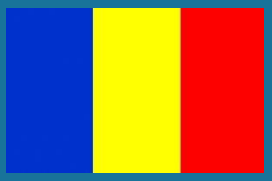
Romania



EARLY CHILDHOOD DEVELOPMENT

SABER Country Report 2019

Policy Goals	Status
1. Establishing an Enabling Environment Romania has clear separate legal frameworks for the health sector, requiring provision of services for pregnant women and young children; for the social and child protection and education sectors, including a mandatory pre-primary year of attendance. Primary healthcare and preprimary education are provided without charging fees to families. Intersectoral coordination is a serious weakness of the system along with lack of a multisectoral ECD policy and a lead institutional anchor across the health, nutrition, education, and social and child protection sectors. Levels of spending on education and health services are at the lowest levels in the EU.	Emerging
2. Implementing Widely Romania has a variety of ECD programs in the key sectors. Preprimary enrollment has steadily expanded and currently reaches approximately 90 percent. Parenting programs are emerging. Efforts are needed to raise awareness of the importance of the period from birth to three. Poverty and social exclusion are major challenges for significant portions of the population. Access to services in rural areas and among marginalized communities is lower than for the general population. Preprimary enrollment rates for Roma children are substantially lower than for the country average. An inclusive education policy is in place, but preschools may not have sufficiently trained staff to provide children with special needs with comprehensive services.	Emerging
3. Monitoring and Assuring Quality Romania gathers several types of administrative and survey data on ECD. Professional development requirements and service delivery and infrastructure standards are established for preprimary schools. Individual children's development outcomes are monitored in Kindergarten, but there is no comprehensive system to monitor children's development and identify children who may need interventions. Crèches for children from birth to age three may not be adequately regulated and supported to provide high quality care to promote children's holistic development.	Established

Romania and Early Childhood Development

Romania is considered an upper middle-income country and is a member of the European Union. Its Gross National Income per capita (Atlas method) was $9970 in 2017, a marked increase from its GNI per capita of $1720 in 2000. Romania's economy grew by 7 percent in 2017, the second fastest growth rate in the EU. The country's population, currently 19.5 million people, has been declining in recent decades due to emigration and low birth rates. In 2018 there were 1,55 million children below age eight in the country (Romania National Institute of Statistics) as compared with 1,77 million in 2002. Since 2002, Romania's resident population has constantly decreased and the age group below eight decreased even faster, by 12 percent as compared with 10 percent decrease for the total population. Demographic shifts in the country mean that the school age population is rapidly declining, while aging and migration contribute to this significant demographic challenge. However, on the positive side, the number of children in creches and kindergartens increased by 11 percent (90,000 more children) as compared to 2002.

Despite its substantial economic growth, Romania faces a number of challenges in human development. Romania has the lowest score in the European Union on the 2017 Human Capital Index (HCI) (World Bank, 2018). Its score of .60 means that children born in Romania today will be 60 percent as productive when they grow up as they could be if they received complete high-quality education and health services. The EU average score is .75 (author's calculation). Romania's score is lower than average for the region and lower than what would be predicted by the country's income level. According to the HCI, a four-year old in Romania today can expect to complete 12.2 years of education by age 18, compared to 13.4 in other EU member countries (author's calculation). Factoring in what children actually learn, the expected years of schooling is only 8.8, compared to 11.05 in other EU member countries (author's calculation).

Income inequality and social exclusion are serious challenges. The percentage of the population at risk of becoming impoverished (after social transfers) increased from 22.1 percent in 2009 to 25.3 percent in 2016 (World Bank 2017). The threat of poverty for children is even higher: according to Eurostat data, almost 50 percent of children below the age of eighteen are at risk of poverty. This is the highest rate in the EU and indicates that children are more likely to live in poverty than any other age group. Poverty tends to be transferred from one generation to the next (RENASIS/European Anti-Poverty Network). There are substantial challenges in equity between urban and rural areas, and between the majority population and the country's Roma minority.

In recent years, early childhood development (ECD) has received broader attention from the Romanian Government as the "Early Ages" become a priority at the European Union and global levels. ECD typically refers to services across the health, education, and child and social protection sectors for children from the prenatal period through primary school entry. The National Education Law adopted in 2011 provided a comprehensive framework for the Romanian early childhood care and education (ECCE) system structured in two-tiers: ante-preschool level for children aged between 0-3 years and preschool level for children between 3-6 years. ECCE services in Romania are not yet part of compulsory education. The ante-preschool level is comprised primarily of crèches, which provide center-based care for children from several months of age until age two. The preschool level is comprised of Kindergartens, which are centers that provide care and education services for children from age two or three until primary school entry. Among its positive interventions, in 2012 Romania introduced a preparatory grade (grade 0) into compulsory education, which is assessed as having had a positive impact on reducing dropout rates in the first school years and as having helped reduce disparities among students. Recent measures also include integrated interventions, a warm meal pilot program, improved reimbursement of school transportation costs, nursery tickets and social vouchers to encourage poor children's preschool education.

Romania has an established history of providing preprimary education, healthcare, and other social services. The country's gross enrollment rate (GER) in preprimary education was 88.2 percent in 2016, according to EUROSTAT data from 2018. In the school year 2017/18 GER for preprimary (3 to 6 age group) reached 91.4 percent as declared by NIS. Romania's score on the HCI may indicate that the quality of the education system is deficient. While a number of quality standards are in place in the early childhood education system, poverty and social exclusion may be limiting the ability of marginalized groups in the country to attain strong learning achievement. Early school leaving, particularly among marginalized groups, is a substantial problem. The socioeconomic exclusion of the population living in the rural areas of Romania is the result of multiple interacting factors that trigger stark inequality of opportunities; early years' services are often not accessible to the most disadvantaged children and families.

Despite a number of stand-alone policies on the provision of ECD services, there is no clear vision or strategy for an integrated approach on ECD in the country. Coordination between the key sectors of education, health, nutrition, and social and child protection is weak, and there is no institution or actor in place to coordinate across sectors or to ensure that children's holistic development is supported. The lack of intersectoral coordination is a major weakness and reduces the potential effectiveness of each of the existing components of the ECD system. There are a number of ECD programs in Romania, including some very strong programs run by NGOs (supported by ministries and/ or governmental agencies), but they are rarely implemented at -scale or consistently and they usually end once donor funding dries up.

Many types of data on ECD are available, but data are difficult to access and there are inconsistent across sources. A culture of data-informed policymaking has not yet taken hold. There is an appreciation of the importance of preprimary education, but policymakers and practitioners—as well as the public—need to pay more attention to the prenatal period through preprimary school entry. The crèche system for children ages 0-2/3 years old has relied on a medical model rather than one that promotes early stimulation and caregiving for holistic development, and personnel working in crèches often lack the training to provide this kind of care. Parents and caregivers, too, need to be informed of the importance of the birth through preprimary entry period, and should be supported to promote their children's development through responsive caregiving and positive disciplinary practices.

Table 1: Snapshot of ECD indicators in Romania with regional comparison

	Romania	Bulgaria	Hungary	Moldova	Serbia
Infant Mortality (deaths per 1,000 live births, 2016)	7	7	4	14	5
Below 5 Mortality (deaths per 1,000 live births, 2016) [1]	8	8	5	15.9	6
Moderate & Severe Stunting (2016) (Data for Romania are from 2002.[2])	12%	8%	NA	6%	6%
Gross enrollment rate in preprimary education (2016)	87%	81%	82%	81%	59%
Birth registration (2016)	NA	100%	100%	99%	99%

Source: MICS 2016, UNESCO UIS

[1] Source: UN Interagency Group for Child Mortality Estimates, 18 September 2018 data release.
[2] Source: UNICEF-WHO-World Bank Joint Malnutrition Estimates, May 2018 data release.

Systems Approach for Better Education Results – Early Childhood Development (SABER-ECD)

SABER – ECD collects, analyzes and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families. See Annex A for more discussion on the SABER ECD methodology and its limitations.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: Establishing an Enabling Environment, Implementing Widely and Monitoring and Assuring Quality. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified, through which decision-makers can strengthen ECD. Strengthening ECD policies can be viewed as a continuum; as described in Table 2, countries can range from a latent to advanced level of development within the different policy levers and goals.

Box 1: A checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health care
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
• Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
• Parenting programs (during pregnancy, after delivery and throughout early childhood) • High quality childcare for working parents • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
• Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation/ access to ECD services

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
• Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
• Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers regarding the particular needs of young children

Figure 1: Three core ECD policy goals

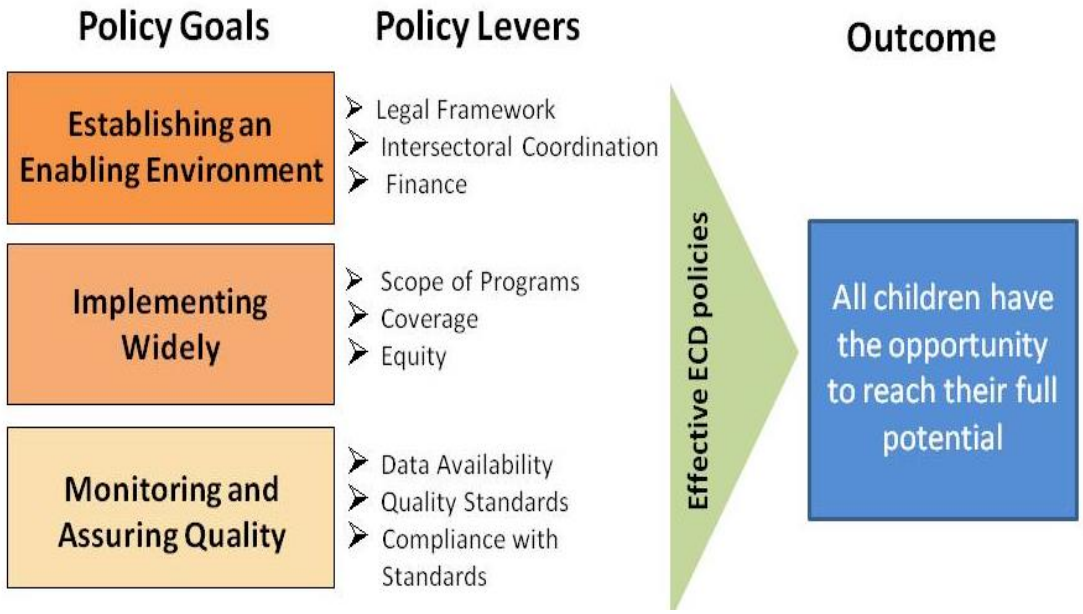
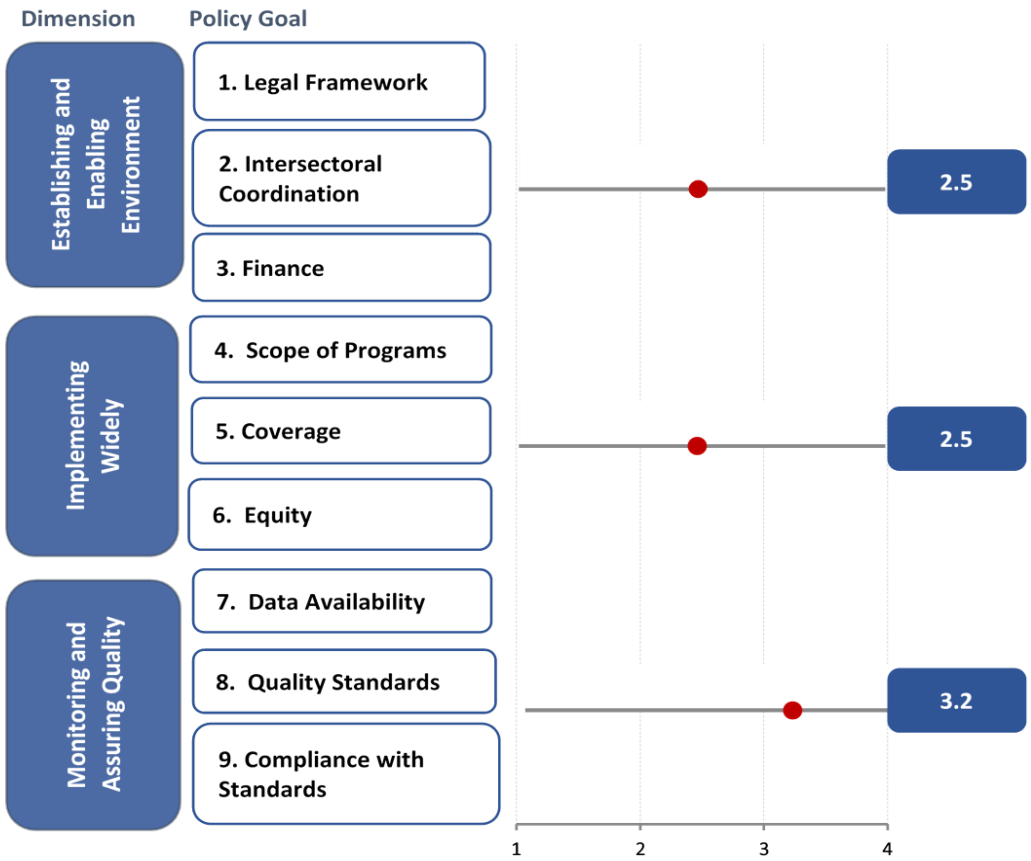


Table 2: ECD policy goals and levels of development rubric

ECD Policy Goal	Level of Development			
	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●
Establishing an Enabling Environment	Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Figure 2. Romania's scoring on ECD Policy Goals



Policy Goal 1: Establishing an Enabling Environment

➢Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies[i3]. An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework

The legal framework comprises all the laws and regulations which can affect the development of young children in a country. The laws and regulations which impact ECD are diverse due to the array of sectors which influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

Healthcare

National laws and policies promote reproductive healthcare, but not all women access these services. Antenatal visits and skilled delivery services are included in the basic health services package (*pachet de servicii de baza*) which are reimbursed by health insurance (*Casa de Asigurări de Sănătate*). 95 percent of pregnant women benefited from skilled delivery services. Pregnant women have a right to antenatal visits. Despite the services being covered by insurance, only 76 percent of women have benefited from at least four antenatal care visits, as recommended by UNICEF as a minimum standard of care (UNICEF, 2012), meaning that one-quarter of women are not receiving a comprehensive package of antenatal care. Testing of pregnant women for HIV and sexually transmitted infections is standard, and treatments are provided when indicated.

National laws and policies promote healthcare for young children. Health insurance provides free healthcare for children from birth until age 18. Children are required to attend well-child visits on a schedule. Visits begin at birth, and are set for one week after the birth, at the age of one month, two months, four months, six months, nine months, 11 months, 12 months, 15 months, 18 months, 24 months and then annually. An immunization calendar is established to provide children with a full course of immunizations.

