



## **THEMATIC REPORT**

# **EVALUATING THE EFFICIENCY AND EFFECTIVENESS OF INTERSECTORAL COOPERATION MECHANISMS IN THE FIELD OF CHILD RIGHTS PROTECTION**

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## Acronyms

FG	Focus group
GD	Government Decision
GD 1182/2010	Government Decision no.1182 of 22.10.2010 on the approval of the Regulation on the intersectoral collaboration mechanism in the medical and social field in order to prevent and reduce the maternal, infant and child mortality rate up to 5 years old at home
GD 270/2014	Government Decision no. 270 of 08.04.2014 on the approval of the Instructions on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking
GD 143/2018	Government Decision no. 143 of 12.02.2018 for the approval of the Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks
GPI	General Police Inspectorate
II	Individual Interview
Law 140/2013	Law no. 140 of 14.06.2013 on the special protection of children at risk and children separated from their parents
MECR	Ministry of Education, Culture and Research of the Republic of Moldova
MHLSP Moldova	Ministry of Health, Labour and Social Protection of the Republic of Moldova
NGO	Non-governmental organization
UN	United Nations
CSO	Civil Society Organization
OSCE	Organization for Security and Co-operation in Europe
NRS	National Reference System
UNICEF	United Nations Children's Fund

## Introduction

This Report was prepared following the independent **evaluation of the efficiency and effectiveness of the intersectoral cooperation mechanisms in the field of child rights protection** carried out in the first half of 2020 at the request of the People's Advocate for Children's Rights Maia Banarescu.

According to the Terms of Reference<sup>1</sup> three mechanisms were mainly considered, including *the intersectoral cooperation mechanism in the medical and social field in order to prevent and reduce the maternal and infant mortality rate of children up to 5 years old at home, the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking*, as well as *the intersectoral cooperation mechanism for the primary prevention of child welfare risks*. Other mechanisms such as the *National Referral System for the protection and assistance of victims and potential victims of trafficking in human beings* were also partially considered, as well as the provisions of Law 299/2018 on measures and services for children with deviant behavior, which establish the creation of an *intersectoral cooperation mechanism regarding the implementation of measures for children with deviant behavior*.

The team of evaluators focused on the **extent to which the three mechanisms achieve their objectives as defined in the working documents, as well as on the way in which the involved authorities use their resources (funds, patrimony, people, etc.) to get the planned results**. In this sense, it was analyzed the regulatory and conceptual framework of the mechanisms evaluated from a national and international perspective, as well as their interaction at different stages of the procedure. Likewise, there were identified the de facto involved (institutional and professional) actors and their roles (medical workers, social workers, mayors, teachers, police officers, etc.), as well as it was analyzed the extent to which the resources of the mechanisms evaluated are converted into results, and their objectives - achieved, taking into account their relative importance. The evaluators documented, where possible, the existing procedures for filing complaints by children under the assessed mechanisms, as well as the modalities for implementing the assessed mechanisms in the context of the SARS-CoV-2 pandemic challenges. The evaluation considered the provisions of the UN Convention on the Rights of the Child, with increased attention to the degree of respect for the rights to health, life,

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<sup>1</sup> <http://ombudsman.md/news/invitatie-nvitatie-de-participare-la-concursul/?fbclid=IwAR0skwrsnRCc31xTCiNSUT5zN1cXkiWDIQ2ND-icnd17ppwByRDWw3cyE64>

education, healthcare, family, opinion, defence, protection against abuse and violence, physical and psychological recovery and social reintegration of children victims of violence.

The initial methodology proposed for the execution of the terms of reference has been revised at least twice based on the realities influenced by SARS-CoV-2. Thus, the data collection process consisted of 22 remote interviews with 26 people, a focus group with representatives (8 people) of 7 NGOs in the field and UNICEF, as well as a process of collecting information and statistical data, both public and expressly requested. The evaluation team dropped out the on-site documentation visits and the focus group with adolescents (especially due to the lack of opportunity to qualitatively prepare for such an event in the context of the SARS-CoV-2 pandemic).

The process took much longer than planned, mainly due to the unavailability of actors at all levels, but also the lack / delayed submission of responses to requests from the People's Advocate for Children's Rights with reference to statistical data at both district and national level.

The evaluation as well as the elaboration of this report were performed by Mariana Ianachevici, consultant in child protection and Tatiana Danilescu, lawyer, consultant in child protection.

The content of this Report reflects the opinions of the interviewed professionals who in most cases mentioned that "they hope to be heard". Given that a large number of them requested anonymity or requested not to be cited, the list of interviewees was depersonalized and coded accordingly.

## Chapter I. International and national regulatory and conceptual framework for intersectoral cooperation in the field of child rights protection: challenges and perspectives

### 1.1. General

The basic dimensions of a system, including child protection, include: the policy and law framework; services; capabilities; coordination and responsibility. Children are protected in the most effective way possible when all actors, at all levels, work together. In practice, there is no institution / agency / authority that responds comprehensively to a problem in the field of child protection. Thus, intersectoral cooperation is essential to ensure adequate protection for all children, being equally important from an individual perspective because it is the guarantor of respecting the best interests of the child in all aspects and decisions that affect him as an individual.

Therefore, while intersectoral cooperation seems a relatively simple and pragmatic way to approach child protection and use available resources and expertise, it is fast becoming clear that one of the main challenges is to define what is meant by intersectoral cooperation at both general - by country, as well as within the specific framework of an administrative unit (community / municipality, district) or agencies (directorate, Ministry, etc.).<sup>2</sup> For example, intersectoral cooperation in case management is defined by some researchers as a process in which several professional groups, various knowledge and skills bases, as well as different agencies, are brought together in a network to provide services.<sup>3</sup> In broader terms, however, intersectoral cooperation incorporates the concepts of partnership, collaboration and cooperation and aims at networking professionals from different agencies to work together to meet the needs of the target group<sup>4</sup>. In this respect, the differences in professional identity and ideology are accentuated and transformed into challenges<sup>5</sup> that need to be considered in the exercise of intersectoral cooperation, given their effects, which often materialize in misunderstandings between partner agencies, especially if the boundaries between sectors, including public and private, are crossed<sup>6</sup>.

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<sup>2</sup> Dimensions of Interdisciplinary Collaboration in Child Protection Work - A collection and Analysis of Practices in Southeast Europe. March 2018, Enkelejda Bregu.

<sup>3</sup> Teamwork in Multiprofessional Care. Malcolm Payne, Lyceum Books, 2000.

<sup>4</sup> Partnership working. Policy and practice. Susan Balloch & Marlyn Taylor, Bristol: Policy Press, 1991.

<sup>5</sup> Multi-agency working models: challenges and key factors for success. Atkinson, M., Doherty, P., Kinder, K., 2005, Journal of early childhood research

<sup>6</sup> Domestic Violence and Child Protection: Partnerships and Collaboration. Potito, C., Australian Social work, September 2009.

The national regulatory framework on child protection expressly requires the exercise of cooperation between guardianship authorities, as well as intersectoral cooperation in the field of child protection<sup>7</sup>. Thus, at horizontal and vertical level, within the system, the local and territorial guardianship authorities from different administrative units are obliged to cooperate in the field of child protection. The employees of the central and local public authorities, of the structures, institutions and services within or subordinated to them, who work in the fields of social assistance, education, health care, law enforcement bodies, also have the obligation to cooperate, according to the intersectoral cooperation mechanisms approved by the Government. In recent years, at least two such mechanisms have been adopted in order to implement those provisions, including the *instructions for intersectoral cooperation for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking*<sup>8</sup> and the *instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks*.<sup>9</sup>

Prior to the mentioned mechanisms, even Law 140/2013 on the special protection of children at risk and children separated from their parents, the State addressed from the perspective of intersectoral cooperation and the issue of home mortality of children under 5 years old. Thus, in 2010 it was adopted the *intersectoral cooperation mechanism in the medical and social field in order to prevent and reduce the infant mortality rate of children up to 5 years old at home*<sup>10</sup>. In 2016, it was supplemented with instructions for intersectoral cooperation to prevent and reduce the maternal mortality rate, aimed at widening the group of beneficiaries to women of reproductive age at risk.

In the process of documenting this Report, the consultants had the mission to outline, in addition to the three mechanisms subject to evaluation, other mechanisms of intersectoral cooperation known or applied at local level. Among them, the *National Referral System for the*

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<sup>7</sup> Parliament of the Republic of Moldova, Law 140 of 14.06.2013 on the special protection of children at risk and children separated from their parents, art. 19 and 20. Available at: [https://www.legis.md/cautare/getResults?doc\\_id=110518&lang=ro](https://www.legis.md/cautare/getResults?doc_id=110518&lang=ro)

<sup>8</sup> Government of the Republic of Moldova, GD no. 270 of 08.04.2014 on the approval of the instructions on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking.

Available at: [https://www.legis.md/cautare/getResults?doc\\_id=18619&lang=ro](https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro)

<sup>9</sup> Government of the Republic of Moldova, GD no. 143 of 12.02.2018 for the approval of the instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks.

Available at: [https://www.legis.md/cautare/getResults?doc\\_id=102076&lang=ro](https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro)

<sup>10</sup> Government of the Republic of Moldova, GD no. 1182 of 22.12.2010 for the approval of the Regulation on the intersectoral cooperation mechanism in the medical and social field in order to prevent and reduce the maternal, infant and child mortality rate up to 5 years old at home.

