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Situation Analysis of Early Childhood Interventions (ECI) in the Republic of Moldova

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Maestral.

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- Mr. Alexandru Gasnaș, State Secretary of the Ministry of Health
- Ms. Tatiana Zatîc, Chief of Department on Policy for primary and community medical care, Ministry of Health
- Mr. Ion Dodon, Director of the National Health Insurance Company

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The findings, interpretations and conclusions expressed in this report are those of the authors and do not necessarily reflect the policies or views of UNICEF or the United Nations.

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Abbreviations

AOPD	Alliance of Organisations of People with Disabilities
ASD	Autism Spectrum Disorder
HC	Health Centre
CDMG	Child Development Monitoring Guidelines
CDO	Child Development Offices
COVID	Coronavirus Disease
CNPAC	National Child Abuse Prevention Centre
CRC	UN Convention on the Rights of the Child
CRPD	UN Convention on the Rights of Persons with Disabilities
CRRC	Republican Rehabilitation Centre for Children
CTWWC	Changing The Way We Care
EASPD	European Association of Service Providers for Persons with Disabilities
ECD	Early Childhood Development
ECE	Early Childhood Education
ECI	Early Childhood Intervention
EU	European Union
F	Female
FGD	Focus Group Discussion
GDPR	General Data Protection Regulation
ICF	International Classification of Functioning, Disability and Health
IMC	Institute of Mother and Child
KII	Key Informant Interview
LPA	Local Public Authority
M	Male
MER	Ministry of Education and Research
MoH	Ministry of Health
MHIF	Mandatory Health Insurance Fund (FAOAM in Romanian)
MLSP	Ministry of Labour and Social Protection
MLSP	Ministry of Labour and Social Protection
NAPH	National Agency for Public Health
NBS	National Bureau of Statistics
NCDWAA	National Council for Disability and Work Ability Assessment

NHIC	National Health Insurance Company
NIECI	National Institute for Early Childhood Intervention (Voinicel)
NGO	Non-Governmental Organization
PHC	Primary Health Care
PHI	Public Health Institution
RCPA	Republican Centre for Psycho-Pedagogical Assistance
SitAn	Situation Analysis
SUMF	State University of Medicine and Pharmacy "Nicolae Testemitanu"
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

I. Executive Summary

Introduction

This present *Situation Analysis (SitAn) of Early Childhood Intervention in the Republic of Moldova* describes the early childhood intervention (ECI) system, its programmes and services in the Republic of Moldova. The report provides evidence on national strengths and capacities, salient needs, and opportunities to establish and further support contemporary and sustainable programmes of ECI for children aged 0-3 years with developmental difficulties.

Maestral International ("Maestral") was contracted by UNICEF Moldova for the project to support the development of a SitAn of Early Childhood Intervention (ECI) in the Republic of Moldova. The Maestral research team undertook this assignment in close consultation with UNICEF's Health Section, their Ministry of Health (MoH) counterparts and a Reference Group established for the purpose of overseeing the design and implementation of this SitAn, comprised of relevant representatives of UNICEF, the MoH and other key ECI stakeholders.

An iterative mixed methods approach was used to conduct the ECI SitAn, including secondary data analysis as well as primary quantitative and qualitative data collection and analysis. The key research questions were collaboratively determined during the inception phase, with UNICEF and the Reference Group.

ECI refers to a range of services and support programmes designed to promote the healthy development and well-being of young children who may be at risk for developmental difficulties. ECI typically focuses on children's earliest years, 0-3 years, because this is a critical period when a child's brain is rapidly developing and forming the foundation for future learning and behaviour. ECI services are based on a "social model" that intricately weaves together a variety of sectors, fostering seamless integration and the convergence of transdisciplinary or interdisciplinary services and engagements. Effective services and activities are defined within every ECI institution and the overarching national ECI structure. With a core focus on families, they are purposefully tailored to provide comprehensive assistance to families with infants and young children, from birth to 3 years old, and sometimes extending to 6 years.

Key findings

This ECI SitAn shows that seven years after the regulation of early intervention services in the Republic of Moldova, notable progress has been made in terms of the development and expansion of ECI services across the country. While Government, NGOs and the donor community have worked closely together to realize this progress, NGOs and donors have been the main driving force. However, under international human rights law, States, as the principal duty bearers, are accountable for respecting, protecting and fulfilling children's rights within their territories. Short-sighted policymaking that fails to take children into account has a negative impact on the future growth and development of Moldavian society. Whilst parents are now expressing more confidence in NGO ECI providers, a balanced investment in expansion of government services can mitigate the risk of system depreciation should supplementary donor funding decline. Continued support for government leadership is critical, in setting standards, ensuring - as the principal duty bearer - basic ECI services, and supporting and providing oversight of the ECI system, including human and financial resources, monitoring and evaluation.

In Moldova, ECI is described as "medical-social services provided to children with physical, cognitive, communication, social, psycho-emotional and adaptive development-related disabilities". The Moldovan Government's Decision No. 816 of 30 June 2016 approving the "Framework Regulation on the organisation and functioning of early intervention services and minimum quality standards" originally targeted children aged 0-3, Moldova's ECI Regulation, but was amended on 19th July 2023 to extend the age group to children aged 0-5. As the extension of the target age for ECI occurred after completion of the data collection for this SitAn the target group of children 0-3 years was retained for the purpose of this research.

The ECI SitAn shows that coordination and collaboration between the Ministry of Health, responsible for the development and coordination of ECI services, and the authorities in charge of child protection and early education, the Ministry of Labour and Social Protection and the Ministry of Education and Research, is not yet fully effective in developing and delivering family-centred early childhood intervention services. The central social protection and education authorities lack the capacity to generate and disseminate disaggregated data necessary for ensuring effective planning and oversight of ECI services. Collaboration between ECI services and social and educational service providers is fragmented and largely depends on the personal initiative of individual providers.

Despite the fact that the concept of ECI is regulated by Government Decision 816/2016, there is no shared understanding of the concept across providers. The existing minimum quality standards

for ECI are outdated and no mechanisms exist to ensure the effective planning and delivery of early childhood intervention services according to minimum quality standards.

The financing system for ECI services, however, is still fragile and not aligned with the areas of expertise, capacity and potential of ECI providers. Levels of MHIF funding for ECI services are currently inadequate. MHIF financing of ECI services is based on accreditation and an expectation that ECI services comply with the requirements set out in the 2016 ECI Regulation, which consider that all ECI services should provide the full array of ECI services rather than work within a continuum of services. The limitations of MHIF financing associated with the lack of encouragement for collaboration, referral and coordination between ECI service providers, has resulted in a situation where all accredited ECI service providers claim they provide the full scope of ECI services and are unable to work together to ensure a holistic approach to meeting the needs of children with developmental difficulties and their families.

Moldova's ECI Regulation requires **licensing of accredited services** that meet certain standards in provision of a set of services, allowing them to access funding via the State budget and National Health Insurance Fund. Because of this distinction in Moldovan legislation this SitAn has to a large extent focused on the licensed ECI service organisations of which there are currently 11 operating across the country.

Central authorities lack an institutionalised mechanism for consulting experts and providers to inform decisions based on positive practices, statistical evidence and scientific arguments. There is no automated information system for recording and monitoring children's development based on standard child development assessment criteria. At national level, the development of a monitoring and evaluation framework for early childhood intervention services was initiated in 2023, but the central authorities need technical assistance and external support to complete the framework and perform the monitoring and evaluation tasks.

The case identification and referral mechanism for early childhood intervention is at an early stage of development. Because of insufficient medical staff in primary health care and the large workload, the monitoring compliance with prophylactic health checks in the early years of children's lives, especially among families at risk, are carried out superficially, without parental involvement.

In recent years, professional capacity building in the domain of ECI has made progress. The national educational system for training of health specialists includes an approved ECI curriculum, training materials and opportunities to access specialization courses. However, so far there are no occupational standards for some categories of ECI specialists and there are no mechanisms for the provision of mentoring and supervision of specialists directly involved in providing ECI services, or to ensure the quality and correctness in the application of the ECI assessment and screening tools.

Recommendations

Based on the findings emerging from the ECI SitAn, the following recommendations for strengthening the ECI system in the Republic of Moldova are proposed. These recommendations are explained in more detail in the Recommendations section of this report.

1. Develop a comprehensive 10-year costed government strategy for ECI that aligns closely with international evidence-based conceptual frameworks, and with Moldova's structural framework for maternal and child health, ECD, ECE and inclusive education.
2. Support the Government of Moldova to strengthen the regulatory framework for ECI service delivery.
3. Work with government to strengthen the coordination of ECI services and participation of relevant actors.
4. Strengthen efficiency of ECI service costing.
5. Strengthen ECI service quality, delivery and access.
6. Strengthen ECI data management and use.

II. Introduction

A. Purpose

This present *SitAn of Early Childhood Intervention in the Republic of Moldova* describes the early childhood intervention (ECI) system, its programmes and services in the Republic of Moldova. The report provides evidence on national strengths and capacities, salient needs, and opportunities to establish and further support contemporary and sustainable programmes of ECI for children aged 0-3 years with developmental difficulties (Box 1).

We note that the target age for ECI was extended to 0-5 years in the amended Moldovan legislation on 19th July 2023, entering into force 15th August 2023.[1] This occurred after completion of the data collection for this SitAn, we thus retained the age range 0-3 years for the purpose of this research.

The SitAn presents reliable, accurate and up-to-date information on national ECI developments framed against the global child rights context.

The document concludes with a set of practical recommendations for strengthening the national ECI system.

Box 1. Developmental difficulties

For ease of reading and where appropriate, we use **'developmental difficulties'** to include developmental disability and developmental delay, recognizing that these terms are not interchangeable. A developmental difficulty may occur as a result of congenital**, genetic, medical or environmental conditions and may prevent young children from learning to move, explore, communicate and develop a sense of their own identity.**

A **developmental disability** is a specific diagnostic entity that requires a lifetime of support. 'Intellectual and developmental disabilities' is a subset suggested by the International Classification of Diseases (ICD) codes to distinguish intellectual disabilities from other developmental disabilities.

A **developmental delay** assesses functioning in relation to general developmental milestones in typically developing children and can be constitutional, transitory, and self-limiting.

Source: Adapted from Olusanya et al 2023; Disability Unit, 15 March 2021; Choo et al., 2019

[1] Decision No. 816 of 30 June 2016 approving the Framework Regulation on the organization and functioning of early intervention services and minimum quality standards [Amended 19th July 2023]

B. Rationale

The rationale for conducting this situational analysis of ECI in Moldova is to help government stakeholders, civil society organisations and development partners make informed decisions, develop effective strategies, and address gaps or challenges. A holistic understanding of the social, economic, cultural, and political context in which ECI operates is crucial for tailoring evidence-based interventions to meet the specific needs of young children and their families. These insights will inform policy development, decision-making, and resource allocation so that effective and evidence-based interventions promote the well-being and development of young children.

III. ECI Concepts and Framework

A. Introduction

This section includes the definitions, principles and benefits of ECI that are derived from the literature to frame this Situational Analysis.

We use ECI to refer to a range of services and support programmes designed to promote the healthy development and well-being of young children who may be at risk for developmental difficulties. ECI typically focuses on children's earliest years, 0-3 years, because this is a critical period when a child's brain is rapidly developing and forming the foundation for future learning and behaviour.

ECI is a part of early childhood development (ECD) which refers to the physical, cognitive, social, and emotional growth and maturation that occur in all children from birth to around age 8. This period is considered a critical phase in human development because it lays the foundation for a child's future well-being, learning capabilities, and overall success in life.

Early childhood education (ECE) refers to the formal or informal educational experiences and programmes designed to support the development and learning of young children, typically from birth to age 8 years.

These several terms can be confusing, and are sometimes used interchangeably. For example, during the preparatory phase of this research we found that several stakeholders (including government authorities, some service providers, and the general public) mistakenly believed that ECI pertains to the establishment of early education centres and the expansion of day care services within preschool institutions. This misperception is based on a prevailing belief that children with developmental difficulties need only medical interventions and rehabilitation.

Thus, clarity on the concepts is essential to ensure that the proposed recommendations address the contextual issues identified in this review.

B. ECI Programs and Services

ECI (Box 2) describes the services and supports available to children 0-3 years with developmental delays and developmental disabilities (UNICEF, 2022; CDC, 2022; Olusanya et al., 2023). In some countries, for example, where quality preschool is not universally available, the ECI services are extended for young children up to 6 years.

Box 2. ECI Programs and Services

"ECI programmes are designed to support young children at risk of developmental disabilities or young children who have been identified as having developmental difficulties or disabilities. ECI includes a range of services to support the provision and enhance children's personal development and resilience, strengthening family skills and promoting social inclusion of families and children."

Source: World Health Organisation and UNICEF (2012), Page 12

"**ECI is a composite of services for very young children and their families**, provided at their request at the certain time in a child's life, covering any action undertaken when a child needs special support" (Eurlyaid, 2022, page 4). ECI services ensure and enhance the child development, strengthen the family's own competencies and promote the social inclusion of the family and the child.

ECI services are based on a "social model" that intricately weaves together a variety of sectors, fostering seamless integration and the convergence of transdisciplinary or interdisciplinary services and engagements. Effective services and activities are defined within every ECI institution and the overarching national ECI structure. With a core focus on families, they are purposefully tailored to provide comprehensive assistance to families with infants and young children, from birth to 3 years old, and sometimes extending to 6 years in certain regions. This support system is dedicated to aiding those in need, encompassing individuals at risk of or grappling with developmental delays, disabilities, or challenges related to behavior and mental health (UNICEF, 2022).

In Moldova, ECI is described as "medical-social services provided to children with physical, cognitive, communication, social, psycho-emotional and adaptive development-related disabilities" (Article 44 of the Law on Social Inclusion of Persons with Disabilities). For implementation of this Article, the Moldovan Government developed and approved Decision No. 816 of 30 June 2016 approving the "Framework Regulation on the organisation and functioning of early intervention services and minimum quality standards" (after this, the ECI Regulation). Originally targeting children aged 0-3, Moldova's ECI Regulation was amended on 19th July 2023 to extend the age group to children aged 0-5.

- **Early Childhood Intervention Services**: Medical, social and psycho-pedagogical services, offered to children for the identification, evaluation and assistance of developmental difficulties and the

risks of their occurrence, in order to stimulate physical, motor, vision, hearing, cognitive, communicative, social, psycho emotional ad adaptive development;

- **Early Childhood Intervention Programme:** ECI Programs are designed to prevent, reduce and support children with developmental difficulties and their families;
- **The beneficiaries of ECI services in Moldova are children 0-3 years with developmental delay or developmental disabilities** and at-risk for their occurrence, as well as the children's parents or other legal caregivers, based on the eligibility criteria for ECI programmes and services.

C. ECI Core Principles and Benefits

UNICEF (2022) and EASPD (2002) identify a set of **core principles of** high quality and effective ECI services. These include:

- Based on a **social model of disability**
- **Family-centred** services for children 0-3 years and their families, that are:
  - Provided **early and continuously**
  - I**ndividualised** and based on families' and children's needs
  - I**ntensive** and determined by the needs of the child and family
  - **Evidence-based**, and outcomes driven
  - **Accessible and affordable**
  - **Interdisciplinary and usually transdisciplinary, integrated and team-based**.

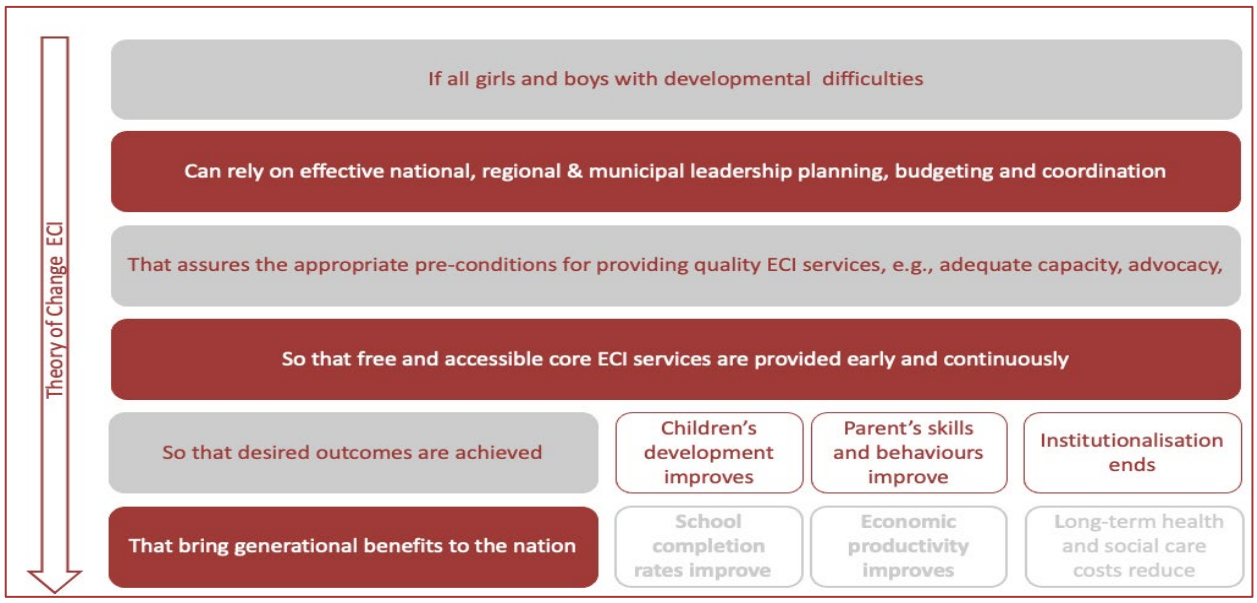
The short- and long-term benefits of **ECI** are well documented in scientific research (Hadders-Algra 2021; Vaivada, Lassi & Irfan 2022; Puiu, Cojocaru and Calac 2009; Bordeianu, Ocertnîi and Milicenco, 2022). Implications of this research conclude:

- ECI is crucial in **preparing children with developmental difficulties for school**, and achievement of the SDGs is conditional on the availability of a range of ECI services (UNICEF, 2022; Olusanya et al., 2023). Thus, ECI is a critical investment in the future of children, family and society, with benefits for health, development and overall wellbeing that can last a lifetime.
- ECI creates links to needed services to **decrease the stress experienced by children and families**, especially those living in resource poor situations and to promote quality family-based care (Smythe et al., 2022).
- ECI can help to **mitigate the long-term negative outcomes of early childhood trauma and adversity**, including problems with learning and mental and physical health (Ibid).
- ECI is critical for the **prevention of institutionalisation**, by empowering families, contributing to prevention of placement of children in institutions and fostering their inclusion in education. ECI

involves integrated interdisciplinary services, with the full participation of the health, social, and educational sectors, and all relevant disciplines in supporting each family and child (EASPD, 2022).

The core concepts and benefits of ECI programs and services are highlighted in the following Theory of Change. (Figure 1). More detail on ECI core concepts and benefits is provided at Annex 1.

Figure 1. ECI Simplified Theory of Change



Source: Adapted from UNICEF (2022)

D. Scope and Context

In the context of this present SitAn there are important nuances between the accepted conceptual entirety of an ECI system, ECI services and the manner in which ECI is codified in Moldovan legislation.

The system of ECI comprises the contextually specific structural, institutional and community mechanisms that enable children with developmental difficulties to access targeted services for their optimum development.

ECI services can often be administered or organised in sets (groups) by a single entity, which may be referred to as an "ECI service organisation". For example, a single organisation that offers regular child assessment and individual ECI planning and delivers all the needed services in a specific location including via outreach to where the child lives. At the same time a standalone ECI service can be provided by other entities, for example a short-term parenting programme offered by a municipal social worker within their wider family support strategy.

Moldova's ECI Regulation is tied to licensing of accredited services that meet certain standards in provision of a set of services, thus allowing them to access funding via the State budget and National

Health Insurance Fund. Because of this distinction in Moldovan legislation this SitAn has to a large extent focused on the licensed ECI service organisations of which there are currently 11 operating across the country. Throughout the remainder of this report these 11 providers are referred to as "accredited ECI services" to distinguish them from other standalone provision.

IV. Research Methods

A. Research Team

Maestral International ("Maestral") was contracted by UNICEF Moldova for the project to support the development of a SitAn of Early Childhood Intervention (ECI) in the Republic of Moldova.

The Maestral International research team comprised five national researchers and two international researchers. The national team was led by Ms. Parascovia Munteanu and included Ms. Maria Semeniuc, Cost and Finance Specialist; Ms. Ala Cojocaru, Researcher with ECI knowledge and expertise; Mr. Vasile Cantarji, Quantitative Survey Researcher with experience in statistics; and Ms. Natalia Vladicescu, Qualitative Survey Researcher. The international team members were Ms. Francesca Stuer, Team Leader; and Ms. Elayn Sammon, Disability and Early Childhood Development Specialist.

The Maestral research team undertook this assignment in close consultation with UNICEF's Health Section, their Ministry of Health (MoH) counterparts and a Reference Group established for the purpose of overseeing the design and implementation of this SitAn, comprised of relevant representatives of UNICEF, the MoH and other key ECI stakeholders. The list of Reference Group members is provided in Annex 2.

B. Role of the Reference Group

The MoH and UNICEF jointly established the Reference Group, comprised of relevant representatives of UNICEF, the MoH and other key ECI stakeholders.

The purpose of the Reference Group was to share the knowledge and leadership experiences of Group members with the Maestral team to help ensure the ECI SitAn is comprehensive, of high quality, and useful as an indispensable foundation for planning and implementing a strong and sustainable system of ECI services in Moldova.

The objectives of the ECI Reference Group were to:

- provide oversight and guidance to this ECI Situational Analysis;
- facilitate access to relevant documents and key informants and services;
- provide guidance and feedback on key deliverables; and

- support uptake and implementation of the agreed-upon recommendations resulting from the SitAn.

C. Research Methodologies

An iterative mixed methods approach was used to conduct the ECI SitAn, including secondary data analysis as well as primary quantitative and qualitative data collection and analysis. The following eight survey instruments were employed to address the research questions:

1. Literature Review
2. Online Mapping Survey of all existing national ECI programmes conducted with Directors of the ECI programmes
3. Online Survey of ECI Service Personnel
4. Online Survey of ECI Beneficiaries
5. Cost and Finance Sub-study
6. Focus Group Discussions (FGDs) with ECI Service Personnel
7. FGDs with ECI Beneficiaries and Non-beneficiaries
8. High-level Key Informant Interviews (KII)

Key Research Questions

The key research questions were collaboratively determined during the inception phase, with UNICEF and the Reference Group. Across several domains, a set of sub-questions was determined matched to the specific research instruments that would be used to collect the data (Annex 3).

The enquiry focused on 11 domains:

1. Basic information – location and coverage
2. Enabling policy environment
3. Child and family status
4. Outreach, developmental screening, and referrals
5. ECI service provision
6. Human resources
7. ECI workforce development
8. ECI service costs
9. ECI financial resources
10. ECI systems, organizational frameworks and coalitions
11. General questions

Sampling

A sampling frame was developed for the online surveys, cost and finance study, FGDs and interviews, summarized as follows. A detailed overview of the sampling frame and respondents per study tool is provided in Annex 4.

- The ***Online Mapping Survey*** was conducted among the eight national accredited ECI programmes located in: Chișinău, Criuleni, Florești, Bălți and Rîșcani. Three new ECI programmes in Chișinău, Cahul and Ungheni that had started their activities in 2023 were documented through field visits and administrative staff interviews.
- The ***Online Survey of ECI Service Personnel***: A total of 37 questionnaires were completed with professionals directly involved in ECI service delivery.
- The ***Online Survey of ECI Beneficiaries*** was administered to 40 parents, legal guardians and regular caregivers of children aged 0-3 enrolled in the 8 established ECI programmes (5 per programme). However only 31 of these surveys were completed.
- The ***Cost and Finance Sub-study*** involved three major components: 1) cost analysis of the two types of ECI services and programmes providers (public and private); 2) a public finance and expenditure study derived from two financial sources – the State budget and the Mandatory Health Insurance Fund (MHIF); and 3) analysis of financing through parents' fees and external donors. Interviews were also conducted with ECI programme directors and representatives of the MoH, Ministry of Finance and National Health Insurance Company (NHIC) to complete any missing information.
- ***FGDs with ECI Beneficiaries***.
- ***FGDs*** with ***parents/caregivers of children not receiving ECI*** services.
- ***Interviews with selected leaders*** from the health, education and social protection sectors at national, regional and local levels.

D. Limitations and Challenges

The ability and willingness of participants to provide the requested data and to complete the study questionnaires and participate in FGDs and KII was challenging:

- Some ECI services providers were unable to complete the questionnaires within the given timeframe;
- The data provided required verification. Some providers do not make a clear distinction between ECI and Early Childhood Education;
- Some ECI coordinators do not have separate financial records for ECI services and took more time to provide financial data;

- Lack of common understanding of the ECI services providers regarding children's age and eligibility criteria. Therefore, some data needed additional checks;
- In two regions opportunities to conduct FGDs with parents online and to find neutral locations were limited;
- Parental knowledge and information about ECI services was limited; some parents defined ECI services solely as medical rehabilitation;
- Experts and services providers from social and educational sectors tended to conflate ECI with Early Childhood Education;
- Lack of statistical data about children 0-3 years disaggregated by gender, economic status, geographical area, ethnicity, family status etc;
- Limited digital skills of the parents and ECI personnel affected completion of the online questionnaires.

E. Data Management and Analytic Procedures

Quantitative data analysis involved data coding by topic and initial interpretation of findings. Specific data analysis methods are described in Annex 5. Findings were triangulated across all relevant instruments. The team then worked to interpret study findings and draft section by section of the report noting similarities and differences in findings by types of respondents.

F. Research Ethics and Attention to Cultural and Language Dimensions

This ECI SitAn was conducted in full accordance with international and regional guidelines for research ethics and methods, including the UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis; UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research; and other issued UNICEF documents on ethics.

In addition, the research adhered to the European Union (EU) General Data Protection Regulation (GDPR), that requires institutions to protect personal data and the privacy of EU citizens inside and outside of the EU.

Informed consent was obtained from all study participants prior to starting any data collection or interview. Confidentiality of interview respondents was maintained and children were not interviewed. Data privacy and security were maintained through data management procedures.

Ethical considerations informed all data collection processes, including design of tools, recruitment and management of the research team, during consultations and interviews with informants and applied to data storage and use. All team members were required to sign and comply with Maestral's child protection policy, safeguarding policy and code of conduct, which are based on internationally

accepted principles aligned with the United Nations Convention on the Rights of the Child and include ethical considerations with regard to research.

V. The Situation of Children in Moldova

Summary

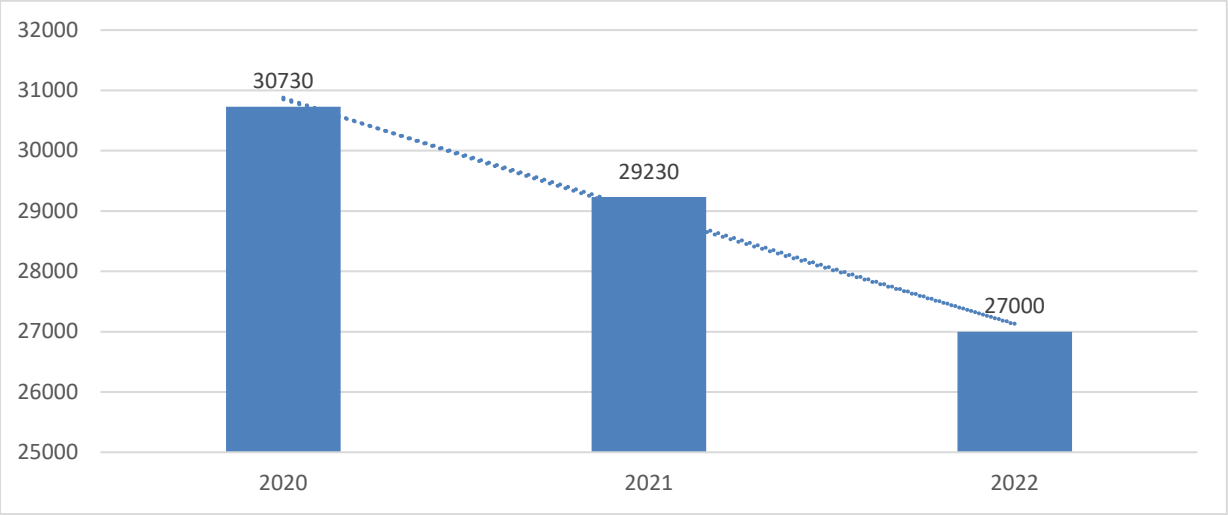
Children account for around one-fifth of Moldova's population. The birth rate is declining, and the country is experiencing significant economic and security challenges that can negatively impact on children's development.

