



# FROM CRISIS TO SOLUTION

Opinion of Social Work Territorial Structures Regarding the Issues of Families with Children and Children's Rights Protection Professionals in the Context of COVID-19 Pandemic in the Republic of Moldova

JULY 2020





## Abbreviations

<b>ANAS</b>	National Agency for Social Assistance
<b>FC</b>	foster care (foster carer)
<b>FTH</b>	family type home
<b>MECR</b>	Ministry of Education, Culture and Research
<b>MHLSP</b>	Ministry of Health, Labour and Social Protection
<b>NGOs</b>	non-governmental organisations
<b>SWTS</b>	Social Work Territorial Structure
<b>SFS</b>	secondary family support
<b>ATU</b>	administrative territorial unit
<b>VNET</b>	violence, neglect, exploitation and traffic

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# Introduction

The World Health Organization declared the COVID-19 pandemic in March 2020. In barely two and half months, at global level, over 4.3 million people got infected and almost 300.000 people died. In Moldova, the first case of infection was found on 7 March 2020. As of 30th of June 2020, the number of infected people reached 16613<sup>1</sup> of which 545 passed away because of it. A state of emergency was declared in the country for 60 days, but most restrictions stayed valid even after this period ran out.

The affected countries focused their efforts, first of all, on prevention and control of COVID-19 infection and on providing support to the health care sector. Further on, they started to assess the risks and the social-economic consequences that have impact on the population, particularly on the most vulnerable groups, such as families with children at risk. Families with children and children may be affected directly by catching the virus, by the immediate impact of the measures meant to stop or limit the virus spreading, but also, in the long run, by the delayed implementation of the reform agenda aimed at reaching the Sustainable Development Goals. Consequences are expressed in deeper poverty and educational crisis, danger for the life and health of the children, and safety risks. In this context, authorities must expand the social protection programs in order to reach the most vulnerable families and children; to ensure equal and fair access to educational, nutrition, immunization and health services and to prioritise the practical support provided to them.

In order to identify the issues encountered in the context of the COVID-19 pandemic in the Republic of Moldova by children and families with children monitored by SWTS, as well as by public sector employees in the field of children's right protection, CCF/HHC Moldova and UNICEF Moldova conducted a rapid assessment, on the basis of an online questionnaire (Annex 1), across Social Work Territorial Structures (SWTS). Information was gathered during 27 April – 6 May 2020, with 36 out of 37 SWTSs having answered the questionnaire. Later, additional clarifications and information were sought regarding the access of children and families with children to social services and benefits (Annex 2). The questionnaire was self-administered and in most cases it was filled in by the head of SWTS and, upon need, by other SWTS professionals.

In the Findings and Conclusions section this paper summarizes opinions of SWTS professionals about several major research topics and includes 'Priorities and Recommendations' Section for the duration of the pandemic, as well as for the post-pandemic time, being addressed to various categories of decision-makers, practitioners, civil society and development partners.

As the epidemiological situation in the country made it urgent, the research was designed and conducted in a very short time, which led to certain methodology limitations, which derived from not pre-testing the questionnaire, from the lack of in-depth interviews or from the limited consultation of other civil society partners. Moreover, only families supervised by SWTSs were analysed, which totals 38,082 families.

*We are sincerely grateful to the **Ministry of Health, Labour and Social Protection (MHLSP)** for having contributed to the rapid assessment of SWTS perceptions regarding COVID-19 consequences, namely: giving advice on questionnaires, coordination of data collection and provision of feedback to the report.*

*This report was developed with support from Ms. **Camelia Gheorghe**, Resident Advisor, USAID Project "Data for Impact", who contributed to reviewing the questionnaire, validating the data, formulating the findings and recommendations, for which we are deeply grateful.*

<sup>1</sup> <https://www.worldometers.info/coronavirus/country/moldova/>





## Findings and Conclusions



1. In the opinion of SWTS professionals, the COVID-19 pandemic has mainly affected families with children, where parents are alcoholics/drug addicts (major risk of infection), families where at least one of the parents is known for being violent (worsening of domestic violence), families with income that is lower than the minimum guaranteed income, families with three or more children (failure to meet basic needs, limited access of children to education), and families where one of the parents lost their job (loss of income, depression).

According to the information communicated by the 36 SWTSs, the number of families falling in the aforementioned categories and monitored by SWTSs in April 2020 were\*:

Families with children where parents are drug/alcohol consumers:	<b>4 675</b>
Families with children where at least one parent is known for being violent:	<b>1 902</b>
Families with children earning an income under the monthly state-guaranteed basic income:	<b>20 004</b>
Families with three and more children:	<b>14 232</b>
Families with children where one of the parents lost their job:	<b>3 083</b>

\* one family can fall in several categories because of the associated vulnerability factors

The issues affecting these families had a cumulative effect (Figure 1).

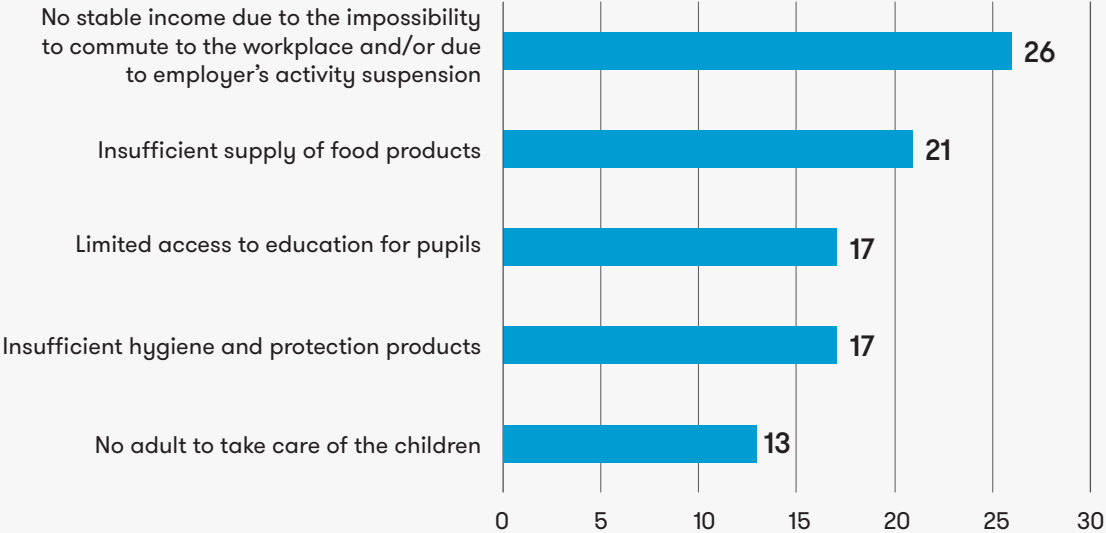
FIGURE 1. **The most affected families with children in the context of the pandemic, by categories of issues**  
(% of total issues)

Category	loss of income	domestic violence	risk of infection with the virus	limited access to education	isolation/ depression
Families with drug/alcohol consumers	20%	20%	22%	19%	19%
Families with violent parents	19%	23%	18%	20%	19%
Families earning an income under the guaranteed basic one	24%	16%	19%	22%	19%
Families with three and more children	25%	15%	19%	23%	19%
Families where parents lost their job	26%	15%	19%	19%	21%

2. Regarding families with children, SWTS professionals think that 5 most acute challenges in the context of COVID-19 pandemic are the following: lack of a stable income because it is impossible to commute to work (including unofficial work) and/or because the employer ceased the activity; insufficient food; children’s limited access to education; insufficient hygiene and protection products; and the absence of an adult to leave the children with in case of the parents who needed to go to work (Figure 2).

