the end of the implementation period. This means that the current assessment looks rather at prerequisites for ensuring sustainability in terms of measures taken to ensure sustainability of results.

As a global assessment, less than a quarter of the municipalities participating in the online survey have assessed with high marks (higher than 8) sustainability of achieved results. At rayon level, 17 representatives evaluated sustainability in a similar way.

The Plan of Actions includes numerous elements that can be regarded as prerequisites for ensuring sustainability like improvements in the regulatory framework (46 actions), training activities (18 activities), development of models/forms and institutional set-ups (16 actions).

Yet, a large part of them have not been completed by the time of this evaluation. Moreover, parts of the actions completed/ initiated and in progress have been conducted with the support of NGOs, both at central and local levels. Interviewed representatives of NGOs expressed their worries about sustainability of interventions supported by them, for instance on considering new developed social services that need to be funded by local budgets as well as providing trainings for public personnel at local level, given the circumstances of high staff turnover. Only a small number of NGOs consulted during this evaluation (survey data) assessed general sustainability with marks higher than 8.

In view of elaborating a new Child Protection Strategy, there is a common ground of already available partial or fully implemented achievements that can be further developed in the new programming stage. These are grouped around accomplishments in the field of regulatory framework, institutional (services set up and capacity development) and financial measures, as follows:

- Regulatory framework, encompassing review of various legislative provisions (e.g. amount and the method for determining benefits and social care at childbirth/ child raising, increased amount of monthly cash aid/unique within social service support for families with children, the organization and functioning of social order placement in foster care for specific groups, law on psychological assistance in educational institutions, changing the regulatory framework in order to achieve the right of parents with preschool children to work part time, etc.
- New institutions and services set-up at rayon and municipality levels
 - cross-sectoral mechanism for cases of violence, neglect and exploitation of children
 - cross-sectoral mechanism for primary prevention of welfare risks for children
 - minimum package of social services
 - reviewed mechanism of case management for children
 - significant development of foster care network
 - development of free phone support service for children
- Capacity development through the following interventions
 - New positions introduced in the organizational structure of local government units, like child protection specialists
 - Trainings delivered for social community workers in the field of child rights' protection, for child protection specialists at rayon level on the module of 'Social Services' in the Information System 'Social Assistance', as well as for foster-carers
 - New module of 'Social Services' in the Information System 'Social Assistance'
 - Improved M&E data collected in CER103 forms
 - Long-term accumulated experience in the field of deinstitutionalization, in both education and social sectors (including developing plans of reorganization for each residential institution)
 - Piloting models of inclusive education for children with severe disabilities

- Guidelines/models of documents for local and regional authorities in order to implement guardianship duties
- Development of early interventions models for children aged 0 to 3 years.
- Financial measures. According to the annual monitoring report for 2018, MHLSP proposed inclusion in the mid-term budgetary framework for the child protection specialist and institutionalizing National Centre of resources and assistance for family and child. Adding on, another action has been assessed by central stakeholders as initiated and in progress - develop mechanisms for ensuring sustainable funding for maintenance and development of local social services.

Nevertheless, there are significant challenges that need to be addressed in order to ensure sustainability. Lack of identification of financial resources saved with the deinstitutionalization process in the State Budget that can be mobilized in development of alternative care, insufficient capacity development at local level and in MHLSP, inadequate development of social services available for specific groups are ongoing dilemmas. The key institutional role rests with the central government authorities like MHLSP and MECR, yet partner organizations in the field of donor organizations and NGOs should also reflect on the sustainability of their own programs/ projects. At least part of NGO's interventions might have short term results and still do not enclose the right sustainability mechanisms in a context of a country with high political instability and staff turnover.

Give me the money from Hâncesti to my rayon so that I can work with the family and reintegrate in the family (Group discussion with DAPSF representative, urban area)

EQ.4.2. Factors influencing achievement or non-achievement of sustainability of results

The key factors negatively influencing achievement of sustainability of results have been identified by the evaluation team within the initial stage of drafting the Strategy and Plan of Actions. They refer to a set of already noted flaws like lack of taking a participatory approach in the planning, monitoring and evaluation activities. This is further related to a poor planning of financial resources, lack of selecting strategic priorities (like enhancing M&E mechanisms that could potentially have multiplier effects in all areas of interventions), lack of risk assessment and poor coordination mechanism.

The field visits conducted by the evaluation team in the houses of foster care revealed another potentially sustainability problem. Development of foster care network/ and other types of family type of alternatives of institutionalization has been significantly supported by religious organizations like the Baptist church. The organizations developed around the church provide various forms of support for the family taking care of numerous children. These include participation in day care centre type of activities, summer school, a yearly camp with other families/ children, building a large house endowed with all the necessary equipment and, importantly, paying a considerable maintenance bill for the house (which could not be paid by the foster parents alone). All these arise potentially sustainability problems for the results achieved so far, as the support of other entities than the State entities/ Budget becomes extremely important.

Also, contextual influences relate to the implementing environment marked by economic difficulties, political turmoil, high staff turnover, and general low level of available financial and human resources. Staff turnover or understaffing have impact not only on social assistance, but also health and education sectors.

They come, we hire them, they participate in training sessions funded from the State Budget, they gain working experience and then leave. (Interview with a mayor, urban area)

We have a child protection specialist but he just quit before you came along with this research. (Interview with DAPSF representative, urban area)

The Fund for Inclusive Education has 2% for inclusive education, which is not sufficient compared to the needs, this only covers salaries for support teachers, for a child with severe disabilities this means one drop into an ocean. (Interview with SAP representative, urban area)

On the positive side, there is one key capacity development element that needs to be mentioned. The cross-sectoral mechanisms put in place/ developed with the support of the Strategy and Plan of Actions come with a good inter-sectoral cooperation working experience. In addition, field visits are a common practice for health and social assistance professionals. They can be further strengthened across the country to ensure accurate coverage and increased effectiveness. This accumulated working experience creates good prerequisites for developing sustainable integrated approach to child protection services.

5.5. Impact



1. To what extent the implementation of the Strategy and Action Plan have and can further impact on the access, quality and relevance of child protection services for the rights holders?
2. What has happened because of the implementation of the Strategy and what is real difference made to the rights holders? How many children have been affected?

EQ.5.1. Impact on the access, quality and relevance of child protection services for the rights holders

According to the ToR, the questions related to impact on children and caregivers may be limited to the impact at system level. The changes in life of children will not be a subject of this evaluation because baseline data are not specified in the Strategy, therefore no comparison with current situation is possible. This task is especially laborious as there is no ToC elaborated to show the logical path towards change at impact level. Still, the large amount of information collected in this evaluation, including views of rights-holders, has been analysed in order to render an objective and comprehensive view on the impact the implementation of the Strategy had on parents and children.

Concerning child's rights to not be separated from the parents and to be protected from abuse or neglect, more than half of municipalities' representatives assess positively (marks higher than 8) the impact provided by secondary family support on preventing child's separation/ reintegration in the family.¹⁵¹ In a similar way, 46% of the same type of stakeholders evaluate the impact as prevention and support measure of the cross-sectoral mechanism for victims or potential victims of violence, neglect, exploitation and traffic. About 80% of them assess that the level of information and access to social services of families with children increased. The qualitative research revealed that although the information level has increased, it has not been matched by an appropriate increase concerning access.

As an overall assessment, less than half of municipalities' representatives evaluated with positive impact¹⁵² implementation of the Strategy and its associated Plan of actions on two key dimensions – about 37% on the access, quality and relevance of child protection services and approximately 40% on preventing child's separation/fostering reintegration in the family (survey data). At rayon level, only 4, respectively 5 representatives of territorial social assistance structures gave a mark of 9 or 10 when asked to make the same assessments, with other 14 rayons generally ranking a '8' mark for the impact on both dimensions.

Group discussions and interviews with parents and children, together with relevant information from institutional stakeholders revealed additional equity issues regarding access, quality and relevance of child protection services for vulnerable groups of children.

- The right to education is altered as parents/ care takers report significant out-of-pocket money requested by school representatives.

I have to give money for kindergarten's renovation, a present for the teacher/educator, expenditures with soap and water, group's fund for photocopies, and after all these, parents are also asked to make some

¹⁵¹ About half of municipalities also positively assess (marks higher than 8) the impact for preventing child's separation of the family/ family reintegration as a result of applying the cross-sectoral mechanism for primary prevention of child's welfare risks.

¹⁵² Marks higher than 8.

voluntary work for school and kindergarten, now they say they use Internet for teaching lessons, but we can't afford to pay an Internet subscription and a computer is very expensive, we can't afford it...

We bought a computer for our nephew for support for homework, we made a credit loan, but this month we can't pay the bill for the house any more, it's hard. (Group discussion with parents, urban area)

- To live with his or her parents unless it is not in his or her best interests. Lack of specialized support services and funds available to work with parents, severely diminishes children's chances to be reintegrated in the family.

I took two girls out of their family, father was a heavy alcohol drinker, mom abandoned the child, and they both left abroad, only come from time to time. They are in foster care already for four years, we did not get the result we wanted. If we want to rehabilitate the family, it takes so much more. (Interview with a mayor, rural area)

- Right to survive and develop in the best possible way. Access to health services is hindered, especially for children with disabilities. This obstacle further conditions the right to social benefits and services. Religious affiliations like the Orthodox Church ask substantial out-of-pocket money for religious services like child's baptism. ('they never help us, they are only setting prices for each service you ask from them').

I had to go in many places so that I can get a disability assessment for first grade for my child, I have to go many times to Chişinău to senior professionals and there a lot of money spent on these, my child has a heart failure from birth, his skin turns blue or violet, but only at Chişinău I succeeded in getting the first grade of disability. (Group discussion with parents, urban area)

Only to get one time to a senior professional doctor, you need to wait for at least one month and a half, you can die meanwhile and they will say it was faith/ destiny...

I never find my family doctor, she is ten times a day either on holiday or in training sessions. (Group discussion with parents, urban area)

- If mentally or physically disabled, the right to special care, education and training. Lack of cooperation between SAP, health and social assistance professionals' results in poor monitoring systems which do not exchange meaningful information between them. SAP representatives state that a new legal provision asks for their opinion when the assessment of disability is conducted, and this is a way for them to create 'their own database' of children with disabilities. Neither the doctors, nor territorial social assistance representatives provided this list for them, in order to identify and monitor the children across the rayon. This has further translated into instances where 'I found cases of children with severe disabilities aged 7 or 8 years old which were out-of-school'. Moreover, the understaffing creates further problems. In addition, monitoring of data only at rayon level (as this information is not available at national level) shows there are less children with special educational needs who attend vocational schools, and are neither enrolled in other education institutions. This potentially creates room for increasing the group of NEETs, as detailed in the section 5.6 Coverage.

One support teacher for nine children, out of which one with autism disorder requiring non-stop surveillance, we had to ask mother to let him only two hours at school, the child went in first grade when he was nine years old, if only he would have been enrolled earlier, he would have had other abilities by now. (Interview with SAP representative, urban area)

- Right to information, opinion and to a functional grievances system. Parents of children with disabilities state they would like to be informed by the community social worker if some events for children are organized (not only for Christmas). They have positively assessed the opportunity to meet each other in focus group discussions organized during evaluation, as they exchanged information on potential rehabilitation services available for their children. Besides this, parents state they are afraid of reporting to the free phone lines infringements on their rights as they believe this might result in exclusion from social benefits or services. The same holds true for participation in protests. Additionally, high staff turnover also affects higher levels for submitting complaints or asking further information, like representatives of central public administration institutions.

I could go to Chişinău and ask there for help, but I don't know who's there any more, they change all the time. (Group discussion with parents, urban area)

As a whole, children/ parents/ care takers are not consulted when planning, developing, monitoring and assessing access, quality and relevance of child protection services. Qualitative research data show cases of parents of vulnerable children stating they can only accept what has been already set/ decided for them by rayon or municipality level institutions.

When you come to them to ask for something, they only say it shall be done as I decided, you can only leave their offices crying. (Group discussion with parents, urban area)

EQ.5.2. Real difference made to the rights holders

At systems level, significant progresses have been achieved during the implementation period of Strategy and its Plan of Actions, as real differences made to the rights holders. In territorial profile, there are significant disparities, as outlined below. The scale of achievements¹⁵³ is limited and attribution problems arise for several key cross-cutting issues: (i) lack of a theory of change that would make the right connections between all the elements towards the expected results/ outcome/ impact; (ii) lack of functional M&E system, including collection of baseline data; (iii) lack of provisioned needed inputs (human, financial, facilities/capital assets) considered in the programming stage and along the way; (iv) lack of a risk assessment conducted in the planning stage; (v) various other policy documents, to mention only the Plan for Inclusive Education, have simultaneously been implemented; (vi) the support in all types of resources offered by civil society and donor organizations is not clearly tracked and mapped against achieved results/ impact.

- In terms of the right to be protected from violence, abuse or neglect, data at national level (official evidence from CER 103) show an increase in the referral mechanism with more than 3 thousand cases. In total, about eight thousand cases of children have been protected in 2018, as a result of a better functioning of the cross-sectoral mechanism for identification, evaluation and referral of cases of violence, abuse or neglect. At rayon level, most cases are not identified in Chişinău, but in Balti (double for violence and four times higher for cases of neglect than in Chişinău).¹⁵⁴ The next one after Chişinău is the rayon of Hânceşti, with 70 cases reported as identified cases of violence and 128 cases for neglect. There is a set of 10 rayons reporting '0 cases of violence' for both 2017 as well as 2018. These are: Basarabasca, Ceadâr-Lunga, Dubăsari, Edineţ, Nisporeni, Orhei, Sîngerei, Taraclia, Ungheni and Vulcăneşti. In total 23 rayons report under 10 cases of violence. In what concerns neglect, there are 18 rayons reporting equal or higher than 100, with the highest numbers registered for Leova (601 cases), Rezina (485), Bălţi (474) and Nisporeni (414).
- The right to live with his or her parents has been ensured by the increasing number of reintegration in the biological family – an upward general trend with over 900 cases in 2017.¹⁵⁵ Latest data for 2018 show a total number of about 800 cases (by the end of the year). In addition, alternative care has been developed, including the group of children aged 0-3 years old placed in residential care. Most children reintegrated in the biological family in 2018 are from Bălţi (293 cases).
- The right to survive and develop in the best possible way has been ensured through an improved identification mechanism for at-risk children. In total, more than 10 thousand cases of at-risk children have been identified in 2018, through a strengthened cooperation system, which means 2.5 thousand cases more identified in the latest year (2018) compared to 2017. In 2018, 24 rayons report figures above 100 cases for at-risk children, with the highest numbers recorded for Bălţi (719 cases), Leova (654), Rezina (540), Chişinău (522) and Anenii Noi (461).
- In addition, the immunization of children is addressed in the Action Plan by an action (1.2.2) regarding the development of cross-cutting instructions to verify and ensure immunization of children with a

¹⁵³ The section on effectiveness presents the equity issues related to disaggregated data by age, gender and area of residence (urban/ rural). This section presents equity issues in territorial profile.

¹⁵⁴ Data presented in this section by rayon are reported at the beginning of 2018 (Data source: CER103 form, MHLSP).

¹⁵⁵ Data source: NCPCDS, <https://cnpdc.gov.md/ro/content/copiii-moldovei-indicatori-de-baza>.

status of "child without parental care" (temporarily or not). The action was achieved through a common order of MECR and MS, accompanied by a vaccination guide. There are no available data to estimate the impact obtained in the immunization of children without parental care. Nonetheless, data available at the level of general population show that immunization represents an increasing problem. In 2017, only the tuberculosis vaccine reached the target of 95%, while the other 11 types of vaccines were under the WHO safety target, although vaccination has been available free of charge.