Overview

Moldova is a landlocked country bordered by Romania and Ukraine (Datareportal, 2021). Regularly ranked as one of Europe's poorest economies, the impact of the COVID-19 pandemic, the global cost of living crisis, proximity to the war in Ukraine and the trend in depopulation contributes to ongoing economic challenges which can have a disproportionately negative impact on children with disabilities and their families (COVID-19 Disability Rights Monitor, 2020).

Moldova has a population of approximately 2.6 million, of which almost 22% (559.4 thousand) are under the age of 18 (UNICEF, 2022). Children aged 0-3 years represent 15% (87.0 thousand) of the total number of children. The birth rate witnessed a decline of 5.2% in 2021 when compared to 2020, followed by a further decrease of 8.1% in 2022 compared to the previous year (Figure 2).

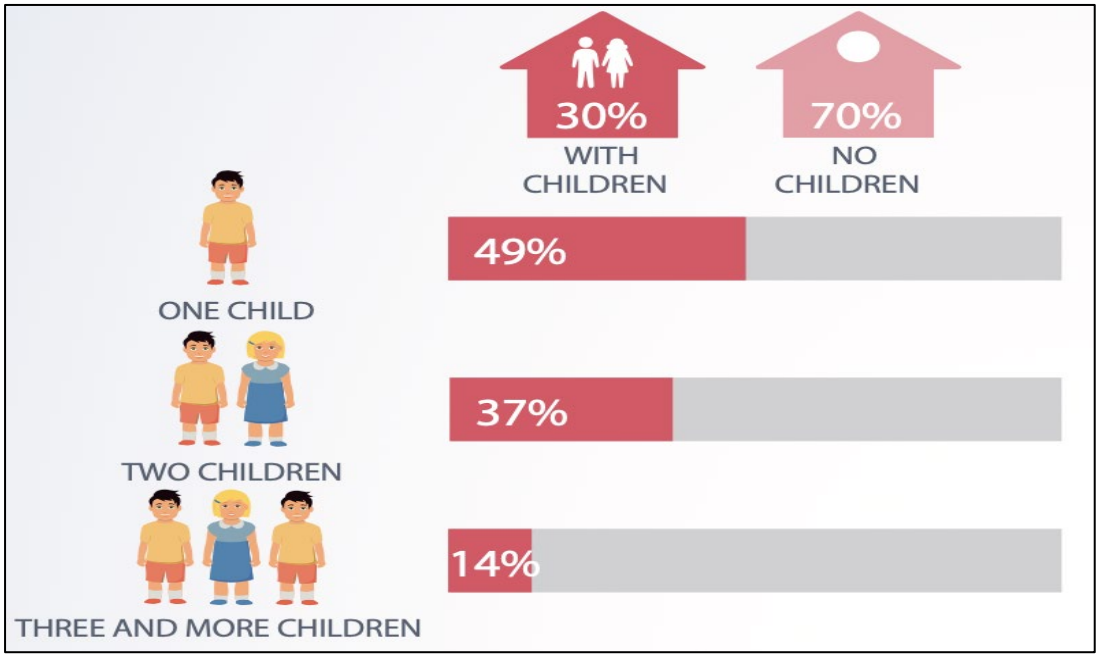
Figure 2. The number of births in the last years, 2020 – 2021



Source: Biroul Național de Statistica, May 2023 (National Bureau of Statistics)

In 2021, 30.4% of all households had at least one child under 18 years of age (Figure 3). Of these households, almost half had only one child, and in one-third of households the children were in extended family care (National Bureau of Statistics, 31 May 2022). The number of children at risk of family separation is increasing, in part due to the economic challenges and resulting out-migration and partly due to improved identification and assessment of risk systems.

Figure 3. Characteristics of households with children, 2021



Source: National Bureau of Statistics and UNICEF, 2022

There are distinct urban and rural demographic disparities; 71% of households in rural areas have three or more children, the share of single-parent households is higher in urban than rural areas (9% and 4% respectively) and almost twice as many rural than urban households have at least one member who is abroad to work or look for work (20% and 11% respectively).

The incomes of households with children are 1.3 times lower than the incomes of households without children which has significant impact on access to essential services. For example, expenditures for health are 11% for households with children compared to 17% in households without children (National Bureau of Statistics, 31 May 2022). Although this may be explained by the provision of free health services for children in Moldova, so that the expenses related to healthcare are comparatively lower.

The infant mortality rate stands at 12 per 1,000 live births and is higher for boys than girls, 13.5 and 10.8, respectively (UNICEF, 2021a). This rate is significantly higher than the 3.4 rate in neighbouring EU member states (Eurostat, 2021). Similarly, the under-five mortality rate is 14.5 in Moldova compared

with 4 in the European Union, with similar differences between boys and girls, 16 and 13, respectively (UNICEF, 2021a; The World Bank 2020). The under-5 mortality rate is a reflection of the quality of healthcare services, nutrition, and other social determinants of health in a community. Improving child health and reducing under-5 mortality rates can have positive immediate impacts on developmental difficulties and consequently significant long-term economic impacts.

Children with Developmental Difficulties

In Moldova, as in most country contexts, obtaining access to accurate and reliable data on developmental difficulties is complex and challenging. This is due to the heterogeneous and complex nature of disability, the usage of different definitions for developmental delay and developmental disability (Box 1), and the pervasive stigma and discrimination that can keep children hidden (UNICEF, 2021b; Magenta Consulting 2018). In addition, the screening and assessment for developmental difficulty is underdeveloped and many children 0-3 with developmental difficulties are not identified in early childhood and not included in statistics. In many cases the developmental difficulties are only identified at two or three years old when the child enters the early education system[2]. However, despite the data challenges, 84% of Moldova's children are considered to be developmentally on track (UNICEF, 2021c, p.151).

Box 3. The importance of regular and systematic disability and gender sensitive data collection

Accurate and comprehensive national surveys, along with regular administrative data, play a vital role in inclusion of children with disabilities. Such data collection enables a deeper understanding of the challenges faced by children and their specific needs. By including disability and gender as key factors, we ensure inclusivity and address intersectional disparities. The Washington Group and UNICEF Child Functioning Module for data collection acknowledges the significance of this approach. It allows for evidence-based policymaking and targeted interventions to improve the lives of marginalized populations. Identifying trends and patterns through data empowers decision-makers to allocate resources effectively. Data on disability and gender provide insights into areas that require intervention and help in monitoring progress over time. This approach promotes accountability, transparency, and the fulfilment of human rights obligations. Ultimately, regular and systematic data collection is a crucial step towards achieving equality, social justice, and inclusive development.

The National Bureau of Statistics (30 November 2022) estimates that around 2% of Moldova's child population (0-18 years) has a disability (n=10,600) which is well below the global and regional

[2] In most municipalities and districts in Moldova, pre-school education is provided for children 3 years and above, however, some kindergartens accept children from the age of two.

averages of 10% and 6%, respectively (UNICEF, 2021b). Moreover, the data may well be underestimated since it appears to pertain only to children with a disability certificate.[3] Obtaining such a certificate requires a medical assessment, which may be challenging to access and thus, the data may not reflect the actual situation (UNICEF, 2022). In 2022 following an application to the National Council for Disability Determination 1,600 children were confirmed as disabled, an increase of 100 compared to 2021; and the rate of children (per 10,000 population) with a primary disability was 27 compared to 24 in 2017 (National Bureau of Statistics, 30 November 2022).

Every fourth child with disability determination was aged 0-2 years, and every third child was between 3-6 years old. The predominant causes of primary disability remain mental and behavioural difficulties (36.1%), congenital malformations, chromosomal abnormalities (22.4%) and neurological diseases (13.5%) (Biroul Național de Statistică, May 2023).

Data on children with (developmental) disabilities enrolled in Early Childhood Education institutions according to the degree of severity of the disability shows that at the end of 2021, 45% were children with severe disabilities, followed by children with profound disabilities (35%) and children with moderate disabilities (20%) (National Bureau of Statistics, 19 April 2022). The analysis of these data according to the type of difficulties shows that 34.2% of the children have speech impairments, 29.4% visual impairment and 15.7% intellectual impairments. Unfortunately, no data is provided about the total number of children 0-3 years with developmental difficulties.

The National Bureau of Statistics of the Republic of Moldova (19 April 2022) reported that, in 2021, only 10% of children aged 0 to 3 years were enrolled in early childhood education. The data is not disaggregated by gender. Further, Roma children with disabilities are more likely to live in extreme poverty, with insufficient resources allocated to protect their rights (UN Committee on the Rights of Persons with Disabilities, 2017).

There are also concerns that childhood immunisation rates are falling, and that Moldova may fail to reach target vaccination coverage which could increase rates of developmental difficulties (UNICEF, n.d.). For example, complications of measles can include meningitis and loss of sight, and in pregnancy can contribute to premature birth and low birthweight, however immunization rates are at their lowest for more than 25 years (The World Bank, 2021).

[3] For more information on disability determination in Moldova see Chapter 5.

Moldova's 2021 Country Profile for Early Childhood Development identifies several data gaps and less than optimal access to ECI services for children across the five domains of the Nurturing Care Framework (UNICEF, 2021c, p. 151). For example, there is no data on women who received postnatal care within two days after birth, on minimum acceptable diet, and responsive caregiving. The Nurturing Care Framework is relevant to ECI because it targets interventions during the first three years of a child's life which is a critical period for healthy brain development, "children need a safe, secure and loving environment, with the right nutrition, and responsive care and early learning activities provided by their parents or other caregivers" (World Health Organisation and UNICEF, 2022, page 5).

Figure 4. The Nurturing Care Framework

Source: WHO, UNICEF, WB Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential

VI. Mechanisms for Early Identification and Referral of Children at Risk

Overview of the situation

In Moldova there is no clear mechanism to identify children 0-3 years old with or at risk of developmental difficulties and refer them to ECI services. Family doctor and community nurses have insufficient knowledge and experience in early identification of children with developmental difficulties or at risk of developing them. Early identification and referral of children depends largely on the family. For families at risk, children 0-3 years with developmental difficulties are only identified when they enter the education system.

Determination of Developmental Difficulties

Early identification and assessment of developmental difficulty is needed to both establish a child's right to access benefits and entitlements and to identify needs so they can be referred for appropriate services to minimise delay and provide opportunities for development. During interviews conducted for this Situational Analysis, ECI service managers in Moldova expressed concerns regarding the efficiency of the identification mechanism for children with developmental difficulties under the age

of three. According to their feedback, in numerous cases, children with developmental difficulties are only recognized and referred to ECI services when they are already 3 to 4 years old, coinciding with the period when the child undergoes a medical assessment for enrolment in early childhood education.

Systematic newborn screening for phenylketonuria and congenital hypothyroidism is underdeveloped in Moldova and therefore essential and timely intervention cannot be provided (Koracin et al., 2021; Blăniță et al., 2018).

Vision screening is organised nationally but is hampered by the limited availability of qualified ophthalmologists (Mazzone, Carlton and Griffiths, 2018); and newborn infant hearing screening is not mandatory and is available to less than 12% of infants (Neumann et al., 2020). We found that the ECI services in Moldova do not systematically conduct vision and hearing screening, although two services reported that they refer cases to private service providers.

Primary health services provide home visits and use standardised methods and tools to ensure early identification of developmental delays and developmental monitoring. Family doctors and nurses use the “Standard on monitoring the development of the child” (the Order of the Ministry of Health no. 964/2019). In the case of children aged 0-3 years, the child's development is assessed both at the family doctor's centre and through home visits in accordance with Ministry of Health Order 631/2017. If developmental difficulties or risk of their occurrence, or certain pathologies are identified, the family doctor or nurse should refer the child for consultations with the paediatrician or other specialist doctors appropriate to the child's age.

In 2020, the Ministry of Health, in collaboration with the State University of Medicine and Pharmacy "Nicolae Testemitanu," approved the "Early Childhood Development Practical Guide" as part of the implementation of the "Standard on monitoring the development of the child." This comprehensive guide encompasses a range of indicators for key areas of early child development, including physical and motor development, cognitive development, speech development, and socio-emotional development. It provides practical tools for monitoring the acquisition of skills specific to these indicators, taking into account the developmental peculiarities during different age periods of the child (0 - 6 months, 6 - 12 months, 1 year - 1 year and 6 months, 1 year and 6 months - 2 years, and 2 - 3 years).

The guide also offers recommendations to specialists and parents on how to stimulate development in each area. It is particularly designed for professionals working with young children, such as doctors, family nurses, specialists in early education institutions, and social workers. These experts can utilize the guide to effectively monitor and assess the developmental progress of young children, ensuring early intervention when necessary.

Moreover, the guide recognises the vital role of parents as the primary and most influential educators and supporters of their children throughout their lives. It encourages parents to make use of the guide to enhance their parenting skills and abilities. By actively engaging with the guide, parents can play a crucial role in promoting their child's development and well-being.

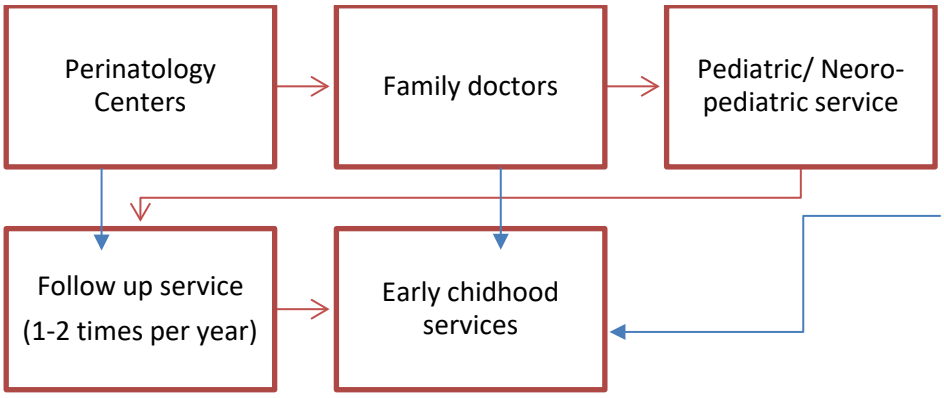
The "Early Childhood Development Practical Guide" serves as a valuable resource for professionals and parents alike, promoting effective monitoring and support for the developmental progress of young children in Moldova (Revenco et al., 2020).

However, not all family doctors and nurses interviewed for this research have been trained to apply the “Standard on monitoring the development of the child” in outpatient settings. At the same time, there is no system for national monitoring of the application of the Standard and the completion of the Child Development Logbook by family doctors or nurses.

The Early Childhood Development Practical Guide includes recommendations for parents. However, there is currently no nationally approved parenting education programme in early childhood development that incorporates measures for identifying developmental difficulties. The identification mechanism for developmental difficulties or the assessment of their risk is theoretically approved. Guidelines and recommendations have been developed for family doctors, nurses and parents, but efforts are needed to strengthen the applicability and quality management assurance in collecting and processing data on early child development.

Children 0-3 years with suspected developmental difficulties or risk of developmental difficulties are referred to the paediatric or neurological service of the specialist advisory health care. If signs of concern or developmental risks are confirmed, the paediatrician or neurologist issues referrals for the child and family to ECI services. This mechanism is the standard route, but there are situations where family doctors refer children directly to the ECI service. This referral process is highlighted in Figure 4.

Figure 5. Identification of developmental difficulties



Source: The Authors of this report

However, results from the data generated through this research, found that in practice this mechanism for early identification of children with developmental difficulties or at risk of developing them is not followed.

Perspectives of providers

Some providers mentioned that there is competition between providers for a beneficiary, and for these reasons there are situations where the parent or carer cannot get a referral to ECI services from either the family doctor or the specialist doctors. In such cases, parents have to access paediatric or neurological services in private institutions on a fee-for-service basis to obtain a referral to the ECI service.

A large proportion of those interviewed for this study also consider that the age range for early intervention should be extended to five years, because relatively small numbers of children aged 0-3 are being identified and given that enrolment of children in pre-school institutions is compulsory after age five. However, experts argue that early intervention should exclusively focus on children between the ages 0-3, as delaying such intervention to a later stage could have adverse effects on the child and family as well as the underlying concept.

This highlights prevailing misconceptions by non-medical specialists in ECI services in Moldova. These specialists suggest that speech therapy and behavioural assistance can be initiated with a child after the age of three, considering the individual variations in children's development. However, experts argue that the issue is not in the number of children being identified but that the current mechanism for identifying children 0-3 years old with disabilities and developmental disorders is ineffective. After age three, the child should continue to be supported through educational psychological assistance and support services in early education services. Only in exceptional cases, where the parents have been late in applying for ECI services, the child's case is severe and there is a lack of other services in the region, would it be helpful for the child continue to receive specialised care until the age of five. Experts argue that increasing the age group without efforts to improve early identification and referral of children with disabilities and developmental disorders, would have a negative impact on child development outcomes.

Despite the significant progress in developing a robust legislative and practice basis for early identification, this study identified several challenges and barriers in the process of early identification of children's developmental difficulty:

- Paediatricians' failure to comply with prophylactic medical check-ups in the early years of children's lives or to carry them out formally without parental involvement;
- Parental lack of information and knowledge on of developmental milestones and identification of developmental delay;

- Misconceptions about ECI programs and services (language difficulties, behavioural difficulties, etc. associated with certain developmental stages without applying the child development standard or specialised screening tests);
- Family resistance to recognize a child's developmental difficulties. For example, comments such as "you're looking for problems with the child"; "his father still didn't speak until he was 3", "my brother still walked late" were often heard through the focus group discussions and interviews conducted for this study.
- GPs and paediatricians reliance on medication without reference to early intervention services.

Perspectives of parents

Parents also shared concerns about early childhood interventions.

A significant issue pertains to the lack of effective communication or miscommunication between some doctors and parents regarding developmental difficulties. Responses from parents reflect distressing experiences:

"He told me he's a vegetable I can't do anything with him; He made me feel like the last man on earth."

"The child has Down syndrome. The doctor (the neurologist on the ward) looked at him and said: 'Children like that don't even know their mother'. I got out of there and cried and looked on the internet for a good neurologist."

(Parents of children with developmental difficulties interviewed in connection with this research).

One parent found out from the auxiliary staff in the medical institution that they had a child with special needs, and received no psycho-emotional support after birth.

"I found out from the cleaning woman, she told me, your child has Down syndrome'

(Parent of a child with developmental difficulties, interviewed in connection with this research)

Some mothers had visited specialists for routine check-ups but received no information regarding their child's development, leaving them feeling uncertain. One mother shared her experience, saying,

"I had a feeling that something was wrong, but I felt uncomfortable expressing my concerns."

(Parent of a child with developmental difficulties interviewed in connection with this research)

These accounts highlight the distressing experiences of parents who have encountered doctors that either fail to communicate or convey insensitive and inaccurate information. It highlights the need

for improved communication between healthcare professionals and parents, ensuring that parents are adequately informed about their child's developmental difficulties and provided with the support and guidance they require.

Parents often found themselves consulting multiple specialists to understand their child's condition. They sought out these specialists either independently or based on recommendations from doctors, relatives or other parents within their social circle, sometimes turning to centres that specialise in assessing children and making accurate diagnoses, for example the Voinicel National Institute for ECI and SOS Autism.

> *"I noticed that he doesn't respond to his name, he doesn't play with toys, but he puts them all in a row...he didn't notice anyone. I went to the neurologist and he said your child has autism or developmental delay. He sent me to Chișinău, and at 1 year and 7 months SOS Autism diagnosed my child with autism."*
>
> (Parent of child with developmental difficulties interviewed in connection with this research)

Educational-psychological support service specialists confirmed that it is becoming more common for parents of children facing diverse developmental difficulties to seek assistance from professionals at a later stage, typically around the age of 6 to 7. Often, this occurs when the child is preparing to enter school or even when they are already in the first grade and experiencing learning difficulties.

Inter-sectoral collaboration

Although disability determination can be challenging in young children, the findings of this research indicate a lack of collaboration between ECI services and the National Council for Disability and Work Ability Assessment (NCDWAA). The NCDWAA views disability through a predominantly health lens, relying on a medical approach for disability assessment. To access social assistance benefits and entitlements, individuals are required to undergo a medical assessment and obtain a disability certificate.

Determining disability in children poses challenges due to the complex nature of childhood development and the absence of standardized criteria and assessment tools tailored for different age groups. Recognizing this, the United Nations Development Programme (UNDP) is supporting the NCDWAA in enhancing its capacity to transition from a narrow health-focused disability determination model to a rights-based and empowerment-oriented approach in line with the Convention on the Rights of Persons with Disabilities (CRPD) and the International Classification of Functioning, Disability and Health (ICF), including provisions for children and youth (UNDP, 2021).

Mechanisms for Referral of Children 0-3 years with Developmental Difficulties to ECI Services

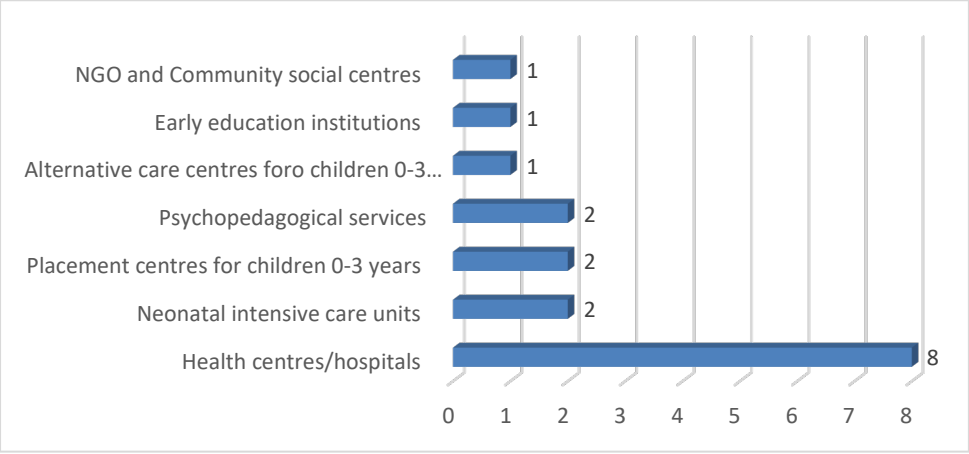
Summary

Disability determination does not automatically result in referral for ECI services; and where referrals are made for children 0-3 years these are mostly for medical services. Parents are responsible for seeking out support and often encounter challenges and barriers in accessing care.

There are notable gaps in the referral system, particularly concerning children aged 0-3 years. Efforts have been made by the National Council for Disability and Work Ability Assessment (NCDWAA) to implement an Automated Information System to facilitate access to intervention programmes and services for individuals with disabilities, including children aged 0-3. However, currently, there is no connection between the disability identification system and referral to ECI services (Bordeianu, Oceretnîi & Milicenco, 2022). This research confirmed that the child's individual rehabilitation and social inclusion plan does not contain recommendations for early intervention services, and there is no referral mechanism to ECI services for children 0-3 years with an identified disability.

The majority of referrals for this age group are directed towards medical institutions. Out of the eleven accredited government and non-government ECI service providers surveyed (see table 1), district hospitals or health centres were identified as the primary institutions responsible for referring children and their families to ECI services. (Figure 5).

Figure 6. Does your ECI organisation coordinate and accept/send referrals from/to the following types of services?



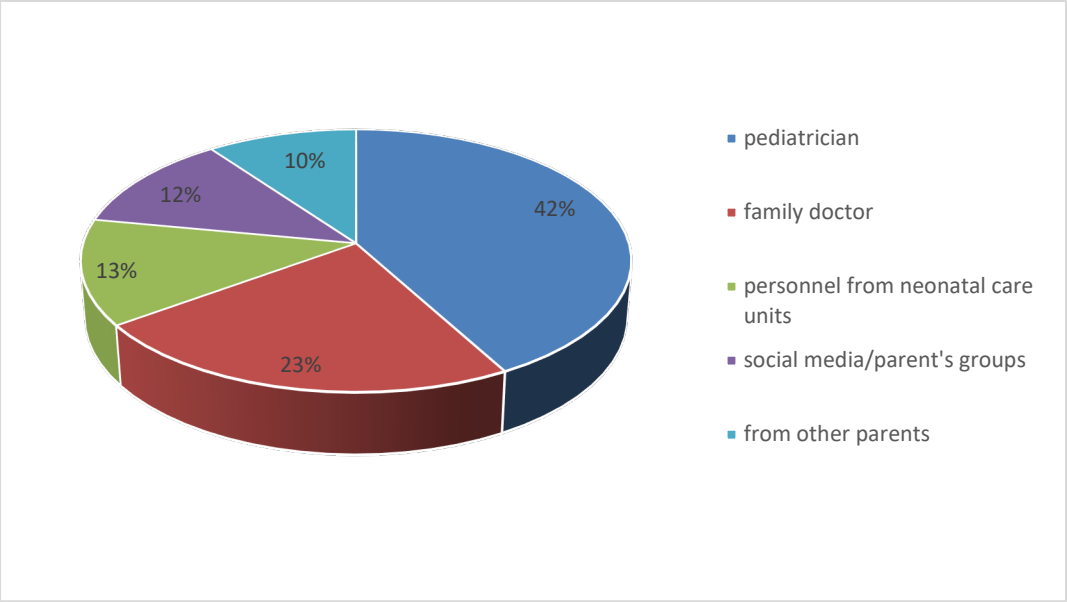
Source: ECI SitAn data

According to the ECI SitAn, seven of the accredited ECI providers reported that parents directly seek specialized assistance, while five providers mentioned that parents opt for developmental screenings. In some cases, families and children are referred for assistance after undergoing developmental screenings at other institutions. It is common for families from different regions of the country to visit the Voinicel National Institute for ECI for screenings, following which they are referred to other services closer to their place of residence.

Among the surveyed accredited ECI providers, only three collaborate with educational-psychological support services. Specifically, the ECI service at the Institute of Mother and Child collaborates with neonatal intensive care wards, while the ECI service in Bălți municipality collaborates with the placement centre. In these instances, children aged 0-3 years, along with their families, transition from one service to another within the same institution.

Less than half (42%) of parents surveyed were referred to ECI services by paediatricians, less than one-quarter (23%) by family doctors, and only 13% by neonatal ward staff (Figure 7). In addition, parents said they obtain information about ECI services from social media platforms, with 12% mentioning mothers' groups as a significant source, and 10% indicating that they learned about ECI services through other parents who have children with disabilities or developmental difficulties.

Figure 7. Source of information and referral of parents to ECI services



Source: ECI SitAn data

The territorial social assistance structures were found to be inadequate for effective identification and referral for ECI for children from at-risk families exhibiting developmental difficulties or potential risks. These children often go unregistered with family doctors or community health workers for several reasons such as non-compliance with scheduled appointments or a lack of available healthcare

professionals at the community level. Consequently, children 0-3 years from at-risk families are frequently identified and referred to ECI services when they are much older.

Quantitative research data reveals that providers do not collect information on the socioeconomic status of families or analyse data related to family risk situations that may impact other aspects of child well-being, including physical and mental health. Only three providers reported having data on family status and data disaggregated by ethnicity. From these providers, it was observed that 18% of all children accessing ECI services come from at-risk families.

Statistics on children with developmental difficulties or special educational needs enrolled in regular educational institutions (schools) indicate a higher representation of children from disadvantaged families, ranging from 30% to 40%. This finding is further supported by the results obtained from KIIs and FGDs conducted with parents and other caregivers. However, caution is required in interpreting these results since there may be several other drivers (including stigma and discrimination) that results in children's placement in these types of facilities.

Although the Government has approved two decisions on intersectoral collaboration in the medico-social field (Government Decision No. 1182/2010) and for the primary prevention of risks related to child well-being (Government Decision No. 143/2018), the implementation of these decisions has been delayed. Professionals from the health, education, and social sectors are often not even aware of these recommendations and there has been no monitoring or evaluation of their effectiveness in preventing and intervening early in developmental difficulties. (Cojocaru, October 2022).

VII. ECI Services in Moldova

A. Accredited ECI Services in Moldova

Summary

In Moldova, there are 11 accredited ECI services. Five are located in the municipality of Chișinău and six across the rest of the country. Seven ECI services are provided by government institutions and four by non-governmental organisations. The 11 accredited ECI services differ in terms of the typed of ECI services they offer.

As mentioned above in Chapter III. ECI Concepts and Framework, a system of ECI comprises the contextually specific structural, institutional and community mechanisms that enable children with developmental difficulties to access targeted services for their optimum development. In Moldova, the ECI system includes services established within the health and social sectors that focus on referral of

children at risk to accredited ECI services for developmental screening and follow up. Such services include Child Development Offices[4] that were established and equipped in 2022 in the health centres of Cahul and Ungheni municipalities and in six other health centres in order to strengthen child development monitoring and facilitate the work of family doctors and nurses, with a special focus on prevention and early identification of the needs of children and families, as well as on the implementation of specific interventions to respond to their needs.

Within the social sector, 'mobile teams' (also referenced in Figure 14) provide family assistance services to families in need, including children and adults with disabilities. Children 0-3 years are not considered a target group as they are assumed to be covered by ECI, and the mobile teams have no specific ECI knowledge or skills. However, they do visit families regularly and can refer children to ECI services.

