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Protecting children in Moldova from family separation, violence, abuse, neglect & exploitation

PROJECT MIDTERM REVIEW

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List of Acronyms

ABC	Advisory Boards of Children
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CSO	Civil Society Organization
CWPC	Children Without Parental Care
DCOF	USAID Displaced Children and Orphans Fund
DoCP	National Department for Child Protection
EvC	EveryChild
FSS	Family Support Services
GOM	Government of Moldova
LA	Local Authority
M&E	Monitoring & Evaluation
MoE	Ministry of Education
MLSPF	Ministry of Labor, Social Protection & Family
MoF	Ministry of Finance
MoH	Ministry of Health
MTR	Mid-Term Review
NGO	Non-governmental Organization
P4EC	Partnerships for Every Child (Parteneriate Pentru Fiecare Copil)
Raion	Region / District
SAFPD	Regional Social Assistance & Family Protection Department
Tb	Tuberculosis
UNICEF	United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child
UNGACC	United Nations Guidelines for the Alternative Care of Children
USAID	United States Agency for International Development

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Executive Summary

With population of 3.5 million Moldova is a small country comprised of 32 raions (districts) and 2 autonomous regions. It is the poorest country in Europe with 25% of the population living on less than \$2 a day and many families struggling to care for their children. Loss of parental care in Moldova is caused by a complex array of underlying and immediate factors, including: household poverty; violence, abuse and neglect at home; parental migration; lack of access to good quality education, healthcare and social protection services close to home; inappropriate policies which support family separation and institutionalization of children, as well as persistent belief of parents, practitioners & decision-makers that the state can care for children better than families.

The *Protecting Children in Moldova from Family Separation, Violence, Abuse, Neglect & Exploitation Project* (August 2010 to July 2013), implemented by EveryChild and Partnerships for EveryChild, is funded with a \$2.5million grant from USAID. The project aims to provide the authorities of Moldova with assistance to strengthen the child protection system, address the needs of vulnerable children and their families, and close the gaps in their access to quality social services. The goal is that 100,000 vulnerable children will have improved access to quality social protection services, including systems to prevent and protect against family separation, violence, abuse, neglect and exploitation. The Project operates at the national, regional and local levels.

The purpose of the mid-term review was to carry out a thorough analysis of the activities, outputs and outcomes, as well as the effectiveness and sustainability of two of the key project key objectives: to provide 5,000 vulnerable children and their families improved access to high quality family support and family substitute services integrated in the wider social protection context; and to increase the capacity of 1,100 specialists to prevent family separation and provide effective protection to children without parental care. The review utilized a participatory team approach and employed qualitative methodology for the process, data collection, analysis and expansion of lessons and recommendations. Three areas were reviewed: child and family impact, training and capacity building, and stakeholder and partnership impact.

Key Review Question: To what extent has the project caused changes in the lives of children supported to leave long-term institutional care, and how these changes can be attributed to the project intervention?

Key lessons and recommendations from the review process include:

- Full participation is showing solid results across sectors – building significant buy-in at all levels, changing mentalities, expanding alternative services, and reaching vulnerable children and their families;
- Capacity building takes a holistic approach that is improving skills, changing attitudes and behaviours, and increasing reform momentum;
- Full transparency has built a strong relationship of trust that enables stakeholders to be fully involved and have significant impact; changes in knowledge, attitude and practice are producing sustainable impact in child welfare reform;
- There is a strong need to continue efforts to get services and resources to the community level and to continue efforts to secure the allocation of budget funds for local services; and
- The project must continue to be an advocate or bridge between the regional and national levels, for example supporting development of monitoring and evaluation systems, and advocating for legislation and minimum standards.

The project has had significant impact on the lives of children and families, and positive outcomes can be attributed directly to the project interventions. The approach to capacity building has empowered and equipped community social workers in their professional practices. Professionals describe their changing attitudes, behaviors and improving abilities and skills. There is a clear sense of what is needed in communities in terms of quality services for families and children. Stakeholders experience participation as empowering, increasing innovation, and momentum building. All of these factors show sustainable and significant impact.

I Introduction

i) Country Context – The Republic of Moldova

With population of 3.5 million, comprising 32 raions (districts/regions) and 2 autonomous regions, Moldova is a small country. It is the poorest country in Europe with 25% of the population living on less than \$2 a day and many families struggling to care for their children. Moldova leads the region in the proportion of its children in residential care. At the start of the project (2010) more than 10,000 children were said to be separated from their families, with just over 6,000 in substitute care including small family-type group homes, shelters and foster care (UNICEF, Master Plan for Deinstitutionalization). The demographic environment is defined by a declining population, a declining proportion of children, and a high rate of migration with an estimated 1 in 4 children having a parent living abroad. Approximately 59% of the population lives in rural areas where poverty-related issues are exacerbated by a lack of employment opportunities and lack of access to social protection services. Issues of high unemployment, worker migration, human trafficking, child labour, potential for political instability, decentralization, policy reform and others continue to add to the complexity and challenge of child protection reform. The country continues to be highly dependent on foreign assistance for economic growth and social protection.

While Moldova has experienced steady economic growth since 2001 (UNICEF, Assessment of the Child Care System in Moldova, 2009), the current global financial crisis has reduced household income, accelerated migration of the working-aged population and reduced tax revenue. According to this report, the first quarter of 2009 saw a significant increase in unemployment, which has remained high in the years since (7.7% compared with 5.5% in 2008) (UNICEF). Some 40,000 fewer people were employed. Household poverty and the lack of work for parents are found to be two of the main contributors to children being taken out of school to find work. “The national economy is heavily dependent on the migration abroad of people of working age who often leave behind children in the care of grandparents or other relatives, or sometimes without care at all” (UNICEF). From school records for the start of the academic year, which list children who have at least one parent working abroad: in 2006 estimates were 177,000, increasing to 200,000 in 2007. According to regional officials, there are significant numbers of children with one or both parents living abroad. A census of children in vulnerable situations is currently being undertaken.

Loss of parental care in Moldova is caused by a complex array of underlying and immediate factors, including: household poverty; violence, abuse and neglect at home; parental migration; lack of access to quality education, healthcare and social protection services close to home; inappropriate policies which support family separation and institutionalization of children, as well as the persistent belief of parents, practitioners and decision-makers that the state can care for children better than families. Alcohol abuse and dependency are also key factors. It is estimated that 1 in 4 children has at least one parent living or working abroad. Children with both parents working abroad are the most vulnerable and are at greater risk of neglect, abuse and placement in large-scale residential care. These children are at risk for ending up in state care due to guardians, especially elderly caregivers or unrelated neighbors, being unable to cope with the extra responsibility. Even with a rigorous National Strategy for Reform of the Residential Institution System (2007-2012), in Moldova there remains an oversupply of residential care and an undersupply of alternative family- and community-based care. This is changing, however, due in large part to the efforts and projects of non-governmental organizations (NGO) and the engagement of civil society as a key voice for

reform. Re-allocation of funds towards community- based preventative services and family-based alternatives continues to be a challenge as residential institutions close. Reform of the child protection system has been largely decentralized to the Regional Social Assistance & Family Protection Departments (SAFPD) of raion-level administrations, according to UNICEF (2009). At the raion level a network of community social workers (“social assistants”) provide support to families in their communities. Each raion has at least one specialist who deals with cases of supporting children and families and one who is responsible for child protection issues. This level of decentralization has happened quickly, since late 2010, and demonstrates the potential for a more family- and community-based protection and prevention system. Data from this evaluation shows, that at this point, a lack of services or access to services at the community level, particularly in rural areas, is more of an ongoing challenge than the actual decentralization process itself.

Given all of the issues and challenges that the Republic of Moldova, its government and population face, The United States Agency for International Development (USAID)-Displaced Children and Orphans Fund (DCOF) supported project, *“Protecting Children in Moldova from Family Separation, Violence, Abuse, Neglect & Exploitation”* (hereafter referred to as “The Project”) is developed and implemented within a context of important opportunity. National policy is moving strongly towards large-scale deinstitutionalization of children and protection or support of children within their families and communities. National, regional and local policy is aligned with the principles of the United Nations Convention on the Rights of the Child (UNCRC) and United Nations Guidelines for the Alternative Care of Children (UNGACC) and is clearly aimed achieving significant national impact. Reform is being taken seriously and is being aggressively implemented despite the country’s ongoing challenges. The implementing organization, Partnerships for Every Child (P4EC) is the in-country partner of EveryChild (EvC), and maintains a high profile among the top child welfare NGOs in the country, with solid relationships at the national and regional government levels. The democratic government withstood the last round of elections and should remain firmly in place for the coming two years, offering an opportunity for systemic structural changes within a supportive and willing political environment. Actors at all levels of government, residential institutions, caregivers, communities, family members and the general public show increasing support as attitudes evolve from a mindset of “residential care as a good option for the care of children” and the “State’s responsibility to care for the country’s children” toward the understanding, belief and practice that a child’s place is within family, school and community. This is perhaps the most promising and hopeful indication of significant and sustainable systems reform.

ii) Organizational Background & Project Introduction

EveryChild envisions a world where every child enjoys the right to a safe and caring family, free from poverty, violence and exploitation. The organization’s core principles include belief that every child: has the right to grow up in a safe and caring family; has the right to go to school; has the right to be heard; deserves the chance to play; deserves the opportunity to fulfil their potential; and deserves the chance of a childhood. Programs and services are built on the knowledge that the care and security of a family make all the difference in the world to a child’s chances of having not only a childhood, but a future. The organizational mission is:

integrated system of social services for children and families by providing practical support and improving the capacity for service development and implementation (including monitoring and evaluation – M&E). Beneficiary participation in policy development and M&E is fostered through development of commissions, committees, multi-disciplinary groups and Advisory Boards of Children (ABC).

