

Early Childhood Development in the Ukraine Refugee Emergency Context

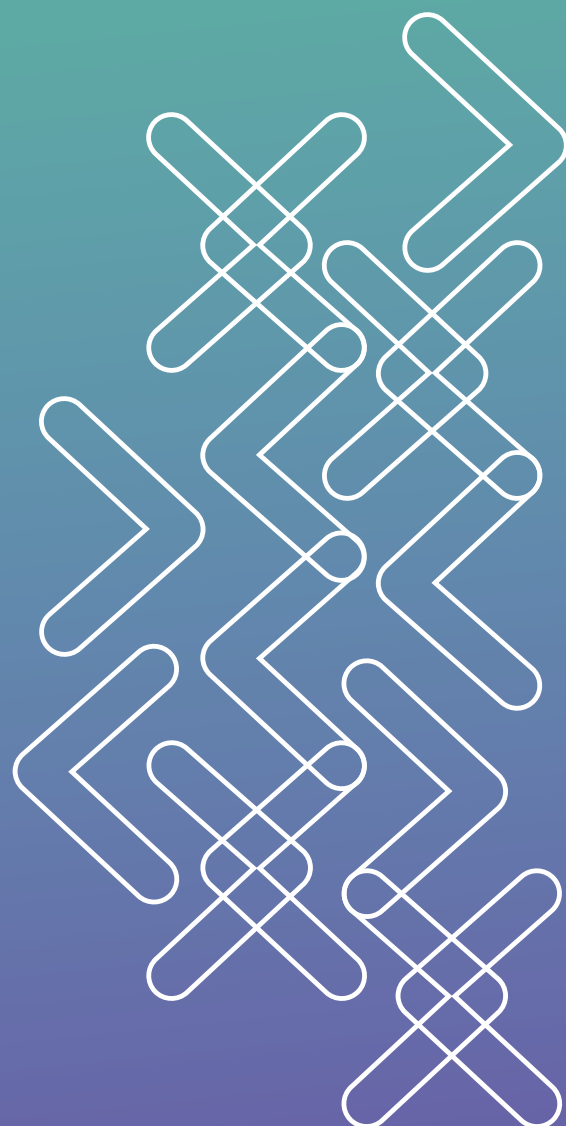
Case of the Republic of Moldova

Full Research Report

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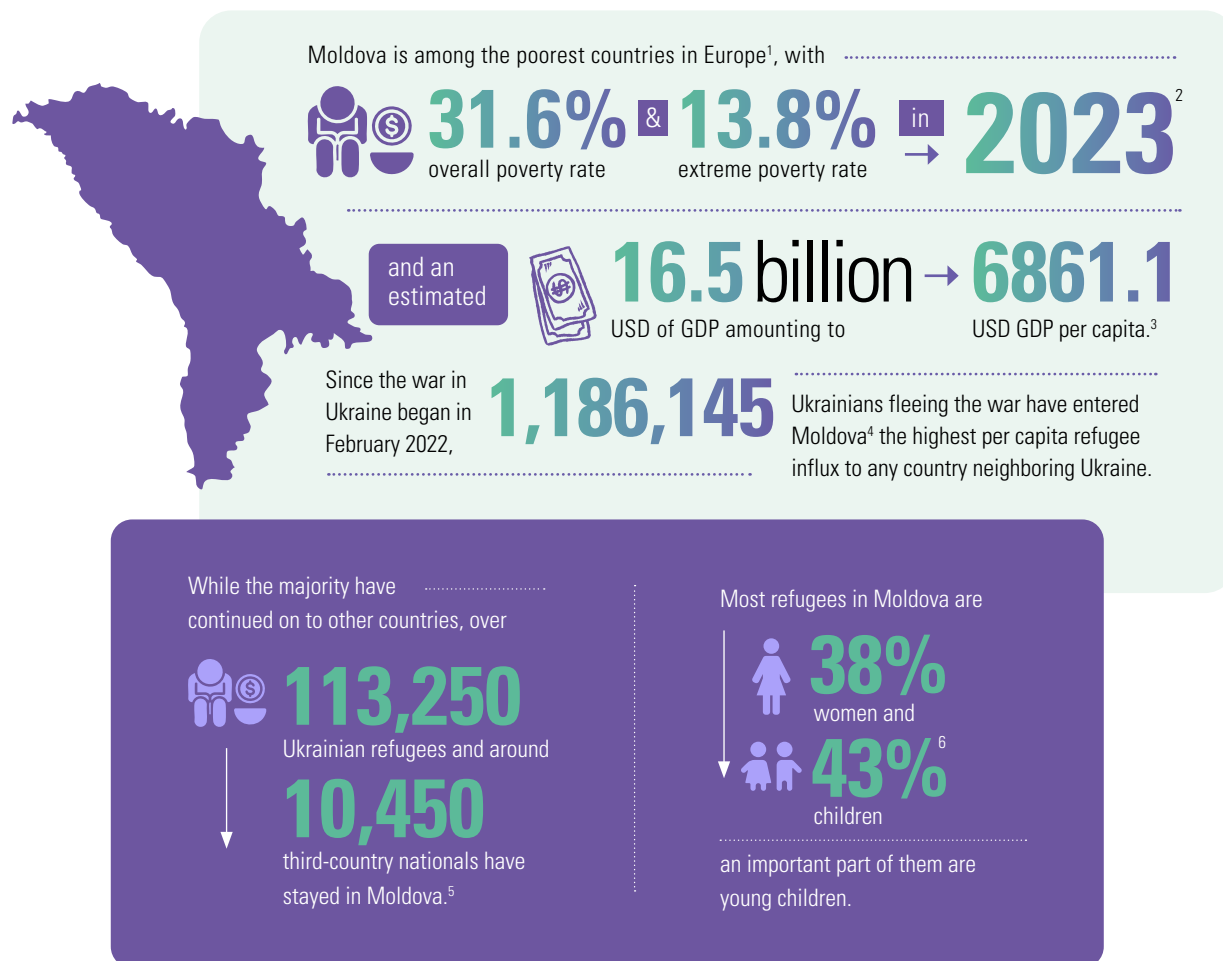
ABBREVIATIONS

CPA	Central Public Authority
ECCD	Early Care and Childhood Development
ECD	Early Childhood Development
ECDiE	Early Childhood Development in Emergency Situations
EU	European Union
FGD	Focus Group Discussion
GDP	Gross domestic product
ICRC	International Committee of Red Cross
INGO	International nongovernmental organization
ISSA	International Step by Step Association
KII	Key Informant Interview
LED	Local Educational Department
LPA	Local Public Authority
MER	Ministry of Education and Research
MH	Ministry of Health
MHPSS	Mental Health and Psychosocial support
MLSP	Ministry of Labour and Social Protection
MMA	Moving Minds Alliance
NGO	Nongovernmental organization
RAC	Refugee Accommodation Center
SEN	Special education needs
TSSA	Territorial Structures of Social Assistance
UN	United Nations
UN Women	United Nations entity dedicated to gender equality and the empowerment of women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	UN Refugee Agency
UNICEF	United Nations International Children's Emergency Fund
WBG	World Bank Group
WHO	World Health Organization

INTRODUCTION

The invasion of Ukraine by the Russian Federation in February 2022 has caused massive destruction of civilian infrastructure, forcing people to flee their homes seeking safety, protection and assistance.

Since February 2022, millions of refugees from Ukraine have crossed borders into neighboring countries and being in need of protection and support. Over 2.5 years since it started, the Russian war against Ukraine continues to have a significant impact on neighboring countries, including the Republic of Moldova.



¹ UNICEF Moldova, Situation Analysis of children and adolescents in Moldova, March 2022, p. 20.

² National Bureau of Statistics of the Republic of Moldova, Living standard of the population, 2023, available at: https://statbank.statistica.md/PxWeb/pxweb/en/30%20Statistica%20sociala/30%20Statistica%20sociala__04%20NIV__NIV070/NIV070200.px/table/tableViewLayout2/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774

³ World Bank, available at: <https://www.worldbank.org/en/country/moldova/overview>

⁴ <https://data.unhcr.org/en/situations/ukraine>

⁵ <https://data.unhcr.org/en/dataviz/248?sv=0&geo=680>

⁶ <https://data.unhcr.org/en/dataviz/248?sv=0&geo=680>

⁷ One hundred ten million children under five years old were living in conflict-affected areas worldwide (Save the Children, UNICEF); an estimated 43 million children were internally displaced / refugees due to conflict, violence or human rights violations (UNHCR); 15 million under five years old were affected by natural disasters (EmDat), many of whom were also displaced; 5 million pregnant women were living in crisis contexts with babies on the way, too many of whom will be denied their basic rights in the first years of life.

In 2022, it was estimated that as many as one in four children under five years old in the world was crisis-affected.⁷ Over the next decade, millions more are anticipated to be forced to leave their homes due to climate change and the accelerating number of poly-crises (climate crises triggering new and/or exacerbating existing conflicts and displacement). As crises become increasingly protracted, we risk leaving behind millions, with young children and their caregivers (primarily women) amongst the most vulnerable.

Evidence demonstrates that holistic and integrated nurturing care can help mitigate the multiple, significant, long- and short-term impacts of crises on children. Delivery of lifesaving interventions is incomplete without explicit support for key aspects of early childhood development (ECD). These include play-based approaches to enable quality early learning alongside targeted support for caregivers, including mental health and psychosocial support (MHPSS). Integrating these interventions into existing services is essential to ensure that young children – and those who care for them - receive the support they need to promote optimal development and well-being.

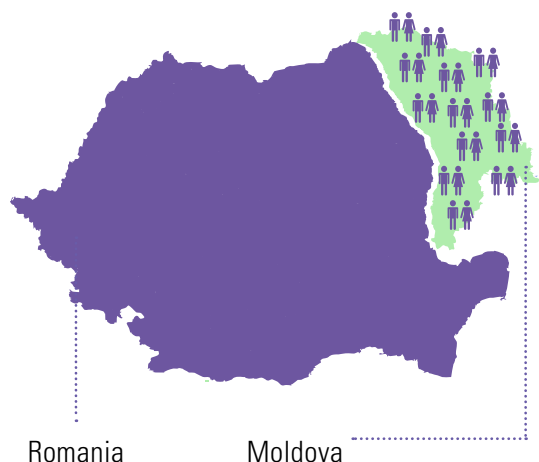
The current humanitarian system prioritizes ‘lifesaving’ interventions that do not recognize nor incorporate quality nurturing care or early childhood development in emergencies (ECDiE) as critical components. In addition, humanitarian coordination mechanisms, which are demand-driven and organized by sectors, further mitigate against the provision of predictable quality nurturing care and ECDiE. So, despite the exponential growth in the number of children that require such support (and caregivers who need access to MHPSS to enable them to provide it), there is and will continue to be insufficient funding to support the expansion and quality of provision that is required to improve ECD outcomes for crisis-affected populations.

As such, the Moving Minds Alliance (MMA) commissioned a case study to capture lessons learned from the Republic of Moldovan response to forcibly displaced Ukrainian children and caregivers during the 2.5 years of the war in Ukraine. The case study is intended to contribute to a deeper understanding of how existing and new stakeholders across Moldova mobilized to provide critical ECDiE services and to identify those factors which enabled a successful response and also generate insights into the challenges, barriers, and power dynamics. The case study aims to provide a tangible country-based example of how the humanitarian system does (or does not) respond to ECDiE and practically illustrate the issues identified in the more conceptual systems map produced by MMA in 2023.⁸ To produce the study, MMA partnered with International Step by Step Association (ISSA), the ECD Regional Network for Europe and Central Asia, which is a member of MMA, and with Step by Step (Pas cu Pas) Moldova, a member organization of ISSA. The ISSA network has been actively mobilizing a response on behalf of young children from the first days of the war in Ukraine, working closely with and supporting members on the ground in Ukraine and all countries on the borders receiving refugees.

The primary users of the case study are: MMA, ISSA, ECD Regional Network for Europe and Central Asia, and Step by Step (Pas cu Pas) Moldova. The preliminary results of the case study were presented at ISSA Conference in Sofia, Bulgaria, October 23-24, 2024.

