Revised country programme document


Summary

The draft country programme document (CPD) for Romania (E/ICEF/2012/P/L.6) was presented to the Executive Board for discussion and comments at its annual session 2012 (5-8 June). The Executive Board approved the aggregate indicative budget of $3,750,000 from regular resources, subject to the availability of funds, and $12,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2013 to 2017.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD is presented to the Executive Board for approval at the second regular session 2012.
### Basic data†
*(2010 unless otherwise stated)*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (millions, under 18 years)</td>
<td>3.9</td>
</tr>
<tr>
<td>U5MR (per 1,000 live births)</td>
<td>14</td>
</tr>
<tr>
<td>Underweight* (%), moderate and severe, 2002</td>
<td>4</td>
</tr>
<tr>
<td>(%, urban/rural, poorest/richest)</td>
<td>3/4, ../..</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births, 2008)</td>
<td>27†</td>
</tr>
<tr>
<td>Primary school enrolment/attendance (% net, male/female, 2009)</td>
<td>96/96</td>
</tr>
<tr>
<td>Survival rate to last primary grade (%), male/female</td>
<td>95</td>
</tr>
<tr>
<td>Use of improved drinking water sources (%)</td>
<td>89</td>
</tr>
<tr>
<td>Use of improved sanitation facilities (%)</td>
<td>73</td>
</tr>
<tr>
<td>Adult HIV prevalence rate (%), 15-49 years of age, male/female, 2009</td>
<td>0.1</td>
</tr>
<tr>
<td>Child labour (%), 5-14 years of age, male/female, 2000</td>
<td>1</td>
</tr>
<tr>
<td>Birth registration (%), under 5 years of age</td>
<td>..</td>
</tr>
<tr>
<td>(%, male/female, urban/rural, poorest/richest)</td>
<td>..</td>
</tr>
<tr>
<td>GNI per capita (US$)</td>
<td>7 840</td>
</tr>
<tr>
<td>One-year-olds immunized with DPT3 (%)</td>
<td>97</td>
</tr>
<tr>
<td>One-year-olds immunized against measles (%)</td>
<td>95</td>
</tr>
</tbody>
</table>

† More comprehensive country data on children and women can be found at www.childinfo.org/.

* Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

† The reported estimate is 21 deaths per 100,000 live births (2009), as presented in the TransMONEE report, 2011. The estimate of 27 deaths per 100,000 live births was developed by the Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

### Summary of the situation of children and women

1. Romania has been a member of the European Union (EU) since 2007. It has put in place new normative frameworks required of EU members such as the 2008-2013 National Strategy on the Promotion and Protection of Children’s Rights. These have set higher standards and expanded the range of obligations and entitlements to better support the realization of the rights of all children in the country, particularly in child development and protection.

2. The 2008 global economic and financial crisis led to an economic contraction of 7.1 per cent in 2009 and 1.2 per cent in 2010. This effectively thwarted efforts to achieve EU standards of living. In 2009, the Government secured an International Monetary Fund/World Bank/EU bailout package of almost €20 billion, which required a reduction in the budget deficit from 7.4 per cent to 3 per cent between 2009 and 2012. Social assistance as a whole is projected to drop from 2.86 per cent of gross domestic product in 2010 to 2.08 per cent in 2013. The primary health care budget suffered a 2 per cent contraction between 2008 and 2010. According to a 2011 report, incomes have fallen due to wage reductions, higher unemployment

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and a decline of about 50 per cent in remittances, affecting poor households most. Romania achieved 2.5 per cent growth gross domestic product in 2011. However, considering the long-term effects of the economic crisis, there are still risks to be considered for the coming years.

3. Despite a new law requiring a year of preschool education, an estimated 400,000 school-aged children, or about one in five, do not regularly attend school, thus undermining children’s right to education. Moreover, the 2009 report of the Programme for International Student Assessment\(^3\) revealed that more than 40 per cent of 15-year-old Romanian students do not achieve basic proficiency in reading, mathematics or science. The situation is worse among boys, who perform below girls and have lower completion rates.