Romania has established a number of policies to promote appropriate dietary consumption by pregnant women and infants, but there may be scope for improvement. Romania's Ministry of Health promotes breastfeeding with support from UNICEF and NGOs. Compliance with the WHO and UNICEF Baby Friendly Hospitals guidelines are part of the accreditation standards for maternity hospitals. Despite its breastfeeding promotion policies, according to a 2016 report by the International Baby Food Action Network on Implementation of the International Code of Marketing of Breastmilk Substitutes, Romania has enacted few provisions of the code into law. The Code is a set of recommendations adopted by the World Health Assembly to regulate the marketing of breastmilk substitutes and aims to stop the aggressive and inappropriate marketing of breastmilk substitutes and to promote optimal infant and young child feeding.

Romania's National Strategy for Eradication of Iodine-deficit Generated Diseases mandates salt iodization. There is no policy to encourage iron fortification of staples such as wheat. It is mandatory to provide infants with iron supplementation at seven months old. Supplementation is provided for

[3] Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005.

free as part of children's routine healthcare. Iron fortification could help address anemia deficiencies in pregnant women and young children, which are quite common in Romania.

Romania has generous policies to promote opportunities for parents to care for their infants. The rights of pregnant women in the workplace are also assured. Ordinance No. 96/2003 assures job protection and protection from job discrimination in the workplace for pregnant women. A woman has to inform the employer when she is pregnant, but she has the right not to share this information with other co-workers.

The compulsory social insurance scheme financed by worker contributions pays maternity allowance for 126 calendar days (18 weeks) during maternity leave for both public and private sector workers. The first 42 days of leave after the child is born are compulsory. The remaining 84 days need not be taken if the mother so chooses and can be taken before or after the birth. Maternity allowance is equal to 85 percent of the average monthly income earned by the mother during the six months prior to maternity leave. Maternal risk leave of up to 120 days is available to pregnant and postpartum women whose employers cannot guarantee safe conditions for the mother and child. Paternity leave has been mandated since 1999 for all public and private sector workers in the social security system. Paternity leave is fifteen days paid at 85 percent of previous wage, up to a maximum ceiling. Law 154/2015 introduced new regulations on protecting maternity at the work place. As an update for OUG no. 96/2003, this law stipulates that women who breastfeed their children up to two years old can have two hours long breastfeeding breaks each day or reduce their working program by two hours per day. Employers are required to provide facilities or breaks for breastfeeding; however, this is not yet a general workplace practice since this legislation is relatively recent.

In addition to maternity and paternity leave and benefits, parents are entitled to child raising leave at partial pay (up to a ceiling) until the child is two years old. Parents also receive a monthly allowance for each child until the child is two years old. There are additional leave policies and allowances for parents of children with special needs. Table 3 provides a sample of leave policies from the region. Romania's parental leave and childcare leave are notable (and laudable) for their length. But while the two-year leave allows for intimate parenting in the formative early years of a child's life, research suggests that women re-entering the workforce after a long maternity leave (or repeated leaves) may not re-enter at the same professional track as prior to the leave (Olivetti & Petrongolo, 2017).

Table 3: Parental leave policies in ECA

Romania	Bulgaria	Hungary	Moldova	Serbia
126 days maternity leave, and 15 days paternity leave (out of which 10 days conditional upon completion of infant care course) at 85% pay, funded by government through worker contributions. Childcare leave until child is two years old	410 days maternity leave including 45 days prior to delivery at 90% gross average salary, with the option to extend until child's second birthday with remuneration set by the government; 10 days paternity leave	168 days maternity leave, 5 days paternity leave at 70% pay. Childcare leave until child is three years old	126 days maternity leave, 0 days paternity leave	140 days maternity leave, 7 days paternity leave

Source: SABER-ECD Romania Policy Instrument 2018; ILO, 2012

Education

Romania's Early Childhood Care and Education (ECCE) system consists of two levels: ante-preschool and preschool. In Romania, up to age 3, children are provided ECCE in center-based settings known as "creşă" (nursery, crèche) as part of the ante-preschool level. From age 3 (sometimes even from age

2 due to lack of crechès) up to age 6, children may attend a center-based "gradiniță" (Kindergarten) as part of the preschool level which is free but not part of compulsory education. Currently one year of preprimary education is compulsory before entry to Grade 1 at age seven; this preparatory grade is implemented nation-wide in schools.

National legislation requires the provision of early childhood education. Romania's Education Law 1/2011 stipulates that free public early education services should be provided starting from birth until age six (at which point children enter primary school). This low included for the first time the ante-preschool level as part of the formal education system. However, the low is very clear on services for children ages 3-6, but it does not provide sufficient implementation framework for ages 0-3. Importantly, the period from birth until three years is currently facing implementation challenges mostly due to lack of intersectoral coordination, facilities, lack of specialized education staff, etc.

Crèches are the primary institutions providing services during the ante preschool period for working mothers who need to access quality care services. Historically crèches have been under the authority of city hall (*primărie*) for administrative purposes and under the Ministry of Health (MoH) for operational aspects. Crèches were viewed as a social service provider rather than an education service. According to the 2011 Education Law, the Ministry of National Education (MoNE) took over responsibility for crèches from the MoH. The MoNE is still in the process of integrating them into the broader education system. This entails developing quality standards including a unified curriculum, establishing staff training standards, ensuring qualified education staff, calculating cost standards, and integrating the crèches into MoNE databases. Importantly, creches should also provide parental support: counseling, information and education services (GD 1252/2012). Local authorities are supposed to provide infrastructure and equipment for crèches. In 2017 there were 351 crèches; 96 percent of them are financed by public funds. There are 20,099 children ages from birth to three enrolled in ante preschool (National Institute for Statistics).

The maximum period of post-natal leave granted in Romania is two years. This laudable policy confirms the strong emphasis on the importance placed on home-based settings for the development of infants and toddlers. However, mothers who choose to work for different reasons (e.g. reinsertion on the labor market especially after leave for more than one child) have insufficient opportunities to access quality services in creches. The support that they can get is predominantly informal, provided by grandparents and other relatives or unqualified nannies. Without sufficient coverage of creches, there is a clear deficit of options for working parents to balance work and family tasks.

The country's gross enrollment rate in preprimary education was 88.26 percent in 2016 (UNESCO UIS), which marks a steady increase over recent decades. There are 10,608 preschool units, also known as Kindergartens, (serving children ages three to six years old) throughout Romania. Only 449 of those are private; the vast majority are public. 6,087 school units are in rural areas, and 3,721 are in urban areas. In rural areas, almost all Kindergartens have half-time program, while in urban areas, there are slightly more half-time programs (58 percent) than full-time programs (42 percent) (MoNE SIIIR Database). According to the NIS, 521,161 children ages three to six were enrolled in preschool, in 2018.

Child Protection

Romania has established a range of child protection policies. There are several laws regulating administrative birth registration for children. Birth registration is a key element of child and social protection systems. Recent laws intend to make the process faster and easier to establish identity and receive fundamental rights and services provided to citizens. Community mediators help disadvantaged, and Roma families register their children and support them to access medical and educational services. While these policies are in place, the percentage of children who are registered at birth is not known, so it is difficult to gauge how effective they are. However, the law stipulates 30

days for mandatory birth registration, but it also provides an option for late registration (Emergency GO 33/2016) to ensure further access to basic services.

Law 272, 49/2012 establishes the procedures to address abuse, neglect, and family violence, and involves cooperation between health services providers, the police, and social workers. Child protection programs to address family violence, include home visiting programs, child abuse tracking and reporting activities, and a taskforce on domestic violence prevention. The judicial system has taken several measures to make the system more responsive to children's needs, including training for judges, lawyers, and law enforcement officers; plus establishing specialized child advocates.

Romania has established social protection policies to provide orphans and vulnerable children with services and is moving towards deinstitutionalization. Institutional care for vulnerable children and orphans has a long and often dark history in Romania. Law 272/2004 for the Protection and Promotion of the Rights of Children stipulates as a priority that children should be placed in family care settings. The only exception is children who need medical care in specialized medical units. The National Authority for the Protection of Children's Rights and Adoptions (NAPCRA) began a program in 2016 on "Developing the Deinstitutionalization Plan for Children in Residential Care and Ensuring Their Transition to Community-Based Care." The project goal is to develop common procedures and methodologies for central and local public administration authorities, enabling them to work more efficiently towards the transition from institutional child care to community-based care.

Legislation guarantees the rights of children with disabilities to receive inclusive education and other ECD services. The Ministry of Labor and Social Justice (MoLSJ), MoH, and the MoNE recently established an integrated intervention methodology for defining the level of a child's disability. They also established educational and vocational services for children with special needs, and rehabilitation measures for children with disabilities and/or special education needs. The measure marks a key step to promoting inclusive education and to ensure that integrated services are provided by the three ministries. It lays out clear responsibilities for service providers across the system.

The uses of and definitions of the terms handicap, deficiency, disability and special education needs have not been well-established, and there are efforts to establish common definitions of these terms that will be applied the same way across the child protection, education and health sectors. There have been cases of diagnosing children from marginalized groups as having special needs for the purpose of relegating them to special education classes (and thereby further marginalizing them), so there is provision in the Law on Education to prohibit this discriminatory practice.

Box 2. Key laws and regulations governing ECD in Romania

Key laws and regulations

- Law 272/2004 for the Protection and Promotion of the Rights of Children
- Education Law, 1/2011 includes provision of early education from birth to age six
- Law 448 /2006, amended by EO 69/2018 for the protection and promotion of the rights of disabled children
- National Strategy for the Protection and Promotion of the Rights of Children (2014-2020) adopted in 2014

National Strategy to reducing Early School Leaving (2015-2020) adopted in 2015

Others:

- Law of Health Order no. 379/836/2018 regarding Health Insurance Services provides antenatal and delivery care, and free healthcare for children until age 18
- Law 49/2012 on addressing abuse, neglect, and domestic violence
- Law 119/2006 and Ordinance 30/33, and HG 1103/2014 on birth registration

Policy Lever 1.2: Intersectoral Coordination

Development in early childhood is a multi-dimensional process.[4] In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

Romania does not have an explicitly stated multi-sectoral ECD strategy in place. Discussions on adopting a multisectoral strategy have been ongoing for years, but to date there is no officially adopted policy engaging the relevant sectors of health, education, nutrition, and child and social protection. Sectors operate largely in isolation from other sectors; coordination between sectors is increasing but is still rare. When coordination does takes place, it is typically ad hoc and dependent on the initiative and cooperation of individuals, rather than due to established mechanisms. Actors such as UNICEF or the World Bank have attempted to convene representatives from the various sectors, but the sectors are not likely to meet without external impetus. Projects focused on providing integrated services delivery, such as a UNICEF supported project in Bacau county, are the exception. The lack of a multisectoral plan and intersectoral coordination are serious weaknesses in Romania's ECD system.

The Early Education Strategy was drafted in 2005 with support from UNICEF. However, it was not formally approved at the time and is currently being revised. The recommendation to have more coherent policies and a multi-sectoral approach has been constantly reiterated in the context of different ECD related initiatives. Without an ECD strategy and coordination plan in place, the relevant actors will continue to lack a clear vision and common goals to work toward. From 2016 to 2018 the Educated Romania project initiated by the country's President has carried out a public debate on the future of education in the country. The main conclusions were made public in December 2018. Early education represents a distinct chapter of the project. The ECD program has five objectives: a) developing a network of crèches and other accredited quality services to allow access to early education services; b) promoting gradual universal coverage in preschool of children ages 3-5; c) developing standards for quality assurance; d) improving the quality of pre-service and in-service education for ECD staff; e) revising the curriculum.[5]

There is no institutional anchor responsible for leading and coordinating ECD work. There is no multisectoral ECD coordination agency, task team or a committee to manage and promote ECD policies and interventions on the national level. The key ministries delivering ECD services are the MoNE, the MoH, and the MoLSJ. The ministries do not interact closely to share their mutual plans, policies, budgets, and lessons learned for improved results. Due to a lack of a multisectoral ECD strategy, the ministries lack a common vision and there is no systematic approach across government to promote children's holistic development.

There is an office within the Ministry of National Education focused on early education, but it is not adequately staffed. The Directorate of Early Education, Primary and Secondary Education within the MoNE was established in 2017 by a ministerial order. Per the order, the directorate of early education is supposed to have 15 staff members. At present there are eight vacancies, and only one of the staff members is focused solely on early education as the other staff also have other responsibilities. The Strategic Management and Public Policies Directorate in the MoNE is charged with designing, implementing, and monitoring programs.

[4] Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007

[5] http://www.romaniaeducata.eu/wp-content/uploads/2018/11/Romania-Educata-Viziune.pdf

Early education guidelines are in place, but guidelines on integrated ECD service delivery, and coordination mechanisms between service delivery providers are not established. The education sector has taken steps to promote integrated services for children, through efforts such as the Reform Program for Early Education (PRET - EUR 105 mil financed by CEB), the Program for Inclusive Early Education (PETI - EUR 10 mil. financed by World Bank). More specifically, PRET provided training for kindergarten staff in all kindergartens in Romania (35,000 pre-school teacher, 13,000 care and medical staff, and 2,500 managers) covering early education, counseling services, parental education, school readiness, teaching-learning methods, kindergarten-community partnerships. The PETI program focused on development of curriculum (0-3 and 3-6), the preparation of guidebooks for early education (0-3), good practices (3-6), inclusive education (0-6). In other sectors, there is growing recognition of the importance of providing integrated services to promote children's holistic development, but at present most coordination and integration that takes place is ad hoc rather than according to established procedures for institutions and clinicians. Children may simultaneously experience health, nutrition, cognitive, emotional and social challenges, requiring an integrated network of services providing by numerous sectors. Their parents and caregivers are also likely to need support. For these reasons, referrals and access to multiple service providers are often necessary. Currently cooperation at the central, county, and local levels and between institutions is very weak.

The Bacau integrated services model provides an example of provision of integrated services in health, education, and social protection to vulnerable families. "Social Inclusion through Provision of Integrated Services at the Community Level" is a three-year program in thirty-eight rural and urban areas of Bacau county. The project is an initiative of UNICEF jointly implemented with MoNE, MoH, MoLSJ and support from other partners (county and local authorities, health authorities, health service providers, education and social protection local authorities; and selected NGOs active in health, education and social protection). Community health nurses, social workers, and school mediators deliver a package of services across the community. Inclusive quality early education is a key component of the project. This is a model intervention that is generating evidence to inform the expansion of integrated services across Romania.

