

# Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region

## Country Report: Moldova

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## Note about the Author

**Key Author:** Dr. Aleksandra Duda (ECORYS Polska Sp z o.o)

**The core evaluation team:** Dr. Aleksandra Duda (ECORYS Polska Sp z o.o) and Dominika Safin (ECORYS Polska Sp z o.o)

**Country Researchers:** Dr. Ludmila Malcoci, Adela Pinteá (ECORYS Polska Sp z o.o)

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# Table of contents

<b>Executive summary .....</b>	<b>6</b>
<b>1.0. Introduction.....</b>	<b>11</b>
<b>2.0. Context and purpose of the evaluation .....</b>	<b>12</b>
2.1. Evaluation background.....	12
2.1.1. Overview of UNICEF's ECD program in Moldova .....	12
2.1.2. Overview of implications of the COVID-19 pandemic for ECD in Moldova .....	13
2.1.3. National (and local) government efforts to address COVID-19 implications for ECD in Moldova.....	15
2.1.4. Overview of UNICEF-supported adaptations of ECD interventions .....	16
2.2. Evaluation purpose, objectives, scope, and methodology .....	19
2.2.1. Evaluation purpose and objectives .....	19
2.2.2. Evaluation object and scope .....	21
2.2.3. Approach and methodology .....	23
2.2.4. Limitations .....	25
<b>3.0. Main findings .....</b>	<b>27</b>
3.1. Relevance .....	27
3.1.1. Relevance to the needs of young children and their families .....	27
3.1.2. Relevance to the needs of frontline workers.....	31
3.1.3. Relevance to UNICEF's broader ECD and COVID-19 programming .....	35
3.2. Effectiveness.....	36
3.2.1. Frontline workers' capacity and skills.....	36
3.2.2. Information and guidance .....	42
3.2.3. ICT and personal protective equipment.....	43
3.3. Sustainability.....	44
3.3.1. Sustainability of current responses .....	44
3.3.2. Current responses' contribution to resilient ECD systems .....	48
<b>4.0. Conclusions, lessons and recommendations .....</b>	<b>50</b>
4.1. Conclusions.....	50
4.2. Main lessons learned .....	51
4.3. Recommendations.....	52
Bibliography .....	55

Figures and tables

Figure 1: Key steps within each rapid assessment cycle .....23

Table 1: Brief presentation of interventions assessed .....22

Table 2: Change in selected skills of preschool teachers who took part in positive parenting  
sessions in Călărași, Cantemir, and Sîngerei ..... 39

## Acronyms

<b>CNETIF</b>	National Center for Early Education and Family Information
<b>CO</b>	Country Office
<b>CNESP</b>	National Commission for Emergency Situations of the Republic of Moldova
<b>CRC</b>	Convention on the Rights of the Child
<b>CSO</b>	Civil society organization
<b>ECA</b>	Europe and Central Asia
<b>ECD</b>	Early childhood development
<b>ECE</b>	Early childhood education
<b>ICT</b>	Information and communication technology
<b>IHR</b>	International Health Regulations
<b>IP</b>	Implementing Partner
<b>IPC</b>	Infection prevention and control
<b>IR</b>	Inception Report
<b>LEPL</b>	Agency for State Care and Assistance to the Victims of Human Trafficking
<b>LPA</b>	Local public authorities
<b>KII</b>	Key Informant interview
<b>MECR</b>	Ministry of Education, Culture and Research (currently: the Ministry of Education and Research)
<b>MHLSP</b>	Ministry of Health, Labor and Social Protection (currently: the Ministry of Education and Research and the Ministry of Labor and Social Protection as separate entities)
<b>NBS</b>	National Bureau of Statistics
<b>NICU</b>	Neonatal Intensive Care Units
<b>NGO</b>	Non-governmental organization
<b>PPE</b>	Personal protective equipment
<b>RO</b>	Regional Office
<b>SDGs</b>	Sustainable Development Goals
<b>ToC</b>	Theory of Change
<b>ToR</b>	Terms of Reference
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, sanitation and hygiene
<b>WHO</b>	World Health Organization

# Executive Summary

## Evaluation purpose and scope

**Evaluation purpose:** The evaluation's overarching purpose was to provide UNICEF Country Offices (COs), UNICEF ECA Regional Office (RO), and national governments and partners with a critical assessment of the key adaptations made in UNICEF's Early Childhood Development (ECD) programmes in the Europe and Central Asia region to meet the needs of young children and families in the context of COVID-19. The secondary purposes were to: (i) generate insight to inform further development of the evaluated ECD activities and (ii) provide evidence to inform future ECD efforts in similar emergencies. The evaluation was carried out in four countries, including Moldova.

**Evaluation scope:** The evaluation focused on interventions that were introduced directly in response to COVID-19 or adapted to its realities; entailed capacity building or information support for frontline workers; and were viewed by a given UNICEF CO as useful to have feedback on for future programming. The evaluation entailed an in-depth assessment of three interventions: 1. COVID-19 response for women and their children in 12 perinatal centers from the Republic of Moldova; 2. Strengthening capacities of preschool staff, parents, and LPAs to ensure a state of preparedness and response to COVID-19 pandemic; 3. Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans. Desk research-based assessment concerned two additional interventions: 1. Development of Early Intervention (EI) Services for young children with developmental delays and disabilities at the regional level; and 2. Preventing and Responding to COVID-19 in selected countries in Europe and Central Asia (with hygiene-related supplies, prevention awareness-

raising and capacity building activities for children, teachers, frontline workers, parents, caregivers, and LPAs' representatives). All selected interventions were assessed with the view to their relevance, effectiveness, and sustainability. However, the main findings and conclusions related to the latter two projects refer mainly to relevance as they are based on limited data.

The evaluation took place from November 2020 to the end of 2021.

## Evaluation methodology

**Evaluation approach:** The evaluation process followed a twofold approach: (i) elements of developmental evaluation approach due to the dynamically changing context of the evaluated interventions; and (ii) elements of a formative evaluation to highlight how the adapted or new initiatives are working. During the evaluation, simplified theories of change (ToCs) for the three more deeply assessed interventions were developed.

**Data collection:** The methodology for this evaluation was based on rapid cycles of data collection and analysis, timely feedback, and evaluative synthesis and reflection. A mix of qualitative and quantitative research methods was used to collect and analyze the data. Desk research encompassed primary and secondary sources concerning ECD in Moldova, UNICEF's programme and COVID-19 related activities in the country, as well as the three evaluated interventions specifically. Three cycles of data collection related to the in-depth assessments were conducted, each including:

- a survey with frontline workers;
- Key Informant interviews (KIIs) with frontline workers, Implementing Partners, selected governmental officials, local leaders of public

services and UNICEF CO's staff; • a reflection workshop (after the cycles), to discuss findings from Analytical Briefs.

**Limitations:** Within the context of COVID-19, collecting "good enough" evidence outweighed methodological rigor and involvement of rights holders in the evaluation, online surveys may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation, limited data was available on two desk-reviewed interventions.

## Context

**UNICEF programming:** The overarching vision for UNICEF's Country Programme Document in Moldova during the period 2018–2022 is the equitable realization of all child rights, including the rights to education, health, an adequate standard of living, and participation. A central place in the Programme is devoted to developing inclusive national systems and services that respond to the needs of the most vulnerable children equitably by: (i) policy and legislative reforms, (ii) building the capacities of professionals, civil society and adolescents, and (iii) designing and testing viable models that demonstrate the effectiveness of more comprehensive social services for children.<sup>1</sup>

**UNICEF-support to COVID-19 response:** In response to the outbreak of COVID-19, the UNICEF's CO in Moldova adapted its ECD programme activities in Moldova to support, among others: • the Moldova COVID-19 Response and Recovery Window under the Moldova 2030 Sustainable Development Goals (SDGs) Multi-Partner Trust Fund; • a Government COVID-19 Emergency Response Plan; • frontline workers and vulnerable communities by providing them with personal protective equipment (PPE) and other necessary supplies; • families and children by distributing material supplies. In addition,

initiatives aimed at expanding awareness about the risks associated with COVID-19 and capacity building were also introduced in frontline sectors such as healthcare, education, and social services.

**COVID-19 implications or ECD:** These changes were a response to the disruptions of healthcare, educational and social services, which were one of the substantial implications of the COVID-19 pandemic on the early childhood development services in Moldova. As their result, (i) many preschool-aged children could not attend their educational institutions and lost access to high-quality early education; (ii) pregnant women and families with a newborn child had limited information on the impact of COVID-19 pandemic; (iii) caregivers, especially with vulnerable background, felt stressed, worried, frustrated, confused, and disconnected from their usual sources of support. (iv) frontline workers did not know how to approach children and families in these new circumstances.

## Key findings

### Relevance

**The evaluation found that the UNICEF interventions directed at the COVID-19 response were relevant to the needs of children and their families.** The objectives of assessed UNICEF interventions in the health and preschool education sector were in line with the changing pandemic-related needs of pregnant and breast-feeding women, caregivers, and young children. They focused on preparing a safe environment for re-opening health and preschool facilities, strengthening the capacities of frontline workers and caregivers while addressing the needs of the most vulnerable groups of children (especially children with disabilities and Roma

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<sup>1</sup> United Nations Country programme document Republic of Moldova United Nations Children's Fund Executive Board

Second regular session 2017 12–15 September 2017. Available [here](#).

children). The CO's efforts in increasing the frontline workers' skills in operating in new emergency conditions were highly appreciated by the healthcare staff because it addressed the most pressing issues such as: guidance on implementing hygiene restrictions in practice, adapting the disrupted services to the emergency and ensuring safe conditions for their re-opening, better responding to caregivers' queries and needs, and providing adequate support/treatment. At the same time, some urgent frontline healthcare workers' needs are yet to be addressed. These include above all issues connected to the transition into a digital mode of service provision necessary to use the full potential offered by this form of service delivery (with a more specific focus on most vulnerable children).

## Effectiveness

**The evaluation evidence shows that the pandemic-caused adaptations in ECD services were effective in terms of improving frontline workers' knowledge and skills.**

Frontline workers who took part in the evaluation surveys implement the knowledge and skills gained from the trainings in their daily work as ECD professionals and feel prepared to carry out their work during the pandemic. They also increased their skills to communicate with and support caregivers, including the most vulnerable children and families, on a range of issues related to the COVID-19 pandemic. Two main factors contributing to an efficient learning process are: (i) proper supervision, mentoring sessions, and sharing experiences among peers; and (ii) shifting capacity-building activities and services online. The latter has sharply increased the demand for digital skills among frontline workers and exposed gaps in this area. Other skills indicated for further improvement to deliver services effectively include: training on testing in ambulatory conditions, acting in emergencies, and inter-institutional collaboration, adapting

learning curriculums and training materials to pandemic conditions or implementing online education for children with disabilities and special educational needs, and engagement and communication with caregivers. At the same time, more guidelines, more time and resources for mentoring sessions, and follow-up is required, along with more focus on addressing violence in households and working with Roma children.

## Sustainability

**Some tangible steps have already been taken to ensure the sustainability of assessed adaptations introduced in response to COVID-19.**

There are plans to continue the interventions in a new format and updated context, make them more targeted, include them in national policies, and make the learnings available for a wider audience. For instance, UNICEF plans to develop and integrate a component related to preventing all types of emergencies into the National Education Strategy for 2021-2030. The interventions assessed can be expected to add to more resilient and effective ECD services beyond the public health emergency context: a vast majority of surveyed frontline workers (86%) perceive them as applicable in other public health emergencies beyond the COVID-19 pandemic.



## Main lessons learned

### Lesson learned # 1

**Mechanisms that facilitate peer learning and stock-taking activities are essential for strengthening the CO/ECD staff's and service provision resilience.** They encourage collection and appliance of the best available knowledge and thinking beyond a "one-time intervention" approach. Thus, finding time for reflection meetings/debriefings between CO's staff (and also ECD staff), although challenging during the emergency, is important to determine what works for whom in which contexts for achieving more significant impact at scale and reconfiguring/redesigning programmes, strategies, and services accordingly.

### Lesson learned # 2

**Needs assessment is an essential step for relevant and efficient learning by ECD stakeholders and frontline workers and for a flexible ECD response in emergency context and beyond.** Collecting data to identify training needs helps design training programs and other activities that cover critical topics, tailored to various groups of participants and integrated into the pandemic context. The evaluation process and post-training surveys revealed that some needs have changed or became more evident as the emergency situation evolved. Thus, a recurring approach to needs assessment is necessary to catch and address such developments.

### Lesson learned # 3

**Reaching out to and maintaining regular support and contact with disadvantaged families is essential during global health emergency and beyond.** Evidence shows that the impacts of the crisis caused by the global health emergency were not evenly distributed and affected vulnerable children and caregivers the most. Ongoing communication with organizations that have deep knowledge of local context and the needs of such groups is key to developing targeted and relevant actions. Specific areas to start with, as emphasized by the current crisis, include: reducing to a minimum the use of parenting practices that are not conducive to young children's cognitive and emotional development and preventing violence against children and gender-based violence in general.

## Recommendations

The recommendations have been developed in cooperation with the UNICEF ECARO and Moldova CO. In line with the evaluation findings in Moldova, the following actions are recommended for UNICEF:

- I. **Support national and local efforts towards the sustainable continuous professional development of frontline workers**, including:
  - Explore the options to adjust the existing in-service curricula for health workers and educators to include the most appreciated and needed modules in partnership with medical and pedagogical universities.
  - Advocate for regular training support mechanisms such as peer learning activities, cascade training, mentoring sessions, and supervision into capacity-building activities.
  - Advocate for developing online capacity-building platforms for frontline health workers.
- II. **Advocate for and support national and local efforts towards digital skills development**,

**distant learning, and remote service provision in ECD, including:**

- Advocate for provisions, including legislation and funding arrangements, ensuring that kindergartens and health care facilities have access to ICT equipment.
- Support the development of training programs designed to fortify frontline workers' digital skills and inclusion of these trainings into regular capacity-building activities.
- Support development of disability-sensitive training content for frontline workers on providing online support to education.

**III. Strengthen capacities of LPA representatives and managers from health and education services to enhance the use of local resources and increase efficiency **Continue to support capacity-building activities that empower caregivers and reflect the needs of vulnerable families and staff working with them,** including:**

- Provide technical support and advocate for developing a teacher-training program aimed at continuous improvement of preschool didactical and support staff's capacity on inclusive early childhood education.
- Support and advocate for approval of the new cross-sectoral Strategy on Positive parenting (as this one expires in 2022) along with the Action Plan and support the implementation of the regular positive parenting training for both preschool workers and caregivers.
- Support information and coaching provision tailored to the frontline workers' needs for improved communication skills to better respond to caregivers and the most vulnerable groups' needs.
- Advocate for the integration of pre- and post-training assessment of participants' knowledge and skills into capacity-building programs.

**IV. Advocate for the integration of preparedness and resilience-building contents into the professional development of frontline workers, including:**

- Advocate for and support the integration of COVID-19 related training content into in-service curricula and post-graduate courses.
- Advocate for and support the integration of sessions on psychological support, well-being, and emotional implications of coping with the crisis situation into the capacity-building activities.
- Advocate for integrating disability in the training content on prevention and protection against infection with COVID-19 and other emergencies.
- Regularly monitor and evaluate the impact of UNICEF-supported interventions in health and education sectors..
- Translate the crisis preparedness and response guidelines for caregivers into accessible languages and formats, and consider visual forms of information provision.

## 1.0. Introduction

The COVID-19 pandemic is a multi-dimensional crisis that has profoundly affected the development and psycho-social well-being of young children and their caregivers. Evidence from around the world clearly shows that the crisis has exacerbated existing vulnerabilities and brought new immediate and longer-term challenges to children's well-being. In addition to the pandemic's primary effects, such as increased poverty and income insecurity, families with young children have faced an unprecedented disruption of essential health, early learning, and other essential services.

United Nations Children's Fund's (UNICEF's) early childhood development (ECD) teams across the Europe and Central Asia (ECA) region have played a critical role in supporting governments' responses to COVID-19. Efforts were recalibrated to address the immediate needs of young children and their families. This included re-purposing and strengthening available resources and workforce to provide information and services in the circumstances of home confinement, reduced availability of ECD services, and an ongoing public health threat.