⁸ Mapping and Analysis of the Humanitarian System

I. CONTEXT



The Republic of Moldova is a landlocked country situated in Eastern Europe, bordered by Romania to the west and Ukraine to the north, east and south.

Moldova has a population of around

2.5 million

people out of which approximately

52%

are women.⁹

Approximately



21.5%

are children¹⁰

around



2%

are children with disabilities.¹¹

The largest ethnic group are **Moldovans** which comprise **75%** of the total population.¹² Other smaller populations consist of Ukrainians, Russians, Gagauz, Roma (Gypsies), and Bulgarians.¹³

Moldova is a parliamentary democracy, having declared its independence from the Soviet Union on 27 August 1991. Its independence was internationally recognized in 1992 when Moldova joined the United Nations (UN). Moldova signed an Association Agreement with the European Union (EU) in 2014, which came into force in 2016, followed by the European Council granting it EU candidacy status on 23 June 2022.

By 2021, Moldova had transitioned from a lower middle-income country to an uppermiddle income country. The current GDP of the Republic of Moldova is estimated at **16.5 billion USD**, amounting to **6861.1 USD GDP per capita**.¹⁴ It is among the poorest countries in Europe,¹⁵ with an overall poverty rate of 31.6% and an extreme poverty rate of 13.8% in 2023.¹⁶

⁹ National Bureau of Statistics of the Republic of Moldova, Population and demographic processes, January, 2023, available at: https://statistica.gov.md/en/statistic_indicator_details/25

¹⁰ National Bureau of Statistics of the Republic of Moldova, The situation of children in the Republic of Moldova, available at https://statistica.gov.md/en/the-situation-of-children-in-the-republic-of-moldova-9578_60434.html

¹¹ National Bureau of Statistics, Situation of Children in Moldova 2022, p. 1; UNICEF Moldova, Situation Analysis of children and adolescents in Moldova, March 2022, available at: <https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>;

¹² National Bureau of Statistics of the Republic of Moldova, Population and Housing Census in the Republic of Moldova, May 12-25, 2014

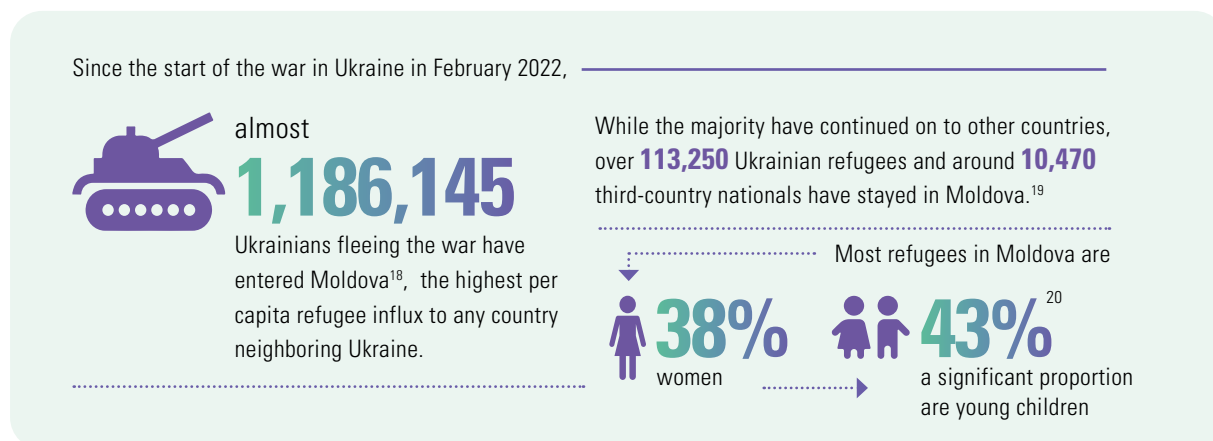
¹³ National Bureau of Statistics of the Republic of Moldova, Population and Housing Census in the Republic of Moldova, May 12-25, 2014

¹⁴ World Bank, available at: <https://www.worldbank.org/en/country/moldova/overview>

¹⁵ Ibidem, p. 20.

¹⁶ National Bureau of Statistics of the Republic of Moldova, Living standard of the population, 2023, available at: https://statbank.statistica.md/PxWeb/pxweb/en/30%20Statistica%20sociala/30%20Statistica%20sociala__04%20NIV__NIV070/NIV070200.px/table/tableViewLayout2/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774

COVID-19, supply shortages, the energy crisis and the war in Ukraine have exacerbated poverty and socio-economic challenges in Moldova due to Moldova's economic links with Ukraine and Russia. COVID-19 highlighted the economic challenges that existed prior to the pandemic, such as political instability and inadequate public services. COVID-19 decreased the income opportunities for households with children (a loss of approximately 15% of their income) and the level of remittances that households received (17% drop in income compared to 13% for those not receiving remittances).¹⁷



On January 18, 2023, the Cabinet of Ministers approved the granting of temporary protection to displaced persons from Ukraine that is available only since March 27, 2023. Till now, **62,698** people of **79,020** preregistered; who come from Ukraine received temporary protection. From 62,698 that had the temporary protection, **56,464** are adults and **16,234** minors, **3,833** being under 4 years.²¹ At the beginning of the war, **135** Refugee Accommodation Centers (RACs) were established to provide accommodation to the large numbers of refugees, and **28** RACs were still operating at the end of September 2024.²² Various institutions were able to open centers; including territorial social assistance structures, state enterprises, and public institutions subordinated to the Central Public Authorities (CPA), level I local public authorities (LPA), and nongovernmental organizations (NGOs) or charitable missions. However, according some assessments, less than a quarter of refugees live in RACs, with the vast majority living in private accommodation in the communities, including in hotels, rented houses, with friends, family or community volunteers.²³ Till September, 2024, the majority of RACs were closed because of the decreasing number of refugees in RACs, as well financial assistance started slowly to decrease.

¹⁷ UNICEF, COVID-19 Impact on the Remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova, page 31, available at: <https://www.unicef.org/moldova/en/reports/covid-19-impact-remittances>

¹⁸ <https://data.unhcr.org/en/situations/ukraine>

¹⁹ <https://data.unhcr.org/en/dataviz/248?sv=0&geo=680>

²⁰ <https://data.unhcr.org/en/dataviz/248?sv=0&geo=680>

²¹ <https://igm.gov.md/protectia-internationala-si-documentarea-ucrainenilor-in-republica-moldova-5/>

²² <https://reliefweb.int/report/moldova/wfp-moldova-country-brief-september-2024>

²³ <https://reliefweb.int/report/moldova/moldova-needs-assessment-older-ukrainian-refugees-14-september-2022>

II. CASE STUDY RESEARCH FRAMEWORK

2.1. Purpose and objectives

The primary purpose of the case study Early Childhood Development in the Ukraine Refugee Emergency Context: Case of the Republic of Moldova is to capture lessons learned from the Moldovan response to forcibly displaced Ukrainian children and caregivers during the first 2.5 years of the war in Ukraine.

The case study captures the following objectives:

- i. Deeper understanding of how the existing and new stakeholders across Moldova mobilized to provide critical ECDiE services to the vulnerable population
- ii. Identify factors that enabled a successful response and also generate insights into the challenges, barriers, and power dynamics
- iii. Provide a tangible (country-based) example of how the humanitarian system responds (or does not respond) to ECDiE
- iv. Practically illustrate issues identified in the more conceptual systems map produced last year by MMA
- v. Explore the diverse roles played by the government ministries, UN agencies, international ECD-funding donor agencies, long-established national NGOs, and international nongovernmental organizations (INGOs) that played a role in providing critical ECDiE support and services to Ukrainian young children and caregivers
- vi. Analyze whether newly arrived INGOs understood, recognized, and leveraged local organizations' contextual expertise, professionalism, and capacity to support an efficient and effective systemic response. Ideally, it should seek to identify how funding flows were managed and how these were disbursed to illustrate whether and how the national ECD ecosystem was strengthened or undermined



2.2. Conceptual framework for the case study

The case study started with the Mapping and Analysis of the Humanitarian System done by the MMA in 2023, which enabled the MMA to deepen its understanding of the systemic challenges and barriers that mitigate against change. Using the landmarks of the Systems Map, this case study looks to generate a deeper understanding how could the range of stakeholders within the humanitarian system play a more effective role in responding to refugee crises and provide ECDiE to Ukrainian caregivers and children, and what could be done differently in the future, by responding to the following questions:

- a. Which key agencies from across the humanitarian system (comprising UN agencies, bi-/multilateral donors, philanthropic foundations, and INGOs) mobilized 9 to support the response to Ukrainian refugee caregivers and young children in Moldova?
- b. How fast, flexible, and effective was the response of the humanitarian system when mobilizing to respond to refugee Ukrainian caregivers and young children?
- c. To what extent were the strengths and assets of the local ECD ecosystem recognized, supported, and leveraged as part of this response?
- d. To what extent were the relationships between key stakeholders in the humanitarian system and existing local ECD stakeholders equitable and respectful?
- e. How could the range of stakeholders within the humanitarian system play a more effective role in responding to provide ECDiE to Ukrainian caregivers and children, and what could be done differently in the future?

In developing the case study ECD in the Ukraine Refugee Emergency Context: Case of the Republic of Moldova, the researcher utilized the Nurturing Care Framework and the below ECD and ECDiE definitions to achieve a common understanding.

The **Nurturing Care Framework** for ECD was selected due to the concentration of adversities amongst children living in conditions of war and displacement, proving they have a greater risk of impaired development, which can limit their possibilities throughout their lives. According to Bouchane K, Yoshikawa H, Murphy KM, and Lombardi J., about 250 million children are living in countries affected by armed conflict, while 160 million are very likely to suffer from famine and crises of food security. Despite this enormous need, integrated and holistic ECD services are severely lacking in humanitarian settings, and approximately 2% of global humanitarian funding is spent on education, but ECD accounts for only a tiny fraction.²⁴ That means there is an urgent need to integrate the Nurturing Care Framework into humanitarian policies, programs, and services – and to step up investment and build caregivers' capacity for nurturing care.

For this study, ECD is defined as a “comprehensive approach to policies and programs for children and their

²⁴ UNICEF, WBG, WHO, etc., 2018, p.11

parents, caregivers, and communities from the prenatal period through children's entry into school. It upholds children's rights to develop their full cognitive, emotional, social, and physical potential"²⁵. Early childhood covers three main age periods, each with its own characteristics and requirements: 0–3 (including the period of conception to birth), 3–6, and 6–8 years. All young children's capacity to survive and adapt is influenced by family connections and quality of care. Children up to eight years old need multi-sectoral support for their growth and development, but each age period demands a different emphasis on action. Services for children from conception to birth should focus on mother's health and nutrition. Supporting pregnant women and nursing mothers represents the key to the birth of healthy babies and survival in the first year of life. ECD has three parts: **(i) the 'early childhood' period of life, (ii) what constitutes 'development' and (iii) how development occurs. In UNICEF's global vision for ECD, all children should be physically healthy, mentally alert, and ready for school.** To realize this vision, the commitment and participation of a range of stakeholders - from the national to the local community level and across government and civil society - are critical ²⁶.

Emergencies have a significant impact on children – both in the short term and on their long-term development. Early childhood care and development (ECCD) would contribute to meeting specific developmental needs to boost children's resilience and help them return to normal life ²⁷. ECDiE (Early Childhood Development in Emergencies) provides immediate, lifesaving, and multi-sectoral support for children's needs, such as housing, health, nutrition, protection, education, and psychosocial support in a safe and nurturing environment ²⁸. It also protects children's normal development and helps them reach their potential through continued early stimulation and learning. Experts highlight that a single sector cannot effectively address the comprehensive needs of young children ²⁹. Each sector (health, nutrition, WASH, education, child protection, etc.) offers specific entry points and essential early childhood interventions.