- The right to preschool education has been granted for an upward number of children, although the increase is only in the urban area. In total, a number of 131492 children aged 3-6 years have been enrolled in education, with about 3 thousand cases more than in 2014. Data at rayon level are not available.

This is not to say that on-going challenges have been eliminated. They have been already outlined in the section 5.2 Effectiveness and will be further detailed in the following section.

5.6. Coverage



1. Was representativeness of coverage ensured by the activities and interventions?
2. Have vulnerable children and their families been reached, including children left behind by migrant parents, poor and marginalised children?

EQ.6.1. Representativeness of coverage

From the onset, the Strategy and its associated Plan of Actions provisioned measures and interventions for numerous groups of vulnerable children. They have been generally assessed as relevant for the national context by the time these programmatic documents have been drafted. These include at-risk children, children from the residential system, including early age children placed in institutions, children with disabilities and children with special education needs, children victims and/or potential victims of violence, abuse and neglect, children left behind by migrant parents, children on the street, and children from the rural area.

Yet, targeting and coverage of measures carried out in the field of child protection, especially in the area of social protection is usually assessed against multiple disaggregating criteria, including poverty levels. As this information is not currently collected by the National Bureau of Statistics, this assessment can only be partial. The group of 'poor children' has not been included amongst specific interventions/activities.

As detailed below, during implementation, the expected results and impact have not been achieved at the necessary levels for each of the targeted vulnerable groups. Some of them are to be considered in the next programming documents, not necessarily with the same type of measures like the ones envisaged in the Strategy and Plan.

EQ.6.2. Reaching vulnerable children and their families

Interviews conducted with central and local level stakeholders (qualitative collected data) identified a series of vulnerable groups assessed as not sufficiently reached by the Strategy and Plan's interventions:

- Youth leaving public care which do not always have available social inclusion paths, mainly due to lack of specialized services.
- Children with (severe) disabilities. Transportation available for children with disabilities is still not developed and population's attitudes towards including them into mainstream education are still considered an obstacle. Closing residential institutions for children with hearing impairments can pose challenges in terms of offering realistic inclusion alternatives. In addition, as already mentioned, there is a need to address the problem of the disproportionate representation of children with disabilities in residential care.
- Non-vaccinated children; early age children; children from the rural area. Health professionals from multidisciplinary teams highlighted the need to continue addressing the problems of these vulnerable groups, alongside parental education programs for their caretakers.
- Children left behind by migrant parents. For this group of children the enacted measures have been considered as insufficient, in terms of reducing the risks for development: 'we still don't know all of them, we hear spontaneously, from other events' (Group discussion with social community workers, urban area).

- Children with behaviour problems, those who committed offences, children on the streets. According to the interviews, these groups of children are mainly 'graduates' of special protection system, including residential institutions. 'Please note down to create services at least at rayon level for them, we don't know what to do', said one TSSA Director.
- Young NEETs, who might include children with special educational needs who are not enrolled in any form of education (as a consequence of reforming the residential system without offering alternatives).
- Children victims of abuse, neglect or violence who are underreported cases where the parents/ caretakers continue the psychological violence against them. Even if they are correctly identified, they cannot be referred to emergency placement centres due to lack of available services across the country.
- Children with parents in divorce where 'children move from mother to father, and his/her parents blame each other continuously' (Group discussion with social community workers, urban area).
- Children whose parents committed criminal offences. The Ombudsman Report for 2017 (Ombudsman, 2018) points out the need to also consider that these groups of children often suffer stigmatization, even neglect by both relatives and authorities.

5.7. Coordination



1. What was the role of the MSMPS, MAI, other line ministries, APL1 and APL2, OSCs, community and other key actors in the design, coordination and implementation of the Strategy and Action Plan?
2. What was the role and comparative advantage of UNICEF?

EQ.7.1. Role of key actors in the Strategy and Action Plan

Coordination role on child protection policy in the Republic of Moldova lies with the National Council for Child Rights' Protection, which has been set up in 2005 and reactivated in 2010.¹⁵⁶ Although its composition should ensure a good coordination role, the interviewed stakeholders at central level stated their own worries about this institution as assuming a strong coordination role, due to the lack of meetings taking place. Its role as coordination body is not specified as such in the Action Plan, only line ministries are mentioned. In addition, the Strategy assigns the coordination role to MHLSP, while the Council for Child Rights' Protection is not mentioned in the Plan of Actions enacted two years after Strategy's approval.

In the design phase the consultations involved Ministries and large NGOs/ donors operating in Moldova. Therefore, other partners have not been consulted, as already noted in previous sections. The key institution – Ministry of Health, Labour and Social Protection – went through successive restructuring plans during the period of Strategy implementation. Adding to these severe understaffing and lack of financial predictability, coordination role has been significantly undermined.

On implementation, both qualitative and quantitative data show a rather grim picture. At central level, contradictory status assessments have been provided for the current status of implementation for a set of activities requiring cross-sectoral collaboration (qualitative collected data). One of them refers to a key

¹⁵⁶ <http://cnpdc.gov.md/ro/content/despre-consiliu>.

activity – restructuring of residential institutions.¹⁵⁷ This shows poor coordination activities between central government institutions, in a particular area where cross-sectoral efforts are especially needed. At the local level, group discussions with multidisciplinary teams show mixed results. In urban areas, with a large number of social community workers, there has not been a good collaboration across sectors. A clear line of divide has been identified between social assistance and education (also at rayon level) and, sometimes, health and police representatives. In rural areas, ‘where everyone knows everyone’, multidisciplinary teams seem to work better and coordination lies with the mayor’s role. In this regard, the fact that social community workers are employed within the organizational structure of rayon level social assistance territorial structures, has been somewhat regarded as a bottleneck rather than as an enabling factor by locally elected representatives. In their daily work, social community workers are coordinated by the social assistance structures from the rayon level, while education and health professionals are coordinated by their corresponding rayon level directorates. This means that first level guardianship authorities need to assume a strong coordination role to ensure collaboration across sectors. In the absence of strong M&E mechanisms, this is a rather challenging duty.

To add more complexity, a large number of NGOs are involved in the implementation. Besides this, religious associations are also contributors to the implementation. These are not known at national level, as at least part of them operate on a small scale in various municipalities. They all need to be first of all known at central level, in order to better work together towards the desired changes in the lives of vulnerable children and families.

¹⁵⁷ The others refer to curriculum revisions to strengthen students’ knowledge on preventing and combating violence, inclusion of a training module on preventing and combating violence, organization of national awareness campaigns on prevention and violence against children, develop guidelines on national child protection policy and promoting awareness-raising campaigns to combat prejudices about gender roles in the family and society.

EQ.7.2. Role and Comparative Advantage of UNICEF

UNICEF has been acknowledged as one of the key partners in implementing the Strategy and Action Plan in the annual monitoring reports conducted by MHLSP. In 2018, MHLSP has organized with the support of UNICEF Moldova, a three-day workshop with child protection specialist from the territorial social assistance structures (Activity 1.1.17). It also supported awareness campaigns implemented to prevent child's sexual abuse (Activity 2.1.23). The fact that UNICEF Moldova supports this mid-term evaluation of the Strategy and Action Plan is a significant step towards enhancing capacity for policy design, including the design of future child protection programmatic documents.

UNICEF has supported the design phase of the Plan of Actions in 2015 in significant challenging times, as outlined in the section 5.1 Relevance. Its overall role has been significantly influenced by limitations in the operating space, in line with the conclusions drawn in UNICEF Country Programme Evaluation.¹⁵⁸ The same data source highlights UNICEF's contributions in priority areas such as child deinstitutionalization, data collection in the Transnistrian region, improvement of legal and policy framework, institutions set up and capacity development (trainings provided, new positions in the organizational structures, development of various sets of guidelines, quality standards, toolkits, methodologies).

UNICEF's annual activity reports and the reports/studies sent to the evaluation team confirm the important role that UNICEF had in supporting evidence-based policy and mainstreaming children's rights in various programming documents and strategies. A selection of other important contributions is as follows:

- Development of new partnerships with civil society, like the Alliance of NGOs, established in order to prevent family separation and abandonment of young children, address children with disabilities and develop specialized services at community level in support of deinstitutionalization efforts (Annual Report for 2015).
- Contribution to development of the Strategy on Developing Parental Abilities and Competencies and the Plan of Action for supporting the Roma population 2016-2022 (Annual Report for 2016).
- Development of periodic statistical bulletins on Children of Moldova, in collaboration with the National Bureau of Statistics.
- Technical support awarded to the Ministry to finalize changes in the regulatory framework related to the Plan of Actions – for instance finalizing amendments to legislation on guardianship, adoption, social crèche and revision of financial allocations for development of the minimum package of social services, included in the mid-term budgetary framework 2019-2021. Additional support was offered, in partnership with WHO, for development of a roadmap to accelerate implementing strategies as a response to violence against children.¹⁵⁹
- Development of two interactive games (BOOM and Memo's World) to build capacity and raise awareness among children for the prevention of gender-based violence (Annual Report 2018).

In addition, UNICEF holds one of the best position to take stock of the findings, conclusions and recommendations of this report and conduct a management response plan that directly supports MHLSP in drafting the new strategic framework on child protection policy.

To sum up, UNICEF's comparative advantage rests with the high level of mobilized expertise together with the convener and facilitator role assumed in fostering cross-sectoral linkages that can potentially improve coordination between different stakeholders.

¹⁵⁸ Gheorghe (2017).

¹⁵⁹ Not directly related to the Strategy and Plan, yet important: support in nationalization of Sustainable Development Goals and corresponding indicators (Annual Report for 2018).

5.8. Coherence



1. What were the areas and ways of cooperation with other UN agencies and development partners regarding development of services for children?
2. Was there coherence across interventions supported by different agencies?

EQ.8.1. Areas of cooperation with other development partners

Cooperation between MHLSP and other development partners encompassed all steps of the policy cycle: design, implementation and monitoring and evaluation. In the design phase, UNICEF, line Ministries and NGOs have been involved.

Overall implementation is lagging behind, yet there are significant progresses that have been supported together with development partners. At central level, main areas of cooperation are represented by improvements/ revisions of the regulatory framework, drafting strategic planning documents, implementing raising awareness campaigns, setting up guidelines/ models/ forms. Key international donor organizations like UNICEF Moldova and Czech Development Agency, and NGOs like Partnerships for Every Child, Lumos Foundation, CCF Moldova, Terre des Hommes are mentioned as main partners in implementation in the annual monitoring reports of the Strategy in 2017 and 2018. Also, UNICEF Moldova supports carrying out of this evaluation, which will potentially improve M&E framework.

The scale of cooperation with NGOs at local level is large. The online survey conducted among territorial social assistance structures identified 22 rayons reporting they collaborated with other development partners in implementation of the Strategy and Action Plan. Besides the large NGOs mentioned in the Ministry's reports, other 22 NGOs are mentioned in the online survey of territorial assistance structures.¹⁶⁰ 'I don't even know what I would do without NGOs' said one Director. This statement which certifies a significant role for NGOs in implementation, yet poses sustainability problems, as previously outlined. Areas of cooperation at local level mainly regard development of social services, trainings, elaboration and dissemination of guidelines and information materials, delivering raising awareness campaigns, referrals of cases of abuse, neglect or violence, and deinstitutionalization.¹⁶¹ Nevertheless, the qualitative research indicated that the volume of funds allocated by large NGOs is concentrated in a few rayons, and others, especially predominantly Russian-speaker rayons are 'left behind'. This poses significant equity issues concerning enforcement of child rights' in territorial profile.

EQ.8.2. Coherence across interventions supported by different agencies

On the whole, multi-stakeholder participation in implementation sets the prerequisites for achieving the desired changes in the lives of rights-holders. Still, 'managing for results' needs substantial back-ups from a strong coordination body and developed monitoring and evaluation systems. Thus far, both of them are underdeveloped. These challenges are particularly relevant for coherence achieved at central level.

¹⁶⁰ Concordia, Keystone Moldova, Centrul Național de Prevenire a Abuzului față de Copii, Femeia – Protecție și Sprijin, Onoarea și Dreptul Femeii Contemporane, Alternativa, Eco Razeni, New Hope Moldova, Experiența Generațiilor, Fundația Grația, Alinare, Centrul de Asistență și Intervenție Comunitară, Tinerele Femei Cernoleuca, Neovita, Casa Pelerin, Societatea Orbilor, Asociația Psihologilor, Zorile Nord, Casmed, Centrul pentru Copilărie, Adolescență și Familie, The Hope și Misiunea Socială Diaconia.

¹⁶¹ Information on areas of cooperation was collected in the qualitative research at central and local levels conducted in July-August 2019.

At local level, degrees of cooperation vary from supporting large scale processes as restructuring or closing down institutions, to implementing a small scale raising awareness campaign in a village. Coherence between stakeholders is much more likely to arise at local level, especially when implementing targeted small scale interventions. This does not mean that their interventions should not be over-sighted and coordinated from a central body. In the absence of a complete list of residential institutions under different subordination schemes, it is very much unlikely to achieve coherence among various interventions supported by different agencies regarding deinstitutionalization.

It is clear that the policy context has not been favourable to achieving coherence across interventions supported by different agencies. International donors and NGOs, alike line Ministries, operate in a highly volatile environment, where expected results are highly dependent on macro-level changes. This can only further underline the need to increase 'institutional memory' through development of strong M&E mechanism.

In a nutshell, in an unpredictable fiscal space, the resources available from different donors and NGOs might really make a significant difference in implementation. It is not sufficient though. Coordination and policy coherence can only come from central level public administration institutions, and their capacity for fulfilling this role is at present time very limited.

6. Conclusions, Lessons Learnt and Recommendations

6.1. Conclusions

The Child Protection Strategy for 2014-2020 and its Action Plan have been implemented under adverse political and economic conditions. Political instability has represented a continuous challenge, which substantially influenced the achievement of objectives, the implementation process, as well as carrying out this mid-term formative evaluation.

There are notable accomplishments in the implementation of the deinstitutionalization reform, developing the cross-sectoral mechanism for child victims or potential victims of cases of violence, abuse and neglect, introducing a new regulatory framework, institutional capacity development actions, and developing a wide range of services, such as family placement services or family support services. All these results were obtained by developing and implementing the Strategy. They represent the foundations for the future implementation or for the elaboration of new strategic documents or policies in the field of child protection.

Nevertheless, there are areas where progress is still insufficient. The number of children in the residential system has dropped substantially, but there are still too many children institutionalized annually (about 1,000). There are still groups of vulnerable children whose needs are met only to a small extent. Various prevention services have been developed in local communities, but both their number and quality need to be improved in order to ensure a proper impact. Other areas still lagging behind are cross-cutting issues like the monitoring and evaluation systems, and the administrative capacity in terms of human and financial resources at all levels - central, rayon and municipal, especially in rural areas.

Following are presented the main findings and conclusions of the extensive research, which involved about 1,000 persons, including children, adolescents and parents/caregivers from 34 districts of the country.¹⁶²

Relevance

In general, the stakeholders consulted with this evaluation consider the Child Protection Strategy for 2014-2020 and the Action Plan as being relevant for the current national and international contexts. The Strategy and the Action Plan have preserved their relevance over time, a fact also confirmed by alignment with other policy documents that were developed during the implementation period.

The Strategy and Action Plan are aligned with the UN Convention on the Rights of the Child and UN Guidelines on the Alternative Care of Children. Child rights are embedded in the formulation of outcomes and outputs, and the strategic framework reflects recommendations of international human rights organizations. The Action Plan promotes women empowerment and parental equality in child upbringing.

