
EU SUPPORT FOR CARE REFORM FOR CHILDREN IN MOLDOVA IN THE 2021–2027 PERIOD

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1. INTRODUCTION

Millions of children around the world live in institutions – including so-called “orphanages”, residential special schools and reception centers – that expose them to a catalogue of human rights abuses and enhanced risk of violence, and which cannot meet their needs¹.

The issue of deinstitutionalisation has increasingly gained traction on the EU’s global agenda² over the past decade. In 2018, the European Commission gave proof of its commitment towards **promoting the transition from institutional to community-based care for children** globally by including it in its **proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**³. The proposal is supported by the European Parliament and the Council⁴.

Meanwhile the **Covid-19 pandemic** is having and will continue to have a dramatic and lasting impact on the most vulnerable children and families, compounding structural weaknesses in child protection and welfare systems. Existing child protection risks are exacerbated, and new ones emerge, as a result of the crisis. Poor families and those with limited resources are bearing the brunt of measures to prevent and control the spread of the pandemic. High stress environments are also leading to an increase in violence at home.

As the pandemic unfolds, the economic shocks to children and families globally will be felt for years to come. It is expected that the number of children at risk of separation or in need of alternative care will increase – both during the crisis, where containment measures may lead to separation, as well as a result from the long-term socio-economic impact on caregivers, families and communities⁵.

The Republic of Moldova is no exception. Preliminary research shows that the impact of the COVID-19 outbreak on a small and open economy and a fragile local business community as the one in Moldova is expected to be significant, particularly for vulnerable groups like children in poor households⁶. Other vulnerable groups of children might include children with disabilities, Roma children, children with behavioural challenges, children in juvenile systems and children living in street situations. A rapid assessment of the perception of District Social Work Departments about the consequences of COVID-19 on families, children and professionals finds that some of the most affected families are those with a history of domestic violence, those with infected family members, single-parent families and families with alcohol addiction problems.

This risk jeopardising the progress made by consecutive governments in Moldova over the last two decades to achieve comprehensive childcare reform.

Moldova is a small lower-middle-income economy. Although it is among the poorest countries in Europe, it has made significant progress in reducing poverty and promoting inclusive growth since the early 2000s⁷. Thanks to its efforts on child protection reform, Moldova is increasingly recognised as one of the best examples of childcare and protection reform in the region despite limited resources.

The joint efforts of government, civil society and international organisations have led to **the significant decrease of the number of children living in institutions in Moldova from more than 11,500 in 2007⁸ to 1,010 in 2019⁹**. The number of children in family-based care increased two-fold between 2006 and 2019¹⁰. This was achieved through considerable service development and diversification, funding allocation, strengthening of state professionals in social, educational and medical fields, focusing of inter-sectorial collaboration and changes in practice, and improved advocacy and partnerships with local public authorities, media and private businesses. Finally, public attitudes have shifted positively towards supporting vulnerable families and preventing unnecessary child separation from the family.

To finalise the process of deinstitutionalisation, sections of that strategy need significant investment. As also noted by the EU’s Association Implementation Report on Moldova¹¹ published on 12 September 2019, **inclusive education, deinstitutionalisation and protection of children with disabilities are yet to be addressed. Children under the age of three have also been left behind by the deinstitutionalisation efforts¹².**



INSTITUTIONALISATION OF CHILDREN

There are numerous definitions of what the term 'institution'¹³ means when referring to children. The Common European Guidelines on the Transition from Institutional to Community-based Care refer to a definition of institutions for children "as residential settings that are not built around the needs of the child nor close to a family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)"¹⁴.

Over 80 years of research from across the world has demonstrated the significant harm caused to children in institutions who are deprived of loving parental care and who may consequently suffer life-long physical and psychological harm¹⁵. Children who grow up in institutions can experience attachment disorders, cognitive and developmental delays, and a lack of social and life skills leading to multiple disadvantages during adulthood¹⁶. Long-term effects of living in institutions can include severe developmental delays, disability, irreversible psychological damage, and increased rates of mental health difficulties, involvement in criminal behaviour, and suicide¹⁷.

Research consistently demonstrates that the majority of children in institutions are not 'orphans'¹⁸, but are placed there due to reasons such as poverty, disability, marginalisation, migration, a lack of family support services in the community and as a result of trafficking.

