FINAL EVALUATION REPORT

on implementation of the
„Prevention of Infant Abandonment in Ungheni Raion" Project
funded by World Childhood Foundation

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Preface and acknowledgements

This report was written on the basis of the evaluation's results of the "Prevention of Infant Abandonment in Ungheni Raion" Project carried out at the request of EveryChild Moldova within February – April 2009.

The authors of the report very warmly acknowledge all those involved in the evaluation for their time and constructive opinions. The authors express special thanks to the representatives of local public authorities from Ungheni raion, the Social Assistance and Family Protection Directorate, Ungheni Maternity and Hospital and to the direct beneficiaries of this project both for their valuable insights provided during the evaluation of the project and for being important actors in its development and implementation.

List of abbreviations

CPCD – Commission for the Protection of the Child in Difficulty (Gate-Keeping Commission)

FC Service – Foster Care Service

LPA – Local Public Administration

MoF – Ministry of Finance

MSPFC – Ministry of Social Protection, Family and Child

PCPBC – Placement Centre for Parent-Baby Couples

SAFPD – Social Assistance and Family Protection Directorate

Executive Summary

The Assessment of "Prevention of Infant Abandonment in Ungheni Raion" Project was carried out by a joint team of experts. The assessment team consisted of Svetlana Rijicov, PhD in Psychology, Stela Grigoras, PhD in Sociology, Daniela Mamaliga, MA in Communication and Project Management and Mariana Lupasco, Manager of the project. The project was evaluated in two stages – self-evaluation carried out by EveryChild representatives, especially, the project manager and external evaluation carried out by the PhD Svetlana Rijicov.

The major objective of the assessment was to determine the relevance and extent of achievement of the objectives set within the Project implemented in partnership with the local public authority with financial support provided by World Childhood Foundation; the immediate impact and sustainability of the Project, identifying the changes that occurred in the last 3 years in the field of infant abandonment at local level.

The assessment team applied a complex methodology, using various research methods and tools in compliance with the terms of reference. A quantitative analysis (office research, database analysis) and a qualitative analysis (interviews, focus groups with beneficiaries, case studies and observations) have been carried out. The evaluation included four stages that implied the analysis of project documents and statistics, interviews and focus groups, processing and analysis of collected information and writing of the evaluation report.

The basic elements for analysis and research focused on: the contribution of developed services/practices to the reduction of the number of newborns abandoned in Ungheni raion, the tendencies of this phenomenon; the sustainability and quality of these services, the level of cooperation / involvement of all governmental and non-governmental actors in settling infant abandonment phenomenon at local level and deciding on practices to be implemented, the extent to which professionals and the public have become more aware and sensitive to the problems of mothers at risk of abandoning their newborns.

The evaluation results show that the Project has obtained considerable results in developing local social policies to prevent infant abandonment. We can see these results at different levels and in different groups of stakeholders.

At the level of direct beneficiaries, the evaluation data shows that the Project has achieved an incontestable direct impact on the situation of direct beneficiaries (parent–and-baby couples), preventing abandonment and family separation, developing parenting skills of childcare and upbringing, independent life skills and providing opportunities for their reintegration with the family and community. 90% of the cases of risk of infant abandonment are identified and 98% of these are prevented. Most of the beneficiaries have overcome the stress and depression caused by birth and are now optimistic about their future and childcare. Beneficiary women have regained their self-confidence and started developing vital plans. After reintegration, young families continue to be supervised by local public authorities to be supported and to intervene in solving problems related to child upbringing, where necessary.

At the level of responsible institution, the Project has achieved considerable growth of SAFPD staff capacities in promoting, justifying and convincing the LPAs on the settlement of social problems at raion and community level. The SAFPD has ensured the continuity of provided services. The professional skills of SAFPD staff on infant abandonment issues have increased; the motivation and efficiency of the work have increased. The SAFPD is concerned with the improvement of its performances in the field of service provision (monitoring and evaluation of services, continuous training courses for the personnel). There is interest for the observance of professional competence

standards. For the first time, the mechanism of financial planning for the continuous training of social assistance staff in the raion budget was developed. The SAFPD staff has consolidated its skills of setting partnerships with decision-making institutions and persons at raion level (Health Directorate, Finance Directorate, etc.).

Finally, the professionals and LPA representatives started to have a developmental mentality, creativity, transfer of knowledge and experiences on other categories of beneficiaries and social problems. As a result of the Project, the SAFPD has become an innovative, creative and competent institution for the justification and promotion of social services set as a priority and adequate for people's needs at raion level.

At the level of local public authorities, the Project has managed to change the mentality and attitude of key persons at different levels (as parents, practitioners, professionals, decision-makers), has influenced the awareness level of professionals and the public opinion on the problem. The autonomy and independence of LPAs in solving social problems at raion level has been strengthened. A mechanism of local budget development through the reorientation of funds from other sectors to the social sector has been created and implemented. As a result, the SAFPD budget for 2009 makes up 20.9% of the raion budget. The SAFPD budget for 2008 has been executed at 100%. As a result of the justification of the project in front of the Raion Council, funds are planned for the integral maintenance of services developed by the Project for 2009. In addition, it is envisaged to extend the developed services (extension of services within the Centre – for victims of trafficking and domestic violence; extension of the Foster Care Service). It is important to mention that the SAFPD budget has doubled as compared to 2006.

At the level of professionals, the Project has produced positive changes. Thus, the network of community social assistants has been consolidated; the multidisciplinary team has been created; the professional skills of medical staff have been strengthened. The attitudes have been changed and the beneficiaries, professionals, LPAs, the public have been informed on the need to prevent infant abandonment. An integral mechanism for identification, record, assessment, intervention, referral and monitoring of all cases at risk of child abandonment has been developed and tested at local level.

At community / raion level, the Project has managed to have a beneficial impact. The number of women at risk of infant abandonment identified at community level by social assistants, workers of the mayor's office or even individuals has increased. Women at risk of infant abandonment are successfully reintegrated with their family and community, overcoming the stigmatising attitude of the community and receiving support from community social assistants and other key persons in the community.

At the level of the social system, changes have been made in the approach to social policies in the field. The fact that the group of newborns is not covered with statistics and abandonment prevention services at national level has been realised. At the same time, the Project has demonstrated that infant abandonment prevention service is a social service and has developed this service through a social approach of the issue of infant abandonment prevention.

Tendencies in the phenomenon of infant abandonment prevention show, according to SAFPD specialists, an increasing trend of situations at risk of abandonment, while the number of abandoned children is decreasing. Only 2 abandoned children, born outside the raion or the country and one abandoned child in the post-prevention service period were identified in 2008. According to medical workers, the rate of births at risk of abandonment makes up 1%. These tendencies can be explained by the availability of a system that allows for the identification of risk situations at early stages. The development of social services for women at risk of child abandonment has

contributed to the identification of these beneficiaries and provision of services, which removed the phenomenon from the "secret" category.

Forecasts for the future of developed services can be made based on the information collected during the evaluation. There are real preconditions for the services to be sustainable and provided at the same quality, such as: the existence of financial mechanisms tested at local level that have demonstrated their efficiency; Ungheni SAFPD is one of the few directorates that invests in the continuous development of human resources; social services at local level are developed on the basis of people's needs assessment, existing resources and cost-efficiency analysis; Ungheni SAFPD shows flexibility in the use of resources in compliance with community needs; Ungheni raion has a local strategy concerning social services that includes the use of community-based services, their extension and integration with a system at raion level.

The general conclusions of assessment are:

The "Prevention of Child Abandonment at Birth in Ungheni Raion" Project **has fully achieved its objectives**, which has contributed to achievement of the goal of the Project – reduction of the number of children abandoned at birth in the maternity and children's hospital from Ungheni.

The good practice model **has produced an intended change** of the initial situation of beneficiaries and the community. Achieving the expected and intended results represents a modality of guiding intervention by centering and targeting activities to the established objectives. The Project outcomes are related to two main goals: impact outcomes at beneficiary level and at the level of institutional skills (SAFPD, PCPCC, medical institutions).

The services developed in Ungheni raion meet the local needs, are cost-efficient and produce long-lasting changes in the life and welfare of children and their parents. **The developed services follow the quality standards and have even proposed standards** derived from Project's activity. The services developed under the project are based on a rigorous methodology of activity generated by the existing quality standards in the field of infant abandonment prevention.

The developed services generate the improvement of beneficiaries' living standards. The model represents an optimal solution for the modification of beneficiaries' status. Evaluation data also shows the acknowledgement of the quality of services by beneficiary parents. The satisfaction of beneficiaries demonstrates the observance of quality standards, flexibility and adaptation to beneficiaries' needs, modelling the intervention by involving beneficiaries.

The Project had demonstrated **the accessibility and flexibility of the developed services.** The Project has recorded a high level of coverage of the target group's needs, accessibility and applying for and receiving services from parent-child couples, flexibility and transparency with regard the use of available resources and the results of the provided services. The flexibility of services subject to the needs of beneficiaries and the community has interacted with the identified need to prevent infant abandonment and ensured the specificity and identity of the intervention model.

The Project has also demonstrated the **efficiency of the developed services**. Services have produced optimal results for the beneficiaries with minimum efforts and resources, a cost-benefit correlation that ensures their efficiency and economic and social feasibility. In addition, the provision of services at costs that the community can afford represents a form of normality, a condition for further provision of services and their replication.

Services created within the Project have developed **clear criteria for beneficiary selection, the activities being focused on parent-child couples.** The developed model of good practice is a combination of demand, need and supply of services and by observing the beneficiary selection criteria it shows professionalism and accuracy in organising the provided services.

The services provided within the Project are provided by a **team of well-trained professionals** who deliver services and intervene to improve the beneficiaries' living standards.

The Project has demonstrated a **good partnership model** between EveryChild and local public authorities, service providers and other local agencies, a high level of maturity of these relations, which resulted in the creation of cost-efficient and sustainable services in Ungheni raion. Partnership is an essential condition to generate a good practice model. The service provider within the Project has managed to develop partnership relations with other public and private institutions.

The Project has ensured a level of autonomy of the social services. Joining resources at community level with a view to reach Project's objectives is an essential condition for functional partnership and ensuring sustainability and autonomy of services developed.

The institutional, methodological and financial sustainability of services developed within the Project has been ensured at the end of the Project. Ensuring the sustainability of services and effects on direct and indirect beneficiaries is one of the strongest challenges in supporting a model of good practice. In addition to increasing the level of autonomy of the services, it is necessary to ensure the long-term influence of interventions on beneficiaries and the community.

The Project has shown **participation and involvement in providing social services** to parent-child couples. The participatory character of beneficiaries in the provided services involves participation of the community in programme implementation, its support after the end of the pilot implementation period. Therefore, this model of good practice was also aimed at empowering beneficiaries and developing their problem solving skills by stimulating participation at all stages of interventions, from designing services to final evaluation of results.

The Project has shown **creativity and social innovation.** The model has proposed creative interventions being an innovatory form of proposing expected and intended changes by the implementing agency, having a practical character of interventions. The developed model of good practice is based on applicability, the practical character of the proposed interventions, suggesting concrete solutions for the identified needs. More than that, the developed model is a success story, being a source of motivation, inspiration and stimulation of new initiatives.

The developed services represent **models of good practices which are being replicated** – the representatives of local authorities propose the developed services to a higher number of beneficiaries with similar characteristics to those who have received services (mothers with children – victims of domestic violence, mother with children victims of human trafficking, etc.), their multiplication in other geographic areas (multiple requests received from representatives of other raions) and the adaptation of characteristics to the provision of similar services to other categories of beneficiaries (family assistance to single older people etc.).

Through its communication and advocacy activities, the Project has managed to **produce changes of attitude at community and national level**. A model of good practice developed in a community participates in good community governance, the participation of community members in this process producing a change of attitude at community level.

EveryChild has shown high professional competence in various aspects of the social field, has developed a viable work strategy with LPA representatives and strategies of ensuring the sustainability of the developed services through their institutionalisation, developing the necessary legislative, normative and methodological framework. In addition, EveryChild demonstrates remarkable organisational and managerial skills that are relevant for different administrative levels. EveryChild operates in compliance with the priorities of national policies and expresses capacities to influence the development of certain local and national policies. EveryChild is an active and

consistent promoter of initiatives concerning the consolidation of the community level, demonstrating the importance of family-type services. In addition, any service developed with EveryChild support is well integrated in the social assistance system at national level.

The final recommendations from the evaluation are:

Due to the fact that the Project is a good model to be followed by other non-governmental and state organisations, it is recommended that EveryChild disseminate the results of the Project (including the final evaluation) among representatives of central and local public authorities and civil society for a transfer of knowledge and replication in other regions of the country.

In the context of the persistent problem related to the qualification and training of human resources, it is recommended to EveryChild to consider the creation of a resource and training centre for the providers of social services for families and children. We consider that EveryChild holds the leadership in this field; has programmes and well prepared trainers and good relations with both the donors, who could be interested in this idea and the state authorities – providers of human resources that need to be formed and developed.

In order to monitor the trends of infant abandonment at national level, it is recommended to conduct a national study that would inform the development of national policies in this field.

1. Introduction

The present report contains the analysis of activities and results obtained within 2006 -2009 during the implementation of **„Prevention of Infant Abandonment in Ungheni Raion" Project** implemented by EveryChild in cooperation with Ungheni Raion Council and Ungheni Social Assistance and Family Protection Directorate with financial support of World Childhood Foundation.

The goal of the project was to reduce the number of children abandoned at birth in Ungheni maternity ward and children's hospital by the end of 2008. The implementation period established initially was June 2006 – June 2008, but it was then extended until March 2009.

Project objectives

1. Development of an infant abandonment prevention service in the Maternity Ward and Children's Hospital from Ungheni by the end of 2008;
2. Development and testing of the Foster Care Service for mothers with newborns in Ungheni by the end of 2008;
3. Creation of a sustainable community-based residential service for the support of the mother and child in the post-natal period by the end of 2008;
4. Prevention of abandonment and consolidation of community support for the future and new parents with newborns by the end of 2008.

Expected outcomes set in the project proposal

- Every year 20 children of young parents (adolescents) will be looked after in a family environment;
- Reduction of the number of social orphans and development of positive care models in a family environment;
- Development of alternative care models for children of young parents (adolescents);
- Development of the methodology for creation of Placement Centres for Parents and Newborns and their functioning;
- Development of the methodology and foster care procedures for the placement of young parents with their children;
- Development of the legal base for dissemination of these models of services throughout the country.

This document aims at informing the funder and the programme implementers on:

- the key activities conducted within 2006 – 2009 in preventing abandonment at birth in Ungheni raion;
- the progress achieved in the four activity directions indicated in the project proposal;
- the obstacles and difficulties that occurred in the implementation;
- new activity directions identified for the reduction of the number of children abandoned at birth and prevention of this phenomenon at an early stage.

1.1. Evaluation objectives

The major objective of the evaluation was to determine the relevance and extent of achievement of the objectives set in the Project proposal, the immediate impact and sustainability of the Project, identifying the changes that occurred in the last 3 years in the field of infant abandonment. All of these have been identified on the basis of complex methodology developed by the evaluator in cooperation with EveryChild Moldova.

The basic elements for analysis and research focused mainly on: contribution of the developed services/practices to the reduction of abandoned newborns in Ungheni raion, the tendencies of this phenomenon; the sustainability and quality of these services, the level of collaboration / involvement of all governmental and non-governmental actors in the settlement of baby abandonment at local level and the establishment of practices to be implemented, the extent to which professionals and the public have become more aware and sensitive with regard to the problems of mothers at risk of abandoning their newborns.

1.2. Evaluation methodology

The evaluation experts group consisted of four persons led by the PhD Svetlana Rijicov. It should be noted that, in order to optimise the evaluation process, the applied methodology implied the combination of several evaluation forms: external evaluation (carried out by the independent expert) and self-evaluation (by the Project team). The work of the expert group was based on an agreement reached at negotiations between the two independent experts and EveryChild on approval of the assessment programme aiming at sharing the lessons learned.

The evaluation team applied a complex methodology, using various research methods and tools in compliance with the terms of reference. A quantitative research consisting of the analysis of project documentation and statistics has been carried out, as well as a qualitative research consisting of:

- Visits to the developed social services (Placement Centre for Parent-Child Couples, Foster Care, Reintegration, Family Support and Abandonment Prevention), the observation and interviewing / focus groups with the staff of the Centre, social assistants employed within the services;
- Interviews / focus groups with representatives of Ungheni raion administration, SAFPD, Maternity Ward, Pediatrics Ward, Family Doctors' Unit, Gate-Keeping Commission, local NGOS, the staff involved in the implementation of this project;
- Interviews with reintegrated couples and their families, with couples currently placed in the Centre;
- Interviews with the social assistants from the communities where couples had been reintegrated and who provide post-reintegration monitoring;
- Case studies.

3 focus groups with 19 persons (beneficiaries, social assistants, and medical staff) and 9 interviews with decision-makers and practitioners have been carried out.

Another important aspect of the evaluation process has been the processing of data and the integration of assessment results in the report in compliance with the terms of reference. A meeting to share opinions was held with EveryChild employees on the preliminary results of the assessment before the writing of this report.

The director of the organisation was regularly informed on the evaluation process and was invited several times to check the collected data and compare it with the existing one. The project manager, Mariana Lupasco provided her support in the organisation of various meetings in Ungheni raion with decision-makers, practitioners and beneficiaries.

The collection of information has focused on several key directions: the current situation in Ungheni raion in terms of child abandonment at birth, the organisational capacity of the SAFPD and of the maternity ward, the sustainability of the developed services. The respondents were also asked to list the difficulties they faced in the implementation of the project, the opportunities and recommendations they have to improve performances in the field of child abandonment at birth in Ungheni raion. The assessment activities were organised within February – April:

- Analysis of project documentation and statistics – February 2009;
- Organisation of assessment interviews and focus groups – March 2009;
- Processing and analysis of the collected information – March 2009;
- Writing of the assessment report – April 2009.

The collected data was processed and included in this report. It is worth mentioning that the consultants, in their work, had the freedom to use different methods and approaches to meet the requirements provided for in the terms of reference.

2. Evaluation findings on the achievement of Project objectives

It should be noted that the project proposal has been developed in cooperation with Ungheni local public authority, which, as a result of needs assessment, identified the prevention of child abandonment at birth as an area that required urgent interventions.

In order to ensure the successful achievement of objectives set in the project proposal, the team focused on regulating the cooperation and identifying the reasons of abandonment in Ungheni raion at the first stage of project implementation. Thus, the Agreement on cooperation and development of infant abandonment prevention services in Ungheni raion was approved through the Decision of Ungheni Raion Council no. 5/8 of 26.10.06. It stipulates the responsibilities of the parties to the project. A study on infant abandonment was conducted and the results of this study have served as basis in the strategic planning of project's activities.

2.1. Evaluation findings on the achievement of Objective 1

A service to prevent child abandonment at birth in the Ungheni Maternity and Children's Hospital developed by the end 2008

The Project has invested the following inputs to achieve objective 1:

a. Financial resources – to organise a comprehensive programme of trainings and awareness raising activities for different groups of professionals who interact with families at risk of infant abandonment;

b. Human resources – the joint Project team consisting of EveryChild representatives (programme director and project coordinator) and Ungheni SAFPD (specialists in the protection of families with children);

c. Organisational and regulatory resources – development of a model of integration of the multidisciplinary team in the Maternity Ward and the Children's Ward of Ungheni hospital;

d. Managerial resources – creation of arrangements related to the organisation of common work between medical staff and SAFPD specialists in the identification and early intervention in cases at risk of infant abandonment.

The following activities have been carried out with a view to achieve objective 1:

a. The attitude of the personnel towards women at risk of infant abandonment was assessed at the beginning and end of the Project to identify any changes in attitude and behaviour produced at the end of the Project;

b. Training needs have been assessed and the Training Programme for raion hospital staff has been developed and implemented;

c. Activities aimed at the creation of the multidisciplinary team focused on infant abandonment have been conducted;

d. The Family Planning Centre and the Maternity Ward has been consolidated and work has been done with family doctors with a view to inform and prepare women for birth;

e. Awareness raising activities have been carried out with a view to raise awareness of the medical staff on the psycho-social aspect of infant abandonment.

The following outputs have been achieved within objective 1:

a. The service of infant abandonment prevention has been established and integrated within the Maternity Ward and the Children's Ward of Ungheni hospital.

b. In the process of Project evaluation, the support provided to women at risk of infant abandonment received clear shapes within the Service of child abandonment prevention within the Maternity Ward and the Children's Ward of Ungheni hospital. These activities are aimed at informing women in the pre-natal and post-natal period on the existing possibilities to raise and educate their children, counselling activities for the beneficiaries and representatives of the extended family, referral of cases that cannot be solved in the medical institution and in community to raion-based specialised services, such as foster care for mother-child couples and the Centre for parent-and-baby couples.

c. two multidisciplinary teams focused on infant abandonment prevention have been created: the multidisciplinary professional team of intervention consisting of a social assistant, psychologist, lawyer, and the extended multidisciplinary team of prevention consisting of the first team and completed with the gynaecologist, midwife, paediatrician, nurses and other specialists, depending on the case (*Annex 1*).

d. A clear mechanism of cooperation between the medical staff and SAFPD staff has been created with a view to identify and prevent child abandonment at birth.

e. Efficient partnerships between medical institutions and LPAs of the 1st and 2nd levels, NGOs and various agencies have been established and consolidated with a view to obtain the necessary support for parents at risk of child abandonment.

f. The mechanism of referral of cases at risk of infant abandonment through the social service system at raion level has been developed and tested (*Annex 2*).

g. Training programme for the multi-disciplinary group has been developed (*Annex 3*).

In the end, we can define several <u>outcomes</u> for objective 1:

a. Impact at the level of individuals – the abandonment of 68 newborns has been prevented and reintegration with the community of 63 women has been ensured; at the time of the evaluation 5 mothers were placed in the Temporary Placement Centre for Parent-and-Baby Couples in Cornesti. Moreover, only one case of child abandonment in the post-service period has been recorded.

b. Impact at the level of professionals – the capacity of the raion hospital staff on infant abandonment prevention has been consolidated. The capacity to understand the psycho-social aspect of infant abandonment has grown and the attitude of medical workers towards women at risk of child abandonment has changed. The medical personnel has realised the need to provide social and psychological assistance to women in the pre-natal and post-natal period so that most of the cases are solved in the maternity ward.

c. Impact at the level of institution – the issue of abandoned newborns is not an issue of the medical institution only; the relevant institution – SAFPD – is also involved in the settlement of this problem. The medical institution has gained work methods and tools to prevent infant abandonment in the maternity ward and in the hospital.

> In such a short period of 5-10 days of stay in the maternity ward or in hospital the doctors are not able to change anything. If the mother displays signs of risk of abandonment, the doctor or the midwife is aware because they keep record of the case. If the situation is serious, we contact the SAFPD. Obviously, the SAPFD workers are much more receptive and prompt to act in the last years.
>
> We also practice the future parents' school, but it is not too productive, because women think of other things during the lessons and do not realise that they need these lessons.
>
> It would be more appropriate to hold these activities with pregnant women in the village, at the Health Unit. To do gymnastics, read something. We have materials that are very helpful for women, but they are not very keen on reading.
>
> **Doctor**

In conclusion, we can say that the activities and outputs achieved under this objective are generally relevant for the tasks, the existing context and for the inputs involved and have led to the achievement of objective 1 and the expected impact outcomes. In achieving this objective, the focus was placed on raising awareness and training the medical staff on the issues of infant abandonment prevention and establishment of a clear mechanism of work and case referral in the social assistance system.

It should be mentioned that small deviations from the initially planned activities have taken place – specialists within the medical facility have not been recruited, because taking over the salary expenses after the end of the Project would have been a problem. By the end of the Project, medical workers realised the need of having a psychologist in the maternity ward to provide psychological support both for the prevention of infant abandonment and for psychological consultation provided to women who give birth and to medical workers.

We recommend the team to continue supporting public authorities in the consolidation of the service within the maternity ward in any formula the authorities decide, as long as women have the possibility to be supported in useful time before and after birth in order to prevent infant abandonment.

2.2. Evaluation findings on the achievement of Objective 2

Parent-and-Baby Fostering service for placing young parents and their babies as a unit with mentors/carers developed and piloted in Ungheni by the end of 2008

The Project has invested the following inputs to achieve objective 2:

a. Financial resources - to organise a comprehensive programme of trainings and awareness raising activities for different groups of professionals and caregivers (especially foster carers) who interact with parents at risk of infant abandonment and with their children;

b. Human resources - the joint Project team consisting of EveryChild representatives (programme director and project coordinator) and Ungheni SAFPD (specialists in the protection of families with children);

c. Organisational and regulatory resources – the Regulations on the Foster Care Service with the inclusion of the target group – minor mother-child couple has been adjusted and approved at national level;

d. Managerial resources – the process of information and recruitment of foster carers has been organised; training has been provided to them and to specialists employed by the Foster Care Service; the CPCD capacity has been consolidated.

The following activities have been carried out with a view to achieve objective 2:

a. Awareness raising of professionals, LPAs of 1st and 2nd level and LPCs, as well as of the staff of existing social services on the possibilities to use the Foster Care Service for minor mother-child couples have been carried out;

b. Legal and institutional possibilities to develop the Foster Care Service for minor mother-child couples have been investigated;

c. Amendments of the Foster Care Service Regulations for the placement of the minor mother-and-baby couples and to the corresponding quality standards that have been approved at national level;

d. Information campaigns, recruitment and training of the potential foster carers and specialists for the placement of the minor mother-child couple have been conducted (*Annex 4*).

The following outputs have been achieved within this objective:

a. The Foster Care Service Regulations with the inclusion of the target group – minor mother-and-baby couple, as well as the quality standards for this service approved at national level;

b. The team of foster carers prepared for eventual placements of minor mother-and-baby couples;

c. Financing procedures for the Foster Care Service developed and approved at local level;

d. LPAs and practitioners informed on the importance and possibility to create the Foster Care Service;

e. Foster carers informed on the possibility to place minor mother-child couples in the Foster Care Service;

f. The CPCD competence is strengthened in terms of approval, matching, monitoring of the placement and review the approval of the foster carer and of the care plan for minor mother-and-baby couple.

g. Training programme for the specialists and foster carers has been developed (*Annex 4*).

The outcomes for objective 2 and obstacles in achieving them:

Although a big volume of preparation work has been done to place minor mother-and-baby couples in foster families, no placements were made during the Project. The reasons for this are:

The Foster Care Service was blocked because the Regulations and quality standards for this service had not been approved by the Government at that time and were approved only at the end of the project.

At the same time, the MSPFC had some resistance to this service, which can be explained by insufficient confidence in the possibilities of the Foster Care Service.

Moreover, no minor mother-and-baby couples in need of temporary placement were identified during the Project (there were only a few cases, but they were solved positively in the maternity ward and in community with family support provided by the SAFPD). The lack of placements did not allow piloting the Foster Care Service for minor mother-and-baby couples and collecting demonstrative practices. The decision of the Project team not to insist too much on promoting this service on an insufficiently prepared ground was motivated by the desire to prevent possible failures and the undermining of the Foster Care Service value.

On the other hand, the Project envisaged developing in parallel two services aimed at preventing the risk of infant abandonment – foster care and a community-based residential facility – which indicates a rather ambitious task for a short period that required huge efforts from the information of decision-makers to the development of legal and normative framework and staff training. Now we can say that residential services in the Republic of Moldova are much more attractive than the community-based ones and that the residential service absorbs all eligible beneficiaries. We are sure that when the authorities realise the cost-efficiency, the Foster Care Service will be used to its maximum. For this, it is recommended to continue consolidating the skills of foster carers and specialists in the field and to implement a massive campaign of public awareness raising in Ungheni and throughout the country.

> We must also develop other emergency services, such as emergency placements in foster care. People's mentality changes. I mean that the candidates for foster care were not queuing several years ago, but today we have 18 foster carers approved and another 14 assessed candidates waiting for approval. Some even insist.
>
> I think it is too early for people to realise the need of placements for parent-child couples. I think that 2-3 cases of successful placements are required and the process will start. The placements for children with special needs have started, we have a successful case and another one is being prepared. All decisions are informed. We have a lot of kind people who want to take care of someone, to do good things or to transform it in a job.
>
> Together with EvC we inform the community and promote these services. The ads shown on the National Television are extraordinary.
>
> **Head of SAFPD**

In conclusion, we must mention that the activities and outputs obtained under this objective have generally been relevant for the set tasks, the existing context and the available resources. The small changes in the initially planned activities have been determined by the existing legal, financial and institutional context. At the end of the project, the activities and outputs were not materialised in outcomes for the above described reasons. In achieving this objective, *the focus was placed* on the institutionalisation, consolidation and extension of the Foster Care Service as an essential stage for minor mother-and-baby couples placements. We want to encourage the Project team for the obtained results and recommend them to continue promoting this service both in Ungheni raion and in the whole country.

2.3. Assessment findings on the achievement of Objective 3

A sustainable community residential service to support mother and baby in after birth period in place by the end of 2008

The Project has invested the following inputs to achieve objective 3:

a. Financial resources – for the renovation and arrangement of the Placement Centre for Parent-Baby Couples (PCPBC), training of the PCPBC staff, including study visit to Romania, wages for the staff at the initial stage of the Project, coverage of indemnities for couples.

b. Human resources – the joint team of the Project consisting of representatives of EveryChild (programme director and project coordinator) and Ungheni SAFPD (specialists on the protection of families with children), the team of the Centre, as well as trainers for trainings.

c. Organisational and regulatory resources – the stage of preparation and promotion of the service concept resulted in the Decision of Ungheni Raion Council no. 9/15 of 18.12.2006 on creation of the Centre of Social Assistance to the Child and Family within the SAFPD; the PCPCC Regulations have been developed and approved and incorporated within the Centre of Social Assistance to the Child and Family within the SAFPD, as well as the staffing lists through Decision of Ungheni Raion Council no. 6/4 of 30.11.06;

d. Managerial resources – the operational manual for the PCPBC, the job descriptions for every category of staff, the model of professional supervision of the staff employed by the Centre have been developed.

The following <u>activities</u> have been carried out by the Project with a view to achieve objective 3:

a. The Regulations of the PCPBC have been developed and approved by the Raion Council. The Regulations of the centre have been developed on the basis of standard regulations and quality standards approved by the Government. The Regulations serve as a legal base for the operation of the service *(Annex 10);*

b. The methodology and procedures of work with the beneficiaries, as well as the PCPBC Operational Manual have been developed *(Annex 11);*

c. The PCPBC premises have been renovated, provided with furniture and equipment in compliance with the existing national standards;

d. The selection criteria have been established and the recruitment procedure for the PCPBC staff has been defined;

e. The professional skills of the employees and their training needs have been assessed, the training programme has been developed and the professional skills of PCPBC specialists have been consolidated (*Annex 5*);

f. The institutional and operational service provision capacities of the PCPBC have been assessed;

g. An efficient model of PCPBC staff supervision has been established;

h. Relations of cooperation with the PCPCB and other community actors have been established.

According to the evaluation data, the following important <u>outputs</u> have been obtained:

a. The PCPBC has financial, material, human and logistic resources that are adequate for its functioning and the provision of good services. The financial resources necessary for the maintenance and operation of the Centre have been included in the raion budget for 2009. Within the project, the Centre was renovated, equipped in compliance with the standards and represents a space adapted for up to 7 places, with individual bedrooms, living room, kitchen, laundry, bathrooms that meet the quality standards approved by the Government (*Annex 6*) .

b. The functioning of the PCPBC is governed by a normative framework developed by the Project team in cooperation with LPAs and approved by the Raion Council. The normative framework includes: Regulations, operational manual, job descriptions for every category of staff, the list of PCPCC documentation, reporting samples.

c. There is an adequate correlation between the personnel structure (in terms of dimension and competences) and the type and diversity of the provided services, as well as the type of beneficiaries. The ratio in the relation staffing number and number of beneficiaries is about 1 beneficiary per 1 employee of the Centre. The composition of the specialists' team (1 manager, 1 psychologist, 1 lawyer, 4 social assistants) allows the multi-aspectual approach of cases. The PCPBC is monitored by the specialist on the protection of families with children within the SAFPD, which allows the integration of the service in the raion system of social services for families and children.

d. The PCPBC staff received training oriented towards the consolidation of fundamental and specialised skills required to fulfil the responsibilities stipulated in the job descriptions; new skills have been developed, as well as relations of cooperation, new initiatives; new work methods have been acquired (the training curricula are annexed, Annex 5).

e. The PCPBC staff uses standardised work tools and methodologies adequate for the provided services: the staff applies the standardised methodology of the case management; the staff uses work methodologies appropriate for the tasks and specificity of the beneficiary (individual work, group meetings, home visits, work with the parents and/or persons forming the beneficiary's social network, cooperation with the administration in the beneficiary's origin community, etc.). The employees use and fill in standardised documentation (complex assessment form, individual plan of assistance to the beneficiary, questionnaire for the assessment of the beneficiary's satisfaction with the received services).
f. In order to ensure the efficient activity of PCPBC personnel, the professional supervision mechanism has been developed and tested as a tool of supporting work on the cases and developing the performance of specialists involved in the case management.
g. The employees have the experience, qualification and skills required to provide the programmed services: provision of temporary placement (about 6 months); support in the development and consolidation of self-care and childcare skills, as well as in having an independent lifestyle; support in conflict settlement and setting relations with the partner or members of the extended family; support in reintegration with the community: solving the housing problem, employment, qualification courses, etc.
h. In order to ensure access to appropriate social services, the mechanism of case referral through the raion social service system has been developed for all the identified cases.
i. In order to involve the qualified staff in case settlement, the multidisciplinary team has been created and consolidated; partnerships with professionals, LPAs and other local agencies have been established; procedures of reintegration with their origin communities have been established and piloted in order to maintain the beneficiaries in their family and in community.

