

ROMANIAN COUNTRY REPORT ON THE STATE OF PLAY IN EDUCATION AND LABOUR MARKET

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The methodology

The territorial scope of the research is in Romania.

Subject of the research:

- (1) Actual problems, needs, attitudes and the potential for development and change in the Roma communities and groups, the internal and external barriers to their inclusion in education and the labor market;
- (2) The relevance of the implemented programs and interventions to the challenges and specifics of the target groups of the isolated Roma communities and of the marginalized groups permanently excluded from the education and labor markets in the three countries.

Object of the research: The isolated Roma communities and the marginalized groups in Romania. In particular, the primary object of the research are the closed neighborhoods with a special attention to marginalized areas within the communities. Non-Roma marginalized groups are existing also outside these Roma communities - in the majority and other ethnic communities. These groups, as well as the specific group of young people out of education, employment and training (NEETs), which are also threatened by marginalization, are not thoroughly studied, but on the basis of existing research and expert observations they are taken into account when formulating the conclusions and recommendations for future targeted interventions.

In this context, the secondary object of the study are the interventions - government policies, programs and projects for Roma integration and access to education and employment - and the external factors that influence or attempt to influence the Roma communities to overcome problems, with particular attention to applied approaches, good practices and lessons learned. This is not an evaluation, but a review of interventions aiming to highlight good practices, analyze external barriers for communities, and to build on existing achievements in implemented programs and measures.

This country report highlights the main findings and conclusions of the state analysis on all the essential aspects of the addressed issues in Romania. The limited time and resources allow qualitative field survey of Roma communities, reviews of policies and implemented interventions with choice of depth analysis objects - policies, communities, good practices and lessons learned from the programs, processes that are critical to integrity and the rationale of conclusions and recommendations.

With regard to the object of the research we clarify **some definitions and concepts used in the analysis:**

- ***Roma, Roma population:*** In this analysis, the term Roma is used as a generic name, wider than the groups with declared Roma self-identification, including the communities living in a similar situation that the non-Roma population defines as Roma, regardless of their self-identification.
- ***Detached / isolated and closed Roma communities:*** Roma and other disadvantaged ethnic communities who live more or less compactly in isolated neighborhoods / areas detached from the macro-society. An essential feature of these communities is not so much their ethnic origin as the closeness and isolation that affects attitudes and social norms. The focus of the analysis is not the ethnic origin but belonging to a closed isolated community because the specific risk factor is not ethnicity but life in a closed community that generates complex risks and trends to marginalizing.

Specific focus of the analysis. A number of analysis and studies address the problems of Roma inclusion in education and employment using standard methods and only give some of the answers sought. The specific focus on Roma perspective distinguishes this research from the available studies completed so far.

The starting point is the Roma perspective – from the isolated Roma communities to the problems and not the opposite – from the macro environment to the Roma. The Roma are essential actors in the process of change, which is impossible to get progress without the Roma participation, and the Roma cannot be treated just like objects of research or target groups of programs/measures.

- ✓ Contextualizing the educational/employment problems in the more general problems of the social exclusion. The community isolation from the macro-society is an important factor, but the after-effects of this factor on the outcomes of education / employment measures are most often ignored or underestimated in the available analysis and assessments.
- ✓ Analysis of the problems and potential opportunities for change in the context of community development: Firstly, a differentiated analysis of the situation in the different isolated Roma communities in relation to the ethno-cultural specifics, on the one hand, and the trends and degree of marginalization, on the other. Secondly, each Roma community is not homogeneous and the analysis should outline the internal differences and stratification that require different approaches for intervention.
- ✓ Looking for in-depth answers to the key questions *WHY* something happens or does not happen that goes beyond simple explanations such as poverty, discrimination, language barriers, remoteness of neighborhoods, etc.

The Roma focused analysis is selected for highlighting the potential and motivation for change at all levels – from the detached communities to the highest decision-making levels, which are obligatory for promoting feasible sustainable solutions. These approaches are forming the most important essential contribution and added value of this research to understanding the trends and factors hampering the effective overcoming of community isolation and social exclusion.

The main research methods include:

Desk research, covering available reports, analysis, expert assessments, academic research, sociological surveys and opinion polls, other documents, etc. Own surveys and observations by the partner organizations on the trends in Roma community development also are used in the Report. The review of policies and interventions – directly or indirectly addressing Roma – covers policy, strategic and program documents, available project documentation, reports, evaluations, thematic analysis, others. Baseline data sources include statistic data from national statistic institutions, Eurostat, available official databases of institutions, such as ministries, agencies, regional and municipal structures, and others. There is significant number surveys, documents and data sources reviewed in Romania, but in line with the pragmatic (and not academic) purpose of the research, the comparative report includes the quoted sources only, without attaching an overall bibliography.

The field research is in-depth qualitative research of the opinions and attitudes of Roma communities to problems, interventions, vision for the future, personal motivation of people and their willingness for a change. The main objective of the field research is to provide qualitative information about the authentic opinion of Roma communities and honest sharing of their self-assessment of the current situation, their attitudes and expectations to overcoming social exclusion, inclusion in education and employment. The methods applied are semi-structured group and individual interviews,

conversations with community representatives, (included) observation. A sample questionnaire is used by the field workers in conducting interviews – he/she reformulated and asked the questions in simple words, understandable to the respondents, in a way that avoid creating barriers to communication, but stimulating a frank, free conversation.

The in-depth field research is conducted in locations with different profile and characteristics of Roma communities: four settlements in the North - East, South-East and West regions of Romania – 1 regional center and 3 small towns from Alba county, Neamt county and Braila county, with high concentration of Roma population. In Romania they did not officially declared their ethnicity at the last census in 2011. In Iasi, which is a regional center, according to census data, the Roma population is 1.5%. According to research with local experts¹, in Iasi, Roma population is 3.3%. In Alba county, according to census data, the Roma population is 4.3% and according to the same research with local experts, Roma population is 8.5%. In Braila county, according to census data, the Roma population is 2.7% and according to the same research with local experts, Roma population is 5%. In Neamt county, according to census data, the Roma population is 1.4% and according to the same research with local experts, Roma population is 3.6%.

Research of expert views: Gathering and checking the expert views is conducted through interviews and thematic group discussions with experts from key institutions and stakeholders, Roma experts and other analysts. Meetings and interviews with stakeholders and experts are used for clarifying and completing insufficient information gathered from the available public sources.

The validation of conclusions and recommendations includes two stages. Firstly, consultative process with the key stakeholders (formal and informal meetings with decision-makers and experts from institutions, business and employers, Roma and non-Roma NGOs, professionals in the field of education, social services, labor markets, etc.). Secondly, conducting National conferences in the three countries.

Analysis of the Situation in the Roma Communities from Romania

1. Demography

Romania is the country with the largest Roma population among EU member states. Officially, 621573 people or 3.09% of the overall population have identified themselves as Roma According to the latest census (2011), which makes Roma the second largest ethnic minority in Romania (after the Hungarians). About 62% of Roma live in the rural areas of the country. The Council of Europe estimate of the number of Roma is much higher: between 1,200,000 and 2,500,000 (i.e. between 6.5% and 13.5% of the total population). According to these alternative estimates, the Roma would form the largest ethnic minority in the country. There are several reasons that can explain the discrepancies between the official statistics and estimates from other sources, such as the lack of residency documents, the high internal and external mobility of Roma, and reluctance in terms of ethnic self- identification, which is linked to the fear of stigma and discrimination. Above all, declaration of ethnicity was not compulsory for the census.