The Strategy to Reduce Early School Leaving (ESL) promotes specific measures to reduce the ESL risk through ECD, but implementation progress has been slow. This strategy aims at reducing ESL to 11.3 percent by 2020. It represented an ex-ante conditionality for Romania's access to EU funds in the Programming Period 2014-2020 covering a range of flagship programs including ESL prevention measures through ECD. Important efforts are made to allocate resources to ECD programs. However, access to ECD services for children 0-3 remains very low, further training is needed for preschool staff and parental involvement.

The National Reform Program (NRP) 2018 includes some ECD elements, but there is no explicit objective to address ECD holistically. The NRP is the framework platform for defining structural reforms and development priorities guiding the evolution of Romania to achieve the Europe 2020 Strategy objectives. The NRP includes an objective on reducing early school leaving, with a component focused on early education services. This component rightly recognizes that children who enter primary school unprepared are more likely to drop out of school at a young age. The NRP also includes an objective on social inclusion and combating poverty. Components include building Kindergartens and crèches and developing integrated community services in rural areas.

There are some partnership initiatives between state and non-state stakeholders in the education area and the government has adopted some NGO projects as Government programs. Romania has an active NGO sector. NGOs conducting ECD advocacy and services include Step by Step, Save the Children, the Roma Education Fund, OvidiuRo, Ready Nation, RENINCO, For Our Children Foundation, Holt, Coalition for Education FNAPIP Parents Alliance, etc. There are annual coordination meetings between NGO representatives and the government, and some NGOs have representation on government committees.

Importantly, there are also initiatives through NGO projects that have become government flagship programs. Providing food coupons for children from low socioeconomic families to attend kindergarten is one of the factors that contributed to an increase in preprimary enrollment. In 2010, the NGO Ovidiu RO, an agency for early education launched a pilot project in partnership with MoNE, "Every child in Kindergarten!" targeting the poorest children – those living in overcrowded, inadequate housing in isolated areas without access to basic facilities or health care, and where, in the winter, the unemployment rate was close to 100 percent. This flagship initiative was scaled up and promoted into Law no. 248 in 2015 which encourages the regular attendance of 3-6-year-old children in Kindergarten by granting €11 per month in food coupons (conditional on the child's daily attendance in preschool) to households where the monthly income is under 284 lei (€63) per family member. The government has allocated €13.2 million in the 2016 state budget for this purpose, which led to increased enrollment in 2016. This Law also became an important element of Romania's efforts to meet European Commission objectives to reduce early school leaving, poverty and inequity.

Policy Lever 1.3: Finance

While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits[67]. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

Criteria and formulas are used to allocate funds in the education and child protection sectors, but not yet in the nutrition, health and social protection sectors. In the education sector, criteria considered to determine the amount of funding each school receives include the number of children enrolled, children's characteristics (e.g. special needs), urban/rural location, and full or half-time program. Estimated heating costs based on the size of the school are also considered. These criteria are based on the Formula for Standards Costs Per Capita in Education government guidelines.

While a number of factors are considered in determining funding, most of the funds allocated by the central government based on these formulas are meant to be used for teacher salaries, leaving few funds for other operating costs. Smaller Kindergartens, which are more likely to be found in rural and poorer areas, receive fewer funds than larger Kindergartens with more experienced, credentialed teachers. Local municipalities may contribute to their local schools to try to make up for funding shortfalls, but these municipalities are often in underprivileged areas and lack strong sources of revenue. This funding model exacerbates existing inequities in the education and social systems in the country. Ideally criteria and formulas promote transparency and efficient use of resources, but they can also perpetuate inequity if the criteria and formulas are not designed with adequate consideration for equity concerns. In child protection, the number of children using the services and children's characteristics are used to determine funding. The health and social protection sectors do not have clear mechanisms for allocating funds.

Preprimary teacher salaries are similar to primary teacher salaries (for graduates with a higher education degree). In many countries preprimary teachers are paid less (sometimes far less) than

[7] Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

teachers in primary schools; this is not the case in Romania. Still, teachers in the country are paid less than other professions such as public administration. This can dissuade talented individuals from entering (and remaining in) the teaching field. The salary grid was revised in 2016, resulting in an average 10 percent increase for beginner teachers, while in 2017 teachers' salaries increased by 15 percent. Teachers in rural areas also receive an additional allowance but attracting teachers to disadvantaged communities remains difficult.

Disaggregated expenditures on ECD are reported by the education sector, but other relevant sectors report only overall sectoral spending. Most sectoral budgets are not disaggregated by the beneficiary age group. Only the education sector reports spending on young children (for the preschool level). The other relevant sectors can report overall sectoral spending, but not spending directly related to young children. Ministries do not conduct any joint planning or consultations when they set their budgets. Lack of coordination in budget planning may result in both gaps and overlaps in services and inefficient use of scarce resources.

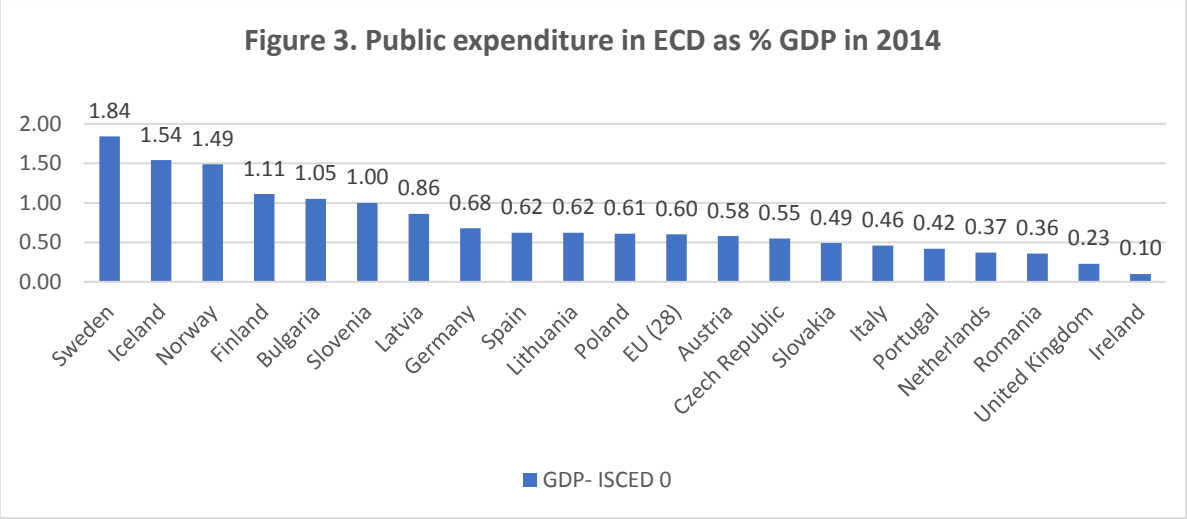
The provision of ECD services is free in Romania for any child, but the public spending from GDP is one of the lowest in Europe. In 2015, public expenditure on education as a percentage of GDP was 3.1 percent, the lowest among EU countries and significantly below the EU average of 5.5 percent (World Bank 2017a). Within the total education budget, 10.7 percent was allocated to the preprimary level in 2015 (UNESCO UIS). Table 4 displays the distribution of preprimary education total education spending across other countries in the European Union.

Table 4. Public expenditures on preprimary education and education in selected EU countries

	Romania	Bulgaria	France	Germany	Poland
Government expenditure on education as percentage of GDP	3.11% (2015)	4.06% (2013)	5.46% (2015)	4.81% (2015)	4.81% (2015)
Preprimary expenditure as percentage of total government expenditure on education	10.68% (2015)	25.34% (2013)	12.72% (2015)	9.49% (2015)	12.67% (2015)
Government expenditure on education as percentage of total government expenditure	9.08% (2015)	11.44% (2013)	9.66% (2015)	10.98% (2015)	11.58% (2013)

Source: UNESCO Institute of Statistics

Figure 3 below shows the lowest levels of direct public investment per child at preschool level in Europe. The Czech Republic, Slovakia, Portugal and spend less than one percent per year for ISCED 0 level. Consequently, crèches and kindergartens operate in a survival mode, spending most of their resources on staff salaries and current costs, while reserving only a small percentage for development and investments. There is an explanation why the United Kingdom and Ireland have lower rates. Their expenditures are incurred from private funds, and compulsory school starts at 4 years. In Romania, only 2.6 percent of families with children under 3 can access ECEC, which is subsidized by the state and is free.



Source: Author's elaboration based on Eurostat data, 2018.

The only fees charged in public Kindergartens and creches are fees for meals, and those can be waived for families who cannot afford to pay. Monthly fees in creches for children under 3 years old tend to be the lowest in Eastern European countries. For example, in Latvia, Lithuania and Romania, the entire ECEC is free and parents have to pay only for a child's meals (which amount to ca. PPS[1] 45 in Latvia, PPS 94 in Lithuania and PPS 60 in Romania). Parents will pay for children's meals, which costs a maximum of PPS 60 in *creche* and between PPS 82 and 127 in *kindergarten*.

The government covers all costs of routine immunizations and primary healthcare services for children and reproductive healthcare services for women. **However, health expenditure in Romania is far lower than in other EU countries.** Table 5 compares health expenditure indicators in Romania with other countries in the EU in 2015. France and Germany spent almost ten times more per capita on healthcare than Romania did. Romania's per capita expenditure on healthcare in 2015 was the lowest in the European Union (Eurostat). Despite having a national health insurance scheme, out of pocket expenditures comprise more than one-fifth of health expenditure.

Table 5. Comparison of select health expenditure indicators in the EU

	Romania	Bulgaria	France	Germany	Poland
Current health expenditure as percentage of GDP	5%	8%	12%	11%	7%
Current health expenditure per capita in USD	$476	$612	$4263	$4714	$809
Out of pocket expenditure as percentage of current health expenditure	21%	48%	10%	12%	23%

Source: WHO Global Health Expenditure Database, 2016

Significant amounts of social funding go to direct financial assistance, leaving little money for ECD services. Financial benefits take up a significant share of the resources distributed at local level, mostly covering the minimum income guarantee and the benefits for people with disabilities. The lack of specialized, targeted interventions for community social services has major economic costs by failing to address the underlying causes of social exclusion and poverty in vulnerable groups. Many of these underlying causes could be remediated by targeted, quality ECD services.

[1] PPS- purchasing power standard

Policy Options to Strengthen the Enabling Environment for ECD in Romania

Legal framework:

The GOR should consider mandating one more year of preprimary education. Currently one year of preprimary education is mandatory before primary entry to Grade 1. Adding one more compulsory year of preprimary enrollment could help reduce the gaps that exist between children from marginalized groups and more privileged families even before starting primary school. This would ensure progress towards universal access to Kindergarten for age 3-6 children. Importantly, given that the enrolment of children ages 5 is already very high (at 93 percent), the fiscal impact of this policy measure should not be significant. Table 6 below shows it is estimated at about USD 8.4 million. At the same time, legislation should address the issues faced by the implementation of services for 0-3 age group including intersectoral coordination, infrastructure, human resources, etc.

Table 6. Estimated fiscal impact of one more compulsory year of preprimary education

Age 5	Urban	Rural	Total
Resident population	97,574	86,933	184,507
Enrolled population	94,801	76,890	171,691
Enrollment rate	97%	88%	93%
Number of children not enrolled	2,773	**10,043**	12,816
standard cost allocated per child in 2017 (in $)	$612	$669	**$8,417,929**
average exchange rate LEU/USD= 4.0525			

Source: WB team calculations based on data extracted from NIS-Tempo database and SIIIR, 2019

Intersectoral Coordination:

The GoR should develop and adopt a multisectoral ECD strategy incorporating education, health, nutrition, child protection and social protection. The strategy should take care to incorporate the 0-3 age group. Defining Romania's vision and goals for early childhood and how this will contribute to the country's long-term social and economic development is a pressing need to build a strong ECD system. The strategy should also clearly state the respective roles and responsibilities of each ministry and ECD stakeholders, and to develop a costed implementation plan to enhance the efficacy of ECD service provision. Box 3 describes an effective multisectoral ECD policy in Chile.

Box 3. Chile's Multisectoral ECD Policy and Implementation

A multisectoral ECD policy is a comprehensive document that articulates the services provided to children and key stakeholders involved, including responsibilities of service providers and policy makers. The policy should also present the legal and regulatory framework in a country and address any possible gaps. Typically, a policy can include a set of goals or objectives and an implementation plan that outlines how they will be achieved. The benefits of doing so are manifold. The preparation process requires all stakeholders to contribute, which in turn promotes a more holistic approach to ECD and identifies possible duplication of objectives by individual stakeholders. Another benefit is that the policy framework clarifies the boundaries within which all stakeholders are to operate and can create accountability mechanisms.

One such example is *Chile Crece Contigo* ("Chile Grows With You", CCC), an intersectoral policy introduced in 2005. The multi-disciplinary approach is designed to achieve high quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40% of households key services, including free access to preprimary school. Furthermore, the CCC mandates provision of services for orphans and vulnerable children and children with special needs. The creation and implementation of the CCC has been accomplished through a multisectoral approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels there are institutional bodies tasked with supervision and support, operative action, as well as development, planning and budgeting for each respective level. The *Chile Crece Contigo* Law (No. 20.379) was created in 2009.

The GoR should establish an institutional anchor to coordinate ECD between ministries and actors. There should be incentives and accountability mechanisms to encourage ministries to work together to achieve outcomes rather than to work in isolation and/or competition. The recent coordination across the three key ministries on special needs services may provide a model for more collaborations to promote children's holistic development.

The GoR should establish guidelines on the provision of integrated services to promote children's holistic development. These guidelines could be developed as part of the drafting of a multisectoral ECD strategy and implementation plan, as integrated services require interventions across sectors. Lessons from the Bacau integrated services model could inform scaling the model across the country.

Finance:

The GoR should use clear criteria for budgeting to increase transparency, efficiency, and equity, and establish systems to allow for identification of ECD spending in each relevant sector. Knowing what is being spent in each sector is essential for program planning and evaluation and is a key component of a strong finance system. Criteria and formulas should be crafted to ensure equitable use of resources, rather than perpetuating inequities. Children from marginalized backgrounds typically require more funds for education and other services, not less.

The GoR should ensure sufficient spending on ECD across sectors to provide quality services. The government should allocate more national funds to ECD to ensure ownership and sustainability of services. The necessary funds should be allocated to deliver on priority policies.

The GOR should aim to achieve the same spending levels on education as EU and OECD countries. Based on current levels, this would amount to up to a 2-percentage-point increase of GDP. Full realization of Romania's Education 2030 agenda requires sustained, innovative, and well-targeted financing. Efforts to close the funding gap must start with domestic funding, allocating at least 4 percent to 6 percent of GDP to education. Such an increase would allow urgently needed investments and could transform the education system into a modern, dynamic system that turns out better educated students.