Available at: [https://www.legis.md/cautare/getResults?doc\\_id=103311&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=103311&lang=ro#)

*protection and assistance of victims and potential victims of trafficking in human beings (hereinafter - NRS) was most often mentioned.*

The NRS is a special framework for cooperation, through which government structures fulfill their obligations to protect and promote human rights with regard to those who have suffered as a result of trafficking in human beings and coordinate their efforts in strategic partnership with civil society, as well as with other actors active in this field. Conceptually, the NRS was based on the provisions of the OSCE Action Plan to Combat Trafficking in Human Beings (2003) and the OSCE / ODIHR Practical Guide “Referral Mechanisms for Victims of Trafficking in Persons at the National Level. Combining efforts to protect the rights of victims of trafficking ”(2004), but also the recommendation (art. 35) of the Council of Europe Convention on Action against Trafficking in Human Beings. Although, the implementation of the NRS started in 2006<sup>11</sup>, it was institutionalized only in 2018 through the amendments adopted<sup>12</sup> to Law no. 241/2005 on Prevention and Combating Trafficking in Human Beings.<sup>13</sup>

At the time of writing this Report, in order to modernize and expand the NRS, a draft Government Decision on the approval of the *Concept of the National Referral Mechanism Strategy for the protection and assistance of crime victims for 2020-2030 and the Action Plan for 2020-2022* it was in the process of public consultation, subsequently being withdrawn for adjustments according to GD 386/2020<sup>14</sup>. The draft document is stated to be designed to develop intersectoral cooperation in order to achieve the rights and needs of victims of crime, which is one of the most vulnerable groups of the population. According to public documents for consultation<sup>15</sup>, with reference to children, the proposed Mechanism is intended not only to protect the rights of victims of child trafficking, but also of children victims of other crimes, as well as children exposed to various situations of risk. As both the NRS and the Mechanism

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<sup>11</sup> Parliament of the Republic of Moldova, Decision no. 257 of 05.12.2008 on the approval of the National Referral System Strategy for the protection and assistance of victims and potential victims of trafficking in human beings and the Action Plan on the implementation of the National Referral System Strategy for the protection and assistance of victims and potential victims of trafficking in human beings for the years 2009-2011. Available at <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=330608>

<sup>12</sup> Parliament of the Republic of Moldova, Law 32/2018 for amending and supplementing some legislative acts, Art. 1. Available at [https://www.legis.md/cautare/getResults?doc\\_id=105416&lang=ro](https://www.legis.md/cautare/getResults?doc_id=105416&lang=ro)

<sup>13</sup> Parliament of the Republic of Moldova, Law 241/2005 on preventing and combating trafficking in human beings. Available at [https://www.legis.md/cautare/getResults?doc\\_id=107319&lang=ro](https://www.legis.md/cautare/getResults?doc_id=107319&lang=ro)

<sup>14</sup> Government of the Republic of Moldova, GD no. 386 of 17.06.2020 regarding the planning, elaboration, approval, implementation, monitoring and evaluation of public policy documents. Available at: [https://www.legis.md/cautare/getResults?doc\\_id=121921&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=121921&lang=ro#)

<sup>15</sup> Draft GD on the approval of the Concept on the National Referral Mechanism for the protection and assistance of victims of crime for the years 2020-2030 and the Action Plan for the years 2020-2022. Available at [https://cancelaria.gov.md/sites/default/files/document/attachments/proiectul\\_321\\_0.pdf](https://cancelaria.gov.md/sites/default/files/document/attachments/proiectul_321_0.pdf)

provided in GD 270/2014 have different institutional and regulatory frameworks, but also different procedural algorithms, as well as given that victims of child trafficking have the right to receive assistance under both Mechanisms of intersectoral cooperation, the experts in practice have questions about how to work with the victims of child trafficking.<sup>16</sup>

Additionally, in the documentation process for this Report, the consultants noted a hope for the panacea limit in the discussions with various actors regarding the implementation of Law 299/2018 on measures and services for children with deviant behavior<sup>17</sup>, which in art. 26 provides for the obligation of employees of central and local public authorities, structures, institutions and services within / subordinated to them, working in the fields of social assistance, education, health care, law enforcement agencies, the process of establishing and implementing measures, as well as the provision of services for children with deviant behavior, in accordance with the intersectoral cooperation mechanism approved by the Government. Although, within 12 months from the date of publication of the Law, the Government had to adjust its own normative acts, but also to elaborate and adopt the acts necessary for the implementation of the Law, at the time of finalizing this Report no such documents were identified.

Finally, the consultants noted that phrases such as “intersectoral / interinstitutional / multisectoral / multidimensional cooperation / collaboration” are used at all levels. At the same time, fewer people can explain their significance in practice - at the level of concrete activity, possibly also because not all intersectoral cooperation mechanisms have implementation procedures, including at the local level, but are not defined as such.

## 1.2. Prevention and reduction of maternal, infant and child mortality rates up to 5 years old at home

*The intersectoral cooperation mechanism on the prevention and reduction of maternal, infant and child mortality rates up to five years old at home set up at the end of 2010 to address the Millennium Development Goals aims to establish and develop a sustainable and efficient partnership in the medical and social field in order to prevent and reduce the infant and child mortality rate up to five years old at home. The stated objectives<sup>18</sup> of the mechanism are to: a)*

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<sup>16</sup> Ibid., 17, pt.42.

<sup>17</sup> Parliament of the Republic of Moldova, Law 299 of 30.11.2018 on measures and services for children with deviant behavior, art. 26. Available at [https://www.legis.md/cautare/getResults?doc\\_id=110737&lang=ro](https://www.legis.md/cautare/getResults?doc_id=110737&lang=ro)

<sup>18</sup> Ibid., 12.

establish responsibilities and standardize the process of coordination and intersectoral cooperation on the prevention of infant and child mortality up to 5 years old at home; b) develop the intersectoral partnership within the public and private institutions in solving the problems of families and children at risk.

The mechanism was accompanied by five annexes, including two to monitor data on the measures implemented and three - to facilitate case management.

In 2016, the Mechanism was resized <sup>19</sup> (II5; II3; FG) with the inclusion of a new category of beneficiaries - women of reproductive age at risk. This is to address the high level of maternal mortality, which ranged from 15.3 per 100 thousand live births in 2011 to 31.1 per 100 thousand live births in 2015. The analysis from that period indicates as a reason, in parallel with medical causes, and socio-economic problems. The share of pregnant women in socially vulnerable groups among patients who died during pregnancy in those years varied between 43 and 50%, and every 5th case of maternal death was recorded at home and was caused in 80% of situations, by a complexity of medical and social factors, such as concealment of pregnancy (unwanted pregnancy), low level of sex education and general culture of the population, etc.<sup>20</sup>

The inclusion of this category of beneficiaries aimed at establishing and developing a sustainable and efficient partnership in the medical and social field, in order to prevent and reduce the maternal mortality rate at home, among women of reproductive age at risk (FG). The current mechanism has kept the two data monitoring annexes related to the implemented measures. It should be noted that the reporting procedure in the history of implementation of this Mechanism has changed from quarterly reporting (at the beginning of the implementation of GD 1182/2010) to the Ministry of Health, Labour and Social Protection (*hereinafter MHLSP*), to annual reporting - recently. According to the final provisions of the *Regulation on the intersectoral collaboration mechanism in the medical and social field in order to prevent and reduce the maternal, infant and child mortality rate up to 5 years old at home*, the MHLSP prepares and publishes annual reports on the implementation of the Mechanism. In the process of documenting this Report, such documents were not identified on the website of the institution, and at the express request, the MHLSP provided consultants with the Information Note on the implementation of the mechanism in 2019, presented to the Government of the Republic of

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<sup>19</sup> Ibid., 12.

<sup>20</sup> Information note to the draft GD regarding the amendment of GD 1182/2010

Moldova. On the other hand, the indicators related to the social assistance sector on the respective Mechanism are published in the Annual Social Reports of the MHLSP<sup>21</sup>. It should be mentioned that the last such report publicly available at the time of this evaluation is for 2018.

Health professionals (especially from Chisinau) consider the Mechanism adopted by GD 1182/2010 important precisely because it includes pregnant women who are at risk (II5; II17). Moreover, this aspect is considered by some professionals as the only difference (II17; II7) between the Mechanism provided for in GD 1182/2010 and the one provided for in GD 270/2014 and consequently - as a counter-argument for their unification (II17).

At the same time, the provisions of GD 1182/2010 are not / or are applied in the sector, for example only in the field of health (II14; II15), although, in some interviews (II17; II19) it was clearly mentioned that such an approach - of settlement of the case at the sector level - is discouraged.

Most of the specialists at the district level, responsible for compiling the statistical report on GD 1182/2010, although they had been delegated to provide the necessary information in this evaluation, were uninformative because their only responsibility is to collect data and draft the Report to be submitted to MHLSP, however, they are not involved in the implementation process of the respective GD.

### 1.3. Identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking

*The instructions regarding the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking* were developed in order to implement art. 20 of Law 140/2013 on the special protection of children at risk and children separated from their parents, as well as in response to the commitments made by the Republic of Moldova by signing and ratifying the UN Convention on the Rights of the Child, especially art.19 thereof, but also on the recommendation of the UN Committee on the Rights of the Child to create an “integrated, cohesive, interdisciplinary and coordinated system, incorporating all types of measures provided for in paragraph 1 of article 19”. The instructions also address the

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<sup>21</sup> [https://msmps.gov.md/sites/default/files/raport\\_social\\_anual\\_2018\\_final.pdf](https://msmps.gov.md/sites/default/files/raport_social_anual_2018_final.pdf)  
[https://msmps.gov.md/sites/default/files/raport\\_social\\_anual\\_2017\\_1.pdf](https://msmps.gov.md/sites/default/files/raport_social_anual_2017_1.pdf)

commitments assumed by our country in the Association Agreement between the Republic of Moldova and the European Union, especially Chapter 27 thereof.