2.3. Case study methodology

For this research paper, case study methodology was designed to facilitate the analysis of the humanitarian system's response in mobilizing to cope with Ukrainian refugees to understand how the range of stakeholders within the humanitarian system can play a more effective role in the delivery of ECDiE to Ukrainian caregivers and children, thus enabling data triangulation ³⁰.

²⁵ UNICEF, 2021, p.5.

²⁶ Ibidem.

²⁷ Plan, 2013, p.12.

²⁸ Ibidem.

²⁹ UNICEF, 2021, p.9

³⁰ Validation technique combining several data collection methods to reduce inherited distortions. Triangulation enables the accuracy and stability of results to be checked.

The case study relies on a desk review of statistical data about the number of Ukrainian refugees, including children who entered Moldova following the invasion of Russia, the meeting minutes of three Inter-Agency Working Groups (Education, Child Protection, and Health and Nutrition) created for Refugee Response for the Ukraine Situation. The secondary data was supplemented with primary data collected via qualitative methods: key informant interviews (KIIs) and focus group discussions (FGDs) (Figure 1). The KIIs with representatives of UNICEF, LPAs, INGOs with long-standing presence in Moldova in providing ECD services, INGOs that set up operations in Moldova in response to crisis, and national NGOs with a track record of providing ECD services allowed the understanding of how fast, flexible, and effective was the response of the humanitarian system when mobilizing to support Ukrainian refugee caregivers and young children in Moldova. The FGDs with Ukrainian refugee caregivers accessing ECD services included caregivers' voices about the strengths and constraints of the humanitarian system's response, contributing to the conduct of the participatory research.

Figure 1. Research methods



10 KEY INFORMANT INTERVIEWS

- ▶ 4 national NGOs
- ▶ 3 INGOs with long-standing presence
- ▶ 1 INGOs set up short term presence
- ▶ 1 UN Agency
- ▶ 1 LPA



2 FOCUS GROUP DISCUSSIONS

- ▶ **11 parents/caregivers**
 - 8 mothers
 - 2 care givers
 - 1 father

KIIs were conducted with 10 representatives of different organizations that were involved in providing ECDiE services. Participant selection was purposive as it helped to prioritize diversity and ensure different domains (education, protection, health, nutrition, etc.) in providing ECDiE support and services. The representatives of organizations included nine women and one man (Annex 1, Table 1).

Two FGDs were held with 11 refugee caregivers with small children (eight mothers, one father, and two grandmothers, totaling ten women and one man). This selection was also purposive, aiming to include the perspectives of caregivers and understand how support and services align with caregivers and their child's development needs. Selection ensured

diversity, encompassing refugee caregivers from rural and urban areas, both men and women. The FGDs with caregivers facilitated a dynamic exchange of ideas among participants, as one FGD was carried out with caregivers from Chisinau municipality (five mothers and two grandmothers) and another FGD with caregivers from rural areas (three mothers and one father) (Annex 1, Table 2).

2.4. Ethical considerations

The researcher complied with ethical principles and norms ensured by the United Nations Evaluation Group Ethical Guidelines³¹ and UNICEF ethical standards in research, evaluation, data collection, and analysis.³² Participants were informed about the context and purpose of the case study research and about respecting the principle of confidentiality of the information shared. The researcher was sensitive to beliefs, manners, and customs and acted with integrity and honesty interacting with case study participants. In particular, the researcher considered, **1) respect for dignity and diversity, 2) right for self-determination, 3) fair representation, 4) ethical protocol, 5) redress, 6) confidentiality, and 7) avoidance of harm.**

2.5. Risks and mitigation strategies

No activity or action is devoid of risks or can anticipate every possible circumstance. In the context of this case study, some external factors, such as summer holidays and the fact that caregivers were fully supported by Step by Step (Pas cu Pas) NGO influenced the execution of the case study (Table 1).

The case study methodology has diligently considered these challenges, among others, and devised proactive mitigation strategies. This guarantees that the case study can proceed in a comprehensive, human rights-sensitive, and methodologically rigorous manner, even in the face of unforeseen circumstances.

Table 1. Foreseen risks and mitigation strategies

Foreseen risks	Mitigation strategies	Outcomes
Timing: data collection was during the last month of the summer holidays	<ul style="list-style-type: none"> • August is the month of summer holidays and vacation, and some organization representatives could not be present in the Republic of Moldova. Due to that, the data collection period was extended up to September 20, 2024. • In the case of organizations representatives who will not be able to be physically present, the researcher will consider making the KII online. • Overall, in terms of timing, the researcher stay in regular contact with MMA representatives to ensure that delays are understood and a revised plan is agreed upon. 	<ul style="list-style-type: none"> • The data collection period was extended to September 30. • The 8 of 10 KII were done online. • Still, no KII with CPA representatives was carried out.

³¹ UNEG 2020. Ethical Guidelines. Retrieved from: <https://www.unevaluation.org/document/detail/102>

³² UNICEF (2015). Procedure for ethical standard in research, evaluation, data collection and analysis Retrieved from: <https://www.unicef.org/media/54796/file>

Foreseen risks	Mitigation strategies	Outcomes
Caregivers supported by Step by Step NGO	<ul style="list-style-type: none"> Although Step by Step NGO beneficiary caregivers will be invited to participate in the FGDs, others will include those who have benefited from ECDiE support and assistance from other organizations. The researcher triangulated the data from caregivers with those given by representatives of LPAs, UN agencies, INGOs and NGOs. 	The researcher managed to carry out an FGD with beneficiaries of different INGOs, ONGs, and UN agencies support.

2.6. Case study limitations

The implementation of the case study was affected by particular limitations.

► Desk review of statistical data about the number of Ukrainian caregivers and young children refugees

The statistical data regarding the number of Ukrainian refugees in the Republic of Moldova does not enable the age disaggregation in children. Consequently, it was unattainable to differentiate the number of young children from the total number of children refugees (0-17 years old). -

► Financial resources allotted to ECDiE

The analysis of the Moldova Refugee Response Plan Partners in 2024, did not provide any specific information on the volume of funds allotted to ECDiE. Moreover, we emphasize the lack of a specific focus on ECDiE during the humanitarian crisis in the Republic of Moldova. The financial resources were distributed per sectors: education, healthcare, social protection etc. being allotted to children in general and less to children of particular age category, with slight exception.

► Participation of representatives of various institutions in research

Although KIIs were planned with representatives of the Ministry of Education and Research (MER), Ministry of Labour and Social Protection (MLSP) and Ministry of Health (MH), these were not implemented due to several reasons, including the time of presidential election. Last but not least, we emphasize that the case study did not aim to cover all stakeholders engaged in the delivery of humanitarian assistance to refugee children and their caregivers, but to provide the country-based example how the humanitarian system responded to ECDiE

III. THE REPUBLIC OF MOLDOVA RESPONSE TO THE UKRAINE REFUGEE EMERGENCY

This section of the report provides a brief overview of the response mechanism developed by the Republic of Moldova to address the influx of refugees from Ukraine.

3.1. Coordination

The participants in the case study revealed that the Republic of Moldova was not prepared for the Ukraine refugee crisis and had no previous experience in providing humanitarian assistance to such large flows of refugees. It has taken huge efforts, since February 24, 2022, to provide a coordinated response to the needs of refugees. The Government of Moldova has shown leadership in responding to the protection needs of refugees fleeing war in Ukraine. The Refugee Coordination Forum³³ was created to coordinate and to assist the Government in responding to the challenge. The Moldova Refugee Coordination Forum involves various stakeholders, including:

1. The Government of Moldova, represented by the Inter-Ministerial Commission for the Coordination of Activities in the Field of Migration and Asylum, headed by the Ministry of Internal Affairs.
2. UNHCR, playing a central and coordinating role in multiple working groups and sub-groups.
3. National ministries, such as the MH, MER, and MLSP.
4. INGOs and NGOs, including UN agencies (UNICEF, WHO, UNDP, UNFPA, UN Women).
5. Local authorities and various local coordination structures.
6. Thematic Working Groups and Task Forces, focusing on areas like child protection, gender equality, anti-trafficking, and the inclusion of persons with disabilities.

The Republic of Moldova has engaged nine sectors and subsectors, as well two crosssectors (Cash and Information Management) and different cross-sectoral Task Forces (Gender, PSEA), trying to enhance and strengthen the interventions of different stakeholders (UN agencies, ICRC, INGOs, NGOs) to support the Government of Moldova in providing assistance to Ukrainian refugees (Table 2).

Table 2. Working Groups to coordinate the interventions by sectors and subsectors

Sectors	Subsectors
Basic needs	Accommodation and transportation
Protection	

³³ <https://reliefweb.int/report/moldova/ukraine-situation-moldova-refugee-coordination-forum-structure-26072024>

Sectors	Subsectors
Protection	Gender-based violence
Health & Nutrition	
Protection	Child protection
Education	
Livelihoods and Socioeconomic Inclusion	
Basic needs	Food security
Basic needs	WASH

3.2. Moldova Refugee Response Partners

Moldova Refugee Response Plan Partners in 2024 comprised 82 partners (87 in 2023) that requested 303 million USD (Table 3). The funds received in the first quarter of 2024 represent 11% of the total funds pledged by national and local partners in the Refugee Response Plan and do not include funds received by local and national NGOs through partnership agreements with other Refugee Response Plan partners.

The power dynamics analysis of the requested findings in the Moldova Refugee Response Plan for 2024 reveals that UN agencies, although representing a small portion of the partners, dominate the funding landscape and hold significant decision-making power in the humanitarian response to the Ukraine refugee emergency. INGOs play an important secondary role, contributing to funding and supporting efforts. Local NGOs, while the most numerous and actively engaged, have limited financial resources, they are dependent by financial resources coming from UN agencies and INGOs which constrains their influence. The data shows a centralization of financial power and strategic control

with the UN agencies, which shapes the overall priorities and actions. This affects the ability of local and smaller partners to have an independent impact, as their roles are primarily tied to implementation under limited financial autonomy.

Table 3. Moldova Refugee Response Plan Partners in 2024 (requests)

Partners	Number	% of partners categories	Funding requirements, million (USD)	% of funding requirements
Local NGOs	46	56	23.5	7.8
INGOs	25	31	51.5	17.0

Partners	Number	% of partners categories	Funding requirements, million (USD)	% of funding requirements
UN	10	12	215.5	71.1
ICRC	1	1	12.5	4.1

Source: *Regional Refugee Response for the Ukrainian Situation (2024). National and Local Partners' contribution to Moldova 2024 RRP. Quarter I, with researcher adaptations.*

3.3. Educational inclusion in preschool and school system

Humanitarian and development partners in Moldova prioritized access to education for refugees. The MER and LPAs have made an effort to enroll refugee children in early childhood education, including general education, even if the Ukrainian authorities continue to organize online education. The total number of refugee children included in the educational system of the Republic of Moldova is small. Less than 5% of refugee children are part of the general education system, not only audients according data of Education Working Group (Table 4).

Table 4. Educational inclusion of refugee children in preschool and school system, numbers

Date	Total refugee children (0-17 years)	Total refugee children included in the education system	Of which in the preschool system	Of which in the preschool system (grades 1-12)
25.03.22	48913	no data	no data	1500
01.04.22	47250	1780	561	1219
06.05.22	47832	1830	674	1156
01.09.22	44380	1239	372	867
16.09.22	44611	1606	437	1169
04.11.22	45928	1817	663	1154
23.02.23	48119	1898	714	1184
07.09.23	48826	1903	644	1259
29.02.24	51059	2264	632	1632
23.05.24	52312	2331	728	1603
19.09.24	52640	2361	735	1626

Source: *Data of Education Working Group and UNHCR*

The regional analysis from June 2024 estimated the enrolment of Ukrainian children aged 6 to 17 in Moldovan education system being of 21%, the lowest in the region (Romania – 83%, Lithuania – 61%, Czech Republic – 55%, Poland – 46% etc.).³⁴ The data of the Socio Economic Insights Survey Moldova – 2024 that aims to provide information on the Ukrainian Situation Regional Refugee Response Plan 2025-2026, as well as to various stakeholders and programs of humanitarian and development actors active in the response in Moldova, indicates that 28% of 3-18 aged children are enrolled in preschool education and general education.³⁵

The differences in the data about educational inclusion are explained by the fact that the research also includes children and young people enrolled online. In this context, it is essential to emphasize that the Moldovan authorities offered the possibility to refugee children to continue their education online and did not obligatorily require enrollment in Moldovan educational institutions.