¹ Istvan, Horvath. (2017) Raport de cercetare –SocioRoMap: o cartografiere a comunitatilor de romi din Romania. (Research Report –SocioRoMap: a mapping of the Roma communities in Romania), The Publishing House of the Institute for the Study of National Minorities Issues, p.42

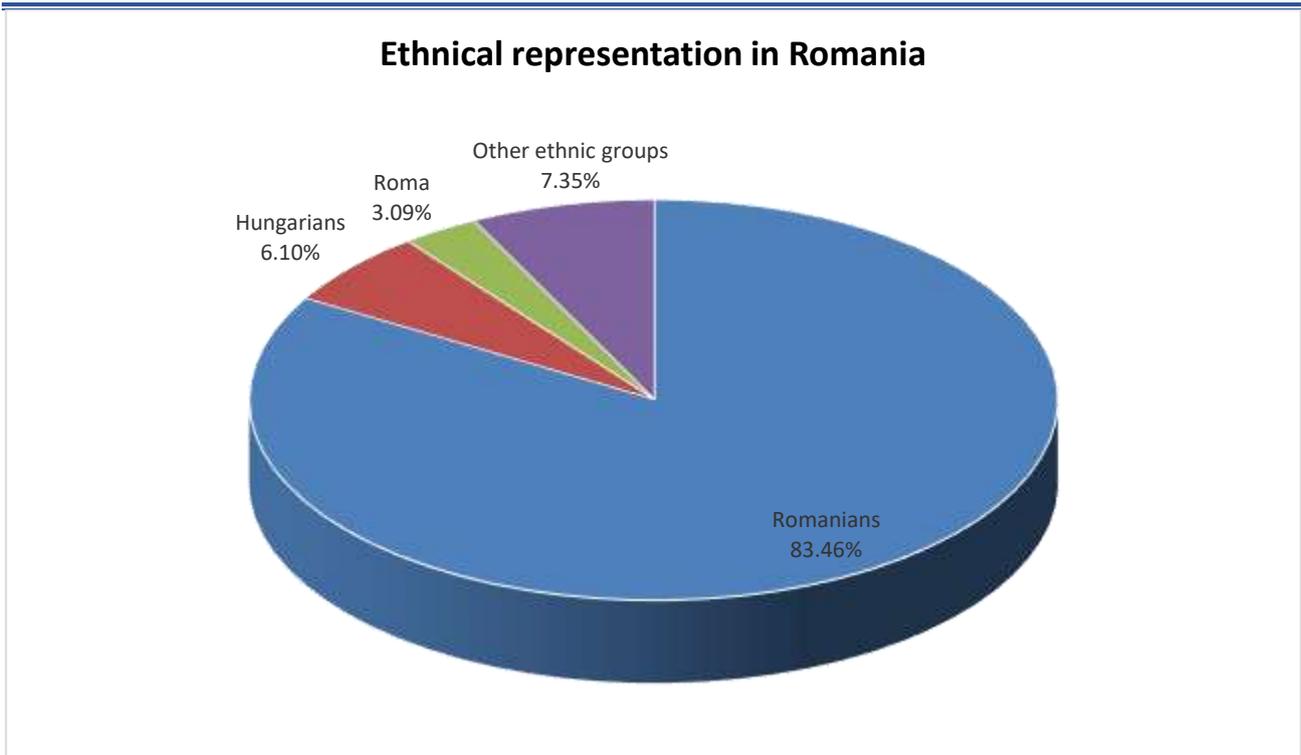


Fig.1 Data's from 2011 census

When looking at the last three censuses, a steady increase can be observed in the absolute numbers of Roma, as well as in terms of the percentage of Roma out of the total population in the country – from 1.8% (1992 census) to 2.5% (2002 census) to 3.08% (2011 census).

Romania is organised in 42 districts or counties and 8 regions. Each district has an administrative centre located in the biggest city, as well as smaller urban and rural localities. During the last census, in approximately 75% of the total number of registered localities (N=3186 localities), at least one person declared him or herself to be of Roma origin. In more than 50 localities including two cities, over 30% of the total population self-identifies as Roma. The geographical distribution of officially declared Roma is heterogeneous throughout the country, with a high degree of concentration in some of the districts of the NUTS1 (EU Nomenclature of Territorial Units for Statistics) regions (Northwest, Centre, and South) and a low degree of concentration in other regions (e.g. Northeast).

Figure 2: Percentage of Roma by locality (Census 2011)

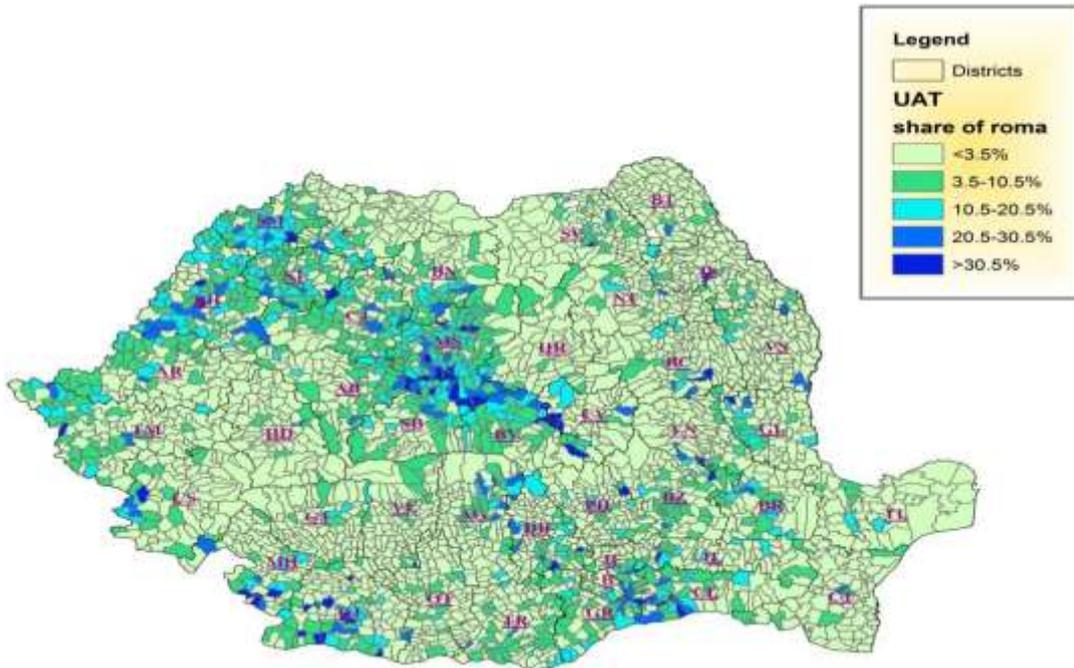
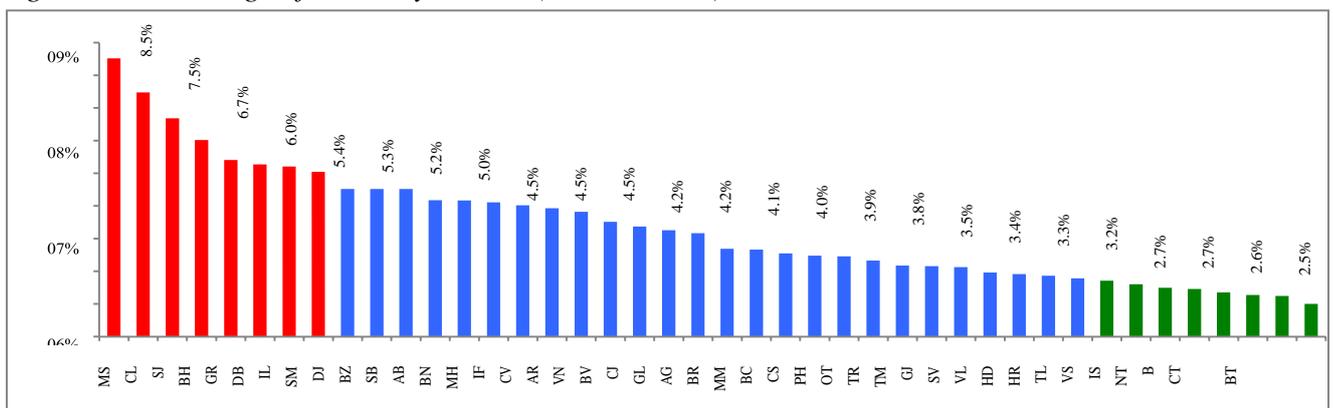


Figure 3: Percentage of Roma by district (Census 2011)