At the same time, according to the Information Note to the draft GD on the approval of the Instructions, the authors stated that the document also responds to the recommendation of the UN Committee on the Rights of the Child to create "a national system for collecting intelligible and reliable data on violence against children, to ensure the systematic monitoring and evaluation of systems (impact analysis), services, programs and results based on indicators aligned with universal standards, adapted and guided by the goals and objectives set at the local level".

Consequently, by adopting and implementing the Instructions, the authorities aimed to ensure: 1) Strengthening the national child protection system in order to identify the assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation, trafficking; 2) Clear regulation and delimitation of the responsibilities of the authorities / institutions with competences in the field of child protection; 3) Strengthening the capacities of professionals in the field of child protection; 4) Defining and systematizing intersectoral procedures; 5) Defining and systematizing sectoral procedures in the fields of education, health, police.

The instructions are aimed at employees of central and local public authorities, structures, institutions and services within or subordinate to them, working in the fields of social assistance, education, health care, law enforcement agencies, which must cooperate to prevent violence, neglect, exploitation, trafficking in children, as well as combating them through social, educational, public order and medical assistance services.

According to GD 270/2014, the actors (authorities, structures, institutions and specialists with competences in the field of child protection) are obliged to apply the Instructions, using the Guide for practical application of the intersectoral cooperation mechanism, approved by the relevant central authorities<sup>22</sup>, but which is missing II3; II10; II18). In practice, various specialists, depending on the partnerships they have, use guides or instructions developed by CSOs, which they have learned to apply during training sessions.

Additionally, the GD 270/2014 also provides for the elaboration by the MHLSP of a Methodology for psychological evaluation and elaboration of the Report for psychological

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<sup>22</sup> Ibid., 10, point 3 of the Instructions.

evaluation of child victims, which, however, until the end of this Report does not yet exist. At the same time, at least one civil society organization has a Methodology for preparing such reports, validated by specialized departments (II22) which is widely applied in the practice of psychological evaluation in cases of violence, neglect, exploitation and trafficking of children.

Conceptually, in the process of elaborating the Instructions, a common tool for notifying and referring cases was conceived and subsequently adopted<sup>23</sup>, - the Notification form, which, although not always applied, increasingly comes into use, thus ensuring a unique approach to reporting and recording notifications.

#### 1.4. Primary prevention of child welfare risks

*The instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks* aims to make<sup>24</sup> intersectoral cooperation more efficient in the field of child protection by focusing on the primary prevention of child welfare risks and reducing the need for specialized interventions. The instruction focuses on strengthening universal services to (public health institutions, which provide primary health care and pre-school, primary, secondary education, cycles I and II, as well as technical and vocational), families and communities to achieve a proactive approach to preventing possible risks and difficulties for children and their families. The specific objectives of the mechanism are: a) strengthening the intervention of universal service employees to meet the needs of the child, b) ensuring a holistic approach in the process of examining the signs of concern and improving child welfare, c) reducing the need for protective interventions through primary risk prevention actions, capitalizing on the family's potential in the child's upbringing and development. Thus, the Instruction completes the mechanism regulated by the GD 270/2014 with a new level - that of prevention and primary intervention and clearly determines the limits of involvement of universal services and those of social assistance (FG; II4; II7).

Conceptually, the mechanism defined in the Instruction, measures the collaboration between all relevant professionals (from the sectors of social assistance, health, education and

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<sup>23</sup> Joint Order of MLSPF / ME / MH / MIA no.153 / 1043/1042/293 of 08.10.2014 on the approval of the Notification form for the suspected case of violence, neglect, exploitation and trafficking of the child. Available at [https://cnpdc.gov.md/sites/default/files/document/attachments/fisa\\_de\\_sesizare\\_ro.pdf](https://cnpdc.gov.md/sites/default/files/document/attachments/fisa_de_sesizare_ro.pdf)

<sup>24</sup> Information note to the draft GD on the approval of the Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks

public order) which it equips with a common language and tools necessary in prevention, evaluation and intervention activities, guaranteeing each child a safe and protective environment for growth and development. The Instruction integrates a personalized approach to working with children and young people, including the family, in universal services (such as education and / or health), regardless of their origin, needs, risks and circumstances. The model developed for the Republic of Moldova is based on two models taken from international practice, including one from Scotland and another - from the USA<sup>25</sup>.

Prior to adoption, the Instruction was piloted in three districts of the country<sup>26</sup> (II4; II6; II7; II14; FG). In the piloting process, it was found that <sup>27</sup> universal service employees have a habit of focusing on problematic cases and ignoring prevention cases (II4). Conceptually, the authors considered that the establishment of the primary prevention segment brings clarity on the limits of the involvement of universal services and social assistance (FG; II4). Thus, the implementation of the Instruction aimed to contribute to a better fulfillment of existing functional obligations and responsibilities, arming professionals in universal services with common knowledge and working tools, validated and applied in international and national practice.

In the data collection process, the mechanisms provided for in GD 270/2014 and GD 1182/2010 were more often mentioned as the only ones most often implemented locally. At the same time, although the *Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks* was approved by the Government in February 2018<sup>28</sup>, its implementation is delayed. Several professionals from different fields (II5; II8; II15), but also representatives of local public authorities (II1; II18) do not know about the existence of the mechanism or, some respondents were acquainted with the content of GD 143/2018 in the evaluation process (II5 ; II15). The situation is reversed in the districts where the mechanism was tested and only in relation to the professionals participating in the process (II4; II6; II7; II14). They (II4) mentioned several times the complementarity that the mechanism, if implemented, will ensure in relation to the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence,

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<sup>25</sup> P4EC Newsletter, December 2015

<sup>26</sup> Ibid., 26.

<sup>27</sup> Ibid., 26.

<sup>28</sup> Ibid., 11.

neglect, exploitation and trafficking. At the same time, a number of actors (II14; II6; II9) are reluctant about the aforementioned complementarity, considering that the GD 270/2014 includes the segment of prevention and primary intervention (II9), and where there are ambiguities, the GD 270 / 2014 can be completed accordingly (II14; II9).

The GD 143/2018 provides for the elaboration and adoption of a series of implementation tools, such as child welfare observation, assessment and planning sheets, which according to points 17, 22 and 27 of the Instruction must be approved by joint order of the Minister of Health, Labour and Social Protection and Minister of Education, Culture and Research. In the process of collecting data for this Report, it was found that only the education sector has developed child welfare observation, assessment and planning sheets and Methodological Guidelines for their completion. However, they cannot be used because the other sectors do not yet have similar documents.

Additionally, until the completion of this Report, no public report has been identified to monitor the application of the Instruction, as provided for in point 5 of GD 143/2018, and of which there should have been at least two by this moment.

## **Chapter II. Actors of intersectoral cooperation mechanisms in the field of child rights protection**

According to the Terms of Reference, there was performed a brief mapping of the responsibilities related to the institutions and specialists involved in the implementation of the evaluated Mechanisms. According to it (Annex 2), front line professionals (especially community social workers, school and kindergarten teachers, sector police officers, family doctors' assistants, family doctors), by virtue of their duties, are covered by all the Mechanisms, as well as the institutions on the front line are also targeted, in particular - the school, the kindergarten, the medical institution, the town hall. Probably, precisely for this reason, it has often been mentioned about the multitude of documents (II9; II15; II18) that need to be completed / elaborated / produced, taking quite a long time for this, leaving too little time to work directly with the beneficiary. Apparently, the closer the actors are to the beneficiary, the dissatisfaction with process documentation is greater.

In addition, front line actors, with the exception of the community social worker, do not always differentiate between the mechanisms assessed, although, by sector (for example - education, health, social assistance or law enforcement agencies), they are aware of the processes and procedures specific to the sector.

In general, all actors, as indicated in the evaluated mechanisms, are involved in activities within the Multidisciplinary Teams at local level according to the needs of each case (III19). It is true that sometimes actors from sectors other than social assistance do not comply with the request to participate in the activity of these teams or are quite passive (II14; II17). Apparently, the actors who have expressly included in the job descriptions the responsibility to participate in the activity of the multidisciplinary team (II14) are more active. In general, according to some respondents, several actors involved in the implementation of the mechanisms provided for in GD 1182/2010 and GD 270/2014 know their responsibilities, often segmented or not at all (II1; II7; II8; II15; II16), and this influences the quality of processes.

At the conceptual level, some Information Notes on the need to adopt intersectoral cooperation mechanisms mention, among the reasons for adopting procedures - the reduction of the burden on the community social worker. In practical terms, however, it remains very busy (II9; II14; II18), which is why it is not always available. In general, the work of social workers and their personality was highly appreciated, and the social worker is considered the best / main partner at the local level (II5; II9). However, there were also criticisms of their activity during

the pandemic, given that social workers, like many other professionals, had to work remotely, thus diminishing the most important part of the work - the direct interaction with the beneficiaries (family, child). In fact, opinions on this issue are divided: it is also considered that social workers, like any human being, had their own fears regarding SARS-CoV-2 and until the appearance of instructions and procedures, explanations, etc. ., they had an expected reaction (II19) - self-protection, manifested by limiting contacts in the first place.

The community social worker is a key person in at least two of the three mechanisms considered for this assessment (GD 1182/2010 and GD 270/2014), although he is not always the initiator of the mechanism. Expectations from other sectors are high and not always relevant to the community social worker in relation to his duties (II18; II14; FG). Several actors mention the need to hire a child rights specialist at the local level, which is supposed to really reduce the burden on the community social worker (II1; II2; II12; II16; II19). At the same time, none of those who have this opinion was able to list the responsibilities of the specialist in the protection of children's rights.