Therefore, as Moldova's ECI Regulation is tied to licensing of accredited services that meet certain standards in provision of a set of services, this Situational Analysis has focused on the 11 licensed ECI service organisations operating across the country.

The following table shows the 11 accredited ECI services in Moldova, and for each: the service provider, location, year the ECI service was established, whether they are a government or non-governmental service and coverage of the service.

Table 1. Accredited ECI Services in Moldova

Nr.	ECI services	Institution/organization that established the ECI service	Location address	Start year (ECI)	Gov/ non-gov	Coverage
1.	Voinicel Centre	National Institute for ECI (NGO)	Chișinău	2003	Non-gov	Nationwide & Ukrainian refugees
2.	Tony Hawks Centre	Tony Hawks Foundation (NGO)	Chișinău	2001	Non-gov	Nationwide
3.	ECI Service	Institute Mother and Child	Chișinău	2017	Gov	Nationwide
4.	ECI Department	Republican Rehabilitation Centre	Chișinău	2017	Gov	Nationwide
5.	ECI Department	Centre for temporary placement and rehabilitation	Bălți	2017	Gov	Bălți, Glodeni, Rîșcani, Drochia, Edinet
6.	Pro Familia Centre[5]	ASCODE (NGO)	Chișinău	2023	Non-gov	Chișinău

[4] UNICEF (2022), 10 Child Development Offices were set up in Ungheni and Cahul. Article available at: https://www.unicef.org/moldova/en/stories/10-child-development-offices-were-set-ungheni-and-cahul [Accessed 01.09.2023]

[5] It is of note that the ASCODE Pro-Familia Centre was established in 2003, in part with MHIF funding, to provide services for children with disabilities of all ages (0-17 years). MHIF funds only covered the provision of physiotherapy (physical rehabilitation) services. In 2022, they were accredited to provide ECI services and in 2023 they changed their scope to focus on ECI services for children aged 0-3 years only, through provision of speech therapy, occupational therapy, and paediatric services.

Nr.	ECI services	Institution/organization that established the ECI service	Location address	Start year (ECI)	Gov/ non-gov	Coverage
7.	Phoenix Centre	MoldovaAID (NGO)	Rîșcani	2017	Non-gov	Bălți Glodeni, Rîșcani, Drochia, Edinet
8.	ECI Centre Florești	Florești Hospital at district level	Florești	2020	Gov	Florești district
9.	ECI Centre Criuleni	Criuleni Health Centre	Criuleni	2020	Gov	Criuleni Dubasari
10.	ECI Centre Cahul	Cahul Health Centre	Cahul	2023	Gov	Cahul, Ceadir-Lunga, Cantemir
11.	ECI Centre Ungheni	Ungheni Health Centre	Ungheni	2023	Gov	Ungheni

Source: ECI SitAn data

The above listed accredited ECI services vary in terms of the extent to which they provide all types of services described as part of the four stages of ECI implementation considered by the Moldovan Government Decision 816/2026[6] (pct. 28), as follows.

1. **Identification of children**, potential beneficiaries of early intervention programmes. The online survey reveals that all 11 accredited ECI service providers attempt to identify potential ECI beneficiaries, but only six comply with the minimum staff requirements for this activity as defined in the minimum quality standards (Gov Decision 816/2016, standard no. 15).

2. **Assessment and re-assessment of child 'development'**: all 11 ECI service providers report that they conduct developmental monitoring to observe whether the child meets typical developmental milestones. The SitAn showed that only six providers employ staff who have been trained in using the standardized developmental assessment tools in compliance with minimum quality standards (Gov Decision 816/2016 standard no 6 (3)).

3. **Development and implementation** of individual early intervention plans and monitoring in partnership with parents or other legal representatives of the child. Only four of the accredited ECI service providers comply by developing and implementing individual case plans and monitoring in partnership with parents or guardians per minimum quality standards (Gov Decision 816/2016, standard no. 7 (5,6).

4. **Transition** when the child reaches the age of three: according to the minimum quality standards (Gov Decision 816/2016, standard no. 7(7)) when the child reaches the age of three, the child's

[6] Republic of Moldova Government Decision No. HG816/2016 of 30.06.2016 approving the Framework Regulation on the organization and functioning of early intervention services and minimum quality standards for early intervention services. Revised in 2023 through HG507 of 19.07.23, MO314-317/15.08.23 art. 706; in force 15.08.23.

development should be re-assessed, and early intervention programmes continued as needed through referral to habilitation, medico-social, social, psycho-pedagogical or support services available in the territory for pre-school children. Only four of the accredited ECI service providers comply to this minimum standard, ensuring that once the child reaches the age of three, they transition the early childhood intervention through collaboration and referral with other social, educational or rehabilitation services, and integration of the child in preschool education.

The number of services offered by each accredited ECI provider is different and depends on their field of focus, ECI team composition and capacities to use different standardized tools for the assessment of child development and the assessment of families (minimum or extended). The package of services delivered by each accredited ECI service provider also depends on their experience and geographical coverage. Those functioning nationwide have more certified staff, capacity to use standardized assessment and screening tools, and better infrastructure, enabling them to ensure a larger range of services, such as: physiotherapy, speech therapy, hydrotherapy, psychological support, occupational therapy, etc. Providers operating at the district level have difficulties recruiting qualified staff and have limited capacity to use standardized assessment and screening tools, and some have under developed infrastructure.

The ECI SitAn findings show that none of the accredited ECI service in Moldova provide services for children 0-3 years in the child's natural environment, i.e., at home including children in foster care or in early education institutions. The utilization of mobile ECI services is minimal, as in the past three years, only three providers offered home-based services, serving a small number of 1 to 3 children per provider over the course of the three years. These home visits were primarily conducted by non-medical personnel and focused on a limited set of interventions without comprehensive case management.

The results of the qualitative research reveal that the Voinicel National Institute for ECI often serves as a source of information and expertise for other ECI services, and as a referral centre for complex cases.

Access to ECI services

The SitAn also revealed that the way in which children access the 11 accredited ECI services differs from one service provider to another. While in some institutions access is prioritized if the child is referred by a neurologist (e.g. the Bălți ECI Department), other centres accept referrals from family doctors or paediatricians, and some even accept families coming on their own initiative.

During the COVID-19 period, self-referred access to ECI Centres was limited and some of these restrictions were still in place during the period the SitAn was conducted.

In four of the accredited ECI centres (Voinicel, Tony Hawks, Florești and Criuleni) specialists and parents work in tandem, parents are taught how to continue habilitation and stimulation activities with their children, what to do in the time until the next rehabilitation appointment in the centre. Parents are given support to complete the "homework assignment" with their child and then evaluated on progress. It should be noted that the interval for inclusion in a new cycle is very different, it depends on the child's situation, the requests from the centres, the type of specialised assistance needed and can vary from 2 to 3 months to 6 months or even a year.

In some cases, parents report that they encounter barriers in carrying out the tasks recommended by specialists. Even if they are offered advice or given resources from which they can draw inspiration to work with their children, they find it difficult to do so independently without specialist support.

> *"The ECI specialists advised me to handle him, so I searched online for videos that demonstrate how to interact with children. I started implementing the techniques, but he doesn't respond. He hits me and throws tantrums, making it extremely challenging to make any progress. If I don't comply with his demands, he shouts loudly. Strangely, he only behaves this way with me; he acts differently around my father and grandmother. I try not to give in, but he's remarkably skilled at manipulating situations."*
>
> (Parent of a child with developmental difficulties interviewed in connection with this research)

There are variations in the approach to ECI across different centres. In some, the intervention focuses solely on the child, and excludes the parent. Typically, the child receives only specific types of support, such as massage, physiotherapy, and speech therapy. In most cases, parents do not have access to the specialized services offered to their child at the centre. They are only involved in the child's assessment, and some parents express a desire to observe their child's progress.

This approach fails to capture the essence of early intervention services, which emphasize the involvement of the entire family in the intervention process. ECI service providers acknowledge that there are still challenges in engaging the family comprehensively in early intervention services, particularly in involving family members other than the mother and clarifying the roles of each family member in the intervention and support process.

According to some ECI specialists, family involvement has been successful in certain stages, such as the child's assessment. However, in other stages, such as specialized therapies and rehabilitation activities, parents are less actively involved.

> *“Regrettably, the involvement of families, especially fathers, in the intervention process is minimal. In several instances, during assessments and reassessments of the child, it has been*

observed that only the mother, father, and child are present. However, there has been a positive development where parents are now actively participating in the assessment and reassessment processes. Additionally, during the child's inclusion in rehabilitation services, it has been noticed that the child receives massages alone, without the presence of the family. Nevertheless, it has always been emphasized that family involvement should be prioritized. The mother should be present, actively engaging in the practice, and the specialist should provide guidance, informing her about what she is doing well and what areas require improvement."

(NGO representative interviewed in connection with this research).

Only half of parents surveyed indicated that they participate in all interventions with their child.

Respondents and parents cautioned that families could experience problems in accessing early intervention services because:

- Information about child development and services is not available or accessible, due to lack of digital literacy, access to smartphone or data plans, or because the information is in a language or format they don't understand;
- They experience stigma and discrimination because they are poor, have a disability, are single-parent, are from a minority background, and are therefore not prioritised by family doctors and other specialists in the community;
- They cannot afford financially to go to the doctor (because of lack of resources for travel, specialist consultation), and if they don't visit the doctor first, the doctor does not visit them at home because he has many requests from other patients

Interviews with ECI service managers revealed that in this context, children are sometimes identified late and/or interventions delayed or even abandoned. They also pointed out that parents' opinions and perceptions and their way of relating to the problem faced by the child, their acceptance that the child or children have a difficulty and they should be offered support, affect how ECI support is accessed.

" The fact that the economically disadvantaged families find it harder to reach these services is a fact, but even families with adequate income can be hidden. I know a family who have no financial worries but whose 6-year-old with autism was kept within the four walls of the home. But the problem, over time, without intervention, gets worse. It seems to me that shame, lack of support from people to guide them leads to this. If we are talking about vulnerability, it is the case that people do not have some capacities and this problem becomes complex"

(NGO representative interviewed in connection with this research).

Some parents have the impression that accessing ECI services requires a professional referral and that these services are costly. This is particularly the case when access to ECI services is limited to children and families referred by a neurologist or paediatrician working in a private clinic.

"If I don't pay privately, I don't get referral to the centre",

"If you don't have money for a private consultation, you go to the family doctor, he gives you referral to the specialist at the polyclinic, he gives you powder and tells you this child is lost."

(Parents of children with developmental difficulties interviewed in connection with this research)

At times, parents can advocate for themselves and convince their family doctor to refer them to a specialist, such as a neurologist or paediatrician, for a specialized consultation when there are concerns about developmental risks. Similarly, challenges arise when seeking referrals from paediatricians or neurologists to access ECI services, particularly if the services are located in a different district. In such cases, the child and family may be directed to the paediatric service in the child development offices for assistance.

B. Target Beneficiaries of ECI services

Summary

The primary beneficiaries of ECI services are children who have developmental difficulties or are at risk of developing them and children facing emotional and behavioural challenges. The majority of providers lack data regarding the socioeconomic status of the families, making it difficult to estimate the proportion of children from low-income or disadvantaged backgrounds who are accessing ECI services. Additionally, there is a lack of available data regarding the ethnicity or spoken language of the children. However, it is worth noting that some providers also extend their ECI services to refugee children and families originating from Ukraine. The results of the interviews with all service providers show that there are four different approaches to the target group of ECI services:

- ECI beneficiaries are all children 0-3 years old, even if they come for a primary consultation regardless of whether or not they are at risk for developmental difficulties.

- ECI beneficiaries are only children 0-3 years old with disabilities, developmental difficulties or risk of developmental difficulties already determined by their family doctor, community nurse, paediatrician or neurologist.
- ECI beneficiaries are children 0-3 years who were previously included in the neonatal surveillance service (neonatal follow-up).
- ECI beneficiaries are children 0-5 or 0-6 years with disabilities, developmental difficulties or risk of developmental difficulties referred by the family doctor, paediatrician or neurologist.

Despite the fact that ECI beneficiaries are very clearly described in the ECI Regulation approved by the Government there is no single approach promoted by all providers. Different views on the beneficiary group are also held by local and central government authorities.

This SitAn was informed by the ECI Regulation's clear definition of beneficiaries as "children up to 3 years of age with developmental difficulties and at risk of developing them, as well as parents or other legal representatives and carers of the child". The SitAn results indicate that four of the accredited ECI services dedicate over 75% of their overall services to ECI provision for children aged 0-3 years, and the remaining 25% for other types of service provision for other population groups. For all other accredited ECI services, the proportion of their services dedicated to ECI was less: two institutions dedicate between 50-74% of their services to ECI, while five of the ECI services do not even dedicate half of their services to ECI. An example is the Tony Hawks ECI Centre which provides rehabilitation services to children of all ages (0-18 years): of which less than 25% is dedicated to ECI for children 0-3, *i.e.,* of the total number of 432 children served, 102 children aged 0-3 years old benefited from ECI services.

While the provision of ECI services is specifically regulated by law, service providers have the flexibility to offer additional services to older children, provided that such provisions are clearly outlined in service agreements and accompanied by appropriate safeguarding measures and appropriate funding.

- **Children 0-3 years and their families.** In 2020-2022, only three providers provided services to beneficiaries according to the ECI Regulation (*National Institute for Early Childhood Intervention, Criuleni Health Centre, Institute of Mother and Child).*
- **Children 0-5 or 0-6 years and their families.** In the period 2020-2022, two providers offered services for children with the extended age group up to 0-5 or 0-6 years, because at district and regional level there are no other services available, early education institutions do not have support services for inclusive education, and ECI services are very necessary to prepare the child for transition to early and primary education *(Florești District Hospital, Bălți Temporary Placement and Rehabilitation Centre).*

- **Children (0-14 or 18 years) and their families**. Four providers offered services for children up to 18 years old, as the focus in these services is on empowerment and rehabilitation (*Tony Hawks Centre*[7]*, Republican Centre for Children's Rehabilitation, Phoenix Centre/MoldovaAID Rîșcani AO, Pro-Familia Centre /ASCODE).*

We acknowledge the change to the ECI Regulation, introduced 19th July 2023 to extend the age group for ECI to children aged 0-5. This situational Analysis has not explored on what grounds this age group was extended, but in part may be due to limitations on access to pre-school education for children 3-6 years. For example, there are significant urban and rural disparities (82% and 64% respectively), children in higher-income families are more likely to be in pre-school than children in poorer households and children from ethnic minorities are the least likely to attend pre-school (UNICEF, 18th April 2018). There are some unofficial reports suggesting that the decision to include a wider age group might be linked to resource allocation. This broader age range ensures that enough children attend an accredited ECI service, justifying the expenses associated with providing this service.

Based on the data provided by the accredited ECI service providers, the analysis reveals that in 2022, a total of 1,889 children (aged 0-3 years) and their families accessed services in the eight accredited ECI centres that provided ECI service data[8]. This figure represents approximately 2.2% of the overall population of children aged 0-3 in Moldova. On average, each service provider catered to around 236 children per year. Among the providers, the Phoenix Rîșcani Centre had the lowest number, offering ECI services to 73 children. On the other hand, the ECI Department of the Institute of Mother and Child had the highest number, providing services to 547 children (Table 2).[9]

The key-indicator used by the NHIC is the number of visits made by the child to the ECI service provider to benefit from different types of assistance.

The data presented in the table below reflect the data collected through the financial analysis of ECI services validated with ECI managers and compared with 2022 data provided by the NHIC.

[7] The Tony Hawks Centre, Phoenix Centre records data on children 0-3 years of age

[8] The study includes only the data about the beneficiaries of 8 accredited ECI providers from which data was received. Of the other three accredited ECI services: two providers (Cahul and Ungheni) only started their ECI services in February 2023, while no data was obtained from the Pro-Familia Centre/ASCODE as, until December 2022, they provided rehabilitation services for children 0-18 years and did not disaggregate data on children 0-3 years who had accessed their services.

[9] These data were verified and adjusted from three sources: questionnaires completed by managers of ECI services and the National Health Insurance company, and financial reporting by ECI providers.

Table 2. Number of children and visits, ECI services in 2022

Nr.	ECI services	Service provider	Total number of children[10]	Number of children 0-3 accessed ECI services	Number of visits[11]
1.	Voinicel Centre	National Institute for ECI	411	411	3,972
2.	Tony Hawks Centre	Tony Hawks Foundation	432	102	2,644
3.	ECI Department	Institute Mother and Child	1528	547	-
4.	ECI Department	Republican Rehabilitation Centre	352	352	7,157
5.	ECI Department	Centre for temporary placement and rehabilitation Bălți	101	83	-
6.	Phoenix Centre	MoldovaAID	205	73	3,104
7.	ECI Centre Florești	Florești Hospital at district level	152	152	2,167
8.	ECI Centre Criuleni	Criuleni Health Centre at district level	169	169	2,299
TOTAL			**3,350**	**1,889**	**21,343**

Source: ECI SitAn quantitative research data (data about number of children provided by ECI managers and data about number of visits provided by NHIC)

The variation in the number of children receiving ECI services among different providers can be attributed to factors such as the geographical area where the children reside, the range of services offered, and the methods used to identify and record referred cases for ECI services.

In the context of other ECI services, the number of children served is influenced by the range of services provided and the complexity of the cases seeking assistance. Research data indicates that ECI services operating at the district level, such as the Florești Centre and Criuleni Centre, offer ECI services, including Individual Service Plans and specialized support, to approximately 170 children per year. The number of children 0-3 years old was reportedly highest at the Voinicel National Institute for ECI, possibly because they: are a recognized centre of excellence in ECI; provide a large spectrum of ECI services within the Centre; have a full interdisciplinary team comprising specialists for developmental screening, diagnosis, and the development of Individual Service Plans; and have the resources to provide additional support to vulnerable families (transport reimbursements, food, hygiene kits,…).

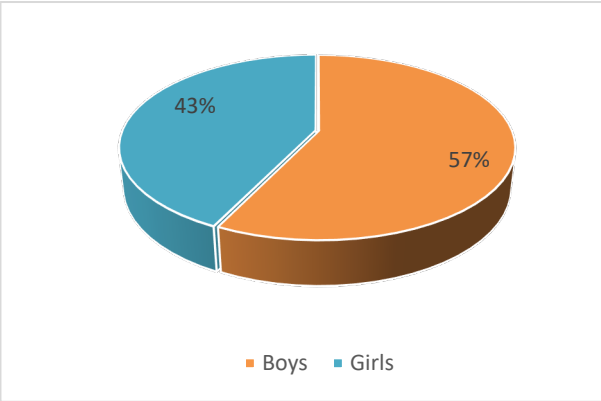
Regarding gender distribution, more boys (57%) than girls (43%) are enrolled in ECI services (Figure 8), which equates to the disability prevalence among children (all ages) in Moldova: 60% are boys

[10] The total number of children includes all children who accessed ECI services independent of eligibility criteria (age and developmental difficulties).

[11] The indicator 'number of visits' is not tracked by all ECI services providers (this data is only recorded for reporting to National Health Insurance Company)

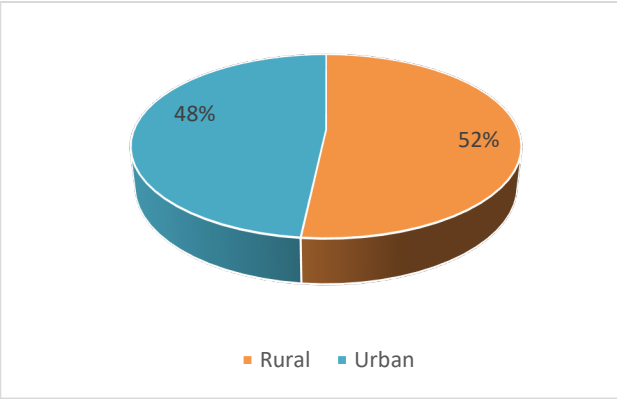
and 40% are girls[12], while 51,5% of children aged 0-17 are boys and 48,5% are girls[13]. There are no significant disparities in terms of residence, with 52% of children coming from rural areas and 48% from urban areas (Figure 9).

Figure 8. Children in ECI services by gender



Source: ECI SitAn data

Figure 9. Children in ECI services, urban and rural



Source: ECI SitAn data

According to most providers, the primary beneficiaries of these services are children who either have developmental difficulties or are at risk of developing them, children with disabilities, and children facing emotional and behavioural challenges. Unfortunately, the majority of providers lack data regarding the socioeconomic status of the families, making it difficult to estimate the proportion of children from low-income or disadvantaged backgrounds who are accessing ECI services. Additionally, there is a lack of available data regarding the ethnicity or spoken language of the children. However, it is worth noting that some providers also extend their ECI services to refugee children and families originating from Ukraine, as revealed by the research. The results of the interviews with all service providers show that there are four different approaches to the target group of ECI services:

- ECI beneficiaries are all children 0-3 years old, even if they come for a primary consultation regardless of whether or not they are at risk for developmental difficulties.
- ECI beneficiaries are only children 0-3 years old with disabilities, developmental difficulties or risk of developmental difficulties already determined by their family doctor, community nurse, paediatrician or neurologist.
- ECI beneficiaries are children 0-3 years who were previously included in the neonatal surveillance service (neonatal follow-up).

[12] https://social.gov.md/wp-content/uploads/2023/07/Compendiu-statistic-privind-monitorizarea-drepturilor-persoanelor-cu-dizabilitati-in-Republica-Moldova-pentru-anii-2019-2022-1.pdf
[13] UNICEF. (2022). Situation Analysis of Children and Adolescents in Moldova. Retrieved from: https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf

- ECI beneficiaries are children 0-5 or 0-6 years with disabilities, developmental difficulties or risk of developmental difficulties referred by the family doctor, paediatrician or neurologist.

Despite the fact that ECI beneficiaries are very clearly described in the Regulation approved by the Government (HG 816/2016), there is no single approach promoted by all providers. Different views on the beneficiary group are also held by local and central government authorities.

C. Types of assistance offered in ECI services

Summary

Accredited Moldovan ECI providers implement different approaches and provide different ECI services. While each provider claims that they provide early intervention services, not all providers comply with the ECI Regulation. Only five of the accredited ECI providers provide the full spectrum of assistance according to the ECI Regulation.

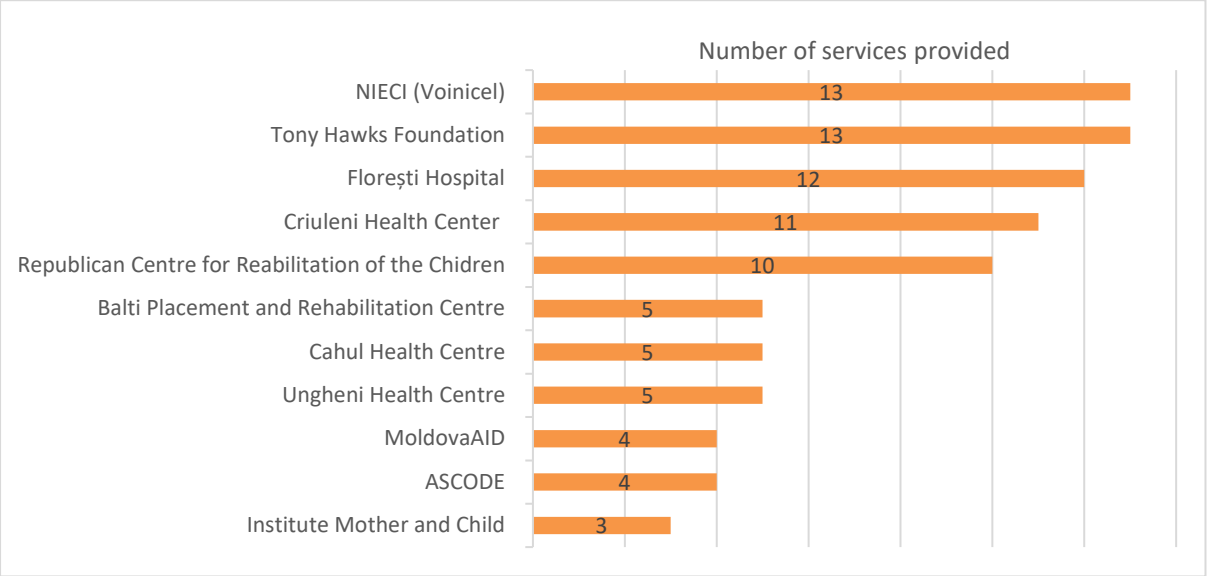
The ECI Regulation[14] describes following types of assistance:

1) early identification and diagnosis;
2) child and family development assessment and reassessment;
3) hearing and vision screening, other screening;
4) physiotherapy, massage, positioning;
5) training of the family in the use of special medical devices (orthoses, standers, etc.);
6) early stimulation of communication, language (speech therapy services);
7) nutrition consultations, including training the family in appropriate nutrition, prescription of special diets;
8) occupational therapy;
9) psycho-pedagogical activities;
10) social support activities and/or referral to social service providers as appropriate;
11) nursing;
12) family training to enhance parenting skills;
13) psychological counselling for the family.
14) home visits by the case manager, specialists from the interdisciplinary team.

[14] Republic of Moldova Government Decision No. HG816/2016 of 30.06.2016 approving the Framework Regulation on the organization and functioning of early intervention services and minimum quality standards for early intervention services. Revised in 2023 through HG507 of 19.07.23, MO314-317/15.08.23 art. 706; in force 15.08.23.

We found significant differences in the approach to interventions and in the number of types of assistance provided across different service providers. Out of 11 accredited ECI service providers, only five offer ECI services according to the concept and definition agreed by the scientific community included in the ECI Regulation. These providers offer a range of 10 to 13 of the 14 regulated services (Figure 10).

Figure 10. Number of services per the ECI Regulation offered by each accredited ECI provider



Source: ECI SitAn data

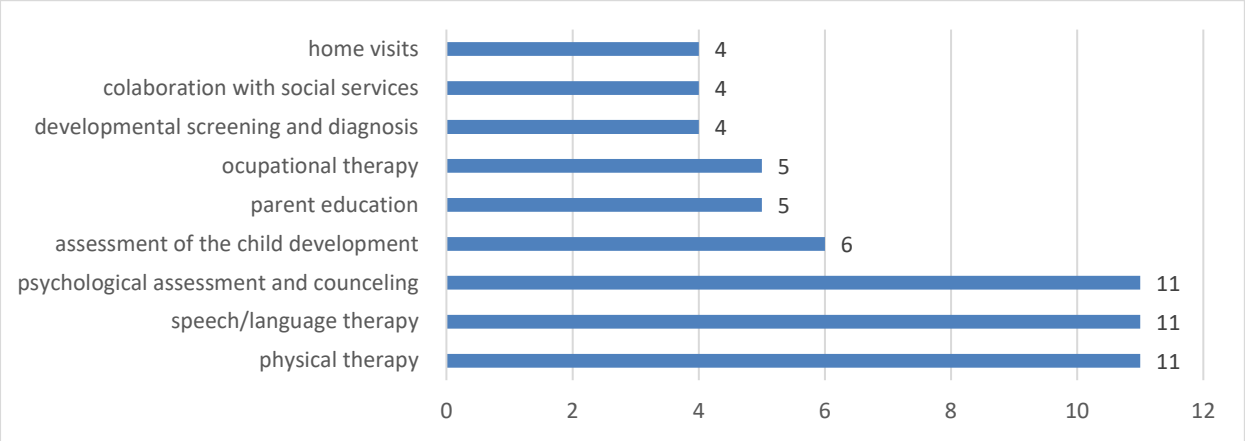
Two of the accredited ECI providers, Cahul and Ungheni, are embarking on their first year of activity. While they are still in the process of fulfilling the conditions required within the ECI centre and have not yet employed all the necessary specialists according to the approved staffing plan, they have made commendable efforts in providing approximately one-third of the assistance required for children and families during the evaluation period.

In contrast, the Bălți Placement and Rehabilitation Centre, Pro-Familia Centre/ASCODE, and Phoenix Centre/MoldovaAID specialize in habilitation and rehabilitation activities for children, albeit without strictly adhering to all ECI principles. Nonetheless, these providers are able to offer a significant portion of the assistance included in the comprehensive intervention plan to children and their families.

Regarding the Institute of Mother and Child, positive changes have been made through the establishment of an ECI department and the revision of regulations. While their current services mainly focus on monitoring, child supervision, assessment, and referral to specialized assistance services, they play a valuable role in early identification of the children with developmental difficulties and referral to other ECI services.

Upon analysing the data regarding the types of assistance provided by these providers, it is apparent that there are some discrepancies in the planning and delivery of interventions. This presents an opportunity for further improvement and alignment in order to enhance the overall effectiveness of the services provided.

