

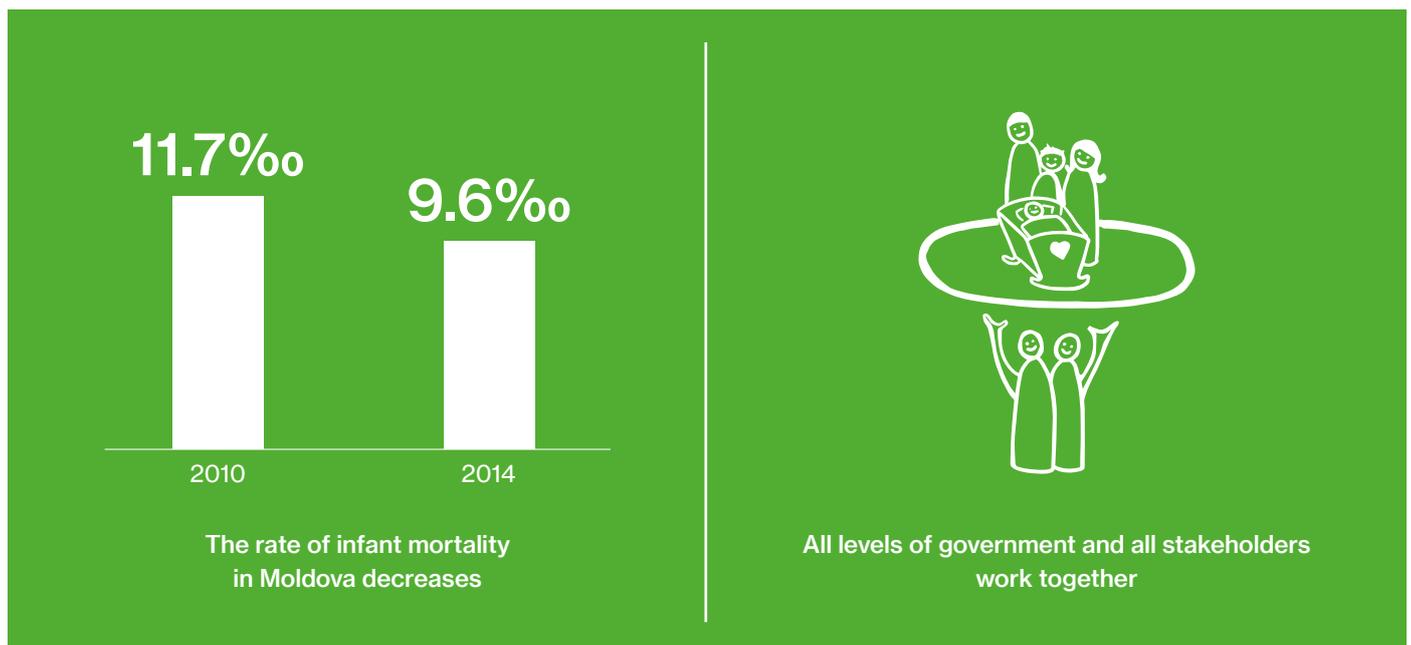


Reducing infant mortality in Europe's poorest country

Country: **Moldova, Districts Floresti and Laloveni** Organisation: **Lumos Foundation**

MANAGEMENT SUMMARY: Lumos Foundation, an international non-governmental charity organization, collaborates with governments (at all levels), various professionals and caregivers, other NGOs, faith-based groups, as well as communities, families, and children to help transform outdated systems that arbitrarily separate children from their families. Among its activities, Lumos in Moldova has supported the Government to establish an inter-sector medical-social cooperation mechanism to prevent and reduce infant and under-five mortality rates at home, and has offered assistance in implementing this mechanism in two districts (Floresti and Laloveni).

- Annually, around 11,000 children under-five years from families at risk across the country are identified, examined, and assisted by both a doctor and a social worker.
- By the end of 2015, Lumos had assisted more than 1,500 at-risk children under five years in the pilot regions.



Lumos aims to reduce infant and under-five mortality at home and to prevent the abandonment of babies and infants in institutions in two dedicated regions of Moldova. By involving all levels of government as well as other stakeholders, Lumos has been able to pioneer a successful model, which is greatly appreciated by children and their families.



THE PROBLEM:

High infant mortality rates among the poorest

Mortality rates disproportionately affect vulnerable children from rural areas, children with disabilities, families of lower socio-economic backgrounds, those living in the country's southern region, and those from minority backgrounds, including Roma children.