4. Regarding the right to grow up in a family, Romania has more than halved the number of children in residential care, from 57,000 in 2000 to 23,000 in 2010, according to “Making ends meet”, the draft situation analysis prepared in 2011. However, institutionalization increased slightly in 2011, for the first time in 15 years because more families fell into extreme poverty and the budget for foster care was reduced. The law prohibits children under age 2 from being institutionalized, but there were still over 600 3-year-olds in residential care in 2011.

5. As to child survival rights, at 12 deaths per 1,000 live births, the under-five mortality rate in Romania is low by international standards, but it remains the highest in the EU. Nearly a quarter of children are hospitalized every year, largely because primary and community care receive relatively little attention. The rate of mother-to-child transmission of HIV increased from 2 per cent to 5 per cent of new cases between 2007 and 2010. This was mainly due to the fact that 35 per cent of HIV-positive mothers are not receiving either treatment or preventive care during pregnancy.\(^4\)

6. The situation analysis also found that disparities particularly affect the Roma population, children with disabilities and children living in rural areas. The infant mortality rate is 60 per cent higher in rural areas than in urban areas, according to Ministry of Health data. The infant mortality rate in the northeast region, the poorest part of the country, is 87 per cent higher than in Bucharest. Some 35 per cent of the Roma minority was living in poverty in 2010, compared with 6 per cent of the majority population. As many as 44 per cent of Roma boys and girls aged 7 to 11 are out of school.\(^5\) A 2010 study by the Association of Support for Children with Disabilities conducted in 9 of 41 counties found that 23 per cent of children with disabilities do not go to school, and only a third of those who attend do so in the mainstream education system.

7. With its large Roma population, Romania is grappling with Europe-wide discriminatory social norms towards this group. Financial barriers are the main cause of steep disparities in living standards and access to services for Roma, and 12 per cent of Roma parents attribute their children’s low rate of school attendance

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\(^3\) PISA 2009 report, Organization for Economic Cooperation and Development.

\(^4\) HIV/AIDS general data as of 31 December 2010, National Institute for Infectious Diseases, Bucharest.

\(^5\) “Roma school participation, non-attendance and discrimination in Romania”, Surdu, Laura (coordinator), Bucharest, Vanemonde, 2011.
to discrimination. Stigma and discrimination also affect progress towards HIV prevention and inclusion of children with disabilities in mainstream society. Finding innovative ways to transform discriminatory social norms and overcome stigma and prejudice that prevent further equity gains in the country has the potential to yield lessons for Europe-wide and global learning.

8. A number of innovations and new practices have been implemented in the country and should be further institutionalized. They include an ongoing shift from protection — safeguarding the welfare of children once they enter the State care system — to prevention — ensuring that children never enter the system. Such approaches have proved to be more affordable and consistent with a rights-based approach, and should be further institutionalized. In the area of child rights monitoring, a new tool for real-time monitoring and reporting on the impact of economic crises on children is being currently tested with UNICEF. It provides a basis for prioritizing urgent action for the most affected children to ensure that they all can realize their rights to education, health and protection and to access relevant services, even in times of crisis.

9. Preschool and school attendance needs to be bolstered to fully realize the right to education and reduce equity gaps. In the development of quality early childhood development and education services for vulnerable young children, greater focus is needed on the most deprived communities. The Government is working on this through subnational approaches that have been successfully implemented in selected areas of the country. Scaling up these approaches requires better coordination among partners and more financial support to areas of highest poverty, a policy already in place but not always implemented.

10. Innovations aimed at strengthening local capacity in terms of fostering clear accountabilities, modern management practices and more equitable allocation of resources at decentralized levels will also help to attract EU structural funds amounting to €19 billion for the period 2007 to 2013. Examples include the work on costing standards and a minimum package of services. These approved funds must be applied for on a competitive basis by central and local authorities, non-governmental organizations and other groups. According to Government reports, by the end of 2011 only about 5 per cent of funding had been absorbed. A new Ministry of European Affairs was created in 2011 to accelerate absorption of these funds, some of which can be used for innovation and improved governance practices to be adopted “at scale” in counties where most excluded and marginalized children live.