The elaboration of the Strategy and the Plan was based on a broad participatory process, which involved mainly the large institutional actors and non-governmental organizations at central level and to a lesser extent the professionals or representatives of the local authorities that effectively implement the interventions in their districts and communities. From the planning stage until now no monitoring and

¹⁶² Participants to the consultation process came from 32 rayons, Chişinău and Bălţi Municipalities. No participants were recorded from Şoldăneşti, Transnistria and Bender Municipality.

reporting mechanism, no coordinating body and no theory of change was developed. No priority areas for strategic intervention were identified and no estimate of the necessary resources (human, financial, material) was made. The lack of these vital components of strategic planning had negative consequences on all evaluation dimensions of the policy.

There is a general consensus among the stakeholders consulted during the research regarding the existence of a good level of adequacy of the Strategy and the Plan both for the rights of the children and for the needs of the most vulnerable. However, some equity issues have been insufficiently addressed. The research highlighted insufficient actions foreseen or implemented regarding: the still disproportionately high share of children with disabilities in residential care; underdevelopment of community services, especially for children with disabilities and children with autism; lack of support for young people leaving the protection system; segregation of Roma children in education; lack of services for vulnerable adolescents, especially for those with "behavioural problems"; the increasing number of NEET young people (not in education, training or employment), especially among young people with disabilities, which is associated with an increasing concern about children with special educational needs after completing compulsory education; still scarce services for children with parents in divorce and children whose parents committed criminal offences; and public funding for the planned interventions.

Effectiveness

Achievement of objectives, activities and expected results shows a mixed picture. Significant progress has been achieved in several key areas of intervention of the Strategy. Among them, we mention the impressive decrease in the number of children placed in residential institutions, including those in the age group 0-3 years, the significant increase in the capacity to identify cases of violence, neglect and abuse of children by developing and strengthening the cross-sectoral mechanism of combating violence, along with conducting national information and awareness campaigns for attitude change. The dominant opinion among stakeholders is that most of the objectives of the Strategy (general and specific), of the activities of the Plan, as well as of the expected results, have been or are likely to be achieved in a timely manner.

Of all the types of actions provided in the Action Plan, the most neglected area of intervention refers to the development of the IT system, monitoring and evaluation, which significantly hampers information feedback loops towards achieving objectives and expected results. The dashboard prepared during the evaluation shows that until June 2019 only one quarter of the actions (31 out of the 124 total) were completed, while 40% (or 49) of the actions were in progress. The other 35% of the actions were either postponed to 2020, or cancelled, suspended or with unclear status, being dependent on conjectural political decisions. Delayed actions are distributed among all institutions with responsibilities in implementing the Action Plan. In June 2019, the MHLSP as the main implementer had a portfolio of 83 actions, of which 22 completed, 27 ongoing and 34 postponed, cancelled or with unclear status.

The analysis of the implementation stage achieved for each action confirmed the stakeholders' estimates according to which the objectives / activities with the highest chances of not being achieved by 2020, have been the Specific objective 1.4: Reducing the negative effects of the parents' migration on the children left behind; Specific objective 2.1: Prevention of violence, neglect and exploitation of children and Specific objective 3.1: Resizing the social significance of motherhood and fatherhood and the role of both parents in raising children.

Due to the way the Action Plan was designed, the dashboard based on the research data, although rigorously, it reflects only partially the progress made in developing specialized services or community services for children and families in the Republic of Moldova. Thus, even though the elaboration of the normative framework for the organization and operation of a large number of services is delayed in many districts and localities, the territorial structures, professionals, local authorities and civil society organizations, in partnership or independently, have developed a wide range of services for children and their families. The main problems at the time of the evaluation related to the still small number of these services, which most often covered only to a small extent the local needs, and the quality still not satisfactory of these services.

The key areas of intervention in which progress is still lagging behind refer to: strengthening the institutional capacity at the local level to prevent the separation of child from family; extending the professional parental assistance network as a family-type alternative to institutionalization; coordinating the deinstitutionalization process across the Government; intensifying the parental education activities implemented throughout the country; developing the specialized services available at the local level (including services for the aggressors); increasing participation in the preschool education, especially in rural areas and among Roma children; along with the strengthening of the monitoring and evaluation capacity both at central and district levels.

These results could be obtained as a result of the improvement of the legislative framework, the increase of institutional capacity through the organization of professional training programs and the consolidation of the work experience in cross-sectoral teams, with a consistent support of the civil society organizations and international organizations, among which UNICEF played a major role. However, there are also factors that hinder the achievement of objectives and reduce the effectiveness of interventions. Most of these factors are organizational in nature and affect the institutions at central and local level, from all social sectors, notably the lack or deficit of specialists, high staff turnover, underfunding (massive in some areas), poor staff accountability and poor orientation to the customer of many services. These factors shape the selection of strategic intervention areas that can potentially act as game changers in future implementation or next programming exercises.

Efficiency

Efficiency assessment has been a difficult task, as there are no specific targets set for achievement at mid-term. In addition, deadlines have been set only at the level of activities. Therefore, the evaluation is based on financial data collected at central level, which include only part of the Strategy activities. However, of the 31 actions completed of the Action Plan, the majority concerned changes of the regulatory framework with no funding estimates associated.

There is a general consensus that the financial resources are insufficient both at district and local level. The available resources differ from district to district, but over half of the Territorial Social Assistance Structures (TSSA) declare that the financing causes implementation difficulties. Even with regard to the minimum service package (GD 800/2018) the financial resources are not sufficient, waiting lists for some services being reported in most rayons. The funds available to develop the necessary services at the level of local communities (other than the minimum package) are even more deficient. Half of the professionals and representatives of the local authorities (LPA1) report that there are no funds from the local budget for this purpose and another 20% say that the existing funds are totally insufficient. The same opinion is shared by representatives of civil society organizations and adds that "all financial difficulties fall on the parents' shoulders, especially if the child needs some therapy".

Use of management and monitoring tools is significantly lagging behind. As a result, an evaluation of the efficiency on output and outcome indicators is not possible due to data availability and to the poor mechanisms of coordination, progress measurement and adjustment along the way. Addressing this situation represents top priority among potential pathways towards expected results.

Sustainability

This evaluation being a formative one focuses on the analysis of the prerequisites (factors and conditions) for ensuring sustainability.

The achievements obtained in the implementation process of the current Strategy and associated Action Plan represent a solid basis on which a new strategy and, in particular, an updated and improved action plan can be developed. The most relevant achievements in this regard include the new legislative framework, the institutional capacity strengthened through training and the experience of working in multidisciplinary teams gained at local level.

There is a consensus among the stakeholders who participated in the research that the sustainability of the obtained results is rather poorly satisfactory (with an average score of 6.4 on a scale of 1 to 10). The main challenges posed to sustainability of interventions include the lack of identification of the financial

resources saved in the state budget due to the deinstitutionalization process, the insufficient capacity development at local level and in the MHLSP, and the inadequate development of the social services available for specific groups. In addition, there are potential risk factors at the level of the general context, from the evolutions of the national economy, to political instability, still intense emigration (among both parents and specialists), as well as a low level of available financial and human resources.

Impact

This evaluation being an intermediate one only considered the early signs of system-level impact. The impact on children and their families was out of the scope of this evaluation.

As an overall assessment, professionals and representatives of local authorities evaluated the implementation of the Strategy and Action Plan as having a satisfactory impact on the access, quality and relevance of child protection services, as well as on preventing the separation of the child from the family / the reintegration of children into their families. Representatives of civil society organizations were more critical in this regard, focusing on the many issues that still need to be improved. The representatives of the Territorial Social Assistance Structures were considerably more positive, emphasizing the significant changes achieved in the system during the evaluated period 2014-2019, although they agreed that many deficiencies were still waiting to be addressed.

The analysis on objectives and expected results shows that at systemic level the implementation of the Strategy has really led to significant results in relation to the fulfilment of the child rights, especially regarding the right to be protected from violence, abuse or neglect, the right to grow up in the biological family, the right to pre-school education, and the right to live and develop to the fullest potential.

Group discussions conducted by the evaluation team with rights holders (children, adolescents and parents / caregivers) identified additional obstacles in fulfilling their rights, mainly related to access to quality education, access to health services (especially for children with disabilities), the lack of specialized support services for parents and the exercise of the right to information, as well as the lack of functional grievances mechanisms.

Coverage, Coordination and Coherence

The Strategy and its associated Action Plan provisioned measures and interventions for many vulnerable groups of children. The research carried out by the evaluation team identified several equity issues related to the insufficient coverage of certain groups of vulnerable children and young people, as shown above in section 5.1 Relevance.

The mechanism of coordination and integration between the social sectors is rather fragmented at the central level, being adversely influenced by contextual factors such as the sudden changes of policies and institutional structures. Cross-sectoral coordination needs to be substantially strengthened in future programming efforts to increase the effectiveness of policies for children and families. Even if it works in an unfavourable environment, UNICEF brought significant contributions in the implementation of the Strategy and Action Plan.

Cooperation between MHLSP and other development partners encompassed all steps of the policy cycle: design, implementation and monitoring and evaluation. Harmonization of roles played by each partner has to be further reinforced, as long as there are simultaneous accomplishments in increased institutional capacity at central level.

6.2. Recommendations and Lessons Learnt

The recommendations presented below are based on an extensive research conducted specifically for the purpose of this evaluation. In addition to an extensive documentary analysis and mapping of objectives, activities and expected results of the Strategy, the evaluation team collected new data using a mix of quantitative and qualitative research methods, to provide a set of evidence-based policy recommendations able to inform the decision-making process.

The recommendations are aimed to inform the MHLSP and other stakeholders on the development of a new child protection strategy after 2020 and, according to the ToR, to highlight the links with the current programming documents, in particular the National Development Strategy "Moldova 2030 ". The recommendations are prioritized and have a time frame and an addressee. Each recommendation has correspondence in the evaluation results to explain the areas proposed for improvement. The recommendations are grouped into strategic recommendations and operational recommendations. The table below presents the recommendations in a simplified way to provide an overview which contributes to an improved programming process for the following policy documents. This set of recommendations will be discussed with stakeholders in a validation seminar scheduled for mid-November 2019. The strategic recommendations include an extensive list of stakeholders because these institutions have to act in cooperation and coordination (unlike the current status on implementing Child Protection Strategy). The operational recommendations have a better targeted institutional framework.¹⁶³

¹⁶³ These recommendations are in line with the most recent (2017) Concluding observations on the combined fourth and fifth periodic report of the Republic of Moldova of the UN Convention on the Rights of the Child, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/MDA/CO/4-5&Lang=En.

No	Recommendation	Priority	Timeframe	Addressee
Strategic Recommendations				
1.	Ensure a systems and participatory approach in the elaboration of the next child protection policy or subsequent regulations/ policy documents, throughout the implementation	High	Short-term	MHLSP, MECR, MPF, MIA, MJ, State Chancellery, First and Second tier public authorities, CSOs
2.	Conduct an accurate review of available and needed human and financial resources that incorporates risk assessment	High	Short-term	MHLSP, MECR, MPF, MIA, MJ, State Chancellery, Social Inspection, First and Second tier public authorities, CSOs
3.	Select strategic priorities and organise the interventions according to priorities, with realistic and measurable expected results	High	Short to medium term	MHLSP, MECR, MPF, MIA, MJ, State Chancellery, Social Inspection, First and Second tier public authorities, CSOs
4.	Develop the new policy based on a Theory of Change that explicitly articulates the theories and assumptions to the desired real change in the lives of rights holders	Medium	Short to medium term	MHLSP, MECR, MPF, MIA, MJ, State Chancellery, First and Second tier public authorities, CSOs
Operational Recommendations				
5.	Strengthen institutional capacity in the child protection area at MHLSP level	High	Short term	MHLSP
6.	Develop a monitoring and evaluation framework, and a functional M&E mechanism	High	Short to medium term	MHLSP, MECR, NBS, Social Inspection
7.	Continue building on the good practices already achieved and focus on the increase policy effectiveness of the ongoing interventions	Medium	Short to medium term	MHLSP, MECR, MIA, MJ
8.	Conduct a management response plan based on the evaluation findings, conclusions and recommendations	High	Short term	UNICEF Moldova and MHLSP

6.2.1. Strategic Recommendations

1.

Ensure a systems and participatory approach in the elaboration of the next child protection policy or subsequent regulations/ policy documents, throughout the implementation

The evaluation found that in particular the programming phase failed to adopt a systems approach. This recommendation is valid for both the following child protection policy and for policy regulations / documents from the current implementation period. In the systems approach, policy programming would greatly benefit from conducting a problem-focused causal analysis. In this way, in a participatory approach, it is more likely to identify the immediate causes (the most visible causes), the underlying causes (less obvious, but implicitly related to the problem) and the "root" causes (which may be common to a variety of social problems, which addressed can effectively solve a number of problems). This approach can make a significant contribution to the other strategic recommendations. The approach is similar to the one used in regulatory impact assessments (RIAs), as we have already outlined in section 5.3 Efficiency. Given the limited institutional capacity at present, MHLSP could benefit from the support provided for this purpose by international donor organizations. Yet, this action needs to be adequately associated with a cost-estimation, as usually policy or legislation development is mostly regarded as a no-cost action.

On the participatory mechanism, the recommendation aims to broaden the spectrum of stakeholders consulted, to explicitly take into account the opinions of the specialists in the Territorial Social Assistance Structures and gatekeeping commissions at the rayon level, of the stakeholders working at the local level (mayors, social workers, members of multidisciplinary teams, civil society organizations) and, not the least, the opinions of rights holders (parents and children). The methodological framework developed within this evaluation can be useful for ensuring participation, as it has ensured the participation of about 1,000 people, using limited financial resources and relatively short time. Such an approach would create the viable conditions to build consensus around the vision, priorities, results and indicators. It would also significantly facilitate implementation, monitoring and evaluation.

The stakeholders consulted during evaluation believe that there is a need for a new (modified) Strategy and/or Action Plan in proportions of about a quarter of municipalities' representatives and professionals, a third of TSSA specialists and three quarters of CSOs. According to them, the top three necessary changes refer to: (i) ensuring the child protection specialist in all municipalities, (ii) developing programs of family empowerment together with services for parents, especially parental education, services for aggressors (along with services for victim) and alcohol abuse, and (iii) increasing the coverage of children and adolescents with risky behaviours, deviant behaviour or behavioural problems, as well as children who migrate abroad (with or without) their parents.

2.

Conduct an accurate review of available and needed human and financial resources that incorporates risk assessment

The evaluation findings clearly highlight, on the one hand, the lack of accurate financial data on the amounts spent for implementation and, on the other hand, the general consensus that the existing resources are insufficient, which represents one of the main implementation difficulties. This is further aggravated by the lack of an identification mechanism for the financial resources mobilized by civil society organizations and by international donors. For example, for the deinstitutionalization process, identifying the financial resources that can be mobilized for the development of family-type alternatives would significantly enhance mutual trust among stakeholders (central, local and CSOs) and ownership of the process across all involved partners.

An accurate assessment of the available human and financial resources could support the creation of a logical model based on more realistic assumptions, at least regarding inputs. Including financial resources in the mid-term budgetary framework would increase the chances of sustainability. The assessment of available human resources is even more necessary given the high staff turnover. This factor should be included in a risk assessment that includes both likelihood assessment and mitigation strategies. As pointed out in the validation meetings conducted at local level, the estimation of needed human resources (especially for the position of child protection specialist) has to be conducted in direct correspondence with the locality profile in terms of demographic composition and already identified child vulnerabilities.

3.