Figure 11. Number of providers by type of assistance offered



Source: ECI SitAn data

Each of the accredited ECI provider offers essential services such as physiotherapy, massage, speech therapy, and psychological support, ensuring a well-rounded approach to child development.

Additionally, six of the accredited ECI providers utilise comprehensive child development assessment tools and diligently record and monitor the progress of each child. This approach allows for effective tracking of milestones and tailored interventions.

Occupational therapy and the identification of assistive equipment needs are also prioritised by five providers. These providers not only provide therapy but also train parents in the proper use of equipment, fostering independence and improving parenting skills.

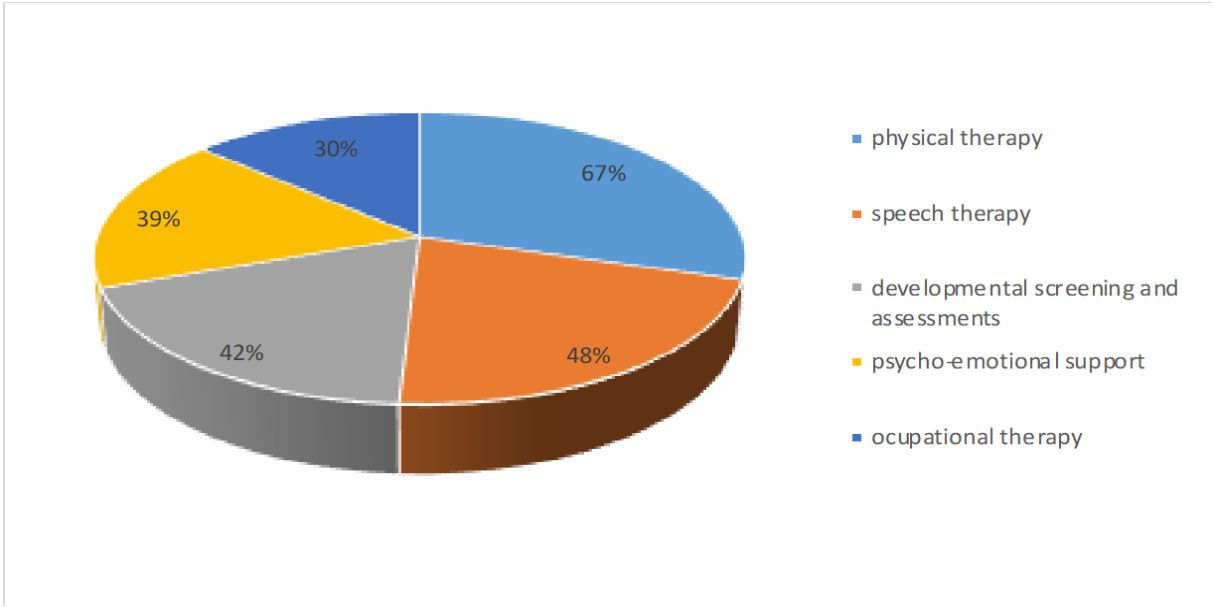
Four of the accredited ECI providers stand out for their implementation of internationally standardised screening tests, facilitating early diagnosis within interdisciplinary teams that actively involve the child's family. Two of these providers emphasize the principles of the social model approach to disability and family-centred care planning, while the other two focus on the medical model and habilitation and medical rehabilitation.

Furthermore, four of the accredited ECI providers demonstrate the application of case management principles. Through collaboration with social services, these providers actively engage the family in all stages of intervention, develop individual plans together, conduct joint visits with other community actors to the family's home, and ensure a smooth transition from early intervention services to psycho-pedagogical support services within educational institutions. They also collaborate with

territorial social welfare structures to provide referrals to social services and help families access eligible social benefits when needed.

As shown in Figure 12, the most accessed services are: physiotherapy (67%), speech therapy services (48%), assessment and screening services (42%), psycho-emotional support (39%) and occupational therapy (30%).

Figure 12. Types of ECI support accessed / provided



Source: ECI SitAn data

The variation in the number of services offered by each provider can be attributed to factors such as staffing levels, qualifications, and availability of personnel. Furthermore, the type of assistance provided by each provider is influenced by the presence of licensed screening tests within the ECI service and the availability of staff who are licensed to administer them. These factors play a significant role in shaping the range of services provided by each provider.

Based on the insights gathered from interviews with experts and providers, it is evident that the design of the ECI service is influenced by the primary field of activity of each provider. However, providers often encounter challenges when it comes to defining the scope of assistance provided within the ECI departments or sections, as well as the assistance offered to children in other areas. This delineation becomes particularly complex when a specialist employed in the outpatient ECI service also delivers care in specialized health services.

This situation can lead to conflicts and confusion. For instance, a paediatrician working in the ECI service may need to consult with another paediatrician from the specialized medical service, such as the paediatric section of a district hospital. In such cases, the same doctor is involved in both services,

resulting in a lack of diversity of opinions. Conversely, the same paediatrician may refer a child and their family from specialized healthcare or a hospital to the ECI service, where they themselves are a member of the interdisciplinary team.

These findings, drawn from interviews with ECI experts and institution directors, highlight the existing ambiguity in defining responsibilities between healthcare institutions providing primary outpatient care, specialized healthcare institutions, and early intervention services. Clarity regarding these shared responsibilities is still lacking, indicating a need for further refinement and coordination within the ECI system.

There is some confusion among family doctors regarding the differentiation between the paediatric service and ECI. This confusion extends to the provision of social and educational services, resulting in the perception of ECI as primarily a means to secure additional funding from the Mandatory Health Insurance Fund. Unfortunately, this perception undermines the recognition of ECI as a service that significantly impacts child development, working to prevent disabilities and mitigating the need for separating children from their parents due to developmental and behavioural challenges.

Addressing this misunderstanding is crucial to highlight the true value and purpose of ECI in fostering optimal child development and providing comprehensive support to families facing difficulties. It is essential to enhance awareness among family doctors regarding the significant positive impact that ECI can have on children and their families, shifting the perception away from solely financial considerations and towards the broader scope of child development and well-being.

D. Staff of ECI services

The staff positions involved in ECI services provision have been approved by the ECI authorities (District Council, Ministry of Health, Board of Directors in case of NGOs providers) for delivery of ECI services. A total of 88.55 staff positions have been approved across all 11 ECI services providers. Phoenix Centre/MoldovaAID has the fewest approved staff, with 3.75 positions, while Tony Hawks has the highest number with 15.8 positions. The allocation of positions is based on the types of assistance provided within the ECI service and the availability of specialists in the respective territories. The analysis of the staff structure for 2022 reveals that only 76.05 positions (86%) were filled. Of them 61.5 positions were filled and paid from public funds and 14.55 positions were filled and paid through donor's funds.

Table 3. Staffing of ECI services in Moldova, 2022

Service providers	# staff positions approved	# staff positions hired from public funds	# staff positions hired from donor's funds
Florești District Hospital	12.5	10.5	-
Cahul Health Centre	10	7	-
Ungheni Health Centre	10	7	-
Tony Hawks Foundation	15.8	7	8.8
NIECI (Voinicel)	10.75	5	5.75
Bălți Placement and Rehabilitation Centre	6	6	-
ASCODE (Pro-Familia Centre)	6	6	-
Republican Children Rehabilitation Centre	5	5	-
Institute of Mother and Child	4.5	2.5	-
Criuleni Health Centre	4.25	2.75	-
AO MoldovaAID (Phoenix Centre)	3.75	2.75	-
TOTAL	**88.55**	**61.5**	**14.55**

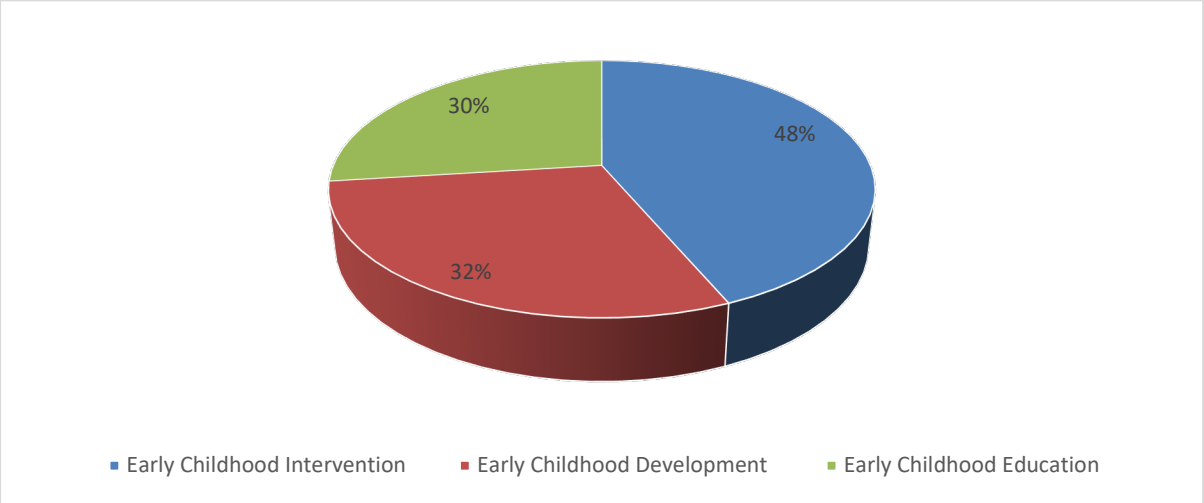
Source: Data provided by National Health Insurance Company and ECI managers

Interestingly, the actual number of individuals employed exceeds the approved number of positions by 12. This is because some positions are shared among two or more part-time specialists. A unique situation arises at the Republican Rehabilitation Centre for Children, where 20 individuals are involved in five staff positions. This accounts for only 0.2% of each specialist's working time dedicated to ECI services.

While the current staff allocation may not fully meet the approved staffing structure, it is important to consider the flexibility and resourcefulness demonstrated by sharing positions among specialists. However, further evaluation and adjustments may be necessary to ensure optimal staffing levels and the efficient allocation of resources within the ECI services.

Almost half (48%) of respondents employed in ECI services cited early childhood intervention as their main field of activity. Additionally, 32% of respondents indicated early child development, while 30% specified early education as their focal point. These findings reflect the diverse range of expertise and specializations among professionals working within ECI services, highlighting the multifaceted nature of supporting children in their early years.

Figure 13. Main field of activity of ECI service employees.



Source: ECI SitAn data

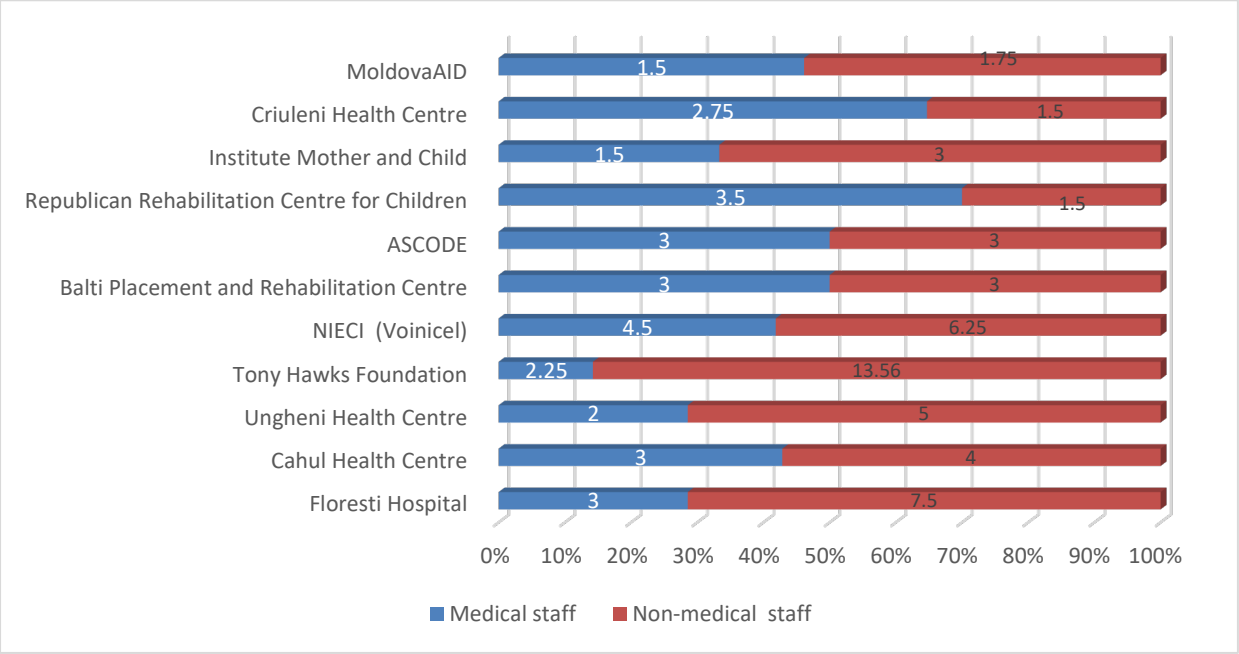
These findings also confirm the lack of a unified approach to defining and conceptualizing early childhood intervention. There is evident confusion among staff members regarding the distinctions between early child development, early childhood intervention, and early child education. This lack of clarity underscores the need for a shared understanding and common terminology within the field.

As per figure 14, an examination of the staff data reveals that non-medical personnel[15] (50 staff positions) outnumber medical staff[16] (30.5 staff positions). There is no agreed-upon standard for the ratio of medical to non-medical staff at the provider level. No information was obtained on the ratio of direct service personnel to administrators and ancillary staff (*e.g.,* cleaners, cooks, drivers, gardeners, security). Each ECI service provider has tailored its staffing structure based on the specific characteristics of the institution hosting the ECI service and the availability of human resources.

This variation in staffing structures highlights the adaptability of ECI service providers to accommodate the unique needs and resources of their respective institutions. However, it also suggests a potential lack of consistency and standardized guidelines across the ECI sector. Establishing agreed-upon standards for the distribution of direct service providers versus administrators and medical versus non-medical staff could help foster greater coherence and effectiveness in delivering comprehensive early childhood intervention services.

[15] For example: social workers, social work assistant, counsellors, psychologist, occupational therapist, speech therapist
[16] For example: paediatrician, neuro-paediatrician, rehabilitator, nurse, physiotherapist

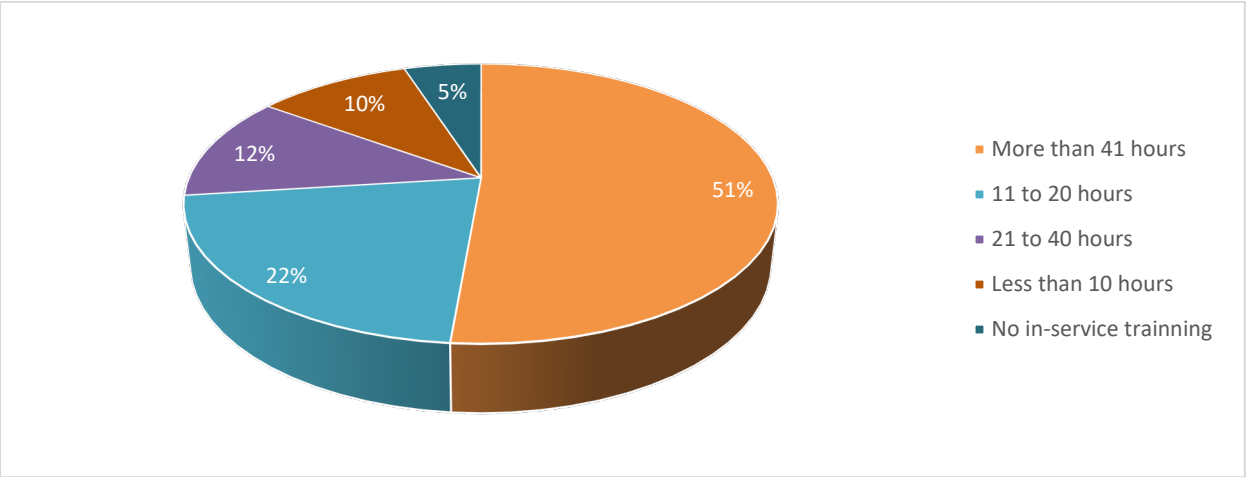
Figure 14. Number of medical and non-medical staff in ECI services, 2022



Source: ECI SitAn

While no Regulation or standard exists for continuing professional development in ECI, during 2022, most ECI service provider staff attended ECI training courses. More than half of the respondents (51%) reported receiving more than 41 hours of training. Roughly one in every four individuals mentioned receiving between 11 to 20 hours of training, while 12% of the staff reported receiving between 21 to 40 hours of training. Additionally, 10% of the staff received less than 10 hours of training, and 5% stated that they had not undergone any training at all. These statistics demonstrate a significant commitment to professional development among ECI staff, with the majority having dedicated substantial hours to enhance their knowledge and skills in the field.

Figure 15. Number of hours of ECI training, past year



Source: ECI SitAn

These training courses in ECI were conducted by specialists from the Voinicel National Institute for ECI as well as by the Lumos Foundation and UNICEF. The training included: an induction course for new ECI service providers on "*Early Childhood Interventions international and national context and perspectives*" and a more advanced course for ECI service providers (paediatricians, speech therapist, occupational therapist, psychologists, physiotherapists) on "*Child Development Assessment and Screening tools*" and "*Team work and intersectoral cooperation*".

The most commonly mentioned training approaches, include participation in national and international conferences (70% of respondents), as well as engaging in online training courses. Around 68% of the staff mentioned on-the-job training facilitated by more experienced colleagues or experts from the Voinicel National Institute for ECI. Furthermore, half of the respondents highlighted the significance of knowledge exchange and thematic workshops among providers as valuable means of continuous professional development. Looking ahead, specialists recommend maintaining practices that continue to encourage participation in conferences, offer online training opportunities, and foster the exchange of practices and experiences between providers.

However, the high number of vacant or only partially filled positions reflects a lack of qualified social workers, speech therapists, psychologists, and educational psychologists to ensure planning and delivery family-centred ECI services. Additionally, all interviewed ECI managers and staff reported a need for specialized training courses focused on interventions and therapies tailored to young children ages 0-3 experiencing developmental difficulties. They highlighted that the challenges in ensuring quality service delivery due to the general lack of qualified staff and high staff turnover, was exacerbated by the absence of mechanisms to support professional development of new staff hires. They considered that targeted

training programmes would make a significant difference in improving the quality of care and support provided to children and families in ECI settings.

These findings reflect the 2022 study on ECI programmes in Moldova, which found that all in total about 86 professionals have been trained in ECI services. Of them 13 paediatricians, 12 neuro-paediatricians, 21 physiotherapists, six rehabilitation specialists, six psychologists, eight speech therapists, 11 occupational therapists, and six social workers (Cojocaru, October 2022).

Meanwhile, across the country, ECI service providers are challenged by high staff turnover and a shortage of essential personnel due to the continuous migration of specialists to EU countries for better salaries. Specifically, they report a lack of paediatricians (2.5 units), neuro-paediatricians (1.5 units), physiotherapists (4.5 units), rehabilitation specialists (1 unit), psychologists (3 units), speech therapists (2 units), occupational therapists (3 units), and social workers (2 units).

In 2018, the Ministry of Health, in collaboration with the State University of Medicine and Pharmacy "Nicolae Testemitanu" supported by development partners, developed the first elective curriculum for training specialists in early childhood intervention. This curriculum focuses on building professional knowledge and skills in identifying and providing appropriate early care for children with developmental difficulties, including those with disabilities and developmental risks. Subsequently, in 2019, the Course Support "Early Childhood Intervention" was developed based on the curriculum. This course provides essential theoretical material and aims to assist specialists in acquiring general, professional, and specific functional competences. It also helps in developing interdisciplinary and transdisciplinary approaches to addressing child development difficulties, including those related to disabilities. The training course is primarily organized for resident doctors and is recommended by the University of Medicine and Pharmacy "Nicolae Testemitanu" for family doctors, paediatricians, and other medical staff. During the last two years no one registered for continuous training on ECI based on the approved curriculum.

The research findings highlight the lack of a unified approach to professional supervision within the ECI field (Box 4). While some providers believe that they do not require supervision due to their collaborative teamwork, others emphasize the importance of establishing internal and external professional supervision mechanisms to ensure the quality of ECI services. Providers who do implement supervision often rely on mentoring activities, such as observations of interventions conducted by individual specialists, reviewing file content, and ensuring the quality of information within the documents.

Box 4. Professional supervision in ECI

Supervision is a key management function to ensure effective management of performance and practice. Supervision ensures that work is progressed in accordance with the national standards, statutory duties, departmental objectives, policies, procedures and relevant legislation in order to improve the outcomes for children. Supervision offers the opportunity for professional conversations promoting learning and reflective practice, and for discussing and joint-decision making on individual children's cases. Good supervision supports workers emotional well-being and offers opportunities to explore the impact of values and difference at work. **Supervision can be integrated with management oversight and quality assurance to ensure effective decision making, the progression of plans and understanding around workers' capability and performance.**

Source: Adapted from Leicester City Council (2021)

According to the ECI Regulation Quality Standard No. 17 on Staff Supervision service providers should have an effective system of human resource supervision, with ECI service employees being supervised by trained and experienced specialists. However, the majority of providers do not fully comply with the supervision activities outlined in the quality standard.

Table 4. Training costs and number of people trained, 2021 -2023 (planned)

ECI Staff Training	2021		2022		2023 (planned)	
	Cost '000 MDL	# of people trained	Cost '000 MDL	# of people trained	Cost '000 MDL	# of people trained
Medical staff	62,6	31	117,2	31	111,0	28
Non-medical staff	1,8	3	11,6	3	20,0	5
Other staff (administrative)	20,0	4	33,0	30	74,0	66

Source: ECI SitAn

The research findings indicate that providers allocate financial resources for staff training, with a significant portion of the expenditure being dedicated to training medical staff.

However, interviews conducted with ECI managers reveal that the funds allocated from the NHIC are insufficient to meet the capacity building needs of the ECI services. As a result, ECI services rely on external funds to provide capacity building programs. Unfortunately, there is currently no mechanism in place for the state budget to include provisions for the capacity building of ECI services nationwide. Moreover, the cost standards approved by Decision No. 1020 of 29 December 2011 do not cover training costs and supervision for ECI staff.

E. Supplemental child and family support services

Overview of the situation

Family support services provided by social assistance directorates at district and municipal level have no mechanism for cooperation with ECI services providers. The ECI staff have limited knowledge of opportunities to partner with community social workers or other available social services at community level to identify and mobilize resources to facilitate access of children 0-3 years to ECI services and ensure joint case management.

Family support and parental education are important because all children have the right to grow up in protective families. In Moldova, ECI services are a focus area of the health sector and distinct from social assistance and education services. There is no mechanism to support families-at-risk to access ECI services. ECI services providers so not seek collaboration or joint actions with social assistance and educational services. There are also no mechanisms in place to enable regular coordination of the various family assistance services delivered by the three stakeholders, i.e., the health sector's ECI services and services provided by the education sector and the social assistance sector.

In Moldova, the case management guidelines on child and family assistance is approved through an order of the Ministry of Labour and Social Protection and is applied only in social services.

Prevention of child separation and institutionalisation is intended through Decision No.730 of 18 July 2018 approving the Framework Regulation on the organisation and functioning of the Day Care Centre for Children aged 4 months-3 years.[17] The Day Care Centre facilitates the process of family (re)integration and educational and social inclusion of the child. Beneficiaries of the service are children at high risk of separation. In 2021, 70 children (0-6 years) were placed in two residential institutions of them 26 children were aged 0-3 years. The main causes of the child's separation from their families are the abandonment of the child in maternity or in hospital, the severe health problems of the child, and the refusal of the mother to take care of the child due to poverty or other reasons (CTWWC, 2021).

Decision No. 1019 of 2 September 2008 approving minimum quality standards for social services provided in maternity centres,[18] aims to prevent child abandonment by providing a supportive environment for the mother and child couple in difficulty, by developing the mother's parenting skills, as

[17] https://www.legis.md/cautare/getResults?doc_id=108874&lang=ro
[18] https://www.legis.md/cautare/getResults?doc_id=14238&lang=ro

well as mediating relations with the extended family in order to (re)integrate the mother and child into the family environment.

Children and families are eligible for family support services as defined in Decision No. 889 of 11 November,[19] which may include primary family support that is information and awareness activities, parents' school, support groups for parents and children, community activities with children to support their social inclusion. Secondary family support includes social assistance benefits and entitlements to overcome risk situations and prevent child separation. The ECI is not a priority for family support services delivered by territorial social assistance departments. They have data only about children 0-3 years with disabilities, but no data about children 0-3 years with developmental delay or risks who need support to access ECI services (costs for transportation, special nutrition, assistive equipment etc.). Family support services is associated mostly with poverty and risk situations that lead to child separation (alcohol abuse, violence, parental migration etc.).

The Government investments in the child protection system have resulted in significant progress. The systematic identification, assessment and referral is increasing for all children at risk of violence, abuse, exploitation and neglect, or at risk of family separation. The number of children newly identified at risk and in receipt of family support services between 2017 and 2019 more than doubled (UNICEF, 2022, page 58). These mechanisms show positive results and could be scale up for ECI in terms of identification and referral of children 0-3 years and their families.

Through Decision No.314 of 23 May 2012 was approved by the Government the Framework Regulation on the organisation and functioning of the "Personal Assistance" social service and the Minimum Quality Standards,[20] personal assistance has been nominally available for children with severe disabilities. Up until this year it is reported that parents in receipt of childcare allowances are not encouraged to apply for personal assistants and there have been no requests for children under 3 years (Voinicel Report October 2022). However, the “Family Programme” announcement that 900 personal assistants for children with severe disabilities would be made available during 2023 along with an additional 42 personal assistants in territorial structures may begin to resolve this challenge (MLSP, 21 September 2022)[21].

Children with disabilities aged 0-3 can access social assistance, psychological support, speech therapy and physiotherapy at home in line with Decision No. 722 of 22 September 2011 approving the Framework Regulation on the organisation and functioning of the social sector’s Mobile Team Service and

[19] https://www.legis.md/cautare/getResults?doc_id=103106&lang=ro
[20] https://www.legis.md/cautare/getResults?doc_id=103165&lang=ro
[21] https://familia.gov.md/

minimum quality standards.[22] However, the number of children 0–3-year that are beneficiaries of the Mobile Social Services Team is reportedly insignificant, a few cases per year.[23] have no specific ECI knowledge or skills, they do visit families and can refer children to ECI services. Children 0-3 years are not considered a target group as they are covered by ECI and the mobile teams have no specific ECI knowledge or skills, they do visit families and can refer children to ECI services.

In the education sector, while children 0-3 years with developmental difficulties and their families are currently not covered by territorial psycho-pedagogical services, the planned expansion of these services to also cover kindergartens indicates that in the future they may be able to benefit from the territorial psycho-pedagogical services coordinated by Republican Centre for psycho-pedagogical assistance established in 2013 through Decision No. 732 of 09 September 2013.[24] Currently, territorial psycho-pedagogical services provide support for inclusive education for children with special educational needs (including children with disabilities) from 6 to 18 years. The support they provide is consists of methodological assistance to the child's family and early education institutions regarding inclusive education intervention measures and support, *i.e.,* capacity building and methodological assistance to psychologists, speech therapists, support teachers and pedagogical staff, teaching them how to provide specialised support for children with developmental difficulties based on their individual special education needs and development of Individualized Educational Plans for children aged 6-17.

The result of the research revealed that there is no intersectoral collaboration for ECI between health, education and social institutions at the local level. There is no shared data about families with children 0-3 years with developmental difficulties and no transition plans for children's support from one sector to another.

CSOs reported a lack of family-centred assistance and absence of multi-sectoral collaboration on case management. The available services work separately with the same child and family. CSOs recommended that hiring the specialists for child rights protection at community level could be an opportunity to strengthen the child' case management in all areas of intervention and to improve intersectoral collaboration.

