

HALF WAY HOME:
Romania's Abandoned Children
Ten Years After the Revolution

A Report to Americans
From the U.S. Embassy
Bucharest, Romania

James C. Rosapepe
U.S. Ambassador

February 2001

In 1990, the world learned about a network of state “orphanages” housing an estimated 170,000 children in Romania. Most of these “orphans” had parents who were living, but too poor to support them. Ten years later, the number of children in institutions is down dramatically and conditions for many who remain in institutions are improved. Now, the big orphanages are beginning to close, as adoptions (both foreign and domestic) rise and as options such as smaller residential homes, mother-child shelters, foster care, and family reunification take hold. As recently as the 1980’s, unwanted children were objects to hide and control. Today, Romania is putting the child’s well-being and family support at the center of social policy.

This is the story of how concerned Romanians and their friends around the world, including Americans, have made a difference in the lives of tens of thousands of Romanian children; of how mentalities and institutions can change for the better, even in very different circumstances; and of how, with commitment and focus, we can help Romania finish the job of giving its most endangered children the chance of a bright future.

Over the past ten years, Americans – as individuals, as adoptive parents, as supporters of non profits, and as U.S. public servants – have played a major role in improving the lot of Romania’s abandoned children. And their lot has been improved. But there is still much more to do. In close cooperation with the Romanian government, the European Union, other international organizations, and hundreds of U.S. non profits, our government, led by USAID, is deeply involved in helping Romania complete the transition to a child welfare system that puts families first.

The U.S. Embassy in Bucharest submits this report to the American people to outline what has been accomplished and what remains to be done with the hope that even more Americans to join our crusade.

Sincerely,

*James C. Rosapepe
Ambassador*

TABLE OF CONTENTS

Executive Summary

- I. The Crisis: Forgotten Children
- II. The Response: Global Mobilization
- III. The Problem: No Alternatives to Institutions
- IV. The Answer: Building Family-Oriented, Community-Based Services
- V: Where We—and the Children—Stand Now
 - A. The Children
 - B. Major Donors and International Financial Institutions
 - C. Obstacles To Progress

EXECUTIVE SUMMARY

Institutions housing abandoned, sick, and disabled children in Romania were among the worst problems confronting the newly-established democracy in January 1990 after the dramatic collapse of Communism revealed little-known horrors of massive mistreatment.

Under the Communist regime led by Nicolae Ceausescu, policies to promote big families made contraception and abortion illegal. Meanwhile, miserable economic measures in the late 1970s and 1980s created food scarcity, energy shortages, and rampant national poverty which contributed to the institutionalization of more than 170,000 children. With no community-based childcare alternatives or civil society involvement, doctors advised struggling families to place children in institutions. Disabled children were further segregated, placed in isolated rural institutions with little public scrutiny or decent medical care. By 1989, there were over 700 institutions warehousing children—from infants to young adults up to age 18—across the country.

In 1989, the Western press exposed the deplorable situation of institutionalized children in Romania, triggering a flood of international assistance. The press labeled the children “orphans” but the majority of the children in institutions have parents, who are simply economically unable to care for them. Over the last ten years, concerned Romanians and their friends abroad made heroic efforts to improve the living conditions in orphanages, decrease Romania’s reliance on big institutions, and develop sustainable programs to help at-risk families before they abandon their children. International attention has been a prime force in bringing millions of dollars in aid and thousands of volunteers to Romania to help construct a child welfare system based on putting a child’s well being at the center of policy approaches and practical intervention.

Initially multilateral donors, churches worldwide, non-governmental organizations (NGOs), and countries such as the United States targeted funding and volunteer efforts to avert the near starvation, disease, emotional trauma, and even death that confronted children housed in these dilapidating facilities. Early response focused on emergency medical aid, humanitarian assistance, and child survival programs including the provision of food, clothing, and structural repair of orphanage facilities. Besides improving its physical structure, isolated initiatives by donors, public and private, directed at improving the child welfare system could not be easily sustained by Romania. In many cases between 1990 and 1995, as soon as foreign assistance ended, the situation returned to the status quo.

In 1996, several studies sponsored by the United Nations Children’s Fund confirmed what many donors and volunteers suspected: although thousands of children left institutions through adoption in the early 1990s, the institutionalized population had risen again. By 1996, as many children were living in Romanian orphanages as in 1990. Their living conditions had improved; fewer children were openly abused. But their security and happiness were compromised by the negative impact of institutional life: little stimulation or constructive play, too few caregivers with scarce time for loving interaction, anemia, ear infections; and competition for space, food, and peace.

Since the entire Romanian child welfare system—its structure, its employment scheme, and its budgets—revolved around keeping orphanage beds filled, the legislative and policy framework had to shift 180 degrees to create a system with new incentives, emphasizing alternatives to institutionalization. Since the national government made decisions better considered at the local level, an entire move to decentralize political decision making had to be initiated. Since NGOs were new players in Romania, their potential role in delivering social services had to be recognized.