The 2021-2027 Multi-Annual Financial Framework constitutes an important opportunity to strengthen social and child protection systems in the EU Neighbourhood. **This paper calls on the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), the European External Action Service (EEAS) and the EU delegation to ensure that the Neighbourhood, Development and International Cooperation Instrument (NDICI) supports comprehensive childcare system reform in Moldova.** Furthermore, the EU should ensure that orphanages and other institutions are not used as a response to the crisis, in line with the UN General Assembly Resolution on the Rights of the Child (2019), and given the additional risks to congregate care settings in infectious disease outbreaks.



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2. THE EU'S LEADERSHIP IN SECURING CHILD WELFARE AND PROTECTION

The EU is already a global leader in this area, recognising the harm institutionalisation causes to children and ensuring that no further investment goes to harmful institutional settings within its borders²¹. The EU has introduced an ex-ante conditionality on social inclusion 9.1 in the European Structural and Investment Funds Regulations for the 2014-2020 programming period, with a dedicated investment priority on the transition from institutional to community-based care²².

By doing this, it has played a leading role in supporting vulnerable children and driving care reform across a number of EU countries. This commitment has been further reaffirmed with the introduction of enabling conditions in the draft Cohesion Policy Regulations for the 2021-2027 programming period²³. In the past, the EU has also made child protection reform and deinstitutionalisation conditional in the enlargement processes (e.g. Bulgaria and Romania).

CARE REFORM – PROGRESSING TOWARDS THE 2030 AGENDA, LEAVING NO ONE BEHIND

Some of the most vulnerable children around the world continue to be left behind. Among them are children deprived of family care or institutionalised. Globally, poverty in all its forms continues to drive family separation. As former European Commissioner for International Cooperation and Development Neven Mimica stated: “the implementation of the 2030 Agenda and global care reform are therefore intrinsically connected”²⁴. In particular, global care reform and ending the institutionalisation of children supports the implementation of the following Sustainable Development Goals (SDGs):

- **SDG 1 – End poverty in all its forms everywhere:**

Poverty is one of the main underlying reasons for children being placed in institutions. Care reforms play a key role in ensuring that the most vulnerable families get access to basic services in the community and to social protection/anti-poverty measures.

- **SDG 3 – Good health and wellbeing:**

Institutionalisation has a devastating impact on children's health and wellbeing. In certain cases, institutions have failed to provide sufficient nutrition to children leading to malnourishment and under-development. The congregated environment in care facilities exposes children and workers to a high risk of virus transmission, including in the context of the COVID-19 pandemic. Children with disabilities and underlying health conditions are especially vulnerable. They are more likely to be in institutions and other residential care facilities, and in some cases at higher risk of developing complications after contracting the virus.

- **SDG 4 – Ensure inclusive and equitable quality education:**

Lack of access to education is a key driver of institutionalisation, especially for children with disabilities. Institutions are not a solution: growing up in so-called ‘residential schools’ and ‘special schools’ while being separated from their peers can significantly affect children's health, learning and psychosocial wellbeing.

- **SDG 10 – Reduce inequalities within and among countries:**

Children from poor and vulnerable families, children with disabilities and children belonging to ethnic minorities are the most affected by institutionalisation – showing a clear pattern of systemic discrimination.

- **SDG 16.2 – End abuse, exploitation, trafficking and all forms of violence against and torture of children, and SDG 8.7 – Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour:**

Institutions put children at increased risk of violence, abuse and neglect from peers and adults and expose them to various forms of structural violence. Children in institutions are also at increased risk of being trafficked or subject to other forms of modern slavery.

The issue of deinstitutionalisation has increasingly gained traction on the EU's global agenda²⁵. In 2018, the European Commission gave proof of its commitment towards **promoting the transition from institutional to community-based care for children globally by including it in its proposal for the Neighbourhood, Development and International Cooperation Instrument (NDICI)**²⁶. The proposal is supported by the European Parliament and the Council.

The EU also supported the development of the UN Global Study on Children Deprived of Liberty, which recognises that *'institutions, by their very nature, are unable to operate without depriving children of their liberty'*. Institutions in some cases may lead to trafficking of children and their exploitation through commodifying care and linking it to tourism²⁸.

The **UN Resolution on the Rights of the Child**, adopted in December 2019 and co-drafted by the EU, expresses a concern that millions of children continue to grow up deprived of parental care, states that family- and community-based care should be promoted over placement in institutions and urges States to 'take effective action to provide support to families and to prevent the unnecessary separation of children from their parents, including through investment in social protection services and social services'²⁹.