Select strategic priorities and organise the interventions according to priorities, with realistic and measurable expected results

The current Strategy includes a strategic objective (the third), which is rather aligned with the areas of intervention in another strategic document, than with the first two objectives. The Action Plan has more than one hundred activities to perform in a country marked by financial crisis, frequent changes at Government level, high staff turnover and constant political turmoil. Probably from the beginning the Plan was too optimistic to plan all the expected results. The unpredictable context partly explains the lack of clearly defined intermediate and final targets.

The selection of strategic priorities must be carried out within a systemic and participatory approach. This does not mean to leave out certain groups of vulnerable children, but to prioritize activities / interventions that can yield multiplier effects in a timely frame. One such example is the field of M&E systems development, in line with the second operational recommendation of this report. If a strategic plan is implemented in accordance with the first two recommendations, the likelihood of increasing coverage in implementation will be higher. A systematic analysis of the main determinant areas of the results, together with the use of M&E tools, would create the premises for identifying the root causes, which, if addressed, could act as game changers.

4.

Develop the new policy based on a Theory of Change that explicitly articulates the theories and assumptions to the desired real change in the lives of rights holders

The lack of an articulated theory of change has already been outlined throughout the report. If all of the above strategic recommendations are implemented, then there would be a good chance that the next child protection strategy will make full use of a structured logic model and a meaningful theory of change, all based on a sound analysis. The refinement of results, outcome and final impact should be based on a clear analysis of stakeholder capacity. This would require improvements in accountability systems from both central and local public institutions, as well as donors and civil society organizations. This logical model could be the basis for developing a Results Matrix that encompasses the desired levels of change in the life of rights holders. In order to be an articulated narrative on how the change will be enabled, there is a need to clearly specify lower level results and intermediary targets as building blocks for higher level results/ long term targets.

6.2.2. Operational Recommendations

5.

Strengthen institutional capacity in the child protection area at MHLSP level

As mentioned previously, at the evaluation start the team faced a set of 124 actions in the Action Plan for whose coordinating, monitoring and evaluation only one person was responsible within the MHLSP. Furthermore, the representative of the Ministry was in place for only one month before the start of the evaluation. Until the preparation of this evaluation report, this specialist had left the Ministry. Therefore, it is not surprising that the coordination and M&E mechanisms are weak. However, the Action Plan was elaborated in challenging times, but no action clearly addresses the institutional capacity at MHLSP level.

Institutional capacity building at the MHLSP level should encompass improvements in all spheres of action for capacity development: staff, knowledge and skills, incentives to ensure the permanence of the position. Only in this way could a stronger coordination role of the MHLSP be provided, at least methodologically. This is another direction of action that could benefit from potential support from international donors. It can be conducted in an integrated regulatory-impact-analysis that includes a set of actions targeting conducting a problem-focused causality analysis together with MHLSP representatives as several workshops (including training sessions) that directly contribute to an enhanced institutional capacity. In addition, financial and non-financial incentives for reducing staff turnover should be designed across all levels of public administration, including MHLSP.

6.

Develop a monitoring and evaluation framework and a functional M&E mechanism

The lack of a sound M&E framework was highlighted across most of the evaluation questions. Of all the interventions that remain as an "unfinished agenda" in the current Action Plan, the evaluation team considers the M&E as top priority for implementation.¹⁶⁴ In this respect, there are two key activities of the Action Plan that can significantly improve the overall process, namely Activity 1.1.24. Monitoring the activity of guardianship authorities and social service providers for at-risk children and children separated from parents through the "Social Assistance" information system. The second is Activity 1.3.4. Finalizing the needs of the mechanism of evaluation of social services at national and local level (includes the assessment of needs and the planning of programs for the maintenance / development of social services). Both contribute to an improved accountability system, aligned with the achievements of the interventions of the National Development Strategy "Moldova 2030".¹⁶⁵

The priority sub-recommendations are as follows:

Define the complete registry of residential institutions

1. Completing the exhaustive list of functional residential institutions, regardless of whether they belong to MHLSP, MECR or local authorities. In order to have a clear and timely picture of the closure or restructuring process, this list should be closely monitored, in a coordinated approach. The evaluation team systematically encountered difficulties in identifying all residential institutions ("I will now give you a list that the Statistics doesn't know about"). Most likely, this is also a cause for the differences reported between different institutions regarding the number of children in residential care.

Monitoring all associated data (including outcome) in an individual database per child

2. Monitoring the duration spent by children in the residential system, with disaggregated data by age, gender, disability, ethnicity, and if possible the area of residence in which their families live.
3. Monitoring the cases of family reintegration for a period of at least one year. There is no clarity regarding the risks faced by the reintegrated children, not only within family but also considering the access to essential public services, especially for children with disabilities.
4. Monitoring of youth leaving the protection system. The data regarding this category are very weak, insufficient to be able to plan for the development of adequate support services that meet their needs.
5. Monitoring the labour market integration for the young graduates of auxiliary schools. These data aim to clarify whether or not there are unplanned negative effects of the deinstitutionalization process.

Include relevant data in the M&E framework

6. Monitoring of children with disabilities or with special educational needs after the completion of compulsory education. This data would also have the role to identify the unplanned negative effects of the deinstitutionalization process.
7. Monitoring the poverty level for children and families with children, using data disaggregated (minimum) by age, gender, disability, ethnicity, area of residence, type of family, and number of

¹⁶⁴ The recommendations under the M&E mechanism can be significantly supported by the work conducted in Moldova by MEASURE Evaluation, whose task is to strengthen the capacities of government partners to assess, address, and monitor child care reform (<https://www.measureevaluation.org/countries/moldova>).

¹⁶⁵ Namely, objectives 1, 3, 4, 6, 8, 9.

children in the household. The coverage and effectiveness of enacted policies cannot be assessed unless a new 'policy' regarding monitoring poverty levels is adopted. This proposed action is aligned with the intended outcomes under the first and sixth objectives of the National Development Strategy "Moldova 2030".

Develop a participatory approach in the M&E framework

8. Consultation on annual results monitoring as part of ensuring transparency and constant improvement of implementing the Action Plan.

7.

Continue building on the good practices already achieved and focus on the increase policy effectiveness of the ongoing interventions

The evaluation spotlighted several achievements as a result of implementing the Strategy and Action Plan. These consider all types of actions provided in the Plan, namely improvements of the regulatory framework, capacity development through training, development of services, provision of information and awareness campaigns. This operational recommendation needs to be understood in close connection with all previous recommendations, as it is intended to guide the selection of the lines of action that may be based on the results already achieved, but still require substantial improvements.

Further develop cooperation and coordination in an integrated approach to child vulnerabilities

- Further develop an integrated approach to child vulnerabilities by strengthening existing cross-sectoral mechanisms. The extensive outreach activities currently carried out by community social workers, health and education professionals are an excellent basis for future interventions. However, such activities are not carried out in a standardized way throughout the country, and have been severely affected by poor human and financial resources. In addition, the multidisciplinary composition of the mobile team conducting field visits at the rayon level is another key resource.
- The referral system to specialized services of vulnerable children and their families is not sufficiently developed, although steps have been already taken in this field. Collaboration with adults (parents/ care takers) on reintegration or preventing separation is hindered by lack of specialized services, for instance on alcohol abuse. Also, it would be useful to include parental education programs as part of the family support services, which are already functional across the country.
- Inclusive education reform has made significant accomplishments. Yet, coverage of vulnerable groups still needs to be improved, which require the development of more services for child and family, and of M&E systems.
- The deinstitutionalization reform has been a persistent challenge and there are substantial achievements in this field. In a turbulent political environment, coordination of the reform is hard to be achieved, but without it, the risk of potential unplanned negative results increases. This means that the process has to be more intensely coordinated among central institutions, and between central and local level institutions. A better communication and a stronger participation from the local level would address the still existing negative attitudes on deinstitutionalization, at least at the level of institutional stakeholders.

Develop a participatory approach in delivering social services

- Encourage the co-decision making and participation of beneficiaries in the social services. In this field, the current participation mechanisms do not allow a full involvement of rights holders. But this can be changed for the better through the outreaching activities already outlined, as well as a more open attitude of the institutional stakeholders towards the needs of vulnerable children

and their families. It needs though development of a structured valid approach, which can only come from the central level bodies.

8.

Conduct a management response plan based on the evaluation findings, conclusions and recommendations

This report includes a breadth of evidence collected with a good triangulation of qualitative and quantitative data, with responses gathered from primary and secondary duty bearers, civil society and donor organizations as well as rights-holders. This means that the findings and recommendations are well supported by evidence. UNICEF holds one of the best positions to further discuss the strategic and operational recommendations with MHLSP as well as other line ministries, CSOs and local level public administration. In addition, findings derived from the parallel evaluation supported by UNICEF Moldova (on inclusive education) should be integrated in a set of actions that can meaningful support advancement of child rights in the Republic of Moldova.

6.2.3. Lessons Learnt

Several key lessons have been identified by this evaluation:

- The influence of policy environment has been significant in achieving expected impacts. Staff turnover has to be acknowledged as one of the key elements in any risk assessment for future policy implementation. Specific lines of action for strengthening institutional capacity need to be included in the next programming documents.
- Low participation level in the programming phase negatively affects subsequent policy cycles. Large consultation mechanisms put in place from the initial stage of programming would increase ownership and bring about magnified relevance to the needs of user. Participation has to be ensured throughout the implementation, monitoring and evaluation phases. Participation in all policy cycles has to be supported by a good communication campaign on the envisaged theory of change, results framework and complete Plan of Action (including budgetary estimations and responsible entities differentiated between first and second tier levels of local public administration).
- A broad scope of actions does not necessarily result in increased coverage. Taking into consideration the limited available financial and human resources, a set of strategic interventions, that can yield multiplier effects in many other areas, have to be identified in order to be included in the future Child Protection Strategy.
- Monitoring for results is a complex endeavour, but it can start with simple elements. These include an exhaustive list of residential institutions and their current status in the process of deinstitutionalization, as well as a mailing list of all municipalities (including mayors and social community workers) in the Republic. In order to create a sound M&E system, stakeholders that only contribute to monitoring results (and not to policy implementation), representatives of institutions such as the National Bureau of Statistics, the Ombudsman, and the Social Inspection, should also be included along the way in programming for policy results. The Social Inspection has developed its capacity in evaluating child protection services, but it seems to be an isolated performer. The lack of a coordinated M&E mechanism leads to a fragmented and incomplete picture about what is happening and what have been achieved across the country.

Finally, at a challenging time for implementing child protection policies, the Government of Moldova needs to prove that it stays committed to leveraging sound evidence and data to promote better policies

for better lives of vulnerable children, including poor and marginalized children. This can only be achieved by listening to the voices of rights-holders and working hand in hand with stakeholders across the board.

"If I could change something, I would change at home, not here [in the residential centre] I just want my mom to come and pick me up".

(Adolescent living in a placement centre, urban area)

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Annexes

Annex 1. Terms of Reference

UNICEF Moldova

TERMS OF REFERENCE

Institutional Consultancy

Mid-term evaluation of implementation of the Child Protection Strategy 2014-2020 and its Action Plan for 2016-2020

Duration: March – December 2019

Location: Chişinău and selected districts

Related outcomes and outputs as per UNICEF Country Programme Document 2018-2022

Outcome 1: Equitable, Child Sensitive Systems and Services.

By 2022, Moldova national systems and services are more inclusive, able to protect the rights of children, and respond to the needs of the most vulnerable in an equitable way.

Output 1: Preventing family separation and violence against children

By 2022, national stakeholders have functional mechanisms, capacities and skills to prevent and protect children against discrimination, exploitation and violence, and prevent abandonment, family separation and neglect as per the best interest of the child.

Outcome 2. Social Change for Child Rights

By 2022, Moldova society has knowledge on fundamental child rights and fulfils its obligations, effectively supports social outcomes for children, and most vulnerable children and adolescents are empowered to claim their rights.

Output 6: Duty-bearers' obligations for realization of child rights

By 2022, all duty bearers have capacities and skills to fulfil their obligations for realization of child rights.

Background and rationale

In almost all indicators of child well-being in Moldova, there have been gradual improvements in the area of child and family protection. Since 2012, the number of children in institutions has decreased from 5 thousand to less than 2 thousand, while the use of family-based alternatives has increased from 9 thousand to about 12 thousand. The financial flow for childcare services also expanded, providing alternatives to placement in institutions. The number of children in detention has declined considerably and alternatives to detention are used more.

Family separation and ‘parent drain’ are major feature of family life in Moldova. In 2012, there were an estimated 150 thousand children having one or both parents abroad. Children from rural areas are more likely to live without one or both parents due to emigration (23 per cent in rural areas versus 17 per cent in urban areas).¹⁶⁶ Children left behind are usually cared for by their grandparents, extended family members or, in some cases, by themselves. While the transfer of remittances may provide better living conditions for the children left behind, the absence of parents is emotionally challenging and may lead to lack of care and the increased likelihood of risky behaviour. Eight in ten poor families with children live in rural areas. The risk to be poor for children from villages is three times higher compared to children from urban areas.¹⁶⁷ Most children left in residential care are from rural areas: two in three institutionalised children are from villages, and children with disabilities are left in institutions more often compared to other categories.¹⁶⁸ While abandonment of young children is rare, the high level of emigration leads to family separation, with 35 thousand Moldovan children having both parents abroad.

Limited information is available on violence against children, however, corporal punishment and violence is reported to remain worryingly common in Moldova. During the academic year 2016-2017 almost 11 thousand cases of abuse or violence against children were reported by teachers and school managers¹⁶⁹. An estimated 76% of children aged 2 to 14 years have experienced violent disciplining at home, 48% were subject to physical punishment and 69% had been subject to psychological aggression.¹⁷⁰

As part of the National Action Plan for the Implementation of the Association Agreement between the Republic of Moldova and the European Union during 2017-2019¹⁷¹, in particular Chapter 27 and in support of the implementation of the Convention on the Rights of the Child (CRC), the Republic of Moldova has undertaken important reforms to advance children’s rights. Several legislative, institutional and policy measures were adopted, in particular the Law No. 140 on the Special Protection of Children at Risk and Those Separated from their Parents (2013), the Law No. 315 on social benefits for children (2016), the establishment of the National Agency for Social Assistance (2016) and others. One of the key developments was adoption of the Child Protection Strategy for 2014-2020 (hereinafter “the Strategy”) and its corresponding Action Plan for 2016-2020 with a particular focus on deinstitutionalization and prevention of violence against children. Since then, implementation of the strategy was one of the main pre-requisites for the Republic of Moldova to advance the overall reform process and to achieve compliance with the internationally recognized standards for an efficient child protection system

As mentioned above, administrative data generated by the Ministry of Health, Labour and Social Protection (MHLSP) and by the Ministry of Internal Affairs attest constant progresses in decreasing the number of children in residential care and number of children survivors of violence and sexual exploitation. However, statistics cannot depict systemic bottlenecks hampering the achievement of

¹⁶⁶ 2012 Moldova MICS

¹⁶⁷ Combined fourth and fifth periodic report on the implementation of the United Nations Convention on the Rights of the Child.

¹⁶⁸ Ministry of Health, Labour and, Social Protection and Family data, 2016

¹⁶⁹ Ministry of Education, Culture and Research data, 2017

¹⁷⁰ 2012 Moldova MICS

¹⁷¹ <http://dcfta.md/eng/national-action-plan-for-the-implementation-of-the-association-agreement-between-the-republic-of-moldova-and-the-european-union-during-2017-2019>.

tangible results for children entering the child protection system. With no formal monitoring mechanism in place, and with several recent reports highlighting persisting problems in tackling family separation, institutionalization and violence against children, the UN Committee on the Rights of the Child, in its Concluding Observations issued late 2017, has recommended the Government to “ensure implementation of the Law on preventing and combating domestic violence, and step-up implementation of the National Child Protection Strategy”.