Between 1996 and 2000, organizations have modified assistance efforts to emphasize sustainable interventions aimed at dismantling the warehouse system which has been integral to childcare in Romania. Although the first attempts at systemic changes came in 1993 when major donors and International Financial Institutions (IFIs) independently recognized that humanitarian relief alone would not, and could not, effect sustainable improvement in the status of Romanian children, by 1997 donors, led by USAID and the World Bank, had successfully encouraged the Government of Romania (GOR) to adopt major systemic reforms of its child welfare system. By 1999, The European Union, in fact, declared that for Romania to join the EU community, it would have to bring its entire child welfare approach into line with European social service standards.

In 1999, the GOR created the National Agency for the Protection of Children's Rights (NAPCR) which finally became the primary child policy coordinator. The next year, NAPCR took charge of all institutions with responsibility for children including facilities for disabled children and institutions for children with special educational needs which had been managed by other ministries. Results from this programmatic shift, which has occurred largely over the last three years are noteworthy:

- From a highly centralized system of chaotic central control by some six ministries to a decentralized system based in counties and the local level
- From a system which increased the number of children receiving community-based services from 11,900 in 1997 to 19,400 in 1999.
- From a system housing 44,500 children in placement centers in 1997 to one with 31,500 children in 1999.
- From a system run exclusively by the state to one which includes hundreds of NGOs involved in child protection activities
- From an environment with no social workers at all to a system that includes professional standards of care and ethics for a new social work profession

I. The Crisis: Forgotten Children

Tragic images of undernourished Romanian children, tied to steel cribs, rhythmically banging their heads against walls, locked in dimly-lit rooms, supervised by custodians with little time to hold or comfort them, shocked Western audiences when seen for the first time in early 1990. These were not just a few children in isolated places who had somehow fallen between the cracks of a decent system. Thousands of children, roughly 170,000 children were living in this misery. They were spread across

Romania in large dilapidated institutions. Some were former hunting lodges. Others were former barracks. None were designed or appropriately outfitted for these small captives.

Romania had created this rapidly growing population of abandoned, sick, and disabled children through some twenty-five years of terrorizing social and economic policies. Romania completed a harsh collectivization and nationalization process in 1965 putting all property and the means of production under state control. Two years later, communist party dictator Nicolae Ceausescu announced an ambitious plan for rapid industrial growth which required more workers. He brought peasants to the city and he outlawed contraception, abortion, and discouraged divorce in order to fulfill his grandiose plans of doubling the population and increasing production.

With this radical attempt at social engineering, we find the roots of Romania's child welfare crisis. The "pro-natalist" policies resulted in unwanted children and a new cynical attitude: if the state wants more children, the state can take care of them.

The forced displacement of people also contributed to the child welfare crisis. Romania had long relied on extended families to care for its young. The destruction of village life and expansion of hulking urban apartment blocks to house young workers brought to city factories broke up the traditional family care-giving structure.

There were no moral institutions independent of the state to counsel troubled families. There were no alternatives to state hospitals and state doctors recommending that insecure mothers or impoverished families hand children over to state institutions, especially if the child was sick or exhibiting any type of disability.

Once a child entered a state institution, complicated lines of authority involving at least six national ministries as well as numerous local authorities virtually assured that the child would become estranged from his or her natural family. Frequently, as the child grew, he would be transferred to another institution, not necessarily in the county where he was born. The abandoned child was lost inside the system.

Child histories were not necessarily kept for each charge. No formal attempts to reintegrate a child with his parents were ever made. Children were segregated from the "normal" population, disabled children rarely attended school regularly and did not leave institutional confines.

In the 1980s, Ceausescu initiated an economic program to pay all of Romania's external debt to international lending institutions. He implemented a punishing domestic austerity plan that created massive domestic food and energy shortages, not to mention shortages of medical and sanitary supplies. Many Romanian families could not support their children.

If domestic shortages were painful for average Romanians, try to imagine the impact on forgotten child placement centers, many of which were located in Romania's most remote regions, on the country's borders. By the late 1980s, when living conditions had become almost unbearable, many orphanages had no hot water and no constant heat in winter. Not only were there no diapers, there were no detergents to keep diapers—or the orphanages themselves—sanitary.

Infections started to spread with the lack of hygiene. A shortage of medical supplies, including vaccines and antibiotics, meant that children were getting, and quickly transmitting, disease. A needle shortage meant that one needle was used on scores of children, which is how pediatric AIDS spread through the orphanages, making Romania the country where more than half of all European children with AIDS live.

The orphanage AIDS epidemic wasn't recognized until after 1990. Other medical traumas emerged right away: children with straightforward ear infections lost their hearing from the lack of antibiotics. Children with crossed-eyes developed preventable forms of blindness. Rashes like third degree burns developed when children sat in urine-soaked beds for entire days. And still more children kept entering these oppressive facilities.

Because institutions received state money based on the number of children, a perverse incentive existed for these places to allow overcrowding. Since social work as a profession as well as nursing had been outlawed in the 1960s, staff in the centers were not trained in psychology or child development. Instead, badly paid staff with little training were expected to cope with hundreds of traumatized and seriously ill children.

Control rather than care became the rule. Staff tied young children to their cribs or locked groups of children in rooms in order to restrict movement. Because feedings could be accomplished quicker with bottles, young children up to age five were fed watery formulas instead of food, and were never taught how to feed themselves with utensils. Malnourished and starved of love or stimulation, many normal infants developed a variety of difficult to diagnose abnormalities. Children who entered the system with physical or emotional disabilities were considered "irrecoverable." They were segregated and mistreated. Many were left to die.