The following outcomes have been achieved under objective 3:

a. The rate of child abandonment prevention has constituted 98% (only one child was abandoned after discharge from the PCPBC), women's attitude towards their own children has changed; they acquired child care skills.
b. 26 parent-and-baby couples with 37 children benefited from the services by April 2009. 21 couples with 30 children were reintegrated with their family and the community. 4 women were included in the family support service; the material situation of other 15 cases being good. 5 couples with 7 children were placed in the PCPBC at the moment of evaluation.
c. Conditions for the development of independent life skills have been provided; women have acquired elementary life skills, the capacity to plan their expenses.
d. Changes of behaviour and relation setting have been achieved; beneficiaries received support to form their capacity of planning family life for a long term (development of life perspective).
e. Psychological counselling has been used to regulate relations with the partners or members of the extended family, most of the women being integrated with the biologic or extended family. Many of them have been reconciled with their partner.
f. Beneficiaries' capacities to use their own resources, to act independently have been strengthened. Women receive a monthly indemnity that they use to meet their personal needs and the needs of their children. For many of them, this financial support is the first and only support, and they do not have the skills to manage it independently. The social assistant works with every woman on budget planning, expenditure planning and even the planning of savings that will be used after discharge from the PCPBC.

g. Beneficiaries' participation in service planning and provision during the placement in the service has been ensured. Women feel at home, are responsible for the room they live in, plan their agenda and the activities they want to conduct.

h. The beneficiary women have received support in overcoming the crisis situation and about 50% of them continue to be monitored in the post-reintegration period by the SAFPD. The post-reintegration monitoring is an essential activity aimed at ensuring that the young family can handle its obligations and responsibilities to raise their children and the material, financial, emotional and relational difficulties they face after the discharge. This activity has contributed considerably to the rate of 98% of successful cases achieved within this service.

The child is the most valuable. I do my best to make sure that the child is healthy and replete. The child and health… If I am healthy, I will be able to raise my child, because I am the only person my daughter has. I have a small child now and have more responsibilities.

Beneficiary of the Centre

If they had not received us at the Centre, we would have been lost. Maybe we wouldn't even have survived.

Beneficiary of the Centre

When we receive money, we ask for advice from Mrs. Grunea *(manager of the Centre)* and from the social assistants what to buy in the first place and then we divide the money by weeks. Still, this money is not enough. However, other people manage to save some money. In the beginning, the social assistant accompanies us for shopping, tells us what is better to buy. We think we know, but we don't always buy the right things.

Beneficiary of the Centre

The centre is very good. We have everything we need here – a roof over our heads, money for most important things. They helped us to get our identity papers and other document necessary to get the state allowance. We have baptized our children here. A priest came and gave us his blessing.

Beneficiary of the Centre

The workers from social assistance and those from here teach us a lot of helpful things: how to prepare food, wash, and take care of our children. They taught Elena to write and read – she hasn't gone to school.

Beneficiary of the Centre

When we feel bad or if we don't know something we go to the social assistants. Once a week we have sessions with the psychologist and discuss a lot of interesting things with her. She wants us to feel well here and to respect each other. She also teaches us how to communicate with children.

Beneficiary of the Centre

I wish I could stay here for more time. My baby is still too young and I am afraid that I will not manage to take care of him by myself at home. We are afraid that we will not be able to find work because of our babies, and will die of hunger and cold at home.

Beneficiary of the Centre

The fact that the woman is more self-confident and has elementary life skills and housekeeping skills when she leaves the Centre allows us to be confident that such a woman will be able to handle the problems and lead an independent lifestyle and, possibly, will not depend on social services or support from other people.

SAFPD Specialist

There is a young woman at the centre who does not remember if she ever had an identity document, or when the two children of her were born and died. Another beneficiary requires permanent supervision, because she always forgets to cool of the bottle of milk before giving to her baby, not to mention personal or child's hygiene.

Psychologist

Today there are women, former beneficiaries, who thank us for the provided support and for having a child. More than 30 children avoided abandonment in a residential institution. What does this mean for a poor country!? Imagine that these 30 children would have become orphans with this imprint for the whole life… Nobody thinks of this. We

> have a totalitarian, socialist or soviet lifestyle. The child does not mean anything, and 5-6 thousand lei in 6 months mean more.
>
> **Head of SAFPD**
>
> This service is also appropriate for the woman's family so that they can understand what happened; the woman and her child calm down, recover and become self-confident. The woman must see that she has been left alone with her problem. Without this service, the child could have been abandoned and the mother would have been isolated from society and nobody knows what could have happened to her (to the mother). In fact, people in such cases can have different thoughts and these thoughts are not always positive. The service is a good solution to solve cases of difficulty in which the mother-child couple can be. Of course, we would like to have less of such cases, but this is life – complicated and full of surprise, therefore we believe that only this service can handle such situations.
>
> **Deputy president of Ungheni Raion**

In the end, we can conclude that the PCPBC provides qualitative services that have a positive impact on the life and welfare of direct and indirect beneficiaries. This is due to the fact that the PCPCBC observes the quality standards strictly and provides an environment similar to the family one. The provided services are beneficiary-oriented, following the cultural traditions of them and of the community and their rights and desires. The provided services meet the identified needs of the beneficiaries and the beneficiaries' needs assessment is carried out with their participation. It is important to note that PCPBC workers assess the beneficiaries' level of satisfaction with the received services during the placement with a view to continue improving them.

Services are provided in suitable premises; the configuration and arrangement of the rooms are appropriate for the provided services and the existing national quality standards. There are material and logistic resources needed for the operation of the service.

We must also mention the dissatisfaction expressed by several participants in the evaluation regarding the level of skills of the PCPBC manager, who seems not to be concerned with the improvement of own performances, the monitoring and evaluation of the provided services, the professional supervision of the staff and the participation of PCBCC employees in continuous training programmes. In addition, we are not certain that in the post-Project period, the manager will have the capacity to run the service independently, to attract additional resources for financing of the Centre and provided services. These deficiencies can be explained by the high organisational and administrative skills of the Project team, on the one hand, and by the consolidation and monitoring activities conducted by the Project team that assumed too many tasks and concerns and did not involve the manager of the Centre in their settlement sufficiently, on the other hand.

There have been also objective difficulties related to the impossibility to recruit qualified personnel for the Centre within the Cornesti community. This is caused by the fact that the service is located in a small community where there are no qualified workers. In addition, we must admit that the issue of qualified human resources is valid for the whole country. Because of the lack of necessary funds, most of service providers cannot afford permanent training of staff, which leads to poor quality of services provided to the end beneficiaries.

We recommend that the Project team provides additional support to the local partners for the professional growth of both the manager of the Centre and the personnel, involving them in a continuous training programme. For this, it is necessary that the SAFPD plans financial resources in their annual budget. At the same time, we see EveryChild as one of the few organisations in the country that could develop training programmes for service providers (state, NGOs or private) operating in social protection and, especially, in the social protection of children and families. We recommend EveryChild to consider the creation of a resource and training centre to fill this gap. We foresee that, in the conditions of an increasing financial crisis in the Republic of Moldova, service

providers will lack continuous training, which could result in stagnation in the social service development process.

In conclusion, we would like to mention that the activities and outputs achieved under this objective have been relevant for the set tasks, the existing context and the involved resources and have led to the integral achievement of the planned objective. More than that, we consider that the impact of interventions has exceeded the initially envisaged targets. The Project team was not able to foresee the area of the obtained direct and indirect impact. In achieving this objective, *the focus was placed* on observing the quality standards established in the process of social service development and strengthening the capacities of service providers to provide qualitative services.

2.4.Evaluation findings on the achievement of Objective 4

Community support for expecting and new parents and babies and prevent abandonment strengthened by the end of 2008

The Project has invested the following inputs to achieve objective 4:

a. Financial resources – promotion of the study on the situation of infant abandonment at raion and national level, production of video spots and subtitles in Romanian to the film „Road to Home", communication activities, roundtables, etc., writing and publishing articles and press materials.

b. Human resources - the joint Project team consisting of EveryChild representatives (programme director, project coordinator and press officer) and Ungheni SAFPD (specialists in the protection of families with children)

c. Organisational and regulatory resources – a local strategy on communication and awareness raising on the need and possible solutions to prevent infant abandonment has been developed and implemented.

The following activities have been carried out by the Project with a view to achieve objective 4:

a. The Study on the reasons for child abandonment at birth has been conducted at raion and national level. The results of the Study have been published, presented and distributed at local and national level *(Annex 7*).

b. In cooperation with the project's local partners and the EvC's media group support the communication strategy and plan have been developed on the basis of data taken from the conducted study (*Annex 8*).

c. Two video spots on baby abandonment in maternity wards and on the Foster Care Service have been produced and broadcast on national and local TV.

d. Radio and TV reports and programmes on infant abandonment and on the need to develop support services for mothers and children in difficulty have been produced.

e. Roundtables, workshops and work meetings with the participation of representatives of various medical, educational institutions, LPAs of 1st and 2nd level and NGOs have been organised and held.

f. The training of community social assistants in early identification of the risk of abandonment, the mobilisation of community efforts to support women with children in difficulty and combat stigmatisation, the monitoring and support of the reintegration of couples has been conducted.

The importance of this study is that it has contributed to understanding the situation and the attitude towards infant abandonment, the activities carried out in relation to this phenomenon at raion and national level. As a result of this study, the **causes of abandonment** and of the risk of infant abandonment have been identified: poverty, lack of housing; minor mothers under 19; the fact that women are not ready to give birth; the birth of disabled children; relation setting problems or break of relations with the husband/partner, the extended family; domestic violence; the fear to be condemned by the community; the woman that has been abandoned.

> I would like to stay here more. My baby is small and I am afraid I will not handle it alone at home. We are afraid that the employers will not hire us because we have small children and we will starve and freeze at home.
>
> **Beneficiary**
>
> All of the above problems can serve as grounds for the risk of infant abandonment. Even if the woman loves her child, the conditions or the lack of conditions contribute to temporary or definitive child abandonment. There are strong and ambitious women who are able to overcome their problems, but there are also weak women, such as our beneficiaries who give up when they have a problem. If the door is not opened to them, they don't know that they can use the window to enter. However, they suffer a lot for not being able to give something to their child.
>
> **SAFPD Specialist**
>
> A big problem is the lack of moral support from the members of biologic and extended family. The young women feel inferior and guilty, because a mother always blames herself for not being able to provide decent conditions to her.
>
> **Psychologist**

The following outputs have been obtained by the Project under objective 4:

a. A series of media products used throughout the Project and that will continue being used after its end (ads, videos).

b. The development of the social service system for the prevention of infant abandonment prevention has contributed to the creation of a mechanism for identification of risks and cases of abandonment. In addition, the mechanism of case referral through raion-based structures and institutions has been developed and tested.

c. A system of collaboration between medical facilities and social assistance institutions on cases of risk and infant abandonment: the maternity ward, raion hospital, Civil Registration Office, Employment Office, Territorial Social Insurance House, etc. has been created and implemented.

d. A monitoring system for social services focused on infant abandonment prevention has been created and implemented. A person within the SAFPD was assigned the duty to make regular visits to the PCPCC, consult the personnel and liaise between the PCPCC and other raion-based institutions.

In conclusion, we can define several important outcomes for objective 4:

The major result related to the achievement of objective 4 is the change of attitudes towards prevention of the risk of infant abandonment. Changes of attitudes have been recorded at the level of: beneficiaries, professionals within the PCPBC and the SAFPD, decisions-makers, medical staff, community social assistants, the whole community (Cornesti).

The issue of infant abandonment is not a closed, taboo and stigmatised issue anymore. It is an issue that is discussed, analysed and measures are planned and taken at raion and community level to prevent baby abandonment. As a result, assistance and support has been provided in all the identified cases of risk of infant abandonment at raion level.

In conclusion, the activities and outputs achieved under this objective are relevant for the set tasks, the existing context and the involved resources and have contributed to the achievement of the

project's objective and goal. In achieving this objective, the focus was placed on awareness raising activities for different target groups at different levels. At the same time, the interventions have exceeded the local level by far being oriented to the national level and causing changes at the level of national policies.

3. Project results at the level of analytic interpretation and correlative integration

3.1. Key achievements of the Project

This section covers the key achievements, the outcomes of the project on different groups of persons involved in Project activities.

At the level of direct beneficiaries (parent-child couples), the evaluation data shows that the Project has achieved a considerable direct impact, preventing infant abandonment and family separation, developing parents' skills of child care and upbringing, independent life skills and providing opportunities for their reintegration with the family and community. 90% of the cases of risk of infant abandonment are identified and 98% of these are prevented. Most of the beneficiaries have overcome the stress and depression caused by birth and are now optimistic about their future life and child upbringing. Beneficiary women have regained their self-confidence and started developing vital plans. After reintegration, the young families continue to be supervised by local public authorities to be supported and to intervene in solving problems related to child upbringing, where necessary (*Annex 9*).

At the level of responsible institution, the Project has achieved considerable growth of SAFPD staff capacities in promoting, justifying and convincing LPAs on the settlement of social problems at raion and community level. The SAFPD has ensured the continuity and sustainability of the provided services. The professional skills of SAFPD staff on infant abandonment issues have increased; the motivation and efficiency of the work have increased. The SAFPD started to be concerned with the improvement of its performances in the field of service provision (monitoring and evaluation of services, continuous training courses for the personnel) expressing interest for the observance of professional competence standards.

> Everything depends on the Council members' level of understanding and on the insistence of Mr. Radeanu (*head of the SAFPD*) and SAFPD specialists who know how to prioritise the needs of the raion in a wise manner, on the insistence of the deputy president of the raion, Mrs. Guzun, who works a lot in this regard. In general, it depends on people who want to do something. I must tell you that one of the most progressive and revolutionary Directorates in the raion that wants to do something for people is the SAFPD. If we take as an example the first team that came to the council and declared that they did not agree with what was happening in the organisation and were not happy with the administration, which not only did not allow the development of social assistance but was keeping it in stagnation. People have become self-confident and reliant on their own capacities. We paid attention to each of them. I think that every member of the team is important. Currently, people are more successful and, more than that, they have realised that they need to learn more to be able to grow. The team has chosen its way and we must support them, multiply the services and provide them with "fuel" on time.
>
> **President of Ungheni Raion**
>
> We are very confident in our capacities as specialists, because we realise that the provided services are absolutely necessary. These are concrete services with Minimum Quality Standards, Regulations and Operational Manual. Now, after two years of developing this service, we have a database, which demonstrates that we have acquired a lot of experience in this regard… The technology of delivering abandonment prevention services in Ungheni is basically functional. Various actors are involved in this process – the so-called multidisciplinary team. So, our attitude is professional. The most important is that we believe that this service is absolutely necessary..
>
> **Head of SAFPD**

For the first time, the mechanism of financial planning for the continuous training of social assistance staff in the raion budget was developed. The SAFPD staff has consolidated its skills of setting partnerships with decision-making institutions and persons at raion level (Health Directorate, Finance Directorate, etc.).

The calculation of financial needs of the directorate does not start at the end of the year; we have already started it. We monitor expenses during the year and are always aware of the financial situation and the needs. The budgeting process is not simple – to reach a conclusion when standing in front of the Council members, when they must vote pro or con.

This is what we do: all specialists from all the services make proposals for the development or maintenance of services, e.g. how much we need for Cornesti Centre? Based on the 2008 expenses, the accounting department together with the specialists knew how much we had to plan for 2009 in the middle of 2008. I participate in all the stages. First, with the specialists, then with the accounting department. After that, we had negotiations with the political factions, informed them on the problems and needs in the field. This is a very important stage, because we must convince them with solid arguments. When we get to present the draft Budget to the specialised commissions of the Council (the Commission for financial issues, the Commission for social issues, etc.) the Council members must already be convinced and prepared so that we know how they are going to vote. We need some time to add information. Anyway, the situation is 90-95% clear after the sitting of the specialised Commission.

Head of SAFPD

Finally, the professionals and LPA representatives started to have a mentality of development, creativity, transfer of acquired knowledge and experiences on other categories of beneficiaries and social problems. As a result of the Project, the SAFPD has become an innovative, creative and competent institution for the justification and promotion of social services set as a priority and adequate for people's needs at raion level.

What changes has the Cornesti Centre brought? First, the change in many people's mentality, including in that of the beneficiary. A pregnant young woman is not isolated, lost and mocked at anymore. She knows that there is someone to take care of her, to support her. With the help of the service, we managed to change the mentality of certain representatives of local authorities. You don't need to punish someone if you want to re-educate this person. Attitudes can be changed with kindness. Positive examples can be used to show someone the right way. Besides, young women learn housekeeping skills – they take care of pampers, cooking, shopping, managing a certain amount of money at the Centre – to become a good housekeeper and to be able to manage a household independently. In one word, the beneficiaries of the Centre go through a re-education process.

President of Ungheni Raion

At the level of local public authorities, the Project has managed to change the mentality and attitude of key persons at different levels (at the level of mother, practitioners, professionals, decision-makers), has influenced the awareness level of professionals and the public on the problem.

A mechanism of local budget development through the reorientation of funds from other sectors to the social sector has been created and implemented. As a result, the SAFPD budget for 2009 makes up 20.9% of the raion budget. The SAFPD budget for 2008 has been executed at 100%. As a result of the justification of the project in front of the Raion Council, funds are planned for the integral maintenance of the services developed by the Project for 2009. In addition, it is envisaged to extend the developed services (extension of services within the Centre – for victims of trafficking and domestic violence; extension of the Foster Care Service). It is important to mention that the SAFPD budget has doubled as compared to 2006.

Finally, it is important to mention that the autonomy and independence of Ungheni authorities in solving social problems at raion level has been consolidated (attraction of resources by writing projects, making decisions at raion level).

At the level of professionals, the Project has produced positive changes. Thus, the network of community social assistants at local level has been consolidated; the multidisciplinary team has been created; the professional skills of medical workers have been strengthened. Attitudes have been changed and the beneficiaries, professionals, LPAs, the public have been informed on the need to prevent infant abandonment. An integral mechanism for identification, record, evaluation, intervention, referral and monitoring of all cases at risk of child abandonment has been developed and tested at local level.

At community / raion level, the Project has managed to have a beneficial impact. The number of women at risk of infant abandonment identified at community level by social assistants, workers of the mayor's office or even individuals has grown. Women at risk of infant abandonment are successfully reintegrated with the family and community, overcoming the stigmatising attitude of the community and receiving support from community social assistants and other key persons in the community.

There was no record of abandoned children before 2006. The maternity wards used to work directly with children's houses. The guardianship authority did not make the figures public and the cases were not documented. That is why, it is difficult to say whether the abandonment phenomenon is increasing or decreasing.

It is with certitude that I can tell you that there were no infant abandonment prevention services before. Work used to be done in a chaotic way because there were no mechanisms of work with the case.

Today, we can say that the majority of cases go through social assistance. All children at risk of abandonment go through our services. There is a record of all of them – this is the great merit of the Project.

Head of SAFPD

At the level of social system, changes have been made in the approach to social policies in the field. The fact that the group of newborns is not covered with statistics and abandonment prevention services at national level has been realised. At the same time, the Project has demonstrated that the infant abandonment prevention service is a social service and has developed this service through a social approach of the issue of infant abandonment prevention

3.2. Indirect effects generated by the Project

The evaluation data shows a certain exceeding of the area of Project's impact as compared to the initially defined objectives. Thus, the Project has achieved indirect results, such as:

a. The increase of the level of SAFPD workers' professional competence has allowed transferring knowledge and skills from the traditional foster care service to a new model of service – family support to older people. The increase of the level of credibility to the SAFPD staff has allowed the provision of funds to pilot the service of the family support to older people only on the basis of regulations developed and approved at raion level, without the quality standards approved, with the intention to continue developing the service.

b. The raion Finance Directorate envisages proposing the inclusion of expenses for the Centre in inter-budgetary relations, after submitting initiatives to the MoF with a view to modify the MoF Classifier for the establishment of the local budgets.

c. A mechanism for identification of cases of infant abandonment at raion level has been created by involving the raion-based medical facilities (maternity ward, hospital), the Republican Maternity Hospital (Chisinau), SAFPD specialists and community social assistants. This

mechanism is operating horizontally and vertically, extending the coverage of people's support needs.

d. No cases of children abandoned and placed in the Republican Placement Centre for Young Babies from Ungheni raion were identified during project implementation, except for children abandoned outside the raion.

e. The development of services within the Project impacted on Cula community – one of the most vulnerable in the raion. Due to the fact that the placement centre is located near this area, the Centre is, first of all, a source of jobs and, secondly, a point of intervention in cases at risk of child abandonment at an early stage.

f. The acquired experience has contributed to the shaping of the education policy for young people (elementary life skills development) at raion level, which is planned to be implemented by the community social assistants and medical workers directly in the educational institutions. Similarly, they want to intervene with these initiatives with the MoE.

g. Many raions in the region have expressed their desire to visit Ungheni to learn good practices in developing social services for families and children.

3.3.Correlative analysis of Project results

The following correlative analysis indicators have been identified for a macro-analysis at project level:

The relation between the results of actions planned in the project proposal and the used inputs. The activities have been appropriate for the planned and used inputs. In addition, the Project impact has exceeded the planned targets and resources. Especially, the indirect impact is totally related to the Project extension area from the initial design. It is important to mention the impact of the Project achieved at national level.

The relation between the results of the policy of infant abandonment prevention at LPA level and its objectives (effectiveness). The Project team has managed to bring changes of attitude in different stakeholders and at different levels, as a result of which infant abandonment policies have been integrated in social policies at local level. The Project team has managed to consolidate the developed attitudes and skills and, as a result, the institutional, methodological and financial sustainability of the developed services has been ensured.

The relation between the used resources and project impact at individual (parent, child, extended family), organisational (SAFPD, Maternity Ward, Centre staff) and community level (raion and Cornesti village. The number of cases at risk of infant abandonment identified at community level has grown considerably. At the same time, the professionals' contradiction between the wish to solve the problems of women at risk of infant abandonment and the existing institutional and financial capacity for this has been solved. Thus, due to the opportunities created by the project new services have been developed and integrated and policies on infant abandonment prevention have been integrated in the local social policy.

The relation between the reduction of resources after Project's end and the maintenance of the quality of the developed services. It is worth mentioning that the Project has contributed to the development of survival strategies: attraction of resources from the central budget, extra-budgetary resources, additional funds, grants for development and technical assistance. Some of the survival strategies have already started being discussed and implemented (for instance, the inclusion of services in inter-budgetary relations with the MoF, creation of an NGO within the Temporary Placement Centre for Parent-Child Couples).

3.4.Local tendencies in the evolution of infant abandonment prevention

Tendencies in the phenomenon of infant abandonment prevention show, according to SAFPD specialists, an increasing dynamics of situations with risk of abandonment, while the number of abandoned children is decreasing. Only 2 abandoned children, born outside the raion or the country and one abandoned child in the post-prevention service period were identified in 2008. According to the medical staff, the rate of births with the risk of abandonment makes up 1%. These tendencies can be explained by the creation of a system of identification at early stages. The development of social services for women at risk of child abandonment has contributed to the identification of these beneficiaries and their placement in services, which removed the phenomenon from the "secret" category.

Both the EvC workers and the local partners consider that it is necessary to make joint efforts in order to ensure long-term sustainability of the developed services, to continue improving the quality of services provided to parents and children and to extend the coverage of this service.

> There are inconveniences related to the staff, the communication systems, electricity, thermal energy, sewage, etc. Due to EvC, the Centre's heating problem is being solved. I must mention that you are of considerable help to us. We have involved several doctors to teach our beneficiary women how to plan their family and births. We are looking for solutions to avoid staff turnover.
>
> I am not totally happy with the quality of services provided by the Centre personnel and with the professionalism level of Centre specialists! First of all, this is because of the increased turnover of social assistants. There are persons who quit or take maternity leaves. Investments have been made in these persons, they have been trained. If we recruit new people, we will need funds to train them again.
>
> Another problem is the post-reintegration monitoring procedure. I consider that this period is too short. The couple has problems and the risk is not totally eliminated. The couple continues to be in the category of people who are vulnerable and sensitive to daily problems.
>
> **Head of SAFPD**

Certain risks that can affect the sustainability of Project results were identified during the evaluation of the Project. First of all, it is not clear what the situation of local autonomy will be as a result of the political instability caused by Parliamentary elections, but also by the dire deficit in the central budget caused by the economic recession. At the same time, the eventual local elections (in 2 years) could affect the stability of the achievements. In order to minimise these risks, it is recommended to consolidate the developed social services in the period that follows after the end of Project, so that the developed processes triggered by the Project are irreversible. In addition, a recommendation can be made that Ungheni raion does not expand the (expensive) residential services, but consolidates the family and community support services. Moreover, EveryChild, should continue providing support during the change of authorities in Ungheni raion within the limits of its possibilities.

Some forecasts can be made based on the information collected during the evaluation. There are real preconditions for the services to be sustainable and qualitative, such as: the existence of financial mechanisms tested at local level that have demonstrated their efficiency; Ungheni SAFPD is one of the few directorates that invests in the continuous development of human resources; social services at local level are developed on the basis of people's needs assessment, existing resources and cost-efficiency analysis; Ungheni SAFPD shows flexibility in the use of resources in compliance with the community needs; Ungheni raion has a local strategy concerning social services that includes the use of community-based services, their extension and integration with a system at raion level.

Saving a child and integrating him/her with the family is already a benefit. Obviously, it will take years before we see and feel the impact of the project. Now we only have achievements and forecasts, we assume, but when these children will go to school and their mother will say – do you know who you must thank for being born or for being together with me. If the mother realises the value of the support provided today and tells the child about these values then the Project is really going to have a high impact.

President of Ungheni Raion

4. Final conclusions and recommendations

4.1. Final conclusions

It is with certitude that we can tell that:

a. The “Prevention of Child Abandonment at Birth in Ungheni Raion” Project has fully achieved its objectives, which has contributed to achievement of the goal of the Project – reduction of the number of children abandoned at birth in the maternity ward and children’s hospital from Ungheni.

b. The good practice model **has produced an intended change** of the initial situation of beneficiaries and the community. Achieving the expected and intended results represents a modality of guiding intervention by focusing and targeting activities to the established objectives. The objectives of this model of good practice have observed the SMART criteria, which have provided a measurement tool for the obtained results. The Project outcomes are related to two main goals: impact outcomes at beneficiary level and at the level of institutional skills (SAFPD, PCPCC, medical institutions).

c. The services developed in Ungheni raion meet the local needs, are cost-efficient and produce long-lasting changes in the life and welfare of children and their parents. **The developed services follow the quality standards and have even proposed standards** derived from Project’s activity. The services developed under the project are based on a rigorous methodology of activity generated by the existing quality standards in the field of infant abandonment prevention.

d. The developed services generate the **improvement of beneficiaries’ living standards**. The model represents an optimal solution for the modification of beneficiaries’ status. Evaluation data also shows the acknowledgement of the quality of services by beneficiary parents. The satisfaction of beneficiaries demonstrates the observance of quality standards, flexibility and adaptation to beneficiaries’ needs, modelling the intervention by involving beneficiaries.

e. The Project had demonstrated **the accessibility and flexibility of the developed services.** The Project has recorded a high level of coverage of the target group’s needs, accessibility and applying for and receiving services from parent-child couples, flexibility and transparency with regard the use of available resources and the results of the provided services. The flexibility of services subject to the needs of beneficiaries and the community has interacted with the identified need to prevent infant abandonment and ensured the specificity and identity of the intervention model.

f. The Project has also demonstrated the **efficiency of the developed services**. Services have produced optimal results for the beneficiaries with minimum efforts and resources, a cost-benefit correlation that ensures their efficiency and economic and social feasibility. In addition,

the provision of services at costs that the community can afford represents a form of normality. A condition for further provision of services and their replication.

g. Services created within the Project have developed **clear criteria for beneficiary selection, the activities being focused on parent-child couples.** The developed model of good practice is a combination of demand, need and supply of services and by observing the beneficiary selection criteria it shows professionalism and accuracy in organising the provided services.

h. The services provided within the Project are provided by a **team of well-trained professionals** who deliver services and intervene to improve the beneficiaries' living standards.

i. The Project has demonstrated a **good partnership model** between EveryChild and local public authorities, service providers and other local agencies, a high level of maturity of these relations, which resulted in the creation of cost-efficient and sustainable services in Ungheni raion. Partnership is an essential condition to generate a good practice model. The service provider within the Project has managed to develop partnership relations with other public and private institutions.

j. The Project has ensured a **level of autonomy of the social services**. Joining resources at community level with a view to reach Project's objectives is an essential condition for functional partnership and ensuring sustainability and autonomy of services developed within this model of good practice.

k. **The institutional, methodological and financial** sustainability of services developed within the Project has been ensured at the end of the Project. Ensuring the sustainability of services and effects on direct and indirect beneficiaries is one of the strongest challenges in supporting a model of good practice. In addition to increasing the level of autonomy of the services, it is necessary to ensure the long-term influence of interventions on beneficiaries and the community.

l. The Project has shown **participation and involvement in providing social services** to parent-child couples. The participatory character of beneficiaries in the provided services involves participation of the community in programme implementation, its support after the end of the pilot implementation period. Therefore, this model of good practice was also aimed at empowering beneficiaries and developing their problem solving skills by stimulating participation at all stages of interventions, from designing services to final evaluation of results.

m. The Project has shown **creativity and social innovation.** The model has proposed creative interventions being an innovative form of proposing expected and intended changes by the implementing agency, having a practical character of interventions. The developed model of good practice is based on applicability, the practical character of the proposed interventions, suggesting concrete solutions for the identified needs. More than that, the developed model is a success story, being a source of motivation, inspiration and stimulation of new initiatives.

n. The developed services represent **models of good practices which are being replicated** – the representatives of local authorities propose the developed services to a higher number of beneficiaries with similar characteristics to those who have received services (mothers with children – victims of domestic violence, mother with children victims of human trafficking, etc.), their multiplication in other geographic areas (multiple requests received from representatives of other raions) and the adaptation of characteristics to the provision of similar services to other categories of beneficiaries (family assistance to single older people etc.).

o. Through its communication and advocacy activities, the Project has managed to produce **changes of attitude at community and national level.** A model of good practice developed in a

community participates in good community governance, the participation of community members in this process producing a change of attitude at community level.

p. **EveryChild has shown high professional competence in various aspects of the social field**, has developed a viable work strategy with LPA representatives and strategies of ensuring the sustainability of the developed services through their institutionalisation, developing the necessary legislative, normative and methodological framework. In addition, EveryChild demonstrates remarkable organisational and managerial skills that are relevant for different administrative levels. EveryChild operates in compliance with the priorities of national policies and expresses capacities to influence the development of certain local and national policies. EveryChild is an active and consistent promoter of initiatives concerning the consolidation of the community level, demonstrating the importance of family-type services. In addition, any service developed with EveryChild support is well integrated in the social assistance system at national level.

4.2. Final recommendations

a. Due to the fact that the Project is a good model to be followed by other non-governmental and state organisations, we recommend EveryChild to disseminate the results of the Project (including final evaluation) among representatives of central and local public authorities and civil society for a transfer of knowledge and replication in other regions of the country.

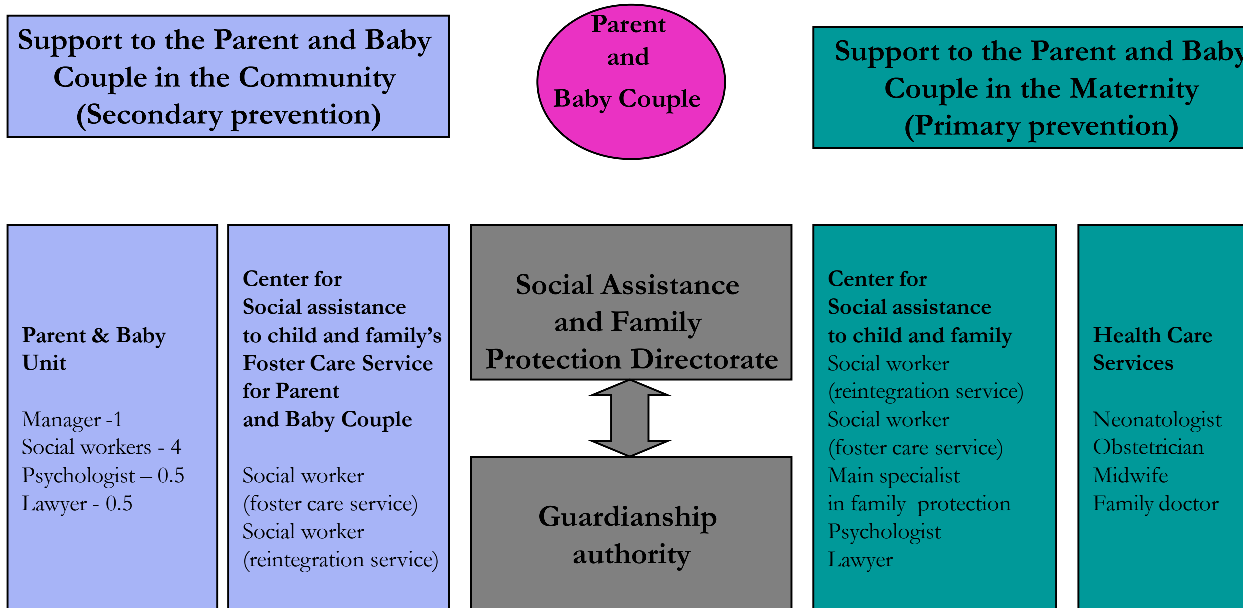
b. In the context of the persistent problem related to the qualification and training of human resources, we recommend EveryChild to consider the creation of a resource and training centre for the providers of social services for families and children. We consider that EveryChild holds the leadership in this field; has programmes and well prepared trainers and good relations with both the donors, who could be interested in this idea and the state authorities – providers of human resources that need to be formed and developed.

c. In the context of monitoring the dynamics of infant abandonment at national level, we recommend EveryChild to conduct a national study that would inform the development of national policies in this field.

