REPORT OF THE NGOs FEDERATION
FOR CHILDREN – FONPC

TO the UN Committee on the Rights of the Child – Geneva

The Alternative Report on the Respect for Children’s Rights in Romania was drafted as part of the project bearing the same name, implemented by the NGOs Federation for Child – FONPC in September 2007 – July 2008 and co-financed by UNICEF Romania and the French Ministry of Foreign Affairs.

This Alternative Report was drawn up with the help of 86 NGOs and professional associations, namely 125 professionals working in the field of child protection and welfare.

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The Country Report gives a broad picture, focusing mainly on describing the set of laws that entered into force on January 1\textsuperscript{st} 2005. The Country Report is highly technical and it points out most of all the changes to some legal texts and procedures, failing to provide an effective analysis of the progress made in relation to the application of laws and of the UN Convention on the Rights of the Child.

The Country Report gives few real concrete examples or statistical data with regard to general principles or children’s civil rights and freedoms. Moreover, the main feature of the Report is that it looks like a theoretical analysis and interpretation of the Convention articles wording.

In other words, the Report is more of a statement of intent regarding what should be done and not what has really been done. It doesn’t comprise a core assessment of the respect for children’s rights in Romania in line with the requirements and provisions laid down in the Convention.

**Legal framework**

The Law 272/2004 on children’s rights protection and promotion is consistent with the international conventions ratified by Romania, but some of its provisions are hardly put it into practice, on one hand, and, on the other hand, given that Romania became an EU Member State on January 1\textsuperscript{st} 2007, the whole Romanian child protection legislation will need to be reconsidered from the point of view of European policies, strategies and recommendations.

Considering the decision made by the heads of states and governments at the end of the Intergovernmental Conference from Lisbon on 19 October 2007 to grant legal status (in the Treaty of Lisbon) to the “Charter of Fundamental Rights of the European Union”, the Article 24 thereof sets a new legal basis for drafting and implementing future children’s rights strategies (Article 24 stipulates special children’s rights provisions and it explicitly reads that “in all actions relating to children, whether taken by public authorities or private institutions, the child’s best interests must be a primary consideration”);

At national level, a new legal framework on children’s rights protection has been established by the Law 272/2004; however, this law is not a framework law stipulating solely general principles that are to be developed by other special or specific laws passed to apply these principles. Therefore, Law 272/2004 does not give the opportunity to the Government to adopt law implementing rules; the issues that will be later regulated are expressively and exhaustively named in the law; consequently, the possible omissions could be removed only by amending and complementing the law.

Following the previous Country Report, CRC stressed the need to build the capacities of NACRP (through mandate, human and financial resources) in order to effectively coordinate national and international activities related to UNCRC implementation. Although the Law 272/2004 clearly states the role of NACRP as a national coordinator of child policies, this role is neither assumed, nor respected. In line with the provisions of Law 272/2004, NACRP, reporting directly to the Ministry of Labour, Family and Equal Opportunities, coordinates all (child-oriented) policies and actions undertaken by the Ministry of Health, the Ministry of Education, Research and Youth, the Ministry of Administration and Interior, the Ministry of Finance and the Ministry of Labour, Family and Equal Opportunities. In other words, a Secretary of State reporting to the Minister of Labour coordinates the work of other 5 ministers, higher-ranked in the Government, including his/her line manager.
The National Action Plan
The adoption of a National Action Plan and of a National Strategy for Children’s Rights Promotion and Protection is, undoubtedly, a step forward as far as children’s rights implementation and monitoring are concerned. Still, we need to mention the fact that these documents barely address issues that should normally be embedded in a national action plan and in a national children’s rights-based strategy, such as:
- Considering the whole set of services and benefits provided to the child and his/her family a fundamental right of the child more than the answer to his/her identified needs;
- Drawing up family policies that are integrated into social policies and match education and employment policies;
- Drawing up policies on early childhood, preschool-aged child care and education matched up by a diversified set of services and/or financial benefits;
- Incentives /actions /programmes promoting family welfare;
- Strong policies to prevent and eradicate child poverty, discrimination and social exclusion;
- Measures (including legislative ones) to prevent any kind of child violence (physical, emotional or sexual violence, exploitation and abuse, child abduction, trafficking, domestic violence, child pornography).

Resources granted for law implementation

Human resources
Child protection system
Even if, at county level, GDSCCPs have become large structures playing the role of the leading social field employer and possessing a great deal of the trained human resources, almost all of them are facing problems when it comes to providing their services with the right staff in terms of structure, qualification and skills.

Although minimum quality standards have been set and are applicable to various types of services (even if some of them have not yet been adjusted to the January 1st 2005 legislation), GDSCCPs don’t always meet them, especially those regarding the qualification and skills of the professionals employed by these services. Nevertheless, the GDSCCPs were automatically granted, without on-site inspection, the operating licence by NACRP (this is the third year in a row when these licences have been automatically extended).

It is also important to say that the distribution of human resources at GDSCCP level is not clearly monitored and that there is no clear separation of services, professions and jobs, of professionals within each service, of their responsibilities and no proper supervision and periodic appraisals of the child protection system professionals’ skills.

Prevention of child’s separation from family
According to the Country Report, the adoption of the Law 272/2004 considerably improved prevention services and work. In real life, the responsibility for prevention services was assigned to new unexperienced local communities (communes and cities) without a proper transfer of financial resources, infrastructure development and human resources needed for the authorities to efficiently take over these transferred services and to fulfil their new responsibilities. The new legal provisions, applicable from January 1st 2005, found these local authorities unprepared (the inadequate state of the local authorities is actually confirmed by the data presented in the Country Report itself (page 17).

The data provided by USAID at the end of its mission in Romania show that:
- 66% of all communes in the country have only one social worker in the community;
By May 1st 2007, 55% of urban settlements had set up a PSSA, whereas in the rural area only 14% of communes had set up this service; in county head towns, 50% of the PSSA staff don’t hold higher education degrees.

Financial resources

Child protection system

Since 2005, after central and local reorganisation of the child protection system, the GDSCCP from each county has been granted funds from the state budget to support the social care and child protection system (including care-giving to disabled adults, adults-centred social care, child special protection, etc.), but their total amount is not broken down into specific groups (of services, beneficiaries).

The (county) child protection budgeting is still based on historical data (the budget of the previous year is taken as a reference) and not on a thorough assessment of the county real needs and subsequent planning of needed services (the CMTIS database information is not used for budget planning). Consequently, there are counties where some needs are not covered by the public services (these needs are usually met by NGOs that have developed the required services).

The funding system, as it currently works, is not transparent enough, it is not results-based (performance indicators-based) monitored and it doesn’t really show the child protection share in the GDSCCP budget as well as the extent to which the real needs of the child protection system are financially covered.

We need to underline the fact that GDSCCPs are in the particular position of practically holding the monopoly over protection services (and implicitly over the use of funds granted to this sector). They are social services financer, service provider and monitoring/controlling unit altogether which is obviously a conflict of interest and a potential source of corruption.

Services of prevention of child’s separation from family

Local prevention services continue to focus mainly on financial benefits (allowances) (guaranteed minimum income, heat allowance, state benefits for children, single-parent and supplementary allowances), to the detriment of the development and implementation of social services centred on prevention and counselling, life skills development, job finding assistance, etc. The resources are allocated according to possibilities rather than based on a detailed assessment of local real needs.

Children’s rights monitoring system

Data recording

Only the first two of the three modules (child protection, staff and financial modules) of the data gathering information system named « child monitoring & tracking information system » (CMTIS) are functional, although only partially. The best used module (with variations from one county to another) is the child protection one, which however is not fully functional.

Access to the system is still restricted to NACRP’s and GDSCCP’s monitoring units. However, some problems have arisen because many employees who had been trained on how to use the system left and, as in the absence of a continuing training scheme, many of the current system users have to learn everything as they go, from their former colleagues. Access to the system has not yet been given to local authorities and service providers.

CMTIS should play a major role in central and county/local service planning, in case management (which hasn’t happened so far as case managers don’t have direct access to the system) and it could have contributed (by introducing specific indicators) to adequate children’s rights monitoring.
Actually, CRC’s recommendation for the previous Country Report was as clear as possible, namely to **strengthen CMTIS in order to enable systematic gathering of data related to all Convention issues and to include all under-18-year-olds, mostly those in need of special protection.**

**Independent monitoring structures – Ombudsman**

According to ENOC standards, a specialised ombudsman body for children holds attributions and missions that go beyond the current competencies held by a deputy of the People’s Advocate Institution or NACRP. For this reason, in Romania we cannot talk yet about a structure fulfilling this function.

Children’s rights monitoring should be done by an institution which is independent of the (central) administration that draws up child protection policies, following up their implementation at local level. An independent authority promoting children’s rights as stipulated by law that is reported any infringement of children’s rights by individuals is highly necessary. Such a body should give independence warranties and the needed skills to efficiently promote the rights of the child.

**Cooperation with the nongovernmental sector**

The nongovernmental sector made a significant contribution to the preparation, start and implementation of the child welfare and protection reform in Romania. This was repeatedly acknowledged by both international institutions (UNICEF, IBRD, USAID) and national authorities.

Romania’s accession to the European Union, next to clear progress in the area of child welfare and children’s rights protection triggered the withdrawal of important external donors and the decrease in the general interest (and in the fundraising capacities) both in EU member states and in the USA, countries that were (and still are) the main funding sources of the Romanian nongovernmental sector.

Government measures taken to support NGOs have been few so far, the fundraising sector is underdeveloped, and the CSR policies, that companies could use to financially support NGO-run child interest programmes, are implemented on a small scale. In this context, NGOs are facing increasing financial problems.

The amendment made after 2005 to the Law on public utility status granted to NGOs, namely the abrogation of the article that stipulated that public utility NGOs could be funded by the state, leaves NGOs with even fewer resources to run projects and/or set up child protection services.

National interest programmes (NIP) carried out by NACRP from 2002 until 2006 (including that year) were an efficient scheme of funding national priorities in the area, as well as of boosting nongovernmental and public sectors partnerships. In mid 2007, these NIPs went through a change, following a Governmental Decision that made NGOs have to compete directly with county public authorities (GDSCCPs), situation which can not encourage public-private partnerships. This Governmental Decision was actually taken to court by a nongovernmental organisation (SERA Romania) in late 2007 and the case is still in court procedure.

A bill on service contracting by public authorities, with NGOs as private service providers, is under public discussion in the last 3 years. Even if this law would pass, it is difficult to believe that it will be enforced as long as the conflict of interests within GDSCCP (mentioned above at Financial resources – child protection system) is not solved.
In the last few years, many services managed by NGOs as service providers are still not licensed because NACRP lacked the needed capacities to run evaluations and grant licences. Many NGOs submitted the request and the licence documentation but they are still waiting for an answer.

The nongovernmental sector is still an administrator that greatly contributes to the management and running of day-care centres (for example). This means that it plays an important role in preventing child’s separation from family (according to a USAID report, on 1st May 2007, 34% of these centres were managed by NGOs). Nonetheless, the central administration does not yet consider the private sector a real partner when making child and children’s rights policies, strategies, and action plans.

The General Measures chapter of the Country Report does not have a single paragraph about the state of the nongovernmental sector and the public authorities’ cooperation with this sector.

**Recommendations:**

- Reconsider NACRP’s position, develop and build NACRP’s capacities to take on the coordinating role of children’s rights protection and child policies in line with the commitments made by Romania at the Special Session on Children of the UN General Assembly in May 2002.
- Reconsider the child protection attributions and roles of central institutions from an integrated institutional point of view, embodying relevant policymaking and policy implementation on one hand and children’s rights monitoring on the other hand; such a coherent complementary system that guarantees children’s rights fulfilment requires an independent children’s ombudsman-like structure.
- Revise and improve the National Action Plan to include all the components mentioned above (policies, programmes, actions).
- Develop and implement a budget allocation scheme to grant sufficient financial resources that are clearly destined to prevention of child’s separation from family and to child special protection.
- Meet as soon as possible the training needs and specialised staff employment needs of the GDSCCPs and (especially of) PSSAs and properly correlate national social policies to national employment policies.
- Take measures to strengthen the capacities of local authorities to fulfil their role of prevention and children’s rights monitoring (allocate financial resources, support human resources development, involve the community in local problem-solving, etc.).
- Solve the conflict of interest at GDSCCP by removing service-providing attributions from the Departments, which would allow GDSCCPs to actually take on the role of a methodological forum, strategist, case manager, service financer/contractor, monitoring-controlling-administrative decision-making forum, etc.
- Revise and harmonize all compulsory minimum standards with the requirements of the current legal framework as soon as possible.
- Strengthen (just as CRC previously recommended) the CMTIS; give access to the system to local level agencies and private service providers in order to enable the adequate recording of prevention cases and of the beneficiaries of privately-provided services; provide access to CMTIS to case managers that can use it as a case management working tool; provide continuing training to users in order to avoid potential system use disruptions.
- Revise children’s rights monitoring tools to include indicators having a real value for the proposed goal and include them into the CMTIS, if possible.
- Meet the CRC recommendations about working with the nongovernmental sector which were made for the previous Country Report.
Introduce a transparent funding scheme, enabling licensed private service providers holding public utility status¹ to have access to state budget funds. Such a scheme should take into account at least the following actions: a) define a basic service package with guaranteed access; b) establish compulsory minimum standards for every type of service (these standards already exist to a great extent); c) set the costs per beneficiary for every type of service; d) grant licence only if the standards are met; e) reconsider the provisions on public utility status granted to NGOs and private service providers; f) define financial mechanisms for funds management.

