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ROMA PROGRAMS FINANCED BY THE U.S. GOVERNMENT: BEST PRACTICES AND LESSONS LEARNED

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Management Systems International
Corporate Offices
600 Water Street, SW
Washington, DC 20024

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We would also like to express our gratitude to officials of the Ministry of Health and Family; the Ministry of Education, Research and Youth; the National Agency for Roma (NAR); and the EU Commission. We also greatly appreciate our meetings with other international donors and service providers, including UNICEF, United Way, the World Bank, the Soros Foundation, and World Learning.

We especially appreciate our discussion with leading Roma civil society activists as part of the Experts Group meeting held at USAID/Romania.

We are most grateful to USAID/Romania for its support and leadership in commissioning a study that highlights the conditions facing the Roma in Romania and explores ways to build upon the legacy of USAID's investment in Roma programs.

¹ Cover photo provided by JSI - Beneficiaries interacting with JSI staff and a Roma Health Mediator.

LIST OF ACRONYMS

AFER	Association for Roma Women’s Emancipation
APSIC	Anti-Poverty and Social Inclusion Commission
ARC	Association for Community Relations
CRISS	Roma Center for Social Intervention and Studies
CSR	Corporate Social Responsibility
DAI GRASP	Government Reform and Sustainable Partnerships
DOTS	Directly Observed Therapy Strategy
DOW	Doctors of the World
DPHA	Directorate of Public Health Authority
EU	European Union
EUMAP	EU Monitoring and Advocacy Program
FD	Family doctor
FP	Family planning
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HM	Health mediator
IEC	Information Education and Communication
IUD	Intra-Uterine Device
JSI	John Snow Research and Training Institute
MERY	Ministry of Education, Research and Youth
MPH	Ministry of Public Health
NAR	National Agency for Roma
NCCD	National Council for Combating Discrimination
NDI	National Democratic Institute for International Affairs
NGO	Nongovernmental Organization
OSCE	Organization for Security and Cooperation in Europe
PHARE	Poland and Hungary: Assistance for Restructuring their Economies
PHE	Peer Health Educator
PVO	Private Voluntary Organization
RFHI	Romanian Family Health Initiative
RH	Reproductive health
RHM	Roma Health Mediator
SECS	Society for Education on Contraception and Sexuality
TNS CSOP	Taylor Nelson Sofres research agency
UNDP	United Nations Development Program
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
USG	United States Government
WGRA	Working Group Roma Association

EXECUTIVE SUMMARY

In May 2007, as part of USAID/Romania's close-out activities, a four-person team carried out the field work for a study of Roma programs financed by the U.S. government.² The purpose of the study was to examine the short and long-term impact of USAID funding for programs implemented by the John Snow Research and Training Institute (JSI), Doctors of the World (DOW), and Ovidiu Rom.

In light of USAID's upcoming departure from Romania, one critical dimension of the analysis was to examine the future prospects for investment in the Roma community by other donors. How can donors most effectively build upon USAID's legacy and that of other donors and development practitioners to more effectively address the needs of Romania's Roma community?

A second key aspect of the study was the identification of best practices and lessons learned from these three programs that could be shared with other development practitioners. Based on the team's analysis, each of the USAID-funded programs examined in this study provides models which can be strengthened and scaled up.

Despite significant advances, however, sustained improvement in the condition of the Roma remains elusive. Several research studies have appeared in recent years which underscore the gravity of the situation facing the Roma community.³ Unfortunately, while terms like poverty, lack of education, high levels of unemployment and low life expectancy figure prominently in publications about the Roma and have given impetus to international pronouncements and well-intentioned programmatic interventions, overall conditions have not changed substantially in the last ten years. The pernicious effects of the mutually reinforcing challenges of grinding poverty and widespread discrimination are evident in Roma communities throughout the country. That reality makes the need for more effective development strategies ever more urgent.

Three overarching findings emerge from this review of three USAID-funded programs that have benefited Roma⁴ and the development context in which they have been implemented. The first is the need to move beyond project funding to systemic, sustainable, and comprehensive approaches to the range of issues facing the Roma community in Romania. No one sector can effectively address these complex challenges. Collaboration among government, business, and civil society actors at the local, national, and international levels is essential to sustaining and building upon the work that USAID and a host of other international and national actors have initiated.

The second key finding is that development assistance must directly engage the Roma community itself. Roma must be empowered as agents of change in their own lives and in the life of their communities.

² The team included both U.S. and Romanian members, including one member of the Roma community.

³ Three publications are particularly instructive: Coord. C. Zamfir, E. Zamfir, *Gypsies between ignorance and concern (Țigani în ignorare și îngrijorare)*, Alternative Publishing House, Bucharest, 1993; Coord. C. Zamfir, M. Preda, *Roma in Romania (Romii în România)*, Expert Publishing House, Bucharest, 2002; and, Open Society Foundation Romania, *Roma Inclusion Barometer*, Bucharest, 2007.

⁴ JSI, DOW and Ovidiu Rom program managers point out that their programs were not exclusively directed toward Roma populations. However, while all three programs targeted vulnerable communities in general, they benefited the Roma population in particular. JSI and Ovidiu Rom are more explicit than Doctors of the World in stating that their programs address the needs of the Roma community. Up to 40% of USAID's investment in the Reproductive Health for Poor Urban and Rural Women component of the JSI program (2001-2007) was spent on Roma specific activities.

Further development of the professional skills and networking capacity of Roma civil society leaders is a critical step, but capacity-building must reach beyond leaders. One common denominator of all of the programs examined in this study is the positive role that Roma can and will play in their own development process if provided with the requisite skills and opportunities.

The third finding relates to the issue of discrimination. All three programs analyzed confronted issues related to discrimination at some point in their development. Just as poverty requires direct action, so too does discrimination. Future development assistance efforts should pay close attention both to the ways in which poverty and discrimination are linked in the case of the Roma in Romania and how best to address discrimination during program design and implementation.

In sum, the programs implemented by John Snow Research and Training Institute, Doctors of the World, and Ovidiu Rom provide compelling examples of effective development practice. Each has produced replicable models in the areas of health and education, capacity-building among a new generation of Roma professionals, and improvements in the quality of life of the beneficiaries who were touched by these programs.

PURPOSE OF THE STUDY

In light of USAID's close-out from Romania in 2008, a series of studies will be undertaken to explore the impact of USAID's investment in the country. This study is the first in the series and is designed to explore USAID/Romania's legacy in the area of Roma programming. There is particular interest in documenting best practices and lessons learned from these programs, as well as exploring the successes and shortcomings of USAID's development interventions.⁵

Several key questions were posed by the Mission and guided the design of the study:

- What was the status of Roma (in these sub-sectors) prior to USG assistance?
- What assistance did the USG provide?
- How has the sub-sector improved with USG assistance?
- What gaps remain?

In addition to examining best practices and lessons learned from the three programs funded by USAID, the team was asked to explore the successes and shortcomings of each program; the perspectives of beneficiaries and other stakeholders; and, the future sustainability of these programs as it relates to other donors, the private sector, and the Government of Romania (GOR). The overarching question behind this study relates to the legacy that will remain after USAID's departure.

METHODOLOGY

Following a document and literature review, team members concentrated their attention on direct observation and individual and group interviews with both Roma and non-Roma.⁶ The group interviews included a round table discussion with a group of leading young Roma civil society activists. Despite the constraints imposed by a relatively short amount of time in the field, field visits were conducted in seven communities with a substantial Roma presence in central and northern Romania.

Interviews were first conducted in Bucharest with USAID staff with direct knowledge of the three target programs and with program managers and staff for JSI, Ovidiu Rom, and Doctors of the World. Subsequently, interviews with Ovidiu Rom beneficiaries (including both students and mothers) were conducted in Bacau, Buhusi, and Bucharest. In most cases, local program managers and implementers were also interviewed. Interviews in Fetesti, Slobozia, Sacele, and Cluj included JSI beneficiaries and health mediators. In addition, interviews were conducted with family doctors and coordinators of the county Directorate for Public Health Authority (DPHA), and local authorities. Former health mediators and peer health educators for Doctors of the World were interviewed in Piatra Neamt.

⁵ While the initial scope of work called for an investigation of lessons learned from the National Democratic Institute's (NDI) Roma Political Participation Program, the relative newness of that program and the dominance of non-USG sources of funding worked against inclusion of this effort.

⁶ For a complete list of the individuals contacted please see Appendix 1. To cover the broadest possible array of individuals and organizations, the team of four was divided into two sub-teams. One sub-team focused on the health programs managed by JSI and Doctors of the World. The other sub-team focused on the educational program managed by Ovidiu Rom and on interviews with international donors and other stakeholders.

In addition to interviews with those directly involved with funding, managing, and/or implementing these programs and with a wide range of the program beneficiaries, interviews were also conducted with representatives of the Romanian government, including staff of the Ministries of Public Health and Education, Research and Youth and with the head of the National Agency for Roma (NAR). A broad array of international donors was contacted including: the World Bank, United Nations Children’s Fund (UNICEF), the Soros Foundation, and a representative of the European Union. In addition, World Learning staff who manage the Ovidiu Rom sub-grant were interviewed. Given the study’s emphasis on the prospects for future investment in the Roma community, particular attention was paid to efforts to tap into corporate giving at the local level and interviews were conducted with United Way and the Association for Community Relations (ARC). The issue of the evolution of corporate giving in Romania was discussed in some detail with program managers at Ovidiu Rom and with other donors.⁷

Central to any study of the legacy of donor investment is the question of program sustainability in the future. In addition to exploring how USAID’s investment contributed to improving health and educational levels among participants in these three programs, the team was asked to explore how these programs will evolve in the future. Can they be scaled up? What best practices and lessons learned can be shared with other programs? How can other donors build on these efforts? What role can and should the Government of Romania play? What role will the Romanian private sector play in efforts to address the needs of the Roma population?

Finally, there were two principles that guided the team’s approach to this task. The first was an emphasis on the need for a comprehensive response to a situation as complex as that facing Romania’s Roma community. No one sector—government, business or civil society—can address the challenges of this community where poverty and discrimination mutually reinforce one another. Collaboration among the full spectrum of stakeholders, therefore, will be key to sustaining USAID’s legacy in the future.

The second principle was an emphasis on the role to be played by the Roma community in their own development. While much of the literature focuses on the Roma as victims, team members felt it was important to call attention to the Roma as agents of change in their own lives and in the life of their communities.

In this sense, then, this legacy piece is also an exploration of the underpinnings of empowerment. This approach does not in any way take away from recognition that many, if not most, Roma face appalling poverty and outright discrimination. It does, however, move away from treating the Roma as development “subjects” rather than as protagonists in their own development process.

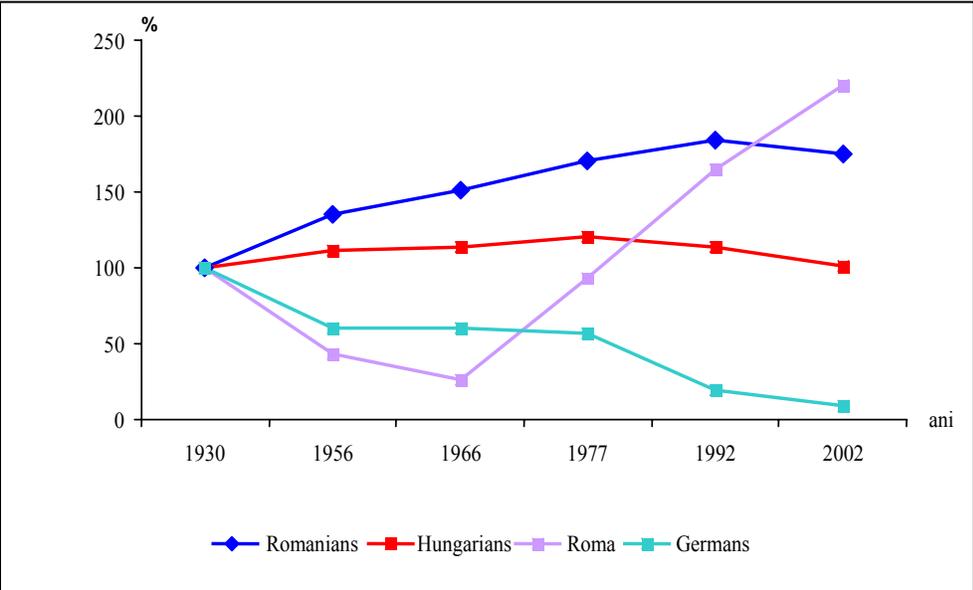
⁷ As is the case when a study such as this interviews a number of key individuals and organizations within a relatively short time frame, the very act of studying investment in Roma development further raised awareness about the importance of this issue. Similarly, asking key actors in a variety of sectors about the need for a comprehensive response to addressing the problems of the Roma may have helped to focus some attention on this issue. Other contributions made by the team include: identification of an important scholarship opportunity for one of the Ovidiu Rom program graduates; connecting the head of the Center for Community Development (an outgrowth of the DOW program) to a promising funding source; development of an idea for the creation of an intermediary organization dedicated to providing technical expertise and start-up funds to NGOs otherwise unable to access the EU Structural Funds; emphasis on the need to move from first-generation to second-generation corporate social responsibility practices in Romania; and, convening young Roma civil society leaders for a discussion of how they can more effectively serve as intermediaries between Roma communities and the national government. The team also provided ideas regarding future cooperation with other NGOs and the business community to Ovidiu Rom, and may have contributed to inclusion of the Romanian business community in an upcoming anti-discrimination campaign. Driven by this study, these efforts also contribute to USAID’s legacy.

DEVELOPMENT CONTEXT AND USAID'S RESPONSE

OVERARCHING DEVELOPMENT CONTEXT

Romania is a new member of the European Union and as such must meet EU standards. With approximately 22 million inhabitants and, according to sociological studies, between 1 and 2 million Roma (535,140 self-identified Roma is the official figure),⁸ this relatively new democracy must overcome the structural problems of a society still emerging from many years of communist rule.

According to the Census of the Population and Households, the Roma population in Romania is young. One third of the Roma population is made up of children (0-14 years old), while the average age of Roma is approximately twenty-four. It is significant to mention that in comparison with other relevant ethnic groups, the Roma population is growing, while others are decreasing. The following chart illustrates this trend:



Source: Census of the Population and Households 2002, Chapter IV, compiled data.

The Roma are the largest “national minority”⁹ living in Romania. A complex social situation and historical context has created an asymmetry of power between Roma and non-Roma. Centuries of slavery (abolished at the end of the 19th Century), still affect the status of Roma. This legacy is reflected in numerous problems which are rooted in both the discrimination and social exclusion of Roma and in the traditional lifestyle and value system of the Roma communities themselves.

⁸ 2002 Census of the Population and Households, data compiled from Demographic Tables of the National Institute of Statistics, see <http://www.inse.ro/cms/files/RPL2002INS/vol4/titluriv4.htm>

⁹ The Romanian Constitution uses the term national minority to describe ethnic groups which are officially recognized. Romanian Constitution, available in Romanian at <http://www.constitutia.ro>.

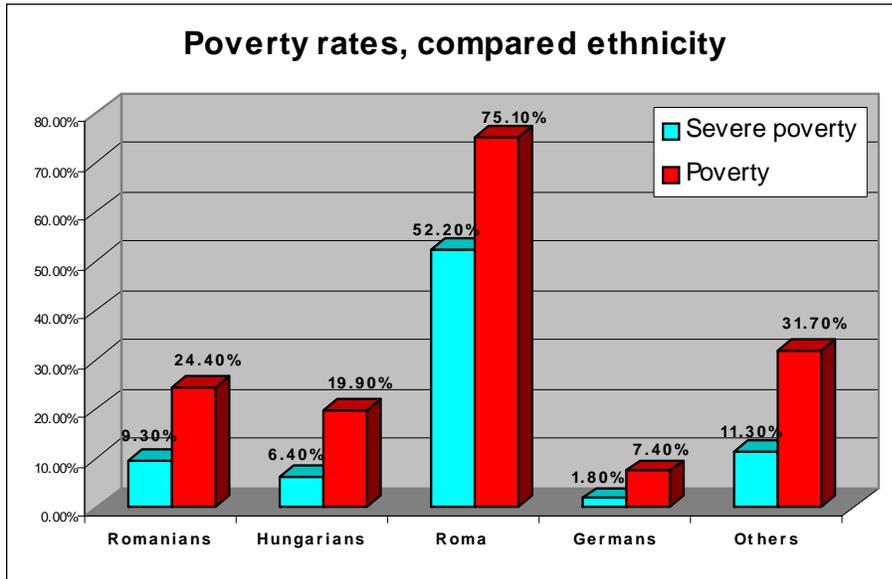
Large numbers of Roma are still living in a rather traditional way in a modern society that does not have time to look back. Values that traditionally were an integral part of the Roma community are now obstacles to development and progress. Marriage at very early ages, for example, (a habit more than a tradition) has roots in ancient slavery. It constituted a form of protection for young girls by removing them from the reach of the master. Today, this custom leads young girls to leave school early and places the entire family in legal jeopardy (given current legal provisions regarding child protection).

