Standard Summary Project Fiche 2002

1. **Basic Information**

1.1 **Number:** RO-2002/000-586.01.02

1.2 **Title:** Support to the national strategy to improve Roma conditions

1.3 **Sector(s):** Community Development and Health Services

1.4 **Location:** Romania.

2. **Objectives**

2.1 **Overall objective(s)**

To enhance and facilitate active participation of Roma communities in the economic, social, educational, cultural and political life of the Romanian society and improve accessibility to health services.

2.2 **Project Purpose**

To support the development of equitable and sustainable partnerships of Roma communities and the public institutions at local and county level in the field of community and economic development and to ensure improved access to health services.

2.3 **Accession Partnership and NPAA priority**

The 2001 Accession Partnership includes a reference to the Government Strategy that reads as follows: “Human rights and protection of minorities: provide adequate financial support and administrative capacity in order to implement the Government Strategy on the improvement of the situation of Roma”.

The National Programme for the Adoption of the Acquis (NPAA) includes, as a short-term priority, the improvement of the socio-economic situation of the Roma communities through the enforcement of the Master Plan of Measures incorporated in the GoR’s Strategy for the Roma (Ch. IX). As a medium-term priority, the NPAA stresses the need for improvement of the socio-economic status of the Roma in Romania through the implementation of social, health, and education programmes and projects for Roma communities according to the Master Plan of Measures contained in the GoR’s Strategy.

2.4 **Contribution to National Development Plan**

The proposed programme is an integral part of the (implementation of) GoR’s National Development Strategy for improving the conditions of the Roma.

2.5 **Cross Border Impact**

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1 Implementation of:

a) The “Community Development and Administration” section of the “Strategy of the Government of Romania for improving the conditions of the Roma” (Governmental Decision H.G. 430/25/04/2001); Activity No. 20 of the Master Plan of Measures attached to the Strategy – Annex X;

b) The “Healthcare” section of the “Strategy of the Government of Romania for improving the conditions of the Roma” (Governmental Decision H.G. 430/25/04/2001); Activity No. 43 – 45 of the Master Plan of Measures attached to the Strategy – Annex X;
3. DESCRIPTION

3.1 Background and justification

After the elections of 2000, the Ministry for Public Information / Department for Inter-ethnic Relations (DIR) took over the responsibilities of the former Department for Protection of National Minorities (DPNM) concerning general co-ordination from the centre and local co-operation in partnership with the Roma civil society, in order to implement GoR’s “Strategy for improving the condition of the Roma”. This document was adopted through Governmental Decision H.G. 430/25/04/2001 and published in the Official Monitor 252/16/05/2001 (see Annex 4 to this Project Fiche).

The 10-year Strategy includes a medium-term Master Plan of Measures (Ch. IX) for the period 2001-2004 that stipulates concrete actions with precise deadlines and clear responsibilities for the institutions and covers the following sectors: community development and administration; housing; social security; health care; economy; justice and public order; child welfare; education; culture and denominations; and communication and civic involvement.

The assistance currently requested from the European Commission relates to the implementation of the “Community Development and Administration” section and the “Healthcare” section of the Master Plan of Measures (respectively Activity No 20, and Activity No 43 – 45).

In relation to the “Community Development and Administration” section, County Offices for Roma have recently been established in each County (Prefectura) while at the (local) level of Mairie or Town Hall Roma experts have been hired. In relation to the “Healthcare” section, the Ministry of Health and Family has already foreseen the budgeting, in 2002, for training of 200 health mediators within Roma communities, and they are assumed to be in place at the end of 2002. Additionally, the Ministry plans to set up community bureaux within the Directorates of Public Health at county level before the end of 2002, that will facilitate, inter alia, the development and management of local health projects targeted directly at communities including Roma communities.

3.1.1 Community development in Romania

Community development is a fairly new phenomenon in Romania and experience with as well as acceptance of this concept is still limited. Instead, philanthropy (donations to the poor) is widely recognised and practised as a means to, at least temporarily, provide relief to people in great need. This is further stimulated by donations of, for example, second hand clothing, arriving from countries in western Europe\(^2\) that continue to reinforce attitudes of dependency and expectations, both of governmental institutions and the beneficiary communities.