2. DEFINITION OF THE CHILD (article 1)

The definition of the child in the Romanian legislation is consistent with the provisions of the UN Convention on the Rights of the Child. According to Law 272/2004 on children’s rights protection and promotion, a child means: a person who has not turned 18 yet and has not acquired full legal capacity as stipulated by law.

In 2003, the Committee on the Rights of the Child recommended the revision of the Family Code to equalise the minimum age at which the partners can start a family.

Based on Law 288/2007 amending and complementing Law 4/1953 – Family Code – Article 4 sets the minimum age for marriage at 18 years old both for boys and girls after acquiring all civil and political rights.

3. GENERAL PRINCIPLES (articles 2, 3, 6 and 12)

Romania passed the Child Law 272/2004 on children’s rights protection and promotion embedding the general principles laid down in the UN Convention on the Rights of the Child. The new legislation embodies better the holistic vision of the Convention, getting away from the old text which was centred on child protection in general and disadvantaged children in particular.

The principle of non-discrimination
Non-discrimination policies take two directions in Romania.

First of all, we can talk about mainstreaming policies targeting all groups of population. In this respect, the prevention and sanction of all forms of discrimination are stipulated by the Law 324/2006 amending and complementing the Government Ordinance 137/2000 regarding the prevention and sanction of all forms of discrimination.

The National Council for Fight against Discrimination is the public authority in the area, an autonomous institution, under parliamentary control, that investigates and sanctions any discrimination deeds or acts.

Second of all, specific policies were made to target different vulnerable groups: disabled children, HIV/AIDS children, institutionalised children, imprisoned children, refugee children, children from poor families, and Roma children.

The legislation was revised, but the legal provisions are sometimes hard to put into practice. The vulnerable groups that are subject to discrimination and whose case was analysed by the report-drafting NGOs are HIV/AIDS children, disabled children and Roma children.

¹ In Europe, public utility has different meanings and the term used for social services is social services of general interest or of societal interest.
As far as HIV/AIDS is concerned, the following problems arise:

- Access to healthcare is difficult and it sometimes makes HIV/AIDS people hide their disease from people around them;
- Specific healthcare:

  “Luis Turcanu” Paediatric Hospital from Timisoara and “Dr. Victor Babes” Hospital for Infectious Diseases from Bucharest are good practice models. Timisoara is the Regional Centre of HIV/AIDS People Monitoring for the counties of Timis, Caras-Severin, Arad and Hunedoara. All the beneficiaries of Effata Day-care Centre are monitored and provided free and non-stop specific medication as well as other rights stipulated by applicable laws (Law 584/2002 on measures taken to prevent HIV/AIDS spreading and to protect the infected population and Law 448/2006 on protection and promotion of the rights of the disabled persons).

- Schooling – although the law stipulates that schools must admit HIV/AIDS pupils, the teaching staff and the other pupils’ parents are reluctant in this respect;
- Violation, in some cases, of the principle of confidentiality, mainly by the mass-media.

The beneficiary of a day-care centre from Timis was admitted to the maternity after having practiced prostitution. Her case was covered by the local press which made public the ID data of the HIV/AIDS-infected young woman, including her photograph.

- Stigmatization, labelling and marginalisation are common although the National Strategy for Supervising, Controlling and Preventing HIV/AIDS Cases contains non-discrimination stipulations. In parallel, NGOs working with HIV/AIDS run programmes aiming at social and professional reintegration and reduction of discrimination.

The issue of education and schooling of the disabled children is still a hot spot. Discrimination continues to be one of the main challenges of the education system: the education system does not yet ensure equal opportunities to education and the right of all children to have access and participate in the teaching-learning process. Schools see disabled children as special children for whom there is no room in regular schools.

The situation of the disabled children varies according to disability. If children with sensorial and psychomotor disabilities have more chances to be integrated into special and regular schools (thanks to access and specialised interventions), children with intellectual disabilities are hardly accepted and schooled (they depend on the reform of regular schools and on a curriculum which is not adjusted to their needs).

Obstacles arise from the teaching staff’s insufficient and inadequate initial and continuing training, lack of motivation to change working strategies (influenced by overloaded curricula), from encouraging competition more than cooperation and the gap between parents’ expectations and teachers’ expectations.

Both regular schools and special ones are not adjusted to the learning needs and potential of disabled children. The classrooms are furnished and equipped in a way that doesn’t allow the use of disabled child-friendly educational techniques and methods.

We have to particularly point out the situation of institutionalised disabled children as resulted from a CLR/UNICEF Report (September 2005 – July 2006) drafted after monitoring 64 state-run residential centres from 34 counties. In almost all the institutions that were visited, the monitoring teams of the Centre for Legal Resources (CLR) identified or were reported cases of violation of the mentally disabled children/young people’s fundamental rights, as follows: from lack of adequate food, clothes and footwear, of bed linen, pillows and beds to lack of physical exercise and
stimulation, lack of proper medication and treatment, from under-trained unmotivated staff to abusive use of methods of individual freedom restriction and isolation from the community.

The CLR report highlights the abominable living conditions and flagrant violation of the right to privacy resulted from the way in which the bathrooms and restrooms were furnished in at least a third of the institutions; lack of personal belongings or a special place to keep them (in almost half of the visited institutions); arbitrary admission to psychiatric hospitals of mentally disabled children from childcare institutions; administration of antipsychotic treatment which is not always backed up by a diagnosis or accompanied by psychotherapy; small number of activities aiming at children’s rehabilitation, education and socialization; staff’s physical and verbal violence (tolerated by colleagues and superiors) against disabled children; dysfunctions of the abuse referral system, etc.

There are still groups of children whose right to non-discrimination is not fully fulfilled. Nonetheless, we think that steps have been taken to overcome the above-mentioned obstacles and the discrimination cases have been less numerous in the last few years.

**Best interests of the child**

The fact that the Law 272/2004 explicitly talks about the best interests of the child is consistent with the provisions of the Convention on the Rights of the Child demanding that children’s best interests be taken into account in all relevant decision-making. Their interest needs to prevail in any case and their short-term and long-term interests need to be balanced out.

The provision of Article 2 (3) of Law 272/2004 regarding the principle of the child’s best interest, namely “the child’s best interest **shall prevail** in any child-related action and decision made by public authorities and authorized private bodies, as well as in the cases settled in court”, goes beyond the text of the Convention and may lead to legal nature problems.

According to international rules, the child’s best interest means his/her effective possibility to exercise and fulfill the rights stipulated by law in a manner that ensures his/her harmonious physical, psychological, intellectual, moral and social development, in dignity and freedom. The child’s best interest needs to be considered a priority according to circumstances. The international rules do not impose exclusivity and prevalence of this interest, but to balance it with other possible interests and with the obligation that the child’s best interest be met to the greatest extent possible without infringing the rights and freedoms of others or other laws.

The provision of Article 2 (1), namely “this law, any other adopted regulations on the respect and promotion of children’s rights, as well as any legal act issued or, according to the case, concluded in this field **is primordially subordinate** to the child’s best interest”, may also lead to systemic legal problems.

A law cannot be subordinate to the interest of an individual or of a group, regardless its nature, moreover if that interest has not even been defined. An applicable law cannot be subordinate to a higher value rule unless there is a subordination control system similar to the control of law’s constitutionality, which oversees the alignment of laws with the Constitution. In addition, subordinating any legal act, concluded or issued, to an absolute rule gives the chance to any stakeholder to ask to a court to declare the absolute nullity of any act that is allegedly violating the respective rule. Such legal regulation, unless extremely precise, may have consequences on the stability of the entire system of legal relations.

**The budget allocation** does not take into account the child’s best interest. During the drafting of the Budget Law, no public consultation was conducted on how the child’s best interest is affected.
by the under-funding of education, healthcare, welfare – key areas to the child’s normal development and life skills development.

Many other laws and policies can be cited as disrespecting the principle of the child’s best interest: environmental policies, consumer protection policies, etc.

**Social protection** – it is the area that went through the greatest changes in the last period of time. Significant progress was made in terms of legal and institutional framework, and resources granted to child protection. An important aspect of the child protection system is stressing the paramount role of the family in child upbringing and care.

Big-sized childcare institutions were not always closed down in line with the child’s best interest. Between 2003 and 2006, the deinstitutionalisation process sometimes looked like a campaign run to meet political demands (commitments made by the Romanian state in order to accede to the European Union) rather than to respect children’s rights and the child’s best interest. In some cases, the custody of children was granted to extended family members, without a thorough check-up of the conditions needed to properly look after the child. Such cases turned children who left a childcare institution into street children. In addition, there were cases where foster carers were authorised by competent authorities to take care of the child without having conducted a social investigation to properly assess the family or the carer. Thus, children were abused, subject to ill-treatment, including violent physical aggressions. All these prove that the child’s best interest is still flagrantly violated and show that the tools of monitoring the implementation of social policies are still lacking.

**The right to life, survival and development**

In Romania, there are approximately 4.6 million children, about one third less than in 1989. The situation of children mirrors more clearly the polarisation of the Romanian society between a wealthy minority and a majority of people with insufficient or modest resources.

Over one million children (24% of under-17-year-old people) were living in poverty in 2004 in Romania, and over 350,000 (8%) of them were coping with extreme poverty. Children and youth were affected the most by the economic decline period and felt less the improved living standard during the economic recovery period.

The poverty risk is higher for children from single-parent or extended families whose members have a low level of education and an unstable employment status, as well as for children of Roma ethnicity or from rural areas.

Children from large families (with at least four children) account for only 10% of all children, but for a quarter of all poor children. Children living in single-parent families face significantly higher poverty risks (34% compared to 23.1% for children from two-parent families). Still, in the case of children living with one parent without other people in the household, the poverty risk is comparable with the one identified for all children, whereas poverty is much more common to those living in extended families (up to 40%). Extended family arrangements are actually a strategy to cut down financial burdens (by covering the costs together).

The poverty rate is over three times higher for Roma children (77.2%) than for children of other ethnicity. Although Roma children account for 5% of all children, they represent 15% of the poor children and a quarter of the extremely poor children.

The poverty rate for rural area children is double compared to urban area (32.9% versus 15.6%, in 2004).
Many children live in deplorable conditions which affect their development. One in ten children grows up in inappropriate housing which is seriously deteriorated and of poor quality: lack of space, bad light, lack of heat, leaking roof, dampness, broken installations, deteriorated window frames or floors. Over a quarter of children live in dwellings that are made of inadequate and poorly-resistant materials.

**Respect for the views of the child**

The inclusion of the right to opinion and to participation in Law 272 is highly appreciated. Nevertheless, the more conservative Romanian education prevents the fulfilment of the right to opinion and to participation other than exceptionally – in schools run by managers who are open to pupils’ or broad-minded families’ opinions and who see the child as an active interlocutor.