As a consequence, the Roma population is characterized by:

- a lower educational level than the average;
- growing poverty, as documented in a variety of national and international reports;
- poor living conditions and health status;
- unemployment and a lack of work opportunities specific to disadvantaged areas where Roma live;
- difficult access to social services connected to the lack of identity and property documents;
- the undervaluing of Roma traditional professions left outside of the modern economy;
- higher recourse to informal or illegal activities as a result of exclusion;
- prejudice, marginalization and self-marginalization (generated by a mixture of low self-esteem, poverty, low education, and stereotypes);
- discrimination (a structural societal issue Roma have historically faced);
- a lack of sufficient cohesion among the various Roma groups (which conflicts with the desire on the part of the national government for uniform positions on issues and unified political leadership); and
- an absence of a strong critical mass of young Roma activists, capable of properly representing the interests of the community at the societal level.

The problems faced by Roma communities, even if subject to different policies and governmental measures after 1990, have not improved and, in some cases, have worsened. Despite significant economic progress during the last years, the poverty cycle, prejudices, and stereotypes have left deep scars on the Roma community. The following statistics illustrate the problem and should be of concern at the local, national, and international levels.

Approximately two-thirds of Roma are living in a state of poverty, and one half in a state of severe poverty, according to a study by the Anti-Poverty and Social Inclusion Commission (APSIC):



Source: Anti-Poverty and Social Inclusion Commission (APSIC), 2003.

This level of poverty has produced a situation of social exclusion for the Roma community in terms of the labor market, the legal/democratic system, welfare, and the family and community systems.¹⁰ Exclusion from the democratic and legal system is a characteristic of disadvantaged Roma communities. According to a recent research, 4.9% of Roma compared to 0.9% non-Roma members of the other ethnic groups do not currently have a birth certificate. Similarly, 6% of Roma and 1.5% of non-Roma lack Identity Cards (the document issued for citizens over 14 years old).¹¹ The lack of identity documents directly excludes Roma from participating in elections, receiving social benefits, accessing health insurance, securing property documents, participating in the labor market, etc. Indirectly, Roma with a lower level of education are excluded from the labor market (and this has occurred alongside a devaluing of the traditional trades of the Roma and their lack of formal recognition).

Living conditions in Roma communities are also difficult. Half as many Roma as non-Roma have central/gas heating systems and only one-third as many Roma have access to hot running water. Other problems include wet walls, leaky roofs, and dirt floors.¹²

Households with:	Non-Roma	Roma
Electricity	99.1%	94.5%
Central or gas heating	51.2%	25.6%
Cold running water	67.4%	41.4%
Hot running water	35.3%	10.7%
Sewer or cesspool	53.6%	30.0%
Telephone (fixed)	58.2%	26.4%

¹⁰ Catalin Zamfir and Marian Preda, *Roma in Romania (Romii in Romania)*, pages 283-301, Expert Publishing House, Bucharest, 2002.

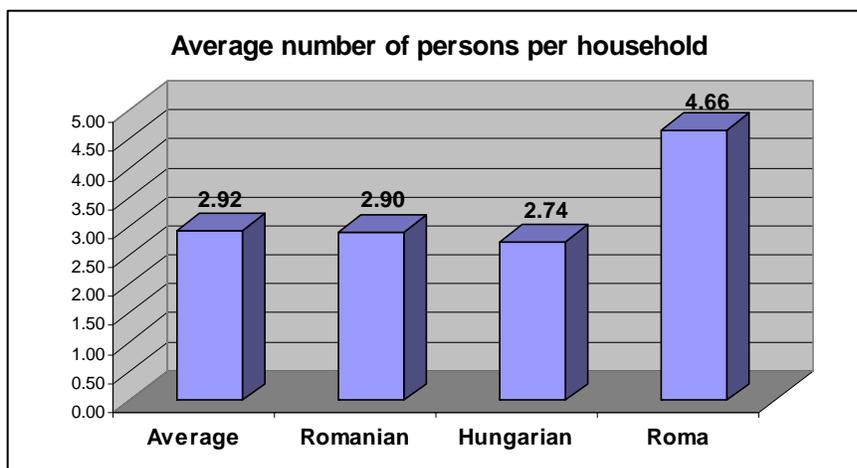
¹¹ Open Society Foundation, *Roma Inclusion Barometer*, Bucharest 2007, p. 45.

¹² Sources: Yale Dataset; Revenga et al. 2002.

Households with:	Non-Roma	Roma
Bathroom/shower	54.3%	18.9%
Indoor toilet	52.6%	18.3%
Wet walls	21.0%	44.9%
Leaky roofs	14.8%	40.2%
Earthen floor for sleeping	19.3%	39.0%

Source: Yale Dataset; Revenga et. al. 2002.

Similarly, as a result of the expanded family support system and the traditional way of life, there are almost twice as many Roma living in the same household as the national average for Romanians or for the Hungarian minority.



Source: Census of the Population and Households 2002, Chapter IV, compiled data.

DEVELOPMENT CONTEXT FOR HEALTH

As noted above, the Roma in Romania have some of the worst living conditions of any population in Europe. It has been widely acknowledged that many Roma in Central and Eastern Europe, including in Romania, are living in poverty or extreme poverty or are at risk of being exposed to such phenomena.¹³ While there is limited data,¹⁴ there is evidence of significant differences in the development context as it relates to health between Roma and majority populations. For example, a United Nations Development Program (UNDP) report referred to an infant mortality rate that is three to four times higher among Roma populations in Romania compared with other groups.¹⁵ The same report mentioned that Roma in Romania self-assessed their health status as tolerable or bad. In addition, life expectancy is, on average, ten years less for Roma than for the majority population in Central and Eastern Europe, according to a World Bank study.¹⁶

¹³ Dena Ringold et al, Roma in an Expanding Europe – Breaking the Poverty Cycle, World Bank Study (2003).

¹⁴ In addition to the paucity of data (with the same few studies referred to repeatedly), another problem the team identified is that urban and rural distinctions are at times incorrectly used as a proxy for non-Roma and Roma populations.

¹⁵ UNDP Report, Avoiding the Dependency trap, The Roma in Central and Eastern Europe (2003), available at <http://roma.undp.sk>

¹⁶ Dena Ringold et al, Roma in an Expanding Europe – Breaking the Poverty Cycle, World Bank Study (2003).

Infant and child mortality rates in Romania (infant and child mortality rates by 1000 live births)			
Ethnic group	Infant mortality (0 to 1 year)	Child mortality (1 to 4 years)	Total infant and child mortality (0 to 4 years)
Romanian	27.1	1.1	28.2
Hungarian	19.8	0	19.8
Roma	72.8	7.2	80.0

Source: UNDP Report, Roma in Central and Eastern Europe, Avoiding the Dependency Trap.

The health status of Roma is substantially affected by the poor living conditions noted above. Their poor health can also be attributed to issues related to social integration, low and/or fluctuant incomes, unemployment, or employment in low-skilled jobs incurring health risks, as well as low educational levels.

Other important factors affecting the status of Roma health and their access to health insurance pertain to insurance and identity documents. To access health insurance, an individual must provide documents verifying his/her identity or legal status. In addition, a recent revision to health insurance laws called for retroactive payments for a period of five years, which disproportionately affected a large number of Roma who either were not formally employed or were not registered for unemployment during the required period. For instance if a Roma person was not registered for unemployment benefits or social welfare and was out of work for a period of two months or more during the previous five years, s/he would not be allowed to have health insurance coverage (even if his/her employer provided it) unless s/he made the necessary retroactive payments for the months or years missed. Similarly, the co-financing provision provides health insurance only to the legal spouse of an insured person. Such provisions affect a large number of Roma with only one family member who is formally employed (as there are many cases where Roma do not enter legal marriages). Finally, the lack of proper information and a reluctance to interact with medical staff, often due to past mistreatment, may increase barriers towards proper access to health facilities and have an adverse effect on the health status of Roma.

DEVELOPMENT CONTEXT FOR EDUCATION

The average number of years that Roma spend in school is 6.8 years for the population over ten years of age, while the national average is 11.2 years.¹⁷ While 7% of the general population of Romania has a university education, only 0.19% of the Roma population reaches that same level according to the Census data.¹⁸ The disparity between Roma and non-Roma populations is even more striking at the level of secondary school where the completion rate for the average population is 64.2% and for the Roma population the rate is only 29.1%.

One of the most striking aspects regarding access to education for Roma is that of de facto school segregation. “Segregation is a very serious form of discrimination [...] segregation in education involves the intentional or unintentional physical separation of Roma from the other children in schools, classes, buildings, and other facilities, such that the number of Roma children is disproportionately higher than that of non-Roma compared to the ratio of Roma school-aged children in the total school-aged population

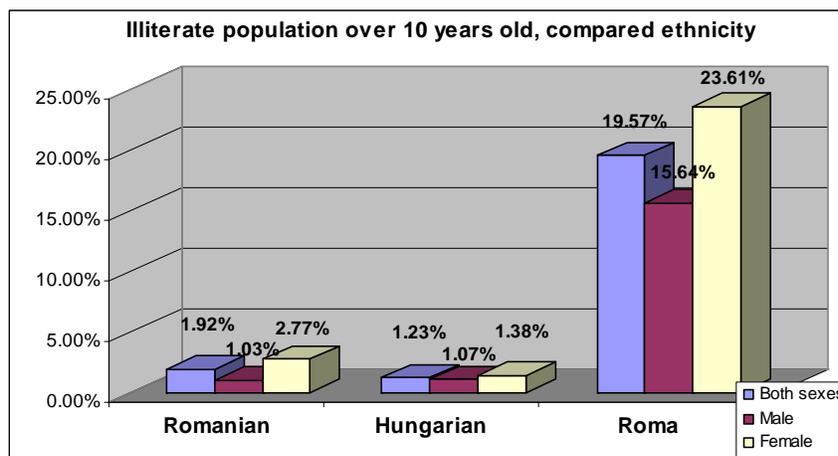
¹⁷ Open Society Institute/EU Monitoring and Advocacy Program (EUMAP) report Equal Access to Quality Education for Roma, OSI Budapest, 2007, page 349.

¹⁸ 2002 Census of the Population and Households, data compiled from Demographic Tables of the National Institute of Statistics, see <http://www.insse.ro/cms/files/RPL2002INS/vol4/titluriv4.htm>.

in the particular area.”¹⁹ Desegregation measures were taken by the Ministry of Education, Research, and Youth which now prohibit the establishment of pre-school, primary, and lower secondary classes comprised exclusively or mainly of Roma students.²⁰ This is now deemed a form of segregation, irrespective of the rationale utilized.

Poverty, lack of education, and unemployment are mutually reinforcing. According to a UNDP report, in 2002 the Roma population was almost five times more likely to be exposed to severe poverty when compared to the general population. The report goes on to say that more than 50 per cent of Roma are affected by severe poverty and that most of the poor live in households whose main provider only graduated from secondary or vocational school.²¹ The formal and informal unemployment rate among Roma is estimated as being between 24% and 56%, although cases of 90 - 100% may be registered in some disadvantaged Roma communities.²²

Poverty contributes to the lower educational levels found within Roma communities, as does the traditional belief that children should contribute to the well-being of the family. This is why, in poor and large families, school-age children will miss school in order to take care of siblings while the parents are out working.²³ Illiteracy is still an important problem for Roma communities, as the following chart illustrates.²⁴



Source: Census of the Population and Households 2002, Chapter 14, compiled data.

The most striking challenges for Roma education are school participation and maintaining Roma children in school, the low rate of Roma students’ transition to upper levels of education, and the limited capacity of the educational system to adequately address the needs of Roma children. The Ministry has started to implement several initiatives that are contributing to increased school participation for Roma. Affirmative action measures have been in place since the 1993-1994 school year, formally ensuring access to university education for Roma students in social work, law, sociology, public administration,

¹⁹ Mihai Surdu, *Segregare scolara si reproducerea sociala a inegalitatilor (School Segregation and Social Reproduction of Inequalities)*, in *O noua provocare: Dezvoltarea Sociala (A new challenge: Social Development)*. Iași: Polirom Publishing House, 2006.

²⁰ Ministry of Education, Research and Youth Notification no. 29323/20 April 2004 on School Segregation prohibition

²¹ “UNDP’s Engagement with Minorities in Development Processes”, 18–19 October, New York, Romania Case Study on Roma (12 October 2006), available at <http://www.undp.ro/pdf/Roma%20case%20study%2012%20Oct%202006.pdf>

²² See <http://www.romanothan.ro/engleza/reports/docs/Avoiding%20the%20Dependency%20Trap.pdf>, UNDP, *Avoiding the Dependency Trap*, page 33.

²³ Group interview with children participating in Ovidiu Rom program in Bucharest.

²⁴ 2002 Census of the Population and Households, data compiled from Demographic Tables of the National Institute of Statistics, see <http://www.insse.ro/cms/files/RPL2002INS/vol4/tituliv4.htm>.

journalism, political science, drama, and psychology. Guaranteed places at the secondary and art and craft school levels have only been available since 2000. During the 2003-2004 school year, 1,918 places were allocated.²⁵ School Inspectors for Roma Education are now part of the system, about 400 Romani language teachers have been trained, and approximately 25,000 Roma children are studying Romani nationwide.

EU PHARE (European Union, Poland, and Hungary: Assistance for Restructuring their Economies) programs designed to increase access to education for disadvantaged groups have been established in keeping with the concept of inclusive education. This approach includes teacher training in modern active methods, diversity education, school management, etc. The “Second Chance” program has now been made permanent and creates access to education for a large number of Roma. The system is based on modular training and allows students to complete their class work in an expedited fashion.

While it must be recognized that the challenge of educating Romania’s children is daunting given the system’s limited capacity to address the diversity of needs, important steps have now been taken by the Government of Romania. As part of the Ministry of Education, Research and Youth’s new inclusionary approach, several measures to improve educational prospects for Roma children have been implemented. These steps include the promotion of Romani language classes and teachers, affirmative action measures, Second Chance education, school inspectors for Roma education, and school mediators.

USAID’S RESPONSE

The U.S. government views Romania as a key partner in Central and Eastern Europe in the attainment of U.S. foreign policy goals. For USAID, “A democratically strong and economically prosperous Romania is critical to peace and stability in South East Europe. Romania also provides a positive model for democratic conduct, constructive inter-ethnic relations, and regional cooperation.”²⁶ With those objectives in mind and in light of the development context outlined above, the focus of USAID’s investment in Romania was three-fold: expanding the private sector, strengthening local democratic governance, and improving child welfare and health services. It is within this overarching framework that USAID began to invest in initiatives designed to improve the conditions of the Roma in Romania.

While not part of an explicit strategy to address the condition of the Roma, USAID’s investment in this arena since 2001 clearly reflects the growing emphasis of the international donor community on improving inter-ethnic relations in the country and a growing recognition of the levels of poverty described above. That effort was given added urgency by Romania’s need to demonstrate progress in this arena in order to successfully accede to the European Union in 2007. Declaration of the Decade of Roma Inclusion in 2005 served to crystallize some of those goals.

Focusing on targets of opportunity, USAID invested in programs implemented by the John Snow Research and Training Institute (JSI), Ovidiu Rom, and Doctors of the World (DOW). The next section analyzes each of these three programs.

²⁵ Open Society Institute/EUmap report, “Equal Access to Quality to Quality Education for Roma,” op. cit., pp. 368-369.

²⁶ USAID, “Country Profile: Romania,” February 2006, http://www.usaid.gov/locations/europe_eurasia/countries/ro/

ROMA PROGRAMS FINANCED BY THE USG

As noted above, USAID concentrated its attention on three key programs: JSI's program to increase the access of Roma communities to reproductive health care services by strengthening the existing health mediator mechanism; Doctors of the World's program to fight TB and build a network of peer health educators; and Ovidiu Rom's programs in the areas of women's employment and education for children.

This section examines each of these programs in turn and summarizes their impact, best practices, and lessons learned. The key challenges facing these programs--or others working in the health and education arenas are also explored.²⁷

ANALYSIS OF JOHN SNOW RESEARCH AND TRAINING INSTITUTE (JSI)

OVERVIEW

The Romanian Family Health Initiative (RFHI), a USAID-funded program implemented by the John Snow Research & Training Institute, Inc. (JSI), is working to increase access to and use of reproductive health services nationwide and to improve and expand the availability of these services at the primary health care level. To this end, JSI supports the Ministry of Public Health (MPH) and a number of NGOs in capacity-building efforts to improve the effectiveness of family planning (FP), reproductive health (RH), breast and cervical cancer, HIV/STI, and domestic violence services for underserved populations.

JSI's partners include the Society for Education on Contraception and Sexuality (SECS), Youth for Youth, The Romanian Anti-AIDS Association, the Eastern European Institute for Reproductive Health, Population Services International, and the Association for Roma Women's Emancipation (AFER).