II. The Response: Global Mobilization (1990-1995)

Almost as soon as the Western media found Romania's orphanages and described the young victims, U.S. and Western European non-governmental organizations (NGOs) began flooding Romanian institutions with material goods. Pajamas, diapers, toys, beds, kitchen installations, plumbing, and even material for new

roofs were fast arriving, with no way to coordinate all the goods and offers of assistance. It became clear within the first year of this assistance that the institutions had neither the capacity nor the ethical fortitude to use all of the aid. Much of it quickly disappeared to personal homes that were less well off than "orphanages."

Many of the international NGOs that came early to help, established themselves as local entities in order to have a permanent presence and a stronger daily influence on the children targeted for help. One effective strategy used by a variety of groups from around the world was to "adopt" an orphanage and concentrate on improving living conditions in that one place. American churches, Swedish towns, and Belgian hospitals were among the generous entities that paired up with a site and provided material aid, money, volunteers, and technical know how to improve orphanages one by one. Some of these humanitarian organizations are still at work in Romania today.

Meanwhile, in 1990 the United States Government (USG) urged UNICEF to develop a coordinating mechanism for international and GOR efforts. UNICEF had the status and knowledge to serve as a neutral arbiter on behalf of desperately needy children in the midst of a delicate political situation. Romania's new government pleaded that it was ignorant of the abusive orphanage conditions. Romanian people themselves were embarrassed to learn about the crisis. UNICEF was able to create some order out of complex attitudes and assistance chaos.

The USG supported UNICEF financially by providing half of its budget. This strategy allowed UNICEF to raise even more money to address the crisis: Between 1991 and 1995, UNICEF's emergency assistance program for Romania was funded through supplementary donations from the U.S., German, and Dutch governments. The U.S. Congress directly provided \$2 million for relief action and supplies. An example of this effective leveraging can be seen in 1995: the U.S. allocated \$5 million to UNICEF which turned around and raised matching funds of \$6.54 from European governments and national committees.

All international parties urged the Romanian government to sign the United Nations Convention on the Rights of the Child and began to work conscientiously on implementing its provisions. The Romanians signed the convention in September 1990. The ratification of this convention together with the Hague Convention on Inter-country Adoption are landmarks in Romania's child welfare history which continue to drive much of current progress.

During this first phase of humanitarian assistance and the emergence of more comprehensive reform approaches, the USG remained informed about the activities of other bilateral donors, especially the French, Swiss, British, German, Benelux, and Scandinavian government programs which represented varied and creative approaches to the child welfare dilemma.

Between 1990 and 1995, the USG focused on numerous objectives simultaneously, often working through American non profit organizations. Besides

UNICEF, early USG partners were Feed the Children, Project Concern International, World Vision Relief and Development, Inc., Holt International, and PACT. Hundreds of American NGOs came to Romania and initiated projects independently, solving problems through creativity and resolution. A review of these activities demonstrates that the Romanian child welfare crisis had many dimensions. Most activities fell into three categories: 1) Emergency, humanitarian, and medical assistance, 2) Changing the approach toward the child through staff training and human resource development, and 3) Beginning institutional reform:

Emergency, humanitarian, and medical assistance:

- **Physically rehabilitating some existing institutions** for appropriate kitchen facilities, heating plants, indoor plumbing, electrical supply and sewage disposal.
- **Getting needed supplies** (including play and educational toys, clothes, furnishings, and teaching materials, etc.) to where they were needed most. US NGOs took the lead.
- **Taking a census** of institutionalized children since the dimensions and scope of the crisis was largely anecdotal.
- **Finding the source of pediatric AIDS** with the assistance of the Centers for Disease Control.
- **Surgically repairing minor conditions** that caused children to be designated as “disabled” including cleft palate, crossed eyes, and clubfeet.
- **Studying aspects of child development** including the impact of institutionalization on children and how to developmentally evaluate institutionalized children.

Staff Training and Human Resource Development:

- **Re-instituting social work** as an academic profession. Four-year degree training in social work at universities was re-established and social work professional associations were initiated to share experience and knowledge.
- **Offering short-term training:** multiple 2-week sessions to train social assistants and child protection authorities about alternatives to institutionalization.

During the Communist regime, in 1969, the forty-year-old social work program was abolished from university curricula. The absence of a core of professional social workers had a great impact on the way children were treated in orphanages and the kind of alternatives that families could be offered.

In 1991, with the help of U.S. and European graduate schools, three universities were able to offer a three-year social work program to Romanians. Soon a four-year degree program was integrated at the university level. Building the social work profession was identified as a critical human resource need early on.

Institutional Reform:

- **Building the capacity of the Romanian Adoption Committee** to create a system and standards to organize adoption as an option to institutionalization.
- **Working with the GOR to liberalize adoption laws** so prospective parents could adopt children more easily. In 1990, complex procedures did not favor adoption as a solution for unwanted children. The system encouraged corruption and buying babies which were then illegally transported across borders. Unqualified people were brokering the deals. Since few social workers did assessments, there were careless matches and few objective assessments of a child health, history, or needs.
- **Pioneering and demonstrating new models** of childcare and alternatives to institutionalization, including family reunification, foster care domestic adoption.