Although the Internal Rules of Organisation and Operation of Primary and Secondary Schools (ROOPSS) state that all schools are running based on the UNCRC provisions, in practice, pupils’ views are not always listened to. The creation of Pupils’ Councils as children’s associative structures, from school to national levels, is a positive step taken to democratise schools and give more decision-making responsibilities to pupils. Still, the running of Pupils’ Councils varies a lot and the respect of the attributions conferred to them by the Internal Rules depends on the open mind of and opportunities created by the school management and on the school’s democratic climate. In some schools, despite the fact that the Chairman of the Pupils’ Council is a de facto member of the Board of Trustees, he/she is not summoned to the meetings. The same thing happens to the meetings of the Teachers Boards, where the Chairman must be invited if the agenda includes matters related to pupils’. In other cases, even if they are allowed to participate in teachers boards or board of trustees, their opinion is not taken into account and their position is actually limited. They are consulted more in relation to extracurricular activities. The children’s voice in important matters of the teaching-learning process is not heard. In schools, few teachers are used to encourage children to speak their mind and directly participate in the education process. Usually, class meetings are used to catch up with the subject matters that are considered “more important”. The pupils’ right to choose the curriculum is flagrantly infringed. It is the school and the family that make that choice.

Sometimes, Pupils’ Councils don’t reflect the ethnical structure of the pupils, especially when there are Roma children as well.

A great accomplishment was made when the children were consulted about the respect for their rights and later drafted a Report as part of the project “Children’s Council Has Spoken”. Nonetheless, the fact that the children’s Report was sent as an appendix to the Country Report was considered an infringement of their right to be taken as equal partners in the reporting of the respect for children’s rights in Romania. The children’s views were consequently placed on a secondary level.

The opinion of some groups of children is never taken into account. For example:

- **Mentally disabled children** – the Country Report does not analyse or talk about the mentally disabled children’s right to opinion and to being heard, unless official documents prove the lack of their legal capacity;

- **Freedom-deprived children** – According to the Criminal Code, Law 356/2006, Article 481, paragraph 1: “(1) When the suspect or the defendant is an under-16-year-old minor, during any hearing or consultation of the minor, if the prosecution finds it necessary it can summon the Service of victims protection and offenders’ social reintegration from the minor’s place of residence,
as well as the parents or, if applicable, the guardian, curator or the person who looks after or supervises the minor.”

On one hand, it says nothing about the child’s right to opinion, and, on the other hand, summoning those persons to represent the minor is up to the policeman.

There are no policies or strategies promoting the child’s right to opinion and to participation.

**Pupil’s Lawyer** is a pilot project aiming at educating pupils about their rights and responsibilities and creating the right school environment to promote and respect them, in line with the provisions of the UN Convention on the Rights of the Child, of Law 272/2004 and of the European Convention on Human Rights.

Created and implemented in partnership by three institutions: The Association “Assistance and Programming for Sustainable Development – Agenda 21”, the Ministry of Education, Research and Youth and UNICEF Office in Romania, the project started in March 2005 and was run in 8 pilot high schools from Bucharest, Buzau and Ilfov. Later, in 2007–2008, it was extended to a national level and acknowledged as national project by the Ministry of Education, Research and Youth. The project aims at setting up in schools a structure – namely Pupil’s Lawyer – to identify all infringement of their rights, while pupils play a real advocating role and suggest solutions for each case. The project is a model providing to children and youth the right environment to exercise their right to free expression of opinions, to increase their self-esteem and acquire knowledge and skills that can help them cope with challenges later in life.

**Recommendations:**

- Any policymaking and decision-making at all levels must take into account the best interests of the child and the impact on children. Child’s best interest definition criteria need to be identified.
- The provision of equal opportunities to development and education alongside social integration are approaches that depend not only on legislation, but also on the real measures foreseen by social institutions that need to develop identification, assessment, intervention and monitoring systems through specialized public services and through the joint services of the society.
- Promote non-discrimination in all institutions delivering child and family services.
- Promote the views of the child in their family, schools, institutions, facilitate their participation, provide information about this right to parents, teachers, government and administration officials.
- Assess the impact the views of children have on programmes and policies.

**4. CIVIL RIGHTS AND FREEDOMS (articles 7, 8, 13, 14, 15, 16, 17, 19 and 37 (a))**

**Child’s identity**

The Law 272/2004 sets out only the general framework regarding the duties of the institutions and authorities and presents a working procedure that leaves room to interpretation and absconding for those involved. Although a clear scheme of inter-agency cooperation for establishing the child’s identity is in place, it is not used, which only delays the settlement of children-without-identity cases, many times to the detriment of children.

As far as the child’s right to identity is concerned, projects were started by NGOs to identify existing problems and make recommendations.

**The right to identity of children abandoned in maternities and hospitals is still being infringed.** According to the survey conducted by the Ministry of Health and UNICEF in 150
healthcare units, it was estimated that in 2004 alone approximately 4,000 newborn babies were left in maternities in Romania right after birth, accounting for 1.8% of all births. In the Country Report, Article IV.2 mentions deadlines set for declaring and registering the birth of a child, varying from 24 hours to 30 days. The experience of SCOP organisation, acquired from running projects, shows that, in some cases, days after birth the abandoned baby didn’t even have the Statement of Live Birth filled in.

The above-mentioned survey pointed out an impressive percentage of children without identification documents – 31.8% of children abandoned in hospitals/paediatric wards. Because of this, they are “inexistent” from a legal point of view, and consequently, vulnerable to various risks, including trafficking.

In line with the new legislation, a lot of attributions were transferred to the Public Services of Social Assistance. Undergraduate social workers (trained for a maximum of 6 months) and, occasionally, social workers are employed with this service, especially in rural areas. They don’t have the proper training to intervene in cases of establishing the identity of an abandoned newborn baby or due to an overloaded job description they don’t find the time to follow all the law-recommended/transferred procedures.

The Country Report names a great number of institutions and experts that intervene and help establish the identity of the newborn baby. In reality, these attributions are little known by those institutions/experts, therefore the inter-agency team having to establish the identity of the newborn child is not functional. These dysfunctions delay a lot the respect for the newborn child’s right to identity, and it can sometimes take years before the child/adult has an identity.

Although NACRP, the National Inspectorate for Population Registration and the Ministry of Labour had to draw up methodological guidelines to child birth registration procedures, namely for children who are abandoned or at risk of being abandoned, this document is not yet operational.

**Freedom of expression**

The inclusion of this right in Law 272/2004, Article 24 paragraphs 1 and 2, and in the Constitution of Romania, Article 30, is highly appreciated.

Several situations are inconsistent with Article 13, paragraph 1 of the UNCRC stipulating “...freedom to seek, receive and impart information and ideas of all kinds”. For example: the poor supplies of school libraries – mainly in rural areas, the skyrocketing prices of children’s books, including textbooks, schools that are poorly equipped with computers; limited access of pupils to IT labs (which are locked after school).

**Freedom of thought, conscience and religion**

The Country Report presents two realities regarding the fulfilment of this right, namely:

- “Children study religion as a pre-academic education discipline;
- Religious education taught in special protection services set up by various cults/religious associations”.

Despite the existing legal provisions, in practice, some dysfunctions can be identified, as follows:

- The parents’ unilateral decision regarding the children’s participation in Religion classes without considering the child’s choice,
- The parents’ unilateral decision to choose “the child’s religion”, without giving him/her the chance to get informed and express his/her opinion about it.
Freedom of association and peaceful assembly
The Country Report doesn’t include any statistics about the respect of this right.

According to “Children on the edge of hope, UNICEF 2006 ”, in 2005 Romania was the country with the smallest number of children’s clubs and “only 18% of Romanian children attended organised spare time activities, and most of them were children from urban areas going to a sports club. Unlike Romanians, 44 % in average of European and Central Asian children are members of at least one organised group, club or association”.

Protection of privacy and private life
The Decision 249/2004 of the National Audiovisual Council sets a series of prohibitions meant to protect child privacy and prohibits statements or interviews used to make TV productions more spectacular.

The Country Report makes reference to this NAC provision, but it does not exemplify with any real research.

This right is sometimes infringed, especially in childcare institutions with multi-bedded rooms, in large families and poor families where all family members share a room.

Recommendations:
• Set adequate indicators, develop and use a systematic and unitary monitoring and reporting system to improve the quality of child and family basic services – an essential condition to prevent child abandonment in Romania. Add qualitative indicators regarding the respect for children’s rights in Romania to the quantitative indicators of the reporting system used by NACRP.
• Implement immediately the new legislation promoting the inter-sectoral responsibility for children’s rights protection of the health, social and education sectors, and start service integration at community level.
• Shorten/simplify the course and increase urgency of identity-establishing procedures;
• Provide statistics about children’s access to means of information: special textbooks, access to libraries, mediateques, Internet, etc.
• Introduce procedures creating the right and safe setting for children of another denomination than the one studied in school, respectively the chance to opt for an alternative class.

5. FAMILY ENVIRONMENT AND ALTERNATIVE CARE (articles 5, 9, 10, 11, 18, 20, 21, 25 and 27.4)

The applicable legislation places the main responsibility of family support with local authorities, in particular with local Public Services of Social Assistance (PSSA), and the responsibility of alternative care measures with county general departments of social care and child protection (GDSCCP).

Local family support and prevention services
According to the law, to fulfil its role of taking all necessary measures to an early identification of risk situations, the Public Service of Social Assistance has to provide to parents, at their request, specialised (including legal) consultancy about legal family support incentives related to child care, upbringing and education.
As it has already been shown in chapter “General Measures” of this Alternative Report, the state of the local Public Services of Social Assistance (PSSA) is inadequate (especially in rural areas) and, obviously, under these circumstances, they cannot properly fulfil their functions of risk situation identification, counselling and family support.

Besides PSSAs, the other family support and prevention services are not yet well developed at local level.

At mid-2007, a ChildNet Programme report (NACRP/USAID/World Learning partnership) about the services of prevention of child’s separation from family, showed the following reality:

**Community Advisory Boards** – community support structures – involved in protecting children’s rights and in community interventions to reduce the risk of child’s separation from his/her family – were set up in 1,608 communes, representing 55.8% of all communes in the country, but they are not working yet to a full result-reaching potential. During the data gathering process, communities were encountered where the community advisory board hadn’t had any meeting.

**Day-care centres** – most of a total number of 441 day-care centres identified at national level are available in county head towns (36%) and in other towns (33%). In rural areas, this social service is under-developed (nationally, there is an average of 3 day-care centres per 100 communes). It is remarkable that 34% of the Romanian day-care centres are run by private social service providers. The nongovernmental organisations delivering prevention services are also concentrated in urban areas (89%).

**Centres for parent counselling and support** – although counselling is considered one of the basic social care interventions, a type of support to prevent child’s separation from family, in rural areas, the centres for parent counselling and support are practically non-existent. Only 10 of 110 centres identified in the whole country are managed by local councils, all of them in the urban area (when the study was made, 59 centres were run by the county GDSCCPs and 29 by NGOs).

**The mobile team for disabled children and their families** – this is a specialised service delivered by teams of practitioners that go to the family’s home to support the child’s rehabilitation and recovery, to share information, knowledge and working techniques with the parents or family members. Nationwide, there are only 17 such mobile teams (14 in the counties and 3 in Bucharest).

To go on about the poor development of local family support and child’s separation from family prevention services, especially in rural areas, it is important to add that (according to the same ChildNet survey) 62.7% of all children who re-entered the childcare system after family reintegration came from rural areas; this may be due to monitoring setbacks, to uninvolved local authorities, to the lack of support services in the community or of parent supporting social networks.

Support and prevention services at local level continue to focus a great deal on financial benefits (allowances) (heat allowance, guaranteed minimum income, etc). Nevertheless, the system of financial benefits applicable at local level is not doubled by a complementary system of social services, with trained staff to help eliminate or reduce the causes leading to child’s separation from family. Thus, the monitoring of the potential impact on the child’s (and family’s in general) welfare made by the granted financial support and the proliferation of the outputs of these “financial investments” through counselling, information, education are completely missing out.

Although the social protection legislation was aligned with European requirements, the social reality and the multitude of child and family-related social cases prove that this legislation is not yet comprehensive and efficient or that it is not yet enforced. A great part of the problems facing the population at risk is not even taken into account when social policies are being made, when prevention services are being developed and, consequently, several segments of population at risk have limited access to such services.
Segments of population (from remote areas, with a low education level) don’t have access to information about available prevention measures, rights, social services. The informative materials target people who have access to education and not people who don’t and who are at risk, which perpetuates abandonment.

The inefficiency of family support and prevention measures is evidenced by the fact that the percentage rate of children separated from their family (who benefit from a protection measure) has not changed much in the last 10 years. In 1997, it was estimated that the total number of children separated from their family was of 98,872 for a total population of children of 5,940,000, whereas at the end of 2007, the number of children separated from their family was of 73,286 (NACRP data) for a total population of 4,554,332 children (NIS data). This means that if in absolute figures the number of children from the special protection system dropped by 25,586 children, their percentage share of the total population of children went through insignificant changes (1.66% in 1997 and 1.60% in 2007). Things look pretty similar for children abandoned in maternities and paediatric wards who accounted for approximately 25% (1,496 cases) of a total of 6,080 new children entering the special protection system; this was the main entrance gate to the childcare system for the 0-1 year old age group in particular (62% of cases – 1,136 children of a total of 1,822 new entries for this age group) – (Data valid for 2006, according to the ChildNet survey on child’s separation from family prevention services, 2007).