The project intends that by July 2013:

- National authorities are committed and actively support the implementation UNGACC in Moldova.
- 5,000 vulnerable children and their families in Calarasi, Falesti & Ungheni have improved access to high quality family support and family substitute services integrated in the wider social protection context.
- 1,100 specialists in Calarasi, Falesti and Ungheni have an increased capacity to prevent family separation and provide effective protection to CWPC.
- Local Authorities in target regions prioritize meaningful child participation as a means to consult, monitor and evaluate their local child welfare policies.
- Professional and public attitudes have shifted towards preventing separation by supporting vulnerable families and children and toward the use of family-based care as opposed to residential care for CWPC.

II. Mid-Term Review Evaluation Methodology

i) Purpose & Key Questions

The project is halfway through implementation. The purpose of the mid-term review (MTR) was a thorough analysis of the undertaken activities, achieved outputs and outcomes, as well as of the effectiveness and sustainability of two of the key project key objectives:

- 5,000 vulnerable children and their families have improved access to high quality family support and family substitute services integrated in the wider social protection context
- 1,100 specialists have an increased capacity to prevent family separation and provide effective protection to children who are without parental care.

Central Evaluation Question

To what extent has the project caused changes in the lives of children supported to leave long-term institutional care, and how can these changes be attributed to the project intervention?

A number of **sub-questions** were also explored as part of the MTR work:

1. What has been the progress so far in terms of outcomes and outputs of children benefiting from the Family Support Services (FSS) and Reintegration program in 3 regions?
2. How sustainable are the outcomes being achieved? What are the potential threats to sustainability?
3. What was the impact of the capacity building program delivered to the local authority staff in terms of the quality of the services provided to children and families?

4. What has worked well, what hasn't?
5. What challenges and obstacles were identified in the implementation process?
6. Which activities, strategies, and processes are leading to the desired outcomes and outputs?
7. What was the stakeholders' involvement in the development and delivery of the family support services, how representative are they, and what have been the benefits of their involvement?
8. What new learning has been identified as a result of this project and what are the recommendations for changes to improve the project delivery?

ii) Technical Approach

The MTR used a participatory team approach for the development of the purpose, questions and tools, as well as for the data collection, analysis and expansion of lessons and recommendations. Stakeholders from national and local government were involved throughout the process: at the beginning providing input to the scope of work and work plan; during data collection; and through to development of the final report and incorporation of lessons learned. An external consultant provided leadership to the internal project team (see Annex B for complete listing of professionals involved). The approach was qualitative and participatory, aimed at including the project team members and stakeholders in all aspects of the review in order to maximize learning from results and to build the internal capacity to undertake results-based and qualitative approaches to the project cycle. Strategies for evaluation were results-based keeping a keen focus on the project logic model (flow of inputs, activities, outputs and outcomes), the resulting impact of outcomes, and testing for attribution and assumptions, but also approached the MTR from a learning perspective. Interviews and focus groups were seen as opportunities for mutual learning, and the involvement of the project team as an opportunity to share reflections on project successes and challenges, as well as new ideas for the second half of implementation.

The reliability of the evaluation methodology and collected data can be attributed mainly to the use of fairly comprehensive qualitative tools that looked at the range of project interventions holistically and within a considerably limited timeframe. Limitations and challenges to review stemmed from the wide-ranging and in-depth nature of the project, which includes a continuous process of deinstitutionalization, prevention, general child welfare systems reform and capacity building services. Monitoring and evaluation is not limited by available data, rather the organization, project, and country as a whole are collecting impressive amounts of both qualitative and quantitative information, including long-term research on reintegration, statistical / census data on families and children, cost and efficiency data, complete case files and other information. The amount of data will contribute well to a solid final evaluation and will, no doubt, tell the story of child welfare systems reform in Moldova. The MTR was limited by a short timeframe, quick turnaround, and understandable time constraints on the availability of team members. More information was available, received and gathered on certain project aspects than on others. Given these limitations and constraints the scope and depth of the review is noteworthy.

iii) Tools for Data Collection

In order to capture a full picture of the project's impact to date, explore questions of attribution, sustainability and replication and ensure a variable range of data, a number of different tools were used. The MTR process itself, from design to formulation of recommendations, was seen as a participatory "tool" for collection of information and means of learning. The tools were primarily qualitative, although the use of written questionnaires also allowed for quantification of certain

data, adding additional validity to the rich and deep perspectives data collected through such tools as focus groups and interviews. Meetings, interviews, focus groups and discussions were all held in Romanian, the official language in Moldova. Framework documents, review summaries, questionnaires, focus group guides, etc. were all translated into Romanian. The tools were designed to:

- Allow for flexibility given the complex human and relational nature of the project
- Provide for in-depth examination of the dynamic realities of a child welfare reform effort
- Allow for value and quality questions to be explored
- Provide for the exploration of perceptions and changes in perspective
- Result in a holistic, deep and realistic “snap shot” of the project’s work to date

The following methods and tools were used in the MTR process:

1. MTR team meetings for team development, review planning, execution of the MTR, and participatory elaboration of findings and recommendations
2. Stakeholder input meetings for planning and review of findings
3. Document review of both internal and external documents related to the project and to child welfare in Moldova. Documents included: project planning documents (proposal, implementation plans, etc.); project, regional and national child welfare reports; organizational and Government of Moldova (GOM) strategies, annual reports and work plans; etc. Existing quantitative data on the state of Moldova’s children and families was examined. (see Annex D for a complete listing of the documents reviewed)
4. Project framework documents review (logical framework, existing data sources and M&E plan) (see Annex F for project framework documents)
5. Questionnaires were developed to assess the impact of capacity building activities including training and practical support. Two groups of beneficiaries were targeted with questionnaires: social workers (both regional and community-level) and teachers/professors/special needs assistants. (see Annex F for sample questionnaires)
6. Case Review of files, documentation and existing case data, and case work practices including cases considered to be “successful” and “less successful” examples.
7. Site Visits to each of the three target regions. Each site visit included:
 - Focus groups with family members, children and specialists (see Annex F for focus group guides)
 - Semi-structured interviews with key regional partners
 - Observational visits to key institutions (community-based social services, schools, residential institutions, regional offices for social assistance)
8. Interviews
 - Informal interviews with project staff and MTR team members
 - Semi-formal interviews with representatives of national government

The mid-term review focused on three core project component areas for the purpose of organization of questions, tools and data collection, and analysis (see Annex E for a summary page on the key questions and collection tools for each component area). This report explores the same core areas for presentation purposes:

Child and Family Impact
Training and Capacity Building
Stakeholder and Partnership Impact

III. Data & Analysis

i). MTR Data & Key Findings

Child and Family Impact

In terms of child and family impact the review explored the central question: **What has been the progress so far in terms of outcomes and outputs for children that are benefiting from the Family Support and Reintegration program in the three regions?** The review aimed to assess: the outcomes and impact to date of project activities on beneficiary children and families; the link between project activities and outcomes; the sustainability of direct service components and any threats to sustainability; what is working well; and where are the gaps and areas for improvement in targeted project activities; etc. The tools used for data collection and review included: document review, staff and key stakeholder informal and semi-structured interviews, case studies, and focus groups with family members and children. Focus groups with children included a life-mapping exercise that asked children to think about and represent through words or pictures their early life, current life and future life.

In terms of outcome, the project sets out to ensure that 5,000 vulnerable children and their families in target regions have improved access to high quality family support and family substitute services integrated in the wider social protection context.

The review explored a number of questions:

- How many children and families have been served by the project to date?
- How many children have been deinstitutionalized – reintegrated, guardianship in extended family, foster care, children reintegrated in public schools
- How many children have been prevented from separation - vulnerable children from at-risk families
- How are factors/obstacles (poverty, unemployment, economics, etc.) impacting the families served? What are the obstacles impacting families' ability to care for children?
- What services/components are working well in direct service of children? What is not working?
- What activities toward improving service quality have been implemented to date?
- Have there been improvements to decision that incorporate best interest of the child and prioritize family-based services?
- What is the plan for roll out of additional services in the 2nd half of the project?
- How are M&E practices informing implementation?
- How are stakeholders being involved? What are the benefits of their involvement?
- How are children's perspectives being heard and incorporated?
- What has been learned about integrating a system at the local level? Have service delivery plans been developed at the local level? Are they implemented? Are there multi-disciplinary commissions? Are they functional?
- How have children's behaviours changed? How have parents' behaviours changed?
- What are the factors in "less than successful cases"?

Document Review & Interviews

Semi-structured interviews were conducted with national and regional officials exploring questions related to child and family impact, particularly quality of service. Informal interviews, discussion of

successful and challenging cases, and team discussions were carried out with EvC staff members. In addition, site visits and observation of programs and services helped in providing data regarding child and family services in the target regions.