In 2017 the assessment of the national development strategy “Moldova 2020” was conducted and its lessons learned fed to the process of development of new strategic planning document “Moldova 2030” that considers the 2030 Agenda for Sustainable Development and provisions of the Association Agreement with the European Union. Therefore, a mid-term evaluation of implementation of the Strategy and its Action Plan will substantially inform further interventions in child protection area to be in line with the key strategic documents.

Rationale for evaluation: With the objective to continue to enhance the implementation of the Strategy and its Action Plan that will be ended in 2020, there is a need to have a proper measurement of the results achieved, determine bottlenecks and barriers and identify best ways for further promotion of children’s right to a safe and nurturing environment in the context of broad child protection reform. Given the context, the evaluation is planned to have a formative purpose. The knowledge generated by the evaluation will be used by the Government to address existing gaps and adjust the reforms if needed so.

The evaluation is part of the Costed Evaluation Plan¹⁷², approved by UNICEF Executive Board, Second Regular Session, 12-15 September 2017 and Biannual Work Plan for 2018-2019 signed by the MHLSP and UNICEF (Outcome 2 Output 6, Activity 6.1).

Purpose and objectives

The purpose of technical assistance is to support the MHLSP in evaluation of the mid-term results and achievements in implementing the Strategy and Action Plan aimed to: 1) ensure a harmonious growth and development of children within a family environment; 2) prevent and fight violence, neglect and exploitation of children; and 3) support reconciliation of the family and professional life. All three components will be evaluated in relation to the results achieved so far.

Objectives of the evaluation are as follows:

- Assess the relevance, efficiency, effectiveness, sustainability and to the extent possible impact of the interventions as outlined in the Strategy and Action Plan;
- Identify and document lessons learned; and
- Provide clear recommendations on further adjustment of the activities and the monitoring and evaluation framework of the Strategy and Action Plan for the remaining period of implementation.

¹⁷² https://www.unicef.org/about/execboard/files/2017-PL7-Rep_of_Moldova_CEP-EN-2017.06.19.pdf

All these, in turn, will catalyse the achievement of final results for children and caregivers as outlined in the Strategy that implies three phases as follows:

Implementation phase I covers the years 2014- 2016, being conceptually related to the carrying out of certain complementary reforms within the protection system, especially:

- 1) the administrative decentralisation and the decentralisation of social assistance services;
- 2) the identification of solutions to enhance the effectiveness of social benefits for families with children;
- 3) the implementation of reforms in protection of people with disabilities, including children;
- 4) the development of the Automated Information System "Social Assistance".

At the same time, in this phase, besides elaborating the framework structure of the Action plan, the initial period shall be dedicated to the carrying out of a number of activities aimed at collecting relevant statistical data, in order to establish the baseline for the determination of the specific progress indicators regarding the implementation of actions established in the Action plan, and at the same time, the identification of the volume of necessary resources for the achievement of the established indicators.

The Implementation phase II covers the years 2017- 2019, principally focusing on the continuation of the laid out and/or initiated during the first phase, especially to ensure the sustainability of policies and the durability of results.

The Implementation phase III will cover the year 2020, when without discontinuing the process of policy carrying out, the focus shall be put on the analysis of the results and identification of priorities for the elaboration of a new strategic paper.

The evaluation will cover first two phases and, in geographic terms, will focus on nationwide implementation of the Strategy and Action Plan.

Scope and limitations

This is **formative** evaluation that will cover first two phases, as outlined above, while considering the status of the reforms in child protection sector and the prospective Government agenda until 2030. As a formative evaluation, it will take place during implementation of the reform with the aim to improve the likelihood of achieving successful outcomes through better planned interventions and activities.

Limitations: even though there are activities in the Action Plan dedicated to relevant statistical data collection to determine the baseline and establish certain specific quantitative and qualitative progress indicators and data availability are still main issues of concern and one of the possible limitations to track the progress and assess the situation of the most disadvantaged boys and girls.

In addition, there is no established monitoring and reporting mechanism to track the progress and no coordination body to monitor the implementation of the reforms, considering inter-sectoral activities and envisaged collaboration across different stakeholders. A theory of change (ToC) was not developed during the planning stage and need to be reconstructed as a part of desk research and data analysis process to explain how the undertaken activities contributed to a chain of results that lead to the intended impacts.

In addition, the questions related to impact on children and caregivers may be limited to the impact at system level. The changes in life of children will not be a subject of this evaluation because baseline data are not specified in the Strategy therefore no comparison with current situation is possible.

4. Evaluation Criteria and Questions

- a) The evaluation will be based primarily on the OECD/DAC evaluation criteria¹⁷³ of relevance, effectiveness, efficiency, and sustainability according to the following general questions:¹⁷⁴

Relevance - To what extent are the objectives of the Strategy and Action Plan still valid and up to date to the national and international contexts? Are the activities and outputs of the Strategy and Action Plan consistent with the overall goal and the attainment of their objectives? Are the activities and outputs of the Strategy and Action Plan consistent with the intended impacts and effects?

Effectiveness - To what extent were the objectives (general and specific), activities and expected results at output and outcome levels achieved / are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives?

Efficiency - Were activities and interventions cost-efficient? Were they implemented in the most efficient way compared to alternatives? Were objectives (general and specific), activities and expected results at output and outcome levels achieved on time? Are the resources (money, human resources, facilities/ capital assets) sufficiently efficient? How well the implementation of activities has been managed? What management and monitoring tools have been used and what tools could have been used?

Sustainability – Were the achieved results and targets sustainable? Is sustainability ensured through implementation of the Strategy and Action Plan? What were the major factors which influenced the achievement or non-achievement of sustainability of results at output and outcome levels?

Impact criteria should be considered, and the following question answered to the extent possible: To what extent the implementation of the Strategy and Action Plan have and can further impact on the access, quality and relevance of child protection services for the rights holders? What has happened because of the implementation of the Strategy and what is real difference made to the rights holders? How many children have been affected?

- b) Issues related to **Gender Equality**, Human Rights-Based Approach to Programming and Results-Based Management will be addressed across the evaluation questions or, if required, developed as specific points as per United Nations Evaluation Group (UNEG) Guidance on Integrating human-rights and gender equality in evaluation.¹⁷⁵

- c) In addition, the following criteria and evaluation questions will be considered:

Coverage: Was representativeness of coverage ensured by the activities and interventions? Have vulnerable children and their families been reached, including children left behind by migrant parents, poor and marginalised children?

¹⁷³ DAC Criteria for Evaluating Development Assistance <http://www.oecd.org/dac/evaluation/49756382.pdf>

¹⁷⁴ Detailed evaluation questions tailored to the criteria will be developed as a part of application process and during the planning stage.

¹⁷⁵ Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance <http://www.unevaluation.org/document/detail/980> and <http://www.unevaluation.org/document/detail/1616>

Coordination: What was the role of the MHLSP, Ministry of Internal Affairs, other line ministries, LPAs, CSOs, community and other key actors in the design, coordination and implementation of the Strategy and Action Plan? What was the role and comparative advantage of UNICEF?

Coherence: What were the areas and ways of cooperation with other UN agencies and development partners regarding development of services for children? Was there coherence across interventions supported by different agencies?

Evaluation questions will be further refined, and additional ones will be incorporated by the Evaluation Team – if required - during the inception phase.

Methodology

The evaluation methodology will be guided by the Evaluation Norms and Standards of the United Nations Evaluation Group (UNEG).¹⁷⁶ The evaluation will follow internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability. Stakeholders will participate in the evaluation through discussions, consultations, provide comments on draft documents and some of them will be responsible for follow-up to the recommendations.

To ensure impartiality and lack of biases, the description will include a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and a mix of quantitative, qualitative, participatory methodology to ensure triangulation of information.

Evaluation Matrix will be developed to clear define the methods and instruments used to answer evaluation questions.

The methodology includes primary and secondary data collection and analysis. Primary data will be collected through focus-group discussions, in depth interviews with rights holders (parents/caregivers, adolescents, etc.) and relevant stakeholders/professionals at national and local levels. The field work should take place in at least six districts. The design of the study will not require representativeness in order to be valid, and no extrapolation of the results is expected. However the field work needs to capture reliable data to understand people's perceptions, opinions, and beliefs. The methodology and selection will be proposed by applicants to ensure proper coverage of the respondents (duty bearers and rights holders) considering the following: sex, age, urban/rural areas, vulnerability, types of services for children, etc.

Secondary data analysis will emerge from examination of the administrative statistics, relevant studies and reports and take into consideration the international treaties Republic of Moldova is part of.

The evaluation will also take into consideration good practices at international and regional levels. The evaluation will document innovative approaches of national efforts as well as barriers and bottlenecks to the successful implementation of child protection reform.

The evaluation will be done in a participative manner, with close involvement of the MHLSP, Ministry of Education, Culture and Research (MECR), Municipal Department for Child Rights Protection, Ombudsperson for Children's Rights, representatives of the National Council for Child Rights Protection, Parliamentary Standing Committees, members of gatekeeping commissions, district departments of social assistance and family protection, representatives of civil society, professionals, rights holders, as well as relevant developmental partners, including but not limited to USAID, IOM, UNDP, WHO, UN Women and the WB.

¹⁷⁶ UNEG Norms and Standards for Evaluations (2016) <http://www.unevaluation.org/document/detail/1914>

Ethical issues

The methodology of evaluation must comply with UNICEF Procedure for ethical standards in research, evaluation, data collection and analysis.¹⁷⁷ The proposed evaluation methodology and report should include a section identifying anticipated or actual ethical issues as well as measures and methods to address or mitigate these issues, for example: collecting data directly from stakeholders/beneficiaries, protecting anonymity and confidentiality of individual information sources, etc.

The Contractor will be responsible for considering ethical issues concerning the participation of the rights holders (parents / caregivers, adolescents, etc.). During the field work interviews of adolescents are envisaged. Thus, the Contractor will ensure that the process is in line with the United Nations Evaluation Group (UNEG) Ethical Guidelines.¹⁷⁸ The Contractor should be sensitive to beliefs, manners and customs and act with integrity and honesty while interacting with stakeholders and rights holders. Furthermore, the Contractor should protect the anonymity and confidentiality of individual information. All participants should be informed about the context and purpose of the evaluation, as well as about the confidentiality of the information shared. The Contractor can use documents and information provided only for the tasks related to these terms of reference. Data collection tools will be submitted to the local Ethical review body¹⁷⁹

Confidentiality: the evaluation team should be sensitive to beliefs and act with integrity and respect to all stakeholder and ensure confidentiality of information regarding individual children/caregivers/women. The evaluation team should not share the findings of the report on individual children/caregivers or individual institutions with media.

Details of how the work should be delivered

The Evaluation team is going to:

- **assess the status of implementation of the Strategy and Action Plan** and namely:
 - the extent to which the implementation of the Strategy and Action Plan improved the situation of children and families targeted by the Strategy;
 - the strategy implementation against each of the specific objectives, priority actions and indicators;
 - the extent to which the strategy vision and principles as well as planned objectives and actions have been realized;
 - the mechanisms for implementation and monitoring of the Strategy and Action Plan;
 - the level of involvement of the central and local public authorities, institutions and other stakeholders with related roles in the implementation and monitoring of the Strategy and Action Plan;
 - the mechanism and level of financing for the implementation of the Strategy and Action Plan;
 - the risks, obstacles and challenges in implementing the Strategy and Action Plan.
- **develop the Evaluation Report with concrete recommendations and strategic vision** with regards to further implementation of the Strategy and Action Plan and/or possible adjustments of the current documents to be aligned to Sustainable Development Goals (SDGs) and the latest developments of the National Development Strategy “Moldova 2030”. The review should take into consideration the results achieved and lessons learned.

¹⁷⁷ https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF

¹⁷⁸ UNEG Code of Conduct for Evaluation in the UN system <http://www.unevaluation.org/document/detail/100>

¹⁷⁹ <http://comitetetica.usmf.md/en/>

Evaluation report: The evaluation report should be clear and include the following elements: an executive summary, a profile of the evaluated Strategy and Action Plan, description of methodology and data collection tools, the main findings, lessons learned, conclusions and recommendations, attachments (ToR, reconstructed Theory of Changes , evaluation matrix and data collection tools, list of persons interviewed etc.). The findings and conclusions of the evaluation will answer the questions raised and selected for evaluation. The lessons learned and the recommendations will provide the link between the results of the evaluation and future child protection policies and programme adjustments and development.

➤ **disseminate key evaluation findings and recommendations**

- organization of public discussions at central and local level (three regions of the country – North, Center, South);
- validation of the evaluation results and recommendations with the MHLSP and other stakeholders;
- preparing and design of the electronic version of the report for further dissemination through the Government and UNICEF websites .

Stakeholders’ participation: The assignment has a pronounced cross-sectoral nature. Institutions such as MHLSP, MECR, local public authorities at district and community level are all responsible for implementing the Action Plan. Clear linkages between these authorities are now set up through the Cross-sectoral mechanism of cooperation on identification, assessment, assistance and referral of children victims and potential victims of violence, neglect, exploitation and trafficking. Stakeholders will be mainly involved in the evaluation process through (i) facilitation of data collection and provision of information for the analysis, and (ii) review and validation of the report.

The evaluation will help identify areas for improved cross-sectoral communication and coordination, starting from the system of public financing, and ending with delivery of child protection services where those are needed. Central and local public authorities will participate at round table discussions on the results of the evaluation and recommendations for actions for further advancement of child protection reform within a joint societal effort. Knowledge transfer will be ensured during the planned validation workshop.

UNICEF Monitoring and Evaluation/ Child Rights Monitoring Specialist together with the Child Protection Specialist will be accountable for reviewing/approving the evaluation methodology and intermediate and final evaluation results.

Delivery dates (based on the work plan)

Nr.	Activity	Deliverables*	Tentative deadlines**
1.	Preparatory stage (I): - development of detailed work plan; - desk review of available sources: administrative statistics, national studies, evaluations and reports, and records from relevant ministries and agencies; - development of methodology and evaluation matrix with tailored evaluation questions and assessment tools	<ul style="list-style-type: none"> • Inception report containing the detailed work plan, draft methodology, evaluation matrix, and List of consulted documents for desk review <p><i>(the Inception report will be sent for independent external review as outlined in chapter 8. Quality Assurance)</i></p>	Within 3 weeks from the contract commencement

2.	<p>Preparatory stage (II):</p> <ul style="list-style-type: none"> - finalisation and approval of the evaluation methodology (including evaluation questions) with key stakeholders/ members of the reference group, and namely UNICEF, MHLSP, MECR, Mol, leading national NGOs. 	<ul style="list-style-type: none"> • Final validated methodology, evaluation matrix and data collection instruments; • Minutes of the meeting 	Within 6 weeks from contract commencement
3.	<p>Implementation stage:</p> <ul style="list-style-type: none"> - data collection and analysis; - report writing 	<ul style="list-style-type: none"> • First draft evaluation report 	Within 14 weeks from contract commencement
	<p>Implementation stage :</p> <ul style="list-style-type: none"> - second review of the report considering independent quality assessment; - prepare PPT presentation and two pages of key findings; - validation of evaluation results and facilitate a validation workshop with key stakeholders 	<ul style="list-style-type: none"> • Second draft evaluation report, incorporating all feedback and comments; • Power Point presentation / summary of key findings per area and per stakeholders and related recommendations; • Validation meeting notes indicating the received comments/suggestions <p><i>(the Second Draft will be sent for independent external review as outlined in chapter 8. Quality Assurance)</i></p>	Within 17 weeks from contract commencement
4.	<p>Finalization stage:</p> <ul style="list-style-type: none"> - finalisation of the report; - translation and editing of both English and Romanian versions - Documentation of evaluation process 	<ul style="list-style-type: none"> • Final Evaluation report, including Summary of key findings and recommendations (up to 10 pages) • All relevant materials related to documentation of the evaluation process <p><i>(the Final Evaluation report will be sent for final independent external review as outlined in chapter 8. Quality Assurance)</i></p>	Within 22 weeks from contract commencement

*All deliverables will be presented in English in Romanian. Inception report, Second Draft and Final

** Exact deadlines will be mutually agreed upon contract signature.

Quality Assurance

Quality assurance will be undertaken for Inception report and Draft evaluation report developed by the Contractor and will be facilitated by UNICEF Moldova. The Contractor will be responsible for ensuring that recommendations for quality improvement are acted upon. The quality of all evaluation reports will be assessed by a specialist external to UNICEF.