FIGURE 2. **The most severe issues of families with children in the context of the pandemic**

(number of SWTSs that included the respective issue in top-5)



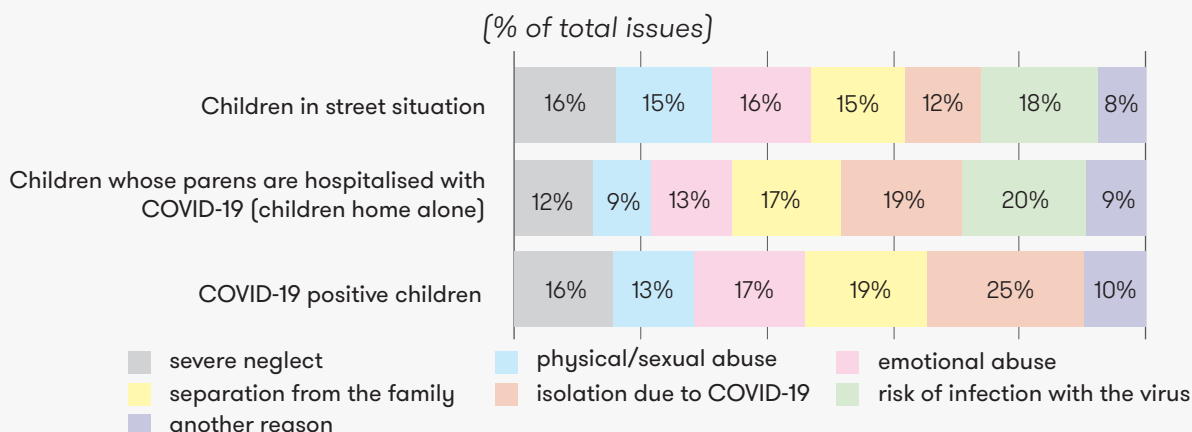
As many as 26 SWTSs named the lack of stable income as one of the five most severe issues that families with children encountered. Most of the respondent SWTSs (21) also identified insufficiency of food as another severe issue that families experienced during the state of emergency. The limited access of school-age children to online education and the shortage of hygienic and protection products were also among the most severe issues (mentioned by 17 SWTSs), as well as difficulties in caring for children while the parents are at work (13 SWTSs).

Figure 2 also shows that issues related to income and education are true for all families with children that SWTSs supervise, not only for the most vulnerable of them.

3. SWTS professionals believe that most affected groups of children during the pandemic were children in street situation<sup>2</sup> (major risk of infection, severe neglect and emotional abuse), children left at home on their own because the parents/the only parent or carer was hospitalised with COVID-19 (high risk of infection, isolation, risk of family separation) and children infected with COVID-19 (isolation, risk of family separation, emotional abuse). (Figure 3).

<sup>2</sup> Definition according to Law No 140/2013, Article 8(f)

FIGURE 3. **The most affected categories of children in the context of the pandemic, by categories of issues**



As Figure 3 shows, SWTs believed that the greatest risk children in street situation were exposed to was that of becoming infected with COVID-19, followed by neglect and abuse. According to a recent qualitative study, children living in the streets have health issues, especially affecting the respiratory system and mental health.<sup>3</sup> Respiratory health conditions can be a co-morbidity in such children, and therefore, a major risk of infection with tragic consequences. Moreover, the feelings of isolation, fear and depression caused by the epidemic can aggravate the existing mental health issues.

SWTs confirmed that there are families with children, where at least one member is infected with COVID-19 in 14 administrative territorial units (ATUs). Altogether, this means 73 families with 107 children. Most cases happened in Chisinau municipality and Criuleni, Telenesti, Cahul, Briceni and Ialoveni districts. Special forms of protection were established in half of these ATUs, to counter the effects of parents' infection on children. Most of them were family-type alternatives.

**4. The access of families with children to social services and benefits was affected by the change in the working hours of the community social workers and SWTs, by the impossibility to summon specialised meetings (multidisciplinary team, gate-keeping committee) and by the travel restrictions, which led to receiving and processing fewer applications and running fewer activities related to risk factor identification and to the assessment of families with children. In such conditions, the authorities simplified certain procedures (e.g. for social aid) to facilitate the access of the most vulnerable families with children to financial aid. The protection measures taken by the guardianship authorities with regards to children separated from their parents were mostly those of family type in those instances where the placement was planned; while in terms of emergency placement, about 41% of children separated from their parents had to be placed in residential institutions. Access to health care services was less affected as pharmacies stayed open, while clinics and other medical facilities provided services as needed, including specialised treatments (e.g. for TB).**

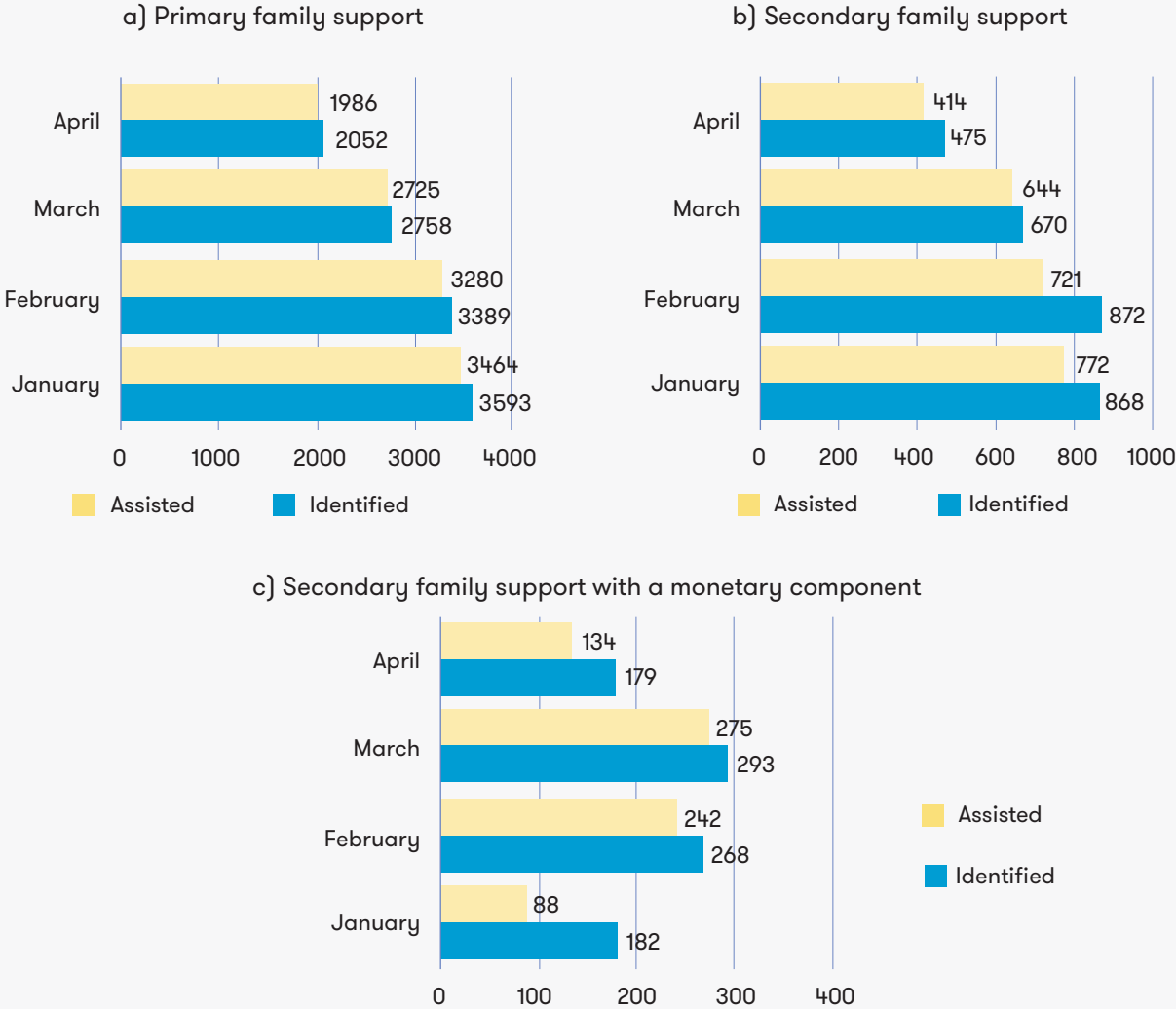
<sup>3</sup> Terre des Hommes Moldova (2018), 'Children in Street Situations. Qualitative study', [http://www.antitrafic.gov.md/public/files/Copii\\_in\\_situatii\\_de\\_stradaMD\\_20181.pdf](http://www.antitrafic.gov.md/public/files/Copii_in_situatii_de_stradaMD_20181.pdf)