The recent **EU Action Plan on Human Rights and Democracy 2020-2024**³⁰ also prioritises the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care.

The coming five years present a unique opportunity for the European Commission to **renew its commitment and global leadership to ensure that children grow up in loving and supported families**, in line with President Ursula von der Leyen's prioritisation of children's rights.



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Institutions, by their very nature, are unable to operate without depriving children of their liberty

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HOW CAN THE EU SUPPORT THIRD COUNTRIES TO TRANSFORM THEIR CARE SYSTEMS?

The EU should help Governments to strengthen families and communities and provide/oversee quality family- and community-based alternative care in line with the UN CRC, the UN CRPD and the UN Guidelines for the Alternative Care of Children.

Actions may include³¹:

- Supporting governments in responding to the needs of the most vulnerable children (including children in institutions), families and communities in their response plans to the Covid-19 pandemic, integrating care reform and child protection systems strengthening in the medium- and long-term strategies for recovery;
- Improving **governments' knowledge of and oversight over systems of informal and unregistered care provision (and providers)** prevalent in their countries, closing existing data gaps, developing national and global baselines, and investing in quality, accessible, timely and reliable disaggregated data related to children living without parental or family care in all settings and situations;
- Analysing and addressing the **push factors leading to the separation of children from their families**, with a focus on helping to make vulnerable families more resilient (e.g. family planning, pre-natal care, mother and baby units, universal birth registration, parenting programmes focusing on creating safe and protective home environments, social protection, conditional cash transfer, income-generating activities, etc.), while also combating stigma and discrimination;
- Ensuring that all children and families have **inclusive access to social protection programmes and quality services and programmes in the community** (e.g. water and sanitation, housing, energy, garbage collection, safe environment, early childhood education and care, inclusive education and health services, etc.), including in rural areas – whenever possible, transferring resources from institutions to the new services in order to ensure long-term sustainability;
- Measuring whether existing EU programming focusing on parenting, children's rights, and livelihoods is not only making families more resilient to shocks, but also less likely to separate;
- Researching and addressing the **'pull' factors leading to the institutionalisation of children**, including financial incentives, orphanage tourism/volunteering, and institutions' recruitment practices (e.g. parents being coerced or deceived into giving up their children under the false pretence of access to better education and healthcare). Exploring and addressing the **relationship between institutionalisation of children, exploitation and trafficking**;
- Ensuring that **policy, legislation and regulations** are revised, developed and adopted to support vulnerable families, alternative family-based care and the transition/closure of residential institutions;
- Strengthening **inclusive local and national child protection systems** to address children's needs, establishing effective 'gatekeeping' mechanisms, preventing family separation and promoting effective regulation;
- Identifying and implementing long-term integrated strategies for the holistic and systemic transformation of care systems;
- **Raising awareness** among families and communities on the rights of the child and the importance of providing them with a stable nurturing environment; countering perceptions that institutional placement is necessary and raising awareness of the harm caused to children by institutionalisation; **reducing communities' stigmatisation of, and discrimination against children** on the grounds of disability or ethnic or minority background;
- Preparing and implementing **family- and community-based solutions** for the reintegration of children taken out of institutions, providing access to essential services to support children within their families and communities, with special attention to deprived and remote areas and to children facing discrimination (on grounds of disability, ethnic or minority background, etc.);

- Assessing individual children's needs **and providing comprehensive quality care to children until they can be reunited with their families and communities**, prioritising the development and/or strengthening of kinship and foster care, supporting foster parents' networks, etc. In very specific cases where it may be necessary to provide care in a small group setting, provide quality, temporary, specialised care organized around the rights and needs of the child in a setting as close as possible to a family, and for the shortest possible period of time;
- **Promoting children's and young people's meaningful participation** in care decisions, service delivery reviews and national debates on care reform, making sure their voices are heard and acted on;
- **Building the workforce** (direct informal carers, care professionals and those in related social services) at national and subnational levels, in terms of training (conducting child and family assessments, case management systems, follow-up monitoring after reintegration, forms of alternative care, training of trainers, special care for children with disabilities), status and working;
- Raise awareness and develop the capacity of **private service providers** (e.g. NGOs, Faith Based Organisations, and Foundations) that provide the institutional care services (with or without State resources) to transform their programs – focusing on strengthening families and communities and developing specialized support programs for children at risk (e.g. school reinforcement, development of specific skills, conflict resolution, consumption of psychoactive substances, etc.).