The pandemic has created a set of novel circumstances which demanded specific actions, such as introducing new interventions or rapidly adapting the existing ones. Now, evidence is needed on the appropriateness and efficiency of these new responses and adjustments. The lessons learned can help develop longer term recovery plans and budgets for ECD services to strengthen the resilience of ECD systems across ECA.

For this purpose, UNICEF ECA Regional Office (ECARO) commissioned Ecorys to carry out the Multi-Country Evaluation of the UNICEF ECD response to COVID-19 in the ECA region. A developmental evaluation approach was adapted to provide rapid evidence and enable real-time adjustment of ongoing efforts. The evaluation entails an in-depth study in four ECA countries: Croatia, Georgia, Moldova, and Ukraine, with a view on the lessons learned from the region as a whole. The evaluation started in November 2020 and continued until the end of 2021.

This report presents the findings from the evaluation in the Republic of Moldova (hereafter as Moldova). It covers selected UNICEF-supported ECD response to COVID-19 in Moldova – including continuing and discontinued interventions – implemented from March 2020 to August 2021. It sets out the context of the evaluation; a description of the object of the evaluation; its overall purpose, objectives, and scope; the methodology; key findings; lessons learned and conclusions and recommendations. It summarizes the evaluation team's assessment of the relevance, effectiveness, and sustainability of UNICEF's ECD response to COVID-19 in Moldova. The findings and recommendations in this report are intended to primarily serve UNICEF Moldova Country Office (CO), UNICEF ECARO, and national governmental and non-governmental stakeholders (duty bearers) in Moldova working with young children and families (right holders). The findings will also be useful to those UNICEF COs starting their new programme cycles in 2023 to reflect on the lessons learned that apply to their contexts.

The evaluation team would like to express their gratitude to the staff of UNICEF Moldova CO for their continuous support. We also thank the government of Moldova, the National Center for Early Education and Family information (CNETIF), the Public Association for Women and Children "NOVA", and all of the frontline workers from a range of institutions who shared their experiences and views with us. Finally, we thank the staff from the UNICEF ECARO Evaluation and ECD teams for their invaluable inputs, guidance, and management of the evaluation.

## 2.0. Context and purpose of the evaluation

### 2.1. Evaluation background

This section provides an overview of UNICEF's ECD country priorities and the scope of the country program. It then looks at the impact of COVID-19 on the ECD services and the responses undertaken by the national and local government and UNICEF to mitigate the challenges that emerged with or were aggravated by the pandemic outbreak.

#### 2.1.1. Overview of UNICEF's ECD program in Moldova

The overarching vision for UNICEF's Country Programme Document in Moldova during the period 2018–2022 is the equitable realization of all child rights, including the rights to education, health, an adequate standard of living, and participation. The strategy is fully aligned with national priorities including: National Development Strategy "Moldova 2020", Child Protection Strategy 2014–2020, Action Plan to support the Roma population 2016–2020, Strategy for Development of Education for All 2011–2020, and National Strategy on Public Health 2014–2020. It also contributes to two outcomes and goals of 2018–2022 United Nations Development Assistance Framework (UNDAF), Sustainable Development Goals, and UNICEF Strategic Plan 2018–2021 in the areas of governance, human rights, gender equality, inclusive and equitable social development and education, reduction of inequality and child poverty, healthy life and the well-being of children, adequate access to child-friendly justice and accountable institutions, and prevention of violence against children.

Developing **inclusive national systems and services that respond to the needs of the most vulnerable** children equitably is a key theme in the 2018–2022 Country Programme of the Government of Moldova and UNICEF. In order to achieve this, key actions are directed to support advancements in:

- **policy and legislative reforms** to align national systems to the Sustainable Development Goals and the Concluding Observations of the Committee on the Rights of the Child,<sup>2</sup>
- efficiency and accountability of national systems in **building the capacities of professionals**, civil society and adolescents, and
- designing and testing **viable models** that demonstrate the effectiveness of more **comprehensive social services** for children at the community level, focusing on **inter-sectoral cooperation**.<sup>3</sup>

The priorities for early childhood development in Moldova, which cut across the action areas mentioned above, relate to **nurturing care, health, protection and education**, and call for **improved intersectoral cooperation** in these sectors. More specifically, the 2018–2022 Country Programme promotes:

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<sup>2</sup> Sustainable Development Goals: 1–4, 10 and 16, and Articles 2–7, 9, 11–21, 23–29, 31, 32, 34–37, 39– 41 from the Convention on the Rights of the Child.

<sup>3</sup> United Nations Country programme document Republic of Moldova United Nations Children's Fund Executive Board Second regular session 2017 12–15 September 2017. Available [here](#).

- **strengthening early childhood development skills among parents**, communication between parents and other caretakers, and development of cross-sectorial policy documents on positive parenting;
- **the well-being of pregnant women** and the safe delivery to improve child survival, growth and development, increased knowledge of child healthcare and improved access to health services, immunization, good nutrition, and youth-friendly health services;
- modeling of **specialized foster care services** at the community level and elimination of the drivers of institutionalization through poverty alleviation programs and support services for children with disabilities and single mothers;
- **reduction of reliance on institutional** care and ending violence against children by modeling of specialized foster care services, poverty alleviation programs, and support services for children with disabilities and single mothers;
- **reduction of vulnerability** to economic and social exclusion and monitoring child rights, and
- preschool education enrolment, child-friendly schools, and inclusive education (with a special focus on vulnerable children and Roma children).

While addressing these issues, special attention is placed on **supporting health and social workers to provide better quality services**, including additional services to vulnerable children and pregnant women. This includes trainings on **child and maternal healthcare and communication with parents/caregivers** to improve their capacities to recognize danger signs in pregnancy and child health, child development milestones, and implement positive parenting.<sup>4</sup>

The Country Programme has a **specific gender focus** to ensure adequate care for infants and young children and girls' secondary education.

## 2.1.2. Overview of implications of the COVID-19 pandemic for ECD in Moldova

### 2.1.2.1. Disruption of services

**Limited access for children and their families, including those identified as vulnerable, to healthcare, educational and social services was one of the substantial implications of the COVID-19 pandemic on the early childhood development services in Moldova.** The lockdown forced preschools and early childhood development centers to close down from early March until August 2020. As a result, many preschool-aged children could not attend their educational institutions and lost access to high-quality early education. Distant modalities to support learning were introduced, but the limited access of many children and their families to IT equipment and the internet emerged as key barriers. According to the National Bureau of Statistics (NBS), children's access to distance learning was constrained by: insufficient number of computers and other electronic devices (10%), poor internet connection (10%), lack of internet connection (6%), lack of electronic equipment (4%) in households.<sup>5</sup> These factors were correlated with a significantly lower level of household wealth among families who reported such challenges. The

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<sup>4</sup> UNICEF Moldova. (n.d.) What we do. Available [here](#).

<sup>5</sup> NBS (2020). Influence of COVID-19 on households during the II semester of 2020. Available [here](#).

NBS' study revealed that their expenditure on consumption was about 50% lower than in the general sample.<sup>6</sup>

**The COVID-19 pandemics affected all levels/components of the healthcare system**, including the need for safety protocols in institutions, protective equipment, hygiene supplies, human resources, and swift capacity building /training regarding new protocols. Consequently, **many essential healthcare services were suspended or available at reduced capacity due to limited hospital capacities**. Women and children had difficulties receiving services regarding sexual and reproductive health, detection and clinical management of gender-based violence, antenatal and post-natal care, neonatal, child and adolescent healthcare, and immunization and screening services.<sup>7</sup> According to NBS, the rate of immunization of 1-year-old children decreased substantially in 2020 in comparison with 2019.<sup>8</sup>

The crisis affected not only the capacities of essential healthcare services but also the situation of frontline workers, who were especially vulnerable to COVID-19 infections. **At the beginning of the outbreak, the Moldavian healthcare system suffered from shortages in personal protective equipment and some antiviral drugs**. International supply chains were disrupted, and the Government's procurement processes were not sufficiently prepared to respond to the increased demand created by such a large-scale public health emergency.<sup>9</sup> Therefore, many healthcare workers were vulnerable to infection and became infected.<sup>10</sup> **The frontline healthcare also lacked specific guidance to safely respond to the emergency in healthcare** and urgently needed technical, professional, and psychological support to work in the new challenging conditions.

#### 2.1.2.2. Disruption of family life/routine

**The difficulties in ensuring continuity of education were augmented by the need to provide support to parents to assume the role of educators**.<sup>11</sup> This was especially the case among families from vulnerable backgrounds, particularly those living in rural areas and Roma communities.<sup>12</sup> Parents in these households often have limited digital literacy and low levels of educational attainment. In addition, families with lower education levels are on average 30% less likely to have internet access. Before the pandemic, only 67% of such households had internet access. All these factors make children in rural areas and Roma children disproportionately affected by the transition to online education.

**The closure of preschools and social services during the pandemic increased the burden on women, who often play the role of primary caregivers**. The study conducted by UN Women reported that more than half of the women were dedicating several hours a day to support their child's education process, for instance, by helping with homework.<sup>13</sup> Moreover, high levels of domestic violence are also mentioned as a significant issue, especially during the lockdowns. As

<sup>6</sup> Ibid.

<sup>7</sup> UN Moldova (2020). COVID-19 Social-economic response and recovery plan. Available [here](#).

<sup>8</sup> The immunization against Diphtheria and tetanus decreased from 92.2% in 2019 to 88% in 2020; immunization against polymeelite decreased from 92.1% in 2019 to 88.6% in 2020; immunization against convulsive cough decreased from 91.4% in 2019 to 88% in 2020, etc. Available [here](#).

<sup>9</sup> UN Moldova (2020). COVID-19 Social-economic response and recovery plan. Available [here](#).

<sup>10</sup> COVID-19. Epidemiological situation. Weekly report, August 1, 2021. Available [here](#).

<sup>11</sup> Based on materials provided by UNICEF Moldova Country Office.

<sup>12</sup> Ibid.

<sup>13</sup> UN Women (2020). Assessment of COVID-19 impact on gender roles. Available [here](#).



the report states, domestic violence affected about half of the Moldavian women.<sup>14</sup> In April 2020, the number of women who requested support due to domestic violence increased by 35 percent compared to March 2020.<sup>15</sup> Moreover, data from the Ministry of Education, Culture and Research (MECR) shows that in the first semester of 2020, 3363 cases of violence against children were reported.<sup>16</sup> The Ministry estimates the number to be relatively modest due to low reporting, particularly in the context of lockdown.<sup>17</sup> The most common form of violence is bullying, followed by physical and psychological violence. Additionally, cyberbullying has emerged as a significant problem in distance learning.<sup>18</sup>

**The pandemic also negatively affected the employment and wages of families with young children.** As NBS's research revealed, 17% of the households reported a reduction in or loss of income from work, 8% – a reduction in or loss of remittances, and 4% – the withholding of salaries, pensions, social benefits. In addition, every fifth respondent mentioned reducing food expenditure to deal with the financial hardship.<sup>19</sup> Food insecurity has affected children's nutrition, especially those from the most vulnerable families and increased the risk of malnutrition. Research suggests that under-nutrition, especially in the first 1000 days of a child's life, may lead to suboptimal brain development.<sup>20</sup> Before the pandemic, 6% of children in Moldova were suffering from stunted growth and the diminished availability of food during the pandemic is believed to exacerbate the situation.<sup>21</sup>

### 2.1.3. National (and local) government efforts to address COVID-19 implications for ECD in Moldova

The unprecedented impact of the COVID-19 pandemic on the early childhood development sector required a massive and quick response from the governments and humanitarian agencies. The response needed to include measures for ensuring the continuity of the ECD services, including through introducing innovations, such as online counseling or the provision of distance learning for preschool children.

Based on International Health Regulations (IHR) from 2005, the Law no. 10 of 3 February 2009 on state supervision of public health, and WHO recommendations, on March 13, 2020, **the National Committee for Public Health Emergency approved the National Emergency Preparedness and Response Plan.** A few days later, The Parliament of the Republic of Moldova declared a state of emergency on the country's entire territory from March 17 to May 15, 2020. The National Commission for Emergency Situations of the Republic of Moldova (CNESP) was empowered to manage the situation in the country.<sup>22</sup>

To ensure children and families' access to essential healthcare services, **infection and prevention control protocols were developed and implemented in healthcare, educational, and social care services.** National and local public authorities developed and implemented the

<sup>14</sup> Ibid.

<sup>15</sup> UNICEF (2020). Education and COVID-19 in the Republic of Moldova. Available [here](#).

<sup>16</sup> Ibid.

<sup>17</sup> UNICEF (2020). Education and COVID-19 in the Republic of Moldova. Available [here](#).

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> UNICEF Moldova (n.d.) Nutrition. Available [here](#).

<sup>21</sup> Ibid.

<sup>22</sup> Decision of Parliament No. 55 from March 17, 2020 regarding the declaration of emergency situation. Available [here](#).

measures for continuing the provision of essential healthcare and educational services.<sup>23</sup> The Government carried out various communication activities to increase population awareness and community involvement in the prevention of infection. To this end, **the Ministry of Health, Labor and Social Protection (MHLSP) created an inter-sectorial group of communicators<sup>24</sup> and coordinated communication actions at the national level.** The materials developed with the support of WHO and UNICEF and the media were placed on the public authorities' websites and were continuously disseminated by other development partners. Moreover, the MHLSP organized daily press briefings on the current situation. The National Agency for Public Health established **the Green Line to provide information and psychological assistance** for the population. The Government **increased testing capacities, particularly among the most vulnerable groups** (from long-term care institutions, people with disabilities, people over 60 years) and healthcare workers with symptoms.<sup>25</sup>

**Educational activities of preschools and schools were transferred online.** All institutions had to follow the document "Instructions on preparation for reopening of preschool institutions in the context of the COVID-19"<sup>26</sup> and the framework regulations for the implementation of the Instruction mentioned earlier.<sup>27</sup> Educators and parents were informed about the new requirements and rules in educational institutions. From September 1, 2020, preschool facilities have been gradually opened, creating a safe learning and care environment for children, parents, and staff. Regarding schools, the Government developed seven organizational models of the educational process during the academic year 2020–2021. Different variations required physical presence at school and/or distance communication and were applicable in different situations.<sup>28</sup> Starting from September 1, 2020, the educational process was relaunched in all educational institutions, **while parents and students received guidelines that provided advice in the context of COVID-19.**<sup>29</sup>

## 2.1.4. Overview of UNICEF-supported adaptations of ECD interventions in Moldova

In response to the outbreak of COVID-19, the UNICEF's Country Office (CO) needed to adapt its ECD program activities in Moldova. The **United Nations in Moldova (UNCT) created the Moldova COVID-19 Response and Recovery Window under the Moldova 2030 Sustainable Development Goals (SDGs) Multi-Partner Trust Fund.** The theory of change of the Fund Window concentrates on supporting the Government of Moldova to tackle the health emergency, as well as to address the social and economic impact of the pandemic. Additionally, the Window intends to reduce the

<sup>23</sup> Order of the Ministry of Health, Labor and Social Protection No. 315 of March 25, 2020, on measures to prevent COVID-19 infection in the workplace. Available [here](#); National Commission for Emergency Situations. Decision No. 12 from May, 25, 2020. Available [here](#).

<sup>24</sup> Order of the Ministry of Health, Labor and Social Protection No. 188 of 26 February 2020 on the establishment of the working group of communicators at national level on public health emergencies.

<sup>25</sup> UN Moldova (2020). COVID-19 Social-economic response and recovery plan. Available [here](#).

<sup>26</sup> National Commission for Emergency Situations. Decision No. 21 from July, 24, 2020. Available [here](#).

<sup>27</sup> Joint Order of the Ministry of Education, Culture and Research and the Ministry of Health and Labor and Social Protection No. 779/725 of 7 August 2020 on the approval of normative acts on the reopening of early education institutions in the context of the COVID-19 pandemic. Available [here](#).

<sup>28</sup> Order of the Ministry of Education, Culture and Research No. 840 of 19.08.2020 regarding the organization of the year of studies in general education. Available [here](#).