<sup>4</sup> This paper uses the phrase 'community social worker' to refer to front-line social assistance personnel at community level. It was agreed that this phrase covers both community social workers and child rights protection specialists from mayor's offices (there are very few of them).



SWTSs reported a decreased number of identified cases since the state of emergency was declared, but also a decreased supply of primary family support, secondary family support by at least 30% and 40%, respectively, in April compared to February 2020. For instance, in the aforementioned period, the number of cases requiring SFS and financial aid dropped to 179 from 268 (down by 33%), while the number of cases where assistance was provided decreased from 242 to 134 (by 45%). These were due to imposed travel and direct interaction restrictions with the beneficiaries of the community social workers and SWTSs, during the state of emergency which would allow to identify and analyse cases in a prompt manner (Figure 4<sup>5</sup>).

FIGURE 4. Family support social service during January-April 2020  
[number of cases]

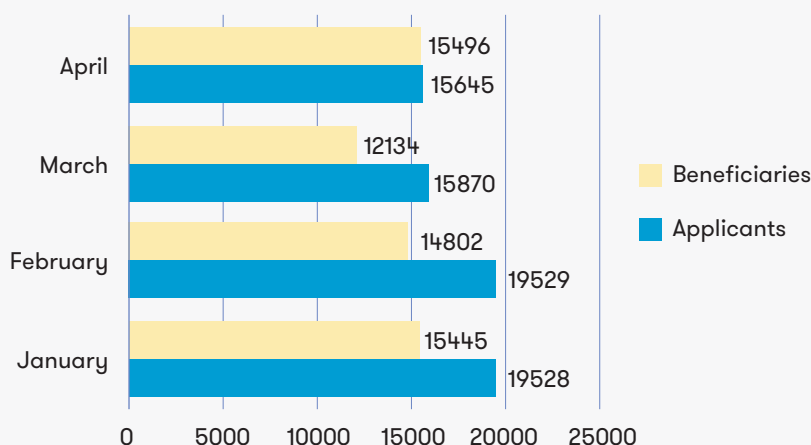


Regarding the social aid, the number of requests dropped from 19 529 in February to 15 645 in April (by 20%), because of the restrictions imposed during the state of emergency, the working hours of the community social worker, the slower processing of requests till March, and also due to people’s fear of getting infected while out in public spaces. Still, as illustrated in Figure 5<sup>6</sup>, the system balanced itself out in April, social aid having been provided to about 15,500 families, by 3,000 families more comparing to March.

<sup>5</sup> The values in Figure 4 illustrate the situation in 33 ATUs regarding which the SWTSs provided information.

<sup>6</sup> The values in Figure 5 illustrate the situation in 33 ATUs regarding which the SWTSs provided information.

FIGURE 5. **Social aid during January-April 2020** (number of families)



In terms of children who needed a protection measure, their number decreased in March – April compared to the first two months of the year. This was due, as mentioned above, to the change in the working hours of the community social workers and SWTs, remote monitoring of cases and substantial reduction of child protection needs assessment and risk prevention work. Thus, SWTs confirmed that only 1.4% of the specific actions conducted during the state of emergency (out of more than 150) envisaged such assessments.

From January to April, 156 children needed emergency placement, but this service was made available for 150 only. (Table 1)

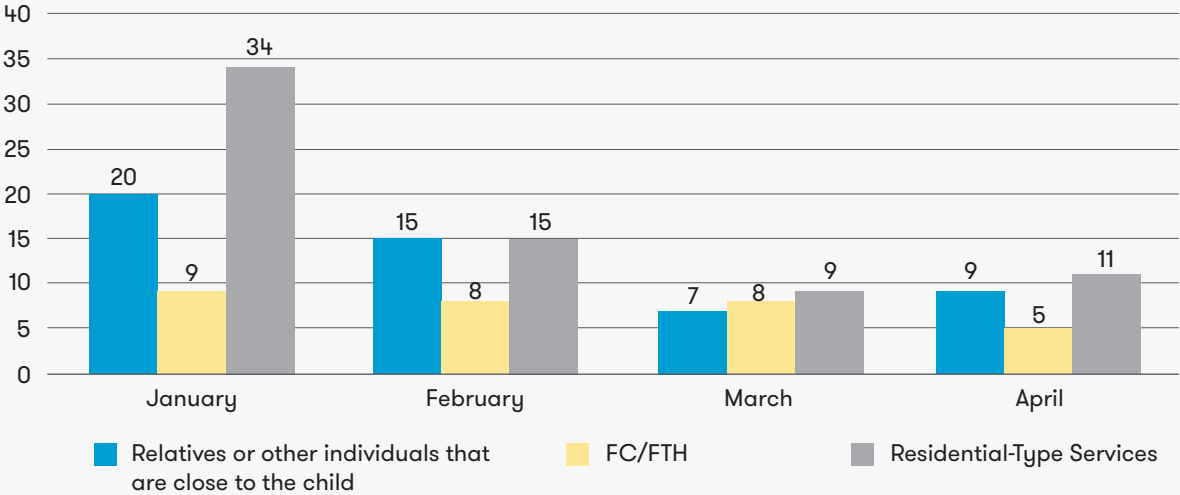
TABLE 1. **Number of children who needed emergency placement and were granted this protection measure** (January-April 2020)

Time (Month)	Children needing emergency placement	Children-beneficiaries of emergency placement
January 2020	66	63
February 2020	38	38
March 2020	25	24
April 2020	27	25
<b>TOTAL</b>	<b>156</b>	<b>150</b>

According to the data reported by SWTs, once the state of emergency was declared, the number of needed emergency placement halved (from 104 children in January – February to 52 children in March – April). These figures though need to be regarded with some scepticism since the cases of domestic violence and alcohol consumption increased, while some parents got the pandemic virus (as this study shows), which means that children’s emergency placement needs should have increased in fact. The reverse tendency reported by SWTs is rather indicative of the challenges the professionals had in identifying promptly the cases of imminent danger and taking the child out of the family, because of the restrictions introduced during the state of emergency.