Annexes

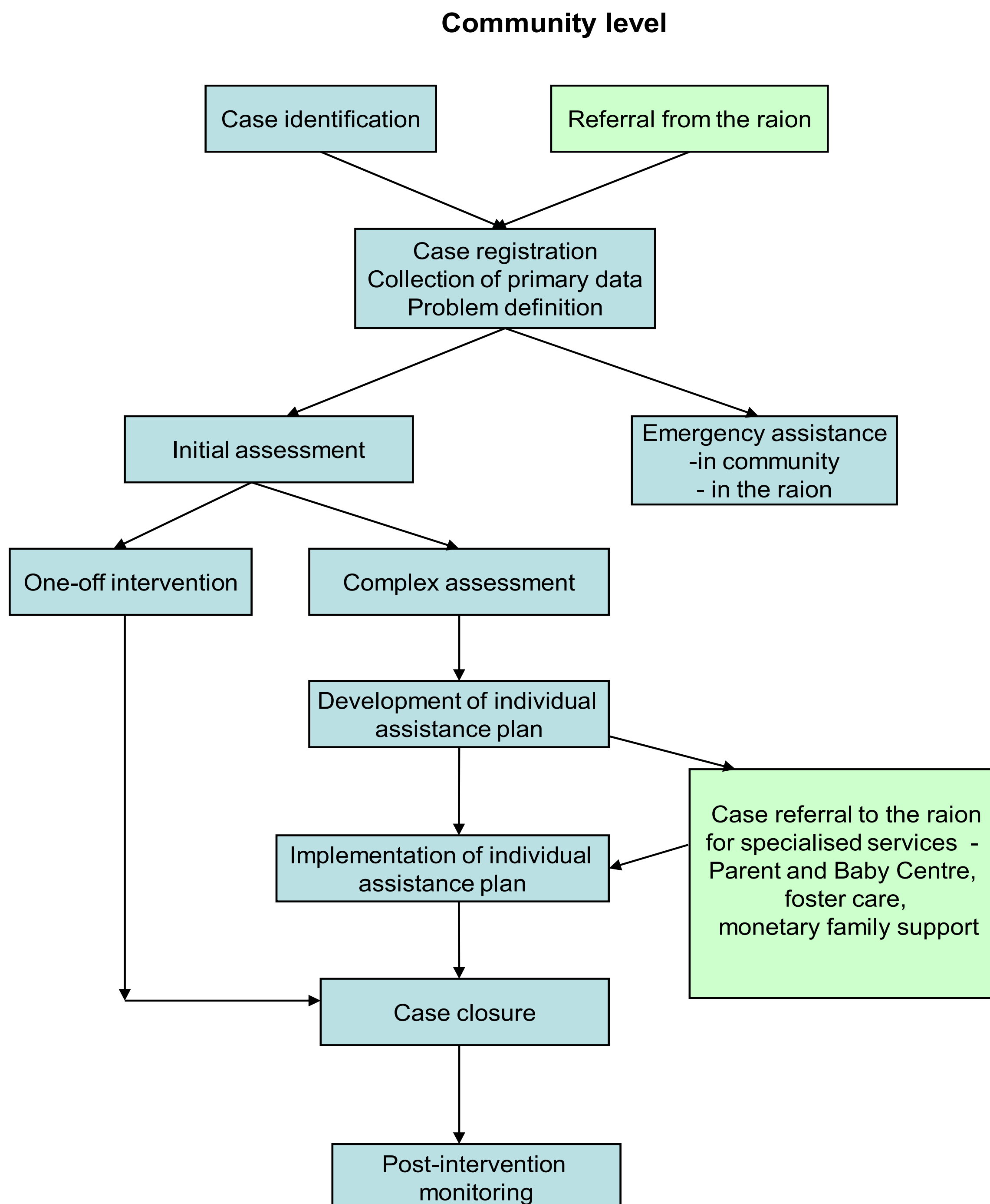
Annex 1

Structure of the Multi-disciplinary groups of specialists to prevent child abandonment at birth in Ungheni Raion

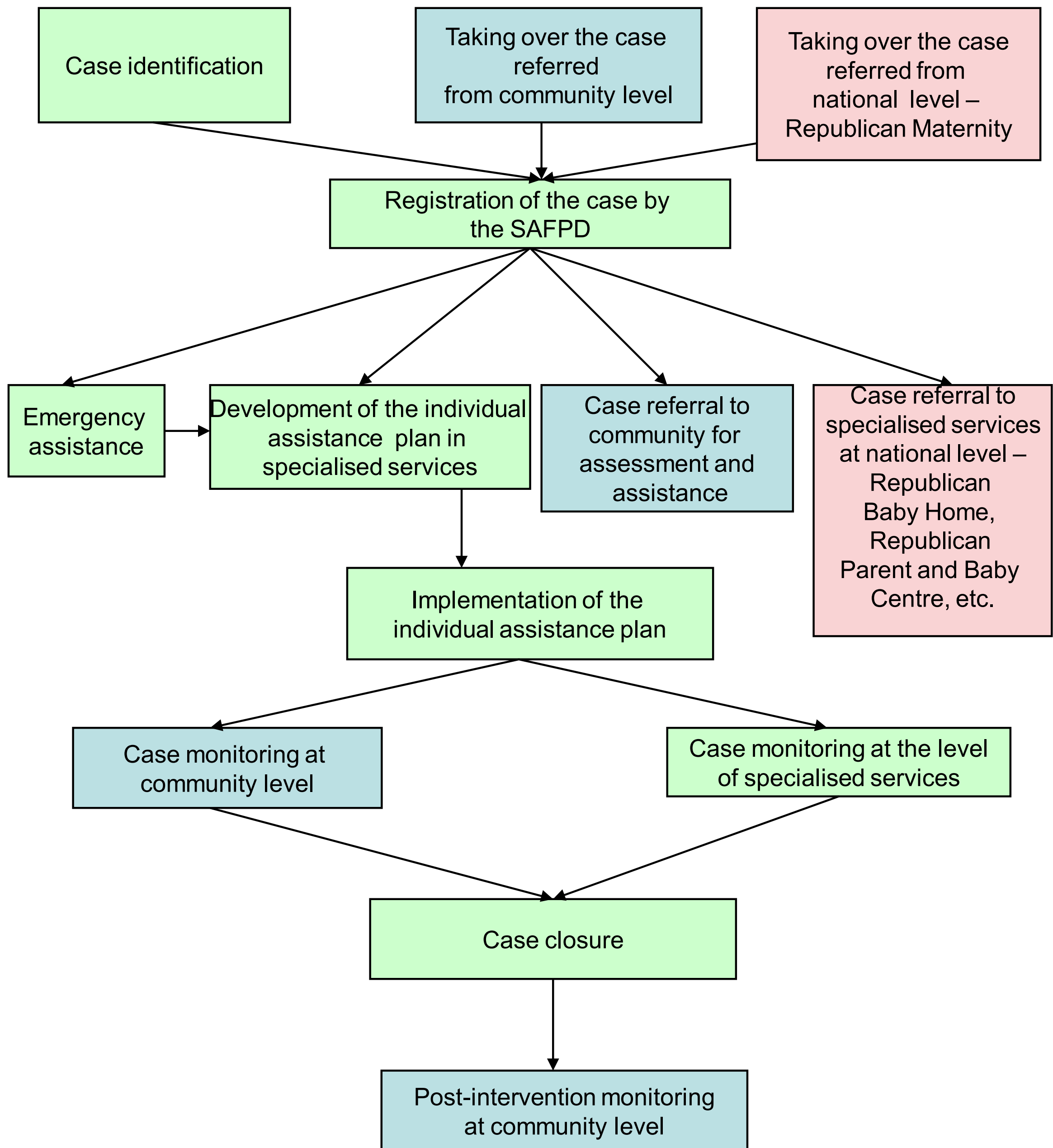


Annex 2

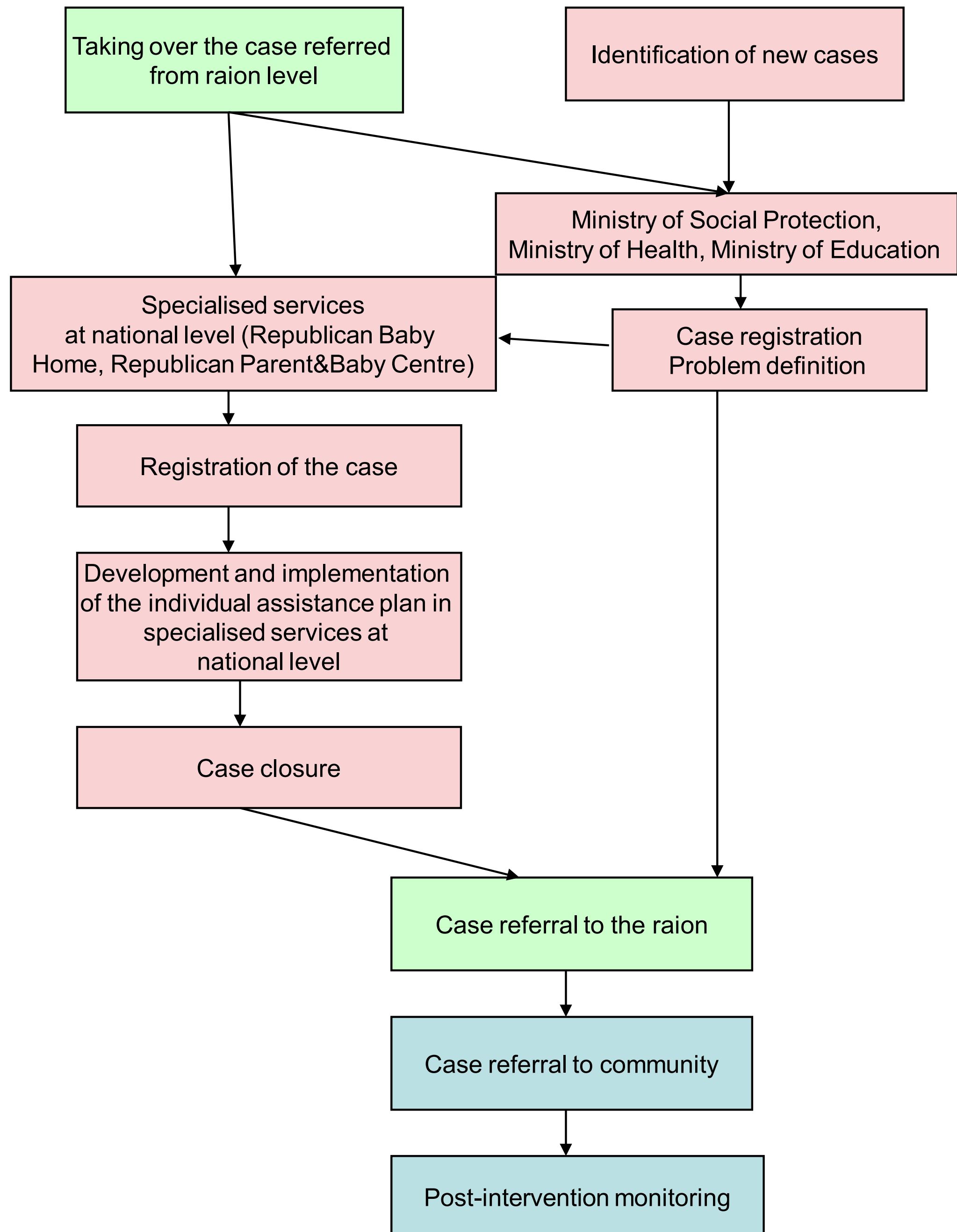
Framework itinerary of the infant abandonment prevention case in social assistance system



Raion level



National level



Annex 3

CURRICULUM

for training in child abandonment at birth prevention

(Ungheni rayon multidisciplinary group)

PREAMBLE

This curriculum is designed for the training of specialists who have directly to do with child abandonment prevention, as well as to solve abandonment cases in order to maintain the child in the family or / and to reintegrate him in the family environment.

The training will be performed in **two levels:**

1. level of initial prevention of child abandonment;
2. level of secondary prevention of child abandonment

The Curriculum foresees gaining knowledge and formation of professional abilities needed to perform tasks related to child abandonment phenomenon, at the level of prevention and resolution of abandonment cases.

General goal of the training is to improve professional competences of the multidisciplinary group specialists in realizing child abandonment activities and in resolution of abandonment cases.

Training **Objectives**:

1. General objectives:

- Introduction to infant abandonment problem;
- Improvement of the level of professional competence of the specialists responsible for child abandonment, in order to increase the quality of social, health, educational and psychological services designed for the group of beneficiaries;

2. Cognitive objectives:

- Learning the fundamental notions in infant abandonment issues;
- Learning the forms, methods and techniques of social intervention in the situation of women/families at risk of abandoning their children or who abandoned their children;
- Knowing the psychological peculiarities and social conditions of the women at risk of abandoning their children;

3. Affective objectives:

- Making the specialists accountable for the beneficiaries and for the social environment appropriate for them;
- Building tolerance and human solidarity;

4. Objectives of building practical competences:

- Building and development of professional abilities necessary for infant prevention abandonment;
- Building and development of professional abilities necessary for working with infant abandonment cases;

Training **target group**:

1. Medical workers:
   - Head of maternity hospital;
   - Maternity hospital midwife;
   - Maternity hospital neo-pathologist;
   - Maternity hospital obstetrician;
   - Family doctor (2 persons)
2. Specialists from local public authorities:
   - Specialist in family and child issues from Social Assistance and Family Protection Department;
   - Guardianship authority;
   - Social assistant from foster care service;

Organization of trainings

The training course will be held during the first half of the day, in order to create possibilities for the personnel to fulfill their work duties. At the same time, this work schedule will allow the personnel to assimilate the new information in an accessible regime.

The calculation of training time is based on the following norms:

- 5 training hours per day;
- 5 training days per week.

The Curriculum is made up of 7 modules.

The training course lasts 40 hours/8 days.

Methods and techniques of teaching

Teaching within the modules is based on the use of interactive methods that increase the degree of beneficiaries' participation in the learning process. Theoretical information is acquired with the help of activities based on practical examples.

The main stress in the process of teaching is made on the development of practical abilities needed by the specialists to prevent and solve infant abandonment cases. In this respect the following teaching methods and techniques are used: modelling of certain situations, case studies, group activities, exercising of practical abilities, etc.

The methods of active participation used in the teaching process are: brainstorming, free associations, case studies, think – pair – present, public debates (elements), energizers, guided reading (elements), etc.

Learning of the information is consolidated through the organization of different visits to social services delivered by local governmental and non-governmental organizations that work in social area. Similarly, the course is consolidated through dissemination of positive practices, identified and described in EveryChild data base.

Taking into consideration the specific aspects of social professions, based mainly on practical competence, the organizational form of trainings resides in a combination of theoretical knowledge with practical activity. The teaching principle applied in the training process consists in acquiring

theoretical knowledge through practical activities. Thus, the audience gets the possibility to find arguments and to reach conclusions by performing practical activities of psycho-social intervention. We consider that this style of learning is adequate to the potential of practitioners and assures an efficient process of professional development.

Evaluation of results

In the process of teaching the following evaluation forms will be used:

- initial evaluation
- final evaluation

Initial evaluation is done at the beginning of the course and is meant to establish the level of development of professional competences in the area discussed at the moment when the training process begins, as well as to identify the expectations of the beneficiaries from the course.

Final evaluation is done at the end of the course, through the application of a final evaluation questionnaire. The evaluation establishes the knowledge, skills and attitudes acquired during the training course, as well as at the moments that need further improvement.

Topical plan

N	Module	Planning hours
1	Social assistance to family and child: areas of competence	3
2	National legislation framework in child protection field	2
3	Key theories in social assistance	5
4	Optimization of communication abilities and conflict solving in social work practice	5
5	Child abandonment phenomenon	5
6	Intervention practice in case of infant abandonment	10
7	Preventive measures in child abandonment	10
	Total	40

Contents of the modules

Module I. Social assistance to family and child: areas of competence

1. Services and mechanisms of supporting children and families at community level. The characteristics of inter-connection between them (official/governmental, non-governmental and social (community/neighborhood)). The main principles and the foundations of positive practices in social assistants' activity. Ethical, moral and social issues of the social assistant's activity. Expectations and professional possibilities of the social assistant in his work with the beneficiaries.
2. Professional standards for the social assistant's professional activity. Ethical issues in social work practice. Rights and obligations of the social assistant. Ethic code of the social assistant. Rights

and obligation of the beneficiary. Values in social assistance: respect for dignity and person's unique nature, self-determination of the beneficiary, self-determination and legal authority.

3. Types of beneficiaries of social assistance services. Phycho-social profile of the beneficiary of social assistance services. Psycho-social peculiarities of different categories of beneficiaries: children, young people, families, disabled persons, aged persons.
4. Model of problem/case resolution:
   - contact phase
     - identification and definition of the problem
     - setting up the aim
     - preliminary contract
     - sources and methods of collecting the information
     - used competencies at the contract stage
   - contract phase:
     - assessment and determination of the problem
     - setting up objectives
     - setting up a plan of action/individualized intervention
     - differences in opinions between the beneficiary and social assistant
     - signing the contract with the beneficiary
   - action phase (intervention)
     - roles in the intervention process
     - roles implementation
     - building relationship with the beneficiary in social work practice
     - final case assessment

Module II. National legislation framework in child protection field

1. National legal framework in social protection:
   - Law on Social Assistance
   - Government of the Republic of Moldova Decrees on state allowances, benefits, nominal benefits
2. Legal framework on child rights protection;
   - UN Convention on children's rights
   - Family Code (protection of orphan children and those deprived of parental care, legal responsibilities for infringing children's rights, legal relationship between parents/children);
   - Law on child in difficulty.
3. Mechanisms of legislation application:
   - Decrees of local public authorities;
   - Mechanisms of legislation application. Problems in implementation of legislation

- Recommendations regarding solving the problems which refer to the implementation of legislation.

Module III. Key theories in social assistance

1. Labelling theory and its importance for social assistant's activity:
   - Attitudes and values system in social work practice;
   - Development of anti-discriminatory practices – the foundation of social work;
   - Identification of discrimination fields; the concept of equal opportunities
2. Attachment theory. Attachment stages. The importance of attachment for child development. The importance of attachment in all aspects of social work with child and family. Capacity to build attachments in social activity. Ways of building and strengthening of attachment feeling between children and parents and/or their carers.
   - Attachment and relations
   - Lack of attachment effects
   - Frequent behaviour problems
3. Separation and Loss theory. Additional difficulties for children who suffered rejection and instability.
4. Survival strategies in case of separation:
   - Building relations dependencies
   - Affective reactions: depression
   - Psycho-somatic reactions
   - Self-image distortion
   - Anxiety and guilt living
   - Development delays
5. Survival strategies: exaggerated adaptation, hyperactive and destructive strategies

Module IV. Optimization of communication abilities and conflict solving in social assistance practice

1. Communication/efficient communication: conceptual delimitations, peculiarities.
2. Communication types: verbal communication, non-verbal communication, paraverbal communication.
3. Aims, objectives and ways of management communication :
   - Correlation management style – communication style
4. Efficient communication in social work practice: obstacles and opportunities
   - art of communication in social work practice
   - active listening: "central element" of efficient communication in social work practice.
5. The conflict: concept, typologies, functions.
   - conflict structure;

- dynamics of conflict interactions
- dysfunctionality and conflict in organization space;
- management, solving and solving of the conflict in social work practice.

6. Methods of solving useful conflicts in social work practice
   - setting up conflict map;
   - empathy and control of negative emotions;
   - negotiation;
   - mediation.
7. Ways of implementation of changes in communication process and conflict solving in social work practice.

Module V. Child abandonment phenomenon

1. Phenomenon characteristics, recorded tendencies. Reasons and circumstances of abandonment. Reasons of child abandonment in the view of different target groups (women, specialists, general public). Characteristics of abandoned children. Characteristics of abandoned children's mothers/parents.
2. Categories of women at risk infant abandonment. Psychological peculiarities of pregnant women and those who have recently given birth. Postnatal shock and its effects. Psycho-social profile of women at risk of abandonment and those who abandoned children at birth.

Module VI. Intervention practice in case of infant abandonment

Quality of community services provided to women at risk:

1. services provided in perinatal period
2. services provided in the maternities
3. services provided at community level

Opinions on the quality of services provided to women at risk viewed by different target groups (women, medical staff, and representatives of public local authorities).

Setting up and work of multi-disciplinary group on child abandonment cases. Composition of a multi-disciplinary group, its roles and responsibilities. Working rules and procedures in the multi-disciplinary group. Setting up a mechanism of infant abandonment cases referral at raion level.

Module VII. Prevention measure of child abandonment

1. Organisation of prevention measures of child abandonment at community level. Complex treatment of the needs of women at risk of infant abandonment and implementation of the measures at the level of risk manifestation.. Key persons in the prevention of child abandonment. Primary and secondary prevention.
2. Improvement of quality services provided within maternity as a way of prevention infant abandonment. Setting up specialized services in the maternity: social work, psychological and legal consultation. Improvement of birth conditions for women. Improvement communication abilities of medical staff with women at risk of infant abandonment: building tolerance, labeling exclusion etc. Creation of cooperation mechanism between medical and sanitary services within the maternity and community services.

3. Early identification of cases of infant abandonment risk. General services with the potential of prevention of infant abandonment risk at community level: health education programs, telephone counseling service, identification of women at risk of abandonment and its inclusion in family support service, prenatal consultancy service, setting up the network for mother and child, creation of women community support groups, establishment of cooperation mechanism of the structures in charge with regard to infant abandonment prevention at community level.

   Specialized services for women at risk of child abandonment: centres for temporary placement of mother - baby couples, social apartments, foster care services for mother-baby couples.

   Making the communities responsible for education of children and the support of mothers/parents who come from the respective community. Raising public awareness with regard to infant abandonment problem.

Annex 4

CURRICULUM

for training in Parent-and-Baby Couples Foster Care

(Ungheni rayon Foster Care Service)

PREAMBLE

This curriculum is designed for the training in building necessary competences for providing foster care service for parent and baby couples.

The training will be performed in **two levels:**

1. level for the Ungheni Social Assistance and Family Protection Department specialists who deal directly with families with children at risk;
2. level for foster carers who will be taking in their placement parent and baby couples.

The Curriculum foresees gaining knowledge and formation of professional abilities needed to perform tasks related to child abandonment phenomenon, at the level of prevention and resolution of abandonment cases.

General goal of the training is to improve professional competences of the specialists and foster carers to provide services having as a target group mother and baby couples at risk of child at birth abandonment.

This training will be based on the competences built among specialists and foster carers who have benefited from the child foster care training. In conclusion the training will supplement the knowledge and skills gained beforehand with the new ones needed for placing parent and baby couples.

Training **Objectives**:

1. *Objectives for training the specialists:*
   - Improvement of the level of professional competence of the specialists responsible for foster care service to increase the quality of social, health, educational and psychological services designed for the group of beneficiaries;
   - Knowing the peculiarities of the foster care service methodology, learning the forms, methods and techniques of support in the situation of women/families at risk of abandoning their children.
2. *Objectives for foster carers:*
   - Building skills in supporting the young mother with children.
   - Strengthening knowledge and skills to support the mother and baby couples for their successful reintegration with community and family.

Training **target group**:

1. the Ungheni Social Assistance and Family Protection Department specialists who deal directly with families with children at risk;
2. foster carers who will be taking in their placement parent and baby couples.

Organization of trainings. The training course will be held during the first half of the day, in order to create possibilities for the personnel to fulfil their work duties. At the same time, this work schedule will allow the personnel to assimilate the new information in an accessible regime.

The calculation of training time is based on the following norms:

- 2 training days for specialists – 10 hours;
- 3 training days for foster carers – 13 hours.

The Curriculum for the specialists is made up of 4 modules.

The Curriculum for the foster carers is made up of 6 modules.

The training course lasts 23 hours/5 days.

Methods and techniques of teaching

Teaching within the modules is based on the use of interactive methods that increase the degree of beneficiaries' participation in the learning process. Theoretical information is acquired with the help of activities based on practical examples.

The main stress in the process of teaching is made on the development of practical abilities needed by the specialists to prevent and solve infant abandonment cases. In this respect the following teaching methods and techniques are used: modelling of certain situations, case studies, group activities, exercising of practical abilities, etc.

The methods of active participation used in the teaching process are: brainstorming, free associations, case studies, think – pair – present, public debates (elements), energizers, guided reading (elements), etc.

Learning of the information is consolidated through the organization of different visits to social services delivered by local governmental and non-governmental organizations that work in social area. Similarly, the course is consolidated through dissemination of positive practices, identified and described in EveryChild data base.

Taking into consideration the specific aspects of social professions, based mainly on practical competence, the organizational form of trainings resides in a combination of theoretical knowledge with practical activity. The teaching principle applied in the training process consists in acquiring theoretical knowledge through practical activities. Thus, the audience gets the possibility to find arguments and to reach conclusions by performing practical activities of psycho-social intervention. We consider that this style of learning is adequate to the potential of practitioners and assures an efficient process of professional development.

Evaluation of results

In the process of teaching the following evaluation forms will be used:

- initial evaluation
- final evaluation

Initial evaluation is done at the beginning of the course and is meant to establish the level of development of professional competences in the area discussed at the moment when the training process begins, as well as to identify the expectations of the beneficiaries from the course.

Final evaluation is done at the end of the course, through the application of a final evaluation questionnaire. The evaluation establishes the knowledge, skills and attitudes acquired during the training course, as well as at the moments that need further improvement.

Topic plan for the specialists

Nr	Module	Planning hours
1	Social services provided to children and families at risk	2
2	The advantages of the foster care service for parent and baby couples	1
3	Methodology of foster care service for parent and baby couples	4
4	Optimization of communication abilities and conflict solving in foster care service for parent and baby couples.	3
	Total	10

Contents of the modules

Module I. Social services provided to children and families at risk

1. Types of service for families and children at risk. Primary social services provided at community level.
2. Specialized services provided to children and families at risk, including alternative services.

Module II. The advantages of the foster care service for parent and baby couples

1. Negative effects of institutionalization for child development.
2. Building attachment between parent and child and its importance for child development.
3. The advantages of the foster care service for parent and baby couples: parent skills development at young mothers (looking after the child, feeding the child, communication with the child etc.), independent way of living skills (family budget planning, communication with various agencies in the community etc.).

Module III. Methodology of foster care service for parent and baby couples

1. Recruiting procedure of the foster carers for parent and baby couples
2. Matching procedures of the couple with the foster carer
3. Placement monitoring
4. Work with the extended family for parent and baby couples reintegration

Module IV. Optimization of communication abilities and conflict solving in foster care service for parent and baby couples

1. Understanding children's behaviour. Positive and difficult behaviour
2. Abuse and neglect
3. Applying punishment to children. Consequences of punishment. Alternatives to physical punishment
4. Principles of non-violent communication

Topic plan for foster carers

N	Module	Planning hours
1	The advantages of the foster care service for parent and baby couples	1

2	Optimization of communication abilities and conflict solving in foster care service for parent and baby couples.	3
3	Knowledge and skills in taking care of the child	3
4	Knowledge and skills for appealing to different community services	2
5	Support in re-establishing and maintaining the relationship with the extended family	1
6	Resources of my personality	3
	Total	13

Contents of the modules

Module I. The advantages of the foster care service for parent and baby couples

1. Building attachment between parent and child and its importance for child development.
2. The advantages of the foster care service for parent and baby couples: parent skills development at young mothers (looking after the child, feeding the child, communication with the child etc.), independent way of living skills (family budget planning, communication with various agencies in the community etc.).

Module II. Optimization of communication abilities and conflict solving in foster care service for parent and baby couples.

1. Establishing relationship with foster carer's family members and parent and baby couples. Adult – adult relationship, adult - child relationship.
2. Child abuse and neglect. Its negative effects for child development. The importance of mother and child attachment building.
3. Understanding children's behaviour. Positive and difficult behaviour.
4. Factors that may encourage negative emotions at young mother. How to control our negative emotions. How do positive emotions manifest.
5. Applying punishment to children. Consequences of punishment. Alternatives to physical punishment. Alternatives to physical punishment Principles of non-violent communication

Module III. Knowledge and skills in taking care of the child

1. Taking care of the new-born. Knowing the development of the child. Special needs of the new born. Child sleeping.
2. Feeding the child. The importance of breast feeding. Taking care of breasts. Passing to artificial food.
3. Hygiene of child and mother. Bathing the child. Changing nappies.
4. Communication with the child. How to calm the child who is crying. Playing with children.

Module IV. Knowledge and skills for independent way of life

1. Visiting the doctors. Defining the problem the child has. Vaccinating the child.
2. Visiting social assistant. Building capacity to present the problem. Informing about social benefits and aid the beneficiary can get from the social assistance.
3. Visiting other services: police, lawyer, mayor's office, psychologist, etc.

Module V. Support in re-establishing and maintaining the relationship with the extended family

1. Examining the relationship of the young mother with her extended family.
2. Communication of the foster carers with the extended family of the beneficiary.
3. Preparing the extended family for the subsequent reintegration of the mother and baby couple.
4. Preparing the young mother for the subsequent reintegration with her biological or extended family.

Module VI. Resources of my personality

1. Understanding of my own personality.
2. What is personality?
3. How does personality form?
4. What do I wish?
5. What my success is?
6. Power of my personality.

Annex 5

CURRICULUM

for the training in child abandonment prevention

(staff of the Placement Centre for Parent-and-Baby Couples, Ungheni rayon)

PREAMBLE

This curriculum is designed for the training of specialists within the **of the Placement Centre for Parent-and-Baby Couples,** in order to prevent child abandonment, and to solve abandonment cases, to preserve the child in the family.

The contents of the curriculum provides for gaining knowledge and building necessary professional skills for the delivery of specialized services to women/parents intending to abandon their babies.

General goal of the training is to improve professional competences of the Center specialists in performing child abandonment prevention activities.

Training Objectives:

1. *General objectives:*
   - Initiate in baby abandonment issue;
   - Build solid professional competences in the area of specialized services delivery (social, medical, educational, psychological) to women intending to abandon their babies;
2. *Cognitive objectives:*
   - Assimilate fundamental notions regarding the baby abandonment phenomenon;
   - Learn the forms, methods, and procedures of specialized intervention in the situation of women/families at risk of infant abandonment;
   - Learn about psychological peculiarities and social conditions of women at risk of baby abandonment;
3. *Affective objectives:*
   - Obtain ownership of the specialists for the user and his/her social environment;
   - Build tolerance and human solidarity;
4. *Objectives in building practical competences:*
   - Build and develop the necessary specialized professional skills for the prevention of infant abandonment;
   - Build and develop necessary professional skills for case work, multi-disciplinary group work, etc.

The training **Target Group**:

- Manager of the Center
- Social assistants –4 person
- Psychologists – 1 person
- Lawyer - 1 person

Trainings organization.

The training course will be promoted in two stages:

1. basic course for Center personnel;
2. organization of supervision sessions, to consult the personnel in difficult cases, in problems that arouse while working with the Center's clients;
3. organization of study visits, to familiarize with similar experiences.

This training schedule will allow the personnel to assimilate new information in accessible manner.

The time calculation for the training is based on the following norms:

- 8 training hours per day;
- 6 training days per week.

The Curriculum structure is made up of modules.

Training course duration – 96 days/12 days.

Teaching methods and techniques

The training within the modules is based on interactive methods that increase the degree of beneficiaries' participation in the learning process. The theoretical information is acquired using proof-based practices, with illustrations and examples of true-to life situations.

The main stress in the teaching process is laid upon building necessary practical skills to prevent and solve baby abandonment situations. For this, the following teaching methods and techniques are used: modulation of a given situation, case-study, group work, exercising practical skills, etc.

The methods of active participation, used in the teaching process, are as follows: brainstorming, free association, case study, thing-pairs-present, public debates (elements of), energizers, guided reading (elements), etc.

The information assimilation is consolidated through visits to different social services delivered by socially-oriented governmental and non-governmental organizations in the area. The course is also consolidated through the dissemination of positive practices, identified and described in EveryChild data base.

Taking into consideration the specific nature of social professions, based mainly on practical competences, the organizational form of training promotion consists in combining theoretical knowledge with practical skills. The teaching principle applied in the training course consists in acquiring theoretical knowledge through practical activities. Thus, the trainees get the possibility to find arguments and reach conclusions, performing practical activities of psycho-social intervention. We consider that this way of information acquisition is adequate to the potential of the practitioners, and ensures effective professional training process.

Results evaluation

The following forms of trainees evaluation will be used during the training course:

- initial evaluation
- final evaluation

The initial evaluation shall be performed at the beginning of the course, to establish the level of professional competences development in the area approached at the beginning of the training course, and to identify the expectations of the trainees.

The final evaluation shall be performed at the end of the course, applying the final evaluation questionnaire. The evaluation establishes the knowledge, skills, attitudes gained during the training, identifies the areas of further development.

