



MINISTRY FOR FAMILY, YOUTH AND
EQUAL OPPORTUNITIES

CHILD GUARANTEE NATIONAL ACTION PLAN (NAP)

ROMANIA

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1. BACKGROUND

Romania has developed this Action Plan in response to the Council of the European Union Recommendation 1004 of 14 June 2021 establishing a European Child Guarantee, whose main goal is to improve the quality of life for children belonging to the most vulnerable groups by ensuring their access to basic services, as a reflection of the way in which the state protects and promotes children's fundamental rights. In fact, this is a commitment made by the public authorities responsible for children's rights.

The National Action Plan, prepared by Romania to fulfil its obligation to transpose the provisions of the Recommendation establishing the Child Guarantee, indicates the measures and objectives that have already been included in the new National Strategy for the Protection and Promotion of Children's Rights, which will be submitted to the Romanian Government for approval in the shortest possible time.

While the new strategy will cover the period from 2023 through 2027, the Child Guarantee Action Plan will ensure the implementation and application of some of the most important Child Guarantee measures until 2030 to match the period covered by the European document.

This will create the conditions for the implementation of some of the most relevant measures aimed at increasing the access of vulnerable children to basic services that ensure their fundamental rights, through dedicated actions which will be funded throughout the implementation period.

The development of Romania's new National Strategy for the Protection and Promotion of Children's Rights included broad consultations and involved the public sector - represented by the main line ministries and the associations of local public authorities, the non-governmental sector and, last but not least, children's representative bodies.

Therefore, its measures and objectives reflect a general consensus among all relevant stakeholders across decision-making levels, leading to a national commitment to reaching the targets proposed and the results that must be attained in order to achieve those targets.

However, as the measures included in the Child Guarantee Action Plan stretch beyond the implementation period of the new Strategy 2023-2027, an additional round of consultation with the main ministries involved and the non-governmental sector was organised.

It should be mentioned that, in the early plan development stages, letters were sent to the main ministries concerned by the measures included in the Plan and they appointed special representatives who were already informed and familiarised with the issues by the time of the consultation meeting.

Both the measures outlined in the National Strategy for the Protection and Promotion of Children's Rights and those included in the Child Guarantee National

Action Plan are consistent with the key measures set out in the sectoral strategies that the Romanian Government has recently approved in different areas which are relevant to the implementation of the Child Guarantee.

Some relevant decisions are *Government Decision No 440/2022 approving the National Strategy on Social Inclusion and Poverty Reduction 2022-2027*, *Government Decision No 490/2022 approving the National Strategy on the Rights of Persons with Disabilities 2022-2027 - “An Equitable Romania”*, and *Government Decision No 842/2022 approving the National Housing Strategy 2022-2050*.

2. CHILD GUARANTEE COORDINATION MECHANISM

2.1. NATIONAL COORDINATOR

In the case of Romania, the Minister for Family, Youth and Equal Opportunities was appointed as the National Coordinator based on a memorandum approved by the Romanian Government.

The same memorandum designated the institution that would ensure the national coordination of the efforts and measures to be adopted for the implementation of the Child Guarantee, namely the *National Authority for the Protection of Children’s Rights and Adoption (NAPCRA)* as the central authority responsible for the protection and promotion of children’s rights.

The decision to involve this institution was based on its powers and duties in ensuring the respect for children’s rights at national level as well as its role as the main methodological coordinator of the activities carried out by local child protection authorities.

From an administrative point of view, NAPCRA works under the Ministry for Family, Youth and Equal Opportunities, so ensuring that the national coordination of NAP implementation is provided by the minister responsible for this sector guarantees the required institutional coherence.

This will prevent any difficulties in communication and coordination with the main institutional stakeholders at the local level, given the cooperation and guidance mechanisms that the central authority already uses in the field of child rights protection.

NAPCRA monitors the way in which the legislation and strategies in other policy areas, including those concerning children, reflect the principles and provisions of national laws and of the UN Convention on the Rights of the Child.

In order to facilitate intersectoral cooperation and communication, in particular horizontally, the Coordinating Council for the Protection and Promotion of Children’s Rights and Adoption will also be involved in the annual monitoring of NAP implementation.

The Council is an advisory body reporting to the President of NAPCRA under *Government Decision No 233/2022 on the responsibilities, organisation and*

functioning of the National Authority for the Protection of Children's Rights and Adoption.

This interinstitutional body has the following main objectives: facilitate cooperation between the institutions and organisations responsible for children's rights in order to ensure the implementation of national public policies; monitor the application of law; and formulate recommendations for improving and strengthening cooperation among the public authorities involved in the protection and promotion of children's rights and adoption.

It includes a senior representative from each of the following institutions and bodies: National Authority for the Protection of Children's Rights and Adoption; Ministry for Family, Youth and Equal Opportunities; Ministry of Labour and Social Solidarity; Ministry for Development, Public Works and Administration; Ministry of the Interior; Ministry of Education; Ministry of Health; Ministry of Justice; Ministry of Foreign Affairs; People's Advocate; Romanian National Union of County Councils; Association of Directors of Public Social Assistance and Child Protection Services; Federation of Non-Governmental Organisations for Children; Romanian National College of Social Workers; Romanian College of Psychologists. Also, UNICEF Romania and Save the Children each have a designated member holding permanent guest status.

During the Coordinating Council meeting held in January 2023, the President of NAPCRA proposed to the members of the Committee that the Action Plan be monitored by that body and the proposal was unanimously accepted.

Thus, the Council will monitor the implementation of the measures and the progress made towards the results.

The Coordinating Council will meet quarterly to review the interim results achieved and will propose amendments/adjustments to the activities for the following quarter. In the last annual meeting, it will consider the activities for the following year.

NAPCRA will use several methods to collect the data and information needed to analyse the results, including:

- i) Online survey developed based on the operational plan (Annex to the Plan) and the timetable for the implementation of specific measures, allowing all the institutions and organisations that are part of the advisory/working group to share their input and/or feedback;
- ii) Real-time child consultation tool(s) / U-report / other tools used to collect children's inputs;
- iii) Administrative data and other secondary data.

These tools will be developed, managed and analysed with the technical and financial support of UNICEF Romania. Other child consultations may be held to ensure the widest and most representative participation of children, such as focus

groups with children belonging to vulnerable groups, children with disabilities, children in residential care, migrant children, etc.

The analysis of interim results will underpin the development of action plans as well as annual and multi-annual budget plans. These processes will also support the mid-term and final evaluations of the Child Guarantee National Action Plan.

2.2. PARTNER INVOLVEMENT

The development of the Child Guarantee National Action Plan was based on broad consultations with the main institutional partners from the central or local public administration and with civil society, as a natural extension of the approach used to develop the National Strategy for the Protection and Promotion of Children's Rights 2023-2027 - "Protected Children, a Safe Romania".

Thus, for the development of the new national strategy, under the coordination of the National Authority for the Protection of Children's Rights and Adoption and with technical and financial support from UNICEF Romania, a working group was set up to outline the structure, priorities, principles and objectives of the current strategy, while ensuring the institutional and legislative coherence and coordination of the measures set out in this document.

The representatives of the Ministry of Health, Ministry of Education, Ministry for Development, Public Works and Administration, Ministry of Justice, Ministry of Youth and Sport, Ministry of the Interior, General Inspectorate for Immigration, General Inspectorate of the Romanian Police, National Anti-Drug Agency and National Agency against Trafficking in Persons were involved on behalf of the governmental sector.

The non-governmental sector promptly joined the efforts of the inter-ministerial group and played a key role thanks to the representatives of the Federation of Non-Governmental Organisations for Children, the Federation of Non-Governmental Organisations for Social Services, Hope and Homes for Children Romania, Save the Children Romania, SERA Romania. The strategy incorporated much of the input provided by the representatives of these organisations which carry out relevant activities in the field of child protection.

In September 2021, a consultation meeting was held with the main non-governmental organisations carrying out relevant activities in the field of child rights protection. The meeting focused on the draft National Strategy for the Protection and Promotion of Children's Rights 2023-2027 - "Protected Children, a Safe Romania" - and its Operational Plan. On that occasion, the general and specific objectives were discussed along with the actions proposed in order to achieve them and civil society representatives formulated their own comments and recommendations for completing and improving the draft strategy.

The consultation meeting was attended by the representatives of the following federations and NGOs: Federation of Non-Governmental Organisations for Children,

Federation of NGOs for Social Services, Hope and Homes for Children Romania, Save the Children Romania, SERA Romania, World Vision Romania, Terre des Hommes, Bethany, Concordia, Help Autism. In addition to relevant NGOs, the meeting was also attended by the representatives of the Romanian National College of Social Workers and the National Federation of Parents' Associations.

From the outset, the development of the "Protected Children, a Safe Romania" Strategy also involved children's representatives from the UNICEF-supported Children's Board, the National Student Council and children's groups working with Save the Children, World Vision, Terre de Hommes. These children contributed directly to setting the objectives and developing the measures set out in the Strategy.

The "Protected Children, a Safe Romania" Strategy underpinned the development of the Child Guarantee National Action Plan through the following actions.

While drafting the Strategy, priority issues were selected based on the criteria discussed during inter-ministerial working group consultations as well as during the consultation meeting held in September 2021 with numerous civil society representatives, including the group of children mentioned above. The criteria included:

- i) Setting the target groups of children based on:
 - a. A large number/proportion of children affected, with worrying figures reported in Romania compared to the European average;
 - b. Serious long-term consequences for children's development, even if Romania does not have a high share of children affected;
 - c. Negative consequences of the COVID-19 pandemic.
- ii) Aligning with the European and national strategic frameworks, namely with:
 - a. EU Strategy on the Rights of the Child;
 - b. Proposal for a Recommendation establishing the European Child Guarantee;
 - c. UN Convention on the Rights of the Child and Recommendations of the UN Committee on the Rights of the Child;
 - d. Sustainable Development Goals;
 - e. Other national, general and sectoral strategic documents, such as the Programme for Government and other cross-sectoral or sectoral strategies, as well as with the priorities or recommendations resulting from the evaluation of the National Strategy for the Protection and Promotion of Children's Rights 2014-2020.