The Draft report will be considered as a Final one only after passing through the external quality assessment, addressing all comments and having final positive rating as “Satisfactory” or “Highly Satisfactory”.

Final Evaluation report will be also submitted to the Global Evaluation Reports Oversight System (GEROS) for final quality assessment with feedback provided to the UNICEF Moldova office on the quality of evaluation (could be shared with contractors upon request).

Reporting requirements

All activities and deliverables undertaken by the Contractor shall be discussed and planned in consultation with UNICEF and Ministry of Health, Labour and Social Protection. The Contractor is expected to deliver each component of the work plan electronically (in Word format) in the languages specified above. At each stage, the deliverable shall be sent to the Monitoring and Evaluation/ Child Rights Monitoring Specialist and Child Protection Specialist by email, with the Deputy Representative in copy. The final report will not exceed 80 pages including Executive summary and Annexes.

Performance indicators for evaluation of results

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in ToR;
- Compliance with the established deadlines for submission of deliverables;
- Quality of work (clarity, completeness, accuracy);
- Demonstration of high standards of work with UNICEF and with counterparts.

Poor quality reports that do not correspond to the above-mentioned requirements will be returned for review.

Qualifications and experience

The competencies required from the Contractor are the following:

Institution/Company:

- National or international NGO, think-tank or research/consultancy institution with human (child) rights or social profile (specialization in child protection policy analysis is a strong asset);
- Minimum of five (5) years of experience in assessment/evaluation of projects, policies, formulation of sector plans, planning of programmes and coordination of research work;
- Previous research/ consultancy in child protection domain (copies of report summaries);
- Demonstrated experience of work with the Government of the Republic of Moldova is a strong asset;
- Previous work with UNICEF or other UN agencies, international organisations or donors is an asset.

Evaluation Team leader:

- Advanced University Degree in Social Sciences, Law, Human Rights or related field;
- At least 7 years of professional experience in conducting evaluations

- At least 5 years of experience in quantitative and qualitative research in child protection or other social field or human rights area;
- Proven knowledge of Child and Human Rights Based Approach and Result-based Management;
- Excellent analytical and report writing skills
- Demonstrated experience of work with the Government of the Republic of Moldova in undertaking research, evaluations, reviews in the social field is a strong asset;
- Excellent mastery of English and/or Romanian (the translation will be arranged by the Contractor and translation costs included in Financial proposal).

Content of technical proposal

The Technical Proposal should include but should not be limited to the following:

- Corporate Profile highlighting the institution and Evaluation team qualifications and experience matching the assignment requirements, including details of specific experience with similar assignments and evaluations conducted in the past five years, as follows:
 - a) Evidence in the form of contracts and/or references.
 - b) Up to three similar assignments (evaluations, assessments etc.) containing the following information:
 - Name of Client
 - Title
 - Year and duration
 - Scope
 - Outcome – include reports, web-links, etc.
 - Reference /Contact person details
- Proposed approach and methodology (up to 1,500 words/ 3 pages single spaced,,), including:
 - Proposed methodology, including Evaluation Matrix
 - Work plan showing the detailed sequence and timeline for each activity and days necessary for each proposed Evaluation team member
 - Travel plan
 - Quality assurance mechanism and risk mitigation measures put in place
 - Ethical considerations and how the contractor will address them
- Details of the Proposed Team for the assignment including the following information:
 - Title/Designation of each team member on the project
 - Educational qualifications and professional experiences
 - Past experience in working on similar projects and assignments.

If a joint venture is applying, the submission must clearly define the expected role of each of the entities in the joint venture in delivering the requirements of this RFPS, both in the Proposal and the Joint Venture Agreement included in the submission.

Financial Proposal

The financial proposal shall specify the total budget estimated in USD, as well as a detailed breakdown of budget items as per the Technical proposal, linked to deliverables. Payments shall be based upon outputs, i.e. upon delivery of the services specified in the ToR.

The financial proposal should also include all other applicable costs, such as: translation, meeting costs, transportation (local and international), daily subsistence costs (if applicable). If not provided by ToR, UNICEF will not reimburse costs not directly related to the assignment outcome, such as translation/interpretation services, local travels, passport/visa costs, hardware, software, stationery, logistic and meeting costs.

Evaluation criteria for selection

Interested national or international NGOs, think-tank or research/consultancy institutions will submit both a Technical Proposal and a Financial Proposal. The total amount of points to be allocated for the technical component is **70 points**. The proposals will be evaluated against the following criteria:

Technical Criteria	Technical Sub-criteria	Maximum Points
Overall Response	- Understanding of scope, objectives and completeness of work assignments	5
	- Overall concord between the requirements and the proposal	5
	- Proposed management arrangements	5
Sub-Total		15
Company and Key Personnel	Institutional experience	
	- Range and depth of experience with similar assessments or evaluations	10
	- Reference to similar evaluations/ assignments undertaken	5
	Proposed team and its professional expertise	
	- Team leader: relevant experience in conducting evaluations, professional expertise and knowledge	5
	- Team members: relevant experience of similar scope and complexity, professional expertise and knowledge	10
Sub-Total		30
Proposed Methodology and Approach	- Quality of proposed design and methodology and extent of alignment with requirements	20
	- Ethical considerations and recognition of direct/peripheral risks/problems and methods to prevent and manage these	5
Sub-Total		25
Total Max.	(minimum score for technical qualification: 50 points)	70

The total amount of points to be allocated for the price component is **30 points**. The maximum number of points (30) will be allotted to the lowest price proposal of a technically qualified offer. Points for other offers will be calculated as **Points (x) = (lowest offer/ offer x) * 30**.

Contract will be awarded to the bidder who obtains the highest cumulative score (technical + price points).

Payment schedule

The payment will be linked to the submission of the following deliverables, upon satisfactory completion and acceptance by UNICEF:

Deliverable (delivered according to the timeline agreed upon with UNICEF)	Proportion of payment
Inception Report, including methodology, work plan and timeline, methodological approach, data collection tools and instruments, annotated outline of final report etc.	30%

Second Draft Report (with all comments from UNICEF and partners addressed and passed external quality review with final positive rating as “Satisfactory” or “Highly Satisfactory”) and PPT	40%
Final Report fully complies with UNICEF standards, including executive summary of key findings and prioritised recommendations (to be further used for development of Evaluation management response)	30%
All relevant materials related to documentation of the evaluation process	

Definition of supervision arrangements

The selected organization will work under direct supervision of the Child Rights Monitoring/Evaluation Specialist with technical support of Child Protection Specialist. UNICEF will regularly communicate with the contractor and provide formats for reports, feedback and guidance on performance and all other necessary support to achieve objectives of the Evaluation, as well as remain aware of any upcoming issues related to contractor’s performance and quality of work. Payments will be rendered upon successful completion of deliverables, as per the schedule outlined above.

Description of official travel involved

The consultancy will require both international (if an international company is selected) and local travels. A travel plan will be included in the submission package. Travel costs shall be calculated based on economy class travel, regardless of the length of travel, and costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC). All travel arrangements and expenses are covered by the selected company and included in the financial offer (lump sum and per-line breakdown).

Support provided by UNICEF

To achieve the above-mentioned objectives, UNICEF will facilitate the contact with the Ministry of Health, Labour and Social Protection, Ministry of the Interior and other relevant stakeholders, and will provide timely feedback to all deliverable to be presented by the contracted organization. UNICEF will provide with relevant data, documents and available researches; contacts and lists of relevant technical people to work with.

Annex 2. The Reconstructed Theory of Change

Component 1: Ensuring the necessary conditions for raising and education of children in family

Measures	Progress indicators	Output indicators (changes in the system)	Impact
1) Consolidation of the local and territorial tutelary authorities' capacity for performing the functional duties; 2) Ensuring the uniformity of the control of decision-making process concerning the separation of children from their families; 3) Enhancing the effectiveness of the social benefits system for supporting the family and protecting the children; 4) Development of the social safety net for supporting the families with children at risk of separation, including early intervention; 5) Development of an integrated system for collecting data on children situation.	Adoption of policy measures and the ensuring the functionality of authorities in supporting families and children, consolidation of institutional framework	The significant decrease in the rate of children separated from their families	Enhancing favourable conditions for raising and harmonious development of children
1) Promotion of services for family planning and creation of parental abilities for raising and educating children; 2) Early identification and provision of assistance to the disadvantaged families, through prevention social services; 3) Development of family-type care services for children aged between 0-3, including children with disabilities.	Provision of the services provided in the policy measures, including their integration into the state budget, specification of the degree of needs coverage	Children aged between 0-3 are placed in residential institutions only in exceptional cases and for a determined period, when such a placement represents the only solution for ensuring a complex care and continuous supervision of the child	
1) Continuous reorganisation of the residential child care system; 2) Development of social services for supporting families, of family-type and (re)integration of children into families; 3) Development of inclusive education and achieving greater efficiency for children's educational and social inclusion;	Provision of social support services and of relevant, adequate and viable family-type services, in line with the minimum quality standards, ensuring the functionality of the institutionalisation mechanisms	Children are placed in residential institutions only in exceptional cases and for a determined period, when such a placement represents the only solution for ensuring a complex care and continuous supervision of the child	

Measures	Progress indicators	Output indicators (changes in the system)	Impact
4) Applying mechanisms for redirecting resources from the residential system towards facilitation of children social and educational (re)integration.			
1) Implementation on an effective evidence and monitoring mechanism concerning the situation of children whose parents/only parent is/are abroad;	Functioning of the mechanism of identification and monitoring of the situation of children whose parents/only parent is/are abroad, carrying out of information programmes for children left in the country, migrant parents and persons who care for the children	All children whose parents are abroad are provided with temporary guardianship/curatorship.	The incidence of social risks on the children whose parents are migrants is declining
2) Implementation of informative and awareness programmes and counselling services for children left in the country, migrant parents and persons who care for the children;			
3) Enhancing the educational system capacity for addressing social risks, including social risks for children whose parents are migrants.			

Component 2: Preventing and combating violence, neglect and exploitation of children, promotion of non-violent practices in raising and educating children

Measures	Progress indicators	Output indicators (changes in the system)	Impact
1) Development of the capacities of the community actors and professional groups for identification, referral and assistance for cases of violence against children and provision of adequate services;	Adoption of the National Programme for the creation of parental abilities, periodically carried out campaigns, provision of services, functioning of the offenders database	1) Change of attitude and perception towards violence, neglect and exploitation of children;	Reducing the social costs of the violence, neglect and exploitation of children
2) Development and implementation of the National programme for creating parental abilities;		2) Substantial reduction of the incidence of risks on children.	
3) Carrying out public awareness-raising campaigns in order to prevent violence and reduce tolerance regarding violence against children;			
4) Ensurance of the protection of children against information on all existing carriers, which may negatively affect the psychic and moral integrity of children;			
5) Development of support and prevention services for children at risk of becoming victims of violence or exploitation;			
6) Evidence and monitoring of abusers, in order to prevent reoccurrence of			

Measures	Progress indicators	Output indicators (changes in the system)	Impact
the sexual violence offence against children: 7) Enhancement of the educational system's capacity of informing on the rights of the child and creation of abilities for the prevention of school violence, as well as on risky behaviours.			
1) Enhanced effectiveness of the regulatory framework concerning the countering of violence against children; 2) Implementation of the inter-sectoral identification, assessment, assistance, referral and evidence mechanism for children who are victims and potential victims of violence, neglect and exploitation; 3) Development of social assistance services for families and children victims of violence; 4) Improvement of the quality of collection and systematisation of data concerning violence against children and its integration into the data system on the situation of children; 5) Ensure the personal data protection and prevention of re-victimisation of children victims of violence, neglect and exploitation.	Functioning of the inter-sectoral mechanism, provision of services, improved regulatory framework	1) Substantial increase of the referral rate for the identified violence cases, in order to provide assistance to children victims and to punish the offenders; 2) Substantial reduction of the incidence of re-victimisation cases	Achievement of social benefits, provided through the existence of a nonviolent social climate

Component 3: Reconciliation between family life and professional activity to ensure a harmonious raising and development of children

Measures	Progress indicators	Output indicators (changes in the system)
1) Support the reintegration of women with children into the professional activity through (re)professionalization, facilitation of non-discriminatory access to credit lines, financial incentives; 2) Foster the qualitative involvement of both parents in raising and educating the children, through the shared performance of parental obligations and rights; 3) Promotion of awareness campaigns in order to counter the prejudices concerning the roles of women and men within family and society.	(Re)professionalization programmes in progress, periodic campaigns	1) Increase of women's employment rate and professional activity 2) Reduction of prejudices regarding the role of both parents in raising and educating children and promotion of parental equality

1) Guarantee of flexible work schedules for parents with children of pre-school age;

2) Development of accessible public child care and education services for children of pre-school age, as well as encouraging mechanisms the private service providers.

Creation and promotion of subsidised child care services (final target: at least 33% of the children aged between 1 and 3 years and for at least 90% of the children aged between 3 and 6 years from rural areas), as well as extending the work schedule for pre-school institutions with at least 1 hour

Parents, especially women with children, have a relatively equal access to (re)integration into the labour market

Annex 3. Alignment with the National Strategic Framework

The main policy documents that are directly related to the general objectives set in the CPS MD 2014-2020 and its Action Plan are presented below.