Policy Goal 2: Implementing Widely

- Policy Levers: Scope of Programs • Coverage •Equity

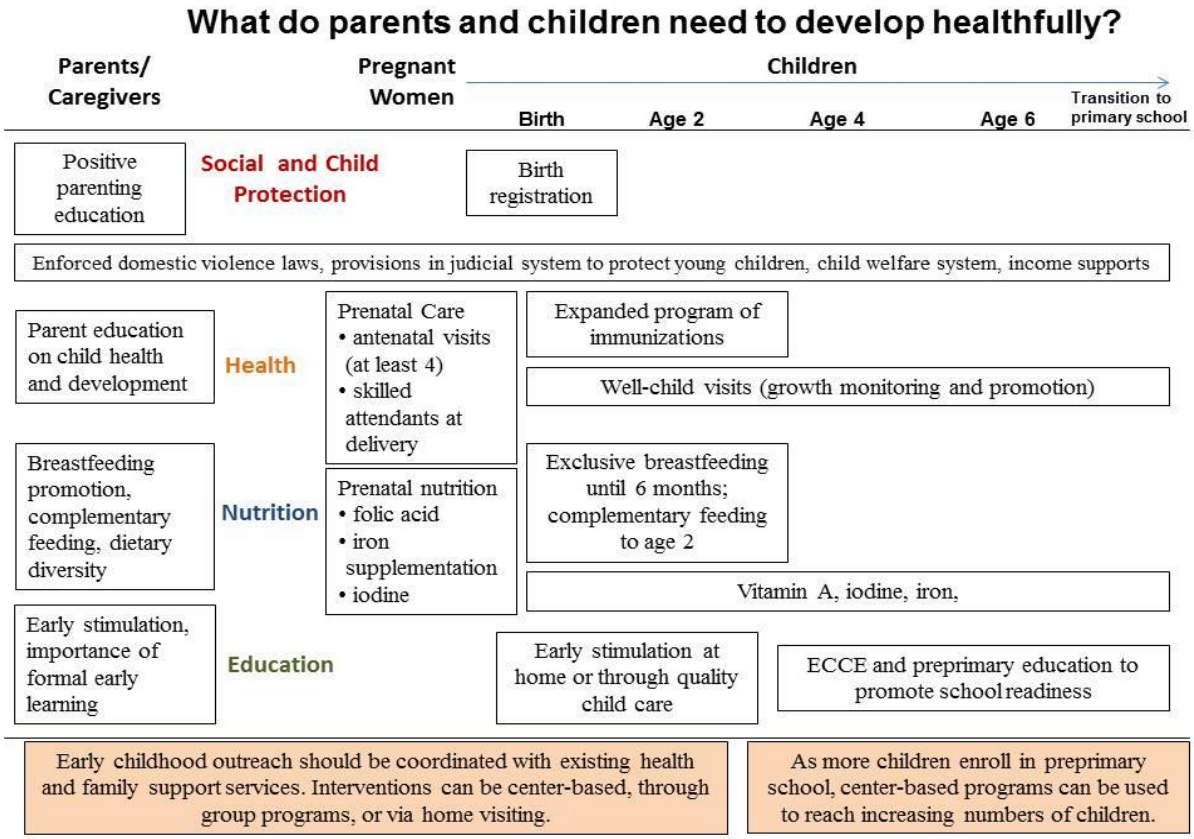
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should include programs in all essential sectors; provide comparable coverage and equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs

Established

Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 4 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 4: Essential interventions during different periods of young children's development



Health services for children and pregnant women are free and included in the basic benefits package. The essential health programs for pregnant women and children are fully institutionalized and target all the beneficiary group. These programs are:

- Antenatal healthcare for expecting mothers;
- Skilled attendants at delivery;
- Comprehensive immunization for infants;
- Childhood wellness and growth monitoring.

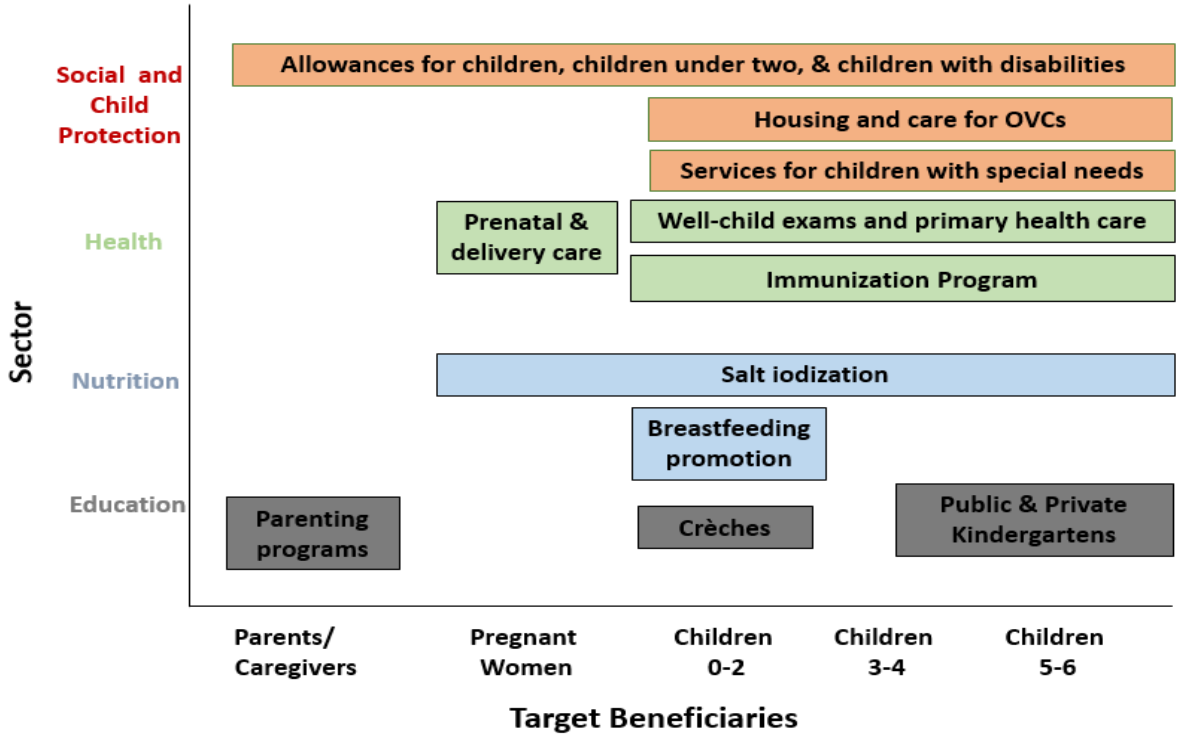
Children and young adults up to 18 years old, students up to 26 years old, pregnant women without income are exempt from hospital copayment. The Romanian health care system relies mainly on public financing. The National Health Insurance Fund (NHIF) covers expenses for about 90 percent of the population. The uninsured population is eligible for benefits included in the minimum services package (emergency care, family planning, pregnancy monitoring, triennial health checkups, diagnosis and treatment of selected communicable diseases. The insured population is entitled to a standard basic benefits package which covers health care services, pharmaceuticals, and medical devices.

Romania provides many healthcare services to pregnant women and young children, with the exception of maternal depression screening and treatment programs which remain unavailable. Emerging evidence suggests that maternal depression is common across the world, with roughly 13 percent of women who have recently given birth experiencing depression. In low and middle- income countries, the prevalence is nearly 20 percent (WHO). Maternal mental health problems are more common among women experiencing poverty, extreme stress, and exposure to violence. Maternal depression can interfere with bonding and attachment and impair the mother's ability to respond to her child. This can have long-term impacts on a child's cognitive and emotional development. It is also a major source of disability and suffering for the mother.

Several nutrition programs are established. These include micronutrient supplementation for children**,** breastfeeding promotion policies, and healthy eating and exercising programs to prevent obesity in children. At the same time, micronutrient supplementation for pregnant women and food supplements for pregnant women and young children rarely exist. While several nutrition programs are in place, their effectiveness is uncertain given some of the country's low nutrition indicators. (See the Coverage section for a discussion of nutrition challenges.)

ECD programs are established to benefit all relevant beneficiaries in Romania. An official parenting strategy is under debate. Romania has established programs that serve pregnant women, young children, and parents and caregivers. The strategy for Parental Education has been under development for several years. The current version is grounded in experience gained in different programs: e.g. Parenting Education funded by MATRA (1998-2000); How To Become Better Parents (2000) carried out by Holt with UNICEF support; National Integrated Strategy for Developing Parental Skills Support (2006-2010) with UNICEF support. The most recent version of the strategy (released in July 2018) is still under debate due to controversy over the definition of the family. The country's adoption of the National Parenting Education Program in Preschool Education in 2001 has had an impact on family knowledge, attitudes, and practices related to early stimulation, parent-child interactions, and positive discipline. UNICEF supported the Our Children Foundation to train preprimary teachers and parents on practices to promote children's development. These types of programs are extremely important, as children's relationships and interactions with their primary caregivers in their home environment are a crucial determinant of their development. Attention should be especially focused on the first few years of life, before many children enter preschool, as awareness of the importance of this period is less widespread than of the preschool years. Figure 5 shows the major ECD interventions in Romania. It should be noted that while these programs exist, not at all have universal coverage, or even high rates of coverage.

Figure 5. Scope of ECD interventions by sector and target population



Education programs for preschool children are established but there are few programs for ante preschool children and the educational and developmental aspects of these programs are not well developed. As discussed previously, public (and some private) Kindergartens/preschool programs are found throughout the country and their organization and functioning is regulated through ministerial order (Regulation of Organization and Functioning of Pre-university Education Units). Also, the organization and functioning of creches is provided in the Methodology of Organization and Functioning of Nurseries and Other Early Preschool Education Services (GD Nr.1252/2012). Crèche programs are seen more as a municipal (care) service rather than providing early education and stimulation. Until the age of two, many children are at home with parents on childcare leave. Between age two and three, there is a gap in childcare provision for working parents.

Romania has recently revamped its social protection programs, linking parenting programs with social protection platforms provides an opportunity to reach vulnerable families. In 2016 the GoR introduced a comprehensive anti-poverty program comprised of a package of services targeted to specific groups of the population (Integrated Package for Poverty Alleviation). However, only some components of this program package have been implemented. In 2017, the subsequent government promoted a new program including social protection measures. Yet, Romania allocates the smallest percentage of GDP to social protection in the EU (RENASIS). Leveraging existing social protection platforms to add components on early stimulation and responsive caregiving for parents of young children could help vulnerable families build their children's human capital, in addition to relieving economic hardship and the stress of poverty. All families (regardless of income status) receive a monthly allowance for children under the age of 18. The allocation is higher for children below the age of two than for older children and is higher for children with disabilities than for children without disabilities. Social assistance benefits are linked to the Social Reference Indicator (SRI) to establish linkages between different social protection measures. The new Minimum Social Insertion Income Program is supposed to cover the poorest 20-22 percent of the population. It includes conditionality elements such as keeping children in school. Eventually cash assistance is supposed to be paired with services.

There are many strong ECD programs in Romania, but they are rarely taken to scale or implemented widely. Many of these programs are operated by NGOs, committed individuals, and/or supported by foundations or donor funds. These interventions tend to be successful given the strong commitment of implementors and participating communities. However, programs tend to stop after their funding ends.

An example of an NGO program that now has partial funding support from the GoR is the Step by Step alternative for preschool and primary education. It implements child-centered teaching methods and encourages family and community involvement in the educational process. Initial support for the program was provided by Open Society Foundations, but since 1998 (Order 3618/ 1998) the MoNE pays the cost of teacher salaries, with Step by Step implementing the program. Step by Step preprimary programs currently serve 13, 800 children in 36 counties. Positive experiences also include the UNICEF supported intervention in Bacau county for Social Inclusion Through the Provision of Integrated Services at Community Level – Community-Based Services for Children.

Other important programs include Save the Children's summer programs and afterschool programs for vulnerable children. The Romanian-Danish Center for Integrated Education provides services for vulnerable children from six months to three years old. The program encourages children's autonomy, and social, emotional, and creative skills. Ovidiu-Ro assumes the role of an Agency for Early Education and mobilizes public and private resources to ensure that quality early education is available to Romania's poorest children. A program implemented mainly in Lupeni, Jiului Valley, is the Bebe Café, part of Reading Together Romania. The program is a weekly baby book club that doubles as a parent-to-parent support group. Parents share their experiences and exchange books to take home to read with their babies.

Policy Lever 2.2: Coverage

Established

A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably–especially the most disadvantaged young children–so that every child and expecting mother have guaranteed access to essential ECD services.

Access to essential ECD health interventions is generally high, but challenges remain in antenatal care for pregnant women. According to UNICEF MICS data, roughly one in four pregnant women receives fewer than four antenatal care visits. Data on the underlying causes of this lack of service uptake are not available. The latest figure for anemia among pregnant women reported in Indexmundi was 26.7 percent for 2016[8] which according to WHO standards is defined as a moderate public health problem. Anemia in pregnancy is associated with an increased risk of preterm birth, low birth weight, and maternal mortality. Access to adequate medical care, proper nutrition before conception and throughout pregnancy, and micronutrient supplementation during pregnancy can reduce the likelihood of anemia. Data showing whether the prevalence of nutrition challenges is greater among certain populations would be helpful to know how the GoR should best target interventions to address them. Table 7 shows regional comparisons of access to health and nutrition interventions for pregnant women.

Table 7. Regional comparison of level of access to essential health and nutrition interventions for pregnant women

	Romania	Bulgaria	Hungary	Moldova	Serbia
Skilled attendant at birth	95%	99%	99%	99%	98%
Pregnant women receiving antenatal care (at least four visits)	76%	NA	NA	95%	93%
Percentage of HIV+ pregnant women receiving most effective ARVs for PMTCT	>95%	NA	NA	>95%	NA
Prevalence of anemia in pregnant women (2006)	26.70% (moderate)	29.7%	20.7%	36.5%	33.6%

Source: UNICEF MICS 2012 & 2016; UNAIDS, 2012; WHO Global Database on Anemia, 2006

Immunization coverage to protect from serious childhood illnesses is established, but below other countries in the region. The DPT vaccine covers diphtheria, pertussis, and tetanus. More than 10 percent of children in Romania are not fully immunized against DPT. Pertussis, also known as whooping cough, can be extremely serious for young children. The disease is highly infectious, and cases have been on the rise in Europe in recent years due to lower immunization coverage. Measles outbreaks in Europe are also increasing due to failure to immunize. In Romania, nearly one in four one-year old children is not immunized against measles. Table 8 compares access to health interventions in region.