The EU's financial assistance could be delivered via different aid modalities. This includes budget support to governments -in the form of Sustainable Development Contracts or Sector Reform Performance contracts - as well as direct/indirect management of grants.

Experience shows that achieving comprehensive care reform requires complex and multi-sectorial transformations that are often best delivered in partnership between governments, non-governmental organisations and/or UN agencies. This is particularly evident in countries where private actors (NGOs, faith-based organisations, etc.) are engaged in providing a significant portion of child protection and care services and are therefore essential stakeholders for the transition. Therefore, the EU should promote partnership with civil society organisations and support civil society organisations' (CSOs) programmatic interventions and advocacy initiatives to promote child protection and care reform through EU thematic and geographical programming.

3. STRUCTURAL CONDITIONS FOR ADVANCING CARE REFORM

Replacing institutions with a sustainable system focused on providing care for children within families and communities is a complex process, which requires a number of structural conditions to be in place.

Political will is key to initiate the transition. The strategic vision owned by key champions in government needs to be complemented by a strong legislative and policy framework, accompanied by measurable and timebound action plans. This should be based on a set of **reliable data** on children in alternative care. Another critical factor is the availability of **local know-how and capacity** within the social workforce to actually deliver the reform and, once it is complete, to sustain

prevention and alternative family - and community-based care services. In this process, the existence of an active and **organised civil society** - including groups of self-advocates – has proven to be essential to ensure that the strategies are adequately implemented and continue to promote the highest human rights standards.

Last, but not least, without **funding for the transition** care reform cannot progress. Additional resources are needed during the phase of transformation, when the old and the reformed systems are still running in parallel and until the resources locked in institutions can be transferred to support children in their families and communities.

STRUCTURAL CONDITIONS FOR CARE REFORM

Political will to transform child protection and care systems

Available evidence on children in alternative care

Capacity to implement

Know-how and pilot projects

Civil society and users involvement

Funding for deinstitutionalisation

All of these elements are present today in Moldova. The last decade has seen growing momentum for child protection system reform, with remarkable progress across all the critical areas outlined above. Nevertheless, change is not without concerns. The following sections illustrate the steps taken by Moldova in its journey towards establishing a modern and rights-based child protection system, while also highlighting the pivotal role that the EU could play to sustain and strengthen the care reform efforts within the country.

3.1 POLITICAL WILL TO TRANSFORM CHILD PROTECTION AND CARE SYSTEMS

Strong national leadership and long-term vision are indispensable to move away from institutions and develop child protection and child welfare systems that protect children and families within their homes and communities. Political commitment at the highest level will help tackle vested interests and resistance and sustain the process beyond the life span of political and electoral cycles.

Since 2007, the transition from institutional to family- and community-based care (also known as deinstitutionalisation) and child protection reforms are put high on the Government's political agenda. A set of national policies was approved and supported to be implemented by the Government in collaboration with international development partners, local public administration and CSOs. Since then, there have been a number of public events (at national and international level),

where High Level Officials - including the President of Moldova, the Head and the members of Parliament and the Prime Minister/Ministers (from social protection, education, health, internal affairs, etc.) were present. The High-Level Officials expressed their concerns and willingness to support childcare and child protection reforms in Moldova.

At the international ministerial conference in Sofia, in November 2012, on *Ending the placement of children under three in institutions: Support nurturing families for all young children*, the then Minister of Labour, Social Protection and Family has publicly declared the intention to ban the institutionalisation of children under 3. The 2014-2020 Child Protection Strategy has followed on this commitment by including a special objective on gradual ban on the institutionalisation of children under 3³².



BABY HOMES: THE DEVASTATING AND IRREVERSIBLE IMPACT OF INSTITUTIONS ON CHILDREN AGED 0 TO 3

Children under the age of three are particularly vulnerable to the effects of institutional care. Infants are predisposed to respond to a caregiver who will respond to, talk to, and handle him or her in a sensitive way and introduce new stimuli in a manner that is safe, predictable, repetitive, gradual, and appropriate to the infant's stage of development³⁴. This environment is absent from institutions. Infants in institutions suffer from brain impairment and long-term developmental delay³⁵. By living in institutions, they have higher chances of poor health, physical underdevelopment, motor skill delays, hearing and vision problems, reduced cognitive and social ability, and risk of bullying and abuse³⁶.