National Interviews

- Cornel Tarus, Deputy Head of the Child Protection Department in the Ministry of Labor, Social Protection & Family
- Valentin Crudu, Head Pre-university Education Department, Ministry of Education, Chair of the National Reform Council
- **Staff:** Stela Grigoras, Project Director, Director P4EC; Daniela Mamaliga, Project Team Leader; Natalia Semeniuc, Child Participation Manager; Ala Scalschi, Public Finance Manager

Regional Interviews

- Tudor Radeanu, Head of Social Assistance and Family Protection Department Ungeni
- Iraida Binzari, Deputy President of Raion for Social Issues Falesti
- Elena Gonta, Deputy Head of Education Calarasi
- **Staff:** Virgiul Hanganu, Pilot Site Manager Ungheni; Tatiana Dnestrean, Pilot Site Manager Falesti; Mariana Lupascu, Pilot Sites Team Leader, Pilot Site Manager Calarasi

According to the Ministry of Education (MoE), “The goal (from the National Strategy) was to reduce the number of institutionalized children by 50% by 2012 and we have reached 54%” (interview with the representative of the MoE). Under the National Strategy for Reform of the Residential Institution System (2007-2012) and according to the MoE, twelve residential schools (“scoala residentiala”) and five schools for children with special needs (“scoala auxiliara”) have been closed since 2007. In Moldova, the system of residential schooling has historically acted as the protection system for children between the ages of six and eighteen years, both those with special educational needs and those from vulnerable families. Although they are targeted toward children requiring special education many of the residential institutions were overwhelmingly populated by otherwise “healthy” and “able” children, who were separated from their families and institutionalized for factors related to family vulnerability (poverty, unemployment, family dysfunction, abuse or neglect, etc.) and for whom other community- or family-based services were not available. Officials in Falesti Region reported that 43% of the children in the two residential schools closed over the last year had no documented special educational needs. According to the GOM, the number of children in institutional care is down nationwide with an increasing number of both public and private services for both deinstitutionalization services (models of alternative family-based care including reintegration, guardianship in extended family, foster care, small family-type group homes, temporary shelters and community centres) and family support / prevention services. According to both government officials and project staff, the number of new admissions to residential schools in the three target regions has been zero (100% prevention of institutionalization) since 2008. Overall the project has found that approximately 85-90% of children in residential schools have families, and can be reintegrated with support services, particularly material support, and targeted community school integration planning and support. In the past year, as a direct effort of the project:

- 72 schools from the three target sites are piloting the inclusive education model for children with special education needs.

- 2 out of 3 residential schools in Falesti Region have closed – 90% of the children have been reintegrated into their families (birth or extended). The remaining residential school is targeted for closure in the next six months and has already reduced to less than 50 students in care.
- Ungeni Region no longer has any children in residential care. The project helped to close two residential schools – an auxiliary school and a general boarding school. The region is home to one special healthcare institution for children with tuberculosis (Tb) or who have been in contact with the disease. An assessment of the institution has been presented to the national Ministry of Health (MoH) and P4EC stands ready to help develop a plan for transformation of this institution. Transformation is complicated by the fact that the institution is national, not regional, meaning that it houses children from all over the country, and comes under the direction of the national MoH.
- 1 residential school (auxiliary school) in Calarasi has been closed in the last year.
- Calarasi Region is also home to a special healthcare institution for children with hearing impairments. Assessment of the school is complete and a plan is being developed for transformation of this institution. Closure is complicated by the fact that the institution is national, not regional, meaning that it houses children from all over the country. It comes under the direction of the national Ministry of Education (MoE).

Related to the target measurable outcome (5,000 children), to date the project has served a total of 1,378 children through deinstitutionalization and prevention work.

The project has impacted **358 children from 5 institutions** in the three target sites to date through deinstitutionalization. **167 of those children in 130 families** were supported with monetary and family support in the post-reintegration period. **Four of the five** target institutions have been closed in the last year as a direct result of the project’s support and activities; EvC being seen an instrumental part in closing of the institutions. In addition, **112 children** in the institution for children with hearing impairments and **126 children** from the health facility for Tb have been assessed and care plans have been established. *Note: deinstitutionalization and reintegration were the focus of the mid-term review.* The deinstitutionalization outcomes were as follows:

- 84 children have graduated from residential care and been reintegrated in their birth or extended families with life skills support
- 136 children have been reintegrated into their birth families
- 31 children have entered guardianship (custodial care) with extended family
- 19 children were deinstitutionalized into professional foster care families
- 5 children went into small family-type group homes within their communities
- 33 children into community-based family-type placement centers
- 50 children remain in the Falesti Gymnasium (which is in process of transformation) with deinstitutionalization plans in place

Approximately **1,020 children** have been prevented from institutionalization through primary and secondary prevention services. **200 +/- children** have been directly prevented from family separation through family support programs and monetary support. These were cases “most at-risk”, for which institutionalization was most likely to occur without intervention. Gate-keeping commissions report approximately **70 children** per year, per site that are prevented from institutionalization; placement could include alternative family-based care. Regional Departments of Education report that through the application of new knowledge acquired through training and

capacity building, **110 children** (total in all regions) were prevented from family separation due to educational factors. The project trained family support social workers from community centres (7 in Falesti, 4 in Ungeni and 2 in Calarasi), improving the services to **520 children**.

Focus Groups

With a purpose of better understanding the impact of the project’s activities on direct beneficiaries, namely children and families benefiting from deinstitutionalization strategies, focus groups were organized at each of the project sites. The project has focused on deinstitutionalization and reintegration (family, community, school) in the first year. Focus group participants represented reintegrated children and their families and did not include any cases of vulnerable families where institutionalization was prevented. The MTR team spoke with three focus groups of children and three focus groups of family members (one of each in each site). Groups were a purposive sample of 6-8 children and 6-8 family members from each site. Distribution considerations included gender, age, household size, length of institutionalization and time at home, number of children, caregiver relationship, and types of services received.

Twenty-one children participated, 14 boys and 7 girls ranging in age from 11-18 with an average age of 14 years. Focus group questions and discussion explored: school attendance and academic/learning success; feeling of support from family and case workers, self esteem, confidence and self-worth; health, development and safety, community connections, relationships and friendships; and participation in project activities. The themes emerging from focus groups with children are expanded later in this section.

Name	Sex	Age	Head of Household
CP	male	13	Guardianship – grand parents
IO	male	15	Foster Placement
CG	female	13	Both parents
TL	female	11	Both parents
AB	male	12	Both parents
MB	male	12	Both parents
IP	male	13	Both parents
GD	male	14	Both parents
IS	male	13	Mother
AG	female	16	Mother
LP	female	13	Guardianship – grand parents
VH	female	13	Mother
AB	female	17	Mother
A	male	16	Mother
I	male	13	Guardianship – cousin
A	male	16	Guardianship – sister
M	male	18	Guardianship – sister
C	female	14	Guardianship – grand parents
V	male	14	Mother
N	male	15	Guardianship – grand parents
M	male	13	Mother

Table 1: Focus Groups with Children

Fifteen family members participated: all female and caring for between 1-4 children, the average being 2.2 children per household. Most families had both reintegrated children and children who had never been institutionalized. Nine (60%) family members were birth mothers of the reintegrated children, another 5 (33%) were extended family (grandmothers, sisters or cousins of reintegrated

children), and the rest were nonrelated, either foster carers or legal guardians. Focus group questions and discussion looked at:

- Parental Protective Factors
 - Feeling of support
 - Knowledge of and access to resources/services & connection to community
 - Skills & confidence in parenting
 - Understanding of child development
- Knowledge of child development & health
- Increased confidence in parenting
- Improved connection to resources & community
- Increased parental support

Name	Number of children in care	Relationship to reintegrated child/ren
Ecaterina	3	Mother
Vera	1	Grandmother
Valentina	1	Mother
Mariana	2	Sister
Viorica	3	Cousin
Valentina	2	Sister
Alexandra	2	Mother
Tatiana	3	Mother
Anastasia	3	Mother
Iulia	2	Mother
Iliana	2	Foster Parent
Didiana	2	Mother
Victoria	4	Mother
Mariana	2	Mother
Lidia	1	Guardian

Table 2: Focus Groups with Family Members

Child & Family Impact Data Themes

- Through the focus groups with children and life mapping exercise, it became clear that children have hope and dreams for their future lives. Many envision future professions and families with children of their own. They expressed positive feelings around their deinstitutionalization and return to family care.
- The situation has improved for families and children. Families overwhelmingly expressed joy at having their children home and generally seemed to feel supported in caring for their families. Many described not having a choice when their children were placed in residential care. This description ranged from “no one asked me” or “they told me it was the best option for my child”



Fig 2. Life Map

to “the community school forced me to place my child” and “I knew it was not best for my child but I did not have any say in the matter”.

- Reunification is empowering families and families feel supported to take on their responsibilities related to child rearing and maintaining family stability. Their empowerment is reflected in comments regarding being active participants in decisions around care and schooling of their children, and pride in child accomplishments and success in parenting.
- Family members realize the benefits of the reintegration and are happy to have their children home despite communicating clearly ongoing challenges, particularly economic, for their families. No parent expressed regret or concern in regard to having their child at home, however everyone expressed the need for ongoing support services, most importantly financial or material support. Only a few caregivers discussed attending support groups, which are active in only one of the three target sites. Family members described regular visits of social workers and saw these visits as helpful. Family members were able to generate a list of “helpful services or resources” in their community – these included social workers, “commissions” (assumed to be local child protection commissions), day centres, schools, mayors offices and their own neighbours.
- Children understand the role of family (described through words and pictures) and they do not want to relive the experience of being separated. A number of children are still missing parents, who have migrated out of Moldova for work and economic opportunity. These children may live with extended family or close family friends. Children feel left behind and express hope for eventual reuniting of their families.
- Children are attending community schools. They express feelings of both missing their friends and the routines of the residential schools and seek ways to stay connected. They communicate positive feelings around their new freedom of choice and new community and school friendships. School results are positive. Children are less isolated according to both family members and teachers. Despite of initial fears around both school and community social inclusion, which were expressed in earlier focus groups (taken from EvC research data), children reported feeling supported by classmates, and having made friends both in school and within their communities.
- Families have an increased capacity to satisfy their own needs, know where to turn to for help, have an awareness of community and regional resources, and are able to name people (mainly Mayor’s offices, gate keeping commissions or community social workers) who can provide them with support. They also mention EvC specifically as support that enabled them to reunite with their children, a significant factor in attributing impacts to project activities and strategies.
- At the same time both family members and children describe economic difficulties as the biggest challenge facing their family. This theme also emerged from interviews with officials, focus groups with specialists and site visits. Economic challenges are deeply affecting many families in Moldova.
- The effort of the project team, local professionals, schools and families has been tremendous. The staff team states, “Every ounce of energy has gone into the effort to get children back into families.” This focus includes developing supports for families, working side-by-side with community social workers, countless hours of training workshops and events, school integration planning and work with teachers, and public education and

awareness. The same level of effort has not been put into prevention and family support services for vulnerable families. The focus of year one of the project was deinstitutionalization, as was the focus of this mid-term review.

