

Cooperation between the Ministry of Health and the Ministry of Labor, Social Protection and Family in preventing infant mortality and child institutionalization

Ministerial conference “Ending placement of children under three in institutions:

Support nurturing families for all young children

21-22 November, Sofia, Bulgaria

Valentina BULIGA, Minister of labor, social protection and family

ON-GOING REFORMS: IMPACT ON CHILDREN

- infant mortality rate decreased from 18,3 in 2000 to 11,0 in 2011 (per 1000 of life births)
- under five mortality rate decreased from 23,2 in 2000 to 13,4 in 2011 (per 1000 of life births)
- the number of children living in residential institutions decreased by over 50% since the beginning of the reform , from 11,442 (end of 2006) to 5,723 (end of 2011)

ON-GOING REFORMS: IMPROVED POLICIES IN HEALTH SECTOR

- Law on healthcare (1995)
- Law on mandatory health insurance (1998)
- Law on the protection of reproductive health and family planning (2001)
- National Health Policy (2007)
- Healthcare system development strategy for 2008-2017 (2007)
- National strategy for reproductive health (2005)
- National perinatal care program for 1997-2002 (1997)
- Program for supporting and encouraging breastfeeding during the first year of a child's life (1998-2003)

ON-GOING REFORMS: IMPROVED POLICIES IN HEALTH SECTOR

- National immunization program 2011-2015 (2010)
- Integrated management of childhood diseases strategy (IMCI)
- National program for the prophylaxis and control of diabetes for 2011-2015 (2011)
- National program tuberculosis control 2011-2015 (2010)
- National mental health program (2007)
- National healthy lifestyle promotion program 2007-2015 (2007)

ON-GOING REFORMS: IMPROVED POLICIES IN SOCIAL PROTECTION SECTOR

- National program on creating of an integrated system of social services 2008-2012 (2008)
- Law on social services (2010)
- Law on the accreditation of social services providers (2012)
- UN Convention on the rights of persons with disabilities (ratified in 2010)
- Strategy on social inclusion of persons with disabilities (2010)
- Law on social inclusion of persons with disabilities (2012)

ON-GOING REFORMS: IMPROVED POLICIES IN SOCIAL PROTECTION SECTOR

- Regulations and Minimum quality standards for the development of the system of family support services and alternatives to residential care institutions
- Nomenclature of social services (2012)
- Regulations on Community homes for persons with disabilities, as well as such services as “personal assistant”, “mobile team” and “respite care”. (2010-2012)
- Guidelines for professionals on:
 - Case management
 - System to prevent separation of children from family
 - Community mobilization
 - Case referral mechanism in the social services system
 - Mechanism of professional supervision in social assistance

ON-GOING REFORMS: IMPROVED POLICIES IN SOCIAL PROTECTION SECTOR

- Launch of the social security benefits system reform – an element of preventing the separation of children from family because of poverty: families with children account for more than 70% of social aid beneficiaries
- Substantial increase of the Expenditures ceilings for benefits and material support for orphan schoolchildren and students and those under guardianship that continue their education

ON-GOING REFORMS: DEVELOPMENT OF SERVICES IN HEALTH

Regionalized perinatal care service with 38 Perinatal care centers with modern obstetrical and neonatal equipment

- operational quality monitoring and surveillance ensured
- perinatology guidebooks (2), obstetrical (57) and neonatal (78) protocols, family doctors' protocols (15) and algorithms (14) developed
- e-health approach applied, “perinatal card” used
- over 6500 medical staff trained (family doctors, nurses, obstetricians-gynecologists, neonatologists and midwives)

ON-GOING REFORMS: DEVELOPMENT OF SERVICES IN HEALTH

Regionalized pediatric intensive care and emergency services

- 3 functional centers/regional units for reanimation and intensive care (covering North, Center, South)
- 3 units for emergency departments (Northern, Central and Southern regions)
- 4 equipped ambulances for transporting and resuscitating children

ON-GOING REFORMS: DEVELOPMENT OF SERVICES IN HEALTH

Home visiting service

unicef

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home visits are part of the child growth and development monitoring standards:

- Health, developmental and nutritional assessments, (interactively with parents)
- Evaluation of the clinical signs of premorbid conditions and planning preventive measures with parents
- information/education for parents
- Care for development (communication: talking to the child, reading and playing with a child)

ON-GOING REFORMS: DEVELOPMENT OF SERVICES IN HEALTH

Developing resources

- Growth monitoring standards are part of University and Nursing College curricula
- Over 90% of FD and over 60% of medical assistants trained on IMCI, including care for development
- Materials in support of working with families (IMCI Booklet, Parents' Guide, etc.)
- 30 medications covered 100% by Health Insurance Company



ON-GOING REFORMS: DEVELOPMENT OF SOCIAL ASSISTANCE SERVICES

- a nationwide community based social assistants' network
 - virtually non-existent in 2006
 - 100% communities coverage with 1,140 trained social assistance in 2011
- foster care:
 - 95 families / 109 children in 2007
 - 247 families / 602 children in 2011
- 27 day care centers for children at risk, 12,705 children
- 10 maternal centers, 1,420 parent-child couples
- 14 day care centers for children with disabilities, 547 children
- 24 temporary placement centers for children at risk, 1,044 children
- temporary placement center for children with disabilities, 22 children

ON-GOING REFORMS: DEVELOPMENT OF SOCIAL ASSISTANCE SERVICES

Nationwide network of gate-keeping commissions

In 2011: 289 meetings, 2,305 cases

- 456 children maintained in families
- 467 children reintegrated into families
- 280 children placed under guardianship
- 204 children placed in foster families
- 88 children temporarily placed in community centers for children with disabilities and/or with mothers in maternal centers
- 432 children placed in temporary placement centers for children at risk and children with disabilities