Though significant institutional reform did not characterize this period, two important GOR actions signaled that deeper, more comprehensive changes were on the horizon: In 1993, the Romanian government created the National Committee for Child Protection to coordinate activities in the interest of children and to design the government strategy for child welfare. Two years later, the Committee developed the National Plan of Action in Favor of the Child, a blueprint for future reform.

III. The Problem: No Alternatives to Institutions

Despite the massive injection of help between 1990 and 1995, the number of children entering institutions again began to rise in the mid-1990s. Living conditions in the child placement centers had undoubtedly improved, and more cases now benefited from completed social inquiries on their status and needs. However, the trend of increased admissions disturbed international donors and the GOR who together perceived institutional care as an undesirable alternative for children.

Several reliable studies concluded that while the majority of institutionalized children in 1990 had been referred by doctors in maternity and pediatric hospitals, most new admissions in 1995 were coming directly from home. Poverty was the most common overarching explanation for why the children were turned over to the state. Families “wanted” these children, but could not afford to feed, dress, or care for them properly. Domestic violence was another increasingly common cause of child abandonment. Family size appeared to be a determinant of institutionalization: a high proportion of new admissions had three or more siblings.

Families with children suffering from various mental and physical impairments were especially strained, for there were few alternative community services, or programs of financial support, to make it easier for them to handle the situation at home.

Research in 1996 by The United Nations Children’s Fund identified a disturbing new trend: many families were using orphanages as temporary solutions to crisis. Disabled children still tended to remain in the system permanently. But many children with no physical or mental difficulties were placed in a center for some years, then returned home. Thus, while it appeared from annual data that the institutionalized population was static, in fact some children were cycling in and out of institutions even as the admission rate was growing faster than donors expected. This phenomenon clearly gave urgency to the national need for more temporary, alternative services.

Tragically, while some families placed children in institutions thinking it was a temporary measure, in too many cases long-term separation from the family created estrangement and new developmental problems for the child, including the inability to reintegrate in schools. Since there was no national policy promoting reintegration with biological or extended families, cases in which families were reunited were simply luck.

Analysis of the structure of Romania’s child welfare system found new evidence that directors and staff of child placement center could not be made responsible for shrinking the institutions they controlled. Their jobs—often located in areas with few other employment options—depended on retaining, even increasing the population of institutionalized children.

Economic insecurity was on the rise in Romania, with inadequate social benefits and a lack of community alternatives for at-risk children. The result: booming business

for the large institutional warehouses that were now decent structures but indecent homes.

With three new admissions to orphanages for every one child who left, major NGOs were galvanized to design a comprehensive system of services (as opposed to the random array of small-scale pilot projects which were then supported) to address the many needs of families and children, especially in light of the economic hardship caused by Romania's difficult transition to a market economy.

Government officials were further inspired to find alternatives to the old child placement centers because the high cost of maintaining children in institutions (as much as \$200 per child per month) made community alternatives, estimated to be one-half to two-thirds the cost, a preferable alternative.

IV. The Answer: Building Family-Oriented, Community-Based Services (1996-2001)

Having confronted the immediate crisis of desperate children trapped in orphanages, and having vastly improved these children's lives, the international community faced a new paradox: in order to make a permanent difference, they had to develop a sustainable system of care that deflected the magnetism of state-run institutions.

Three goals guided the international community working closely with the Romanian government during the second phase of child welfare reform after 1996. Based on child protective service models in Western Europe and the United States, reform aimed to: 1) Keep families and children together, providing financial assistance or in-family support and options such as day care, after-school care, and counseling services; 2) Phase out large residential institutions in favor of community alternatives including adoption, foster care, and small group homes; and 3) Enhance the ability of NGOs to deliver coordinated services whenever possible.

Coordinating with other major contributors and the Government of Romania, the U.S. government's strategy became more clearly defined in 1997. Helping to initiate a comprehensive transformation of the child welfare model from a centrally controlled system measured by dollars and bodies to a system oriented to the well-being of each child required a wide range of activities on several fronts. These were centered on four objectives:

- Continue developing human resources for better quality care
- Promote deinstitutionalization and community involvement by implementing a continuum of social services available to at-risk families
- Assist in government and administrative reforms that decentralize and reorganize child protection structures
- Foster NGOs to deliver services

As rapidly became clear, building a system of care capable of reducing the number of children in institutions is a complex undertaking anywhere, especially in a country with severe budget constraints and limited management know-how.

Human Resource Development:

- **Training new social workers continued** as the demand for more specialized capability increased. University-trained social workers from the new programs began to make a big difference. New curricula and social work textbooks were written to emphasize case studies and practical problem-solving. By 1999, some 1,500 had graduated and 90% were working in the field. Today, 900 social workers are graduating from university programs each year.