- Regarding prevention, the project strategies focused on training community social workers to apply case management methodology in supporting vulnerable children and families, and on community schools to better support vulnerable children in educational settings, not excluding them due to educational limitations, vulnerabilities, or family conditions (poverty, unemployment, dysfunction, etc.). In addition, the project increased the capacity of gate-keeping commissions to carefully analyse all cases proposed for family separation. As a result there have been no new admissions to residential care in any of the target sites.
- A tremendous amount of data exists related to deinstitutionalization and reintegration (family, school, community) including: case records, case stories, national and regional statistical data, in-depth child and family assessments, school records, data from EvC's reintegration study, etc. Deinstitutionalization strategies and activities were the focus of this mid-term review. Data for prevention and family support work with vulnerable families is less clear and has not been analyzed with the same rigor.
- Social workers and project staff are fearful of family dependence on state services, particularly social welfare support, and still need to develop systems for families gaining independence.
- Inclusive education is still new in the country. A remarkable amount of progress has been made in the target regions over the last year. The system is very new and requires careful development and adaptation as the pilot moves along. The current focus is on inclusion of children from the residential schools who have special needs. School teachers express the need for ongoing support as community children with special needs move into the public system.
- Social workers, project staff and regional officials all expressed the ongoing need for additional services at the community level including services for children with special needs (particularly mobile, home-based services) and additional family support services (support groups, parenting education, home based services).
- The biggest resistance to deinstitutionalization still comes from within the institutions that remain open. Institution staff expresses concern over future employment, as well as being concerned about the level of care children will receive at home. There is an ongoing perception within the institutions that they provide better care for children than vulnerable families can. Stories in the regions were shared about the barriers and challenges being put up by institutions and their employees. The project has provided training and support services to every institution within the target sites.

We started to see that the children (in institutions) did not even know the basic things like how to light the cook stove, how to wash clothes, or even how often to change their clothes. I asked myself, what will happen when they leave the institution for home after years of living away? We send them to their families at that point totally unprepared to live. Only in family do they really learn how to live

Deputy Regional President for Social Issues, Falesti

Before (referring to the old system) children with special educational needs were sent to the special schools.

They recuperated but then they got stuck in the system. We thought we can't send them back into their family situations (referring to poor living conditions) where they might lose what they recuperated. And so they stayed, for years some of them. The project helped to make the conditions at home possible for them to move back to their families. This was huge.

Deputy Director for Education, Calarasi

I remember distinctly when I finally changed my thinking. I was very resistant. I attended a national conference about one year ago and there a young girl spoke about leaving residential care and returning to her family. She said to us that even though the soup at the school was full of meat – rich nutritionally – good for her – it would never have the smell of home – it would never smell as rich as her mother's simple meatless broth. I cried. I realized that no matter the conditions we provide a residential school is never a family. Never home

Deputy Director for Education, Calarasi

It has felt very important in the first place to prevent the institutionalization of additional children. In our view any institution, however small even for just a few children, is still an institution. In a family a child has the opportunity to develop his individual personality. This is never possible in residential care. Children need the connection with parents, with family

Director of Social Assistance and Family Protection / Head of Regional Council, Ungeni

Training and Capacity Building

The training and capacity building review explored the central question: **What has been the impact of the capacity building program delivered to the local authorities and school staff in terms of the quality of the services provided to children and families?** The purpose of looking at this aspect of the project was to assess the outcomes and impact to date of capacity building activities on social work / professional practices and school / community integration of beneficiary children and families; to identify what is working well, gaps and areas for improvement in training and capacity building activities; etc. The tools used for data collection and review included: document review, questionnaires, and focus groups with specialists.

The project aimed to increase the capacity of 1,100 specialists to prevent family separation and provide effective protection to children without parental care.

Sub questions related to training and capacity building included:

- How many social workers have been trained? How many school teachers have been trained? How many other professionals have been trained? How many residential caregivers have been trained?
- What are the training topics?
- How are training aspects of the program implemented? Local? National? How many days? Approach? Technique? TOT?
- Is there any experiential exchange between the regions?

- What is the impact of training on quality of services? How is this correlation being monitored and measured?
- What has worked with the training program to date? What has not?
- What are some of the challenges to provision of capacity building activities?
- How are professionals involved in the development of family support services? How has the project benefitted from their involvement?

Training and Capacity Outcomes

1,103 people have been trained to date at the local level
 112 community social assistants & social assistants from community centers – 17 days of training
 24 local decision makers and child protection specialists – 20 days of training
 7 local decision makers attended a study tour in Great Britain
 300 school directors and deputy directors – 1 day of training
 302 support teachers and inclusion managers – 13 days of training
 146 residential institution personnel from 5 institutions – 5 days of training
 120 health specialists and police – 2 days of training
 99 mayors – 2 days of training
 25 national level policy makers were trained in effective communication of polices
 6 national policy makers attended a study tour in Great Britain

Questionnaires

Two questionnaires were distributed to random samples of social assistants/social workers (regional and community) and teachers / professors from schools targeted for inclusive education pilot programs within the three target regions (see Annex F for sample questionnaires).

The aim of the social work questionnaire was to assess the outcomes and impact to date of training and capacity building activities with LA and community social assistants in their work with residential institutions, children being deinstitutionalized, local social welfare mechanisms, communities and families. The MTR team aimed to get a 25% sample of the 112 social workers trained to date. Distribution was by gender, age, employment role, employer, and education level. It assessed the following factors:

- Types of services provided
- Understanding of institutional versus family-based care
- Demonstrated knowledge of family-based alternatives
- Knowledge of UNCRC and UNGACC
- Increased confidence in complex case assessment
- Increased confidence in care plan development
- Improved supervision and professional support
- Increased knowledge of community resources/services and improved access to resources for families
- Increased knowledge of case management and skills in provision there of
- Stakeholder (social worker) participation: project and multidisciplinary team
- Change in quality of service
- Confidence in referral system

The team received a better-than-expected response of 54 returned questionnaires (48%), of which 52 were female; 72% were regional social workers and 28% were community social workers; 56 % have university level degrees; and 49.9 was the average age (22 the youngest and 59 the oldest). When asked “What service/s are you responsible for? (check all that apply)” the responses were:

- 93% prevention / family support
- 59% foster care
- 81% reintegration
- 54% support groups
- 72% referral to other services
- 57% other adult services
- 81% financial support
- 59% school integration services
- 96% case management

Seven questions were retrospective, asking the respondent to think about their perception or perspective on the question/topic *before* involvement in the project and again *today*. The aim was to determine whether social workers conceive any changes in their understanding, knowledge, attitudes, skills or behaviors as a result of their involvement in the project. The following chart shows the rate of change reported for each of the following statements:

1. I understand the affects of institutional care on children’s health and development – 81% report a better understanding
2. I know about the UNCRC & the UNGACC – 70% report increased knowledge
3. I have confidence in my ability to complete case assessments & develop care plans – 87% feel more confident
4. When I have questions or concerns about my work I have someone to talk to – 50% report more access to people to talk to
5. I have access to resources to help families meet their needs – 83% feel better connected to resources for families
6. I understand case management & my role in case management work – 76% report better understanding of case management
7. I have knowledge about more than one family-based alternative to institutional care – 77% show increased knowledge of alternative services

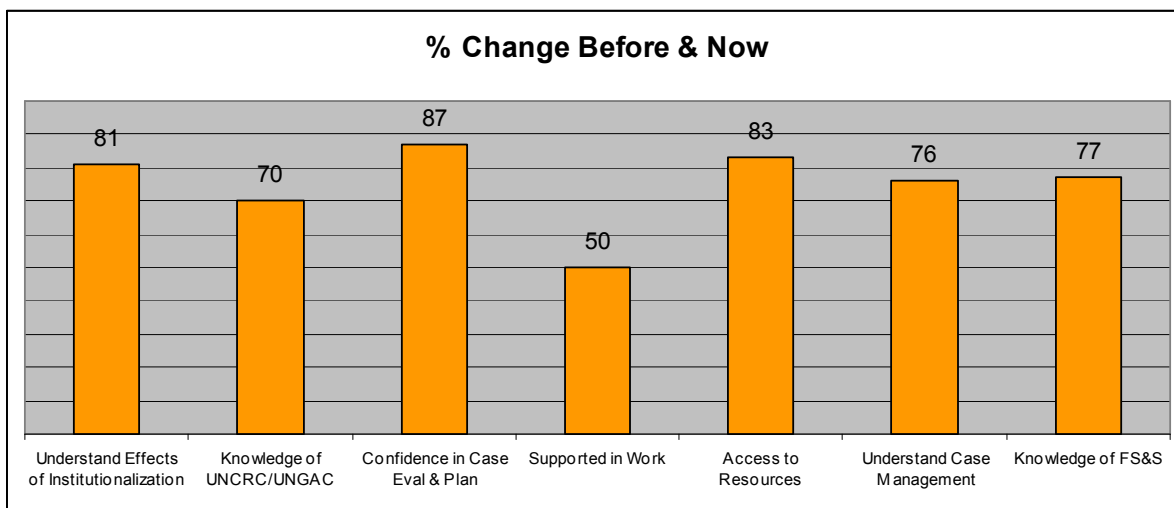


Chart 1: SW Capacity Rate of Change

Questions 8-16 of the social work questionnaire asked respondents to rate a number of statements from 1 (strongly disagree) to 7 (strongly agree). Topics ranged from perspectives on project involvement and impact, to the social worker’s role and perceived skills. Responses were

overwhelmingly positive regarding the impact of the project on social work practice and the increase in capacity as a result of project activities:

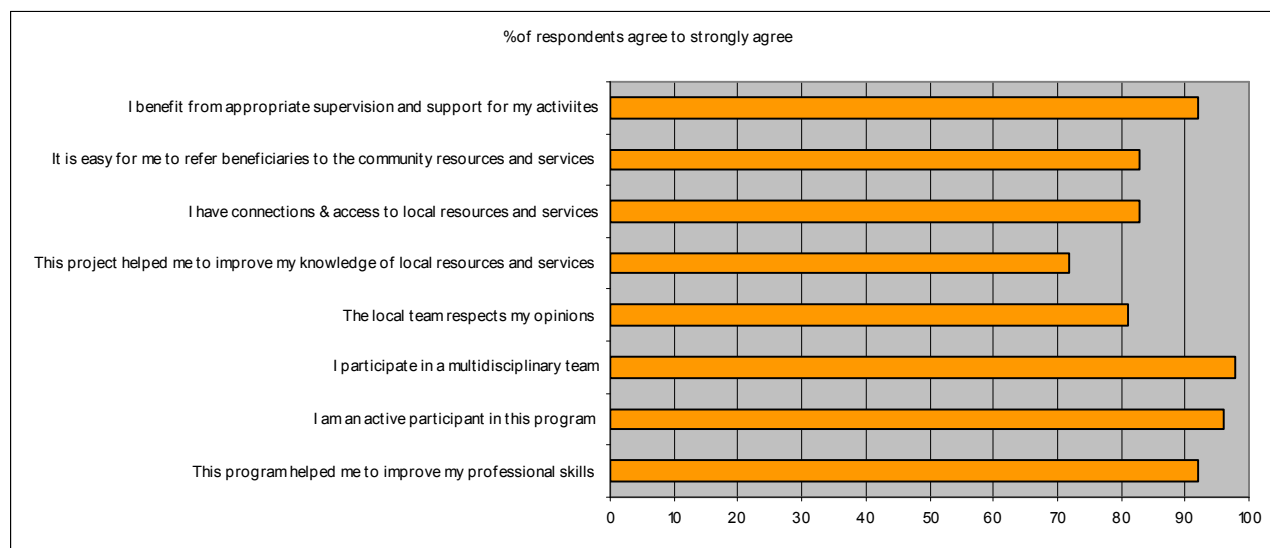


Chart 2: SW Capacity Questions 8-15

Social Work Narrative Questions & Responses

What is the most important aspect of family-based care in your community?

Guardianship-kinship, family-type homes and adoption

The most important aspect of family-type care in our community is guardianship of children left without parental care

We don't have alternative family care services in the community

The practical aspect (information, support, help)

I became more convinced that the beneficiary that he is the key person in solving the problems he faces

How have the services you provide to clients changed since you received training through this project?

I became more convinced that I could achieve my goals in the work with beneficiaries

I am more self-confident in my work

Changed considerably for good, I provide social assistance services at the highest level

Discussions with the beneficiaries improved. Practical application of the knowledge gained

The work of the multidisciplinary team improved

The services I provide are broader, more efficient, based on the legislation

The services provided to beneficiaries became more efficient and of better quality

In your opinion, what is the most important aspect of a family care plan?

The multidisciplinary team's work, as well as their ability and willingness to get involved in solving the problems faced by families

We should always be close to the family, be a support and give advice

Active participation of beneficiaries in the development of individual care plan

Every one should know their duties and responsibilities, as well as the objectives of the plan

In your opinion, what should be the local government's top priority for child protection this year?

More psychological and evidence monitoring of children in difficulty and re-evaluation of problems

Collaboration with LA, together we must solve social problems

Creation of employment for parents, so that they have the opportunity to return from abroad

Development of alternative social services

Development of social, health care services in the communities

What suggestions do you have for improvement of this project? What activities for capacity building would you like to see in the future?

Practical activities, with examples

The project is very useful, and I am satisfied and grateful for the information

We need to be trained periodically and regularly

Adequate salaries for social assistants and according to the workload

Experience exchanges with other countries

The aim of the school teacher questionnaire was to assess the outcomes and impact to date of training activities with teachers and teaching assistants in schools where children have been integrated. The MTR team aimed to get a 25% sample of the 302 teachers, support teachers and inclusion managers trained to date. Distribution was by gender, age, employment role, employer, education level, teaching grade, number of students and number of integrated students. It assessed the following factors:

- Understanding of institutional versus family-based care & deinstitutionalization / integration process
- Knowledge of the impact of institutionalization on child development & education
- Knowledge of school integration methodology
- Knowledge of UNCRC, UNGACC & Moldova's reform process
- Confidence in teaching children who are integrated in school systems
- Knowledge of community resources / services & improved access to resources for families
- Knowledge of teaching methodology for children with special needs
- Stakeholder participation (teacher)
- Change in quality of service

Seventy-one (24%) teachers, assistants and inclusion managers responded to the questionnaire. Given that this request was made to them in the middle of the end of the year exam session, this response rate was considered adequate. 100% were female, 73% had university or higher degrees and there was a fairly even mix of teachers and inclusion managers. Close to 100% were teaching grade five or higher, not surprising given the target age of the child beneficiaries. Due to time constraints a random sample of 21% of the responses were taken for analysis.

This target group was also presented with retrospective questions looking at changes in understanding, knowledge and behavior since *before* the project compared to *today*. These statements included:

- I understand the impact of institutionalization on the health and development of children
60% strongly agree - 73 % report an increase in understanding
- I am knowledgeable about the UNCRC & UN guides on alternative care
80% strongly agree - 60% report an increase in their knowledge level
- I am confident in my ability to teach children
73% strongly agree - 53% reportedly feel more confident in their ability
- I am confident in my ability to teach children reintegrated from residential institutions
67% strongly agree - 80% report an increase in confidence in ability
- I have access to resources to help me in my work

80% strongly agree - 87% report an increase in access to resources

- I understand the Moldova strategy for reform of the residential care system
67% strongly agree - 93% report increased understanding on the strategy
- I have knowledge about community resources and services for families and children
67% strongly agree - 93% reportedly have more knowledge of resources

Questions 8-16 of the teacher questionnaire asked respondents to rate a number of statements from 1 (strongly disagree) to 7 (strongly agree). Topics ranged from perspectives on project involvement and impact, to the teacher’s work with families and confidence in working with children with special needs or those reintegrated from residential schools. Responses were positive regarding the impact of the project on educational practice and the increase in capacity in inclusive education as a result of project activities:

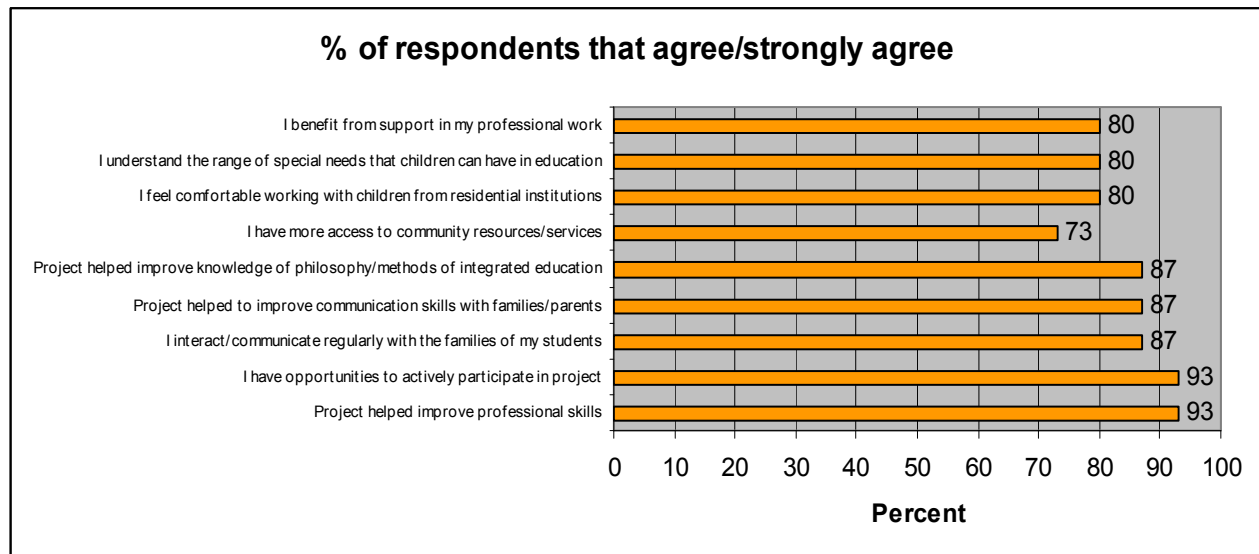


Chart 3: Teacher Capacity Questions 8-16

Teacher / Inclusion Managers Narrative Questions & Responses

What is the most important aspect of school integration in your school and/or classroom?