However, alongside this situation, several Non-Governmental Organisations (NGOs) have been established during the past few years\(^3\) that are trying to follow an approach that aims at empowering communities rather than continuing and / or increasing their dependency. In particular, in relation to the Roma communities, several – not all – Roma and non-Roma NGOs have started to adopt a partnership approach that should not only result in physical benefits for poor Roma

\(^2\) In several countries in Asia and Africa, second hand clothing that arrives in this way is actually being sold at market places rather than being distributed to poor members of society.

\(^3\) An extensive overview of Organisations and Projects can be found in “Roma Projects in Romania, 1990 – 2000” (Eds: Viorel Anastasoia and Daniela Tarnovschi); Cluj-Napoca, 2001
communities, but also (and, perhaps, more importantly) contribute to their emancipation and, ultimately, to their full participation in Romania’s civil society at all levels.

This process of forming partnerships between the local administration and Roma communities was one of the key subjects of a conference held in Brasov from 23 – 25 November 2001. This conference provided a platform for government officials from all levels, NGOs, Roma political organisations and beneficiaries to discuss a wide variety of issues related to the GoR Strategy and its implementation. Part of the conference was dedicated to the presentation of recent project implementation experiences and it appeared that positive as well as negative results had been achieved. On balance, it was concluded that the best and most promising experiences were those where partnerships had been established between the local administration and the Roma community, facilitated by NGOs. This included, for example, the introduction (and recent institutionalisation through the Ministry of Health and Family, see also section 3.1 above) of the “health mediator” for Roma communities in the local administration, developed by “Romani Criss” and the creation of local initiative groups, introduced by the Agency for Community Development “Impreuna”.

3.1.2 Approach

Preservation of ethnic identity

In Romania, Roma issues are approached from the perspective of protecting the rights of national minorities. Important issues in such an approach include the preservation and affirmation of ethnic identity through language, culture, tradition, and so on. This presents a real challenge in the development of partnerships and ensuing projects – as well as the larger framework – to ensure that social integration strategies are actually aiming at acceptance, revalorisation and recognition of the Roma identity rather than trying to achieve assimilation of the Roma into the majority culture.

Such an approach requires constant vigilance and for a long period of time since, more often than not, prejudices existing in the majority population do not disappear overnight. These persistent, public majority perceptions generally view the Roma as being people with chronic anti-social behaviour, including dimensions of being lazy, dirty, untrustworthy, criminal and violent. At the conference in Brasov, the participants gave several examples of such commonly held perceptions, occasionally leading to refusal of some local authorities to engage in discussions, let alone partnerships, with Roma communities. It is at this basic level that social change will need to be affected and local leadership and majority communities need to be sensitised if results are to be achieved that are sustainable and contribute to the emancipation of the Roma in Romania.

Poverty alleviation

Additional to the problems related to ethnic identity, most – not all - Roma in Romania are poor or very poor, with very few chances and opportunities to improve their socio-economic position. Many

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4 Examples of this approach can be found in:
- Breaking the vicious circle – Social inclusion through participation (Spolu International); Sofia, 2000;
- Best Practices in Roma Communities (Maria Ionescu and Sorin Cace); Bucharest, 2000
- Roma Projects in Romania, 1990 – 2000 (Eds: Viorel Anastasoaie and Daniela Tarnovschi); Cluj-Napoca, 2001

5 The conference was organised and sponsored by the EU Phare Programme RO.9803.01

6 NGOs met during the conference and in the course of project preparation included the following:
- Impreuna, Community Development Agency (Mr Gelu Duminica);
- Romanian Roma Women’s Association (Ms Dumitru Violeta)
- Resource Centre for Ethno-Cultural Diversity (Ms Daniela Tarnovschi)
- Resource Centre for Roma Communities (Mr Florin Moisa)
- Initiative Group Traianu (Ms Dorina Ion)
- Romani Criss – Roma Centre for Social Interventions and Study (Mr Bercus Costel)
- Alianta Pentru Unitatea Romilor – Galati Branch (Ms Viorica Gotu)
- Agora Association (Ms Jurcan Georgeta)