Topical plan

N	Module	Hours planned
1	Introduction to family and child social assistance: areas of competence	5
2	Key theories in social assistant's activity	3
3	Optimisation of communication and conflict resolution abilities in social assistance practice	8
4	Child abandonment phenomenon	8
5	Child abandonment prevention methods	16
6	Methods and techniques of working with women/parents at risk of abandoning their babies	24
7	Practices of intervention in child abandonment cases	8
8	Legal framework in child abandonment area	8
9	Institutional organization of the Parent and Baby Couple Placement Centre	16
	Total	96

Contents of the modules

Module I. Introduction to family and child social assistance: areas of competence

1. Services and mechanisms of supporting children and families at community level. Characteristics of inter-connection between them (official/governmental, non-governmental and social (community/neighborhood)). Main principles and foundations of good practices in the social assistant's work).
2. Ethical, moral, and social aspects in social assistance practice. Social assistance values: respect for person's dignity and uniqueness, beneficiary's self-determination, self-determination and legal authority. Professional expectations and possibilities of the social assistant in his/her work with the beneficiary. The rights and obligations of the beneficiary. Types of social assistance beneficiaries. Social profile of social assistance beneficiary.
3. Model of problem/case resolution:
   - contact phase:
     - problem identification and definition
     - setting out the goal

- preliminary contract
- information gathering sources and methods
- competences applied in a contact phase

- contract phase:
  - problem evaluation and determination
  - setting out the objectives
  - developing an individual actions/interventions plan
  - differences between the user's and the social assistant's opinions
  - signing the contract with the user

- action (intervention) phase:
  - roles in the interventions process
  - applying the roles
  - establishing relations with the user in social assistance practice
  - final evaluation of the case

Module II. Key theories in the social assistant's activity

1. Labeling theory and its importance for social assistant's work:
   - Attitude and value system in social assistance practice;
   - Non-discriminatory practices development – social work basis;
   - Identifying discrimination fields; equal opportunities concept.
2. Attachment theory. Attachment stages. The importance of attachment for child development. The importance of attachment in all aspects of social work with child and family. Capacity to build attachments in social activity. Ways of building and strengthening of attachment feeling between children and parents and/or their carers.
   - Attachment and relations
   - Lack of attachment effects
   - Frequent behavior problems
3. Separation and Loss theory. Additional difficulties for children who suffered rejection and instability. Survival strategies in case of separation:
   - Building relations dependencies
   - Affective reactions: depression
   - Psycho-somatic reactions
   - Self-image distortion
   - Anxiety and guilt living
   - Development delays

Survival strategies: exaggerated adaptation, hyper-active and destructive strategy.

Module III. Optimization of communication abilities and conflict resolution in social assistance practice

1. Communication/efficient communication: conceptual delimitations, peculiarities.
2. Forms of communication: verbal communication, non-verbal communication, para-verbal communication.
3. Goals, objectives and models of managerial communication:
   - correlation between leading style and communication style.
4. Efficient communication in social assistance practice: obstacles and opportunities:
   - the art of communication in social assistance practice
   - active listening: the central element of effective communication in social assistance practice.
5. The conflict: concept, typology, functions
   - conflict structure
   - dynamics of conflict interactions
   - dysfunction and conflicts in the organizational environment
   - conflict management, resolution, and control in social assistance practice
6. Useful methods of conflict resolution in social assistance practice:
   - writing the conflict map
   - empathy and control of negative emotions
   - negotiation
   - mediation
7. Ways of changes implementation in the process of communication and conflict resolution in social assistance practice.

Module IV. Child abandonment phenomenon

1. The actuality and characteristics of the phenomenon, registered trends. Causes and circumstances of abandonment. Causes of child abandonment viewed by different target groups (women, specialists, the general public). Characteristics of abandoned children. Psycho-social profile of women at risk of child abandonment and of women who abandoned children.
2. Categories of women with different risk of child abandonment. Psychological peculiarities of pregnant women and of women who have just given birth. Post-partum depression and its effects. Post-partum sadness, post-partum depression, post-partum psychosis. Risk factors. Specialized consultation. Preventive measures for women with increased risk.

Module V. Methods of child abandonment prevention

1. Community level organization of prevention measures in child abandonment. Complex approach to the needs of women at risk of abandoning, and raising the measures to the level of risk expression. Key persons in child abandonment prevention. Primary and secondary prevention.
2. Improvement of the quality of delivered services in maternity, as a way to prevent child abandonment at birth. Creation of specialized services in the maternity hospital: social assistance, psychological and legal consultation Improvement of birth conditions for women. Improvement of communication skills of the medical staff in contact with women at risk of abandoning: building tolerance, excluding stigmatization, etc. Creation of a mechanism of collaboration between medico-sanitary services in the maternity and community services.
3. Early identification of cases of infant abandonment. General services with baby abandonment prevention potential at community level: programs of education for health, telephone counseling service, identification of women at risk of abandoning and their inclusion in the family support service, peri-natal consultation service, creation of support relations for the mother and the baby, creation of women actives in the community, setting up the mechanism of community-level collaboration of the relevant authorities for the prevention of child abandonment.
4. Specialized services for women at risk of baby abandonment: mother-and-baby temporary placement centers, social apartments, foster care service for mother-and-baby couples.
5. Making the community responsible for child education, with the support of birth mothers/parents. Raising public awareness regarding the baby abandonment phenomenon.

Module VI. Methods and techniques of working with women/parents intending to abandon their babies

1. Psychological peculiarities of women at risk of abandoning. Post-natal shock. Pregnancy- and birth-related crisis. Parental role crisis.
2. Counseling and psycho-emotional support of women having post-natal shock.
3. Mother-and-baby attachment building methods and techniques. Methods of attachment: solid attachment, anxious attachment, anxious avoidance of attachment.
4. Methods of stimulating parental roles: ability of realistic perception of the child, knowing the child's needs, ability to accept that it is the parents' responsibility to meet the child's needs, ability to positively interact with the child, parents' ability to have a an empathic relation with the child, ability to suppress the parents' pain and aggressiveness, without transferring it to the child, increasing awareness about the parents' behavior.
5. The role of social relations network in the case of infant abandonment: personal network, self-support groups, voluntary relations, training social skills.

Module VII. Practices of interventions in the case of infant abandonment

1. The quality of services offered to women in difficulty, at community level:
   - services offered during peri-natal period
   - services delivered within the maternity hospitals
   - services delivered at community level

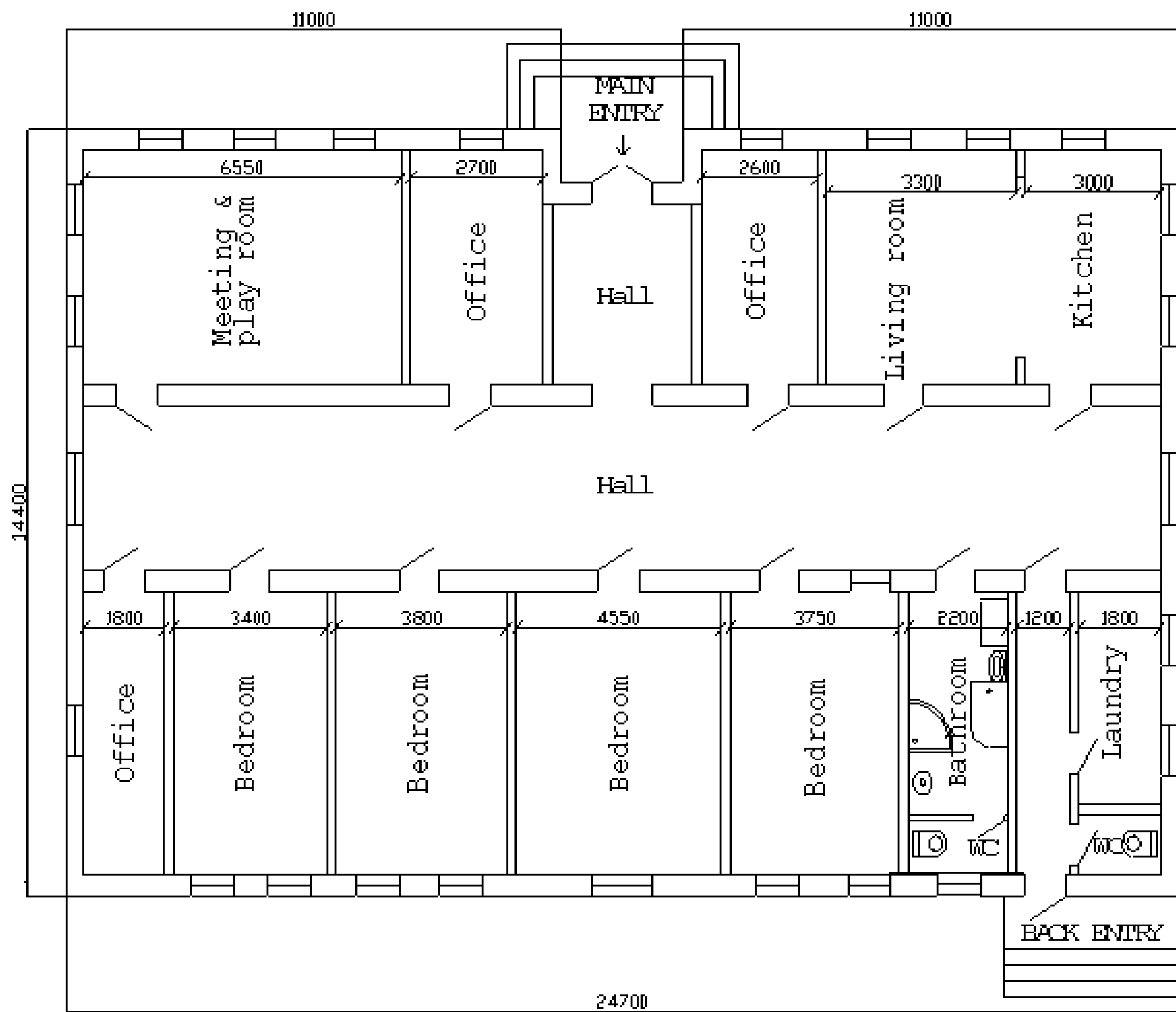
2. Opinions regarding the quality of the services, delivered to women in difficulty, as seen by different target groups (women, medical workers, representatives of local public authorities).
3. Creation of and working in multi-disciplinary groups focused on child abandonment cases. Composition of the multi-disciplinary group, roles and responsibilities. Rules and work procedures within the multi-disciplinary group.
4. Re-establishment of the social support network. Creation of a mechanism for the referral of infant abandonment cases at rayon level.

Module VIII. Legal framework covering infant abandonment cases

1. Legal framework in social assistance area:
    - Government decisions regarding allowances, indemnities, state nominal benefits.
2. Legal framework of child's rights protection:
    - UN Convention on the rights of the children
    - Family Code (protection of orphaned children and children without parental care, legal responsibility for the violation of the child's rights, legal relations between parents/children)

Module IX. Institutional organization of the the Parent and Baby Couple Placement Centre

1. The Parent and Baby Couple Placement Centre Statute and Regulation of functioning. Service inclusion procedure. Services delivered in the Center.
2. Work duties of the personnel employed in the service. Rules and mechanisms of work within the service.
3. Community partners of the service and mechanisms of collaboration.


PARENT AND BABY UNIT, UNGHENI
11000
11000
MAIN ENTRY
6550
2700
2600
3300
3000
Meeting & play room
Office
Hall
Office
Living room
Kitchen
Hall
14400
1800
3400
3800
4550
3750
2200
1200
1800
Office
Bedroom
Bedroom
Bedroom
Bedroom
Bathroom
Laundry
WC
WC
BACK ENTRY
24700

Annex 7

CAUSES OF CHILD ABANDONMENT

AT BIRTH

Survey carried out by EveryChild Moldova

Within the project

“Child abandonment at birth in Chisinau municipality”

Funded by World Childhood Foundation

Chisinau, 2007

FOREWORD

Childhood is a time to build relationships with parents, other family members, and eventually others away from the family.

Unfortunately, hundreds of young children in the Republic of Moldova are growing up without a significant loving relationship. They have been placed in institutions, away from the significant people in their lives who should protect them and stimulate their development.

Placed in institutions, children will survive, but they will not thrive. Their existence is one of depravation. Without the intensive love of their parents, a child will learn that the world is cold and unresponsive. A baby will be deprived of the care that lays the foundation for attachment and subsequent cognitive development.

Over 54 years ago, Drs. Gessell and Cathrine Amatruda stated that “environmental impoverishment leads to behavioural impoverishment”. The consequence of a child being raised in an environment of deprivation and without proper stimulation will be a child with a limited repertoire of appropriate behaviour and emotional responses.

The first three years of life are key to a child’s development. The root neurobiological structures for future functioning are established in early childhood and provide the foundation for more complex feelings, thoughts and behaviour, which develop during the rest of life. Approximately 85% of these core brain structures are “organised” by age three. Chaos, neglect, and violence in early childhood result in disorganised and underdeveloped brains.

It is time for us to put into practice all of our knowledge about babies, because for them every moment matters. The decisions that we take with regard to babies and toddlers have lifelong consequences for them. It is essential to pay careful attention to policies and practices aimed at ensuring the child’s growth and development in safe family environments.

What can we do to keep children far away from the doors of institutions, and in the arms of their family - even in hard times? An agenda for change should be based on a common value of building families, not institutions. We should start by developing child and family friendly policies. These policies should be oriented to the consolidation of the family, to the development of parental skills and the development of family-based alternative services- such as placing the child with the extended family or with foster carers. To deliver this type of support, well-trained social assistants are needed to carry out appropriate assessments and interventions.

The tasks are enormous, but not insurmountable. We all change the world one child at a time. The infant and the toddler need our welcome, our closeness, and to be brought near to the significant loving adults for their development.

We consider that this research will help us in understanding the issue of child abandonment at birth and, subsequently, in defining our tasks and steps that need to be taken to prevent this phenomenon.

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- The Ungheni Raion Local Public Authority
- Representatives of the Maternity hospital within The Institute of Scientific Research in the field of Mother and Baby Healthcare
- The Perinatological Centre within the Public medical-sanitary Institution 'The Municipal clinical hospital # 1'

We would also like to particularly thank the pregnant women, the new mothers and the parents of young children who participated in this survey.

We would also like to express our gratitude to the representatives of the Ministry of Health and the Ministry of Social Protection Family and Child, who have contributed to and supported us in conducting this survey.

This publication has been developed within the Project 'Child Abandonment at birth in Chisinau Municipality' implemented by EveryChild Moldova with the financial support of the World Childhood Foundation.

INTRODUCTION

The need to perform this report was driven by the scale and severity of the problem of child abandonment at birth, which persists in the context of Moldova's continuing difficult socio-economical conditions.

The issue of child abandonment has not been studied adequately in Moldova, being so far the object of only one piece of research carried out by UNICEF Moldova in 2005. The research, entitled "Abandonment of Children in the Republic of Moldova", represented a complex approach to the phenomenon of children abandoned in residential institutions, describing key aspects of it, including the reasons for abandonment, as well as the situation of young children placed in institutions.

The research highlighted of the necessity of taking action, including drafting social policies, creating an institutional framework and mobilising communities in order to form partnerships within the sector-wide professional network, as well as to raise public awareness regarding the problem of child abandonment and its negative impact.

This survey addresses child abandonment in the peri-natal period, an important time during which parents may make the decision to abandon their child at birth. Given that child abandonment is caused by many factors, the main emphasis of this study is on preventive measures, involving all relevant structures responsible for child protection.

The Goal of the Study is to identify the needs of key persons and the measures currently applied in order to solve the problems, focussing on the actions that have to be taken for early prevention of child abandonment.

General objectives of the study:

- Identify the main causes of child abandonment at birth and the risk factors that lead to parents making a decision to abandon the child;
- Describe the psycho-social characteristics of the parent abandoning the child at birth;
- Study the way child abandonment at birth is perceived by women, specialists, representatives of local and central public authorities, the society, as well as the measures that need to be taken to prevent child abandonment at birth.

Fulfilment of the objectives set out will help formulate the recommendations for:

- Identification of groups at risk of child abandonment at birth, in order to offer the necessary support in the peri-natal period;
- Improvement of social protection actions and of services designed for parents and children / babies, in order to prevent child abandonment at birth;
- Improvement of the quality of services offered to parents and children / babies, within maternity hospitals;
- Drafting public awareness programs regarding child abandonment at birth, its consequences, as well as designing prevention measures.

The study was guided by the following **hypotheses:**

Improvement of the conditions of medico-psycho-social assistance to women in the peri-natal period will contribute to a reduction in the incidence of abandonment at birth.

The development of medico-psycho-social assistance services for women at risk of abandoning their child, as well as the implementation of the necessary mechanisms for making parents and their

home communities responsible for the child, will contribute to a reduction in the incidence of abandonment at birth.

Context of the research

While performing the study, attempts were made to collect national level statistical data regarding the phenomenon of young child abandonment. Unfortunately, it was found that Moldova does not have an efficient system that could offer us such information.

At the same time, we found that there is a local data collection system, developed within Chisinau Municipal Directorate for Child Protection (MDCP). Data on abandoned children are provided by Chisinau maternity hospitals: Maternity Hospital within Public Medico-Sanitary Institution of the Institute of Scientific Research for Health of Mother and Baby (hereinafter Maternity Hospital within Mother and Baby Unit), Perinatological Centre within public medico-sanitary Institution "Municipal Clinical Hospital No. 1" (hereinafter Perinatological Centre No. 1). According to the procedures stipulated in the existing legislation, and principles of collaboration established by MDCP and Chisinau municipal sanitary institutions, the information regarding cases of child abandonment is reported to MDCP within ten days. At the same time, placement centres for young children in Chisinau Municipality also provide information regarding the children placed within these institutions.

According to MDCP data, over 80 children were abandoned in 2005 in Chisinau. The information on abandonment was provided to MDCP by three maternity hospitals in Chisinau. This data reveals that women abandoning their children at birth travel to the capital from different areas of the republic, in order to hide their pregnancy and abandon their baby in secret. According to current legislation, all children abandoned in Chisinau Municipality maternity hospitals become the responsibility of the municipal authorities, and are included in the local social and medical protection programmes.

Thus, the problem of child abandonment at local level is camouflaged, giving rise to the misconception that the problem exists only in Chisinau municipality. Women at risk of abandoning their children are not identified in their original communities. Consequently, most childcare and protection services are concentrated in bigger towns.

RESEARCH METHODOLOGY

The study of the scale of child abandonment at birth was performed based on a complex research methodology that allows for gathering both quantitative and qualitative relevant data supporting the interpretation of this phenomenon.

The main methods of research are:

- Document analysis: study of the existing legislation, government decisions, and annual reports of branch ministries, donors and NGOs;
- Gathering objective information: analysis of existing statistical data at both national and local level;
- Gathering sociological information in the field: in-depth interviews and focus groups, collection of case-studies, etc.;
- Group research.

The research was performed in three major areas:

1. **<u>Identification of causes of child abandonment at birth.</u>**

The methods used to achieve this goal included creating seven focus groups in two areas (three in Ungheni; four in Chisinau), with 10 – 12 persons participating in each group. Two categories of beneficiaries were selected for the focus groups: *women* (who had abandoned their babies, women at risk of abandoning, women with low socio-economic status, financially stable women) and *specialists*: maternity hospitals medical staff, maternity hospitals specialists (psychologist, social assistant, lawyer (if available)), representatives of local public authorities (specialist in child's rights protection, specialist in families with children at risk). Also, within this division, 25 in-depth interviews in the areas mentioned above, with the participation of maternity hospital medical staff and specialists, maternity hospital administration, representatives of central and local public authorities, staff of Placement Centres for young children.

Case studies were collected from women who had abandoned children and women at risk of abandoning. Each case study comprises an individual interview with the woman, talks with personnel and specialists who are aware of the case, or who worked on it (in case when they are identified).

In order to identify the causes of child abandonment at birth, determined by psychological features of the person and by the family environment in which the women live, psychological tests to study the system of values and affective state of the women (40 respondents), as well as 40 in-depth interviews with the women were held.

The group research method was used to study the attitude of wider society towards child abandonment at birth, and to understand the population's attitude towards women / parents abandoning their children at birth (scope of 1250 interviewees). Simultaneously, we collected and analysed available statistical data on infant abandonment in Moldova.

2. **<u>Quality of services delivered to women at risk of abandoning their children at birth</u>**

Observation, focus groups and in-depth interviews were used for this research objective. The method of observation (pathway of institution – two maternity hospitals) gave general impressions regarding the interior aspect of different wards, offices of medical staff, available equipment, furniture and organisation / functionality.

Target Groups	Tools
Mothers / Parents - who abandoned children - at risk of abandoning - from financially stable families	- focus group - in-depth interviews - individual psycho-diagnosis - case study
Maternity hospitals personnel - administration - qualified medical personnel, mid-rank medical personnel - psychologist, lawyer, social assistant	- focus group - in-depth interview
Representatives of authorities - relevant ministries - local public administration	- focus group - in-depth interview
Representatives of residential institutions	- in-depth interview - observation
Wider society	- group research

Health care institutions were selected for the research, so that they represent all types of maternity hospitals: according to residence area (republican, rayon), according to the size of locality (big town, rayon), and according to the level of socio-economical development (prospering area with greater socio-economical possibilities, an area with reduced socio-economical level). Three maternity hospitals having different status were selected for the research: Maternity Hospital within Mother and Baby Unit – 3rd level republican maternity hospital; Perinatalogical Center No. 1 – 2nd level maternity hospital, and Ungheni rayon maternity hospital – 1st level.

Mother and Baby Unit (Republican Maternity Hospital, Chisinau) presented special interest for our study, as, according to statistical data, mothers from all the regions of the country come here to give birth. The reasons for this, along with a pathological pregnancy, are cases of hidden pregnancy and situations of child abandonment at birth.

The research was performed September 2006 through January 2007.

Due to mainly qualitative nature of the research, as well as to different status of maternity hospitals, the results of the study can be considered representative for all the regions and maternity hospitals in the country.

Analysis of Moldovan Legal Framework in the area of abandonment

The phenomenon of child abandonment and actions taken in this case are reflected in the Family Code of Republic of Moldova, Code on Administrative Contraventions, Law of Republic of Moldova on Civil Status Acts (No. 100XV of 26.04.2001), Crime Code of Republic of Moldova, and Civil Code of Republic of Moldova.

The legal framework of Moldova provides a status of **"child deprived of parental care"**, in art. 112 of Family Code, in the following cases:

- Death of parents;
- Parents deprived of their parental rights;
- The child is taken by force, through a court decision, without depriving the parents of their parental rights;
- Groundless refusal of parents to fulfil their caring and education duties;
- When parents, for an extended period of time, cannot offer education to their children (for instance, if they are placed in a health institution for long-term treatment, are under arrest or imprisoned);
- Parents are considered, by a court decision, to be incapable or having limited capacity;
- Parents are considered, by a court decision, to be missing or are announced to be dead;
- In other cases, if they meet the best interests of the child.

In the case of a long-term absence of the parents (labour emigration, etc.), a guardianship procedure must be initiated by persons appointed by the parents to be legal representatives of the child. The notion of **groundless refusal by the parent** to fulfil his/her duties of offering care and education to the child does not have a detailed description in the existing legislation. The institution of parental rights is not inalienable, and these rights, in their nature, are personal rights that cannot be separated, or that cannot be refused or renounced voluntarily. This procedure is triggered by derogation, if the parent agrees for the child to be adopted by other persons.

The law provides sanctions (deprivation of parental rights) for the refusal to fulfil parental duties, including for the refusal "to take the child from the maternity hospital or any other health, or educational institution, or from a social assistance institution, or other similar institution"

(art. 67, p. b of Family Code of Republic of Moldova). Sanctions for the refusal to fulfil or for carrying out improperly the parental duties are also stipulated in the Code of Administrative Contraventions – art. 170 "refusal to fulfil the duty of offering care, training and education to children," art. 202 of Crime Code of Republic of Moldova "Evasion from payment child's maintenance".

The existing legislation does not stipulate the compulsory nature of a written form for so-called refusal of parental rights. At the same time, the law foresees the possibility and the right of the parent or other persons, up to the 4th degree of relation, to express agreement regarding the child's adoption. Art. 124 of Family Code of Republic of Moldova, "The parent's agreement regarding adoption" foresee:

1. The agreement regarding adoption shall be made in the form of a written declaration, authenticated by a notary or the guardianship authority, in which jurisdiction the child or the parents are.
2. The parents' agreement can be expressed in court.
3. The administration of the institution where the child is maintained and educated has the right to as for the parents' agreement regarding an eventual adoption of the child, without indicating the adopter's identity.

It is worth mentioning that there is no detailed description of the notion of **abandonment** in the existing national legislation. The law foresees (Art. 117, par. (1), letter c, Family Code of Republic of Moldova) only that children "who were abandoned by one or both parents" can be adopted.

In the case of child abandonment, it is compulsory that the abandonment be recorded. The Law of Republic of Moldova on Acts of Civil Status (No. 100-XV of 26.04.2001), art 25 "Issue of the birth certificate of a child found or abandoned" foresees:

1. A birth certificate shall be issued within one month of the child being found. This shall be done by the civil status office in whose territorial jurisdiction the child was found, based on the record completed by a police office, doctor and a representative of the guardianship authority, the latter being also responsible for making a written declaration regarding the registration of birth. The person who found the child is obliged, within 24 hours of finding the child, to inform the police and to present the child with all the objects and written notes found upon him/her.
2. The record mentioned in par. (1) above should contain: date, place and circumstances in which the child was found; the child's gender and estimated date of birth, which shall be on the spot or later confirmed or clarified in a separate act issued by sanitary unit.
3. Upon completing the record, the guardianship authority shall take actions to protect the child, in compliance with the legislation in place.
4. In the case when the child is abandoned by his mother in hospital (maternity hospital), the head of sanitary unit shall have the duty to inform the police of this fact within 24 hours. In such a case, the issue of birth certificate shall be based on the medical certificate that shall state the birth of the child, and of the record completed by a representative of police, head of sanitary unit, and representative of guardianship authority. The latter must also make a written declaration of birth registration.
5. In the cases foreseen in par. (1) and (4), if the name and surname of the child are unknown,

these shall be given by the civil status office that registers the birth. Upon filling the birth certificate, in the section stating information about parents, the word “unknown” shall be inscribed.

At the same time, the law does not directly stipulate a term in which the child could be declared as being in the state of abandonment. The law mentioned above suggests that the child has the status of abandoned from the point of the first record being completed, or the so-called “abandonment paper” being filed.

Detecting, gathering evidence about and placement of children deprived of parental care shall be performed in compliance with the Family Code of Republic of Moldova. According to art. 114 of Family Code of Republic of Moldova:

1. Responsible persons from educational, health, social assistance, and other similar institutions, as well as other persons possessing information about children mentioned in art. 112, par. (1), are obliged to report on the case, within 3 days, to the guardianship authority in the area where the child is situated.
2. The guardianship authority, upon being informed about the child deprived of parental care, is obliged, within 3 days, to verify the child’s living conditions, and upon confirmation of lack of parental care, to register the child’s case, assuring his legal rights and interests by offering temporary placement, as indicated in the law, prior to determining the adequate form of protection, according to the procedure stipulated in this code.
3. Within 10 days from the moment the child deprived of parental care is registered, the guardianship authority is obliged to report this information to central child protection authority.
4. The activity of the guardianship authorities and central child protection authorities, regarding detecting, registering and placement of children deprived of parental care, is regulated by this code and other normative acts.

It should be mentioned, that at present, there are no other normative acts, except Family Code, that would regulate the activity of the guardianship authorities and central child protection authorities, referring to detecting, registering and placement of children deprived of parental care.

According to Art. 36 of Civil Code of Republic of Moldova, within 5 days since the date when it is stated that guardianship needs to be applied to the child, the following structures must report to the guardianship authority: civil status service (in the case death is registered); court of justice (in the case when the application or execution of an imprisonment sanction is pronounced); the persons related to the child, as well as the administrator and residents of the house where the child lives; local public authorities, health institutions.

The stipulations of Family Code of Republic of Moldova, regarding the term of reporting the information on the child deprived of parental care to the guardianship authority, as well as the stipulations of the Civil Code of Republic of Moldova regarding the term of reporting to the guardianship authority, of information about the person to which guardianship should be applied, is 3 days, and 5 days respectively. We consider that these need to be changed, indicating in such situations an identical term – the shortest possible.

The code on administrative contraventions foresees sanctions for the responsible persons within education, health, social assistance, and other similar institutions, exceeding the term of 5 days foreseen for reporting to the guardianship authority on cases of children deprived of parental care who can later be registered for adoption or guardianship for care and education (Art. 171/3 CCARM).

We have identified that the mechanism for referring children deprived of parental care from maternity hospitals to health institutions, and later to government-supported residential education institutions for children, is not well-structured. In practice, currently, health institutions, maternity hospitals, refer the updated (as a rule, the period of update is 10 days, stipulated in an old "Order of the three ministries" – Joint Order issued by Ministry of Science and Education of Republic of Moldova, No. 113 of 11.04.1994; Ministry of Health of Republic of Moldova, No. 64 of 05.04.1994; Ministry of Justice of Republic of Moldova, No. 47 of 11.04.1994) information to the guardianship authority, within the legal terms indicated above, regarding the children deprived of parental care who are placed in an institution. This information generally comes to the guardianship authority from maternities, hospitals, placement institutions (children's home, placement centre), even later than the term of 10 days. During this time, the child is referred from maternities directly to hospitals, being later referred from hospitals directly to the government-supported children's home/placement centre, without any conclusion made by the guardianship authority, which is informed of this referral post facto, and registers the referred children. Although it has never been abrogated or substituted by any other recent normative act, the Order of the 3 Ministries is outdated and does not correspond to the existing requirements and situation, and, therefore, cannot be considered background to the process of referral/placement of children deprived of parental care. We consider it imperative that a national mechanism be developed, in compliance with the requirements of The Family Code, so that the decision on children's placement, including the temporary ones, belongs to the guardianship authority.

Another situation refers to "temporary" placement of the child with an institution, at the mother's request. The traditional term of 6 months, indicated by the mother/parent/other legal representative in the petition for the child's placement in the institution, originates from the old Code of Marriage and Family (abrogated), described in the outdated "Order of the 3 Ministries", and included in the existing Family Code or Republic of Moldova. According to this stipulation, a parent's approval of the child's adoption is not required if the parents do not live together with the child and deviate, without any reason, from their duty to maintain and offer education to the child for a period over 6 months.

According to the Family Code of Republic of Moldova (art. 144), in the case when the child placed in government-supported residential institution is not given guardianship, the duty of guardian/legal representative is performed by the respective institution.

Temporary placement of the child in government-supported institutions does not cancel the rights and obligations of the guardian towards the child. There are no residential institutions that could replace the child's family, be it biological or extended.

In the case of a child deprived of parental care and placed with a residential institution, the institution, being the child's legal representative, should take all the necessary actions to provide opportunities and possibilities for the child's reintegration in the biological or extended family. In real practice these interventions are undertaken in collaboration with the guardianship authority.

I. CAUSES OF CHILD ABANDONMENT AT BIRTH

1.1. Types of causes of child abandonment at birth

The general public opinion is that the main causes of child abandonment are of economical-financial nature. This opinion is highly generalised, and covers a range of more specific views, held by varying groups of respondents.

The study has outlined some specific visions on causes of child abandonment at birth. Thus, the information gathered in focus groups, presents **causes of child abandonment, as seen by women**, in the following order of priorities:

- Difficult financial situation (“poverty”, “difficult financial situation”, “don’t have resources to raise the child”);
- Lack of support from mother’s parents/ extended family;
- Single mothers (“the woman is single, does not have a husband, relatives”);
- Mothers under age, whose parents often are abroad;
- Influence of social opinion (“shame”, “negative attitude from the community”);
- Absence or lack of sexual education (“women from the countryside are not aware of the issue, have inferior social level”, “lack of family education”, “insufficient information on sexual relations”);
- Birth of a sick child, disabled child;
- Woman’s irresponsibility, her indifference towards the child (“women’s thoughtlessness, indifference”);
- Psychological, emotional background of women before bearing a child;
- Relation-based problems between parents and members of extended family.

Analysis of the information gathered in the women’s focus group demonstrated that the family’s difficult financial situation is not considered to be the main cause of child abandonment at birth, while the most significant, according to their opinion, is the attitude of the family – parents, brothers/sisters, partners towards the child’s birth. Nor did women consider a decisive factor for child abandonment the child’s health condition, or even pregnancy as a result of rape.

The causes of child abandonment, as seen by maternity hospitals specialists (medical staff, psychologist, social assistant, and lawyer), have been presented hierarchically, in the following order of priorities (based on the information collected within focus group):

- Economic-financial situation (“does not have money, no place to live, is unemployed”);
- Woman’s mentality (“what will the people, the parents say, when the woman is not married?”);
- Situation within the family of woman’s origin (“mother supports child’s birth, whereas father disapproves; parents are abroad”, “parents don’t know what to do with their child in the town”, “any woman over 18 years of age has the right to refuse the child”);
- Legislation, favouring child abandonment, procedure of child’s refusal is very simple (“based only on a simple request form, presented by the parent”);
- The fact that many women do not have money for an abortion;
- Lack of knowledge about family planning, lack of desire to use contraceptives, lack of money to buy them;
- The fact that not all pregnant women are registered with family doctors.