- iii) Harmonising with EU funding priorities and favourable conditions, such as the European Regional Development Fund, the European Social Fund Plus, the National Recovery and Resilience Plan, the Technical Support Instrument, REACT-EU, Invest-EU, EEA and Norway Grants, etc.

Drawing on the proposal for a Recommendation establishing the European Child Guarantee, on which the EC was working at the time, the Strategy anticipated objectives and measures for the main target groups, including children in precarious family situations, children with disabilities, children in alternative care, especially in residential care, homeless children or children experiencing severe housing deprivation, children from migrant backgrounds or from ethnic minorities, especially the Roma, etc.

Once the draft Strategy was finalised and the inter-ministerial approval procedure was activated, the most relevant objectives and measures were selected to prevent and address social exclusion by guaranteeing access to a set of essential services for children in need, thus supporting children's rights by fighting child poverty and promoting equal opportunities.

These proposals, the new targets for 2030 as well as the budget for the Child Guarantee National Action Plan were discussed during a new round of consultation with the relevant line ministries and civil society.

Thus, the draft Plan was sent to institutional and civil society partners for analysis and for suggesting any changes.

At the same time, consideration was also given to the proposals that the National Authority for the Protection of Children's Rights and Adoption had received from non-governmental organisations and from the representatives of the European Parliament, who had provided substantial input.

After analysing all these aspects, both in terms of timeliness and consistency with the objectives and principles of the Child Guarantee and the new National Strategy for the Protection of Children's Rights, the draft National Action Plan was completed.

Following that process, on 21 November 2022, the National Coordinator organised a new public debate at the Romanian Government's headquarters, bringing together all the institutions and civil society representatives who had submitted proposals for improving the National Action Plan.

The public debate was attended by the representatives of the Ministry of Education, Ministry for Development, Public Works and Administration, Ministry of Investment and European Projects, Ministry of Foreign Affairs, Romanian National College of Social Workers, Student Council, Eurochild, Federation of Non-Governmental Organisations for Children, SERA Romania, Hopes and Homes for Children, Concordia Humanitarian Organisation, Step by Step Association for Education and Professional Development, Save the Children Romania, SOS Children's Villages, Terre des Hommes, UNICEF Romania and World Vision Romania.

The proposals received from all the stakeholders throughout the consultation period were analysed individually during the debate and any improvements to be made were jointly agreed.

The final draft of the Plan including the actions agreed upon in the debate held on 21 November 2022 was sent to all the participants who could submit their comments until 29 November 2022.

This extensive consultation process ensured the active and transparent involvement of all relevant institutional actors both from central and local government and from civil society, which took a keen interest in the development of this country document.

The National Strategy for the Protection and Promotion of Children's Rights 2023-2027 will be approved by government decision, while the Child Guarantee National Action Plan is to be approved by way of memorandum. The two will be implemented in parallel, with similar monitoring and evaluation mechanisms.

The implementation of the Child Guarantee National Action Plan and the National Strategy for the Protection and Promotion of Children's Rights will be monitored using the same governance mechanism, the Coordinating Council for the Protection and Promotion of Children's Rights and Adoption, which will support the National Coordinator and the National Authority for the Protection of Children's Rights and Adoption in coordinating the planning efforts as well as the monitoring and evaluation of the Plan.

Non-governmental organisations with relevant experience in the fields of the specific measures set out in the Plan may also participate in the implementation of the National Action Plan as partners to the authorities or as institutions responsible for the indicators.

3. IDENTIFICATION OF VULNERABLE CHILDREN AND THEIR DIFFICULTIES IN ACCESSING BASIC SERVICES

3.1. GROUPS OF VULNERABLE CHILDREN

Despite the gradual overall improvement of Romania's economic and social circumstances in the years preceding the global crisis caused by the COVID-19 pandemic, many children continue to face major difficulties which impact their development. Romanian children still lag well behind those living in most of the other EU countries in terms of wellbeing and quality of life, with a number of child groups facing serious social problems. Although in recent years children have been placed at the heart of national development policies and many low-income families find it very challenging to raise and educate their children, support services are insufficient. As shown by the evaluation of the previous Strategy for the Protection and Promotion of Children's Rights and the situation analysis underpinning the new strategy in this area and hence this Action Plan, the availability and quality of services for children are often limited or insufficient, and some of the improvements

expected in the previous strategic planning period were modest or delayed.

Romania invests less than other EU countries in education and health, in social protection in general and in the protection of families with children in particular. Between 2015 and 2019, spending on education, health and social protection, as a percentage of GDP or of government expenditure, was consistently and considerably below the EU27 average. When expressed as a share of the limited public budget available¹, spending on public social services is well below European average rates: 40 per cent lower for social protection, 32 per cent for education and 37 per cent for health. Following an increase in the first few years after 2014, spending on social protection, which gets the largest share of government expenditure mainly due to the pension budget, showed a slight decrease in 2018, with a rapid recovery in the following year. Health expenditure witnessed a relatively steady growth, from 4.2 per cent of total public administration expenditure in 2015 to 5 per cent in 2019. Spending on education also showed a fluctuating yet increasing trend, from 3.1 per cent in 2015 to 3.6 per cent in 2019.

At the same time, Romania's social benefit system, in particular means-tested benefit programmes, is facing major problems. In 2020, spending on social benefits – which includes universal, targeted and means-tested benefits – was 1.16 per cent of GDP, below the EU average of 1.36 per cent of GDP. Only 0.15 per cent of GDP (or 14 per cent of total social assistance expenditure) goes to means-tested social assistance programmes – which is less than half the EU27 average.²

Furthermore, parent consultations held in the past systematically revealed parents' contributions to the expenses incurred by their children's kindergartens and schools and the continuation of the 'class fund' practice. For example, in 2021, after a pandemic year in which classes had been held mostly online, parents in Romania paid, on average, significantly more than in 2018 for their children's education (RON 6,798 for the entire school year versus RON 3,093).³

The recent COVID-19 crisis has halted Romania's slow yet steady economic growth reported in recent years and has exacerbated many of the problems affecting children, while posing new challenges. Inequalities in access to education and healthcare have increased. Children from low-income families have had sporadic access to nutrition programmes. The gaps between developed urban areas and cities, with greater access to online communication platforms, services

¹ Romania's total general government expenditure accounted for 36.2 per cent of GDP in 2019, compared to the EU-27 average of 45.8 per cent (in 2020), with the gap slightly decreasing since 2015 due to a decline of 1.3 per cent in the European average. Lower government spending means fewer resources for the state to address social problems and to invest in social development.

² Romania Systematic Country Diagnostic (2023 Edition) conducted by the World Bank (<https://documents1.worldbank.org/curated/en/099605106202339399/pdf/IDU0c814e7e8025fa04b030a345070058576173a.pdf>)

³ Save the Children, Cât i-a costat pe părinți școala online [How much parents had to pay for online learning], 2021. Save the Children, Costurile educației gratuite [The cost of free education], 2018.

and jobs, and less developed rural areas and municipalities have widened. Numerous research and policy documents indicate a high risk of domestic violence, including child victims⁴. The coverage of child support services at community level has seen a major decline from previous levels, which were already insufficient. Many children were subjected to online abuse for the first time and a large proportion of children no longer had access to the education system, leading to learning gaps that will be difficult to overcome in the following period.

3.1.1. CHILDREN IN POVERTY OR SOCIAL EXCLUSION

The number and share of children affected by poverty or social exclusion in total population have increased for the first time since 2016 more than the figures reported at European level. One of the EU's three major social objectives⁵ aims to lift 15 million people out of poverty or social exclusion by 2030, including 5 million children. This objective should be supported by: (i) minimum income schemes; (ii) access to affordable housing, addressing energy poverty and homelessness; (iii) access to quality essential services, such as water, sanitation, healthcare, energy, transport, financial services and digital communications. At European level, poverty or social exclusion⁶ (AROPE) is considered a priority issue affecting approximately one in five children. The rate is much higher in Romania: one in two children is at risk of poverty or social exclusion, which means 1.5 million children. In 2021, the (AROPE) rate increased among children compared to 2020, from 40.7 per cent to 41.5 per cent, or 1.5 million children. Children's at-risk-of-poverty or social exclusion rate is significantly higher than the rate reported for adults, which stood at 34.5 per cent in the same year. This risk ranges from 19.9 per cent in the big cities to 30 per cent in small towns and the suburbs and reaches a worrying 50.5 per cent in rural areas. Although the 2014-2020 Strategy target to lift 250 thousand children out of poverty was achieved, as many as 1.1 million children were living in poverty (AROP) in 2019⁷, which is still unacceptably high.⁸ The lack of dedicated

⁴ Sources highlighting the impact of COVID-19 on the evolution of domestic violence, some of which also propose measures: People's Advocate (2021), Special report on the impact of the COVID-19 pandemic on children's mental health - recommended measures to improve children's access to psychiatric and psychological services; Quality of Life Research Institute (2020) „Raport social al ICCV 2020. Pandemia COVID19 din perspectivă demografică” [ICCV Social Report 2020. The COVID-19 pandemic from a demographic perspective], p.39; the brochure „România durabilă. Indicatori naționali pentru dezvoltare durabilă. Orizont 2020” [Sustainable Romania. National sustainable development indicators. Horizon 2020] (2021) – which presents the indicators of the National Strategy for Sustainable Development 2030 and looks at the impact of the pandemic on the situation of women and girls who are more at risk; ANES, 2020 (<https://anes.gov.ro/plan-de-masuri-privind-prevenirea-si-combaterea-violentei-domestice-pe-fondul-masurilor-impuse-la-nivel-national-pentru-combaterea-raspandirii-covid-19/>); UN Women (2021) A gender analysis of pandemic-related impacts; UNICEF (2020)

⁵ European Pillar of Social Rights Action Plan.