<sup>29</sup> Order of the Ministry of Education, Culture and Research No. 987 of September 17, 2020, on health protection in educational institutions. Available [here](#).



country's vulnerability to the pandemic and enable a transparent and effective recovery process.<sup>30</sup> As part of the Response and Recovery Plan, UNICEF plays a pivotal role in supporting the government to respond to COVID-19 challenges related to ECD and established new interventions targeted at the COVID-19 crisis.

**UNICEF and WHO supported the MHLSP to develop a Government COVID-19 Emergency Response Plan.** This Plan aimed to assess the needs for personal protective equipment (PPE), tests, and medical equipment, as well as to adapt procurement mechanisms to the emergency situation and to strengthen the capacities for procurement, especially of vaccines and pharmaceuticals.<sup>31</sup> In line with these objectives, **UNICEF supported frontline workers and vulnerable communities by providing them with PPE and other necessary supplies.** To ensure additional protection of vulnerable children and families against COVID-19 and to address the needs of healthcare workers and parents, UNICEF provided WASH and Hygiene supplies to 41 Youth Friendly Health Centers, 12 maternity hospitals, all schools and preschools. Also UNICEF provided PPE to 12 residential schools and institutions for children, including for children with disabilities, and 35 District Psycho-pedagogical Assistance Services.<sup>32</sup> Moreover, UNICEF supported the Institute for Emergency Medicine with oxygen concentrators, surgical masks, FFP2 respirators, face shields, and gloves.<sup>33</sup> In addition, more than 580 frontline healthcare workers from more than 100 primary healthcare units in Ungheni and Cahul districts received 2,000 waterproof gowns and 1,600 disposable non-woven protective suits.<sup>34</sup>

**Material supplies were also distributed directly to families and children, especially the most vulnerable ones.** Examples of UNICEF's interventions include:

- Provision of PPE supplies to 225 vulnerable families benefitting from early intervention services for young children with developmental delays and disabilities.<sup>35</sup>
- Provision of food and hygiene packages to 300 vulnerable families affected by violence and books and educational materials to 1,000 children. This support helped reduce the burden on families affected by violence, specifically mothers.<sup>36</sup>
- Hygiene supplies have been procured and delivered to 21 Roma children in Nicoreni village, Drochia District, before the start of the school year, to facilitate school attendance by Roma children.<sup>37</sup>
- Procurement of laptops and more than 500 educational supplies kits for children from vulnerable families, including Roma.<sup>38</sup>
- Hygienic supplies and thermometers to preschool before their re-opening in September 2020.

The swift mobilization of UNICEF to identify funds and procure the needed supplies has been appreciated by the receiving parties and contributed to bringing into focus the area of WASH, especially in schools. An increased focus on supplies, not so prominent prior to the pandemic,

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<sup>30</sup> UN Moldova (2020). COVID-19 Social-economic response and recovery plan. Available [here](#).

<sup>31</sup> UNICEF reports: Moldova CO Inputs ECAR End-of-year COVID Situational Report.

<sup>32</sup> Moldova Inputs ECAR End-of-year COVID Situational Report.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Moldova Inputs ECAR End-of-year COVID Situational Report.

<sup>36</sup> Ibid.

<sup>37</sup> Moldova Inputs ECAR End-of-year COVID Situational Report.

<sup>38</sup> Ibid.

was based on UNICEF's comparative advantage at the CO to access funds, assess needs and ensure procurement. The supply component was complementary to other system strengthening interventions (e.g. protocols, capacity-building).

**Another set of UNICEF's support centered around the Risk Communication and Community Engagement pillar.** The primary objective of these actions was to expand awareness about COVID-19 and basic preventative behaviors. They targeted both the general public and professionals from sectors such as healthcare, social services, and education. UNICEF and WHO supported MHLSP in developing a Communication Strategic Plan to support the vaccination campaign. UNICEF and WHO continue to support the Ministry of Health, Labor and Social Protection and the National Agency of Public Health with informational activities such as a publicly distributed video underlining the importance of restricting COVID-19 measures. A campaign to promote immunization against COVID-19 immunization was also developed by the joint efforts of WHO, UNICEF and the Ministry of Health, Labor and Social Protection (MoHLSP).<sup>39</sup> This awareness campaign, "Be safe: get COVID-19 vaccine", included messages on vaccines benefits, printed materials for targeted audiences, video and audio messages, and a webpage.<sup>40</sup> Online interviews with experts on the possible adverse effects of vaccination supplemented these actions.<sup>41</sup> To address the increase in online violence during the transition to online education, UNICEF supported an educational webinar with an online-security expert from La Strada, covering the topics of online bullying.<sup>42</sup>

**Initiatives aimed at expanding awareness about the risks associated with COVID-19 and capacity building were introduced in frontline sectors such as healthcare, education, and social services.** Online trainings were conducted for obstetricians-gynecologists, neonatologists, pediatricians, and midwives and specialist workers on obstetric emergency care and referral of pregnant women, nutrition of pregnant women and nursing mothers, feeding, newborn care in post-epidemic conditions COVID-19, and antenatal care during the pandemic.<sup>43</sup> Primary healthcare specialists also learned about outpatient care services, nutrition, and support for breastfeeding and HIV testing services for pregnant women. In addition, an event featuring the benefits of breastfeeding, including in the COVID-19 period, was featured during World Breastfeeding Week.<sup>44</sup>

Trainings in the educational sector, teaching and nonteaching personnel at pre-primary level, involved topics such as prevention of infectious diseases in educational institutions, knowledge regarding COVID-19 regulations, protocols for COVID-19 and infectious diseases prevention and control.<sup>45</sup> UNICEF also introduced national online trainings for preschool teachers on positive parenting during the COVID-19 pandemic, transition, and recovery period. Another capacity-building initiative in education included trainings aimed at strengthening digital literacy, knowledge and skills of teaching staff in the preprimary subsector in support of online learning.<sup>46</sup> The aim is to create a critical mass of preschool teachers (representing approximately 80% of the teaching staff) who can confidently use digital skills to search, collect, receive, store and process

<sup>39</sup> Moldova Situational Report, March 2021.

<sup>40</sup> Ibid.

<sup>41</sup> Moldova Situational Report, March 2021.

<sup>42</sup> Ibid.

<sup>43</sup> Moldova Situational Report, March 2021.

<sup>44</sup> Ibid.

<sup>45</sup> Moldova Situational Report, July 2021.

<sup>46</sup> Ibid.

information, thus improving their online educational services during the pandemic, transition, and recovery periods.

In order to improve children's access to quality child protection and services, a comprehensive draft Manual for child protection specialists has been developed and approved by MHLSP. It was distributed among relevant local authorities, service providers, individual specialists, and caregivers working with children during the pandemic.<sup>47</sup> The document includes a comprehensive set of targeted guidelines for key professionals on how better to deliver assistance and services to families and children and ensure a unified approach to implementing main cross-sectoral mechanisms and sectoral tools during pandemics.

To increase the sustainability of the emergency actions, UNICEF Moldova provides support to the MECR to develop the new long-term Education Sector Strategy for 2021–2030 and medium-term Programme of Action 2021–2025. The new policy documents focus on creating a resilient, inclusive, friendly, and effective education system and will include a separate component on the prevention of humanitarian crisis.

## 2.2. Evaluation purpose, objectives, scope, and methodology

### 2.2.1. Evaluation purpose and objectives

This evaluation's overarching purpose is to provide UNICEF Moldova CO, UNICEF ECA Regional Office, and national government and partners with a **critical assessment of the key adaptations made in UNICEF ECD program in the ECA region to meet the changing needs of young children and families**. The secondary purpose of this evaluation was twofold: 1) to provide **real-time feedback and generate learnings to inform the further development of the assessed ECD activities** adapted or newly designed to respond to the COVID-19 pandemic; and 2) to provide evidence to inform future ECD efforts in similar emergencies.

The objectives of the evaluation were to:

- assess the extent to which the ECD activities (interventions) are being implemented in Moldova, how they are meeting the needs of young children and families, especially when their needs change as the COVID-19 outbreak evolves, and
- assess the effectiveness of the ECD activities in improved programming and systems strengthening support to the Moldovan government.

In line with the above, the main evaluation questions were as follows:

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<sup>47</sup> Ibid.



Annex 4, Vol. 2 of the Country Report: Moldova presents the sub-questions for this evaluation<sup>48</sup>

The evaluation process followed a **developmental evaluation approach** due to the dynamically changing context of the assessed interventions. As such, it supported UNICEF Moldova Country Office (CO) in spotting **emerging patterns** of their current activities and using them to reframe their approaches and reset their priorities, goals, and strategies where needed. The evaluation also entailed **some elements of formative evaluation** to highlight how well the adapted or new initiatives are working. Section 2.2.3 below provides an overview of how this approach was implemented in practice.

The primary intended users of the evaluation are UNICEF Moldova CO, UNICEF ECA Regional Office and national authorities and partners. The findings can be useful for the CO, which is starting a new programme cycle in 2022 to reflect on the lessons learned applicable to the wider ECD strategy. They inform the ECD programming in the near future in relation to the situations such as that of COVID-19, and similar contexts, to ensure the continuity of ECD-related services delivered to children and families regardless of the pandemic.

Upon UNICEF's request, the recommendations are formulated to **focus on strategic areas** for UNICEF Moldova to improve its ECD programme based on the evidence emerging from this evaluation. As such, they go beyond explicitly pandemic-related issues as the findings in this report confirm that an urgent action to protect and strengthen ECD is necessary to mitigate immediate and long-term adverse impacts of COVID-19 on young children and their families.<sup>49</sup>

<sup>48</sup> Given the purpose of the evaluation, only three criteria (relevance, effectiveness, sustainability) were included in the ToR. No cost analysis is included because efficiency analysis was not considered a priority for the context and approach.

## 2.2.2. Evaluation object and scope

The ECD activities (interventions) **assessed were capacity-building activities (trainings) or information support for frontline workers** that are/were:

- a. either introduced directly in response to COVID-19 or altered to fit into the COVID-19 restrictions;
- b. categorized according to the following specific adaptations: 1) moving an existing service to a digital mode of engagement or delivery or complementing the existing service with new modalities of distance support; 2) introducing new services to address new needs for current service users; 3) adapting existing or incorporating new services or service provision modalities to meet the needs of new groups of service users;
- c. viewed by the UNICEF Moldova Office as especially useful to have feedback for future programming;
- d. implemented from March 2020 when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end).

At the same time, activities which do not fall under these criteria, as requested by ToR, and were not delivered through “a workforce” (frontline workers), were not covered by the evaluation.<sup>50</sup> Therefore, the primary data collected refers to the frontline workers' trainings only and other components of the interventions (where envisaged) have not been assessed (e.g., reference to the PPE and other necessary supplies was made only if it related to findings on frontline workers capacity-building activities). The table below provides a summary of all activities that were covered by this evaluation.

In terms of **temporal scope**, the evaluation covered interventions implemented from **March 2020** when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end). The **geographic scope covered all of Moldova**.

A brief presentation of all interventions assessed can be found in a table below.

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<sup>50</sup> Excluded interventions: interventions which focus on the provision of COVID-19-related guidelines and recommendations to government bodies and other actors, provision of learning/health kits to children/mothers, or the provision of training directly to the caregivers without training or preparing the frontline workers.

Table 1: An overview brief presentation of interventions assessed

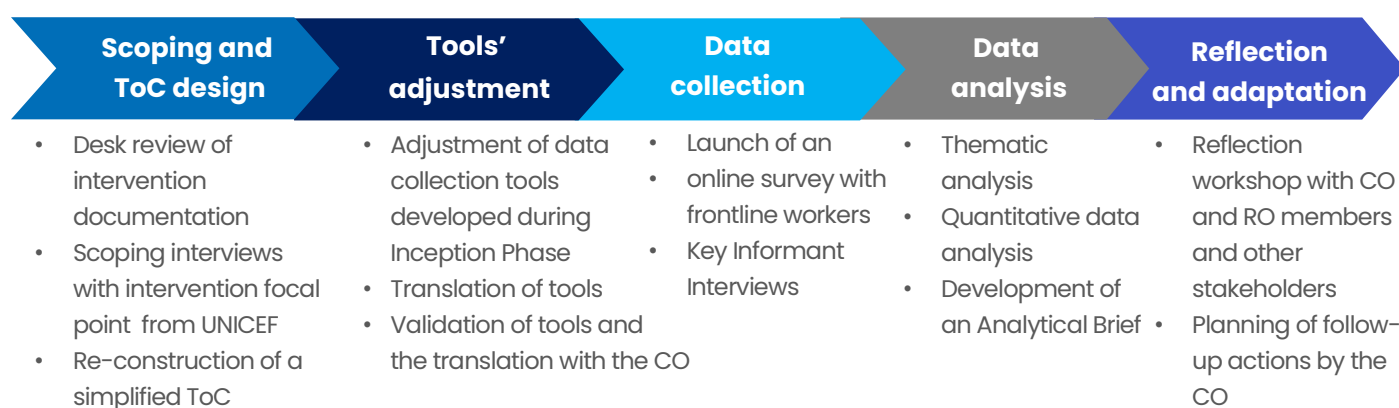
No	Name	Type	Dates	Budget	Form of inquiry
1	<b>COVID-19 response for women and their children in 12 perinatal centers from the Republic of Moldova</b>	New, COVID-19 response	Jun-Aug 2020	Funds leverage 51,848 USD - UNICEF CO contribution (USAID funds)	In-depth assessment (rapid data collection), incl. a survey (14 respondents out of 90 contacted) and 7 Key Informant Interviews
	<b>Description:</b> Online training courses for health workers in 12 perinatal centers and representatives of primary healthcare services and specialists on providing in-patient and outpatient care services for pregnant women and lactating women in the context of COVID-19 pandemic. It also entailed a panel discussion on the benefit of breastfeeding, including during the pandemic, targeting parents and health workers alike. Hygiene supplies have been delivered to perinatal centers (covering essential hygiene items and sanitizers) as part of the project.				
2	<b>Strengthening capacities of preschool staff, parents and LPAs to ensure a state of preparedness and response to COVID-19</b>	New, COVID-19 response	Aug 2020-Jan 2021	Funds leverage USD 175, 000 - UNICEF CO contribution (USAID funds)	In-depth assessment (rapid data collection), incl. a survey (135 respondents, response rate of 30%) and 7 Key Informant Interviews
	<b>Description:</b> Organization of national on-line trainings of didactical, non-didactical staff and Local Public Authorities (LPAs) representatives on prevention and control of COVID-19 pandemics and other infectious diseases: i) co-development of separate modules for different target groups; ii) monitoring and mentoring sessions; iii) development of the Guide for parents of preschoolers "Organization of learning and care process in preschools during COVID-19 pandemic".				
3	<b>Regional project on Social Inclusion of Roma Children and Children with Disabilities in Eastern Balkans and Moldova</b>	Adapted, part of regular programme	Aug 2018-Mar 2020	Funds leverage USD 9,500 - UNICEF CO contribution (GPE Funds)	In-depth assessment (rapid data collection), incl. A survey respondents (56 respondents, response rate of 42%) and 7 Key Informant Interviews
	<b>Description:</b> Aimed at providing nurturing care and inclusive education to vulnerable children and targeted at pre-school professionals and parents. It was modified to address needs related to the COVID-19 pandemic by: i) national trainings on positive parenting covering the context of the COVID-19 pandemic; ii) development of methodological guidance regarding the online trainings on positive parenting.				
4	<b>Preventing and Responding to COVID-19 in selected countries in Europe and Central Asia</b>	New, COVID-19 response	May 2020-Jun2021	Funds leverage USD 200,000 (USAID Funds)	Desk-review based assessment
	<b>Description:</b> Provision of supplies, awareness raising and capacity building for children, teachers, other front line professionals, parents, caregivers and LPAs representatives on the best hygiene practices and protocols to protect from and prevent the spread of COVID-19 once schools re-open.				
5	<b>Development of Early Intervention (EI) Services for young children with developmental delays and disabilities at the regional level, phase 2</b>	Adapted, part of regular programme	Sep 2019-Sep 2020	Funds leverage 15,000 USD - UNICEF CO contribution (USAID funds)	Desk-review based assessment
	<b>Description:</b> Development of the national ECI system through capacity building of professionals from rayons, supervision of services and support of families with children with disabilities, the creation of the unique interactive ECI Platform, based on Voinicel Resource Centre. COVID-19 response included procurement and provision of WASH, dippers, and basic living supplies to 225 vulnerable families with children with disabilities; procurement of sanitizers, PPE, and other WASH and waste supplies for infection prevention and control measures during provision of EI services to families with young children with disabilities and developmental delays in Voinicel Center.				