The effects of institutionalization on infants – particularly in the early stages of life - are largely irreversible. The ability of infants to recover is impacted by the length of the stay. Studies have demonstrated that those who remained longer are likely to recover only partially and suffer developmental and emotional difficulties throughout the rest of their childhood and adolescence³⁷. Some children develop 'disabilities' during their stay in institutions³⁸. Any stay in an institution will have a profound and lasting effect.

As a result, Moldova has achieved significant results in the field of childcare reform over the past couple of decades. More specifically, there has been a significant decrease of the number of children living in institutions, from 11,544 in 2007³⁸ to 1,010 at the beginning of 2020³⁹. These steps of improvement have been achieved through the development and diversification of increased services; advocacy for the reallocation of funds; efforts to strengthen professional capacities in social, educational and healthcare fields; focusing of cross-sector cooperation; changes in practice and partnerships with local public authorities and media. **At the same time, representing a comprehensive and complex child rights and human rights sensitive approach, these areas are those most in need of resources and support from the Government.**

Moreover, Moldova is the **only country in the region** that includes a **separate Chapter (27) in its Association Agreement with the EU dedicated to the "Cooperation in**

the protection and promotion of the rights of the child"⁴⁰.

Finally, Moldova ratified, adhered and expressed support to a consistent number of European and global human/child rights treaties, bodies, strategies and statements during the last 15 years and even earlier. It is also a party to the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. Currently, the Minister of Health, Labour and Social Protection declared its official commitment to replace residential care with a wide range of family- and community-based services.

Coupled with a lack of financial and human resources the implementation of the childcare and child protection reforms was uneven in the country. As a result, there is a significant discrepancy between different districts, in terms of service development and implementation of new legal provisions.

3.2 AVAILABLE EVIDENCE ON CHILDREN IN ALTERNATIVE CARE

A key element of a State's ability to protect and promote children's rights is the availability of reliable data to develop strategies corresponding to the needs and characteristics of the population.

According to the data provided by the Ministry of Health, Labour and Social Protection by the end of 2019, 5,095 children were living in alternative care and 1,210 children were living in institutions⁴¹. Also, according to the data provided by the Ministry to Lumos, in 2020 over 200 children are in "health residential institutions for children affected by tuberculosis". The number of children in family-based care tripled between 2007 and 2019 from 6,562 to 18,047⁴². The table below provides a complete overview.

Even though data is available for 2019 for the number of children in institutions, the ministry has changed the way they present data. Moreover, the reported data on different types of residential institutions contain different indicators. This makes accurate comparisons over the years difficult, at the same time, the below data shows some decrease in number of children in residential care.

Year	At the end of 2017	At the end of 2018	At the end of 2019
Total children in institutions	1536	1484	1210 Note: including over 200 children in RI for children affected by tuberculosis.
0-2 years old	149	157	80
3-6⁴³ years old	120	231	153
Children with disabilities (all ages)	363	338	328

Available disaggregation includes age (0-2, 3-6, 7-15, 16-7), gender, rural/urban, disability, care type (family-based care, incl. kinship care and foster care and residential care incl. small group homes, temporary placement centres and old-type residential institutions). The data are collected from the local child protection authorities and residential institutions on a yearly basis, using two types of official statistical reports.

While the Social Assistance Automatic Informational System (SAAIS) database exists, it is currently not functional for tracking individual cases of child protection over time. Most data are collected manually, on an annual basis and can be disaggregated by gender, age, rural/urban, presence of disability. **The United Nations Convention on the Rights of Persons with Disabilities prohibits the use of institutions for children on the basis of disability, but, the actual data collection system is not providing data on disability type or length of time in care.** The roles and responsibilities for data collection and reporting are relatively well-defined within

The Ministry of Health Labour and Social Protection, but they are poorly documented across ministries and not always clear enough between the Ministry of Health, Labour and Social Protection and non-state actors⁴⁴.