As previously mentioned, the number of children-beneficiaries of emergency placement services (Figure 6<sup>7</sup>), reached 150, residential type services having predominated (69 children, i.e. 46%). This was due to the shortage of foster carers (FC) and places in family-type homes (FTH) approved for emergency placement purposes, but also to the fear of foster carers and of parents-educators to become exposed to COVID-19. With regard to the placement with relatives or other close people, the community social workers were limited in identifying, contacting and visiting them to assess placement conditions because of the new work schedule. On the other hand, though, we suppose that the relatives were worried about the fact that the loss of their own income would have prevented them from taking care of other children, and about getting the virus in the middle of the pandemic.

FIGURE 6. **Emergency placement during January – April 2020**  
(number of children-beneficiaries)



The SWTSs reported that during January – April 2020, as many as 310 children needed planned placement. (Table 2)

TABLE 2. **Number of children who needed planned placement and were granted this protection measure** (January-April 2020)

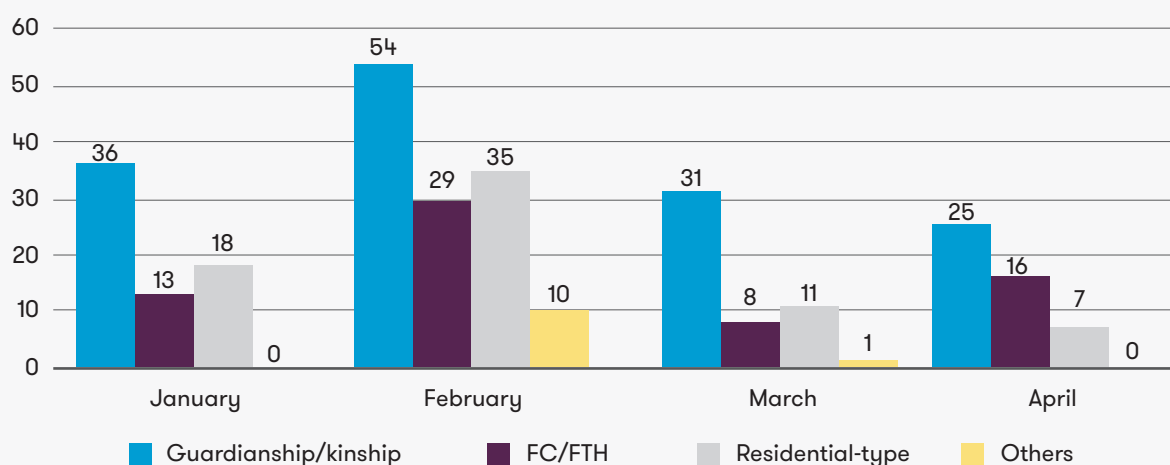
Month	Children who needed planned placement	Children-beneficiaries of planned placement
January 2020	67	67
February 2020	128	128
March 2020	64	51
April 2020	51	48
<b>TOTAL</b>	<b>310</b>	<b>294</b>

<sup>7</sup> The values in Figure 6 illustrate the situation in 33 ATUs regarding which the SWTSs provided information.



Same as in the case of emergency placement, a downward trend was confirmed once the state of emergency was declared, the number of cases having decreased from 195 in January – February down to 115 in March – April. This trend was due to the travel restrictions, changes to the SWTS work schedule, the quarantining of some social services and settlements, etc. The number of beneficiaries of planned placement services was 294 children (Figure 7<sup>8</sup>). Unlike emergency placement, children were primarily beneficiaries of the guardianship/kinship service (about 50%), followed distantly by residential-type services (24%) and FC/FTH services (22%).

FIGURE 7. **Planned placement during January-April 2020**  
(number of children-beneficiaries)



Speaking exclusively about the period of **state of emergency** (March – April 2020), the trend of placement in residential services stayed (Figure 8<sup>9</sup>), accounting for a share of 41%. With regard to planned placement, family-type measures were prioritised, namely: guardianship/kinship services – 57%, FC/FTH services – 24%, and residential-type services – 18%.

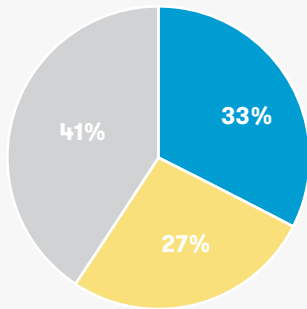
Children wouldn't have had to be institutionalised during the state of emergency – which would have meant a different environment, individual support and a relationship with the caregiver – if places were available in FC families or with parents-educators in FTH. Several SWTSs mentioned that a worsening in the epidemiological situation and extension of restrictions (see Item 7 below), could generate the risk of more children needing protection measures, which, combined with the shortage of places in FC/FTH and the risk of FC and parents-educators resigning from FTH because of burnout, could lead to an increase in the child institutionalisation rate.

<sup>8</sup> The values in Figure 7 illustrate the situation in 33 ATUs regarding which the SWTSs provided information.

<sup>9</sup> The values in Figure 8 illustrate the situation in 33 ATUs regarding which the SWTSs provided information.

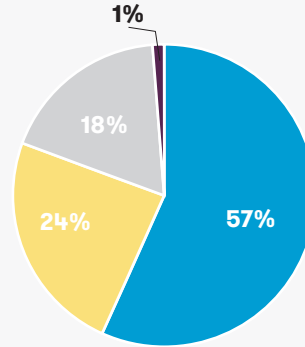
FIGURE 8. **Protection measures in place during the state of emergency**  
(March – April 2020)

a) % of the total number of children-beneficiaries of emergency placement



■ Relatives or other individuals that are close to the child  
■ FC/FTH  
■ Residential-Type Services

b) % of the total number children-beneficiaries of planned placement



■ Guardianship/kinship  
■ FC/FTH  
■ Residential-type  
■ Others

Another phenomenon that escalated during the COVID-19 pandemic was that of domestic violence. According to the recent findings of the Council of Europe, the number of domestic violence cases, especially against girls and women swelled dramatically both in the member states and worldwide, this trend having been linked to the crises.<sup>10</sup> We can thus assume that the risk of domestic violence as a consequence of restrictions imposed in the context of the state of emergency increased in Moldova too, a member state of the Council of Europe. Still, the number of notifications registered with the community-based social assistance service under SWTS has decreased substantially – from 65 in February to 5 in April. This trend was also confirmed by the number of cases registered with the National Centre for Child Abuse Prevention (NCCAP) on the basis of self-referrals and of notifications made by different institutions and people, which decreased from 45 in February to 14 in April. The recent La Strada study<sup>11</sup> confirmed, in its turn, a worsening situation in terms of domestic violence in the recent past.