### 2.2.3. Approach and methodology

In line with the developmental evaluation approach, the evaluation focused on a.) collecting and analyzing real-time data to answer the evaluation questions and b.) supporting the use of the obtained evidence for ongoing programme adaptation.

For this purpose, **three interventions were selected by the Country Office for in-depth analysis** of their relevance, effectiveness, and sustainability during **rapid assessment cycles**. Each of the cycles focused on one intervention, selected per the criteria outlined in section 2.2.2. For each cycle, the evaluators collected and analyzed data on the intervention, provided rapid feedback to the CO, and facilitated evaluative reflection and programming adaptation. Figure 1 outlines the key steps taken as part of each rapid assessment cycle. For more detailed information about the in-depth assessed interventions, please see Country Report Vol. 2, Annex A1.1, A1.2, and A1.3.

Figure 1: Key steps within each rapid assessment cycle



For each cycle, the evaluators collected and analyzed data on the intervention, provided rapid feedback to the CO, and facilitated evaluative reflection and programming adaptation (please see Sections 2.2.3.1 and 2.2.3.2 on data collection and formulation of solutions).

In addition to the in-depth analysis, two interventions were selected for complementary desk research-based, “light” assessment, focused mainly on relevance.<sup>51</sup> They were reviewed during the final synthesis phase together with other primary and secondary sources concerning ECD in Moldova to document all ECD interventions of interest that were adapted to COVID-19. Such an approach helped to view ECD from a broader perspective and thus provided a wider knowledge-base for UNICEF’s upcoming programmatic adjustments.

Finally, as mentioned earlier, the evaluation entailed an element of a **formative inquiry** to help shape the future of ECD programming in the four countries concerned. This Country Report, developed in accordance with UNICEF quality standards for evaluations, is the primary manifestation of this approach.

<sup>51</sup> The methodology agreed during the evaluation’s inception phase did not envisage ToCs to be developed for these interventions. Initially, there were three interventions selected for the “light” assessment, but one did not fulfill the criteria as per ToR and was not included.



### 2.2.3.1. Data collection and analysis

To collect the data, the evaluators used a mix of qualitative and quantitative techniques. These included:

- **desk research:** including primary and secondary sources concerning ECD in Moldova, UNICEF's programming and COVID-19 related activities in the country, as well as all the evaluated interventions specifically;
- **three cycles of rapid data collection and analysis:**<sup>52</sup>
  1. The first cycle focused on **the COVID-19 response for women and their children in 12 perinatal centers from the Republic of Moldova** and included: desk review, an online survey (hereafter referred to as "the evaluation survey") completed by 14 survey respondents (frontline workers) and 7 Key Informant Interviews (KIIs) with selected stakeholders, frontline workers, and UNICEF Moldova CO (see Country Report Vol. 2, Annex A1.1).
  2. The second cycle focused on **strengthening capacities of preschool staff, parents and LPAs to ensure a state of preparedness and response to COVID-19** and included: desk review, the evaluation survey completed by 135 survey respondents (frontline workers), and 7 KIIs with selected stakeholders, frontline workers, and UNICEF Moldova CO (see Country Report Vol. 2, Annex A1.2).
  3. The third cycle covered regional project on **Social Inclusion of Roma Children and Children with Disabilities in Eastern Balkans and Moldova** included: desk review, the evaluation survey completed by 56 survey respondents (frontline workers), and 7 KIIs with selected stakeholders, frontline workers, and UNICEF Moldova CO (see Country Report Vol. 2, Annex A1.3).

An overview of these interventions is presented in Table 1 above.

**Respondents for interviews were selected based on a stakeholder mapping** carried out jointly by the evaluators and the CO staff (please see Country Report Vol. 2, Annex A0: Stakeholder mapping). For each intervention analyzed in-depth, stakeholders were mapped according to their degree of influence and impact on the intervention. Stakeholders with the most influence and impact were selected for individual interviews. Sampling of stakeholders for KIIs also considered the principle of "good enough" data for the purposes of the developmental evaluation. Representatives of duty bearers (government, civil society organizations) were also invited to participate in the evaluation workshops, review analytical briefs, and join the Evaluation Reference Group (ERG).

All frontline workers to whom e-mail addresses were available received an invitation to participate in the online surveys.

The qualitative data from interviews and surveys were subject to **thematic analysis** carried out using MAXQDA. The evaluation team used coding to develop themes by identifying items of analytic interest in the data and tagging these with a coding label. The quantitative data gathered from the surveys was subject to **quantitative data analysis**. This included studying the

<sup>52</sup> Details on KIIs and survey results are included in the Analytical Briefs, Annex A1.



distributions, spreads, and centers of responses. Cross-tabulation was also used to investigate potential correlations between variables.

### 2.2.3.2. Formulation and implementation of solutions

Based on each rapid assessment cycle, the key findings, conclusions, and preliminary recommendations were drawn up in the form of Analytical Briefs (see Country Report Vol. 2, Annexes A1.1, A1.2, A1.3). The briefs were reviewed by the RO and the CO and revised based on their feedback.

After two of the three cycles, a **reflection workshop** was organized with Moldova CO, the ECARO, and relevant key stakeholders, including government and implementing partners. The primary purpose of the workshops was to provide space for evaluative reflection, prioritize and refine the recommendations, and discuss how they could be best implemented. The secondary purpose was to build capacity for evaluative thinking, increase understanding and ownership of the findings, and, accordingly, the likelihood that they will be used.<sup>53</sup> After the first workshop, the evaluators prepared a short note with key takeaways from the meeting (see Country Report Vol. 2 Annex 2). On the basis of recommendations from Analytical Briefs and the workshop discussions, the Moldova CO prepared a list of key actions to be taken. It is the evaluators' understanding that these actions were implemented, fulfilling the objectives of the developmental evaluation.

### 2.2.3.3. Ethics

The evaluation methodology in Moldova did not foresee data collection with child participants or representatives of other particularly vulnerable groups. However, it did involve respondents through the survey and interviews. Consequently, the team followed the highest standards of ethics, including the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021)<sup>54</sup>, the UNEG Ethical Guidelines for Evaluation (2020)<sup>55</sup>, and the research protocol designed for the purpose of this study (see Country Report Vol. 2, Annex 5). The evaluation team respected the following principles<sup>56</sup> throughout its engagement with UNICEF: Respect for dignity and diversity; Fair representation; Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); Redress; Confidentiality; and Avoidance of harm. Limitations

## 2.2.4. Limitations

The key limitations to analysis in Moldova included:

- Focus on collecting “good enough” evidence to provide rapid feedback that makes adaptations in real-time possible (developmental evaluation approach) outweighed methodological rigor. Hence, upon agreement with the ECARO, interviews or surveys with the final beneficiaries – rights holders (i.e., children and their families) – of the interventions were not included in the methodology not to jeopardize the rapid nature of the data collection and analysis cycles. In effect, the evaluators had to rely on secondary evidence and the views of

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<sup>53</sup> Patton, M. Q. (2008). Utilization-focused evaluation (4th ed.). Thousand Oaks, CA: Sage Publications.

<sup>54</sup> <https://gdc.unicef.org/resource/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis>

<sup>55</sup> <http://www.unevaluation.org/document/detail/2866>

<sup>56</sup> As per UNEG Ethical Guidelines for Evaluation (2008)

frontline workers to generate findings on the relevance and effectiveness of the interventions for the final beneficiaries. For a similar reason, reconstruction of detailed ToCs and heavy reliance on ToCs were not possible and the participation of other duty bearers (government, CSOs) was relatively limited.

- Limited secondary data was available on two desk-reviewed interventions as layer 2, where no interviews or surveys were envisaged to complement desk research results. Consequently, the sections on effectiveness and sustainability are based exclusively on findings from three cycles of rapid data collection.
- Quantitative information was collected using online surveys, which may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation.
- The evaluators were not involved in the process of change inspired by the evaluation findings as different interventions were assessed throughout the three rapid data collection cycles (instead of repeating the assessment of one). Such an approach was as agreed with the UNICEF ECARO to collect more data and increase the utility of findings for future programming. Consequently, it was impossible to describe how the interventions under review adapted based on the generation of real-time evidence and timely decision-making – not assessed.
- In line with the evaluation's purpose, the analysis of the needs of young children and their families focused on needs created or compounded by the COVID-19 context. Hence, interventions were not analyzed from a broader child rights perspective.

## 3.0. Main findings

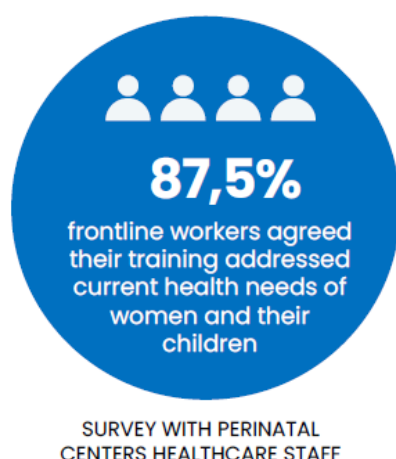
### 3.1. Relevance

This section explores the relevance of the analyzed UNICEF interventions in Moldova to the needs of (i) young children and their families and (ii) frontline workers. It considers the interventions' alignment with both long-standing, critical needs of these groups and their needs related to the COVID-19 pandemic specifically. The extent to which these interventions address the needs of the most vulnerable groups and include gender-sensitive content is also analyzed. The section presents the assessed interventions in the context of UNICEF's broader ECD program, highlighting synergies and complementarities between the different actions.

#### 3.1.1. Relevance to the needs of young children and their families

##### 3.1.1.1. Pregnant women and families with newborn children

***"The antenatal and perinatal care, immunization, and HIV testing were the services most disrupted during the initial phase of the pandemic"***, and an immediate reaction was needed to cope with the related challenges.<sup>57</sup> Pregnant women and families with a newborn child had limited information on the impact of COVID-19 pandemic on their unborn or newborn children and other related aspects such as breastfeeding, nutrition, or safe access healthcare services, risk of infection. As a result, some women were afraid to contact the healthcare facilities under emergency conditions and experienced anxiety related to restricted access to diagnostic and other health services, uncertainty whom to address if they or their relatives are infected with COVID-19, or limited possibilities to buy necessary medications. Many frontline workers did not know how to approach them in these new circumstances.<sup>58</sup>



**The evaluation findings show that the UNICEF intervention directed at the COVID-19 response for women and their children in 12 perinatal centers from the Republic of Moldova was highly relevant to the health needs of pregnant and breastfeeding women.** The intervention included online training courses for healthcare staff on referral and inpatient and outpatient care of pregnant and lactating women in the context of the COVID-19 pandemic and the provision of hygiene supplies to perinatal services. In addition, frontline workers learned the latest protocols on infection prevention and control (IPC) at the primary healthcare level and the HIV testing services, especially for pregnant women in the context of the pandemic.

According to frontline workers who took part in the evaluation survey, **the training was appropriate to the current health needs of different women and their children in perinatal centers, including the most vulnerable families.** With relevant knowledge and skills gained from

<sup>57</sup> Based on interviews with Key Informants.

<sup>58</sup> Based on interviews with Key Informants.

the training, frontline workers could provide precise and reliable information about COVID-19 and its potential impact on their health. Accordingly, the information and quality support received by pregnant women served as stress-reducing and comfort-adding factors in an emergency and made them less vulnerable to COVID-19 health-related and psychological implications.<sup>59</sup> The healthcare staff's preparation was perceived as helpful in supporting women to overcome their anxiety and reservations in contacting health service providers during the pandemic. Consequently, together with the online mode of delivery, the well-prepared staff was emphasized by Key Informants as a factor that increased the accessibility of pre- and post-natal healthcare.

**A factor that ensured an alignment of training content with frontline workers' expectations was a needs reconnaissance carried out by UNICEF.** When the pandemic started, the MHLSP experts and healthcare workers from perinatal services and primary healthcare were asked about needs and suggestions to better cope with the emergency. Key Informant interviews revealed that frontline workers require more information on approaching the healthcare challenges mentioned above and provide pregnant women and mothers of newborns with adequate support. The online trainings were developed on the basis of these findings.

### 3.1.1.2. Preschool children and their families

The outbreak of the COVID-19 created considerable barriers to accessing education for the youngest children and their families in Moldova. **It disrupted the educational services and limited the access of many children to quality learning.** Preschools across the country were closed from March until September 2020, shifting the locus of early childhood education from kindergartens to households for seven months. **Caregivers of the youngest children were often unprepared to organize the time of their children and provide quality learning based on their age needs.** One reason for this was the generally limited engagement of caregivers in their children's early education rooted in the widespread belief that education is exclusively the state's responsibility. Coupled with other pandemic-related challenges, including loss of income and health-related concerns, a sense of frustration and a feeling of being "left on their own" could be observed among many caregivers.<sup>60</sup>

**The evaluation results show that the objectives of assessed UNICEF interventions in the preschool education sector were in line with the changing needs of parents and young children caused by the pandemic.** They focused on preparing a safe environment for re-opening preschool facilities, strengthening the capacities of preschool staff and parents, addressing the educational needs of the most vulnerable groups of children, and – more broadly – building a more resilient education system.

#### Safe preschool environment

A UNICEF U-report poll on parents' needs during the COVID-19 pandemic from June 2020 found that communication with children about COVID-19 was a challenge reported by the largest share of respondents.<sup>61</sup> Only 32% of the respondents said that they did not face challenges in this regard. The share of parents facing challenges in communication with their children about COVID-19 was

<sup>59</sup> Based on interviews with Key Informants.

<sup>60</sup> Based on interviews with Key Informants.

<sup>61</sup> UNICEF (2020). U-report poll on the impact of COVID-19 pandemics on parents/caregivers, UNICEF Moldova CO, June 2020. Available [here](#).

higher in rural districts than urban communities. Parents' needs for precise information and guidance became even more pronounced when preschools re-opened. According to Key Informants, *"parents needed more information on how to communicate with their children on virus and protection measures; how safe is the kindergarten and what rules need to be respected for keeping children safe and healthy; how they need to act if their children get infected or had contact with infected ones"*.

In addition to health-related concerns, parents of young children did not always know how to meet their children's learning needs during the remote online schooling process, as Key Informants revealed.

To address the need of preschool children and their families to return to a safe learning environment as soon as possible, UNICEF worked on preparedness and response measures for the education sector. One of these interventions focused on building capacities of more than 30,000 managerial, didactic and non-didactic staff from preschool facilities, as well as local public authorities (LPAs). Via online training, mentoring sessions, and other activities, they learned about COVID-19 IPC measures for children, adults, education, and care provision in the context of the pandemic. In addition, a guide for preschool children parents on "Organization of learning and care process in preschools during COVID-19 pandemic"<sup>62</sup> was developed. It provided 150,000 parents and caregivers with information on safe hygiene practices, protocols, and regulations to protect young children from and prevent the spread of COVID-19 once preschools re-open. Piloting the guideline for parents in five rayons of the country helped adjust its content to the parents' needs and made the guideline more accessible. As such, it responded to the need of families with young children for basic information on COVID-19 and guidance on communicating the pandemic-related messages to their children.

Chairing the UN Coordinated Education Task Force for COVID-19, UNICEF supported the Ministry of Education, Culture and Research in developing i) the COVID-19 preparedness and response plan to manage the COVID-19 situation in education and ii) the Regulations for re-opening preschools. **The Regulations covered the preventive measures that preschool institutions were to undertake to ensure safe operation and minimize the risk of infection among children and staff.** They also included an action plan and activities for re-opening the preschool facilities gradually. Another intervention with a similar focus, "Preventing and Responding to COVID-19 in selected countries in Europe and Central Asia", ensured **the provision of supplies and awareness-raising and capacity building activities for children, teachers, frontline professionals, parents, caregivers, and LPAs' representatives** on the best hygiene practices and protocols to prevent the spread of COVID-19 once schools reopen.