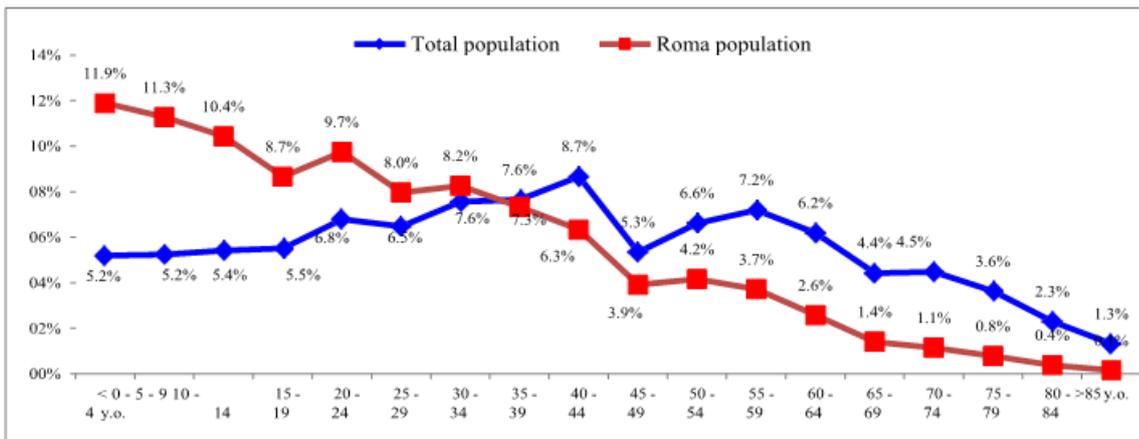


The districts with a 5% or more share of Roma population out of the total are (in descending order): Mures, Calarasi, Salaj, Bihor, Giurgiu, Dambovita, Ialomita, and Satu Mare.

Integrated Innovative Systems for Roma Education and Labour Inclusion

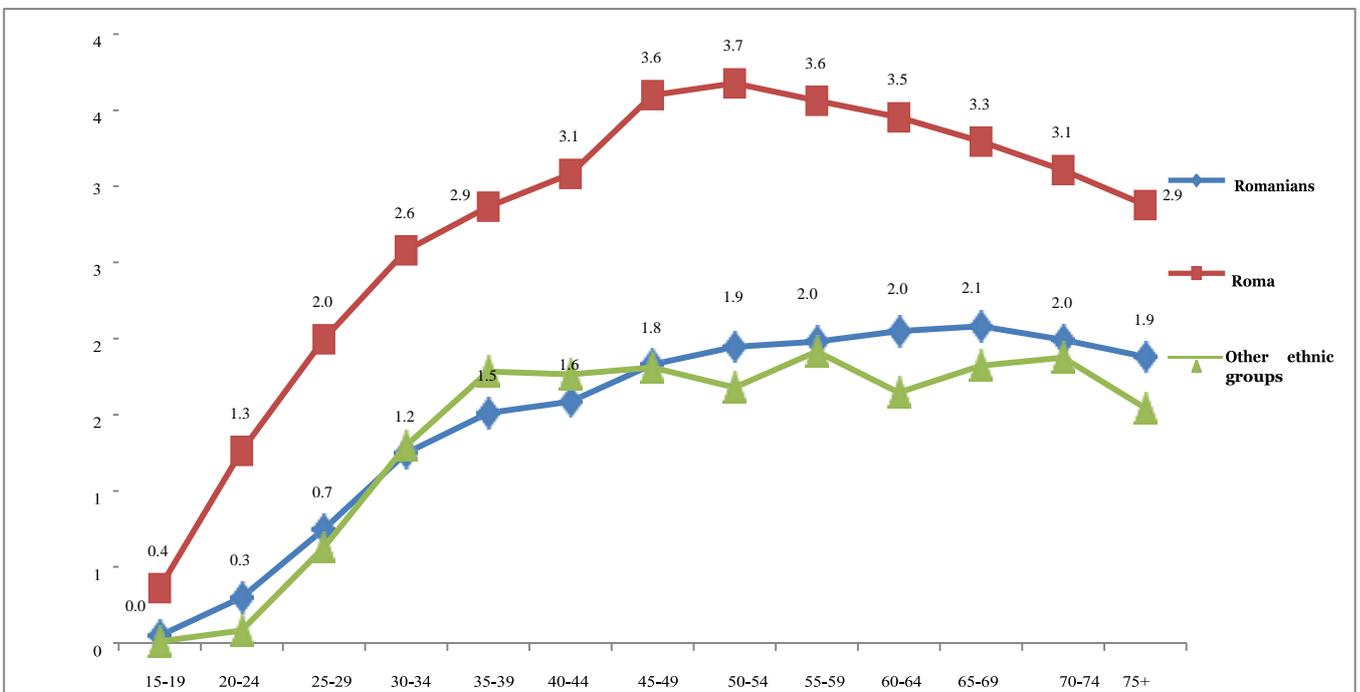
The distribution of Roma in these districts is variable, with a more homogenous distribution across most communities and districts in the Central and North-Western regions, in contrast with a cluster-like concentration in the South. According to data released by the National Institute of Statistics (NIS), no relationship has been identified to date between the number of Roma in a district and the economic development (GDP/capita) of that district. Distribution by residence shows that a majority of Roma (63% versus 37% non-Roma) live in rural areas, whereas a majority of the non-Roma population (54% versus 46% Roma) lives in urban areas.

Fig.4: Age group structure by ethnicity (Census 2011)



The demographic profile of the Roma population is very different as compared with the general population, with Roma presenting a high number of new-bourns, followed by a steady decrease in the life expectancy and excessive premature death

Figure 5: Average number of children born per woman by age group and ethnicity during the entire life course (Census 2011)



There are major differences regarding the reproductive behavior of Roma women as compared with non-Roma women. The chances for a Roma girl from the age group 15-19 years old to deliver a baby are eight times higher than for a non-Roma girl from the same age group.

2. Employment: employment rates and earnings among Roma in Romania.

Employment rates and average earnings among Roma are currently far below those of the general Romanian population, or even non-Roma neighbors. In 2011, 66% of men and 53% of women of working age (15–64) in the general population were employed, while only 42% and 19% of Roma men and women respectively had jobs, including informal jobs. Moreover, employed Roma earn only a fraction of the average earnings of the general population. As a result of low employment rates and low wages, the labor income of working-age Roma men in Romania is estimated to be only 20% of that of the general population; the corresponding figure for Roma women is 12%. These figures are much lower than for neighboring non-Roma (Figure 6).