This was due to fewer family visits and limited contact of the community social worker with families, which has affected the efficient and timely case management, monitoring and detection of risks of abuse and neglect. Also, because of the measures taken during the state of emergency, other authorities (police, kindergarten, school, etc.) or community stakeholders (citizens) might have been involved to a lesser extent than usually in detecting and reporting abuse cases.

<sup>10</sup> <https://rm.coe.int/declaration-committee-of-the-parties-to-ic-covid-/16809e33c6n-cases-of-violence-against-women>

<sup>11</sup> <http://lastrada.md/rom/articole/de-dragul-copiilor-si-parintilor-batrani-in-izolare-femeile-au-suportat-forme-grav219?fbclid=IwAR2XvPNRzoUYsqwFHGveN5jl7f7MHid2dL7xV4OD4XaUzBn12yHflmzGrrA4>

Besides difficulties encountered when carrying out the aforementioned activities (travel restrictions, not being possible to summon meetings of specialised committees or of multidisciplinary teams), SWTSs also included in the list of obstructions the lack of protection equipment, which put them to higher risk of COVID-19 infection, as well as closure of or limited access to specialised, community-based, legal and other types of services to which cases are referred.

**5. Priority actions undertaken by community social workers to support children and families with children at risk during the pandemic, including actions related to case management, are listed below:**

- monitoring families, going to their homes to the extent possible and providing help when needed (50% of SWTSs' answers);
- distributing food packages (44%);
- remote counselling and carrying out some duties in online environment (review of online applications) (42%);
- informing families about protection measures against COVID-19 infection (39%).

Distributing food packages responded to one of the top 5 needs that families faced during this period (see Figure 2). On the other end of the spectrum, only 3 SWTSs (8.3%) mentioned among the key activities conducted by the community social workers the reporting of cases of violence, neglect, exploitation and traffic (according to GD 270/2014), which confirms the smaller number of notifications once the state of emergency was declared.

**6. The following actions specific for the period of state of emergency were taken as a priority at district/municipal level by SWTS in order to support children and families with children at risk:**

- monitoring and counselling families remotely, as much as possible (44% of SWTSs' answers);
- providing food packages and distributing protection equipment, according to available stocks (41%);
- providing social benefits and social services (32%);
- performing the work duties online (setting up individual and group meetings, receive requests via e-mail/phone) (27%).

As mentioned in point 4, the identification of areas of well-being and the protective factors was the last activity to be performed – reported only by 3% of the questioned SWTSs.

**7. SWTS professionals anticipate that if the epidemiological situation in the country will worsen and if restrictions will be extended, children will be exposed to the risks of infection with the virus, abuse, neglect, restricted access to education or poor school performance and behavioural disorders. In their turn, families with children will be at risk of poverty, infection with the virus, violence and depression. The professionals expressed their point of view about some possible solutions to be taken into account in the near term. (Table 3)**



TABLE 3. **Risks and solutions to mitigate the effects of the extension of the state of emergency on families with children and on children, according to SWTS**

Category	Risks	Solutions
<p><b>Families with children</b> (in general and those monitored by SWTS)*</p> <p>* the difference between responses to these two categories were minimal and are therefore presented together</p>	<p>Low income and poverty</p> <p>Domestic violence</p> <p>Risk to infect family members</p> <p>Risk to neglect children</p> <p>Limited access of children to education</p> <p>Depression</p>	<p>Monitor the families by phone and during home visits, as much as possible</p> <p>Material or financial support when necessary</p> <p>Set up the Hotline service at local level (in situation of crisis) for psychological counselling</p> <p>Provide protection equipment</p> <p>Organise remote informative and educational activities for parents and children</p> <p>Recruit volunteers, involve non-governmental organisations (NGOs) and companies that can support vulnerable families</p> <p>Online legal, social, psychological consultations</p> <p>Set up a reserve fund for emergency responses (for the procurement of protection equipment, for contracting psychological assistance services, etc.)</p>
<p><b>Families of caregivers</b> (FC/FTH, guardianship/kinship)</p>	<p>Professional burnout</p> <p>Risk to infect children and caregivers</p> <p>Resignation</p> <p>Insufficient material resources</p> <p>Failure to pay salaries to caregivers and benefits for children</p>	<p>Online training</p> <p>Remote counselling and psychological assistance</p> <p>Payment of salaries on time and provision of financial support when necessary</p> <p>Daily monitoring of the situation of every caregiver</p> <p>Distribution of food packages upon need</p> <p>Provide protection equipment</p> <p>Recruit volunteers, involving NGOs and companies that can support these families</p> <p>Recruit more FC and parents-educators for FTH</p> <p>Review the legal framework on the remuneration of FC and allowances for children left without parental care</p>
<p><b>Children placed in FC/FTH, guardianship/kinship</b></p>	<p>Isolation/depression, lack of communication, emotional instability</p> <p>Behavioural disorders</p> <p>Risk of infection</p> <p>Poor school performance</p>	<p>Psychological counselling by phone and information regarding the protection measures</p> <p>Daily monitoring of the situation of every child in placement</p> <p>Training the employees in FC service</p> <p>Providing families with equipment necessary for online education (computer, tablet, etc.)</p> <p>Recruit volunteers, involving NGOs and companies that can support these families</p>

8. If the epidemiological situation in the country does not improve in the following months and the restrictions are maintained, SWTSs are anticipating that people employed in social assistance services at local, district and municipal level will be at risk of infection with the virus and work in unsatisfactory condition, with major consequences for their task, which is to prevent risk situations and support children and families with children from the most vulnerable groups. To mitigate these risks, SWTS professionals proposed a series of solutions (Table 4).

TABLE 4. **Risks and solutions to mitigate the effects of the extension of the state of emergency on employees in social assistance services according to SWTS**

Category	Risks	Solutions
<b>Community social workers, experts in child rights protection</b> <i>(local level)</i>	<ul style="list-style-type: none"> <li>Risk of infection</li> <li>Low efficiency of the activity (lack of direct contact with the family)</li> <li>Professional burnout</li> <li>Lack of meetings with multidisciplinary teams</li> <li>Lack of training</li> <li>Worsening of economic situation and difficulties in handling the cases</li> </ul>	<ul style="list-style-type: none"> <li>Providing protection equipment</li> <li>Training and information concerning the method of work and risks of infection</li> <li>Pay increments for exposure to hazardous factors</li> <li>Making direct contact with the beneficiaries only in emergency situations</li> <li>Monitoring the families with children at risk by phone</li> <li>Involving volunteers</li> </ul>
<b>Staff employed in residential institutions</b>	<ul style="list-style-type: none"> <li>Risk to infect children and employees</li> <li>Professional burnout</li> <li>Depression, isolation</li> <li>Psychological instability in children</li> </ul>	<ul style="list-style-type: none"> <li>Periodic training of staff</li> <li>Providing protection equipment</li> <li>Conducting awareness-raising and training activities for staff</li> <li>Prohibiting visits and trips</li> <li>Consulting the psychologist to overcome behavioural disorders</li> </ul>
<b>SWTS professionals</b> <i>(district/municipal level)</i>	<ul style="list-style-type: none"> <li>Risk of infection</li> <li>Professional burnout</li> <li>Staff turnover</li> <li>Low level de qualification due to the lack of training</li> <li>Reduced efficiency due to restrictions</li> </ul>	<ul style="list-style-type: none"> <li>Providing psychological support to professionals</li> <li>Allowing SWTS professionals to assess families, but in observance of protection measures</li> <li>A more efficient cooperation of local/territorial committees</li> <li>Develop methodologies, programs, electronic documents for remote activities</li> <li>Online training</li> <li>Supporting the development of family-type services</li> <li>Pay increments for exposure to hazardous factors</li> </ul>