In the context of the opinions above, we can draw a conclusion that maternity hospitals specialists consider that an important cause of child abandonment at birth is the woman’s/parents’ difficult financial situation, as well as the ease with which a child can be abandoned in a maternity hospital under current legislation.

The opinions of wider society regarding the causes of child abandonment at birth have been collected, using the "general research" method. This method gave an overview of attitudes of the wider society towards women/parents abandoning their children at birth.

Respondents answered the question, "**What is your opinion about parents who abandon their children at birth**?" A breakdown of responses follows:

- 71% believed that "There is no excuse for abandoning a child, regardless of the situation in which the family is situated"
- 57% answered that "The parents do not do all they can in order to avoid abandoning their own children"
- 21% said that "There are life situations when parents have no option but to abandon their child"
- 11% felt that "In the majority of cases, a mother abandoning her child has to be understood and not accused"

Having these representations, we can understand the issues facing pregnant women in difficulty and unsupported by their family.

Due to the fact that in Moldova, child abandonment is justified by lack of material resources, persons having no direct relation to the issue of child abandonment at birth were asked to comment on the following: ***"Lack of material resources drives some parents to abandon their children at birth".***

The answers can be summarised thus:

- Approximately equal distribution of the respondents (by sex, level of education and residence environment (urban – rural) express agreement or disagreement with the statement that lack of material resources determine some parents to abandon their children at birth.
- Depending on age, different answers were given. Persons in the age segment of 30 – 44 proved to agree most of all. As for persons of younger or older age, showing their agreement or disagreement, such answers were virtually equal. An explanation, probably, might be the fact that this is the age of parents whose children are, as a rule, grown up, and who are aware of the need of considerable financial resources for children's education and care.

The differences might be explained by socio-cultural influences or family traditions.

The study was intended to highlight representations of the general public regarding young single mothers. The statement **"*Young single mothers are rejected by society*"** was perceived with the following attitudes:

- Predominant evident disagreement with the statement above, this opinion being common for all the respondents, regardless of their level of education or nationality.
- Predominant disagreement with the statement above, depending on the gender of the respondents. There was a deep gap between agreement and disagreement among women (53% disagree and 39% agree), whereas among men, the difference was not so big: 48% disagree, and 40% agree).
- Depending on age, in intervals between 20 and 59, firm disagreement with the statement above predominated.
- Attitudes towards young solitary mothers differ, depending on residence level: respondents from urban area disagree more frequently with the statement that that young single mothers

are rejected by the society, whereas the attitudes of respondents from rural area split almost equally.

It was important for us to study the attitude of the general public towards the statement ***"Mothers infected by HIV/AIDS, sexual diseases, are rejected by the society"***. The majority of the respondents agree with the statement, regardless of their gender, age, level of education, residence area or nationality (except persons of Russian ethnicity).

Overwhelming disagreement with the statement ***"Some parents are restrained by the advice/insistence of medical staff to abandon their babies at birth"*** was expressed by all the respondents, the average variability constituting 62% -- disagreement, compared to 19% of agreement with the statement above.

Particularly interesting for us was to identify the attitude of the general public regarding the answer to the question: ***"Birth conditions and care offered to mothers in maternity hospitals influence the mother's decision to abandon her child."*** The study revealed an overwhelming disagreement among the general public towards this statement: 62% of the respondents disagreed, compared to 25% of persons agreeing with the statement above.

This method was also used to study the population's attitude towards the statement ***"Insufficient support (financial, etc.) offered by the government to mothers, can favours child abandonment at birth"*:**

- The population included in the research considers that government's insufficient support favours child abandonment. This opinion is especially marked in male respondents. Men are more inclined to expect support from the government than women, who would rather rely on their own resources.
- All categories of population, regardless of age, level of education, support this statement, especially in age groups 15-19 and 30–44. Probably, these are age periods when people need more government support to overcome the problems they face.
- Similar attitudes were expressed by persons of different nationalities, especially among Moldovans and Ukrainians, who are more oriented towards government support compared with persons of Russian ethnicity.
- As to residence area, rural population is much more oriented towards government support, than urban population, which relies rather on their own forces.

Within the study, we tried to identify to what extent the child's health can be considered a cause of abandonment. We suggested the following statement to the respondents, asking them to agree or disagree with it: ***"The new-born baby's disease determines the parents to abandon him/her".*** The results obtained show disagreement of the larger population, regardless of gender, age, or level of education of the respondents. Younger people (aged between 15 and 19) expressed more disagreement. As for representatives of different ethnic groups, Russians expressed greater disagreement than others; in terms of representatives of different residence areas, disagreement was more evident among rural population, probably, due to the influence of social appreciations, "being ashamed of the neighbours", typical for the mentality of population in villages.

An attempt was also made to understand the attitude of the child's father in making the decision to abandon the child. We asked the respondents to express their opinion regarding the statement ***"The mother faces problems alone, because the father fails to support the child".***

– Men outnumbered women in disagreeing with this statement.

- The statement was mainly agreed with by respondents in the age interval between 20 and 44, while younger or older persons mainly expressed disagreement. We consider that the agreement with the statement above was conditioned by the fact that this age coincides with the most productive period of family life, and with fulfilment of the responsibilities of child education and care.
- The results obtained demonstrate the influence of the level of respondents' education on the appreciations offered: persons with incomplete education or high school studies mainly expressed disagreement, whereas respondents with higher education predominantly agreed with the statement above.
- Depending on the residence area, respondents came up with the following opinions: persons coming from urban area disagreed with the statement, while the rural-based respondents mainly agreed with it. This difference could be explained by a greater number of divorces in urban environment, compared to rural area. At the same time, we consider that in rural area stereotyped traditions persist, in terms of the husband's role in a family (attributed adequately or inadequately), where he is considered to be the "pillar of the family", "person who takes care of the family financially", etc.

1.2. Social and psychological characteristics of women at risk of abandoning their child

The study attempted to outline the **social characteristics** of the woman at risk of abandoning her child at birth. The study sample was made up of 40 women, examined in maternity conditions during 3 months of peri-natal period, among whom 13 women were coming from favourable and financially stable families, 6 women had low socio-economical status, 18 women were at risk of abandoning, and 3 women abandoned children at birth.

We defined the following groups in accordance with the adopted criteria:

- *family status* – 2 divorced women, 1 widow, 18 not married
- *age* – 6 women were aged under 18, 12 women were between 19 and 25 years old, 3 women were 26 and over
- *number of births*: 14 women were having their first child, 4 women were giving birth for the second time, 3 women – third birth
- *residence area* – 17 were from rural area, 4 women were from urban area
- *registration with family doctor*: 8 women were not registered, 1 woman was registered within a different rayon, and 12 were registered at the place of origin.
- **In all the cases, the pregnancy was not planned and hidden from the extended family.**

The majority of women questioned mentioned the need to be supported by the relatives, parents, partners, as well as by medical staff. In the majority of cases, women were hiding their pregnancy to avoid accusations from the relatives (parents, partner). The fact that the women were not registered with a doctor during their peri-natal period was explained by the following: unwillingness to "exhibit" their pregnancy, unawareness of the need to perform medical checks during pregnancy, lack of financial resources.

Of the whole sample studied, only one woman had a previous experience of child abandonment (37 years old), another woman's aunt had abandoned a child, and another woman's cousin had abandoned three children.

This information allows us to define the **social characteristics** of the woman at risk of abandoning a child a birth – "a young woman, up to 25 years of age, single, giving birth for the first time, with an

unplanned or hidden pregnancy, who has not been registered with a doctor, having no real support from her relatives (parents, partner)".

It should be mentioned that the moment of refusing the child expressly affects the woman's emotional state, as during the pregnancy, the woman starts developing attachment towards the baby. During the research, we performed psychological tests among women in the maternity department of the Mother and Baby Unit (Chisinau), immediately after the child's birth. The following methods were applied: in-depth interview, case study, individual psycho-diagnosis.

Variability of methods used within the study assures validity of the results obtained, the ability to collect information from different sources, and where possible, to verify the information. Taking into consideration the fact that the majority of respondents are adult persons, and that some of them, abandoning a child, consciously perform socially disapproved acts, we can anticipate that they use different self-protection mechanisms, being oriented to offer socially acceptable answers (in order to offer a good impression of themselves).

In-depth interviews were used in order to identify the main causes of child abandonment. The interview guide included questions asked to establish different categories of causes:

1. Causes of economic and financial nature: general income, additional incomes, existence of living space, etc.
2. Causes determined by the influence of crisis factors: child born as a result of act of rape, unplanned pregnancy, uncontrolled conception (under alcoholic, drug influence), etc.
3. Causes determined by the respondent's family: composition of the family, abandonment history in the family, peculiarities of family relations, etc.
4. Causes determined by personality factors: lack of responsibility for the child, undeveloped parental skills, respondent's personal story, dependencies, negative habits, life perspectives, plans for the future, etc.
5. Causes determined by adequacy and accessibility of health protection services for women and children: access to health services, quality of health services during pregnancy (registration procedure, frequency of visits to the doctor), access to information regarding particular lifestyle during pregnancy, quality of health services during birth delivery, quality of health services after birth (frequency of visits to the doctor, home visits), health assistance in the first year of child's life, how informed mother is about the ways of giving care to a small child.

We analysed the information collected, which allowed us to outline the causes and circumstances determining most frequently child abandonment at birth:

Causes of abandonment: unplanned pregnancy, lack of support from the family, lack of mother's responsibility for the child, poor financial condition of the family, unstable income, lack of a living place, lack of integrity of health and social services (which favours child abandonment at birth), etc.

Circumstances determining child abandonment at birth: civil status (unmarried, celibate, divorced), unemployment, social integration problems, psycho-emotional tensions in the family, deviant behaviour (prostitution, substance dependence, vagrancy), criminal history, etc.

The study revealed that abandonment at birth is determined by a combination of *economic-financial* causes (lack of a place to live, insufficient financial resources), *psychological causes* (lack of responsibility, mother's bonding), *relational causes* (lack of support from the partner, from family), and *educational causes* (insufficient sexual education). These causes, in various combinations, are specific for different categories of women abandoning their child at birth.

Application of the **case study** method made it possible to explore the situation of the women who had abandoned children at birth and of women at risk of abandoning. This risk is sometimes expressed in a covert form, of an initial short-term placement of the child in an institution. We studied the life story of women/parents, presence of child abandonment history in their families, peculiarities of the educational process in the family, system of values and significant attitudes. The information reflected in case studies confirms once again the results obtained through other methods of research.

The study envisioned **individual psycho-diagnosis**, through the application of: test self-appreciation of the level of anxiety, by C. Spilbergher and I. Hanina; test of differential diagnosis of depressive state, by Zunghe (adapted by T.I.Balashova); and test of values, by Rochici.

Keeping in mind the recommendations of similar studies performed in other countries, as well as the fact that child abandonment at birth is, as a rule, accompanied by a series of emotional states manifested by the mother at the moment when she takes the decision to abandon her child, we studied the affective states of the women during this research, where the most significant were depressive and anxious states.

The psycho-diagnosis of depressive states revealed the following data for different categories of women (see table 2):

Table 2. Level of depressive states identified

No. and status of the respondent	No depression	Situational mild depression	Sub-depressive state (moderate) depression	Depressive state
Women having abandoned child	47%	33%	20%	-
Women at risk of abandoning child	6%	50%	44%	-
Women with low socio-economical status	54%	46%	-	-
Financially assured women	62%	38%	-	-

The testing revealed mild depression among all categories of women, there being different reasons for the depression: women at risk of abandoning, caused by low socio-economic status, show mild depression, determined by the concerns they have about high responsibility for raising and educating a child, which is difficult in the conditions of high poverty among the population. Existence of mild depression among women with higher socio-economical status is determined by high responsibility for child's education, insufficient knowledge and necessary competencies, uneasiness caused by assuming a new social role, etc.

At the same time, the incidence of mild or moderate depression was higher among women intending to refuse a child (at risk of abandoning), rather than among women, who, despite difficult life conditions, take the decision to raise and educate the child in the family.

Special attention should be paid to the variation of information about moderate depression, which is peculiar for women at risk of abandoning, rather than for women having abandoned child at birth. This could be explained by the fact that the woman who abandons the child right away, comes to the maternity hospital with a firm decision. At the same time, the woman at risk of abandoning a child has strong internal contradictions, caused by a strong conflict between her maternal feelings for the child, and the impossibility to raise him/her in family conditions.

Similar studies carried out in other countries underline the importance of the individual approach to women at risk of abandoning a child at birth. In the case of women who had firmly decided to abandon a child at birth, it is not always rational to persuade the woman take the child back home. This is due to the fact that the woman might develop aggression towards the unwanted child, and there might be an increased risk of the mother acting violently towards the child. If the woman has not taken a final decision regarding the child's abandonment, and is still seeking a solution, it is extremely important that consultative interventions are made, in order to persuade her not to abandon the baby. Apart from this, family support actions must be taken.

The psycho-diagnosis of expressing anxiety by different categories of women showed the following:

Table 3. Expression of anxiety amongst the evaluated women

	Reactive anxiety			Personal anxiety		
	Low	Moderate	High	Low	Moderate	High
Women having abandoned child	66%	-	-	-	34%	-
Women at risk of abandoning child	17%	-	55%	-	11%	17%
Women with low socio-economical status	-	50%	33%	-	17%	-
Financially stable women	31%	31%	-	38%	-	-

The state of reactive anxiety is expressed through tension, uneasiness, nervousness. The state of personal anxiety is characterised by a consistent inclination of the person to appreciate a wide range of situations as dangerous, and to react anxiously to them. A very high degree of anxiety directly correlates with a neurotic conflict, emotional and neurotic crises, and psychosomatic illnesses.

Anxiety itself is not necessarily considered a negative quality. A certain degree of anxiety is an important and natural feature for any active person. There is an individual optimal level of "useful anxiety".

The study revealed cases of low reactive anxiety among women abandoning children at birth (66%) and at risk of abandoning (17%), which shows that these mothers are indifferent about the children's future, have no attachment towards the children and are irresponsible of their future.

High personal anxiety among a great number of women, regardless of their social status, is caused by an increase of material and financial needs at the moment the child is born –the women become concerned with the child's education and care, which demands additional sources.

The results of the study have replaced the initial hypothesis stating that feelings of depression and anxiety are caused by internal conflict between the mother's feelings for her child and her inability to raise the baby. It was revealed that the internal conflict has to do with spiritual and moral values, rejected by the woman in the process of taking a decision regarding the child. This conflict leads to feelings of despair and disorientation. Two voices can be distinguished in the woman's internal dialogue: the first says, "I cannot raise my child for material, social or psychological reasons" (and there are specific reasons invoked in each case). The second voice says, "I can't reject my child." The arguments invoked helped us suggest and verify a new hypothesis about the correlation between the decision regarding the child, taken by the women, and her emotion state at the moment this decision is taken.

In order to identify the reasons of child abandonment at birth, the respondents' **system of values** was studied. The system determines the personality, and stays in the background of the woman's attitude towards the environment, other persons, towards herself. This is the foundation of the concept about the world and the motivational cell or vital activism, the basis of the life concept and "philosophy of life".

Traditionally, the values are classified in two broad categories: terminal values (goals) – when a person is convinced that there should always be a final goal for the existence (list of values No. 1 in Annex 2) and instrumental values (means) – when a person is convinced that there should always be certain mode of action or certain personality quality (list of values No. 2 Annex 2).

The results of the research show the following grouping of **values**, divided into topic blocks, with different categories of women who participated at the research (See Table 4):

Table 4. Hierarchy of values (women included in the study)

Categories of women	Appreciated values	
	Important	Less important
Women having abandoned child	– interesting job – productive life – health (physical, mental) – good education – sincerity – capability of being insistent in defending her own ideas and suggestions	- entertainment - good and devoted friends - close physical and spiritual relations with the partner - responsibility - training - joy of life
Women at risk of abandoning child	– health (physical and psychic) – ability to love, bring up a child – life in a family – efficient activity – good education – high life requirements, high expectations from life	– freedom – self assurance – pleasure from beauty of nature and art – independence – training – responsibility
Women with low socio-economical status	– self-assurance – happy family life – health (physical and mental) – good education – high life requirements, high expectations from life – care and sensitivity	– development – entertainment – other persons' happiness – sincerity – responsibility – tidiness and ability to maintain things in order
Financially assured women	– health (physical and mental) – family life – possibility to have and love a child – possibility to perform achievement in different areas – development (physical and spiritual improvement, development of personal abilities) – tidiness, ability to maintain things in order	– entertainment – other persons' happiness – discipline – non-compliance with personal and others' weaknesses – tolerance – independence

Differentiation of values, according to their importance, allowed us to determine the way in which women abandoning the child at birth or at risk of child abandonment express self-protection. For

example, the fact that women classify “responsibility” as a less important human value can be explained by denial of this quality, due to the impossibility or incapability of the woman to value and realise it. Psychologically, a person rejects what he/she cannot realise at that moment.

Another example: according to the results of the study, women abandoning a child at birth value interesting things and productive life, considering these important to be realised from professional perspective. Thus, women shift attention from the importance of family life, including of the child, to other values and areas of activity.

Women at risk of abandoning a child value “the possibility to love, raise and educate a child”, and “family life”, which conflicts with their possibility to realize the feeling of responsibility for the child. On one hand, the woman wants a healthy family life with a child, and, on the other hand, she cannot be responsible for such life, due to various reasons – this is a strong internal conflict, caused by the need to take a decision regarding the child’s future.

To compare, we take differentiation of value made by financially stable women. They consider the following values to be important: family life, possibility to have and love a child, possibility to self-realise in different areas, development and improvement of personal abilities, etc.

All these are indicative of the fact that women abandoning a child at birth and those at risk of abandoning do not have a well determined system of values, and that hierarchic listing of values differs in the groups of women who participated in the study.

Based on the results of psychological testing, we drew up the **psychological characteristics** of women abandoning a child at birth or at risk of abandoning. The two categories proved to have different psychological features:

Women abandoning a child at birth are characterised by frequent depressive states, having mild or moderate depression infrequently (compared to women at risk of abandoning a child); relatively low anxiety; lack of internal conflict (due to the fact that they come to the maternity hospital having already made up their mind to abandon the baby); undeveloped system of values; express mechanisms of self-protection, determined by personal unwanted/unaccepted behaviour caused by refusal of the child.

Women at risk of abandoning a child at birth show more frequent mild or moderate depression, compared to the woman abandoning a child; high reactive anxiety, internal conflict and self-protection, determined by the woman’s choice and her mental state at the moment she takes the decision; lack of establishment of system of values, due to the incapability or impossibility to realize her own desire to love, raise and educate a child; risk of abandonment sometimes is expressed in a covert form, by initial placement of the new-born baby with short-term care services.

All these data create the necessary foundation for social assistance interventions and for psychological assistance activities that will have to be adapted to each category of women.

Chap. II. QUALITY OF SERVICES OFFERED TO WOMEN AT RISK OF ABANDONING THEIR CHILD AT BIRTH

2.1. Services offered within maternity hospitals: approaches and suggestions for improvement.

The study assessed the quality of services offered within the selected maternity hospitals. The following points were highlighted:

- All the maternity hospitals offer health protection services, according to the standards set up for obstetrician health institutions;

- Specialised services – psychological, legal, social assistance – are offered only in Maternity Hospital within Chisinau Centre Mother and Baby;
- Specialised services – psychological and social assistance – are offered in Chisinau Municipal Perinatalogical Centre, within the project implemented by NGO "Progress through Alternatives".

Medical staff in the maternity hospitals (having different qualification levels) receive a variety of training in health protection area. At the same time, they expressed an interest in receiving training on issues of interpersonal communication, communicating with women in crisis situation and suffering from post-natal depression, a general overview of social assistance system and methods of handling cases of risk of child abandonment at birth.

Specialised services – psychological, social assistance, legal services – are offered only within **Chisinau Mother and Baby Unit.** The specialists in these areas work in compliance with the job descriptions developed and approved by the administration of the institution.

Apart from the standard professional duties, a **social assistant** must work on prevention of child abandonment, as well as on preservation of mother's and child's health. Consequently, in the case of a mother who is still legally a minor, the social assistant informs the parents or close relatives about the birth. S/he then works with young mother's family, explaining how important it is that the child grows and develops in his biological family; collaborates with Placement Centres for young children and Maternal Centres, for the placement of the mother and the baby; works with single mothers, with women from vulnerable families, in order to prevent child abandonment; performs awareness activities among women/parents, regarding the risks and impacts of abandonment on mother's and baby's health, the importance of a favourable family environment for the development of the newborn, etc.

The **psychologist** has an important role in the work with the woman and her family, for the prevention of psychological problems that might affect the relation between the mother and her baby. Among the main duties of a psychologist are: offering psycho-emotional orientation to pregnant women before child's birth, encouraging the woman's partner to participate at delivery and to raise the child in the future, offering psychological counselling to mother and her family in case of an unwanted child, in order to prevent child abandonment at birth, etc.

The **lawyer's** professional duties within the health institution are: to offer legal assistance to pregnant women, to children in difficulty; to integrate and transfer children deprived of parental care or children abandoned in placement institutions, filing the child's case; to inform, within 10 days, Chisinau Municipal Directorate for Child Protection (hereinafter MDCP), about children deprived of parental care or children abandoned in the institution; to register and review the petitions submitted by the patients who request a termination of the pregnancy.

Apart from the main health protection work duties of the **midwife** in obstetrics section, established in the institution mentioned above, this person has to offer psycho-emotional support to the woman during delivery; to assure contact between the newborn, mother and family; to assure the function of the "bonding chain"; to assure that the mother breastfeeds the baby in the first 30 minutes after birth; to care for newborns, etc.

Women and their families do not benefit from the services of a social assistant, psychologist and lawyer in **Chisinau Municipal Perinatalogical Centre**, as these specialists are not included in the institution's payroll.

This institution used to offer psychological and social assistance services between 01.05.06 and 30.12.06., within the project "Medico-social support for maternity hospital", implemented by

“Progress through Alternatives”. 54 pregnant women and mothers from socially vulnerable families, and 72 newborns benefited from the following services within the project:

- Material and financial support
- Referral to the Centre for Family Services of the Association “Amici Dei Bambini”, for material and financial support, with ongoing monitoring (three women)
- Referral of three families with disabled children to the Centre for special care “Voinicel”, for treatment and rehabilitation
- Counselling of women (pregnant, mothers) on social protection for pregnant women and women with newborns, especially in terms of benefits for families

These activities helped to prevent three cases of child abandonment, of six cases identified; prevent five cases of child abandonment at birth, of eight identified; solve two cases of violence in the family, of five cases identified, with referral of three cases for specialist help.

The experience described above represents a new model of medico-social approach to cases of risk of child abandonment, which proved to be efficient and useful. At the same time, the fact that the specialists mentioned above are not included in the institution’s payroll makes it impossible to assure sustainability of the developed services.

In **Ungheni Rayon Maternity Hospital**, women get only standard health protection services; no other types of services, needed to solve issues of social vulnerability, are delivered in the institution. Cases of child abandonment at birth are reported by maternity hospital’s paediatricians to the specialist in child protection of Rayon Department of Education, Youth and Sport, who, in turn, applies the procedures stipulated in the existent legislation.

All the focus groups invoked the need of psychological, legal and social assistance services to be delivered within all maternity hospitals. At the same time, just physical existence of these specialists in obstetrics institutions would not be sufficient to change the situation. It is extremely important to develop networking with relevant structures and institutions, as well as to train the specialists in solving child abandonment at birth issues.

To form a general idea about the condition of different rooms and spaces within the investigated maternity hospitals (wards, medical staff offices), availability of equipment, furniture, commodities, as well as to see what are the conditions of dependencies, the **method of observation** (pathway: institution – two maternity hospitals) was used.

The pathway of the maternity hospital within Chisinau Mother and Baby Unit demonstrated the following:

Initial examination section:

Maternity wards are painted in sombre colours, the glazed tiles are old, furniture is old and in poor condition, equipment is donated and only strictly necessary items are available, there are no conditions for privacy, an impression of physical uneasiness is created.

The post-natal ward for HIV/AIDS positive women is an extremely small room, with two big beds with worn-out mattresses, bare walls, a dark, concrete floor, no curtains or blinds to offer privacy, and no other type of furniture or equipment.

The WC and toilet in the corridor are small and uncomfortable rooms with a basin, toilet and small bath. There is no hot water.

The offices of the medical staff have quite modest furniture and refurbishment.

The eight pre- and post-natal wards are quite big. There are two beds for adults in each ward – one for a woman, the other for her partner / husband. The ward is equipped with the necessary items, almost all of which are donated. There are blinds on the windows.

The delivery wards are quite big, designed for one woman. They are modestly furnished, and although the wall tiles are old, the conditions are adequate and the standard of cleanliness good. The washrooms here are identical to those described above.

Pathway of Ungheni maternity hospital

All maternity wards are recently renovated, are modestly furnished, with only strictly necessary items, that are quite old, the comfort is limited. Surgery and intensive therapy for children wards are refurbished and equipped with donated items.

The washroom has no hot water, but is clean and adequately equipped.

Staff offices are provided with only strictly necessary furniture and a TV, and have carpet on the floor.

Thus, the physical conditions in the maternity hospitals under observation are within the limit of strictly necessary things, modest, but maintained quite properly. It should be mentioned that the medical and auxiliary staff make great efforts to maintain the rooms and the equipment.

At the same time, the wards for HIV/AIDS positive women and for the women coming from socially vulnerable families are in a deplorable condition and are equipped much worse than the other wards.

Quality of services, offered within the maternity hospital, as seen by different groups of respondents.

Women consider that the conditions in the Maternity within Mother and Baby unit are acceptable – "the admission is OK, the staff is caring, compared to staff in rayons, where they sometimes insult women and call them hurtful names."

The conditions in the wards were said to be adequate. At the same time, the women mention the need to provide the wards with furniture for personal things, to provide more comfortable beds and mattresses. There is lack of hot running water.

Food supply is at the minimum level of acceptability, and is mostly porridge, tea, bread and butter. Women stressed the need for better nutrition, especially for breastfeeding mothers.

The medical staff within the maternity hospital give new mothers information about how to care for their babies at a basic level, and the mothers are satisfied with this level of service.

The study has reinforced the position that the women's aspirations regarding the improvement of assistance conditions within the maternity hospitals depend on their life standards – the higher the life standard and the wealthier the woman is, the higher are her expectations from the conditions provided in the maternity hospital. In the same context, according to the results of the study, women with lower socio-economical status are generally satisfied with the conditions and services provided in the maternity hospitals.

Maternity hospital staff mentioned the need to equip separate ward compartments with shower, WC, hot running water, furniture for women and children (beds, wardrobes, etc). They also mentioned the need to improve the quality of food supply to women.

Chisinau MDCP specialists believe that the employment of a social assistant, psychologist, lawyer in each maternity hospital is crucial. The women's psycho-emotional condition depends to a great extent on the person meeting the woman who comes to give birth, as well as on the quality of

communication with the woman, support and protection offered in order to maintain the child in the family.

In order to assure collaboration between the specialists from maternity hospital and Municipal Directorate, in cases when there is a risk of child abandonment at birth, a suggestion was made that the specialists (social assistant, psychologist, lawyer) should be employed by the Directorate.

Based on an analysis of different opinions regarding the possibility to improve the services offered to women within maternity hospitals, designed to prevent child abandonment at birth, the following suggestions were formulated:

Suggestions for the improvement of services and conditions provided in maternity hospitals, as seen by groups of respondents:

Medical staff (Chisinau Maternity Hospital within Mother and Baby Unit), mentioned the need to establish relations of collaboration between maternity hospital services and community structures empowered with solving child and family related problems: Chisinau MDCP, Social Assistance and Family Protection Departments, “Materna” Centre, “Marioara” Centre, “Vatra” Centre, etc.

Suggestions regarding the improvement of physical conditions in maternity hospitals were made: to create separate wards, equipped with shower, WC, having hot running water, quality furniture, to offer better food. Also, it was suggested that the period when mother and baby stay in the hospital is extended, in the case of risk of child abandonment. This extension would favour development of attachment between mother and her baby.

Women mentioned the need to improve physical conditions in the maternity hospital: hot running water; better food (especially for breastfeeding mothers); better, more comfortable mattresses and beds; TV, radio, tape-recorder in the ward (“otherwise you have to stare at the walls or the ceiling” – women in Ungheni); washbasins and showers in each ward.

Moreover, the women made recommendations to improve the quality of services offered in maternity hospitals: when leaving hospital, women should be given information on caring for their baby and their own health; psychologists should work with mothers at risk of abandoning their babies, with their partners and parents.

At the same time, the women made some suggestions that, in their view, would favour psycho-emotional wellbeing at birth: the partner should be allowed to be present at the birth; women should be able to use a telephone in order to maintain contact with their family.

Specialists from Chisinau MDCP mentioned the need to install the position of a social assistant, psychologist, lawyer in all maternity hospitals. Theses specialists would work on preventing child abandonment at birth and risk of child abandonment at birth. To assure collaboration between specialists in cases of child abandonment at birth and in the risk of child abandonment at birth, the specialists should be nominated to work within maternity hospitals, but be employed by MDCP, and, consequently, be monitored by the Directorate. Existence of such inter-departmental teams of specialists would ensure the quality of support offered to families, as well as keeping the child within his/her family.

2.2. Community services for child abandonment at birth prevention: approaches, suggestions for improvement.

In this section of the study we intended to identify and describe existing community services, oriented towards offering support to women/parents at risk of abandoning their children at birth, as well as existing services the prevention for child abandonment.

At community level, there are Directorates of Social Assistance and Family Protection, offering social assistance (in the form of material support and/or social services) to families in difficulty. Cases of child abandonment at birth are not a priority for these local structures. Such cases are examined by specialists, but sporadically. There is no system of work for the prevention of child abandonment at birth, where the beneficiaries would be registered with social assistance department. Moreover, no collaboration is established between community medical structures and social assistance and child protection institutions, which would ensure a holistic approach to the problem of child abandonment at birth.

This is a typical situation for all areas of Moldova. Only Chisinau Municipality can be considered an exception.

Chisinau MDCP works on preventing abandonment of young children, especially concentrating on those at risk, registered with the Directorate (graduates of residential institutions, minors with deviant behaviour, and women at risk, having abandonment history).

Analysis of MDCP experience in this area demonstrates that in the vast majority of cases the specialists of the Directorate work on child abandonment cases post facto. As a rule, MDCP registers women after they give birth. Pregnant women do not normally get in the view of the guardianship authority. At community level, there is no well determined identification system for cases of child abandonment at birth. Consequently, there is no integral system for prevention of child abandonment at birth that would cover activities performed at different levels and stages through which a women moves within the network of medico-social services: at the level of prevention and case resolution; within medical, social and educational services offered to different categories of beneficiaries – young persons, women, families, couples, etc. At the same time, there is no unified system of case referral that would allow maintaining the women/families at risk of abandoning a child in the view of specialists.

Based on the analysis of different opinions regarding the opportunities for the improvement of the quality of services offered to women at community level for the prevention of child abandonment at birth, the following suggestions were formulated:

Suggestions for the prevention of child abandonment at birth, made by groups of respondents:

A vast majority of the suggestions made by **women after birth delivery**, concern an increase of financial support offered to women after a baby is born: increase the indemnity for newborn children, women propose different sums – between 400 and 1000 lei, depending on the area they live in; in villages the necessary sums would be lower (300 – 500 lei per month), whereas in towns this support should be bigger – 1000 lei per month for children up to 1 year of age; benefits for newborn children should be awarded before birth, for the family to be able to buy necessary things for the baby; offer necessary material support for women with children.

The questioned women understand the need for educational activities to prepare them and their families for the birth of a child: development of a psychological service for the parents during the peri-natal period; development of a feeling of responsibility among women; implementation of educational activities in schools, in terms of family planning, sexual education.

At the same time, the women made essential suggestions regarding improvement of the quality of health protection services in the community (general): family doctors should be prepared to work with cases when there is a risk of child abandonment at birth; increase the access of pregnant women to health services that are, as a rule, delivered in rayons, far from the places where women live, and, therefore, are difficult to be accessed.

In this group of respondents, suggestions were made in terms of the need to perform activities that would change the mentality and attitudes, both, of the general public, and the administrative structures responsible for the support of women/families, regarding the women in difficulty and their needs: change of the government's attitude towards vulnerable women (Ungheni), in order to increase the support for them in raising and educating their children; consolidate the network of support for mother and child, offered by parents, communities, government.

Medical staff and specialists within maternity hospitals mentioned the need to increase the women's access to general health protection services offered in the community. In this context, it was considered vital that work is performed with family doctors, medical staff from the place where women live, in order to identify and support women at high risk of child abandonment. Suggestions were made to create temporary placement centres in the areas of women's origin, for mothers and babies, in order to deliver (secondary) preventive services for cases of child abandonment.

The medical staff consider it vital that some measures are taken to make women responsible for their decisions regarding their children. At the same time, it is very important to work with the woman's extended family (parents, relatives) and with the partner, to maintain the child in the family.

As it was also mentioned, it is essential that basic material support is offered to mothers in financial difficulty (diapers, baby's dummies, baby clothes, transport expenditures), which would diminish the stress in families, caused by the incapability to meet young children's needs.

Finally, the medical staff consider that a priority activity would be to raise public awareness for the change of mentality of the whole society regarding the phenomenon of child abandonment at birth.

MDCP specialists mentioned the need to organize preventive work on child abandonment at birth in different social institutions – church, health protection associations, NGOs working with families/women, penitentiaries, etc. A useful suggestion was made to create actives of women in communities, able to identify and offer support to women at risk of abandoning a child, and to inform authorities in charge of the issue, upon families/existing situations/potential situations of risk of child abandonment. At the same time, these actives of women could perform different activities of informing and raising the awareness of young people in order to prevent the phenomenon of child abandonment.