7 The “Office for Democratic Institutions and Human Rights” (ODIHR) provided training to these health mediators

8 Many other examples of these perceptions are written up in the Draft Report on Minorities (Roma) in Romania (Open Society Foundation Romania); Bucharest, 2001
years of repression and deep-rooted social and political exclusion have contributed to this situation, and continue to do so till this day. This has undoubtedly further compounded the negative perception of Roma in the majority population because, indeed, for very poor people survival overrides any other norms, values and even laws that may exist in the society as a whole. Illegally collecting firewood from a forest, or pieces of vegetables from a field that has just been cleared by the owner, thus becomes a survival strategy rather than an offence, but is not perceived as such.\[^9\]

**Improving access to health services**

Little quantitative data is available on the health status of Roma in Romania. However, the existing information indicates disturbing inequalities between the Roma and the majority population. However, studies from the OSCE region demonstrate a large number of health-related problems among Roma, including lower than average life expectancy, higher than average infant mortality rates, and high levels of malnutrition and disease. High levels of poverty, low levels of education, health and hygiene awareness as well as lack of proper domestic utilities and infrastructure (clean and safe water supply, toilets, sewerage systems, and so on) also negatively influence health patterns. Communicable diseases such as tuberculosis, hepatitis, poliomyelitis, and measles are all reported to be prevalent amongst Roma communities. Roma children, in particular, are also susceptible to dermatological problems such as scabies and impetigo. There is also evidence of declining levels of immunisation coverage in some areas.

Lack of information is another problem that Roma face in accessing the health care system in general and health insurance in particular. In Roma communities, people often do not know what is required to qualify for non-contributory health insurance (e.g. the obligation to choose a family doctor within their region, information that unregistered, unemployed would not be medically insured, etc.). But also, many members of Roma communities have no access to the social health insurance system due to lack of identity documents, low income or migration. Additionally, and more often than not, health care facilities are located away from the areas where Roma communities reside.

For increasing access to the health services it will be necessary to improve the level of health & hygiene awareness and physical facilities of Roma communities, as well as their knowledge of the present public health system and its requirements in relation to the health insurance. At the same, there is a need to educate the health providers such as the County Directorates of Public Health and the GPs on the requirements of Roma communities in relation to improving their health conditions.

A framework contract that was recently approved by the Ministry of Health and Family and the National Health Insurance House states that the GPs have the obligation to provide medical services for the cases that affect public health. These services – immunisations, check-up exams at children, active detection of TB, the surveillance of pregnancies – are provided both for the insured persons and non-insured persons in a certain area established by the County Directorate of Public Health for each GP. However, this law will need to be properly implemented to be effective.

**Strengthening of community organisation**

Another dimension of Roma communities is their great ethnic and cultural diversity. It is generally believed that about 40 distinct groups of Roma\[^10\] do exist in Romania, each with its own customs, traditional structures, occupations, religion, and so on. According to information obtained from several NGOs working with Roma communities, some of these groups are opposed to change while others are more open to new ideas and realities.

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\[^9\] See also: Best practices in Rroma communities, Ionescu, M. & Cace, S; Bucharest – 2000: Case study of Nusfalau town, p. 84 – 106.

\[^10\] These include – but are not limited to – Ursari (bear owners), Caldarari (coppersmiths), Lautari (musicians), Spoitorii (whitewashers), Fierari (blacksmiths), Grasdari (horse dealers), Rudari (woodworkers), Aurari (gold washers), and so on.
Attempts have been made recently by Roma political and civil leaders, as well as by Roma NGOs, to form coalitions but to date no single Roma organisation represents all Roma. In fact, few organisational links do exist between families belonging to the same distinct group with traditional leaders generally representing only small groups of families. This diversity of representation, combined with a low degree of organisation, makes it more difficult to organise larger community groups in the same locality with a common and agreed interest.

