

# CASE STUDY REPORT SUMMARY

## ‘EARLY CHILDHOOD DEVELOPMENT IN THE UKRAINE REFUGEE EMERGENCY CONTEXT: CASE OF THE REPUBLIC OF MOLDOVA’

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### Introduction

The full-scale invasion of Ukraine by the Russian Federation in February 2022 triggered a massive displacement crisis, with millions fleeing to neighbouring countries. The Republic of Moldova, one of Europe's poorest nations, experienced the highest per capita influx of refugees, receiving almost 1.2 million Ukrainian refugees by September 2024. While the majority continued on to other countries, over 113,00 Ukrainian refugees remained in the country, the majority being women (38%) and children (43%). This case study examined Moldova's response concerning Early Childhood Development in Emergencies (ECDiE) interventions and supports, focusing on the period from February 2022 to late 2024. It analysed how stakeholders mobilised, the services they provided, factors enabling success, and challenges encountered. The study also offers contextualised policy recommendations for Moldova and other, similar countries.

### Context within The Republic of Moldova

Moldova is a landlocked Eastern European nation with a population of approximately 2.5 million. It faces significant socio-economic challenges, exacerbated by the COVID-19 pandemic, energy crises, and the war in Ukraine. In 2023, its overall poverty rate was 31.6%. Despite these challenges and limited prior experience with large-scale refugee crises, the Moldovan government, civil society, and international partners mounted a significant response. This comprised the overall humanitarian response, ECDiE services and supports, and innovative ways of working through flexible partnerships.

### Key Findings

In response to the unprecedented influx of Ukrainian refugees, the Republic of Moldova's humanitarian system rapidly mobilised. This section outlines the coordination structures established, the phased approach to service delivery that evolved over time, the funding landscape, and the specific focus (or initial lack thereof) on Early Childhood Development in Emergencies (ECDiE) within the broader aid effort.

#### The Humanitarian Response to ECDiE

- While **coordination** was initially described as "chaotic", the response gradually became more coordinated. The government established the Refugee Coordination Forum, involving ministries (Internal Affairs, Health, Education, Labour and Social Protection), UNHCR, UN agencies (UNICEF, WHO, etc.), INGOs, NGOs, and local authorities. Nine sectoral working groups to address emergent challenges were formed, including for Education, Child Protection, and Health & Nutrition.
- The **mobilisation** response evolved through stages:
  - **Stage 1 (March to May 2022):** Focused on immediate crisis intervention, setting up Refugee Accommodation Centres (RACs), and providing basic humanitarian aid. Response organisations cited often learning by doing, as the scale and complexity involved were continuously evolving.

- **Stage 2 (June 2022 to December 2023):** Transitioned towards structured programmes, non-formal education, recreational activities, and psycho-emotional support, particularly in RACs.
- **Stage 3 (2024 onwards):** Saw a decrease in refugee numbers and funding, closure of most RACs, and a shift towards more integrated services, although a specific ECDiE focus remained limited.
- **Several key agencies & an influx of funding** was seen throughout the crisis, with 82 partners involved in the 2024 Refugee Response Plan. UN agencies dominated funding requests (71.1%), followed by INGOs (17.0%), local NGOs (7.8%), and ICRC (4.1%). This indicated a centralisation of financial power with UN agencies, impacting the autonomy of local partners.
- While general attention was given to all children, pregnant women, and mothers with babies, **a specific, well-understood focus on ECDiE (0-8 years) was lacking** initially among many actors. UNICEF, along with experienced national NGOs (like Step by Step Moldova, an ISSA member) and INGOs, drove specific ECDiE initiatives, detailed next.