Communication campaigns

- “For a beautiful and healthy baby” (2006)
- “Risk-free childhood” (2007)
- “A home free from dangers for your child!”, started in 2009
- on family type alternatives (2007)
- “Take me home” targeting children under 3 (2011)

DESPITE THE RESULTS ACHIEVED IN HEALTH SECTOR

- infant mortality rate in Moldova is higher than European average (12,1 ‰ compared to 4,59 ‰ in 2008)
- 20% of deaths in children under five occur at home, most of them are preventable
- injuries, poisoning and respiratory diseases represent the main causes of infant mortality and mortality of children aged 1-5 years at home and in the first 24 hours of hospitalization, death cases are largely determined by social and cultural factors

DESPITE THE RESULTS ACHIEVED IN PROTECTION SECTOR

in 2011,

- 378 children referred to residential institutions by gate-keeping commissions
- 192 children under 3 years of age lived in residential institutions, some due to the existing mortality risks at home, 20% of them are children with severe disabilities
- 117 children were abandoned in healthcare institutions

**THE EXISTING TRENDS CLEARLY INDICATE THE IMPORTANCE
OF INTER-SECTORIAL COLLABORATION**

CROSS-SECTORIAL COOPERATION MECHANISM

Regulation on the mechanism of cross-sectorial cooperation for preventing and reducing the rates of infant and under five mortality at home (2010)

GOAL:

Established and developed sustainable and effective partnership in medical-social issues for preventing and reducing infant mortality rate and mortality of children up to 5 years of age.

Regulation foresees:

- determining responsibilities and standardized process of inter-sectorial coordination and cooperation between the healthcare and social protection systems
- Developing inter-sectorial cooperation within public and private institutions in solving problems faced by children and families at risk

CROSS-SECTORIAL COOPERATION MECHANISM

Monitoring and Evaluation

- A reporting form on measures undertaken to prevent and reduce infant and under 5 mortality at home in families at risk (filled out by the deputy director/senior specialist on Mother and Child Health).
- A reporting form on measures undertaken to prevent and reduce mortality at home of children up to 5 years in families at risk (filled out by the community social worker).
- Social investigation. Initial assessment (conducted by the members of the inter-sectorial committee).
- If needed, comprehensive assessment of families with children (filled out by the members of the inter-sectorial committee).
- Individual assistance plan (developed by the members of the inter-sectorial committee).

CROSS-SECTORIAL COOPERATION MECHANISM

Implementation steps

- A joint order issued by the Ministry of Health and the Ministry of Labor, Social Protection and Family
- A national inter-ministerial coordination council established.
- Implementation Guidelines developed.
- Training of specialists:
 - Regional workshops for directors of the Centers for family doctors, deputy-directors/main specialists on mother and child health, heads of Departments for social assistance and family protection
 - 48 training workshops for family doctors, family nurses, community social workers
 - Republican workshops for senior specialists on mother and child health and social workers to share experience acquired in pilot regions 2011

CROSS-SECTORIAL COOPERATION MECHANISM

Achieved results

- Local implementation plans developed in **100%** of administrative entities.
- in 2011, **10,200** children under 5 years of age from families at risk, including 5,599 children under 1 year, have been identified, assessed and a record of them has been taken by the multi-disciplinary teams (family doctors/ nurses, social workers, members of the community)

CROSS-SECTORIAL COOPERATION MECHANISM

Barriers and lessons learned

- Institutionalization of children under three can be effectively prevented through the cross-sectorial mechanism only when family support and/or family-type alternatives are available
- lack of an early detection and intervention mechanism is a barrier for efficient prevention of the institutionalization of young children
- the existing payment scales represent a barrier for expanding foster care to include children under 3 and children with disabilities
- a clear criteria for determining of the vulnerability level is needed
- empowerment and involvement of parents is crucial for prevention of family separation
- more efforts need to be put in capacity building of multidisciplinary groups at the community level
- lack of pre-school institutions in rural areas is a serious barrier in supporting vulnerable families

FUTURE PRIORITIES (I)

DRAFT LAW ON SPECIAL PROTECTION OF CHILDREN AT RISK AND CHILDREN SEPARATED FROM THEIR PARENTS

- Providing clear provisions on tasks and responsibilities of the guardianship authorities
- Establishing of the procedure for registration of notifications about children at risk
- Standardization at the national level of the procedures for evaluation and keeping track of children at risk
- Determining obligations in regards to cooperation among guardianship authorities at all levels, as well as among professionals across the sectors
- Defining the main notions used in child protection system

FUTURE PRIORITIES (II)

DRAFT STRATEGY ON CHILD AND FAMILY PROTECTION FOR 2013-2020

I. Assure necessary conditions for growing and educating children in a family environment

I.I. Specific objective: Gradual ending of institutionalization of children under 3 years of age

Directions of activity:

- **promotion of family planning services and life skills based education**
 - **early identification of and assistance for families with risk of abandonment through prevention services**
 - **development of family type alternative services for children under 3 years of age**
 - **II. Prevent and combat abuse, violence, neglect and exploitation of children, promote non-violent parenting practices**
- III. Conciliation of family life with professional life for assuring a harmonious growth and development of the child.**

Prospects for ending institutionalization of children under 3 years of age

- Develop and implement an early detection and intervention mechanism
- Assure the sustainability and intensification of the process of developing family-type alternatives and their diversification for covering the entire range of children's special needs (age under 3, disability)
- Implement a sustainable and flexible inter-institutional cooperation mechanism at all administrative levels between the social protection, health and education sectors to assure early identification, prevention and assistance to children and families
- Develop and implement national programs of positive parenting and parental support
- Develop multilateral support programs for single mothers, including through facilitating employment without risk of child abandonment.

THANK YOU!