Specialists within Chisinau MDCP, public awareness campaigns are extremely useful in preventing child abandonment at birth. Another extremely useful way would be to create a phone counselling service (hotline), to inform upon and solve cases, especially the ones involving unplanned pregnancy.

Also, the need to modify the existing legislation was mentioned, so that women have a longer period before they take a decision of abandoning their babies (up to two months), which will make it possible to work with the woman and her family, for the prevention of child abandonment at birth.

In this group of respondents, the stress was laid on ways of child abandonment prevention before the case riches the maternity hospital. Apart from this, the need was mentioned to create a new system of referring cases of risk child abandonment at birth, from maternity hospitals to community services, for further supervision.

GENERAL CONCLUSION

Existing situation and tendencies of the phenomenon of child abandonment at birth

The phenomenon of child abandonment at birth is widespread in Moldova, and is practically not monitored. That is why causes and factors leading to abandonment are unknown.

This phenomenon is continuously increasing, despite medico-social services created at central level. The study has revealed sparse knowledge and poor awareness of the phenomenon of child abandonment at birth, and it is attended to extremely generally and simplistically.

The definition of **abandoned child** is 'a child whose biological parents refuse to fulfil their responsibilities of offering care and meeting the fundamental needs of child's development, separating physically from him / her, before this responsibility is undertaken by an institution in-charge' (the situation of child abandonment in Romania, UNICEF, 2005).

Generally speaking, in the mentality of the local population, the child is not viewed as having central vital value. This mentality favours the development of a permissive attitude towards the expression of different forms of abuse and violence against the child. At the same time, communities consider abandonment less important than other social issues.

A key problem in dealing with this phenomenon continues to be the establishment of indicators of child abandonment. The majority of research mentions general indicators determining child abandonment: financial, family, personality aspects. At the same time, it is extremely important to develop indicators that directly show the risk of abandonment: the woman is not registered, hides pregnancy, gives birth away from her home community, avoids relations with her family, etc.

Currently, the role of family doctors in monitoring women's health, especially reproductive health, is insufficient. Health is not considered to be important, and the population is generally indifferent to its own health – in terms of nutrition and general self-care. As a result, the percentage of population in need of health services is greater than the figure estimated in accordance with the standards accepted in economically developing countries.

Also, the moment of early identification of child abandonment, before the child's birth, continues to be uncertain. It is important to know this moment, in order to focus correctly the efforts of child abandonment prevention. Early identification of the risk of child abandonment may be realized by family doctors, social assistance services, who can perceive the risk of abandonment, due to the fact that the majority of socially vulnerable women benefit of social assistance services.

Causes of child abandonment at birth

The study revealed the main causes of child abandonment at birth. It was confirmed that child abandonment at birth is determined by a combination of financial (no place to live, lack of money), psychological (absence of women's responsibility, of maternal feelings), relational (absence of family support), and educational causes (lack or absence of sexual education). These combined causes vary with different population groups.

Differences in approaches to the main causes of child abandonment at birth were perceived among different groups of respondents. Thus, the economical-financial situation was not perceived by some women as the main cause of abandonment, whereas it was more important for them to be supported by the family and partner. At the same time, according to the opinion of maternity hospitals specialists, the main causes of child abandonment at birth are: financial situation of women/parents and easy access to abandonment procedure, as stipulated in the existing legislation.

Target groups also showed different representations regarding the minimum of financial resources that could be considered sufficient to offer care to a newborn child. According to the opinion of women, mainly from rural area, in order to prevent child abandonment at birth, the woman needs a

monthly income of about 200 – 300 lei, whereas medical staff consider this sum should vary between 1000 and 2000 lei.

The decision of child abandonment is strongly determined by the opinion of the community (firstly, of the village). This is why women intending to abandon a child at birth choose to give birth in Chisinau. This allows them to keep their pregnancy and birth delivery in secret, and to avoid remorse's caused by accusations made by their relatives. To do this, women come to Chisinau before time, live with their close friends, until the child is due. Thus, avoiding and escaping irrelevant "complications", women solve their problems related to the education of a child, facing socio-economical conditions and being rejected by the members of their extended families.

In the case of some women, the decision to abandon a child was suggested by medical staff, mainly by family doctor – the first contact person for the pregnant woman.

The results of the study show that lack of coordination and integrity of medical and social services at community level favours child abandonment at birth, in the virtue of the fact the woman at risk does not always receive necessary support and assistance to solve her problems.

The social and psychological characteristics of women abandoning their children at birth or at risk of abandoning

Particularly interesting is identification of social factors and psychological peculiarities of persons causing child abandonment at birth. Young women do not yet have clear vision regarding long-term consequences for the child abandoned at birth, and for their own psycho-emotional condition. Very often they are confused about the motivation of abandoning the child, and very quickly change their decision. Being in a difficult situation, financially and relationally, they often solve the problems of raising the newborn child by avoiding their parental responsibilities.

The study allowed us to establish three **categories** of women, with different risk of child abandonment at birth. Differentiating them is important for correct organization of preventive measures in the case of child abandonment: high risk (when the petition is submitted to maternity hospital lawyer), covert/camouflaged risk (a petition for temporary placement of the child), and potential risk (caused by difficult socio-economical conditions).

Based on the study performed, it was possible to make the social and psychological characteristics of the categories of women mentioned above.

Social characteristics of the women abandoning a child at birth and at risk of abandoning is characterized by the following features: "a young woman, up to 25 years old, single, first child, unplanned or hidden pregnancy, mainly from rural areas, who was not registered with a doctor, in deep need of being supported by close persons (parents, partners)".

Psychological characteristics of the woman who abandons a child at birth – **the woman** shows no depressive conditions, and, rarely, manifests slight or medium depression, compared to women at risk of abandoning a child; low reactive anxiety; no internal conflict, due to the fact that she comes to the maternity hospital having taken a firm decision to abandon the child; undeveloped system of values; shows self-protection mechanisms, caused by her own unwanted/unaccepted behaviour (refusal of the child).

Psychological characteristics of the woman at risk of abandoning a child at birth – the woman expresses mild or moderate depression more frequently, compared the women abandoning children at birth; high reactive anxiety; internal conflict, caused by her choice and spiritual condition at the moment of taking the decision; no system of values developed; expressing of self-protection mechanisms, due to incapability or impossibility to materialize her desire to love, raise and educate

the child; risk of abandonment is expressed sometimes in covert form, by initial placement of the child with temporary care services.

Quality of services offered in maternity hospitals

During recent years, in Moldova some actions have been taken for the improvement of the existing legal framework in social protection, but, presently, families having psycho-social problems during pregnancy and after-birth period continue to have limited access to health and social assistance services, by virtue of numerous factors.

Up to now, the social component of the medical act has not been studied and sufficiently supported in the national public health service; as a result, solving the psycho-social problems faced by pregnant women and mothers in difficulty is mainly the duty of medical workers, who, clearly, do not have the necessary abilities and do not know specific aspects of social assistance.

The area of medico-social services in perinatology is under-realized in the conditions of Republic of Moldova. Neither the existent system of public health, nor the system of social assistance, can presently offer adequate medico-social support programs in situations of risk of child abandonment at birth, due to some objective reasons, main of which are lack of government's financial opportunities and high level of vulnerability of the population, especially among people of reproductive age.

Women's aspirations regarding the conditions of assistance in maternity hospitals correlate to the level of wealth – the more financially assured the women are, the higher are their demands regarding the conditions in maternity hospitals. In this respect, the results of the study demonstrate that women with lower socio-economical status are generally satisfied and contented by the conditions and services they get in maternity hospitals.

It is worth mentioning that the medical staffs do not get proper training in communication with women at risk of abandoning and women in crisis situation.

Services offered at community level

Presently, there are no specialized services in Moldova for abandonment prevention and for the assistance of women at risk of abandoning, except some maternal centres in Chisinau and some other localities across the country. The services mentioned above are residential, having very low capacity and do not manage to cover all the needs of women at risk of abandoning children, nor can they react to the number of requests.

This situation, combined with the multi-factor features of the phenomenon under discussion, confirms the need of diversifying the services for child abandonment prevention and of improving the existing services, placing these services in the community, closer to the beneficiaries. The maternity hospital has an important role in preventing child abandonment at birth within the system of community services. In the case of maternity hospital, it would be possible to offer a wide range of health protection, psychological, social services, that would intervene at the most crucial moment, when the decision is taken to abandon the child. The need of complex evaluation of the clients' needs was confirmed, in order to determine the degree of vulnerability, and, respectively, to develop an action plan for support and assistance.

The study revealed a lack of continuity in the process of pregnant women's advancing through the system of health protection services (registration, medical checks during pregnancy, health protection services in the after-birth period), offered, as a rule, by different medical workers. This does not stimulate continuity in health assistance, and does not make it possible for the medical staff to stimulate mothers in developing affection towards their children.

Collaboration between the services offered within maternity hospitals and community services leaves much to be desired. The cases are virtually not monitored; no efficient mechanism has yet been created for the referral of cases from the maternity hospitals to community support services, in the situation when the woman decides to take the child home. Moreover, especially in the case of children abandoned in Chisinau municipality, they are not referred to the place where their parents live, and stay to be “the children of the municipality”. Referral of the children abandoned in the capital to their original communities would make the latter responsible for the care of abandoned children and will stimulate them in developing efficient preventive measures for situations of child abandonment at birth.

The public opinion survey on causes of child abandonment at birth revealed some specific representations. The results demonstrate a shift in social attitude towards single mothers – from accusations to tolerance and acceptance. The wider public expressed disagreement with the opinion that if a woman is infected by HIV/AIDS, this can determine the society to reject her. The population, generally does not agree with the supposition that the medical staff might suggest the mother/parent idea of abandoning the child at birth, and that the clinical conditions before birth might determine the child’s abandonment in the maternity hospital. At the same time, the majority of people accept that insufficient support offered by the government could be an incentive for the abandonment of young children.

RECOMMENDATIONS

Prevention of child abandonment at birth depends on a timely and thorough evaluation, and holistic addressing of women’s needs, which can be complex. The activities of risk prevention must be based on collaboration between the key participants in the process: the family doctor, who knows the family and its problems; the social assistant, who keeps records of the families/women at social risk; and the guardianship authority, which understands the situation of vulnerable children and keeps records of abandonment history.

It is important that preventive activities reflect the different types of risks. In the case of covert/camouflaged risk (when a petition is submitted for the child to be placed within a placement centre for a period of six months), it is essential that the specialists in charge of the case obtain the mother’s agreement to inform the extended family, and to work for the child’s reintegration with his mother. In the case of high risk (a written petition is submitted to the lawyer), it is not always rational to insist that the mother change her opinion to abandon the child, as she might consequently be at a high risk of later abandonment or abuse. When a woman decides to abandon her child as soon as she realises she is pregnant, it is important to support the woman to give birth to a healthy baby.

The study has outlined the need to create a service with the potential of preventing child abandonment at birth, including the following: phone counselling (hotline) for teenage and young women, health educational programs, community-based activities led by women, providing information and support to vulnerable women, employ a social assistant at community level, to identify women/families in difficulty and to offer them the necessary support to overcome the risk, create mechanisms of collaboration between the relevant authorities at community level.

Suggestions for improving the quality of services offered in maternity hospitals

All those who participated in the research mentioned the need to install in maternity hospitals specialised services for social assistance, psychological and legal consultation. Appropriate support during the critical period of abandonment could, in some cases, enable to woman to review and change her initial decision. Participants emphasised the importance of a psychological consultation service for women/families and for medical staff. Psychological counselling should be based on

common features identified in different categories of women abandoning their children and at risk of abandoning.

In order to improve the quality of services offered in maternity hospitals, medical staff should be trained in communication, in developing tolerance and tackling discrimination towards women at risk of abandoning a child; as well as developing some work techniques that would contribute to the formation and consolidation of attachment between mother and her baby. At the same time, the need was mentioned to create a recreation room for the medical staff, and training them in relaxation techniques and tools. The recreation room could also be used for women.

To ensure a sustainable approach to women at risk of abandoning children at birth, it is essential to develop a mechanism of collaboration between medico-sanitary services of maternity hospitals and social community services that could intervene before the child's birth.

The study highlighted some suggestions regarding the improvement of conditions and services within maternity hospitals. The most frequent proposals made by women include hot running water, sanitary units within each ward, adequate food supply, separate wards for single mothers and couples, comfortable furniture and supplies for babies (diapers, clothes).

In order to build the attachment between mother and baby, it was suggested that mothers should spend longer in the maternity hospital, and should then be transferred to a placement centre. The duration of her stay at the placement centre would depend on the availability of relevant services in the area.

Suggestions for improving the quality of services at community level

At community level, prevention activities should be carried out through schools, polyclinics, hospitals and maternity hospitals. General information programmes should be adapted to suit the needs and concerns of different groups of people. Child abandonment at birth should be focused, first of all, on active involvement of the family doctor, who is the first point of contact for vulnerable women at risk of abandonment.

Abandonment can be prevented by the timely identification of risk factors, through social assistance services, and, when necessary, through short-term material support.

It is extremely important to expand and diversify the network of medico-social assistance to families / women with various issues, offering them a range of services – from general to specialised.

General awareness programmes that cover a wide range of topics can be extremely effective. These topics may vary from adopting a healthy way of life, to courses for future mothers, where the stress is laid on the women's psycho-emotional development. These programmes are currently widespread at country level. It is important that perinatal consultation services are developed for groups with high risk of child abandonment, in order to encourage parents to take responsibility for their babies' and to increase the age at which women first become pregnant. We believe that the Family Planning Centres are not currently being used to their full potential, and that they should focus on the prevention of unplanned pregnancies, and on working with people at high risk.

In terms of specialised services, temporary centres for mother-and-baby couples, centres for young children, social apartments and foster care services for mother-and-baby couples are currently available. Currently there are only foster centres in Moldova, and the foster care service, developed only for children, could be extended for mother-and-baby couples. Social apartments would be a useful service for mother-and-baby couples, and might offer a higher degree of independence to mother/parent. They could be used mainly for mothers with high degree of responsibility.

It is also important to improve existing social services in the country, introducing, first of all, an efficient case monitoring system, consolidating partnership relations between governmental community-based services (social assistance departments, child's rights protection specialist from department of education, employment office) and services offered by non-governmental sector. These partnership relations could be improved by the development of unified schemes/mechanisms of intervention in the case of child abandonment risk, involving existing specialists and community services. Thus, the principle of networking between social organisations and institutions will be realised.

Ultimately, if prevention work is to be successful, communities must take responsibility for educating children and supporting mothers / families. We believe that this could be realised by developing a mechanism of transferring the child abandoned at birth to the rayon, while women at risk of abandonment must be included in the system of social and health protection services offered in their communities.

The psycho-social characteristics of women at risk of child abandonment, determined within this study, allowed us to specify the social and psychological peculiarities of different categories of women at risk of abandoning their children. These findings helped us draw the conclusion about the need to deliver personalised services. Personalised social and psychological assistance services are decisive in reducing the risk of child abandonment in families with severe psycho-social problems.

Consequently, intervention strategies must be concentrated on the needs of specific categories of beneficiaries: women at risk, women with unplanned pregnancies, mothers with newborns who are at risk of abandonment. These women need prompt and adequate medico-psycho-social assistance for the prevention or mitigation of individual or family psycho-social problems.

The personal support offered to women/families facing such problems during pregnancy and after birth will contribute to the reduction of the risk of child abandonment, as well as of other complementary risks.

Suggestions regarding the improvement of national legislation in the area

Following analysis of the legislation relating to abandoned children, we believe that the primary needs are to review the procedures of abandonment integration, and to define the status of abandoned children. In other western countries, fathers are legally obliged to take an active part in child-rearing.

It is important to create a national and local system of data collection on causes of child abandonment, as well as an analysis mechanism, through a comparison of statistical information, in order to test it and develop family policies.

Suggestions regarding a shift in public opinion regarding child abandonment

In order to change public opinion regarding women at risk of abandoning their children, it is important to plan and implement campaigns raising the awareness of the public on problems faced by women/families in difficulty. These should cover causes of child abandonment, protective measures, etc.

Annex 8

PR Plan for raising local and national public awareness regarding child abandonment in maternity

Activities	Terms
Objective: Create an opinion flow regarding children abandoned in maternities and stimulate the development of abandonment prevention services and care for children and parents in difficulty	
Outcomes: • Consolidation of the image indicator – the Government supports the reorganisation of the child care system and the development of alternative social services for children and families in difficulty • Stimulation of MoH, MSPFC, Local Public Authorities and Administration of medical institutions (maternity) to fulfil their obligations • Local Public Authorities, the institution and the community realise the importance of creating specialised services for the mother and child in maternity	
At national level	
Broadcasting video clips about child abandonment in maternity and the clip about foster care at the TV station with national coverage Moldova 1 and at the TV station with regional coverage Pro TV	On- going
Radio reports about abandoned children and the need to develop specialised prevention and care social services for mothers and new-born babies broadcast at Radio Moldova	
Broadcasting video clips about child abandonment in maternity and the spot about foster care at the TV station with national coverage Moldova 1 and at the TV station with regional coverage Pro TV	
Production of a specialised programme in the morning programme of the national radio station “Unda de dimineata”.	
At local level	
Broadcasting video clips about child abandonment in maternity and the clip about foster care at the TV stations N4 , Euro TV, Ungheni TV, TV7	On-going
Objective: Informational support of the development of the following services: prevention of child abandonment in maternity; foster care for mothers and new-born babies; and a sustainable community-based residential service for the support of mothers and children and the post-natal period	
Outcomes: • Consolidation of the image indicator – the Family is the best environment to raise a child • Convincing parents to take their children home or to keep them at home • Raising community awareness to support families in difficulty / to prevent difficult situations of the family and child abandonment • Raising local authorities’ awareness to employ community social assistants • Raising central authorities’ awareness to support and promote alternative social services for the child and family	
At national level	
Production of a specialised report about the Foster Care service at the TV programme Rezonans at the national TV station	On-going

Production of a permanent programme in the morning programme of the national radio station “Unda de dimineata”.	
Informing about the activity of the placement centre for parent – child in Cornesti, Ungheni in print press, radio and TV	
Broadcasting video clips about child abandonment in maternity and the spot about foster care at the TV station with national coverage Moldova 1 and at the TV station with regional coverage Pro TV	
At local level	
Broadcasting four movies about alternative social services for child and family at the TV station N4	On-going
Broadcasting video spots about child abandonment in maternity and the spot about foster care at the TV stations N4 , Euro TV, Ungheni TV, DTV, TV7	
Informing about the activity of the placement centre for parent – child in Cornesti, Ungheni in print press, radio and TV	
Objective: Support the replication of experience and capacity building in abandonment prevention and community support for the future and new parents and new-born babies	
Outcomes • Consolidation of the community initiative and of the associative sector to develop services of prevention and child care at birth • Encouragement of authorities to develop alternative services and to fund them	
At national level	
Round table with the participation of the Government, Local Public Authorities, associative sector, donors in promoting positive experience in this field	October 2007
Debate programme on radio and on national television to promote experience and the need to develop such services at national level	September-November 2007
Development and publication of a study about the abandonment of child at birth and distribution of this study to all the interested actors	July – August 2007
At local level	
Days of open doors with the participation of local authority representatives, mayors, civil society.	September-November 2007
Informing about community best practice in local press	On-going

Case study -1

In Besliu family a tragedy happened– their mother died. The children's father found comfort in alcohol and soon he was dismissed from his job because of alcohol addiction. Staying in the bar all days long he found himself drinking companions. Also there he met with an alcoholic woman who became his partner. Quarrels and beating became very frequent in Beshliu family.

For children of 8 years of age and Ira, 15 years old the life within the family became unbearable. The girls were emotionally and physically abused. They stopped attending school. They were starving and having a rough time. In these conditions Ala got sick and was placed in a hospital, after which she didn't want to return home. So she went to live with her grandmother in the neighboring village, the grandma being old and ill, nevertheless, she accepted Ala.

Ira went on living in the family, but she felt as an orphan. The father was always arguing, he wouldn't communicate with Irina, didn't participate in her education. She was confused, one day she was expelled from the school as she wasn't attending lessons and also she has already been 16. She was fed up by pitiful neighbours and friends. According to the neighbours and relatives (Ira has two aunts) the girls was having an indecent way of life, she was irresponsible, often people would see her carelessly walking with a group of young people with doubtful behavior. Somebody from the neighbours noticed that Ira was somehow changed and didn't feel well. Then it became obvious that she was pregnant. The doctor said that she had 14 weeks term and as her health is weak she wasn't recommended to have an abortion.

Irina has had a difficult pregnancy; she has stayed more in the hospital than at home. But it was a better option for her, as she under medical supervision, and the condition were more appropriate than at home and also she had what to eat. During her staying in the hospital nobody would visit her and manifest interest towards her situation. All this time Irina was bothered by a single thought – what would she do with a child? She gave birth in the maternity. Doctors knew about her situation and that is why they contacted the psychologist from the Directorate of Social Assistance and Family Protection to report a high risk of infant abandonment. As the psychologist and social assistant said the young woman was depressed, reserved with no confidence in her. The circumstances were forcing her to abandon the child. After the assessment carried out by the specialists from social assistance department and psychologist's intervention Irina was offered a temporary placement in the Parent and baby Centre in Cornesti town, Ungheni rayon for a period of 5-6 months. During this she could sort out and start to cope with the situation with the support of the specialists.

During six-months placement in the Centre Irina benefitted from all the services: psychological and family counseling, legal support, practical day to day support from the social assistants. She also would get monthly financial support. As a result Ira has developed attachment towards her baby-boy, her parental and household skills. Ira became more sociable, more confident and assured in her strength. With the social assistants' and psychological support she managed to recover and build new relationship with her relatives. She came to the conclusion that it was better to live with her grandma and smaller sister than on her own. More than that, the aunts have committed themselves to take care of Ira and her son. In the end the mother and baby couple Ira and Vlad were successfully reintegrated with the extended family.

* * *

Six months passed after the reintegration of the couple. Irina lives together with her child, grandmother and little sister. The community social assistant monitors the situation in the family and provides necessary support.

Case study -2

Ana was abandoned at birth. Until 5 years old she was brought up in children's home and then she was adopted by a family from a village in the south of Moldova. She grew up and went to community school. There she got married and gave birth to two children. The family lived with Ana's adoptive parents.

During three years Ana lost all close people. The father died first, then her mother followed him – both had cancer. In a year both children die tragically – they remained alone unsupervised at home and suffocated from carbon monoxide, smoke from the stove. After that she loses her beloved husband who had suffered from a severe pneumonia.

In September 2008 the community social assistant referred child abandonment risk case to the Ungheni Social Assistance and Family Protection Department. A woman, who presented herself as Ana at the age of 28 years old with no ID and place of living, was pregnant in the third term. The woman was staying in sheepfold and having relationship with a shepherd who himself didn't have a place of living.

Based on the discussions with the woman the social assistant gathered the following: Ana has been living in sheepfold for over a year and is having relationship with the shepherd Ilii. She couldn't remember how much time she had been with Ilii and she couldn't answer social assistant's questions adequately about her identity and origin. She said that she got to know Ilii in Chisinau , where she came to find a job. In the end she went with him to Ungheni.

Shortly after, Ana gave birth to a baby boy, Vasile. The couple was transferred from the maternity to the Parent and Baby Placement Centre. The social assistants assessed the case. Meanwhile there were sent letter to the registry office, police, Comrat local public authority, where Ana supposedly originated from, and other organizations and persons to gather information about Ana. Gradually it became clear that tragic events in Ana's life left trace on her mental health. The doctors, who examined the woman made a conclusion that she had a mild mental disability. She was psycho-emotionally unstable, depressed and was suspected of partial amnesia. The latter might have happened from a physical and/or psychic trauma.

The individual working plan with the couple was made up and carried out with the participation of a doctor, psychologist, social assistant and her partner and directly the beneficiary – Ana. Ana has stayed in the Centre almost seven months. Meanwhile the couple benefitted from shelter, practical and financial support. She also enjoyed legal consultancy and psychological counseling. Little by little Ana has recovered emotionally and psychologically. During this time Ilii visited Ana in the Centre and together with the social assistant managed to mend and equip modestly the place of living, which doesn't belong to them, but they could stay there for 2-3 months (the owners are abroad). After two months since reintegration Ana has been living with her son and her partner, who continues to work as a shepherd to earn for a living. Ana got the legal documents and receives benefits for the child. The social assistant monitors the situation in the family and provides some support when necessary.

Annex 10

REGULATIONS
OF PLACEMENT CENTRE FOR PARENT-AND-BABY COUPLES

The Regulations of Placement Facility for Parent – Child Couple (Parent and Baby Unit), hereinafter *Regulations,* is developed in line with the Law on social assistance No. 547 – XV of 25 December 2003 (Monitorul Oficial al Republicii Moldova, No. 42, of 12 March 2004, art. 249), and regulates family type temporary placements of parent – child couples, pregnant women within the Placement Facility, that offers social services on social protection of families and children in difficulty.

CHAPTER I.
GENERAL ISSUES

1. The Regulations on the organization and functioning of the Parent and Baby Unit (hereinafter Unit), within Social Assistance and Family Protection Department (hereinafter Department) establishes the legal status, tasks and objectives of the Unit, as well as the way of its organization and functioning.
2. The Unit is a state institution that delivers services of rayon and regional interest, under the authority of Ungheni Social Assistance and Family Protection Department.
3. The Unit is created under the Decision of Ungheni Rayon Council No.________________ of ______________________________, and is a subdivision of Social Assistance and Family Protection Department of Rayon Council.
4. The Unit acts as Third Level Funds Administrator within Social Assistance and Family Protection Department. It has a Regulations, Personnel Payroll, Budget for expenditures.
5. The Unit is considered functional since the date of validation of the normative act that approves this Regulations.
6. The Unit is located in Ungheni Rayon, town of Corneşti, ____________________________st.
7. The Unit delivers family type residential social services, and its mission is to support the formation, preservation and consolidation of parent's attachment towards the child, as well as to support families in undertaking parental responsibility and in their reintegration into the community.
8. The Regulations is developed in line with the existing legislation on social assistance, social services delivery, and with Labor Code of Moldova.
9. The placement of Parent – Child couple in the Unit is a temporary measure. The individual care plan for each parent – child couple foresees solutions for their reintegration in the biological, extended family and in the society as timely as possible.
10. The activities performed in the Unit allow for the application of the individual care plan for each parent – child couple, and are open to the society.
11. The Unit will contribute by all means to the preservation of relations of parent – child couple with biological, extended family, and with the society.

12. The Unit's activity is based on the principle of recognition, respect and promotion of each parent and child's rights to:
    - Survival and health;
    - Medical treatment, physical and psycho-motor rehabilitation, according to the needs of each couple;
    - Physical, affective, psycho-social and cognitive development;
    - Protection against any form of abuse or ill treatment;
    - Preservation and development of relations with their own families;
    - Family and social reintegration;
13. In order to assure the participation of the community in solving the problems of parent – child couples placed in the Unit, public opinion will be raised by all means possible, such structures as First and Second level LPA, press, television, radio, school, church, enterprises, institutions, etc. will be involved.
14. The Regulations shall be applied both in relation to beneficiaries, and to temporary personnel, permanent or part time employees.
15. The manager of the Unit shall introduce the Regulations to the employees of the Unit, upon which signatures will be collected.

CHAPTER II

GOAL, OBJECTIVE AND ROLES

1. The goal of the services delivered within the Unit is to prevent child abandonment, by meansof creation of a supportive environment for the parent – child couple in difficulty, development of parental skills, as well as mediation of relations with the extended family in order to assure the reintegration in family environment.
2. The Unit offers the following services to the parent – child couple in difficulty: social, psychological and legal assistance, care, education, in order to facilitate the reintegration of the parent – child couple in the family and in the community.
3. General objectives of the Unit are:

- To offer necessary conditions for child's adequate development;
- To develop parental abilities and parent's attachment towards the children;
- Reintegration of the parent – child couple in the family and society.

CHAPTER III

ORGANIZATION AND FUNCTIONING, RIGHTS AND OBLIGATIONS

<u>Principles of organization</u>

1. All the activities offered and promoted within the Unit reflect the stipulations of UN Conventions on the Rights of the Child and of other human rights conventions;
2. The Unit assures temporary protection for the parent – child couple;

3. The Unit is an institution open to the community. It accepts visits to the parent – child couple, coordinated with the personnel of the Unit;
4. Placement of the parent – child couple in the Unit is made on volunteer basis;
5. The rights of each parent – child couple are recognized, respected and promoted;
6. The conditions offers to the parent – child couple are as close as possible to family environment. The rights of the parent – child couple to privacy and private life are respected;
7. In their relations with the beneficiaries, the team of the Unit promotes the principles of partnership, based on sincerity, honest and positive attitude;
8. A multi-disciplinary team stimulates the parents to exert their parental skills and abilities;
9. The information regarding the parent – child couple is confidential;
10. The ultimate goal of the services promoted within the Unit is social and family reintegration of the parent – child couple;
11. The beneficiaries participate in the process of evaluation of the quality of delivered services;

Beneficiaries of services delivered by the Unit

1. Beneficiaries of the Unit are parent – child couples, pregnant women in advanced period of pregnancy, at risk of abandoning the child.
2. The Unit is organized according to specific needs of the beneficiaries, and develops specialized services for child abandonment prevention, especially for such categories of parents as internat graduates, persons who suffered from abuse, neglect, human trafficking, family violence, as well as HIV positive persons, etc.;

Location and equipment of the Unit

1. The Unit is located in a secure area, having access to the services offered by the community: social, educational, cultural services, leisure facilities, etc.
2. The building of the Unit is adapted to services delivered by the Unit, and assures comfort to beneficiaries, satisfying their needs. The organization of the space is favorable for the parent – child couple, making their life as close to family environment, as possible.
3. The Unit is composed of: bedrooms, kitchen, dining room, utility group, playroom, social assistant's room, psychologist's room, etc.
4. The Unit has all necessary authorizations, issued by sanitary – hygienic service, fire protection, and other services indicated in the existing legislation.

Beneficiaries' entry to the Unit

1. Entry of the parent – child couples to the Unit is done without any discrimination, regardless of the race, color, religion, political opinion, nationality, ethnic or social identity, civil status, etc.
2. Placement of the parent – child couple in the Unit is done on the basis of the parent's request, and a referral decision issued by the guardianship authority and / or social assistance service from the place of the parent's registration.
3. At the entry, the parent – child couple should present the personal file filled by the guardianship authority and / or social assistance service, that will contain legal acts, consistent information and data about the parent – child couple.

4. At the entry in the Unit the parent – child couple is registered in the General Register of the residents, according to the date of entry. The Register shall be kept in the institution for a period of 75 years.
5. At the moment of parent – child couple's placement, the Unit's specialist – social assistant – shall fill the Case Registration File.
6. The parent – child couple's entry in the Unit is supported by a Residence Agreement, signed by the parent and the administration of the Unit (Annex 3), for a period of 6 months. In exceptional cases the term of residence can be extended by other 3 months.
7. Since the first moment of placement, the Unit appoints a team member responsible for the facilitation of the parent – child couple's adaptation to a new life environment;
8. The Unit can admit beneficiaries on urgent basis. In such cases, the Unit shall announce the guardianship authority from the parent's place of registration, within 3 days, about the placement of the parent – child couple in the Unit. Representatives of the Guardianship Authority, together with the Unit team, shall fill the case of the parent – child couple, within at most 30 days after their urgent placement.
9. The Unit accepts beneficiaries from neighboring rayons in the case if there is no similar service there. In such a case, an agreement between the benefiting LPA and Ungheni SAFPD shall be signed, stipulating, among other provisions, that the benefiting LPA assumes the expenditures for the support of the parent – child couple.

Services delivered within the Unit

1. The services delivered to beneficiaries of the Unit are complex and interdependent. The Unit offers each parent – child couple:
   - social assistance and rehabilitation;
   - daily care and support in a family type environment;
   - emotional and behavioral development;
   - counseling, accompanying, psychological support, social support;
   - group activities and individualized educational programs for each parent – child couple;
   - individual programs on family and social integration or reintegration;
   - education, orientation and other services / adequate activities for social integration of mother – child couple.
2. Assistance to the parent – child couple is delivered on the basis of an individual integration plan, that approaches the components dealing with education and making mother accountable for the child, assuring physical and mental health of the parent and the child, preparing the ground for family and social reintegration.
3. Based on the assessment of each parent – child couple's situation, the Unit team decides upon the programs of rehabilitation and preventive measures, education, social, family and psychological integration. The Unit provides high quality services for the period of care offered to parent – child couple to be as short and productive as possible.
4. The individual care plan is developed within 15 days after the entry of the parent – child couple to the Unit, and is subjected to revision every 3 months. The individual plan provides

areas of intervention, specific activities, establishes terms of realization, identifies internal persons in charge and external partners.

5. The social assistant coordinates all the activities of the specialists, acting as case coordinator, and making records of case evolution at least once in two weeks, based on the reports of different specialists.
6. The family doctor in charge supervises beneficiaries of the Unit, and if this is the case, other external specialists are involved, or the beneficiary is placed in a hospital. The Unit will assure proper feeding, according to the biological needs specific to the age.
7. The case revision performed every 3 months is realized by a multidisciplinary team and examines the evolution of the couple, efficiency of the planned activities, as well as the revision of individual Plan. The conclusions of the revision are registered in the parent – child couple's file. The results of the case revision are made known to the parent.
8. The parent – child couple's placement is terminated upon achieving the planned objective included in the individual plan.