In addition, the respondents also mentioned other actors (professionals and institutions) who are usually connected at different stages of the evaluated mechanisms, in particular - in the provision of rehabilitation services. Psychologists were often mentioned, although, each time with the mention of their absence at the local level, priests or other servants of religious denominations, and as institutions - health institutions and civil society organizations, as well as the Public Services Agency.

Most of the interviewees mentioned how important their involvement in different training activities is, especially because the training offers an opportunity for interaction and the possibility to exchange experiences. Moreover, several of the interviewees emphasized the importance and need for concomitant training activities of actors from different sectors, given that intersectoral cooperation must be learned in the same way in a framework of intersectoral participation. In the process of collecting data for this Report, there were presented a number of such experiences, implemented with the assistance of civil society and the support of the MHLSP.

Front line actors consider civil society organizations as the main providers of training services that they qualify as qualitative. In summary, they benefited from training on the implementation of the three evaluated Mechanisms, professionals of the order of hundreds.

In general, frontline actors usually highly appreciate the performance and level of the trainers they interacted with, but at the same time emphasize how important it is when trainers are also colleagues (II4; II10). It also offers the certainty of the practical applicability of what has been learned.

Mention was often made, with appreciation for the superlative degree and training opportunities offered during experience exchange visits between groups of professionals from different districts.

In addition, it was also mentioned in the data collection process, the lack of a single national training program on the evaluated mechanisms, dedicated to professionals from all over the country, in order to ensure a unique, intersectoral and multidisciplinary approach to processes and procedures.

## Chapter III. Efficiency and effectiveness of intersectoral cooperation mechanisms in the field of child rights protection

### 3.1. Children at risk and separated from their parents

In order to define the efficiency and effectiveness of the intersectoral cooperation mechanisms for child protection subject to evaluation, it was carried out a brief analysis of the records of the guardianship authorities regarding children at risk and children separated from their parents during the last three years, including 2017-2019.

Thus, the respective records indicate the increase in the number of children at risk, from 3743 children in 2017, to 7480 children in 2018 and up to 8005 children in 2019. Between 11% and 12% of them annually represent children aged up to 2 years, and about 3% annually - are children with disabilities (Table 2). The reasons why children at risk were taken into account by the guardianship authorities, during the reference period, are mainly negligence (60% of cases in 2017; 74% - in 2018 and 78% - in 2019), followed by violence (19 % of cases in 2017; 14% - in 2018 and 12% - in 2019) (Table 2).

Annually, a significant number (2351 children in 2017; 3070 children in 2018 and 5184 children in 2019) of the cases of children at risk in the records of the guardianship authorities are solved, and the children are kept in the family (Table 1, 3) . At the same time, every year, in the group of children at risk, between 192 children in 2017, 620 children in 2018 and 523 children in 2019, are separated from their parents.

In general, the separation from parents remains a challenge for the Republic of Moldova. Annually, in the last three years, approximately 3% of the total population of children<sup>29</sup> are separated from one or both parents (12749 children in 2017; 19768 children in 2018 and 15403 children in 2019). Of these, the majority (88% in 2017; 91.5% in 2018 and 90% in 2019) are children with one or both parents who went abroad to work. At the same time, at least 363 children in 2017, 384 - in 2018 and 356 - in 2019, were separated by the guardianship authorities on the grounds of removal from the family due to the imminent danger to their life or health (Table 4).

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<sup>29</sup> National Bureau of Statistics of the Republic of Moldova. Statistical database. Population with habitual residence by sex and age, at the beginning of the year, 2017-2019. Available at <http://statbank.statistica.md/pxweb/pxweb/ro/20%20Populatia%20si%20procesele%20demografice/?xid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774>

Starting from the purpose and objectives of GD 1182/2010, the records regarding the mortality of children under 5 years of age at home, as well as the maternal mortality at home, were also considered for this evaluation. In general, the records of the territorial guardianship authorities in the reporting period indicate a slight increase in the number of reports of suspected violence against children aged 0-5 years, including 878 reports in 2017, 986 - in 2018 and 937 - in 2019.<sup>30</sup> At the same time, during the period considered for evaluation, according to data presented by MHLSP, 55 children died at home under the age of 5 in 2017, 59 children in 2018 and 53 children in 2019. Of these, at least 45 children were under one year old in 2017, 44 children - in 2018 and 35 - in 2019.

The social profile of children who died at home under the age of 5 is represented in 30 cases in 2017 and 27 in 2018 by children from families at risk. Of them, at least 26 in 2017 and 23 in 2018 were up to 1 year old.

At the same time, it is noted that only 20 children under 5 years of age died at home, including 16 under the age of one year, in 2017, and 17, including 12 under the age of one year in 2018, are listed in the territorial structures of social assistance and the protection of the family as children from families at risk. Moreover, according to the records of the child protection authorities, in the last three years, there has been a slight fluctuation in the number of families with children under the age of 5 years at risk as follows:

- 4786 families with 5785 children under the age of 5 years, including 1561 children aged 0-12 months, in 2017;
- 4101 families with 5050 children under the age of 5 years, including 1387 children aged 0-12 months, in 2018, and
- 4680 families with 6741 children under the age of 5 years, including 1410 children aged 0-12 months, in 2019.

Annually, of these, at least 234 children were separated from their parents, including 49 up to one year old in 2017, 232 children, including 44 under one year old in 2018 and 218 children, including 55 under one year old - in 2019.

With the completion in 2016 of GD 1182/2010 with procedures to ensure intersectoral cooperation, including in the prevention of maternal mortality at home, the territorial authorities

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<sup>30</sup> Ibid., 23.

of social assistance and family protection keep records and provide assistance based on the needs of women of reproductive age (15- 49 years) at risk. Thus, according to these data, in 2017 there were registered a number of 16104 women of reproductive age at risk, in 2018 - at least 3413, and in 2019 - 2649 women of reproductive age.

All data used in this analysis were obtained either on request or from public sources. These (data) are also presented in the form of tables attached to this assessment. The purpose of this analysis was not to verify the correctness and logic of the data exposure, these being taken exactly as they were presented in the reference documents.

### 3.2. Records in the field of efficiency and effectiveness of intersectoral cooperation for child protection

In the process of evaluating the effectiveness and efficiency of the intersectoral cooperation mechanisms, it was analyzed **the extent to which they achieve their objectives as defined in the working documents, as well as how the authorities involved use their resources (funds, patrimony, people, etc.) to achieve the planned results.** Below are the findings on each aspect considered.

#### *a) The vision, mission and objectives of the evaluated mechanisms, their performance indicators: knowledge and applicability at each level and sector*

In the data collection process, most respondents spoke about the goals and objectives of the evaluated Mechanisms as they appear set out in the reference documents, without, however, explaining their essence or how they are considered at different levels.

Performance indicators are not set at any level, and in the interviews, there were usually mentioned the figures (cases) from the Annual Reports, not the planned indicators.

At sector level (social, education, health, rule of law), the transposition of the objectives of each Mechanism is done through instructions approved, usually by the Order of the Minister<sup>31</sup> which are brought to the attention of specialists, vertically, in training sessions, such as and by transmitting the document on paper (II2; II6). Sometimes the adoption of the regulatory framework for one mechanism or another is anticipated by testing processes, usually supported and facilitated by the vast majority of civil society organizations.

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<sup>31</sup> The GPI and MECR made all these Orders available to consultants

***b) The extent to which the mechanisms achieve their established performance objectives and targets***

Records indicating the performance monitoring processes of the evaluated mechanisms has not been identified: it is not clear whether the results obtained reach the planned results (targets). According to GD 270 / 2014, the territorial guardianship authority keeps records of all notifications. In this regard, at local level, there were identified at least two scenarios: 1) the record of notifications and their linear monitoring until their confirmation or refutation and 2) the record only of the notifications confirmed with their subsequent linear monitoring.

The education, internal affairs and health sectors have their own systems for monitoring notifications both horizontally and vertically. Data on these sectors are periodically published (separately or in other reports) on the websites of line ministries.

At local level, no local policy documents were identified to capitalize on the results of the application of GD 270 / 2014, nor GD 1182 / 2010, although, by sectors (health and education, home affairs), the statistics generated according to GD 270 / 2014 are used, at least, when setting priorities for continuous staff training (II2; II6).

***c) The extent to which the mechanisms contribute, by achieving the objectives, to supporting vulnerable children and their parents / carers in improving their situation and coping with the problems they face***

The main finding is that neither the GD 270 / 2014 nor the GD 1182 / 2010 are applied in all cases. The analysis of some cases of street children indicates a total lack of records to confirm the application, for example, of GD 270/2014. However, some actors consider that this Mechanism is "fully applicable" in the case of street children (II2). In the evaluation process it was not clear why children in street situations are not treated through the procedures provided for in GD 270/2014: it is a matter of administrative bureaucracy or a problem of capacity.

In addition to street children, at least two other groups of children identified in the interviews as "forgotten" or not considered by the evaluated mechanisms, are those in relation to whom parents refuse to exercise their parental obligations regarding parenting and care. These are - children who drop out of school and children whose parents have limited access to health care (II15; II9).

*d) The extent to which the implementation of the mechanisms has responded to changing external conditions and unplanned effects (both positive and negative) relevant to the planned results*

According to the Terms of Reference, the evaluation specifically focused on how the mechanisms were implemented during the SARS-CoV-2 pandemic. In the documentation process, respondents were asked to comment on the strategies used in the exercise of their duties in the changing environment and whether they were successful.