Additionally, a new "Harnessing the Power of Data for the Benefit of the Child" (Data for Impact/ D4I) USAID funded project⁴⁵, builds on the previous work of assisting the country to assess its care system reform. Furthermore, it proposes recommendations to address priority needs, developing alternative care monitoring indicators, analysing information systems, and implementing training and mentoring activities in the area of data collection. The overall goal of the project is to strengthen the capacity of the government and its partners at national and subnational levels to collect, analyse, and use data to generate a positive impact on children in adversity, defined as children who are experiencing conditions of serious deprivation and danger.

3.3 CAPACITY TO IMPLEMENT

The lack of local know-how and professional capacity for the provision of social services to children and families can be a significant obstacle for the implementation of care reform. One of the main support pillars of childcare and child protection reform in Moldova was its **synchronisation with the reforms on social benefits** within which over 1200 community social workers were hired in all communities of Moldova. Another important change was the **transition of child protection responsibilities from education to the social assistance sector at central and local levels**. As a result, since 2008, there is at least one public servant working on prevention of child separation from family and family support, and one public servant working with children in alternative care in each district of the country. With the development of family support services and family-based alternative care services, the **number of service managers hired is proportional to the number of child protection authorities on district level**.

As evidenced also in UN Convention on the Rights of the Child concluding observations⁴⁶ and UN Convention on the Rights of Persons with Disabilities Concluding observations on the initial report of the Republic of Moldova, in 2017⁴⁷, **Moldova is facing a number ongoing challenges regarding the transition from institutional to family-and community-based care and child protection**.

In fact, there is a low capacity, insufficient number and high turnover of specialists working in the field of child protection due to low salaries and work overload. This also includes social workers, educational assistants, speech-therapists etc. Considering the high workload of community social workers, the Law nr. 140/2013 on the special protection of children in risk situation and children separated from their parents recommends hiring child rights protection specialists at the community level, but due to the lack of resources and best practices, there are only exceptional cases of these specialists being hired.

There is also a lack of specialised foster care for children under the age of three, children with a severe degree of disability, and children with behavioural disorders.

According to the data provided by the Ministry of Health, Labour and Social Protection by the end of 2019, there are 469 registered foster carers and 2474 formal kinship carers⁴⁹. Considering the 1200 children and their profile, who are still in residential care in Moldova, **the need for recruiting and hiring more foster carers is obvious as well as the need for differentiated specialisation of foster carers (depending on the age, number of and special needs of children in care)**.

The 2011-2020 Inclusive Education National Programme has created synergies between the social and educational support for children leaving institutional care. However, the **availability**

of inclusive education services is insufficient, especially for children with complex / severe disabilities, sensorial disabilities and challenging behaviour.

Services for psycho-pedagogical assistance to develop and support inclusive education were created starting in 2013 in all the districts of the country under the educational sector. Gatekeeping Commissions have also been created in all districts of the country, but the members of these Commissions are not necessarily coming from the social assistance sector, and they participate in the work of the Commission on a voluntary basis.

3.4 KNOW-HOW AND PILOT PROJECTS

Over the last few decades, many innovative projects were implemented across Moldova to replace institutions with a range of prevention and quality alternative care services in the community.

Pilot projects/initiatives for deinstitutionalisation were/are implemented by the Government and leading NGOs in child protection in relation to:

- Applying comprehensive methodology and tools for deinstitutionalisation and transformation of residential institutions;
- Development of support and care services for children/young people who are leaving residential care;
- Capacity building and support for family/educational/community (re)integration of children with disabilities (including mental and sensory);
- Needs assessment based social service development, including on the premises of residential institutions.

Projects/initiatives were/are implemented by the Government and leading NGOs (e.g. LUMOS, CCF/HHC, P4EC, Keystone, Concordia, CNPAC, LaStrada, NEOVITA) in child protection in relation to:

- early childhood intervention methodology/tools/services;
- inclusive education/services/centres/units (including children with severe disabilities);
- case management;
- family support services;
- parenting programs;
- intersectoral cooperation mechanisms and tools;
- working with/supporting children victims/witnesses of violence;
- gatekeeping;
- day-care services for children under 3 years old;
- youth friendly health care services;
- communication/awareness raising;
- capacity building/training/for professionals; research/assessments.

The experience from these pilots can be instrumental to build the capacity, know-how, skills and expertise of the professional workforce and implement reform at regional or national scale.

3.5 CIVIL SOCIETY AND USERS' INVOLVEMENT

The presence of an active and organised civil society – including a network of self-advocates with lived experience of the care system - is fundamental to ensure that care reform strategies are adequately implemented and continue to promote the highest human rights standards.