## Priorities and Recommendations





The authors of this research are fully aware of and commend the efforts already invested by the authorities to support financially families in need and people who weren't able to work during the state of emergency, the initiatives launched by the authorities on working remotely, as well as the support provided by the civil society and the development partners.

This section contains a recommendations to the MHLSP, to other central, district, municipal and local authorities, to the civil society and development partners, and are meant to mitigate the effects of the COVID-19 pandemic on children and families with children in the Republic of Moldova and to ensure optimal conditions for the activity of staff in the field of social assistance and education. There are short-term and long-term recommendations for each relevant social stakeholder, it also analyses the researched aspects and also takes onto account the suggestions made by SWTSSs.

The implementation of recommendations depends upon availability of expertise and material, financial and human resources. The expectation is that the results of this rapid assessment will represent yet another reason to develop some action plans to mobilised the resources needed for responding to the socio-economic consequences of the COVID-19 pandemic on the most vulnerable families with children.

The recommendations are also meant to encourage ongoing dialogue, collaboration and monitoring of response via the Child Protection Working Group (hereinafter referred to as the 'working group'), coordinated by UNICEF Moldova<sup>12</sup>.

Responding to the effects of the COVID-19 pandemic requires multi-sectoral, coordinated and synergistic measures taken by all relevant social stakeholders, that these recommendations are meant for:

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<sup>12</sup> Working group established in the context of the COVID-19 pandemic, coordinated by UNICEF Moldova and composed of representatives of the MHLSP, civil society and development partners.

SHORT-TERM RECOMMENDATIONS (July-December 2020)	MEDIUM-TERM RECOMMENDATIONS (January-December 2021)
<b>Ministry of Health, Labour and Social Protection</b>	
<ul style="list-style-type: none"> <li>● Develop a methodological note on the application of the current provisions of case management in conditions of pandemic and post-pandemic</li> <li>● Develop a methodological note on the application of Government Decision No 270/2014, to prevent, identify and report cases of violence, neglect, exploitation and traffic (VNET) in conditions of pandemic</li> <li>● Prioritise, through a methodological note, the family-type protection forms for children left alone because their parents were hospitalised with COVID-19 and who are at risk of being separated, as well as for children victims of VNET during the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a set of recommendations and guidelines on how to work in the context of an epidemiological emergency so as to ensure the social protection of the most vulnerable children and families with children, addressed to local and territorial guardianship authorities, relevant staff (community social workers, child protection specialists, specialists from residential institutions), as well as to carers (FC, parents-educators from FTH, guardians/kinship carers)</li> <li>● Budget for a response fund in case of state of epidemiological emergency, on the occasion of the 2020 state budget review or upon the formation of the 2021 budget</li> <li>● Regulate the psychological assistance service under SWTS (potential with mobile component); amend the 2020-2023 Work Plan of the Government so as to allow for the implementation of this recommendation</li> <li>● Set up a working group to analyse the regulatory and financing framework for FC and FTH and to draw up concrete recommendations on its review so as to enable diversification and extension of these services in order to prevent the institutionalisation of children during crises, such as the crisis caused by the pandemic</li> </ul>
<b>National Agency for Social Assistance (ANAS)</b>	
<ul style="list-style-type: none"> <li>● Organise workshops to provide methodological support to the SWTS staff to apply the provisions of the methodological notes developed by MHLSP (see above)</li> <li>● Establish a mechanism to give feedback and monitor the application of the methodological notes</li> <li>● Contract, in partnership with MHLSP, with providers of training courses for the SWTS staff regarding the prevention of COVID-19 infection (a 6-8-hour module)</li> </ul>	<ul style="list-style-type: none"> <li>● Test and activate the e-learning platform allowing the fast training of SWTS professionals in case of emergency situation</li> <li>● Organise workshops to provide methodological support to the SWTS staff to apply the provisions of the methodological notes developed by MHLSP</li> <li>● Contract, in partnership with MHLSP, with providers of training courses for the SWTS staff regarding the prevention of COVID-19 infection (a 6-8-hour module)</li> </ul>

### SWTS (territorial guardianship authorities)

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| <ul style="list-style-type: none"> <li>● Centralise the lists of the most vulnerable families affected by COVID-19 received from community social workers in order to mobilize the aid (food, hygiene and protective materials)</li> <li>● Organise online training for FC, parents-educators from FTH, guardians/kinship carers, staff from residential institutions in order to prevent their infection with COVID-19 and the infection of children they take care for (on the basis of ANAS curriculum)</li> <li>● Organise online meetings of gate-keeping committees, according to the methodological notes of MHLSP</li> <li>● Recruit and train online candidates for the position of emergency FC and parent-educator in FTH</li> </ul> | <ul style="list-style-type: none"> <li>● Develop certain district/municipal plans to respond to epidemiological crises and emergencies in order to prevent the infection and protect children and families with children</li> <li>● Train the community social workers, managers and social services staff on the integrated approach to emergencies (cooperation with the health, education, public systems, etc.)</li> <li>● Provide remote psychological counselling for community social workers and SWTS professionals (with the help of own professionals of the civil society)</li> <li>● Recruit and train online candidates for the position of emergency FC and parent-educator in FTH</li> </ul> |
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### Community-based social assistance service

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| <ul style="list-style-type: none"> <li>● Conduct a quick mapping and organise the monitoring of families and children at high risk, by phone and in-person (see point 1 and 3 of this research), by using protective distancing and SWTS information</li> <li>● Apply case management in conditions of pandemic, according to the methodological notes of MHLSP</li> <li>● Organise online meetings of local multidisciplinary teams, according to the methodological notes of MHLSP</li> <li>● Notify on time the police authorities and SWTS if cases are identified by VNET, according to the methodological note applying the Government Decision No 270/2014 in conditions of pandemic (see above the recommendation for MHLSP)</li> </ul> | <ul style="list-style-type: none"> <li>● Perform the ongoing monitoring of the situation of vulnerable families in the community and provide the necessary support (social, material, emotional) to strengthen families and mitigate the negative effects of the pandemic</li> <li>● Notify on time the police authorities and SWTS if cases are identified by VNET, according to the methodological note applying the Government Decision No 270/2014 in conditions of pandemic (see above the recommendation for MHLSP)</li> </ul> |
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### Mayoralties (local guardianship authorities)