USAID/Romania funding for this initiative began in 1999, with a two-year pilot project, and continued with a five-year follow-up grant through 2007.²⁸ These initiatives were funded out of the Improving Child Welfare & Health Services initiative, which accounts for 22% of the Mission's total funding.²⁹

JSI's main objectives for the overall program are to:

- Increase access to quality integrated services;
- Inform Romanian citizens about social services, rights, and responsibilities;
- Improve the legal, regulatory, and policy framework; and
- Improve the mobilization, allocation, and use of health sector resources.

²⁷ The following definitions were utilized in analyzing each category: Impact--what were the key outcomes generated by this program? Best practices--what were the key techniques/approaches used to produce that impact? Lessons Learned--what knowledge was gained during program implementation that could be considered key to the effective delivery of services? Challenges--what steps could be taken to improve the effectiveness of this or similar programs in the future?

²⁸ The pilot phase of the project did not include any Roma-specific activities. Those began in 2001.

²⁹ USAID Country Profile: Romania, February 2006.

JSI also developed specific objectives in relation to Roma communities. They include:

- Increase Roma communities' access to FP/RH services; and
- Create innovative models for Roma health mediators in the Roma communities of Cluj and Salaj.

As the focus of this report is on best practices and lessons learned as they relate specifically to the Roma community, this section will focus primarily on the latter two objectives mentioned above. JSI acknowledged the need for unconventional techniques for outreach to the Roma community due to the low degree of integration of Roma with the majority population, discriminatory attitudes towards the Roma, and their adherence to traditional values. The health status of Roma is connected to a complex set of issues, including poverty, educational status, lack of identity papers and health insurance, discrimination, and marginalization.

The primary activity that allowed JSI to accomplish its objectives was the peer and health mediator program. HMs serve as a “bridge” between the local community and local health and social services. They are instrumental in cultivating a sense of trust between the members of the community and health care providers. The initial health mediator program was designed in 2001 by the Roma Center for Social Intervention and Studies (Romani CRISS), a local Roma organization in coordination with the Ministry of Health and the Organization for Security and Cooperation in Europe (OSCE). Mediators are elected locally by the community and nominations are forwarded to the DPHA, who then submits their names to the Department of Mothers and Children at the Ministry of Health. Upon approval, the HM receives a one-year contract and extensive training. Preliminary training in communication, social issues, and overall responsibilities is provided by Romani CRISS, with follow-on training on specific health-related issues provided by JSI, Doctors of the World (DOW), and the Red Cross. Each year the HM undergoes an evaluation by the DPHA and if approved, the contract is renewed for another year. JSI has trained over 400 mediators in all 42 counties nationwide. 117 of the mediators (close to 30%) are of Roma descent.

PROGRAM IMPACT

- 1. Implemented Information, Education, and Communication (IEC) activities with Roma population in project sites.** To date, 28,840 Roma people were exposed to at least two RH topics.³⁰ The two most common topics beneficiaries mentioned to the team in relation to their interaction with RHMs were contraceptive use and proper ways to breast-feed.
- 2. Provided training in reproductive health (RH) for Roma Health Mediators (RHMs).** JSI trained a total of 190 RHMs in RH, of which 13 became trainers of new RHMs. In addition to initial RH training, JSI conducted seven follow-up sessions for 87 RHMs.³¹
- 3. Rural modern contraceptive use increased from 21% in 1999 to 33% in 2004, and rural abortion declined from 2.4 to 1.1 percent.**³² These statistics include multiple “vulnerable groups.”³³ No breakout is available for the Roma.
- 4. 80% of the total number (2,850) of communities in rural areas of Romania have a family doctor trained in family planning services.**³⁴ In one community visited by the team, there was

³⁰ Figure taken from JSI's M&E Final Program Report [to date – project ends September 2007].

³¹ Ibid.

³² Statistic taken from the “Reproductive Health Survey, Romania.” Ministry of Public Health in conjunction with multiple donors (May 2004).

³³ It should be noted that JSI and other organizations seem to use the *Reproductive Health Survey* for many statistical facts for Roma-specific programs. As noted in the text above, these figures are not Roma-specific and instead reflect an urban versus rural distinction.

one FD out of six trained in FP/RH issues. In another community, there was one FD out of seven, but both trained FDs said they share their materials with at least two other doctors who would likely take the course if offered again.

5. **Technical assistance at the national and district levels is key to scaling up.** Obtaining buy-in from both central and local authorities enhances overall collaboration. Furthermore, if local communities understand that the government is taking an interest in their cause, they are much more likely to trust the system and to try to become a more respectful citizen.
6. **Implemented activities in over 200 Roma communities, covering over 50% of Romania.** JSI reports 222 communities (project sites) where IEC activities took place. Additionally, more than 5,200 family doctors and 3,500 nurses in all 41 districts and Bucharest were trained to provide basic FP services.³⁵
7. **Empowered Roma health mediators (RHMs) – both personally and professionally – became community models.** Walking through the village with one of JSI’s lead RHMs was instructive. Everyone knew her name, looked up to her, and went to her with all health (and other) questions. The team had the opportunity to observe four RHMs in their community. Each of them had mothers, children, and even men coming to them with questions. They are model citizens and are considered to have attained a higher status in the community. In addition, many of the RHMs have developed professional relationships with local authorities, allowing them to be the voice for Roma in certain situations. The RHM position has led to other opportunities such as teaching, attending university, and collaboration with local organizations throughout the country. As noted by the DPHA in Ialomita, “RHMs are beginning to inform themselves about laws instead of waiting for others to tell them what to do.” She also noted that two RHMs have become lead trainers for FP/RH trainings. They are now role models for other RHMs, as well as for their community.
8. **Increased Roma registration on family doctor’s list.** One FD visited outside of Brasov noted that the total estimated Roma population was about 1,500 in the area in which he worked and he had personally seen over 800 at least once. He is one of six doctors at the hospital. Out of these 850 Roma patients, he said there are only 94 who do not have health insurance, an achievement which he sees as a feather in the RHMs’ cap, as it is up to RHMs to encourage Roma formal registration.
9. **Replication of the model internationally.** The JSI model is being replicated in France, Ireland, and is likely to be replicated in the Catalonia region of Spain.

BEST PRACTICES

1. **Improved health services to Roma populations through cultural diversity workshops provided to family doctors (FDs) working in highly-populated Roma areas.** In addition to family planning training, JSI went one step beyond to educate FDs on the culture and values of Roma. JSI provided six workshops which 111 doctors attended. In addition, a newly published Roma Culture publication was produced by JSI and is currently being distributed nationwide.
2. **Resource RHMs trained as volunteers to offer similar health mediator services.** Only a limited number of women can be employed by the Ministry of Public Health as full-time RHMs, so JSI in collaboration with AFER organized a program to train Resource RHMs to volunteer in

³⁴ “Best Practices in Scaling-Up: Case Study.” JSI: Dr. Merce Gasco, Diane Hedgecock, and Christopher Wright. 2006

³⁵ “Best Practices in Scaling-Up: Case Study. JSI 2006.

their community. They obtain free training and education on specific health issues, with the possibility of becoming a full-time RHM in the future. Two Resource RHMs in Cluj received full-time positions.

3. **Approach to working with MPH to provide accreditation to family doctors who participated in Family Planning training.** The accreditation program creates incentives for FDs to attend trainings hosted by JSI in collaboration with SECS. Getting people to the table to actually talk about Roma-specific health issues is half the battle in providing better health care to this vulnerable population.
4. **Scaling up practices from the initial pilot project led to outreach to 222 Roma communities.** This approach to replicating programs provides more than just copying the same activities over and over. Rather, JSI used this opportunity to first simplify its approach while thinking ahead to the proposed decentralization strategy. Although this was not a Roma-specific practice, it is inevitable that a great number of Roma communities were affected.

LESSONS LEARNED

1. **Ensuring a comprehensive approach to community needs – health cannot be only focus (i.e. employment, education, etc).** A large part of the RHM’s frustration was related to their inability to provide the services which were desperately needed in their community. Increasing the number of children attending school and assisting women (and men) in building core vocational skills for possible jobs were two of the most common items mentioned. Perhaps working more closely with organizations implementing these types of activities would be a useful strategy.
2. **Essential to have RHMs work directly with family doctors.** It was observed that in communities where FDs and RHMs had a collegial working relationship, larger numbers of Roma were seeking health assistance. A number of RHMs noted their difficulty in working with FDs. This could be due partly to the relative youth of the RHM, but also partly due to the view of some FDs that the RHMs overstep their boundaries at times and try to “play doctor.” Either way, good relations between FDs and RHMs is fundamental to the success of the program and must be dealt with in a professional manner.
3. **Increase in number of visits to family doctor led to an increase in preventing health problems in the community (i.e. contagious eye infections).** It needs to be said that this is only based on an interview with one FD, however, the fact that he prevented the spread of pink eye and the spread of trichinosis in the community – solely due to the community trusting the FD -- is a significant milestone.³⁶
4. **Cultural sensitivity training for non-Roma populations.**³⁷ The training of family doctors and other health practitioners in cultural values, norms, and taboos has led to a better understanding of Roma as a people generally, and how to provide them with better health care specifically. However, the team found a great need for cultural sensitivity training and outreach to the general non-Roma population about the Roma, especially in areas where Roma and non-Roma live in close proximity to one another.

³⁶ There is a severe lack of trust among Roma of non-Roma due to the long history of discrimination and exclusion, as well as their cultural trait of self-seclusion. This particular FD worked hard to better understand Roma culture and values, especially as it pertains to health. Thus, he was able to establish a strong sense of trust with the community and they listened to his recommendations to keep the boy isolated from others (pink eye) and to not eat pork for a few days until the trichinosis scare had passed.

³⁷ The publication for this training was recently released in May 2006 and will be used as one of the tools for training non-Roma populations.

5. **A full range of contraceptives is key.** Condoms were widely distributed, but it is difficult for women to discuss usage with their husbands. There was much talk about the use of contraceptives and how this has decreased the number of abortions and STIs. Although it is likely that much of this is true, it needs to also be noted that out of two focus groups in two communities (total of 22 females), only two participants said they were currently using contraceptives. There was particular resistance towards the use of condoms and birth control pills. The former was perceived as something very unnatural and embarrassing (females are ashamed to ask their husband to wear a condom) and women are afraid of “the pill” because they think they will gain weight. There were a number of women, however, who said they would use an intra-uterine device (IUD).
6. **IEC materials need to ensure applicability to target groups.** RHMs and FDs alike noted the inappropriate format sometimes used for information distribution through pamphlets and brochures. Many of the hand-outs in the doctor’s office have only a couple of pictures and are primarily based upon a written explanation of how to breastfeed, why to use contraceptives, and the signs to look out for regarding various infections and diseases. Although it was said that quite simple language was used, this still does not address the needs of illiterate populations. FDs do not have time to sit with patients and thus merely hand the patient a brochure. RHMs had similar complaints in that they did not feel they had enough things to actually “leave in the hands of the community.”
7. **The value of partnership with government institutions from the outset of program implementation.** A Memorandum of Understanding and a partnership convention endorsing the Romanian Family Health Initiative partnership were signed by the U.S. Embassy, the Ministry of Public Health, USAID, and JSI.

CHALLENGES

1. **Establishing local support with the development of a local constituency (Mayor, DPHAs, and other local officials).** Although collaboration with DPHAs seemed to be very positive, RHMs noted a concern for JSI’s lack of contact with local officials. It should be noted that from the team’s limited set of interviews, it seemed that the Cluj office had a much better track record with local officials, which was mostly attributable to collaboration with AFER, the local NGO implementing many of the activities in Cluj.
2. **Acceptance of RHMs by some doctors – relations between FDs and RHMs.** Although many RHMs seem to have built a good rapport with local doctors, a few still expressed concern. RHMs noted the following reasons for the lack of good relations:³⁸
 - “I’m too young and the FD does not respect me.”
 - “The FD thinks because I am a young female that he can tell me what to do.”
 - “The FD thinks I am getting in his way of doing his job.”

The team found that many of these comments were from younger, less experienced RHMs, who need time to fully establish their credibility both in the community and among health care providers. Although these comments were all from RHMs who had one year or less of experience, consideration must be given to the age and professional demeanor of RHMs.
3. **Matching decentralization strategy funding mechanisms to ensure sustainability of RHMs.** There seemed to be little knowledge of how the funding structure will end up at the county level.

³⁸ These responses were received by the team during a focus group with RHMs from various communities in and around Ialomita.

It will be important for JSI staff to work with local partner organizations prior to departure to identify points of entry.

4. **Male populations were not included in health activities.** There is substantial reason for programming to be female specific, but the full implications of this practice may not be sufficiently clear. A couple of people commented that their husbands were suspicious of their conversations with the RHMs. The women were too shy to discuss the issues, and the men did not want to hear about contraceptive use, and therefore chose to ignore the JSI activity. Having a male intermediary to bridge the communication gap or at least to help develop an understanding of what type of contraceptives are available as well as the importance of protecting yourself and partners from STIs would be extremely helpful. In addition, developing overall family programming where husbands and wives are encouraged to talk about important issues – such as sending their children to school – would be significant in gaining the trust of local communities.

KEY FINDINGS – JSI

Best Practice	Lessons Learned	Impact	Challenges
Improved health services to Roma populations through cultural diversity workshops for FDs	Ensuring comprehensive approach to community needs	Replication of model internationally	Establishing local support with local constituencies
Resource-RHMs trained as volunteers to offer similar health mediator services	Need for cultural sensitivity training for non-Roma populations	Empowered Roma health mediators both personally and professionally	Building good working relationships
Approach to working with MPH to provide accreditation to family doctors participating in FP training	A full range of contraceptive options is key	Production and dissemination of Reproductive Health Manual	Male populations were not included in activities, which created suspicion
Scaling up practices from initial pilot project	IEC materials need to ensure applicability to target groups	Over 200 Roma communities reached by 185 Roma health mediators	
	Value of partnership with government institutions from start of program implementation		

ANALYSIS OF DOCTORS OF THE WORLD (DOW)

OVERALL DESCRIPTION

Doctors of the World USA (DOW) initiated its TB Control Partnership Project in Romania in October 2003, with support from USAID's Child Survival and Health Grants Program under the Bureau for Global Health. The organization received a \$1,699,890 grant from USAID/Washington to work with stakeholders on reducing TB morbidity in Romania. The focus of the program then shifted towards building a TB health education strategy that would include the development of a community-based Directly Observed Therapy Strategy (DOTS) at the various project sites. This change was due to the Romanian Ministry of Public Health and Family's implementation of a TB project following its successful application for funding to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). As the MPH therein took over some of the initial objectives that DOW had planned to address, the organization developed and

undertook other complementary objectives and activities. In the first year, DOW leveraged USAID funding with further grants from the Open Society Institute to implement a project providing health education and outreach to Roma communities. DOW also used funding from the GFATM for a project sub-contracted by the Romanian Red Cross aiming to develop an incentives model to increase treatment adherence.

The projects came at a critical time for Romania as the country had the highest number of new TB cases in the region, and the highest number of pediatric cases in all of Europe. In addition, poor health infrastructure and discrimination against TB patients and the most affected groups undermined prevention and treatment. The DOW project complemented government programming through outreach to vulnerable target groups such as Roma, ex-prisoners, and TB patients having difficulty completing treatment. Other pressing issues leading to the development of these projects included: labeling of Roma and ex-prisoners as undeserving of medication by health authorities and the lack of the financial means to afford transportation. The latter would lead to patients being inappropriately labeled as “non-compliant” and dropped from the system with no follow-up after the initial treatment.

Implementation of the DOW project began in 2003 with the following activities:

- Development of baseline data collection mechanisms to assess TB knowledge, attitudes, and practices among target groups such as TB patients and their families, Roma, the poor, and prisoners;
- Establishment of a partnership with a leading Roma NGO to strengthen health education and advocacy capacity among Roma;
- Development of working relationships with relevant governmental and nongovernmental agencies; and
- Development of a strategy to pilot a food incentives distribution scheme for poor TB patients in partnership with the Romanian Red Cross and the National TB Program.

The program continued in 2004, with activities aimed at increasing Roma participation in health promotion activities and enabling the creation of local networks of stakeholders and advocates committed to improving Roma health. The following activities were carried out:

- Conducted a baseline survey to determine the TB and reproductive health knowledge, practices, and priorities among the Roma of Bucharest, Ilfov, and Neamt;
- Established a partnership with a leading Roma NGO to strengthen health education and advocacy capacity among Roma;
- Recruited and trained Roma Health Mediators and Peer Health Educators to provide TB health education to Roma community members, conduct follow-up with TB patients on treatment completion, and assist Roma families in accessing social and health services; and
- Strengthened community-based networks of stakeholders and local capacity in collaboration with the Ministry of Public Health and Roma NGOs in Romania.