(1) National Development Strategy „Moldova 2030”, approved by GD 1083/2018, aligned with the UN 2030 Agenda for Sustainable Development. This strategic framework provisions several objectives and measures related to the Child Protection Strategy, as follows:

- | | |
|-------------|---|
| Objective 1 | <p>Increased revenues from sustainable resources and mitigation of economic inequalities aimed at reducing by 50% the absolute poverty level and poverty in all its dimensions according to the national and international level for boys, girls, children of all ages, focused on the most disadvantaged groups.</p> <p>(Annex GD 1083/2018: 40)</p> <p>Achieving this specific objective includes priority actions related to the Child Protection Strategy, including ensuring increased educational priorities for children in rural area, but also for the parents to return soon on the labour market after child birth.</p> |
| Objective 3 | <p>Improving the working conditions and reducing the informal employment provides measures on fighting forced labour, human trafficking and child labour. In this direction, there is a reference level stated for the share of children aged 5-17 years old which are in the situation of child labour – of 18.3 (2009), proposed to be reduced to 5% by 2030. (Annex GD 1083/2018: 61)</p> |
| Objective 4 | <p>Guaranteeing quality education for all provides measures contributing to equal access to all children to free education, including children from vulnerable groups and ensuring a friendly, protective and inclusive school environment.</p> |
| Objective 6 | <p>A solid and inclusive child protection system provides improved access to social services for vulnerable groups and strengthening the capacities of territorial social assistance structures.</p> <p>Co-share from the monthly compensation for child care until 3 years old for the insured persons and the average value of minimum living level for children aged between 1 and 5 years old has a reference level of 88.8% (2017) and is supposed to reach 105% by 2030. In a similar manner, the co-share between the monthly compensation for child care until reaching 2 years old for uninsured persons and the average value of minimum living level for children aged between 1 and 6 years old is of 35,6 (2017) and planned to increase by 65% in 2030. (Annex GD 1083/2018: 92-93)</p> |
| Objective 7 | <p>Ensuring equilibrium between work and family includes ensuring access for all families to early education and care as well as to preschool education as well as actions aimed at profound reform of parental leave, which should be improved in terms of length, level of payment and should also encourage both parents to benefit from parental leave.</p> |
| Objective 8 | <p>Ensuring an efficient and inclusive governing system and rule of law includes ensuring equal access to justice for all women, men and children, especially those from vulnerable groups.</p> |
| Objective 9 | <p>Promoting a peaceful, safe and inclusive society includes among vulnerable groups of women and children (which are more frequent victims of violence and abuse in all forms), children left behind by migrant parents and children in street situations.¹⁸⁰</p> <p>Incidence of physical and sexual violence against women and children, in the last 12 months has a reference level of 9.6 in 2012 and is set to be reduced at 2.5 by 2030.</p> <p>Correspondingly, this objective contributes to a continuous and dynamic reduction in all forms of violence, especially family and sexual violence and stop of abuse, neglect, exploitation, traffic and all forms of violence or torture against children.</p> |

(2) Education Development Strategy for the years of 2014-2020 „Education 2020”, approved by GD no. 944/ 2014 provisions:

- | | |
|---------------------------|---|
| Specific
Objective 1.1 | <p>Extending access to quality early education, in order to ensure the increase in the enrolment rate for children aged 3-6 years from 82%, in 2012, to 95%, in 2020.</p> |
|---------------------------|---|

¹⁸⁰ For a recent study on children in street situations, see Foca (2018).

Specific Objective 1.6	Promoting and ensuring inclusive education at the educational system level, in order to achieve an annual increase with at least 10% of the rate of access of children with special educational needs in the education system.
Specific Objective 1.7	<p>Socio-educational reintegration for children placed in residential institutions, in order to reduce the number of children in these institutions by 50% in the year of 2020, and transforming by 2020 of at least 25% of residential educational institutions in regular education institutions.</p> <p>Priority actions included under this objective refer to Reorganization of the residential institutions system for education and care of children with special educational needs and redirecting the financial resources from the residential institutions towards development of social and educational alternative services.</p>
Specific Objective 1.10	Ensuring a protective school environment, able to prevent violence against children and promptly intervene for identification, referral and assistance of children which are victims of violence.

(3) Programme for developing inclusive education in the years of 2011-2020, approved by GD no. 523/ 2011. In parallel with this evaluation, UNICEF Moldova conducts another evaluation project for the Programme of developing inclusive education 2011-2020, including the implementation of the standards for a child friendly school.¹⁸¹

In addition in this area of intervention, in the year of 2016, the Ministry of Education drafted, with the support of “Partnerships for Every Child”, a Strategic vision on the development of educational and special services system for children with hearing disabilities and their families from the Republic of Moldova. The year of 2018 marks the starts for developing inclusive education in the vocational technical schooling.¹⁸²

(4) Inter-sectoral strategy for developing abilities and parental competences for the year of 2016-2022, approved by GD 1106/2016. Its general objective is ensuring for every child an adequate family environment for achieving its maximum development potential and becoming a responsible adult. This general objective is accomplished by three specific objectives which help, in addition to developing the institutional system/ necessary legislative framework also to developing and strengthening parental abilities and competences for parents/ legal representatives/ carers for children or youth (future parents), including increased quality of parental education services (Specific Objective 3).

(5) Plan of actions for supporting Roma population for the years of 2016-2020, approved by GD no. 934/2016. This plan includes as General Objective – Promoting an inclusive and efficient educational system, based on the principles of equity, non-discrimination and respect of diversity, which will contribute at the integration of Roma population (including increasing participation rate for Roma children, especially Roma girls, in the preschool and secondary education).

(6) Strategy for ensuring equality between men and women in the Republic of Moldova for the years of 2017-2021 and its Action Plan, approved by GD no. 259/ 2017:

Specific Objective 1.4	<p>Improving the policy framework addressed for families with children for ensuring an equal involvement of parents in raising and educating children.</p> <p>Under this objective, an action (Develop the legal framework on the organization and functioning of social day care centre aged 4 months - 1.5 (3) years) that is reported as partially accomplished has its corresponding part in the Child Protection Strategy, namely the specific objective 1.2. Gradual cessation of institutionalisation of children aged between 0-3 years.¹⁸³</p> <p>Another action reported as implemented (Revising the legal framework for an adjustment of parental leave for a period of 14 days) is also related to the Child Protection Strategy.</p>
Specific Objective 3.2	Raising awareness of public opinion regarding gender stereotypes and nonviolent communication.

¹⁸¹ Quality standards for primary and general secondary school from the perspective of child friendly school, approved by Ministerial Order no.970/ 2013. Terms of Reference for UNICEF Moldova study conducted in this area are available at: <https://www.civic.md/tendere/46138-unicef-rfp-9147041-joint-evaluation-of-implementation-of-the-programme-for-development-of-inclusive-education-2011-2020-including-application-of-child-friendly-school-s-standards.html>.

¹⁸² APSCF (2018: 3).

¹⁸³ Consequently, actions regarding the same specific objective are not aligned in the two strategic documents.

(7) National Strategy for prevention and fight against violence towards women and violence in the family for the years of 2018-2023 and its Action Plan for the years of 2018-2020 on its implementation, approved by GD no. 281/ 2018. The roadmap for the fight against violence against children in Moldova (VAC Roadmap) has been recently drafted (April 2019) based on the visions and recommendation of 65 representatives of public authorities, civil society organizations and development partners participating in the National Political Dialogue on the Fight against Violence against Children, commonly organized by WHO and UNICEF and the discussions carried out in the Technical Cooperation Working Group for the fight against violence against children. This roadmap contains a set of necessary actions aimed at the implementation of Objective no. 2 on the current Child Protection Strategy and drafting lines of actions and recommendations to be included in a new Strategy starting with 2021.

(8) Plan of actions on promoting Internet safety for children and adolescents for the years of 2017-2020, approved by GD no. 212/2017, drafted „with the aim of achieving the Objectives of Child Protection Strategy for the years of 2014-2020”, sets four specific objectives concerning online safety, including elaboration of statistics and promoting research on Internet safety of children and adolescents.

Annex 4. Evaluation Matrix

The following Evaluation Matrix presents the evaluation questions, indicators, methods and data sources. It also integrates Human Rights and Gender Equality issues based on UNEG recommendations.

Evaluation criteria	Evaluation questions	Integrating HR and GE	Indicators	Methods	Data sources and key stakeholder participation
RELEVANCE	To what extent are the objectives still valid and up to date to the national and international contexts? Are the activities and outputs of the Strategy and Action Plan consistent with the overall goal and the attainment of their objectives/ the intended impacts and effects?	Analysis of how the Strategy is designed and implemented to align and contribute to HR &GE ¹⁸⁴	Current validity of planned objectives Consistency of strategic planning	Desk research analysis Analysis of: - administrative/ quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders
EFFECTIVENESS	To what extent were the objectives, activities and expected results at output and outcome levels achieved / are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives?	Assessment of the way in which results were defined, monitored and achieved (or not) on Human and Child Rights and that the processes that led to these results were aligned with HR & GE	Extent to which the strategy vision/principles/ planned objectives and actions have been realized; Extent to which the Strategy implementation improved the situation of children and families; Strategy implementation against each of the specific objectives/ priority actions/ indicators	Desk research analysis Analysis of: - administrative/ quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders
EFFICIENCY	Were activities and interventions cost-efficient? Were they implemented in the most efficient way compared to alternatives? Were	A broader analysis of the benefits and related costs of integrating HR&GE	Resource-efficiency analysis Mechanisms for implementation and monitoring	Desk research analysis Analysis of: - administrative/ quantitative/	Desk research Administrative data Qualitative/ Quantitative

¹⁸⁴ In particular, Human and Child Rights as outlined in Figure 1.

Evaluation criteria	Evaluation questions	Integrating HR and GE	Indicators	Methods	Data sources and key stakeholder participation
	objectives, activities and expected results at output and outcome levels achieved on time? Are the resources sufficiently efficient? How well the implementation of activities has been managed? What management and monitoring tools have been used and what tools could have been used?	interventions	Mechanism and level of financing Timely achievement of objectives/ activities/ results	qualitative data - findings of the meeting with key stakeholders - validation meeting notes	data (Validation) meetings with key stakeholders
SUSTAINABILITY	Were the achieved results and targets sustainable? Is sustainability ensured? What were the major factors which influenced the achievement or non-achievement of sustainability of results at output and outcome levels?	The extent to which Strategy's implementation has advanced key factors that need to be in place for the long-term realization of HR&GE	Risks, obstacles and challenges in implementation Sustainability of achieved results/ targets	Desk research analysis Analysis of: - administrative/ quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders
IMPACT	To what extent the implementation have and can further impact on the access, quality and relevance of child protection services for the rights holders? What has happened because of the implementation and what is real difference made to the rights holders? How many children have been affected?	Actual and long-lasting realization and enjoyment of HR&GE by right holders and capacity of duty-bearers to respect, protect and fulfil HR&GE	Extent to which the implementation improved the situation of children and families; Strategy implementation against each of the specific objectives/priority actions/indicators	Desk research analysis Analysis of: - administrative/ quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders

Evaluation criteria	Evaluation questions	Integrating HR and GE	Indicators	Methods	Data sources and key stakeholder participation
COVERAGE	Was representativeness of coverage ensured? Have vulnerable children and their families been reached, including children left behind by migrant parents, poor and marginalised children?	Analysis of covering vulnerable children and families	Extent to which the implementation improved the situation of children and families, including the most vulnerable	Desk research analysis Analysis of: - administrative/ quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders
COORDINATION	What was the role of key actors in the design, coordination and implementation of the Strategy and Action Plan? What was the role and comparative advantage of UNICEF?	Building an enabling environment for ensuring protection of HR & GE	Institutional Coordination between key stakeholders in the planning and implementation process Competitive Advantage of UNICEF	Desk research analysis Analysis of: - quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders
COHERENCE	What were the areas and ways of cooperation with other development partners? Was there coherence across interventions supported by different agencies?	Cooperation development among duty bearers for ensuring protection of HR & GE	Institutional Cooperation Institutional coherence	Desk research analysis Analysis of: - quantitative/ qualitative data - findings of the meeting with key stakeholders - validation meeting notes	Desk research Administrative data Qualitative/ Quantitative data (Validation) meetings with key stakeholders

Notes: HR & GE = Human Rights and Gender Equality. Based on the recommendations provided in the UNEG (2011).

Annex 5. Primary Data Collection Methods and Tools and Stakeholders' Participation

Institution/ Stakeholder	Identified in the Strategy as	Method	Research Instrument	Data collection period
AT CENTRAL LEVEL				
Ministry of Health, Labour and Social Protection (Health Sector) - Department of policies in the field of primary, emergency and community medical assistance - Department of policies in the field of public health	Responsible & Partner	Interview; Participation in the Working Group	Structured Interview Guide MS; Notes of the meeting and feedback received in the Working Group	Mission 2
Ministry of Health, Labour and Social Protection (Labour and Social Protection Sector) - Department of policies for protecting rights of children and families with children	Responsible & Partner	Interview; Participation in the Working Group	Unstructured interview guide; Interview Guide MHLSP; Notes of the meeting and feedback received in the Working Group	Missions 1 & 2
- Department for ensuring equality between men and women		Interview	Unstructured interview guide	Mission 1
- National Agency for Social Assistance		Interview	Unstructured interview guide; Interview Guide NASA	Missions 1 & 2
- Social Inspection	M&E responsibilities	Interview	Interview Guide SocInsp	Mission 2
Ministry of Education, Culture and Research	Responsible & Partner	Interview	Unstructured interview guide; Interview Guide MEduc	Missions 1 & 2
Ministry of Public Finances	Responsible & Partner	Interview	Unstructured interview guide; Interview Guide MPF	Mission 2
Ministry of Internal Affairs	Responsible & Partner	Interview	Interview Guide MIA	Mission 2
Ministry of Economy	Partner	Interview	Interview Guide MEcon	Mission 2
Ombudsman for Children's Rights	M&E responsibilities	Interview	Unstructured interview guide	Mission 1
General Police Inspectorate	Partner	Interview	Unstructured interview guide	Mission 1
National Bureau of Statistics	M&E responsibilities	Interview	Unstructured interview guide	Mission 1
UNICEF Moldova	Partner	Interview	Unstructured interview guide	Missions 1 & 2 & 3

Institution/ Stakeholder	Identified in the Strategy as	Method	Research Instrument	Data collection period
Civil society organisations: - Fundația Terre des Hommes - AVE COPIII	Partner	Interview; Participation in Working Group; Online survey	Unstructured interview guide; CSO questionnaire; Notes of the meeting and feedback received in the Working Group	Mission 1
- APSCF - CCF Moldova - Concordia - Keystone - Parteneriate pentru fiecare copil - Lumos - Other active CSOs	Partner	Interview; Participation in Working Group; Online survey	Unstructured interview guide; CSO questionnaire; Notes of the meeting and feedback received in the Working Group	Mission 2
	Partner	Online survey	CSO questionnaire	Online
AT LOCAL LEVEL				
TSSA - LPA2	Responsible & Partner	Online survey and Interviews	Interview Guide TSSA; TSSA questionnaire	Mission 3 & Online
CPCDS Gatekeeping commissions (LPA2)		Interview	Interview Guide CPCDS	Mission 3
SPPA Service of Psycho Pedagogical Assistance (LPA2)		Interview	Interview Guide SPPA	Mission 3
Municipal Department for Children's Rights Protection Chisinau		Online survey and Interviews	Unstructured interview guide; TSSA questionnaire	Mission 1 & Online
LPA1 Community social workers and other representatives of multidisciplinary teams	Responsible & Partner	Online survey & Interview or Small group discussions	Interview Guide LPA1; LPA1 questionnaire	Mission 3 & Online
Mayors		Online survey & Interview	Interview Guide Mayor; LPA1 questionnaire	Mission 3 & Online
Parents and caretakers of children from vulnerable groups		Focus-group discussions	Focus group discussions guide for parents and caretakers	Mission 3
Children and adolescents from vulnerable groups		Focus-group discussions	Focus group discussions guide for children	Mission 3
RESIDENTIAL INSTITUTIONS FOR CHILDREN				
Representatives of residential institutions		Interview or	Interview Guide for director;	Mission 3

Institution/ Stakeholder	Identified in the Strategy as	Method	Research Instrument	Data collection period
Children and adolescents beneficiaries		Small group discussions	Observation Sheet	Mission 3
		Focus-group discussions	Focus group guide for beneficiaries	

Notes: The fully developed research instruments developed with this project and used for primary data collection were presented in the Inception Report. They are also attached to this Evaluation Report in Volume II: Evaluation Toolkit.