Alternative care

Among the alternative care measures that can be provided to children who are temporarily or indefinitely without parental care, the Law 272/2004 includes guardianship, special protection measures and adoption.

Guardianship

Maintaining guardianship as a child protection measure without changing /improving the core of this procedure, currently regulated by the Family Code, is inopportune and it has no practical applicability (the number of cases where a guardian was established for children at risk is insignificant – 2,012 at the end of 2007). Moreover, it may cause a conflict of jurisdictions and unacceptable tergiversation in the process of choosing the right child protection measure (the period of time set for establishing guardianship is indefinite, which can considerably delay making the right decision for the child).

Special protection

According to the Law 272/2004, a special protection measure can be taken following the administrative decision of the Child Protection Commission when parents’ consent is available, or a court decision when parents’ consent is not available. Emergency placement however has special rules as it is established by order of the GDSCCP director when the child is abused/neglected by his/her own family, left on the street or abandoned in hospital. In the event of this measure, the court must be informed within 48 hours after the emergency placement measure was taken.

All these underline the major role of the Child Protection Commission (as an administrative authority) and of the court in placing a child in the special protection system. However, both structures show dysfunctions that could impair the quality of the decision-making.

Child Protection Commissions (CPC) – In general, Child Protection Commissions have little time to discuss each case. Given that Law 272/2004 stipulates that cases of abuse, neglect, exploitation as well as at-risk cases and the re-evaluations of childcare system children should be examined by CPC, sometimes a Commission has to go through around 100 cases during one working day,
giving, in average, maximum 3 minutes to each case. Under these circumstances, CPCs cannot get into the details of each case and the decisions are made mainly based on the propositions of the case managers and case aides.

**Juvenile court**

The law on legal system organisation initially stipulated that specialised courts should start to effectively run on January 1st 2008 at the latest. Given this, it was expected that alongside the implementation of the Children’s Rights Law, juvenile and family courts would be set up and run effectively as specialised courts that would take over the cases that this law establishes as being of their jurisdiction. This didn't happen at all and, unfortunately, at the beginning of 2008 (after three years of implementing the law on children’s rights protection and promotion), only one juvenile and family court was working in the whole country (in the county of Brasov).

At the present, except for the single case mentioned above, in most counties from the country juvenile and family cases are handled either by bodies of magistrates or specialised units. In the meanwhile, the provisions stipulating the operation of specialised courts by January 1st 2008 were amended. The absence of a nationwide unitary form of organisation can create problems in terms of the overall approach that magistrates should adopt when settling child cases – regardless if they are of civil, criminal, social nature, etc. – and in terms of the magistrates’ effective specialisation on children’s rights and implicitly on enouncing unitary solutions.

The most obvious direct consequence of this is the lack of magistrates specialised on children’s rights, which is a must in order to examine and understand the cases they investigate and mainly to be able to anticipate the impact of decisions made on the child’s development later on.

Besides all these, there is also the lack or insufficiency of specific procedure standards for juvenile cases, the impossibility of meeting legal standards that impose quick settling as well as an inadequate infrastructure for child case investigation and settlement (for example, child cases are trialled in the same court room where defendants, witnesses and lawyers in various cases are present; no appropriate rooms to hear and ask for the child’s opinion, impossibility to provide confidentiality, etc.).

**Special protection services**

In over ten years that have passed since the beginning of the child protection system reform, the main success was changing the structure of special protection services. Thus, if at the beginning of 1997 we could hardly talk about family-like alternative services, at the end of 2007, 46,160 (64.7%) of children with special protection measures were in family placement at up-to-4th degree relative (30.7%), at professional foster carers (28.59%) or other people (5.43%), while the number of children placed in the residential care system dropped to 25,144 (32.57%).

An achievement worth mentioning (even if, in practice, there are still some law implementation setbacks) is the fact that, starting with January 1st 2005, the Law 272/2004 prohibits the placement of under-two-year-old children (except for those with severe disabilities in need of specialised care) in any residential type of care. We also need to add that this article of the law was proposed by FONPC and ProChild which ran a public campaign and made a lot of lobby in this respect.
The residential care system
Unfortunately, this system perpetuates the old practices such as seclusion, isolation from the community, no consultation and participation of children.

Although there is a lot of talk about the independent life skills of placement centre children and young people (children of over 10 years old, teenagers and youth represent the majority of those placed in residential care), in reality, they are out of the question as long as these young people don’t have access to kitchen, bathroom (except for a set schedule), cannot buy clothes by themselves, cannot buy food on their own or help cook it.

An example illustrating that children’s right to consultation and participation is not respected is the way in which goods are purchased for residential care children. Any procurement for a child in special care is done through bidding. The child gets the clothes and food that have already been bought without having him choose the clothes or the menu. The child remains a “passive dependent person” in the childcare system and not an active subject, with rights that need to be respected. The child’s right to participation and the child’s right to acquiring independent life skills are obviously violated by this way of purchasing goods.

Professional foster carer
This family care alternative has rapidly developed in the last few years. At the end of 2007, 20,380 children were placed with 15,225 professional foster carers.

The standards and methodological guidelines adopted in 2003 are currently no longer appropriate and they are not respected anyway.

The rapid growth in the number of foster carers from the child protection system was not followed by an appropriate growth in the human resources allocated by GDSCCP to this service. Obviously, the increasing pressure on the staff working in this service led, in time, to a drop in the service quality, which reflected especially on placement monitoring, placement family support and on inefficiency in reaching the goals of the individual protection plans (reintegration, adoption or social-professional integration).

Unfortunately, although it should be only a temporary measure, there is an increasing tendency of making this service a long-term/permanent one.

The growth in the number of foster carers and in the need for foster carers brought about a more frequent infringement of some principles that should govern both foster care and children’s rights. Thus, we could give the following examples, mentioned by the NGO representatives that attended the Alternative Report working groups:
- Sometimes, the PFCs were asked to give a written statement prior to the placement that they wouldn’t apply for the child’s adoption and would not grow attached to the fostered child;
- The PFC is forced to take care of minimum 2 children;
- In order to make room for under-two-year-old children, given the small number of available PFCs, it was decided to transfer some children (who are over 2 years old) from PFC to residential care placement.

Periodic revision of special protection measures
The special protection measure of each case should be revised at least every three months as it is stipulated by law.
The GDSCCPs meet this legal provision, but most of the times they do it superfluously, without appropriate case monitoring and re-assessment of the situation having led to the child’s separation from his/her family.

A possible explanation to this is that GDSCCPs (even if they are the leading social employer in every county) are facing problems when it comes to providing these services with the right staff in terms of structure, qualification and skills.

According to a case management survey run as part of the ChildNet programme in 2006, at the end of 2005, as far as the residential care system was concerned, in Romania there were still 8 GDSCCPs, representing 17.4 % of the counties, that didn’t have a single social worker for the residential care service, and 10 general departments of social care and child protection had only one social worker for the residential care system. 52.2 % of general departments of social care and child protection didn’t have case managers appointed to the residential care service. When the survey was run, the national average of cases per case manager was 221.7, and the caseload of case aides was of 49.6 cases/case aide; however, the survey presented extreme cases as well (698 cases/case manager – Vrancea, 480 cases/case manager– Satu Mare, 419 – Gorj, 419 – Olt).

### National adoption

In 1997, Romania passed a new legislation on adoption regulating both national and international adoption. In 2001, Romania established a moratorium that blocked international adoption, at the recommendation of the European Parliament Rapporteur for Romania. In 2004, Romania passed a new law on adoption – Law 273/2004 – that entered into force on 1st January 2005 (except for some articles that entered into force on 26 June 2004). This law is currently regulating adoption procedures.

In Romania, adoption is regulated as a civil law measure of the internal law but, given the international conventions ratified by Romania; adoption is and remains an alternative care measure.

Experts have different points of view on the following issues that could raise obstacles in the internal adoption process:

- In Romania, a child’s adoption requires three different court orders which delays the adoption process to a period of approximately 2 years as there are no specialised juvenile courts;
- For a child to be included in the adoption procedure, social services first need to assess the possibility of placing him/her with the extended family (up-to-4th degree relatives). Unfortunately, this assessment takes up a lot of time for various reasons (small number of staff, of resources needed to this assessment, inefficient internal procedures, etc.) and most of the times the outcome of these actions is that the child is placed in the state-run childcare system. As Romanian adopting families prefer smaller children and due to the time needed to assess extended family placement and then to the late court establishment of adoptability, the chances for an older child to be adopted are few.

The current legislation comprises provisions that generated different views about whether they encourage or not internal adoptions. Some of the provisions worth mentioning here are the following:

- The parents whose parental rights were terminated still have the right to give their consent for the child’s adoption,
- The guardian has the right to give his/her consent for the child’s adoption,
- The adoptive and biological parents meet during the adoption proceedings.
The constant high number of children looked after by the state (73,976 on 31 December 2006, NACRP), both institutionalised and in alternative care who are not in the care of their natural parents, as well as the number of families authorised to adopt (2,208 in 2006, RAO) should be enough reasons to start intense campaigns for promoting internal adoptions. Unfortunately, the number of internal adoptions continues to be relatively and constantly small as showed by the data provided by the Romanian Adoption Office.

Evolution of adoption in Romania. Source: Romanian Adoption Office, 2007

The compulsory minimum standards for national adoption services are no longer appropriate as they were adopted before the change of the legal framework.

There are insufficient national programmes and campaigns promoting national adoption, especially national programmes aiming at changing the mentality of Romanian adopting families (cultural issues, traditions, national customs related to adoptions usually make adopting families refuse an older child (who is over 3 years old), disabled children or children of another ethnicity).

Abuse, neglect, exploitation

During 2006, for 2,303 (37.9%) children of the total number of new children who entered the childcare system the decision of establishing a type of care was made after reports of abuse, neglect or exploitation (ChildNet – prevention survey, 2007).

It is not clear if the high number (the percentage respectively) of these cases is due to an increase in the abuse, neglect, exploitation phenomena themselves or if it comes as a result of the development of local prevention services and/or public opinion awareness following media campaigns on the matter.

As to the way reporting is handled and answered, we need to say that the child helpline (CH), as a special GDSCCP service set up for this purpose, has not yet managed to meet the real needs associated with such a service.

The child helpline does not have one single number for the whole country (normally, such a helpline should have a short easy-to-remember number, just like the emergency call 112, or it could even be affiliated to this emergency number) which makes it hard to access; CH services don't work 24 hours a day, are not properly equipped, are not served by a local network of contacts/intervention or by mobile intervention teams.

The compulsory minimum standards currently used for the CH are inappropriate and don't have methodological implementing guidelines.

Emergency Placement (EP) is a measure that is strongly connected to the settlement of abuse, neglect and exploitation cases. In order to remove the child from the family without the parents'/legal representatives' consent, a Presidential Ordinance, which can be obtained in a few
hours or a few days, is needed. Meanwhile, the child remains in the risky environment or is removed abusively (violating legal provisions) from this environment. Another EP-related aspect is that the law gives the possibility to the court to maintain the EP measure indefinitely.

As to the legal framework regulating cases of abuse, neglect and exploitation, besides the Law 272/2004 that comprises clear regulations in terms of prevention and protection of children who are victims of abuse, neglect, exploitation, these cases are also regulated by Law 217/2003 on prevention of and fight against domestic violence. Law 272/2004 stipulates that victim children may benefit from protection through emergency placement, whereas Law 217/2003 reads that they can benefit from shelters and recovery centres. The problem is that in order to benefit from the services stipulated by Law 217/2003, the violence cases need to be reported to the family social workers at the domestic violence fighting divisions of County Labour and Social Protection Departments. Assigning these responsibilities to County Labour and Social Protection Departments although GDSCCPs are in place leads to responsibilities overlapping between GDSCCPs and Labour and Social Protection Departments at county level.