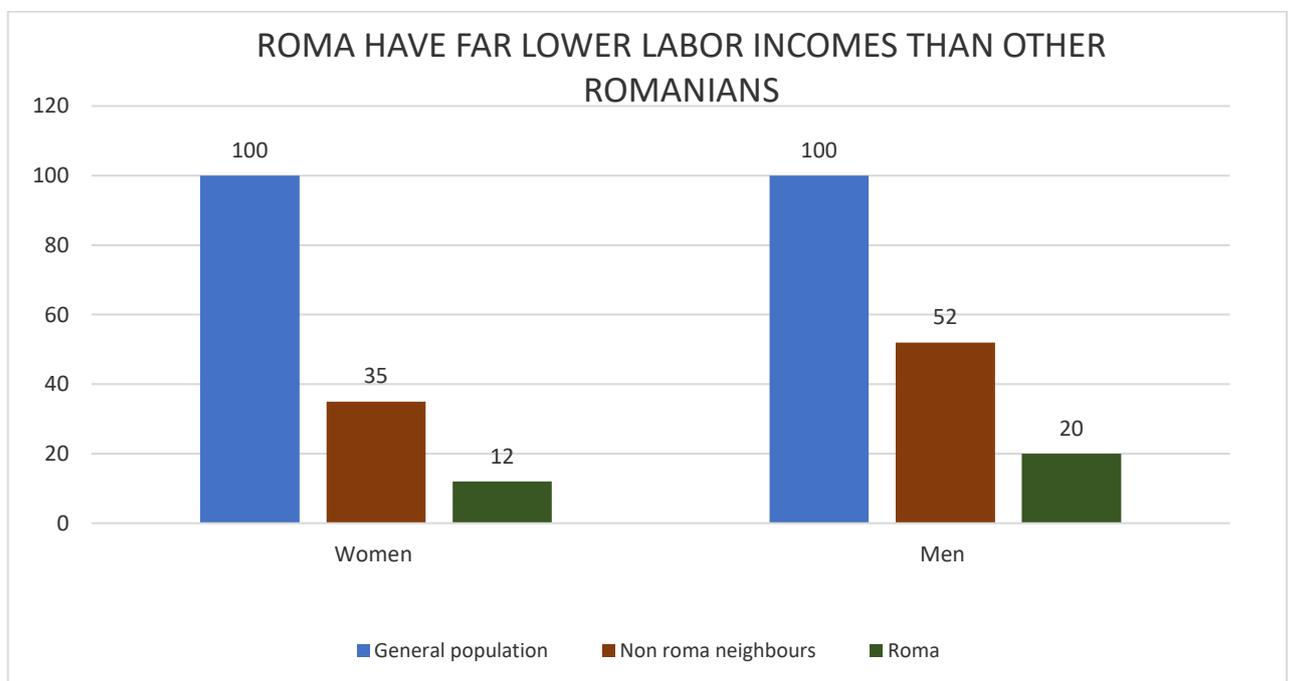
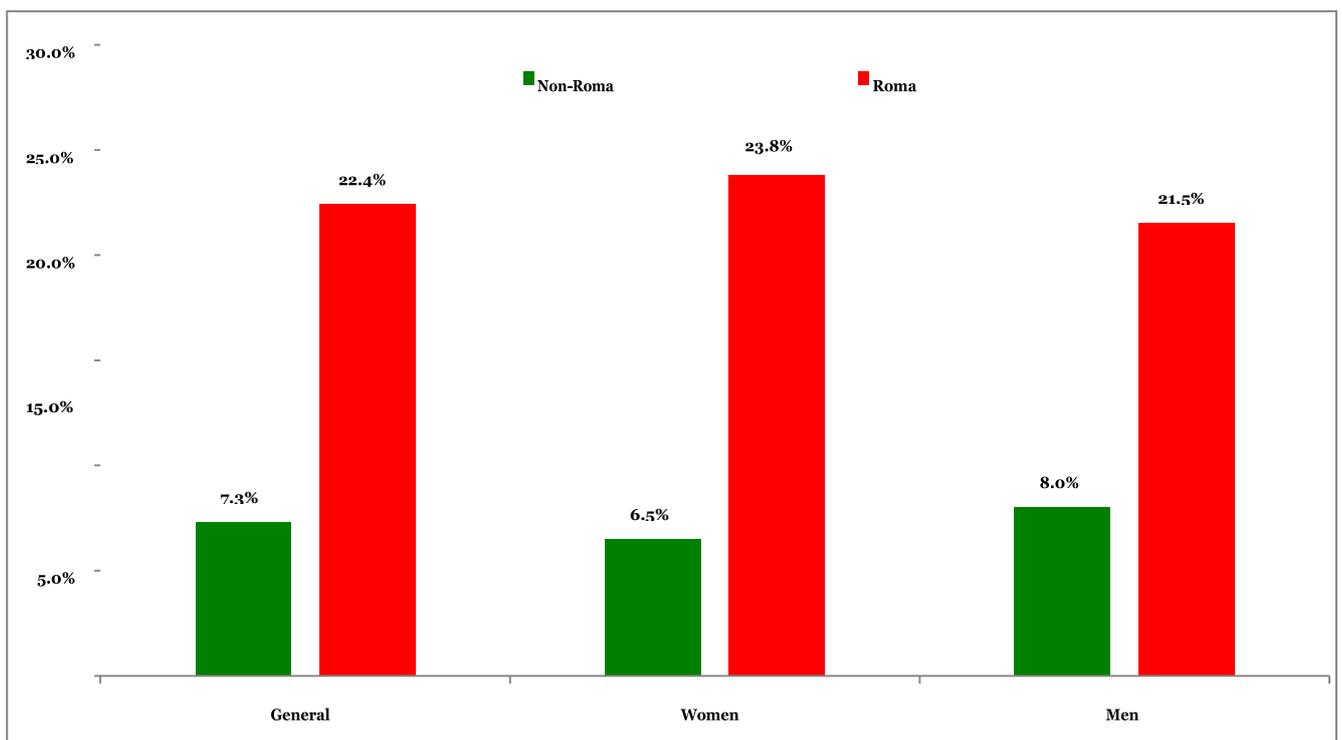


Fig.6 Earnings information

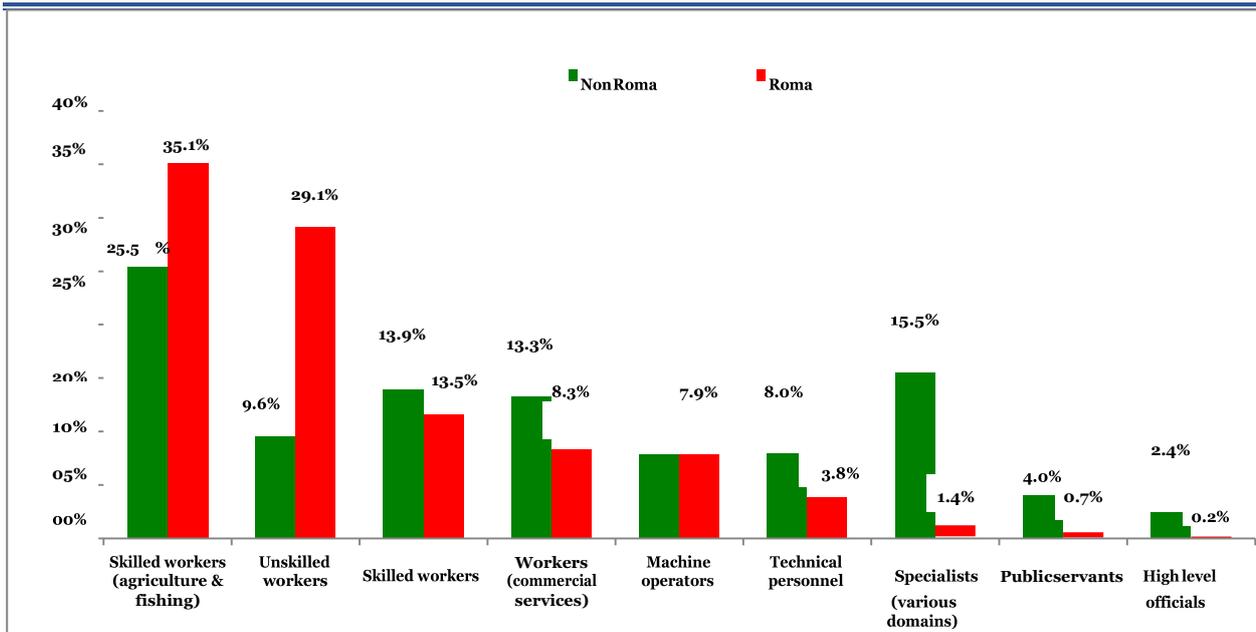
Sources: EU-SILC (2008), for earnings information of the general population; Eurostat (2012), for 2011 Quarter 2; and UNDP/World Bank/EC Regional Roma Survey (2011). Note: Labor income rates for the general population are normalized at 100%. The corresponding rates for Roma and non-Roma neighbors are relative to the general population. Income rates are estimated by multiplying the average employment rate times the average earnings for those who are employed. This gives the average earnings for an individual in the working-age population. For comparative purposes, values have been adjusted to 2011 prices using the Harmonized Index of Consumer Prices (Eurostat, 2012).

Fig.7: Distribution of unemployment by gender and ethnicity (UNDP/WB/EC - 2011)



The percentage of unemployed Roma is three times higher when compared with non-Roma, with higher numbers for Roma women than for Roma men.

Fig.8: Distribution by occupation and ethnicity (Census 2011)



Regarding types of professions, Roma have a much larger representation in unskilled or low- skilled occupations (unskilled and skilled workers in agriculture and fishing – approx. 65%) as opposed to non-Roma (approx. 35%), and a much lower representation in higher-skilled occupations.

In 2009, more than 56% of Roma in Romania were employed in the informal sector as compared with only 15% of non-Roma. Furthermore, the employment rate in the formal sector for Roma was only 36.3% (28% for Roma women) in contrast with 46.4% for non-Roma²⁶. Considering that the majority of workers in the informal sector work seasonally but, at the same time, work a very high number of hours per week in precarious conditions, and they do not receive social or health benefits as the employers do not pay contributions thereon, the health of Roma working in the informal sector is negatively impacted by the work they do, as well as the working conditions²⁷.