DOW successfully complemented project activities with support developed through participation in projects funded by other donors which were geared towards strengthening the network of Peer Health Educators (PHEs), particularly in Neamt County. Activities ranged from training to continuous support during daily activities, and, most importantly, assistance in creating a partnership with local authorities and in setting up the Community Development Center in Piatra Neamt, one of the most significant outcomes of the DOW program.

The program phased out in March 2007, as there was no time for follow-on activities given the upcoming departure of USAID from Romania. Despite the fact that DOW support to beneficiaries had to come to

an end, the Community Development Center in Piatra Neamt continues its activities and is becoming an increasingly important local level actor in Neamt County.

PROGRAM IMPACT

- 1. Increased knowledge about TB among Roma.** An independent study³⁹ shows that knowledge of TB transmission increased from 76% to 88% over a three year period. The study also notes a 30% increase in clients'⁴⁰ understanding that TB is a disease that can be cured and an approximately 50% increase in clients' willingness to seek medical assistance and talk with family members.
- 2. Replication of food coupon incentive program by the Red Cross in various counties.** The food coupon incentive program initiated by the DOW has been replicated by the Red Cross in various other counties in Romania and is as an effective tool in increasing the number of people undertaking testing or enrolling in TB treatment programs.⁴¹
- 3. Enrollment of children in traditional communities in school.** The PHEs play a complex role in the communities in which they work. They deal not only with issues related to access to health care or specific health problems, but also with broader social issues arising in the community. For example, the PHEs would often talk with the parents with whom they worked on health-related issues about the importance of education. They encouraged parents to send their children to school and start paying more attention to the issue of schooling.
- 4. Facilitated intervention by other NGOs.** The DOW program placed significant emphasis on the need for ongoing work in communities. Program activities were viewed as part of a long-term process of empowerment for the PHEs and communities themselves. Being permanently close to the communities and their needs, the program was able to facilitate intervention by other organizations in communities in urgent need. Social issues were addressed, such as poor and inadequate housing, the high drop out rate, and poor social conditions for children in the communities. As a result, Habitat for Humanity and Save the Children intervened in the community of Vanatori to address issues related to poor housing and school attendance and conditions for children, respectively.
- 5. Increased TB testing and treatment adherence participation.** As a result of the DOW program, the number of people undertaking testing and TB treatment increased significantly. Awareness in the communities regarding the disease (symptoms, treatment, etc.) increased. Finally, vulnerable populations, including Roma, received relevant information regarding treatment options and free treatment, which led to a significant increase in the number of people undertaking testing and an increase in TB treatment adherence.

BEST PRACTICES

- 1. Regular visits to communities by program staff strengthened relations with local authorities and with communities.** The program was built on the premise of a continuous relationship

³⁹Mercury Research field study, January 2007.

⁴⁰Clients associated with this statistic are defined as "poor and Roma population."

⁴¹The food coupons were very attractive to people living in poverty and extreme poverty, as is the case with a significant number of Roma. Poor Roma responded positively to the initiative, with an important number enrolling for tests and treatment mainly due to the receipt of such food coupons. This coincides with Ovidiu Rom's experience in the education arena. The organization found that providing hot lunches for children was a significant incentive for parents in deciding to enroll their children in school.

between the PHEs and DOW program staff. The cooperation between the PHEs and program staff based in Bucharest was not based on a ‘one-off’ approach, but rather on continuous communication, meetings and visits to the communities, so that a solid professional relationship rooted in trust and common goals could develop. For instance, even the participation of the PHEs, mostly Romani women, in the program was due to the trust gained by DOW staff in their relations with the PHEs’ families. This is because Romani families living in local communities are frequently reluctant to support the involvement of young Romani women in activities outside the community.

- 2. PHEs involving local community leaders in the program.** One of the key factors of success in outreach and in involving local Roma communities in activities within the project has been the involvement of local Romani community leaders in the activities.⁴² Both PHEs and DOW staff became actively involved in convincing local community leaders of the necessity and relevance of the activities to be implemented. In most cases, leaders offered their consent for work in their communities and in some cases even participated directly in program implementation. For instance, one local community leader would wake up early every morning in order to ensure that Romani children were attending school. Also, quite often the local community leader would insist that children receive their vaccinations. The success of the DOW project would have been limited without the engagement of local community leaders who were among the supporters and even promoters of these activities.
- 3. TB may serve as an entry point, but linkages to other community priorities are necessary to facilitate social mobilization.** The PHEs succeeded in garnering the support, recognition, and respect of the community through the implementation of activities related to the DOW project. The Information Education and Communication (IEC) campaign on TB was able to accomplish its objective of reaching out to an important number of vulnerable people, particularly Roma. Such outreach provides the right framework for other activities relevant to the Roma communities, both those related to health and access to health care and those connected with other social problems. Group discussions with the PHEs can be a good starting point for additional community mobilization, as participants could undertake other initiatives with the support/assistance of the local PHE.

LESSONS LEARNED

- 1. Strong, coordinated partnerships needed between local communities, implementers, and local, county, and central health authorities.** One of the key factors for the success of DOW activities at the central and local levels has been the establishment of effective partnerships with local, county, and central health authorities, as well as with nongovernmental organizations. Such partnerships provided an optimal platform for adequate implementation of planned activities and a good forum for the exchange of information. It was possible to adapt planned activities to specific realities in the field and thereby facilitate client access. Following a complex negotiation, an initial partnership was established with the Ministry of Public Health (MPH) at the central level. This was followed by the establishment of partnerships with the Directorates of Public Health, the Ministry of Justice, and the Ministry of Education, Research, and Youth. In the NGO community, the Romanian Red Cross and Romani CRISS established partnership agreements with DOW.
- 2. TB needs to be recognized as a concern and priority by all stakeholders.** The baseline study conducted by DOW underscored critical needs within the target populations, including Roma. TB

⁴² The Romany generic word for such community leaders is “bulibasha.”

incidence and treatment adherence have been acknowledged as important issues to be addressed by the health system, as well as by the local communities. The local authorities need to adopt a comprehensive approach toward issues related to the health status of the population, particularly with regards to vulnerable groups like the Roma. The lack of proper information in marginalized communities and the lack of financial means led to low rates of treatment adherence. Coordination among stakeholders, in particular at community and local levels is key to success in effectively addressing the specific health issues facing Roma and other vulnerable groups.

- 3. Individual discussions are often more effective than group discussions.** The awareness-raising, information, and education activities implemented by the PHEs and Roma Health Mediators (RHMs) in communities, particularly in relation to the Roma population, were successful due to the use of a wide range of communication and outreach approaches with Roma individuals and communities. For instance, issues discussed or shared with clients in the communities were frequently sensitive in nature. In cases such as this, one-on-one sessions between the PHE/RHM and the client proved more successful in motivating participation than did group discussions. Roma clients in individual discussions could be more open and ask more questions of the PHE/RHM compared to those in group settings. Often issues related to traditions or cultural sensitivity created barriers during group sessions held by the PHE/RHM.
- 4. Stigma and stereotyping can be addressed over time through ongoing education, community outreach, and service delivery.** PHEs frequently encountered stereotyping or rejection of Roma on the part of the majority population when working in mixed communities. This was made worse by the self-marginalization of Roma patients. By addressing TB as a general problem of marginalized, poor communities, the project helped to bring Roma and non-Roma closer together. This inter-cultural approach enabled DOW to address barriers like stigma, discrimination, and prejudice. Similar programs working with both Roma and non-Roma could also add an inter-cultural component which would take into account the above-mentioned issues and potentially contribute to a further integration of mixed Roma and non-Roma communities.

CHALLENGES

- 1. Dependency of Roma population on the RHMs/PHEs for assistance and facilitation.** The initial mandate of the RHM as developed by the MPH and Romani CRISS provided for a broad set of issues for which the RHM would be responsible. In addition to issues pertaining to health promotion, such as vaccinations for children and reproductive health information, the RHM was also responsible for assisting Roma with the process of registering on the rosters of family doctors. That step then facilitated access to health insurance. Since obtaining health insurance requires other documents (including identification documents), the RHMs would often assist Romani community members with the process of obtaining identification documents.
- 2. Soon after the Roma Health mediator program was introduced five years ago by the MPH, the RHMs/PHEs were confronted with a new situation.** On the one hand, there was evident progress in terms of increased access to health insurance, identity documents, family doctor visits, vaccinations, etc. On the other hand, given the limited resources and the large number of people living in the communities they were working in, the RHMs were confronted with situations where it was impossible to assist some clients. As the RHMs became the key reference points in the community for practically any problem, Roma in the community became dependent upon the RHMs. It is important that such dependency not be encouraged and that solutions are sought that people can access themselves, without the use of the RHM as an intermediary.
- 3. Ensuring the sustainability of the Community Development Center in Piatra Neamt.** One of the most significant successes of the DOW program was the capacity-building work undertaken

with the group of PHEs in Neamt County. This culminated in the provision of assistance for the establishment of the Community Development Center in Piatra Neamt. The Center has enormous potential given the training its founding members have received from DOW. The training these PHEs received was tailored to the specific needs and priorities that the PHEs themselves identified while they implemented the DOW program.

- 4. The Center has begun to be increasingly recognized as a promising partner for a series of relevant local and county authorities, as there are few Roma NGOs in Neamt County.** The PHEs which created the Center are strongly motivated and enthusiastic about their work, yet they acknowledge the daunting challenge of demonstrating its sustainability. Efforts are needed both on the part of the Center and on the part of other stakeholders (such as public authorities, other NGOs, and donors) to ensure that the work started by DOW and the PHEs three years ago is sustained and that the Roma population and the communities of Neamt County continue to benefit from the Center's valuable services.
- 5. Relations between family doctors and the Roma community.** Despite the fact that the RHM program as developed by the MPH has not prioritized discrimination as an issue to be addressed within the program during the first five years of program implementation, racial prejudice is still deeply entrenched in the medical system in Romania. The work of the health mediators facilitated an increase in the number of Roma patients registered on the rosters of family doctors. Yet, the relationship between family doctors and their Roma patients is reportedly not always as it should be. Often, family doctors treat Roma patients disrespectfully and/or do not provide sufficient attention and care to these patients. There is a lack of adequate communication on both sides, and often health professionals are not aware of specific cultural differences in relation to Roma. DOW provided training workshops for family doctors regarding Roma culture, history, needs, etc. and there has been promising improvement in the attitudes of some doctors in attendance. Still, RHMs and PHEs reported no significant improvement in the relationship between most family doctors in Piatra Neamt and Roma patients and communities.
- 6. Outreach to only three counties in Romania.** Another important challenge for the DOW program was the fact that outreach was limited to Roma communities in only three counties in Romania. Significant success was limited to primarily one of those communities. Impact could have been expanded with replication of the Piatra Neamt model of relationship and capacity-building replicated (scaled up) in other counties in Romania.

KEY FINDINGS--DOW

Best Practice	Lessons Learned	Impact	Challenges
Regular visits to community by program staff strengthened relations with local authorities	TB needs to be recognized as a concern and priority by all stakeholders	Replication of food coupon incentive program by Red Cross in various counties	Dependency of Roma population on the RHM's for assistance and facilitation
PHEs involving local leaders in the "cause"	Individual discussions more effective than group discussions	Enrollment of children in traditional communities in schools	Ensuring the sustainability of the Community Center in Piatra Neamt
TB may serve as entry point, but linkages to other community priorities are necessary to facilitate social mobilization	Strong, coordinated partnerships needed between local communities and local, county and central health authorities	Facilitated intervention by other NGOs	Relations between FDs and Roma community
	Stigma can be addressed over time through ongoing education, community outreach and service-delivery	Increased TB testing and treatment adherence participation	

ANALYSIS OF OVIDIU ROM

OVERVIEW

The Ovidiu Rom Association was officially established in 2004, with a goal to “empower severely impoverished people to better their lives through education, job training, and community development.” The origins of the organization date back to 2001 and a project called *Gata, Dispus si Capabil* (Ready, Willing and Able). The program was implemented by the *Fundatia de Sprijin Comunitar* in Bacau (Community Support Foundation Bacau) and was based on the acclaimed “welfare to work” job-training model pioneered by The Doe Fund of New York.

Today, Ovidiu Rom is a strong and mature organization in its own right, with a well-managed structure in place. Leadership of the organization ranges from the Advisory Board with its high-profile national and international board members to the acting Board of Trustees which includes some of the empowered women that the association has promoted over the years. The program is led by the highly dynamic team of Leslie Hawke and Maria Gheorghiu. Staff work closely with volunteers in the implementation of the program.

USAID funded Ovidiu Rom indirectly through a variety of grants made to the U.S.-based Private Voluntary Organization (PVO) World Learning. Most of Ovidiu Rom’s interaction therefore has been with World Learning rather than USAID. Ovidiu Rom credits USAID with initiating all of Ovidiu Rom’s major program components. According to Leslie Hawke, “We could never have started any of these programs without USAID “seed money...” USAID funding to Ovidiu Rom (through World Learning) has ranged from 10% to 100% of the funding of the most important programs.

Programs funded by USAID ⁴³	USAID's Contribution as a
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⁴³ The first four programs listed were funded through the Fundatia de Sprijin Comunitar.

	Percentage of Total Funding
Mother's Program Bacau (2001-2005)	75%
Children's Programs Bacau	75%
Children's Summer School Bacau	25%
Better Neighborhoods (February – December 2003)	100%
Mother's Program Bucharest(2004-2005)	75%
Every Child in School (2006-2007)	10%

The organization has been extremely successful in attracting funds from a variety of donors, including corporate ones. Keys to success on the financial side in a context in which it has traditionally been almost impossible to fundraise around Roma issues have been the persistence and connections to the worlds of business, politics, and entertainment of the organization's President.

The organization's approach was characterized by a senior government official in the Ministry of Education, Research and Youth as one of pragmatism and complexity of intervention. Recognition of the value of this approach has led to partnership agreements between Ovidiu Rom and the Ministry of Education, Research and Youth, the National Agency for Roma, local councils, and other decentralized structures at the local and county level.

Today, Ovidiu Rom operates each of its programs from a public school classroom that has been donated for this purpose by local authorities. Ovidiu Rom offers integrated services to impoverished children and their families, meaning a coordinated, holistic approach to the delivery of education, health, and social services for families in difficulty and children at high risk for school abandonment. The organization's programs have evolved over time through "learning by doing." While the program has always been focused on getting children in school and keeping them there, they began with a focus on mothers and children in a mid-sized city and then added a neighborhood improvement component. After three years, they replicated the programs in a Roma neighborhood in the nation's capital. Ovidiu Rom describes the main programs funded through USAID as follows:

- The **Mothers' Program** actively recruited women whose children begged on the street and had either dropped out or were at risk of dropping out of school or being institutionalized and offered them job training and placement, support (individual and group), education upgrade assistance, and ongoing social and material support.
- The **Children's Program** ensures active recruitment of at-risk children in order to get them off the streets and in school, and provides incentives so that the children continue to come to school (hot lunches and school supplies, clothes, shoes, and hygiene kits) and educational services (in order to prevent school abandonment, child begging, vagrancy, and institutionalization).
- The **Better Neighborhoods** component established neighborhood associations in urban slum areas to help residents improve living conditions (including house repairs). Impoverished people from these areas worked together with public authorities to obtain public services and legal rights (such as identification documents, housing contracts).
- **Every Child in School** is a multi-partner initiative to get every single child in Romania registered and attending school, as a prerequisite condition for a better life for the entire family and their community. The main objectives are to:

- Consolidate strategic long-term alliances with national government agencies, local administration, NGOs, business, and media;
- Stimulate public awareness about the impact of unschooled children on the economy and civil society;
- Channel EU Structural Funds to municipalities that want to replicate their methodology;
- Train teams in other communities; and,
- Get every child in Romania on a track that will lead to high school graduation.

PROGRAM IMPACT⁴⁴

1. **Reduced bias against investing on Roma issues.** Ovidiu Rom’s programs challenge negative stereotypes about the Roma community. When the socio-economic hurdles that stand between a Roma family and school attendance (for example, the lack of proper documentation, the lack of appropriate clothing, or—if the parents are unemployed—a family’s reliance on the economic contribution the child could make) are removed, Roma parents are just as determined as their non-Roma counterparts to send their children to school.

The organization has been particularly successful in mobilizing resources from the Romanian private sector to investing in the Roma community. The ability of the organization to present a compelling case is one reason that the employees of Romanian businesses, who volunteered to screen organizations for United Way, placed Ovidiu Rom first on the list of organizations funded in 2007.

Enormous work remains to be done on issues related to discrimination in Romania, but Ovidiu Rom has opened a door to change.

2. **Produced a replicable model.** Ovidiu Rom has demonstrated that its program model can be replicated. From 10 women and 25 children in Bacau in 2001, Ovidiu Rom now has approximately 900 beneficiaries in five schools (500 children, 300 families, and 100 professionals) engaged in programs operating at a high level of complexity. In the summer of 2007, Ovidiu Rom will spread its methodology to 20 new communities across Romania. The program is currently being carried out in a large capital city, a medium-sized city, and a small town, thus demonstrating it can be tailored to a variety of community settings. Demonstrating the value of a coordinated approach, the program relies on a strategic alliance at the local level, including the local public authority, the School Inspectorate, the Department of Social Assistance and Protection of Children’s Rights, the Public Health Authority and health mediators, the County Agency for Labor and Vocational Training, and NGOs active in the field.