³⁴ International Organization for Migration (IOM), DTM Regional Analysis: Access to Education for Refugees from Ukraine - Q1 and Q2 2024, Vienna, IOM, available at: https://dtm.iom.int/dtm_download_track/66491?file=1&type=node&id=44401

³⁵ <https://data.unhcr.org/en/documents/download/112283>

IV. THE HUMANITARIAN SYSTEM RESPONSE TO ECDiE IN THE REPUBLIC OF MOLDOVA

This section of the report speaks to the findings from the case study research, and addresses the research questions:

- a. Which key agencies from across the humanitarian system (comprising UN agencies, bi-/multilateral donors, philanthropic foundations, and INGOs) mobilized to support the response to Ukrainian refugee caregivers and young children in Moldova?
- b. How fast, flexible, and effective was the response of the humanitarian system when mobilizing to respond to refugee Ukrainian caregivers and young children?
- c. To what extent were the strengths and assets of the local ECD ecosystem recognized, supported, and leveraged as part of this response?
- d. To what extent were the relationships between key stakeholders in the humanitarian system and existing local ECD stakeholders equitable and respectful?
- e. How could the range of stakeholders within the humanitarian system play a more effective role in responding to provide ECDiE to Ukrainian caregivers and children, and what could be done differently in the future?

4.1. Mobilization and directions in ECDiE intervention

The participants in the case study outlined several general stages in the mobilization process and the delivery of assistance to refugees in the Republic of Moldova:

First stage in the delivery of humanitarian assistance (March-May 2022). The respondents described it as “chaotic” due to the lack of collaboration and planning in the humanitarian intervention. LPAs were open to any support to respond to the urgent needs of Ukrainian refugees and eager to establish partnerships with UN agencies, INGOs, and NGOs to be able to provide help. Consequently, sometimes the activities were overlapping. At the same time, it was mentioned that there was a massive flow of refugees at this stage, and the process of providing humanitarian assistance was “learning by doing” (KII_9) since there was no time for planning. The first Refugee Accommodation Centers (RAC) were set up by CPAs and LPAs by the end of February 2022 and many stakeholders provided humanitarian assistance addressed to them, although families hosted a large number of refugees. Moreover, the participants mentioned that “at the beginning, it was a crisis intervention with elements of art therapy, individual and crisis group counseling, but there were no structured activities” (KII_3).

The second stage (June 2022 – December 2023) is when the crisis management system has become more functional, but also the flow of displaced people has decreased, and attention was paid to the development of non-formal educational activities. At this stage, the first steps were initiated to the transition from humanitarian assistance to structured programs designed for various groups of refugees (children, elderly people, women, etc.) and the implementation of activities complying with the specific needs of refugee children and their caregivers, various recreational activities and psycho-emotional support. It was easier to provide assistance to refugees placed in the RACs. The representatives of NGOs and long-term INGOs highlighted the moments when there was an overload of activities for children in RACs. Although the school enrollment of refugee children in the Republic of Moldova was possible within March 2022- May 2023³⁶, the MER finalized the Educational Inclusion Methodology only in September 2023, providing refugees with the opportunity to register their children in the educational system (Order nr. 1109 from 04.09.2023). It is possible that in the first instance of a chaotic situation, it can be challenging to establish ECDiE support outside of immediate assistance. Still, integration or planning for neighboring countries' issues within multiple levels of government can be helpful for quicker deployment.

Third stage (beginning with 2024), when the number of refugees, as well as financial assistance started slowly to decrease, the large majority of RACs were closed (28 from 135 remain active).

There was no specific focus on the ECDiE in the Republic of Moldova, as general attention was being paid to all children and adolescents³⁷. UNICEF, as well as NGOs and INGOs operating in the Republic of Moldova in early childhood education, child protection and early intervention, redirected their attention to provide assistance in this field and implement activities to comply with the 3 ECD stages: 0-3 years old, 3-6 years old and 6-8 years old. UNICEF referred to the small number of NGOs and INGOs from the Republic of Moldova working in this field with whom they previously collaborated on the reform of early childhood education system (UNICEF and World Bank, 2008-2016) to provide services to young children. It is important to note that one of these NGOs is a member of ISSA and benefited during the years of training in ECD, having experience in child centered education focusing on play-based learning and development, capacity building and parent engagement in activities. Qualified teaching staff, psychologists, etc., have been engaged in organizing the assistance with a special focus on individual and group therapy to support children affected by stress and to ensure their security. They have developed intervention programs and teaching resources and provided training for people to provide support and assistance across the country.

³⁶ Ministry of Education and Research | Government of the Republic of Moldova

³⁷ Government of the Republic of Moldova, UNHCR, Regional Refugee Response for the Ukraine Situation (2024). Moldova Refugee Response Plan, available at: <https://moldova.un.org/en/261010-2024-moldova-refugee-response-plan-rrp-objectives-activities-and-indicators-and-their>

Several directions of intervention were followed in the Republic of Moldova in the delivery of ECDiE by NGOs, INGOs and UN agencies:

- ▶ Improving public early childhood education services (children aged 3-6/7³⁸) by preparing the ground for inclusion, as well as training the teaching staff to understand and facilitate the inclusion of children affected by war trauma
- ▶ Creating learning opportunities in non-formal settings – child-friendly spaces (children aged 2-6/7³⁹), to help children return to their usual activities. Activities provided in these friendly spaces were often supplemented with meals and later with some social cohesion activities (leisure time activities: entertainment, trips etc.) for parents and children from the Republic of Moldova. As well, in the child friendly spaces tutoring services were developed to facilitate children's transition from the family to the school environment, as well as provide them with the necessary school supplies.

Some stakeholders engaged in the delivery of ECDiE services have acknowledged the need for family and child-centered education as well as for the integrated and holistic approaches of the needs of the young child, combining the development with play and learning activities, overcoming stress and trauma through play, parenting education, as well as preparing the teaching staff to cope with the specific needs of children and caregivers affected by war. Therefore, in providing ECDiE services they tried to ensure intersectoral collaboration and developing measures to secure an inclusive response, from education to social protection and healthcare, making referrals to state institutions, other NGOs and INGOs. However, few stakeholders applied such an approach because they didn't understand ECDiE services and their uniqueness from regular EDC services. The great majority offered services to all children, including young children, without considering them being ECDiE services specifically.

As well is important to highlight that there was a certain delay in the initiation of ECDiE services, priority being given to humanitarian assistance. "We wrote the project in May 2022 to start activities with kids, and it was approved in September 2022. Activities scheduled for May also targeted summer activities, which were later transferred to summer 2023" (KII_10). Ultimately, the humanitarian system in the Republic of Moldova when mobilizing to respond to Ukrainian refugee caregivers and children, was less coordinated, and carried out through a process of "learning by doing." Gradually the intervention was improved, allowing transition to structured educational programs, including ECDiE services. The general attention was directed towards children, pregnant women and mothers with babies. UNICEF and some NGOs and INGOs made efforts to provide services for young children. However, the number of organizations involved in delivering ECDiE, based on child-centered education, play-based learning, psychological support, and parental education, was small.

³⁸ With slight exception 2-6/7 years old.

³⁹ Sometimes to children 2-17 years old.

From the research findings, it is evident that ECDiE as a concept is not well understood by all key actors, which limits the effectiveness of responses for young children. **Greater advocacy and training are needed to ensure stakeholders recognize the unique needs of ECDiE and prioritize family-centered, play-based, and psychologically supportive approaches.** This would enable more coordinated and timely mobilization, integrating ECDiE into contingency planning and ensuring comprehensive, nurturing care for young children in future emergencies.

4.2. ECDiE services and support

The direct beneficiaries of the ECDiE services in the Republic of Moldova were the Ukrainian refugee children aged 0-8 and their caregivers, as well as vulnerable children aged 3-8 from Moldova and their caregivers in crisis situation. Services were provided to both groups to avoid stigmatization and promote inclusion.⁴⁰ Pregnant women and mothers with infants have represented a humanitarian priority since the first days of the Ukrainian refugee crisis.

Different specialists from the Republic of Moldova (preschool teachers, psychologists, teachers, child protection specialists, etc.) and a few specialists from Ukraine (speech therapists, preschool teachers, doctors, nurses, social workers, etc.) have been engaged in providing assistance and support in ECDiE. This is a positive approach, as it reflects the Nurturing Care Framework and addresses the needs of affected people holistically.

The KII with representatives of NGOs, INGOs, UN agencies and LPAs, as well FGDs with caregivers allowed us to know the key agencies from across the humanitarian system which mobilized to support the response to Ukrainian caregivers and young children (Table 5).⁴¹ The ECDiE services were diverse (Figure 3) and delivered within child-friendly spaces created for this purpose in RACs, community centers, various hubs, and institutions.

Table 5. The key agencies across the humanitarian system which mobilized to support Ukrainian refugee caregivers and young children in Moldova

UN agencies	NICEF, UNHCR, UNFPA, UN Women, UNDP
Multi-lateral donors	Czech Development Agency
Philanthropic foundations	Pestalozzi, SWISS Solidarity, Caritas Moldova, ADRA Moldova, Concordia Austria, Caritas Czech Republic

⁴⁰ The approach of helping the representatives of the host community in need, alongside with the refugees, was used in all humanitarian assistance interventions in the Republic of Moldova.

⁴¹ The list of institutions is not exhaustive.

INGOs	Plan International, CCF (Hope and Homes for Children), Keystone, SOIR, War Child, Lumos Foundation, World Vision, Amici dei Bambini, InterSOS, Terres desHomes, NRC (Norwegian Refugee Council)
NGOs	Pas cu Pas (Sep by Step), Pro Didactica, CNPAC (The National Center for the Prevention of Child Abuse), Fiecare Contribuie pentru Schimbare (Everyone Contributes to Change), AVE Copiii, Early Intervention Center Voinicel, APSCF (The Alliance of Active NGOs in the Field of Child and Family Social Protection), P4E (Partnership for Every Child), Motivatie, SOS Autism, Memoria

Child-friendly spaces, also called ‘safe spaces’, were created by different UN agencies, INGOs, and NGOs. For example, UNICEF, with implementing partners, created 37 Play and Learning Centers and supplied them with equipment and educational games (Case study no.1). These centers were created mainly in urban areas, to respond to bigger number of refugee children and carried out play-based activities to help refugee children regain a sense of normality, order, and hope in the circumstances of a crisis, promoting resilience. Special attention was paid to safety and psychosocial support to help children overcome the trauma they witnessed through art therapy activities. Aspects related to child nutrition and in some cases for caregivers, were also included. Last but not least, information and support services for integration into the early childhood education system were offered in the child-friendly spaces.

Case study no.1. ECDiE in Play and Learning Centers

UNICEF, together with the implementation partners, created 37 Play and Learning Centers in the Republic of Moldova. UNICEF has collaborated with the LEGO Foundation to supply the Play and Learning Centers and to integrate the learning through play methodology in the safe spaces attended by refugee children. The 37 Play and Learning Centers for refugee children have been provided with LEGO and DUPLO sets, teaching resources, books, toys, and educational games. 900 teachers employed in these centers and public preschool institutions were taught about the learning through play approach, the Bebbo app launch designed for parents and caregivers raising children under the age of 6, the organization of social cohesion activities for Ukrainian parents and children, as well as the local community. The suggested learning through-play methodology is holistic and drives the change in teachers’ mindsets, emphasizing social-emotional learning, the development of teamwork skills, etc.

UNICEF has also launched the Back-/Go-To-School campaign. Thus, activities to prepare the 6/7 year old children for school were carried out within the Play and Learning Centers. Moreover, UNICEF, as well as other INGOs and NGOs, provided early learning bags for preschoolers. An early learning bag contains a collection of various materials that can be used in different ways to stimulate the physical, motor, cognitive, and social emotional development of young children.