Rights and obligations of beneficiaries:

1. Beneficiaries of the Unit have the following rights:
   - to be informed about their rights and obligation during their placement in the Unit;
   - to have access to the report and psycho – social assessment of their case;
   - to participate actively at the elaboration of individual plans;
   - to house and make visits to the members of biological or extended families;
   - to visit educational institutions or other branch institutions;
   - to participate actively at all the activities organized by the Unit;
   - to take care of their own children;
   - to participate at the evaluation of the quality of services offered by the Unit;
   - to ask the personnel for any help in order to improve their situation;
2. The beneficiaries of the Unit have the following obligations:
   - to recognize and respect the stipulations of the this regulations;
   - to participate at household activities (cooking, maintaining cleanliness inside the Unit and in its premises);
   - to clean the room where they live;
   - to strictly respect hygienic and sanitary rules in order to prevent diseases;
   - to have civilized behavior and decent appearance style;
   - to respect the entire personnel of the Unit;
   - to avoid conflicts with other beneficiaries or with the personnel of the Unit;
   - to know and respect the rules on labor security, of fire prevention and extinction;
   - to keep and handle carefully the goods, materials, collective goods, being aware that their requisition is forbidden;
   - to respect other residents of the Unit;

- to participate at the development and realization of individual programs;
- all exiting from the Unit will be made known to the social assistant and will be recorded in the Beneficiaries' Exits Register
- to leave the Unit only upon living the room tidy and in order, which will be verified by the social assistant.

3. The Residence Agreement shall be terminated in the following cases:
   - mother is uninterested in solving her own critical situation and in the child's welfare;
   - mother does not respect the regulations on internal order;
   - beneficiaries who may prejudice other beneficiaries of the Unit due to: venereal diseases, acute infection diseases and / or tuberculosis, psychical disorder, alcohol abuse, drug abuse, etc., do not benefit of the services delivered by the Unit.

CHAPTER IV

PERSONNEL AND ACTIVITY OF THE UNIT

1. The Unit is lead by the Unit manager, appointed and dismissed by an Order of Head of SAFPD.
2. The Team of the Unit is formed of the following employees:
3. Manager;
4. Psychologist;
5. Social assistant.
6. The team and the structure of the Unit is determined by SAFPD, according to the organization's goals and objectives. Salary payment to the employees is done in accordance with salary payment norms for social, educational and health institutions, according to their degree of qualification.
7. The team of the Unit examines and determines the level of the parent – child couple, selects the methods of the couple's rehabilitation, stimulation, education and development recovery.
8. The team develops individual and group programs of rehabilitation and recovery.
9. The team of the Unit is responsible for the methods used in the process of social rehabilitation and education of the parent – child couple.
10. The Unit's relations with different components of specialized public service and other partners are established according to the needs of the residents, and to the best interest of the parent – child couple.

Rights and obligations of the personnel

1. The rights and obligations of the Unit's personnel reside in the terms of reference for the positions held and in the rules of internal activity program;
2. Rights of the personnel:
   - To receive initial and follow-up training;
   - To be offered opportunities for professional growth;

- To be offered professional supervision;
- To be awarded for their work, according to the existing legislation;
- To receive pay rises, according to the existing legislation;

3. Obligations of the Manager:
   - To create, support and develop a team, modeling the relations between the employees;
   - To promote the principle of team work as model of intervention, indispensable for assuring the protection of beneficiaries within the service;
   - To determine the tasks for the whole personnel and to supervise their performance;
   - To support the employees' creative activity, to take into consideration realistic proposals and suggestions for continuing improvement of the work;
   - To supervise compliance with the law and regulations with regard to labor protection, time of work, as well as norms of labor security;
   - To name the personnel responsible for certain beneficiaries;
4. Obligations of personnel:
   - To respect the order and discipline at the place of work, to comply with and to apply normative acts and to fulfill all work requirements, according to the stipulations of Labor Code;
   - To respect the day program, using completely their work time, and not to involve in foreign activities during their work programş
   - To fulfill duly and timely their work requirements stipulated in the law, in the individual labor agreement, and in the job description;
   - To respect the principles of labor protection and fire prevention or the principles of prevention of any situations that put in danger the building of the Unit, its equipment or life, physical integrity or health of any person;
   - To adopt proper behavior in work relations, based on mutual trust, to keep the professional secret and respect confidentiality of the information regarding the beneficiaries of the center;
   - To maintain order and discipline, to instruct the beneficiaries to take care of their personal and collective possessions and to respect the work of other people;
   - To express care and affection in relations with the beneficiaries, their families, and to solve their problems with maximum professional competence and as timely as possible.

CHAPTER V

SOURCES OF FUNDING

1. The Unit's sources of funding are:
   - Funds from Rayon Budget;
   - Subsidies, donations from organizations and persons inside and outside the country.
2. The sources are to be used in line with the existing legislation.

Annex 11

OPERATIONAL HANDBOOK

OF THE PARENT-AND-BABY PLACEMENT CENTER

CORNEŞTI, UNGHENI

EVERYCHILD MOLDOVA
UNGHENI SOCIAL ASSISTANCE AND FAMILY PROTECTION DEPARTMENT

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INTRODUCTION

This manual reflects the methodology of Cornesti mother-and-baby placement center organization and functioning, and represents a document for internal use, designed for the manager and personnel of the mother-and-baby temporary placement Center, the Head and specialists in family-and-child-at-risk protection from the Social Assistance and Family Protection Department, other specialists involved in services administration and delivery, temporary personnel, or persons employed for undetermined period, or part-time personnel, as well as users of the Center.

The manual serves as a work guide for the Center's activity, and meets the stipulations of the Center's Regulations, approved by Ungheni Rayon Council, as well as other normative acts.

Depending on the needs of the beneficiaries and the peculiarities of the community, the services, procedures, and work tools can be revised and improved.

The operational manual shall be consulted by users and personnel in all situations of uncertainty, conflict, etc. The Center's personnel will learn the contents of this manual, signing in a special register.

GENERAL PROVISIONS

The Mother-and-Baby Placement Center (hereinafter Center) represents a state institution delivering residential-type services, with a family-based organization, of rayon and regional interest, subordinated to Ungheni Social Assistance and Family Protection Department.

The mission of the services delivered to mother-and-baby couples (users, clients) is to support building, maintaining, and consolidation of parent's attachment for the child, as well as to support the family in assuming parental responsibilities and its reintegration in the community.

The mother-and-baby's placement in the Center is of temporary nature. The individual protection plan for each parent-and-baby couple provides solutions for their reintegration in the biological, extended family, and in the society, which shall be performed in a term as short as possible.

The activities performed in the Center allow for the application of the Individual Protection Plan for each parent-and-baby couple, and are open to the society. The Center will contribute by all means to maintaining the link between the parent-and-baby couple and the biological, extended family, and the society.

In order to realize the mission and objectives of social services for parent-and-baby couple, the following principles will be applied in all the requests and activities addressed to beneficiaries, involving specialists and the community's actions:

i. To respect the mother's and baby's best interest. All actions regarding the child should take in consideration the whole set of the child's best interests.
ii. To respect the parent-and-baby couple's identity (name, citizenship, family bonds).
iii. A multi-disciplinary team's comprehensive approach to all cases.
iv. Planned and personalized intervention for a determined period of time, with objectives, activities, and terms of realization set out in advance, responding the user's needs, based on a plan developed and applied by the specialists, agreed with the mother and with her direct participation.
v. Partnership with the family in the process of decision-making that influences its life.
vi. Time-bound and specific-needs-meeting intervention for each separate case.
vii. To respect the client's right to confidentiality in case resolution. The professionals involved in the case will distinguish between public and private information, will collaborate and exchange information on the case, only in the best interest of the user and upon his/her previous approval, respecting the laws, policies, and ethical standards regarding confidentiality.
viii. To make parents responsible of meeting parental rights and obligations.
ix. To involve the community and make it responsible for the protection and promotion of the mother's and baby's rights.
x. To respect the parent's and baby's right to an opinion, and to take this opinion into consideration, keeping in mind their age and maturity.
xi. To ensure stability and sustainability of the delivered services, continuity of care, growing and education of the child.
xii. To embrace the principle of non-discrimination and to respect cultural, ethnical, religious, and linguistic background of the users.
xiii. To add value to the users' capacities and resources.

Chapter I. OPENING THE CENTER

1.1 Goal

The goal of the services delivered within the Center is to prevent child abandonment, offering a supportive environment to the parent-and-baby couple in difficulty, to develop parental skills, and to mediate the relations with the extended family, in order to reintegrate the couple in the family and community environment.

1.2 Objectives

1.2.1 Offer necessary conditions for the child's proper development;
1.2.2 Build parental skills and parent's attachment to the child;
1.2.3 Reintegrate the paren-and-baby couple in the family and the society;

1.3 Principles of activity

1.3.1 All activities offered and promoted within EveryChild reflect the stipulations of the UN Convention with regard to the Rights of the Child, as well as of other conventions referring to human rights;
1.3.2 The Center ensures temporary protection to the parent-and-baby couple;
1.3.3 The Center is an institution open to the society. It accepts visits from outside, made by parent-and-baby couples, and coordinated in advance with the Center's personnel;
1.3.4 The placement in the Center is voluntary;
1.3.5 The rights of every parent-and-baby couple are recognized, respected, and promoted.
1.3.6 The conditions offered to the parent-and-baby couple are as close, as possible to the family environment. The rights of the parent-and-baby couple to privacy are respected;
1.3.7 In its relations with the users, the team of the Center promotes partnership relations based on sincerity, honesty, and positive attitude;
1.3.8 Responsibilities referring to the application of parental skills and rights are stimulated by a multi-disciplinary team;
1.3.9 The information regarding the parent-and-baby couple is confidential;
1.3.10 The services promoted within the Center aim at social and family reintegration of the parent-and-baby couple;
1.3.11 The users participate in the process of the delivered services quality assessment;

1.4 Localization and space organization

1.4.1 The Center represents a state institution delivering services of rayon and regional interest, under the authority to Ungheni Rayon Council, Social Assistance and Family Protection Department;

1.4.2 The Center is located in 87 Stefan Cel Mare St., Cornesti town, Ungheni Rayon, in a secure area, and has access to social, administrative, health, educational, cultural, and leisure services offered by the community;

1.4.3 The Center delivers residential-type social services for 5 beneficiary couples;

1.4.4 The Center's building is adapted to the services it delivers, and ensures the users' comfort and meets their needs. The space organization favors the parent-and-baby couples' living in an environment as close as possible to family;

1.4.5 The Center is provided with equipment and furniture for the needs of parent-and-baby couples, and is made of:

- 5 bedrooms,
- 1 kitchen,
- 1 dining-room,
- 2 sanitary units,
- 1 washing area,
- 1 playroom,
- 1 room for the personnel,
- 1 cellar, etc.

1.4.6 The Center has legal authorization for functioning, issued by preventive medicine Center, emergency situations Agency, environment Agency, and other services indicated in the existing legislation.

1.5 The Center's operating program

1.5.1 The Center operates non-stop;

1.5.2 The placement and the term of stay of each couple is established in the Center's Regulation, in this document, and in the Individual Plan for each couple;

1.5.3 The period of placement of parent-and-baby couple in the Center shall not exceed 6 months. (in exceptional cases, the Placement Contract may be prolonged);

1.5.4 The Center is an institution open to users and their relatives, family friends, other close persons. However, each exit and visit in the Center will be registered in a Book of exit and visits registration of Center users;

1.5.5 Each visit of the family doctor or other specialists will be registered in the User's Case File.

1.6 Users of the Center

1.6.1 The users of the Center are:

i. Parent-and-baby couples at risk of baby abandonment;
ii. Women in the last period of pregnancy, at risk of baby abandonment.

1.6.2 The users' admittance in the Center is planned, and the placement is prepared in advance, except cases of emergency placement.

1.7 Services delivered

i. Care and support
ii. Social and family reintegration
iii. Psycho-social counseling
iv. Legal assistance
v. Parental skills building

1.8 Personnel of the Center

1 manager;
3 social assitants;
1 psychologist.

1.9 Financial resources used

1.9.1 The placement center is funded from:
- Rayon budget
- Subsidies, donations from organizations and persons across the country and abroad.

1.9.2 The resources are to be used according the Center's budget and the existing legislation of the Republic of Moldova.

1.9.3 Every adult user will receive cash every two weeks, as material aid, for the purchase of food, clothes, hygiene materials, medications, for obtaining identity documents, etc.

1.9.4 Upon receiving cash, every user will make a signature in a pay list. The evidence of cash will be done by Ungheni SAFPD accountant.

1.9.5 The users will do all the spending under the supervision of the social assistant coordinating the case.

1.9.6 Upon every beneficiary's wish, a bank account will be opened, where monthly indemnities for the child will be accumulated.

1.9.7 The amount of cash offered to the users of the Center will be discussed and decided upon during case assessment and revision meetings, where the case coordinator and the user will participate.

1.9.8 The purchase of food and consumer goods will be made daily by the user, under the supervision of the social assistant.

Chapter II. WORK PROCEDURES

2.1 Referral and placement procedures

2.1.1 Case identification is done by the SAFPD team, in collaboration with local level services representatives: Health Center, school, Mayoralty, Police, NGOs, any legal entity or person from the area, Maternity hospital, Rayon hospital, etc.

2.1.2 Primary case assessment shall be performed within three days at most, by the Social Assistance for the Child and the Family Center representatives (social assistants), working within Ungheni SAFPD.

2.1.3 During the case referral meeting, the social assistant within Social Assistance for the Child and the Family Center, Ungheni SAFPD, shall present the preliminary results and suggestions regarding the user's case resolution.

2.1.4 The revision of the guardianship authority shall be attached to the user's case file.

2.1.5 The decision regarding the user/users' placement within the Center shall be made by the SAFPD team, and signed by the Head of Department.

2.1.6 The Placement Contract shall be signed by SAFPD, represented by Head of Department, and the user.

2.1.7 The user's case file shall be opened at the first stage and forwarded to the Center. Further on it shall be completed with the following documents and copies:

- SAFPD team decision regarding the user's placement;
- The user's application for psycho-social aid;
- Preliminary case assessment, with the proposals for the individual plan of working with the user;
- The Placement Contract;
- The child's birth certificate and/or a copy of the child's birth act;
- Records from the child's development file, form 112/e, and records of the child's medical file, form 003/e;
- Form 3 or 3a, in case if the mother is single;
- Death certificate of the child's father, if he is dead;
- Certificate of contact with infection diseases;
- Indemnities book, issued by Ungheni Territorial House for Social Insurances;
- The parent's ID card or other identity confirming certificate;
- Revision of the territorial guardianship authority;
- Certificate confirming the family composition, issued by the Mayoralty;
- Other certificates, upon case;
- The user's complex evaluation;
- Social file (if applied to the Fund for Social Support of the Population);
- Individual Plan of work with the user;
- Assessment, revision, case closure, etc. meetings minutes;
- Records of the couple's home visits;
- Records of the visits to the Center, made by the couple's relatives, friends;

It is recommended that upon entry in the Center, the mother presents the results of a set of recent laboratory tests and a certificate issued by the family doctor, confirming the health condition of the

parent and the baby. Also, it is recommended that that the parent presents a health certificate from the gynecologist or dermato-venerologist.

2.1.8 The Center may also house users in situations of emergency. In such cases, the Center shall inform the SAFPD and the guardianship authorities from the parent's place of living, within at most 3 days, regarding the parent-and-baby couple's entry in the Center

2.1.9 The SAFPD representatives and the guardianship authorities, collaborating with the team of the Center, shall compile the parent-and-baby couple's file, in at most 14 days since the day of its emergency placement.

2.1.10 The procedure of emergency placement:

- Emergency placement of users allows admittance of any couple in critical situation, at any time;

- Representatives of SAFPD and guardianship authorities, collaborating with the team of the Center, shall compile the parent-and-baby couple's file, in at most 14 days since the day of its emergency placement;

2.1.11 Assistance of the parent-and-baby couple shall be offered based on an individual care plan that covers components dealing with education and engagement of parent/parents in their relations with the baby, ensuring physical and mental integrity of the parent and the baby, preparing their social and family reintegration.

2.1.12 The team of the Center shall decide upon rehabilitation and prevention, education, professional orientation, social, family, and psychological assistance programs, based on assessment of each parent-and-baby couple. The Center shall offer high quality services, for the period of caring for the parent-and-baby couple to be as short and efficient, as possible.

2.1.13 The individual plan shall be developed within at most 10 days since the parent-and-baby couple's admittance in the Center, and shall be revised once in every 3 months, or more often, upon necessity. The individual plan prescribes areas of intervention, specific activities, sets up terms of realization, names responsible persons from inside the institution and external partners.

2.1.14 The cases of the users shall be placed in a secure place, in a locked space, and the specialists shall know the place of their storage.

2.1.15 The person responsible for the facilitation of the parent-and-baby couple's adaptation in the new environment within the Center shall be named within the first hours of the user's sheltering. This person shall be the social assistant who will further coordinate the case;

2.1.16 The case registration file shall be filled by the specialist of the Center – the social assistant – at the moment of the parent-and-baby's placement;

2.1.17 The records of the parent-and-baby couple shall be made upon the couple entry in the Center, by making the registration in the General Register of Residents' Records, in the order of their entry. The Register shall be permanently kept at the headquarters of the institution. The duration of the Register storage is 75 year;

2.1.18 The case closure and the user's exit from the Center shall be established by a decision, made at the case closure meeting by the Center team, with the participation of Ungheni SAFPD representative;

2.1.19 The case monitoring during the post-reintegration period shall be made by the community social assistant from the user's place of living, and by Ungheni Rayon SAFPD main specialist dealing with families and children.

Chapter III. BENEFICIARIES

3.1 Criteria for beneficiaries' admittance in the Center

3.1.1 The following selection criteria shall be applied to admit parent-and-baby couples in the Center:

- risk of baby abandonment;
- lack of parental skills;
- lack of attachment;
- relational problems with the biological or extended family;
- lack of living conditions, loss of housing;
- the child is not older than 3 years of age, except siblings;
- situations of major risk for the mother's and baby's security (immoral living style, alcohol abuse, drugs, violence, physical/psychic abuse in the biological or extended family of the child);

3.1.1.1 Additional criteria for the beneficiaries' admittance in the Center:

- The mother's legal address is in the rayon, which can be proved by valid identity documents. In the case when a mother-and-baby couple in a critical situation is found in the rayon, and the mother is not domiciled in the rayon, the Center may intervene, offering shelter and assistance, until the competent territorial authorities are contacted, and the necessary notifications are made for the relevant authorities to take adequate protection action.
- The mother's health conditions allows for collective living and does not present danger of contamination for the existing users of the facility (mothers or babies). In case if some contagious disease is detected, the Center shall offer services to mother-and-baby couple only after the mother starts a special treatment to fight the disease, and the contamination danger disappears, which should be confirmed in writing by a specialized doctor. In case of running treatment for a contagious disease that had been diagnosed prior to its declaration in the Center, the mother-and-baby couple can be admitted to the Center upon presenting the revision from the specialized doctor, where it should be specified that the mother does not present danger of contamination, specifying the necessary therapeutic behavior to continue and take necessary precaution to avoid contamination of the personnel and other residents of the Center. When referred to contagious affection, it shall also be applied in the case of children. If the mother refuses to undertake necessary consultations or the treatment prescribed by the doctor for her or the child, the reasons of this refusal shall be identified, the mother shall be counseled the specialized public service for child protection, in order to convince her accept the necessary consultations or treatment. If even in this situation the mother refuses consultation or treatment, the mother-and-baby couple shall no longer benefit of the services offered in the Center.
- The mother does not have psychic or neurological affection that might endanger the health or disturb the activity of other users of the Center;

- The mother is not alcohol or drug addicted. In such a situation, the mother-and-baby couple shall be offered services in the Center only if the potential user is obliged to follow a detoxification treatment and there is proof that the parent strictly follows it.
- The mother knows the contents of the Placement Contract and of the Placement Regulations, and agrees to follow them.

In the case when the mother had previously received services in a similar center, the mother's situation and application for admittance in the Center shall be analyzed by a multi-disciplinary group, taking into consideration the term of this person's placement the other maternal center, the conditions in which the residence contract was interrupted, the fulfillment of the post-residential plan, the conditions of the new crisis situation, and will decide upon the applicant's placement in the Center.

3.1.2 The center shall accept users from neighboring rayons in the case when there are no similar services there, based on an agreement signed with Ungheni SAFPD, where stipulations are made regarding the benefiting LPA covering the expenses for the parent-and-baby's placement.

3.2 Rules of staying

3.2.1 Upon entry in the Center, the client shall be informed about his/her rights and obligations for the period of placement in the Center, as stipulated in the Placement Contract, concluded between the user and the SAFPD.

3.2.2 The parent shall be clearly informed, in a manner understandable to him/her, about the specifics of the institution, facilities and services offered by the Center to the paren-and-baby couple during the placement period. Upon signature, the client shall be informed about the contents of the "internal regulation" and the schedule of the Center's operation.

3.2.3 Every client shall be informed about the hygiene and sanitary conditions and requirements of the Center of preventive medicine, about technical security, etc.

3.2.4 Every client shall have a reference person – a social assistant from the Center, who will act as to respect the rights of the user and develop a relation of mutual trust with the client.

3.2.5 Each parent-and-baby couple shall be offered an individual room, provided with furniture and equipped with necessary items for the parent and the baby. The room shall have decent living conditions, a bed for the parent, a crib for the baby, a wardrobe. Every room will open into a common corridor.

3.2.6 Every client will have access to common sanitary groups – bathroom, swaddling table, WC, washing-up area, washing machine, clothes drier, a detergents-storage cabinet, an ironing board, an iron.

3.2.7 Each client will have access to a common kitchen, provided will all the necessary conditions for cooking. The kitchen shall be duly furnished and equipped – with a cooking machine, oven, microwave oven, fridge, cupboards, necessary utensils, etc.

3.2.8 Each client will have access to a common dining-room where he/she will be able to dine whenever he/she wishes. The dining room will be provided with a table, chairs, utensils, etc.

3.3 Criteria of the beneficiary's exit from the Center

3.3.1 The client's exit from the Center shall be done upon fulfillment of the following main criteria:

- The individual plan of working with the family has been completed, and all the activities planned have been realized;
- The placement period stipulated in the Placement Contract has expired, and the Contract has not been further extended;
- The risk of abandonment has been reduced;
- The parent-and-baby couple has been reintegrated in the family and in the community;
- The parent-and-baby couple is to be transferred to another secure and protected place;
- The couple is monitored by the Mayoralty, the Health Center, other local organizations
- The SAFPD and the Community Social Assistant will monitor the child's situation;

3.3.2 The Placement Contract shall be terminated in the following cases:

- The parent does not express interest in the development of his/her critical situation and in the child's welfare;
- The parent repeatedly breaks the provisions of the Regulations of internal order and endangers the activity and disturbs the other couples.

In all situations, when, due to disciplinary misconduct, the mother is excluded from the Center, an urgent protection measure shall be taken to protect her child.

3.4 Rights of the users

- to be informed about the rights and obligations the have during the residence period;
- to be informed about the contents of their psycho-social evaluation report;
- to participate actively in the development of individual care plans;
- to receive and make visits to members of their biological or extended family;
- to attend educational or professional orientation institutions;
- to participate actively in all activities organized by the Center;
- to take care of their own child/children;
- to participate in the evaluation of the quality of services offered in the Center;
- to require any type of help from the personnel in order to improve their situation;

3.5 The user's obligations

- to accept and follow the stipulations of the existing regulation;
- to take care of his/her own child;
- to contribute to the implementation of the care plan;
- to participate in the household activities (do the cooking, the washing-up, maintain order in the Center's courtroom and premises);
- to do the cleaning in the room where she/he lives;
- to follow strictly the hygiene and sanitary rules in order to prevent sickness;
- to have proper behavior and decent appearance;
- to respect the entire personnel of the Center;
- to avoid conflicts with the other users or with the personnel of the Center;

- to know and respect the rules on labor security, of fire prevention and extinction;
- to keep and handle carefully the goods, materials, collective goods, being aware that their requisition is forbidden;
- to respect the other residents of the Center;
- to participate at the development and realization of individual programs;
- all exiting from the Unit will be made known to the social assistant and will be recorded in the User's Exits Register. Every time the user leaves the Center, he/she shall make arrangements with the colleagues and/or personnel about taking care of the child;
- to leave the Unit only upon living the room tidy and in order, which will be verified by the social assistant.

Chapter IV: SERVICES PROVIDED WITHIN THE CENTRE

4.1 Care and support services

4.1.1 Goal

4.1.1.1 To provide optimum family environment for adequate care and support of the parent-and-baby couple

4.1.2 Objectives

4.1.2.1 To build independent life skills (support, care, own budget administration)

4.1.3 Activities

4.1.3.1 Perform initial familiarization with the center's premises, with the bedroom furnished and equipped with all necessary items for a decent life, with the kitchen, dining-room, bath-room, washing-up area equipment and furnishing;
4.1.3.2 Identify, together with the team of the Center, the user's lacks;
4.1.3.3 Develop and realize an individual training program;
4.1.3.4 Appoint a social assistant as the responsible or reference person for the whole term of the user's placement in the Center;
4.1.3.5 Establish a living regime, developing a program that meets the hygienic and sanitary norms and requirements, a program for the child's and the parent's correct feeding;
4.1.3.6 Build child-care skills;
4.1.3.7 Build skills for house-keeping, skills for keeping the order in the bedroom and common rooms, etc.
4.1.3.8 Build skills to do the cooking for the child and for the user;
4.1.3.9 Build skills for budget running, developing a weekly plan for the needs and expenditures. Analyze the expenditures together with the social assistant and present a report on the user's expenditures;
4.1.3.10 Making the parents responsible for their own actions

4.2 Psycho-social counseling service

4.2.1 Goal

4.2.1.1 Solve the psycho-social problems of the parents placed in the Center

4.2.2 Objectives

4.2.3.1 Establish the casuses of the clients' psychological problems;

4.2.3.2 Build abilities to solve independently emotional conflicts;

4.2.4 Activities

4.2.4.1 Perform psychological assessment and diagnosis of the parent (intentions of abandonment, depression, the mother-and-baby couple is rejected by the extended family);

4.2.4.2 Develop and realize individual psycho-social rehabilitation, prevention, and psychological guidance programs, base don individual assessment;

4.2.4.3 Develop and implement programs for mother-and-baby attachment building in the case when there is risk of baby abandonment;

4.2.4.4 Offer counseling and prepare the parent for post-institutional social reintegration;

4.2.4.5 Perform assertive, inter-personal and interactive communication with the user, previously planning the general and specific activities;

4.2.4.6 Collaborate with the multi-disciplinary team within the Center;

4.3 Legal assistance service

4.3.1 Goal

4.3.1.1 Protect the rights of the client, in line with the existing legislation

4.3.2 Objectives

4.3.2.1 Inform the user of his/her rights (and obligations);

4.3.2.2 Solve legal problems

4.3.3 Activități

4.3.3.1 Establish the user's identity. Prepare the case-file and fill it with necessary documents in the maternity hospital or other health or social institution, for the parent-and-baby couple's transfer to the Center.

4.3.3.2 To facilitate the access to child's indemnities, pensions and cash benefits;

4.3.3.3 To identify legal disputes of the user;

4.3.3.4 To collaborate with the team of the Center, with the maternity hospital, social assistance department, mayoralty, police department, legal court specialists in order to solve existing legal disputes;

4.3.3.5 To prepare the case-file, present and defend it in court;

4.3.3.6 Build human rights self-protection abilities;

4.4 Social and family reintegration service

4.4.1 Goal

4.4.1.1 Reintegrate the parent-and-baby couple in the natural or extended family, respecting the right of every child to a family environment that favors the development of his/her physical, emotional, and intellectual potential.

4.4.2 Objectives

4.4.2.1 Offer planned support to the child and the parent, in order to reintegrate them in the biological or extended family.

4.4.3 Activities

4.4.3.1 Assess the beneficiary and develop an individual care plan, which has a ultimate objective of reintegration

4.4.3.2 Establish and mediate relations with the biological or extended family

4.4.3.3 Mediate the relations with local actors and structures in order to develop and deliver social services, offer indemnities, benefits, social fund payments, to support the reintegration process.

4.4.3.4 Support/orientation in finding employment or in professional training

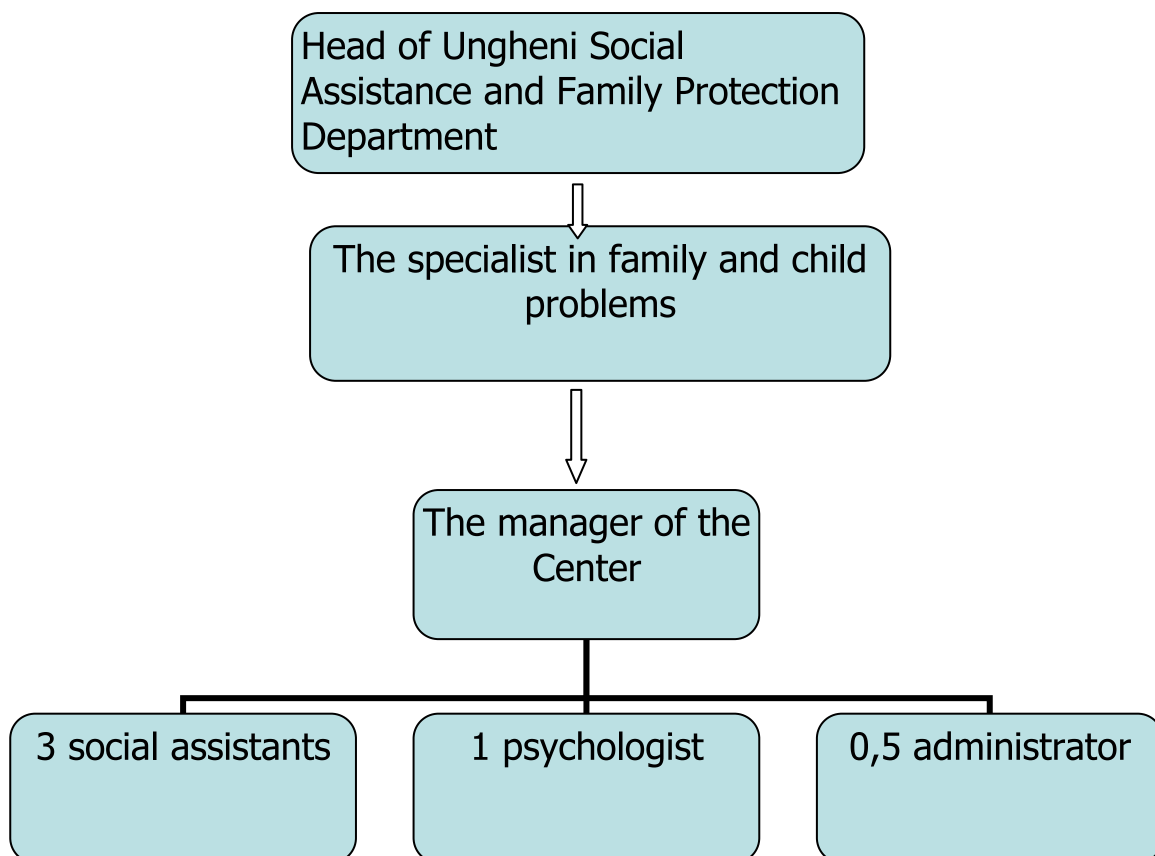
4.4.3.5 Develop parental skills

4.4.3.6 Collaborate with the Center's multi-disciplinary team, actively involving the psychologist and the lawyer in the case resolution

4.4.3.7 Periodically revise the case

Chapter V. PERSONNEL OF THE CENTER

5.1 The Center's Organizational Framework



5.2 Program and working conditions in the Center

5.2.1 The Center works non-stop.

5.2.2 The duration of work for the administrative and for personnel of the Counseling Center is 8 hours per day and 40 hours per week. The personnel of the Center works in shifts, according to an established program, in line with the existing legislation regarding the compensation of time worked for during days off.

5.2.3 The operating hours for the personnel, including administrative personnel, are 8.00 though 17.00, Monday through Friday. The lunch hour is scheduled for 12.00 – 13.00. The manager shall work 40 hours per week, 8 hours per day. The psychologist shall work 40 hours per week, 8 hours per day; 20 working hours in the Center, and 20 working hours in the Maternity and Rayon Hospital.

5.2.4 Extra hours will be worked for in the cases and according to the conditions stipulated in the legislation.

5.2.5 The record of the employees' office hours shall be made in a special book, where the employees shall sign in upon coming to work, and sign out upon leaving. Delays and absences shall be specified as motivated or not. In cases when the absences are caused by an unforeseen situation or reasons that cannot be influenced by the employee (disease, accident) he/she shall inform the manager of the Center within the following 48 hours. Writing false information in the office hours book is considered fraud and shall be penalized in line with the stipulations of this regulation.

5.2.6 The employees may be allowed to absent from work for personal reasons, only for a determined number of hours during a day, or a day. In such a case the employee shall write a note, approved by the manager of the Center. The evidence of such petitions shall be made in a special register, by the manager of the Center, and the time off shall be recovered.

5.2.7 The schedule of vacation leaves shall be made at the end of every year, for the following year. The order of leaves shall be determined in the order of rotation during the whole year, taking into consideration the principle of good functioning of the Center, as well as the interests of the employees.

5.3 Obligations of the administration

5.3.1 To administrate the activity of the Center, for long term and for short term, periodically refreshing the planning of the program.