Trust and acceptance of all children in the classroom regardless of who they are

The child needs to be integrated, be more social and to feel good

To know and understand the individual learning needs of each child

For these children to integrate into the classroom with other children and to gain knowledge

How has your teaching changed since you received training through this project?

I understand the methods for including these children in my class and have a better understanding of their capabilities and necessary adaptations for them. I understand better how they need to be prepared for life.

I offer more attention to the children with special needs

I became more understanding, tolerant, and open to working with children with special needs

In your opinion, what is the teacher’s role in working with parents of students?

Parents need to come alongside of teachers in encouraging the children and supporting them, accepting them for who they are

Many teachers are very knowledgeable in how to work with parents, but parents don’t understand what the children require for their special needs

The role of the professor is very big – to inform and to show parent’s the way

The school is like a guide, the one to show them the way, and even a good friend

In your opinion, what should be the local government's top priority for child protection this year?

To create the conditions necessary for the children and to improve their material conditions

To offer appropriate compensation to the special needs support teachers

The social workers need to help families financially and with material resources

Allocation of financial resources to create the conditions for optimal growth and development and education

What suggestions do you have for improvement of this project? What additional training opportunities would you like to have?

To offer quality consultation services based on evidence and practice. Exchanges in other countries

Working with children is difficult, and teachers must be supported with what they need to do this work

Focus Groups

The focus group with specialists assessed the impact to date of local capacity building activities, partnership/collaboration and stakeholder involvement in project process and activities, assessment of the following:

- Knowledge of impact of institutionalization on children, family-based services, alternative care, national strategies, children's rights, etc.
- Coordination of local resources & referral systems
- Redirection of local resources for child and family welfare
- Changes in decision making toward best interest of children
- Involvement of stakeholders in local strategies, activities and direct project interventions
- Effectiveness of capacity building and training activities of the project
- Recommendations for improvement and identification of project gaps
- Perceptions of quality of services for children & families

Focus group participants (18 total) included child and family protection specialists from Regional Social Assistance and Family Protection Departments (SAFPD), social work supervisors, and inclusion specialists from Raion Departments of Education. The MTR team held three focus groups, one in each site. Groups were a purposive sample of 5-7 stakeholders. Distribution considerations included gender, age, department and professional role. All but one of the participants was female. 87% work for the SAFPD, the others for the regional department of education. The themes emerging from the focus groups are described later in this section and are also reflected in themes outlined under "child and family impact" and "stakeholder and partnership impact" sections of this report.

Name	Authority / Office	Job Title
Violeta	SAFPD	Children’s Rights Specialist
Eugenia	SAFPD	Social Work Supervisor
Svetlana	SAFPD	Social Work Supervisor
Liliana	DEYS	School Inclusion Specialist
Iana	SAFPD	Social Work Supervisor
Ala	SAFPD	Social Work Supervisor
Natalia	SAFPD	Social Work Supervisor
Gabriela	SAFPD	Department Head – Community Social Work
Elena	SAFPD	Family Services Specialist
Maria	SAFPD	Social Work Supervisor Assistant
Lilia	SAFPD	Psychologist
Lidia	DEYS	School Inclusion Specialist
Vasile	SAFPD	Children’s Rights Specialist
Eugenia	DEYS	School Inclusion Specialist
Larisa	SAFPD	Family Services Specialist
Marina	SAFPD	Social Worker- Family Support & Reintegration Services
Svetlana	SAFPD	Social Worker- Family Support & Reintegration Services
Angela	SAFPD	Social Worker – Foster Care Services

SAFPD = Regional Social Assistance & Family Protection Department

DEYS = Department of Education, Youth and Sport

Training and Capacity Building Data Themes

Social Workers:

- Have an improved understanding of the effects of institutionalization on children’s health, development and ability to learn and cope in life.
- Have an improved understanding of the UNCRC and UNGACC, as well as their meaning for social work with families, children and communities.
- Describe an improved understanding of their roles and responsibilities related to child protection, and in particular for deinstitutionalization case, reintegration and family support programming. They associate this improvement with the training and practical support received from the EvC project.
- All of these factors, particularly increases in knowledge, understanding and professional confidence, and improved access to services for families indicate that the quality of services at the regional and community level is improving. This is reflected also in the feedback to quality of service inquiry sought directly from children and families. In their focus groups they are able to identify the help and support they have received, and report the work of social workers, commissions, mayor’s offices, community centres, etc. as “helpful”, “supportive”, timely, and appropriate to their family situation.
- Based on the questionnaires, the social worker’s ability to assess and develop case plans seems to be low based on their own perceptions. This may be an area for future training and support.
- There seem to be mixed perceptions about social worker access to local resources for meeting family needs. From data, it is not clear whether they feel they have access or not. It may be that family needs during economic challenges are difficult to meet, or that there is a lack of services at the community level (a point also reflected by families).

- The majority of social workers report participation on a multidisciplinary level, whether in social work team meetings, commissions, or beneficiary decision making teams. This indicates that multi-disciplinary practices are in place, functional at the regional and local levels, and given a level of importance as a quality aspect of service.
- Supervision may not be adequate to meet the needs of regional and community social workers.

Teachers / Professors:

- Have been involved in the training and capacity building of the project have an increased understanding of the effects of institutionalization on children’s health, development and learning.
- Have increased awareness of the UNCRC, UNGACC and the National Strategy for Deinstitutionalization.
- Have a good understanding of their roles and responsibilities, particularly as related to reintegration of formerly institutionalized children in the school system, development of individual learning plans, and inclusive education.
- Have knowledge of philosophies and methodology of inclusive education. They also expressed a level of discomfort and doubt at the beginning of the integration process. Having practical examples and being an active part of the project implementation helped with these doubts and fears. “We had to see how it worked. We had to see the amazing impact on the children and the good results before we believe in the process for our school, our students” said one teacher.
- Feel the interaction with families needs to be improved. Both teachers and family members feel that there is a lack of connection between school and family, family and school.
- Describe access to community resources and services as limited (as do family members, social workers and other stakeholders). It is unclear if this relates to an issue with access to existing range of services, or more likely a lack of the services themselves, particularly at the community level.

Child / Family Protection Specialists (regional level):

- Have understanding of and commitment to the local service plans that have been outlined. Within a context of limited resources those service plans are being implemented. They include operational multi-disciplinary decision making teams, child protection commissions, child participation groups, and a range of direct services.
- Have a better understanding of their role and responsibilities related both to direct work with children and families, as well as linking to and working with community social workers and resources at the local level.
- Feel that the combination of practical, consistent and ongoing support from project staff with theoretical training, workshops, exchanges and presentations is an extremely effective method of increasing the capacity of workers.
- Believe that services at the community level can be improved and increased – a number of specific services were mentioned: home-based services for children with special needs; home-based services; more range of family support services such as counselling, parenting education, etc.; juvenile delinquency prevention and others.
- Agree that the project is implemented in a very complex context. Many of the ongoing challenges identified by professions are also those extremely difficult to resolve including, migration, unemployment, alcoholism and other family dysfunctions.

- Have high caseloads with low pay – burnout is not uncommon (as with social workers and teachers). There are issues with human resources. University level social workers do not often want to relocate to rural areas where their services may be most needed. Many of the well trained social workers are leaving for urban areas or even moving out of the country.
- Expressed concern over families becoming dependent on state assistance and asked for ongoing training and support on helping families gain independence, good case planning, and closure of cases.
- Are proud that a system of services exists at the regional level. This development of alternative services has developed quickly in Moldova and is an important aspect of the system reform process. Regions are very proud of the models of services that have been developed in their areas. These services, at the same time, still require regulation through standards and supportive legislation at the national level, good systems for monitoring quality of services, and M&E systems. M&E systems need to inform planning and service delivery.

They (community social workers) are no longer just putting out fires based on what they think the possibilities for putting out fires might be. They are knowing what the fires are, where they are, and what they need to put them out.

Deputy Regional President for Social Issues, Falesti

The reason for the level of support for these ideas (referring to deinstitutionalization and family reintegration) at our regional level is due considerably to the training that has been provided to all levels of people who work with and for children and families.

Director of “Speranta” Community Center, Falesti

The training for inclusive education has been very important. The best part about teacher training and the biggest impact is that they each came back and were excited to pass on the information to the other teachers. This is the way they are learning to do things differently.

Deputy Director for Education, Calarasi

The NGO projects have illuminated our work mainly through the training programs that we get to take part in. The fact that decision makers are also trained makes it so that we have a receptive and innovative regional commission. We can experiment openly with new services and ideas. This is a major reflection on the sustainability of project activities.

Social Work Department Head, Falesti

At the beginning we did not know what to do for our beneficiaries. Now there is a system – we help mothers from the moment they are pregnant up to the child turning 18. We offer a range of services. For example we had an orphaned child. His mother had died of cancer. We found a foster placement. Later we helped him with school fees. Now he graduated from law school. He comes to see us often. We have seen how he’s grown and we are so proud of his accomplishments.

Social Work Supervisor, Ungeni

Stakeholder and Partnership Impact Review

The review of impact on stakeholders and partnerships explored two key questions

- **How sustainable are the outcomes being achieved? What are the potential threats to sustainability?**

- **What was the stakeholders' involvement in the development and delivery of the family support services, how representative are they, and what have been the benefits of their involvement?**

The purpose was to assess: the involvement of stakeholders in the development of family support programming; the progress towards objectives related to national and local level child welfare reform and the sustainability of direct service components and any threats to sustainability, as well as to identify what is working well and where there are gaps and areas for improvement in targeted project activities related to partners and key stakeholders. The tools used for data collection and review included: document review, informal interviews with project staff and semi-structured interviews with key stakeholders (national and regional officials). Information gathered from other MTR aspects, for example focus groups with specialists, also addressed questions of sustainability, stakeholder involvement and partnerships. The emerging themes are reflected later in this section.