Figure 3. ECDiE services and support provided to Ukrainian refugees in the Republic of Moldova**Education sector**

- ▶ Preschool education
- ▶ Non-formal education in child friendly spaces
- ▶ Various activities related to communication and community integration
- ▶ Leisure time activities (entertainment for children, trips)
- ▶ Psychopedagogical assistance
- ▶ Language classes (Romanian, English)
- ▶ Preparing for school
- ▶ Kits with books, toys, baby toys
- ▶ Support for 7 year olds to attend school (school supplies)

Nutrition

- ▶ Food vouchers
- ▶ Complementary foods for infants
- ▶ Food products for breastfeeding mothers

Child protection sector

- ▶ MHPSS for children and caregivers
- ▶ Child enrollment in social crèche
- ▶ Speech therapy, kinetotherapy, sensory stimulation therapy
- ▶ Services to prevent abuse, including sexual abuse
- ▶ Specialized services for families facing abuse
- ▶ Protection and nurture for unaccompanied children
- ▶ Material assistance (hygiene products, school supplies, footwear)

Information services

- ▶ Information services regarding the preschool and school enrollment, temporary protection etc

Legal advice for parents

- ▶ Birth recording,
- ▶ Support in getting the missing documents

Healthcare sector

- ▶ Primary and emergency medical care
- ▶ Early intervention services for children with developmental delays and disabilities
- ▶ Medical interventions
- ▶ Information services about child immunization
- ▶ Medicine

WASH

- ▶ WASH kits for kindergartens and schools
- ▶ Hygiene vouchers
- ▶ Hygiene products for babies (diapers etc.)

Integrated services

- ▶ Mobile teams (social assistance, psychosocial assistance, educational support, legal advice)

The Play and Learning Centers carried out activities according to children aged: 2-3 years old, 4-6 years old, and +6 years old to comply with the interests of children and caregivers. The teaching methods used were aimed at learning basic pre-math and early literacy skills through art, music, and dance, as well as robotics – junior, computer design for children over 6 years old. In some Play and Learning Centers, the programs were taught in their native language by preschool teachers from Ukraine (Case study no.2). These aspects were highly appreciated by the caregivers participating in FGD in Chisinau. Activities to prepare 6/7-year-olds for the transition to school were organized, as well as tutoring on school subjects for children of different ages engaged in the educational process (math, natural sciences, etc.). Some INGOs have developed movement-based activities with fewer words, taking into account the age peculiarities of children. In the safe spaces have also been implemented peace education program and intercultural

education program to encourage children and caregivers establish positive and supportive child-adult interactions, a safe play and learning environment to develop early learning skills, curiosity, imagination and self-expression.

Case study no. 2. Employment of specialists from Ukraine in providing ECDiE

Evaluation carried out by IsraAID revealed that 13% of the refugee adults were educational personnel, municipalities. representing a potential workforce that can be integrated in the Moldovan education system. According to this evaluation, the educational personnel from Ukraine have settled primarily in Chisinau, Balti, Cahul Step by Step (Pas cu Pas) NGO from Chisinau municipality, which provides services in various Play and Learning Centers across the country, has employed teachers from Ukraine to implement activities with young diploma in Ukraine. children. The number of Ukrainian teachers engaged in the delivery of non-formal education for young children by Step by Step NGO varied from 9 to 15. Some of them had significant ECD experience, proved by a Montessori See also Case study no.5 and Case Study no.6. analysis of the needs of the vulnerable groups, in this case of refugee mothers with young children, (ii) LPAs commitment to undertake the service, (iii) urban areas with employment opportunities etc. Social crèche services are free of charge and are provided based on case management to mothers from the Republic of Moldova. All refugee mothers from Ukraine who applied for this service were included.

The public early childhood education system provides services to children over 3 years old with slight exceptions. For children under 3 years old facing a certain degree of family vulnerability, the INGOs operating in Moldova for many years in child protection have offered the social crèche service, supporting day care for young refugee children and income generation for their caregivers. Social crèche service provides daycare services within the optimal time frame (from 7 am to 7 pm) for working mothers who have children aged 4 months to 3 years. Thus, refugee children from Ukraine have been also enrolled in social crèches existing in the Republic of Moldova (Case study no.3).

education program to encourage children and caregivers establish positive and supportive child-adult interactions, a safe play and learning environment to develop early learning skills, curiosity, imagination and self-expression.

ECase study no. 3. Integration of refugee children aged 4 months to 3 years old in

social Crèches CCF Moldova facilitated the enrollment of children under 3 years old in social crèches to encourage the employment of refugee women. Within the social crèche, the young refugee children benefited from services alongside those from Moldova. The selection of the localities where two new social crèches were set up during the refugee crisis (Calarasi and Rezina towns) relied on the experience of CCF Moldova and comprised the: (i) 23 analysis of the needs of the vulnerable groups, in this case of refugee mothers with young children, (ii) LPAs commitment to undertake the service, (iii) urban areas with employment opportunities etc. Social crèche services are free of charge and are provided based on case management to mothers from the Republic of Moldova. All refugee mothers from Ukraine who applied for this service were included.

The NGOs specialized in the prevention of child abuse and delivery of psychosocial assistance to children affected by abuse have adjusted particular structured programs to cope with the cultural background of refugee children from Ukraine (Case study no. 4).

Case study no. 4. Adjustment of particular structured programs to the needs of Ukrainian refugee children

CNPAC has adjusted two structured programs for children: 1. Kiko and the Hand to prevent sexual abuse against young children (program developed and implemented by CNPAC since 2016), 2. Team-up program providing psychosocial support to children of all ages.⁴²

ECDiE services in the Play and Learning Centers did not exclude caregivers of children aged 2-8 from the services provided. Caregivers' engagement in non-formal education Play and Learning Centers encouraged mutual communication, interaction and exchange of information. MHPSS services and parenting activities were provided. Caregiver education programs were designed to help them create a stimulating learning

⁴² Team-up – international program, but the CNPAC was trained by WarChild representatives on its implementation.

environment at home, encourage the participation of children in activities done at home, and provide information to promote children's health, nutrition, and development. The diversity of activities tackled issues related to the maintenance of mental health through art therapy, prevention of violence and epidemics (COVID-19, chickenpox and flu epidemics, etc.) and the importance of vaccinating children etc. FGDs with the caregivers of young children proved the vaccination of children "we took our children to the doctor to get chickenpox vaccine" (FGD_1_U), since the Moldovan law demands that children be vaccinated in order to be integrated into preschool institutions. The caregivers mentioned they have also vaccinated their children to prevent certain epidemics and not to affect the activity of child-friendly centers. Last but not least, children's play activities and interaction with the community members were organized by child friendly centers on various occasions: Children's Day, Christmas, Easter etc.

Significant effort was made by the stakeholders engaged in coping with the refugee crisis to provide training to specialists in the delivery of ECDiE, such as preschool teachers, psychologists, etc. The teaching staff from preschool institutions, as well as those employed in various non-formal education centers, benefited from training to meet the psychosocial and emotional needs of refugee children (3 modules on MHPSS for children of different ages, helpful as well for children from Moldova, focusing on recognizing the signs of stress, trauma in children and delivery of the necessary support), effective organization of learning activities. In their training process, attention was paid to the curriculum and teaching methods to secure that learning is friendly, participatory and includes cognitive, linguistic and social-emotional learning activities. Thus, the activities for young children focused on learning through play and recreation, encouraged learning through art, music, and dance, included group activities, and developed early literacy and numeracy, including in their mother tongue.

The mobile team service was created to meet the needs of refugees accommodated in rural areas. The mobile team included various specialists: (i) social worker to assess the needs and refer refugees to the existing services, organizations, (ii) psychologist to provide individual or group therapy to children and caregivers, (iii) legal advisor to inform the caregivers about the services available, as well as to provide legal advice according to their individual needs and last but not least, (iv) entertainers. Particular mobile teams **have employed a speech therapist to help refugee children facing developmental delays or children with SEN and/or disabilities (Case study no. 5).**

Case study no. 5. Mobile team service

Fiecare Contribuie Pentru Schimbare (FCPS)(Everyone contributes to change) from Criuleni town has employed 2 refugee women experienced in speech therapy to provide services to children with disabilities or/and SEN within the mobile team. The experts from Ukraine have developed trustful relationships with children's caregivers due to the services delivered, thus adding value through the understanding of the circumstances and specific needs of refugee children. However, their employment was accompanied by challenges related to recognition of qualifications, access to supervision, and ongoing professional development.

The Republic of Moldova's response to the Ukrainian refugee crisis exemplifies a robust, multi-agency collaboration aimed at supporting children and their caregivers. Key international and local organizations, including UN agencies, philanthropic foundations, and both INGOs and NGOs, mobilized resources and expertise to establish diverse ECDiE services. This collective effort led to the development of child-friendly spaces and social crèches, fostering integration, psychosocial support, and educational growth. The engagement of Ukrainian specialists ensured cultural relevance and trust, while mobile teams extended services to refugee children and caregivers from rural communities. These initiatives highlighted the importance of holistic, inclusive support systems in addressing the complex needs of refugee children and promoting resilience during crisis situations.

4.3. Approach

The representatives of UN agencies, INGOs, NGOs and especially LPAs used the grassroots approach in the delivery of ECDiE. Their arguments were:

- i. Focus on the needs of caregivers with young children and the implementation of age-appropriate programs "we have families with children who require support" (KII_4),
- ii. Immediate intervention of Moldovan NGOs and INGOs that urged the CPAs to take action, Capitalization on local experience and trusting
- iii. Capitalization on local experience and trusting the the expertise, services, and programs implemented in the ECD field. "They appreciated our knowledge in dealing with vulnerable children and providing social assistance" (KII_8), "and nobody imposed anything" (KII_3).

Box 1.

"CCF Moldova has collaborated with nearly 15 donors and organizations to provide services to refugee children. The donor agencies appreciated the experience of CCF Moldova in working with children in crisis situations and their familiarity with the local context".

The large majority of new INGOs appreciated the knowledge of the context, systems (child protection, education, healthcare), stakeholders, and communication with the LPAs, NGOs and INGOs operating locally for a longer period. The NGOs and long-term INGOs made significant and complex efforts to receive financial resources and to respond to young children and caregiver needs (Box 1). The representative of a new INGO that came, mentioned that they did not have such experience, and implementing ECDiE activities on their own was much more difficult for them, aspect confirmed also by some NGOs and long-term INGOs. The INGOs and NGOs already operating in the Republic of Moldova have supplemented their experience with new aspects. “We benefited from training from an international expert that was delegated to our office for three months” (KII_8).

Box 2.

“All World Vision projects were developed based on the needs and assessments. We were doing assessments, maybe on a quarterly basis, to understand the situation, collecting the information while implementing the project, and then once we’re going to develop an ancillary project, we take the gaps into consideration and we start developing even. We planned for some activities six months ago, and after the conditions changed, we changed this activity to align with the needs”.

The assessment of the needs of refugee children and parents (Box 2) constituted the key moment of the intervention for many implementers, especially between February- December 2022, when these were rapidly changing. The circumstances have gradually stabilized and the interventions were organized more efficiently. Different tools were used to identify the needs: face-to-face and online questionnaires for caregivers, discussions with them, and needs analysis for specific groups: young children, young and elderly people, etc. Activities related to the identification of needs were carried out sometimes separately but most often were integrated into other assessment activities. Caregivers agreed that there were many ways of finding out their needs, and people engaged in providing assistance and support were extremely responsive: “They (caregivers refer to representatives of LPAs that provide services for them and their children) always ask us what we need” (FGD_2_R), “They (caregiver refer to representatives of the Play and Learning Center) gave me everything I needed for me and my child” (FGD_1_U), “They (caregivers refers to different NGOs, INGOs, philanthropic foundations, Moldovan authorities) offered us everything we needed, ...they offered us

even more” (FGD_1_U). The results of the assessments⁴³ and studies⁴⁴ carried out enabled the development of services adjusted to the identified needs. Inter-Agency Working Groups contributed to the exchange of information, discussion, and better intervention planning.