Most of the childcare and child protection reform actions in Moldova were initiated, promoted and supported by NGOs and financed by different development partners

(EU, UN, private foundations). In fact, the role of civil society has been recognised as pivotal by the independent evaluator following the implementation of the 2007-2012 Child Care Reform Strategy⁵⁰. The coordination of the reform efforts has been led by the Government, with support of UNICEF, the EU, other development partners and inter/national NGOs. In the

Coordination Council for DI reform all relevant ministries and several NGOs had representatives. Civil society, local and central public authorities and development partners have collectively gained experience in preventing child separation, developing services, training the workforce and closing institutions working with very diverse groups of children.

Having an active and organised civil society and self-advocates with lived experience of the care system is fundamental to ensure the strategies are adequately implemented and continue promoting the highest human rights standards in the long-term. In Moldova, in addition to the Child Rights NGO Alliance, a network of over 55 NGOs from all over Moldova, including Transnistria region which aims at promoting and upholding the rights of children, according to the UNCRC and is monitoring the state obligations⁵¹, many other CSOs are involved in reforming the system of institutions and strengthening family care⁵².

Moreover, there are several examples related to the engagement of children and young people in advocating for care reform. LUMOS Moldova has developed and has been supporting since 2014 its Youth Advisory Board, in which RIs care leavers are involved in advocacy for DIs at national and international level.

In several districts of Moldova (with the support of P4EC) Advisory Boards of Children are functioning to support child protection authorities in the monitoring of alternative care services and to contribute to the assessments of the implementation/development of new district child protection programs and action plans. Advisory Board of Children was also created to work with the Ministry of Health, Labour and Social Protection, but unfortunately it only had several meetings during 2016-2017.

The Child Rights Information Centre⁵³ is one of the national NGOs specialised on supporting children's groups to monitor children's rights and ensure that their voices are heard. At least 3 alternative reports of the implementation of the UNCRC in Moldova have been produced and submitted.

Child/youth advisory/participation initiatives in the broader sense are more or less present in schools, district public administrations, the Ministry of Education, Culture and Research, Child Rights Ombudsman, working on general issues related to the rights of children and young people, monitoring the implementation of UNCRC and developing alternative reports on its implementation, participating in development of national/local policies and action plans related to children and youth.

3.6 FUNDING FOR THE TRANSITION AND COMPLEMENTARITY OF EU FUNDS

In addition to being harmful for children, institutional care is not a cheap system. Evidence proves that family- and community-based systems of care are more cost-effective and deliver better outcomes in the long run. However, additional resources are needed during the phase of transition, when the old and the reformed systems are still running in parallel and until resources locked in running institutional care can be used to support children in their families and communities.

The 2014-2020 Child Protection Strategy and 2016-2020 Action Plan relied on existing – and extremely limited - funds for implementation⁵⁴. Social protection and social services are regulated and standardised by the government and local public authorities including, but not limited to, support and services relevant to the deinstitutionalisation (e.g. family support, mother and baby units, foster care, day care, personal assistants, etc⁵⁵). In August 2018, the Government approved a minimum package of social services that will be funded from the central budget and provided at local level. However, only three services have been approved for central funding ('Personal assistant', 'Family support for families with children' and 'Financial support for vulnerable families'). The package excludes the provision of foster care⁵⁶. The funding of all other social services from local budget jeopardies the reform as the counties have inequalities in their revenue and therefore the services are least developed in poorer counties where the need is the most acute. Furthermore, health and educational services are funded from the state budget; however, the services for most vulnerable cohorts of children are limited or absent.

Donors can bring a tremendous added value by investing additional funds into the phase of transition. A number of multilateral donors have already contributed to pilot projects and more sustained investments in the care reform process. Below is a list of some existing projects financed through ODA and multilateral funds:

- **'Children in Moldova are cared for in safe and secure families'** (2014-2017): This USAID project also worked with district-specific social service systems built on family support, alternative care, and child protection; capacity building/training; inclusive education; financial management; child participation; and deinstitutionalisation⁵⁷.
- **'Integration of Children with Disabilities into Mainstream Schools'** (2014-2018): This grant from the Government of Japan through the World Bank demonstrated, through pilot activities, that local governments can successfully apply national policies that promote integration of children with disabilities into the mainstream education system. The project integrated children with disabilities into their community hub-schools and into community social activities⁵⁸.