### Vulnerable families in a spotlight

**The lockdown and the closure of preschool facilities disproportionately affected the most impoverished families, families with children with disabilities, and families from ethnic minorities.** The most impoverished households did not have access to computers, mobile phones, and the internet, limiting their children's access to education. In addition, some parents did not know how to use computers and online platforms. The PwC survey showed that only 20% of the poor households had enough IT devices, and only 15% were comfortable using the

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<sup>62</sup> UNICEF Moldova (2021). Cum organizăm procesul de învățare și îngrijire în condițiile pandemiei Covid-19 – Ghid pentru părinți cu copii de 2-7 ani. Available [here](#).

educational platforms required,<sup>63</sup> which restrained educators from providing remote education and guidance to parents. The preschools' closure also meant that some families lost the opportunity to offer their children a proper meal.<sup>64</sup>

**Parents of children with disabilities were another group heavily affected by the preschools' closure.** They faced various behavioral-, communication-, and learning-related issues concerning their children, accompanied by fear, psychological problems, and sometimes loss of the single support service they received.

A UNDP assessment of the socio-economic impact of the pandemic in Moldova revealed that the lack of physical equipment for remote education and limited support on behalf of the parents could increase the inequalities in educational outcomes between the impoverished and prosperous households, as well as between the households from urban and rural areas.<sup>65</sup>

The information on organizing educational activities for children with special educational needs at home provided the much-needed practical advice on what specific activities they can organize, depending on their child's condition



INTERVIEWS WITH KEY INFORMANTS

**The assessed interventions prioritized the needs of the most vulnerable and affected groups of children and their families.** For instance, the intervention on strengthening capacities of preschool staff, parents, and LPAs to ensure a state of preparedness and response to the COVID-19 pandemic encouraged the kindergarten managers and LPAs to prioritize the return to re-opened preschools of children from low-income families, children with disabilities, and children living in remote rural areas. This approach allowed parents from vulnerable groups to return to work, which was an important stress relief factor as some had to take unpaid leave to care for their children.

Roma caregivers and families with children with disabilities were among the most vulnerable groups targeted specifically in dealing with anxiety and skills related to homeschooling and parenting in a crisis. As one preschool representative noted: “[...] *the parents got stressed because they lost their jobs or they wouldn't receive their salaries. The children got tired of simple play or using the phone, they wanted to socialize with other children. This caused anxiety [within a family]. Through the trainings that we had, parents learned what to do with children while they are not in a kindergarten*”.

With the introduction of online sessions on positive parenting to the caregivers of young children, **the intervention responded to the caregivers' need for guidance on organizing educational activities for their children at home.** Caregivers received guidance on organizing daily routines in pandemic conditions and playing and interacting with their children to support their physical, psychomotor, social, emotional, mental, and linguistic development. The training content also covered issues related to managing emotions, providing psycho-emotional support for young children's caregivers. These topics were highly relevant to the beneficiaries, according to Key Informants, because the lack of daycare and other pandemic-related challenges caused high levels of anxiety among many caregivers, often leading to adverse effects on family life, including

<sup>63</sup> PwC (2020). Social and Economic Impact Assessment of COVID-19 in the Republic of Moldova”, UNDP Moldova office, p.37. Available [here](#).

<sup>64</sup> Based on interviews with frontline workers.

<sup>65</sup> PwC (2020). Social and Economic Impact Assessment of COVID-19 in the Republic of Moldova”, UNDP Moldova office, p.37. Available [here](#).



violence against children, and thus on the emotional well-being of children. In addition, to address the digital exclusion of most Roma families in Moldova, **the ICT equipment for Roma caregivers was provided in preschools to participate in parenting sessions and access advice on positive discipline at home and maintaining mental hygiene during the crisis.**<sup>66</sup>

Finally, vulnerable families and children with disabilities were the main target groups who received protective equipment and supplies. For example, as part of UNICEF's "Development of early intervention services for young children with developmental delays and disabilities at the regional level, phase 2" project, 225 vulnerable families with children with disabilities received WASH, diaper and basic living supplies, while the Voinicel Resource Centre – protective equipment and sanitizers for prevention of infection during of service provision.

### Women and caregiving roles

**The closure of preschools increased the burden on women, many of whom had to quit their jobs and stay home to take care of their children.** The loss of income increased the inequality of women and their vulnerability to abuses and violence. As per UN Women research on gender roles, domestic violence during lockdown has also become a cause for concern for about half of the population. With the spreading of the COVID-19 pandemic and subsequent lockdown, the risk of domestic violence increased. Women were the most affected in this regard, about half of them fearing it.<sup>67</sup> An increase in violence against children was also reported, especially in vulnerable communities, such as Roma families. According to Key Informants, most Roma parents require support in developing more positive parenting skills such as non-violent methods of discipline, as violence increased during the pandemic, causing stressful experiences for children.

The trainings in Social inclusion of Roma children and children with disabilities project incorporated gender-sensitive content, which was assessed as relevant by Key Informants, especially in the context of fathers' limited engagement in their child's early education. The training participants were instructed on the importance of lessening the care burden on the female caregivers and fathers' active role in this process. In two other interventions that have been assessed more in-depth, issues related to gender equality and domestic violence during the pandemic were not integrated into the training content. In case of preschool staff capacity-building, the Key Informants said that gender aspects were out of its scope and purpose. As for perinatal centers' personnel, the need for such components was confirmed by the respondents and future training content will include post-partum depression and violence against children. Addressing gender equality issues in a more targeted way by taking into account the division of roles in a household, including care responsibilities over children, was indicated as a component that is lacking in training for healthcare staff.

## 3.1.2. Relevance to the needs of frontline workers

### 3.1.2.1. Frontline healthcare workers

**The healthcare system in Moldova, as in many other countries around the globe, was not prepared for the COVID-19 pandemic.** Some of the main challenges faced during the health emergency caused by COVID-19 included suspension or shortcutting many essential health

<sup>66</sup> Based on interviews with Key Informants.

<sup>67</sup> UN Women (2020). Assessment of COVID-19 impact on gender roles, September 2020, p.7. Available [here](#).

services due to limited capacities of hospitals and limited capacities of healthcare facilities' managers to run the institutions during emergencies. The system was also affected by the lack of clear protocols for such emergency circumstances, limited access to protective equipment and disinfectants, and other, long-standing, systemic shortcomings such as shortages in healthcare staff, outdated infrastructure, weak logistics, fragile communication, and trust.<sup>68</sup>

**The frontline healthcare workers were among the groups most affected by this new crisis situation.** In the context of the shortages mentioned above, the frontline healthcare workers urgently needed technical, professional, and psychological support to work in these challenging conditions. They also lacked protective equipment and COVID-19 specific guidance to respond to emergency in healthcare safely.

Acting as one of the main partners of the MHLSP in the health and education fields, **UNICEF addressed some of the major needs of healthcare frontline workers in capacity-building and access to PPE equipment.** In case of the latter, a review of documents from the CO in Moldova shows that UNICEF, in partnership with other donors, managed the procurement and delivery of the largest share of PPE support to key frontline medical workers, police, social workers, and vulnerable communities. This included, among others, supplies of masks, respirators, face shields, aprons, gowns, thermo-scanners, items for managing medical waste, and essential WASH/hygiene supplies.<sup>69</sup>

The Country Office's efforts in increasing the frontline healthcare workers' skills in operating in new emergency conditions were highly appreciated by the healthcare staff. The evaluation survey results show that **the participants in the training on in-patient and out-patient care in Moldova's 12 perinatal centers during COVID-19 found it relevant to their needs because it addressed the most pressing issues.** The highly pertinent topics in the context of COVID-19 included nutrition during pregnancy and support for breastfeeding women, referral and inpatient/outpatient care of pregnant and lactating women, and the latest protocols on infection prevention and control at the primary healthcare level. The Key Informants highlighted the usefulness of training for adapting the disrupted healthcare services to the emergency situation, better responding to women queries and needs, minimizing the infection, and receiving adequate treatment.

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*"We did not experience COVID-19 in the past and we were learning along the way. For example, initially, we did not know if the infection can be transmitted or not through breast milk. It was a big challenge for infected lactating women to continue breastfeeding. The training covered the [COVID-related] issues and the frontline workers learned how to communicate with pregnant women, with women with newborn children in such a way that they will feel comfortable, knowledgeable, will behave properly, and will stay healthy jointly with their child."*<sup>70</sup>

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In addition, the intervention also helped the frontline healthcare workers to clarify some aspects related to the implementation of the MHLSP Order N385 issued on April 9, 2020, on health assistance provided to persons with COVID-19 at the stage of community transmission of the infection. As such, **it responded to their need for guidance on implementing this order in**

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<sup>68</sup> UNDP Moldova Office. COVID response: Health. Available [here](#).

<sup>69</sup> UNICEF reports provided by the UNICEF CO in Moldova.

<sup>70</sup> Interview with a Key Informant.



**practice**, including pregnant women's algorithms on triage, testing to COVID-19, reference mechanism, as well as a treatment.

However, the evaluation's findings revealed that some urgent frontline healthcare workers' needs are yet to be addressed. Concerns that remain include, among others, outdated technologies and equipment, working long hours due to limited human resources caused by infections or quarantine, difficulties to combining the training with workers' job responsibilities, and limited access (if any) to some support services for frontline workers' children when working long hours or staying in isolation to protect family members. At the same time, new issues have emerged, connected mainly to the transition into a digital mode of service provision. They include limited or no access to laptops, smartphones, internet platforms, and the internet in general. In addition, since the delivery of some healthcare services was transferred online, sufficient training on how to use both laptops and healthcare platforms is necessary to realize the full potential offered by this new mode of delivery.

### 3.1.2.2. Frontline educational workers

Frontline educational workers also faced many challenges during the pandemic. These were mainly related to the closure of schools and preschools, remote education, access to protective equipment, knowledge about COVID-19 infection, and provision of educational services in an emergency health situation. According to Key Informants, **the main concerns of frontline workers during the pandemic refer to education quality, safety, and relations with parents**. More specifically, substantial questions raised by teachers were related to providing qualitative online and face-to-face education based on children's needs, ensuring children and staff's safety in kindergartens when reopened (e.g., limited knowledge on COVID-19 infection and limited access to protective equipment). They also sought advice on supporting parents to adapt to the new situation, become more involved in the education of their children, and cope with their new tasks and stress related to the new situation.

**Another equally important issue was how to make education more inclusive and accessible for disadvantaged students** (e.g., Roma and children with disabilities). This coincides with the limited capacity of preschool professionals to work with children with special educational needs, mentioned as one of the main barriers to access to education by the surveyed preschool principals and teachers. Other most frequently mentioned challenges included the lack of appropriate infrastructure and equipment and a lack of acceptance (including bullying) of children of special educational needs by other preschool children and families.

Those concerns were accompanied by a set of limitations of technical nature such as insufficient digital skills among preschool staff and limited access to technical equipment (e.g., computers), and sufficient internet connectivity to be trained and deliver services online.

**UNICEF-supported adaptations and interventions in the field of education addressed many of these concerns.** They involved support for policy development, technical documents and guidelines, provision of capacity building programs, direct support to vulnerable families and children, and provision of protective equipment and sanitizers to preschool facilities.

One of the assessed interventions on strengthening capacities of preschool staff, parents, and LPAs to better prepare for response to the COVID-19 pandemic **addressed the preschool teachers and LPAs' need for ensuring safe conditions for preschools reopening during the emergency**. The training content was in line with the "Regulations for implementation of Instructions for

reopening early education facilities within the context of COVID-19” and covered the preventive measures to be undertaken by preschool institutions to ensure their safe operation and minimize the risks of infection among enrolled children and staff. **According to Key Informants, the training was practical and tailored to the professional needs of didactic and non-didactic staff and LPAs** to help them adjust their work activities to new conditions. Similar findings emerged from a survey with frontline workers, where **over 70% of the respondents said that the training met their information needs** in four areas: applying the regulations for re-opening preschools in practice (87%); using hygiene equipment for the prevention and control of COVID-19 (84%);



informing parents about safe hygiene practices (82%) and adapting pedagogical approaches to ensure quality interaction with and between children in the context of strict prevention measures (73%).<sup>71</sup> The training participants also received information on how COVID-19 can spread, symptoms of infection among children and adults, protection measures, individual hygiene rules, social distancing, and actions to be followed in case somebody is infected or was in contact with infected people. The majority of non-didactical staff (i.e., educator's assistants, security guards, cooks, and cleaners) considered the training valuable in providing new knowledge and tips. For those more familiar with safety measures (i.e., methodologists, medical assistants, and fire operators), the training offered guidance on

applying the knowledge they already had in practice.

The preschool teachers' needs related to providing quality services to vulnerable children and engaging with caregivers during the pandemic were addressed by the intervention on social inclusion of Roma children and children with disabilities in the Western Balkans. While this was a broader project, not explicitly focused on the pandemic, it went through adjustments to fit the new situation. In terms of content, it provided preschool teachers with information and advice on providing education to children with disabilities and developmental delays in their kindergarten, also during the COVID-19 pandemic. The frontline workers welcomed the coaching component on supporting caregivers during the pandemic, both methodologically and emotionally. In their view, remote education made it even more difficult for frontline workers to reach caregivers and engage with them in cooperation for the benefit of their children. Further, **the shift to online training and mentoring sessions from March 2020 was assessed by frontline workers as appropriate**. According to 94% of the respondents, the online mode of training delivery made their participation possible/easier. However, a preference for face-to-face training was clear among Key Informants and survey participants (92% of respondents), the majority of whom indicated that future similar trainings should take place outside the virtual world. One reason for this was that sometimes the lack of face-to-face contact results in a limited interaction between the trainers and training participants.

Despite these developments, additional needs for a more efficient learning process emerged among educators in the course of the pandemic. Among the more pressing issues, the Key Informants listed, were a need for methodologies and guidelines to adapt the learning process to pandemic conditions and implement online education for children with disabilities and special

<sup>71</sup> Based on the evaluation survey with frontline education workers.

educational needs. Additional training on using ICT technologies and online platforms and accessing professional learning platforms was also mentioned. UNICEF's commitment in this area has already started.

### 3.1.3. Relevance to UNICEF's broader ECD and COVID-19 programming

**UNICEF's interventions in health and education during the pandemic period are highly consistent with goals and expected ECD outcomes at the country level.** They are in line with UNICEF Country Programme 2018–2022 priorities in health (promotion of improved child survival, growth and development, good nutrition and vaccination), education (expand preschool education, make schools child friendly and promote inclusive education), and child protection (end violence against children by improving parenting education).

**The training of frontline workers in health and education is perceived to be in line with UNICEF–Moldova Country Programme for 2018–2022,** Outcome 1 – Equitable, child-sensitive systems, and services and Outcome 2 – Social change for child right. In the case of Outcome 1, the interventions contributed to the implementation of the following outputs: 1) by 2022, the health system is to improve capacity to generate demand and provide quality maternal and newborn, child and adolescent health services, including outreach, and to advise caregivers supporting childcare, growth, and development, and 2) by 2022, schools and preschools can apply and monitor quality teaching and learning and can address violence, dropout and absenteeism. In the case of Outcome 2, the interventions contributed to implementing the following output: by 2022, caregivers in selected districts have the capacity and skills to take responsibility for child care, health, development, education and protection, and encourage and practice positive behavior.

**UNICEF interventions are integrated in Moldova United Nations Partnership Framework for Sustainable Development (2018–2022)** under Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective and responsive public institutions; and Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services. They contribute to the implementation of Sustainable Development Goals 1 (No poverty), 3 (Good Health and Well-being, especially Targets 3.1. and 3.2., related to lowering maternal, neonatal and under-five mortality), 4 (Quality Education, especially Target 4.2 related to ensuring that all girls and boys have access to quality early childhood development, care, and pre-primary education ), 5 (Gender equality), 8 (Decent work and economic growth) and 10 (Reduced inequalities).