However, a few components of the top-down approach were emphasized too:

- I. Ignorance of local experience by certain INGOs, including an unwillingness to take into account ECD’s local experience “they paid no attention to us, willing to impose some simple things” (KII_1);
- II. Great focus on high indicators to be achieved, short-term support, and failure to understand the comprehensiveness of ECD activities. For example, a few INGOs suggested short-term emotional support “only 12 topics and after that other new refugees like the carousel” (KII_1), “high indicators were required to justify the financial resources spent but not to meet the needs of children” (KII_7);
- III. Demand for training that did not meet the needs of young children and their caregivers: “Teaching Ready for Children sounds good, but in fact, the training guide did not address the needs” (KII_1). Failure to understand the local context and the working schedule of specialists engaged in providing assistance to refugee children and their caregivers: “They asked us to involve more specialists in providing emotional assistance to children with SEN for eight days of training. How could teachers abandon their basic activity?” (KII_4).
- iv. The demand for particular tools to assess children and caregivers’ resilience at the beginning and end of the program required too much effort to be applied. “The tools were for other situations, more stable than war” (KII_1); “They had some questionnaires for children and caregivers that I couldn’t see absolutely no reason for. They were not focused on the identification of the real needs” (KII_3).

The representatives of new INGOs have gradually changed their attitude due to their familiarity with the experience of local specialists within the project implementation process. *“Initially, they suggested some programs and proposals, but we told them we have something like that, and then they encouraged us to use what we have” (KII_3).*

The reluctance of NGOs, long-term INGOs to carry out training according to the requirements of new INGOs or to apply the proposed instruments (which were outdated and not specific to the context) was nominated as resistance and was revealed by INGO representatives who came to the Republic of Moldova during the refugee crisis.

⁴³ Education Assessment Key Findings MOLDOVA | August 2023, available at: <https://data.unhcr.org/en/documents/details/103288>
 Refugee Population Profiling Assessment, available at: <https://reliefweb.int/report/moldova/moldova-refugee-population-profiling-rpop-assessment-key-findings-presentation-refugee-estimates-and-trends-05-09-2024> International Organization for Migration (IOM), DTM Regional Analysis: Access to Education for Refugees from Ukraine - Q1 and Q2 2024, Vienna, IOM, available at: https://dtm.iom.int/dtm_download_track/66491?file=1&type=node&id=44401 ⁴⁴ Social Listening NCUM Report, May 2024, available at: <https://data.unhcr.org/ar/documents/download/109552>

The grassroots approach taken in delivering ECDiE services in Moldova highlighted the effectiveness of efforts and local expertise. UN agencies, INGOs, NGOs, and LPAs recognized the importance of relying on local knowledge and adapting strategies based on comprehensive needs assessments. This localized approach enabled the rapid response to refugee children's and caregivers' evolving needs, supported by extensive coordination among stakeholders and continuous dialogue with beneficiaries.

However, **challenges were noted when new INGOs ignored local experiences or imposed generic, top-down solutions that did not align with the complex needs of children and caregivers. Some initiatives focused narrowly on achieving quantitative targets, short-term programs, and training that were not fully adapted to the context. These gaps pointed to the necessity of integrating local perspectives and flexible approaches to ensure sustained, meaningful support.**

Ultimately, while some new INGOs adjusted their practices, the success of ECDiE in Moldova was largely due to the strength of local collaboration, which underscored the value of community-driven interventions to respond effectively to crisis situations.

4.4. Flexibility

Analysis of the flexibility of the response of the humanitarian system in responding to Ukrainian refugee caregivers and young children was done based on KII with representatives of different organizations that were interviewed. According to collected data, the degree of flexibility varied from donor to donor and from project to project. Sometimes, requests to adjust activities to the new circumstances of the refugee crisis were declined, and sometimes they were not. UN agencies that had trust in the national NGOs and INGOs operating in Moldova for a longer time provided strategic funding, flexible to the needs of children and caregivers was identified as critical to responding rapidly to changing crisis. "No one told us how long should we assist children" (KII_2), "We were able to revise certain expected indicators that were too high and subsequently accept the inclusion of vulnerable children from the Republic of Moldova, due to fluctuations in the number of refugee children" (KII_7).

The majority of participants at the KIIs highlighted challenges related to flexibility in the delivery of humanitarian assistance in the context of the refugee crisis from Ukraine, including the delivery of ECDiE: "Although there was certain flexibility, no major changes could be made" (KII_8). Other aspects linked to the flexibility of interventions were mentioned:

- ▶ Imposition of limited flexibility project activities "pre-set programs, predesigned, not suitable for children, focusing on quantity, not on the quality of assistance" (KII_1)
- ▶ Budget lines impossible/not allowed to be changed or adjusted to the needs of children and caregivers (Box 3).

Box 3.

“CCF Moldova had a project related to child protection, but we were denied the ability to redirect the financial resources to the educational component, combined with child protection and safety. We believed that preparing a group of refugee children for school and teaching them road safety is important, and we wanted to reallocate the money available for this activity. We did not get the permission. We have access to hundreds of children of this age but were denied the reallocation of funds”.

The research participants emphasized that **flexibility is crucial in circumstances of humanitarian crisis, where the situation changes daily, including in terms of human resources.** A few respondents noted the need and importance of simplifying reporting methods to focus more on assistance provided to refugee children.

The analysis of the humanitarian response for Ukrainian refugee caregivers and young children in Moldova highlights the importance of flexibility in crisis interventions. While some donors and UN agencies demonstrated adaptability by allowing strategic funding adjustments and supporting NGOs and long-term INGOs, challenges remained. There were cases where requests to reallocate funds to better align with evolving needs were denied, limiting the effectiveness of the response.

Participants emphasized that rigid, pre-set programs often focused on quantitative targets rather than the quality of assistance. Budget constraints and inflexible project guidelines hindered efforts to address urgent and changing needs, underscoring that greater flexibility is essential in humanitarian contexts. Simplifying reporting requirements was also seen as a way to allow more focus on direct assistance.

Overall, the findings point to the necessity of adaptable and responsive frameworks in humanitarian efforts to ensure that aid can be effectively directed to where it is most needed.

4.5. Inclusiveness

The Republic of Moldova has implemented an inclusive approach in providing ECDiE to all children and their caregivers. Great effort was made to secure the inclusion of all children regardless of ethnicity, health issues, etc. This goal was achieved through (i) online platforms of Ukrainians to disseminate the information, (ii) organization of Romanian language courses and facilitation of educational inclusion, (iii) transportation to secure school attendance or theatre attendance of children and their caregivers from rural areas, (iv) creation of mobile teams to reach children from rural communities carrying out play-based learning activities, as well as services required by children with disabilities or/and SEN. Consequently, almost all respondents pointed out that there were no limitations in children’s inclusion in formal and non-formal early

childhood education: “All means were made available to the caregivers. Only those who did not want to be did not give their children to these activities” (KII_9).

A **Roma Task Force** was created to facilitate the integration of Roma people under the Protection Working Group, which has analyzed challenges in motivating Roma caregivers to engage children in preschool and school education and non-formal education activities. It was revealed that Roma children do not attend kindergartens because of the language barrier (they often don’t speak Romanian, as their mother tongue is Romani).

Special attention was paid to the inclusion of Roma children in the activities of child-friendly centers. Roma facilitators or social workers were appointed in RACs hosting Roma refugees to facilitate the educational inclusion of these children. However, the large majority of respondents pointed out that the caregivers were those hindering the inclusion, while a different approach and perseverance were required: “We had Roma families with 8-10 children who could not read and were not very eager to get involved in activities. They were more interested in financial and material assistance, but little by little, it was possible to integrate them into activities” (KII_2), “Roma children were really enthusiastic. They were coming to Team-up activities organized for them. However, their school enrollment was challenging” (KII_8).

We also emphasize the existence of the **Disability Task Force** under the Protection Working Group, which developed the disability-inclusive checklist. The list aimed to assess the mainstreaming of disability within the refugee response by all working groups, including education. The lack of data on Ukrainian refugee children with SEN and/or disabilities living in Moldova was a challenge. Their number and placement locations (rayons/villages and municipalities/sectors) took a lot of work to obtain.

A significant role in the inclusion of children with disabilities and/or SEN in ECDiE was played by the nongovernmental sector represented by qualified INGOs operating in Moldova in this field and NGOs specialized in providing assistance to children with disabilities (Case study no. 6).

Case study no. 6. Meeting the needs of young children experiencing disabilities or developmental delays by providing referral to services, including early intervention services

Keystone Moldova has implemented a regional project in 5 countries (Republic of Moldova, Bulgaria, Poland, Romania, Slovakia) to support refugee children with disabilities or developmental delays aged 0-8. Activities focused on the training of Ukrainian specialists qualified in social assistance, education, healthcare, and psychology to identify refugee children with disabilities and developmental delays and provide them a referral to services available in the Republic of Moldova according to their needs (educational, social, and healthcare services, legal advice, etc.).

With the help of Ukrainian experts, Keystone Moldova succeeded in offering guidance to caregivers raising children with disabilities and/or developmental delays about services provided by the government and non-governmental sector: Local Education department (LED), TSSA, Republican Center of Psycho-pedagogical Assistance and Services of Psycho-pedagogical Assistance, Early Intervention Center Voinicel, NGO SOS Autism, INGO InterSOS, etc. thus, due to referral, the refugee children benefited from a wide range of services according to their needs – early intervention, rehabilitation, including surgical procedures. The intervention relied on establishing particular support groups by specialists from Ukraine (about 40 support groups) able to offer information, referrals, and particular services on demand, coping with the needs of refugee children. Specialist support groups organized individual and group meetings, discussing and identifying solutions to problems faced by refugees with young children and recreational activities. Moreover, there were mobile support groups in rural areas providing information and guidance to caregivers about the existing services. In this way, more than 1600 refugee children were assisted to benefit from various services, including early intervention, education, etc.

Research participants highlighted several gaps in the inclusion of young children in ECDiE, in particular difficulties in accessing medical services by children with development delays or disabilities. Few categories of young children did not benefit from full inclusion or were marginalized:

- ▶ Disabled young children who did not have any relevant document proving their disability struggle with multiple challenges in accessing public healthcare services – Family Doctor's Centers, Early Intervention Centers, etc. Moreover, the determination of a disability of these children in the Republic of Moldova was impossible, and they had to return to Ukraine for this purpose.
- ▶ Children with autism spectrum disorders could not benefit from services due to the shortage of services for this category of children in the Republic of Moldova, but also their exclusive availability in Chisinau municipality.

The data reveals the Moldova's inclusive approach to ECDiE services for refugee young children and caregivers, with significant effort made to ensure participation regardless of background or health status. This was achieved through online information platforms, language courses, and mobile teams reaching rural areas, facilitating educational inclusion, and supporting children with disabilities and SEN. Despite these efforts, challenges persisted, such as limited access to services for children with developmental delays or disabilities and barriers faced by Roma children due to language and cultural factors.

Key support came from NGOs and long-term INGOs with expertise in disability services, with projects like

Keystone Moldova's providing referrals and guidance to caregivers and facilitating early intervention and other specialized support. However, gaps remained, particularly in accessing public healthcare for children without an established disability degree and the limited availability of autism-related services outside Chisinau. Continuous efforts and tailored solutions are essential to address these barriers and enhance comprehensive inclusion.