⁶ People are considered at risk of poverty or social exclusion if they are poor, materially and socially deprived or living in households with a very low work intensity.

⁷ People are considered to be at risk of poverty after social transfers if they have an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 per cent of the national median equivalised disposable income per adult.

⁸ The 2014-2020 Strategy aimed to lift 250,000 children out of relative poverty by 2020, with a target of no more than 1,106,000 poor children in 2020.

measures to alleviate child poverty may perpetuate the intergenerational cycle of poverty.

The child material and social deprivation rate⁹ provides a clear picture of the deprivation affecting children. In Romania, 40 per cent of children suffered from material and social deprivation in 2020, a 3.3 per cent increase from 2019. The deprivation rate was almost three times higher than in the EU-27 (in 2020): 36.7 per cent in Romania compared to 12.9 per cent in the EU-27 in 2019 (the most recent year for which European aggregate figures are available).

Children from single-parent or large families, Roma children, children with disabilities or from families with adults with disabilities¹⁰ are more vulnerable. In 2020, the highest severe material deprivation rates based on household structure were reported for single-parent households (25.5 per cent) and households with two adults and three or more children (43.9 per cent)¹¹. These groups of children are overrepresented in many rural communities, small and medium-sized towns and marginalised areas. Children from families living in poverty and social exclusion often have parents with low levels of education and qualification and few job opportunities, with low work intensity, working less than 20 per cent of their work-time potential.

⁹ People are considered as experiencing severe material deprivation if they cannot afford at least 7 out of 13 basic items, with 6 items related to individual deprivation and 7 items related to household deprivation. The list of items at household level includes: (i) capacity to face unexpected expenses; (ii) capacity to afford paying for one-week annual holiday away from home; (iii) capacity to cover bill arrears; (iv) capacity to afford a meal with meat, fish or vegetarian protein equivalent at least every other day; (v) ability to keep the home adequately heated; (vi) access to a car for family use; (vii) capacity to replace worn-out furniture. The list of items at individual level includes: (i) have access to the internet; (ii) purchase new clothes; (iii) have two pairs of shoes; (iv) ability to spend a small amount of money on oneself each month; (v) have time available for socialising; (vi) ability to get together with family or friends for meals/drinks at least once a month. Individual deprivation data is collected only for adults, so the following rule is used to estimate the number of children under 16 who are affected by these forms of deprivation: if at least half of the members of their household are affected by that form of deprivation, then children are also considered to be affected. In other words, they are children living in a deprived environment.

¹⁰ There are no estimates for children with and without disabilities, but approximations can be done based on comparisons between the shares of people with and without disabilities in total population. Thus, in 2019, the AROPE rate was 37 per cent for people with disabilities compared to 28.2 per cent for people without disabilities, the AROP rate stood at 26.4 per cent for people with disabilities compared to 21.2 per cent for people without disabilities and the severe material deprivation rate was 18.2 per cent for people with disabilities compared to 12.5 per cent for people without disabilities (Source: Eurostat). These figures concern the people with severe or some activity limitations due to health problems. If we take into account only the people with severe limitations, we see much larger gaps in wellbeing indicators compared to people without limitations.

¹¹ Eurostat

3.1.2. RURAL CHILDREN

Rural children¹² have a higher risk of social exclusion. About half of Romania's children, namely 48 per cent, live in rural areas. The Child Guarantee¹³ and the EU Strategy on the Rights of the Child explicitly mention the increased risk of social exclusion and poverty for children living in rural areas, remote or economically disadvantaged areas¹⁴, which were among the most affected groups during the COVID-19 pandemic, especially the children who could not attend school or who no longer had access to those forms of support that were conditional on in-person school attendance (e.g. school meals, school supplies). The National Strategy on Social Inclusion and Poverty Reduction 2022-2027 shows that three quarters of welfare recipients come from counties with low economic development, with over 80 per cent of them living in rural areas. The proportion of rural children who go to bed hungry at night is 10 per cent (7 per cent - sometimes, 3 per cent - always)¹⁵. The situation of rural children has not improved significantly in recent years. Access to healthcare, social assistance or education services is problematic for a large proportion of rural children as things have worsened during the pandemic, in particular access to education and to services and benefits associated with school participation. High percentages of rural children have problems accessing utility infrastructure: for example, 51 per cent have indoor bathrooms, with only 41 per cent of households meeting all five indicators related to basic services¹⁶.

3.1.3. CHILDREN WITH DISABILITIES

The rights of many children with disabilities are violated, including the right to a decent standard of living. Research¹⁷ shows that many of these children are falling through the cracks of the disability screening system as it only includes a small number of conditions that can lead to disability - and even those conditions are only partly covered - and the healthcare system or the education system does not have a systematic mechanism in place to detect disabilities early on. Thus, these children's habilitation and rehabilitation needs cannot be satisfied. Many children with disabilities do not have the resources required to fully participate in school, so they

¹² UN Convention on the Rights of the Child, Article 5: Family environment and parental guidance that supports children's evolving capacities; Article 18: Shared parental responsibilities, support for parents and development of support services for children; Article 26 and Article 18.3: Social security and child support services and facilities; Article 27.1-3: Measures and standards of living, including material assistance and support programmes with regard to nutrition and housing to ensure children's physical, mental, spiritual, moral and social development and to reduce poverty and inequalities; SDG 2: Zero hunger; SDG 4: Quality education; SDG 6: Water and sanitation; SDG 10: Reduced inequalities.

¹³ The document recommends Member States to consider as vulnerable groups Roma children, homeless children or those experiencing severe housing deprivation, children with disabilities, children from migrant families, children in public care and children from families in precarious situations.

¹⁴ (COM(2021) 137 final, pp. 5-6) , pp. 15-17

¹⁵ World Vision, Bunăstarea copilului în mediul rural [The wellbeing of rural children], 2020, Bucharest

¹⁶ The criteria are as follows: 1) access to a drinking water source; 2) access to household waste collection services; 3) access to sanitation facilities (indoor running water or homes connected to the water supply system); 4) homes connected to the sewer network or equipped with septic tanks; and 5) homes located less than 2 km from a paved road (Source: World Vision report, Bunăstarea copilului în mediul rural [The wellbeing of rural children], 2020).

¹⁷ Diagnosis of the situation of persons with disabilities in Romania, World Bank, 2021

leave education early, with poor knowledge that has little relevance to the labour market. Children with disabilities are at a greater risk of poverty¹⁸ and are affected by a combination of exclusion factors, with economic exclusion being paired with multiple forms of participation and social exclusion. The Recommendation establishing a European Child Guarantee specifically mentions children with disabilities as a vulnerable group requiring specific measures to remove barriers to participation and increase access to services. The EU Strategy on the Rights of the Child also highlights the problems affecting this group of children.

3.1.4 ROMA CHILDREN

Roma children¹⁹ are lagging far behind other children in terms of equal opportunities, living conditions and access to public services. The report on the evaluation of the EU Framework for National Roma Integration Strategies up to 2020 mentions that no significant progress has been made in improving the situation of Roma children, with the exception of the early school leaving rate²⁰. Data for 2016²¹ also show some progress regarding the proportion of Roma children whose basic needs are not adequately met, which is however insufficient. Comparative data on monetary poverty reveal discrepancies, with a large share of the Roma population being below the national average. According to the data, in 2018, “one in three Roma children lived in a household where a family member went to bed hungry at least once in the last month”²². Housing is poor compared to the general population, with the average number of rooms per household member being 0.7 for the Roma population compared to 1 for the general population. Access to utilities remains a critical issue for the Roma as 68 per cent of them live in households that are not connected to the public water and sewage networks, compared to 38.1 per cent for the general population, while 79 per cent of them have no indoor toilet, compared to 31.2 per cent for the general population. The Child Guarantee and the EU Strategy on the Rights of the Child include Roma children among the groups that are most at risk of social exclusion as the proportion of Roma children living in poverty is up to three times greater than that of other children.

¹⁸ UNICEF, *Combating the costs of exclusion for children with disabilities and their families*, 2021

¹⁹ UNCRC: Article 2: Non-discrimination; Article 5: Family environment and parental guidance that supports children’s evolving capacities; Article 18: Shared parental responsibilities and childcare provision; Article 26 and Article 18.3: Social security and childcare services and facilities; Article 27.1-3: Measures and standards of living, including material assistance and support programmes with regard to nutrition and housing to ensure children’s physical, mental, spiritual, moral and social development and to reduce poverty and inequalities; SDG 2: Zero hunger; SDG 4: Quality education SDG 6: Water and sanitation; SDG 10: Reduced inequalities.

²⁰ (SWD(2018) 480 final)

²¹ FRA (2018) *Second European Union minorities and discrimination survey. Roma - Selected findings*, Luxembourg

²² Romanian Government’s Strategy for the inclusion of Romanian citizens belonging to the Roma minority 2022-2027, approved by Government Decision No 560/2022, published in the Official Gazette of Romania No 450 bis, Part I, 5 May 2022

3.1.5 CHILDREN FROM MIGRANT FAMILIES

Children from migrant families²³ face vulnerabilities due to the lack of continuity of care and access to services, mainly to education. Given the highly informal nature of the migration phenomenon and the lack of relevant data on these children at the level of public social services and the education system, planning support services remains extremely difficult. These are children with one or both parents working abroad, children who accompany their parents abroad for short periods of time, children from migrant families who are returning home. Both the Child Guarantee and the EU Strategy on the Rights of the Child include the children who move abroad temporarily or whose parents work abroad in the category of children in precarious family situations. According to NAPCRA data, at the end of 2020, 75,136 children in Romania had one or both parents working abroad. The nationwide distribution shows that the counties located in the North-East Development Region report the largest number of cases. However, the scale of the phenomenon is most probably underestimated, considering the number of Romanian emigrants, many of whom are temporary migrant workers. The Government's Strategy for the inclusion of Romanian citizens belonging to the Roma minority 2021-2027 shows that, according to data from the Roma Inclusion Barometer 2018, parents work abroad in 10 per cent of Roma households, compared to 4 per cent for the general population.