**Recommendations:**

- **Adopt coherent national policies and strategies, based on thorough assessment of local real needs, to help develop and diversify local prevention services; define the basic service packages with guaranteed access; provide broad access to family support and prevention services and share relevant information with target groups;**
- **Revise the number and types of benefits (financial allowances) granted as family support and accompany them by complementary services of parent support and education and a thorough monitoring of the way in which allowances are used and of their impact on family welfare;**
- **In order to develop local prevention services, the following actions could be useful:**
  - Draw up a coherent national training curriculum for mayors, undergraduate social workers and advisory boards. It is important to use the positive experience acquired in the area by nongovernmental organisations (For Our Children, World Vision)
  - Use acquired positive experience (e.g.: GDSCCP Suceava, Mehedinti, Bistrita) to develop mobile teams for disabled child and family at national level;
  - Develop and diversify daytime support services – besides the development of day-care centres, it is useful to consider other types of services too. A positive action in this respect is the bill recently issued by the Ministry of Labour, Family and Equal Opportunities on setting up, organising and running daytime child care and education services.
- **Strengthen the capacities of CPC to make fully informed administrative decisions when establishing a protection measure or revising cases, after detailed assessment of each individual case (giving enough time to discuss each case).**
- **Set up juvenile courts.**
- **Continue closing down traditional residential care institutions, mainly those with a capacity of over 100 children.**
- **Extend independent life skills programmes at national level so that all youth getting ready to leave the childcare system can benefit from such training. GDSCCPs should monitor for at least 2 years the situation of young people leaving the childcare system and provide adequate support services/measures to these young people.**
- **Promptly revise the foster care standards and methodological guidelines and, after revision, check their implementation.**
- **State authorities must thoroughly assess the structure of the personnel employed by GDSCCP child protection services, of staff training, qualification and skills and their compliance with legal requirements.**
- **Provide ongoing training programmes for all childcare system staff which need to be supported and closely monitored by state authorities.**
- It would be useful to consider a change of the case management system by creating separate case management units within GDSCCPs in order to clarify case managers and aides’ roles and responsibilities and to make sure the goal of individual protection plans (IPP) is reached.
- Swiftly adopt new standards for CH service (maybe use the standards and methodological guidelines drawn up as part of the ChildNet programme that have been at the disposal of NACRP since mid-2007).
- It is necessary to run a thorough assessment of the implementation of the new adoption laws and to identify potential problems of any kind (legal, mentality-related, different perceptions of experts and adopting parents, etc.).
- Ensure round-the-clock running of CH services with a free-of-charge short single number for the whole country, with staff and proper equipment to record referrals and to intervene. Develop intervention networks in every county in order to allow rapid checking and intervention anywhere an abuse, neglect, exploitation case is reported.
- Continue to run national public awareness campaigns about child abuse, neglect and exploitation.
- Strengthen the reporting system by permanently training on the matter all professionals that can identify and report abuse/neglect/exploitation cases or that can intervene in such cases.
- Analyse and revise the legal framework on domestic violence by removing any overlapping of responsibilities between GDSCCPs and Departments of Labour and Social Protection.

6. BASIC HEALTH AND WELFARE (articles 6, 18, 23, 24, 26 and 27)

Access to primary healthcare services
Access to healthcare services has improved to some extent, but there are still some major problem areas. The research carried out by Romani Criss organisation (Healthcare and Roma – Assessment of the Health Mediation System Romani Criss, 2007) identified two types of exclusion of Roma population from the public healthcare system:

- Formal exclusion – this category comprises everyone who doesn’t meet all legal provisions to benefit from public healthcare: the uninsured, those who don’t have identity documents, those with no income, those who are not recorded by the insurance house (people who are not legally employed and don’t pay insurance contributions);
- Informal exclusion – this category includes rural area population, especially from isolated settlements, poor people, the Roma population (obviously, a great part of the people included in this category is also formally excluded).

As revealed by a study (Romania – Health Sector, Sectoral Policy Survey - World Bank, 2007), access to healthcare is also ethnicity-dependent. For example, only 47% of Roma women and 50% of Roma men say they have health insurance compared to 84% and 80% respectively of the majority population.

There are very poor areas where children are born and they cannot benefit from healthcare due to lack of the needed human and material resources. Sometimes, a family physician should see 500 patients a day, which is practically impossible, and consequently many of them are not checked or they are sent to hospitals. As hospitals absorb a disproportionate volume of public resources and they are concentrated in the main cities, the geographic variations of spending increases even more the regional discrepancy as far as resource allocation is concerned. Rural area and poor households show the lowest probability of turning to healthcare services in case of illness, and the amount reimbursed by health insurers goes in a disproportionately high manner to the wealthy population with a better access to modern care techniques.

Another problem area as far as access goes is reproductive health services. According to NIS data from 2006, the access to healthcare in this area is strongly influenced by social-economic status.
Thus, only 54% of the women from the last quarter of the socio-economic ladder were assisted by a medical doctor during child delivery compared to over 90% of the women from the top quarter.

Community nurses and health mediators
In order to improve access to healthcare, the Ministry of Health issued the Order 619/2002 approving the profession of health mediator and the technical standards to organising, running and funding the work of health mediators. Law 95/2006 on healthcare system reform places even more focus on community nursing and on providing care at community level in order to solve the individual’s medical and social problems.

The community nursing providers are the community nurse, and the health mediator. In line with the decentralisation action plan of the Ministry of Public Health, the county/local authorities are responsible for funding, recruiting, training and assessing these practitioners.

According to a ChildNet survey (NACRP/USAID/World Learning), at mid-2007, at national level, on May 1st 2007 628 communes of a total number of 2,881 communes had at least one community nurse, which means a 21.8 % coverage of the total resources needed nationwide.

The report of the Ministry of Public Health – MPH reveals that in 2007 1,500 community nurses and 100 Roma community health mediators were trained and 2,000 community nurses and 200 Roma health mediators were employed.

It is important to underline the fact that the nongovernmental organisation Romani Criss made a paramount contribution to the creation of the profession of health mediator for Roma communities. This organisation received authorisation from MPH to create the profession of “health mediator” and to introduce it in the job classification list (under basic group No 5139, “workers in services for the population”, code 513902).

Between 2004 and 2005, Romani Criss organised numerous training courses for health mediators (360 health mediators were trained) and ran rigorous assessments of the health mediators network. During this time, projects were carried out to monitor health mediators by the experts of the organisation. 264 of these health mediators were employed by 38 County Public Health Departments.

By 2007, Romani Criss developed 7 regional centres setting the basis of the health mediators support network (283 mediators were granted support through these centres).

Moreover, in 2007, Romani Criss coordinated the drafting of the occupational standard for health mediators, which was approved on 13 December 2007.

“Currently, the Government is not running any monitoring or audit meant to spot out how health mediators are being funded. The local partnerships were signed thanks to the intervention and efforts of the health mediators and community members, and they are under any no circumstance the merit of local or central authorities” (Romani Criss in “Healthcare and Roma – Assessment of the Health Mediation System Romani Criss, 2007”).

Health mediators don’t have yet the proper logistics and technical support needed to efficiently fulfil their tasks (the most common problem is access to efficient means of communication – telephone, fax, computer with Internet connection, etc.).

Child mortality
The Romanian child mortality rate continues to be the highest in the European Union (13.91‰ in 2006, according to Eurostat-WHO data). Moreover, this indicator is higher in rural areas and in the case of Roma population (Report of UNICEF and the Institute for Mother and Child Care – “Medical
and social causes of under-five-year-old child mortality at home and within 24 hours after hospital admission”. In 2006, child mortality reached 17.1‰ in rural areas versus 11.2‰ in urban areas. In 2006, child mortality among Roma population exceeded 40‰ (Eurostat-WHO, 2006).

We notice a high percentage of deaths occurring at home (22.4% in 2005) mostly due to the rare visits to the doctor (37.8% of cases). In regard to the death of 0-1 year-old children in hospitals, in 2006, 20.1% of them occurred within 24 hours after admission, which proves the family’s habit of not turning to the doctor, as well as the existing gaps of the primary healthcare (UNICEF-IMCC, 2006).

As to the structure of 0-1 year-old child deaths, the main causes were perinatal (37.8% in 2006) and respiratory system pathologies (27.5% in 2006), followed by congenital malformations (23.7% in 2005).

We can also note the fact that there is a connection between the mothers’ schooling level and child mortality as most deaths were recorded among live newborn babies whose mothers were unschooled or had a basic or medium level education. If we take into account the mothers’ employment, most 0-1 year-old child deaths were recorded at children whose mothers were housewives or unemployed, which proves that it is not lack of time, but lack or training and education that has a say when it comes to child mortality.

**Fighting diseases and malnutrition**

**Immunization**

While the level of immunization (97%) is still high, a national survey of knowledge, attitudes and practices from 2006 run by Our Children Foundation and Step by Step with the support of UNICEF and Petrom about parenting skills reveals that 17% of parents are not familiar at all with the purpose of vaccination.

**Children’s state of nutrition**

According to the National Integrated Nutrition Survey 2004-2005 made by the Ministry of Public Health and IMCC with the support of UNICEF, infant and child nutrition indicators revealed significant deficiencies of the mothers’ nutrition during pregnancy and after delivery.

The small weight at birth of Romanian children (3,200 gr. in 2004-2005) compared to that of Western European children (3,400 gr.) indicate unhealthy diet during pregnancy and maybe associated behaviours that can have a negative influence on the evolution of pregnancy such as smoking, alcohol use, heavy work carried out by the mother while pregnant, etc.

In its parent counselling and contraception education programme, “In the Service of Life” Humanitarian Association from Iasi has noticed that many pregnant women are working in improper conditions (very high or very low temperatures, agricultural work). A good example is that of pregnant women who carry heavy baskets of fruit on their tummy.

As to infant nutrition, the National Integrated Nutrition Survey 2004-2005 (MPH/IMCC/UNICEF) identified inadequate feeding habits like early weaning of infants (over 50% of infants are weaned before they are 4 months old, while only 16% of them were exclusively breastfed in the first six months of life). There is a considerable growth of the proportion of babies that are weaned in the first month of life in urban areas and in poor cultural-educational backgrounds (mothers with 0-4 school years wean their babies earlier than those who have a higher education level).

Early weaning has a direct impact on the child’s level of haemoglobin. The haemoglobin average, based on the cited survey, was of 10.49 g/dl at the age of 1, significantly smaller than 10.6-10.9 g/dl.
recorded in 1991-1999 and seriously deteriorated than the average of 11-11.23g/dl recorded in 2000-2002. The survey conducted in 2004-2005 indicated anaemia prevalence of 59.3% at 1-year-olds and of 56.8% at 12 to 23 month-old children.

In addition, the waist-for-age indicator showed a particularly high prevalence of small waist for age (about 20%) compared to 2.3% of the reference population; this indicator reveals the child's long-term nutritional deficiency (the phenomenon occurs at the age of 12-24 months. The indicators of children who are 6-7 years old are closer to the level of reference, but still showing some mild deficit).

**Mental health**

Set up on 20 August 2006 at the National School of Public Health and Health Management, the National Centre for Mental Health (NCMH), a technical and methodological forum meant to promote, monitor and assess mental health work, has never published any data regarding specific aspects related to Romanian child and youth mental health.

In Romania, the diagnosing of children with ADHD (Attention Deficit Hyperactivity Disorder), depression and autism is often done inappropriately as these children are administered drug-based treatment without psychological counselling (to them and to the parents) or access to rehabilitation programmes. In schools, these children are marginalized, considered problem children and transferred to special classes or other schools.

The estimation-based data of Romanian child and adolescent mental health (referenced to the European data - Child and Adolescent Mental Health Policies and Plans 2005 and statistical yearbook 2006) reveal that there are approximately 220,000 children with ADHD, 154,000 children with depression, 572,000 children with anxiety disorders and 8,800 autistic children.

In Romania, there are no statistics showing the number of children with mental health disorders (prevalence or incidence rate). The absence of these national data indicate that the authorities are not at all concerned with these disorders, leaving the families of ADHD, depressed and autistic children deal with an acute lack of specific services and information. There are few national surveys and research in the area.

In Romania, only 7 specialty books were published about autism, counting the guidelines published by Faenza House. Before 2004, the genre faculties didn't teach any courses on autism (since 2004, the Faculty of Psychology at Babes-Bolyai University from Cluj-Napoca is the only one in the country where such courses are taught). This demonstrates information deficits, more precisely the lack of specialty information, and, consequently, the empirical methods used by relevant organisations and professionals in the area (Faenza House – Timisoara).