Table 8. Regional comparison of level of access to essential health interventions for ECD-aged children

	Romania	Bulgaria	Hungary	Moldova	Serbia
1-year-old children immunized against DPT (corresponding vaccines DPT3ß)	89%	92%	99%	89%	92%
Children below 5 with suspected pneumonia receive antibiotics	NA	NA	NA	NA	NA

[8] https://www.indexmundi.com/facts/romania/prevalence-of-anemia)

Children below 5 with suspected pneumonia taken to health provider	NA	NA	NA	79%	89%
1- year-old children immunized against measles	76%	88%	99%	95%	90%

Source: UNICEF MICS 2012 & 2016; WHO Global Database on Anemia, 2006

Available data on stunting, breastfeeding, and anemia suggest that nutrition interventions for young children may be insufficient to promote strong nutritional status in the early years. Table 9 shows the most recent data available on key child nutrition indicators. According to UNICEF MICS 2016 data, the stunting rate in children below age five in Romania is 12 percent; however, the data reported for Romania is for year 2002. An updated figure is needed for accurate assessments. The average stunting rate in upper middle-income countries in 2017 was 6.4 percent, and in high income countries the average is 2.5 percent. Stunting is defined as low height (or length) for age and restricts a child's long-term growth potential as well as the potential to succeed in school and in jobs. Stunting can indicate poor health, nutrition and development. There are numerous drivers of stunting, and stunting rates are often higher among marginalized groups.

The exclusive breastfeeding rate until six months is 16 percent, which is quite low, despite the country's breastfeeding promotion policies. Returning to work is often one reason why mothers stop breastfeeding, but Romania has a fairly long maternity leave period and a very long childcare leave policy. Breastfeeding (unless medically contraindicated) provides optimal nutrition for babies. It is associated with a number of near-term and long-term health benefits. The GoR's breastfeeding promotion policy shows that it recognizes the importance of the practice, but the policy does not seem to be having a substantial effect. It may be worth considering the underlying causes of the resistance to greater prevalence of exclusive breastfeeding.

The latest figure on the prevalence of anemia among preschool aged children is from 2006, when the rate was 39.8 percent. This is defined as moderate public health problem according to the WHO. An updated figure would be useful to gauge the current prevalence, as well as information on the prevalence among different populations in the country. Young children with anemia are at risk of developmental delays, and often lack the energy and capacity to engage in learning and activity. Inadequate nutrition is often the cause of childhood anemia. The National Institute for Mother and Child Health Alessandrescu-Rusescu in Bucharest is coordinating studies on anemia and other health problems for children ages 0-6 and families. Such studies are key for informed decision making and policy development. The indicators on childhood nutrition suggest that the GOR may want to undertake in-depth national assessments of its current nutrition programs.

Table 9. Regional comparison of level of access to essential nutrition interventions for ECD-aged children

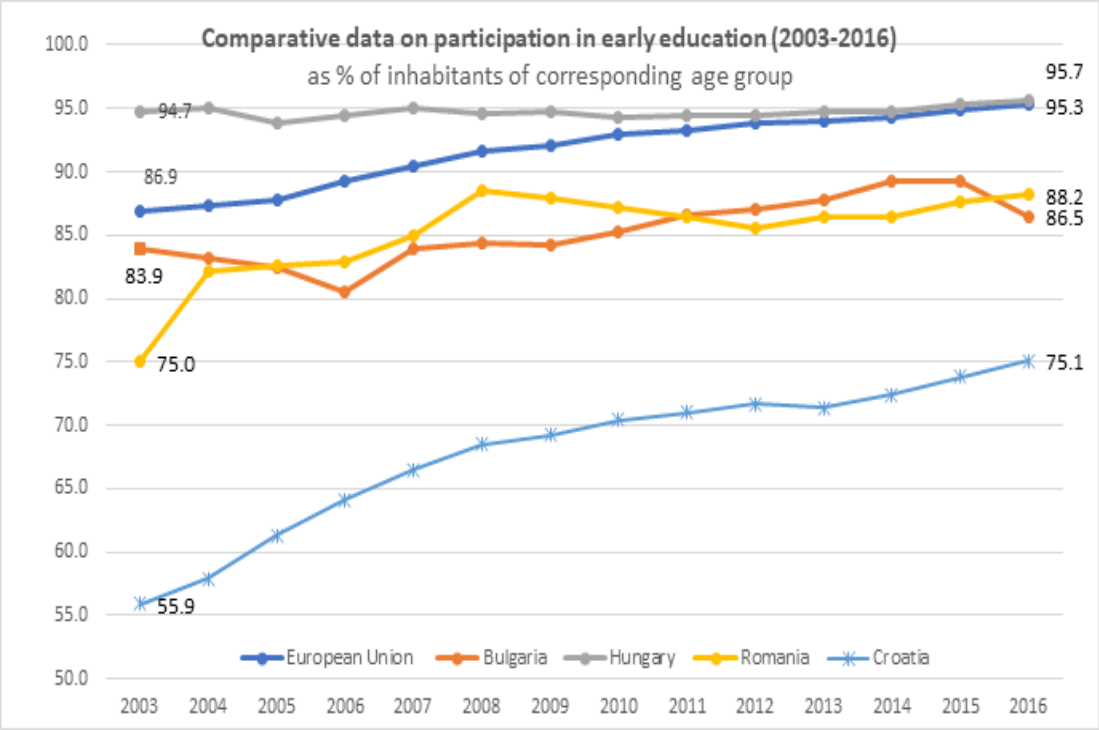
	Romania	Bulgaria	Hungary	Moldova	Serbia
Children below 5 with moderate/severe stunting, 2002	12%	8%	NA	6%	6%
Infants exclusively breastfed until 6 months, 2016	16%	NA	NA	36%	12%
Infants with low birth weight, 2012	8%	8.8%	9%	6%	6% (2009)
Prevalence of anemia in preschool aged children	39.8% (moderate)	26.7%	18.8%	40.6%	29.5%

Source: UNICEF MICS 2012 and 2016; WHO Global Database on anemia, 2006; The latest data on stunting for Romania is from 2002 as reported jointly by UNICEF-WHO-The World bank: Joint Child malnutrition estimates - 2018 edition

Enrollment in preprimary education is high but not yet universal. Romania's gross enrollment rate (GER) in preprimary education was 88.2 percent in 2016. **T**his marks an increase from 74 percent in 2006 and 57 percent in 1980. The GER is comparable to many countries in the region. Sixteen years ago, the disparity between the EU average and Romania was 17.8 pp. Since then, Romania evolved

but not at the same pace as other countries in Europe, decreasing the gap in 2016 at 7.1 pp. Looking at the participation in early education (see Figure 6 below) in the last decades, Romania reveals similarities to Bulgarian pattern and contrast to Hungarian high performance. The Education & Training 2020 benchmark of 95 percent may be attained and even surpassed by several countries in the EU. In contrast, Bulgaria and Romania, which are still 6.8 percent behind the target, are countries for whom the target may be difficult to reach.

Figure 6. Comparative data on participation in early education



Source: Eurostat, 2019

There are only 351 crèches in the country, enrolling only one percent of children of that age group. Research on the supply of and demand for childcare for children under the age of three is needed. In Bucharest, there are only 19 crèches providing 3,890 spaces, even though the population of children under three years old in the city is 50,000. Non-center-based options like babysitters may not be affordable for lower income families. Research to shed light on the supply of and demand for childcare for very young children could help the GoR determine if existing childcare modalities are sufficient. The female labor force participation rate in Romania was 43.7% in 2018. This is down from 46% in 2008 and 58% in 1998 (World Bank). Research on the link between access to childcare and women's labor participation in Romania is not available, but it seems plausible that limited childcare options for children under the age of three may play a part in this. While the option for a long maternity leave is commendable, there are likely some women who would like to (and by financial necessity need to) return to work before the end of the official leave. Without quality, accessible, and affordable childcare, women may not return to work until a child is three years old when enrollment at a preschool is possible. At that point, absence from the workforce for several years (or many years if there are multiple children) can be seen as an obstacle to job advancement. In the context of challenges related to services for 0-3 age children, the GOR Program aims to: a) strengthen a comprehensive vision on early childhood, as a platform to design policies for education, care, health, social protection, etc.; (ii) raise awareness about the importance of the first 3 years of life (for parents, professionals, community, local authorities); and (iii) improve the availability and quality of services

for children 0-3/4 years and their families (special focus on disadvantaged communities, Roma, special needs, etc.).

The birth registration rate in Romania is clearly regulated, but it could not be found in national or international data bases. Birth registration is a key component of child and social protection systems and is necessary to access many services. Consistent efforts have been made to improve the birth registration process. The HG 1103/2014 regulates the responsibilities of public local authorities, institutions and professionals in order to prevent and support children at risk of abandonment or abandoned in medical institutions. At the same time, clear regulations are in place for late registration of children and temporary ID issuance to ensure access to public services. Also, different projects have been supporting birth registration especially in Roma communities. However, it is not clear if the country's birth registration policy and outreach activities are effective due to lack of data. Table 10 shows birth registration rates in the region.

Table 10. Regional comparison of birth registration rate

	Romania	Bulgaria	Hungary	Moldova	Serbia
Birth registration	NA	100%	100%	99%	99%

Source: UNICEF MICS 2012 & 2016

As a proxy to gauge the situation related to birth registration in Romania, Table 11 below shows the percentage of students enrolled at the beginning of school years 2015/16 through 2018/19 based on temporary IDs. For example, in 2018, only 0.13 percent of students were registered based on temporary IDs, which implies that birth registration may actually be almost 100 percent.

Table 11. Percentage of students enrolled based on temporary IDs

School Year	Enrollment	Temporary ID	% of temp ID
2015/16	3,057,707	601	0.02%
2016/17	3,034,455	1,916	0.06%
2017/18	3,016,427	2,827	0.09%
2018/19	2,992,101	3,827	0.13%

Source: WB staff computations based on MoNE SIIIR data, 2018

Policy Lever 2.3: Equity — Emerging

Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services[9]. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

There is equitable access to preprimary school by gender. Enrollment rates in preprimary programs are essentially the same for girls and boys.

Romania has an inclusive education policy, but schools may not be equipped to provide the necessary services and support that some children need. Teachers may not be adequately trained to meet the needs of some children in mainstream classrooms. Ideally each child with special education needs would have an individualized learning plan and package of support services. However, services offered are often based on what staff are available. A program of the RENINCO NGO (National Information and Cooperation Network for Community Integration of Special Needs Children and Youth) provides training on inclusive preprimary and primary education programs for children with special needs. For the past 20 years, this organisation has been financed under various

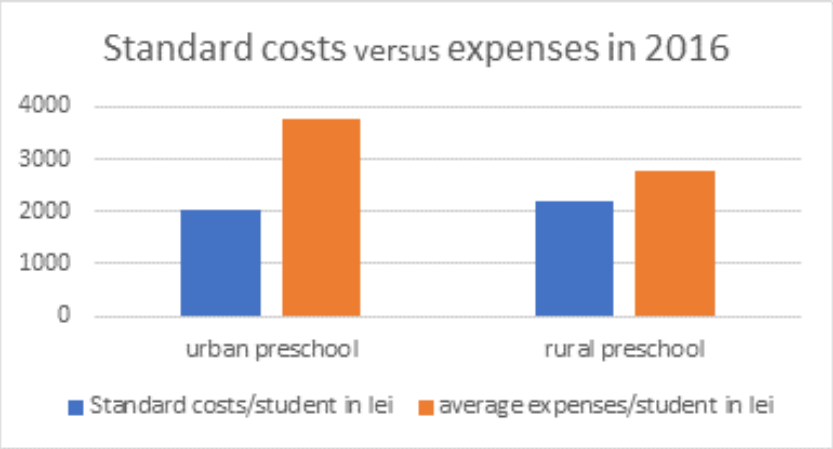
[9] Engle et al, 2011; Naudeau et al., 2011

projects by UNICEF, Norway funds, European Social Fund, some embassies. The MoNE has been a constant partner.

Children in marginalized communities and rural areas have less access to quality services than children living in urban areas. Poverty is three times as high in rural areas as in urban areas (Anti-Poverty and Social Inclusion National Network - RENASIS); these areas often suffer from multiple forms of social exclusion. Data on usage of government services by family socioeconomic status is not available, but there are general patterns to access. With depopulation and centralization of services, some schools and health clinics in rural areas have been closed, meaning proximity to services may be an issue. Poor infrastructure and difficult travel on roads are also barriers. Specialized services may be rare due to lack of personnel. It may be difficult to attract and retain educators and healthcare providers to live in these areas. Parents may have low levels of education themselves and may not be aware of the importance of early childhood development and early stimulation.

Spending per student in rural areas is lower than in urban areas. Preschoolers enrolled in urban areas receive more state funding than preschoolers in rural poorer areas. Figure 7 below shows that urban preschool units spent twice than the estimated allocations based on standard costs while rural preschools exceed by 25 percent only their allocation. This indicates that money may actually follow the teachers. Lower expenditure on teachers in rural areas is mainly due to the following aspects: (a) one-third of preschool teachers do not have higher education degrees and most are at the end of their career, with more than 35 years of experience; (b) one-third has less than 10 years of experience, reflected in low salaries; and (c) one-quarter are substitute teachers.

Figure 7. Spending inequities



Source: Romania Public Finance Review: Enhancing the Efficiency of Public Spending in Pre-University Education, World Bank 2016

The Department of Language for Minorities within the MoNE encourages the use of mother tongue instruction in education. The curriculum and children's books are available in Hungarian, German, Romani and other languages. There are also some NGOs developing projects focused on the Romani language or the Ukrainian language.

There are wide disparities in preprimary enrollment rates between Roma and the population as a whole. The percentage of Roma children who participate in early childhood education and childcare programs decreased from 45 percent in 2011 to 38 percent in 2016 (European Commission 2017). This compares with a gross enrollment rates of 86 percent for the general population. Roma face a high degree of poverty and social exclusion, and this extends to education.

The Roma Education Fund (REF) Romania project Ready, Set, Go! was aimed at improving child development outcomes for Roma children. It expanded access to Roma children to Kindergarten by

renovating 14 facilities in 11 localities. The project also established toy libraries and held community events and parenting skills promotion. It was funded by the Norway Grants - Financial Mechanism Office and implemented with World Bank technical assistance. An impact evaluation found that after one year, the project had a considerable impact on kindergarten enrollment and attendance of participating children and their scores on several developmental than non-participating peers (World Bank, 2017; Ivan, 2017). Lessons learned from this project were successfully used by REF Romania for the preparation of other projects supporting early childhood education.

Roma families encounter multiple obstacles from discrimination to distance. A World Bank report [10] shows that more than 80 percent of Roma parents desire at least a secondary education for their children, but multiple disadvantages stand in their way. Factors such as poor road conditions that make travel difficult and time-consuming, a discriminatory mindset of non-Roma parents who may not want their children to attend school with Roma children, and Roma parents and children who feel culturally alienated from a school setting may reduce the likelihood of preprimary attendance. Even though there are some financial supports to families who cannot afford the costs associated with going to preprimary school (namely meal fees), the social challenges and geographic distance from a school can be sufficiently large obstacles to deter attendance. The early education attendance rate for the Roma population is four times lower than the general one at national level. Romania operates a summer Kindergarten programme (lasting at least 45 days) as a type of catch-up programme for children who have missed out on early childhood education for socio-economic reasons.