Refugee children from Ukraine, accompanied or not by their families, relatives or acquaintances and who previously benefited from special care services in the neighbouring country, totalled approximately 38,000 in Romania at the end of 2022. Europe's recent experience²⁴ shows that most refugee and migrant children are particularly vulnerable and exposed to various forms of violence, and the risk of separation from their families is very high, as is the risk of facing barriers to family reunification. Often, refugee and migrant children are not fully integrated into public schools and that can have a major impact on their health, especially on their mental health, leading to higher levels of anxiety and depression.

So far, with the implementation of *Order No 20362/31/3386/812/400/2022 of the Minister for Family, Youth and Equal Opportunities, the Minister of the Interior, the Minister of Education, the Minister of Health and the Minister for Development, Public Works and Administration*, which sets out the actual steps to be taken for ensuring the registration, transit, stay and protection of the rights of these children, 4,811 unaccompanied children have been registered entering the country, of whom: 574 unaccompanied children were identified between 24 February 2022 and 18 March 2022 and 4,237 unaccompanied children were picked up from the Border Police. Of all unaccompanied minors travelling with an adult other than their parent

²³ Article 5: Family environment and parental guidance that supports children's evolving capacities; Art. 18: Shared parental responsibilities and childcare provision; Article 22: Children who are away from their countries of origin, refugees, asylum seekers, migrants or children affected by migration; Article 26 and Article 18.3: Social security and childcare services and facilities

²⁴ European Commission, "Children in migration" (https://ec.europa.eu/info/policies/justice-and-fundamental-rights/rights-child/children-migration_en)

or legal representative, whichever applicable, 1,387 children declared that they were staying in Romania and 2,809 children said that they were only transiting the country.

Primero²⁵, an open-source software platform developed and run in partnership with UNICEF and SERA Romania, has recorded over 18,000 children from Ukraine, of whom more than 50 per cent are living with their parents in host families and 279 children have been placed in public care. According to the children or their caregivers, the most urgent issues concern access to education (45.3 per cent), healthcare (27.6 per cent), safety (17.1 per cent), housing (1.6 per cent), food (1.1 per cent). Under *Government Emergency Order No 100/2022 on the approval and implementation of the National Plan of Measures for the Protection and Inclusion of Displaced Persons from Ukraine benefiting from temporary protection in Romania, amending and supplementing certain legal acts*, Romania's response targeting refugee and migrant children covers two levels of intervention: primary response in the form of emergency assistance and secondary response in the form of medium- and long-term protection measures. The secondary response intended to ensure medium- and long-term protection and inclusion measures for refugee and migrant children and their families or caregivers who choose to live in Romania is partially integrated into this Action Plan.

3.1.6. TEENAGE MOTHERS

As a direct consequence of poverty and social exclusion due to various overlapping inequalities in access to quality social, medical and educational services, the phenomenon of teenage mothers has been problematic in Romania for many years, with thousands of girls being forced to take on adult responsibilities and jeopardising their health, education and economic prospects. In 2021, 687 births were to mothers under the age of 15 and 15,672 to teenagers aged 15-19.²⁶ Thus, in the European Union, 45 per cent of births to girls under 15 were reported in Romania, the leading country for this indicator. More than 8 in 10 mothers and pregnant girls under the age of 18 do not go to school anymore and 4 in 10 underage pregnant girls and mothers do not access any healthcare services other than GP services during pregnancy, according to data from a situation analysis of mothers and pregnant girls under the age of 18 in Romania.²⁷ Also, 32 per cent of teenage mothers say that their mothers were underage when they gave birth to them, and 2 in 10 teenage mothers have more than one child.²⁸ A serious problem is that, for mothers under the age of 15, pregnancy or childbirth does not lead to investigations into potential sexual abuse committed by their partners whose ages exceed the three-year age gap

²⁵ Primero is an open-source software platform which aims to assist with the identification of all Ukrainian children, facilitating their registration and referral to appropriate social services.

²⁶ According to intermediate data from the National Institute of Statistics.

²⁷ Save the Children, *Analiză privind situația mamelor și gravidelor sub 18 ani din zonele rurale defavorizate* [Situation analysis of mothers and pregnant girls under the age of 18 living in disadvantaged rural areas]. 2022.

²⁸ Save the Children, *Analiză privind situația mamelor și gravidelor sub 18 ani din zonele rurale defavorizate* [Situation analysis of mothers and pregnant girls under the age of 18 living in disadvantaged rural areas]. 2022.

which the Criminal Code deems as grounds for impunity in the case of sex with a minor. Last but not least, the lack of access to health education, due to recent amendments to *Law 272/2004 on the protection and promotion of children's rights*, pushes children to seek information on sexual and reproductive health from relatives, friends, schoolmates or online, which poses unacceptable risks.

3.1.7. OTHER GROUPS OF VULNERABLE CHILDREN

Besides the previously mentioned groups of vulnerable children, there are other smaller groups whose rights are not respected: street children; children of incarcerated parents; child victims of various forms of abuse, neglect, exploitation and any other form of violence; children addicted to psychotropic drugs; child victims of human trafficking; children in conflict with the law; etc.²⁹ In recent years, central public policies have completely ignored street children. There is no record of them in the major cities confronted with this phenomenon. In 2019, there were only eight operational shelters for street children and one of them closed down the following year.

The total number of children in public care has decreased, but the decline in new entrants is not sufficient. The total number of children in care decreased from 58,103 (of whom 9,840 are children with disabilities) in June 2015 to 47,029 (of whom 8,408 are children with disabilities) in June 2021. However, there is still an insufficient decline in new entrants, from 4,572 in the first half of 2015 to 4,137 in the first half of 2021. The public care system takes in children who have been separated from their families and reports the same poor performance that is seen in all the social services intended for families with children, such as social assistance, employment, housing, education or health. The number of children benefiting from prevention services increased by 23 per cent between 2014 and 2019, but subsequently fell to 53,924 in 2020 due to the pandemic crisis, the most affected prevention services being those operating under local councils. The number of children and young people reintegrated into their birth families in the first half of 2021 was 1,314 compared to 1,635 in the same period of 2015. In Romania, a child spends 7.5 years, on average, in the social protection system, although the period is even longer for children with disabilities³⁰.

Public care has continued to make progress in transitioning from institutional to community-based care, as documented in both Romania's country report³¹ and the evaluation report of the previous Strategy.

²⁹ Except for street children, the other groups of children and their problems are addressed through the objectives or measures set out in the sections on child health, juvenile justice and fight against violence.

³⁰ Stănculescu Manuela Sofia, Vlad Grigoraş, Monica Marin, Cătălina Iamandi-Cioinaru, Emil Teşliuc, Georgiana Blaj (Neculau), Bogdan Corad, Voichiţa Pop and Andreea Trocea. Romania: Children in Public Care 2014-2016

³¹ Country Report Romania 2020 accompanying the document COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE EUROPEAN COUNCIL, THE COUNCIL, THE EUROPEAN CENTRAL BANK AND THE EUROGROUP 2020 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011 {COM(2020) 150 final}

The number of residential care services has been slowly decreasing. In 2020, residential care services totalled 1,410, of which 1,102 were public residential care services and 308 were managed by accredited private bodies (APBs). The total number of these services declined slightly between 2014 and 2020, from 1,513 to 1,410 (-8 per cent), more markedly in the case of those managed by APBs (-14 per cent) than in the public system, which had 4 per cent fewer services than in 2014. Out of the 1,376 residential care services available in June 2021, a total of 271 residential care services (260 public residential care services and 11 private residential care services, respectively) were for children with disabilities. The public system reported a decrease in modular placement centres and emergency reception centres, while the number of apartments, group homes and maternal care centres increased. In the case of accredited private bodies, group homes remained the largest services in 2020, showing the smallest decline since 2014.

The number of children in residential care has fallen more sharply than the number of residential care services. The number of children in residential care services run by the GDSACP decreased from 17,453 in 2014 to 10,968 in 2020 (-37.2 per cent). The decreasing trend was even stronger for children with disabilities, whose number almost halved compared to 2014, declining to 3,926 children in 2020. Also, the number of children in APB centres decreased from 4,807 to 2,993 over the same period of time. However, children with disabilities and those from low-income and Roma families are still at a much greater risk of ending up in public care. Nearly 30 per cent of children in care have disabilities and most of them live in large placement centres.³²

The number of institutionalised children under 3 and under 7 has fallen even more sharply than the institutionalised child population. The number of children under the age of 3 declined by 60 per cent between 2014 and 2020. In 2018, the ban on the institutionalisation of young children was extended to the age of 7 years³³, but the number of children under 7 had already fallen prior to the adoption of the law, namely by 73 per cent between 2014 and 2020. However, 267 children under the age of 3 and 605 children under the age of 7 are still in public care as the law allows for one exception, the institutionalisation of children with severe disabilities who are dependent on the care provided by specialised residential services.

The overall number of children benefiting from family-type care has decreased, mainly due to a decline in the number of children placed with relatives. Between 2014 and 2020, the number of children placed with families/individuals/relatives or foster carers decreased by 1,272, which means a reduction of 3.7 per cent. The difference reported is due to the decrease in the number of children placed with

³² Raport de progres în domeniul protecției drepturilor copilului în România [Progress report on the protection of children's rights in Romania], 2018, <https://tdh.ro/sites/default/files/2020-02/Child-Rights-raport-30-de-ani-de-drepturi-ale-copilului-in-Romania.pdf>

³³ Law No 286/2018 amending paragraphs (1) and (2) of Article 64 of Law No 272/2004 on the protection and promotion of children's rights changed the minimum age for the institutionalisation of children.

their extended families (up to the fourth degree of kinship), which fell from 13,640 - of whom 1,058 children with disabilities - in 2014 to 11,872 (-13.0 per cent) - of whom 987 children with disabilities - in 2020, with a sharper decrease from 2018 onwards. Over the same period, the number of children placed with other families or persons increased from 3,858 - of whom 387 children with disabilities - to 4,325 (+12 per cent) - of whom 525 children with disabilities. The number of children placed with the foster carers employed by the General Directorates for Social Assistance and Child Protection (GDSACP) was quite constant, with 17,803 children, including 3,505 children with disabilities, benefiting from this special protection measure at the end of 2020. The number of foster carers decreased by almost 400 since 2014 to 11,680 in 2020, which indicates a higher average caseload.