Ovidiu Rom has produced an Implementation Kit which they are distributing on CDs. The kit will be used by other organizations for the first time in the summer of 2007. School principals are now approaching Ovidiu Rom with requests that the program come to their schools. Ovidiu Rom program managers are keenly interested in demonstrating the viability of the model to government authorities (who could adopt the program model and scale it up).⁴⁵

⁴⁴ Ovidiu Rom will conduct a study in the summer of 2007 on the current employment status of women who participated in the Mother’s Program. Another project planned for the summer of 2007 is a review of the Ovidiu Rom database to document the progress of children who entered the Ovidiu Rom program in Bacau in 2001 and 2002. Ovidiu Rom is currently working on an educational policy paper that will detail the organization’s lessons learned and provide recommendations to government authorities regarding the steps that need to be taken at the national level in order to narrow the gap between Roma and non-Roma regarding the average grade level achieved.

⁴⁵ According to Ovidiu Rom managers, their project has demonstrated to the Romanian government that the educational needs of 100 impoverished children can be effectively addressed with: five teachers, two social workers, one local school mediator, one

3. **Demonstrates that Roma care about education.** When asked in a recent survey about their perceptions regarding Roma, most non-Roma expressed generally negative views. One such opinion was that Roma are disinterested in education.⁴⁶ Ovidiu Rom has clearly demonstrated that this notion is false. More than 500 children who would otherwise not be enrolled in school are currently enrolled in kindergarten and first grade. *Every child in school* is more than a slogan for Ovidiu Rom staff. A USAID grant from 2006 is making it possible for Ovidiu Rom to track the progress of these children.
4. **Measurable societal benefits.** Ovidiu Rom is focused on identifying and enrolling children in school and keeping them there. The positive long-term societal impact of each child who is enrolled and who stays in school is considerable. There is a potentially significant cost differential between a child who stays in school (and out of trouble) and one who leaves school and becomes a recipient of welfare. The true cost to society would be even greater after factoring in the difficult to calculate “missing contribution” that a well-educated, economically productive, engaged Roma citizen might make to Romania.
5. **Empowerment of Roma women.** Disproportionately affected by the process of social exclusion, it is particularly difficult for Roma women to break the poverty cycle. Poverty, unemployment, and poor education produce social exclusion which, in turn, reinforces poverty, unemployment, and poor education. The ability of mothers to socialize their children is reduced and this diminishes children’s educational prospects.

Ovidiu Rom’s approach recognizes the complex set of life skills women need in order to support the organization’s goal of “every child in school.” The empowerment of women is an essential element of the organization’s emphasis on the entire family (with the focus on getting and keeping children in school). This includes women becoming more independent, going back to school themselves, developing the skills needed to qualify in a certain profession, taking care of their health, and learning how to present herself to a prospective employer. Vivid examples of successful, self-confident women are present in Ovidiu Rom activities.

BEST PRACTICES

1. **Holistic approach.** Ovidiu Rom’s program is geared toward getting children into school and keeping them there. Since its inception, the program has recognized the need to adopt a holistic approach. It is not enough to focus on children in the classroom. In essence, it takes a village to keep a child in school. It is essential to look at the whole environment in which problems that affect a child’s success in school can occur. The ability to accomplish the program’s goals depends upon looking at a child within a broader perspective that includes his/her family and community. Ovidiu Rom’s emphasis on the need to work with the entire family has led it to focus particular attention on providing a supportive environment to mothers. Secondly, the program provides integrated services in the school setting. This includes full time social workers,⁴⁷ school mediators, and family counselors. If Ovidiu Rom is unable to handle a problem, the staff will

hundred school kits and a fund for clothes, shoes, and emergency aid. The ability to provide 100 hot lunches is desirable. Access to EU Structural Funds could make large scale adoption of this program model possible.

⁴⁶ Qualitative Survey (focus groups). Attitudes toward the Roma in Romania; Opinion Research Project Commissioned by the World Bank; Report on focus groups concerning attitudes toward the Roma in Romania prepared by the Taylor Nelson Sofres research agency (TNS CSOP), July 2005, p.7. Views expressed included the opinion that Roma were thieves, lazy, dirty, not interested in education, aggressive, noisy, primitive, etc.

⁴⁷ Social workers are trained to utilize “case management” techniques in working with families. Such training is viewed as an essential component of the program. Similarly, Ovidiu Rom trains its providers in a holistic educational model based on Head Start and Step-by-Step programming.

contact those who can and will follow up to make sure the client receives a response. Third, recognizing that access to critical educational and health services depends upon proper documentation, Ovidiu Rom has helped children and families to obtain these documents. This is of particular importance with Roma families, which often lack such documents.

2. **Diversified funding base.** Ovidiu Rom’s President, Leslie Hawke, points out that while they could never have initiated any of their programs without seed money from USAID,⁴⁸ none of the programs could have succeeded without significant additional sources of funding.⁴⁹ Donations from private individuals in the United States provided a bridge between USAID grant cycles. Similarly, the private sector in Bucharest is today covering operational costs that were formerly provided by USAID.
3. **Long-term approach/educating a generation.** Ovidiu Rom managers underscore their belief that success requires a sustained investment of resources over a lengthy period of time. It is essential to keep children in school long enough to break the poverty cycle and protect them from exploitative activities. Their work is guided by the twenty-year time frame it will take to educate a generation and they say that is when the true impact of their work will be clear.
4. **Building on existing mechanisms through collaboration with national and local officials.** By working closely with national and local authorities,⁵⁰ Ovidiu Rom has been able to initiate a collaboration that has permitted them to take advantage of existing programs and funding mechanisms such as “Second Chance” which provides “over-age” individuals with the opportunity to pursue their studies in an expedited manner.

LESSONS LEARNED

1. **Tenacity.** It took five years of negative or lukewarm responses for Ovidiu Rom to succeed in securing significant funding from the Romanian private sector. In interview after interview, individuals commented on the persistence of Ovidiu Rom project managers in confronting and overcoming bureaucratic hurdles and building the program stone by painstaking stone. Repeatedly the team heard, “They just would not take no for an answer.”
2. **Innovation.** Managers and staff have demonstrated great openness to searching for creative ways around problems and for incorporating new ideas into the program. This again reinforces the “can do” attitude that characterizes the program philosophy. Ovidiu Rom encourages its staff to interact regularly with beneficiaries, including home visits. Their feedback is used in weekly discussions around improving program delivery. Of course, having the flexibility to be innovative is key. According to Ovidiu Rom President, Leslie Hawke, “We have very specific criteria for providing family aid, but sometimes we make exceptions when we deem it critical to a child’s ability to stay in school. That is something that an NGO can do, and the government cannot—which is one of the reasons that both the government and NGOs need to be part of the equation if you really want to change the status quo.”

⁴⁸ USAID funded all major components of the program with the exception of the IT/English course at School 141 in Bucharest.

⁴⁹ As a complement to its diversified funding base, it will be important to further reinforce the basis for Ovidiu Rom’s long-term sustainability by working to ensure that the organization could sustain the departure of its talented, highly energetic, and seemingly irreplaceable leaders, Leslie Hawke and Maria Gheorghiu. Planning for organizational transitions well in advance of the need is a sign of organizational maturity.

⁵⁰ Ovidiu Rom’s close working relationship with local authorities had its origins in early fact-finding trips to the United States that compelled disparate stakeholders to work together for five to ten days in an unfamiliar environment.

3. **Visibility.** To gain recognition for its work and to secure additional funding, it is critical that an organization be able to “tell its story.” Ovidiu Rom maintains an up-to-date database and utilizes a multimedia approach to describe their program and to highlight impact. It was precisely this ability that led Ovidiu Rom to score so high in the ratings among candidates for funding by United Way. Related to this skill, is the organization’s emphasis on the importance of transparency (in its financial and programmatic operations) to the process of building credibility. The organization’s high level of visibility is also tied to its presence in the capital city of Bucharest, which facilitates fundraising and advocacy work. Ovidiu Rom understands the importance of visibility at different levels, and has adapted presentations of its program to different categories of stakeholders: from community decision-makers to average citizens and from policymakers in business and government to the national television audience.
4. **Training.** Program managers emphasize the importance of “training, training, training.” This includes capacity-building activities with staff, volunteers, and beneficiaries.

CHALLENGES

1. **Building partnerships with Roma civil society organizations.** While Ovidiu Rom has been successful in expanding its dialogue with local and national authorities,⁵¹ the same can not be said for its relationship with other NGOs, particularly Roma NGOs. Based on our brief observations, it seems that this is due in part to misinformation about the program among Roma NGO leaders. Early attempts to reach out were unsuccessful, but a good working relationship would be advantageous to both sides and should be explored. Not all partnerships bring financial resources with them and Ovidiu Rom would benefit from the knowledge of Roma traditions and the grassroots experience of a number of key Roma civil society organizations.
2. **Moving from corporate philanthropy to corporate social responsibility (CSR).** Ovidiu Rom has played a pioneering role in encouraging philanthropic giving on the part of Romania’s business community. Following several years of concerted effort and the development of a variety of giving opportunities particularly attractive to the business community (such as Ovidiu Rom’s Halloween Ball, a very high-profile social gala), the corporate sector today is an active and regular contributor to Ovidiu Rom programs. What makes this accomplishment all the more noteworthy is the traditional reluctance of the Romanian business community to be associated with initiatives related to the Roma community. The next step is for the organization to work with the business community to move beyond event-driven charitable giving toward a sustainable partnership based on the corporate sector’s embrace of corporate social responsibility.
3. **Guarding against dependency.** Program managers and staff must guard against inadvertently creating a dependency on the part of program beneficiaries vis-à-vis service providers. This is particularly the case in terms of the counseling services provided to mothers who need to feel empowered by the counseling to resolve their own problems rather than relying on the counselor to do so for them. In addition, the holistic nature of the program lends itself to a tendency for

⁵¹ An official partnership was established between Ovidiu Rom and the Romanian Ministry of Education which recognizes the value of Ovidiu Rom’s contribution to primary education. The “...partnership reflects the commitment of both parties to insure equal access to quality education for all of Romania’s children regardless of ethnicity or economic status.” “The Alex Fund News Brief,” Issue 1.0, April 30, 2007.

program beneficiaries to turn to Ovidiu Rom for ongoing financial assistance; a challenge with which program managers are grappling.⁵²

4. **Converting beneficiaries into service providers.** Ovidiu Rom has hired many of the women who have graduated from the Mother’s Program thus providing them with bridge employment while they look for other opportunities. There are also opportunities that Ovidiu Rom could explore that would allow them to engage program beneficiaries⁵³ as volunteers in the program. This would include involvement in program design, implementation, and/or monitoring and evaluation. Engaging women whose children are enrolled in Ovidiu Rom programs in outreach activities designed to bring additional children into the program (for example, hosting meetings in their communities to discuss the project) or in carrying out the community mapping activities involved in a proposed Ovidiu Rom census initiative would benefit the program. It would also build the self-esteem of women who through that volunteer service could move from a position of beneficiary to one of a provider of service. Such a step might lead to additional community service and civic engagement in the future.

5. **Including the family as a whole, not just mothers.** Ovidiu Rom had excellent results working to empower women to find jobs and support their families. However, such an approach may lead to unbalanced role models in the assisted families, especially if there is an unemployed father in the family

KEY FINDINGS--OVIDIU ROM

Best Practice	Lessons Learned	Impact	Challenges
Holistic approach	Tenacity / Don't take no for an answer	Reduced bias against investing on Roma issues	Building partnerships with Roma civil society organizations
Diversified funding base	Innovation	Produced a replicable model	Moving from philanthropy to CSR
Educating a generation	Visibility – be able to tell your story	Demonstrated that Roma care about education	Guarding against dependency
Build on existing mechanisms	Training, training, training	Measurable societal benefits.	Converting beneficiaries into service providers
		Empowerment of Roma women	Including the family as a whole, not just mothers

SUMMARY OF OVERARCHING LESSONS LEARNED THROUGH USG ASSISTANCE

LESSONS LEARNED: FOR PROGRAM MANAGERS

The team found a number of lessons learned common to all three programs.

⁵² In Buhusi, for example, program beneficiaries commented that they need financial assistance to maintain the homes that Ovidiu Rom had previously helped them to repair. In this case, the counselor reiterated the organization’s position that it is the responsibility of these individuals to now maintain their homes themselves.

⁵³ Although the Mother’s Program is no longer operating, Ovidiu Rom works closely with the mothers of children enrolled in Ovidiu Rom school activities and continues to support graduates with funds for continuing their education. These women could participate on a volunteer basis in program activities.

1. **Ensure appropriate communication strategies for outreach and advocacy activities.** Each organization clearly had a communication and/or IEC strategy built into the project; however, a number of beneficiaries, family doctors, and mediators noted shortcomings in using particular communication tools. A few examples include:
 - a. Documentaries were produced by DOW to educate and inform local communities about TB and other health issues. This was a great tool for staff to reach out to various officials at the local and county level; however, the short film was not shown to people in the communities – the beneficiaries. Providing a forum to show the documentary in a local school or allowing the mediators to take a laptop with them into the communities to show it right in beneficiaries’ homes would have increased outreach to applicable target population. In addition, this strategy would have made the information accessible to illiterate populations.
 - b. JSI materials were distributed widely and covered many pertinent topic areas; however, doctors and health mediators complained that many of their clients were not able to read and thus all they could do is review the pictures. It was unlikely that they understood the message being conveyed. Brochures and leaflets were specifically created for family doctors to distribute to their patients, which most of them would do, but FDs often did not have time to carefully review the pamphlet with the Roma patient to ensure they understood the material.
2. **Address discrimination as a cross-cutting issue.** All three programs confronted issues related to discrimination at some point in their program, but none chose to tackle this issue directly.⁵⁴ Each organization worked with both Roma and non-Roma populations and could have asked mediators and staff to address this issue. Although these types of activities are not necessarily funded directly by the donor, it is possible to include them as a cross-cutting topic through teachings on health and education issues. This would be especially helpful in communities where Roma and non-Roma live in the same area or where their children attend the same schools. Cultural materials on Roma populations have begun to be distributed by JSI and they have also conducted Roma culture trainings for family doctors. Of course, learning about a culture does not necessarily lessen discriminatory acts. Understanding one’s stereotypes towards others and acknowledging mistreatment must also be part of the learning process.
3. **Provide and/or facilitate transport for beneficiaries and mediators.** Making transportation available to beneficiaries is key to increasing participation in health and education programs. Many health and peer education mediators noted that as the programs grew, they were able to more easily secure buy-in from ‘new’ families to participate in their programs. However, it was very difficult to find a means of getting people to the actual clinic or school. All three programs were geared towards women and children. On average, Roma women have three children to take care of and cannot easily walk with three children over seven kilometers to the doctor. Although it is a bit easier for an older child to walk to school, the younger ones need to be accompanied by a parent.

In addition, health mediators walk up to ten kilometers per day just to visit their communities. Although they are paid a salary for their hard work, they are not provided any stipend for transportation. Providing health mediators with a means of transport would increase the

⁵⁴ Discrimination has an indirect impact on data collection by both the government and NGOs in Romania. There is a reluctance in some cases to collect data which distinguish between Roma and non-Roma beneficiaries. The explanation given is that if Roma were shown to have lower education levels, poorer health, etc. this would further reinforce negative stereotypes. This decision has a cost in terms of not being able to determine the exact situation of the Roma, how it is changing over time, and how specific development interventions are affecting the Roma.

frequency with which they can visit a community. Mediators in Brasov County had three communities to attend to, which meant some communities only got one visit per week.

4. **Collaborate with the Ministry of Education, Research and Youth, the Ministry of Labor, Family and Equal Opportunities, and the Ministry of Public Health.** Organizations implementing health and education programs need to ensure that central and local authorities are all well-informed of their activities and encourage them to be collective advocates for the overall mission of the program. Across all three programs, it was found that an increase in collaboration with local officials positively affected program success rates. While much can be initiated at the grassroots level, having support from higher authorities shows respect and approval for the work being conducted.
5. **Tailoring the programs to the specific needs of the Roma community.** All three programs gave considerable thought to how to make it easier for beneficiaries to participate. Ovidiu Rom adopted a holistic approach that ensures that children have a support system strong enough to keep them in school. They provide children with a hot lunch, thereby guaranteeing that students would have at least one good meal a day. JSI and Doctors of the World recognized the need to develop materials especially designed for the Roma community in order to convey necessary information and realized the importance of gender-specific training on sensitive issues. At the same time, programs must be careful not to create relationships of dependency. One option would be to lay out clear time limits for the provision of certain services. Another is to require that beneficiaries contribute something to the program, such as volunteering their time for one to two hours a week. In this way, the service provided by the program will be more highly valued and beneficiaries will feel more empowered as they find they can give as well as receive.