Forty percent of Romanian households with small children fell into the category 'other' than two-parent or single-parent households, in high contrast with EU average of 11.4 percent (EUROSTAT data). The 'other' type of household is a broad category that encompasses all types of extended households; these include households where a parent or parents live together with other adults, as well as households where neither of the caregivers of the child is the child's parent, step-parent or foster parent. These could be grandparents and/or other relatives. Croatia has the highest proportion (53 percent) of households with children under the age of 6 in the 'other' category. Six Central and Eastern European countries (Bulgaria, Latvia, Hungary, Poland, Romania and Slovakia) seem to follow this trend, with the percentage of households with children under the age of 6 in the “other” category varying between 21.2 and 40.3 percent. In Romania, 40.3 percent of the households falls in the “other category”, a situation generated by a massive migration of working age people who left their children at home with grandparents or relatives. An immediate priority for the government will be to create enabling conditions for the children falling in this category to learn and grow. They need the benefit of an adequate learning environment, and their emotional, social and academic development needs to be targeted and prioritized for financing.

While Romania has established many components of a strong ECD system, the equity challenges it faces mean that the system may not benefit those who need its support the most. The poverty and social exclusion experienced by Roma families and families living in rural areas are substantial challenges. Existing education, health, nutrition, and social protection programs may not reach (or have a positive impact on) these children due to a variety of factors. Identifying these factors and addressing them will be key to improving the lives of the most vulnerable children in the country.

[10] Europe 2020 Romania: Evidence-based Policies for Productivity, Employment and Skills Enhancement- World Bank, 2013

Policy Options to Strengthen Implementing Widely for ECD in Romania

Scope of Programs:

The GoR should establish maternal depression screening and treatment and raise awareness about this condition and its associated risks. Maternal depression is a major public health problem around the world and poses threats to mothers and their children's long-term health and development. Given the importance of the issue and its prevalence, maternal depression screening and treatment should be standard of care. Low cost interventions delivered by social workers or community health workers can provide support for many mothers.

The GoR should expand programs for parents that share messages on young children's development and positive parenting, and especially on the importance of the period from birth until preschool entry. Programs to improve the quality of parent-child interactions can significantly improve outcomes for children, both in cognitive and social skills. These kinds of messages can be delivered through home visits, healthcare workers, or at community centers, and could be integrated into existing social protection programs. Playgroups could be established for parents and other in-home caregivers of very young children to engage in developmental activities in a group setting. The playgroups could provide opportunities to model how to engage in stimulation activities with very young children and can provide developmental messages and social support for parents.

Coverage:

The GoR should develop a strategy to address gaps in childhood immunization coverage. Suspicion of vaccines is not based on evidence and has serious, sometimes deadly, consequences for children. Recent measles outbreaks in Europe and infant deaths from pertussis underscore the importance of vaccinations for child health.

The GoR should examine the reasons for the low exclusive breastfeeding rate, despite breastfeeding promotion programs and maternity leave policies. Breastfeeding provides optimal nutrition for infants (unless otherwise medically indicated) and may have long-term health benefits. There are examples of other countries that have successfully increased breastfeeding rates. Box 4 describes Brazil's breastfeeding promotion campaign.

Box 4. Brazil's campaign to increase breastfeeding rates. Brazil's campaign to promote breastfeeding is an example of successful effort to change public perceptions and healthcare practices, resulting in significant increase in breastfeeding. The campaign was initiated in 1980 by the National Food and Nutrition Institute. UNICEF and the Pan-American Health Organization helped to develop public awareness materials that addressed the lack of informational materials on breastfeeding in Portuguese. Instructional brochures were widely distributed to mothers. A media campaign featured radio, television, and print media spots; and endorsements by well-known personalities. The WHO and UNICEF held training courses on breastfeeding for healthcare workers and managers, and the Baby Friendly Hospital Initiative was widely implemented to initiate early feeding. A coalition of numerous actors helped make the campaign a success. The Catholic Church, mothers' groups, associations of medical professionals, community leaders, politicians, and the media were all engaged in the effort. The exclusive breastfeeding rate rose from 3.6% in 1986 to 40% in 2006.
(Source: Implementation of Breastfeeding Practices in Brazil: http://www1.paho.org/English/DD/PUB/NutritionActiveLife-ENG.pdf)

The GoR should have its own data and analysis on stunting in the country. The existing figure is available through UNICEF MICS 2016. The stunting rate is a core indicator of child health and wellbeing and should be available within the national government. The available figure on stunting (12 percent)

suggests that it would be important to study the issue more closely to understand the nature of the phenomenon in Romania.

Equity:

The GoR should ensure that there are adequately trained personnel and specialists to make inclusive education a quality education for children with special needs. If children do not receive interventions that they need at a young age, then any developmental challenges will be more difficult (and more expensive) to remediate, as they get older.

The GoR should continue and expand efforts to address low preprimary enrollment in Roma and rural communities. Outreach to communities and parents should be an important component of these programs. Failing to address the lack of preprimary education and other ECD services will only increase the inequalities between rural and urban areas, and Roma and non-Roma**.**

The GoR should research potential disparities on access to services and outcomes based on income, residence (urban/rural), and ethnicity (namely Roma/non-Roma). It may be that poor access to services and outcomes indicators are concentrated among certain populations. Having these data would be crucial to understanding if existing ECD programs are reaching the most vulnerable populations.

Policy Goal 3: Monitoring and Assuring Quality

➢ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

Policy Lever 3.1: Data Availability

Established

●●●○

Accurate, comprehensive and timely data collection can promote more effective policy-making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards and efforts to target children most in need.

A number of administrative and survey data are collected in Romania on ECD access and outcomes. Table 12 displays the availability of selected ECD indicators in Romania. Examples of the types of data that are collected include the number of children enrolled in preprimary education, including by region, gender, and ethnic group. Data on usage of health facilities are collected.

Key pieces of survey data that are not available include the birth registration rate and the stunting rate. Additionally, for purposes of assessing equity, collecting information on children's socioeconomic background would be useful.

Table 12. Availability of data to monitor ECD in Romania (✓= yes, X=no)

Administrative Data:	
Indicator	**Tracked**
ECE enrollment rates by region	✓
Special needs children enrolled in ECE (# of)	X
Children attending well-child visits (# of)	✓
Children benefitting from public nutrition interventions (# of)	X

Administrative Data:	
Indicator	**Tracked**
Women receiving prenatal nutrition (# of)	X
Average student-to-teacher ratio in public ECE	✓
Is ECE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	X
Individual children's development outcomes	✓
Survey Data	
Indicator	**Tracked**
Population consuming iodized salt (%)	✓
Vitamin A supp for children 6-59 mo. (%)	X
Anemia prevalence amongst pregnant women (%)	✓
Children below age of 5 registered at birth (%)	X
Children immunized against DPT3 at 12 mo. (%)	✓
Pregnant women who attend at least four antenatal visits (%)	✓
Children enrolled ECE by socioeconomic status (%)	X

There are several databases in the country containing data relevant to early childhood development. Major databases include the National Institute for Statistics and the MoNE SIIIR system. Eurostat and other European databases are very instrumental. There are also missing data about children moving abroad with their families. Romania has participated in the UNICEF Multiple Indicator Cluster Survey (MICS), which provides a breadth of information on the situation of young children. While it participates in MICS, the most recent survey for the country is missing a few important ECD indicators, such as the birth registration rate (discussed in the Coverage section of this report). The available indicators are not disaggregated by poorest and wealthiest income quintile, nor by rural and urban location. This type of information is key for assessing equity.

Individual children's development outcomes are assessed in Kindergarten. Teachers monitor each child's physical, cognitive, language, and social development and approaches to learning using a School Readiness Instrument based on the Early Learning Development Standards. An evaluation form is filled in for each child and shared with the parents to reflect the child's individual progress before entering the preparatory grade 0. Such a form ((*Fișa de apreciere a progresului individual al copilului înainte de înscrierea în clasa pregatitoare*) is not automatically transmitted to the teacher at the next education level. Upon the completion of grade 0, teachers fill in an evaluation form consistent with key developmental areas at preschool level and a procedure is in place for transmittal to parents and to the school database for further individual study records of the student. While information about child development outcomes is gathered, it is not clear that children always receive adequate intervention services if developmental delays are identified. The shortage of quality early intervention service providers—particularly in marginalized areas—and weakness in the referral system and intersectoral coordination may mean that the data do not result in early remediation. This highlights the fact that while some pieces of ECD system may be in place, weaknesses in other parts of the system can limit their effectiveness.

There is no comprehensive child monitoring and tracking information system, which limits many of the possible benefits of assessing individual children's outcomes. For example, data on child development collected separately in Kindergartens, by healthcare providers, and by early intervention service providers are not accessible in one file. This makes integrated services delivery difficult. A monitoring and tracking system could for example contain information about a child's development outcomes over time, and cover health, educational, and family background information that would allow identification of children at risk of developmental challenges. The system could be accessible by service providers from all relevant sectors. This point again underscores the importance of strengthening the country's intersectoral coordination mechanisms.

While a variety of data on ECD are available, data could be used more often to inform ECD policies and practice. Romania has established systems to collect many types of data related to ECD. While the data exist, the government and NGOs do not typically collect and analyze data to assess the impact of their programs. The lack of data analysis is an important missed opportunity for informed policy making as well as monitoring and evaluation of programs.

Policy Lever 3.2: Quality Standards

Established

Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children[11].

Standards for what young children should know and be able to do are established. In 2010 Romania adopted the Early Learning Development Standards (ELDS). The standards were developed by a group of experts with support from UNICEF, and they have been validated for content and for the population. The standards are used across sectors (health, education, and protection). The standards cover (i) Physical Development, Health, Personal Care and Hygiene; (ii) Socio-Emotional Development; (iii) Approaches to Learning; (iv) Language, Communication, Pre-Reading and Pre-Writing Skills and (v) Cognitive Development and World Knowledge.

The MoNE endorsed a curriculum for preprimary education in 2008 under a World Bank funded project (Social Inclusion Project – Program for Inclusive Early Childhood Education) and updated it in 2017 (including age 0-3) and 2018. The curriculum is grounded in the principles in the ELDS. The curriculum for the year prior to primary entry (preparatory grade) is aligned with the primary curriculum. Preschool teachers are to ensure coherence and continuity between the preprimary and primary levels to facilitate children's transition to the next level of education.

Educational requirements for early childhood educators in public and private institutions are established and vary according to the position. There are various jobs in early education, including educator (*puericultor*), teacher (*educator/educatoare*), teacher for ante-preschool level (*educator/educatoare*), *institutor/institutoare*, and professor for preschool education. Each job has its minimum requirements as established by the government. The minimum requirement for several jobs is to be a graduate of a pedagogical high school or equivalent, with a specialization in didactics/teaching. For the *institutor/institutoare* position, candidates must have some training at the university level specializing in didactics/teaching. To become a preschool teacher (profesor *învăţământ preşcolar*) individuals must have a bachelor's degree diploma with a specialization in preschool (or primary) pedagogy or equivalent**.**

Staff working in crèches/ante preschools may not have adequate training on early childhood development. Non-teaching staff in crèches are required to attend a 30-hour training module. For teaching positions, there are various paths one can take to work in crèches, including ones that have nothing to do with child development. Some NGOs provide short courses to qualify one as a *puericultor* but may not actually prepare graduates well for the position. Until recently crèches have operated under a medical services model which provides feeding and diapering but does not address children's holistic development and the importance of early stimulation. There is now an understanding that crèches should cultivate children's holistic development including social, emotional, and cognitive aspects, rather than just care. Staff may be unable to design and implement

[11] Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011; Victoria et al, 2003

their own developmentally appropriate activities. For these reasons, all staff in these institutions should have more specialized training in child development.

Continuous professional development is mandatory under the Education Law. Continuous education programs are provided both by the House of Teaching Staff (*Casa Corpului Didactic*) at the county level (including Bucharest) and by accredited public (for example universities), private and non-governmental institutions.

Health workers are not trained to deliver messages to parents on child development. In many countries, nurses, doctors, and community health workers are a child's parents' first and most frequent point of contact with the system, starting in pregnancy and continuing into childhood. This can precede contact with the formal education system by several years. For this reason, health workers can play an important role in informing parents of developmental milestones and the important role parents play in promoting their children's development. To improve their own clinical knowledge and skills, health workers should be educated on the holistic nature of children's development.

Infrastructure and service delivery standards for early childhood education are established for public and private providers. ARACIP (the Romanian Agency for Quality Assurance in Pre-University Education) establishes and monitors these standards. The standards are laid out in the Methodology of Organization and Functioning of Nurseries and Other Early Preschool Education Services and the Regulation of Organization and Functioning of Pre-University Education Units. These include standards on the minimum number of operating hours and child-to-teacher ratios.

Infrastructure standards cover the minimum amount of space per child, electricity, and access to hygienic facilities and potable water. There are also detailed regulations for all construction and healthcare facilities. Fire safety standards have become stricter following a devastating fire at a concert club in 2015, and few preschools meet the new standards.

ARACIP conducts accreditation and registration of preschools according to standards established by the MoNE. ARACIP gives three types of permits: operating authorization, accreditation and reaccreditation. Some of the centers that function as preschools do not register as educational centers, in order to avoid these standards. In this way, these centers can skip the process of authorization or accreditation that is compulsory for educational institutions.

Policy Lever 3.3: Compliance with Standards

Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

Compliance with professional standards for Kindergarten teachers is high, but compliance for crèche teachers is not available. Data are available on the number of teachers in preschools achieving certain levels of education requirements. But the data and monitoring systems for the ante preschool/crèche do not seem to be well established.

ARACIP monitors public and private education units for compliance with infrastructure standards and inspects for service delivery. Compliance with standards on child-to-teacher ratios and operating hours seem to be largely met in public preschools. However, in big cities such as Bucharest, may not always be observed possibly due to a shortage of spaces. Given that some private centers operating as preschools choose not to register, it seems likely that those schools do not comply with all standards. Data on the numbers of preschools meeting infrastructure requirements was not available for this report.

Overall, the system for ensuring quality of ECD services has gradually advanced and it is expected to trigger better learning achievements at next levels of education. Efforts related to the promotion of new legislation, curriculum, standards, etc. have been complemented by methodological updates on child development and learning, professional resources for the teaching staff and management of pre-school institutions through formal methodological notes circulated at national level, methodological meetings at local level, etc. The steps taken towards ensuring quality ECD services should contribute to better learning achievements at primary education level and beyond.