The dominant view of authorities and providers about ECI is based on the medical model. The majority of interview participants consider ECI services for children 0-3 years to be predominantly medical. Subsequently, the child is taken up by the psycho-pedagogical service at the stage of enrolment in early education institutions, which in turn assesses the child and makes

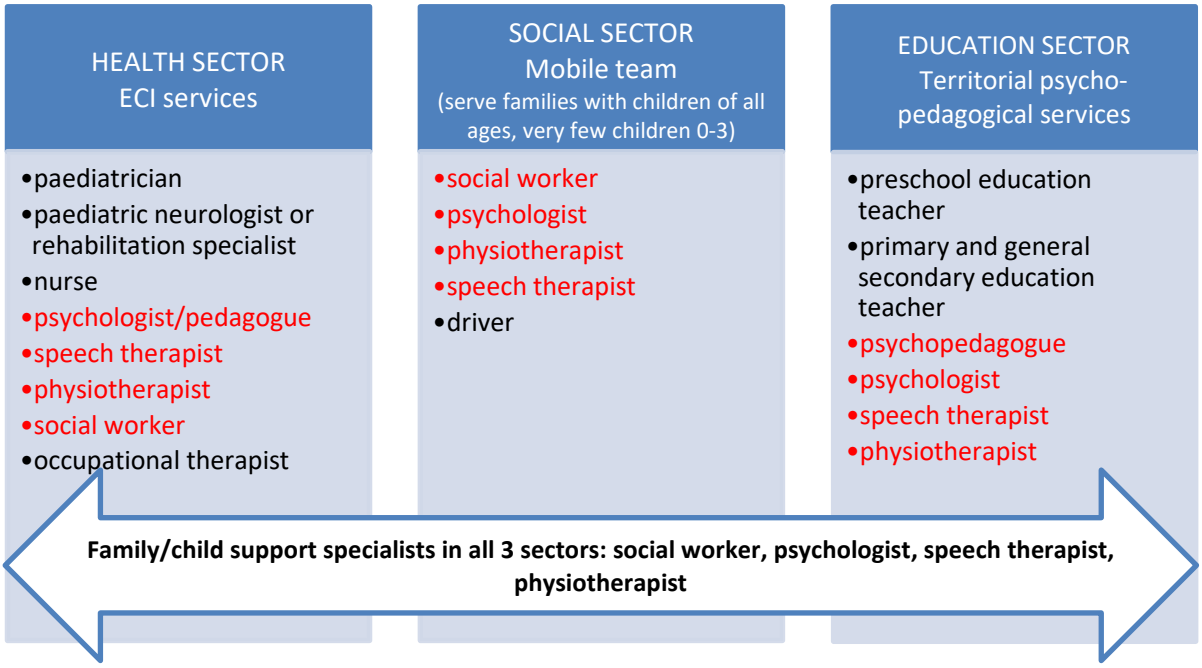
[22] https://www.legis.md/cautare/getResults?doc_id=22714&lang=ro
[23] Interview conducted with representative of the MLSP, 2022
[24] https://www.legis.md/cautare/getResults?doc_id=22066&lang=ro

recommendations for inclusive education. Social services are included only in cases where the family is in the vulnerable category or the child already has a confirmed disability. Social services for families with children are unevenly developed at community level and if they exist, the requests for services are many and the coverage is low. Social services that could be a support for the family for complex early intervention are: "Support for families with children", "Mobile team service", "Alternative care for children 0-3 years" and "Personal Assistance service". By linking families benefiting from ECI with social services, the family could benefit from additional support to cover some of their needs, i.e. parenting education for the care of children with disabilities, developmental difficulties, covering some transport costs to travel to the ECI service, providing support in the form of baby supplies or food products where special nutrition programmes are in place, continuing home care through the Mobile Team specialists and alternative care services where early education institutions only accept children after the age of 3.

Another problem that is a growing challenge, is the lack of qualified human resources in all sectors[25], especially qualified specialists providing specialised assistance directly to families in need. As reflected in the figure below, at district level, the health, social and education sectors, all provide assistance to families, and employ similar types of specialists to provide these services, *i.e.,* social workers, psychologists, physiotherapists and speech therapists, which reflects a lack of coordination between sectors with regard to human resource management and deployment of qualified personnel.

[25] The lack of human resources is registered in all sectors and largely due to migration to EU countries for higher salaries. An example are family doctors who represent a key entry point for referral to ECI services. The number of family doctors decreased from 1,725 doctors in 2015 to 1,656 in 2021, of which approximately 42% work in medical institutions in municipalities and 58% at district and village levels. Family doctors in rural areas often cover 3,000–6,000 inhabitants or more, compared to the recommended number of 1,500 inhabitants. For more information, see: https://gov.md/sites/default/files/document/attachments/subiect-05-nu-130-ms-2023.pdf

Figure 16. Qualified specialists providing specialised assistance directly to families with children



Source: ECI SitAn data

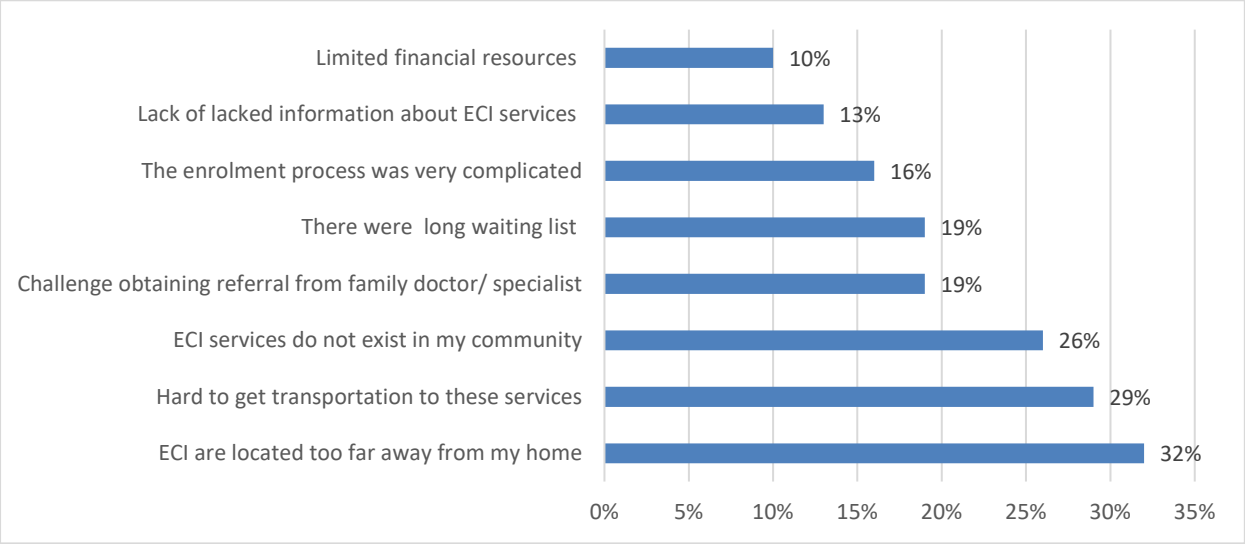
At district level, some of these specialists work for at least two different institutions, in one with the status of a full-time employee, the other employed on a part-time basis to provide specific services. Some institutions employ specialists, cost- and time-sharing these personnel between ECI services and other medical services within the institution.

Interviews with providers show that they often have no other options, that employing specialists on a part-time basis, sharing them with other institutions or services, is the only way they can keep the ECI service operational.

The SitAn revealed that only three of the accredited ECI providers employ a full team of specialists in the above-mentioned fields. It was noted that these providers are able to do so because their ECI services are co-financed by other donor funding.

The lack of specialists at district level providing direct specialist assistance with family and child participation creates access barriers for some families who have to travel from other communities.

Figure 17. ECI access barriers faced by parents



Source: Quantitative ECI SitAn data

The SitAn data shows that for some of the accredited ECI services, the service schedule does not consider challenges that families face in accessing services: 32% of the parent respondents mentioned that the distance from ECI services is a barrier, or that they have problems with public transport (29%) which often does not provide rides in the middle of the day.

Also, as also described above, the lack of collaboration and coordination of care between ECI services on the one hand and health, social and educational services on the other, can create confusion among parents who receive different instructions and recommendations from each service regarding how they should work with the child.

F. Parental education provided through ECI services

Parental education programmes, that support parents and caregivers to provide nurturing care are largely reliant on donor-funded initiatives. Although for the most part these are implemented through government structures, they tend to be short-term.

A study conducted by the National Child Abuse Prevention Centre (CNPAC) in partnership with the Ministry of Education, Culture and Research shows that 32 providers of parenting education programmes have been identified in Moldova, delivering 52 parental education programmes (some providers deliver 2 or 3 programmes). Of the 32 identified providers, 31 are non-governmental organisations (Oceretnîi, Bătrânescu et al., 2021). The topics most frequently addressed in parenting education programmes and activities are (i) ways of caring for and protecting children (23.1%), (ii) education without violence (23.1%) and (iii) caring for children with disabilities (17.3%). Out of the total of 52 parenting education programmes, 22 programmes are aimed at parents with children of any age,

12 programmes are aimed at parents with children of pre-school age and two programmes are aimed at future parents. The study shows that early childhood intervention is one of the topics not covered by parenting education programmes. Out of 11 ECI providers, only two providers also offer parenting education programmes for parents or other carers of the child.

In 2023, UNICEF Moldova, in partnership with the Ministry of Health, the Ministry of Education and Research, the Ministry of Labour and Social Protection launched the Bebbo App - a free mobile app that helps parents and caregivers of children up to six years old. The Bebbo app was developed by UNICEF's Regional Office for Europe and Central Asia to provide parents with expert-certified advice on a wide range of child health and development topics, from nutrition and breastfeeding to early learning and the value of play, responsive parenting, protection and safety. The app also includes features that allow parents to monitor vaccinations, health checks, and other developmental milestones. Bebbo also supports refugee parents in Ukraine, who can easily access advice on raising children, providing a safe environment for them and maintaining their own well-being. The content of the app can be personalised according to the age of the children, as well as used simultaneously by both parents for one or more children (UNICEF, 15 May 2023). As the app was launched so recently, no data is available yet on the extent to which the app was accessed or used.

G. Transition support from ECI to Early Childhood Education

Overview of the situation

ECI services have no mechanism for cooperation or collaboration with psycho-pedagogical services referring children from ECI programmes for evaluation of special education needs or providing support for inclusive education in early education institutions. There is no transition plan for children leaving ECI programmes and referred to early childhood education. The planning and budgeting of support services for inclusive education of the children with special education needs is not evidence-based. There is no statistical data on the number of children benefitting from the ECI programmes who will need support from the education system.

There are almost 1479 early childhood education services most of which are State provided at no cost. This includes for children 0-3 years nursery (2 units) and nursery-kindergartens (809 units); for children 3-6 years: kindergarten (563 units), schools-kindergarten (89 units) and community centres (16 units). Enrolment rates compared to availability of registered places is higher in urban than in rural areas (94:100 and 63:100 respectively), with some suggesting this is due to a decrease in the birth rate rather than investment in available infrastructure (Biroul Național de Statistică, May 2023).

Statistical data of the Republican Centre for Psycho-pedagogical Assistance show that in early education institutions there are about 2000 children 3-6 years with special educational needs (SEN). The official data showing the pathway of ECI children into early education is not currently available. ECI SitAn respondents stated that no administrative authority collects or processes such data.

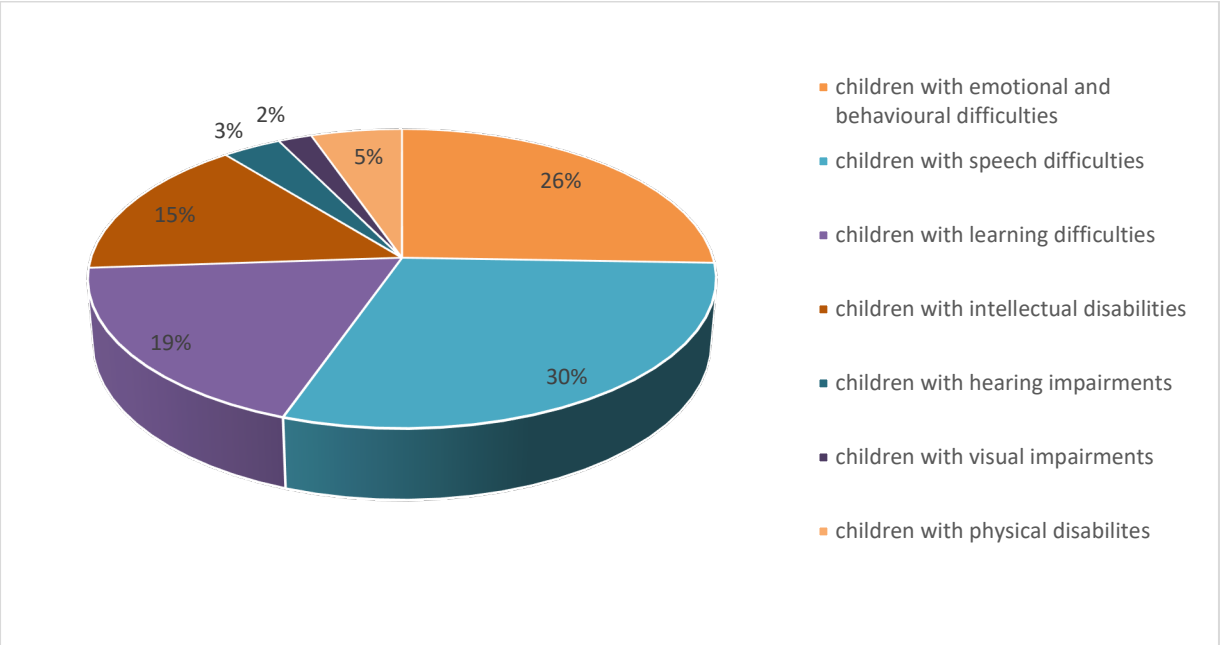
Several parents participating in focus group discussions highlighted the need for crèches and nurseries for children with developmental delays. Inclusion of children with special needs in mainstream pre-school institutions such as nurseries and kindergartens are difficult at the moment, both because the groups of children in these institutions are large and because staff do not have sufficient skills to work with children with special needs.

> *"First of all, I think that more nurseries should be opened with specialists trained in early intervention. Up to the age of 2, around 7-10 children should attend the nursery and from 3 years old they should be included in kindergarten. If there are children with disabilities or learning difficulties in the group of children, for example, children with Down syndrome, autism, speech delay, the total number of children should be smaller, not the current 30 children"* (F., 41 years old, child with language difficulties).

> *"Let's start from that educators are not trained for this. They don't know how to deal with these children. My child used to shout like this because the other children were sitting scared in the corner. He felt bad, but the teacher didn't know what to do to him, but by law he has to go to a regular kindergarten".* (F., 32, child with ASD).

Analysis of data on the number of children attending ECI services, by type of developmental need or disability, is essential for appropriate planning and budgeting of early education services: every third child with special educational needs has a language impairment, every fourth child has emotional and behavioural difficulties, every fifth has learning difficulties, 15% of children with special educational needs are children with intellectual disabilities and 5% with sensory impairments (hearing-3% and vision-2%.

Figure 18. Share of children with special educational needs (3-6 years) attending early education by category



Source. Statistical data provided by Ministry of Education and Research, situation in 2021

Focus group discussions with parents and individual interviews confirmed that there is currently no clear mechanism for collaboration between Early Intervention Centres and educational institutions and the Educational Psychological Support Service. In some regions, districts there is collaboration and referral, but this is determined by the relationships between specialists. Moreover, the ECI SitAn found that there are gaps in access to services even after referral of children over 3 years of age from accredited ECI centres to early education services, either due to lack of specialists in these institutions or due to waiting lines for assessment of the educational needs on behalf of the Psycho-pedagogical cervices. However, in some cases there is no exchange of information at all on the situation of children between early intervention service providers, psycho-pedagogical services and early education institutions.

> *"There is no mechanism, no regulations in this area regarding the referral of children. Although in the Government Decision regulating the early intervention services there is a point where it is specified that there must be an exchange of information, there are 2 sentences, but it is not mentioned how this transfer takes place*." (decision maker)

Qualitative research results show that access of children with disabilities and developmental difficulties to early education institutions is particularly difficult. There is a shortage of childcare facilities in the Republic of Moldova. In general, children are admitted to pre-school institutions from the age of 3 years, but not children with special needs. However, '*social creshes'* or kindergartens for children younger

than 3 years offer a solution to parents seeking child care support for young children, including for children with special needs.

The representative of the Republican Psycho-pedagogical Centre mentioned that the new ECI Action Plan (which was being developed at the time of the ECI SitAn data collection and approved by the Government on July 19,2023, specifically addressing the age range of children targeted by ECI services) should include a separate point on the establishment mechanisms for sharing information between ECI services and psycho-pedagogical services to ensure continuity in support provided to children.

The results of the quantitative research show that only three of the accredited ECI service providers collaborate with the district or municipal psycho-pedagogical support services and early education institutions where children with disabilities or developmental difficulties - beneficiaries of ECI services - are placed.

H. Medical and health services

Overview of the situation

The ECI SitAn revealed a disconnect in understanding of the concept of ECI between different medical and health services. The roles of Child Development Offices and ECI services working at district-level are not clear distributed and accomplished. At district-level, ECI programmes have limited capacities to use assessment and screening tools. Most of the tools used by ECI programmes have not been approved by national academic or health authorities.

According to data from the National Agency for Public Health, by the end of 2022 the number of paediatricians was 465. For every 10 thousand children aged 0-17 years on average there were 8 paediatricians and about 45 beds of all profiles for children located in health institutions.

The paediatric service is the main medical service contributing to the early identification of children with disabilities or developmental difficulties and their referral to ECI services. At the initiative of the Ministry of Health in recent years there is an increasing emphasis on strengthening the paediatric service and providing quality health care to children, especially young children. Thus, with the support of UNICEF Moldova in the framework of the regional development programme "EU4Moldova - key regions", 16,000 copies of child development booklets have been reissued and distributed to parents in Ungheni and Cahul districts. The Child Development Booklet is a guide for parents, based on the Child Growth and Development Standards for children aged 0-18 years, which includes all relevant information related to

child growth and development, including immunisation and nutrition thus allowing parents to keep track of every visit to the family doctor or specialist.

In order to assess the degree of compliance of children's development with age, paediatricians, neurologists, neuro-paediatricians, rehabilitators, psychologists and specialist doctors in health care services are currently trained by UNICEF and Lumos to apply several internationally standardised assessment and screening tests and tools. However, in the Republic of Moldova, these tools are not officially translated and endorsed by the Ministry of Health and the academic community in the field. Only one assessment tool has been translated into Romanian and endorsed by the Ministry of Health.

There are no standardised assessment tools licensed for use in Moldova, although some experienced practitioners have devised tailor made assessments. However, these have not been tested for validity or reliability in the Moldovan context.

Parents interviewed emphasized that there is an acute shortage of qualified health specialists at district level, and in some regions, there are none: "there is no ophthalmologist in Bălți ", "there is no neuro-paediatrician in Cahul", "we have no speech therapist even with payment (Criuleni)", etc. Parents are also concerned that some paediatricians are of an advanced age, and young people do not come to the region and there is a risk that they will not be specialists in the coming years. Parents receiving early intervention services pointed out that even in some early development centres there is a problem of qualified specialists for specific therapies.

> *"When I was with my child (1,5 years) at SOS Autism, in Chișinău they told me suddenly that we have in our region the centre (Early Intervention Centre), but they won't help us, they don't have the specialists we need." (F., 29 years old, child with ASD)*

In the focus group discussions, in different contexts, several mothers reported situations where they had been prescribed medication by some specialists and other doctors had recommended other treatments or told them they needed behavioural therapy, developmental support, but not drug treatments. In these situations, it is quite difficult for parents to make a decision and they often feel guilty for following certain recommendations of specialists that other doctors dispute.

> *"The neurologist on the ward suddenly gave me some powders, some drops on demand. Another doctor (identified on social media) told me that my child doesn't need anything, he is growing up, what neurologist X prescribed, will make the child sleep all day, not normal. I gave him the proscribed medications 10 days. After the discussion with the second I felt guilty and cried for a month."* (F., 42, child with Down syndrome).

The identification of specialists is often done with the support of other mothers whose children face similar developmental problems, and social networks are often used for this purpose.

The qualitative study found that there are gaps in the level of information available to doctors and other professionals about the early intervention services available in the region. Some mothers interviewed also noted that they inform some health professionals about available therapies, services or even compensated medicines. Parents learn different information from other professionals or frequently from other parents whose children are in similar situations.

> *"Because our doctor was on leave, we went to another specialist. I said that we are on an anticonvulsant preparation, and the doctor gave me the prescription and informed me that this medicine is part of the list of those compensated. By then I had bought it twice, 900 and something lei... At my next visit, to our local doctor, he recommends me to get it. I tell her it is compensated and to give me a prescription, but she again stresses that it is not compensated. I say look in the list of compensated preparations... She looked in the list and subsequently gave me the prescription."* (F., 34, child with brain damage, encephalopathy).

Parents reported lack of empathy and support from medical professionals leading those who can afford it, to turn to private institutions or specialists in Chișinău. Some mothers reported that they resorted to costly alternative medicine or unregulated therapies.

> *"I tried a new German method for my child, a lady comes from Germany and for two weeks spends 40 minutes a day with my child costing MDL 2,800.[26] That method includes headphones, with some music playing. I found out the information about this method from other parents, and then read about it on the internet"* (Parent of a child with a disability).

[26] Equivalent to €145 at 29th August 2023

VIII. ECI Policy and Legislative Environment

Summary

Moldova is a signatory to the principle international and regional Conventions protecting children's rights and has a sophisticated national policy and legal system supporting ECI. A full legislative review is still required to harmonise the legal environment with the provisions of the CRC and ***Convention on the Rights of Persons with Disabilities*** *(*CRPD).

A. International Conventions

Moldova has ratified several international conventions on children's rights, which involve commitments to ECI (Table 5).

Table 5. Moldova's Global ECI obligations

Name	Year
Convention on the Rights of the Child (CRC)	1993
Convention on the Rights of Persons with Disabilities (CRPD)	2010
International Covenant on Economic, Social and Cultural Rights (CESCR)	1993
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1994
Association Agreement European Union-Republic of Moldova. Agenda for 2021-2027.	2022
European Pillars of Social Rights (Principle 11. Children care and support to children)	2023

Source: ECI SitAn desk review

In addition, General Comment No 7 on implementing child rights in early childhood (UN Committee on the Rights of the Child, 20 September 2006,) is of particular importance for ECI:

- to strengthen understanding of the human rights of all young children;
- to comment on the specific features of early childhood that impact on the realization of rights;
- to encourage recognition of young children as social actors from the beginning of life;
- to draw attention to diversities within early childhood that need to be taken into account when implementing the Convention;
- to emphasize the vulnerability of young children to poverty, discrimination, family breakdown and multiple other adversities that violate their rights and undermine their well-being;

- to contribute to the realization of rights for all young children through formulation and promotion of comprehensive policies, laws, programmes, practices, professional training and research specifically focused on rights in early childhood.

The Concluding Observations of the CRC Committee (2017) urged the Government of Moldova to introduce measures to:

- improve access to inclusive preschool education (Par 30 (b));
- develop a comprehensive strategy for early childhood development (Par 30(e));
- strengthen coordination of health, education and social services (Par 30 (f)); and to
- take measures to improve access to healthcare that can reduce child mortality and increase immunisation rates (Par 31-32).

Similarly, the Concluding Observations of the CRPD Committee (2017) recommends that mainstream support services are made available to children with disabilities and action is taken to break down stigmatising attitudes (Par 16-17).

The Special Rapporteur on the rights of persons with disabilities (UN Human Rights Council, 2016) recommended that:

- all data collected relating to the situation of persons with disabilities are disaggregated at a minimum by sex, age and ethnic origin (Par 61 (b));
- the normative standards for disability determination should be reviewed (Par 61 (c)); and
- that the State should provide inclusive preschool for children up until three years.

B. National Policy environment

At the national level, in 2012 Parliament adopted Law No. 60 on the Social Inclusion of Persons with Disabilities that describes ECI in Article 44:

- early intervention services are medical-social services provided to children with physical, cognitive, communication, social, psycho-emotional and adaptive development-related disabilities;
- early intervention services are provided by healthcare institutions and specialized organizations in the field of medical-social services;
- early intervention services shall be provided by qualified staff, adapted to the needs of the child and delivered in a natural family- and community-based environment;
- the funding of early intervention services shall be provided by the means of the MHIF or, as the case may be, by grants, donations and other sources according to the legislation in force.

The activity framework and the minimum quality standards of early intervention services are approved by the ECI Regulation.

The Law No. 140/2013 on special protection of children in risk situations regulates how guardianship authorities should intervene in case caregivers cannot fulfil their responsibilities for child rights and care, including in case of children with developmental difficulties.

Several other national policies, sectoral policies, strategic plans, legislation and regulatory documents refer to ECI (Table 6). Please also see Annex 6 for links to documents in the national legal framework for ECI. A full legislative review is still required to harmonise the legal environment with the provisions of the CRC and CRPD.

Table 6. ECI Relevant policy, legislation and regulatory documents

Name	ECI relevant provisions
ECI related policy, legislation and guidance documents	
Law No.60 of 30 March 2012 approved article 44 on Early Childhood Intervention	Early intervention services are medical-social services provided to children with physical, cognitive, communication, social, psycho-emotional and adaptive development-related disabilities. Early intervention services are carried out by qualified staff, in a maximum volume adapted to the child's needs, in a family and community environment.
Decision No. 816 of 30 June 2016 approving the Framework Regulation on the organisation and functioning of early intervention services and minimum quality standards for early intervention services	Special provision about organising and functioning the ECI services aimed to early identification of developmental disorders and potential risk factors for their occurrence; assessment of the needs for early intervention of children with developmental disorders or risk for their occurrence, as well as assessment of their family; provision of early intervention services to the child and family, in accordance with minimum quality standards. The beneficiaries of the ECI services are children up to 3 years old.
Regulation on the intersectoral collaboration mechanism in the medico-social field to prevent and reduce the maternal, infant and	Regulates the methods of identification, evaluation, reference, settlement and monitoring the cases of families with children up to 5 years old at risk and women of reproductive age at risk.

children mortality rate at home (Government Decision 1182/2010)	
Guidelines on Early Childhood Development (Revenco N., Holban A., Turcu O., et.al. (2020) (Minutes No 01 from 27.10.2020 of the Management Council of the State University for Medicine and Pharmacy "Nicolae Testemiţanu"	The practical guide in early childhood development is recommended to specialists, who provide assistance to young children (doctors/family nurses, specialists from early education institutions, social workers) to monitor the development of young children, but also to parents for the development of parenting skills and abilities, because the family is the best and most effective educator and support of the child throughout life.
Curriculum and Support course for ECI staff, students and community medical staff and multidisciplinary teams working on ECI (Revenco N., Hadju S., Holban A. et al., (2019) (Minutes No 02 from 26.11.2019 of the Management Council of the State University for Medicine and Pharmacy "Nicolae Testemiţanu"	In 2018, the Ministry of Health and the State University of Medicine and Pharmacy "Nicolae Testemițanu" with the support of "Lumos Foundation" developed the first Curriculum of Support course ECI focused on the development of professional knowledge and skills in the field of identifying and providing appropriate early assistance to children with developmental difficulties, including children with disabilities and at risk of their development.
ECI complementary policy, legislation and guidance documents	
Regulations for organizing day care Centres for young children 4-36 months (Government Decision 730/2018) and for Specialized Centres for children with TSA (Government Decision 234/2019)	Special provision about collaboration of social services staff with ECI personnel and ensuring the joint case management. The communication and transition of the interventions from ECI to social specialized centres should be ensured.
Instruction on the intersectoral cooperation mechanism for the primary prevention of risks regarding the child's well-being (Government Decision 143/2018)	The provisions of this Instruction refer to the way of intervention and cooperation of employees working in the fields of education, health care, social assistance and public order for the primary prevention of risks regarding the child's well-being.

Guidelines on case management of the child approved by Ministry of Labour and Social Protection (Order No 96 from 18.05.2016)	The Guide represents a tool for social workers and child protection specialists on ensuring case management for families with children, especially for family support services provided at community level.
Guidelines on early childhood education (Gînu D., Bulat G., Vasian T. et. all (2020) (Order No 1336 from 01.12.2020 of the Ministry of Education, Culture and Research)	The guide is addressed to all those who, through their vocational or parental purpose, raise and educate children up to 7 years old, support and contribute directly to the process of childcare and education. The Guide also demonstrates that inclusive early education is a reality and, equally true, a necessity, as well as encouraging new experiences.
Guidelines on child developmental assessment (Bulat G., Ginu D., et al., (2015) Decision of the National Council for Curriculum from 30.01.2015	The Guide is a working tool for specialists at different levels from health, educational and social areas in the process of evaluating child development.

Source: ECI SitAn desk review

C. ECI Governance, Coordination and Integration

Overview of the situation

ECI services are coordinated by Parliamentary Committee for Social Protection, Health and Family. This mechanism is not institutionalised and has no well-defined responsibilities and functions. The research highlights that 2 scenarios can be followed:

- ***integration of the early intervention field as one of the basic components of the National Council for Child Rights Protection or the National Council for the Rights of Persons with Disabilities***
- ***the creation of a separate coordination mechanism for ECI policies and services at national level***

The lack of a monitoring and evaluation mechanism for ECI services influences how providers are funded based on performance and types of assistance provided.

Good governance is a term used to describe the way in which public institutions and officials exercise power and manage resources in a manner that is transparent, accountable, participatory, responsive, equitable, and inclusive.

At national level, there is no institutionalised coordination mechanism to foster cooperation between the MoH, the Ministry of Labour and Social Protection, the Ministry of Education, and the Parliamentary Committee for Health, Social Protection and Family, and to avoid isolated action by policy makers. Establishing or designating a coordination mechanism in the field of ECI is not a legal obligation, but it could help countries to make more efficient use of the resources allocated to ECI services and ensure their strengthening.