LESSONS LEARNED: FOR DONORS

1. **Consult early and consult often.** Engaging all relevant stakeholders from the outset is important in addressing a problem as complex as improving the condition of the Roma. Beginning in 1998, the Romanian government and the European Commission began to address the problems faced by the Roma in Romania in a joint effort. The Phare 1998 program was designed especially for the elaboration of the Governmental Strategy for Improvement of the Condition of Roma.⁵⁵ Implementation began in 2000 and the Strategy was adopted in April 2001. At that time, the “Working Group of Roma Associations” (WGRA) was created in order to participate in the design of the Strategy. This led to one of the most active periods of engagement of the Roma community. The WGRA was an informal structure that encompassed the principal political and civic Roma organizations in Romania. Two policy recommendations issued by WGRA in 2000 and 2001, for the first time endorsed an anti-discrimination approach, rather than the “poverty” approach promoted by the Government of Romania. The consultation process, characterized by both positive and negative moments, resulted in a Strategy embraced by all parties.

Unfortunately, following the adoption of the Strategy, the consultation process slowed and the adjustment of the Strategy⁵⁶ in 2006 took place without meaningful consultation with the principal Roma actors. Future initiatives by donors would benefit from early and continuing consultation with Roma civil society organizations and the government entities with direct engagement on this issue.

2. **Coordinate with other relevant actors.** Starting in 2001, Roma were the subject of several public policies, elaborated at the national level by specialized institutions and internationally by

⁵⁵ Government Decision 430/2001, Governmental Strategy for Improvement of the Condition of Roma.

⁵⁶ Government Decision 522/2006 for modifying the Governmental Strategy for Improvement of the Condition of Roma.

the European Commission.⁵⁷ The Strategy itself is a complex policy, designed initially in 2001 for a ten-year period. The Department of State did, however, draw attention to human rights issues related to the Roma population each year, based primarily on the strong connection established between the U.S. Embassy and relevant Roma NGOs in Romania.

3. **Engage Roma in program design, implementation, and monitoring.** In addition to the top-down approach of relying on policy makers, experts, and international organizations to establish priorities, objectives, and activities, the voices of the people in Roma communities should be elicited during the entire cycle of project /policy implementation. Participation of the Roma—leaders and community members—in program design, implementation and monitoring is essential for bringing about needed change. Roma participation should be a core value of any public policy, ensuring buy-in and ownership of programs. Developing a vision for Roma community development requires the engagement of a broad array of stakeholders—both Roma and non-Roma.
4. **Development requires time and collaboration between Roma and non-Roma.** Changing the status-quo of the Roma is a long-term challenge and bringing about change is, again, a matter of participation for all the relevant actors. Who should care about the Roma? The answers received during this assessment converged around the notion that both Roma and non-Roma must care about this issue. Roma need to work in a more cohesive manner and to become engaged at all levels of government, business, and civil society. Non-Roma should become better informed about the negative consequences of leaving a large population in a disadvantaged condition.
5. **Build on prior experience.** Projects, programs, and policies have been implemented in Romania for the improvement of the situation of Roma for more than ten years. There has been some progress, but there have also been significant flaws and failures. To provide significant added value, any future investment aimed at addressing the situation of Roma should take into consideration the lessons learned and the best practices of previous initiatives.

USAID'S LEGACY

In a context in which the life expectancy for Roma populations in Eastern Europe is about ten years less than that of the overall population,⁵⁸ and other socio-economic indicators also indicate a marked disparity between Roma and non-Roma, only a significant and sustained approach on the part of a broad alliance of development partners will be able to create real change. No one sector—government, business, or civil society—can successfully address a challenge this complex alone.

In this context, it would be unreasonable to expect that USAID's interventions could have single-handedly produced systemic improvement in the situation of the Roma. USAID integrated Roma issues in its strategy to improve local democratic governance and help vulnerable populations, rather than developing a stand-alone Roma strategy and program. The Agency funded several projects in Roma communities, based on targets of opportunity. The three projects that this study analyzes achieved significant impact in two sectors (health and education), primarily due to the Agency's selection of excellent development partners.

USAID targeted its investment toward three first-rate organizations, all of which were well-managed and had the technical expertise, financial wherewithal, and capacity to succeed. As a result, USAID can be

⁵⁷ M. Ionescu, S. Cace, *Public Policies for Roma. Evolution and Perspectives*, Expert Publishing House, Bucharest, 2006, p. 73.

⁵⁸ Ringold D, Orenstein MA, and E Wilkens. *Roma in an Expanding Europe: Breaking the Poverty Cycle* (Washington D.C.: World Bank, 2003).

credited as the catalyst for the development and/or strengthening of models that will continue to produce results long after USAID's departure from Romania. In addition to the development of replicable models in the areas of health and education, USAID contributed to capacity-building among a new generation of Roma professionals and to improvements in the quality of life of the beneficiaries who were touched by these programs.⁵⁹

There are a number of additional factors that characterize USAID's legacy:

- 1. Flexibility.** USAID provided a good example of flexible program management to other donors. All three programs were cooperative agreements which allowed for flexibility in the management of the programs. Program implementers commented favorably to the team on their ability to make mid-course corrections when needed.
- 2. Building on the work of others.** USAID/Romania demonstrated the value of not reinventing the wheel. The use of existing models was encouraged. All three programs built upon existing approaches and added unique features to create innovative models that were more than the sum of the parts. JSI strengthened the health mediator model originally designed by the NGO Romani CRISS and the Ministry of Public Health. It is now a fully sustainable aspect of health care in Romania. Doctors of the World's TB program was part of a larger global health initiative funded by USAID/Washington; its models are now being built upon by the Red Cross. Ovidiu Rom initially built its program on the model of The Doe Fund in New York and connected its program to the Romanian government's Second Chance program.
- 3. Developing replicable models.** As part of its exit strategy, USAID underscored the importance of developing replicable models. JSI, Doctors of the World, and Ovidiu Rom each developed models that can be replicated and scaled up in Romania or tailored to the needs of other country contexts. With support from EU Structural Funds and national and local authorities, it will be possible to "franchise" these models in order to broaden the original impact of these three programs. While USAID funding is phasing out, three specific health models (Family Planning, Reproductive Health, and Tuberculosis) have taken strong root in Roma communities. These models are not only suited for Romania, but will be replicated in at least two other countries. Furthermore, the Ministry of Public Health as well as The Global Fund are also interested in using these existing models for ongoing activities. As USAID prepares to close out and in light of Romania's accession to the European Union, such replication is key to providing consistent, sustainable support.
- 4. Planning ahead.** USAID demonstrated significant foresight in devoting early attention to the development of an exit strategy that would help to ensure continuing contributions by these programs. Grantees were encouraged to seek partnerships with national and local authorities and to prepare for the need for additional funding from both the public and private sectors. USAID purposely chose to fund the JSI and DOW projects in order to build on an existing infrastructure that could stand alone after the withdrawal of US government support. Ovidiu Rom is now using private sector funding to cover the operational costs previously covered by USAID/Romania.
- 5. Expanding Partnerships.** USAID initiated and supported partnerships with several governmental bodies, which continue to support and assist with project implementation. Entities of the Romanian Government that partnered with USAID and its implementers include: the Ministry of Public Health, the Ministry of Education, Research and Youth, the Ministry of

⁵⁹ For example, JSI was able to reach over 28,000 Roma in over 222 communities nationwide. "Increasing the access of Roma communities to family planning and reproductive health services," M&E Report, JSI, April 2007.

Justice, and the Departments of Public Health Authority.⁶⁰ The key factor contributing to the success of these partnerships was assurance from USAID to the GoR that programming would complement their existing strategies. This approach opened the doors for implementers to have open discussions, gain feedback, develop work plans, and implement activities according to both the political and community needs of Romanians. USAID’s support of Ovidiu Rom—through World Learning—and United Way/Romania has opened the door to expanding the role of the private sector in Romania as a development partner.

6. **Commitment to Roma:** USAID provided funding to programs targeting the most vulnerable populations--particularly Roma--at a time when Roma were considered by some to be unworthy of health and education assistance. In this way, USAID assistance raised the profile of the Roma population, strengthened sustainable community development, and established strong partnerships at the local level that promote civil society and social investment in the Roma community.
7. **Building change over time.** Virtuous circles can help to break the poverty cycle. Healthy families want to stay healthy, women who are employed will want to stay employed, and parents who are educated will work to ensure that their children attain an education. If Roma can preserve their own culture and identity as a people while simultaneously becoming more fully engaged—economically, socially and politically—in the life of their country, discrimination will diminish as Roma and non-Roma work and live side by side. Each of the programs funded by USAID in the health and education sectors has, in the short term, contributed in a small but significant way to the possibility of substantial change over the long-term.

ADDRESSING ROMA NEEDS IN THE FUTURE: TOWARDS A COMPREHENSIVE RESPONSE

Despite numerous international and national pronouncements since the beginning of this decade regarding the urgency of addressing critical unmet needs within the Roma community and increased investment in these areas, the challenge of social inclusion for Roma in Romania remains daunting.⁶¹ The pernicious effects of the mutually reinforcing challenges of grinding poverty and widespread discrimination are evident in Roma communities throughout the country. Further development of the professional skills and networking capacity of Roma civil society leaders is a critical step, but capacity-building must reach beyond leaders. One common feature of all of the programs examined in this study is the positive role that Roma can and will play in their own development process if provided with both the requisite skills and opportunities.

Future programming in the Roma community has a strong base upon which to build and numerous examples of best practices and lessons learned. Each of the USAID-funded programs examined in this study provides models which can be strengthened and scaled up. Essential now are two additional steps:

⁶⁰ The Directorates of Public Health Authority (DPHAs) are decentralized structures of the MPH at the county level. They are not independent structures, but work under the supervision of and with funding from the MPH budget.

⁶¹ Despite success in building awareness of the problem, “...the reality is that the majority of Roma at the local level say their situation is getting worse.” Tanaka, Jennifer. “Economic Development Perspectives of Roma—Looking Critically at Reality and the Social Impact of Development Measures.” eumap.org, August 2005, p. 1.

1) development of a comprehensive response that emphasizes close policy and program coordination among all of the relevant actors (donors, national and local governments, the business community, and an array of civil society actors); and 2) strategies that incorporate the Roma not simply as victims to be helped, but as protagonists in their own development process.

To analyze the prospects for such an approach, it is first important to examine both the constraints and resources these development partners will face.

CHALLENGES

There are a number of critical challenges and constraints facing the Roma community and those interested in building partnerships to improve conditions within that community.

- 1. Discrimination.** Within USAID’s overall strategy, there has been an explicit focus on the need to fight discrimination and build tolerance for disadvantaged groups and minorities. Based on the team’s discussions with Roma and non-Roma alike, discrimination in attitudes and behaviors remains a major problem. Examples were provided of overt and subtle forms of discrimination ranging from lack of access to public and private facilities to concern about being in any way “linked” to Roma issues as a justification for a failure to invest in improving conditions.
- 2. Growing divide between “traditional Romania” and “modern Romania.”** Despite areas of improvement, the gap between traditional and modern elements within Romanian society is expanding. While development specialists may voice concern over the growing “digital divide” in certain countries, the level of need within many Roma communities is of a different order of magnitude. There, individuals face poverty so extreme and so pervasive that begging on the streets becomes a reasonable and unavoidable survival strategy. The prestige attached to accession to the EU stands in sharp contrast to conditions within many Roma communities.
- 3. Impact of EU accession.** Accession to the EU means that substantial resources will be available to the Romanian government and to Romanian civil society actors to advance social inclusion within the country. Numerous individuals interviewed, however, expressed concern that political will to address these issues will diminish now that accession has been achieved. The need for civil society organizations—particularly, but not exclusively, Roma civil society organizations—to increase their pressure on the government to address Roma issues was noted.
- 4. Weaknesses of national government structures responsible for Roma issues.** The problems associated with the lack of political will noted above are further compounded by structural weaknesses in the government structures responsible for addressing Roma issues. These include deficiencies in the Governmental Strategy for Improvement of the Condition of Roma. A positive and progressive document, the Strategy nonetheless lacks sufficient specificity and the clear funding mechanisms necessary for implementation.

Similarly, despite strong leadership, the National Agency for Roma is cobbled by uncertainties in its mandate (particularly, a lack of clarity regarding its responsibilities vis-à-vis those of the various ministries), a lack of budgetary authority and weaknesses in the level of preparation of many staff. One option would be for the National Agency for Roma to take on the lead monitoring and evaluation role, supporting the needs of the relevant ministries as the latter assume their appropriate sectoral responsibilities for advancing the condition of the Roma (i.e. in health, education, etc.). Placing responsibility at the ministerial level for Roma issues is key to successful policymaking given their specific technical capacities and budgetary authority.

5. **Attitudes of local authorities.** As decentralization advances, the responsibility for addressing Roma concerns will increasingly reside with local authorities. If knowledge and skills are lacking at this level, decentralization might have a negative impact on Roma issues. While there is great diversity at the local level and many progressive officials in place,⁶² generally speaking there is concern that local authorities may be less receptive to the need to improve the condition of the Roma than are officials at the national level. This is particularly the case as local officials attempt to juggle competing priorities. Placing health mediators, for example, under the jurisdiction of a local council and mayor, could lead to a reduction in the quality of service given competing budgetary needs. Particular attention, therefore, may need to be paid to building both political will and capacity at the local level.
6. **Balancing mainstreaming with targeting.** One tension in policy and program implementation is how best to balance mainstreaming and targeting. On the one hand, public officials have an overarching responsibility to address the needs of all of their country's citizens. At the same time, conditions within substantial segments of the Roma community are so severe that targeted, affirmative action measures are also required since these populations may not be reached by certain mainstream policies. Achieving the right balance between these approaches is a delicate, but necessary step to the achievement of social inclusion alongside respect for the rights and cultural identity of this minority population. Policymakers need to insert targeted approaches within mainstream social and economic strategies for development; providing, for example, special job training for Roma as part of broader macro-economic policy strategies.
7. **Weakness of Roma organizational life.** While several of those interviewed expressed a desire to see greater social activism within the Roma community, that process is hampered by a lack of organizational capacity and resources. Roma organizations at the grassroots level and those at the political level could benefit from capacity-building efforts designed to improve advocacy and networking skills. By their own admission, Roma NGO leaders at the national level need to improve their ability to connect at the community level in order to expand their ability to mobilize those communities on behalf of Roma interests. Similarly, Roma organizations must expand their ability to interact in a proactive and collaborative manner with national and international bodies responsible for Roma issues.
8. **Avoiding dependency.** One issue which arose on several occasions in team interviews was the need to guard against inadvertently encouraging dependency on the social services provided by programs working with disadvantaged communities. Service providers who offer counseling services to Roma, for example, should work with their staff to ensure that clients learn through counseling to rely on their own abilities to resolve their problems, rather than simply using counselors in a trouble-shooting capacity.

ASSETS

At the same time, there are a variety of factors that favor efforts to advance the situation of the Roma population in Romania. What are these assets?

1. **Financial capacity.** The strong performance of the Romanian economy over the last three to four years means that there are resources available to the private sector for investment in disadvantaged sectors. As the local business community and foreign-owned businesses begin to take the first steps in the direction of supporting corporate social responsibility and barriers to

⁶² Eugen Vasile Crai (UNICEF) underscored this diversity, pointing to the presence of many active, progressive officials at the local level. Interview, May 4, 2007.

investment in improving the condition of the Roma begin to diminish, it is likely that a growing percentage of these resources can be used on Roma-related issues. Similarly, the EU Structural Funds will include a 3.475 billion Euro EU allocation and another 0.635 billion Euro Romanian Government contribution over seven years (2007-2013) that can be used by public, private and nongovernmental actors for a wide array of projects, including workforce training. The challenge will be to ensure that local NGOs have the technical capacity to access these funds and to use them.

- 2. Human capacity.** As a result of targeted interventions in the areas of health and education, a new generation of healthy, well-educated Roma is moving into positions of responsibility in all spheres of public life in Romania. Many of these individuals are actively engaged in civil society organizations dedicated to fighting discrimination and to improving the lives and expanding the opportunities available to Roma. These individuals with high school and university degrees also serve as significant role models for others within their community.⁶³

These developments are at once the result of and contribute to changing attitudes and behaviors within the Roma community at the local level. Offered new educational opportunities for their children, for example, Roma parents in impoverished conditions are increasingly determined to find a way to send their children to school. As a result of growing access to information and higher educational levels, traditional Roma communities seem to be more open to change and to greater interaction with non-Roma communities.

Similarly, there have been significant improvements on the health front despite continuing difficulties in accessing medical services (especially for Roma without identity documents). With the help of the health mediator system, more and more Roma benefit from the health system and new legislation is establishing a certain minimal package of services that will contribute to the prevention of illnesses.