**Adolescents**

**Contraception and abortion**

Despite the progress made in the field of contraception in the last few years, a dramatic number of young women consider abortion the easiest contraceptive method. According to the Reproductive Health Survey – Romania 2004 – of the Ministry of Public Health, the specific abortion rate for the age group of 15-19 years old reached 0.84‰ in 2004. In the first nine months of 2007, over 106,000 young women aged between 15 and 19 years old saw a gynecologist for an abortion. A survey run by the Family Planning Centre of Giulesti Maternity showed that 40% of sexually active teenage girls were 11 to 13 years old, and 7% of these girls had done at least one abortion before asking about a contraceptive method.
Romania has a national family planning programme but it is not pro-active and it does not reach out to vulnerable groups from rural areas or Roma, poor communities.

In addition, there are not enough programmes targeting women who turn to hospitals or to obstetrics and gynaecology medical practices to abort.

**The Philanthropic Orthodox Association - Alba Iulia** in partnership with Pro Vita Organisation and Alba County Hospital provide pre- and post-abortion counselling as part of the programme "The Information Office”. The organization is planning to extend this project to include all obstetrics and gynaecology healthcare units in the country.

Young people don’t have health education and sex education classes at school. Many schools say that this kind of programmes is unnecessary and that they instigate youth to sexual intercourse. However, the experience of other European countries shows that these informative programmes contribute to the prevention of abortion and unwanted pregnancy and implicitly to child abandonment prevention. In Romania, such classes were held on a small scale by NGOs running health promotion and sex education promotion projects, but their impact on targeted audiences is ignored.

**Use of toxic substances**
Drug use and addiction are spreading phenomena in Romania, mainly among young people.

The main trends of the year 2006 were the following:
- A constant level (since 2001) of admissions for drug addiction rehabilitation. In the experts’ opinion, this is due to the poor therapeutic offer – some types of services are practically inexistent (therapeutic communities, social rehabilitation centres), while others are hard to access or provide a limited offer (methadone substitution centres);
- Heroin continues to be the most common drug for which medical help is requested;
- Concentration of the cases of heroin use-related medical help in Bucharest – however we have to specify that Bucharest is the only place with opiate-substitution rehabilitation centres;
- Starting to use heroin at a young age: 42% of cases were from the age group of 15 -19 years old.

Although remarkable progress was made after the National Anti-drug Strategy for 2005-2012 and the 2005-2008 Action Plan were adopted, the number of programmes run by the institutions providing medical, psychological and social help is still unsatisfying. This is mainly due to poor experience in the rehabilitation and re-socialization of former drug users and in addiction treatment.

In its programme "**Drugs – between ecstasy and agony**”, the Association for Community Safety and Fight against Drugs – Romania ran drug-use prevention and fight activities for children and teenagers in schools and high schools from Bucharest. Over 150 school children benefited from this programme.

As far as smoking is concerned, the European School Project on Alcohol and Drugs (ESPAD) – ran by the Institute of Healthcare Management – shows that in 2004, 64% of the young people under 16 were smoking, which is a an 11% rise compared to the 1999 study; simultaneously, the smoking start age has dropped (32% of school children smoked their first cigarette before they were 14).

A survey conducted at the end of 2007 by The Association for Community Safety and Fight against Drugs (ACSFD) on a sample of 650 respondents, aged between 14 and 68, representative for the population of Bucharest, showed that 66.01% of the respondents were smokers. It is quite alarming
that 10.85% started to smoke before they were 13 (some even starting at 6); most of them, 67.76%, started to smoke when they were 14 to 19 years old.

**Children with disabilities**

The number of children with mental disabilities and the type of care provided to them or the number of institutions hosting them are hard to establish as they are not currently clearly reflected in official statistics as stated by the conclusions of a Parliamentary Commission. Also this Commission stated that there are too many authorities dealing with the problem of the children with disability which means that practically no authority exists in the field.

According to the data provided by the National Authority for Children’s Rights Protection (NACRP), in Romania there were officially 73,983 children with a certificate of (both physical and mental) handicap level; 6,342 of them were in state-run placement centres and 6,694 “in other situations” (NACRP June 2005 – June 2006). The statistics of the National Authority for Persons with Handicap (NAPH) indicated a number of 14,700 mentally disabled children and 10,257 children with neuropsychic disorders, out of whom 175 were in NAPHP-run institutions (NAPH Newsletter, June 2006).

In 2001, World Health Organisation replaced the term “handicap” with “disability”, giving a new definition which set a new approach of this issue. Considering international standards, the current regulation made by the Law 272/2004 complemented with the legislation in the field of people with disabilities is inappropriate. The existing legal framework stating the “establishment of the handicap level” of the child needs to be fundamentally revised in line with WHO principles and rules.

Although stipulated by law, accessibility for disabled people in public spaces, public institutions and public means of transportation is still a problem in Romania.

In the survey “The Right of Physically Disabled People” (2004-2005) run by the Association Supporting Physically Disabled Children - Romania (ASFDC-R), over 60% of 369 respondents stated that accessibility is provided to a very small or small extent.

The access to recovery services for disabled children is another problem. The recovery of disabled children is carried out in medical centres or GDSCCP recovery centres. The medical system recovery is usually balneo-physiotherapy missing out on other components – educational, speech therapy, independent life skills, etc.

A more proper recovery work is done in the day-care recovery centres for disabled children of GDSCCPs and NGOs. The multidisciplinary teams of these centres are more complete, and they usually comprise a kinesitherapist, speech therapist, psychologist, special education teacher. Unfortunately, these services are not delivered in every county, and where they are delivered, they don’t cover the entire county. The capacity of these centres is of 30-40 children per day, while territorially speaking they cover only the place where they are located and a small surrounding area. The average minimum number of children requiring recovery in a county reaches approximately 1,500. The small number of these services makes them extremely hard to access.

An important obstacle in providing accessible good quality services to disabled children (people) is the insufficient number of experts in the field (paediatricians, physical therapists, child psychologists, speech therapists, and special education teachers).

The nongovernmental organisations continue to be the innovators/engine of the reforms in this area, delivering, everywhere they work, quality services that are good practice models.
**HIV/AIDS**

HIV/AIDS has been stable in Romania in the last few years, without major changes in the incidence. The epidemic level is low and there are no signs of concentration among vulnerable groups despite their high risk behaviours.

The data of the HIV/AIDS Commission at the Ministry of Public Health reveal that over 50% of newly identified cases in 2006 were young people aged between 15 and 29 years old. Sexual transmission is prevalent (over 78% of new HIV infection cases), followed by vertical transmission which rose in 2005 and 2006, exceeding 5%, while drug use-related transmission continues to stay under 2%.

During the last two years, Romanian authorities lived up to their promise of providing universal access to treatment, care and social support for HIV/AIDS people. Treatment is administered to all those in need based on the National Protocol for HIV Treatment.

In Romania, there is an important group of over 7,000 HIV/AIDS teenagers with ages between 15 and 19 who are actually the lasting survivors of the children infected during 1987-1991. The current needs of this group of young people are professional integration, education/vocational training and social support.

**Recommendations:**

- Increase access to healthcare for the population living in remote and under-served areas through public education, transport and incentives to healthcare providers. Increase the number of activities and services in poorly served areas; focus on prevention and primary care is one of the priorities that should be considered.
- Make attractive policies for medical staff working in disadvantaged communities: start-off premiums, bonuses, credits, assignment of some facilities in those communities for developing healthcare services.
- Run national information campaigns about the health insurance system and the rights and duties of the insured.
- Extend the network of community nurses and health mediators and integrate them with other local professionals (social workers, medical doctors, teachers, policemen, priests, etc.) to create a local multidisciplinary functional network of prevention and family support aiming at improving access to medical and social services.
- Start monitoring pregnant women as soon as possible; provide proper pregnancy and postnatal monitoring in each community by a team of professionals.
- Develop educational measures for pregnant women and mothers; promote balanced nutrition during pregnancy and breastfeeding.
- Swiftly run a national child mental health assessment and subsequently plan the development of the needed services in order to give access to proper services for children with mental health problems and their parents in the shortest time possible.

At the Clinical Psychology and Psychotherapy Department of the Faculty of Psychology and Education Sciences from Babes-Bolyai University Cluj-Napoca, two research grants are being run with funds from the Ministry of Education and Research through the Excellence Research Programme whose target population is made of children and teenagers: **Efficacy of psychotherapy versus non-stimulant medication in ADHD children aged between 6 and 11 years (a multi-centric controlled clinical survey)**, **Correlations between biomarkers, clinical particularities and therapy in child and teenager depression** (the projects provide free-of-charge cognitive and behavioural therapy to depression-diagnosed young people).
Create training programmes for all the professionals that interact with children so that they get to know better the issues related to child mental health and how to approach them.

Adapt the national family planning programme to give broader access to teenagers and young people to information and medical counselling on contraceptive methods.

Mass information and education campaigns, targeting mainly young people, to stop the perception or use of abortion as a contraceptive method.

Introduce health education classes in school syllabus.

Take all the measures needed to put an end to the use of toxic substances; information and education in schools through information campaigns and by introducing health education classes in the school syllabus.

Harmonise Romanian legislation with European regulations; replace the term “handicap” with “disability”.

Revise the establishment of a child’s “handicap level” in line with WHO principles and rules.

Improve physical access of disabled people to public spaces.

Improve access to quality recovery services by continuing to develop the existing services so that they can provide the best territorial coverage; provide these services with adequate specialised staff.

In strong connection with independent life skills development and reproductive health, young people in general need to benefit from education programmes on prevention of sexually transmitted diseases and HIV/AIDS.

7. EDUCATION, LEISURE AND CULTURAL ACTIVITIES (articles 28, 29 and 31)

The reform of the pre-academic education system features an incoherent and visionless approach due to frequent changes in the legislation generated by different political orientations and constant replacement of the Minister of Education.

Not that long ago, the education system was underfinanced, while the spending was directed mostly towards higher education to the detriment of pre-academic one. Until 2006, the education spending was small compared to other countries, reaching 4% of GDP. The 2007 state budget allocated 6% of GDP to education.

The average salary of a teacher is only two thirds of GDP per capita, a low level compared to the OCED average of 1.33 of GDP per capita for primary education and 1.37 of GDP per capita for secondary education.

**School enrolment / School dropout**

The gross rate of enrolment in the ten-year compulsory education remained unchanged in the 2005/2006 school year as well, showing similar values as in the first two years after the introduction of the system, namely approximately 96%. These data are however oversized if we take into account another provision of the Law on Education that is the decrease of the school start age from seven to six years old.

Beginning with the 2003/2004 school year, six-year-olds can start school alongside seven-year-olds. Therefore, the extension of compulsory schooling to ten years hasn’t yet reached its target of reducing school dropout as many students leave school prematurely.

The analysis of the statistical data provided by MERY and NIS indicates that between 2000-2005, school dropout, worked out using the input-output method, in the primary and middle school education, as well as in its two levels, recorded a rise from 0.6% in 2000/2001 to 1.2% in 2001/2002 and 2002/2003, to 1.5 in 2003-2004 and 1.7% in 2004/2005. As regard to the two levels, the
dropout rate was significantly higher in the 5th-8th grades than in the 1st-4th grades, namely: from 0.6% in 2000/2001 to 1.3% in 2004/2005 in primary schools – from 0.6% in 2000/2001 to 2% in 2004/2005 in middle schools. If primary schools in general recorded a slightly higher dropout rate in urban areas, the ratio changes in the case of middle schools whose rate is higher in rural areas. Failing national tests and not being admitted to high school makes quite a few school children drop out and give up school. The vocational school dropout rate was of 5.5%, whereas the high school dropout rate was 2.2% in the 2004-2005 school year.

We need to say that these are rough figures because in reality the precise number of dropouts or of children who have never been to school is unknown. This is due to an inefficient data gathering system which does not reflect how things really are. Based on the ROOPSS, Article 68 paragraph 5 school dropout occurs when “the pupil does not attend the day classes of a compulsory education class and he/she exceeds by more than two years the age of that class”.

Access to education
Over 82% of all school buildings were built up before 1970, sometimes long before that date, which means that their state and infrastructure don’t meet the current educational standards. Thousands of schools don’t have basic utilities (running water, toilets, etc.), and their furnishing is inadequate. Only 36% of schools have Internet – an overwhelming majority of them are urban area high schools (World Bank Report, Presidential Commission Report).

There are not enough preschool education institutions in rural or urban areas. The number of preschool-aged children is much bigger than the number of places available in the existing nurseries and kindergartens.