### ECDiE Services and Support

A range of services targeting Ukrainian refugee children (0-8 years) and their caregivers, often alongside local Moldovan children, were implemented:

- **Child-Friendly Spaces ('Play and Learning Centres'):** Established by UNICEF and partners (37 centres), these provided safe environments for play-based learning (using LEGO methodology), psychosocial support (art therapy), nutritional support, and information for integration into formal education. Activities were age-appropriate (2-3, 4-6, 6+ years) and sometimes delivered in the children's native language by employing Ukrainian teachers.
- **Social Crèches:** Existing services were extended by INGOs like CCF (Hope and Homes for Children) Moldova to accommodate refugee children under 3, enabling caregivers (mainly mothers) to seek employment.
- **Psychosocial Support (MHPSS):** NGOs adapted programmes (e.g., CNPAC's Kiko and Team-up) to address trauma and prevent abuse. Parenting activities and MHPSS services were offered to caregivers.
- **Specialist Training:** Significant effort went into training Moldovan professionals (preschool teachers, psychologists) on MHPSS for children affected by war, play-based learning, and trauma-informed care.
- **Mobile Teams** were deployed to reach families in rural areas, offering assessment, psychological support, legal advice, entertainment, and sometimes specialist services like speech therapy.
- **Inclusion Support:** Task forces for Roma and disability inclusion were created. NGOs like Keystone Moldova facilitated referrals for children with disabilities/developmental delays to access necessary services (early intervention, healthcare, education).
- **Educational Inclusion:** While access was provided, enrolment in the Moldovan preschool and school system remained low (less than 5% officially enrolled, though higher estimates include online learning).

## Approach, Flexibility, and Partnerships

- **Approach:** Primarily grassroots, leveraging local expertise and conducting needs assessments. However, some new INGOs initially imposed top-down approaches, focusing on indicators over needs or using contextually inappropriate tools.
- **Flexibility:** Varied significantly between donors. While strategic funding from trusting partners allowed adaptation, rigid budget lines and pre-set programmes sometimes hindered responsiveness to changing needs. Flexibility was deemed crucial in the volatile crisis context.
- **Partnerships:** Generally effective and constructive between UN agencies, INGOs, NGOs, and LPAs. LPA openness was key. Partnerships facilitated service planning, information sharing, holistic support, and capacity building.

## Enablers of Successful ECDiE Response

The following key factors enabled a successful response in providing ECDiE services and support to Ukrainian refugee caregivers and young children in the Republic of Moldova:

### Coordination and Partnerships

- ✓ Establishing and maintaining coordination mechanisms like the Inter-Agency Working Groups facilitated discussion and alignment among stakeholders (CPA, UN agencies, INGOs, NGOs).
- ✓ Mobilising and building effective partnerships provided support and services across Moldova. Existing alliances (e.g., for social protection, disability) encouraged further collaboration.
- ✓ Strong partnerships established by active Local Public Authorities (LPAs) with UN agencies, INGOs, and NGOs ensured engagement of community structures (kindergartens, schools, health centres, businesses).
- ✓ Trust shown by UN agencies towards NGOs and INGOs with long-term presence in Moldova allowed leveraging local ECD experience.

### Resources and Capacity

- ✓ Engaging professionals from Ukraine (teachers, therapists, social workers, doctors) added value through native language

communication, cultural understanding, and effective referrals.

- ✓ The openness of LPAs and other local institutions (theatres, community centres, preschools) to engage in service delivery expanded reach.
- ✓ Utilising the existing network of formal early childhood education institutions (kindergartens).

### Service Delivery and Approach

- ✓ Assessing the needs of children and caregivers ensured that service delivery was relevant.
- ✓ Engaging caregivers directly in activities and tailored parental education programmes enhanced effectiveness.
- ✓ Supporting the implementation of holistic and integrated services (e.g., combining education, meals, parenting support, material aid) addressed multiple needs.

### Contextual Factors

- ✓ Cultural similarities and knowledge of the Russian language facilitated communication between Moldovan specialists and Ukrainian refugees.

## Barriers and Challenges in ECDiE Response

The following represents some of the challenges in responding to the crisis:

### Systemic and Policy Issues

- ✱ There was no specific, dedicated focus on ECDiE initially; attention was broadly on all children and vulnerable groups.
- ✱ No centralised system existed for collecting age- and location-disaggregated data on refugees, hindering targeted planning.
- ✱ Poor intersectoral collaboration existed between education, child protection, and healthcare systems. Coordination required improvement, with instances of service duplication.
- ✱ Educational inclusion challenges: Moldovan authorities did not mandate preschool enrolment for refugee children, potentially impacting service sustainability compared to less sustainable non-formal options.