There are several factors that contribute to the severe problem of childhood mortality in Moldova:

- Elevated rates of at-home child mortality, largely attributable to respiratory diseases.

- Reliance on out-of-date practices for childhood illness detection and treatment.
- Over-reliance on clinical assessment and limited appreciation for a child's home environment.
- Only limited education provided to new parents on infant care and identifying signs of childhood illness.

While child mortality rates of infants and children under five have decreased significantly over the last 15 years, encouraged by the Millennium Development Goals, the rates continue to be high compared to other European countries.



THE DEVELOPED SOLUTION:

Inter-sector cooperation

In 2010, Lumos supported the Government of Moldova to undertake an evaluation of the causes of infant and under-five mortality at home. Based on the results of the evaluation, Lumos assisted the government in developing an inter-sector cooperation mechanism between the health and social sectors, which was approved in December 2010.

Lumos supports the government at all three administrative levels, based on a cooperation agreement signed with the relevant ministries (central level) and the raion (district) councils from the two pilot regions (local level). Furthermore, Lumos has established effective cooperation with international organizations, such as UNICEF. The main areas of collaboration with UNICEF are:

- Organizing an annual national conference on preventing and reducing infant and under-five mortality in the home, in partnership with the Ministry of Health and the Ministry of Labour, Social Protection, and Family.
- Supporting the implementation at the national level of the inter-sectoral cooperation mechanism aimed at preventing and reducing infant and under-five mortality at home.

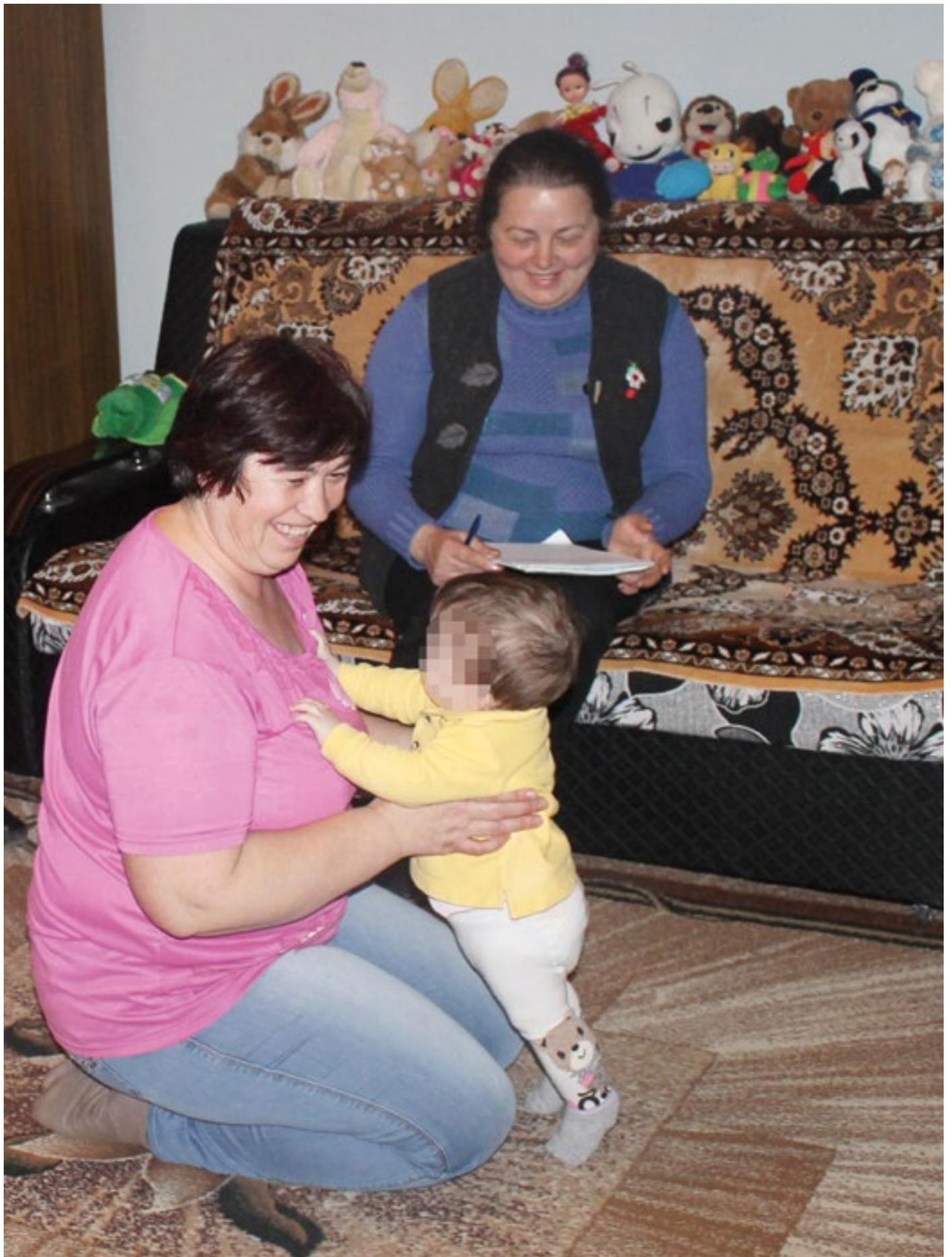
Lumos has also identified other NGOs in the field – such as CCF Moldova, Early Intervention Centre “Voinicel,” and Tony Hawk Foundation – and they work together on the development of the early intervention project for children at risk and children with disabilities in the Republic of Moldova.