Thus, it was found that each system monitored their children in their own sector (education - those who did not go to online lessons; social workers were going home to visit / or contact by phone the families they had in surveillance before the pandemic; medical assistants and family doctors - were monitoring by phone children under the age of 1 year). Each system has developed models, some even anticipating directives from line ministries. For example, in one of the administrative territorial units was identified, on the education sector, a circular sent by the Directorate of Education to all educational institutions that were to deliver online lessons, reiterating the responsibility of teachers to observe any signs of violence and report them accordingly (II9), even before the ministerial circular.

Another example was quickly identified in the health sector, which was quickly implemented by family doctors for home monitoring of children under one year of age: telephone / online consultations, accompanied by pictures or small videos with children, which necessarily had to be undressed in order to be "examined" (II5). It should be noted that no directives or express instructions on the safe processing of this personal data / images have been identified. At the same time, within the trainings organized during that period with the assistance of the World Health Organization, the recommendation to family doctors was to monitor families at risk. The method of monitoring was left to the discretion of doctors, the only additional suggestion in such cases being proactive telephone contacts.

There were cases in the child protection sector when the parents, tested positive for SARS-CoV-2, were hospitalized, and the children were left at home under the remote supervision of the community social worker (II1; II8). In such cases, social workers provided telephone contact with children but also with neighbors, without making home visits, "because they were in quarantine like everyone else" (II1). Similarly, in the child protection sector, it was found that during the state of emergency some social services ceased their activity altogether,

and alternative care services, especially institutional ones, did not receive new children due to quarantine.

Most of the time, at community level, during the state of emergency, the main activity in the social field was limited to providing aid for families at risk and less - to monitor them.

*e) The extent to which the mechanisms contribute to the realization of children's rights within the child protection system*

In essence, the evaluated mechanisms are designed to protect the rights of all children, especially the most vulnerable. At the same time, some respondents stated that neither of the two mechanisms implemented today (GD 1182/2010 and GD 270/2014) ensures the consideration of all children: for example, not all reports of violence against children are registered, so the right to protection being violated; or intersectoral cooperation is not applied in all cases of school dropout, so the case remains unresolved and the child's right to education is limited. Also, it was identified at least one case of limiting the access to quality health services of a child under 5 years of age, the management of which is not the object of either the mechanism provided for in GD 1182/2010 or the one provided for in GD 270/2014 (II15).

In the process of analyzing these examples, it was found that often children from families with a good financial situation (III1), but who are victims of various forms of violence, are not always considered at risk even if in their case there is for example a neglect of parental obligations.

Additionally, it was researched the right to opinion of the children benefiting from the evaluated mechanisms. Although the UN Committee on the Rights of the Child mentions in the General Comment No. 12 (2009)<sup>32</sup> the obligation of the state to guarantee the right of the child to freely express his opinion, of the three mechanisms evaluated, only the one provided for in GD 270/2014 leaves it to the discretion of the authorities to consult the child only at the stage of reviewing the individual plan. The other mechanisms do not contain any provision in this regard. Moreover, complaints procedures that would ensure access for all children, especially the most vulnerable to redress under the assessed mechanisms, are apparently lacking.

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<sup>32</sup> UN Committee on the Rights of the Child (CRC), General Comment no. 12 (2009): The right of the child to be heard, 20 July 2009, CRC / C / GC / 12. Available at: <https://www.refworld.org/docid/4ae562c52.html>

*f) The efficiency with which the activities are conducted within the evaluated mechanisms (available resources and time constraints); Monitoring and evaluation mechanisms used by actors to ensure that their activities contribute to achieving the objectives provided by the evaluated mechanisms within the set deadlines*

Local actors (those on the front line) criticized on every occasion “the multitude of mechanisms, instructions, forms, etc. which they have to implement in the case management process on the grounds that these “take too much time”. Both actors at level I and II plan and dedicate time to carry out the activities found in the activity plans: for example, to complete the semi-annual or annual statistical reports, but not for the activities related to the attributions they have. At the same time, there have been identified examples where the Job descriptions expressly contain the provisions of the obligations indicated in the evaluated mechanisms.

According to the attributions provided by Law 140/2013, the local guardianship authority ensures the reception and registration of notifications regarding the violation of children's rights, notifies itself in case of identification of children at risk and coordinates the examination of notifications regarding the violation of children's rights (art. 6, paragraph 1, letters a), b)), and the territorial guardianship authority receives, registers and transmits, according to the competence, the notifications regarding the violation of children's rights and, within the limits of his attributions, provides support to the local guardianship authorities in the process of identifying, evaluating and assisting children at risk and children separated from their parents and participates in this process if necessary (art. 7, letters a), b)).

Thus, according to the MHLSP Information Note on the implementation of GD 270/2014, in 2019, there were registered by the guardianship authorities 4435 self-notifications and 3292 notifications of suspicions of violence (1263 cases), neglect (6257 cases), exploitation (254 cases) and trafficking (15 cases) in children, including 515 and 317 in children under 2 years of age, respectively (Table 5). The notifications in 2019 were referred in 646 cases by the education sector, in 2113 cases by the public order sector and in 533 cases by the medical and social sector. Following the assessments made by the guardianship authority, there were confirmed 2833 notifications (86%) and 4253 self-notifications (96%).

In the process of documenting this Report, at least three monitoring attempts (FG; II16) were identified, made starting with 2017, regarding the implementation of the mechanism provided for in GD 270/2014. The first such attempt was made by the Permanent Secretariat of

the National Council for Child Rights Protection in 2017 on data from 2016. Although the information has not been published, it provides a large volume of geographically segregated data (by districts, localities / municipalities), by sectors (social, education, public order, health), as well as data on suspicions, but also confirmed cases on each type of violence, abuse, exploitation and trafficking. The next two annual monitoring exercises (2018 and 2019) were conducted by the MHLSP.

At the same time, in the process of collecting data for this Report, especially locally, it was often mentioned about different formats of annual monitoring tools of GD 270/2014, but also periods with lack of reporting (II14; II2; II6).

Thus, monitoring the implementation of GD 270/2014 remains another challenge for the child protection system. Although, records can be identified both for each sector and at the level of the guardianship authority, however, a unique system of sectoral and intersectoral monitoring of the implementation of GD 270/2014 is still absent and as a result, the existing data (records) are different and difficult to analyze<sup>33</sup>.

***g) Ensuring partnerships and adequate coordination with other stakeholders working in the field of child protection in order to obtain synergies and avoid overlaps in the process of implementing the evaluated mechanisms***

Coordination within the (health, social, public order) sector is usually carried out according to the standards / procedures applicable to the sector. Coordination between sectors is achieved, including in several multidisciplinary commissions / teams in which the members are the same actors, and the objectives of the respective entities - vague or the same.

In the evaluation process, there were identified examples of interaction between the three intersectoral mechanisms concerned, as well as challenges. Based on the realities found, the interaction between the Mechanism provided for in GD 1182/2010 and the one provided for in GD 270/2014 was mainly considered, given that the Mechanism provided for in GD 143/2018 is not yet implemented, but also very little known.

The reference of situations / cases for interventions or assistance between sectors (health, social assistance, education, public order) is a common exercise, although not always applied

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<sup>33</sup> Toarta, V., Simboteanu, D., NCCAP 2019. Analytical note on intersectoral cooperation in the field of identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking for the years 2017-2018

(II1; II5; II14). At the same time, if a case comes to the attention of the community social worker, then it will certainly be considered for any type of intervention, regardless of who reported the case and what the problem is (II14; II18; II5). However, apparently there are cases identified through the Mechanism provided for in GD 1182/2010 about which the territorial guardianship authority finds out only during the elaboration of the Annual Report on the respective mechanism (II14; II16; II19).

The interaction profile of the evaluated mechanisms was difficult to identify. However, in some districts, evaluators were presented with examples of intersectoral interventions in which several systems, through different mechanisms, intervened to solve the same case. Although such examples are valuable in themselves and can serve as promising practices, they need to be evaluated separately.

In general, there was also a difficulty in defining what is meant by the interaction / cooperation between the evaluated mechanisms or at the level of the evaluated mechanisms.

***h) Unit cost / child for different activities provided within the evaluated mechanisms; The level of cost-effectiveness of the evaluated mechanisms***

Although the three evaluated mechanisms come with exact processes and attributions (some even new) for a number of specialists, according to the (public) information notes on the draft GDs for the adoption of those mechanisms, it was considered that their implementation does not require additional expenditures from the state budget.

Both management-level respondents and on-site specialists mentioned that “they have never heard that these mechanisms have budgets”, but that “it would be good because, for example, sometimes, just to gather the multidisciplinary team or to do an evaluation in a locality, you must have something to move with ”(II10; II14). Additionally, at least one specialist mentioned that the discussion made him “think about the labour cost of the people (specialists) involved in these processes (mechanisms)” and the need, at least, “to ensure that all the duties and obligations of each specialist be entered in the Job descriptions”. This is to ensure on the one hand the obligation to exercise the attributions by a concrete specialist, and on the other hand - the estimation of the working time necessary to be dedicated by the respective specialist to the fulfillment of these attributions.

From a theoretical point of view, efficiency is defined as the ratio between the results obtained (goods, services) and the resources used to produce them (time of specialists, allowances). Although, a series of statistical data on the results of the implementation of the evaluated mechanisms were requested (from all districts), they were either not delivered or were delivered segmented (for example, statistics on GD 270/2014 on the education sector, or statistics on GD 1182/2010 on the social sector). Thus, attempts to measure the efficiency, at least at the level of the administrative territorial unit of the mechanisms, have not been successful. In addition, it is mentioned that, in the interviews with various specialists, several of them were not able to clearly delimit the attributions they have in relation to one mechanism or another, nor to estimate the time necessary for their execution.