### Resource and Capacity Gaps

- ✱ A small number of local NGOs and INGOs possessed specific, extensive ECD experience, limiting implementation capacity.
- ✱ Lack of specific experience among Moldovan professionals in dealing with war trauma necessitated external expertise and capacity building.
- ✱ Risk of job burnout among local specialists due to cumulative stress.

### Service Accessibility and Delivery

- ✱ Ensuring equitable delivery of services to all refugee children was a challenge, with limited access for those in rural areas.
- ✱ A low number of specialised services (early intervention, autism support) existed, primarily located in major cities, failing to meet needs in rural areas or for specific conditions (e.g., Autism, Down Syndrome).
- ✱ Language barriers existed for Ukrainian/Russian-speaking children in predominantly Romanian-language kindergartens.
- ✱ Financial resource cuts over time led to the closure or transfer of child-friendly centres, impacting service continuity.

### Caregiver and Child Factors

- ✱ Caregivers' psychological distress sometimes impacted children's regular participation in services.
- ✱ Some caregivers lacked awareness of developmental milestones or were hesitant to acknowledge delays, hindering access to early intervention

## LOOKING AHEAD: POLICY RECOMMENDATIONS TO ENHANCE EARLY CHILDHOOD DEVELOPMENT

Drawing from the lessons identified in this case study, the following policy recommendations are proposed to enhance capacity to support early childhood development during emergency situations in Moldova (and similar contexts):

- ☑ **Integrate ECDiE into national emergency frameworks:** Early Childhood Development in Emergencies (ECDiE) should be formally incorporated into Moldova's national and local emergency preparedness and response strategies. This involves defining a minimum package of essential ECDiE services and quality standards relevant to the context, ensuring a baseline level of support during crises. Proactive planning in this area is vital given Moldova's socio-economic context and regional vulnerabilities.
- ☑ **Strengthen coordination mechanisms and data management:** Establish a dedicated national coordination body or mechanism, comprising relevant ministries, Local Public Authorities (LPAs), and civil society partners, specifically tasked with overseeing ECDiE during emergencies. Concurrently, implement a robust, centralised system for collecting and managing age- and location-disaggregated data on displaced populations to enable evidence-based planning and resource allocation.
- ☑ **Enhance service accessibility and quality assurance:** Develop strategies to ensure equitable access to quality ECDiE services across both urban and rural areas, potentially through expanded mobile outreach and community-based initiatives. Review and strengthen pathways for accessing specialised support, such as early intervention and services for children with disabilities, improving availability beyond major urban centres. Furthermore, establish clear procedures to facilitate the integration of refugee children into the formal preschool education system.
- ☑ **Invest in human resource capacity:** Prioritise sustained investment in the capacity of the workforce engaged in ECDiE, providing targeted training (particularly on crisis-related trauma), ongoing supervision, and burnout prevention measures. Additionally, develop clear processes for recognising the qualifications of refugee professionals and facilitating their integration into service delivery teams, leveraging their valuable skills and contextual understanding.
- ☑ **Promote flexible funding and sustainable partnerships:** Advocate with donors and funding partners for more adaptable funding mechanisms that permit necessary adjustments during the fluid circumstances of a crisis, and prioritise local actors. Concurrently, continue to foster strategic, long-term partnerships between government entities, UN agencies, international organisations, and national NGOs, ensuring that local expertise is central to planning and implementation, thereby enhancing the sustainability of interventions.

## CONCLUSION

Despite significant challenges, the Republic of Moldova, supported by local, national, and international partners, demonstrated considerable resilience and commitment in responding to the ECD needs of Ukrainian refugee children and caregivers. The response highlighted the critical importance of coordination, local expertise, flexible approaches, strong partnerships, and holistic service delivery. However, gaps in specific ECDiE focus, data management, service accessibility, and sustainability remain. Implementing the recommended policy actions is crucial for strengthening Moldova's capacity to provide nurturing care and protect the developmental potential of young children affected by future.