At the level of both unskilled and skilled labor, there may be options for Roma to fill positions which are at times filled by migrant workers. Especially in the areas of infrastructure development and textile manufacturing, for example, Romania is for the first time facing a shortage of workers. With proper skill development, members of disadvantaged communities in Romania could help to meet the demands of the local labor market.

- 3. Organizational capacity.** An expanding network of Roma and non-Roma organizations is dedicated to directly (through targeted measures) or indirectly (as part of broader efforts to fight poverty within Romania) engaging in service delivery and advocacy activities on behalf of the Roma community. These organizations are becoming quite skilled in identifying and tapping into national and local government programs designed to benefit the Roma population (for example, “Second Chance” funding for “over-age” students interested in pursuing their studies). EU funding will soon be added to this mix. As these organizations hone their skills, a growing number of models are emerging which are suitable for replication and “scaling up.” All three programs analyzed here have components which are in the process of being replicated.

In addition, several state agencies are responsible for addressing Roma issues. The most significant of these is the National Agency for Roma (with regional offices), which could play a more active role in the monitoring and evaluation of the public policies designed for the Roma.

⁶³ The case of Narcisa Cumpana from Bacau is illustrative. A single mother at age 20, Ms. Cumpana was forced to beg on the streets in order to feed her two young girls. Through her participation in the Ovidiu Rom program, Ms. Cumpana returned to school and graduated from high school. She is now enrolled in the university in Cluj where she is studying to be a teacher. A number of young Roma girls have told Ms. Cumpana that she has been an inspiration to them.

As decentralization measures are put into place, decision-making will be brought closer to the community level, thus devolving more responsibility and accountability to locally-elected officials.

ENABLING ENVIRONMENT

In light of the overarching challenges facing the Roma community and the three general assets noted above, what specific structures and resources (human and financial) will promote and/or constrain a concerted and coordinated development response? This section explores both the international enabling and the national enabling environment that sets the stage for work on Roma issues.

INTERNATIONAL ENABLING ENVIRONMENT

There have been “15 years of programs, discussion, and plans,” including the UN Millennium Development goals, the Organization for Security and Cooperation (OSCE) Action Plan on Improving the Situation of the Roma and Sinti, the Decade Action Plan for Roma Inclusion, and the EU’s National Action Plans for Social Inclusion (2000).⁶⁴ These initiatives provide the basic institutional scaffolding for international efforts to improve the condition of the Roma. Two of these initiatives are explored in greater detail below:

Decade of Roma Inclusion. The Decade of Roma Inclusion (2005–2015) is an international initiative developed by two international structures (the Open Society Institute and the World Bank) to bring about substantial change in the lives of Roma in nine countries: Bulgaria, Czech Republic, Croatia, Hungary, Macedonia, Romania, Serbia and Montenegro, and Slovakia. It represents “...a political decision of the countries in the region to reduce the economic and human development disparities, and to break the vicious cycle of poverty.”⁶⁵ The initiative focuses on four priority areas: education, health, employment, and housing. It also emphasizes three cross-cutting areas: Romani women’s participation, anti-discrimination, and poverty.

The initiative has a regional focus and assumes that governments in the region will take ownership and allocate the funds necessary for implementation of the National Action Plans for the Decade. As part of a collective effort to ensure success through monitoring, funding, data collection, and the provision of technical expertise, several other international institutions and organizations have lent their support to the initiative, including: the European Commission, the United Nations Development Program (UNDP), the OSCE in Europe, the Council of Europe, the European Roma Rights Center, and the European Roma and Travelers Forum. To date, unfortunately, progress in advancing the Action Plans has been slow.

European Union and the Social Inclusion Process. One of the most important documents underlying the issue of disadvantaged groups in the European Union is the “Joint Inclusion Memorandum” signed by all the member states. While giving attention to a number of disadvantaged groups, the document includes a focus on the Roma population. Key themes include poverty reduction, unemployment, professional qualification, access to health services, and education.

The “social inclusion” concept is a key element that is central to all aspects of EU funding. It refers to development of the capacity and opportunity for every member of a community to play a full role in society, not only in economic terms, but also in social, psychological, and political terms. Social inclusion is a continuous process designed to ensure that everyone, regardless of their experiences and

⁶⁴ “Economic Development Perspective,” eumap.org, p. 1.

⁶⁵ M. Ionescu, S. Cace, *Public Policies for Roma. Evolution and Perspectives*, Expert Publishing House, Bucharest, 2006, p. 63.

circumstances, can achieve their potential in life. It is a process through which society seeks to reduce inequality, increase social cohesion, and balance individual rights and duties.

The European Union has provided and will continue to provide significant funding to Romania: 21 million euros (approximately US \$27 million) in pre-accession funds from the 2004-2006 multi-year programming initiative are now available for use during the period 2007-2009. Of this amount, 6 million Euros is the matching contribution of the Romanian Government. These funds can be applied to projects related to: identity and property documents, health, vocational training, income-generating activities, small infrastructure, and social housing. In addition, approximately 19 billion euros in Structural Funds have been allocated to Romania for the period 2007-2013. Of this amount, approximately 3 billion euros will be directed to human resource development. There is potential for this funding to be applied in part to initiatives related to the Decade of Roma Inclusion. A representative of the European Commission Representation in Romania points out, however, that a critical concern is the degree of absorptive capacity of Romanian NGOs.

International Donor Community. A variety of other international organizations are also actively engaged. In addition to USAID's work on Roma issues, UNICEF is targeting the education of Roma children and has developed a strategic partnership with the Ministry of Education, Research and Youth. MATRA, a program funded by the Dutch government is also focused on education. The World Bank has offered a loan to the Romanian Government, as part of the "Social Inclusion Project." With a total funding of US \$58.5 million, the focus of this investment is early education, social assistance to disadvantaged groups, institutional capacity-building for the National Agency for Roma, and "priority interventions" in approximately 100 of the most disadvantaged communities. It is expected that approximately 11 million Euros (approximately US \$14.5 million) will be distributed through the Romanian Social Development Fund. The Open Society Institute and the Soros Foundation Romania are implementing an Integrated Community Development Project, with a total value of US \$1 million. This project is focused on six target communities and is characterized by a comprehensive approach designed to prepare and link the program with other sources of funding, especially EU Structural Funds.

NATIONAL ENABLING ENVIRONMENT

Government

The most critical element governing the Romanian government's approach to Roma issues is the Governmental Strategy for Improvement of the Condition of Roma. As noted above, Romania has witnessed complex political, economic and social changes since 1990, and the process has left Roma in a condition of severe social exclusion. The Governmental Strategy was adopted in April 2001, and was recently modified and completed in 2006.⁶⁶ According to the Strategy, the goal is "significant improvement of the condition of the Roma through promotion of social inclusion measures."⁶⁷ The "duration of the Strategy is ten years (2001 - 2010), with a Master Plan of Measures for the period 2006 – 2008."⁶⁸ The initial version of the Roma Strategy had ten sectoral areas, but in the current format some of the areas are combined, so there are now six main sectoral areas: 1) public administration, community

⁶⁶ Government Decision No. 522/19 April 2006, for modification and completion of the Government Decision No. 430/2001 regarding approval of the Governmental Strategy for Improvement of the Condition of the Roma

⁶⁷ Roma Strategy, Chapter III, Scope and general objectives of the strategy.

⁶⁸ Roma Strategy, Chapter V, Duration.

development, communication, and civic participation; 2) housing; 3) health; 4) justice and public order; 5) economy and social security; and 6) child protection, education, culture and religious denominations.⁶⁹

According to the modified document,⁷⁰ several structures have been established to oversee organization and coordination of the implementation process. These include: The Working Group for Public Policies for Roma (*Grupul de lucru pentru politicile publice pentru romi*); Ministerial Commissions for Roma (*Comisiile ministeriale pentru Romi*); County Offices for Roma (*Birourile Judetene pentru Romi*); and Local Experts for Roma issues (*Expertii locali pentru problemele romilor*).

The following details help to explain the Strategy's implementation mechanism:

- 1. Working Group for Public Policies for Roma.** The Working Group was set up within the Inter-Ministerial Council for Education, Culture, Research, Youth, Sports, and Minorities.⁷¹ The group will coordinate and monitor the implementation of public policies for Roma, including the activities described in the Master Plan of Measures for 2006-2008. The Working Group is chaired by the Deputy Prime Minister's office⁷² and the National Agency for Roma serves as the Secretariat (the executive body for the Master Plan of Measures for 2006-2008). The group is composed of State Secretaries from the relevant Ministries and the National Agency for Roma. The National Agency for Roma is also expected to represent the position of the representatives of the Roma nongovernmental organizations (who form part of a sub-committee set up by NAR). The Working Group for Public Policies for Roma has regular quarterly meetings where progress in implementing the Master Plan of Measures for 2006-2008 is reviewed. Unfortunately, the efforts of the Working Group to date have been limited to information sharing rather than decision making and the State Secretaries have been represented by more junior level officers, without decision making authority. Observers and, in recent years, independent reports have concluded that there is little political will at the level of the national government regarding implementation of the strategy.
- 2. Ministerial Commissions for Roma.** The Roma Strategy requires the Ministries involved in implementing the Roma Strategy to be responsible for the organization, planning, coordination, and control of the execution of activities in their field of responsibility, according to the Master Plan of Measures for 2006-2008. These Ministerial Commissions for Roma are subordinated to the Working Group for Public Policies for Roma and are expected to meet on a monthly basis in order to analyze the status of implementation of the specific measures in their area of responsibility. Each Commission is supposed to be chaired by the State Secretary member of the Working Group for Public Policies for Roma. The Commissions have four to five members (heads of departments and experts) and one member delegated by NAR staff. The majority of the ministries have set up the commissions, but for the most part they are not yet functioning as planned. Very few meetings have been organized and no substantive discussions are taking place. On a more positive note, three ministries have appointed individuals⁷³ who have proven to be champions of Roma-related measures.

⁶⁹ It is interesting to note that while the original version of the Strategy had several references to the problem of discrimination, the revised document contains no mention of that issue. Issues related to discrimination are now handled by the National Council for Combating Discrimination (NCCD).

⁷⁰ Roma Strategy, Chapter VIII, Structures

⁷¹ Government Decision No. 750/2005 regarding setting up of permanent ministerial commissions.

⁷² The Deputy Prime Minister has appointed a young Roma activist as his counselor on Roma Issues.

⁷³ Until recently, Hanna Dobronauteanu occupied the position of counselor to the Ministry of Public Health. Gheorghe Sarau, Inspector, is responsible for Romani language education within the Ministry of Education, Research and Youth. Cristian

- 3. County Offices for Roma.** The County Offices for Roma are structures organized at the county level, within the Prefect's Institution and subordinated to the Ministry of Public Administration and Internal Affairs, which were set-up immediately after the adoption of the Strategy in 2001. There is a "technical subordination" of the office to NAR, which is responsible for coordination of the activities. The main role of the County Offices for Roma is to organize, plan, and coordinate achievement of the objectives and tasks mentioned in the Master Plan of Measures for 2006-2008. The County Offices for Roma consist of three to four experts nominated by the Prefect, at least one of whom must be Roma. Mixed Working Groups for Roma are set-up at the county level also, consisting of Vice-Prefects, regional staff of NAR, representatives of decentralized public services at the county level, school mediators, health mediators, school inspectors and Roma teachers, as well as representatives of nongovernmental organizations and members of Roma communities. Their role is analysis, planning, organization and implementation of sectoral activities at the county level. The Mixed Working Groups for Roma are supposed to meet on a monthly basis. The secretariat is based in the Prefect's Institution.
- 4. Local Experts for Roma.** The Local Experts for Roma are defined as the principal mediators between the local Roma communities and local public administration structures (at the city or village/commune level). They are responsible for organizing, planning, coordinating, and implementing the Master Plan of Measures for 2006-2008 at the local level. According to the Roma Strategy, the Local Expert for Roma is an individual who is knowledgeable about the problems faced by members of Roma communities and has been recommended by the local Roma community to represent its interests before Town Halls. The experts are hired by Town Halls and will report to both the local mayor and the County Office for Roma.

Despite the implementation problems noted above, there is a growing consensus among a number of researchers and civil society activists that the real problem lies with the strategy itself. The document was drafted and adopted in 2000-2001. While it laid out a series of ambitious goals, the strategy did not provide the realistic and comprehensive framework matched with budgetary allocations that were needed. In this regard, (and even with the latest changes in 2006), it does not comply with the new approach to public policy elaboration promoted by the Government.⁷⁴ That approach requires that public policy documents detail clear linkages between the relevant Ministries and budget lines. The Strategy is far from fulfilling the public policy framework, and development of a new Strategy might be a good opportunity for the relevant stakeholders to rebuild the political will for addressing the condition of Roma.

Business

USAID has placed a high priority on expanding the private sector in Romania and has provided substantial assistance to efforts to improve the legal and regulatory climate for business, increase the capacity of the Government of Romania to meet EU standards as they relate to business development, and to advance economic reforms designed to build competitiveness and attract foreign investment. Romania is today characterized by a well-developed and growing local business community and the presence of a significant number of foreign-owned companies with enormous economic resources and technical know-how.

Tomescu is a Department Head at the National Agency for Labor Force Employment within the Ministry of Labor, Family and Equal Opportunities.

⁷⁴ There is a public policy cycle that all new governmental initiatives should follow: problem identification, ex-ante evaluation, implementation mechanisms with clear responsibilities, financial allocation, and monitoring and evaluation (including ex-post evaluation).

Despite the presence of considerable local resources and international companies committed to the practice of corporate social responsibility, the private sector in Romania remains a virtually untapped resource for investment in critical social initiatives. With the business community still a relatively new player after years of communist rule, local businesses have not yet developed a tradition of corporate giving. Thus, while there are considerable resources available in Romania's private sector, it is extremely difficult to access those resources. One countervailing tendency is the encouragement that some local affiliates of international companies are receiving from their headquarters overseas to spend the monies in their budgets designated for corporate giving. Once such giving becomes the norm there is a strong likelihood that it will begin to spread to locally-owned companies who will want to demonstrate a similar corporate profile.

One additional problem, however, confronts those who would like to enlist the support of the private sector for initiatives that relate to the Roma community. The discrimination faced by the Roma in other parts of Romanian society is also well-entrenched within the corporate sector. As a result, there has been considerable resistance within the private sector to tying their products and services to investment in the Roma community. In addition, there is a lack of information about the Roma community and a lack of appreciation for the latent economic potential of the Roma community—both as workers and as consumers.⁷⁵

There are a number of encouraging signs. First, Ovidiu Rom has been a pioneer in efforts to encourage corporate philanthropic giving and has done so with great success. The annual Halloween Ball is a major social event in Bucharest and raises significant resources for the organization. Even more significant is the fact that Ovidiu Rom has raised this money for work that is heavily focused on the Roma community thus beginning to break down important social barriers.

Another encouraging sign is the establishment with USAID funding of United Way/Romania. The organization is helping to establish new patterns of corporate involvement in social investment, while at the same time encouraging individual giving through payroll deduction plans. The organizations selected to receive funding are also learning how to tell their stories in compelling new ways in order to spark the interest of the corporate sector. Similarly, the Association for Community Relations (ARC) is working to mobilize the financial resources of the Romanian private sector and to build partnerships among NGOs, the business community and private citizens. All of these new initiatives are serving to build bridges between social needs and private resources.

As important as the financial resources of the private sector can be, the technical know-how and the unique core competencies of the business community are of equal or greater value. It is not enough for NGOs to provide vocational training to members of the Roma community if there are no opportunities for long-term employment. It is here that the business community can play a key role. Similarly, businesses can provide mentoring, internships and job shadowing opportunities to young Roma. They can provide technical assistance in accounting or public relations to NGOs working on Roma issues.

The next step is to move from first generation charitable giving on the part of Romanian businesses to second generation CSR initiatives. Moving beyond one-time charitable events to longer-term partnerships with government and NGOs on social issues will substantially enhance the ability of Romania to address the needs of the Roma community in a sustainable way.

⁷⁵ This is one reason that an upcoming anti-discrimination campaign will be aimed at the Romanian private sector (among other targets). The idea will be to convince Romanian business owners that it is to their advantage to know the Roma community better. The team recommended building a campaign around the notion that in order to be a cutting edge Romanian entrepreneur it is necessary to be knowledgeable about the Roma community and committed to improving conditions within that community.

Civil Society

Romania's civil society organizations – both Roma and non-Roma – play a critical role in terms of both service delivery and advocacy around issues involving the Roma population.⁷⁶ Despite the presence of highly dedicated and well-trained staff, there are deficiencies in terms of technical expertise (particularly on Roma issues). This is particularly noticeable in the areas of strategic planning, advocacy, communication, and partnering skills. The latter is a problem both in terms of partnering with government and the private sector, but also in relation to partnering among NGOs themselves. Numerous individuals interviewed, including Roma civil society leaders themselves, indicate that competition often overshadows cooperation among these organizations.