**Implementation of those interventions aligns with the Moldovan government's obligations under CEDAW and the Convention on the Rights of the Child (CRC).** The former, especially Article 12(1), obliges State Parties to “ensure to women appropriate services in connection with pregnancy”. The CRC, in turn, compels the state authorities to provide quality and inclusive education to children, including young children, and “ensure that all children have access to the highest attainable standard of health care and nutrition during their early years”. As noted by the Committee on the Rights of the Child, “States parties must ensure that the institutions, services and facilities responsible for early childhood conform to quality standards [...] and that

staff possess the appropriate psychosocial qualities and are suitable, sufficiently numerous and well-trained.” (General Comment no. 7).

**The interventions are integrated into Governmental annual action plans and are part of more extensive governmental and donors’ efforts to ensure safe access to health services and early learning and care for young children during the COVID-19 pandemic:** 1) Government COVID-19 Emergency Response Plan<sup>72</sup>; 2) MECR’s “Preparedness and Response Plan for the Management of COVID-19 Situation in Education”; 3) Moldova COVID-19 Response and Recovery Window under the Moldova 2030 SDGs Multi-Partner Trust Fund. In the case of the Government COVID-19 Emergency Response Plan, the training program of frontline workers in the health and education sectors contributed to better implementation of infection control protocols in healthcare and preschool facilities, and prevention of COVID-19 infections.

**The positive parenting sessions introduced in response to COVID-19 are part of the MECR’s “Preparedness and Response Plan for the Management of COVID-19 Situation in Education”.** The plan was developed and is being implemented with the support of UNICEF. The following actions completed as part of the plan display particularly strong complementarities with the intervention:

- Development, approval, and implementation of the “Methodology on organizing the process of distance learning during quarantine in early education institutions”;
- Development, approval, and roll out of the “Guidelines on providing psychological support to children/pupils, parents and teachers during the period when the educational process is suspended”;
- Development of “Methodological guidelines on healthy lifestyle during quarantine”;
- Distribution of educational kits for young children with disabilities and Roma children.<sup>73</sup>

## 3.2. Effectiveness

Despite a short timeframe available for planning and preparing the response, UNICEF-supported ECD interventions introduced or adapted to the COVID-19 pandemic in Moldova achieved notable results. This section highlights achievements and areas that need further attention in different dimensions of effectiveness when responding to an emergency like COVID-19 such as: development of frontline workers’ capacity, supporting them through mentoring/supervision and guidance, provision of necessary equipment, and monitoring and evaluation of their progress.

### 3.2.1. Frontline workers’ capacity and skills

**The evaluation evidence shows that the pandemic-caused adaptations in ECD services were effective in terms of improving frontline workers’ knowledge and skills.** Most frontline workers who took part in the evaluation surveys assessed the capacity-building activities in the COVID-19 context as leading to such an improvement. They implement the knowledge and skills gained

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<sup>72</sup> Government COVID-19 Emergency Response Plan, 2020. Available [here](#).

<sup>73</sup> See: “Preparedness and Response Plan for the Management of COVID-19 Situation in Education in General and Technical Vocational Education” and UN Coordinated Education Task Force for COVID-19 in Moldova (2020) “Education and COVID-19 in Moldova: Grasping the opportunity the learning crisis presents to build a more resilient education system”.

from the trainings in their daily work as ECD professionals and feel prepared to carry out their work during the pandemic. At the same time, one and a half years after the pandemic started, they are also aware of further support needed to be fully equipped to respond to the emergency situation and continue service provision in challenging circumstances.

### 3.2.1.1. Working in a health emergency context

**The review of UNICEF's documentation indicates that thanks to UNICEF's support, thousands of healthcare workers and teaching and nonteaching personnel at the pre-primary level increased their knowledge and practical skills regarding COVID-19 regulations, protocols for COVID-19, and infectious diseases prevention and control.** Similar findings emerged from the Key Informant interviews and survey responses gathered throughout the evaluation process. More specifically, the majority of respondents from didactic and non-didactic preschool staff trained on applying the COVID-19-related measures for re-opening the preschools reported they feel fully prepared to i) use the tools to prevent and control COVID-19 and other infectious diseases, ii) apply the Regulations for the re-opening of preschools in practice, and iii) inform parents about safe hygiene practices, protocols, and regulations, and to adapt pedagogical approaches to strict infection prevention measures, iv) adapt the preschool's facilities and activities to emergency conditions for increasing safety of staff and children.<sup>74</sup> As for the training benefits for frontline healthcare workers, the Key Informants mentioned developing innovative approaches for following antenatal standards of care (face-to-face and online contacts with pregnant women), ii) composing a detailed plan on provision of antenatal services face-to-face and remotely; and iii) providing assistance and services to pregnant women with COVID-19 or with suspicion of COVID-19 infection.

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*"I think, based on feedback, around 80% of healthcare workers adapted their attitudes and behaviors to pandemic conditions during the next three months after the training."*<sup>75</sup>

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**The frontline workers apply the knowledge and skills gained from the training in their daily work as ECD professionals.** For instance, most survey respondents who took part in a training that concerned perinatal and postnatal services during the COVID-19 pandemic said that they apply "to a large extent" this knowledge and skills in their work as health professionals during the COVID-19 pandemic. Similar findings come from didactic and non-didactic preschool staff trained on applying the COVID-19-related measures to re-open preschools. More than 90% of those who took part in the survey (n=128) agreed that they do so. The practical training sessions linked to job responsibilities helped the non-didactic staff integrate the safety rules in their daily routine to protect themselves and the children from COVID-19.<sup>76</sup> According to Key Informants, the follow-up meetings and mentoring sessions confirmed that most training participants have a high level of understanding of the risks of COVID-19 infection and are implementing the knowledge they received during the training in their daily lives, including at their job.

**The evidence gathered from interviews indicates that the assessed interventions increased frontline workers' skills to communicate with and support caregivers on a range of issues related to the COVID-19 pandemic.** Such preparation was especially valuable for managing relations with caregivers who experienced various anxieties about caring for and educating their

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<sup>74</sup> Interview with a Key Informant.

<sup>75</sup> Interview with a Key Informant.

<sup>76</sup> Post-training survey data from CNETIF Report on post-training assessment presents similar results.

children during the crisis. For instance, the frontline healthcare workers in perinatal care said they had increased their skills in counseling infected mothers to breastfeed their children in safe conditions, as well as on the nutrition of pregnant women and babies.

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*"We received good feedback from training participants. They said that the received knowledge would support them to have better communication with their patients. Some people participated twice in the same training to better understand the content and have the possibility to discuss more with trainers and their colleagues on how to address COVID-19 challenges."<sup>77</sup>*

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**The frontline workers are now better prepared to address better the needs of the most vulnerable children and families.** In the perinatal care, 2/3 of evaluation survey respondents (n=14) said that due to the training they increased their skills and knowledge very much or much to deliver services to this group (around 1/3 noticed an increase to some extent). In the preschool sector, more than half of the frontline education workers (51%, n=49) who learned about early education for children with special educational needs and positive parenting said they were fully prepared to work with children with disabilities and developmental delays, followed by 49% who felt somewhat or to some extent prepared. They also felt sufficiently equipped to provide child-centered education during the COVID-19 pandemic (65% of parental educators).<sup>78</sup>

The evaluation did not gather conclusive data on the effects of the positive parenting sessions for Roma caregivers and their children specifically. One interviewed stakeholder who worked in a preschool institution with Roma children expressed doubts about the training's effectiveness for these families. **Among frontline workers who responded to the survey, 17% (n=49) said that the training and mentoring sessions did not prepare them at all to work with Roma children, while more than half of respondents (57%) felt somewhat or to some extent prepared.** The share of those who were fully prepared constitutes ¼ of the survey respondents (26%). Accordingly, the evaluation survey respondents declared that among the primary skills they need to further improve to deliver inclusive education to vulnerable children are skills to effectively communicate and engage with parents (68%, n=41) and expert skills to provide education services to children with disabilities (63%, n=41).

More promising results of other activities within the project for Roma children occurred. CNETIF's efforts to map all Roma children and children with disabilities around the 44 pilot kindergartens and to advocate with local authorities and preschools resulted in the **enrolment of additional 159 young Roma children and 89 children with special education needs into preschools.**

The interviews and results from the pre- and post-training surveys show that **the training on positive parenting practices increased the frontline education workers' ability to support caregivers.** As explained by Key Informants, they learned about what advice to provide to parents regarding talking to their children about the COVID-19 pandemic and explaining the necessity of staying at home, organizing a safe environment and early education at home (also through play), using non-violent disciplining methods, personal hygiene, and dealing with toxic stress and psychological well-being during the COVID-19 pandemic, transition, and recovery period. Comparable findings were gathered from the evaluation survey where more than 50% of the respondents (54%) said that the training and mentoring sessions prepared them to provide online sessions for caregivers on positive parenting.

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<sup>77</sup> Interview with a Key Informant.

<sup>78</sup> Based on evaluation surveys with frontline workers carried out between April and July, 2021.



Table 2: Change in selected skills of preschool teachers who took part in positive parenting sessions in Călărași, Cantemir, and Sîngerei

Skills of a parental educator				
	Ability to create an environment that is supportive, warm, safe and tolerant for program participants	Good listening skills and ability to encourage parents to open up and share their problems	Flexibility and respect in establishing relationships with people who have different lifestyles, values, philosophies	Ability to understand and accept emotions, to recognize and respond to the individual needs of parents, to avoid confrontation
Pre-training	18%	14%	8%	12%
Post-training	90%	76%	49%	70%

Source: Pre- and post-training assessment results collected by CNETIF

By increasing frontline workers' competences and accessibility of services for their target groups, the training had an indirect effect on its final beneficiaries – pregnant women, children and their families, as implied in all Key Informant Interviewees. Although the evaluation did not gather conclusive data on the effects of the interventions on families and children, some examples suggest that the trainings increased caregivers' and children's awareness on education and care process during and after healthcare and preschool closures.

Firstly, by knowing how to ensure infection control in health and education facilities, they helped to ensure safe conditions in their facilities, maintain or restart service delivery, and increase safety of service beneficiaries. For instance, anecdotal evidence suggests that many healthcare workers started to better organize the triage and testing of infected/non-infected women, which in turn helped to prevent the spreading of infection. Similar effects were noticed in the education sector, where *"post-training survey shown a high level of knowledge of training participants on how to ensure safe practices in preschool institutions to prevent the spread of infection"*.<sup>79</sup> Furthermore, in addition to didactic and non-didactic staff, **the post-training survey has shown that parents know more about the pandemics preventative and response measures, such as major symptoms of COVID-19 (more than 90% of surveyed caregivers), proper handwashing technique (more than 80%), or procedures to follow when a child or any family member is diagnosed with COVID-19 (more than 80%).**<sup>80</sup> As a result, preschool facilities could be re-opened as a safe place for children, which allowed parents of young children, especially mothers, to return to their work.

Secondly, **by learning how to better communicate with service beneficiaries, also online, and deliver parental education, frontline workers helped caregivers to provide adequate support and nurturing care to their children, and to deal with the crisis situation.** For instance, the didactic staff learned how effectively to communicate safety rules to young children and their families and how to educate caregivers of children with disabilities about their child's special educational needs. There was a consensus among the respondents that due to improved awareness and advice received, the trained caregivers are now better prepared to support their child's cognitive and emotional development. Asked about more specific benefits of the parental

<sup>79</sup> Interview with a Key Informant.

<sup>80</sup> Report on post-training assessment by CNETIF.

education sessions for the caregivers,<sup>81</sup> **the respondents mentioned parents becoming, among other things: more caring and more responsible, more involved in their children's preschool education, and more aware of the benefits of positive discipline for their children and of their own emotions.**<sup>82</sup> For instance, the share of caregivers who reported that they *"never tell their child that they are worse than another child"* also increased (41% before the training to 59% after it).<sup>83</sup> Such findings are particularly important given the attitudes of caregivers of children with disabilities or developmental delays in Moldova who often struggle to see the strengths of their child.<sup>84</sup>

Finally, in parallel to these positive findings, the survey of frontline workers shows that the majority of them still need to improve some of their skills to deliver services effectively. For instance, frontline healthcare workers need more training on testing in ambulatory conditions, acting in emergencies, and inter-institutional collaboration (perinatological center – ambulatory – maternity). **Another concern that has not been tackled is the abuse and violence in households, which increased during the pandemic.** Due to the emergency mode of operation, limited time for the preparation of the training, and the high number of subjects to be covered, the assessed intervention did not cover enough aspects related to abuse and violence in households and they are to be addressed during similar interventions. The didactic and preschool staff, in turn, need more information on i) adapting learning curriculums and training materials to a context of strict measures to limit the infection, and ii) engagement and communication with caregivers; iii) effects on vaccination. In case of the latter, engaging health professionals in providing training on health safety (and vaccination) issues to preschool staff would increase trust in received information on health protection, in the interviewees' opinion. Sharing additional information on vaccination with parents would also be helpful to address their concerns related to this issue. Some parents of children with disabilities or special needs are still afraid of sending their children to kindergartens after the re-opening and do not trust the effectiveness of the vaccines.<sup>85</sup>



### 3.2.1.2. Applying innovative solutions

**Shifting capacity-building activities and services online was the most innovative development among the assessed interventions.** As pointed out by Key Informants, due to the online learning experience, the frontline healthcare workers learned how to develop i) innovative approaches for following antenatal standards of care – hybrid contacts with pregnant women (face-to-face and online); and ii) a detailed plan on provision of antenatal services face-to-face

<sup>81</sup> One stage of *The Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans* project involved online sessions and discussions with caregivers of 103,508 young children organized by trained pre-school teachers. Source: UNICEF ECARO and Austrian Development Agency (2021) *Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova: Progress Report No.2*, 1 January 2020 – 31 December 2020 Republic of Moldova.

<sup>82</sup> The evaluation survey carried out in June 2021 during the third round of data collection.

<sup>83</sup> CNETIF (2020). Results from the pre- and post-training surveys with parents (excel file provided courtesy of UNICEF Country Office in Moldova).

<sup>84</sup> Based on interviews with Key Informants.

<sup>85</sup> Ibid.



and remotely. In addition, anecdotal evidence indicates that many training participants decided to overcome their reservations and started to use internet platforms and IT equipment in their practice to facilitate communication with patients.

**Access to learning and skills development was maintained through a rapid shift to an online mode of training delivery.** Specifically, when it comes to the online training format, over 96% of respondents among preschool staff trained on preparedness and response to the COVID-19 pandemic agreed and strongly agreed that the training and mentoring in an online format made their participation possible.<sup>86</sup>

Given the short time for changing the mode of training delivery, the satisfaction of evaluation survey respondents with the training can be seen as a major achievement. The preschool staff who participated in the sessions on the education of children with special education needs and positive parenting mentioned that the information was delivered in a well-structured and accessible way. Some commended the opportunity to ask questions, make references to real-world examples, and receive feedback from trainers.

The online format of some trainings was seen as a suitable, if not the only, option in the pandemic, but for most respondents, face-to-face training is a preferred option. For instance, the online format of training and mentoring on implementing the regulations on re-opening kindergartens made it difficult for almost half of the respondents to stay engaged and motivated. Limited possibility to learn through practical simulations was listed by healthcare workers as a shortcoming of using remote technology. When the emergency situation is over, a hybrid (online and face-to-face) format for future trainings will be considered to increase both its efficiency and accessibility.

**The COVID-19 pandemic has sharply increased the demand for digital skills among frontline workers and exposed needs in this area.** All interviewees and survey participants mentioned insufficient skills related to using remote technologies as a significant hindering factor to benefit from distance learning fully. For instance, while 81% of Moldova's kindergarten teachers received coaching support in applying 16 positive parenting guides, the remaining 19% of preschool teachers could not be trained due to lack of digital skills required for subsequent delivery of trainings to the caregivers.<sup>87</sup> The need for training on using ICT technologies, equipment, and online platforms has been highlighted to address such a challenge, alongside better access to IT tools and a reliable internet connection (for more, please see section 3.2.3).

The increased adoption of remote technology helped to minimize disruptions in the provision of ECD services during the COVID-19 pandemic-related lockdown and physical distancing measures. However, **frontline education workers still face a lack of clear methodologies and guidelines for adapting the learning process to pandemic conditions or implementing online education for children with disabilities and special educational needs.** In addition, not all parents have good digital skills or access to IT tools (e.g., laptops, smartphones), so they cannot always benefit from the opportunities offered by online service delivery. As reported by Key Informants, the digital exclusion of many parents and a dislike of online interaction among many of Moldova's adults created challenges with ensuring access to online sessions for parents. In some cases, the online mode of the trainings with parents was reported to have negatively

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<sup>86</sup> Based on survey responses gathered during the second data collection cycle in May, 2021.