At European level, the survey on Roma carried out by the Fundacion Secretariado Gitano in 7 EU (BG, CZ, EL, ESP, PT, RO, SK) countries in 2009 showed that, in Romania, 48.6% of Roma were employed. This percentage is similar to the employment rate for Roma in the rest of the countries included in the study. However, 42.6% of Roma were reported as inactive as compared with only 34.8% in the other countries. When comparing self-perceived employment and unemployment rates, 57.4% of Roma in Romania considered themselves to be employed and 15.3% considered themselves to be unemployed²⁸.

At regional level, a study conducted by the World Bank in 2010 in Romania, Bulgaria, Serbia and the Czech Republic, examined employment rates among Roma and non-Roma men and women. It showed that Romania had the highest percentage of employed Roma men – 69% nearly the same as non-Roma men in contrast with only 31% of Roma women (24% lower than non-Roma women). All the other countries in the study presented similar employment rates for non-Roma men and only about

half of the percentage of employed Roma men as compared with Romania. The study also showed that the average labour earnings for Romanian Roma, irrespective of gender, were about 39% lower than the labour earnings for employed non-Roma. When asked about the reasons for their unemployment, Roma declared insufficient education and qualification (87%) as being the most important factor, followed by preference to receive social assistance (81%), lack of willpower (66%) and discrimination (35%). On the other side, Roma are also declaring that they are willing to work but often cannot find jobs, and only about 12% of working Roma receive the minimum wages. The study concludes that if Roma had not been excluded from the formal labour market in Romania, government revenues would have increased between €202 and €675 million per year, depending on the population estimates used for calculation, but this assumption can be challenged by the fact that is quite unlikely that an increase of 24% in Roma women employment rates will increase the Government revenues by such a large amount.

On the contrary, the regional Roma survey carried out in 2011 by the UNDP, the WB and the EC showed different data as regards Roma employment rates in comparison with the report released in 2009 (30% employed Roma and 44% employed non-Roma living in proximity of Roma communities surveyed) with significant differences between genders (42% Roma men, 56% non-Roma men, 19% Roma women, and 34% non-Roma women). In addition, the unemployment rate reported in 2011 was higher than the one reported in the previous survey (33% for Roma vs. 18% for non-Roma), continuing the same trends for men and women. As regards the incidence of employment in the informal sector, it increased compared to the report from 2009 and reached 65% for Roma in contrast with 19% for non-Roma. One of the explanations for these differences could be the negative effect of the global economic crisis on the Romanian economy. When looking at occupations, the 2011 UNDP study found results similar to the afore-mentioned, with the majority of Roma are employed as unskilled workers (43% of Roma vs. 16% of non-Roma), followed by skilled workers (18% of Roma vs. 43% of non-Roma) and landless workers (16% of Roma vs. 2% of non-Roma). When classified by trade, the highest percentage of Roma work in agriculture (33% of Roma vs. 15% of non-Roma), followed by industry or mining (14% of Roma vs. 23% of non-Roma), construction (13% of Roma vs. 10% of non-Roma) and other commercial services (13% of Roma vs. 11% non-Roma)³⁰.

Finally, another survey carried out by EUFRA in 2011 showed that the percentage of Romanian Roma children aged 7-15 working outside their home was around 13%, the highest percentage in the 11 EU countries surveyed.

Education

POPULATION OVER 10 YEARS OLD: ILITERACY, ETHNICITY AND GENDER

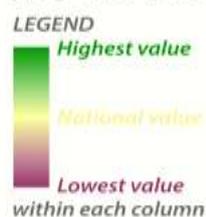
Ethnicity	BOTH GENDERS	MALE	FEMALE
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Integrated Innovative Systems for Roma Education and Labour Inclusion

	Total	Illiterate	Comparing to total %	Total	Illiterate	Comparing to total %	Total	Illiterate	comparing to total %
A	1	2	3	4	5	6	7	8	9
ETHNICITY									
Romanians	15222069	153221	1.0	7364761	46718	0.6	7857308	106503	1.4
Hungarians	1119988	9020	0.8	534389	3897	0.7	585599	5123	0.9
Roma	477715	67480	14.1	242209	27344	11.3	235506	40136	17.0

The national illiteracy rate, as well as district illiteracy rates, is more than ten times higher for Roma (14.1%) when compared with non-Roma (1.2%). The highest illiteracy rates are found in Tulcea, Galati, Ialomita, Braila, and Constanta districts (all of them positioned in the South and Southeast regions of Romania) and the lowest illiteracy rates are found in Prahova, Sibiu, Maramures, Arges and Bucharest districts. There is no direct correlation between the proportion of Roma population in the district and the illiteracy rate of Roma; instead, in all districts with more than 5% Roma out of the total population, the illiteracy rate for non-Roma is above the national average probably due to the fact that these districts are also amongst the poorest in the country, and that may hinder the access to education in general.

ROMANIA: LEVEL OF EDUCATION BY ETHNIC GROUP



ETHNICITY	EDUCATIONAL LEVEL OF LAST GRADUATED SCHOOL (IN PERCENT)									
	Higher			Secondary				Primary	No school	
	Total	of which:	Post-secondary & foreman school	Total	Superior		Inferior (gymnasium)		Total	of which:
		Bachelor's degree			High-School	Vocational & apprentice school		Illiterate		
	1	2	3	4	5	6	7	8	9	10
Total	14.4	12.6	3.2	65.3	24.4	13.9	27.0	14.2	3.0	1.4
Romanians	14.8	12.8	3.3	65.6	24.7	14.3	26.6	13.8	2.5	1.0
Hungarians	10.2	9.1	3.3	73.4	27.0	15.9	30.5	11.0	2.1	0.8
Roma	0.7	0.7	0.2	44.7	4.9	4.2	35.7	34.2	20.2	14.1

In 2007-2008, the Romanian Ministry of Health (MoH) carried out the largest to date National Programme of Health Status and Risk Factors Evaluation (NPHSE). More than 60% of the total population in the country participated in the programme. The figure above shows the education level distribution among persons screened for the risk factors as a comparison between Roma populations residing in localities with more than 30% Roma, rural localities with less than 30% Roma and non-Roma, and the total population (Roma and non-Roma). As can be easily seen, the education attainment rates of Roma for the upper education level are the lowest. Data from the same study showed that there is a direct correlation between the low level of education attainment and higher incidence of behavioural risks (smoking, alcohol abuse, and unhealthy diet) as well as high morbidity rates.

Another survey conducted in 2009 by the Fundacion Secretariado Gitano in 7 EU countries (BG, CZ, EL, ESP, PT, RO, SK) showed that 37.4% of Romanian Roma had never attended school, 26.9% had completed primary school and 35.7% had completed lower secondary school and beyond. These data are opposed to the data presented by the study above as probably a different methodology and/or sampling were used. When comparing Romanian Roma figures with the average levels of education enrolment and education attainment of non-Roma in the EU countries included in the study, the following significant differences can be observed:

- Only 36% of Romanian Roma completed secondary and higher education in contrast with 67.9% of non-Roma in the 7 EU countries included in the study;
- 9.9% of Romanian Roma children between the ages of 0 and 5 were enrolled in kindergarten as opposed to 45.2% of non-Roma children in the same age group, in the 7 EU countries;
- 19.6% of Romanian Roma between the ages of 15 and 24 were enrolled in school as compared with 59.5% of non-Roma in the same age group, in the 7 EU countries ²³;
- As regards primary and lower secondary education, the difference in enrolment is much smaller (86.9% Romanian Roma versus 99.6% non-Roma in the 7 EU countries).

Similarly, a survey conducted by UNDP in 2011 shows prominent differences in education achievements between Roma and non-Roma living in proximity of Roma communities in Romania. The literacy rate for the age group 16-24 years old is 83% for Roma men and 97% for non-Roma men, and 78% for Roma women as compared with 98% for non-Roma women. There are big discrepancies between Roma and non-Roma in terms of gross pre-school enrolment (37% for Roma and 63% for non-Roma) and upper secondary school (high school) enrolment rates (23% for Roma and 83% for non-Roma). In general, Roma have only half the average years of education when compared with non-Roma.