11. The Committee on the Rights of the Child issued Concluding Observations in 2009, covering Romania’s third and fourth periodic reports. They pointed out that overcoming constraints on financial, human and organizational resources and tackling adverse social norms is key to unlocking the potential of Romanian society. They called for increasing the budget for the realization of rights for all children and the use of a tracking system to assess budgetary impacts on boys and girls. The Concluding Observations also recommended creation of a clear mechanism for budget allocations to local level, especially with regard to existing disparities; collection of reliable data on children, disaggregated to enable identification of discrimination and/or disparities in the realization of rights; the active and systematic involvement of

6 “Roma school participation, non-attendance and discrimination in Romania”, Surdu, Laura (coordinator), Bucharest, Vanemonde, 2011.
civil society in promoting and implementing children’s rights; and continuation of State efforts to establish an independent Ombudsperson for children. Adapting public systems and social norms so that they include children of minorities and disadvantaged communities has the potential to provide global lessons that could form the basis of triangular cooperation and be shared with other countries.

Key results and lessons learned from previous cooperation, 2010-2012

Key results achieved

12. In May 2010 the Ministry of Education, as part of its country partnership with UNICEF, launched a drive for social inclusion and equity to bring back to the classroom over 400,000 Romanian children who do not regularly attend school. These children are mostly from families living in poverty, with parents who themselves had little education, and many are Roma children. A 2011 evaluation\(^7\) revealed that 60 per cent of the children at risk of dropout remained in school in the first year of this initiative. One of the elements contributing to this success was its focus on multiple causes of dropout. The approach was to involve partners from fields outside education, such as people of influence in the community and local non-governmental organizations. This engendered a team approach and motivated greater effort among school personnel, local authorities and schools in other poor communities facing similar challenges. The evaluation also recommended increasing financial support to help make these innovations more friendly for marginalized children, provide better facilities and teaching/learning materials, and it called for schools with the best results to offer peer support to under-performers. An additional 100 high-dropout communities were added to the initiative in the 2011/2012 school year.

13. Another innovation supported by the Romania-UNICEF partnership was a “prevention model” aimed at strengthening the capacity of local authorities to identify and respond promptly and efficiently to risks and vulnerabilities of children and families. A community-based services initiative was launched in about 100 rural communities to demonstrate this preventive approach, which involved assigning a social worker to identify challenges and implement solutions in the community. An evaluation\(^8\) found positive results from the initiative after only five months in terms of preventing family separation as a result of abuse and neglect. The evaluation showed that the initiative had identified 2.7 per cent of children as “invisible” to health, education and social services, making them potential entrants to the institutionalized child care system. It also found that the cost of keeping a child in the family was approximately one third the cost of providing services in the protection system.

14. Confirmation of the financial viability of the prevention model provided scope for its expansion. Considering that 1.6 per cent of all children in Romania are in some form of protective services, such approaches need to be scaled up and

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\(^{7}\) “Evaluation of intervention and results for the Campaign on School Attendance, school year 2010-2011”, Veronica-Gabriela Chirea, Olivia-Maria Jidveian, Alina-Gabriela Paraschiva, Tania-Mihaela Sandu (independent authors-evaluators), Bucharest, 2011.

\(^{8}\) “CERME — Helping the ‘invisible’ children, evaluation of interventions — key findings and recommendations”, Manuela Sofia Stanculescu and Monica Marin, Bucharest, 2011.
expanded nationwide in a sustainable manner. To this end, the country partnership supported local authorities in their efforts to access EU structural funds and to engage other stakeholders, including civil society.

15. The country partnership was instrumental in convening a number of key actors, including the World Bank, to monitor and report on the impact of the crises on children, provide options for protection of the most affected children and ensure that these children continued to attend school and maintain access to basic health and protection services. Significant progress was made in developing instruments, systems and structures to systematically monitor child rights countrywide, with a focus on gender.