Policy Options to Strengthen Monitoring and Assuring Quality for ECD in Romania

Data Availability:

The GoR should use existing data to determine if its many ECD programs are yielding results. The government has a number of data, but data do not seem to be used very much to inform policies and programs. Certain types of information could be useful when considering if existing early childhood policies are effective, and the raw data needed to answer these questions may already exist. For example, at the individual level, children's development outcomes may not always be used as effectively as possible to refer children to cross-sectoral intervention services. An analysis could determine how many children identified as having developmental delays are receiving remediation services, and what their development outcomes are compared to children who do not receive services. Other areas of research could include supply and demand of childcare for children below the age of three, process and impact evaluations of programs targeting increased preprimary enrollment for Roma communities, implementing an internationally comparable assessment of child development and learning outcomes, etc.

The GoR should consider the possibility of establishing a comprehensive child monitoring system. The system could be part of any future multisectoral ECD strategy and implementation plan for integrated services. A monitoring and tracking information system should capitalize on the comprehensive software developed by UNICEF (see Box 5 for a brief description). Another example is Chile's monitoring system is presented in Box 6.

Box 5. AURORA - monitoring system developed by UNICEF

UNICEF developed and implemented a comprehensive software – AURORA - under the pilot project in Bacau county. A platform is accessed by community workers using mobile devices; it provides both the mapping of the communities/ individual children cases, but also a tracking system for children, facilitating updates in real time for each case, based on services provided according to the child vulnerability or need. It is expected to expand the modeling project to more counties. As reported by UNICEF (https://www.unicef.org/about/annualreport/files/Romania_2017_COAR.pdf), "…The availability and use of disaggregated data constitutes an essential step towards equity. Therefore UNICEF Romania contributed to strengthening the child rights monitoring system at all levels in order to: increase demand and supply of disaggregated data for policy development; build the capacity of the Government of Romania and independent institutions (such as the Ombudsman Institution and civil society organizations) to generate and use data for advocacy; and strengthen the provision of community-based services for vulnerable children and their families through the development of a real-time monitoring and case management tool."

Quality Standards:

The GoR should engage nurses, doctors, and other health workers to share information with parents on developmental milestones and how to promote their children's development. This type of information could be shared for the first time during a woman's antenatal care visits, and then at a child's well-child visits.

The GoR should revise existing training requirements for staff in crèches to adequately prepare graduates to care for very young children in ways that promote their whole development, including an education /learning focus. Staff should have a good understanding of child development and should be capable of designing and implementing developmentally appropriate activities.

Compliance with Standards:

The GoR should establish a mentoring and support role for personnel responsible for quality assurance in crèches. The shift in mindset in crèches from a medicalized model of care for infants and toddlers to one that promotes early stimulation and development is major. It is not realistic to assume that most staff in these institutions have the knowledge and skills to conduct their jobs in a way that best promotes very young children's development. For this reason, specialized staff should actively support and mentor staff to equip them to provide high quality services.

Box 6. Chile's Comprehensive Child Monitoring System

The "Chile Grows with You" initiative-CCC- *(Chile Crece Contigo)* was presented in Box 3. One innovative component of CCC is an online monitoring system that follows each child through the CCC system. The system tracks child's eligibility for and receipt of services, as well as his or her developmental outcomes. It allows service providers and policymakers to monitor the delivery of benefits as well as evaluate program impact. A core element that makes timely, targeted delivery of services possible is the Biopsychosocial Development Support Program, which tracks the individual development of children. The program commences during the mother's initial prenatal check-up, at which point an individual "score card" is created for the child. Each of the primary actors within the *Chile Crece Contigo* comprehensive service network – including family support unit, public health system, public education system, and other social services – have access to the child's file and are required to update it as the child progresses through the different ECD services. If there is any kind of vulnerability, such as inadequate nutrition, the system identifies the required service to address this issue. Through the integrated approach to service delivery and information system management, these services are delivered at the right time and in a relevant manner, according to each child's need.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 13 compares ECD policies in Romania with ECD outcomes. Some policies are generally having the intended effect, but coverage is not universal. For example, the GER of 88.2 percent and the DPT immunization coverage rate of 89 percent mean that more than one out of ten children are not receiving the benefits of those policies. The breastfeeding promotion policies do not seem to be very effective.

Table 13. Comparing ECD policies with outcomes in Romania

ECD Policies		Outcomes
Breastfeeding promotion policies	→	Exclusive breastfeeding rate (6 months): **16%**
Mandatory one-year attendance in preprimary education	→	Gross preprimary enrollment: **88.2%**
Mandatory course of key childhood immunizations	→	One-year olds with DPT coverage: **89%**
Mandatory birth registration	→	Completeness of birth registration: **Not known**

Preliminary Benchmarking and International Comparison of ECD in Romania

On the following page, Table 14 presents the classification of ECD policy in Romania within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges.

Table 14 Benchmarking early childhood development policy in Romania

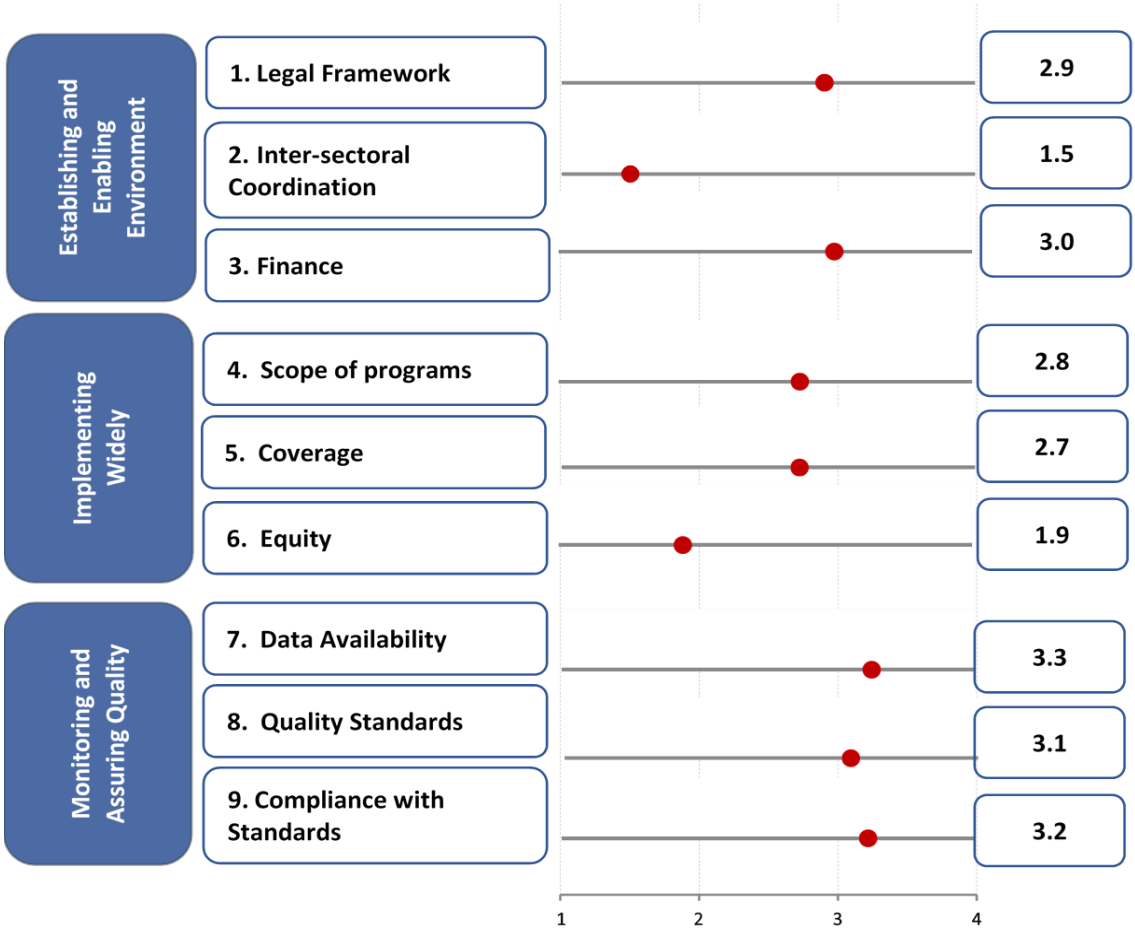


Table 15 presents the status of ECD policy development in Romania alongside a selection of OECD countries and regional comparators. Sweden is home to one of the world's most comprehensive and developed ECD policies and achieves a benchmarking of "Advanced" in all nine policy levers. Table 16 provides the SABER-ECD classifications for several ECA countries in which the SABER-ECD analysis has been conducted. Romania's level of development is generally similar to many of these countries according to the SABER analysis.

Table 15. International classification and comparison of ECD systems in OECD countries

ECD Policy Goal	Policy Lever	Level of Development				
		Romania	Australia	Chile	Sweden	Turkey
Establishing an Enabling Environment	Legal Framework	●●●○	●●●●	●●●○	●●●●	●●●○
	Coordination	●○○○	●●●●	●●●○	●●●●	●●○○
	Finance	●●●○	●●●●	●●●○	●●●●	●●○○
Implementing Widely	Scope of Programs	●●●○	●●●○	●●●●	●●●●	●●●○
	Coverage	●●●○	●●●●	●●●○	●●●●	●●○○
	Equity	●●○○	●●●○	●●○○	●●●●	●●○○
Monitoring and Assuring Quality	Data Availability	●●●○	●●●○	●●●○	●●●●	●●○○
	Quality Standards	●●●○	●●●○	●●○○	●●●●	●●●○
	Compliance with Standards	●●●○	●●●○	●●○○	●●●●	●●○○
Legend:		Latent ●○○○	Emerging ●●○○	Established ●●●○		Advanced ●●●●

Table 16. International classification and comparison of ECD systems in ECA countries

ECD Policy Goal	Policy Lever	Level of Development				
		Romania	Albania	Armenia	Bulgaria	Macedonia FYR
Establishing an Enabling Environment	Legal Framework	●●●○	●●●○	●●●○	●●●○	●●○○
	Coordination	●○○○	●○○○	●●○○	●○○○	●●○○
	Finance	●●●○	●●○○	●●○○	●●●○	●●○○
Implementing Widely	Scope of Programs	●●●○	●●●○	●●●○	●●○○	●●●○
	Coverage	●●●○	●●●○	●●○○	●●●○	●●●○
	Equity	●●○○	●●●○	●●○○	●●○○	●●●○
Monitoring and Assuring Quality	Data Availability	●●●○	●●○○	●●○○	●●○○	●●●●
	Quality Standards	●●●○	●●○○	●●●○	●●●○	●●●○
	Compliance with Standards	●●●○	●●●○	●●○○	●●○○	●●●○
Legend:		Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●	

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare Romania's system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

Table 17 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in Romania. Romania has successfully established many components of a strong ECD system. Going forward, Romania should focus on adopting a multisectoral ECD strategy to coordinate its programs and ensure that children receive a comprehensive package of quality services. More attention should be to the birth to three period, through emphasis on parenting practices and better-quality standards and monitoring of crèches. Investing in early stimulation and education programs targeted at children in marginalized communities is an effective and cost-efficient strategy to address the inequality that is exists in the country. Romania's economic success and social development depends on its ability to successfully address these challenges.

Table 17. Summary of key policy options to improve ECD in Romania[12]

Policy Dimension	Key Policy Options and Recommendations
Establishing an Enabling Environment	• Consider an additional mandatory year of pre-primary education. • **Develop and adopt a multisectoral ECD strategy incorporating education, health, nutrition, child protection and social protection.** The strategy should take care to incorporate the 0-3 age group. • **Establish an institutional anchor to coordinate ECD between ministries and actors.** Incentives should exist to encourage other actors to collaborate with this body. • Establish guidelines on the provision of integrated services to promote children's holistic development. A strong intersectoral coordination system is necessary for providing integrated services. • **Use clear criteria for ECD budgeting and spending in each sector to increase transparency, efficiency, and equity while increasing the overall education budget as percentage of GDP and the level of allocation for ECD across sectors to ensure quality services.**
Implementing Widely	• **Continue and expand efforts to address low preprimary enrollment in Roma, rural, and disadvantaged communities.** • **Expand programs for parents that share messages on young children's development, early stimulation, and positive parenting, and especially on the importance of the period from birth until preschool entry.** Parenting programs could be added to social protection programs to support parents to promote their children's development. • **Ensure quality, accessible, and affordable childcare (ages 0-3) for working mothers.**

[12] High priority, near term recommendations are in bold.

	• Research potential disparities on access to ECD services and outcomes. Determining if factors such as income, residence (urban/rural), and ethnicity (namely Roma/non-Roma) are associated with reduced access to services and lower outcomes is important to develop policies to address equity challenges. • Study the effectiveness of existing nutrition programs and policies. For example, it is important to understand reasons for the low exclusive breastfeeding rate, despite breastfeeding promotion programs and maternity leave policies. Anemia rates and stunting rates are cause for revisiting existing approaches to nutrition. • Engage health service providers to provide messages on early stimulation, responsive caregiving, etc. with parents of young children. Leveraging well-child visits to provide this type of information could improve parents' and caregivers' understanding of their role in promoting their children's development starting from birth.
Monitoring and Assuring Quality	• **Establish a culture and practice of assessment and evaluation and evidence-based policy.** Review existing mechanisms and approaches to data collection and use. Consider what types of information would be most useful when planning and evaluating ECD policies, and develop mechanisms to generate this information, potentially tapping into existing data sources. • **Revise existing training requirements for staff in crèches to adequately prepare graduates to care for very young children in ways that promote their holistic development**. • Establish a comprehensive child monitoring system as part of a future multisectoral ECD strategy and implementation plan for integrated services.

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Acronyms

ARACIP	Romanian Agency for Quality Assurance in Pre-University Education
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education (used interchangeably with *preprimary* or *preschool*)
ELDS	Early Learning Development Standards
EU	European Union
GER	Gross enrollment rate
GoR	Government of Romania
MoH	Ministry of Health
MoLSJ	Ministry of Labor and Social Justice
MoNE	Ministry of National Education
SIIIR	Integrated Information System for Education in Romania
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Glossary of terms

We refer to ECD as the period from when a child is conceived to 83 months of age. ECD can involve policies or programs in any of the following sectors or areas of focus:

- **Education**: includes early childhood care (e.g. for children ages 0-23 months), early childhood education (e.g. for children ages 24-59 months), and preprimary school or reception years (e.g. for children ages 60-83 months).
- **Health**: includes preventive healthcare and treatment, water, sanitation, immunizations and mental health. Within health, the focus can include antenatal care or early childhood care (for children ages 0-83 months), as well as postnatal care for mothers (may include mental health programs).
- **Nutrition**: includes feeding programs, efforts to provide nutrition supplements or fortified foods, agriculture promotion programs, and antenatal nutrition.