[Housing quality and housing mobility](#)

In Romania, Roma live in different types of communities, the majority of them in rural areas, either inside localities or on their outskirts. According to research carried out by the Romanian sociologist Dumitru Sandu in 2005, out of 104 (24 urban/80 rural) Roma communities assessed for inadequate housing and limited or no access to public utilities, 87 were located at the peripheries of localities, 13 were at some distance from the main locality and 4 were located in centre of the locality¹⁶. Most of

Another issue that has a direct impact on Roma access to healthcare services is the absence of property titles or rental agreements leading to a lack of national identification documents, which are provided based on the legal place of residence of a person and are necessary to access healthcare services.

The same report summarizes surveys carried out in 1998 and 2006, which show that more than one-quarter of Roma families did not have valid property titles or rental agreements for the residences they were living in.

An additional problem related to housing is the average interior living space available per person – 65.3 % of Roma reported that they live in less than 11.9 square meters, in contrast with only 25% of non-Roma that live in the same space. Also, 33.7 % of Roma declared that between 2 and 4 persons share a room in contrast with only 8.6% of non-Roma. A direct relationship has been found between the density of people sharing a room and the educational level of these same people; the higher the crowdedness, the lower the educational attainment.

According to the survey conducted in 2011 by EUFRA, 87% of Roma were affected by housing deprivation (lack of one or more basic facilities – toilets, gas, running water, heating, electricity) in contrast with only 57% of non-Roma. The figures are the highest among 11 EU countries that were included in the study, the average figures for these countries being 42% for Roma and 12% for non-Roma. Moreover, when taking into consideration the number of children living in the household, 93% of Roma households with four or more children faced severe housing deprivation.

Data on Roma health Health

Several surveys assessing the socio-economic determinants of health, the health status of Roma and Roma access to health services have been conducted over the last ten years. Data presented in four studies carried out in 2009, 2011, 2012 and 2013, although executed by different international, regional and national organizations, will be taken into consideration in this report, due to the fact that they used valid sampling methodologies, representative of the Roma population in Romania: *Health and the Roma Community, analysis of the situation in Europe (BG, CZ, EL, ESP, PT, RO, SK) – Madrid, 2009*, *The UNDP/WB/EC Regional Roma Survey 2011*, *The situation of Roma in 11 EU Member States, Vienna EUFRA 2012*, *Criza ascunsa din sanatate. Inegalitati in domeniul sanatatii si date dezagregate, ERRC Budapesta 2013*.

Mortality

As noted in the previous chapter, the life expectancy of Roma is shorter than that of non-Roma. Different studies mention a gap between 6 and 16 years. The lowest figure was provided in the UNDP/WB/EC Regional Roma Survey (2011) and the highest one was reported in a Gallup study (2013) carried out in Romania. The latter study also stated that the mortality rate for the age group 0-14 years old was seven times higher for Roma than for non-Roma and that for the age group 35-64 years old the mortality rate was 39.7% for Roma as compared with 26.6% for non-Roma.

The average period from the initial diagnosis to death, as regards severe disease (e.g. HIV/AIDS, cancer, stroke, etc.), is 3.9 years for Roma as opposed to 6.8 years for non-Roma. Another study showed that Romania had the highest mortality rate among children (Roma and non-Roma) under five years old in the EU (approx. 12%) when correlated with housing deprivation, or the lack of three or more essential items in the household (58%). This result can be correlated with the fact that Roma have the highest percentage of deprived households when compared with non-Roma.

Self-assessment of health status

Although most studies that examine the self-assessment of Roma health status provide figures showing that Roma tend to estimate their health status as very good (25% of Roma vs. 17% of non-Roma) or good (67% of Roma vs. 62% of non-Roma), when the data is classified by age group or gender, the results are different, with more Roma perceiving their health status as worse or worst³⁹.

Thus, when compared with non-Roma women, Roma women 16 years old and over reported more frequently that their health status is bad or very bad (34% of Roma vs. 27% of non-Roma) despite the fact that the Roma women interviewed were on average significantly younger than the non-Roma women. The gap increases with the age, with 67% of Roma women aged 50 years and over who reported that their health status is bad and very bad as compared with 44% of non-Roma women interviewed in the same age group 40.

Regarding self-reporting of the health status as good or very good, there is an inverted relationship when considering the age. For example 86.4% of Roma minors declare that their health status is good or very good compared with 75.4% of Roma adults.

Compared with Roma populations from other EU countries, Romanian Roma are regularly reporting a better health status and, up until now, it is not clear whether this is related to poor health literacy or to specific cultural factors.

Limitations in daily activities

As shown in the previous, the Roma population in Romania faces a number of socio-economic constraints, which have negative effects on their health condition, and this in turn impacts their daily activities. Although the results of the UNDP/WB/EC Regional Roma survey (2011) showed that the overall self-assessment of the health status was better for Roma (67%) than for non-Roma living in proximity of Roma communities surveyed (62%), when classified by age groups, there is a strong association between increasing age and a higher proportion of Roma declaring a worse health status. In this respect, the study entitled “*The situation of Roma in 11 EU Member States*”, carried out by EUFRA in 2011, shows that 44% of Romanian Roma aged between 35 and 54 have health problems that limit their daily activities when compared with 24% of non-Roma in the same age group. The figure for the Romanian Roma population is the second highest in the sample following the one reported for Polish Roma (53%). When classified by gender, 68% of Romanian Roma women aged 50 years and over said that health problems limited their daily activities, as compared with 59% of non-Roma women.

Health Risk factors

There are several risk factors that affect Roma health in a disproportionate manner.

Food

According to results from the NPHSE study carried out in 2007-2008, the share of Roma declaring consumption of red meat and fat is twice as high when compared with the national average. Also about 54% of the Roma adult population is overweight. Salt consumption is also higher, with 60% for Roma and 53% for non-Roma⁴².

In terms of daily consumption of main food groups, a survey examining eating habits among Romanian Roma, carried out by Romani CRISS in 2009, showed the following: bread and similar

products, followed by pasta and rice, dairy products and vegetables. Meat and red meat is normally consumed once per week and fish is eaten sporadically⁴³. These data are quite contradictory with the data presented by the NPHSE study but this could be explained by the different sampling methodology used in these studies and the sample size.

Smoking

Nearly 50% of Roma adults smoke every day compared with about 30% of non-Roma adults, and the share of Roma women who smoke is 2.2 times higher than non-Roma women (15%).

Alcohol consumption, low physical activity

The same NPHSE survey mentioned above indicated that the low level of education and lack of employment were associated with excessive alcohol consumption and low physical activity. Low levels of education are also linked to abnormal biochemical markers (*e.g. glucose, cholesterol, triglycerides, alanine transaminase*) that are predictors of several chronic diseases such as type 2 diabetes, stroke, myocardial infarction or chronic hepatitis/liver cirrhosis. According to the majority of studies, the alcohol consumption level of Roma compared with non-Roma is inconclusive. It is not evident that Roma are consuming alcohol in excess as compared to non-Roma.

Communicable diseases

Tuberculosis (TB) is one of the major public health problems affecting disproportionately people living in poverty. Romania has the highest number of TB cases in the EU and a significant number of Multi-drug-resistant (MDR) TB cases resulting from lack of specific treatment and improper treatment. According to operational research carried out in 2011 in two districts with a high prevalence of TB cases, one in every five Roma has TB.

Several surveys have indicated that there were significant discrepancies between Roma and non-Roma respondents regarding TB knowledge and the rate of TB treatment completion due to various socio-economic and cultural factors⁴⁸. Another study conducted by the European Roma Rights Centre (ERRC) in 2013, at the national level, indicated that the TB prevalence was 1% for Roma and only 0.2% for non-Roma⁴⁹ but these results should be considered with caution due to the fact that the methodology used in the study was not clearly explained.

Regarding HIV/AIDS, 10.5/10,000 persons from localities with a high number of Roma are admitted in hospitals with this diagnostic as compared with only 6.3/10,000 persons from localities with a predominantly non-Roma population (2013). The situation is similar for acute viral hepatitis type A, where the number of hospital admissions is almost four times higher for localities with a predominantly Roma population as opposed to localities with a predominantly non-Roma population.