The inter-sector cooperation mechanism is user-cen-

ABOUT MOLDOVA:

Still the poorest country in Europe

- The Republic of Moldova is a parliamentary republic with a President as Head of State and a Prime Minister as Head of Government. The current Constitution of Moldova was adopted in 1994. A strip of Moldovan territory on the east bank of the river Dniester has been under the de facto control of the breakaway self-proclaimed government of Transnistria since 1990.
- Due to a decrease in industrial and agricultural output following the dissolution of the Soviet Union, the service sector has grown to dominate Moldova's economy and currently accounts for over 60 percent of the nation's gross domestic product. However, Moldova remains the poorest country in Europe, with a per capita gross national income of just \$5,223 and with 38.4 percent of the population living in poverty. The 2015 Human Development Index ranks Moldova at 107 among all countries.
- At the beginning of 2015, Moldova had approximately 3.5 million inhabitants, of which some 200,000 are children five years or younger.



Specialists from the local multidisciplinary teams provide assistance and guidance to families on how to ensure child development and avoid risks to child's life and health at home.

At the district level, two specialists coordinate the work: the medical specialist and the social worker

ted, as it works directly with families with children under five who are at risk. The work of the local multidisciplinary teams is focused on prevention, early intervention, and assistance to reduce all risks to children's lives and health. This means that an individualised approach is used for each child, from planning the assistance to delivering the necessary services to the child and family.

Before the project started, institutionalisation of the child was the usual method to respond to these child protection risks. This study and project have focused on how best to support families in caring for their children at home, and thus reducing the risk of institutionalisation.



THE MODEL:

Close cooperation of all stakeholders

The assessment of children under-five is conducted in accordance with existing health care protocols, which provide for home visiting in the pre-natal period. The first visit from the family doctor occurs three days after the mother is discharged from the maternity ward; and this is followed by visits from the community nurse – twice a month during the first three months, then monthly until the age of 12 months.

When an assessment raises concerns about the well-being of a child or when concerns about the social situation of the family are identified, the medical staff inform the local authorities. At that point the community team – including the family doctor, community nurse, community social worker, representative of the guardianship authority, and other specialists as required – carry out an assessment of the situation of the child and his/her family. Depending on the level of urgency, the assessment is carried out immediately or within 24 hours after the concern has been reported. During the next seven days a

more complex assessment is conducted. As a result, the multidisciplinary team develops an Individual Assistance Plan (IAP) for the child, which is implemented and revised according to procedures of case management. The child's parents are involved in all stages of the IAP implementation.

Multidisciplinary teams cooperate

According to the data provided by the Ministry of Health, in 2015 there were 4.6 family doctors per 10,000 people registered at the national level, which equates to approximately one family doctor per 2,174 persons. In the pilot regions, the number of family doctors per 10,000 was 4.1 for Floresti and 5.0 for Ialoveni.