Often, the funds available at the local level are insufficient to ensure the sustainability of new services created with the support of various donor programmes. This shows a need for financial mechanisms to be established in order to drive the development and maintenance of social services as well as human resources professional development and motivation, which are crucial for deinstitutionalisation in Moldova.

So far, although deinstitutionalisation has been raised as a priority in past EU-Moldova Human Rights Dialogues, no EU funding has been spent specifically on deinstitutionalisation reform. The transition towards family- and community-based care for children is rather implemented through regional development, public reform, capacity building of civil society and cooperation with local and central authorities. Furthermore, in April 2020, the EU launched a European Instrument for Democracy & Human Rights (EIDHR) call for proposal with a specific focus on Child Protection⁵⁹.

It is essential for the Multi-Annual Indicative Programmes for Moldova in the 2021-2027 period to prioritise this issue.



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4. SPECIFIC RECOMMENDATIONS FOR NDICI SUPPORT IN MOLDOVA

The EU is strategically positioned to strengthen and advance the process of care reform in support Moldova through the Neighbourhood Development International Cooperation Instrument (NDICI) in the 2021-2027 period.

In light of the challenges and opportunities detailed, we recommend the following to the EU Delegation in Moldova, DG NEAR and the EEAS:

1. All relevant financial instruments and the association agreement with Moldova that will be reviewed or updated should **include and promote the prevention of child - family separation and transition from institutional to family- and community-based care as a key priority** as well as an indicator for fulfilling the human rights criteria for joining the EU;
2. Provide budget/sector support to the government of Moldova to **prevent child - family separation and transition from institutional to family- and community-based care**. This should include:
 - Cross-sector identification / intervention cooperation mechanisms at community / district / central public administration levels;
 - Actions toward closing / transforming existing institutions and enforcing the moratorium on the institutionalisation of children under the age of three;
 - Development and dissemination of early childhood intervention services to help families at risk of separation;
 - Promotion and improvement of inclusive education framework for children with special needs;
 - Specialised community social services for children with disabilities to ensure their support based on the needs and requests;
 - Capacity of guardianship authorities to ensure proper course of action and monitoring of vulnerable children and families at risk of separation;
 - Prevention/combat of neglect, abuse and violence towards children, especially during the COVID-19 isolation and distance work / schooling. Support for parents to strengthen their parental skills that, when weak, often result in children being abused, neglected or subject of domestic violence;
 - Services to support young people leaving care system.
3. Promote the **exchange of knowledge and experience** between Moldova and EU Member States that succeeded in the prevention of child - family separation and the transition from institutional to family- and community-based care, including through the Technical Assistance and Information Exchange (TAIEX) instrument of the European Commission⁶⁰;
4. **Rule out EU funds' investments in institutions**, regardless of the size, including investments for the refurbishing, building, renovating, extending of institutions or improving energy efficiency of the care settings, etc. Instead, promote the redirection of financing at the national level from institutions to establishment of services in communities;
5. Promote **partnership with civil society** to increase local CSOs' capacity to perform their watchdog role and to implement programmes that focus on deinstitutionalisation, family support, early childhood development, inclusive education, health and social services, quality alternative care and child protection system strengthening.



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ENDNOTES

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- 3 [Proposal for a regulation on the Neighbourhood, Development and International Cooperation Instrument, COM\(2018\) 460 final](https://ec.europa.eu/europeaid/sites/default/files/raport_cer_103_pentru_anul_2019.pdf), Annex II and III
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- 13 See for example Eurochild's definition extracted from the UN Guidelines for the Alternative Care of Children: 'a residential setting that is not built around the needs of the child nor close to a family situation and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.). Cited in the [Common European Guidelines on the Transition from Institutional to Community-based Care](https://www.measureevaluation.org/resources/publications/tr-18-262a) (2012) by the European Expert Group on the Transition from Institutional to Community-based Care. In addition, UNICEF when defining an institution considers 'whether the children have regular contact and enjoy the protection of their parents or other family or primary caregivers, and whether the majority of children in such facilities are likely to remain there for an indefinite period of time'. Cited in the UNICEF Consultation on Definitions of Formal Care for Children, pp.12-13
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- 19 [Com/2020/456 final](https://ec.europa.eu/europeaid/sites/default/files/raport_cer_103_pentru_anul_2019.pdf)
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