Building partnerships
The attention of local authorities in catering for the needs of its constituency is generally oriented towards the majority population. Minority groups such as the Roma have little say in local affairs, or worse: several examples were quoted by NGOs, as well as observed in publications, of local authorities generally not willing to consider Roma communities as an integral part of their constituency. This is, for example, illustrated by utility coverage: water supply, electricity and sewage systems often do not reach locations were these communities live. In some cases it was even found that the areas where Roma communities live are purposely not shown or registered on the official maps of the locality. Additionally, access to government offices and social services (health, education, welfare) is generally limited or even barred and often constitute examples of institutionalised conflicts between the local authorities and the Roma communities.

Building partnerships based on equality, mutual respect and understanding seems to be the only way out of such a consistent and persistent conflict situation. But, like in all disturbed relationships, facilitation by a competent third party that is acceptable to both potential partners will be vital. Several NGOs have developed this expertise to a greater or lesser degree and are playing this role with fairly reasonable achievements. Further strengthening and expanding this capacity in the country is deemed of great importance.

3.1.3 Methodology
The proposed EU/Phare project is related to two domains of the Strategy with the objective “…To enhance and facilitate active participation of Roma communities in the economic, social, educational, cultural and political life of the Romanian society and improve accessibility to health services”. To this end it intends to support the development and strengthening of equitable and sustainable partnerships between Roma communities, NGOs, the public administration offices at county and local level and County Directorates of Public Health with the purpose to jointly design and implement projects that address the needs and priorities of the Roma communities.

The project will build on the efforts, and further consolidate the achievements, of two other EU/Phare projects that are being implemented\(^\text{11}\), as well as scale up the positive experiences gained throughout Romania. The methodology that will be applied in this proposed project is largely similar to these projects, with emphasis on a participatory, community-needs driven process. The activities associated with this process are elaborated in section 3.4 below.

3.2 Linked activities
Several other Phare activities have been implemented, are being implemented or are planned to be implemented in connection with the GoR Strategy for the Roma. These include the following:

- Phare programme RO.9803.01 “Improving the situation of the Roma” implemented in 2000-2001; under this project a 900,000 Euro grant scheme was available for projects in partnership between Public Administration institutions and Roma communities.

\(^{11}\) a) Phare programme RO.9803.01 “Improving the situation of the Roma”; under this project a 900,000 Euro grant scheme is available for projects in partnership between Public Administration institutions and Roma communities. Implementation has recently started.
b) Phare programme RO.0004.02.02 “Civil Society 2000”; a 1,000,000 Euro grant component was announced in November 2001 and launched in January 2002; project implementation is expected to start shortly.
- Under the Phare Civil Society 2000 programme (RO.0004.02.02), that is considered a “natural continuation of the Phare RO9803.01 Programme”, a 1,000,000 Euro grants component was launched on 20 January 2002 for projects in partnership between Roma communities and Public Administration institutions in the field of social services, public administration, education, health, communication etc.\(^\text{12}\)

- The Ministry of Education and Research has developed a sectoral programme for its respective area of responsibility that has recently been approved and implementation has commenced (Phare Programme RO 01.04.02, Access to Education for Disadvantaged Groups with a Special Focus to Roma” with a value of 7,000,000 Euro grant).

It should be noted though that no other donors currently support the implementation of GoR’s Strategy.

### 3.3 Results

It is envisaged that the proposed programme will cover all counties (42) in the country and the results of the programme are expected to address and satisfy a number of physical as well as social, economic, health and institutional priority needs of communities and (local) administration.