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
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<tbody>
<tr>
<td>Number of kindergartens</td>
<td>3,769</td>
<td>1,720</td>
</tr>
<tr>
<td>Number of 5-year-old children</td>
<td>223,152</td>
<td>213,710</td>
</tr>
<tr>
<td>Number of 6-year-old children</td>
<td>222,913</td>
<td>223,098</td>
</tr>
</tbody>
</table>

Some NGOs have opened day-care centres to make up for the small number of kindergartens, especially in rural area, thus contributing to the fulfilment of the right to education.

The projects “Ready, Wanting and Capable” run by the Community Support Foundation of Bacau and “Every Child to School” implemented by Ovidiu Rom Association facilitated the access to education of underprivileged children in several counties of the country. Thanks to these programmes, the two NGOs together with other nongovernmental organisations drafted a set of “Every Child to School” integrated measures with the view to improve school results and access to education of underprivileged children.

Education in rural area
There are still some discrepancies between rural area schooling and urban area schooling, as well as between majority pupils and pupils from disadvantaged minority groups. The first discrepancy comes from the untrained teaching staff holding teaching positions in rural area schools. The enrolment rate of Roma children is significantly lower than the national average both for preschool education (20% compared to 66% nationally) and for primary education (64% versus 98.9% nationally).

Living in rural areas brings about major disadvantages: currently, only 24.54% of school children from rural areas go to high school. The proportion of rural area children that have poor Romanian Language, Mathematics and Sciences grades is 2-6 times higher than in urban areas; the proportion of those who get very good grades at the same disciplines is 2-3 times smaller.
Vulnerable groups continue to be, to a great extent, educationally disadvantaged. Approximately 80% of the unschooled young people are Roma and 38% of them are functionally illiterate.

Based on the 2007 World Bank Sectoral Report, only 25% of rural area school children are enrolled in rural and urban high schools. This is a better percentage than the gross rate of enrolment in rural high schools of 8.6%, but it is still very low compared to EU and OECD standards.

**Early education**
The importance of early education was long ignored by the institutions in charge of child education and welfare and by the community. In 2007, at the proposal of the Romanian Presidential Commission for Education and Research Assessment and Policymaking, 52 NGOs together with a group of representatives of the parliamentary political parties drew up the “National Pact for Education” to be signed in 2008. This pact stresses the importance of early education: “Turn early education into a public asset, provide compulsory schooling of 10 years and unlimited access to free schooling for 13 years”.

Moreover, the new set of laws, posted for debate on the site of the Ministry of Education, Research and Youth and which should be passed in 2008, includes early education.

There is some confusion about the mandate and institutional belonging of nurseries.

**School syllabus. National curriculum**
Teachers on one hand and pupils and parents on the other hand find the current curriculum overloaded and inefficient. It does not encompass the entire educational process or target the development of life skills for children and young people. In addition, it is not consistent with labour market demands.

Although the school can decide the curriculum, most of the times it cannot be used to the benefit of children and according to their needs because there are no specialised teachers for some optional subject matters. The existing curriculum is far from being flexible and child needs-oriented.

Although they were introduced as a solution to render the schooling process more flexible and adaptable, the alternative textbooks led to confusion and quarrels between authors and ministries, between school principals, authors and the Ministry.

The children are not involved in curriculum drafting although the Pupils’ Council is part of the National Council for Curriculum Drafting.

**School hours and extracurricular activities**
The quite long school hours strongly disturb the child’s pace and misbalance his/her development. Homework takes up some more of the child’s time which means that he/she has little spare time left.

Spare time, very brief as it is, raises other problems because there are no special leisure time places (football or tennis grounds, swimming pools), so children play in front of their apartment building, they make street gangs or go to Internet cafes or bars where they are exposed to the risk of using drugs, alcohol, smoking and different types of violence.

In fact, most of the time sports are seen as performance-related and not as a way of spending one’s free time and as needed by every child for a harmonious development. Sports are not promoted in schools either (many times, physical education classes are replaced with Mathematics and Romanian ones) or at home (the parents don’t have the time to take the child to the gym).
School violence
School violence is only one of the common forms of violence.

The interest and concern for school violence are now on the political agenda of a series of national and international institutions and bodies, and the phenomenon has also caught the attention of civil society structures and university and academic experts.

Mass-media pays increasingly more attention to violence, which raises public awareness of and interest in youth violence, including school violence.

The study "School Violence" run by UNICEF and the Institute of Education Sciences reveals that school violence is associated with:

- The area of residence. Students’ violent behaviours seem to be more frequent in urban areas compared to rural areas. The difference between the two areas of residence in terms of the percentage of schools dealing with such phenomena is of approximately 11 percentage points – almost 82% versus 71%.
- The type of educational institution. Violence is more frequent in secondary schools (children aged between 15-18 years old) – approximately 80% – and less frequent in primary and middle schools – 73%.
- The area where the school is located. In this respect, the study pointed out that the percentage of outskirts schools dealing with violence phenomena is higher– almost 82% – than the percentage of central area schools – 73%.
- The school size (number of pupils attending the school). The percentage of schools with over 1,000 pupils dealing with violence phenomena is of approximately 85% unlike small-sized schools, with a percentage of around 68-70%.

There are several forms of school violence: between pupils, pupils getting violent on teachers, teachers getting violent on pupils, other people being violent to pupils.

Children with behavioural problems are labelled and not counselled. There are insufficient experts working with children with behavioural disorders and, moreover, these behavioural disorders are not correctly diagnosed. The school counsellor can barely cope with all school problems, especially with antisocial behaviour issues. The school is not aware of the child's situation outside of it. Most of the times, these children with problems are transferred to other classes or schools.

Parents’ education
According to the “Knowledge, Attitudes and Parenting Practices in Romania” Study – (KAP study), conducted with the technical support of UNICEF Romania and coordinated by Our Children Foundation and Step by Step, the parenting practices related to child education and care are still inadequate in many parts of the country:

- Only 42% of parents know the importance of the first two years in life as a period decisive to the child’s brain development.
- Children who are over 1 year old begin to be punished by their parents when they misbehave.
- 48% of them use physical punishment on the child. The mothers are the ones punishing their children in proportion of 85% and they are also the ones praising the children.
- Children’s books are present in 17% of the families with under-1-year-old children.
- Many babies (30%) learn to watch TV; this percentage comes from the mothers who breastfeed watching TV.
- 10% of the mothers go back to work before the child turns 1 year old and 50% of the mothers go back to work when the child is 2. Parents spend less and less time with their children and this is also due to the already described trend of parents' work migration to other countries.
International organisations and institutions (UNICEF, World Bank, USAID, etc.) started and financed parenting programmes, implemented by NGOs and public authorities.

The National Parenting Programme started by Our Child Foundation in 2000 consists in creating a national homogenous, correlated and complex parenting system embedded into the preschool education restructuring strategy of the Ministry of Education, Research and Youth. So far, this programme has trained the first 700 trainers of trainers, specialized in parenting education, almost 10,000 parenting instructors authorised to hold parenting classes in kindergartens and schools using the modern and accessible method “Educate This Way!”, and during almost 8 years of implementation, 70,000 parents benefited from this course. Considered to be “the best parenting education programme in terms of contents, structure, organisation and practical actions” so far, the programme was supported by UNICEF Romania and in 2005 was taken over by MERY that is currently running it at national level with technical assistance from Our Children Foundation.

**Recommendations**

- Grant proper financial resources to education and correlate budgeting to a strategic plan and a reform agenda.
- Strengthen cooperation between the school and the social care system at local and county levels in order to identify children who drop out of school, dropout causes as well as to diversify the school dropout prevention programmes and raise their efficiency.
- Improve and modernise the infrastructure of the education system.
- Involve all education stakeholders – teachers, children, parents – in curriculum drafting by assessing their needs and interests. Focus curriculum on key competencies: on knowledge, skills and attitudes to meet the child’s needs and interests and to ensure the child’s development, life skills, personal and professional development as well as his/her social-professional integration.
- Train school managers, principals and teachers on needs assessment and on how to draw up their own curricular offer.
- Draw up and implement continuing training programmes for teachers based on their needs and on those of the children they interact with.
- Specialised play workers need to be trained on leisure activities to be carried out on the child’s spare time and this profession should be included in the organisational charts of the institutions in charge of child raising, education, health, protection and development. It is necessary to set up spare time specific places for children.
- It is important to assign the responsibility for implementing and managing all early education programmes to a ministry or a national agency given that, at the moment, nurseries and kindergartens are reporting to different institutions.
- Train specialised staff for under-three-year-old children that could become resource people for parenting training.
- Run extracurricular programmes and activities on school violence fighting (for example: an anti-violence week; theme games, competitions and exhibitions; an open day when pupils, teachers and parents meet with experts who can interactively talk about school violence issues).
- Involve local communities and mass-media in school dropout and school violence prevention.

8. **SPECIAL PROTECTION MEASURES (articles 22, 30, 32, 33, 34, 35, 37, 38, 39, 40)**

**Refugee children**

Refugee children benefit from special protection and have access to all forms of education and to all types of services as stipulated by law.
The measures taken to share information and to train the people working in the area are little known. Moreover, the progress monitoring and assessment mechanisms and cooperation with NGOs working in this field are underdeveloped.

**Exploited children**

*Economic exploitation, including child labour*

The legislation stipulates the right of the child to protection from economic exploitation and prohibits children’s participation in any action that could endanger their health, education, and their physical, mental, moral, spiritual and social development. The law also sets a minimum age for child employment and prohibits the activities run in workplaces that are dangerous or damaging to children.

A national action plan was drafted to eradicate the serious forms of child labour. It stipulates that county councils have to create local inter-sectoral teams to intervene in risk situations.

According to GDSCCP reports with regard to cases of child labour, in 2007, 1,143 child labour cases were reported and 1,016 of them were confirmed, while 127 were denied. Out of a total of 1,016 confirmed child labour cases, 16 involved illicit activities, 712 - begging, 45 - servant work, 134 - employment without a law-regulated contract, 6 - hard labour, 18 - prostitution, 44 were victims of foreign trafficking and 41 children were victims of national trafficking. Out of the total confirmed cases, 507 came from urban area and 509 from rural area.

168 special protection measures were taken and 623 children benefited from support: 497 from rehabilitation, 507 from healthcare and 483 from educational services. Fifty-four cases of criminally investigated or sentenced offenders were reported.

One of the problems facing experts in this field is the risk situation identification system, which still needs to be better developed.

A major role in changing the relevant legislation and in setting up the institutional framework for child labour prevention is played by ILO-IPEC, active since the year 2000. From 2004, the regional programme has been decisively contributing to child labour prevention. In the period of 2001-2007, 1,264 children benefited directly from the ILO IPEC programme.

*Sexual exploitation and sexual abuse*

The number of sexual abuse cases in Romania is definitely underrated given persisting prejudices about the matter; this under-reporting reality is also valid for the cases of children abused by a parent or a relative.

The cases that were however reported to the police, holding investigation competencies in the area, raised some problems about proving the crime (for example, some courts sentence the offender solely if he/she was caught in the act). Because of the difficult investigation of such cases, the number of convicted offenders for sexual abuse on a child is still smaller than the actual number of reported cases, which is also small.

All these show that it is imperative to put into force the legal provisions regarding specialised juvenile courts, which unfortunately exist only in an early phase of specialised bodies of magistrates that, however, don’t manage to cover the complexity of this matter.

The sexual abuse investigation procedure cannot either cast some light on this phenomenon because the victim child is re-victimized over and over again during the trial. For example:
o He/she tells, and implicitly relives, the abuse to the policeman, sometimes to the forensic doctor running the medical expertise to establish the sexual abuse, then to the prosecutor and finally to the judge;

o The victim child is heard in the same room with the abuser, which in some cases not only traumatises the child again, but it can “inhibit” him/her to such an extent that he/she will no longer able to say anything to the judge or might feel intimidated by the abuser and take back the previous statements.

Besides these case investigation problems, there are no experts to intervene in the family and greatly contribute both to abuse prevention and its investigation. Social services lack staff trained on sexual abuse.

Street children
The legal framework was complemented in the last few years with normative acts stipulating effective measures and actions to improve the situation of street children and sanctions to people that encourage begging (family or other people). Nonetheless, numerous dysfunctions can still be identified.