The main challenge in assessing the efficiency and effectiveness at the level of each administrative territorial units remains the existence of an organized process of data collection on each mechanism, as well as their accuracy.

## Chapter V. Conclusions and recommendations

In the data collection process, all respondents were invited to give an appreciation to the intersectoral cooperation, in general, or on a specific mechanism, but also to propose what would they change in the evaluated mechanisms. Thus, these conclusions and recommendations are largely the common product of the participants in the evaluation.

- 1) The intersectoral cooperation mechanisms addressed in this evaluation are implemented in part or not at all:
  - a. the GD 143/2018 is not implemented and therefore an assessment of its efficiency cannot be given; The three (observation, evaluation and planning) sheets for the operationalization of intersectoral cooperation procedures in the primary prevention of child welfare risks are not yet approved as indicated in the GD (by Joint Order of the MHLSP and MECR);
  - b. the GD 1182/2010 considers a segment of beneficiaries to be extremely vulnerable (children under the age of 5 years and women of reproductive age (15-49 years) at risk) which it addresses from the perspective of the prevention of violence, neglect and the protection of children, however, a coordination or synchronization with the procedures provided for in GD 270/2010, which concerns all children, is missing;
  - c. the GD 270/2014, although best known and most often applied, considered all-encompassing from the perspective of addressing child protection issues, however, does not provide protection for all children at risk (for example street children, children dropping out of school, etc.) victims or potential victims of violence, and local authorities still have difficulties in implementing it; At the time of preparation of this Report, the Guide for the practical application of the intersectoral cooperation mechanism and the Methodology for psychological evaluation and elaboration of the Report for psychological evaluation of child victims are not yet approved, as indicated in the GD;
- 2) The results of the intersectoral cooperation mechanisms evaluated here are not fully exploited either at local or national level;
- 3) The monitoring and evaluation systems of the intersectoral cooperation mechanisms at local and national level are still underdeveloped; Some sectors, such as education or the rule of law, monitor their own indicators and make the data public on a regular basis;

- 4) Specialists from different levels use phrases such as “cooperation / collaboration / intersectoral / interinstitutional / multisectoral / multidimensional”, but few of them can explain their significance in practice - at the level of concrete activity;
- 5) The evaluated mechanisms overlap at different stages of the procedures, in particular in the case of the same beneficiary; Frontline specialists (those at the community level) are usually targeted by all mechanisms without distinguishing between them;
- 6) Existing training programs on evaluated mechanisms are largely based on the support provided by civil society organizations and only partially cover needs. Particularly appreciated are the training experiences that have, just like the evaluated mechanisms, the multidisciplinary and intersectoral perspective, as well as the experience exchange visits, but also those in which the trainers are colleagues - practitioners;
- 7) The expectations from the education, health, rule of law sectors regarding the activity of the community social worker are high and not always relevant in relation to his attributions; The employment of the child protection specialist at local level is expected by all actors of the intersectoral cooperation mechanisms, although, there is a lack of clarity on his responsibilities in relation to the responsibilities of the community social worker;
- 8) Specialists at the local level have high expectations from the implementation of Law 299/2018; The intersectoral cooperation mechanism provided in the Law is missing, although it has been in force since 01.01.2020;
- 9) The evaluated mechanisms have a certain degree of flexibility and are considered all-encompassing, however, in exceptional circumstances (for example in the situation caused by the SARS-CoV-2 pandemic) they are not applied or are partially applied;
- 10) Procedures for filing available and child-friendly complaints under the intersectoral cooperation mechanisms are lacking; The most vulnerable children have a limited right to an opinion;
- 11) Intersectoral cooperation mechanisms are not cost-effective, although they assign processes and responsibilities (some even new) to a number of specialists.

In view of all the above findings, the main recommendations are the following:

- 1) Reconceptualization of the Mechanisms meant to prevent and intervene in cases of violence and abuse in order to prevent possible duplication by sectors but also intersectorally; Clear delimitation of the limits of intervention on each mechanism separately for each actor with attributions within these mechanisms;
- 2) Elaboration and urgent adoption of all documents necessary for the proper functioning of the evaluated mechanisms, including Guides, Manuals, Methodologies, etc. provided for in GD 270/2014 and GD 143/2018; Elaboration and immediate adoption of the intersectoral cooperation mechanism provided for in Law 299/2018;
- 3) Strict monitoring by the central public authorities and observance of the deadlines assumed in the GD and Laws, thus ensuring the full and efficient implementation of their objectives;
- 4) Establishment of unified intersectoral mechanisms for monitoring the implementation of GD 1182/2010, GD 270/2014, GD 143/2018 and periodical publication of data to be used for the development of intersectoral child protection programs at local and national level;
- 5) Periodical evaluation of the impact of the implementation of GD 1182/2010, GD 270/2014, GD 143/2018 and their revision whenever necessary to prevent possible omissions, in particular, related to the most vulnerable groups, but also duplications;
- 6) The development by line ministries of training programs, including ongoing and on-the-job training for all actors of intersectoral cooperation mechanisms that consider a single country-wide approach to each mechanism addressed; Ensuring the coverage with training services of all districts equally;
- 7) Employing in each town hall a child protection specialist with a clear delimitation of his attributions in relation to those of the community social worker;
- 8) Development of contingency plans and notes / methodological guides for the implementation of intersectoral cooperation mechanisms in crisis situations;
- 9) The establishment and proactive promotion of complaints procedures at all levels and the provision of access to them for all children, especially the most vulnerable;
- 10) Insurance by the Central Public Authorities of the calculations of the implementation costs for any normative or policy document; Appropriate estimation and planning of the costs of implementing the intersectoral mechanisms assessed here.

Table 1. Annual fluctuation of the number of children at risk

	2017	2018		2019	
At the beginning of the year (total in records), inclusive	<b>7471</b>	<b>7996</b>		<b>10318</b>	
0-2 years	n/a		398		904
with disabilities	n/a		136		222
Taken on record in the reporting year (new cases), inclusive	<b>3743</b>	<b>7480</b>		<b>8005</b>	
0-2 years	n/a		888		876
with disabilities	n/a		199		219
Removed from the record in the reporting year, inclusive	<b>3631</b>	<b>5131</b>		<b>7370</b>	
0-2 years	n/a		309		752
with disabilities	n/a		116		203
At the end of the reporting year (total in records), inclusive	<b>7583</b>	<b>10345</b>		<b>10953</b>	
0-2 years	n/a		977		1028
with disabilities	n/a		219		238

Source: Ministry of Health, Labour and Social Protection. Annual statistical reports CER103 for the years 2017, 2018, 2019<sup>34</sup>

Table 2. Children at risk (new cases)

	2017	2018		2019	
<b>Total</b>	<b>3743</b>	<b>7480</b>		<b>8005</b>	
<i>Of them,</i>					
- Children subjected to violence	714	1057		987	
0-2 years	n/a		68		60
with disabilities	n/a		24		5
- Neglected children	2241	5569		6243	
0-2 years	n/a		763		776
with disabilities	n/a		161		177
- Children who practice vagrancy, begging, prostitution	69	99		92	
0-2 years	n/a		1		0
with disabilities	n/a		2		2
- Children without parental care and supervision due to their absence from home for unknown reasons	197	242		210	
0-2 years	n/a		21		11
with disabilities	n/a		3		10
- Both parents (the only parent) died	223	243		224	
0-2 years	n/a		2		6
with disabilities	n/a		2		10
- Children living on the street have run away or been evicted from their homes	33	42		16	
0-2 years	n/a		0		1
with disabilities	n/a		3		0
- Both parents (the only parent) refuse to fulfill their parental obligations regarding the upbringing and care of the child	216	185		137	
0-2 years	n/a		26		12
with disabilities			4		14
- Children abandoned by their parents	33	31		51	
0-2 years	n/a		7		10
with disabilities	n/a		0		0
- With regard to the child's parents (sole parent), there is established a measure of judicial protection (provisional protection, guardianship or trusteeship)	17	12		20	
0-2 years	n/a		0		0
with disabilities	n/a		0		1
- Children victims of crime, including trafficking / exploitation	n/a	n/a		25/6/3	

<sup>34</sup> Available at <https://msmps.gov.md/informatie-de-interes-public/rapoarte/rapoarte-anuale/>

0-2 years	n/a		n/a		0/0/0	
with disabilities	n/a		n/a			0/0/0

Source: Ministry of Health, Labour and Social Protection. Annual statistical reports CER103 for the years 2017, 2018, 2019<sup>35</sup>

**Table 3. Reasons why children at risk are removed annually from the records**

	2017	2018		2019	
<b>Total</b>	<b>3631</b>	<b>5131</b>		<b>7370</b>	
inclusive					
1. Maintained in the family / resolved case	2351	3070		5184	
2. Separated from family and placed in a social service	492	620		523	
3. He/she has reached the age of majority	319	495		377	
4. Others	469	946		1286	
inclusive					
0-2 years	n/a		309		752
with disabilities	n/a		116		203
<b>Of them,</b>					
- Children subjected to violence	721	740		1166	
0-2 years	n/a		32		94
with disabilities	n/a		3		11
- Neglected children	2087	3310		5386	
0-2 years	n/a		212		635
with disabilities	n/a		110		163
- Children who practice vagrancy, begging, prostitution	121	82		106	
0-2 years	n/a		0		0
with disabilities	n/a		0		9
- Children without parental care and supervision due to their absence from home for unknown reasons	112	274		230	
0-2 years	n/a		17		9
with disabilities	n/a		0		0
- Both parents (the only parent) died	209	350		242	
0-2 years	n/a		10		3
with disabilities	n/a		1		4
- Children living on the street have run away or been evicted from their homes	45	31		27	
0-2 years	n/a		0		1
with disabilities	n/a		0		6
- Both parents (the only parent) refuse to fulfill their parental obligations regarding the upbringing and care of the child	299	270		158	
0-2 years	n/a		29		6
with disabilities			1		10
- Children abandoned by their parents	26	50		37	
0-2 years	n/a		9		4
with disabilities	n/a		0		0
- With regard to the child's parents (sole parent), there is established a measure of judicial protection (provisional protection, guardianship or trusteeship)	11	24		9	
0-2 years	n/a		0		0
with disabilities	n/a		1		0
- Children victims of crime, including trafficking / exploitation	n/a	n/a		9/7/0	
0-2 years	n/a		n/a		0/0/0
with disabilities	n/a		n/a		0/0/0