Support to young people leaving care is still insufficient. A recent report³⁴ reveals that the approximately 3,000 young people leaving care every year face a number of problems for which there are no appropriate support services. They have insufficient independent living skills and lower levels of education than children with families and they are often unable to earn a decent living on their own. They are legally entitled to an allowance amounting to three gross basic minimum wages which is granted when they leave care. Other provisions, like the right to housing,³⁵ are rarely implemented. The average age of young people leaving care is 19.8 years, while the average age of young people leaving the parental home is 28.1 years³⁶.

3.2. ACCESS TO SERVICES

3.2.1. SOCIAL SERVICES

The poor capacity of social assistance services to respond to local needs is also due to the fact that they have fewer specialists than needed, although some improvements have been made since the previous strategic planning period. One of the critical problems of the social assistance system remains the severe shortage of staff in public social assistance services, especially in rural areas and in small and economically disadvantaged towns. Despite the fact that universities have produced more than 50,000 graduates since the re-establishment of social work education, only a small number of them have taken up social work employment in rural areas and small towns. The total number of employees in public social assistance services (PSAS) increased from 9,261 to 14,898 between 2014 and 2020, more markedly in urban areas (+62.7 per cent in 2020 compared to 2014) than in rural areas (+47.4 per cent).³⁷

Many of those who work in the social assistance system have no special training. In 2020, the number of rural employees trained in a specialised area (774) was low

³⁴ Alexandru Toth, Daniela Mita. Survey on the situation of young people who leave the special protection system in Romania - Research report, 2020

³⁵ Law on the prevention and alleviation of social marginalisation

³⁶ Alexandru Toth, Daniela Mita. Survey on the situation of young people who leave the special protection system in Romania - Research report, 2020.

³⁷ NAPCRA data

compared to the total number of municipalities (2,861). However, things have improved in rural areas since the number of employees with a university degree in a specialised area has shown the most marked increase since 2014 (+65 per cent), while the number of employees without training in a specialised area has increased by 37 per cent and the number of employees with post-secondary education has grown by 14 per cent. In many municipalities, social work tasks are still carried out by employees who are qualified in other fields and who often have to fulfil other tasks as well at the mayoralty. *Government Decision No 797/2017 approving the framework regulations for the organisation and functioning of public social assistance services and the indicative staff structure* provides a number of clarifications regarding the organisation of public social assistance services and their minimum staff establishment plans, but it does not require local councils to provide sufficient and qualified staff for community social assistance services³⁸.

Thus, most rural or small town PSAS are not prepared to identify vulnerable children and provide services to them. Despite some initiatives³⁹ that have increased the number and quality of social, educational and health services provided to those affected by or at risk of poverty and/or social exclusion living in highly marginalised rural and small urban communities, many PSAS in these areas carry out specific social work tasks with staff that is not trained to assess the cases, to provide specific assistance based on the needs identified or to monitor the beneficiaries in the post-intervention phase. This low professionalism is due to the lack of budgetary resources: public social assistance services have to be financed by local authorities, and those dealing with the greatest social problems are most affected by the lack of resources.

A large proportion of services are carried out by the GDSACP, especially to make up for capacity shortages in the municipalities where the social assistance system is underdeveloped. In the area of child protection, research indicates a clear link between the level of professionalisation of public social assistance services and the quality of their initial case assessment and service planning. Moreover, some local authorities dodge their responsibilities to prevent the separation of children from their families by simply requesting that children at risk of separation be taken to an emergency reception centre, in which case the initial assessment and case management responsibilities lie solely with the GDSACP. Roughly 60 per cent of

³⁸ Article 40(4) of the Social Assistance Law (292/2011) provides that “if, for objective reasons, social workers cannot be employed or their services cannot be contracted, social service providers may employ community workers to identify and, where appropriate, assess the needs of persons applying for social benefits and social services”. Since the law does not define these objective reasons and any restrictions on invoking them, this exception has become the rule. *Government Decision 797/2017 approving the framework regulations for the organisation and functioning of public social assistance services and their indicative staff structure* distinguishes between social assistance services at the level of cities and towns, which may implement the provisions of Article 40(3) and (4) “in exceptional circumstances”, and social assistance services at commune level, in whose case the mayor will ensure the employment of social workers “as a priority”.

³⁹ Project: “Creating and implementing integrated community services to combat poverty and social exclusion”, MySMIS code 122607, implemented by the Ministry of Labour and Social Solidarity in partnership with the Ministry of Health and the Ministry of Education

children in public care come from rural areas and approximately 15 per cent come from source communities, identified as marginalised, poor areas with a number of coexisting problems, such as high unemployment, poor infrastructure, precarious housing, etc., which leads to children being separated from their families due to a number of causes that could be addressed by community services. For more than 90 per cent of children in care, the mothers are known, which shows that the authorities are not making enough efforts to identify and implement solutions for keeping children in their birth families⁴⁰.

The number of day centres and their beneficiaries increased significantly between 2014 and 2019, but vulnerable children still have little access to these services, especially after the crisis in 2020. The number of such centres increased from 463 in 2014 to 609 in 2019, and the number of beneficiaries increased from 15,875 to 17,470. Until 2019, the increase was mainly due to non-governmental organisations and local councils. In 2019, most centres were run by accredited private bodies (APBs), namely 313, while 204 were run by local councils and 92 by the GDSACP. APB centres had 11,286 beneficiaries and local council (LC) centres had 6,092. The cumulative number of day centre beneficiaries is extremely uneven across counties. In 2019, more than half of APB and LC day centre beneficiaries came from nine counties (Mureş, Bacău, Iaşi, Alba, Galaţi, Maramureş, Timiş, Harghita, Satu Mare) plus Bucharest; more than half of GDSACP day centre beneficiaries were found in Bucharest and Prahova. In 2020, the number of APB day centre beneficiaries fell to 73 per cent of the 2019 level, while APB day centres reported a much more drastic decline to 39.4 per cent of the previous year's level. In the day centres run by local councils, the number of employees decreased slightly in 2020 compared to 2019, while the number of APB day centre employees almost halved⁴¹.

There are just a few day centres and residential centres that provide comprehensive services to families. In 2019, there were 120 day centres for families with children, with 66 of them being run by private social service providers, an increase from previous years. In the same year, there were 46 mother and child care and support centres, 13 more than in 2018, with most of them being public centres (33)⁴².

Only 27 counties have counselling centres run by either the GDSACP or APBs, but the capacity of these centres has been severely affected by the pandemic. In 2019, 20 per cent of the beneficiaries were found in Bucharest which accounted, together with Maramureş and Iaşi, for more than 50 per cent of counselling centre beneficiaries. The pandemic led to an attrition rate of almost 60 per cent and the closure of more than half of the counselling centres run by accredited private bodies, with an 80 per cent reduction in the number of beneficiaries. Local councils managed

⁴⁰ Stănculescu Manuela Sofia, Vlad Grigoraş, Monica Marin, Cătălina Iamandi-Cioinaru, Emil Teşliuc, Georgiana Blaj (Neculau), Bogdan Corad, Voichiţa Pop and Andreea Trocea. Romania: Children in Public Care 2014-2016

⁴¹ NAPCRA data

⁴² Ministry of Labour and Social Solidarity, Statistical bulletin on labour and social protection

to maintain the same number of centres and employees, while the number of beneficiaries halved. GDSACP counselling centres are the only services for children which saw an increase in the number of beneficiaries in 2020 (+18.5 per cent) compared to 2019, with beneficiaries concentrating in five counties (Arad, Brăila, Constanța, Dâmbovița and Dolj) which accounted for more than two thirds of total beneficiaries (4,173).

Rehabilitation centres for children with disabilities are available in a small number of counties, with the pandemic also affecting the capacity of these services. In 2019, rehabilitation centres run by local councils were operational in only 4 counties (Buzău, Constanța, Satu Mare and Teleorman), with a total number of 152 beneficiaries, while the APBs were managing rehabilitation centres in 14 counties for 728 beneficiaries. In this sector, pandemic restrictions hit the APBs the hardest, with a capacity loss of 80 per cent, while rehabilitation centres run by local councils lost 20 per cent of their beneficiaries in 2020. At the level of the GDSACP, 97 rehabilitation centres were working in 2019 for 6,526 beneficiaries and pandemic restrictions had the lowest impact on this type of service as the number of beneficiaries was 10.5 per cent lower in 2020 than in the previous year.

3.2.2. HEALTH AND NUTRITION

Many children from families living in poverty or social exclusion show a high risk of malnutrition⁴³ or obesity due to poor or unbalanced diets, with high-calorie, low-nutrient foods. A UNICEF report⁴⁴ ranks Romania 25th out of 38 high-income countries in terms of child wellbeing. The lowest score is achieved for physical health, which also includes obesity and mortality. In rural areas, 3 per cent of children always go to bed hungry and 10 per cent of them feel that they do not always have enough food⁴⁵; although this is slightly lower than in 2014 - the year with the highest proportion of children without enough food - the rate has been quite steady in recent years⁴⁶. No less than 22.7 per cent of teenage boys and 14.7 per cent of teenage girls were overweight or obese in 2018⁴⁷.