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| <ul style="list-style-type: none"> <li>● Provide, when necessary, food packages, hygiene and protection products, material aid</li> <li>● Inform the vulnerable families about COVID-19 prevention (through leaflets, SMS, social media)</li> <li>● Respond as soon as possible to cases of VNET (presumed or confirmed), in line with the methodological note implementing the Government Decision No 270/2014 in conditions of pandemic</li> </ul> | <ul style="list-style-type: none"> <li>● Have the LPA involve the school, the church, the business environment, local NGOs in promoting messages of solidarity to cope with the crisis and build a resilient community</li> <li>● Develop quick response plans to be applied in the event of epidemiological/public health state of emergency to prevent infection and protect the population</li> <li>● Inform the vulnerable families about COVID-19 prevention (through leaflets, SMS, social media)</li> </ul> |
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### Ministry of Education, Culture and Research

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| <ul style="list-style-type: none"> <li>● Plan actions and ensure allocation of resources for the inclusion in education of children who did not have access or had limited access to online education</li> <li>● Organise extra tutoring classes for children without access/with limited access to help them catch up, taking into account the protection measures and the recommendations of the authorities in the field of public health</li> <li>● Provide food products from the reserves of schools and kindergartens, with priority for single-parent families, families with many children or with low income</li> </ul> | <ul style="list-style-type: none"> <li>● Develop the regulatory framework for the development of online educational process</li> <li>● Provide the teachers and pupils with equipment to access online education (with the support of donors, see below)</li> <li>● Digitalise the content of textbooks, workbooks and other supporting materials</li> <li>● Train the teachers to use online conference platforms and develop digital skills</li> </ul> |
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### Civil society

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| <ul style="list-style-type: none"> <li>● Support SWTs and local guardianship authorities in identifying new cases of families and children that were seriously affected by the pandemic (children in street situation, children left home alone due to the hospitalisation of the single parent/caregiver, children subject to domestic violence, etc.) in partnership with the Police and medical workers</li> <li>● Coordinate the efforts to provide material aid to the most vulnerable families with children through the territorial committees set up during the pandemic and the working group</li> <li>● Map the organisations that can provide online psychological assistance for the most vulnerable families with children and provide the list with the contact data to SWTs</li> <li>● Establish promptly a working group consisting of non-governmental organisations in the area of child protection to agree the methods and assistance tools in close collaboration with the relevant authorities</li> </ul> | <ul style="list-style-type: none"> <li>● Provide direct assistance to children and families with children affected by COVID-19 in partnership with the local public administration</li> <li>● Raise funds to implement the assistance actions</li> <li>● Advocate assistance to the most vulnerable groups affected by the pandemic</li> <li>● Monitor the actions taken by the authorities on updates regarding the situation of families with children, adjustment of plans and allocation of resources</li> <li>● Develop communication campaigns and campaigns to raise public awareness about COVID-19 and its consequences on the most vulnerable groups</li> <li>● Assess the situation of the most vulnerable groups of children (in the context of COVID-19) identified by this research, particularly children in street situation and children infected with COVID-19</li> </ul> |
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### Development partners

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| <ul style="list-style-type: none"> <li>● Attend the meetings of the working group in order to identify the fields that need support and coordination with other partners</li> <li>● Implement a rapid financial and material aid allocation system to ensure response to COVID-19 (humanitarian aid – materials and protective equipment, tablets/laptops for online education, project funding)</li> <li>● Simplify the procurement proceedings and speed up the process of contracting</li> </ul> | <ul style="list-style-type: none"> <li>● Allocate financial resources to mitigate the effects of the pandemic on children and families with children in coordination with central and local public authorities (through project funding)</li> <li>● Monitor the actions taken by the authorities to ensure the observance of the rights of vulnerable groups to services and assistance, in line with the international commitments assumed by the Republic of Moldova</li> <li>● Lobby for and advocate in front of international institutions and governments of own countries the allocation of resources</li> </ul> |
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## Annex 1. QUESTIONNAIRE

### **Questionnaire-based Survey on the Situation of Children and Families with Children at risk and Challenges faced by Professionals from the Social Work Territorial Structures in the context of COVID-19 Pandemic in Moldova**

Ministry of Health, Labour and Social Protection (MHLSP) in partnership with CCF/HHC Moldova, UNICEF Moldova and Data for Impact (USAID) invites you to fill in this questionnaire aimed at identifying the major challenges faced by children and families with children in the Republic of Moldova in the context of COVID-19 pandemic, as well as professionals in the area of social assistance. It is vitally important for the government to be fully aware of these challenges in order to prioritize the necessary support measures.

The answers to the questionnaire represent the point of view of your institution. In this regard, we recommend that this questionnaire to be filled in by the Head of the Social Work Territorial Structure (SWTS) in consultation with the child protection specialist, the manager of community social assistance service and other relevant specialists from SWTS, as required.

#### **YOUR ANSWERS WILL BE TREATED WITH MAXIMUM CONFIDENTIALITY!**

Only the survey team will have access to the information collected through this questionnaire. Your answers will be combined with the answers received from other SWTS and used strictly for formulating recommendations to decision makers and developing some intervention plans that will support both children and families with children, as well as SWTS specialists in responding quickly and appropriately to identified needs.

#### **THERE ARE NO RIGHT OR WRONG ANSWERS!**

To complete the questionnaire, please use the link provided in the email. Filling in the questionnaire will take approximately 30 minutes. If you have any unclarified issues or questions, you can contact Livia Marginean, phone: +37369042368, e-mail: [livia.marginean@ccfmoldova.org](mailto:livia.marginean@ccfmoldova.org).

Deadline for filling in the questionnaire is **1 May 2020**.

*Thank you for your contribution to this survey!*



# QUESTIONNAIRE

## PART 1 – Questions regarding children and families with children

**Note 1:** in this questionnaire the term "family" is used in the broad meaning, representing one of the following situations: biological family, extended family, caregivers' family;

**Note 2:** the definition of "family/family with children" refers ONLY to families who are registered with SWTS.

### 1. In your opinion, which families with children are most affected by COVID-19 pandemic in your district and for what reasons?

Rank the impact level for every family type in the table below and for every reason on a scale from 1 to 4, where 1 means unaffected and 4 – very affected.

No.	Families with children	Reasons (score from 1 to 4)				
		loss or incomes/no ability to meet basic needs	domestic violence	risk of being infected with the virus	limited access to education	isolation/depression
1.	Families with children aged 0-2 years					
2.	Families with children aged 3-7 years					
3.	Families with children of school age					
4.	Families with children with disabilities					
5.	Families with children with special educational needs (SEN)					
6.	Families with children, where parents have health/disability issues					
7.	Families with children where parents are alcohol/drug users					
8.	Families with children where the parents/parent are/is known to be violent					
9.	Families with many children					
10.	Low-income families with children					
11.	Single parent families					
12.	Families with children whose parents are migrants returned to the country because of COVID-19					
13.	Families with children/parents/carers confirmed or suspected of infection with COVID-19					
14.	Families of carers (foster parents, parent-educators FTH, kinship carers) who have children in placement					
15.	Families with children in which one of the parents lost their jobs in the context of COVID-19					
16.	Other (please specify): -----					

**2. In your opinion, which children are most affected by COVID-19 pandemic in your district and for what reasons?**

Rank the impact level for every group of children in the table below and for every reason on a scale from 1 to 4, where 1 means unaffected and 4-very affected.