- **Creating the Romanian Federation of Social Workers** and writing the first code of ethics for social workers.
- **Providing training at every level of the system**, especially to staff of the local Department of Child Protection and project implementers, such as case management training, and foster parent training in order to increase social work skills and to expand concepts of permanency planning for children. More than 3,000 officials had been trained by the USG by 1999.
- **Making assessment and permanency planning for children** in institutions has standard procedure.
- **Providing institutional staff with training for other jobs, especially in alternative programs** as a way to mitigate staff unemployment which acts as a barrier to decreasing institutionalization.
- **Training maternal assistants** (foster care providers) in their roles and responsibilities
- **Incorporating family medicine into curricula** at university level medical schools so that families receive preventive health information, especially pre- and post-natal care and knowledge about how to prevent unwanted pregnancies.

Building a Continuum of Services:

- **Shifting USAID's child welfare strategy** to developing comprehensive community-based social services that mobilize resources in order to prevent child abandonment and to assist families at risk in three target counties, as well as neighboring ones. The purpose of starting with pilot counties (Iasi, Cluj, and Constanta) where there were high numbers of institutions and abandoned children was to demonstrate the feasibility of this new approach to local officials and to provide a viable model of targeted intervention.
- **Demonstrating** that community-based social services are less expensive than maintaining a costly government-run child welfare system.
- **Focusing newer activities** on assistance to families at risk, prevention of child abandonment, and association with family planning services. Prevention and intervention services such as day care centers, maternal shelters, foster homes, parent support groups, health education, have been developed. Life skills training (shopping, work skills, laundry, self-care) for 16-18 year olds about to graduate from the institutional system, enabled them to function in the community.
- **Encouraging the transition of child placement centers to** smaller, more family-like units within the larger institutions as an intermediate step in deinstitutionalization.

- **Counseling pregnant women** to prevent child abandonment and to refer them to family planning services.
- **Pioneering the idea of temporary foster parenting** as a bridge between institutionalization and adoption or family reunification.
- **Creating foster care as an option for children infected with HIV.**
- **Sponsoring working conferences to develop standards and procedures for new social services.** For example, the USG sponsored Romania's first foster care guidelines in order to provide protection for children placed in foster homes.

Government Reform:

- **Encouraging the creation of a Cabinet level office for Child Protection** which was accomplished by a reform-minded Romanian Government that took office in early 1997.
- **Supporting decentralization in decision making** so local authorities, closer to at-risk families and their children, would have more control over social alternatives and child welfare budgets.

In 1997, the GOR created the Department of Child Protection (DPC) led by Dr. Cristian Tabacaru who implemented visionary change in child welfare and was an outspoken proponent for disabled children. Ministry level reform began. The DPC launched the reform process, aimed at creating and implementing the array of alternative forms of care for children recommended by international donors, and reinforcing the idea of a community-based system for child protection.

The Department of Child Protection and the Romanian Adoption Committee made significant changes to the legislative framework and the child protection system. The changes included both decentralization of the decision-making bodies involved in child protection and inclusion of concepts outlined in the U.N. Convention on the Rights of the Child, and the Hague Convention on Inter-Country Adoption.

In this process, the DPC had authority over the institutions for "healthy" children. Other institutions, under the authority of the Ministry of Education, Ministry of Health, or State Secretariat for the Disabled remained almost unchanged. Images from these institutions were often used by media or by other interested groups to show that nothing had changed in the lives of Romania's children.

In 1999, another reorganization recommended by the international community and the National Agency for the Protection of Children's Rights (NAPCR) was created so that there would be one single authority with responsibility for all children in need of protection including disabled children and children with special education needs. In August 2000, the buildings, equipment and children were administratively transferred to

this single agency which should make it possible to reach many children previously unaffected by the community-based services provided under the DPC.

In 1997, there was strong policy movement toward decentralization, moving more responsibility down to the county and local level. Child welfare was one of the first sectors to be decentralized, and in 1998 county level departments for child protection were created with important authority over county institutions and services. Unfortunately, fiscal decentralization accompanied the devolution of power. Local officials were suddenly responsible for child welfare services that they could not fund and didn't really understand. With rising unemployment and a shrinking tax base, local officials were faced with impossible choices, such as whether to fix roads or feed children in placement centers.

A significant crisis in child protection funding emerged in 1999: Aggregate expenditures for child protection at the state and local level decreased in real terms in 38 out of 42 counties. Twenty-two county councils, more than half the total, reduced expenditures for child protection by more than 30 percent in real terms in 1999 according to the Urban Institute. The international donors had to rush to the rescue. European Union funds that were originally programmed to support child welfare reform were redirected to humanitarian assistance. The redirected funds averted local disaster while derailing sustainable reform. In an agreement the U.S. Embassy negotiated with the Romanian government a USD \$14 million contribution to pay down Romanian government debt, freeing up funds to cover urgent needs in the orphanages.

While the international community extracted a pledge from the GOR that such a lack of budget planning would never again threaten institutionalized children in the future, the experience demonstrated how precarious the new continuum-of-care model is, if it depends on over-stretched local budgets for implementation.

NGO Development and Public-Private Partnerships:

Progress in child welfare could never have been accomplished without the extremely effective working relationships developed between the U.S. government and non-government organizations (NGOs). To help increase Romania's capability, the USG relied on numerous American-based NGOs working in Romania to show the way.