The approach suggested to implement the proposed programme (see also section 3.4 below) is based on the principle that priority needs be defined by the stakeholders themselves through partnerships at the local level and, subsequently, be further developed into feasible community projects. Those projects should thus address a variety of felt needs of the concerned communities rather than needs defined outside those communities and could range from improvement of housing, utilities and local infrastructure to supporting traditional as well as innovative income generating initiatives, women groups, health interventions, and so on. Defining precise, measurable and quantifiable outputs of this programme and, in particular, of the community projects, is therefore not possible at this stage. However, after completion of the programme it is estimated that the following, global results will have been achieved:

**a) Institution building / training**

- About 150 persons from Roma NGOs and the local and county administration in 42 counties will have developed skills related to stimulating and supporting communities to form partnerships, identify priority needs and develop and implement projects that benefit the primary stakeholders;
- About 84 employees from County Directorates of Public Health and 48 GPs will have improved their knowledge and skills in health conditions of Roma communities, human rights and management of public health.
- About 200 health mediators will have acquired skills and knowledge to facilitate access of the Roma communities to curative and preventive health services.

**b) Investment support / grant scheme**

- Completion and functioning of about 130 local development projects in the fields of improving health status, housing and rehabilitation, utilities, local infrastructure and income generation;
- It is estimated that about 65,000 individuals will benefit from this component, as follows:
  - Health: 28,000
  - Infrastructure: 33,000
  - Income generating: 630
  - Construction and rehabilitation of houses: 2,500

\(^{12}\) The currently proposed programme will be closely co-ordinated with and follow up on the Phare Civil Society 2000 programme to enhance complementarity and reinforcement of results.
3.4 Activities

As indicated above, the proposed programme contains two distinct but interrelated components:

1. Institution building at local and county level, aimed at establishing equitable and sustainable partnerships of Roma communities and the public administration that can develop, implement and complete local development projects and improve access to health services provision;

2. Investment through grant support in local development and health projects that are initiated, implemented and completed by and through these partnerships and benefit Roma communities.

3.4.1 Capacity building/training component

The capacity building/training component will cover all 42 counties and will be implemented through Technical Assistance (TA) that will be contracted – through international tender – immediately upon approval of the tender dossier by the EU.

Overview of specific training requirements and procedure

**Intensive training programme**

Prior to the investment stage of the project, it is proposed that an intensive training programme be undertaken on a regional basis, i.e. in each of the 8 regions of the country. This programme is envisaged to take approximately six months and includes the following categories of actors:

1. Staff of Roma NGOs that operate at local level; 2 – 3 Roma NGOs in each county will be invited to send one representative.
2. Roma experts posted at county (42) who will train Roma experts posted at local level (Mairie),
3. 84 employees from County Directorates of Public Health (i.e. two from each County, one from the Department of Health Status Surveillance and one from the community bureau)
4. 48 General Practitioners (GPs) who provide health care services within, or in the neighbourhood of, Roma communities (4 for each County with high density of Roma)
5. Health mediators (200)

The first and second category (i.e. staff of Roma NGOs and the 42 Roma experts) will be trained in the following subjects:

- Principles of setting up partnerships at local level;
- Processes of participatory project development and methods of needs identification and prioritisation with Roma communities and government officials;
- The formulation of realistic project proposals that address the communities’ priority need(s) and conform to project proposal guidelines and formats (including objectives, activities, timetable, funding requirements, precise eligibility criteria, definition of local contributions, and so on);
- In the procedures that need to be followed to apply for funding of local development projects under this Phare programme.
- National and international legislation related to public administration and non-discriminatory legislation (law 48/2001);
- Financial project management.

The 84 employees of the County Directorates of Public Health and the 48 General Practitioners (GPs) will be trained in the following subjects:

- Health status of Roma population at the international level;
- Human rights (rights for health);
- Non-discriminatory legislation (law 48/2001);
- Accessing funds to complete the National Strategy for improving the condition of the Roma, on the local level;
- Management of the Phare projects;
- Framework contract for primary health care;

The fifth category of health mediators (200) will be trained by the Department of Public Health and their role is to:

- Facilitate communication between the Roma communities and health providers;
- Facilitate access of the group members to the curative and preventive health services;
- Provide information to the members of the communities with regard to the rights and responsibilities of the citizen statute;

Roma organisations in agreement with local authorities will propose persons for selection for this position to the County Directorate of Public Health on the basis of the following criteria:

- Preferably female and mother;
- Level of education- minimum 9 classes;
- Knowledge of languages used in the Roma community and by the majority;
- Communication skills;
- Accepted and respected member of the community where he/she works;
- Accepted by the public local authorities.