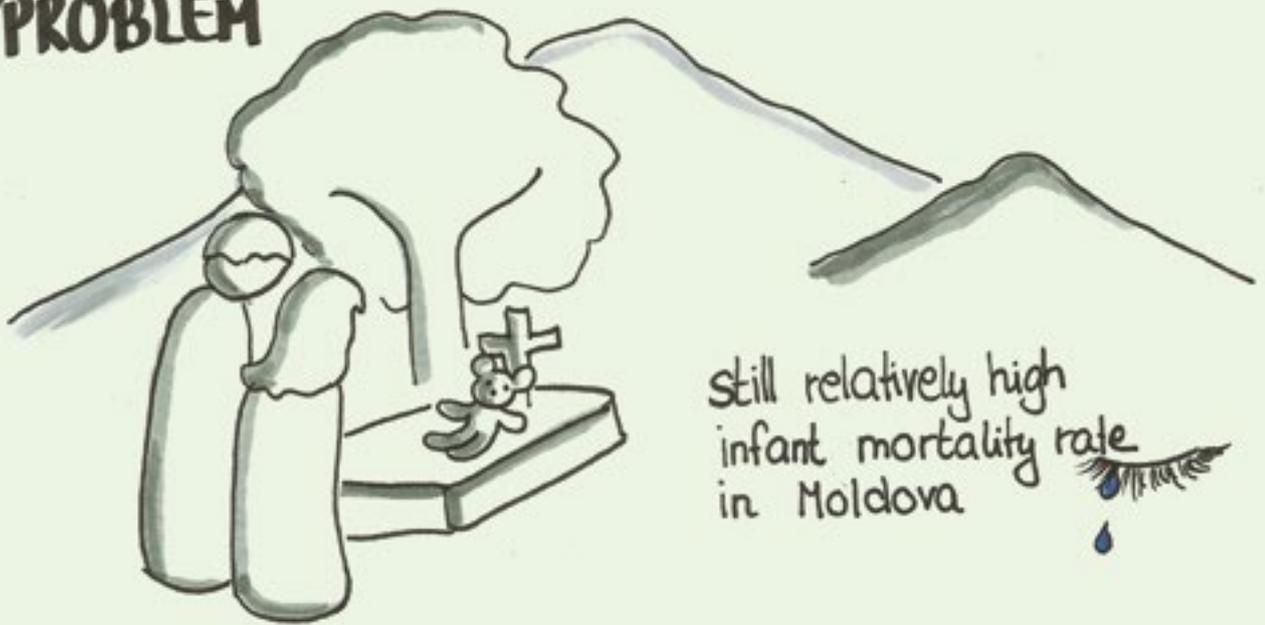
However, the situation for paediatricians is very different. In 2015 there were only 1.2 paediatricians per 10,000 people at the national level, a slight increase from 1.0 in 2012. This lack of human resources has a negative effect on access to services for remote rural populations, on monitoring quality, and on the efficient involvement of multidisciplinary teams aimed at preventing and reducing infant and under-five mortality. While the project is implemented at the community, district, and central level, the most intensive work is realised at the community level through the direct involvement of health specialists (general practitioners, medical assistants, community nurses) and social protection specialists (community social workers). These specialists are part of the local multidisciplinary teams, which may also include other specialists, depending on identified needs.

At the district level, two specialists coordinate the work: the medical specialist who supports the mother and child and works within the districts medical institution; and the social worker who works with families and children at risk, assigned by the district Social Assistance and Family Protection Department. These two specialists monitor the implementation of the mechanism at the community level and offer methodological assistance to members of the local multidisciplinary teams in the process of intervention.

Various levels of government are involved

At the central level, the Moldovan Ministry of Labour, Social Protection, and Family and the Ministry of Health coordinate the activity of territorial structures responsible for the medical and social sectors. The process is monitored via an annual report on the implementation process of the inter-sector cooperation mechanism at the national level. Based on this report, the ministries further develop the normative framework.

PROBLEM



GOAL



FACTS AND FIGURES:

Infant and child mortality rates decrease

- Over the project period, the rate of infant mortality decreased nationally from 11.7 ‰ in 2010 to 9.6 ‰ in 2014.
- The rate of mortality of children under five decreased from 13.6 ‰ in 2010 to 11.6 ‰ in 2014.
- As part of the project, Lumos has been building the capacity of medical staff and social workers regarding identification, referral, assistance, and intervention to reduce and prevent under-five mortality at home.
- During the project implementation some 1,500 professionals in the health, social, police, and public administration sectors – both from the pilot regions and non-pilot regions – received training.
- The quality of the training is ensured by the use of the training materials developed and approved by the key ministries, with Lumos support.