In response to these areas of weakness and as part of a broader effort to increase citizen engagement at the local level, USAID has provided training, technical assistance and grants to support capacity-building efforts among Romanian NGOs. Particular emphasis has been placed on coalition building among NGOs and the establishment of public/private partnerships among civil society organizations, the Romanian government, and the private sector.

Financial sustainability has been a particular concern, in light of insufficient support on the part of local and national authorities for Roma issues in general and Roma civil society organizations in particular.⁷⁷ Some NGOs with a large volunteer base have been able to take advantage of the legislation which allows contributors to direct 2% of their income taxes to NGOs.

Now with the promise that EU Structural Funds will be made available to Romanian NGOs (as well as to local authorities and businesses), the challenge will be to ensure that Romanian civil society organizations have the technical expertise to apply for these funds and can demonstrate their capacity to effectively utilize these resources. Another concern is the requirement that potential recipients of these funds (NGOs, local authorities, companies) invest a certain percentage (up to 50%) of the total cost of the project prior to receiving any funds. While the recipients of the funds can later solicit reimbursement for up to 50% of this up front investment, this is a daunting if not insurmountable hurdle for many NGOs. This again underscores the indispensable need for partnership among NGOs, the private sector, and the national and local government authorities.

Among the most important Roma NGOs active in Romania today are:

- **Roma Center for Social Intervention and Studies “Romani CRISS”** (Bucharest). This is probably the most active Roma NGO in the field of promotion of Roma rights. Romani CRISS was a pioneer in promoting the health mediator profession, in direct partnership with the Ministry of Public Health;
- **Community Development Agency “Together”** (Bucharest). This organization has developed extensive expertise in the field of community development, partnership development with local authorities, access to labor for Roma, and access to education;
- **Roma Center “Amare Romentza”** (Bucharest). This is a relatively new organization that brings together young Roma activists and works to increase access to education, promote Romani culture and language, and expand access to employment for Roma; and

⁷⁶ Romanian civil society organizations operated under a cloud of suspicion after an initial period in which significant flows of resources entered the country (in the immediate aftermath of the fall of communism) before solid accounting and accreditation procedures had been established. Some NGOs misused funds and this damaged the reputation of the NGO sector. Subsequently, Romanian NGOs had to fight to establish and/or rebuild their credibility. Today, the sector is generally held in high regard.

⁷⁷ Romanian legislation does provide tax incentives for contributions to non-profit organizations. Unfortunately, the legislation is under-utilized because it is not well publicized or understood.

- **“Ramses Foundation” for Roma Social Development** (Dej, Cluj county). This NGO is active at the local level in the fields of community development, youth promotion, income generating activities, and training.

In the last few years, several Roma NGOs faded as active players. This is especially the case for the organizations run by the first generation of Roma activists after 1990. Today, a new generation of activists—many of them university graduates—is taking over leadership in more specialized areas.⁷⁸

Among non-Roma NGOs, two merit special mention. The Resource Center for Roma Communities, initially established by the Open Society Foundation Romania, has been active since 2000.⁷⁹ The organization has developed expertise in NGO development, community development, public awareness campaigns, income generating activities, and professional development. The Resource Center for Roma Communities has managed several grant programs funded by the European Commission.

The most important non-Roma NGO active in the field is the Soros Foundation Romania (formerly the Open Society Foundation Romania). This is a funding organization that has contributed directly to the development of Roma civil society organizations. Recently, the Soros Foundation Romania started an integrated community development project in six communities with a significant Roma population and is supporting development of the Roma Civic Alliance, a new umbrella organization that brings together several Roma activists and organizations.

Finally, it is important to note the role of Romania's political parties. Beginning in the mid- to late 1990s, the Social Democrat Party (Partidul Social Democrat) started to include Roma in their formal political agenda, for three main reasons: 1) the EU and international pressure; 2) a special political agreement with one of the Roma organizations involved in politics; and 3) the Party's traditional focus on disadvantaged populations in need of progressive social policies. The presence of the Democratic Union of Hungarians in the governing coalition in Romania (during the last three governments), led to the inclusion of minority issues, including Roma, on the agenda of the National Liberal Party (*Partidul Național Liberal*) and the Democrat Party (*Partidul Democrat*), respectively. In 2007, the situation of the Roma does not appear to be on the agenda of any mainstream political party. At the same time, the Roma political movement itself has not been particularly successful in recent years, with the number of votes received by the Roma organizations participating in elections (Pro Europe Roma Party/*Partida Romilor Pro Europa*, Roma Christian Center/*Centrul Creștin al Romilor*, Roma Unity Alliance/*Alianța pentru Unitatea Romilor*) decreasing with every election. It will take time for the Roma political movement to develop the same strength, self-awareness, and capacity as the Hungarian movement in Romania. In the meantime, a number of young Roma political activists are working to make mainstream political parties more aware of Roma issues.

WHERE NEXT: PARTNER MAPPING

USAID's work on Roma issues fits into a broader context characterized by multiple initiatives undertaken by a wide array of actors at the international, regional, national, and local levels. While dominated up until now by international development agencies, national, and local governments, and a variety of Roma and non-Roma civil society actors, the private sector (both international and local) is also starting to explore ways to pair corporate social responsibility objectives with social investment in the Roma community. This plethora of actors translates into a variety of approaches, some of which emphasize a poverty focus and other a rights-based focus on discrimination. Some—like the European Union—are

⁷⁸ The clear distinction which is made between first generation and second generation Roma leaders suggests that donors should adopt a multi-generational approach to consultation.

⁷⁹ It should be noted that one of the team members, Florin Moisa, is the Executive Director of this organization.

endeavoring to bridge the gap by emphasizing the need for social inclusion (which is predicated on both poverty reduction and ending discrimination).

A similar tension is present between approaches that emphasize targeting (programs that directly address the needs of the Roma community and emphasize the need to improve conditions within that community through affirmative action) and those that emphasize mainstreaming (programs that emphasize that the needs of the Roma should be addressed as part of general economic and social policy measures to improve the conditions of all Romanians rather than segregating them within special programs).

What is clear is that recognition of the need to address the situation of the Roma has increased significantly, but to date the plethora of policy pronouncements and commitments to do right by the Roma population have not been matched by real progress on the ground. Good intentions are frequently suffocated by bureaucratic procedures and delays. With the promised infusion of Structural Funds from the EU, funding is no longer such a critical issue, but there are significant organizational deficiencies that must be addressed. In some cases, government agencies, local officials, and civil society organizations lack the requisite skills to implement programs and/or effectively represent Roma interests. The Roma community itself remains for the most part unorganized, despite a growing number of success stories of young Roma who have pulled themselves up from grinding poverty to serve their communities.

Today, good intentions have been codified into declarations and strategies. Programs such as those supported by USAID—JSI, Doctors of the World, and Ovidiu Rom—have produced solid models that can be easily scaled up and replicated. Significant and growing resources are available to invest in Roma issues. The enabling environment, therefore, contains many positive elements. On the other side of the coin, a visit to one of many Roma communities facing severe poverty will quickly demonstrate that the need for action is still urgent despite years of promises, pronouncements, and programming. Clearly, the need for change remains as urgent as ever. Where next?

Key to future success will be a move towards much greater coordination among the relevant players. Inter-sectoral partnering—partnering among government, business, and civil society actors—is essential to addressing an issue as complex as that posed by the dual challenges of poverty and discrimination faced by the Roma community in Romania. No one sector can hope to address these problems on its own. Sustainable solutions will require collaboration. For a number of years, until it fell by the wayside, there was an active donors’ forum in Romania where international and national organizations could share their plans in the area of development assistance. Today, a much broader constellation of actors must find ways to coordinate their approaches. This new forum must include donors, civil society organizations, government and business representatives, and representatives of the Roma community itself.

This is the only way for partners to map out a collective, collaborative and concerted strategy to address the challenges facing the Roma community. Partner mapping will make it possible to avoid duplication and overlap and to develop strategies that are mutually reinforcing. Combining the core competencies of the government, business and civil society actors with the energy and talents of an empowered Roma community will enhance the prospects for success.

The following specific measures provide added detail on next steps:

- 1. Documentation.** Up-to-date, reliable information on conditions within the Roma community is needed. There is today no systematic collection of reliable data. A recent report on access to quality education for Roma in Romania points out that the availability and reliability of data are problematic, due to a lack of consistent collection and publication of Roma-related statistics, as

well as education statistics in general.⁸⁰ A new project funded through Phare 2004, “Strengthening Capacity and Partnership Building to Improve Roma Condition and Perception,” will produce a national survey based on a representative sample of Roma and non-Roma. It is expected that the survey will provide clear data regarding the situation of Roma as it relates to social exclusion. The results will be available in the autumn of 2007 and should be used to design new approaches and public policies for Roma communities.

2. **Understanding partnership.** Due to the complexity of the development challenge in disadvantaged Roma communities, there is a clear need for an approach based on partnership. The true nature of a partnership is still not correctly understood by many of the relevant actors in Romania. Each partner brings value to the table (financial or otherwise). Even the poorest community can provide local authorities with knowledge about the situation at the grassroots level. A local Roma NGO can serve as a bridge between an international organization and the local community, providing credibility and access. Local authorities can offer human and financial resources, legal protections, etc. Training in partnership-building would help to advance this level of collaboration.
3. **Need for policy coordination.** Policy coordination takes significant effort as each international organization has a unique set of funding criteria and visibility issues, and a sense of ownership over certain program approaches or policy arenas. Yet, the complexity of the Roma issue requires an equally complex approach and consequently close coordination of policies. This is the best way to ensure that the investments made will have long-term impact.
4. **Policies for Roma with Roma.** As one of the young Roma participating in the Experts Group discussion said, “We need policies for Roma with Roma.” Placing Roma at the center of the development process as agents of change, rather than simply as beneficiaries is essential. Involving Roma representatives, leaders, and experts at all levels—local, regional, and national—at all stages of the policy process (including design, implementation, monitoring, and evaluation) is key to achieving sustainable improvement in the lives of the Roma population.
5. **Building political will.** Building political will is easier when pressure can be brought to bear on decision makers. The ability to demonstrate and mobilize a strong constituency base is an essential component of political participation. Even if Roma are in all probability the largest ethnic minority in Romania (close in size to the Hungarians), the Roma have only one member in the Parliament. The Hungarian Democratic Union, on the other hand, has enough Members of Parliament (Senators and Deputies) to allow them to be players in the government coalition. While it is unreasonable to ask the Roma to speak with one voice (as some have insisted) given the diversity within the community, it is not unreasonable to assist the community to organize itself as a responsible, engaged actor on the political stage.
6. **Fighting discrimination.** “Discrimination is killing dreams.” “Discrimination generates victims.” These are slogans used in recent anti-discrimination campaigns in Romania. Anti-discrimination policies are a relatively recent development in Romania. One new organization working in this arena is the National Council for Combating Discrimination (NCCD). Established in 2002, NCCD is the public institution responsible for dealing with complaints and resolution of discrimination cases. A young Roma lawyer is working as a member of the Council and a lobby of civil society organizations (including Roma organizations) was successful recently in helping to secure a position on the NCCD for a well-known activist of Hungarian origin. The

⁸⁰ Open Society Institute, European Union Monitoring and Advocacy Program (EUMAP), Equal Access to Quality Education for Roma, op. cit. p. 342.

recent move to set up a Commission for Studying Slavery is another important step in promoting the Roma issue and familiarizing Romanians with this little known aspect of the national history.

7. **Changing attitudes, changing realities.** Changing attitudes rooted in stereotypes is closely linked with changing the realities that produced those stereotypes. Real improvement in the conditions of the Roma will challenge stereotypes rooted in poverty. Roma graduate students in the university, Roma leaders in Parliament or heading civil society organizations, Roma employees in the workforce will produce the kind of human interaction between Roma and non-Roma that will—over time—change attitudes.
8. **Economic, social and political empowerment of Roma communities.** The traditional trades of the Roma (*caramidari*/brick makers, *caldarari*/calderash, *lautari*/singers, *ursari*/bear trainers) are no longer relevant to every day life as they were in the past. For many Roma, however, those trades helped to define their clan and their identity. During the communist period, with its intense industrialization process, most of these trades disappeared, together with the identity, pride, and economic empowerment they produced for the Roma. Roma today are looking for new ways in which to earn a living, express an opinion, and contribute to their society. One critical challenge for the Roma community in the future will be to find a way to balance participation in a globalized economy with the essential need to preserve key aspects of Roma culture and identity.

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APPENDIX 2: PERSONS AND ORGANIZATIONS CONTACTED

List of Contacts (Alphabetical by Organization)

Name	Title	Organization	City
Ioana Neaga	Project Coordinator	AFER	Cluj
Carmen Andrei	President	Center for Community Development	Neamt
Simona Lupu	Dezvoltarea Resurselor Umane Program Coordinator	EU Commission in Romania	Bucharest
Dr. Merce Gasco	Chief of Party	JSI	Bucharest
Dr. Cristina Jitariu	Program Coordinator	JSI	Bucharest
Dr. Rodica Teodoroiu	Program Coordinator	JSI	Cluj
	Family Doctor	JSI	Aghires
Steluta Batar	RHM	JSI	Girsini
Loredana Mihai	RHM	JSI	Girsini
Dr. Zaharia	RHM	JSI	Aghiresu
Liliana Preoteasa	Director, Pre-University Education	Ministry of Education, Research and Youth	Bucharest
Dr. Hanna Dobronauteanu	Health Minister's Personal Counselor on Roma Issues (former)	Ministry of Health	Bucharest
Maria Ionescu	President	National Agency for Roma	Bucharest
Mariana Buceanu	former Romani CRISS	National Agency for Roma	Bucharest
Gabriel Petrescu	Executive Director	Soros Foundation	Bucharest
Leslie Hawke	President	Ovidiu Rom	Bucharest
Maria Gheorghiu	Executive Director	Ovidiu Rom	Bucharest
Oana Cinca	Educational Counselor	Ovidiu Rom	Bacau
David Martinez	Educational Leader and Volunteer Coordinator	Ovidiu Rom	Bacau
Carmen Butnaru	Teacher	Ovidiu Rom	Bacau
Gabriela Mania	Social Worker	Ovidiu Rom	Buhusi
Narcisa Cumpana	Program Beneficiary	Ovidiu Rom	Buhusi
George Radulescu	Executive Director	Roma Civic Alliance	Bucharest
Dr. Dandu	Family Doctor	Sacele Clinic	Brasov
Mrs. Dumitrescu	DPHA	Slobozia Hospital	Slobozia/Ialomita
Eugen Vasile Crai	Project Officer Education	UNICEF	Bucharest
Adriana Stoica	Executive Director	United Way	Bucharest
Cate Johnson	DSSR Office Director	USAID	Bucharest
Ruxandra Datcu	DSSR Deputy Director	USAID	Bucharest

Daniela Farcas	Project Management Specialist	USAID	Bucharest
Gabriela Manta	Project Management Specialist	USAID	Bucharest
Alina Panait	Health Specialist, CTO for RFHI project (JSI)	USAID	Bucharest
Daniela Buzducea	Child Welfare Specialist, CTO for ChildNet	USAID	Bucharest
Mariana Doina Moarcas	Operations Officer	World Bank	Bucharest
Jan Karpowicz	Chief of Party	World Learning	Bucharest
Ramona Gotteszman	Partnership Coordinator	World Learning	Bucharest

Group Interviews

Group of five RHMs	Reproductive Health Mediators from JSI	Ialomita
One RHM + 8 women	JSI RHM + 8 female community members (beneficiaries)	Fetesti
Paula Serban, Ramon Serban, Aneta Darandoi, Gabi Paun	Previous DOW staff who are now part of the Center for Community Development	Neamt
Group of four RHMs	Reproductive Health Mediators from JSI	Cluj
Group of 14 women from nearby community	Women (and some of their children) were brought to meet with us in a nearby hospital	Aghires
Two RHMs	Reproductive Health Mediators from JSI	Sacale
8 female beneficiaries	Random questioning among female community members	Sacale
Experts Group Students: 7 girls, 7 boys (ages 6-23) Mothers: 10 women Students: 7 girls, 12 boys (ages 11-17) Mothers: 10	Group of Roma activists from various organizations met at USAID for a discussion ⁸¹ Ovidiu Rom school, Bucharest Center, School 141 Ovidiu Rom school, Bucharest Center, School 141 Ovidiu Rom program, Bacau Center Ovidiu Rom program, Buhusi Center	Bucharest Bucharest, Sector 5 Bucharest, Sector 5 Bacau Buhusi

⁸¹ The Experts Group included: Gruia Bumbu, Roma Adviser to the Deputy Prime Minister; Marian Mandache, Coordinator, Human Rights Department, Romani CRISS; Florin Manole, Coordinator, Center for Romani Studies, Bucharest University; Laura Marin, Monitoring and Evaluation Expert, Phare 2004 Human Dynamics project; Ciprian Necula, Department Coordinator, Media Monitoring Agency „Catavencu Academy;” and, Mihai Neacsu, Manager, Amare Rromentza Roma Center.