4.6. Holistic and integrated approaches

The holistic approach in ECDiE was one of the principles observed by many stakeholders engaged in the provision of humanitarian assistance. In some projects, different NGOs and INGOs offered various types of assistance to meet the needs of children and caregivers, in others, besides services, they provided support according to the basic needs (food, hygiene products, clothing and footwear). Child friendly centers delivering non-formal education and meals to children, as well as parents, represent an example in this regard. Sometimes, these were supplied with baby food and hygiene products (diapers, etc.) by representatives of other projects. The representatives of these centers provided referral, whenever required, to other sectors, institutions according to the needs identified. Even though there is no formal institutional referral mechanism for refugees, the identification, assessment, and referral mechanism used by social assistance employees in Moldova is applied. This practice allows vulnerable individuals to be effectively directed to relevant social services, ensuring access to necessary support based on each individual's needs. Thus, disabled children were referred to get medical supplies (wheelchairs, glasses, hearing aids, but also medicine), as well as caregivers with children facing a higher level of vulnerability – mothers with many children, mothers with disabled children etc. were referred to particular services supporting families with high vulnerability “we assisted families of refugees facing vulnerability – mothers with many children, mothers with children with disabilities” (KII_8).

In this regard, we emphasize the work of certain NGOs at the community level (Case study no. 7) that have clearly approached the existing services by developing a Community Refugee Assistance Plan that is disseminated to the local community, specialists, and refugees.

Case study no. 7. Community plans with types of assistance delivered to refugees

Pro-Didactica NGO supported also the LPAs from 9 communities to compile the Plans comprising all measures to support refugees, with the participation of main stakeholders, as well as of refugees. The Plans were developed in collaboration to familiarize the TSSA, LED, and refugees with the assistance and comprehensive support available in those communities. The purpose consisted in the synchronization of interventions and actions.

The holistic approach adopted in Moldova's ECDiE services delivery effectively integrated support across multiple sectors to address the diverse needs of refugee young children and caregivers. NGOs and INGOs collaborated to provide educational activities, basic necessities like food and hygiene products, and referrals to specialized services when needed. Child-friendly centers exemplified this approach by offering non-formal education alongside meals and essential supplies.

A robust referral system ensured that children, especially those with disabilities and vulnerable caregivers, received targeted assistance such as medical supplies and specialized care. Community-level initiatives, like Pro-Didactica's to develop the Community Refugee Assistance Plans, coordinated local resources and involved key stakeholders and refugees, enhancing the efficiency and reach of support measures. These coordinated efforts reinforced comprehensive care and strengthened community resilience in responding to refugee needs.

4.7. Partnership

All representatives of UN agencies, INGOs, NGOs and LPAs pointed out they succeeded in developing effective, constructive partnerships to provide ECDiE services and support. They have established national partnerships with different stakeholders - in various areas (education, healthcare, child protection, etc.), including new INGOs that came to the Republic of Moldova after the outbreak of war in Ukraine. LPA's openness played a crucial role in creating the partnerships (Case study no. 8).

Case study no. 8. Example of partnership with LPA in providing services for children at the level of rural communities

The LPA from Budești village has established partnerships with various UN agencies (UNDP, UN Women, UNICEF), INGOs, and NGOs prior to the refugee crisis and has been engaged in the refugee crisis through the creation of multiple partnerships to facilitate assistance based on the needs of refugees and their children. LPA's engagement enabled the development of a wide range of services for caregivers, including those with young children, such as (i) enrollment of all children aged 3-6/7 years in preschool education; (ii) development of wide alternatives of non-formal education for children aged +4 years old: 14 interest clubs, serving always fruits, biscuits, etc., (iii) psychological assistance to children (therapy through art and play) and parents, (iv) support in the school inclusion to all children, including preparing 7-year-olds for school, (v) organization of various activities related to communication and community integration (trips, visits to the theatre), (vi) healthcare assistance in the community, (vii) delivery of food, hygiene, clothing packages, (viii) organization of several training and discussion meetings with caregivers (raising and educating children, preventing abuse and domestic violence, gender equality, homework assistance), etc. 3 children were also born in the community to refugee mothers who benefited from special packages for newborns, food packages, and diapers.

Partnerships established by the LPAs with the NGOs and INGOs played a significant role in planning services for children, including ECDiE services as they had all the information about the number of refugees, their accommodation etc. “We have received a lot of support from TSSA, which has responded to any request regarding the number and location of refugees. They provided comprehensive data, enabling us to channel services in communities requiring this” (KII_4). These partnerships were based on trust, discussing challenges and identifying solutions together.

Formal and informal partnerships created between organizations (NGOs, INGOs with experience and new INGOs, etc.), facilitated the exchange of experience related to humanitarian assistance, including ECDiE services and allowed a more effective approach due to flexibility, openness to needs identified. A few partnerships contributed to the coordination of efforts and delivery of a comprehensive response, as well as to the development of services rendered by some organizations and child protection policies (Box 4). Moreover, these partnerships have influenced the capacity building of human resources from the nongovernmental sector “assets (knowledge) that always will be useful” (KII_2). It was revealed that, most often, both parties benefited from the exchange of experience and advantages related to ECDiE, as well as basic services for children. National NGOs and long-term INGOs learned how they could capitalize on services and outcomes in the humanitarian context since they had no previous experience. It took time, but all those involved in the humanitarian assistance of young children and caregivers developed respectful relationships.

The strong partnerships were crucial for the effective provision of ECDiE services in Moldova during the refugee crisis. Collaboration among UN agencies, INGOs, NGOs, and LPAs enabled comprehensive support in education, healthcare, and child protection, benefiting children and caregivers. The proactive involvement of LPAs was essential for developing diverse services tailored to community needs.

Partnerships fostered trust, facilitated data sharing, and allowed for coordinated service delivery. The collaboration also bolstered the capacity of NGOs and long term INGOs presented in Moldova by sharing expertise and resources about interventions in humanitarian context. These partnerships not only improved humanitarian responses but also strengthened human resource capacities, ensuring that NGOs, long term and short-term INGOs presented in Moldova benefited from mutual learning and enhanced service implementation.

Box 4.

“This collaboration brought us excellent benefits for the programmatic part of the organization: an extra program, a new initiative, an extra online service” (KII_3).

“We have developed thematic Programs – Intercultural Education Program, Peace Program, for kids of different ages, as well as for adults. We carried out age-appropriate activities for young children” (KII_2).

“We were happy to see that compliance with the child rights protection policy was required from national NGOs. We have such a policy and we always asked for parents’ consent on child participation, use of photos, etc. although not everyone did this. Now things have improved in this regard” (KII_4).

4.8. Factors that enabled successful response

- ▶ the most important factors that enabled a successful response in providing ECDiE services and support to Ukrainian refugee caregivers and young children in the Republic of Moldova are:
- ▶ Establishing and maintaining a coordination mechanism. The Inter-Agency Working Groups created to coordinate the field interventions, education, child protection, health, and nutrition had a role in the coordination of the ECDiE intervention to some extent. These Working Groups, including representatives of CPA, UN agencies, INGOs, and NGOs that offered assistance in the given sectors, discussed the ways of intervention and challenges encountered.
- ▶ UN agencies trust in NGOs and INGOs that have been operating for a long time in the Republic of Moldova and capitalizing on local experience in the ECD field, adjusting it to the crisis.
- ▶ Openness of LPA and other relevant institutions to engage in the delivery of ECDiE services and support: Republican Puppet Theatre “Licurici”, different Community centers, Creative centers, Centers for children and youth, preschool institutions etc. As well, using the network of formal early childhood education institutions (kindergartens) for young children and supporting the educational inclusion.
- ▶ Engaging preschool teachers, speech therapists, social workers, doctors, etc., from Ukraine to deliver the ECDiE services and support in the Play and Learning Centers, mobile teams, and support groups. They added value, in particular, providing the opportunity to young children to speak their native language and contributing to the development of communication skills in their mother tongue. Moreover, Ukrainian specialists communicated effectively and reliably with the caregivers, facilitating the referral to other services required.
- ▶ Assessing the needs of children and caregivers and delivering the ECDiE accordingly; engaging caregivers in activities for young children and parental education programs in accordance with the needs identified; and providing the opportunity to communicate and interact with their country fellows.
- ▶ Mobilizing and building partnerships to provide support and services to children of all ages, including ECD services in various localities of the Republic of Moldova. The existing alliances – the Alliance on Social Protection of Child and Family (64 nongovernmental organizations across the country), Alliance of Organizations for People with Disabilities (60 nongovernmental organizations across the country, including a few dealing with children with disabilities) encouraged the establishment of associations and partnerships in the implementation of services in ECDiE.
- ▶ Partnerships established by active LPAs with the UN agencies, INGOs and NGOs to provide services to caregivers and children of all ages. They have ensured the engagement of all community structures in the delivery of services: kindergarten, school, Family Doctors’ Center, and businesses. Professionals

employed in these structures benefited from training on emergency interventions and have delivered the services according to children's and caregivers' needs.

- ▶ Supporting implementation of holistic and integrated ECDiE services. Child-friendly spaces/centers chose to deliver holistic and integrated services. Non-formal educational services were supplemented with meals for children: "We have success as we were able to give children snacks" (KII_10), parenting education and social services for caregivers, etc. Essential support for caregivers through material aid was also emphasized (food packages, diapers, hygiene products, including school supplies etc.).
- ▶ Cultural similarities between Moldovans and Ukrainians, as well as knowledge of the Russian language by specialists from the Republic of Moldova and the possibility to communicate with caregivers, sometimes also children, in this language.

Moldova's effective ECDiE response during the refugee crisis was supported by key factors: coordinated efforts through Inter-Agency Working Groups, trust from UN agencies in experienced NGOs and INGOs with long-standing presence in Moldova, and the proactive involvement of LPAs and local institutions. Ukrainian professionals enhanced communication and native language support, and easing referrals to services. Partnerships extended service reach, integrating education, social, and material aid. Shared cultural and language similarities between Moldovans and Ukrainians further streamlined interactions and support.

4.9. Challenges, barriers, and power dynamics

The challenges and barriers in providing ECDiE services and support to Ukrainian refugee children and caregivers in the Republic of Moldova include:

- ▶ There was no special focus on the ECDiE in the Republic of Moldova, the attention being paid to all children, pregnant women and mothers with babies. UNICEF, as well as NGOs and INGOs operating in the Republic of Moldova in the early childhood education, child protection and early intervention, redirected their attention to provide ECDiE services.
- ▶ No centralized system for collecting and recording data on refugees, including by age, location etc. to plan the interventions, including those targeting young children. The implementers did not know where the greatest concentration of refugees with young children was.
- ▶ Small number of NGOs and long-term INGOs that have specific experience in delivering ECD services. Implementation capacity could not be improved "it was difficult to cover all with the local partners" (KII_9). Consequently, the new INGOs came with experiences from other countries that were not always adjusted to the context of the Ukrainian refugee crisis.
- ▶ Delivery of ECD services and support to all refugee children and their caregivers. Children from rural areas had more limited access to play and learning activities. The early intervention services in the

Republic of Moldova are provided only in big cities. Although efforts were made by authorities and non-governmental institutions to include them in activities.

- ▶ Caregivers with young children were psychologically affected by problems at home (husbands left behind in Ukraine) and situations in their country and did not bring children regularly to benefit from services delivered in safe spaces.
- ▶ Lack of experience in the field of humanitarian assistance among specialists from the Republic of Moldova. For example, psychologists have dealt with children and caregivers' trauma, but not with war trauma, thus requiring outside expertise on the capacity building of professionals engaged, especially in providing services to young children.
- ▶ Educational inclusion of preschool-age children. Moldovan authorities do not require caregivers to include children in preschool education. "Why was kindergarten enrollment not mandatory for those who were granted Temporary protection?" (KII_9). The integration of refugee children into the preschool education system in the Republic of Moldova would have ensured the greater sustainability of some services.
- ▶ Children's participation in ECD services offered in safe spaces was higher. However, these services, compared to formal education services, are less sustainable over time. The cut of financial resources has initiated the process of closing or transferring particular child-friendly centers after 2 years of work to kindergartens.
- ▶ Low number of early intervention services, services for autistic children, etc., and their exclusive availability in Chisinau and Balti municipalities. Failure to meet the needs of children with disabilities and/or SEN in rural communities. Poor experience in providing assistance to children with autism and children with Down syndrome was emphasized in particular.
- ▶ Language challenge for young refugee children who speak Ukrainian or Russian, while in the large majority of kindergartens from the Republic of Moldova, Romanian is the language of communication.
- ▶ Job burnout of local specialists (psychologists, preschool teachers, social workers etc.) engaged in the delivery of humanitarian assistance in general and ECDiE services and support in particular. Cumulative stress since February 2022 until present is now affecting the professionals.
- ▶ Caregivers with young children, especially aged 0-3, are not always acquainted with the peculiarities of children's development and are not prepared to identify and recognize developmental delays in children to ask for early intervention services "Caregivers most often refuse to accept developmental delays in children, believing the child develops normally" (KII_5).
- ▶ Poor intersectoral collaboration between the educational, child protection, and healthcare systems. Moreover, the synergy between stakeholders and the coordination of activities required improvement since the beginning of the humanitarian crisis: "Even in the same RACs, there were sometimes 3-5 NGOs or INGOs delivering services to children. Consequently, we tried to avoid duplication of services." (KII_3).