The project's intended outcome was for national authorities to be committed and actively support the implementation of the UN guidelines on alternative care of children in Moldova and local authorities prioritize meaningful child participation as a means to consult, monitor and evaluate their local child welfare policies. Measureable outcomes outlined in the project were: 110 national level policy makers, 112 social workers, 750 local level decision-makers and professionals are involved in various project activities, of which to date:

- 24 local decision makers from child protection departments benefitted from training
- 13 local and national decision makers participated in a study tour in Great Britain
- 300 school directors and administrators had one day of training; 302 support teachers and inclusion managers were also trained
- 99 mayors benefitted from training
- 25 national level policy makers were trained
- Full partnership with several national ministries
- Participation on the national commission for deinstitutionalization

The sub questions considered in the MTR included:

- Who are the key stakeholders? What is their role in the project? What are their levels/types of involvement? What are the benefits of their involvement? Are there drawbacks or challenges to stakeholder involvement?
- Has the project development/implementation been a “participatory” process? How?
- How are factors/obstacles impacting the implementation of project interventions at the national, local community and family levels: poverty, unemployment, economics, etc.?
- What services/components are working well in terms of systems reform? What about direct services? Referral systems? What is not working?
- What activities toward service quality improvement have been implemented to date? Have there been improvements to decision-making incorporating best interest of the child & priority for family-based services?
- What is the plan for roll out of additional services in the 2nd half of the project?
- How are assessments of policy informing implementation?
- How are children's perspectives being heard and incorporated?

- What has been learned about integrating a system at the local level? Have service delivery plans been developed at the local level? Are they implemented? Are there multi-disciplinary commissions? Are they functional?
- What is the stakeholders' perception of some of the key activities: National Government Working Group, Deinstitutionalization Working Group, Gate-keeping Commissions, ABC's?
- What is the framework for M&E at the national level? Are there systems of participatory monitoring for reform of Moldova's child welfare policies?
- How has decision making about best interest of the child & priority for family-based services changed? Can this be attributed to the project?
- To what extent are resources being redirected towards communities, families and children?

Stakeholder Interviews

A selection of internal and external stakeholders were interviewed in both informal (staff) and semi-structured formats (officials). Distribution was by internal or external relationship to the project and organization, roles, representing organization, and where possible age and gender. A total of five external interviews were conducted:

- Cornel Tarus, Deputy Head of the Child Protection Department in the Ministry of Labor, Social Protection & Family
- Valentin Crudu, Head Pre-university Education Department, Ministry of Education, Chair of the National Reform Council
- Tudor Radeanu, Head of Social Assistance and Family Protection Department Ungeni
- Iraida Binzari, Deputy President of Raion for Social Issues Falesti
- Elena Gonta, Deputy Head of Education Calarasi

Informal interviews and discussions, in addition to team meetings including participatory exercises, were held with the following EvC staff members:

- Stela Grigoras, Project Director, Director P4EC
- Daniela Mamaliga, Project Team Leader
- Natalia Semeniuc, Child Participation Manager
- Ala Scalschi, Public Finance Manager
- Virgiul Hanganu, Pilot Site Manager Ungheni
- Tatiana Dnestrean, Pilot Site Manager Falesti
- Mariana Lupascu, Pilot Sites Team Leader, Pilot Site Manager Calarasi
- Financial Accountant responsible for USAID reporting for P4EC

The Deputy Director for Education describes the nature of the partnership aspect of the project and even the work toward sustainable change/impact in a manner that seems to capture the essence of many of the stories and comments shared during the MTR process. She described the change in relationship and resulting change in philosophical view point in this way:

“We began our relationship with the project last year in a state of conflict and contradiction. We were hugely resistant to deinstitutionalization. There were ideas that this was something that EvC was coming to do *to us*.”

“Through round table discussions, countless debates and meetings, information and their practical presence, the relationship moved to one of consultation. Really it was amazing to see the change. There was a lot of useful, consistent, constant training and practical support. This really mattered to us. They stood beside us and have been a part of *our* process.”

“Now, only a year later, we are a full partnership for the children in our region. We have full understanding and feel fully part of the project. It’s *our project, for our children, our specialists, our families and our communities*. The relationship is felt to be of equal people at the table together. We felt heard and like what we said and say matters. Now we are all people who work together for the purpose of deinstitutionalization, even if there is sometimes lack of understanding or even still resistance. We know what is important and what we need to do.”

Quotes on Stakeholder Involvement, Partnership & Sustainability

Legislation is only as good as the resources available for services
Representative of the MLSPF

There are at least 100 NGOs in Moldova and the government is very pleased about the collaboration with this sector, in fact our very success depends upon it
Representative of the MLSPF

NGO’s and international donors have been absolutely key for us. Without them the Republic of Moldova would not have the forward movement that we have had in terms of reform. Their help has been critical from elaboration of legislation to training to helping to inform the public
Representative of MoE and Director of National Joint Council on Deinstitutionalization

It is not a question of is the mentality around institutionalizing children changing? Rather it is the fact that it has clearly changed. There is no going back now – and that is sustainability
Deputy Regional President for Social Issues, Falesti

The stigma in community is still a challenge, but the resistance from the institutions themselves was and is really, really, really huge. When we started this whole thing (deinstitutionalization) I reach a point where I was ready to throw up my arms and give up. It was just then that EveryChild came in. They have been a huge support to our efforts.
Deputy Regional President for Social Issues, Falesti

In our care now the child is at the center and we, all of our departments and services, surround the child. This is a new thinking and an important change. The model works very well for indentifying the needs. We do a very good job of this now. But then what? Services are really lack at the community level
Deputy Director for Education, Calarasi

We used to hear from parents that they did not want their child sitting next to a vulnerable child, a child from a difficult family situation, not on the same school bench. But when we integrated these children then they saw. They heard from their children. They saw that even their children can learn from these children. The integrated children have taught their classmates compassion and generosity. The parents saw that these children are children just like theirs
Deputy Director for Education, Calarasi

Stakeholder and Partnership Impact Data Themes

- The project reflects a wide range of stakeholder input on planning – there are reform plans in place at the ministry level and regional levels. At the regional level service delivery plans are written and there is broad awareness of those plans. There appears to

be local ownership of service planning, as well as commitments to ensuring plans are implemented.

- Different models have been developed at the regional level for closure of institutions. They are in following with UNCRRC, UNGACC and the National Strategy. Regions are proud of the models developed.
- Models have also been developed, to varying degrees, for social services, family support services (including material and psychosocial support and linkage to government social welfare) and integrated / inclusive education. Community centres in all target sites are fully operational and have significant impact on prevention services.
- NGOs and partnerships with civil society have been vital to the development of the models, as has foreign assistance. These partnerships and support mechanisms remain important to the continued reform process.
- Partners express the importance of the practical capacity building aspects, described as the combination of training, experiential exchanges, workshops, discussions, meetings and professional support at all levels – having “someone to call on when we have questions about what to do”. This has included EvC’s role in supporting legislative policy development and advocacy for policy change at the national level.
- There have been significant changes in attitudes and mentalities. This has been supported through the holistic capacity building approach and the combination of practical and theoretical support, as well as through EvC acting as an important advocate at the national level. Regions and local authorities feel that their “voices” are represented at the national level.
- Models have been developed in partnership, with support from NGOs. The officials and specialists strongly believe in these models and see them as their own. They show great pride in the work their region is accomplishing. This sense of ownership is vital.
- Other regions that have not benefitted from the project are reportedly not as far along and show a lack of understanding for the reform process and deinstitutionalization.
- Replication in other domains (for instance integration in preschool education) is starting to be developed, and is a reflection of the level of impact of this project.
- Both national and regional officials realize that the re-allocation of funds needs to be directed to children and families, and that this allocation of budget funds must be top priority for the coming year. This is a huge challenge expressed by all stakeholders. The planning of reallocation needs to be strategic and careful.
- National and regional stakeholders describe the need for a legislation base, legal methodology, and minimum standards that guide practice at the regional / local level from the national level (education & family support were two areas particularly mentioned).
- There is an expressed need for assistance with monitoring and evaluation of models and practices.