- **Child protection**: refers to public interventions targeted to protect the well-being of children by focusing on measures to prevent and respond to abuse, neglect, exploitation, and violence affecting children.
- **Social protection**: includes public interventions to assist individuals, households, and communities to manage risk better and that provide support to the critically poor. ECD policy can also include interventions in the following areas that overlap multiple sectors:
- **Parenting**: includes parenting programs, childcare availability, female labor participation, maternity and paternity leave, and parenting messages incorporated into programs across sectors.
- **Special needs**: refers to any children with special needs, including physical disabilities, hearing or vision-impaired children and/or children with learning differences.
- **Anti-poverty**: includes programs with a focus on fighting poverty. These programs are often multi or cross-sectoral and can include cash transfer programs.
- **Allocation**: the process of dividing up and distributing limited available resources to alternative uses that satisfy ECD objectives and needs.
- **Budget:** a comprehensive plan of what will be spent for various programs during a fiscal year.
- **Capital expenditure**: expenditure for assets that last longer than one year. It includes expenditure for construction, renovation and major repairs of buildings and the purchase of heavy equipment or vehicles.
- **Child Protection Intervention**: Public interventions targeted to protect the well-being of children by focusing on measures to prevent and respond to abuse, neglect, exploitation and violence affecting children. Interventions can protect children in marginalized communities and those who are additionally excluded due to gender, disability, HIV/Aids, or other socio-cultural factors.
- **Community-based**: programs managed at the community-level.
- **Community-based childcare center worker**: teacher or caregiver who provides ECCE services within the community setting, often with lower levels of high education training or formal training than teachers in formal preprimary settings.
- **Cognitive development:** construction of thought processes and of intelligence.
- **Conditional Cash Transfer Program (CCT)**: Incentive program that transfers cash to poor households if they make certain investments in their children. Government award money only if families meet certain criteria, including school enrollment, regular check-ups, vaccinations, etc.
- **Current expenditure**: expenditure for goods and services consumed within the current year and which would be renewed if necessary in the following year. It includes expenditure on staff salaries, pensions, and benefits; contracted or purchased services; other resources, including books and teaching materials; welfare services; and other current expenditure, such as subsidies for students and households, minor equipment, minor repairs, fuel, telecommunications, travel, insurance, and rents.
- **Early Child Education Center**: any institution (other than family) that provides formal teaching and care to young children in settings outside of the home.
- **Ethnic minority background**: a group that has different national or cultural traditions from the main population. **Expenditure**: the act of spending financial resources for specific purposes.
- **Extension health service worker**: lay health workers who have received basic training to complement the existing health system in order to promote preventative and basic curative care, particularly for women and children. Often delivers services in the field at basic health posts or through home visits.
- **External or International (sponsored or financed)**: programs financed or managed by external or international sources such as international organizations and donor agencies.
- **Family cash benefits**: supplemental income or benefits for families to cover the cost of raising children after the initial period of childbirth. Includes child rearing allowance, tax or cash benefits for employed parents or unemployed parents, and other child tax benefits.

- **Formula**: funding formulas allocate education resources based on calculations with predetermined components (such as children headcount, number of children below the poverty line, weights, etc.).
- **Functional hygienic facilities**: facilities and systems for dealing with human excreta: disposal, collection, treatment, transfer, and re-use in whatever form. Functional hygiene refers to the secure and effective management of human excreta, including treatment and re-use, and widespread usage of safe toilets.
- **Heath center**: health facilities that are larger than health posts but not as well equipped as hospitals. Health centers are often located in medium-sized towns or managed by local governments, with doctors and specialists on staff, and a higher level of infrastructure and equipment than you would find at a health post.
- **Health facility**: any and all institutions that provide health services, including health posts, health centers, and hospitals.
- **Health post**: the most local level of health facility, often at the village level, in remote locations, with limited facilities and/or medical staff with limited training.
- **Health services**: provision of medical care. Includes prenatal, postnatal, and child health services.
- **Hospital**: the highest level of health facility in a country, with doctors and specialists on staff, and the country's highest level of infrastructure and equipment.
- **Housing Benefit**: a payment made by government in the form of rebate or cash allowance to offset the cost of housing for those that qualify (generally linked to low socio-economic status).
- **Inclusive education**: the practice of having diverse learners— those with disabilities, different languages and cultures, different homes and family lives, socioeconomic status, and different interests and ways of learning—share the same classroom and community.
- **Integrated ECD Services**: multidimensional services combined to comprehensively meet an array of child development needs. Includes services to promote a child's health, nutrition, cognitive development, social development and protection.
- **ISCED 4A**: these qualifications are awarded to programs on the internationally recognized boundary between secondary and tertiary education, even though, nationally, they might clearly be considered as secondary or tertiary programs. These programs are often not significantly more advanced than secondary education programs, but broaden knowledge of participants who have already completed a secondary education program. Typical examples of ISCED 4A include pre-degree foundation courses, and short vocational or technical programs. These programs usually last from six months to two years of fulltime study.
- **ISCED 5A**: these qualifications are awarded to tertiary education programs that are largely theoretically oriented, and are mainly designed to provide participants sufficient credentials for entry into advanced research programs or for entry into professions with high skills requirements. ISCED 5A programs usually require four or more years of full-time study, at least three of which are focused on theory and/or research. These programs typically require faculty members to hold advanced research credentials.
- **ISCED 5B**: these qualifications are awarded to tertiary education programs that are more practically oriented and occupation-specific, mainly designed for participants to acquire the practical skills and knowledge needed for employment in a particular occupation or trade. The successful completion of these programs usually provides the participants with a labor-market relevant qualification. ISCED 5B programs usually have a duration equivalent to 2-3 years of full-time study.
- **Language Development**: process by which children come to understand and communicate language.
- **Local**: all administrative divisions that fall under the sub-national level, including municipalities, counties, districts and, communes.
- **Matriculation**: process by which child is registered and admitted to school.
- **Mother tongue**: the first language spoken in childhood, also called native language.

- **National**: this refers to the whole country.
- **Orphans and vulnerable children (OVCs)**: UNICEF describes orphans and vulnerable children as those children who have lost their caregivers or guardians; lost contact (temporarily or permanently) with their caregivers; been separated from their parents; been placed in alternative care by their caregivers; been kept in prolonged hospital care; or been detained in educational remand, correctional or penal facilities due to an administrative or judicial decision.
- **Paid parental Leave**: Employee benefit that provides paid time off work to care for a child following childbirth. Maternity leave refers to benefits for the mother and paternity leave refers to benefits for the father.
- **Para-professional**: worker trained to perform certain functions in early childhood care, but not licensed to practice as a professional.
- **Parent Engagement**: active participation and commitment of parents in order to be involved in children's learning.
- **Physical development**: growth of whole body and development of fine motor and gross motor skills.
- **Potable water source**: water that is safe to drink, free from pollution, harmful organisms, and impurities. The source may include running water, a well, a water pump, or others.
- **Pre-primary education**: (ISCED 0) the initial stage of organized instruction, designed primarily to introduce very young children to a school-type environment, that is, to provide a bridge between home and a school-based atmosphere.
- **Private, government-dependent schools (PGD)**: schools that are managed by a non-public authority (e.g., an individual owner, a corporation, a foundation, a religious organization, etc.) but receive most of their funding from a public authority.
- **Privately-managed schools (PM)**: schools that are managed by a non-public authority (e.g., an individual owner, a corporation, a foundation, a religious organization, etc.).
- **Program quality indicators**: specific criteria, standards, and similar direct qualitative and quantitative measures used in determining the quality of ECD service provision via specific interventions.
- **Public schools**: schools that are managed by a public authority of some type—national, sub-national, or local government authority.
- **Resource Mobilization Plan**: strategy for identifying sources of funding and raising income necessary to implement and sustain policy.
- **Reward certificate**: awarded to school when quality standards are met, may include star rating system or other certification.
- **Rural**: there is wide international variation in how areas are classified as rural. An area may be defined as rural by the national government based on significant distance from an urban center, small population size (e.g. less than 5,000 inhabitants), and a large proportion of the population engaging in agriculture. 1 Principal investigators and respondents should use the national definition of "rural" and specify what that definition is here:
- **Service level**: at local level where activities and services are delivered.
- **Social Development**: process of learning skills to interact and communicate with others.
- **Social Protection Intervention**: Public interventions to assist individuals, households and communities to manage risk better and that provide support to the critically poor.
- **Socio-economic background**: based on families' economic and social position in relation to others.
- **Special needs**: students with severe learning difficulties, physical disabilities, or behavioral problems, including learning differences beyond physical or other disabilities to cover a wide variety of other reasons that are known to likely impede a child's optimal progress, such as dyslexia, autism, or other learning disorders.
- **Structural soundness**: building is in stable and solid condition
- **Sub-national**: the administrative level immediately below the national level (counties in Romania)

References

Britto, P., Yoshikawa, H., Boller, K. 2011. “Quality of Early Childhood Development Programs: Rationale for Investment, Conceptual Framework and Implications for Equity.” *Social Policy Report,* 25 (2):1-31.

Engle, P. L., L. C. H. Fernald, H. Alderman, J. Behrman, C. O’Gara, A. Yousafzai, M. Cabral de Mello, M. Hidrobo, N. Ulkuer, and the Global Child Development Steer Group. “Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries.” *The Lancet*, Early Online Publication, 23 September 2011. Doi:10.1016/S0140-6736(11) 60889-1.

European Commission. 2017. “Education and Training Monitor 2017.” Publications Office of the European Union, Luxembourg.

European Commission. Directorate General for Employment, Social Affairs, and Inclusion. “Your social security rights in

Eurostat. European Commission Database

Government of Romania, Ministry of Education SIIR Database

Government of Romania, National Institute of Statistics.

Government of Romania, 2018. National Reform Program 2018.

Hanushek, E. (2003). "The Failure of Input-Based Schooling Policies." *The Economic Journal 113;* 64-98.

Hanushek, E. A. and D. D. Kimko. (2000). “Schooling, Labor-Force Quality, and the Growth of Nations." *The American Economic Review*, Vol. 90, No. 5, 1184-1208.

Ivan, Claudiu. “Supporting Early Childhood Development by the Roma Education Fund-Romania ‘Ready, Set, Go!’ Project Impact Evaluation.” Paper presented at ICERI 2017 Conference, Seville.

Naudeau, S, N. Kataoka, A. Valerio, M. J. Neuman, L. K. Elder. 2011. *Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation*. World Bank, Washington, DC.

Neuman, M. & Devercelli, A. 2013. "What Matters Most for Early Childhood Development: A Framework Paper." SABER, World Bank, Washington DC

Neuman, M. J. 2007. “Good Governance of Early Childhood Care and Education: Lessons from the *2007 Education for All Global Monitoring Report*.” UNESCO Policy Briefs on Early Childhood. United Nations Educational, Scientific and Cultural Organization, New York.

OECD (Organisation for Economic Co-operation and Development). 2011. “Starting Strong III: A Quality Toolbox for Early Childhood Education and Care.” OECD Publications, Paris.

Olivetti, C. & Petrongolo, B. 2017. "The Economic Consequences of Family Policies: Lessons from a Century of Legislation in High-Income Countries." Journal of Economic Perspectives, 31 (1): 205-30.

RENASIS European Anti-Poverty Network. Poverty Watch-2017 Romania. 2017.

SABER-ECD Policy Instrument, Romania 2018

SABER-ECD Program Instrument, Romania 2018

UNICEF Multiple Indicator Cluster Surveys, 2008-2012

UNESCO-OREALC. 2004. “Intersectoral Co-ordination in Early Childhood Policies and Programmes: A Synthesis of Experiences in Latin America.” Regional Bureau of Education for Latin America and the Caribbean, United National Educational, Scientific and Cultural Organization.

UNESCO Institute for Statistics Database

Vargas-Barón, E. 2005. *“Planning Policies for Early Childhood Development: Guidelines for Action.” Paris: UNESCO/ADEA/UNICEF (United Nations Educational, Scientific and Cultural Organization/ Association for the Development of Education in Africa/United Nations Children’sFund).*

Victoria, B. H., L. Adair, C. Fall, P. C. Hallal, R. Martorell, L. Richter, and H. S. Sachdev 2008. “Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital. “The *Lancet* 371 (9609): 340-57.

World Bank Human Capital Index, 2018.

World Bank in Romania Country Snapshot, 2017.

World Bank SABER-Teachers Romania report, 2017.

World Bank- Supporting Early Childhood Development of Roma Children by the Roma Education Fund -Project Evaluation Report, 2017

World Health Organization Global Health Expenditure Database

World Health Organization Maternal Mental Health webpage. https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/

Annex A: Overview of SABER-ECD Methodology & Limitations to Methods

The analytical basis for the SABER-ECD approach is outlined in "What Matters Most for Early Childhood Development: A Framework Paper" .

The content of SABER-ECD reports is primarily derived from an 80-page policy instrument. The instrument collects information on the existence of policies related to early childhood education, health, nutrition, child protection, and social protection. A local consultant with expertise and contacts in the field gathers this information through interviews with key informants, who may come from government ministries and offices, NGOs, and academia. The local consultant and World Bank staff review relevant documentation on policies to validate the data gathered during the interviews. The Policy Instrument is accessible online at: http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/Background/ECD/Questionnaire_ECD.pdf. The completed Policy Instrument for Romania is also accessible on the SABER-ECD website.

The content of the report and indicators in the rubric are also informed by data gathered from various international databases. These include the UNICEF Multiple Indicator Cluster Survey (MICS), UNESCO Institute for Statistics (UIS), International Labor Organization labor statistics, WHO Global Database on Anemia, and UNAIDS.

The country's ECD system is benchmarked as Latent, Emerging, Established, or Advanced on each of nine Policy Levers and three Policy Goals. The scoring is based on a rubric, which calculates a score based on the responses to a number of indicators and sub-indicators. These indicators are derived from the Policy Instrument and external databases. The rubric is available online at: http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/Background/ECD/Rubrics_ECD.pdf. Romania's score for each item in the rubric is accessible on the SABER-ECD website.

Limitations

SABER-ECD is primarily concerned with the existence of policy frameworks. The implementation of policies is not the focus of the reports; however, if data are readily available on implementation, or if data suggest that policies are not effective, that is mentioned in the report. Policy Lever 2.2, Coverage, may discuss implementation weakness if indicators on ECD access to services and outcomes suggest that policies are not having the intended effect.

Resources

General SABER website: http://saber.worldbank.org
SABER-ECD website: http://saber.worldbank.org/index.cfm?indx=8&pd=6&sub=0

www.worldbank.org/education/saber

The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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