The persons selected will be trained according to the training curriculum established by the Ministry of Health and Family. After the training the persons will receive a diploma will be employed by the County Directorate of Public Health as a health mediator.

At the county level an agreement will be signed between the County Directorate of Public Health that employs the health mediators and a Roma organization that will support the activities of the health mediator and for monitoring these activities and his/her working conditions.

The health mediator is monitored by the County Directorate of Public Health that employed him/her, and after that the County Directorate of Public Health will send to the Ministry of Health and Family the evaluation report of the health mediator.

**Project formulation**
Subsequently, the trainees will start working with the local administration (including local health authorities) and Roma communities within their areas to start the process of establishing partnerships and developing projects with these partnerships. They will receive support from and be monitored by the TA on a regular basis to ensure proper application of skills that were acquired during the intensive training programme. This will continue for a period of three months during which the application for funding of the projects should be completed and submitted to the RCRC (see also below).

**Project implementation and completion**
Once approved, project implementation can start and the partnership will work according to the agreements made earlier and conform the project approval details. As much as possible, the lead should be taken by the partnership and the (NGO) facilitator should mainly support and, if required, assist. In particular, it will be important to monitor the project – with occasional support and supervision of the TA – to ensure that the objectives are achieved during the agreed time frame.

**Monitoring and evaluation**
Issues and indicators for monitoring and evaluation should have been established and agreed in the local development project proposal. It is suggested that a process of participatory monitoring and evaluation is followed, i.e. to involve the beneficiary communities themselves with the
implementation of this task that should not only cover the physical outputs of the project, but also
the functioning and performance of the partnership (i.e. the Initiative Group and the Local Public
Administration Office), the facilitation by the NGO representative, the impact on relationships in the
wider society, and so on\textsuperscript{13}.

3.4.2 Investment through grant support

The grant scheme offered for investment support will consider activities in the following domains:

1. Vocational training;
2. Income generating activities;
3. Small infrastructure
4. Housing;
5. Health.

1. Vocational Training
Formal (diploma) training in professions that are traditionally undertaken – such as
building/construction, carpentry, etc – to enhance labour market access and/or to legally practice
that profession.

2. Income generating activities
Training will be offered on financial and economic aspects of income generating activities. These
income-generating activities may include – but not limited to – the following:

- Traditional crafts (brick-making, wood carving, metal-working crafts etc) and artisanal
products;
- Professional workshops (tailoring, blacksmith, etc);
- Production workshops (dairy, butchery);
- Agricultural production (cultivating of vegetables, cereals, etc);
- Micro-farms (chicken, cows, pigs, etc);
- Constructions required by the types of activities mentioned above;
- Specific tools and equipment for the types of activities mentioned above.

3. Small infrastructure
These could include but may not be limited to:

- Introduce supply and/or connection to existing supply systems of water, gas, electricity;
- Construction and/or rehabilitation of roads and culverts;

Beneficiaries for these activities should be prepared to actively participate in kind with the activities
while for the domestic infrastructure only beneficiaries will be considered with large families and low
levels of income.

4. Rehabilitation and/or construction of housing
Training in fields related to construction (brick making, house painting, carpentry, blacksmiths etc ),
followed by construction and/or rehabilitation of houses.

Beneficiaries for these activities should be prepared to firstly, participate in the formal vocational
training courses, secondly to produce sufficient bricks for the construction and rehabilitation
projects and thirdly actively participate in the rehabilitation and/or construction of the houses. Another
selection criterion is that only beneficiaries will be considered with large families and low
levels of income.