Non-communicable diseases

The survey conducted by the Fundacion Secretariado Gitano, in 7 EU (BG, CZ, EL, ESP, PT, RO, and SK) countries in 2009 showed that Romanian Roma had a lower incidence of chronic diseases when compared with Roma from the other EU countries included in the study. The most frequent, diagnosed health problems reported by Roma adults were high blood pressure (17.5%), followed by heart disease (13.7%), migraines and headache (11.9%), high cholesterol (11%), and musculoskeletal problems (10.6%). This is different when compared with the results of the NPHSE study, which showed that the average number of persons with high blood pressure was above 40% for localities

with a predominantly Roma population as opposed to 32% for localities with a predominantly non-Roma population. The difference can be explained by the fact that in the first study results were provided through the respondent's self-assessment of his/her disease history as opposed to the second study where the results were provided objectively by a medical practitioner following a medical examination. As regards Roma children, the most frequent diseases reported were respiratory ailments, such as asthma and bronchitis (5.5%), followed by hernias (3.4%) and allergies (2%).

The study conducted by ECCR in 2013 indicated that there was a higher incidence of self-declared respiratory diseases among Roma (50%), such as pneumonia, chronic obstructive pulmonary disease, tuberculosis, when compared with non-Roma (33%), and this trend increased with age (27% of Roma and 16% of non-Roma aged 65 and over as compared to only 16% Roma and 11% non-Roma aged 35-64)⁵². In 2013, 391/10,000 persons residing in localities with a high density of Roma were admitted to hospitals with respiratory problems as compared with only 275/10,000 persons residing in localities with a predominantly non-Roma population. Moreover, self-declared ischemic coronary disease (21.5% of Roma versus 12.3% of non-Roma) and diabetes (23% of Roma versus 15.4% non-Roma) appears to be more prevalent among the Roma population, with prevalence increasing with age (2.7% of Roma 35-44 years old with ischemic coronary disease as compared with 12.6% of Roma over 65 years old). The biggest difference recorded between Roma and non-Roma in terms of cardiovascular diseases was that for the age group 35 to 44 years old, with Roma reporting an almost three times higher disease prevalence compared with non-Roma, 2.7% and 0.3% respectively.

Overall, Romanian Roma are disproportionately affected by multi-morbidity, or the co-existence of two or more chronic conditions, as well as by the development of chronic diseases at a younger age, when compared with non-Roma, and this requires tailored health policies focused on health education and access to primary health care services.

Accidents

According to the study conducted by the Fundacion Secretariado Gitano, in 7 EU countries (BG, CZ, EL, ESP, PT, RO, SK) in 2009, the accident rate for Romanian Roma was lower (6.5 % for minors and 7.4% for adults) than the average of all of the countries combined (10.6% for minors and 10.6% for adults). The majority of accidents occur at home (57.1%), followed by work or school (17.5%). Men are more prone to accidents than women. Furthermore, men are more exposed to cuts, fractures and contusions, while women are more exposed to burns. The age category most affected by accidents is 45 years and above⁵⁵. Possible explanations for this injuries' distribution could be related to the inadequate living conditions in which Roma reside, the high risk jobs accepted by Roma men, and the fact that women work mainly around the house and are thus exposed to domestic accidents.

Maternal and reproductive health

Romanian Roma tend to marry early and to have children at a very young age. According to the UNDP/WB/EC Regional Roma survey (2011), 28% of Roma get married between the ages of 15 and 19 as opposed to only 2% of non-Roma in the same age group, living in proximity of Roma communities. The same tendency is true for the age group 20 to 24, with 63% of Roma in this group getting married as compared with only 17% of non-Roma.

The proportion of girls between the ages of 14 and 16 that give birth for the first time is three times higher for Roma than for non-Roma, according to a study conducted by the World Bank group in 2014. Also, Roma women in the lowest income categories are more likely to become pregnant at an early age due to socio-economic, educational and cultural factors.

The study carried out by the Fundacion Secretariado Gitano in 2009, examining the situation of Romanian Roma in 7 EU countries (BG, CZ, EL, ESP, PT, RO, SK) , showed that 12.2% of Roma female respondents had never consulted a gynecologist, and 34.1% had consulted a gynecologist uniquely for reasons related to pregnancy and delivery. Almost 50% of the Roma women who had visited a gynecologist declared that they had done so once during their pregnancy, and the remaining 50% were divided equally between visiting a gynecologist once per month and once every two months, during their pregnancies. This is quite common especially for Romanians living in rural areas, with family doctors performing check-ups during normal pregnancies and only women with high-risk pregnancies receiving more frequent check-ups by gynecologists. The main reasons cited by Roma women for visiting a gynecologist were: gynecological problem (34%), followed by other reasons (24.9%), routine exam (19.6%) and family planning (17.5%).

Access to hospital services

Based on 2013 data from the national hospital database, 64% of hospitalized persons living in localities with a high percentage of Roma were adults as compared with 83% of hospitalized persons from localities with majority non-Roma. In addition, the average age for admission to a hospital in 2013 was 51 years for persons from localities with a high number of Roma as compared with 55 years for persons from localities with majority non-Roma. In 2013, the top six hospital discharge diagnoses by category for persons from localities with a high number of Roma were: viral pneumonia, acute bronchiolitis, chronic obstructive pulmonary disease (COPD), normal and premature deliveries, threatened abortion, and infectious diarrhea.

Access to dental services

Dental care in Romania is mostly offered through private dental practices. Only a few dental offices have a contract with the National Health Insurance Fund (NHIF) and they provide mainly preventive dental services for children, as well as certain dental emergencies. Health insurance funds allocated to this sector are insignificant when compared with the rest of the medical domains, and the geographical locations of dental offices offering subsidised public services are unevenly distributed throughout the country. Thus, access to dental services is almost entirely dependent on financial affordability and, in this respect, is inaccessible for the poorest Roma.

According to the 2009 CRISS study, almost half of Roma respondents declared that they had never visited a dentist (44.3%), with a higher proportion of children (59.5%) compared with adults (33.7%). In addition, 62.1% of Roma adults declared the presence of cavities, but only 26.3% of those declared being able to afford treatment. Access to dental services is correlated with the geographical situation of the locality (integrated vs. isolated) and self- assessment of the health status of the respondents, (35.5% Roma from isolated & bad health status vs. 78.5% Roma from integrated & good health status). The number of Roma living in Romanian who have never been to the dentist is much higher (44.3%) than the Roma average for all seven EU countries (32.5%).

Attitudes of Roma communities

People who participated on the group interviews in field research in Romania were men and women aged between 19 and 50 years old, with a different level of education, being graduates of high school, post-high school, students, university graduates and master degree.

Regarding the self-assessment of the situation and quality of life, the participants said they are still working to reach the standard of living they want. They think they have a decent life now but

have worked hard to reach this level. They recognized that they had the support of their parents to reach current level, even if their parents had no studies.

Women, 39 years old, with master degree and with 1 child, works as a piano singer and she has minimum wage on the economy in Romania, but now she is happy because she can work in the field she loves. She wants to become a piano teacher. In the past, she worked in various fields, such as bars and restaurants as a waitress, she worked in Italy as a housekeeper.

Man, 29 years old, university graduate, has two jobs now, one as a social worker and the other one as a call center operator with foreign languages. He can pay the rent of the apartment where he lives and he can assure himself the standard of living.

Man, 26 years old, student, he does not have a job. He wants to be a teacher. His family gives him financial support for finishing his studies.

Man, 21 years old, student, he has a part time job. He wants to work in viticulture, being the field he is studying.

Women, 19 years old, post-high school, she has a job in accounting. She is satisfied with her living standards, being supported by her family. She still lives with her parents.

Man, 29 years old, post-high school, he works as a hairdresser and this is the job he wants. He thinks he has found his vocation and something else he would not want to work on.

Women, 23 years old, student, she does not have a job. She wants to work after the graduation. Her family gives her the financial support for finishing her studies.

Women, 50 years old, psychologist, she has 3 children. She has a full time job and she and her husband works hard for a decent life. She succeeded in her life because she was very good at what she had done, finding her vocation. She admit that her mother had a decisive role in her life because her mother has always supported her in terms of school. Now she's doing the same thing with her kids.