The initial training of specialists was carried out by Lumos in coordination with the key ministries. Initial training includes all specialists from the health and social sectors within the pilot regions, both at the community and district level, as well as specialists from other districts around the country. Annually, a nationwide seminar is organized for specialists from both sectors working at the district level in order to analyse the impact of the inter-sector cooperation mechanism, and to disseminate the practices and experiences of districts in this field. Moreover, the specialists involved benefit from individual methodological assistance and participate in roundtable activities where interactive approaches are used.



FUNDING:

Presently under evaluation

Lumos is currently conducting an in-depth analysis of the history of the European Structural and Investment Funds and how civil society worked together to convince EU member states to divert funding away from institutions to family and community-based

care. Unfortunately, at this moment it is not possible to provide a clear answer as the investigation is ongoing.



OUTLOOK:

A scalable model for other districts

Prospects for the network mechanism include:

- Strengthening of the inter-sectoral cooperation between staff from health care and social assistance systems to prevent and reduce mortality of children under five.
- Development and approval of normative frameworks, e.g.: strategy on health, development, and welfare of children and adolescents; strategy on parental education; provision of comprehensive medical, social, and educational services for early child intervention.
- Development of an early childhood intervention system at the national level.
- Development and expansion of inter-sectoral cooperation practices to prevent and reduce maternal mortality rate.

The practice of inter-sector cooperation for preventing and reducing infant and under-five mortality at home is applied at the national level and can be adopted or adapted by other organizations or countries. The implementation of the mechanism has positively influenced the well-being of children in Moldova by improving the quality of social and medical services through a unique, inter-sector system of monitoring and assisting families and children at risk. Further, it has enhanced the capacities of multidisciplinary teams to identify, evaluate, refer, assist, and monitor child victims and potential victims of violence, neglect, exploitation, and trafficking.

National & International cooperation



Levels of involvement

- Ministries
- Provinces
- Districts
- Communities



Family-Centered

District Teams



Multi-Disciplinary team



family doctor



IAP
individual assistance plan

for the child & its family

support in teams on all levels and at all steps along the way...



ABOUT THE ORGANISATION:

Lumos Foundation

Lumos Foundation is an international non-governmental charity organization and is registered in England and Wales.

Lumos is dedicated to helping to transform the lives of those disadvantaged children who live in institutions and so-called orphanages around the world. Lumos uses the phrase “so-called” because the vast majority of children are not orphans but are in institutions because their parents face extreme poverty; because the children have physical and intellectual disabilities, and their parents cannot afford treatment; or because they are from socially excluded groups. When parents are not supported in the community, these factors often lead to the break-up of families.

Lumos and several other organizations have worked to encourage the European Commission to establish regulations that state that funding to EU member states must be used for community services, not to build or renovate residential institutions. This regulation has been in place since 2014.

At the moment Lumos has teams in Bulgaria, Czech Republic, Moldova and Haiti with projects in Greece, Serbia and elsewhere. It has also opened a US office and is setting up a presence in the Latin America and Caribbean region. As part of its global focus on children in orphanages, it has also opened a US office and is currently scoping work in Latin America and the Caribbean.



Lumos Moldova

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LEGAL SITUATION OF CHILDREN IN INSTITUTIONS: **Situations that lead to the separation of children and families**

According to national legislation (Law 140 of 14.06.2013 on Special Protection of Children at Risk and Children Separated from their Parents), children are separated from families and placed within alternative services in the following situations:

- Children who are subject to violence
- Children who are neglected
- Children who are involved in vagrancy, begging, prostitution
- Children who are deprived of parental care and supervision due to their absence from home due to unknown reasons
- Children whose parents have died
- Children who live on the streets, or escaped or were chased from their homes
- Children whose parents refuse to perform their parental duties in bringing up and taking care of their children
- Children who were abandoned by parents
- Children whose parents were declared incompetent by a court judgment

Child placement within services (family-type or residential) is based on local or territorial guardianship authority provisions. In cases where there is an immediate danger to the child's life or health, the local guardianship authority in whose jurisdiction the child is placed shall issue an ordinance on child separation from parents or caregivers. In cases when parents have gone abroad for work, the local guardianship authority shall issue, with the consent of the parents, the order to establish a guardianship/trusteeship in line with the legal provisions.

ABOUT ZERO PROJECT ANALYSIS

In-depth Research of Innovative Practices

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This in-depth analysis can be downloaded for free at www.zeroproject.org and www.easpd.eu

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