Source: Ministry of Health, Labour and Social Protection. Annual statistical reports CER103 for the years 2017, 2018, 2019<sup>36</sup>

<sup>35</sup> Available at <https://msmps.gov.md/informatie-de-interes-public/rapoarte/rapoarte-anuale/>

<sup>36</sup> Available at <https://msmps.gov.md/informatie-de-interes-public/rapoarte/rapoarte-anuale/>

**Table 4. Children separated from their parents (new cases)**

	2017				2018				2019			
<b>Total</b>	<b>12749</b>				<b>19768</b>				<b>15403</b>			
inclusive												
0-2 years		626				1409				1184		
<i>Of them, on causes</i>												
(1) Both parents (the only parent) went abroad, inclusive	11215				18095				13897			
0-2 years		474				1294				1010		
(2) Children whom was established the status of children temporarily left without parental care, inclusive	481				518				599			
0-2 years		44			60	763				82		
with disabilities			n/a				n/a				7	
(3) Children whom was established the status of children left without parental care, inclusive	690				771				551			
0-2 years		52				48				48		
with disabilities			n/a				n/a				5	
<i>Of them, on causes</i>												
(3.1) the parents died				292				370				155
(3.2) the parents have been deprived of their parental rights				381				382				380
(3.3) their parents abandoned them				7				3				5
(3.4) others				10				16				11
(4) Children taken from their parents because of the imminent danger to their life or health	363				384				356			
0-2 years		81				65				63		
with disabilities			n/a				6				5	

Source: Ministry of Health, Labour and Social Protection. Annual statistical reports CER103 for the years 2017, 2018, 2019<sup>37</sup>

**Table 5. Data on the implementation of GD 270 / 2014 in 2019**

Profile		Notifications	Self-notifications
		including from - educational institutions 646 - public order institutions 2113 - healthcare institutions 533	
Residence environment	Urban	1843	1443
	Rural	1453	2822
Gender profile	Girls	1454	2226
	Boys	1840	2039
Age groups	0-2 years	317	515
	3-6 years	699	1087
	7-17 years	2278	2663
<b>Total, including on the grounds of</b>		<b>3292</b>	<b>4435</b>
Violence, inclusive		1263	
<i>physical</i>		792	
<i>sexual</i>		56	
<i>psychological</i>		368	
<i>spiritual</i>		15	
<i>economic</i>		32	
Neglect		6251	
Labour exploitation		254	

<sup>37</sup> Available at <https://msmps.gov.md/informatie-de-interes-public/rapoarte/rapoarte-anuale/>

	Victims of trafficking	2
	Alleged victims of trafficking	13
<b>Totally confirmed, inclusive</b>		<b>2833</b>
		<b>4253</b>

Source: Ministry of Health, Labour and Social Protection. Data provided on request

**Table 6. Suspected cases of violence reported by education employees**

	2013	2014	2015	2016	2017	2018	2019
Physical violence	3026	6413	5498	5498	4666	4387	4529
Emotional violence	1940	3854	2837	2523	2417	2514	2562
Neglect	1164	2786	2373	2478	2502	2251	2669
Labor exploitation	281	411	176	231	120	108	105
Sexual abuse	61	56	49	52	41	57	43

Source: Ministry of Education, Culture and Research. Statistical reports on violence prevention <sup>38</sup>

**Table 7. Education system: Management of suspected cases of abuse**

	2013	2014	2015	2016	2017	2018	2019
Cases examined in the educational institution	9451	12523	9352	9129	8149	7758	8220
Referred cases	595	1002	1586	1656	1755	1559	1688

Source: Ministry of Education, Culture and Research. Statistical reports on violence prevention <sup>39</sup>

<sup>38</sup> Available at <https://mecc.gov.md/ro/content/prevenirea-si-combaterea-violentei>

<sup>39</sup> Available at <https://mecc.gov.md/ro/content/prevenirea-si-combaterea-violentei>

## Actors mapping

	Actors (institutional and professional)	GD 1182/2010	GD 270/2014	GD 143/2018
1	The specialist in the protection of children's rights within the town hall/ Community social worker / Case manager	Pt. 24	Pt. 8, 25, 26, 28, 30, 33, 37	
2	Director / manager of residential institutions		Pt. 39,44, 61, 62, 63	
3	The assistant of the family doctor within the Public Healthcare Institution	Pt. 23		Pt. 4, 9, 10, 11, 12
4	Family doctor	Pt. 21, 22		Pt. 13, 14
5	The main specialist in maternal and child health care / Deputy director in maternal and child health care within the territorial medical association / Deputy medical director of the municipal hospital	Pt. 18		
6	Director of public universal healthcare institutions that provide primary health care			Pt. 8
7	The head of healthcare institutions		Pt. 39, 42, 52, 53, 56, 58	
8	The worker of healthcare institutions		Pt. 6, 34, 35, 51	
9	Class master within the preschool education institution / group educator within the educational institution			Pt. 4, 9, 10, 11, 12
10	The worker of the educational institution		Pt. 6, 34, 35, 59, 60	
11	The methodologist of the preschool institution			Pt. 13, 14
12	ANET coordinator from the educational institution		Pt. 6, 34, 35, 64	Pt. 13, 14
13	Deputy director of the educational institution			Pt. 13, 14
14	Director / manager of educational institutions		Pt. 39, 44, 61, 62, 63	Pt. 8, 13, 14
15	Police officers		Pt. 6, 18, 21, 34, 35, 45, 46, 49, 50	
16	The head of the law enforcement bodies		Pt. 39	
17	Territorial structure of social assistance	Pt. 20		
18	Health center / family doctors center / territorial medical association / Advisory section of the district hospital / municipal hospital	Pt. 18		
19	Healthcare institutions		Pt. 2, 3, 41	
20	Preschool, primary, secondary, artistic and sports institutions, secondary specialized institutions, residential institutions of any type		Pt. 2, 3, 43	
21	Secondary and tertiary level medical institution (republican, district / municipal hospitals, including maternity hospitals)	Pt. 19		
22	District / municipal / local council for the protection of children's rights	Pt. 17		
23	District / municipal / local council	Pt. 15, 16		
24	Territorial Guardianship Authority		Pt. 2, 3, 40	
25	Local Guardianship Authority		Pt. 2, 3, 7, 11, 14-18, 20, 22, 27, 36, 40	
26	Local public administration authorities		Pt. 2, 3	
27	National Commission on Population and Development	Pt. 14		
28	Ministry of Health, Labour and Social Protection	Pt. 11, 12, 13	Pt. 2, 4	
29	Ministry of Internal Affairs		Pt. 2, 4	
30	Ministry of Education, Culture and Research		Pt. 2, 4	

## Evaluation methodology

### 1.1.Introduction

The methodology addresses the conditions of the Competition published by the People's Advocate Office for Children's Rights <http://ombudsman.md/news/invitatie-nvitatie-de-participare-la-concursul/?fbclid=IwAR0skwrsnRCc31xTCiNSUT5zN1cXkiWDIQ2ND-icnd17ppwByRDWw3cyE64> which aimed to carry out an independent evaluation of the efficiency and effectiveness of the intersectoral cooperation mechanisms in the field of child rights protection, including

- the intersectoral collaboration mechanism in the medical and social field in order to prevent and reduce the maternal, infant and child mortality rate up to 5 years old at home (GD no. 1182 of 22.12.2010);<sup>40</sup>);
- the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking (GD no. 270/2014);<sup>41</sup>);
- intersectoral cooperation for the primary prevention of child welfare risks (GD no. 143/2018).<sup>42</sup>).

The initiative is part of the commitments made by the People's Advocate Office in the Action Plan for 2020 and the Agreement concluded by it with UNICEF.

The evaluation aims to contribute to the improvement of the situation in the field of children's rights in the Republic of Moldova.

### 1.2.Specific objectives of the evaluation:

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<sup>40</sup> Government of the Republic of Moldova, GD no. 1182 of 22.12.2010 for the approval of the Regulation on the intersectoral collaboration mechanism in the medical and social field in order to prevent and reduce the maternal, infant and child mortality rate up to 5 years old at home. Available at: [https://www.legis.md/cautare/getResults?doc\\_id=103311&lang=ro#](https://www.legis.md/cautare/getResults?doc_id=103311&lang=ro#)

<sup>41</sup> Government of the Republic of Moldova, GD no. 270 of 08.04.2014 on the approval of the Instructions on the intersectoral cooperation mechanism for the identification, assessment, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking. Available at: [https://www.legis.md/cautare/getResults?doc\\_id=18619&lang=ro](https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro)

<sup>42</sup> Government of the Republic of Moldova, GD no. 143 of 12.02.2018 for the approval of the Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks. Available at: [https://www.legis.md/cautare/getResults?doc\\_id=102076&lang=ro](https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro)

- a) analysis of the regulatory and conceptual framework of intersectoral cooperation mechanisms in the field of child protection from a national and international perspective;
- b) analysis of the interaction of intersectoral cooperation mechanisms at different stages of the procedure;
- c) identification of the (institutional and professional) de facto involved actors and their roles in the intersectoral cooperation mechanisms in the field of child rights protection (medical workers, social workers, mayors, teachers, police officers, etc.): challenges, solutions, etc .;
- d) analysis of the extent to which the resources / inputs (funds, expertise, time, etc.) of the evaluated mechanisms are converted into results, and their objectives are achieved, taking into account their relative importance.