Lessons learned

16. The evaluation and study described above clearly show that community-based prevention solutions can be effective in increasing uptake of services. This involves shifting the responsibilities of social workers to outreach and assessment of needs in order to promote social inclusion, child rights, family cohesion, affordable services, and to alleviate pressure on the State system. It is also vital to engage local authorities and community involvement processes so that issues in the family and community can be resolved without resorting to the institutional care system. The success of social assistance depends on more systematic collaboration and coordination among local leaders and services and, at central level, among authorities in different sectors.

17. At a more systemic level, however, these successful innovations support the urgent need for decentralization of social assistance and child protection. A 2010 evaluation\(^9\) analysed decentralized services, which are being implemented in line with EU policy, and their delivery to poor communities. It found that policies need to be backed up by adequate communication from the centre so that service providers understand their new obligations and families understand the requirements to claim the new entitlements. The capacity to implement a new regulation at decentralized level should be examined and the full resource implications reviewed before such measures are formally adopted. This will ensure that the normative framework is translated into concrete action supporting realization of the rights of the most disadvantaged children.

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Framework of cooperation, 2013-2017

Summary budget table

<table>
<thead>
<tr>
<th>Partnership component</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social inclusion and disparity reduction</td>
<td>2 200</td>
<td>9 400</td>
<td>11 600</td>
</tr>
<tr>
<td>Strengthening governance and alliances</td>
<td>950</td>
<td>2 500</td>
<td>3 450</td>
</tr>
<tr>
<td>for children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-sectoral</td>
<td>600</td>
<td>600</td>
<td>1 200</td>
</tr>
<tr>
<td>Total</td>
<td>3 750</td>
<td>12 500</td>
<td>16 250</td>
</tr>
</tbody>
</table>

Preparation process

18. Preparation for the new country partnership started with a midterm partnership review. It was carried out between April and September 2011 through a series of consultations among members of a steering committee comprising UNICEF, key government partners, non-governmental organizations, other United Nations entities and academics. It was guided by the Ministry of Foreign Affairs, the coordinating body. The committee reviewed the 2009 recommendations of the Committee on the Rights of the Child as well as new information and major research on the situation of children, together with evaluations and recommendations. Subsequently, all key partners agreed on the strategies and components of the partnership.

Country partnership components, results and strategies

19. The overall aim of the partnership is to counter the effect of the recent crises and continue to accelerate the universal realization of child rights. The strategy is to improve the situation of excluded children living in marginalized communities with large minorities and in the most vulnerable and deprived areas, where poverty is pervasive, school attendance is precarious and families are at a higher risk of dysfunction. This will be accompanied by promoting a culture of rights, social norms and alliances that will benefit all children and enhance equity and solidarity in the country.

20. This overall goal will be pursued through the creation and strengthening of partnerships for social inclusion and good governance for children at subnational and national levels. It will focus on the institutional bottlenecks and societal barriers to greater equity for children. Accordingly, the partnership will support a balance between support to the normative framework at the national level and its translation into results on the ground for social inclusion and equity. The emphasis will be on local authorities engaging “at scale” in their county from the outset in alternative, cost-effective and innovative initiatives. As a result of the decentralization process, these authorities now have greater financial and management responsibilities but command limited resources and capacities. This engagement of local authorities will enable Romania to match established guarantees and entitlements with a relevant set of accountabilities, authority and financial and organizational resources.

21. In order to prepare for nation-wide implementation, UNICEF will continue strengthening synergies with a critical mass of local authorities. They will be
supported by the good practices emerging from current and new initiatives, which have the potential to become models applicable beyond Romanian borders. Meanwhile, work will continue at central level to accompany government reforms and adjust policies, strategies, laws and budgets, which will be informed by results at decentralized levels.

22. In the media-intensive environment of Romania, communication for development will be a key strategy to overcome stigma, discrimination and prejudice as barriers to social inclusion and equity.

Areas of cooperation

23. Social inclusion and disparity reduction. This component aims at local-level results “at scale”, based on implementing policies and strategies to reduce disparities, increase equity and promote the social inclusion of vulnerable boys and girls. It will emphasize Roma children, in support of the National Strategy for Roma 2012-2020. It is designed to promote social inclusion with an emphasis on education and local-level results. The partnership will focus on supporting capacity-building at decentralized level.