At national level, there are two opportunities to set up the national policy coordination mechanisms to ensure alignment with international child rights mechanisms. The first opportunity refers to the National Council for the Protection of the Rights of the Child and the second to the National Council for the Protection of the Rights of Persons with Disabilities. Both Councils are Moldovan Government policy coordination mechanisms in line with UN Conventions. The main functions of these Councils are:

- Harmonisation of the regulatory framework, policies and services from the perspective of children's rights, including those with disabilities, with the involvement of representatives of ministries, government institutions, organisations of persons with disabilities, parents' associations and development partners;
- Ensure the integration of the rights of children, including children with disabilities and developmental difficulties from rural areas, from disadvantaged families in all government policies and programmes (education policies, health policies, social policies, demographic policies, funding policies, etc.);
- Ensures the facilitation of information exchange between state and non-state actors in health, social and education. Document and share promising practices between different areas of work of ministries and promote innovative approaches to the implementation of the Convention, including the implementation of early intervention policies and services based on positive experiences both in the country and in EU countries.

The results of the interviews with representatives from all the ministries concerned with ECI indicated that the subject of ECI was not a priority discussed at the last Council meetings. At the same time, both Councils are in the process of being re-organised, with their organisational and operational regulations being revised. Neither Council has a clear mandate to coordinate the development of ECI services.

From 2021, an active role in ensuring good governance of ECI services has been assumed by the Parliamentary Committee for Health, Social Protection and Family. Within the Parliamentary Committee, the Rehabilitation Working Group has been created, whose members are ECI service providers, representatives of ministries, civil society and development partners. This working group meets whenever

necessary and discusses the problems faced by providers and identifies solutions to expand the network of ECI services in underserved regions. The most important topics discussed and agreed in the Working Group in the last 12 months are:

- Amendment of the Framework Regulation for the organisation and operation of the ECI service based on existing experiences and practices;
- Analysis of the advantages and disadvantages of changing the age group of children with disabilities or developmental delays from 0-3 years to 0-5 years;
- Analysis of costs for ECI services and facilitation of dialogue with the National Health Insurance Company to secure funding from Mandatory Health Insurance Fund;
- Develop and approve an action plan on the development of the ECI service system;
- Sharing experience and learning from good practices implemented at national level.

The results of the qualitative research show that the majority of ECI service providers welcome the idea of creating this group. Only one provider mentioned that they are not interested in the work of the working group and do not see any advantages for the Centre running it. Representatives of civil society and development partners similarly welcome the idea of setting up the working group, but are more sceptical about ensuring the continuity of its work. The Parliamentary Committee now acting as coordinator has no formal mandate for this function. Coordination depends largely on the activism and initiative of the Committee's chair. This initiative came about with the initiation of discussions between members of the central government and organisations active in the field of disability rights to revive the work of the National Council for the Rights of Persons with Disabilities. The establishment of thematic working groups was one of the proposals to be included in the amended version of the Regulation on the organisation and functioning of the Council. As a result of the meetings of the Council for the Rights of Persons with Disabilities, the creation of eight Working Groups was recommended, aimed at promoting and implementing policies in line with the UN Convention on the Rights of Persons with Disabilities in areas of interest to members:

- Working Group on Inclusive Education;
- Working group on access to services for people with severe disabilities;
- Working Group on Early Intervention and Rehabilitation Services;
- Working Group on strengthening the statistical data collection system;
- Working Group on Improving Disability Determination Policy;
- Working Group on Accessibility;
- Working Group on Employment;
- Working Group on Social Services Development and Deinstitutionalisation.

As the new composition of the Council and the amended Rules of Procedure have not yet been approved, it is not clear which authority will coordinate the work of the Council and how communication and coordination of activities between all Working Groups will be ensured. At the moment the work of the Working Groups is coordinated only by the Parliamentary Committee on Health, Social Protection and Family and they are perceived by most providers as an informal structure alongside the Parliamentary Committee. Eight out of eleven providers mentioned that they are part of this Working Group. In the experts' opinion,

> *"This coordination model could be an efficient and functional one if the secretariat of the Council is provided directly from the Prime Minister's Office or through the State Chancellery, as it involves several ministries and there is a need to ensure the secretariat by a higher hierarchical body. The exercise of this role at the moment by the Parliamentary Committee on Health, Social Protection and Family could end with the expiry of the term of the Legislature*" (Representative International NGO).

From the analysis of the minutes of the meetings of the Working Group on Early Intervention and Rehabilitation, it was found that there is an initiative to create and institutionalise a **Coordinating Council on Early Childhood Development** to ensure a coherent, comprehensive and cross-sectoral process in the field of early intervention. This initiative is in the process of being finalised within the Ministry of Health. At the moment it is not clear whether this Council will replace the work of the working group or be an additional coordination platform. Some experts participating in the research were not aware of this initiative, but support it. The main challenge, in their opinion, is to ensure leadership.

> *"If the Ministry of Health is going to have this leadership and secretariat role, then there is a risk of further promoting a medical model of early childhood intervention services. The Ministry of Education and Research and the Ministry of Labour and Social Protection will still have a secondary role, considering ECI as just a health field."* (NGO representative).

According to some experts, inter-ministerial cooperation is difficult, as each ministry considers its own area of intervention as a priority. The Ministry of Labour and Social Protection considers early childhood intervention to be an area of the Ministry of Health, as it has funding through the NHIC from Mandatory Health Insurance Fund. There is no communication and information exchange mechanism between the Ministry of Health and the Ministry of Labour and Social Protection of data on families at risk who have children 0-3 years that are case managed by the community social worker. Similarly, there is no mechanism to ensure the child's transition from ECI to early childhood education services. The 11 accredited ECI service providers do not provide support in social crèches, day nurseries or early childhood

development centres. Some experts pointed out that there is no clear funding mechanism for non-medical ECI services. The NHIC has a strictly medical approach in the reporting and monitoring process, and excludes early intervention psycho-educational services, occupational therapy services, and speech therapy as health care services.

According to some of the experts interviewed, there is a turnover of staff and a lack of specialists in the ministries and for this reason there are many good initiatives, but they are not finalised or the processes are very slow, and this is not an exception in the field of early childhood intervention.

> *"In my opinion, the ministries have fewer specialists than they should have and are overloaded with a lot of work. We've started several things and there are several working groups, but they hardly come together. Just now we set up the early childhood intervention group, of which we are members, only in the two months we have not met once. The constant changing of people within ministries, starting processes with some specialists, then changing them to other positions, not finishing things, that also leads to lack of knowledge, lack of coordination and continuity."* (AI, NGO representative)

In the in-depth interviews with experts, it became clear that there is a need to increase the capacities and skills for cooperation between state institutions and this needs to happen at both central and local level.

The process of coordinating the ECI at the central level and the decision to extend or amend the regulatory framework in this area must be based on lessons learned and data reflecting the real situation on the ground. From discussions with parents it was found that the location of the ECI services in a medical institution (hospital, health centre) sends the message that these interventions are rehabilitation, medical procedures and treatments. This leads to parents' confusion about their expectations. Both parents and some specialists in the ECI services set up in medical institutions hardly distinguish between healthcare services and ECI services. In most cases, employees of ECI services are less inclined towards psycho-emotional support services, behavioural support, speech and language support and parenting education. ECI is primarily associated with massage and physiotherapy.

Several civil society respondents suggested that the decision to create district or regional ECI centres in Health Centres or district hospitals was based on organisational convenience. The creation of the ECI Centres in the vicinity of health institutions exempts the provider from some additional authorisations and paperwork required for accreditation and licensing. At the same time, the creation of ECI centres within the premises of functional institutions solves the problem of human resources, as it involves specialists from specialised health care or hospital or other services.

"As the ECI service was developed on the premises of the placement centre, there was no need for additional paperwork from different courts. Accreditation was much simpler, as was starting the process of service provision" (NGO representative).

We did not find a common approach in the ECI service coordination process regarding the participation of parents and other family members or caregivers in the care process. Some of the experts interviewed pointed out that health workers are used to the fact that parents are very little involved in medical interventions and that decisions and actions are often left entirely to the specialists. And in this context, it is difficult to change the approach of people who remain working in the same medical system.

The role of an ECI coordination mechanism is important for strengthening the ECI domain and to monitor the quality and compliance of the services provided with minimum quality standards. In the opinion of an academic expert in the field of ECI,

"*Currently the creation of ECI services should be analysed and exploited not as an opportunity to obtain funding from the NHIC and supplement the salaries of specialists who even without ECI services provide rehabilitation or monitoring, supervision and referral services. ECI services must be created following the concept and definition agreed both nationally and internationally. Three key elements constitute the essence of ECI services which are really only respected by some providers: social model of interventions, family and child-centred care, cross-sectoral collaboration (health, social, educational)"* (ECI expert academia).

D. Networking on ECI services provision

Respondents spoke of an initiative to bring together all actors involved in early intervention services within a National Early Childhood Intervention Platform that is coordinated by the Voinicel National Institute for ECI. Seven of the eleven accredited ECI providers indicated that they are members of this Platform. Members hope the Platform can support standardisation of ECI and strengthen members' capacities.

"There is now the Early Intervention Platform, of which our organisation is a member. We have met a few times. This platform was created by NIECI (Voinicel Centre) and we met at a few meetings. As members there are all the early childhood intervention services in the country, there are the developing ones, including NGOs that have developed some services. It was created on January 10, 2020. The last time we met was in the autumn, when we talked about the age of the child who should benefit from early intervention services. In the debate we put the ages, up to 3 years or up to 5 years. There were some more meetings" (NGO representative).

Members acknowledge the important and separate functions of a State coordination mechanism and their participation in members advocacy platforms, such as the National Early Childhood Intervention Platform, the Alliance of Organisations of People with Disabilities (AOPD) which lists ECI as an area of AOPD activity, and the European Association of Service Providers for Persons with Disabilities (EASPD) Platform of Early Intervention Service Providers.

E. ECI Financing

Overview of the situation

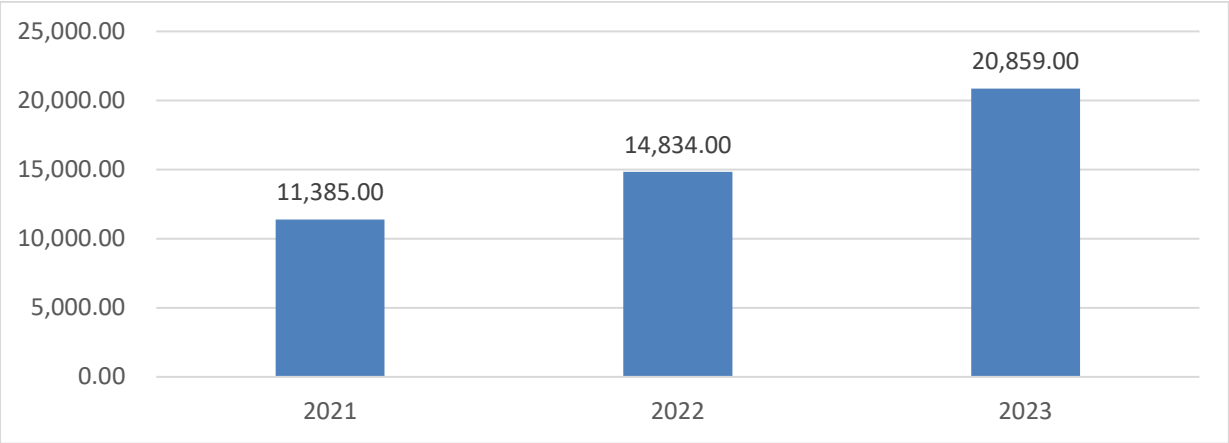
Analysis of the funds allocated by the MHIF for ECI shows an increase in public funds and a decrease in contribution from donor organizations. The financial resources for 2023 from MHIF were distributed equally to all 11 accredited ECI providers regardless of experience, human resources, number of children served or geographic coverage[27]. However, even with MHIF funding, the accredited ECI services are still dependent on external funding to ensure the provision of quality services. Standard ECI costs were approved though Decision No. 1020 of 29th December 2011, and are now out of date. The state budget is inadequate to ensure ECI service provision across the country and does not include funds to enable families in districts lacking ECI services to access such services in another district (transportation costs, costs for temporary accommodation, etc.).

All accredited ECI centres receive financial subsidies from the MHIF to provide medical services. However, these ECI service providers lack resources to provide continuous family-centred social services (Bordeianu, Oceretnîi & Milicenco, 2022).

This chapter provides an analysis of the financial resources allocated to ECI services that have been in existence for at least two years and have completed financial forms as part of the survey. The analysis of the ECI services budget for the last years shows a positive dynamic: from 11.3 million lei in 2021 to 20.89 million lei in 2023.

[27] In the period 2020-2022, the MHIF only monitored the number of family visits to ECI services. In 2023, the MHIF set targets of 800 children to be served by each ECI service and 1,600 family visits per service, which will be a major challenge for ECI services established at district or regional levels as their child population sizes are too small.

Figure 19. The budget for ECI services, in thousands MDL

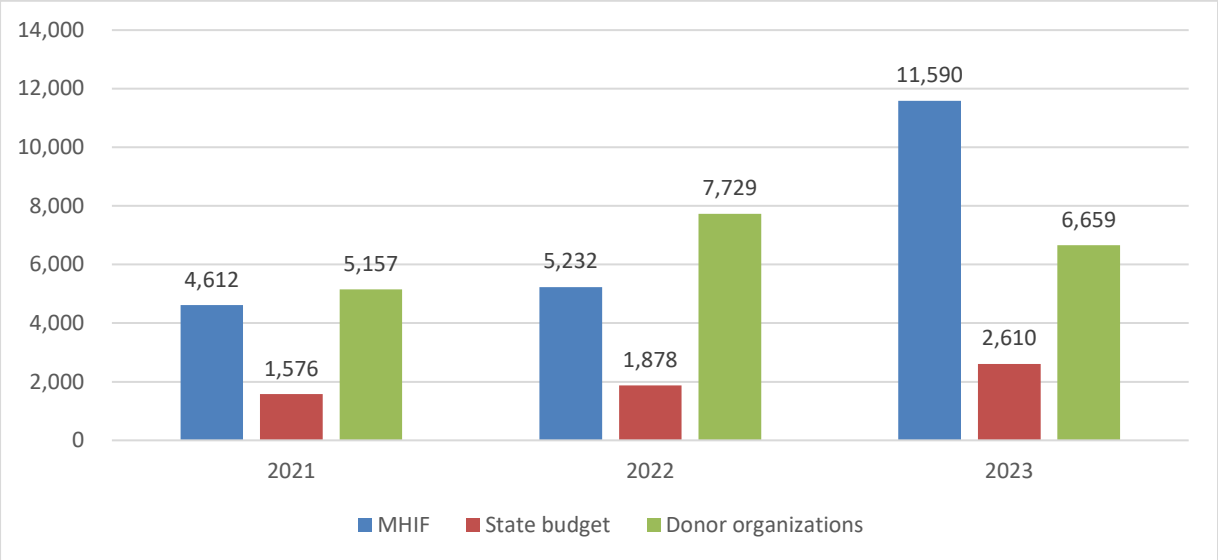


Source: ECI SitAn Financial sub-study

The increase in the budget is due in part to an increase in ECI budgets for all centres and in part to the establishment of new ECI centres since 2021, including the two new ECI services established within the Health Centres in Cahul and Ungheni in 2023, by the Ministry of Health with financial support of UNICEF and the European Union.

Analysis of budgets by funding sources shows that in 2021, MHIF and State funding combined were more than donor funding for ECI services (6188 vs. 5155); while in 2022 MHIF and State funding combined was equal to donor funding (7110 vs. 7729). The financial resources allocated from MHIF for ECI has steadily increased and in 2023 was more than double the 2022 budget, largely because of co-financing of the four new ECI centres that have been accredited since 2020 to provide ECI services for children aged 0-3 years: Florești, Criuleni, Cahul and Ungheni.

Figure 20. The ECI budget disaggregated by funding source, in thousands MDL



Source: ECI SitAn Financial sub-study

The contributions of the MHIF to ECI programming has been substantial: from 41% of the total of ECI budget in 2021, to 35.8% in 2022, and 55.9% of total in 2023. Financial resources from donors have decreased in recent years. The increase in the volume of donor funding for ECI services in 2022 is notable in the case of two providers (NIECI and Tony Hawks), that expanded ECI services to also cover children from Ukrainian refugee families.

One accredited ECI provider is solely funded by the state budget: the Bălți ECI Department within the Centre for temporary placement and rehabilitation of children.

The analysis of the budgets per provider is presented in the table below and shows that two providers (NIECI and Tony Hawks) still depend on donor funding. In the case of NIECI, 20% of total costs of services provided in 2021 were covered by the MHIF while only 13% of ECI service costs were covered by the MHIF in 2022. In the case of Tony Hawks Foundation, a larger proportion of ECI service costs were covered by the MHIF: about 43% of the total cost in 2022.

Table 7. The ECI budget by financial source 2021-2022, thousands MDL

	MHIF (FAOAM[28])		Donor organisations		State budget	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**
Voinicel National Institute for ECI	591	647	2975	5078	0	0
Tony Hawks Foundation	853	1020	1979	2366	19	21
Florești Hospital	1366	1456	245	37.7	0	0
Bălți ECI Department	0	0	0	0	1557	1857
Pro-Familia/ASCODE	449	545	0	0	0	0
Republican Rehabilitation Centre for Children	891	920	0	0	0	0
Institute Mother and Child	489	537	0	222	0	0
Criuleni Health Centre	158	330	2.7	20	0	0
Phoenix Centre/Moldova AID	264	322	4.5	0.9	0	0

Source: ECI SitAn Financial sub-study

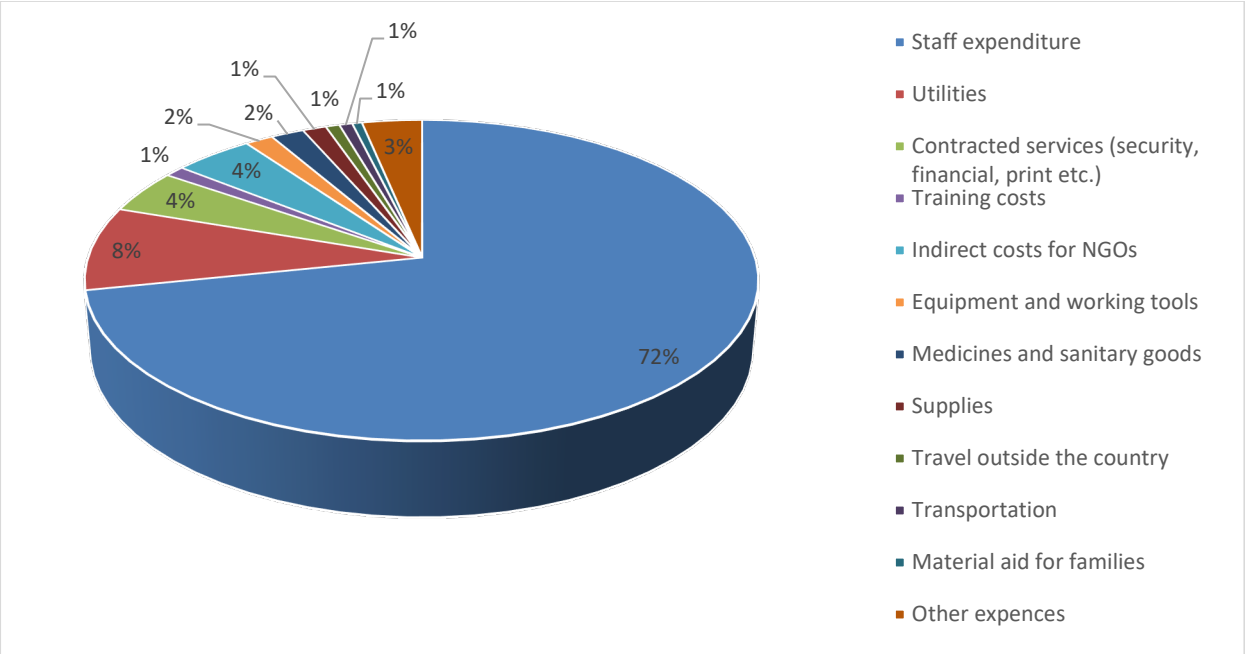
The findings of the expert interviews and focus group discussions with parents show that the ECI services provided by Voinicel National Institute for ECI are the most appreciated and are considered very important. Voinicel National Institute for ECI is a resource and mentoring centre for most providers. The most complex cases requiring specialized multidisciplinary assessment are referred to this provider, as it has expertise in early childhood intervention, conditions to assess and monitor the child and family for screening, clear tools and methodologies for working with the child together with the family. Voinicel

[28] FAOAM is the Romanian acronym for MHIF, see acronym list

National Institute for ECI's financial dependence on donor sources is one of the risks to the sustainability of its services. The same risks may also affect the work of the Tony Hawks Centre which, according to experts and parents, has the greatest expertise and experience in providing rehabilitation and occupational therapy services. About 57% of the ECI services provided by Tony Hawks continue to be covered by donor funding and other fundraising activities.

Analysis of ECI service providers' budgets by expenditure categories shows that the largest share of expenditures is attributed to staff costs (72%).

Figure 21. ECI budget analysis by type of expenditure, 2021-2022



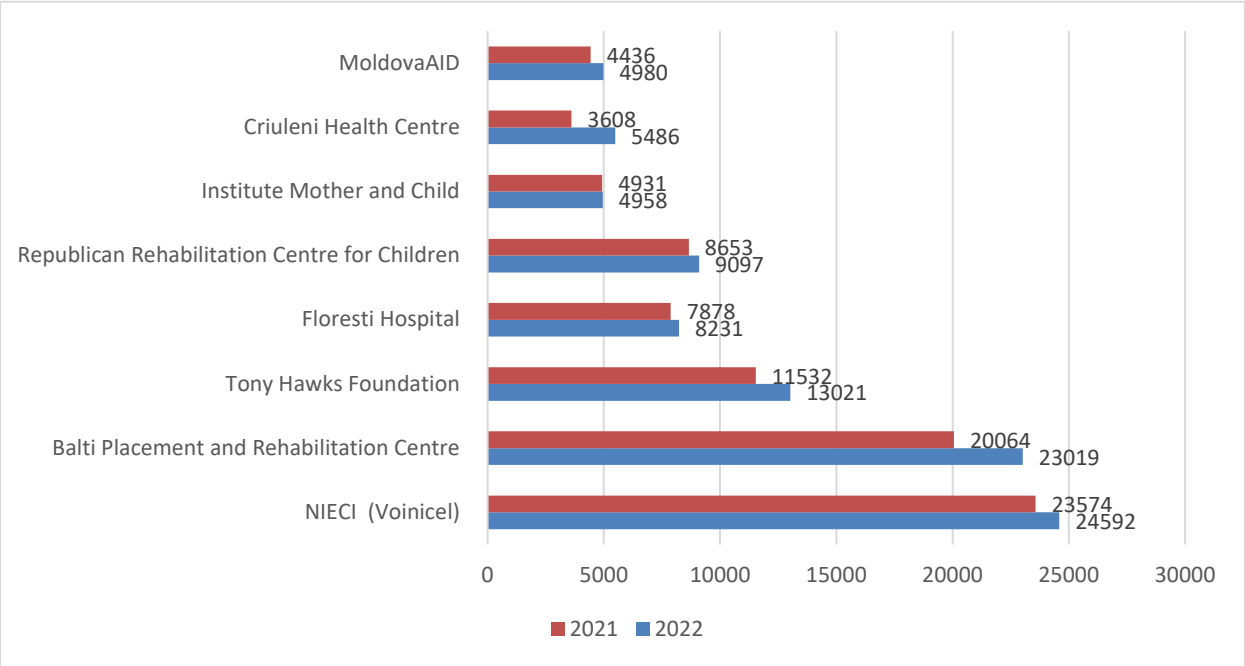
Source: ECI SitAn Financial sub-study

Training costs make up about 8% of the total budget while 4% of costs are used to cover indirect expenditures. This category of expenditure is most evident in the case of private providers and constitutes financial resources collected under the NGO funding mechanism, at a rate of 2% of individual income and other donations. The other types of expenditure are mostly for utilities and security services, telecommunications, banking and postal services, etc. About 3% of the budget is used to cover costs of medicines and health products, equipment, and assessment/screening tools. Transport, supplies and out-of-country travel expenses account for a percentage of the total budget. Only one provider also reported expenditures to support low-income families in the form of material aid, *i.e.,* special products for the child's nutrition or other needs of the child that cannot be covered by the family.

Analysis of the costs per staff position for one month of ECI services shows major differences. The lowest costs per staff position are recorded for service providers in Criuleni and Rîșcani: *i.e.,*

between 3608-5486 lei[29]. The highest staff costs are reported by the Voinicel National Institute for ECI: *i.e.,* between 23,574 -24,592 lei[30]. The difference in expenditure per staff position is determined by: the level of qualification of the specialists involved in the provision of ECI services, the range of specialised services provided and the time involved in providing the ECI services.

Figure 22. Cost per ECI staff unit per month for 2021-2022, MDL



Source: ECI SitAn Financial sub-study

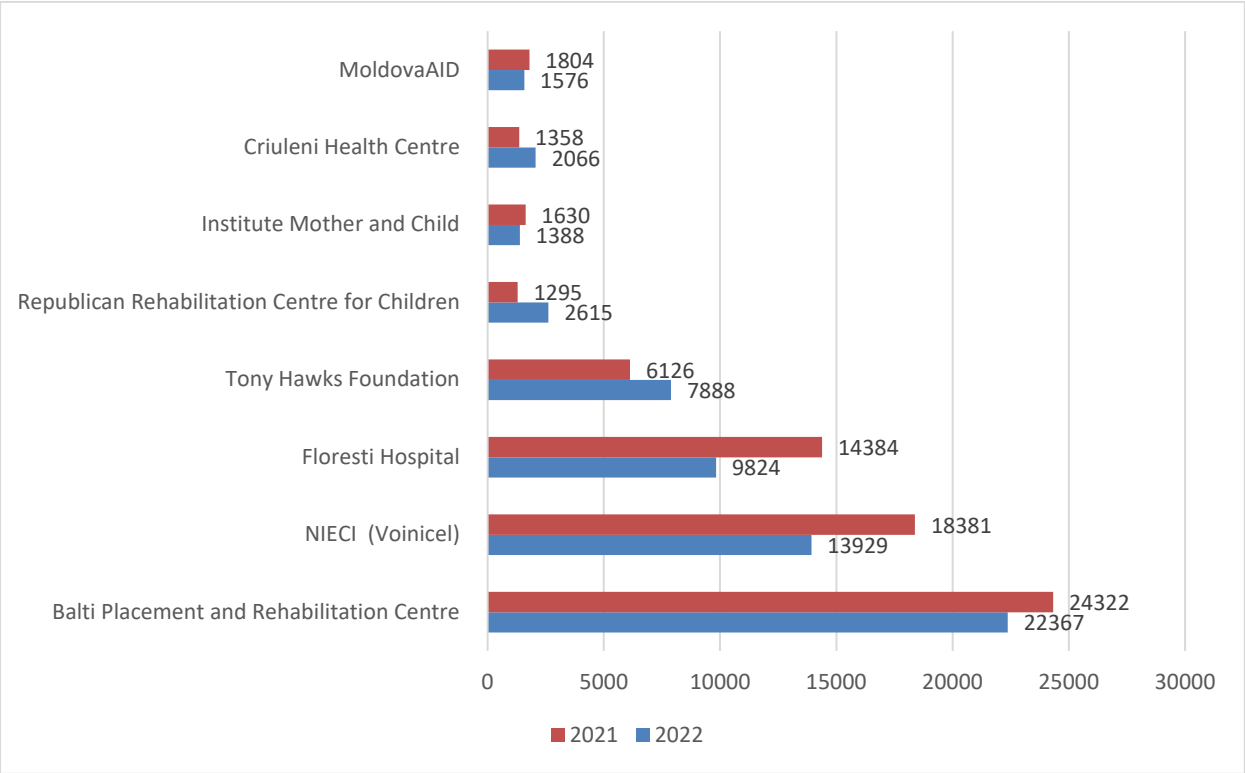
The results of the qualitative research show that different providers used different methods of remunerating specialists involved in the provision of ECI services. There are no reference standards for different categories of staff. Staff salaries covered by MHIF and the State budget are paid in strict compliance with the Moldovan Salary Law. Staff covered by donor resources have different salary levels depending on the services they provide and level of expertise of the specialist. The ECI SitAn revealed a need to develop a transparent ECI service staff salary scale that can be applied independent of the source of funds covering the staff salaries.

Financial analysis of ECI services also shows large discrepancies in monthly costs per service beneficiary. The figure below shows the annual costs per beneficiary in ECI services for the years 2021-2022.