CONCLUSIONS

case study Early Childhood Development in the Ukraine Refugee Emergency Context: Case of the Republic of Moldova used a mixed-methodology (desk review, KIIs and FGDs) to understand the effectiveness, efficiency, and overall response to the Ukrainian refugee caregivers and young children in Moldova during the 2.5 years of the war in Ukraine.

There was no special focus on the ECDiE in the Republic of Moldova, the attention being paid to all refugee children. UNICEF, in partnership with NGOs and INGOs operating in the Republic of Moldova in the early childhood education field, redirected their attention to provide assistance in this field and implement activities to comply with the 3 ECD stages: 0-3 years old, 3-6 years old and 6-8 years old. It is important to note that one of them is member of ISSA and benefited during the years of training in the ECD, having experience in child centered education focusing on play-based learning and development, capacity building and parent engagement in activities. Therefore, in providing ECDiE services they tried to ensure intersectoral collaboration and developing measures to secure an inclusive response, from education to social protection and healthcare, making referrals to state institutions, other NGOs and INGOs. However, such approach was applied by the very small number of stakeholders. The great majority offered services to all children, including young children, without considering them being ECDiE services.

Several directions of intervention were followed in the Republic of Moldova in the delivery of ECDiE: (i) improving public early childhood education services for children aged 3-6/7 by preparing the ground for inclusion, as well as training the teaching staff to understand and facilitate the inclusion of children affected by war trauma; (ii) creating learning opportunities in the non-formal settings – child-friendly spaces, to help children return to their usual activities for children aged 2-6/7.

The Inter-Agency Working Groups created to coordinate the field interventions: education, child protection, health and nutrition, had a crucial role in the coordination of the ECDiE intervention as well. UN agencies, INGOs and NGOs operating in the Republic of Moldova for a long time, joined efforts to deliver ECDiE by creating child friendly spaces in RACs, community centers, preschool institutions etc. The new INGOs have also stepped in. The child-friendly spaces carried out play-based activities to help refugee children regain a sense of normality, order, and hope in the circumstances of a crisis, promoting resilience. Special attention was paid to safety and psychosocial support to help children overcome the trauma they witnessed through art therapy activities. Aspects related to child nutrition and in some cases for caregivers, were not neglected either. The implementation of integrated and holistic services and support was chosen to be applied in the Republic of Moldova.

ECDiE services have been also inclusive for children's caregivers. Caregiver education programs were designed to help them create a stimulating learning environment at home, encourage the participation of children in

activities done at home, and provide information to promote children's health, nutrition, and development. The diversity of activities tackled issues related to the maintenance of mental health through art therapy, prevention of violence and pandemics, and the importance of vaccinating children, etc.

The mobile team service was created to meet the needs of refugees accommodated outside of Chisinau municipality including various specialists: (i) social worker to assess the needs and refer refugees to the existing services, organizations, (ii) psychologist to provide individual or group therapy to children and caregivers, (iii) legal advisor to inform the caregivers about the services available, as well as to provide legal advice according to their individual needs, (iv) entertainers and sometimes (v) speech therapist to help the refugee children experiencing developmental delays or children with SEN and/or disabilities.

Different professionals from the Republic of Moldova were engaged to provide assistance and support (preschool teachers, psychologists, teachers, child protection specialists, etc.), as well as a few specialists from Ukraine (speech therapists, preschool teachers, social workers, doctors, nurses, etc.). Significant effort was made to provide training to specialists in the delivery of ECDiE in preschool institutions and child-friendly spaces. In their training process, attention was paid to the curriculum and teaching methods to secure that learning is friendly, participatory and includes cognitive, linguistic and social-emotional learning activities.

The grassroots approach was predominantly used in delivering ECDiE. For many implementers, the key point of the intervention was responding to the needs of refugee parents and children, established through various assessment tools.

The degree of flexibility of the humanitarian system's response to the needs of caregivers and young children varied from donor to donor and from project to project. The large majority of respondents highlighted challenges related to flexibility in the delivery of ECDiE interventions.

The Republic of Moldova has implemented an inclusive approach to providing ECDiE to all children and their caregivers. Great effort was made to secure the inclusion of all children regardless of ethnicity, health issues, etc. The nongovernmental sector, represented by qualified INGOs operating in Moldova in this field and NGOs specialized in providing assistance to children with disabilities, played a significant role in the inclusion of children with disabilities and/or SEN in ECDiE.

Special attention was paid to the referral of beneficiaries to institutions and organizations able to provide specific services and assistance to caregivers and young children. The referral system used by Moldovan specialists was applied, and refugee children and caregivers experiencing high vulnerability became part

of it. Thus, disabled children were referred to get medical supplies (wheelchairs, glasses, hearing aids, but also medicine), as well as caregivers with children facing a higher level of vulnerability – mothers with many children, mothers with disabled children, etc. were referred to particular services supporting families with high vulnerability. Amongst the most important factors that enable a successful response in providing ECDiE services and support to caregivers and young children in the Republic of Moldova are: (i) establishing and maintaining a coordination mechanism in education and child social protection; (ii) mobilizing and building partnerships to provide support and services to children of all ages; (iii) openness of LPAs and other relevant institutions to engage in the delivery of ECDiE services and support; (iv) engaging specialists from Ukraine to deliver the ECDiE services and support to their country fellows; (v) supporting the implementation of holistic and integrated ECDiE services; (vi) assessing the needs of children and caregivers and delivering the ECDiE accordingly etc.

The relationships between key humanitarian stakeholders and local ECD stakeholders in Moldova were generally equitable and respectful, fostering effective partnerships. UN agencies, INGOs, NGOs, and LPAs collaborated to support refugee children and caregivers, valuing local expertise and adapting strategies based on identified needs. This collaboration enabled better coordination and responsiveness in ECDiE service delivery.

However, some challenges were noted: (i) a small number of NGOs and INGOs that have a large experience in delivering ECD; (ii) lack of experience in the field of humanitarian assistance among specialists from the Republic of Moldova; (iii) poor intersectoral collaboration in the educational, child protection and healthcare systems; (iv) poor educational inclusion; (v) low number of early intervention services, services for autistic children as well as their exclusive availability in Chisinau municipality; (vi) coordination of financial resources and activities for refugees in general and for young children in particular. There were many donors and financial resources at the beginning, and many overlapping activities, while after 2.5 years from the outbreak of war, the donors and financial resources in general and for ECDiE in particular, have decreased, thus affecting the sustainability of ECDiE services in circumstances of lasting crisis.

The analysis carried out proves the need for strategic planning, discussions to secure a better intervention and functionality of the ECDiE in future crisis.

RECOMMENDATIONS

The case of the Republic of Moldova in providing ECDiE in the Ukraine refugee emergency context offers the opportunity to submit the following recommendations:

General

- UN agencies, INGOs, and NGOs in collaboration with CPAs and LPAs have to emphasize ECD in emergency situations and focus on creating conditions for ECDiE services. The benefits of such an approach are extremely important for the future. The most cost-effective way is to take preventive measures and provide support to children in their ECD rather than to step in and remedy the consequences of unfavorable experiences in adulthood.
- UN agencies, INGOs, and NGOs in collaboration with CPAs and LPAs have to develop a minimum package of ECDiE services and support, including minimum quality standards.

CPAs and LPAs

- To develop an integrated emergency intervention plan by the CPAs and LPAs that the different areas can be connected effectively, as well as the planning of specific funds and resources for young children to ensure rapid response.
- To develop a system for recording data on refugees (age, sex, location, etc.) thus increasing the efficiency and effectiveness of the assistance provided in general and to children in particular, enabling the delivery of ECDiE according to the data base evidence.
- To appoint a dedicated ECD capacity professionals' group that will help to plan, implement, coordinate, and monitor the ECD components at the national and community levels during emergencies and will assist to avoid duplication of efforts and support.
- To develop clear procedures for including young refugee children in preschool education systems.
- To organize ECDiE services to meet the needs of all children and caregivers, regardless of where they are accommodated, and to secure the sustainability of services. To form ECD strategies in both urban and rural areas during emergencies.
- To capitalize on the expertise of refugee professionals in delivering ECDiE to country fellows, facilitating their professional integration.
- To improve the capacity building of professionals delivering ECDiE services and support through training and supervision.
- To prevent job burnout of professionals engaged in delivering ECDiE services and support.
- To strengthen intersectoral collaboration (education, child protection, healthcare) to ensure a holistic approach to refugee children, including children with disabilities and/or SEN. To encourage the implementation of a unique approach by relevant professionals on the intervention and delivery of ECDiE services.

UN agencies

- To identify strategic intervention measures in the ECDiE field, selecting implementation partners and coordinating them.
- To improve the capacity building of professionals in the ECDiE field, empowering them to cope with emergencies.
- To advocate for the improvement of the effectiveness of intersectoral cooperation during the humanitarian crises in the ECD field.
- To identify a platform to store resources developed in the field of ECDiE for their further use.

INGOs

- To get acquainted with the cultural and historic background of the country affected by the humanitarian crisis to plan the interventions according to these peculiarities, but not based on the experience of other countries.
- To appoint concrete human resources to facilitate communication with CPAs, LPAs, NGOs, etc., and to plan emergency interventions effectively.
- To build collaborative relationships with national NGOs, taking into account their experience in planning interventions.

NGOs

- To engage caregivers in planning the ECDiE activities for encouraging behavioral changes.
- To build trust in the skills possessed by stakeholders, thus ensuring effective management in circumstances of volatility, uncertainty, complexity, and ambiguity (VUCA).
- To implement mandatory burnout prevention programs for the staff.

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ANNEXES

Annex 1. Participants in the research

Table 1. Data about representatives of organizations participating in KIIs

Code	Organization	Position	Sex	Field of activity	Presence in the Republic of Moldova, years
KII_1	NGO	Manager	F	Education	+30
KII_2	NGO	Manager	F	Education	+30
KII_3	NGO	Manager	F	Child Protection	+25
KII_4	NGO	Manager	F	Child Protection and Education	+25
KII_5	INGO	Manager	F	Child Protection and Education	+2
KII_6	INGO	Manager	M	Child Protection and Education	+20
KII_7	INGO	Manager	F	Education and Child Protection	+25
KII_8	INGO	Manager	F	Child Protection	+20
KII_9	UN Agency	Education Specialist	F	Child Protection and Education	+30
KII_10	LPA	Manager environment	F	Education and Child Protection	

Table 2. Data about parents/caregivers participating in focus group discussions

PARENTS			
No. of focus group discussions	Category of participants	Residence	Number of participants
FGD_1_U	Refugee parents/caregivers from Chisinau	Urban	7 (5 mothers and 2 grandmothers)
FGD_2_R	Refugee parents/caregivers from a rural village	Rural	4 (3 mothers and 1 father)
Total 2 FGD	Parents/caregivers	Manager	11 (8 mothers, 1 father, and 2 grandmothers)

Early Childhood Development in the Ukraine Refugee Emergency Context

Case of the Republic of Moldova

December 11, 2024



The Moving Minds Alliance is hosted by the International Rescue Committee, a 501(c)(3) not-for-profit organization, EIN number 13-5660870.

Website: movingmindalliance.org

Linkedin: Moving Minds Alliance

X: MovingMindsECD

Youtube: MovingMindsAllianceECD