The Centre of Coordination and Information on Street Children and Drug-Using Youth (CCI) has been running and reporting directly to Bucharest General Council (based on a Local Council decision) in Bucharest, since 2006. It works to share information and coordinate all action taken to control and improve the more generically called “street children” phenomenon. The Centre has set up a HELPLINE with the number 0800 821 218, where citizens can call to report cases of street children and young drug users. It is the only centre working to full capacity since 2006. Of all six Centres of Coordination (1 in Bucharest and 5 elsewhere in the country) started by the Child Protection Department in 1998-1999 as part of the child protection system reform programme, only the one from Bucharest is currently working, staying in touch with the districts and counties, which means that it actually operates more like a national centre.

The Centre records show that in Bucharest there were 153 street children, 26 families with children living in the streets, 56 children on the street, and 27 children in the streets on 31 December 2007.

They were benefiting from services and help provided by the local authorities of each Bucharest district that had set up a social service for this vulnerable group of people, comprising intervention street squads and a child hotline.

Roma children

Ongoing marginalisation generates poverty, and poverty is a source of delinquency. Poverty and delinquency contribute to maintaining the stereotype of “dirty, stealing, lazy, not-wanting-to-learn gipsies”. The stereotype brings forth social effects, such as discrimination. A Roma newborn baby has smaller chances to reach a decent social status than a child born in a Romanian family. An extra argument for racists to think that poverty and delinquency are genetic. (We are Romanians. How about them?- Romani Criss)

Discrimination prevents Roma people from fitting into the society and it pushes them back to poverty and delinquency.

Article 6 of the Romanian Constitution stipulates the right to non-discrimination. Nevertheless, there are schools where they still don’t understand that segregation is a form of discrimination.
These days, the Romanian education system and the society as a whole know about and analyse the segregation phenomenon. Moreover, it has been acknowledged that such situations can be encountered in schools and that it is needed to draw up segregation prevention and fight plan.

The forms of segregation in school are diverse, from teaching segregation (Roma children don’t have physical access to some schools or classes), to segregation in class (Roma children are marginalised) and to Roma children that cannot fit in because of language barriers as they speak Romani language.

The project “Education without Segregation for Roma Children”, implemented in partnership by UNICEF Romania and Romani Criss Organisation, documented 5 segregation cases in five schools from 5 different counties and 5 desegregation plans were drawn up for these schools. These five desegregation plans tackle segregation typologies and present solutions and recommendations.

Following the consultation process started by the activities laid down in the Memorandum of Understanding, the Ministry of Education, Research and Youth issued the Order 1540 of 19 July 2007 prohibiting school segregation of Roma children and approving the Guidelines to preventing and eradicating school segregation of Roma children. This Order aims at preventing, prohibiting, and eradicating segregation, which is considered a serious form of discrimination, with negative impact on equal access of children to good quality education. An important aspect of the document is the application of sanctions to anyone who does not respect the provisions set out in the Order or in the Guidelines.

Poverty is another factor contributing to Roma children’s smaller chances in life. Many Roma parents can hardly manage to cover the education costs, such as: school supplies, clothes, food and transportation. For the same financial reasons, some choose to send their children to special schools where they know they will benefit from material and educational support.

Another problem of the Romanian education system is the absence of intercultural education. Multiculturalism exists, but the authorities don’t implement nationwide intercultural programmes. Nevertheless, NGOs have started such programmes and their results are excellent in terms of acceptance of diversity, of getting to know the culture and history of Romanian ethnical groups and reducing school dropout and school violence.

Romania has made great progress regarding the informal network of School Inspectors for Roma education through multi-annual PHARE programmes implemented by MERY aiming to improve access to education of disadvantaged groups. A department for minorities is in place at MERY, coordinating a very active group of teachers, inspectors, school mediators, and NGOs by using modern techniques (yahoo groups).

Without having the right mechanisms to constantly monitor the school attendance and results of Roma people compared to the average of the majority population, it is unlikely that education policy implementation will make any progress.

The programme “A Healthy Mind in a Healthy Body” – run by Feed the Children Association in partnership with the Local Council of Chiojdeni, the county of Vrancea, aimed at improving social-medical conditions and increase access of Roma population to public social-medical services by building and furnishing a dispensary, and by preventing school dropout and child abandonment.

The programme targeted a number of 945 Roma: 200 Roma children, 200 Roma adults for literacy classes and raising awareness of importance of child education, professional counselling and
Children whose parents are abroad (for work)

This group of children is a vulnerable group at risk.

Separating children from one parent or both parents who work abroad for a long period of time can make these children feel abandoned, which has repercussions on their personality, according to the study “Methodology – social, psychological and legal help for the children left at home by their parents who went to work abroad” Social Alternatives Iasi 2007.

To support these children, the authorities issued the Order 219 of 15 June 2006 regarding identification, intervention and monitoring of children without parental care for the period when their parents work abroad. In line with this Order, PSSAs must identify the children whose parents work abroad and make an initial assessment report for each identified child.

As the Order 219/2006 does not give a definition of the risk situation and the purpose of drafting the Service Plan is defined both by Law 272/2004, Article 4 (f) and by Order 219/2006, Article 4, paragraph 1 as being to “prevent the child’s separation from his/her family”, “by systematic delivery of services and benefits as stipulated by law, with a special focus on properly informing, counselling the parents, therapy and mediation” (Article 34, paragraph 2, of Law 272/2004), we can draw the conclusion that: in the situation of the children referred to in the provisions of Order 219/2006 the risk has passed, as the child’s physical separation from his/her family has already taken place, and, in such a case, special protection measures need to be taken in line with Article 39, paragraph 1 of Law 272/2004.

However, many PSSAs are not even familiar with this order. They have to make sure that if parents leave, the child is safe, that there is someone taking on the responsibility of raising and looking after the child. Still, there is the problem of multi-tasking PSSAs lacking specialised personnel with social work as sole attribution. All these lead to unsatisfactory results in the area.

In reality, very few families are informed about the fact that the state provides protection to their children while parents are away. It is necessary to run an information campaign among parents, in schools, in communities in general about the consequences that parents’ leaving has on children.

At the end of June 2007, the official figures provided by the National Authority for Children’s Rights Protection revealed a total number of 82,464 children with parents abroad. This figure is really underrated. The estimates that Soros Foundation made in 2007 in their study “Effects of Migration: Children Left at Home” show that, in the 2006-2007 school year, 16-18% of middle school children had at least one parent working abroad, which in absolute figures translates as around 170,000 school children of almost one million children enrolled in the 5th-8th grades. Out of them, approximately 35,000 have both parents abroad, 55,000 have only their mother abroad, and 80,000 have only their father abroad. Moreover, about three quarters of middle school children have at least a brother or a sister (the average is of 1.2 for the whole sample), which means that the number of children left at home is double. This was later confirmed by the research conducted by The Gallup Organization Romania at the initiative of UNICEF Romania and Social Alternatives Iasi “National analysis of the phenomenon of children left at home by their parents who went to work abroad.” On a national scale, the phenomenon was estimated to touch approximately 350,000
children at the time of research. In addition, one third of them, namely approximately 126,000 children, have to cope with both parents’ migration.

**Missing children**

According to the data provided by the Romanian Centre for Missing and Sexually Exploited Children – FOCUS, during May 2007-January 2008 a total number of 389 missing cases were investigated; out of these, by 1st February 2008, 337 had been solved (the child had been found) and 52 were still in progress. As far as sex distribution goes, the number of girls (208 cases) is slightly higher than the number of boys (181 cases); as to area of residence, 142 children came from rural area and 247 were from urban area.

Out of the total number of missing cases, 65 were reported for children in a public or private placement centre for whom a protection measure had been taken; of these 65 children, on 1st February 2008, 50 had been found and 15 cases were still in progress. As far as sex distribution goes, of all reported cases, 27 were girls and 38 were boys.

As to case typology, the most frequent cases represent children running away from home at 13-15 years old (184 cases), closely followed by the 16-17 years old age group (133 cases). It is quite alarming that 252 children of all missing cases investigated by FOCUS have run away from home more than once, which suggests the lack or the limited impact of the specialised intervention on their family, intervention that is needed to avoid relapse. Keeping in mind that, according to the law, preventive interventions fall under the responsibility of PSSAs, we think that it is necessary to seriously strengthen intervention capabilities at this level.

The main causes of this phenomenon originate from the family’s living conditions having two consequences: either the child runs away because of family lacks (material/financial and emotional lacks, the latter leading to abuse), or the child leaves home hoping to find something better (a job in the country or abroad, marriage/cohabitation). In both cases, the child is not aware of the fact that running away from home won’t solve the problems and he/she ignores or does not know the risks he/she is exposed to once out on the street.

A special case is represented by children, mainly girls, who run away from home and manage to cross the border (despite applicable regulations which should prevent this) and are later found in other countries; the repatriation procedures are not properly regulated which means that the cooperation between the public structures holding attributions in this field needs to be reconsidered.

**Recommendations**

- Improve refugee children data gathering mechanisms, especially data about school children.
- Run awareness campaigns of the sexual exploitation and abuse phenomenon and of ways to prevent it.
- Run awareness campaigns among professionals interacting with abused, exploited children who need to understand that such cases must be reported.
- The whole chain of intervention during sexual exploitation/abuse case investigation should be specialised in order to act according to the size of the trauma brought about to a child by this form of abuse (specific training courses for the multidisciplinary and inter-agency team).
- Ratify the Convention of the Council of Europe that brings in many new components, mainly issues related to protection of child from abuse and the much more serious form of sexual exploitation.
- At the present, affirmative measures have been taken in Romania for the Roma minority but many other similar measures are needed to remove the gap in terms of education and equal opportunities.
• An intercultural approach should reflect on all educational components: curriculum, intercultural training, initial and continuing training, etc.

• It is necessary to map the segregation phenomena based on reports and case studies from all over the country and at all levels.

• Improve mechanisms to collect data regarding school children, especially those about Roma and migrant school children, taking proper measures to protect all the information about individual’s identity and private life.

• Continue and promote the “The Second Chance” type of education where it is needed and continue to implement the procedures of recruitment, teaching and assessment, as well as of certification of “The Second Chance” pupils.

• The provision of equal opportunities to development and education and social integration are approaches depending not only on legislation, but also on the effective measures foreseen by social institutions that need to develop mechanisms of detection, assessment, intervention and monitoring through specialized public services and the joint services of the society.

• Reconsider the cooperation between the public bodies holding attributions in the field of repatriation of unaccompanied children found abroad.
Report coordinated by the Federation of Child Protection Nongovernmental Organisations - FONPC

The report was made with the contribution of the following nongovernmental organisations:

ACRONYMS

NACRP – National Authority for Children’s Rights Protection
CRC – Committee on the Rights of the Child
GDSCCP – General Department of Social Care and Child Protection
PSSA - Public Services of Social Assistance
USAID – The United States Agency for International Development
CMTIS - Child monitoring & tracking information system
NGO – Nongovernmental organisation
IBRD – International Bank for Reconstruction and Development
NIP – National Interest Programmes
CLR – Centre for Legal Resources
NIPR – National Inspectorate for Population Registration
NAC – National Audiovisual Council
CPC – Child Protection Commissions
PFC – Professional Foster Carer
RAO – Romanian Adoption Office
CH – Child Helpline
EP – Emergency Placement
IPP – Individual Protection Plans
NIS – National Institute of Statistics
WHO – World Health Organisation
IMCC – Institute for Mother and Child Care
NCMH – National Centre for Mental Health
ADHD - Attention Deficit Hyperactivity Disorder
NAPF – National Authority for Persons with Handicap
ILO – International Labour Organization
IPCE – International Program for the Elimination of Child Labour
CCI – Centre of Coordination and Information on Street Children and Drug-using Youth
ROOPSS – Rules of organisation and operation of primary and secondary schools
MLFEO – Ministry of Labour, Family and Equal Opportunities
MPH – Ministry of Public Health
MERY – Ministry of Education, Research and Youth

LAWS REFERRED TO IN THE ALTERNATIVE REPORT

- Law 584 of 29 October 2002 on measures taken to prevent AIDS spreading in Romania and to protect HIV/AIDS infected people – Published in the Official Journal, Issue No 814 of 8 November 2002
- Law 448 of 18 December 2006 on protection and promotion of the rights of the disabled people - Published in the Official Journal, Part I Issue No 1006 of 18 December 2006
- Order 1540 of 19 July 2007 – MERY prohibiting the school segregation of Roma children and approving the Guidelines to preventing and eradicating school segregation of Roma children.
- ORDER 219 of 15 June 2006 of the Secretary of State of the National Authority for Children’s Rights Protection on actions taken to identify, intervene and monitor children without parental care while parents are abroad for work – Published in the Official Journal, Issue No 544 of 23 June 2006.