Particular attention will be paid to the reflection of procedures for filing complaints by children within the mechanisms subject to evaluation.

The process will consider the UN Convention on the Rights of the Child, with increased attention to the degree of respect<sup>43</sup> for the right to health (art. 24), the right to life (art. 6), the right to education (art. 28), the right to healthcare (art. 24), the right to family (art. 9, 18), the right to opinion (art. 12), the right to defence (art. 40), the right to protection against abuse and violence (art. 19), the right to physical and psychological recovery and social reintegration of child victims of violence (art. 39). In addition, the CoE Convention for the Protection of Children against Sexual Exploitation and Sexual Abuse<sup>44</sup> (Lanzarote, 25.10.2007) and the Convention on the Rights of Persons with Disabilities will be considered.<sup>45</sup>

Given all the limitations of such an assessment, the process will also consider a possible identification of positive practices of intersectoral cooperation in the field of child protection.

### **1.3.Evaluation questions:**

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<sup>43</sup> UN Committee on the Rights of the Child, 29.09.2017. Concluding remarks on the fourth and fifth combined periodical report of the Republic of Moldova. Available (English, Romanian and Russian) at <https://www.unicef.org/moldova/rapoarte/observa%C5%A3ii-finale-cu-privire-la-raportul-periodic-combinat-al-patrulea-%C5%9Fi-al-cincilea>

<sup>44</sup> Council of Europe, Convention for the Protection of Children against Sexual Exploitation and Sexual Abuse, Lanzarote, 25.10.2007. Available at: <https://rm.coe.int/conventia-lanzarote-brosura-ro/16809508ee>

<sup>45</sup> UN General Assembly, Resolution A / RES / 61/106 of 24.01.2007, Convention on the Rights of Persons with Disabilities. Available at: [https://www.legis.md/cautare/getResults?doc\\_id=117839&lang=ro](https://www.legis.md/cautare/getResults?doc_id=117839&lang=ro)

***Effectiveness of intersectoral cooperation mechanisms in the field of child rights protection: the extent to which the mechanisms achieve their objectives as defined in the working documents***

IE1: What are the vision, mission and objectives of the mechanisms considered? What about their performance indicators?

IE2: To what extent do the mechanisms achieve their established performance objectives and targets?

IE3: To what extent do the mechanisms contribute, by achieving the objectives, to supporting vulnerable children (including, but not limited to, Moldovan children identified at risk outside the Republic of Moldova, foreign children identified at risk in the Republic of Moldova, unaccompanied children, street children, children from the Transnistrian region of the Republic of Moldova, etc.) and of their parents / caregivers in improving their situation and facing challenges?

IE4: To what extent and how has the implementation of the mechanisms responded to changing external conditions and unplanned effects (both positive and negative) relevant to the planned results? What strategies are used to take into account the changing environment? Are these strategies successful?

IE5: To what extent do the mechanisms contribute to the realization of children's rights in the child protection system?

***Efficiency of intersectoral cooperation mechanisms in the field of child rights protection: the measure of how the authorities involved use their resources (funds, patrimony, expertise, etc.) to achieve the planned results by implementing the evaluated mechanisms.***

IE6: How effectively are the activities carried out under the evaluated mechanisms conducted taking into account the available resources and time constraints? What monitoring and evaluation mechanisms do actors use to ensure that their activities contribute to achieving the objectives provided by the evaluated mechanisms within the set deadlines?

IE7: To what extent has the management of the competent authorities ensured appropriate partnerships and coordination with other stakeholders working in the field of child protection in order to achieve synergies and avoid overlaps in the process of implementing the evaluated mechanisms?

IE8: What is the unit cost / child for different activities provided under the evaluated mechanisms?

IE9: What is the level of cost-effectiveness of the evaluated mechanisms?

### ***Others***

IE10: How / and if are the international standards in the field of reference reflected in the national and local normative framework?

IE11: Which actors (institutional and professional) are de facto involved and what roles do they have in the intersectoral cooperation mechanisms in the field of child protection (medical workers, social workers, mayors, teachers, police officers, etc.)

## **1.4.Methodology**

The evaluation will consider a process of collecting quantitative and qualitative data, available on each mechanism at national and local level. In order to materialize the practical applicability of the evaluated mechanisms, there will be analyzed the experiences of Chisinau and Balti municipalities, as well as 6 districts, including at least two - located on the right bank of the Dniester and providing support to children and families in the left bank of the Dniester.

Data will be collected through 1) office documentation, 2) online survey, 3) in-depth interviews, 5) case studies

### ***Office documentation***

Collection of secondary data from official documents (Reports, statistical data, etc.), general scientific papers, published articles, etc., as well as from specific studies, including previous evaluations.

### ***Surveys / questionnaires (online)***

At least 160 online questionnaires will be applied in order to collect detailed and specific information from a defined group of people (professionals) / institutions (public and private).

### ***Interviews***

At least 20 in-depth interviews (with district vice-presidents, social managers; with finance managers at the level of district / municipal authorities; with child protection specialists within D / SASPF; with practitioners involved in implementing the provisions of at least one of the three

mechanisms evaluated, etc.) will be organized remotely to obtain detailed data on the implementation of the mechanisms evaluated at the local level.

### ***Case studies***

Examination of some specific cases or situations, through which will be elucidated information about the intersectoral cooperation mechanisms in the field of child protection as a whole or their elements at local level. The selection of case studies is to be decided near the end of the data collection stage.

## **1.5.Implementation stages**

The implementation of the evaluation objectives will be implemented in *3 consecutive stages*: 1) preparation stage; 2) data collection stage; 3) analysis stage.

### ***Preparation stage***

During this stage, all relevant normative acts, studies, previously conducted research, available statistical data, as well as related documents (if any) will be analyzed. The information collected will be used to: develop tools for data collection; finalizing the list of subjects considered for interviews, discussions, etc. The relevance of this evaluation and other intersectoral cooperation mechanisms (for example the national victim referral system and potential victims of trafficking) will also be determined at this stage.

Products delivered at the end of this stage (April 1, 2020):

- Detailed working plan with estimated chronology
- Methodology and tools
- Structure of the Thematic Evaluation Report
- Initial bibliography

### ***Data collection stage***

During this stage all the data will be collected according to the methodology and with the application of the set tools. The full involvement of the Office of the Ombudsman in facilitating the data collection process is necessary: the transmission of official letters; coordination (if necessary) of interviews, FG, etc.

Products delivered at the end of this stage (April 20, 2020):

- List of interviewees and transcripts of interviews, FG discussions;
- Preliminary version of the Thematic Evaluation Report.

### *Analysis stage*

All information collected will be analyzed and compiled in the Thematic Report. For the conformity of the findings / observations, there will be used the results of the transcripts of the interviews and group discussions, etc. The draft thematic report, together with the conclusions and recommendations, will be consulted with the Ombudsman's Office team, as appropriate by UNICEF, and adjusted accordingly. The document will also be consulted with the public authorities that provided the primary information. Based on the recommendations and proposals received after the consultations, the evaluation report will be finalized.

Products delivered at the end of this stage (May 18, 2020):

- The final thematic evaluation report with findings, conclusions and recommendations;
- Short presentation of the Report in PowerPoint format or another decided by the evaluators.

*Note: The deadlines will be reviewed according to the evolution of the SARS-CoV-2 situation in the country. Given this challenge, data collection methods that require interpersonal contact are excluded from the methodology.*

## Interviews

	<i>Date</i>	<i>No. of people</i>	<i>Sector</i>	<i>Interview code</i>
1.	11.06.2020	1	LPA	<b>II1</b>
2.	11.06.2020	1	CPA	<b>II2</b>
3.	12.06.2020	1	Health	<b>II3</b>
4.	12.06.2020	1	Education	<b>II4</b>
5.	15.06.2020	1	Health	<b>II5</b>
6.	15.06.2020	2	CPA	<b>II6</b>
7.	15.06.2020	1	LPA	<b>II7</b>
8.	16.06.2020	1	Social	<b>II8</b>
9.	17.06.2020	1	Education	<b>II9</b>
10.	17.06.2020	2	Social	<b>II10</b>
11.	18.06.2020	1	Education	<b>II11</b>
12.	19.06.2020	1	Social	<b>II12</b>
13.	19.06.2020	1	Education	<b>II13</b>
14.	19.06.2020	1	Social	<b>II14</b>
15.	13.07.2020	8	Focus group civil society	<b>FG</b>
16.	26.06.2020	1	Social	<b>II15</b>
17.	07.08.2020	1	CPA	<b>II16</b>
18.	17.08.2020	1	Health	<b>II17</b>
19.	19.08.2020	1	LPA	<b>II18</b>
20.	25.08.2020	2	CPA	<b>II19</b>
21.	26.08.2020	1	Police	<b>II20</b>
22.	26.08.2020	1	Police	<b>II21</b>
23.	26.08.2020	1	CSO	<b>II22</b>