Food programmes do not cover the needs of children living in poverty and have unwanted consequences. The Child Guarantee requires Member States to provide at least one healthy meal to children in need every school day, in addition to effective and free access to early childhood education and care, education and school activities⁴⁸. Healthy nutrition is one of the five essential services, along with free healthcare, free education, free early childhood education and care and adequate housing, which should be guaranteed. The EU Strategy on the Rights of the Child mentions that European nutrition schemes (fruit, vegetables and milk in

⁴³ World Vision, Bunăstarea copiilor din mediul rural [The wellbeing of rural children] 2020

⁴⁴ World of Influence - Understanding what shapes child well-being in rich countries, Gromada et al., 2020;

⁴⁵ World Vision, Bunăstarea copiilor din mediul rural [The wellbeing of rural children] 2020

⁴⁶ World Vision, Bunăstarea copiilor din mediul rural [The wellbeing of rural children] reports

⁴⁷ Health behaviours among adolescents in Romania: Health Behaviour in School-age Children (HBSC) 2018. Research study

⁴⁸ (COM(2021) 137 final, p16)

schools) need to be reviewed to ensure healthy and sustainable food. The Child Guarantee indicates 2023 as the deadline for the review. At national level, Romania continues to implement the School Programme for the provision of fruit and vegetables, dairy and bakery products. In addition, there is a pilot programme which started with 50 schools in 2016, then was extended to 150 schools in 2019, providing hot meals - where possible - in the communities with large disadvantaged groups in order to reduce early school leaving.⁴⁹ All these initiatives and programmes that also influence the nutritional status of school-age children are based on a number of legal acts approved in 2008 (Law No 123/2008 on a healthy nutrition in pre-university educational establishments, Order of the Minister of Public Health No 1563/2008 approving the list of foods not recommended for preschool and school-age children and the principles of a healthy diet for children and adolescents), with standards that are out of date and do not match the current context⁵⁰ and the WHO nutrition standards⁵¹.

Some children experience impaired growth and development and do not reach their best health. Often, growth and development problems are not diagnosed in due time, which delays the referral and access to specialised services. The most recent annual survey conducted by the National Public Health Institute⁵², based on preventive health check-ups performed each year on preschool children starting kindergarten, school children in grades 1, 4, 8, 12 and vocational school students, shows that 29 per cent of children are “disharmonic”, a problem that is slightly more prevalent in urban areas and occurs more frequently in the form of overweight for age. Also, about 33 per cent of urban children and 15 per cent of rural children have at least one chronic disease, the most frequently reported ones being eye conditions and non-endocrine obesity. Although the survey examined the physical and mental development and health of more than 559,000 children, the findings cannot be generalised since rural children were underrepresented and out-of-school children were not included as the health check-ups were performed in educational establishments. Furthermore, the participation of school children in the health check-ups was influenced by the availability of school doctors (present only in urban areas and in insufficient numbers) and the involvement of general practitioners. As

⁴⁹ Because of the pandemic, the pilot programme was suspended for the second half of the 2019/2020 school year and most of the 2020/2021 school year, depriving impoverished children living in those areas of an important source of food.

⁵⁰ The estimated average calorie intake of Romanian children is significantly higher than in other countries with a long tradition of implementing nutrition programmes. It can be as much as 50 per cent higher, depending on age group, than the estimated calorie intake for children in the UK and the US (Source: Calculations based on Ministerial Order 1563/2008, U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020; National Health Services UK);

⁵¹ World Health Organisation (2006) Food and nutrition policy for schools: A tool for the development of school nutrition programmes in the European Region (No. EUR/06/5073063). Copenhagen: WHO Regional Office for Europe

⁵² National Public Health Institute. Raportul național de sănătate a copiilor și tinerilor din România [National report on child and youth health in Romania]. 2019 <https://insp.gov.ro/sites/cnepss/wp-content/uploads/2021/01/Raport-National-de-Sanatate-a-Copiilor-si-Tinerilor-din-Romania-2019-2.pdf>

for the medical examination itself, it can vary from one professional to another, reflecting the need to update the methodology and exchange good practices at county or national level.

Children's growth and development problems seem to be associated mainly with overweight and more rarely with underweight and are linked to a deficient diet. About 64 per cent of Romanian children have a normal weight for their age, with the rest of them being overweight (16.6 per cent), obese (13.9 per cent) and to a smaller extent underweight (5.9 per cent). Overweight and obesity rates seem to decrease slightly with age and are more evident in girls than in boys. It is also important to stress that an increased weight for age does not exclude a deficient diet (e.g. vegetables, fruit) but is rather associated with less healthy eating habits (e.g. consumption of highly processed, calorie-rich and nutritionally poor foods) and possibly with a low level of physical activity. Thus, children with high weight-for-age are serious candidates for overweight and obesity as adults and thus more exposed to certain non-communicable diseases (cardiovascular and cerebrovascular diseases, diabetes mellitus, some types of cancer).

In practice, access to general practitioners is not universal and no one checks how often they provide services free of charge. The Romanian health system considers children as insured on a non-contributory basis, which means that, in principle, every child has free access to all the health services included in the basic healthcare package⁵³ and in the national health programmes. As a first step in accessing the system, children should be registered with general practitioners, which represent the first level of care, providing primary healthcare and referral to other services. In the social health insurance system, general practitioners must register the children who have not been included on a general practitioner's list when they first examine the sick children at their place of domicile or residence, whichever applicable. The newborn child will be registered with the general practitioner who has cared for the pregnant woman, immediately after the birth of the child, if the parents have no other option. For the years 2018-2020, the number of children aged 0 to 3 years registered with general practitioners was 11-13 per cent lower than the resident population of the same age reported by the National Institute of Statistics^{54, 55}. General practitioners are paid extra for some types of preventive services, including regular preventive medical examinations for children, which look at "growth and development, nutritional status and practices and early

⁵³ The basic healthcare package is the package of medical services granted to all the persons that are insured under the social health insurance system and includes medical services, care, medication, medical supplies, medical devices and other services to which the insured are entitled, and it is approved by government decision.

⁵⁴ National Health Insurance House. 2020 Activity Report of the National Health Insurance House. Available at: <http://www.cnas.ro/page/rapoarte-de-activitate.html>

⁵⁵ National Institute of Statistics. Tempo online. Resident population as of 1 January by age, sex and area of residence, macro-region, development region and county.

detection of age-/gender-specific risks”⁵⁶. Every child is entitled to a regular preventive medical examination, at least once a year, depending on age (young children are entitled to more frequent check-ups). However, there is no data regarding children’s real access to these examinations⁵⁷.

In general, child health services are characterised by a predominantly passive approach (only those who go to the doctor’s are examined and treated), although the Framework Contract laying down the conditions for the provision of healthcare, medication and medical devices under the social health insurance system in 2021-2022, as subsequently amended and supplemented, and its Implementing Rules specify that general practitioners provide age-specific health services to children based on active monitoring, including via home visits to check the baby after being discharged from the maternity hospital and when they are one month old. Community health nurses and mediators are required to spend 80 per cent of their work time on the field and, although they provide integrated community healthcare services to people of all ages, they focus particularly on the health problems of children and pregnant women. Their duties are set out in specific laws and cover a wide variety of medical and social problems. At the time of writing this Plan, these services are severely understaffed, but the Ministry of Health is making efforts to provide at least one community health nurse in every rural community lacking healthcare services (there were 1,850 community health nurses and 465 health mediators at the end of 2021).

Access to treatment for children with chronic diseases or disabilities who need specialised services could be better. The health system should ensure/facilitate the early detection of chronic health problems through primary healthcare services and refer these children to specialised services for therapeutic care and/or habilitation/rehabilitation services as quickly and as targeted as possible. The healthcare journey of children with chronic health problems depends very much on parents’ perseverance to identify service providers and get appointments. Habilitation/rehabilitation services for children with disabilities are insufficient compared to the needs, both in terms of geographical distribution and in terms of the number and types of professionals providing health and health-related services (e.g. speech therapist, psychologist, kinesiotherapist). This depends directly on providers’ willingness to sign contracts with health insurance houses in order to provide those medical services.

Children’s oral health is poor and there are insufficient oral health statistics. WHO oral health indicators have not been reported since 2003 and dental services are delivered by independent practices, so data/reports on the oral health of

⁵⁶ Implementing Rules for Government Decision No 696/2021 approving the packages of services and the Framework Contract laying down the conditions for the provision of healthcare, medication and medical devices under the social health insurance system.

⁵⁷ The public reports of the National Health Insurance House do not specify the number of regular preventive medical examinations performed each year, so it is not possible to determine the extent to which children access this service.

patients treated are no longer required. Regarding this, it is known that, in Romania, the National Health Insurance House reimbursed the costs of 993,358 “therapeutic dental services” in 2020, but there is no mention of how many of these services concerned children⁵⁸.

Children with disabilities, those from challenging socio-economic backgrounds or from rural areas are less likely to reach their best health and are facing more access barriers.

3.2.3. HOUSING

Children living in poor households are often confronted with overcrowding, lack of access to public utilities and other housing quality deficiencies. No less than 66.3 per cent of Romanian children lived in overcrowded homes⁵⁹ in 2019, compared to 24.4 per cent in the EU-27, and the share increased to 67.4 per cent in 2020. About a quarter (24.3 per cent) of households with two adults and three or more children and 18.2 per cent of single-parent households with children could not afford to keep their homes adequately heated in 2020 compared to 10 per cent of total population in Romania.⁶⁰ Due to the large proportion of unmodernised rural and small urban communities, many children live in dwellings lacking minimum facilities; for example, in 2020, 25.4 per cent of children lived in dwellings without an indoor bathroom or shower or a functional toilet that the household members could use. In order to align with the main European and national strategic documents and to respond to the challenges facing the housing sector in Romania, the *National Housing Strategy 2022-2050* was developed and approved. The aim of the Strategy approved by *Government Decision No 842/2022* is to provide the institutional, regulatory and financing framework for supporting inclusive housing and improving access to adequate, safe, sustainable and affordable housing and living conditions for all citizens by 2050. The objectives of the Strategy are built around four pillars: inclusive housing; affordable housing and quality public services; green transition - safe and sustainable housing; administrative capacity building.