- The “story” of deinstitutionalization in the three target regions is being captured through rich and deep data collection. Continuing to document this story will aid the replication of models in other regions.
- The project and reform in general is still challenged by older schools of thought and a lack of public awareness. Stakeholders were excited about the changes over the past year but also expressed the need for ongoing public education and awareness around child welfare issues.
- There is currently tremendous momentum for reform of child welfare in Moldova. EvC seeks ways to continue that momentum. Potential for political change, huge economic challenges and ongoing reliance on the institutional system are all potential risks that need to be kept in check.

ii. Lessons Learned

The MTR process resulted in a number of key lessons:

1. The project impact on children and families is significant and lasting. Children are finding a sense of joy, nurturing, well being and love in their family placements, whether reintegrated with birth or extended family, or in the care of non-related adults. In spite of ongoing challenges, families show a strong commitment to their role in children’s well being. Supported by families and their pride and encouragement, children are dreaming of futures full of successes in education, community engagement, employment and relationships/family. These are significant attitudinal and behavioural changes.
2. Full participation is having solid results across sectors. It is building significant buy-in at all levels, changing mentalities, allowing for the expansion of alternative services, encouraging creativity and innovation in development of new services, and reaching vulnerable children and their families. Participation reaches down to all levels and includes children and youth (through ABC groups and opportunities for beneficiary input / feedback), family members (through opportunities for support groups, input/feedback, and family group decision making models), and professionals (social workers and teachers through multi-disciplinary teams, regional project teams, etc.).
3. Capacity building takes a holistic approach including training, technical assistance, empowerment work, and practical support, that is improving skills, changing attitudes and behaviours, and increasing reform momentum.
4. Full transparency within the project and organization has built strong relationships of trust that enable stakeholders to be fully involved, have significant impact and feel ownership in the project activities.
5. Changes in knowledge, attitude and practice are producing sustainable impact in child welfare reform as evidenced by the reflections of children, family members, social workers and teachers. The impact includes a sense of improved quality of services expressed by the stakeholders.
6. There is a strong need to continue efforts to get services and resources to the community level. Stakeholders express the need for services for children with special needs, comprehensive family support services aimed at preventing family breakdown, home-based services, etc.

Currently many services are concentrated at the regional level. Planning in the second half of the project needs to be reflective of gaps identified and incorporate methods for helping partners to plan, design and implement new services to fill those gaps.

7. Continued effort is strongly needed to secure the allocation of budget funds for local services. As the system moves away from institutional care the funds need to be reallocated, essentially “following the child”. There are ongoing challenges with the framework for ensuring that this happens. The regional and local levels have concerns that they have the resources to provide the necessary services.
8. The project must continue to be an advocate or bridge between the regional and national levels. Regional partners feel that EvC gives an important voice to their efforts and work at the local level. They want to see this role of the organization continue.
9. Both national and regional levels require assistance in the development of monitoring and evaluation systems.
10. Methodology and models for deinstitutionalization need to be adapted for more challenging institutions that come under the Ministry of Health.
11. The project must continue its involvement as an advocate for legislation and minimum standards. Both national and regional stakeholders express the need for guiding legislation to take the best practice models to the next level of sustainability and replication. They see the project as having a significant role in this aspect.
12. The project has been successful in its ability to be flexible and shows a commitment to adapting and learning as it is implemented. While much of the project builds on EvC’s solid experience in Moldova, the commitment to learning allows for shifts as the context, priorities and strategies change. EvC is seen as a key child welfare partner in the country.
13. Public awareness and child participation, although two aspects not specifically addressed in the MTR are being impacted positively. Clearly there has been a significant increase in public awareness of child welfare issues; and indications from the field are that child participation strategies (ABC) are very effective.
14. The project has had an intense focus on deinstitutionalization and reintegration in the first half of implementation. This aspect was also the focus of the mid-term review. Less attention has been paid to prevention and family support service aspects of the project. It will be important to place equal focus on prevention for the second half of the project.
15. Data shows that the outcomes and impacts related to child and family beneficiaries and capacity building aspects of the project can be attributed directly to the work of the project, particularly related to deinstitutionalization, reintegration, school inclusion programming and building of social work capacity.
16. The project team shows a strong ability for thoughtful and strategic project planning – plans for the second half of the project are already in place including a work plan, and communication, training and child participation plans. Planning is incorporating input and feedback from stakeholders; joint planning often being the goal.

These lessons and the following recommendations should be fully shared and circulated with transparency amongst stakeholders including the EvC project team (London/Moldova), P4EC project and staff team (Moldova), national ministry partners and the National Council for

Deinstitutionalization, regional and local officials, project site teams (including officials, social workers and school partners), site child protection commissions, and other local stakeholders). With language adaptation lessons and recommendations can be shared with child and youth participants through the ABC groups in each site. Ample opportunity should be given to stakeholders to pose questions and input regarding the lessons learned. Participatory exercises through stakeholder meetings and discussions should allow stakeholders input into integration of the recommendations and future planning.

IV. Conclusions & Recommendations

The *Protecting Children in Moldova from Family Separation, Violence, Abuse, Neglect & Exploitation Project* has been an ambitious undertaking within a limited timeframe and challenging environment. EveryChild and partners have stepped up to the challenge, serving Moldova's children and families with strength and will. The project has met such challenges as political uncertainty, counterproductive mentalities and attitudes, less than optimal economic circumstances, and at times overwhelming circumstances facing families and communities, with a professional team, sense of innovation, flexibility and commitment to learning. The mid-term review looked at activities, achieved outputs and outcomes, as well as effectiveness and sustainability. To date:

- 1,378 vulnerable children (358 deinstitutionalized and 1,020 prevention) and their families have improved access to high quality family support and family substitute services integrated in the wider social protection context
- 4 out of 5 institutions have been closed
- 1,103 specialists have an increased capacity to prevent family separation and provide effective protection to children without parental care

As described in the themes emerging from review data, the project has caused beneficial and sustainable changes in the lives of children supported to leave institutional care. Data supports the attribution of positive outcomes and impact directly to the project interventions. Of particular note is the comprehensive approach to capacity building, which has in turn empowered and equipped community social workers in their professional practices. Project team members know each and every one of the 350+ children who have left institutions. They have been instrumental in their case planning and are seen as supports to the families. Social workers, teachers, administrators, officials and other professionals ascribe their changing attitudes, behaviors and improving abilities and skills directly to their involvement in project implementation and training. Furthermore, they have a clear sense of what is needed in their communities and in spite of resource challenges they show commitment to quality services for families and children. Stakeholders have a clear sense of involvement and participation at a level that has empowered them, increased their creativity and innovation, and shifted mentalities, and that now carries forward the momentum for reform. All of these factors represent the project's sustainable impact. They cannot be taken away. In the words of one of the regional officials, "there's no going back now".

Recommendations include:

1. Continue to advocate at the national level, educating stakeholders, sharing the story of deinstitutionalization and prevention models, and giving voice to those working at the community level.
 - Focus on advocacy and educating the MoH for closure of the special health care institutions.
 - Develop and present a plan for deinstitutionalization of children and institution transformation from the special health institution and residential school for hearing impaired. Work with the MoH and MoE to effectively see planning move forward.
 - Prepare models developed under this project for replication in other regions.
 - Advocate for regulation around reallocation of funds from institutions, including regional and local voices in the discussions.
2. As the responsibilities for child protection transfer from the MoE to the MoSPF at the national level and the new strategy (2013-2020) is developed maintain momentum, facilitate collaboration and partnership, and advocate for legislative measures in all work of the project.
 - Continue to participate on the national council for deinstitutionalization.
 - Share stories of best practice models and ensure that regional / community experiences are heard.
 - Encourage a participatory process in development of the new child and family welfare strategy.
 - Advocate the development of supportive legislation and minimum standards.
 - Ensure that the UN documents are reflected in the new strategy.
3. For the second half of the project, combine focus on continued deinstitutionalization and reintegration work with renewed focus on prevention and family supports for vulnerable families.
 - Look at data needs for understanding prevention outcomes / impacts (consider the upcoming census of vulnerable children and families being undertaken by the GOM) and incorporate data into project planning.
 - Review existing services and gaps in services with regional and community level partners.
 - Help to develop plans for new services and review models of family support based on models of protective factors.
 - Link planning to the budget allocation, early intervention, special needs beneficiaries, family support services, prevention programming.
4. Continue to involve children and engage them in the monitoring of the quality of services in their communities.
 - Develop and implement child participation plans for each target region.
5. Continue with promotion activities, public education and awareness campaigns
 - Involve stakeholders in the development of these campaigns to ensure they reflect regional and local realities, issues and cultural nuances.
6. Make sure that internal data and measurement tools are in place to attribute prevention interventions, child participation and communication strategies to the project.
7. Continue to allow for learning, adapting and flexibility.
 - Review existing data (MTR lessons/recommendations, research lessons, national / regional data) and adapt implementation plans, timelines, frameworks, etc. to reflect incorporation of learning.

- Continue to share information/data/results with all project team members, regional teams, partners and other stakeholders, and establish methods for stakeholder feedback and input.
 - Outline plans for incorporating the MTR data, lessons and recommendations into the second year work plan.
 - Use the data from EvC reintegration research to adapt project interventions.
 - Use the data from GOM census of vulnerable children to help regional/community stakeholders develop comprehensive family support program plans.
8. Continue investments in community social workers, other professionals and community-level social services
 - Incorporate recommendations for future training and ongoing capacity needs into second year work plan – include supervision training, training on FSS regulations/standards, etc. Adapt the training plan if necessary.
 - Provide support for M&E.
 - Continue to provide practical training (supervision, inclusive education, training based on case studies, training for mayor’s, legislation and standards).
 9. Provide regions with M&E support for existing services
 - Help to develop regional M&E plans.
 - Assist with collection of qualitative data to supplement quantitative data currently collected.
 - Ensure measurement of quality of services.
 - Provide training on how to collect data, how to talk to beneficiaries, etc.
 10. Make certain that regional and local authorities are empowered to have their voices heard at the national-level, include them in local communication/media work, make sure they have the information they need for presentations, meeting, etc.
 11. Incorporate lessons from the MTR into second half planning, including a review of plans (work plans, training plans, M&E plans, site activity plans, etc.) that have already been developed:
 12. Share lessons and recommendations with partners (all internal project team members, national ministry partners, regional departments of child protection, social work supervisors, child advisory boards, gate keeping commissions and others as appropriate) and actively involve them in planning for future implementation.

“We have come this far. We have come with you to this half way point. We need to, we will, see it through to the end. Children are our future. Families secure the future of children.”

Deputy Director for Education, Calarasi