Hundreds of NGOs are currently active in child protection. NGOs are present in all the Romanian counties, contributing their knowledge and resources to reform. Legislation that passed in 1997 created the opportunity for *sustainable* collaboration between public and private areas of child protection. It described the terms of collaboration between these entities and created the necessary legislative framework to ensure that these collaborative relationships could be ongoing.

Based on the principles stated in the National Strategy for Child Protection, the counties elaborated their own strategies to implement reform. NGOs are partners in the implementation of local strategies.

Therefore, most of the NGOs have signed collaboration agreements with the local Directorates for Child Protection at the county level. The idea of these agreements is to ensure that the NGOs' activity is consistent with the county's strategy in child welfare. The state is no longer the only player, but rather a partner and a coordinator in providing services for children in need of protection.

Incredible improvements in children's lives and a lot of the innovative programs that have been created can be attributed to private efforts. Private organizations are currently involved in a variety of activities, ranging from providing direct services to community development. NGOs may be large organizations or small. There are a large number of active organizations and as efforts become more coordinated, greater effects are seen. The public- private relationship is encouraged in Romania to meet the great unmet needs.

In September 1999, more than 100 active American organizations responded to Ambassador Rosapepe's invitation to gather all American-supported private volunteer organizations involved in child welfare. The idea of having regular meetings with the purpose of exchanging information and sharing concerns and experience was well received and the group has evolved into an informal network termed "ProChild", including a list serve that allows the exchange of information, and knowledge. A list of Pro-Child organizations is attached as an annex to this report.

Overall, the reform wave that began in 1997—despite some serious setbacks such as the local budget crisis which revealed the obvious mistake of trying to implement major structural reform too quickly—made important inroads in reorienting the child welfare system.

Two illustrative statistics crystallize the trend: in 1997, over 44,500 children lived in placement centers. In 1999, that figure had dropped 29 percent to 31,500. Meanwhile the number of children receiving family-based assistance rose from 11,900 to 19,400, an increase of 63 percent.

V: Where We—and the Children—Stand Now

Conditions in Romania's child placement centers today have significantly improved over their 1990 point of departure. However, conditions remain uneven and some of the more isolated institutions, especially those caring for disabled children, have made fewer improvements.

A. The Children

Over 170,000 children were estimated by UNICEF to be in institutions in 1990. In the past three years with the development of a national strategy to reduce institutionalization, there has been a substantial decrease in the numbers of children living in institutions. 1997 statistics show a total of 98,872 (1.7% of the population aged 0-18 years of age) living in residential facilities. More than 55,000 were in institutions for children with different types of disabilities and were not included in the "first wave" of the reform. Current estimates, including all the children living in institutions, are around 65,000.

There has been a dramatic increase in the use of extended family care and foster care with almost 30,000 children now living with relatives or substitute families. While foster care is not ideal from the perspective of achieving a permanent home for children, it is an improvement over large-scale institutional supervision.

Current efforts by the international community are concentrating on several key groups of vulnerable children with the greatest need. The situation of these groups is described below.

Children from Poor Families:

The majority of children in institutions have parents. Economic circumstances in Romania have left too many families without the means for providing even basic care for their children. Without amenities such as food and shelter, families still resort to placing their children in institutions.

A small amount of financial help is needed to help families maintain their children at home, avoiding the perils of institutionalization. A USAID funded project, offering emergency financial assistance, has helped over 5,000 families. It is estimated that \$30 per month enables a family to keep a child instead of giving custody to the state. While financial problems often create risk for a family, it is not usually the sole cause of abandonment.

Children with Disabilities:

According to a recent study by UNICEF, the Ministry of Health and the Institute for the Protection of Mother and Child, 57% of placements in institutions are attributed to insufficient services for children with special needs. Families without access to specialized services struggle to keep disabled children at home.

Under the Ministry of Education, children with learning disabilities, psychological retardation, or sensorial deficiencies requiring special education are referred to specialized institutions. Approximately 55,000 children are housed and attend classes in special education units. Though not necessarily orphans or abandoned by their families, these children are receiving services in special educational institutions and are counted as "children in institutions."

HIV/AIDS:

Romania has the highest percentage of pediatric HIV/AIDS cases in Europe. In 1997, 59.1% of all the European children with HIV/AIDS resided in Romania. Romania is unique in that the majority of AIDS cases have been caused by transmission from tainted blood and instruments. The number of people with HIV/AIDS is 6,117 and 87% are children. Drug use has not been a significant means of transference as it has in neighboring countries. Numerous NGOs work in the area of HIV/AIDS. U.S. NGOs and USAID are currently funding activities to help develop community services for families with children who have HIV/AIDS.

Teenagers leaving Institutions:

Recent statistics show that approximate 11% of the population in institutions are between the ages of 16 and 26. By law, these young adults are entitled to protection in institutions up to the age of 18 if they are not attending a school, and up to 26 if they are still students taking daily courses. Many of them do not have a relationship with their families and no social program exists within the current structure to transition this group from life in the institution to everyday society. These young adults need training in basic skills to live independently, such as money management, hygiene, employment skills, nutrition and health care. The U.S. government has funded pilot projects in independent living and life skills. The development of standards for this service is underway. Many humanitarian groups make life skills programming part of their overall assistance.