[29] The budget includes only the financial resources of the National Health Insurance Company.

[30] The budget of NIECI staff includes financial resources received from the National Health Insurance Company (18%) and donor funds (82%). The funds received from donors are almost for research and supervision of other ECI personnel.

Figure 23. Cost per ECI beneficiary per year in 2021-2022, MDL



Source: ECI SitAn Financial sub-study

The lowest cost per ECI beneficiary of up to 2615 lei (145 USD in 2022) was reported by four providers: AO Moldova AID, Criuleni Health Centre, Institute of Mother and Child and Republican Rehabilitation Centre for Children.

The highest annual cost per ECI beneficiary was reported by the Bălți ECI Department, 22,367 lei in 2022 (1,243 USD).

An average annual cost of about 8,000-14,000 lei (450-770 USD) per ECI beneficiary is reported by the Voinicel National Institute for ECI, Tony Hawks and Florești Hospital (ECI Center). When considering aspects of quality service provision such as: the number of ECI service staff, qualifications of service providers, as well as efficiency in the use of financial resources, these same three providers reflect an average monthly ECI service cost per beneficiary that can be considered the appropriate cost of providing ECI services according to national quality standards.

The detailed financial data per total and per provider is presented in Annex 7 (Total budget of the ECI for 2021-2023) and the analysis of the key indicators is presented in the Annex 8 (Key Indicators of the financial analysis).

F. ECI Monitoring and Evaluation

At national level there is no single system for monitoring and evaluating the quality of ECI services. Despite the fact that providers of publicly funded ECI services, neither the Ministry of Health nor the National Health Insurance Company have a functioning mechanism for monitoring and evaluating the quality of ECI services. Similarly, there is no coordination between the quality of ECI service delivery and the funding mechanism.

The majority of providers mentioned that they do not report on the activity of ECI services to the Ministry of Health. In the case of providers receiving co-funding from donor organisations, the reporting process is clearer and includes indicators developed on the basis of minimum quality standards and on the basis of the register of interventions carried out by each specialist. Quantitative research data show that only 4 out of 11 providers have a mechanism for monitoring and evaluating ECI services. Even they have a mechanism, it should be improved and linked to reporting procedures established by national authorities on ECI.

Providers mentioned that they need more clarity in terms of reporting indicators on the number of beneficiaries of the ECI service. The main questions that emerged from providers are:

- Do all children who have been referred to the ECI service for a primary consultation, whether or not they are eligible for ECI services, need to be registered in the beneficiary database or not?
- How are the number of children who received a short package of interventions (assessment, screening and referral) and a full package (assessment, screening, specialised assistance (speech therapy, psychology, occupational therapy, physiotherapy, parenting education, etc.) recorded and presented in the NHIC reports?
- How are the activities carried out with the child's parents/carers and other family members reported?
- How are the activities promoting the ECI service in the communities of the district(s) in the region reported?
- How are post-intervention follow-up activities for the child documented and reported?

At the time of the survey, providers lacked clarity and answers to most of these questions. At the same time, the research revealed that each provider has developed its own mechanisms for monitoring and recording beneficiaries and interventions. At central level there is no single mechanism for recording and monitoring cases. Thus, it is very difficult to estimate the total number of beneficiaries reported by two or more providers. Focus group discussions with parents indicate that some children receive ECI services from more than one provider. In such cases there is no mechanism for communication and exchange of information between providers. Parents go so as not to miss out on intervention time for the

child. In some cases, they do not even say that they have received assistance from other providers for fear of not being admitted to the service. However, there are also situations in which a child has received assistance from a provider that is accredited at national level (Voinicel National Institute for ECI), and for continuity of interventions the national service refers the case to the centres in the country with the Individual Service Plan.

The monitoring and evaluation mechanism of the ECI services applied by the NHIC is a general one applied to all contracted institutions. The approach is medical and focuses on records of the number of beneficiaries and the number of visits made by each specialist within the ECI service. This current monitoring approach is not effective to assess the quality of services provided by ECI services as it does not enable assessment of the progress of the ECI beneficiary per their Individual Service Plan nor cross-sectoral collaboration or family participation in the child's care and development. Most providers expressed concern about the targets set for the year 2023 which are applicable to all of the ECI services: 800 children and 1,600 visits. In the opinion of the directors of the institutions providing ECI services, the NHIC did not take into account the specificity of the service: coverage area, range of services provided, number of specialists employed and data on the total number of children 0-3 years in the district or region assigned to provide services. At the same time, providers had different interpretations of how to report. Some considered that the "800 children indicator" - refers only to the assessment of child development and determination or non-determination of child eligibility for ECI. About two visits are planned for each child to reach the planned indicator of "1600 visits". In the view of ECI experts, this is the wrong approach because these types of care are part of the implementation of the Child Development Monitoring Guidelines (CDMG) - the responsibility of family doctors and paediatricians through Child Development Cabinets. Other providers consider this to be an unrealistic indicator when referring to the types of care to be provided in the ECI service according to the Regulation (816/2016). As a result, some providers mentioned that they will come with a request to the NHIC after 6 months of implementation to change the indicators. Among the providers, one director of an institution where the ECI service operates mentioned that he will come with a request to terminate the contract. On the one hand, the provider is experiencing difficulties in completing the ECI Centre, on the other hand, he understands that it is not realistic to achieve the indicators set in the contract by the NHIC. Another director said that he would inform the NHIC in advance that he would not be able to use all the planned resources because he would not be able to reach the indicator of 800 children 0-3 years.

E. ECI Service Gaps

The online survey and interviews conducted with ECI service managers and staff revealed the following major gaps of the ECI system in Moldova:

- **Inconsistent data about children 0-3 years.** Disaggregated administrative data or national survey data about children 0-3 years is not systematically collected. There is no mechanism to follow the child from birth to 3 years and record the support received in different institutions based on identity card number. The data limitations impact decision making about ECI services planning and development, particularly geographically.

- **Inadequate policies, plans and regulations for ECI service providers.** The research revealed that not all ECI providers follow the regulation and minimum quality standards on service delivery. There is no digital informational system used by all ECI service providers. A child can benefit from several ECI services, while another does not benefit at all. The reasons are different: the interest of the parents to help their child, the possibilities to cover the transportation costs to access the ECI services, the degree of awareness of the problems and the trust in ECI services providers. There are no clear mandatory procedures and guidelines for ECI services eligibility criteria, type of assistance, staff structure, assessment and screening tools to be used etc. The methodology of public resources allocation for each ECI services is not transparent and evidence based.

- **Lack of supervisory services, including mentoring, coaching and reflective supervision.** The Ministry of Health has no clear strategy about the institution delegated with responsibilities on capacity building, supervision, mentoring and coaching. The results of the interviews conducted with ECI managers and staff reveal that this role is performed by the Voinicel National Institute for ECI. However, this capacity strengthening role is driven by project funding, not by any Government assigned and supported quality improvement or capacity strengthening strategy. Almost of the assistance and methodological support is provided from donor funds. This approach is not sustainable, but at the moment there are no funds planned from state budget for this type of capacity building. There are also no approved national guidelines for mentoring, coaching and supervisory activities.

- **Lack of agreement regarding core ECI concepts.** The research revealed that not all ECI service providers have a common understanding and agreement regarding ECI. There are a confusion and misperception between Early Childhood Intervention, Early Childhood Development and Early Childhood Education. Almost of the staff of the ECI public providers are not making the difference between rehabilitation and early childhood intervention. This approach is transferred from ECI staff to parents/caregivers and consequently their participation and involvement in ECI is not considered as crucial and very important.

- **Insufficiency of qualified ECI specialists.** At regional level the national system faces the lack of professionals in ECI. The research revealed that not all ECI professionals have technical knowledge

and skills in working with children with disability or developmental delay by building positive working relationships with parents. There are no curricula and support courses for ECI specialists on how to engage families with appropriate strategies for working with children. The ECI service providers are not collaborating with social and educational sector for working with families based on joint case management, family-centred services, and empowerment. Only a few ECI providers have an important role to play in supporting the family as a whole and all its members.

- **Lack of a uniform agreement on using the assessment and screening tools.** The ECI service providers use the assessment and screening tools that a not licensed and approved by Ministry of Health and academia. The applied tools have been purchased by one provider who shared with other colleagues. They have certificate on using the tools benefiting from capacity building programs conducted by international licensed institutions. The problem stressed by ECI provider consist in costs for hardware and software of the tools. The ECI service provider decide by themselves what type of the tools to use in their activity. This process is not regulated yet. The National Health Insurance Company has no budget line for this type of goods and services. Only four ECI providers apply and monitor the progress of the child based on specialized assessment and screening tools.

- **Lack of information to families and local communities about ECI services.** The information about ECI services is not disseminated in a regular manner by national authority and other institutions responsible for child and family care. Not all family doctors know about ECI services providers and consequently they are not referring the family to ECI services. The research revealed that not all ECI services know each other and have good collaboration. Even though in Moldova there are only 11 ECI service providers, the information about their contact and geographical area coverage is not available for general population, family doctors, paediatricians, neurologists and other services providers from social and education sectors.

- **Stigma and barriers to the inclusion of children with disabilities and those with developmental difficulties.** The focus group discussion conducted with parents revealed that families face stigma and barriers to accessing ECI services. In the field of early childhood intervention, practitioners are reporting an increasing number of families with multiple risk factors (alcohol abuse, family violence, poverty, mental health disorders, relational issues). These factors influence the access to ECI services and the involvement of the family in service provision. In many cases, the families in risk situations are left behind ECI services due to limited financial resources to cover the rent in the community where is located ECI providers and transport, hygiene goods and special food for child nutrition.

IX. Conclusions

Leadership and governance

This ECI SitAn shows that seven years after the regulation of early intervention services in the Republic of Moldova, notable progress has been made in terms of the development and expansion of ECI services across the country. While Government, NGOs and the donor community have worked closely together to realize this progress, NGOs and donors have been the main driving force. However, under international human rights law, States, as the principal duty bearers, are accountable for respecting, protecting and fulfilling children's rights within their territories. Short-sighted policymaking that fails to take children into account has a negative impact on the future growth and development of Moldavian society. Whilst parents are now expressing more confidence in NGO ECI providers, a balanced investment in expansion of government services can mitigate the risk of system depreciation should supplementary donor funding decline. Continued support for government leadership is critical, in setting standards, ensuring - as the principal duty bearer - basic ECI services, and supporting and providing oversight of the ECI system, including human and financial resources, monitoring and evaluation.

Findings from this ECI SitAn indicate that parents currently have greater trust and appreciation for early intervention services provided by non-governmental agencies. Parents also expressed appreciation for services provided in centres designed explicitly to treat children with developmental difficulties, as compared to those provided by public providers in health centres or other medical or rehabilitation institutions.

The Ministry of Health is responsible for the development and coordination of ECI services. As the results from this study highlight, the current coordination system is neither effective nor sustainable, and requires the participation commitment of the Ministry of Labour and Social Protection, the central authority in the field of child protection, and the Ministry of Education and Research, the central authority in the field of early education development. The ECI SitAn shows that coordination and collaboration between these sectors is not yet fully effective in developing and delivering family-centred early childhood intervention services.

The central social protection and education authorities lack the capacity to generate and disseminate disaggregated data on (a) existing ECI services (b) the number of children needing such services and (c) the number of children and families benefiting from ECI services. Similarly, there is no mechanism for referral of ECI cases (children in families at risk) to the National Council for Disability Determination and Work Ability Assessment to determine the child's type and degree of disability or to family support services for the identification needed additional services. Moreover, effective systems for

referring children from ECI services to psycho-pedagogical and other inclusive education support services do not exist.

Collaboration between ECI services and social and educational service providers is fragmented and largely depends on the personal initiative of individual providers. Non-medical staff in ECI services (social worker, psychologist, speech therapist) do not have access to specialised continuous training in early childhood intervention. The lack of interprofessional collaboration creates barriers to ensuring continuity of family and child care ECI services. There is little opportunity for joint case management of children aged 0-3 years with or at risk for developmental difficulties. Even when ECI service providers develop and implement Individual Service Plan, they do not provide transition plans for children benefiting from ECI to other educational or social services which further complicates the inclusion of children in early education.

The regulatory framework and standards for ECI service delivery

Despite the fact that the concept of ECI is regulated by Government Decision 816/2016, there is no shared understanding of the concept across providers. Moreover, a clear conceptual framework for distinguishing between ECI, ECD and ECE is sorely lacking. Mechanisms to ensure the effective planning and delivery of early childhood intervention services according to minimum quality standards do not exist. The minimum quality standards developed by the Moldovan Government and approved in 2016 and revised in July 2023[31], remain outdated and need to be revised. Each provider has adjusted their ECI services to fit the basic profile of their institution. While this has allowed providers to find their own solutions to the problem of the lack of ECI specialists, this has also diverted ECI from the basic principles, role and importance they had been conceived to play in the prevention of child development risk factors and ultimately the prevention of developmental differences.

Financing of ECI services

The advocacy actions on behalf of ECI service providers and the support of the Parliamentary Committee for Social Protection, Health and Family have contributed to increase the funds allocation from MHIF and to encourage the development of the new ECI services across the country. State authorities have recognized the importance of the ECI services and in 2023 funding was increased twice.

The financing system for ECI services, however, is still fragile and not aligned with the areas of expertise, capacity and potential of ECI providers. For ten of the 11 accredited ECI providers, resources

[31] Decision No. 816 of 30 June 2016 approving the "Framework Regulation on the organization and functioning of early intervention services and minimum quality standards" which targets children aged 0-3, was amended on 19th July 2023 to extend the age group to children aged 0-5.

allocated by the MHIF increased in 2023. However, unfortunately their distribution was not efficient nor equitable or well justified.

Levels of MHIF funding for ECI services are currently inadequate. Standard ECI costs were approved though Decision No. 1020 of 29th December 2011, and are now out of date and do not consider support needs of families in districts lacking ECI services to ensure they can access such services in another district (transportation costs, costs for temporary accommodation, etc.). Accredited ECI services that receive MHIF funding are still dependent on external funding to ensure the provision of quality services. Even the two accredited ECI providers with the greatest ECI service experience (Voinicel National Institute for ECI and Tony Hawks) remain dependent on external financial assistance.

Furthermore, MHIF financing of ECI services is based on accreditation and an expectation that ECI services comply with the requirements set out in the 2016 ECI Regulation, which consider that all ECI services should provide the full array of ECI services, from developmental screening to specialized services for children with disabilities and developmental delays, rather than work within a continuum of services whereby each provider specializes in the specific services they are most able to provide given their expertise, resources and infrastructure and refers to other services within the ECI continuum to ensure young children and their families receive the nurturing care, support and ECI services they need to develop wellbeing. The limitations of MHIF financing associated with the lack of encouragement for collaboration, referral and coordination between ECI service providers resulting from 2016 ECI Regulation prescriptions, has resulted in a situation where all accredited ECI service providers (incorrectly) claim they provide the full scope of ECI services, and are unable to work together to ensure a holistic approach to meeting the needs of children with developmental difficulties and their families.

At the same time, there is a risk that ECI is perceived solely as those services offered by accredited providers, linked to the ECI Regulation and to the budget structuring. Therefore, it is possible that standalone actions offered by local authorities by non-governmental organisations or faith-based services and private providers (e.g., psycho-social counselling, parent and baby playgroups, parenting skills classes, etc.) are not accepted as integral to the overall ECI system. By focusing only on organisations receiving NHIF funding, these valuable and supplementary ECI services can be neglected when referring children and families, and much-needed community resources can be lost.

While efforts have been undertaken to better inform MHIF investments in ECI services, the current criteria that ECI providers are required to meet to obtain MHIF funding (800 children 0-3 served, 1,600 ECI services provided) are unrealistic, doomed to fail and likely will result in incorrect reporting.

Evidence-based to inform ECI-related decision making

In the process of developing and funding early childhood intervention services from public resources, central authorities lack an institutionalised mechanism for consulting experts and providers to inform decisions based on positive practices, statistical evidence and scientific arguments. An example is the Government Decision no.507 of 19.07.2023, which approved the amendment of the 2016 ECI Regulation[32], including an additional "Annex 3. Action plan on the development of early childhood intervention services for 2023-2027". Findings of this ECI SitAn highlight that the existing regulatory framework should be strengthened to enable the delivery of quality ECI services, specifically regarding benchmarking of ECI services to core ECI principles, specifically being based on a social model of disability, engaging families and actively enabling collaboration, coordination and referral between various ECI service providers to ensure accessibility of services and effective responses to the diverse needs of children 0-3 and their families.

Although the Republic of Moldova's statistical data on child rights and protection continues to improve, there is little information on children 0-3 years disaggregated by disability, developmental disorders that could lead to disability, or developmental risk. There is no automated information system for recording and monitoring children's development based on standard child development assessment criteria. An automated information system would facilitate the process of identifying and referring cases to early childhood intervention services, monitor individual child care. This information will enable the education and social sectors to plan the needed family and child support services as well as the need for inclusive education in early education institutions.

Some of the accredited ECI providers have developed monitoring and evaluation tools. At national level, the development of a monitoring and evaluation framework for early childhood intervention services was initiated in 2023, but the central authorities need technical assistance and external support to complete the framework and perform the monitoring and evaluation tasks. There are no indicators nor procedures for monitoring the progress and evaluating the quality of evidence based ECI services. Research studies are also required to demonstrate the impact of ECI services on child and family development.

ECI services have to date not been evaluated in terms of criteria of relevance, efficiency, effectiveness, coherence and sustainability. Such an evaluation would be necessary to estimate the provider's capacity to provide services to their target population and to analyse the return on investments of MHIF financial resources.

[32] Government Decision no.816/2016 on the approval of the Regulatory Framework on the organization and functioning of early childhood intervention services and minimum quality standards

ECI service quality

The case identification and referral mechanism for early childhood intervention is at an early stage of development. Among both providers and family doctors there is no clear mechanism for identifying and referring children 0-3 years old to early childhood care and education services. Family doctors and community nurses have limited knowledge of the risk factors for as well as identification of children with developmental difficulties. In reality, early identification and referral of such children depends largely on the family recognizing signs of risk and accessing appropriate intervention services, which is why children 0-3 years with developmental disabilities are typically identified late, often only when they enter the education system. In general, family doctors have limited information about the availability of ECI services and service providers in their district or region.

The primary health care system continues to improve. The existing positive practices should be improved in terms of integrating the principle of child and family participation in ensuring early childhood development and wellbeing. Because of insufficient medical staff in primary health care and the large workload, the monitoring compliance with prophylactic health checks in the early years of children's lives, especially among families at risk, are carried out superficially, without parental involvement. There is a lack of collaboration between family doctors, paediatricians and parents of children 0-3 years and a limited understanding of basic child development. The focus of family doctors and paediatricians in early childhood intervention is predominantly on medical treatment, with limited involvement of families and other ECI services.

Family care and support in ECI services is focused and based on care within the ECI centre. This approach has both advantages and disadvantages. For children from 0-3 years, one advantage is that ECI specialists can focus on supporting the child and family by providing the specific individual interventions in specialised intervention venues. The disadvantage is that ECI specialists do not provide support in the child's natural environments (home or nursery) and that there is thus less opportunity for engaging the whole family, including fathers, in the child's care and support.

According to some ECI experts, broadening the age group of children eligible for early childhood intervention from 0-3 years to 0-5 years may have a negative impact on the quality of services provision and will not solve the challenges related to early identification of the child with developmental difficulties. All children aged 3-5 years should be able to access pre-school with support services for inclusive education established at Ministry of Education and Research level (other than ECI) so that each child with a disability or developmental difficulty have the opportunity to learn simultaneously how to communicate and relate to peers during the age-specific activities. A concern raised by respondents is that increasing the age range of ECI services would accentuate the medical approach in the provision of ECI. In turn, this

may create more access barriers for parents and children to inclusive education in pre-school and school institutions. As a result, parents may be more inclined to place children in residential institutions because they cannot access inclusive ECE in their communities. The issue of access to ECI services for children 0-3 years in families at risk would also remain unresolved because of the high workload of ECI service staff serving a larger age range and thus also higher number of children.

In recent years, professional capacity building in the domain of ECI has made progress. The national educational system for training of health specialists includes an approved ECI curriculum, training materials and opportunities to access specialization courses at the State University of Medicine and Pharmacy "Nicolae Testemitanu". However, so far there are no occupational standards for some categories of ECI specialists and there is no mechanism for the provision of mentoring and supervision of specialists directly involved in providing ECI services. Similarly, there is no mechanism to ensure the quality and correctness in the application of the ECI assessment and screening tools on the basis of which the diagnosis of the child and the intervention plan for the family are decided.

X. Recommendations

Based on the findings emerging from the ECI SitAn, the following recommendations for strengthening the ECI system in the Republic of Moldova are proposed.

1. **Develop a comprehensive 10-year costed government strategy for ECI** that aligns closely with international evidence-based conceptual frameworks, and with Moldova's structural framework for maternal and child health, ECD, ECE and inclusive education. The strategy should aim to progressively return the age range for children eligible for ECI services to 0-3 years. Simultaneously, children over this age should be granted access to inclusive pre-school programmes, with additional support tailored according to their individual education plans. This approach will enhance the accessibility of services and provide individual support for children at every stage of their early development. The strategy should also consider ECI in its entirety, and not only those services delivered by accredited ECI providers linked to the ECI Regulation. The strategy should sure the ECI system is designed to be contextually specific and that the structural, institutional and community mechanisms enable children with developmental difficulties to access targeted services for their optimum development. Such a strategy will not only serve as a roadmap for the effective delivery of early childhood services but also ensure that Moldova remains in sync with global best practices. By incorporating these frameworks into its long-term planning, the government can better promote the holistic development and well-being of children in the country, fostering a brighter future for both individuals and society as a whole.

2. **Support the Government of Moldova to strengthen the regulatory framework for ECI service delivery.** During 2023 the Moldovan Government launched two major reforms. The reform of psycho-pedagogical services and the social assistance reform. Now, is the moment to intervene and to mainstream ECI in the above-mentioned reforms.

   The regulatory framework for ECI services and associated implementation guidelines and procedures should be informed by internationally agreed ECI concepts and the findings generated through this comprehensive situational analysis (eligibility criteria, clear indicators for minimum quality standards, monitoring and evaluation framework, list of assessment and screening tools, minimum staffing structure, list of minimum interventions provided, etc.).

   The current Action Plan on the development of early intervention services for children for the years 2023-2027, should be amended to comply with changes to the legislation and to integrate a "whole of system approach". The Action Plan should be presented as a dynamic document that is regularly and systematically reviewed and amended, for example to reflect implications for a new ECI long-term strategy.

3. **Work with government to strengthen the coordination of ECI services and participation of relevant actors.** It will be important that the Government provide guidance regarding the implementation of quality ECI services and associated referrals, coordination and collaboration between sectors to ensure a continuum of services that can meet the diverse needs of children at risk of or with developmental challenges and their families.

   The existing Coordinating Council on Early Childhood Development, initiated by the Ministry of Health, should be supported to ensure a coherent, comprehensive and cross-sectoral process in the field of ECI. The Coordinating Council should involve representatives of the Parliamentary Committee on Health, Social Protection and Family, and representatives of the main ministries (Ministry of Health, Ministry of Labour and Social Protection, Ministry of Education and Research, Ministry of Finance) as well as academia, representatives of the National Health Insurance Company, development partners and representatives of ECI providers (public and NGO).

   To ensure participation of all relevant actors in the strengthening an ECI system and the active involvement of service providers, parents' associations, beneficiaries of ECI services, and organisations of persons with disabilities, it is recommended that a consultative mechanism be established that could inform the workings of the Coordinating Council on Early Childhood Development, possibly on the basis of the Working Group members created within the Council for the Protection of the Rights of Persons with Disabilities.

4. **Strengthen efficiency of ECI service costing.** A costing methodology for ECI service provision will enable MHIF contracting of ECI service providers through the National Health Insurance Company (NHIC) and ensure adequate financial remuneration of the contracted service providers based on the performance indicators that take account of: the assistance provided, staff qualifications and client outcomes. The mechanism for contracting ECI services should be strengthened based on the package of available services, infrastructure, and human resources capacities. Clear outcome indicators and results-based reporting procedures should be developed to ensure transparency and efficiency of use of public funds. ECI services should be required to include not only the assistance per child, but also assistance to the family, case management, referral and collaboration between service providers, and capacity strengthening activities. The contracting mechanism should be linked to minimum quality standards informed by quantitative and qualitative indicators, and should emphasize the importance of parenting education and parent support groups as well as educational/health campaigns that promote acceptance and integration of children with disabilities into the wider culture. Something related to using social media to positively influence social norms and promote early identification and family-centred services.

   To limit misuse of state funds for ECI services, it will be important to establish a mechanism to control and prevent fraud by both providers and parents and caregivers accessing ECI services. This mechanism should help ensure equal access and conditions for all families with children who meet the eligibility criteria by distinguishing primary cases from secondary cases, preventing double counting of ECI beneficiaries and duplication of services across providers

5. **Strengthen ECI service quality, delivery and access.** It will be important to establish a national level institution responsible for overseeing and guiding ECI policy implementation. This institution should initiate and coordinate: 1) the assessment of the availability of specialists at district level by ECI service specialty; 2) the analysis of opportunities for the promotion and training or re-qualification of ECI staff (occupational therapist, speech therapist, psychologist, etc.) in collaboration with higher education institutions; 3) the prioritization of geographical areas for the development of new ECI services; 4) support to the central public authorities in the elaboration of a Regulation for the training of ECI specialists; 5) the elaboration of the ECI curricula, course materials and methodological instructions for different categories of specialists including family doctors, paediatricians, neurologists, ECI services staff, etc.., including on the use of internationally standardised assessment and screening tests and tools; 6) provision of mentoring and professional supervision, methodological assistance to all providers in the country; 7) developing parenting education programmes for families in order to empower them in the early identification of developmental

difficulties; and 8) raising awareness of the need for involvement of the parents/caregivers in the implementation of Individual Service plans recommended by ECI personnel.

ECI services should be reorganized to ensure assistance in line with the Regulation and Minimum Quality Standards as well as the identified needs of child beneficiaries. A family-centred approach should be applied in the provision of ECI services, ensuring families participate and are empowered to play an active role in the child's care and development, not only in the ECI centre, but also in the child's development environment (home, kindergarten, social day centre).

The coverage of ECI services should be extended to meet the demand for services. The government should seize the opportunity offered by this SitAn to develop partnerships that support expansion of the range of State provision. Enhancement of existing government services can be a more efficient and effective mechanism of service expansion than, for example, initiating an entirely new service. This could include investment to model government services more closely to the paradigm offered in the non-government sector. The demand should be based on an analysis of data including: (a) the number of children 0-3 years, (b) the availability of the ECI personnel, (c) the pravalence of disability, (d) the availability of other types of social or psycho-pedagogical services in the geographical area, (e intersectoral cooperation at district level and (f) the accessibility of services to rural families, especially families at risk. The possibility of creating separate ECI services, outside district hospitals or health centres or in designated ECI premises should also be strongly considered. This will depend on availability of the human resources. With regard to the staffing of ECI services, to improve coherence and effectiveness in delivering comprehensive early childhood intervention services, attention should be given to ensuring an adequate ratio of medical[33] and non-medical[34] ECI service personnel to administrators and ancillary staff (*e.g.,* cleaners, cooks, drivers, gardeners, security). Plans should also be developed to ensure accessibility of ECI services as well as outreach to the home or other services attended by the child. Such accessibility planning should involve all relevant actors in a participatory manner.

The mechanism for identifying and referring cases should be strengthened, by involving and empowering specialists in the primary, consultative and hospital health care system. Intersectoral Mechanisms to increase inter-sectoral cooperation for case identification and referral between community social workers, child rights and protection specialists and early childhood intervention and pre-school education experts should be established. It will also be important to streamline short-term capacity strengthening projects funded by donors with government needs and requirements,

[33] *E.g.*, paediatrician, neuro-paediatrician, rehabilitator, nurse, physiotherapist
[34] *E.g.*, social workers, social work assistant, counsellors, psychologist, occupational therapist, speech therapist

ensuring that the standards and tools that professionals are trained to apply, align with guidance provided by the Government of Moldova.

Assessment and screening tools used by ECI specialists should be updated, standardized and linked to formal government mechanisms for disability identification, assessment and determination. and ECI service providers should obtain licensed software and hardware and maintain the safety and security of personal data.

6. **Strengthen ECI data management and use.** Strategies for collecting and analysing statistical data regarding the scale and scope of risk factors associated with ECI need to be strengthened. This should involve the development of an automated ECI information system and disaggregated indicators in accordance with the characteristics of and eligibility criteria for ECI. The proposed automated information system should be designed to assist authorities and providers to identify at risk children and referring them to services. The data collected can also be used to plan appropriate support services for inclusive education in pre-school and primary school settings, including the need for assistive technologies and equipment.