Attitudes to the future – dreams, plans, ideas for success, the participants said that through education you can succeed in life and if you discover your vocation, then you can achieve good work results and you are respected by others. For them, the success in life is to have a job in the field you liked, to be respected by the community, to have a family with kids and enough money for a decent life. They want better living conditions than their parents and to have the opportunity to grow children in harmonious families. They want financial independence for anything that happens not to have to return to their parents' living conditions. They think they can reach this level of life but with a lot of work, seriousness and commitment. Being Roma, they have to work much more than majority because they have to break some patterns about the Roma situation. To get the respect of those around you, which is an important element when analyzing the success in life, they think you have to meet several conditions, such as education, clothing you wear, your attitudes, home that you have.

Participants believe that through education you can access more paid jobs and that they would not see them having traditional trades, as their parents did.

Man, 21 years old, student at the Faculty of Mathematics, his parents graduate secondary school and he does not want to have his parents' jobs. He wants to work in a clean environment, in the office, with computers.

Women, 39 years old, for her it does not matter to what employer he is working for as long as he does what he likes (plays to the piano).

Regarding early marriages, they believe that this would make harder their way to life successful and postpone marriage after graduation. The most sensitive point in life is the family and not necessarily the appearance of a child, but the disorganized family.

Attitudes and motivation for employment, the participants said that have had several situations in which they have been discriminated at work but have not abandoned their way to life. When they have experienced unpleasant situations at work they have chosen to leave that place and work elsewhere. They could take these decisions because they had trust in their knowledge and they know that they could succeed in another better job. Participants believe that the Romanian school prepares you only to be a good worker but not to ensure your succeed in life. In order to have good work results, they have to learn permanently and participate in different courses and trainings.

Women, 50 years old, psychologist, she had a job where she has not been promoted for 8 years although she has had good results. She resigned from that job and worked at another institution where she earned her colleagues' respect.

Man, 29 years old, university graduate, had an unpleasant situation at work. His colleagues had a discriminatory attitude towards him. At that time he spoke to his boss and told him that if his colleagues did not stop with discriminatory attitudes, he would resign. His boss had a meeting with all the employees and discriminatory attitudes stopped. He continues to work on that employer and considers that if he did not have good work results, his boss would not have intervened in the situation presented.

Attitudes and ideas about integration and social exclusion, the participants said that both the majority and the Roma must make efforts to achieve inclusion. When they come in contact with non-Roma who are not educated, discriminatory situations and rejection attitudes arise. They believe that in order to achieve the integration of the Roma, the majority should know at least in general the history of the Roma and how they have formed themselves as a nation. It is important for the Roma to have a high self-esteem and to assume that they are Roma and not to be ashamed of that.

Participants said there are also very closed Roma families that do not accept anything from outside and that it is very difficult to communicate with them.

In their opinions, the integration process should be from both sides, also from majority to Roma and from Roma to majority.

Women, 26 years old, university graduate, social worker, believes that Roma integration should be done by analyzing family with family in each community and working at an individual level with an interdisciplinary team.

Willingness for change from the perspective of the participants exists in harmonious families or in families who want a better future for their children and want to exceed their living conditions. The role of models is especially important for children. They must see that those beside them, brothers, sisters, cousins, succeed in life and have a high living standard.

Context Analysis – the Roma Issues in the policies and activities of the State and the local Institutions:

CHAPTER II. STAKEHOLDERS INTEREST FOR INSTITUTIONAL COOPERATION A study from the year 2006 shows that at the level of the majority population`s perception, the responsibility for the Roma inclusion, belongs to the Roma minority: National Agency for Roma, as a specialized

institution of the Government, the Parliament, including the organizations that represents the Roma people in the Romanian Parliament, the Roma nongovernmental organizations (NGOs) and the Roma people themselves. But, The European Commission, considers that the main responsibility for the social and economical inclusion of the Roma people belongs to the public authorities, specifying that, the Roma inclusion “is a dual process that implies a change in the mentality of the majority but also in the mentality of the Roma people, a challenge for which firm actions are required, deployed within an active dialogue with the Roma minority, both at national level and also at EU level”. As a consequence, the implementation, cooperation, monitoring and evaluation mechanisms for the inclusion policies of the Roma people from Romania were conceived in such a way that they clarify this dilemma of responsibility.

The implementation, cooperation and assessment mechanisms for the inclusion policies of Roma minority in Romania

The mechanism is explicitly established only in the governmental strategies from 2001 and 2011 and provides mixed structures (public authorities and NGOs) organized on horizontal and on vertical, the attributions of each mixed institutional structure (GLI, CMR, BR, BJR, ELR, ONG etc) and the role of the partners. The structures of the mechanism are formed through legislative instruments specific for the level of the administrative institutional level: Decisions of the Prime Minister, Orders of the relevant Ministries and/or of the state secretaries/other presidents, Decisions of the Local Councils. In the case of Romania, the mechanism has the following detailed structure. At central level, the mechanism includes a working group on Roma public policies and the Ministry commissions. The working group for the Roma public polices (called hereinafter the inter-Ministry work group- GLI), formed by the Decision of the Prime Minister (the Government’s strategy from 2011), attached to its Cabinet, of which also ANR is part of. The GLI has the coordination role of the Roma policies. The Ministry commissions for the Roma people (CMR) are formed within the Ministry that signed the strategy, through the orders of the relevant Ministries, which have an implementation and a monitoring role of the measures intended for the Roma people included in the specific area of activity: education, health, habitation, etc. The ANR has delegated a specialist in each CMR. At local level (regional, county and local) the mechanism is formed at the level of the prefecture through the Decision of the Prefect and at the level of the City Halls through the HC and includes: representatives of the decentralized institutions and of the deconcentrated services, including NGOs, organized as a mixed work group (GLM). The main task of the regional, county and local structures is to sign strategic partnerships⁶⁷ with various social players (stakeholders). The role of these mixed local

structures (GLM) is to implement and monitor at local level the public policies drafted by the Government, including the Roma strategy. The connection between the regional and county level is done through the 7 Regional Offices of the ANR that cooperate with the County Offices for the Roma (BJR) and the GLM organized at the level of the prefecture.

The role of the non-governmental organizations

According to the mechanism structure, the NGOs are partners in the consultation process for drafting public policies, especially at central level and they assess in a critical manner their implementation phase. At local level, the NGOs are dialogue and cooperation partners and participate in the work reunions of the mixed work groups (GLM) attached to the prefectures and city halls. As mentioned above, achieving a collective welfare is possible through the state intervention, which has own mechanisms and resources with planned processes but also through the NGOs, drove mainly by their ideals, activism and actions, but through spontaneous processes. Recognizing their importance, since the beginning of the 1990s, they were actively involved to carry out some social interventions and to promote the rights of the Roma minority. The lack of a national fund addressed to these, determined them to reach external financiers in order to approach punctual problems – short term interventions – the global problem remaining mostly unresolved. Furthermore, together with the request to implement the post-accession program, the proposed management blocked a great part of the NGOs` vigilance. Concerned to respond to the bureaucracy management of these funds, their attention was no longer focused on the way in which the disadvantaged people were spending the money or on the impact of the funds allocated to the Roma minority as a target group from their projects but on the implementation of the contracted projects according to the administrative procedures. In December 2011, the “Strategy of the Romanian Government for the inclusion of the Romanian citizens that belong to the Roma minority for the period 2011-2020”⁶⁸ was approved by a Government Decision. Currently, the strategy is being reviewed based on the observations formulated by the European Commission and on the ex-ante conditionalities that prepare the 2014-2020 programming. As in the period when the Governmental strategy from 2001 was drafted, the NGOs of the Roma have understood the importance of the context and of their role. Invited to be members in the Consultative Committee of the ANR, officially, they form a sub-commission of the Consultative Committee, organized per specialized commissions specific for the action fields of the strategy. The first reunions established their working manner and the objectives to be achieved. Their contributions subscribe both to the review of the Sector action plans of the Strategy, according to their field experience and

also to substantiate the priorities of the future European Funds 2014-2020. Likewise, they will be the base of the consultations and of the negotiations with the other social players included in the consultation process (the academic environment and the non-Roma NGOs that have experience both in drafting public policies for the Roma people but especially in implementing them, the associations of the public authorities and last but not least the Ministries responsible for the Roma inclusion through the commitments undertaken by the enactment of the Roma Government strategy and also by the Partnership between the Government and the European Commission for the 2014/2020 programming.