Rroma Population:

The Rroma population is among the most marginalized group in Romania. According to field surveys of child placement centers, Rroma parents sometimes place their infants in institutions during their younger years when the Rroma's transient lifestyle makes it more difficult to care for infants. As the young grow and become more mobile, parents often resume their responsibilities once more. Older Rroma children are sometimes not given the opportunity to attend school. A high drop-out rate is associated with this group.

There is uncertainty about the number of Rroma in Romania. The official number is 400,000 (There were 408,923 registered in the 1992 census, representing 1.85% of the population), while the Rroma community claims between 2 and 3 millions members. The European Union Commission estimated that in 1997 there were 1.5 million Rroma and has not revised this estimate.

The European Parliament stated in September 2000 that it is necessary for Romania to improve the situation of the Roma and to eliminate discrimination against them by creating special affirmative action programs for the purpose of ensuring their full equality and integration.

Street Children:

Street-children are a visible reminder of the child protection problems in Romania. Despite their high visibility, several studies have concluded that they are actually a small population. One of the dilemmas with street children is that their vagabond lifestyle makes them difficult to count. Save the Children studied this population and estimated that there are:

- Approximately 400-450 in Bucharest living in the street
- Around 1,000-1,500 in Bucharest during the summer (including permanent street children and transient street children)
- About 2,500 countrywide in the summer.

There are many organizations providing services to street children, especially in Bucharest. These organizations are attempting to share data on the children and have developed a social history form to collect child-specific information. There are approximately 250 children registered in the database for Bucharest. Around 320 places are available for street children in Bucharest both in residential centers and day centers. There is a great need for night asylums for street children. Cities with street children include Bucharest, Craiova, Timisoara, Iasi, Suceava, Galati, Constanta, and Targu-Mures.

B. International Community

Coordination among the many organizations in child welfare is consistent, influential, and consistent with Romanian government priorities. In child welfare, the European Union is currently providing nearly \$20 million Euros for technical assistance and to support county level projects supporting the National Agency for the Protection of Children's Rights (NAPCR) strategy. The World Bank's \$5 million loan was delayed but is now being dispersed, with no plan for future child welfare loans. The World Bank is active in developing social assistance policy, legislation, and promoting minimum wage guarantees, which greatly effect child welfare. UNICEF continues to play a key role in facilitating child welfare policy development, dispersing approximately \$1 million annually.

European Union:

Achieving a system to insure the rights of the child is crucial if Romania is to become a part of the European Union. While international donors have greatly influenced the development of child welfare reform, the European Union has had the greatest impact.

Romania seeks accession to the EU in 2007. An announced sine qua non for admission to the EU, above and beyond adoption of the *acquis communautaire*, is

improvement in the child welfare arena. Romania has committed to having adequate budget for children in the care of the state and was spurred by the EU to form the newly created NAPCR. Further, Romania is subject to continued monitoring by the EU in its development of a better child welfare system. This sets the stage for an unprecedented advance in child welfare reform.

EU is funding part of a nationwide public awareness campaign that will be designed by the NAPCR. The majority of the 25 Million Euro contribution will focus on model programs implemented by counties.

The European Union and the European Parliament have been firmly demanding that children's conditions be improved. They have pushed for increases in the budget for child welfare and for Romania to be responsible for funding the basic needs of children in the care of the state. Because of the great advantages which membership in the European Union would bring to Romania, this is a crucial incentive to comply with EU guidelines.

UNICEF:

For the next four years UNICEF will concentrate assistance efforts in three areas: 1) children with special needs, 2) children living in the streets and 3) communication for children's rights protection. UNICEF will prevent institutionalization of children with special needs by developing alternatives, by strengthening services for families at risk and by promoting integration of children with disabilities into the community. It will strengthen methods of integrating children leaving the institutions.

World Bank:

A World Bank loan for \$5 Million has been committed in large part. The majority of the World Bank Loan has been allocated to sub-projects jointly approved by the NAPCR and World Bank according to the government strategy. The small amount of remaining funds may be programmed for a monitoring and evaluation effort. No new loan is anticipated.

D. Obstacles To Progress

So much has been achieved in the Romanian child welfare system. These reforms have created a serious basis for a modern approach, emphasizing the role of the family and community in meeting the individual needs of children, with professional support available.

No one today questions that the reform process is real in Romania. How quickly Romania can create equitable conditions nationwide, and can implement an authentically comprehensive continuum of care remains to be seen. The answer is in the hands of current political players and local NGOs—and in their commitment to working together in a constructive manner toward removing existing obstacles to progress. As long as the GOR and its domestic partners sincerely move ahead in

compliance with Romania's national strategy for child welfare, international partners will remain at their side.

The following areas have been identified as requiring more sustained and coordinated effort.

Inaccurate Data:

A reliable data system to track the children and families receiving governmental services is an essential step in child welfare reform. In 1990, 170,000 orphans were reported as living in Romania's large institutions. Over the last ten years, discrepancies in reports have varied from 62,000 to 300,000 children living in institutions. Reports on age, gender, and family relations of abandoned children are equally unreliable. Progress cannot be measured nor can targeted plans be effectively devised without accurate data.