At the same time, there are families who are unable to offer a home to their children due to home loss or the inability to purchase or rent homes at affordable prices. The existing social housing units are too inaccessible to families with no income⁶¹. In addition, social housing infrastructure was sometimes built poorly and

⁵⁸National Health Insurance House. 2020 Activity Report. http://www.cnas.ro//theme/cnas/js/ckeditor/filemanager/userfiles/Raport_activitate_CNAS_2020.pdf

⁵⁹ A person is considered as living in an overcrowded household if the household does not have at its disposal a minimum number of rooms equal to: one room for each household; one room for each single person aged 18 or more; one room for each couple in the household; one room for each pair of single people of the same gender aged 12 to 17; one room for each single person aged 12 to 17 not included in the previous category; one room for each pair of children under 12.

⁶⁰ Eurostat

⁶¹ Paradoxically, in many municipalities, poverty is often a condition that pushes impoverished families down to low-priority positions on the waiting lists for social housing. This is due to the fact that local authorities have discretion to decide the eligibility criteria and the score for each criterion. Analyses (Background study for the National Strategy on Social Inclusion 2015-2020, Diagnosis of the situation of persons with disabilities in

its quality has seriously deteriorated over time, so it is more of a vulnerability than a form of support for beneficiary families with children⁶². There are still some makeshift dwellings which have not been integrated into the development plans of the municipalities, posing extreme risks to their occupants. Around 200,000 people live in informal settlements⁶³. Children trapped in these precarious areas are affected in every aspect of their lives. For example, they don't have proper conditions to do their homework and easy access to a nearby school, they drop out of school and/or attend segregated schools. Poor housing conditions can also lead to hygiene and health problems from a very small age.

3.2.4. EDUCATION

Romania aims to ensure full participation in Early Childhood Education and Care for all children (between the age of 4 and the school starting age) as it ranks last (2020) in Europe alongside Bulgaria; another concern is that Romania witnessed its greatest decline in Early Childhood Education participation in 2020 compared to 2018 (-6.1 per cent). Participation in Early Childhood Education was almost the same in 2020 (the first year of the pandemic) as in the year before the pandemic (2019) - +0.1 per cent⁶⁴.

Official data reveal great disparities in ante-preschool and preschool participation between rural and urban areas: only 2.1 per cent of the Romanian children enrolled in crèches in the 2019/2020 school year came from rural areas (although the rural population accounts for about 45 per cent). This is due to the fact that crèches are mostly found in urban areas and rural crèches are very rare or even exceptional. A possible explanation for this situation is that the demand for Early Childhood Education services in rural areas is significantly lower than in urban areas, either because in rural areas there is an adult present in the household who can take care of the children during the day or because traditionally the rural population does not use Early Childhood Education services. The ante-preschool participation rate (0-3 years) has slightly decreased from 15.7 per cent in 2017 to 15.1 per cent in 2019 (European Commission, 2020). In the 2019/2020 school year, the gross preschool enrolment rate (children aged 3-5/6) was only 82.3 per cent in rural areas compared to 93.8 per cent in urban areas⁶⁵.

Therefore, this significant gap in the start of early childhood education between Romanian rural and urban areas later influences educational outcomes and children's school attendance. In 2021, the early school leaving rate reached 23.2

Romania, 2021) have shown that characteristics other than poverty, which are more frequently found in wealthier families, are what usually pushes eligible individuals and families to high-priority positions. Some of these criteria that lead to social exclusion rather than social inclusion are tertiary education degrees or having a paid job.

⁶² Especially in historic city centres. Source: Atlas of Urban Marginalised Areas in Romania. Stănculescu et al, 2013

⁶³ European Commission, Country Report 2020, p. 48

⁶⁴ UNICEF Sumar de politică publică în educația timpurie și îngrijire [Public Policy Brief on Early Childhood Education and Care] – forthcoming

⁶⁵ Idem

per cent in rural areas, 13.2 per cent in towns and suburban areas and 4.5 per cent in cities. In Romania, the early school leaving rate was 15.3 per cent in 2021. If we consider the fact that, in Romania, the early school leaving rate for the Roma minority is 77 per cent (FRA 2016), we can conclude that early school leaving is a challenge that affects mainly Roma communities and rural areas⁶⁶.

Romania wants to increase participation in early childhood education and care by building capacities. Romania's network of crèches, kindergartens and other early childhood education services is insufficiently developed to meet the demand. As part of the "Educated Romania" programme, Romania plans to increase the preschool participation rate of children up to the age of 3 to 30 per cent and ensure that 96 per cent of children between age 3 and the school starting age participate in early childhood education and care (based on the target set in the Educated Romania project). Some of the measures proposed in the programme will be funded by Romania's NRRP. By 2025, Romania will build 110 energy-efficient crèches for up to 4 500 children and 412 complementary early childhood education services. The Plan also aims to ensure the training and professionalisation of the staff working in early childhood education, complementing similar ongoing initiatives carried out under an ESF-funded project⁶⁷.

The recent legislative changes are expected to improve the accessibility and quality of early childhood education and care. In 2022, the government adopted new legislation on the organisation, functioning, financing and monitoring of crèches and other early childhood education and care facilities. This legislation should accelerate the integration of crèches into the national education system, with the overall aim of building an integrated, inclusive and high-quality early childhood education and care system. The opening hours will reflect the needs of children and their parents and could be flexible, providing childcare for 5 to 10 hours a day. Activities will be developed according to age, schedule and group size⁶⁸.

Access to quality education is unequal. The discrepancies in the school results of students from different socio-economic backgrounds indicate a structural inequality in the education system. The socio-economic status has a high impact on educational outcomes, being equivalent to almost three years of schooling (namely the level of education of children from higher socio-economic backgrounds is equivalent to that of children from lower socio-economic backgrounds who are three years older). This perpetuates inequalities from one generation to the next.

In the education system, the situation of vulnerable children - Roma children, rural children, children from families in by poverty, children with disabilities or adolescents - remains a cause for concern. With 79 per cent of Roma children aged 0-17 being at risk of poverty, Roma communities are at an educational disadvantage in Romania because of their socio-economic background and minority status. In

⁶⁶ Idem

⁶⁷ Education and Training Monitor 2022

⁶⁸ Idem

2020, 51 per cent of Roma children aged 6-15 attended school in classes in which “all or most of their classmates are Roma” (Agency for Fundamental Rights, 2022). There is no data regarding school segregation based on disability or the socio-economic status of families. One of the very few studies or research on children with disabilities in the education system⁶⁹ revealed that “out of the official total number of children with disabilities (children with disability certificates), 60,654 were school-age children (3-18) and only 42,670 of them were enrolled in some level or form of education”. Regarding the inclusion of children with disabilities in mainstream education, research conducted in Bucharest in 2015 showed that 25 per cent of the certificates issued by the Bucharest Centre for Educational Assistance and Resources in that year referred children to mainstream schools and 75 per cent of the certificates referred children to special schools. An analysis performed on a sample of Bucharest-based schools showed a similar ratio of transfers between mainstream and special schools, namely for every child transferred from a special school to a mainstream school, another three children were transferred from mainstream schools to special schools (RENINCO 2016). At the end of 2019, the government adopted a methodology for monitoring school segregation in pre-university education. Despite the initial plan to implement this methodology in the 2021/2022 school year to reduce school segregation, its implementation was delayed due to recurring school closures during the pandemic. However, in 2021, the Government of Romania requested support from the European Commission and UNICEF through the Technical Support Instrument to finalise the new legal and education policy framework for monitoring, preventing and addressing school segregation.

4. OBJECTIVE

The Child Guarantee National Action Plan contributes to the national targets set out in the *National Strategy for the Protection and Promotion of Children’s Rights*, covering the period 2023 to 2027, in order to ensure the respect for and fulfilment of children’s rights.

The implementation of the Action Plan is expected to reach the following results until 2030:

- 1) Reduce the number of children in poverty and social exclusion by at least 500 thousand compared to the 2021 baseline, contributing to the European target which aims to reduce the number of children affected by this multidimensional phenomenon by 5 million.
- 2) Social protection contributes to a 30 per cent reduction in child poverty, compared to 45 per cent in 2020.

⁶⁹ Izolați printre noi. Dimensiuni ale participării copiilor cu cerințe educaționale speciale în sistemul de educație românesc [Isolated Among Us. Dimensions of SEN children’s participation in the Romanian education system], CEDCD, Open Society Foundations, Rentrop & Straton, 2015

- 3) Families with children in need are prioritised for social housing and are eligible for housing benefits, including rental assistance, when social housing is not available.
- 4) Children living in poverty benefit from a food programme tailored to their nutritional needs.
- 5) Three in four children temporarily or permanently separated from their families are placed in family-type care.
- 6) Preventable mortality is reduced by 20 per cent compared to 2021 levels for children of all ages.
- 7) The early childhood education enrolment rate is at least 22 per cent for children aged 0-3 and at least 95 per cent for children aged 4-6.
- 8) National policy documents on children's rights are developed in child-friendly formats and with children's participation.
- 9) Implement at least one national programme to strengthen the capacity of existing mechanisms for ensuring children's involvement in decision-making processes.