24. By supporting national and local authorities to address key institutional and societal bottlenecks at decentralized levels, the component will help to increase access by marginalized children to education, early childhood development, public health and protection services. Some of the key targets in this component will be to:
   (a) halve the average proportion of boys and girls dropping out of compulsory school from 20 per cent to 10 per cent, with emphasis on most deprived counties;
   (b) reduce the school dropout rate of Roma children from 44 per cent to 30 per cent;
   (c) double the number of children receiving prevention services in child protection, with greater emphasis on children in marginalized areas and groups; and
   (d) decrease the proportion of children in institutional care by 25 per cent, focusing on children with disabilities. Given the strains facing the child protection system, the Government is determined to pursue a preventive approach. This serves both child rights and effecting cost savings. This component will also contribute to
   (e) virtually eliminating the transmission of HIV from parents to children; and
   (f) increasing by 50 per cent the number of pregnant women from most vulnerable groups (Roma and most deprived rural areas) having at least four antenatal visits in accordance with the national standards of quality of antenatal care.

25. Communication for development will be used vigorously with the objective of transforming schools into child-friendly places that are welcoming to minorities and children from the poorest families. Concurrently, policies and standards to increase education quality will be pursued, along with capacity-building of the education system to accommodate children with disabilities in mainstream schools.

26. The country partnership will step up support for innovative models and new “social technologies” that can keep families out of the institutional care system. Working closely with partners in government and civil society, the UNICEF-Romania partnership will seek to accelerate deinstitutionalization of children by strengthening support to families. Viable alternatives will be developed, especially adoption and foster care, with a special focus on children under 3 years old. Also promoted will be policies and programmes aimed at protecting children from violence in the home, school and society and from exploitation and harm through the Internet, with attention paid to gender.
27. In the area of early childhood development, the country partnership will continue to support partners working to create a coordination mechanism for services and will cooperate to design action plans and budgets. Within the framework of the national parenting strategy, work will focus on expansion of services through preschools and parent education programmes in a way that is affordable, sustainable and able to be implemented nationwide, while giving priority to parents from the most marginalized communities, including Roma parents.

28. This component will further enhance cooperation among national and local authorities to design a minimum package of public health services, especially prenatal and post-natal care and preventive care. In particular, local authorities will be supported to increase access to antenatal care in vulnerable communities through the use of community nurses and Roma health mediators. Special attention will be paid to prevention of HIV transmission from mothers to children and among most-at-risk adolescents, who are increasingly injecting new synthetic drugs.

29. **Strengthening governance and alliances for children.** The objective of this component is that public authorities, in partnership with civil society, international organizations and the private sector, will exercise good governance to reduce child deprivation and advance the rights of girls and boys, both nationally and subnationally. The component will contribute to the implementation of five of the 2009 Concluding Observations of the Committee on the Rights of the Child, which include systemic changes such as: (a) adequate and more efficient allocation to health, education and social protection; (b) the establishment of a child rights monitoring system that produces annual reports with recommendations for action; and (c) the full operation of a child rights guarantee system, including an Ombuds Office for Children that functions in accordance with the best international standards recommended by the European Network of Ombudspersons for Children.

30. This component will enhance cooperation with government and NGO partners to develop and strengthen a national child rights monitoring system. Such a system will operate across Ministries and down to subnational levels and will also involve civil society organizations. Partnerships and resources will be mobilized, and the actions will include research, promotion of awareness on child rights, preparation of national plans and strategies, and building of capacity to evaluate legislation and prepare reports on the status of child rights realization. Such a system would greatly facilitate implementation of many of the outstanding recommendations of the Committee on the Rights of the Child.

31. The country partnership will take advantage of UNICEF global knowledge to create a dedicated Ombuds office for children. Work will also continue with national and local authorities and the World Bank to refine budget allocation systems to include essential services for vulnerable children and families and implementation of policies for inclusion.

32. Within the equity framework, collaboration with relevant Ministries on risk reduction strategies and actions will seek to mitigate the impact of natural disasters and build resilience among the most vulnerable children.