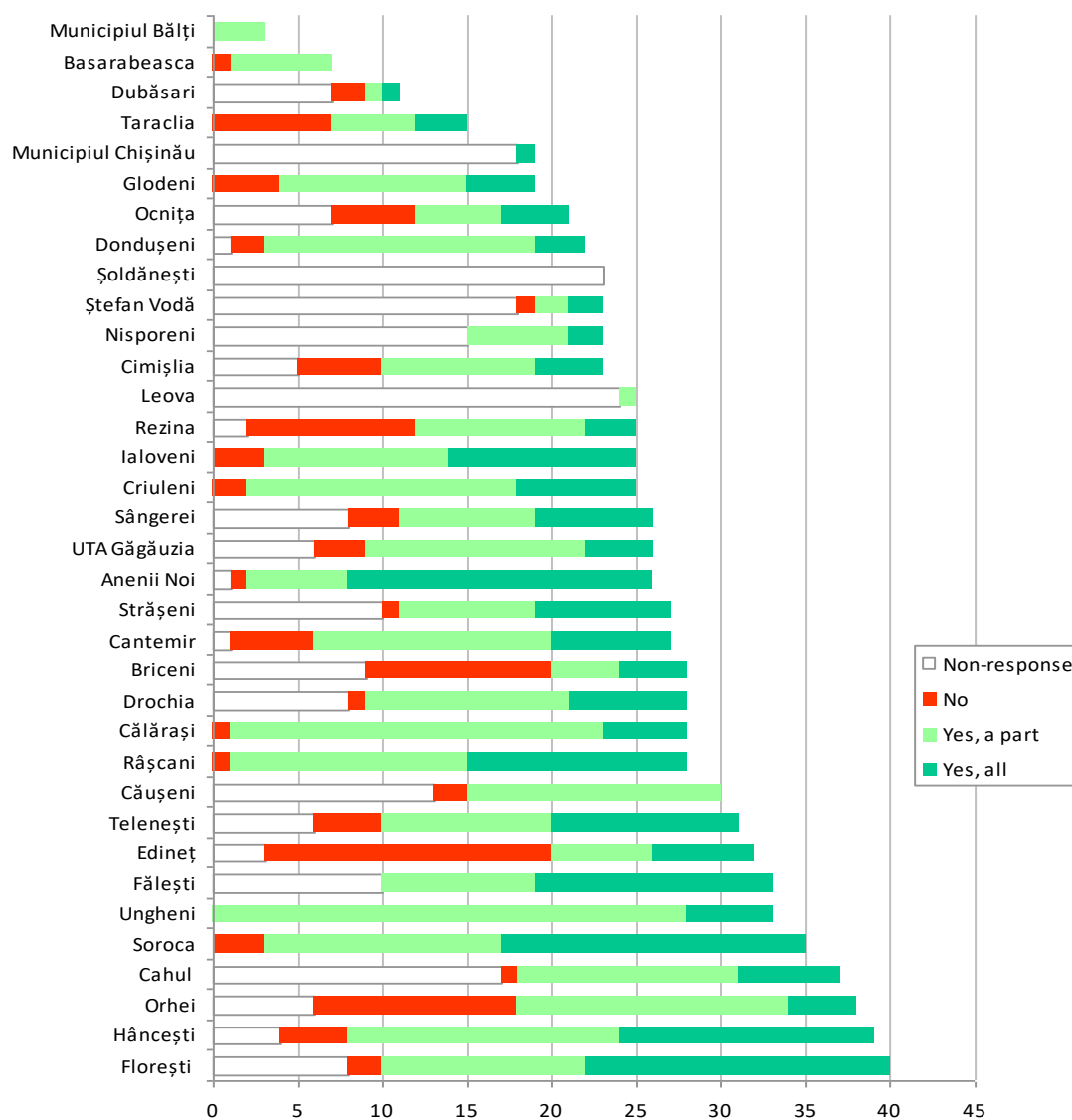
Annex 6. The research team: Roles and responsibilities

Evaluation team	Position	WD	Key tasks/ Contribution to deliverables
Manuela Sofia Stănculescu (RIQL)	Evaluation Team Leader	30	Project management Scientific project coordination Participation in all in-country missions except for the second one Contributions to all project deliverables
Monica Marin (RIQL)	Evaluation Team Co-Leader	28	Project management Field research coordination Participation in all in-country missions except for the second one Contributions to all project deliverables
Georgiana Blaj (CERME)	Researcher	25	Field Research Desk Research Participation in the 3rd and 4th in-country missions Contribution to First Draft Evaluation Report Inputs for Second Draft and Final Evaluation Reports Dissemination events
Catalina Iamandi Cioinaru (CERME)	Researcher	25	Field research Desk research Participation in the 3rd in-country mission Contribution to First Draft Evaluation Report Inputs for Second Draft Report
Bogdan Corad (CERME)	Researcher	25	Field Research Desk Research Participation in the 2nd, 3rd and 4th in-country missions Contribution to First Draft Evaluation Report Inputs for Second Draft and Final Evaluation Reports Dissemination events
Andreea Stănculescu (CERME)	Researcher	25	Field Research Desk Research Participation in the 2nd, 3rd and 4th in-country missions Contribution to First Draft Evaluation Report Inputs for Second Draft and Final Evaluation Reports Dissemination events

Notes: WD = Working Days. Details regarding the in-country missions are provided in Figure 7.

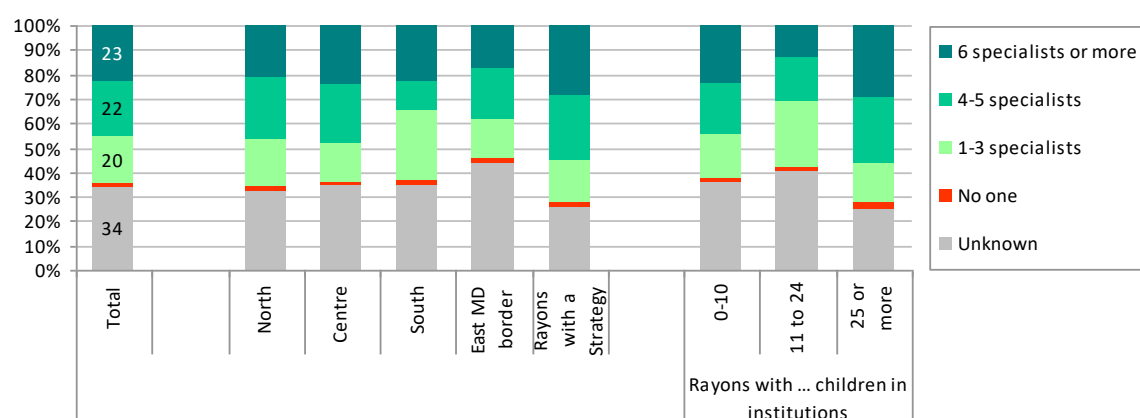
Annex 7. Statistical Data

Figure A 1: Number of localities (LPA1) with all/ a part/ none of the specialists with responsibilities in child protection trained in case management, in the period 2017-2019, by districts of the Republic of Moldova



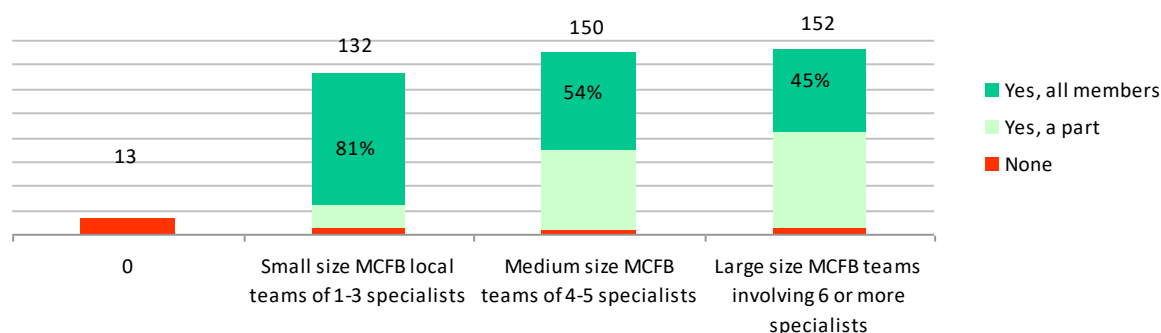
Source: Online surveys, August-September 2019 (N=901 LPA1 representatives of which 671 valid answers). Note: Districts are ordered according to the total number of LPA1.

Figure A 2: Local teams implementing MCFW by size (%)



Source: Online surveys, August-September 2019. Note: The graph shows all 674 questionnaires received from LPA1 representatives. Did not answer LPA1 representatives from Söldănești rayon. The number of responses was smaller than 5 for rayons Leova, Dubăsari and Ștefan Vodă. From Chișinău Municipality only city Chișinău responded.

Figure A 3: Distribution of the MCFW local teams by size (number) and proportion of specialists trained (%)



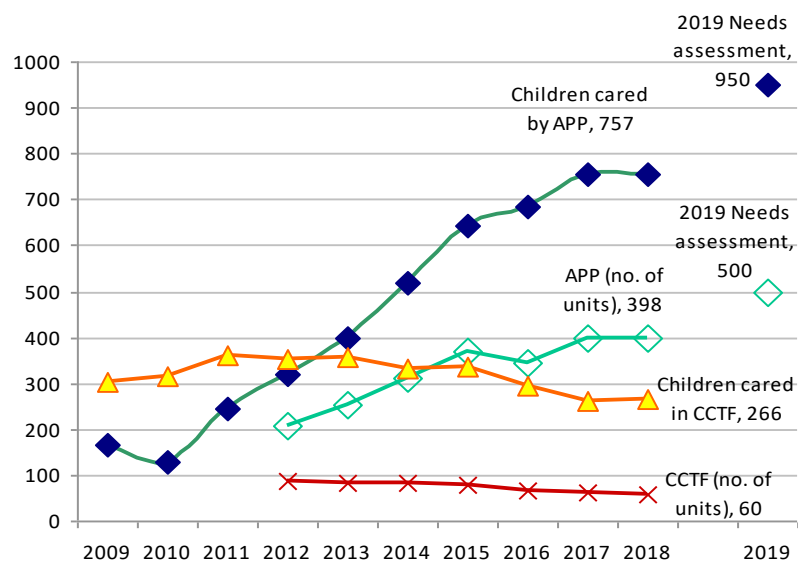
Source: Online surveys, August-September 2019. Note: The graph shows only 447 valid answers received from LPA1 representatives.

Table A 1: Children aged 0-2 years without parental care by form of protection, 2009-2018

CER 103:	Version 1		Version 2						Version 3	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total no. of children 0-2 without parental care, of which:	526	1256	750	908	884	849	903	1069	1399	2217
(1) Reintegration into the biological family				47	52	58	94	99	114	108
(2) Guardianship	116	172	199	262	366	376	432	503	145	95
(3) Adoption	254	268	275	241	160	164	156	146	114	22
(4) APP, CCTF	19	15	24	21	28	32	37	40	53	67
(5) Residential services	137	801	252	303	246	165	131	260	93	74
(6) Total no. of children 0-2 receiving a form of protection = (1) + (2) + (3) + (4) + (5)	526	1256	750	874	852	795	850	1048	519	366
Proportion of children sent to residential services = (5)% of (6)	26.0	63.8	33.6	34.7	28.9	20.8	15.4	24.8	17.9	20.2

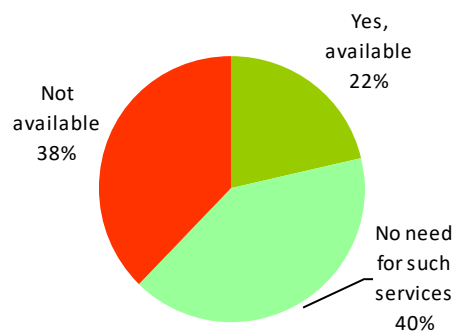
Source: Based on CER 103 form (MHLSP).

Figure A 4: The national network of professional foster care, number of providers and beneficiaries



Source: Based on CER 103 data (MHLSP). Needs assessment for 2019 done by TSSA in the online survey. Did not answer to questions regarding alternative services TSSA from Leova, Șoldănești, Strășeni, and UTA Găgăuzia. In addition, the needs assessment for 2019 was not provided by TSSA from Chișinău Municipality, Cantemir, Glodeni, and Ungheni.

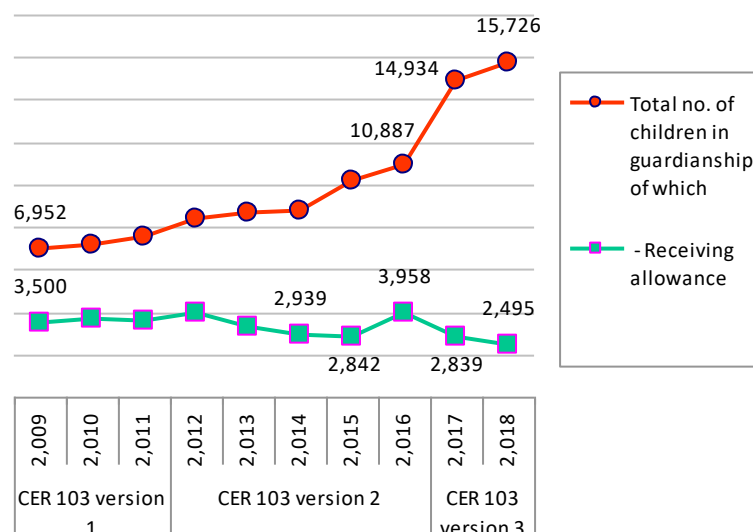
Figure A 5: Availability of transportation services to and from school for children with disabilities



Source: Online surveys, August-September 2019.

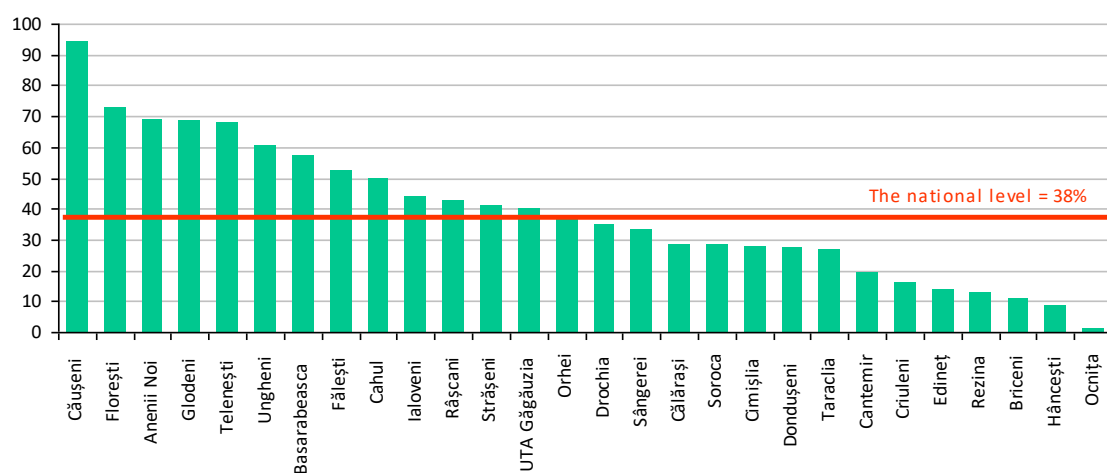
Note: Did not answer LPA1 representatives from Șoldănești rayon. Non-response rate for these questions was 1.5%.

Figure A 6: Number of children in guardianship, 2009-2018



Source: Based on CER 103 (MHLSP).

Figure A 7: The proportion of localities (LPA1) within the rayon in which parental education was implemented, as of June 2019 (%)



Source: Online surveys, August-September 2019. Notes: Did not answer any LPA1 from Șoldănești. In addition, rayons with less than five valid answers were not included. Non-response rate at these questions was 3%.