In 1998, legislation was passed requiring the monitoring of child protection service by, at that time, the Department of Child Protection, now, the NAPCR. An initiative was undertaken to develop a system that provides detailed information about children receiving services and about the services themselves. Though a marked improvement from the previously collected data, the NAPCR data are not precise but, still, estimates.

Need for Permanency Plans:

Children under the care of the state in Romania have no plan to guide their way to a permanent family. In the U.S., permanency plans detailing the necessary steps to bring each child individually to a permanent situation are mandatory. These plans specify which actions and activities will take place, by whom and in what time frame. At the minimum, a permanency plan should include the responsibilities for each person involved with helping the child achieve his or her plan i.e. the foster caregiver, the social assistant for the Directorate, the child, and the child's parents. If parents do not follow the plan satisfactorily, termination of parental rights should be an option of the specialized services and the courts. Training in permanency planning is ongoing.

Public and Bureaucratic Support:

Although several counties have reported great successes, many local county council members are not in favor of the NAPCR strategy that focuses on deinstitutionalizing children. Financial concerns such as increased unemployment have influenced local government's willingness to participate in the current national programs.

Local government support proved to be a determinant for the success of the newly initiated reform. To build government support, USAID initiated a very successful activity. Through World Learning, selected key players in child protection (national leaders, county secretaries in charge of child welfare, and newly appointed directors of the County Departments for Child Protection) were offered study tours in the United States to witness U.S. programs which represent alternatives to institutions. They

observed model programs from federal, state and county governments and partnerships between public and private entities.

This training became a stimulus to change. County Council Secretaries, with no additional assistance beyond the training from the U.S., made substantial progress in child welfare system reform. Notable changes were made in several counties: institutions were closed, alternatives created and the institutional population reduced as a result of strong political will, NGO coordination, and County Council cooperation.

Public Awareness:

A study by the Center for Resource and Information for Social Professions (CRIPS) in 1999 identified child protection managers and employees as one of the groups most in need of a public awareness campaign. These institution workers often fail to understand or support the national strategy on child protection. Fear of unfamiliar programs or loss of employment hinders their acceptance of new programs. In the transition from a full employment Communist system, these lifelong childcare workers are hesitant to embrace change without the assurance of alternative employment options.

Too often, parents continue to view state institutions as convenient boarding school. Local governments support the placements of children in these centers without considering the social costs. Many families, especially in the rural areas, continue to mistakenly believe that the state is more capable of raising their children.

USAID, European Union, UNICEF and World Vision, coordinated by NAPCR, are currently collaborating in a public awareness program to influence public attitudes and behaviors, to build family confidence, and to educate target groups about the alternatives to institutions.

Adoption:

Adoption, both by Romanians and by foreigners, is and can be part of the solution for children who do not have parents to raise them. Over the last ten years, international adoptions have gotten most of the attention. And, in fact, in 1999 3041 Romanian children were adopted by foreigners – including 1005 from the U.S.A.

Domestic adoption by Romanian parents is becoming more accepted with increasing number and is a major focus for the Romanian government as well as its friends abroad.

In response to complaints about corruption in international adoptions, the U.S. Embassy has sought to engage both U.S. and Romanian law enforcement in uncovering and prosecuting it, as well as getting the U.S. Department of Health and Human Services to make recommendations to the Romanian government in way to simplify the process and thus reduce corruption.

Legislative Framework:

Current child welfare legislation insufficiently addresses needs and issues. It is inconsistent and not comprehensive. It is poorly understood and indifferently enforced. Areas such as abuse and neglect in child welfare are not covered by legislation. Laws need revision in other areas such as the state's right to terminate the parental relationship of parents who abandon their children and have no ongoing relationship with the child. The entire legislative framework would benefit from a comprehensive review and revision.

Funding for Social Assistance:

Historically, Romania has designated substantial social assistance to children, from a child allowance to school scholarship funds to be used for school supplies. Despite the allocation of these funds, accessing them is often difficult. Each small pot of money requires a different bureaucratic application and response. The World Bank and Ministry of Social Protection developed a program that streamlined this process. Legislation was passed in December 2000 that improved the previous laws by targeting social assistance programs to those in need of financial assistance rather than to the general population. A minimum income guarantee is a significant aspect of the new legislation.

Social Work Profession:

Most recently, a fifth year Master's Degree in Social Work with a special focus on management and policy, and a Ph.D. program in sociology, available to social workers, have been introduced at the University of Bucharest. Currently, ten state-run and private programs are graduating approximately 900 professionals a year.

Although interactive teaching methods and meaningful practices facilitate the integration of theory and practice, Romanian professors have been slow to change the traditional didactic style. Practical development lags behind curriculum development.

The GOR and donors recognize the importance of continuing education for social workers. Many social workers are young and inexperienced and the system they work under is immature and experimental. A comprehensive system continues to develop.

Inadequate funding for child welfare:

As a result of the fiscal decentralization measure taken in 1998, aggregate expenditures for child protection at the state and local levels decreased significantly. These levels remain low. Technical assistance to local government in budget planning and forecasting is needed to assure the adequacy and stability of social welfare budgets.