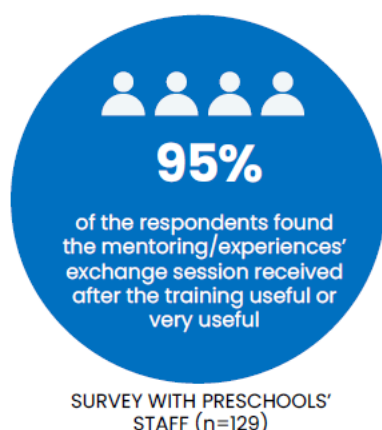
<sup>87</sup> UNICEF ECARO and Austrian Development Agency (2021) Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova: Progress Report No.2, 1 January 2020 – 31 December 2020 Republic of Moldova.

affected parental engagement in the sessions, particularly in discussions on psycho-emotional problems and disability.

### 3.2.2. Information and guidance

**The evaluation evidence suggests that proper supervision, mentoring sessions, and sharing experiences among peers are perceived as necessary components of an efficient learning process.** The evaluation feedback from preschool staff trained to ensure a state of preparedness and response to the COVID-19 pandemic has shown that these activities had a significant impact on consolidating their knowledge and skills from the training. The main benefits gained were exchanging experiences with the trainer and their peers (48%) and solidifying the knowledge gained during the training (37%, n=123). The possibility of asking questions to the trainer was also mentioned among the benefits by some of the respondents (15%). Among issues shared during the mentoring sessions were: implementing the training material in practice, practical exercises and methodological tools used to better transfer the information on COVID-19 to children of different ages, or various strategies on achieving learning objectives while respecting safety rules. As highlighted by the interviewees, only by following learned and understood procedures was it possible to prevent the infection of children and staff. It should also be mentioned that the professionalism of trainers and their good presentations (including the presentation of trainers from the National Agencies for Public Health and Food Security) was listed among the main strengths of the capacity-building activities.

At the same time, **the evaluation findings imply that for future capacity-building activities, more time and resources for mentoring sessions and follow-up would be recommendable.** Almost 60% of the survey respondents (n=41) representing didactical staff trained in the implementation of parental education programs admitted that they require better methodological support, through mentoring and supervision, to do their work. Based on the limited data collected, it appears that more awareness and coaching sessions are needed to promote the use of positive parenting practices among Roma families or to deliver inclusive education to vulnerable children in Moldova, including in the context of a pandemic. The need to continuously support the preschool teachers and support them in fostering collaborative relationships with parents was also highlighted by Key Informants.



Although most frontline healthcare workers from perinatal and postnatal care services who took part in the survey said they received sufficient support and supervision to deliver their services effectively, a need for more assistance in this area has also been reported. Examples of room for improvement included: more possibilities for providing quick feedback during the online training, better methodological support to help handle complex cases, psychological support to help deal with the stress, better information and guidance in the form of standard operational procedures like protocols and handbooks, and better mentoring

and supervision in general.

**Notable unexpected ripple effects of the intervention occurred in the Călărași district.** According to the final partnership review report, educational materials on inclusive and parental education used during trainings in the 16 targeted preschools were shared with all schools in the

district. With the help of the teachers trained in parental education within the project, one early childhood education specialist from Călărași also organized trainings on positive parenting for all educators from the district. The parental educators from each preschool involved in the project also helped the rest of the educators from the same preschools to organize trainings with caregivers.<sup>88</sup>

Finally, although not officially intended as the effect of the training, improved collaboration between the healthcare workers has been observed by some respondents and attributed to the intervention. This includes an increase in online communication among frontline workers and exchange of expertise and lessons learned. They also organized discussions and meetings at their workplace to share the acquired knowledge with their colleagues who did not participate in the training.

### 3.2.3. ICT and personal protective equipment

Weak digital skills among frontline workers and parents are not only a challenge in Moldova. The evaluation findings show that **the absence of appropriate ICT equipment and devices and internet access were the most serious constraints to distance learning and the digital mode of service provision.** Reported challenges, highlighted by all respondents irrespective of assessed intervention, included the absence of or limited access to computers, tablets, phones or smartphones, internet platforms, and the internet in general. For instance, the inadequate infrastructure necessary to ensure a good internet connection at kindergartens, healthcare institutions, and other ECD services was often a disturbing factor for ensuring optimal training and service provision environment. There were cases where several participants had to share one computer and needed to keep physical distance, which limited their possibilities to interact with trainers. To mitigate some of these challenges among parents, UNICEF procured laptops for children from vulnerable families and the staff of many of the preschools invited the caregivers to participate in the trainings in the kindergartens, using computers organized for this occasion. Some trainings were also organized on the weekend to avoid overlaps with the caregivers' working hours.<sup>89</sup> However, financial and material support is necessary to expand the digitalization of ECD services at the country level, ensuring their continuity and minimizing existing digital inequalities.

**Severe shortages of personal protective equipment (PPE) and sanitizers were another serious challenge in Moldova.** To equip frontline workers with the necessary PPE, UNICEF mobilized funds and managed the procurement and delivery of the largest share of PPE support to key frontline medical workers, police, social workers, and vulnerable communities. For instance, it provided sanitizers and PPE supplies to 1300 Primary Healthcare Centers, 29 medical institutions providing care to pregnant women and newborns, 41 Youth Friendly Health Centers, 12 maternity hospitals, 12 residential schools and institutions for children, including for children with disabilities, 35 District Psycho-pedagogical Assistance Services, and to 225 vulnerable families benefitting from early intervention services for young children with developmental delays and disabilities. The Crisis Centre for women and children, survivors of gender-based violence, received necessary hygiene items to ensure women and children with qualitative services. Accordingly, food and hygiene

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<sup>88</sup> UNICEF and CNETIF (2020). Final Partnership Review: Social Inclusion of Children with Disabilities and Roma in Moldova project.

<sup>89</sup> Ibid.

packages were distributed among 300 vulnerable families affected by violence. Yet, despite such support, **needs in the WASH area remain. When asked about support they still require, the surveyed frontline healthcare workers listed medical equipment, PPE, and hygiene supplies, among others.** Management and monitoring

**Given the emergency context for making adjustments, the assessed interventions were well planned to meet the changing needs of frontline health and early childhood education workers due to the pandemic, as the interviews revealed.** They were coordinated with key actors and stakeholders, such as the MHLSP, MECD, WHO, National Agencies for Public Health and Food Security, and other UN agencies, to avoid duplication. They were also based on the MHLSP's Disposition on the provision of the training, which helped to better manage the organization of the training and raised their visibility. Representatives of UNICEF and main stakeholders perceived the communication between the involved parties and training beneficiaries as very efficient, which affected the training positively. Only in the case of LPAs, administrative units governing preschools, more engagement in training and discussions was expected.

The findings show that **the two trainings targeting frontline workers who work with preschool children and their families integrated suitable feedback mechanisms that can serve as an example when organizing other training sessions.** These included mentoring and follow-up sessions, in-training monitoring and supervision of UNICEF, responsible line ministry, public authorities, and pre- and post-training surveys. In case of the training for healthcare workers, the Key Informants reported that the only feedback/ monitoring mechanism applied during this intervention was based on real-time feedback provided by training participants through a chat option on a training platform and spontaneous phone calls received after the training. They agreed that the formalized pre- and post-training assessment should be used for future trainings for better monitoring of training results.

In terms of monitoring the intervention's potential effect on gender-related aspects, the Key Informants representing the healthcare sector pointed out the need for better-integrated monitoring mechanisms to examine this area.

### 3.3. Sustainability

The sustainability of effects of pandemic-caused adaptations examined in this evaluation was analyzed from two perspectives: 1) their potential for mainstreaming and last over time; and 2) their contribution to building more resilient ECD services, better preparation for other challenging situations, beyond COVID-19. In doing so, the perceptions of respondents on the value and adequacy of assessed adaptations to respond to future crises were collected, and information on measures put in place or planned to ensure the sustainability of results.

#### 3.3.1. Sustainability of current responses

Some tangible steps have already been taken to ensure the sustainability of assessed adaptations introduced in response to COVID-19. There are plans to continue them in a new format and updated context, make them more targeted, include them in national policies, and make the learnings available for a wider audience. More detailed actions presented below are expected to positively impact the sustainability of the ECD sector's response to the pandemic and contribute to long-term effectiveness and efficiency in service provision.

### 3.3.1.1. Integration into national policies and systems

**The experiences from the assessed adaptations to better respond to the COVID-19 emergency are used as an opportunity to strengthen policies and systems that concern ECD. As such, they contribute to ensuring the safe access to health services and early learning and care for young children during the COVID-19 pandemic.** More specifically, they are part of larger governmental and donors efforts such as: i) Government COVID-19 Emergency Response Plan; ii) MECR's 'Preparedness and Response Plan for the Management of COVID-19 Situation in Education in General and Technical Vocational Education'; iii) Moldova COVID-19 Response and Recovery Window under the Moldova 2030 SDGs Multi-Partner Trust Fund. In addition, chairing the UN Coordinated Education Task Force for COVID-19, UNICEF responded to the urgent needs of the Ministry of Education, Culture and Research to address COVID-19 challenges and supported the development and implementation of the Education Preparedness and Response Plan for the Management of COVID-19 situation in education and the Regulations for re-opening preschools.

Some recommendations from training participants working in perinatal care have been integrated into national policies related to COVID-19. The training results, together with the positive practices and protocols from other countries in the region, served for the development of Standards for the supervision of pregnant women in ambulatory conditions, approved through the MHLSP Order N890, as well as for the development of National Clinical Protocols on COVID-19 (editions 1,2,3) with the integration of Algorithm for behavior and testing of newborns from mothers with COVID-19.

**UNICEF also plans to develop and integrate a component related to the prevention of all types of emergencies into the National Education Strategy for 2021–2030.** The results from the Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans project are also likely to be supported by the Strategy and the mid-term Action Plan (2021–2025). Both documents are being developed by the MECR in response to the pandemic, with the support of UNICEF and the Global Partnership for Education. Setting out a long-term vision for developing Moldova's education sector at all levels, the Strategy will build on the lessons learned during the COVID-19 pandemic and strengthen the system's resilience. As such, the strategy foresees the continuation of activities aimed at reinforcing the capacities of learners, teachers, parents, and other relevant stakeholders.<sup>90</sup>

Other UNICEF-supported activities such as provisions on strengthening WASH systems, including WASH conditions in educational institutions, can help preschool institutions prevent the spread of infectious diseases inside and outside their premises. Integrating the set of rules and procedures for preparedness and response to the COVID-19 pandemic into kindergarten safety policies would increase its sustainability and the resilience of ECD services, not only during the current emergency, but also to other challenging situations of similar nature.

### 3.3.1.2. Continuation of capacity-building based on an updated content and delivery mode

All assessed interventions envisage the continuation of trainings but with some modifications that result from the changing needs reported by targeted participants. **More emphasis on**

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<sup>90</sup> UN Coordinated Education Task Force for COVID-19 in Moldova (2020). Education and COVID-19 in Moldova: Grasping the opportunity the learning crisis presents to build a more resilient education system.

**building communication skills, psychological well-being, and digital capacities is expected in the upcoming events with a hybrid (online and face-to-face) delivery format** if the epidemiological conditions allow.

The training course for healthcare frontline workers from the training course Moldova's 12 Perinatal centers will be more focused on improving the communication of frontline healthcare workers with families, women, and children (mainly in a vulnerable situation) on prevention of infection, vaccination, and treatment. More practical simulations will also be included. Likewise, the activities that concern strengthening capacities of preschool staff, parents and LPAs to ensure a state of preparedness and response to the COVID-19 pandemic have been revised to better match the expectations of frontline workers. The post-training survey revealed that the training participants have sufficient knowledge and skills on infection prevention and, instead, more focus on enhancing the digital skills of educators is currently required. According to UNICEF's Final Partnership Review Form and interviews with the Key Informants, there is also a need to organize training programs on supporting the psychological well-being of educators and for local trainings of trainers on the application of the guidelines for parents of preschoolers. Such activities are expected to positively impact the intervention's sustainability and strengthen the resilience of ECD programs in Moldova.

In addition, **more targeted training delivery is envisaged when it comes to groups of training participants**. For instance, the MHLSP plans more training for frontline healthcare workers from the rural areas as they work with pregnant women in more challenging conditions and their access to information is limited. Linguistic capacities are also considered as the training programs will be developed in two languages, Romanian and Russian, and will be delivered in the Transnistria region. Similarly, all modules on positive parenting are available in both the Romanian and Russian languages. In addition, capacity-building activities for preschool staff to ensure the safety of the educational and care processes in education facilities will occur in two formats: one for those who need advanced skills and another for those requiring more basic skills.

Finally, in response to digital needs exposed by alterations, UNICEF partnered with the Foundation for Advancement of Moldova to strengthen digital literacy, knowledge and skills of teaching staff in the preschool education subsector in support of online learning, in order to overcome the challenges imposed by the epidemiological context. This intervention aims to create a critical mass of preschool teachers, representing approximately 80% of teaching personnel in pre-primary institutions, who can confidently use digital skills to search, collect, receive, store and process information, thus improving their online educational services during the pandemic, transition, and recovery periods. In addition, another national project on using the Education Management Information system (EMIS) module will be launched soon.

### 3.3.1.3. Disseminating experiences and promising practices

Making use of knowledge gained during the COVID-19 crisis by ensuring wider access to created and accumulated knowledge is an important step towards achieving sustainable outcomes of assessed interventions. In this sense, **activities directed at building a broader understanding and awareness among peer frontline workers and a wider audience promoted the sustainability of the results and measures in question**. Constituting an integral part of the evaluated adaptations, they promoted issues such as patient care in the context of the pandemic, the best hygiene practices and protocols, or organizing educational activities for children at home, all of which are applicable beyond a group of training participants.



As part of the COVID-19 response for women and their children in Moldova's 12 Perinatal Centers, **UNICEF intends to develop a video library with training content, recorded sessions, and a separate "questions and answers" session** to better disseminate the training content among non-participants. A similar video library developed for different training has been considered by healthcare workers as very useful and efficient. According to Key Informants for the Strengthening capacities of preschool staff, parents and LPAs to ensure a state of preparedness and response to the COVID-19 pandemic project, **the intervention's sustainability has been supported through the extensive distribution of training packages and by posting all developed information materials**, including the guide for parents, on the MECD and Chisinau municipality websites. Comparable conclusions can be drawn from other UNICEF CO activities reviewed, such as the development of **methodological guidance regarding the online trainings on positive parenting**, **informational materials on positive parenting during the COVID-19 pandemic**, and a **paper on lessons learned from the education sector's response to COVID-19**. The latter offers a collection of facts and consequences that concern the pandemic's immediate impact on the education sector in Moldova, a summary of country and development partners' responses, and ideas for the way forward to "build back better" by grasping the opportunities the learning crisis presents to build a more resilient education system.<sup>97</sup>

There are also signs that learnings from some interventions were drawn and may be used in the implementation of future initiatives. As stated by one Implementing Partner representative, based on the pre- and post-training assessment results, recommendations and suggestions were formulated for future similar programs. According to the respondent, the recommendations are tailor-made for all preschool staff categories (educators, educators' assistants, auxiliary personnel). However, at the moment of writing this Country Report, it was unclear whether these recommendations were widely shared with other stakeholders.