No.	Children	Reasons (scale from 1 to 4)						
		severe neglect	physical/sexual abuse	emotional abuse	family separation	isolation due to COVID	risk of getting infected with virus	other reason
1.	Children in residential institutions (placement centers)							
2.	Children in family-type placement services							
3.	Children in street situations							
4.	Children with SEN							
5.	Children whose parents/single parent are/is hospitalized due to COVID-19							
6.	Children living with grandparents							
7.	Children confirmed or suspected to be infected with COVID-19							
8.	Other (please, specify) -----							

**3. Please fill in the table below the total number of families with children from SWTS records where at least one family member has been confirmed infected with Covid-19.**

Month of year 2020	Number of families	Number of children from affected families	We do not know the situation
March			
April (up to April 30)			

**4. If you established a form of protection for children from families directly affected by COVID-19, which was that? (the question refers to period 17 March – 15 April)**

Rank the frequency of establishing forms of protection on a scale from 1 to 4, where 1 means not at all and 4-very frequently.

Form of protection	Score (from 1 to 4)
Emergency placement in the family of relatives or other persons with whom the child has established close relationships	
Paid kinship care (guardianship)	
Unpaid kinship care (guardianship)	
Emergency foster care	
Emergency FTH	
Placement in residential institution	
Other (please specify): -----	
No form of protection established	

**5. Read carefully the list below and select 5 most acute problems (from the most acute to the least acute) that parents/carers of children are facing because of the COVID-19 pandemic:**

For example, if you perceive that the problem „a) Food shortage/lack of” is the most acute problem, write „a)” next to figure 1 below..

**Top 5:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- a) Lack of food
- b) Shortage of food
- c) Lack of hygienic and protection products (disinfectants, masks, protective gloves, etc.)
- d) Shortage of hygienic and protection products (disinfectants, masks, protective gloves, etc.)
- e) Lack of medicines prescribed by doctors due to the lack of medicine stock
- f) Shortage of medicines prescribed by doctors due to the lack of medicine stock
- g) Lack of medicines prescribed by doctors due to the impossibility of going to the drugstore
- h) Shortage of medicine prescribed by doctors due to the impossibility of going to the drug-store
- i) Lack of technical means of communication (landline, mobile phone, computer, tablet with internet connection)
- j) Absence of an adult in whose care children may be left (in case of a parents/carers going to work)
- k) Lack of limited access to online education for schoolchildren
- l) Limited access to online education for schoolchildren
- m) Lack of access to specialized medical services (dialysis, physiotherapy, etc)
- n) Limited access to specialized medical services (dialysis, physiotherapy, etc)
- o) Lack of access to social services (please, specify which services)
- p) Limited access to social services (please, specify which services)
- q) Feelings of anxiety and depression caused by isolation
- r) Inability of parents/carers to organize activities with the child/children during the emergency period
- s) Worsening health of a family member (including with intellectual disabilities/mental health)
- t) Lack of a stable income due to the impossibility of commuting to work (including unofficial one) and/or suspension of business activity by the employer
- u) Job loss
- v) Exposure to domestic violence / abuse
- w) Other problem (please indicate and describe what this problem consists of):

.....

If you have selected o) or p) please specify below:

o) \_\_\_\_\_  
 p) \_\_\_\_\_

**PART 2** – Questions about professionals and SWTS activity

**6. What is the number of referrals registered by the Community Social Assistance Service within SWTS regarding child abuse?**

Write related figures in the table below.

Month of the year 2020	No. of notifications
January	
February	
March	
April (up to April 15)	

**7. Which of the following types of social services and social benefits have been requested and provided to families with children in January-April 2020?**

Indicate the number of requests received and settled by STAS

Type of social service/benefit	Month of year 2020							
	January		February		March		April (up to April 15)	
	requested	provided	requested	provided	requested	provided	requested	provided
Primary family support								
Secondary family support: - total, - of which, with a monetary component								
Financial support based on district council decision								
Social Aid								
Winter period benefit								
Emergency placement in the family of relatives or of other people close to the child								
Paid kinship care (guardianship)								
Unpaid kinship care								
Emergency placement in foster care and FTH								
Placement in residential services								
Other (please specify): .....								
<b>Total</b>								

**8. What activities were carried out at the local level, as a matter of priority, by the child protection specialist, and in his/her absence by the community social worker, in order to support children and families with children at risk during COVID-19 pandemic?**

*The question covers the period March 17 - April 30, 2020.*

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**9. Specify 5 main difficulties encountered at the local level by the child protection specialist, and in his/her absence by the community social worker, regarding the implementation of case management and provision of support to children and families with children between March 17 and April 30, 2020:**

- 1. -----
- 2. -----
- 3. -----
- 4. -----
- 5. -----

**10. What SPECIFIC actions are implemented by SWTS in order to support children and families with children at risk during the period of COVID-19 pandemic, including case management application?**

*The question concerns the period March 17-April 30, 2020.*

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**11. List 5 main difficulties encountered by SWTS specialists regarding the application of case management and provision of support to children and families with children between March 17 and April 30, 2020:**

- 1. -----
- 2. -----
- 3. -----
- 4. -----
- 5. -----



**12. What risks do you anticipate in the event of worsening/prolongation of the emergency situation and what solutions would you propose to decision-makers?**

	Risks	Solutions/Proposals
Families with children (in general)		
Families with children at risk monitored by SWTS		
Families of carers (foster parents, parent –educators from FTH, kinship carers) with children in placement		
Children places in foster care, FTH, kinship care		
Children separated from families		
Case managers at the local level (community social worker, child protection specialist)		
Residential institution staff SWTS specialists		
Other group (specify): _____		

IDENTIFICATION DATA:

SWTS: \_\_\_\_\_  
*(district/municipality)*

Name, surname and position of persons that took part in the completion of the questionnaire:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Date of completion of the questionnaire: \_\_\_\_\_

Annex 2. Table for collecting additional data

**Which of the following types of social services and social benefits have been requested and provided to families with children in January-April 2020?**

Indicate the number of requests received and settled by STAS – de pus in abrevieri ca si Social Work Territorial Structure (SWTS )

Type of service/social benefits	Total no of beneficiaries of the following, as of 31 <sup>st</sup> December:	2020								Total no of beneficiaries of the following, as of 30 <sup>th</sup> April:
		January		February		March		April		
		requested	provided	requested	provided	requested	provided	requested	provided	
Primary family support										
Secondary family support										
Of which: with a monetary component										
Social aid										
Winter period benefit										
Financial support (according to the GD 716/218)										
Other (please specify):										
Emergency placement										
Of which:	x	x	x	x	x	x	x	x	x	x
Family type placement services										
Kinship care, including non-related										
Foster care/Family Type Homes										
Residential services										
Other (please specify):										
Planned placement										
Of which:	x	x	x	x	x	x	x	x	x	x
Family type placement services										
Guardianship										
Foster care/Family Type Homes										
Residential services										
Other (please specify):										







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