   A framework for monitoring and evaluating ECI services should be developed based on minimum quality standards and consider the continuum of linked ECI services. The monitoring mechanism should be able to track ECI beneficiaries, independent of whether they access only one ECI service or a variety of services (single user ID). The use of the monitoring and evaluation framework will also be essential for evidence-based planning and allocation of financial and other resources from the state budget and the Mandatory Health Insurance Fund.

Finally, it must be acknowledged that in recent years, tremendous progress that has been made internationally on providing comprehensive services for families with children with development difficulties. In implementing the suggested recommendations, Moldova will be able to build on and learn from the experience from countries within the region and beyond.

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Annex 1. ECI Core Concepts and Benefits

UNICEF (2022) and EASPD (2002) identify several **core ECI concepts** that should be applied in any setting:

- ECI is based on **social model of disability** that addresses a child's needs, the family's strengths and wellbeing, the child's next developmental steps, and the wider context and support network in which the family lives;
- ECI is a **family-centered** field of services for children 0-3 years and their families which helps to identify, prevent, overcome, or minimise at-risk situations;
- ECI is **early and continuous**. It seeks to start working with children shortly after birth or as early as possible. Early assessment is important to ensure the child and family receive the needed support with the maximum positive impact;
- ECI is **individualised** and based on families' and children's needs and should be provided in the natural environment of the child with active participation of parents and caregivers following a two (multi) generation approach, simultaneously working with children and the adults in their lives;
- ECI is **intensive** and although the schedule of interactions is determined by the needs of the child and family during the early weeks these can be frequent and reduced over time as goals are achieved and progress noted.
- ECI services are **evidence-based**, and outcomes driven such that the country should have a monitoring and evaluation framework of ECI.
- ECI services is **accessible**. ECI services must be easily and accessible to all, affordable for all families and the service should be based as close as possible to families' homes.

ECI is also **interdisciplinary and usually transdisciplinary, integrated and team-based**. Families are supported by professionals from different sectors that work in teams to provide one integrated assessment and individualised family service plans and visits, with one contact point or case manager for each family and child (Revenco, Hadju, Holban et al., 2019).

The **benefits of ECI** are extensively described in the literature based on observed and scientific evidence (Hadders-Algra 2021; Vaivada, Lassi & Irfan 2022; Puiu, Cojocaru and Calac 2009; Bordeianu, Ocertnîi and Milicenco, 2022). ECI services are crucial in preparing children with developmental difficulties for school, and achievement of the SDGs is conditional on their availability (UNICEF, 2022; Olusanya et al., 2023).

Thus ECI is a critical investment in the future of children, family and society, with benefits for health, development and overall wellbeing that can last a lifetime.

The benefits for the child:

- Improved cognitive development: Early childhood interventions can improve cognitive development in children, leading to better academic performance and success later in life.
- Increased school readiness: Children who receive early childhood interventions are more likely to be ready for school, with better social and emotional skills, language abilities, and self-regulation.
- Enhanced social and emotional development: Early childhood interventions can help children develop stronger social and emotional skills, leading to better relationships with peers and adults, and improved mental health outcomes.
- Reduced behaviour problems: Early childhood interventions can reduce the incidence of behaviour problems, such as aggression and hyperactivity, which can impact children's academic success and long-term well-being.
- Improved health outcomes: Early childhood interventions can improve health outcomes by promoting healthy behaviours, such as physical activity, healthy eating, hygiene and addressing health issues early on.
- Improved opportunities for children later in life. Inclusion in ECI services and inclusive education can lead to higher chances of participation in society and employment.

The benefits for the family:

- Secured child-parent relationships. Affordable and accessible ECI services lead to prevention of abandonment and institutionalization with solution adapted to the family needs.
- Empowered families. ECI services have a parent's positive impact on their child's development getting knowledge and skills about child development and care during the interventions.
- Increased family confidence and sense of control over their lives. Within ECI services, parents/caregivers learn how to be active partners and advocate to ensure their child's needs are met.
- Improved mental health. Less stress and anxiety for the parents and better relationships, within the family unit by engaging and supporting the whole family, less feelings of isolation and strengthen social support networks.

The benefits for society:

- Returned investment. High quality birth-to-five services and programmes for disadvantaged children can deliver an overall rate of return of 13% per child annually through better education, economic, health, and social outcomes (Heckman, 2016).
- Reduced future needs for support. ECI services decrease the demand of rehabilitation services, specialized social services, and support for inclusive education, and thus pressure on public healthcare, social protection system and education.
- Resilient communities. ECI services helps to create a more equal, mature and harmonious society. Communities that prioritize ECI are more future-oriented and provide supportive environments for children as they grow up.
- Less social exclusion. ECI helps reduce risks for children to attend special education, to benefit from residential care instead of family care, and long-term dependency on social protection programs.
- Reduced societal costs. Early childhood interventions can result in significant long-term cost savings by reducing the societal costs associated with poor health outcomes, unemployment, and crime.

ECI can involve intensive work to create links to the necessary services to decrease the stress experienced by children and families, especially those living in resource poor situations and to promote quality family-based care (Smythe et al., 2022). In this way ECI can assist in mitigating the long-term negative outcomes of early childhood trauma and adversity, including problems with learning and mental and physical health (Ibid).

ECI services are key element in the deinstitutionalisation process as they empower families, contribute to prevent the placement of children in institutions and foster their inclusion in education. They are integrated in interdisciplinary services, with the full participation of the health, social, and educational sectors, and all relevant disciplines in supporting each family and child (EASPD, 2022).

Regardless of how the ECI programmes are delivered and managed, a key component of early intervention is the interdisciplinary and transdisciplinary aspect, to ensure holistic provision to meet the complex needs of the child and their family. Services need to be provided in the child's natural environment, preferably at the local level, with an interdisciplinary team approach, oriented towards the whole family.

Annex 2. ECI Reference Group members

Nr.	Name and Last Name	Position	Institution
1.	Dan Perciun	Chair	Parliamentary Committee for Social Protection, Health and Family
2.	Ana Oglindă	Deputy, member of the Committee	Parliamentary Committee for Social Protection, Health and Family
3.	Alexandru Gasnaș	Stare Secretary	Ministry of Health
4.	Tatiana Zatîc	Chief of Department	Chief of Department on Policy for primary and community medical care, Ministry of Health
5.	Ion Dodon	Director	National Health Insurance Company
6.	Cristina Gaberi	ECD Officer	UNICEF Moldova
7.	Virginia Rusnac	Director	Republican Centre for Psycho-Pedagogical Assistance
8.	Galina Climov	Director	Alliance of Organizations for Persons with Disabilities
9.	Domnica Gînu	Director	Lumos Foundation Moldova
10.	Daniela Bordeianu	Director	National Institute for Early Childhood Intervention (CIP ''Voinicel'')
11.	Ecaterina Gingota	Director	Republican Rehabilitation Centre for Children
12.	Diana Covalciuc	Director	Tony Hawks Foundation
13.	Alla Jitarciuc	ECI Manager	Institute Mother and Child
14.	Nicolae Mititelu	Interim Director	Placement and Rehabilitation Centre for Children Balti
15.	Violeta Panico	Director	Criuleni Health Centre
16.	Tamara Ababii	ECI Manager	Floresti Hospital at district level
17.	Victoria Dunford	Chair	Moldova AID Phoenix Centre for children with disabilities
18.	Oleg Belbas	Director	Ungheni Health Centre
19.	Alexandru Hagioglo	Director	Cahul Health Centre
20.	Maria Goțonoagă	Director	ASCODE NGO ”Pro-Familia” Centre

Annex 3. Key Research Questions

Question	1	2	3	4	5	6	7	8
Basic Information								
Where are ECI programmes and services physically located?	X	X	X					X
What districts, villages, towns or cities do they serve?	X	X	X	X		X		X
What is their coverage in terms of children served?	X		X	X		X		X
Enabling policy environment								
What are the national policies, laws, regulations, guidelines, and standards in sectors, such as health, education and social protection related to ECI system and services?			X					X
What gaps exist in the policy environment to enable the establishment of a national ECI system and the improvement and expansion of ECI organisations?			X					X
Child and family status								
What is the status of children and families receiving ECI services? (by developmental status, family poverty level or income quintile, gender, geographical areas, etc.)			X	X		X	X	
How many children with at-risk situations, delays, disabilities, behavioural conditions and mental health needs currently receive ECI and similar services?	X		X	X		X	X	X
What can be done to improve service equity? (rural, remote vs urban, upper vs low-income, majority vs minority groups)			X	X		X	X	X
What roles do parents play in ECI services and what is their level of participation?			X	X		X	X	X
How should ECI services ensure they become fully family-centred and enable parents to make decisions and play active roles in maximising the development of their children?			X	X		X	X	X
Outreach, developmental screening and referrals								
What community outreach services are provided?			X	X		X	X	X
Is developmental screening conducted along with referrals?			X	X		X	X	X
What types of developmental screening are conducted and by which institutions or organisations?			X			X		X
What are the needs for more developmental screening and for improving the referral system?			X	X		X	X	X
ECI service provision								
What is the ECI service capacity, quality, and coverage, with attention to rural and remote communities, disadvantaged ethnic minority groups and others?			X			X	X	X
What should be done to overcome barriers and expand service capacity, quality and coverage?			X	X		X	X	X
To what extent are ECI services contemporary, e.g.? ▪ Community outreach to identify children ▪ Developmental screenings ▪ Comprehensive developmental assessments ▪ Family assessments and eco-mapping ▪ Individualised Family Service Plans decided by parents ▪ Transdisciplinary or Interdisciplinary Teams ▪ Visits in natural environment of the child			X	X		X	X	X

▪ Revisions of assessments and IFSPs ▪ Transition plans								
What more needs to be done to ensure ECI service providers can adopt the core concepts and key services of contemporary ECI organisations?			X			X		X
Human resources								
What types of professionals, paraprofessionals and volunteers work in ECI organisations and what roles do they play?			X	X		X	X	
What are the needs for more accredited or licensed professionals, paraprofessionals and volunteers?			X	X		X		X
ECI workforce development								
Is pre- and in-service training provided in the country for managers, supervisors, professionals, paraprofessionals and volunteers of ECI services?			X			X		X
What are the gaps in pre- and in-service training and what should be done to fill those gaps?			X			X		X
What ECI quality assurance measures exist and what more should be done to achieve quality assurance			X			X		X
ECI service costs								
What are the major costs of ECI organisations in relation to the types of services they provide?					X			X
What major needs could be met through expanded financial support?					X			X
ECI financial resources								
What financial resources are invested in ECI by type of source including: state funds, medical insurance funds, parent fees, donor funds and type of services (urban/rural; contemporary ECI, evolving and legacy)?			X	X	X		X	X
Which financial resources should be expanded and where should these resources be invested?			X	X	X		X	X
ECI systems, organisational frameworks and coalitions								
What forms of ECI systems, organisational frameworks and coalitions have been developed and what is their status?			X		X	X		X
What systems, organisational and collaboration gaps need to be filled? (Ref: coalitions, associations, networks)			X			X		X
What systems of coordination have been developed and what more is needed?			X		X	X		X
What is the capacity of the ECI system and/or of ECI organisations for monitoring and evaluation and reporting?			X		X	X		X
General questions								
What major gaps need to be filled or improvements made to achieve nationwide ECI coverage to enable the provision of services for all ECI-eligible children?			X	X	X	X	X	X
What types of policy advocacy and communications are needed to build more support for contemporary ECI services?			X	X			X	X
What should be included in the key conclusions and recommendations of the National ECI Situation Analysis?			X	X	X	X	X	X

Annex 4. Sampling frame

A sampling frame was developed for the online surveys, cost and finance study, FGDs and interviews, as follows.

- The ***Online Mapping Survey*** was conducted among the eight national accredited ECI programmes located in: Chișinău (4), Criuleni (1), Florești (1), Bălți (1), Rîșcani (1). Three new ECI programmes in Chișinău (1), Cahul (1) and Ungheni (1) that had started their activities in 2023 were documented through field visits and administrative staff interviews.
- The ***Online Survey of ECI Service Personnel***: A total of 37 questionnaires were completed with professionals directly involved in ECI service delivery. The majority of respondents were women (35) and two men. The questionnaires were completed by paediatricians (9), physiotherapy specialists (6), psychologists (5), ECI coordinators (4), speech therapists (3), social workers (3), neurologist (2), physiotherapist (2), rehabilitation physician (1), and one nurse and one occupational therapist each.
- The ***Online Survey of ECI Beneficiaries*** was conducted among 40 parents, legal guardians and regular caregivers of children aged 0-3 enrolled in the initial 8 ECI programmes, *I.e.,* 5 ECI beneficiaries per ECI programme. However, only a total of 31 of these online surveys was completed.
- The ***Cost and Finance Sub-study*** involved three major components: 1) cost analysis of the two types of ECI services and programmes providers (public and private); 2) a public finance and expenditure study derived from two financial sources – the State budget and the Mandatory Health Insurance Fund (MHIF); and 3) analysis of financing through parents' fees and external donors. Interviews were also conducted with ECI programme directors and representatives of the MoH, Ministry of Finance and National Health Insurance Company (NHIC) to complete any missing information.
- ***Four FGDs*** were conducted ***with ECI Beneficiaries***. In total 35 parents and caregivers from the following locations participated: Criuleni (8); Florești (10), Bălți (8) and Rîșcani (9).
- ***Two FGDs*** were conducted with ***parents/caregivers of children not receiving ECI*** services. One FGD in Cahul (7) and one FGD in Ungheni (9).
- ***Ten interviews were conducted with selected leaders*** from the health, education and social protection sectors at national, regional and local levels. A total of 12 sector representatives participated in these interview discussions.

Annex 5. Data management and analytic procedures

The following procedures were used to ensure data management and analysis. Quantitative data was analysed using Excel and SPSS:

- Basic frequencies were run, carefully reviewed, and considered for cross-tabulations using major variables, such as rural/urban, type of institution in terms of sector, public or CSO status, types of services (legacy, evolving or contemporary), and geographical regions. Cross-tabulation was informed by the data provided by ECI directors through the mapping survey;
- Responses to the few open-ended questions used in the surveys were analysed and clustered for possible use while drafting the study report;
- Using the list of major research questions, each question or topic in the survey questionnaires was given a code, including sub-codes for sub-topics as they were found.
- The codes and sub-codes were then placed next to relevant questions in each survey questionnaire to enable identification of analytic results;
- The Cost and Finance Sub-study data applied appropriate techniques for calculating accurate costs per child and per organization, and for assessing financial support of ECI public institutions and civil society organizations.

The qualitative data obtained during FGDs and KIIs was analysed using the thematic framing.

- The analysis sought to identify trends and recurrent patterns, and highlight divergent views and perceptions. Corresponding quotes were selected for each theme and sub-theme. The main analysis themes were based on the structure of the research tools and derived from the analysis of collected data.
- The codes and sub-codes that were used in the qualitative analysis were applied for the analysis of FGDs and KIIs.

Findings were triangulated across all relevant instruments according to each code and sub-code.

Annex 6. National Legal Framework

1. Codul Educației nr. 152 din 17.07.2014 disponibil https://www.legis.md/cautare/getResults?doc_id=130514&lang=ro#
2. Legea nr.60 din 30.03.2012 disponibilă https://www.legis.md/cautare/getResults?doc_id=130550&lang=ro
3. Legea nr.140 din 14.06.2013 privind protecţia specială a copiilor aflaţi în situaţie de risc şi a copiilor separaţi de părinţi, https://www.legis.md/cautare/getResults?doc_id=123160&lang=ro#
4. Hotărârea de Guvern 816/2016 cu privire la aprobarea Regulamentului de organizare și funcționare a serviciilor de intervenţie timpurie şi a standardelor minime de calitate pentru serviciile de intervenție timpurie https://www.legis.md/cautare/getResults?doc_id=93683&lang=ro
5. Hotărârea Guvernului nr 730 din 18-07-2018 **pentru aprobarea Regulamentului-cadru privind organizarea și funcționarea Serviciului social Centrul de zi pentru îngrijirea copiilor cu vîrsta de 4 luni–3 ani** https://www.legis.md/cautare/getResults?doc_id=108874&lang=ro
6. Hotărârea Guvernului nr. 234 din 24-04-2019 **pentru aprobarea Regulamentului-cadru privind organizarea și funcționarea Centrului specializat de intervenție în tulburări de spectru autist și a Standardelor minime de calitate** https://www.legis.md/cautare/getResults?doc_id=114122&lang=ro
7. Hotărârea de Guvern 816/2016 p**entru aprobarea Regulamentului privind mecanismul de colaborare intersectorială în domeniul medico-social în vederea prevenirii şi reducerii ratei mortalităţii marterne, infantile şi a copiilor cu vîrsta de pînă la 5 ani la domiciliu** https://www.legis.md/cautare/getResults?doc_id=103311&lang=ro#
8. Hotărârea de Guvern 143/2018 pentru aprobarea Instrucţiunii cu privire la mecanismul de cooperare intersectorială pentru prevenirea primară a riscurilor privind bunăstarea copilului https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro
9. Hotărârea Guvernului nr.7 din 20.01.2016 cu privire la aprobarea Regulamentului-cadru privind organizarea şi funcţionarea Comisiei pentru protecţia copilului aflat în dificultate, https://www.legis.md/cautare/getResults?doc_id=125328&lang=ro#
10. Hotărârea de Guvern 1020/2011 **cu privire la tarifele pentru serviciile medico-sanitare** https://www.legis.md/cautare/getResults?doc_id=133978&lang=ro#
11. Ordinul ministrului sănătății nr. 964 din 02.09.2019 cu privier la aprobarea Standardului de supraveghere a creșterii și dezvoltării copilului în condiții de ambulator și a Carnetului de dezvoltare a copilului (F 112e), https://msmps.gov.md/sites/default/files/legislatie/ordin_nr._964_din_020919.pdf

Annex 7. Budget of the 8 accredited ECI services established before 2023

EXPENSES OF THE ECI SERVICE PROVIDERS ACCORDING TO THE BUDGET CLASSIFICATION*, LEI															
Expenses according to the budget classification	2021 IMPLEMENTED					2022 IMPLEMENTED					2023 APROVED				
	TOTAL	including:				TOTAL	including:				TOTAL	including:			
		MHIF	State budget	LPA budget	Donors		MHIF	State budget	LPA budget	Donors		MHIF	State budget	LPA budget	Donors
Staff expenditure	**8,647,553**	3,613,952	1,444,573	0	3,589,029	**10,645,118**	3,825,611	1,657,444	0	5,162,063	**13,349,431**	8,130,867	2,333,390	0	2,885,174
Electricity	**197,109**	146,339	38,607	0	12,163	**306,396**	230,351	53,022	0	23,023	**698,380**	580,503	75,384	0	42,493
Gas	**243,832**	183,182	37,621	0	23,029	**586,995**	417,744	110,393	0	58,858	**1,260,803**	991,506	130,777	0	138,520
Heating	**20,415**	20,415	0	0	0	**32,028**	32,028	0	0	0	**453,222**	453,222	0	0	0
Water and sanitation	**130,350**	85,789	18,756	0	25,805	**125,684**	86,056	16,995	0	22,632	**152,103**	125,494	15,609	0	11,000
Other utilities	**75,320**	18,147	6,859	0	50,314	**74,860**	27,234	2,105	0	45,521	**67,440**	28,050	2,639	0	36,751
Informational Services	**49,544**	18,595	0	0	30,948	**86,372**	53,433	0	0	32,939	**84,887**	62,887	0	0	22,000
Telecommunications	**43,263**	16,349	0	0	26,914	**41,472**	12,767	0	0	28,705	**43,800**	30,600	0	0	13,200
Cost for office rent															
Transportation	**2,600**	0	0	0	2,600	**6,307**	0	0	0	6,307	**5,000**	5,000	0	0	0
Renovations	**36,380**	1,560	0	0	34,820	**2,000**	0	0	0	2,000	**210,000**	210,000	0	0	0
Training costs	**84,403**	21,896	0	0	62,507	**161,866**	54,121	0	0	107,745	**145,193**	69,193	0	0	76,000
Trips in the country	**1,096**	1,096	0	0	0	**13,400**	0	0	0	13,400	**3,000**	3,000	0	0	0
Medical services	**171,418**	171,418	0	0	0	**176,309**	176,309	0	0	0	**393,500**	293,500	0	0	100,000
Editorial services	**0**	0	0	0	0	**48,291**	241	0	0	48,050	**5,000**	5,000	0	0	0
Security services	**7,484**	2,984	0	0	4,500	**6,639**	1,639	0	0	5,000	**8,922**	8,922	0	0	0
Financial services	**350,978**	2,393	0	0	348,585	**329,702**	1,722	0	0	327,980	**9,354**	3,415	0	0	5,939
Postal and courier services	**0**	0	0	0	0	**500**	500	0	0	0	**500**	500	0	0	0
Services not assigned to other lines	**85,873**	62,740	0	0	23,133	**88,073**	6,156	0	0	81,917	**313,434**	60,962	0	0	252,472
Donations and subsidies	**16,219**	0	0	0	16,219	**646,023**	0	0	0	646,023	**200,000**	0	0	0	200,000

EXPENSES OF THE ECI SERVICE PROVIDERS ACCORDING TO THE BUDGET CLASSIFICATION*, LEI															
Expenses according to the budget classification	**2021 IMPLEMENTED**					**2022 IMPLEMENTED**					**2023 APROVED**				
	TOTAL	**including:**				**TOTAL**	**including:**				**TOTAL**	**including:**			
		MHIF	**State budget**	**LPA budget**	**Donors**		**MHIF**	**State budget**	**LPA budget**	**Donors**		**MHIF**	**State budget**	**LPA budget**	**Donors**
Compensations	**0**	0	0	0	0	**0**	0	0	0	0	**0**	0	0	0	0
Compensations for contract end	**10,031**	10,031	0	0	0	**0**	0	0	0	0	**0**	0	0	0	0
Compensation for temporary work incapacity	**30,226**	4,303	5,187	0	20,736	**44,196**	13,518	7,880	0	22,798	**27,400**	18,400	9,000	0	0
Contracted services	**156,557**	0	0	0	156,557	**83,492**	0	0	0	83,492	**14,260**	0	0	0	14,260
Current expenses not assigned to other budget lines	**173,857**	119,171	0	0	54,686	**46,234**	21,535	0	0	24,699	**0**	0	0	0	0
Capital renovation of the buildings	**50,985**	0	0	0	50,985	**0**	0	0	0	0	**2,615,000**	0	0	0	2,615,000
Procurement of machines and equipment	**15,398**	0	8,200	0	7,198	**98,200**	0	14,000	0	84,200	**0**	0	0	0	0
Capital repairs of machines and equipment	**21,764**	21,364	0	0	400	**0**	0	0	0	0	**0**	0	0	0	0
Procurement of tools and equipment and household inventory	**13,585**	9,900	990	0	2,695	**131,918**	12,493	0	0	119,425	**51,508**	20,508	25,000	0	6,000
Procurement of other fixed assets	**0**	0	0	0	0	**0**	0	0	0	0	**90,000**	0	0	0	90,000
Procurement of fuel and lubricants	**53,013**	10,200	0	0	42,813	**72,118**	46,944	0	0	25,174	**195,600**	76,400	0	0	119,200
Procurement of repair goods	**0**	0	0	0	0	**15,000**	15,000	0	0	0	**0**	0	0	0	0
Procurement of food products	**8,287**	0	0	0	8,287	**17,002**	0	0	0	17,002	**0**	0	0	0	0
Procurement of medicines and sanitary materials	**67,133**	8,178	0	0	58,956	**269,705**	2,507	0	0	267,198	**31,000**	31,000	0	0	0

EXPENSES OF THE ECI SERVICE PROVIDERS ACCORDING TO THE BUDGET CLASSIFICATION*, LEI															
Expenses according to the budget classification	**2021 IMPLEMENTED**					**2022 IMPLEMENTED**					**2023 APROVED**				
	TOTAL	**including:**				**TOTAL**	**including:**				**TOTAL**	**including:**			
		MHIF	**State budget**	**LPA budget**	**Donors**		**MHIF**	**State budget**	**LPA budget**	**Donors**		**MHIF**	**State budget**	**LPA budget**	**Donors**
Procurement of materials for didactic, scientific and other purposes	**41,458**	8,519	0	0	32,939	**41,541**	36,381	0	0	5,160	**38,000**	38,000	0	0	0
Procurement of household materials and office supplies	**78,315**	21,728	11,165	0	45,422	**192,212**	43,305	12,100	0	136,807	**92,206**	48,916	12,240	0	31,050
Procurement of construction materials	**0**	0	0	0	0	**0**	0	0	0	0	**10,000**	10,000	0	0	0
Procurement of bed accessories, clothing, footwear	**0**	0	0	0	0	**0**	0	0	0	0	**157,151**	157,151	0	0	0
Procurement of other materials	**343,411**	31,851	3,969	0	307,591	**222,241**	84,297	3,700	0	134,244	**80,570**	75,000	5,570	0	0
IT services	**0**	0	0	0	0	**0**	0	0	0	0	**2,000**	2,000	0	0	0
Family financial support for medicines	**0**	0	0	0	0	**30,445**	30,445	0	0	0	**10,000**	10,000	0	0	0
Family support for transportation	**0**	0	0	0	0	**0**	0	0	0	0	**40,000**	40,000	0	0	0
Trips in other countries (Conferences, study visits etc.)	**0**	0	0	0	0	**112,644**	0	0	0	112,644	**0**	0	0	0	0
Family support kit for vulnerable families and Ukrainian refugees	**157,296**	0	0	0	157,296	**79,287**	0	0	0	79,287	**0**	0	0	0	0
TOTAL	**11,385,150**	**4,612,098**	**1,575,927**	**0**	**5,197,125**	**14,834,269**	**5,232,339**	**1,877,639**	**0**	**7,724,291**	**20,858,665**	**11,589,997**	**2,609,609**	**0**	**6,659,059**

Annex 8. Key Indicators used in the financial analysis of accredited ECI services

KEY INDICATORS OF THE FINANCIAL ANALYSIS ON EARLY CHILDHOOD INTERVENTION SERVICES IN MOLDOVA*

total ECI costs, staff 'costs, the number of the ECI beneficiaries, the number of the ECI personnel, average annual cost per one child - beneficiary of the ECI, average monthly costs for one ECI staff, the costs for capacity building and the number of the trained ECI staff (2021-2022 and 2023 (approved))

INDICATOR	ECI Centre Criuleni Health Centre	ECI Centre Floresti Hospital	Institute Mother and Child (ECI Department)	National Institute for ECI (Voinicel Centre)	ECI Department Centre for temporary placement and rehabilitation Balti	ECI Department Republican Rehabilitation Centre	Tony Hawks Foundation Chisinau	Moldova AID Phoenix Centre Riscani	TOTAL
TOTAL COSTS (thousands of lei)									
2021	160.3	1611.0	489.0	3566.0	1556.6	890.9	2842.6	268.8	11385.2
2022	349.2	1493.2	759.1	5725.0	1856.5	920.4	3407.6	323.0	14834.0
2023	1600.0	2038.0	1600.0	3342.4	2584.6	1615.7	6472.0	1606.0	20858.7
ECI staff costs (thousands of lei)									
2021	140.7	1181.7	266.3	2616.7	1444.6	623.0	2201.6	173.0	8647.6
2022	279.8	1234.7	267.7	3172.4	1657.4	545.8	2470.3	194.2	9822.3
2023	1060.0	1715.9	1145.0	2587.4	2333.4	774.0	3122.3	611.4	13349.4
The number of the children-ECI beneficiaries									
2021	118	112	300	194	64	688	464	149	2089.0
2022	169	152	547	411	83	352	432	205	2351.0
2023	226	165	600	800	80	800	450	800	3921.0
The number of the ECI staff									
2021	3.25	12.5	4.5	9.25	6	6	15.91	3.25	60.66
2022	4.25	12.5	4.5	10.75	6	5	15.81	3.25	62.06
2023	10.25	12.5	6	11.25	6	6.5	17.5	4.75	74.75

Annual cost per one child – ECI beneficiary (lei)									
2021	1358.47	14383.93	1630.15	18381.4	24321.88	1294.91	6126.29	1804.03	5450.07
2022	2066.27	9823.68	1387.68	13929.4	22367.47	2614.77	7887.96	1575.61	6309.66
Monthly cost per one ECI staff (lei)									
2021	3607.69	7878.00	4931.19	23573.9	20063.89	8652.78	11531.53	4435.9	11879.88
2022	5486.27	8231.33	4957.82	24592.2	23019.44	9096.67	13020.77	4979.5	13189.25
Costs for capacity building of the ECI staff (mii lei)									
2021			4.1	40		17.8	18	4.5	84.4
2022				8.5		26.6	125.9	0.9	161.9
2023	17.1		4.1	60		40	78	6	205.2
The number of the trained ECI staff									
2021			1	8		20	5	1	35
2022				2		20	10	2	34
2023	4		1	8		20	3	2	38