#### 3.3.1.4. Ongoing collaboration between stakeholders

The cooperation between interventions' implementers and participants can become an opportunity to extend their contacts beyond the project timelines. **This is the case of the "Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans project", where some crucial collaborations formed during the implementation of the intervention will continue.** Notably, specialists from the Psycho-pedagogical Assistance Service within the target districts' Education Directorates collaborated with preschool teachers to implement education practices presented in the seven guides. This specific work ended in 2020, but the collaboration between the Psycho-pedagogical Assistance Services and the kindergartens continues. Also, **in the case of the trainings for preschool staff, parents, and LPAs to ensure a state of preparedness and response to the COVID-19 pandemic, the cross-sectorial cooperation developed for designing and delivering this intervention will continue.** As reported by Key Informants, it will *"serve as a sustainable mechanism for supporting young children and their families in the recovery and post-pandemic period"*. As the unintended effects of the training, public authorities from several communities, in a joint effort, requested the central government to support them to create the required conditions for re-opening preschool facilities. As a result, they received permission from the Ministry of Finance to use unspent budgets for building inside toilets, constructing water pipe systems, procurement of boilers for hot water, procurement of

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<sup>97</sup> UN Coordinated Education Task Force for COVID-19 in Moldova (2020). Education and COVID-19 in the Republic of Moldova: Grasping the opportunity the learning crisis presents to build a more resilient education system. Available [here](#).



sanitizers, or procurement of computers. It can be concluded that the training helped create a community spirit in preschool facilities and local administration, where everybody feels responsible and accountable for ensuring safety rules to keep children and staff safe, and in consequence, it helped to improve the overall infrastructure.

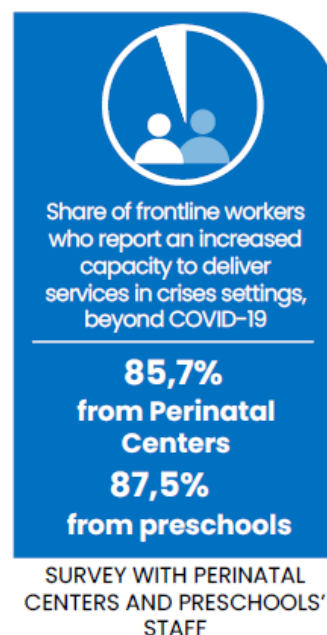
### 3.3.2. Current responses' contribution to resilient ECD systems

Due to the relatively short implementation period of the assessed adaptations, it is difficult to assess how they contribute to the strengthening of country ECD systems and their resilience in the long run. However, based on the views of respondents who participated in the evaluation, it can be expected that the interventions assessed add to more resilient and effective ECD services beyond the public health emergency context. Accordingly, they can serve as examples of a coordinated and prompt response to various emergencies.

The evaluation findings show that the competencies acquired by frontline workers as a result of the assessed interventions can be applied beyond the COVID-19 context. **A vast majority of surveyed frontline workers (86%) from the health and preschool education sectors said that the assessed interventions would be useful in other public health emergencies beyond the COVID-19 pandemic.** It can be therefore expected that the upcoming courses will further enhance their capacity to deliver healthcare and educational services in other crisis settings, beyond COVID-19. The respondents agreed that having staff who know how to respond to health emergencies makes their institutions better prepared to deal with future shocks and crises, and, in consequence, adds to a stronger and more resilient ECD system.

According to the Key Informants and the majority of surveyed frontline healthcare workers who benefited from the intervention targeting Moldova's 12 perinatal centers, the training course improved their capacities to deliver perinatal and postnatal care services to women and their children in crisis settings, beyond the COVID-19 pandemic, and should continue even after the pandemic is over. **Although the basic training materials were adapted to the COVID-19 situation, after small modifications, they can be used for any other healthcare emergency.** The training subjects covered many important issues that are applicable in other, non-COVID-related situations (e.g., management and organization of services, infection control, breastfeeding, nutrition of pregnant women and babies, inpatient and outpatient perinatal and post-natal care). Analogously, the trainings topics for preschool staff, parents, and LPAs to ensure a state of preparedness and response to the COVID-19 pandemic covered many essential aspects that apply to other contexts, like infection control in preschool facilities, communication with children and parents, and more. By increasing the knowledge and skills of all stakeholders on staying safe and providing quality services, the capacity-building programme helped **the authorities share responsibilities and make all actors accountable for their actions.** The Key Informants agreed that integrating this intervention in kindergarten safety policies would increase its sustainability and the resilience of ECD centers in other emergencies.

In addition to building the capacity of frontline workers, some interventions, such as the Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans project, have a



wider objective that aim to “*improve the overall enabling and institutional environment [...] with respect to sustainability and equity of service provision*”.<sup>92</sup> To achieve progress at institutional-, policy-, and system-level, the project also includes **advocacy and technical assistance to increase the local authorities’ budgets for preschool education by 2%**. This achievement is expected to improve the overall conditions for preschool workers for further strengthening and using their skills in providing early education to children with special educational needs (SEN) and other vulnerable children.

Finally, a promising option for effective and long-lasting delivery of training, identified by Key Informants, could be the **online capacity-building platform for frontline healthcare workers**. Such a platform should have an integrated training needs assessment questionnaire and feedback mechanism, and be flexible for the development and posting of new trainings as per the identified needs. This would allow healthcare workers to receive training relevant to their needs and increase their chances of participation given their busy schedules and care responsibilities at home. The establishment of the training platform would also require the development of proper regulation and cooperation with the medical university to take the lead. Another factor that could amplify trainings’ attractiveness and uptake is **the possibility of accumulating credits for participation for professional accreditation and integration of the training in the university curriculum** on healthcare in emergencies and in post-graduate courses.

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<sup>92</sup> UNICEF ECARO and Austrian Development Agency (2021). Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova: Progress Report No.2, 1 January 2020 – 31 December 2020 Republic of Moldova.

## 4.0. Conclusions, lessons and recommendations

This chapter presents key conclusions and recommendations from evaluating selected examples of UNICEF's response in the ECD sector to the COVID-19 pandemic. First, it summarizes the main conclusions resulting from the assessment of UNICEF interventions through the prism of key evaluation questions, with a special focus on building the capacity of frontline workers. Then, it presents the main lessons learned from this evaluation and, subsequently, the forward-looking recommendations for future ECD strategies and/or for similar emergencies.

### 4.1. Conclusions

**A comprehensive approach in terms of targeted groups, content, and components of interventions was one of the primary strengths of UNICEF's response to COVID-19.** The key components included a combination of capacity-building of a range of stakeholders (e.g., preschool managers, didactic and non-didactic staff, local public authorities, parents, healthcare workers) and WASH interventions (for pregnant women, newborns, nurses, medical workers, school facilities, vulnerable families). Such an approach helped address the learning and hygiene-related needs of many actors involved in delivering services, increased their knowledge and skills, and established healthy hygiene attitudes and parental behaviors. It also triggered a sense of responsibility and accountability of all stakeholders for ensuring safety in health and education facilities, thus diminishing high health, safety, and well-being-related risks for children, families, and staff.

**Investments in the knowledge of frontline workers in many important areas are applicable beyond the emergency context.** They contributed to the ECD services' resilience and long-term effectiveness beyond the emergency context by integrating subjects related to preschool regulations and standards, teaching methodologies, communication with children and parents, information on other relevant support services for children. In addition, the format and training organization and delivery can serve as a model of a well-coordinated, prompt, comprehensive, and efficient response to various emergencies.

**Experiences from operating in adverse conditions show areas where gaps exist in frontline workers' preparation and support to deliver services more effectively.** First, the pandemic has shown that investment in digital technologies and related skills by frontline workers is critical for the resilience of ECD interventions. However, training frontline workers in digital competences and providing them with access to modern ICT tools emerged as a considerably underdeveloped part of the professional development system. Second, the significance of mentoring and supervision, information and guidance to provide the proper support and adapt to pandemic conditions, have been elevated by the pandemic circumstances, along with the need for more opportunities for networking and exchange of knowledge and experiences with peers and/or other professionals. Nevertheless, the lack of sustainable mechanisms to provide continuous supervision, support, and develop and maintain exchange networks create an obstacle for ensuring the quality of services and building learning communities of professionals.

With this in mind, the online and cascade format of the trainings, accompanied by guiding materials, is a vital first step that ensures frontline workers' access to learning and skills development during a health emergency. **The flexibility and cost-effectiveness of this form of delivery made capacity-building programs more accessible to the frontline workers from different geographical areas, allowed the transfer of knowledge and skills to both non-participants and families, and thus affected the behavior of many frontline workers in their daily activities.** At the same time, both trainers and parents faced challenges adapting to the new forms of collaboration in a digital environment. Some frontline workers found it difficult to stay engaged and motivated during online training and to gain more practical skills without simulations. As for parents, in some cases, the online mode of sessions, particularly on psycho-emotional problems and disabilities, was reported to have negatively affected parental engagement.

**The integration of lessons learned from adaptations to the COVID-19 context into newly developed standards and policies contributes to the sustainability of their results and more resilient policy-making in the ECD sector.** In the case of the healthcare sector, the intervention and recommendations have been integrated into Standards for antenatal care in ambulatory conditions as well as in the development of National Clinical Protocols on COVID-19. There are plans to apply lessons learned for future partnerships in humanitarian situations and COVID-19 pandemic emergency response in Moldova. The sustainability of the intervention's results in education is likely to be supported by implementing the Education Strategic Plan 2021-2030 and the Plan of Action for 2021-2025. Both documents are being developed by the MECR in response to the pandemic, with the support of UNICEF and the Global Partnership for Education. Setting out a long-term vision for developing Moldova's education sector at all levels, the strategy builds on the lessons learned during the COVID-19 pandemic and aims to strengthen the system's resilience. As such, the strategy foresees the continuation of activities to strengthen the capacities of learners, teachers, parents, and other relevant stakeholders.<sup>93</sup>

A long-standing culture of partnership with duty bearers was a factor that made it easier for UNICEF CO in Moldova to cope with the unprecedented context and provide a targeted response in an agile manner. **The collaborative approach of MHSPF, MECR, UNICEF, and other donors to provide a rapid response to the COVID-19 emergency situation helped achieve a high level of relevance of UNICEF support.** Development and implementation of the joint Moldova COVID-19 Response and Recovery Window under the Moldova 2030 SDGs Multi-Partner Trust Fund helped to address the most urgent needs collectively in healthcare and education by considering the challenging environment. Such a collective approach is a solid base for reducing Moldova's vulnerability to the pandemic and enabling efficient recovery of the country.

## 4.2. Main lessons learned

### Lesson learned # 1

**Mechanisms that facilitate peer learning and stock-taking activities are essential for strengthening the CO/ECD staff's and service provision resilience.** They encourage collection and appliance of the best available knowledge and thinking beyond a "one-time intervention"

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<sup>93</sup> UN Coordinated Education Task Force for COVID-19 in Moldova (2020). "Education and COVID-19 in Moldova: Grasping the opportunity the learning crisis presents to build a more resilient education system".

approach. Thus, finding time for reflection meetings/debriefings between CO's staff (and also ECD staff), although challenging during the emergency, is important to determine what works for whom in which contexts for achieving more significant impact at scale and reconfiguring/redesigning programmes, strategies, and services accordingly.

## Lesson learned # 2

**Needs assessment is an essential step for relevant and efficient learning by ECD stakeholders and frontline workers and for a flexible ECD response in emergency context and beyond.**

Collecting data to identify training needs helps design training programs and other activities that cover critical topics, tailored to various groups of participants and integrated into the pandemic context. The evaluation process and post-training surveys revealed that some needs have changed or became more evident as the emergency situation evolved. Thus, a recurring approach to needs assessment is necessary to catch and address such developments.

## Lesson learned # 3

**Reaching out to and maintaining regular support and contact with disadvantaged families is essential during global health emergency and beyond.**

Evidence shows that the impacts of the crisis caused by the global health emergency were not evenly distributed and affected vulnerable children and caregivers the most. Ongoing communication with organizations that have deep knowledge of local context and the needs of such groups is key to developing targeted and relevant actions. Specific areas to start with, as emphasized by the current crisis, include: reducing to a minimum the use of parenting practices that are not conducive to young children's cognitive and emotional development and preventing violence against children and gender-based violence in general.

## 4.3. Recommendations

The following system-level recommendations were developed and prioritized together with the UNICEF ECARO and UNICEF Country Office in Moldova, which requested them to address UNICEF specifically. More detailed and intervention-specific recommendations composed after each data collection cycle that were discussed and prioritized during workshops can be found in Analytical Briefs (attached in Annexes A1.1, A1.2, A1.3 in the Country Report Vol.2).

In line with the summary of evaluation findings, the following actions are recommended for UNICEF:

### I. Support national and local efforts towards the sustainable continuous professional development of frontline workers

Suggestions to operationalize this recommendation include:

- Explore the options to adjust the existing in-service curricula for health workers and educators to include the most appreciated and needed modules in partnership with medical and pedagogical universities (legislative provisions, accumulation of credits, integration of the training in the university curriculum on health care in emergencies).
  - Define the criteria and requirements to embed the COVID-19 response-driven interventions into broader policies and programs (e.g., financial and non-financial resources).
  - Summarize the key requirements in terms of an enabling environment and staff capacity

for continuous delivery and translate them into action.

- Advocate for developing and integrating regular training support mechanisms such as peer learning activities, cascade training, mentoring sessions, and supervision, into capacity-building activities to share practices, lessons learned and support them in adjusting to new situations that were not addressed in training.
- Advocate for developing online capacity-building platforms for frontline health workers, with integrated training needs assessment questionnaire and feedback mechanisms, access to videos, and materials from capacity-building events.

## **II. Advocate for and support national and local efforts towards digital skills development, distant learning, and remote service provision in ECD**

Suggestions to operationalize this recommendation include:

- Advocate for provisions, including legislation and funding arrangements, ensuring that kindergartens and health care facilities have access to ICT equipment.
  - Advocate for a comprehensive material assessment of preschool and healthcare facilities to take stock of and establish the need for: a.) ICT equipment that can be used to deliver online capacity building sessions to preschool staff and caregivers, and b.) accessible infrastructure and assistive equipment that can be used to provide early education to children with special educational needs.
  - Use the momentum to advocate for improving frontline workers' access to modern technologies and equipment and providing better technical assistance, such as IT support.
- Support the development of training programs designed to fortify frontline workers' digital skills and inclusion of these trainings into regular capacity-building activities and professional development programs.
- Support development of disability-sensitive training content on providing online support to education to increase frontline workers' understanding of specific needs of children with disabilities and their families during and beyond the emergency period.

## **III. Strengthen capacities of LPA representatives and managers from health and education services to enhance the use of local resources and increase efficiency **Continue to support capacity-building activities that empower caregivers and reflect the needs of vulnerable families and staff working with them****

Suggestions to operationalize this recommendation include:

- Provide technical support and advocate for developing a teacher-training program aimed at continuous improvement of preschool didactical and support staff's capacity to deliver inclusive early childhood education, including children with disabilities and developmental delays and other vulnerable children.
- Support and advocate for approval of the new cross-sectoral Strategy on Positive parenting (as this one expires in 2022) along with the Action Plan and support the implementation of the regular positive parenting training for both preschool workers and caregivers to support the implementation of the positive parenting approach.
- Support information and coaching provision tailored to the frontline workers' needs for improved communication skills, building collaborative partnerships with parents, better responding to caregivers' queries, and reaching the most vulnerable groups.



- Advocate for integrating pre- and post-training assessment of participants' knowledge and skills into capacity-building programs to better understand educational needs and impact and for better adjustment of capacity-building content to beneficiaries' needs.

#### **IV. Advocate for the integration of preparedness and resilience-building contents into the professional development of frontline workers**

Suggestions to operationalize this recommendation include:

- Advocate for and support the integration of COVID-19 related training content into in-service curricula and post-graduate courses (e.g., on health care in an emergency).
- Advocate for and support the integration of sessions on psychological support, well-being, and emotional implications of coping with the crisis situation into the existing and new capacity-building activities.
- Advocate for integrating disability in the training content on prevention and protection against infection with COVID-19 and other emergencies.
- Regularly monitor and evaluate the impact of UNICEF-supported interventions in health and education sectors to better identify bottlenecks, success stories, impacts, and innovations that can be used for future endeavors and responses to emergencies.
  - Call for periodical updates of frontline workers' knowledge and awareness on pandemic transmission, symptoms for children and adults, and safe practices inside and outside the preschool facilities.
  - Identify and prioritize the best methods and channels for training delivery aimed at mitigating the exposure of children with disabilities/developmental delays, their families to the negative impact of the pandemic.
- Translate the crisis preparedness and response guidelines for caregivers into accessible languages and formats, and consider visual forms of information provision to increase the access of parents with learning and sensory disabilities, from ethnic minorities, with mental health issues, and with low education level.

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