The general and specific objectives of the National Action Plan contribute directly to reducing poverty, preventing and addressing the social exclusion of children in need and promoting equal opportunities. These objectives are detailed in the table below:

General objectives	GO indicators	Specific objectives	Rationale
<p>G.O. 1 Increase children's participation in decisions that affect them.</p>	<p>Children's perceptions of their involvement in decision making in different areas (indicator calculated based on a survey among children, carried out by the EC for children in the education system and by the GDSACP for children in public care; 2024, 2027, 2030)</p>	<p>S.O. 1.1 Raise awareness of children's right to participate in decisions that affect them</p> <hr/> <p>S.O. 1.2 Increase children's active and inclusive participation in all the stages of decision-making processes that affect them</p>	<p>Ensuring children's participation in decisions that affect them through practical mechanisms used for public policy development is a prerequisite for addressing social exclusion among children. The participation of children, especially of those in need, will make them feel empowered and valued and will contribute to breaking the cycle of intergenerational disadvantage.</p> <p>The 2019 exercise which validated children's participation was a precursor to the promotion of many mechanisms that have contributed to children's involvement in the development, evaluation, review of several strategic documents.</p>
<p>G.O. 2 Reduce poverty and social exclusion among children</p>	<p>AROPE</p>	<p>S.O. 2.1 Reduce child poverty by increasing access to high-quality services</p> <hr/> <p>S.O. 2.2 Reduce inequalities affecting children from vulnerable groups</p>	<p>Actions addressing the territorial dimension of poverty and social exclusion by ensuring access to integrated, high-quality social services target the specific needs of children living in rural, marginalised and disadvantaged areas. The assessment of the specific needs of children and their families (including housing needs), especially of those at risk of social exclusion, and early interventions through integrated and multidisciplinary services are effective poverty reduction strategies (see Evaluation of the minimum service package model of intervention, 2019).</p>

<p>G.O. 3 Improve child health</p>	<p>Infant mortality rate Rate of mortality from external causes for children aged 5-18 years Proportion of children with unmet specialised care needs, by type and reason (Eurostat, every 3 years)</p>	<p>S.O. 3.1 Increase access to high-quality primary and specialised healthcare for all children, with a focus on preventive services and vulnerable children</p>	<p>Effective and free access to high-quality healthcare for children in need provides opportunities and resources for disease prevention and health promotion programmes, including mental health programmes, thus also contributing to increasing opportunities for participation in education and civic life, community activities, general and personal development, etc. Focusing on the development of community and primary healthcare services in disadvantaged areas can help reduce inequity for children in need and the risk of developing health problems later in life.</p>
<p>G.O. 4 Increase children's participation in quality inclusive education</p>	<p>Early school leaving rate, by area of residence School participation rate, by area of residence, level of education and age</p>	<p>S.O. 4.1 Improve access to inclusive education for children from vulnerable groups: rural children, children with SENs/disabilities, Roma children and other children</p> <hr/> <p>S.O. 4.2 Improve the quality of education</p>	<p>Access to early childhood education and care as well as to quality inclusive education for children from vulnerable groups ensures better educational outcomes and lower drop-out rates (Evaluation of the quality inclusive education model, 2020). Preschool and school participation guarantees better outcomes, lays the foundations for harmonious development, breaks the cycle of deprivation and contributes to an equitable and resilient society.</p>
<p>G.O. 5 Develop mechanisms to protect children from violence</p>	<p>Proportion of children who report being victims of violence in the previous year (indicator)</p>	<p>S.O. 5.1 Raise awareness of the forms of violence and the impact of violence against children among the general public and among children</p>	<p>All forms of violence lead to social exclusion and, in the long term, to poverty. Raising awareness of the negative impact of violence and reporting and monitoring cases of violence contribute to preventing and addressing</p>

	<p>implemented by the EC for children in the education system and by the GDSACP for children in public care) Number of cases reported using the national mechanism set up for identifying cases of violence against children</p>	<p>S.O. 5.2 Set up a national mechanism for identifying and reporting all cases of violence against children</p>	<p>violence. Actions taken to reduce violence against children prevent or mitigate inequalities, including for children who are separated from their families as a result of violence.</p>
<p>G.O. 6 Ensure children’s safe access to digital services</p>	<p>Proportion of children who report being victims of online violence in the previous year (based on the indicator regarding the proportion of children who report being victims of violence)</p>	<p>S.O. 6.1 Increase adults’ ability to help children navigate the online environment safely</p> <hr/> <p>S.O. 6.2 Ensure safer internet use for children</p>	<p>In addition to the socio-economic impact of the COVID-19 pandemic, the health crisis, the war in Ukraine and the refugee crisis have shown that children’s online safety is key to social inclusion and prevention of various risks, including poverty. The safe use of the online environment and adults’ ability to support this process guarantee equal opportunities and maximise opportunities.</p>
<p>G.O. 7 Build the capacity to develop evidence-based policies (including for planning, monitoring and evaluating the Action Plan)</p>	<p>Number of new indicators proposed in the Action Plan for which data will be collected from 2023 through 2030</p>	<p>S.O. 7.1 Strengthen research and monitoring and evaluation systems to inform policy development and implementation (including an inter-institutional coordination mechanism for monitoring and evaluating the</p>	<p>In order to ensure consistent policies in social sector, education, health and other areas at national, county and local levels as well as to ensure horizontal coordination by promoting integrated policies and intervention strategies, additional coordination mechanisms are needed for efficient and effective implementation. Additionally, to ensure adequate resource planning for the optimal use</p>

implementation of the Action Plan and a mechanism for monitoring the budgetary allocations made for the Action Plan)

of national and EU funds, in particular the European Social Fund Plus, it is essential to have a mechanism in place to monitor budgetary allocations by funding source.

The measures and the indicators used to monitor their implementation are presented in the Annex to the Child Guarantee National Action Plan.

5. PROMOTION AND AWARENESS-RAISING ACTIVITIES

As mentioned in the Child Guarantee, all children and their families, starting with the most vulnerable ones, should know their rights and be able to exercise them effectively, with access to basic services which are essential for their wellbeing and development.

Based on this approach, the Plan covers several lines of action whose main aims are to provide adequate and timely information and implement interventions that can support children and their families. Priority will be given to children in the most vulnerable circumstances, living in very marginalised communities.

In order to ensure that the target groups are informed and made well aware of these issues, the plan will consider setting up mechanisms to foster collaboration between the main ministries involved in the process and replicating them at the level of local authorities to ensure effective collaboration and communication in every county.

Diverse methods will be used to raise awareness and inform the key stakeholders in this process (local authorities, NGOs, social services, schools, healthcare facilities, civil society), including but not limited to: adding a special section dedicated to the Child Guarantee on the website of the central authority responsible for the protection and promotion of children's rights; posting on social media about the progress made, initiatives and projects to be implemented, good practice examples, etc.; organising special seminars or workshops.

Last but not least, the NAP measures and actions will be promoted with the active involvement of children's representative bodies as direct beneficiaries.

Romania is one of the countries that pays special attention to children's right to participate and get involved in decisions that affect them.

6. BUDGETARY IMPLICATIONS

The National Action Plan will be implemented based on fiscal and budgetary strategies covering the period 2023 to 2030. For certain measures, funding will be

provided from the budgets of institutions in charge, within the limits of the amounts approved annually for this purpose.

In order to achieve the objectives set out in the Action Plan, alternative sources of funding were also considered to complement state budget funding, such as structural funds for the period of 2021-2027, including those integrated into the NRRP, or external funding provided by other organisations/states (e.g. UNICEF, the Norwegian Financial Mechanism, etc.), especially that Romania is one of the Member States where the rate of children at risk of poverty or social exclusion is higher than the EU average (for the period 2017-2019). For these reasons, in the financial programming of the Action Plan, Romania has allocated more than 5 per cent of the European Social Fund (ESF+) to fighting child poverty.

Disaggregated costs have been set for all the measures included in the Action Plan and the most appropriate costing method has been chosen. Direct costs, indirect costs, incremental costs, marginal costs and opportunity costs have been considered.

To ensure effective annual planning and to stay within the budgetary allocations made for the Action Plan, in particular the 5 per cent ESF+ allocation, expenditure is disaggregated by measure, indicating programme priorities for the period 2021 to 2027.

Although our country had an obligation to allocate under specific objectives 5 per cent of ESF+ funding to the measures contributing to a reduction in the number of children in poverty and social exclusion, namely approximately 352 million euros, Romania allocated 410.5 million euros under the Social Inclusion and Dignity Programme (SIDP) alone.

Also, some interventions targeted by the Education and Employment Programme (EEP) and the Health Programme (HP) complement those set out in the SIDP. Many educational interventions (EEP) will be implemented as part of integrated, tailored measures developed based on school-level intervention plans. Moreover, some of them are strategic projects and will be implemented exclusively by the line ministries.

The column 'Funding source 2023-2027 - Correlation with 2021-2027 Programmes' lists all the measures undertaken by the three programmes, some of which are competing for regional/local funds.

The system for monitoring the expenditure incurred based on the annual implementation plan by funding source, measure and result will be developed in the first year (2023) and will be used from the second year (2024) onwards.

7. DATA COLLECTION, MONITORING AND EVALUATION

The progress made in the implementation of the Child Guarantee National Action Plan and the results achieved will be monitored and evaluated annually.

The Child Guarantee National Action Plan monitoring and evaluation system is built on a logical framework whereby:

1. The general and specific objectives will be measured mainly by quantitative outcome indicators covering all the measures of the strategy included in those objectives. Outcome indicators measure long-term changes in children's wellbeing, quality of life and exercise of their rights, which are influenced by a complex combination of policies and services.
2. The measures are monitored mainly by quantitative output indicators. Output indicators measure the direct, short- and medium-term results achieved when the resources are invested and the planned activities are carried out. Output indicators measure the number or percentage of specialists employed or trained, of service and product beneficiaries or of services and products newly created or improved to support the rights of children or families with children at national level.
3. For some measures, it is not possible to set output indicators, so these measures are only tracked by performance indicators. Performance indicators track the implementation of the measures within the specified timeframe, through "yes" or "no" answers as reported by the implementing entities.
4. Inputs or resources invested are tracked based on monetary values, where appropriate, as part of the process implemented to estimate the costs of the measures.

The monitoring process will extract information both on the progress made in the implementation of the measures, through performance indicators, and on the dynamics of quantitative indicators at the level of objectives and measures. In order to monitor the progress made in the implementation of **the Child Guarantee National Action Plan**, it will be necessary to: (i) distribute individualised progress sheets to all the stakeholders responsible for coordinating the implementation of the measures, with a list of all the measures coordinated by that institution and the related performance indicators; (ii) request quantitative data from data providers, which in some cases may be different from the institutions coordinating the measures tracked by those quantitative indicators.

Each objective and measure will be monitored by a limited number of indicators (1, 2 or 3, in exceptional cases).