33. Between 2008 and 2010, UNICEF Romania raised 60 per cent of other resources locally, despite the downturn in the economy. Funds were also raised in Romania for UNICEF assistance to other countries, such as Bangladesh and Haiti. The private sector’s role as a key contributor to other resources is expected to
continue. UNICEF will continue efforts to leverage resources in support of disadvantaged children, especially for education, health and protection. Special attention will be given to innovations such as preventive community-based services that bring results for children at the local level and that may qualify for funding from EU structural funds. The target is to leverage $100 million by the end of the county partnership.

34. **Cross-sectoral.** This will support monitoring and evaluation and operational costs, including utilities, travel and costs related to staff and office operations.

**Relationship to national priorities**

35. This country partnership has been developed with reference to the findings of the situation analysis carried out in 2011. It supports the 2007-2013 National Development Plan and other national priorities set out in the National Strategy on the Promotion and Protection of Children’s Rights 2008-2013, the National Reform Programme 2011-2013, the Romanian Strategy for Europe 2020 and the National Strategy for Roma 2012-2020. It also complements the new Law on Education and Law on Social Assistance, both passed in 2011. In the absence of a United Nations Development Assistance Framework, there has been close consultation with other United Nations entities, especially the United Nations Development Programme, which has been an active member of the Steering Committee that prepared the country partnership document. Other main United Nations partners include the World Health Organization and the Office of the United Nations High Commissioner for Refugees.

**Relationship to international priorities**

36. This country partnership reflects the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and relevant provisions of the Convention on the Rights of Persons with Disabilities. It supports the findings of the Committee on the Rights of the Child relative to the country’s 2009 report.

37. The country partnership is in accordance with the EU 2020 strategy on social inclusion and the new EU strategy on Roma. The strategies have taken into account the need for emergency prevention, mitigation and preparedness.

**Major partnerships**

38. Promoting social inclusion calls for strong partnerships in all sectors. The General Directorate for Child Protection in the Ministry of Labour, Family and Social Protection is the key partner regarding achieving results in deinstitutionalization in the social inclusion component of the country partnership, as well as for results in monitoring related to the Convention on the Rights of the Child in the governance and alliances component. The Ministry of Education, Research, Youth and Sport and the Institute of Educational Sciences will be responsible for guiding the education elements of the social inclusion component. The Ministry of Health and its Institute of Mother and Child Health, along with the Romanian AIDS Centre, are the key partners in obtaining results in the areas of health, early childhood development and HIV/AIDS. The National Institute of Statistics has a lead role in data collection and monitoring progress towards goals,
while the National Agency for Roma will continue as a close partner in mobilizing action for the social inclusion of Roma at both national and local levels.

39. Close collaboration will also be maintained with the World Bank relative to the social inclusion of Roma, social system reform and budgeting; with the European Commission, in the context of the new 2014-2020 European Regional Development Fund; and with the European Social Fund and the Cohesion Fund, in relation to social inclusion, poverty and education. The country partnership will influence use of these funds to support capacity-building for efficient operation of services at the local level. The private sector is an increasingly important partner and source of resources, particularly in supporting social inclusion. The mass media are an important partner in educating and guiding social change and in overcoming stigma and discrimination.

Monitoring, evaluation and cooperation modalities

40. The Ministry of Foreign Affairs and the Ministry of Labour, Family and Social Protection will have overall responsibility for coordination of this partnership. Key progress indicators in the social inclusion component will be monitored through regular review of administrative data, field reports and surveys as well as joint field visits.

41. An Integrated Monitoring and Evaluation Plan will be developed. The partnership will collaborate with relevant institutions such as the National Institute of Statistics to carry out studies, surveys and evaluations in order to gain deeper understanding of issues and to evaluate the impact of innovations. Joint evaluations will be planned to assess the impact of public policies for the inclusion of all children. Best practices and lessons learned will be identified to inform policy choices. Joint annual reviews will be held with stakeholders and the Government to make necessary adjustments, and a midterm assessment of the UNICEF-Romania country partnership will take place in 2015.