5.3.2 To set up the duties of the personnel.

5.3.3 To monitor correct fulfillment of job obligations.

5.3.4 To ensure that the number of personnel strictly corresponds the needs of the Center.

5.3.5 To supervise the professional development of the personnel and to promote the employees, according to their training background, to their achievements, and in line with the existing legislation.

5.3.6 To examine critical observations, suggestions, and proposals made by the employees.

5.3.7 To organize the work program, depending on the specifics, needs of the Center, and considering the legal stipulations regarding the working and leisure time.

5.3.8 Ensure that the rights of all employees are respected.

5.3.9 Realize annual performance assessment of the employees, in line with legal stipulations.

5.3.10 Ensure legal payments to which the personnel is entitled in line with the provisions of the law.
5.3.11 Ensure necessary space and equipment for the activity of each employee.
5.3.12 The manager of the Center shall organize, upon request of the case coordinator, assessment, revision, case closure, family conferencing meetings, as well as operative meetings with the personnel.
5.3.13 At the moment of the couple's entry in the Center, the Manager shall notify the family doctor from the regional Health Center.

5.4 The rights and obligations of the employees

5.4.1 The employees of the Center have the following rights:

- To establish salary entitlements, according to Government Decision No.381.
- To be entitled to an increase of seniority, according to legal stipulations.
- To have weekly days off and a vacation, in the conditions of the existing legislation.
- To have a reduced working program, if, due to health reasons, they are entitled to such program.
- To receive support and privilege for professional training.
- To receive a pension for age limit or disability pension, in the conditions of the existing legislation.
- To be offered pre- and post-natal leave for childcare, as stipulated in the existing legislation.

5.4.2 The employees have the following duties and obligations:

- To respect order and discipline at the place of work, to fulfill all work requirements, as stipulated in the Job Description and as indicated by the administration.
- To respect the day program, using efficiently their work time.
- To know well all duties stipulated in the Job Description.
- To gain necessary professional knowledge in order to fulfill the work duties, to participate at various meetings or courses organized in this purpose.
- To maintain confidentiality of the information regarding the clients, not to attempt to or receive undue benefits for the performed work.
- To express care and affection in relations with the clients.
- To prevent any form of abuse in the relations with the parent and the child.
- To avoid any form of abuse in working with the parent and the child.
- To behavior correctly in work relations.
- To know and to respect the norms of technical security.
- To maintain order at the work place, to keep carefully the assets of the Center.
- To come to work in proper condition allowing him/her fulfill the work duties.

5.4.3 To undergo medical checks, as stipulated in the existing legislation and as required by the Agency of preventive medicine, by Labor Code, by rules and any other notes made by the administration, referring to the work performed, respecting them duly.
5.4.4 To supervise (case coordinator) the administration of all drugs prescribed by the family doctor, in the case of ambulatory treatment.

5.4.5 In case of acute illness, to conduct the client to hospital, to the respective department.

5.5 Norms of hygiene and work security

5.5.1 It is the obligation of all personnel to ensure that technical and health security measures are taken in the case of their selves, of the residents, and other employees of the Center.

5.5.2 It is forbidden to consume alcoholic beverages during the work program, or to come to work under the influence of alcohol.

5.5.3 It is forbidden to leave the work place, to leave the Center without prior information of the reasons, period and destination of absence.

5.5.4 In case of emergency (accident at work), the employee shall urgently inform the Manager of the Center. Severe accidents that occur during the operating hours shall be reported by the manager of the Center to Ungheni SAFPD. The same rules shall be applied in the case of accidents that occur during traveling from and to the work place/home.

5.5.5 To ensure security at work place, the employees shall assume the following obligations:

- Be responsible of respecting the norms of hygiene and technical security of work;
- Smoking is allowed only in special places;
- It is forbidden to keep, distribute, or sell in the Center alcoholic beverages, medical drugs that may lead to deviation of behavior.

5.5.6 In case of danger (fire, natural calamity, war), the personnel, the residents, and the materials of the Center shall be evacuated in the determined places, according to the plans approved by Civil Protection Agency.

5.6 Deviation from disciplinary rules

5.6.1 The following acts represent deviation from disciplinary rules, and shall be penalized in line with legal stipulations:

- leave the office without a reason and without the approval of line manager;
- un-motivated absence from work;
- come late to work;
- lack of responsibility in performing work duties;
- perform personal activities or other activities that it is indicated in the Job description, during the operating hours;
- seek or receive presents in order to fulfill or not fulfill work duties, to present information or facilitate services that might prejudice the activity of the Center;
- make personal phone calls, except cases of urgent communication of some confidential information;
- break the rules of hygiene and work security;
- introduce, disturb, or facilitate the introduction and distribution of alcoholic beverages in the Center;
- enter or remain in the Center under the influence of alcoholic beverages;
- endanger the residents by irresponsible behavior;
- express discriminating attitude in delivering services to the clients.

5.6.2 Any expression of sexual harassment is forbidden.
5.6.3 Any expression of abuse is forbidden.
5.6.4 Depending on the severity of the deviation from disciplinary rules, the following disciplinary actions shall be applied:
- written notification;
- degradation of position, with the corresponding payment, for a period not exceeding 60 days;
- disciplinary termination of the individual labor contract.

5.6.5 The following persons have the right to apply disciplinary sanctions:
- the Manager of the Center, in case of notification action;
- the Head of Ungheni SAFPD, in case of salary reduction, degradation of position, and termination of the labor Contract.

5.6.6 While establishing the form of sanction, the causes, severity of the action, circumstances of the action, degree of guilt, previous deviations, as well as the consequences of the deviation shall be taken into consideration;
5.6.7 Disciplinary actions shall be applied only upon previous investigation of the act of deviation, with careful and compulsory hearing of the person involved and verifying the defensive statements;
5.6.8 Penal or material responsibility does not exclude disciplinary responsibility for the committed act, if it involved ignoring work duties or the rules of behavior;
5.6.9 The sanctioned person may contest in writing the application of disciplinary action, within 30 days since the sanction has been communicated. The contestation shall be presented to Ungheni SAFPD, and shall be examined within 30 days since it is registered.
- The line manager of the sanctioned person;
- Legal court, if the sanction applied stipulates termination of the Labor Contract.

5.6.10 The disciplinary action, except for termination of Labor Contract, shall be considered unapplied, if within one year since its execution, the person under discussion has not committed another deviation.
5.6.11 The application of disciplinary action shall be disposed by an Order of action that shall be communicated, in writing, to the employee.

5.7 Rewards

5.7.1 The employees who perform their duties and obligations timely and duly, and who have irreproachable behavior, can be rewarded in line with the conditions stipulated in the existing legislation.
5.7.2 The personnel of the Center shall be annually attested.

5.8 Recruitment and dismissal of personnel

5.8.1 Recruitment of personnel shall be performed in an open manner, according to the following procedures:
- A personnel employment announcement shall be placed in Ungheni rayon newspapers and cable TV;
- CVs and applications shall be collected by Ungheni SAFPD within 2 weeks after the publication of the announcement;

- A commission shall be created within Ungheni SAFPD, that will select the candidates for an interview;
- The interview shall be organized in the SAFPD premises. Each candidate shall present in person;
- The commission shall previously set a number of questions that will be asked to each candidate;
- Minutes of the interview shall be written and signed by each member of the Commission;
- Each applicant who participates in the interview shall be communicated the results of the selection, being announced whether or not he/she has been accepted for the position;
- The minutes excerpt shall be attached to the employee's personal file.

5.9 Training and skills development

The personnel of the Center and the specialists from the multi-disciplinary team will be offered initial and on-going training and will participate in study visits, according to the Curriculum developed by Head of Ungheni SAFPD.

5.10 Attestation of personnel

The personnel from the Center shall undergo professional attestation, once a year. The attestation will take place in Ungheni SAFPD, according to the Regulation approved by the MSPFC of the Republic of Moldova.

5.11 Motivation and remuneration

The personnel of the Center shall be remunerated according to the existing legislation.

Chapter VI. MONITORING AND EVALUATION

6.1 Planning and reporting

6.1.1 The team of the Center, coordinating with the family protection specialist within the social assistance department, shall develop an annual activity plan that will contain the outcomes and activities, with objectively verifiable indicators.

6.1.2 The manager, supported by the team, shall present quarterly narrative reports to the social assistance department, with the results obtained as indicated in the plan, and will revise the plan if necessary.

6.1.3 A data base shall be created in the Center. It will include the users, assessment results, activities performed in order to solve the cases, and success or failure indicators registered in each case. The manager will present this information, quarterly, to the social assistance department.

6.2 The supervision process

6.2.1 The goal of the supervision meetings is to monitor the activity of the personnel in the Center.

6.2.2 The Manager of the Center will be supervised by the Head of SAFPD, once in a month, or as often as necessary.

6.2.3 Professional and organizational issues will be discussed.

6.2.4 During the supervision, the manager will make oral and written reports about the achievements made since the last meeting, reflecting the activity and the situation of the users and the personnel of the Center.

6.2.5 The supervisor will make notes during the meetings, and will later write the minutes.ю The minutes will be numbered and dated.

6.2.6 The manager of the Center will be given practical advice and indications by the head of Department, regarding the management of the Center.

6.2.7 Personal issues will be discussed that might affect of have a negative impact on the activity of the Center.

6.2.8 The work plan for the following period will be discussed.

6.2.9 The principle of confidentiality will be respected.

6.2.10 The supervision meetings will be organized at time agreed in advance in the office of the Head of SAFPD.

6.2.11 The social assistants and the psychologist will be professionally supervised by manager of the Center, twice a month.

6.2.12 Professional and organizational issues will be discussed, regarding the users' case files.

6.2.13 The meetings of social assistants and the psychologist with the users of the Center will be discussed.

6.2.14 Visits to the sites and visits to the users' homes will be planned.

6.2.15 During the supervision, the specialists will report orally and in writing about the progresses achieved within the period since the previous meeting, reflecting the progress of the users of the Center.

6.2.16 The supervisor will take notes during the meeting, and later will write the minutes. It will be numbered and included in a special Register.

6.2.17 The specialists will be offered practical advice and indications of the administrator, regarding case management.

6.2.18 Personal issues will be discussed that might affect or have negative impact on the specialist's activity.

6.2.19 The work plan will be discussed for the following two weeks.

6.2.20 The principle of confidentiality shall be respected.

6.2.21 The supervision meetings may be organized individually and in a group.

Annex 1

Placement Contract

Name and address of the Center

____

Date, Month, Year of contract conclusion between the services provider – Ungheni Social Assistance and Family Protection Department, hereinafter SPFPD

____

(first name, last name of the SAFPD representative, Position)
And the user

____

(first name, last name of the user)
Information about the user, parent
Date, month, year of parent's birth

____

Identity card No.

____

Issued by office No. ____
On (date)

____

Place of residence

____

____

Contact phone number

____

1. **Contract goal:**

To fulfill the Individual Care Plan objectives.
The contract objective is to provide the following social services:

a) ____
____

b) ____
____

c) ____
____

d) ____
____

2. Term of contract

____

(since: date, month, year …to: date, month, year)

This contract comes into effect since the day of its conclusion, and will be effective for the maximum period of ______ months. The contract term may be extended in exceptional cases, only upon common consent of the parties, and after the evaluation of the progresses and the results of the services delivered to the user of the placement Center (parent), as well as after

the revision of the Individual Care Plan. The contract may be extended for the maximum period of ________ months.

3. The stages of services delivery process

- Implementation of the actions included in the individual short-term, mid-term, and long-term, integration plan;
- Periodical revision of the situation of the social services user;
- Revision of the individual integration plan, in order to adapt the social services to the needs of the user.

4. The parent-and-baby couples' placement Center *has the rights to*:

- to check the information received from the user;
- to stop delivering social services to the parent, in case if it is detected that the parent expresses lack of interest towards the development of his/her critical situation and towards the child's welfare;
- to stop delivering social services to the mother, if she does not respect the internal rules of the Center and expresses improper behavior;
- to monitor the expenses made by the user during his/her stay in the Center.

5. The parent-and-baby placement Center is obliged:

- to respect the user's (parent-and-baby couple's) fundamental rights and liberties;
- to deliver the services indicated in the individual care plan;
- to take into account the user's efforts in fulfilling the contract obligations;
- to ensure the support of the user in the Center;
- to reassess periodically the situation of the couple, in partnership with the family, local public authorities, and, upon case, to revise the individual care plan in the best interest of the client;
- to make home visits, according to the individual care plan, or, as often as necessary;
- to organize and perform, with the user's consent, family conferences;
- to offer counseling, support, and family orientation;
- to respect confidentiality of the information and data referring to the user, according to the existing legislation;
- to take into consideration the user's objective wishes and recommendations regarding the individual integration plan;
- to inform the user about:
    - the contents of the social services and the conditions of their delivery;
    - the opportunity to offer other social services;
    - internal order regulation, the Center's Operational Handbook;
    - any modification in the contract.

6. The User (parent-and-baby couple) has the *right:*

- to have his/her fundamental rights and liberties respected;
- to receive the social services indicated in the individual integration plan;
- to ensure continuity of the social services, as long as the conditions generating the crisis situation are actual;
- to refuse, due to objective reasons, to receive social services;

- to participate in the assessment of the received social services and in making decisions regarding the applied social intervention, to choose from variants of intervention;
- to express discontent regarding the received social services;
- to be informed about:
    - the rights, legal protection measures, and situations of risk;
    - modifications in delivering social services;
    - opportunities of other services delivery;
    - internal order regulation;

6.2 The User is obliged:

- to participate actively in the process of individual integration plan realization;
- to provide true information regarding his/her identity and family, health, economical, and social situation;
- to allow the representative of the Center to verify the credibility of the information provided;
- to follow the terms and clauses of the individual integration plan;
- to respect confidentiality of the information regarding to the social assistance received;
- to consult the social assistant regarding any situation that might appear regarding the child and the family, and to make decisions only together with the social assistant;
- to inform the representatives of the Center regarding any modification of her/his personal situation during the placement;
- to respect the internal order regulation of the Maternal Center (rules of conduct, program, contact persons, etc.).

7. Solution of complaints

- the user has the right to make written or oral complaints regarding the social services offered in the Center;
- complaints can be addressed to the administration of the Center, either directly, or through any person within the team of individual integration plan implementation;
- the Center is obliged to analyze the complaints, informing both the user, and the specialists involved in the individual care plan implementation, and to formulate an answer, within 10 days since the complaint is received.

8. Cancellation of this Contract

The following points represent a reason for this contract cancellation:

- The user's objective refusal to receive social services, expressed directly or through a legal representative;
- The user repeatedly breaks the provisions of the Center's internal order regulation;
- The user breaks the provisions of this contract, without presenting any objective reasons;
- Termination of the Contract suspends the financial and practical support and family support of the beneficiary, and leads to the user's deinstitutionalization from the Center;
- The Center's authorization of activity is withdrawn;
- The Center changes the type of its activity.

9. Termination of this Contract

The following points represent a reason for this contract termination:

- Expiration of contract term;
- The parents agree to terminate the contract;
- The contract's goals are reached;
- Force major, if announced.

This contract is drawn in 2 original copies, each party shall have one original.

Head of Ungheni SAFPD Signature	Parent Signature

***Note:** the Contract is filled by the administration representative and by the user upon the parent-and-baby couple's entry in the Center.*

Annex 2

PRIMARY CASE REGISTRATION FORM

Child's First name, Last name of

Date of Birth

Place of Birth

Mother's First name, Last name

Date of Birth

Place of Birth

Registration

Place of living

Identity Card

Mother's education

Mother's occupation

Mother's/baby's itinerary in the social protection system

Case referral

Reason of referral

Documents presented by mother upon case identification

Information about the biological family

Information about the extended family

Mother's plans for the future

Notes

Recommendations

Filled by

Signature

Date

Manager of the Center

Signature

Date

Note: *The case registration form shall be filled upon the mother-and-baby's entry in the Center, and shall contain initial case data.*

Annex 3

The contents of the parent-and-baby couple's file

1. **case referral, in the form of the Guardianship Authority's/ Ungheni SAFPD's Referral to the Center, indicating the needs of the couple's placement in the Center;**
2. **mother's ID card, with the registration visa;**
3. **the child's birth certificate;**
4. **copy of the child's act of birth;**
5. **Form No. 3 (3 A if mother is single);**
6. **minutes of initial home assessment of the couple's situation, written by the community/Mayoralty social Assistant;**
7. **certificate from the local authorities regarding the living space and the share of the mother-and-baby couple's property;**
8. **family composition certificate, issued by the mayoralty;**
9. **information about the father/mother of the baby (deceased, disappeared, divorced, deprived of parental rights, imprisoned, incapable of educating the child, etc.). This information shall be confirmed by the seal of the relevant authority;**
10. **family history, containing also information about the extended family;**
11. **certificate regarding the indemnities offered, if any;**
12. **child's development file, form 112, and excerpts from the child medical file, form 003, in case if the child is transferred from the hospital;**
13. **certificate of infection diseases contact;**
14. **results of the child's BL and intestinal group examination;**
15. **results of mother micro-radiography;**
16. **results of mother's RW and AIDS examination;**
17. **other certificates, upon case.**

Annex 4

The Plan of individual work with the couple

1. **General information**

The parent's first and last name

Date and place of birth of the mother

The child's first and last name

Date and place of birth of the child

Where the parent and the baby are placed

The date when the Plan of the individual work with the couple was written

....

2. **The goal of the individual work plan**

----

3. **The parent's health condition**

Information about current health condition, evolution of health condition, medical supervision program (disabilities, chronic diseases, maladies)

----

4. **Child's health and development**

Information about the child's health and progress in development (elements of physical, psychic, socio-affective, intellectual, and behavioral development, etc.)

----

5. Mother's education

Information about mother's level of education, professional integration capacity (qualification courses, professional re-orientation, relations with the employees, etc.). Plan of life skills (parental skills, household skills, etc.) for short, medium, and long term. Objectives, activities, terms of realization.

----

6. Individual plan of parent's rehabilitation

Information about the need of counseling/therapy for the parent, including measures for the development of parental skills.

Objective	Activities	Persons – in-charge	Terms of realization	Evaluation	Re-evaluation
1. short term 2. mid-term 3. long-term					

7. Solution of relational problems between the user and the biological, extended family, father/mother of the child/other relevant persons for the parent-and-baby couple.

Objective	Activities	Persons – in-charge	Terms of realization	Evaluation	Re-evaluation
3. short term 4. mid-term					

3. long-term					

8. **Activities of the social assistant-in-charge with the case:**

In this section all the activities performed by the social assistant-in-charge with the case, in order to achieve the objectives included in the plan of individual work with the couple:

visits to the family
----
number of multi-disciplinary team meetings
----
negotiations with the employers
----
number of training courses for the user
----
type of difficulties encountered

----

9. results of plan revision

`

Current modidications, etc.

Data of review of plans: --

Manager: ---

Social assitant responsible for case: ---

Manager: ---

The social assistant-in-charge:

Members of the team who participated in drafting and modifying the plan:

Note: *The individual plan of working with the parent-and-baby couple shall be written upon the parent-and-baby couple's placement in the Center, and revised quarterly. The individual plan includes short-term, mid-term, and long-term objectives. The social assistant coordinates the activity of the multi-disciplinary team members, and is responsible for the fulfillment of the plan stipulations.*

Annex 5

OBSERVATION FORM
Parent's behavior

Parent's name

Child's name

Date of admission in the Center --
Period of placement --

5. **Parent's look**

	Parent's look	Yes	No
Clothes	Picked out carefully		
	Maintained in good order		
	Adequate		
	Clean		
Hygiene	Cut nails		
	Hair: clean and arranged		
	Pleasant smell		
Posture	humble (head lowered, stooped)		
	indiferentă		
	arrogant (head up, expresses arrogance when speaking to somebody)		

2. Aspect of the bedroom

Aspect of the bedroom	Yes	No
Clean		
In good order		
Fresh air		
Arranged esthetically		

6. **Social relations (communication, cooperation, subordination)**

User – Personnel	Always	Often	Seldom	Never
Follows regulations				
Respectful/polite				
Sociable				
Taking initiative				
Cooperating				
Isolated				
Aggressive				

Impertinent
Insistent
Participates in daily activities
Persevering

Parent – Baby

The parent is attached to the baby
The baby is attached to the parent
Takes care of the baby
Feeds the baby
Sensitive and sensible to the baby's needs
Communicates with the baby
Se joacă cu copilul
Holds the baby in the arms
Is affectionate towards the baby
Caresses the baby

The user – other users

Lidership skills (coordination of activity, makes other mother disciplined)
Establishes relations
communicates
Participates in group activities
Supervises the other parents' children, when necessary
Is isolated
Is indifferent
Is rude
Is cooperating

User – relatives

Expects eagerly visits
Initiates contacts
Phones/writes to the relatives

During the visits (behavior towards each visitor is registered)	in an open manner Good-natured Does not communicate Aggressive

Additional notes

Conclusions ---

...

Note: ***This form shall be filled by the social assistant within 30 days since the placement, and further quarterly. The data from the observation form will be used when developing and revising the individual parent-and-baby couple's care plan.***

Annex 6

PHONE CONVERSATION REPORT

Regarding the user's case(First name, Last name)____

Contacting person

The user's attitude towards the contacted person

The contacted person

Goal of the conversation

The message delivered

The received message

Conclusions

Recommendations

The person who made observations of the phone conversation

Note: *The report about the phone conversation shall be written by the Center's specialist. The information will be used for the development and revision of the Individual care plan of the couple*

Anexa 7

INTERVIEW REPORT

Mother's First name, Last name

Date ______________________ Hour _______________________

Place of interview meeting

Persons present

Institution represented

Persons present, along with the mother

Goal of the interview

Issues arroused

Notes

Conclusions

Recommendations

Social Assistant Signature

Person present Signature

Note: *The interview report shall be written by the social assistant. Relevant information and persons in case resolution shall be included.*

Annex 8

PRE-INTEGRATION MONITORING FILE

This document represents **minutes written at eventual place of living of the couple, after they leave the Center**

Assessment of the user's living conditions (before the integration)

Date „____"____

Goal of the examination

____

We, the undersigned

Have examined the living conditions of ____ family

Who live on the following address: ---

General information about family members and other persons who live on the same address:

First name, Last name	Relation of the person to the parent	ID card information	Date of Birth (age)	Education, place of employment, position, for children – place of study	The person's attitude to the mother-and-baby couple

Information about family members and psycho-social situation of each person in the house.

____
____
____
____
____
____
____
____
____
____
____

Persons present during the visit

____
____
____
____
____

Living conditions:

Type of dwelling: private sector, private apartment, rented apartment, hostel, other ___________________________________. (encircle or indicate the necessary option).

Number of rooms ________________________
Living space surface ______________________
Total surface ___________________________
Type of heating___________________________
Water supply____________________________
Sewage_______________________________
Communications ________________________
Sanitary and hygienic conditions
____
____
____

Conclusions
____
____
____
____
____
____
____
____
____
____

Recommendations

____
____
____
____
____
____
____
____
____
____

Community social assistant
Signature
____

LPA representative
Signature

____

Representative of the family
Signature

____

Note: *The minutes shall be written by the social assistant-in-charge with the case, together with a representative of local public authority.*

Annex 10

POST-INTEGRATION MONITORING FILE
This document represents minutes written at the place of living of the couple, three months after they left the Center

Assessment of the user's living conditions

____

Date „____"____

Goal of the examination

____

We, the undersigned

____
____
____
____
____
____

Have examined the living conditions of ____ family

Who live on the following address:
____
____

General information about family members and other persons who live on the same address:

First name, Last name	Relation of the person to the parent	ID card information	Date of Birth (age)	Education, place of employment, position, for children – place of study	The person's attitude to the mother-and-baby couple

Information about family members and psycho-social situation of each person in the house.

____
____
____

____
____
____
____
____
____
____
____

Persons present during the visit

____
____
____
____
____

Living conditions:

Type of dwelling: private sector, private apartment, rented apartment, hostel, other ________________________________. (encircle or indicate the necessary option).

Number of rooms ______________________
Living space surface ____________________
Total surface _________________________
Type of heating________________________
Water supply_________________________
Sewage_____________________________
Communications ______________________
Sanitary and hygienic conditions
____
____
____

Information about the parents

Sources of existence, and their value in lei

____
____
____
(salary, state payments, projects, help from the family, other)

Place of employment

____
____
____
Position

____
____

Living conditions

Sanitary and hygienic conditions

The parents' health condition

The child's health condition

Attitude to the child

Relations with other members of the family

Relations with the community

Community services offered to the family

Information about the child

The child's health condition

____
____
____
____

Progress in the child's development

____
____
____
____
____
____
____

Community services offered to the child

____
____
____
____
____

Child's provision with food, clothes, toys

____
____
____
____
____
____

Conclusions

____
____
____
____
____
____
____
____
____

Recommendations

____
____

____
____
____
____
____
____
____

Community social assistant
Signature

____

LPA representative
Signature

____

Representative of the family
Signature

____

Note: *The Monitoring and integration form shall be written by the* ***social assistant-in-charge with the case****, together with a representative of local public authority.*

Annex 9

THE SOCIAL FILE

Written by ______________________

Date ________/_______/__________

1. ID information

Child

Child's name

____

Last name

____

Date of birth

____

Place of birth

____

Address

____

Nationality

____

Birth Certificate

____

Mother

First name

____

Last name

____

Date of birth

____

Legal address

____

Actual address

____

Educational background

____

Profession

____

Place of work

____

Health condition

____

Marital Status

____

ID (Number, Issuing office, Date of issue)

____

Father
First name

____

Last name

____

Date of birth

____

Legal address

____

Actual address

____

Educational background

____

Profession

____

Place of work

____

Health condition

____

Marital Status

____

ID (Number, Issuing office, Date of issue)

____

Child's Siblings

№	First name/Last name	Date of birth	Occupation	Where the child is placed	Notes
1					
2					
3					
4					

Information about the extended family:

Maternal Grandmother

First name

____

Last name

____

Date of birth

____

Legal address

____

Actual address

____

Educational background

____

Profession

____

Place of work

____

Health condition

____

Marital Status

____

ID (Number, Issuing office, Date of issue)

____

Maternal Grandfather

First name

____

Last name

____

Date of birth

____

Legal address

____

Actual address

____

Educational background

Profession

Place of work

Health condition

Marital Status

ID (Number, Issuing office, Date of issue)

Paternal Grandmother
First name

Last name

Date of birth

Legal address

Actual address

Educational background

Profession

Place of work

Health condition

Marital Status

ID (Number, Issuing office, Date of issue)

Paternal Grandfather
First name

Last name

Date of birth

Legal address

Actual address

Educational background

Profession

Place of work

Health condition

Marital Status

ID (Number, Issuing office, Date of issue)

Other relevant relatives

2. Family's socio-economical situation

2.1 Climate in the family, relations between the members of the family

2.2 Family's relations with the community

____
____

2.3 Family's financial situation:

The child's mother

a) Dwelling:

Type

____

Type of property

____.

hygienic and sanitary conditions

____

Utilities

____.

b) incomes:

stable

____.

Seasonal

____

Occasional

____

special facilities.

____

c) Resources

____

The child's father

a) Dwelling:

Type

____

Type of property

____

hygienic and sanitary conditions

____

Utilities

____

b) incomes:

stable

____

Seasonal

____

Occasional

____.

special facilities____.

c) Resources

____

Maternal grandparents:

a) Dwelling:

Type
____
Type of property
____
hygienic and sanitary conditions
____
Utilities
____
b) incomes:
stable
____
Seasonal
____
Occasional
____.
special
facilities____.
c) Resources
____

Maternal grandparents:
a) Dwelling:
Type
____
Type of property
____
hygienic and sanitary conditions
____
Utilities
____
b) incomes:
stable
____
Seasonal
____
Occasional
____.
special
facilities____.
c) Resources
____

Other relevant relatives in this case

____
Type of property
____
hygienic and sanitary conditions

____
Utilities
____
b) incomes:
stable
____
Seasonal
____
Occasional
____.
special
facilities____.
c) Resources
____

Information about other persons living on the same address with the mother and the baby (and legally registered on the same address)

№	First name, last name	Date of birth	Marital Status	Occupation	Degree of kinship
1					
2					
3					

2.4 Degree of the mother's family integration and social participation:
____
____
____
____

3. Description of the problem:

Presentation of facts and events, in the case when family and community resources are identified
____
____
____
____

The social assistant's recommendation:

Short-term
____
____
____
____
Mid-term
____
____
____
____
Long-term

____
____
____
____

Conclusions

____
____
____
____

First name, last name and signature of the person who wrote the social file

____
____
____
____

Date of file completion

____

Note: *The social file shall be completed by the social assistant, supported by local public administration, within 30 days since the mother-and-baby couple placement occurred.*

ANNEX 11

The legal framework of child and family protection

When speaking about the legal framework, it should be stated that significant achievements were made in order to contribute to the improvement of the child and family social protection system. The legislation of Moldova recognizes the civil, political, social, economical, and cultural rights of children. The constitution of the country provides legal framework for the rights of the family, mother, and child to social protection. During the recent decade certain efforts were made to consolidate the legal acts offering protection to women and children, but much action is still necessary to be taken, so that the level of international standards determines the direction of local legislation, especially, to ensure successful implementation, adequate monitoring, and efficient application of those laws. There are already real indicators of such achievements, expressed in the laws, strategies and programs developed by the Government of the Republic of Moldova in the area of child and family social protection during the recent 10 years.

International legal framework

UN documents

- UN Convention on the Rights of Children, adopted on the 20th of November 1989 (the Republic of Moldova ratified the Convention on the Rights of Children on the 12th of December 1990, and this document is in effect for our country, since the 25th of February, 1993);

- Optional protocol of the UN Convention on the Rights of Children, concerning the children's involvement in armed conflicts; Resolution 54 of the UN General Assembly, the 25th of May, 2000;

- Optional protocol of the UN Convention on the Rights of Children, concerning child trafficking, prostitution and infantile pornography; Resolution 263 of the UN General Assembly, the 25th of May, 2000;

- UN Convention on child protection and cooperation for international adoption, Hague, 29th of May 1993 (the Republic of Moldova joined the Convention, according to Parliament Decision No. 1468 – XIII of the 29th of January, 1998);

- UN Convention with regard to elimination of all forms of discrimination against women, 18th of December, 1979 (effective for the Republic of Moldova since 31st of July 1994, according to Parliament Decision No. 87 – XIII of the 28th of April, 1994);

- European Convention with regard to repatriation of minors, Hague, the 28th of May, 1970;

- International Labor Organization Convention with regard to "Minimum age of employment", No. 138 of the 6th of June, 1973;

- Convention regarding the interdiction of the hardest forms of child labor, No. 182 of the 17th July, 1999, International Labor Organization;

- Convention of civil aspects of international child kidnapping, Hague, the 25th of October, 1980;

- Final observations of the Committee on the rights of children, High Commissioner for Human Rights. Republic of Moldova, Session 31 of the 4th of October, 2002;

National legal framework

Normative acts on family and child

- Government Decision with regard to the protection of socially vulnerable children and families, No. 198 of the 16th of April, 1993;

- Children's Rights Law, No. 338 – XIII of the 15th of December, 1994;

- Government Decision for the approval of the instructions for the registration of children and adolescents aged between 5 and 16 years, No. 434 of the 23rd of July, 1996;

- Government decision on the use of pre-school institutions premises for their destination, No. 545, of the 7th of October, 1996;

- Government Decision with regard to the creation of the National Child Protection Council, No. 106, of the 30th of January, 1998;

- Government Decision with regard to the approval of the Regulations of the National Child Protection Council, No. 409 of 1998;

- Government Decision with regard to the approval of the List of diseases and pathologies that confers to children before 16 years of age the right to receive the status of child with disabilities and makes those children entitled to state social benefits established by legislation, No 1065, of the 11th of November, 1999;

- Government Decision regarding certain actions to reduce the phenomena of beggary, homelessness and street children, No. 233, of the 28th of March, 2001;

- Government Decision with regard to the approval of National Conception regarding child and family protection, No. 51, of the 23rd of January, 2002;

- Government Decision with regard to certain activities to ensure the activity of the National Child's Rights Protection Council, No. 1050, of the 5th of August, 2002;

- Government Decision with regard to the approval of the Framework Regulations of the Center for Temporary Placement of Children, No. 1018, of the 13th of September, 2002;

- Government Decision for the approval of the Regulations of Family-type Home, No. 937, of the 2nd of July, 2002;

- Government Decision No 1516, of the 16th of December, 2003, with regard to the approval of Amendments to the Government Decision No. 1733, of the 31st of December, 2002;

- Government Decision with regard to the approval of the National Strategy "Education for All", No. 410, of the 4th of April, 2003;

- Government Decision regarding the approval of the National Child and Family Protection Strategy, No. 727, of the 16th of January, 2003;

- Government Decision with regard to the approval of Minimum Standards of Quality for family-type homes, No. 812, of the 2nd of July, 2003;

- Government Decision with regard to the Amendment of the Regulations of the procedure for the establishment of allocations for families with children, approved by the Government Decision No. 1478, of the 15th of November, 2002, No. 389, of the 31st of March, 2003;

- Government Decision for the approval of the Actions Plan for the year 2004, regarding social protection of boarding schools graduates, of orphans, children deprived of parental care, and children in guardianship, No. 314, of the 29th of March, 2004;

- Government Decision with regard to the approval of natural norms supply of food products, clothes, footwear, soft inventory, personal hygiene items, games and toys for orphaned children and for the children deprived of parental care, educated in children homes, boarding schools of all types, No. 1335, of the 3rd of December, 2004.