\textsuperscript{13} Specific Terms of Reference will be required for this task
5. Health

- Health and hygiene promotion campaigns targeted at selected Roma communities through media, schools, and co-ordination with organisations involved in the partnerships including information on how to qualify for non contributory health insurance, the necessity to choose a family doctor etc.
- To support rehabilitation and/or construction of consulting rooms in order to deliver the basic primary health care package that may require mobile units.

3.5 Lessons learned

As indicated above, establishing partnerships of Roma communities and the local public administration that are based on equality, mutual respect and understanding, and that take into account the felt needs of the communities in developing, implementing and completing local development projects, have met with considerable success. And, although this approach and these results are fairly new in Romania, it seems to be the best and, perhaps, only way forward with respect to improving the living conditions as well as full participation of the Roma communities in Romania’s civil society.

4 INSTITUTIONAL FRAMEWORK

The GoR’s Strategy for improving the conditions of the Roma includes an institutional framework for implementation of the Strategy (see Ch. VIII, Structures, for details) that has progressively been put in place throughout all levels of the administration (i.e. national, county and local levels). The proposed programme, being an integral part of the GoR’s strategy, will be implemented through this institutional framework14.

More in particular, Law 13/2000 related to Organisation and Functioning of the Ministry of Public Information, includes the National Office for Roma as specialised body for Roma issues. This Office acts as the executive body for implementing and monitoring GoR’s Strategy for the Roma and will be principally responsible for the implementation of the currently proposed programme.

4.1 Implementation structure

At the national level, a Co-ordination Committee consisting of 11 persons will be established and will include two representatives from each of the ministries (Ministry of Public Works, Transport and Housing; the Ministry of Public Administration, Ministry of Health and Family, Ministry of Labour and Social Protection, and the Ministry of Public Information through its National Office for Roma) involved in the implementation of the project. One representative of the Resource Centre for Roma Communities – that will manage the grant component of the programme, see below – will also be a member of this committee.

Specific tasks and duties of the Co-ordination Committee15 include the following:

- To ensure that grant mechanisms for support from the central level are established and adequately operating (including budgetary allocation to be transferred to the local level for implementation);
- To provide technical advisory expertise – if and when required – for the implementation of the programme;

14 See Ch VIII, Structures, of the Strategy
15 At the present time, this committee is in the process of being established. Detailed tasks will be discussed during the first official meeting.
- To direct and facilitate participation of lower level institutions in the implementation of the programme;
- To ensure proper co-ordination of project components;
- To study the possibilities of co-financing between this and other programmes (such as Sapard, Ispa, World Bank, DFID, etc);
- To ensure commitment of the GoR to the (implementation) of the programme;

Special mention should be made here of the role and function of the National Office for Roma (NOR). The NOR acts as the executive body for implementing and monitoring GoR’s Strategy for the Roma and is responsible for the currently proposed programme. However, it was observed that this office is severely constrained in terms of competent personnel, facilities and support. A structural solution related to improving / strengthening its capacity to perform the duties required in general, and related to the implementation of the currently proposed programme in particular, has to be worked out in the near future. This may not be possible as part of the currently proposed programme but has been incorporated as a conditionality (see section 12 below for further details).

The Resource Centre for Roma Communities (RCRC), established under RO9803.01 with the aim to acquire and manage funds specifically related to the Strategy for improving the condition of the Roma, will be contracted by the Ministry of Finance’s Central Finance and Contract Unit (CFCU) to manage and operate the grant scheme of the proposed programme. RCRC is currently engaged in managing the grant component under Phare RO9803.01 and Phare RO0004.02.02 and is familiar with these requirements. For its services it is eligible to receive 7.25% of the total amount of the grant scheme’s expenditure.

Detailed tasks include – but may not be limited to – the following:

- To prepare a tender dossier (in conformity with Phare guidelines) including description of the grant scheme, eligibility criteria, application forms, evaluation procedures, financial procedures, and so on;
- To launch a national call for project proposals;
- To ensure proper and transparent evaluation and award of proposals received;
- To monitor project performance and ensure that proper completion reports are made.
- To organise workshops for discussion and evaluation of results;

At the County (Prefectura) level, the Roma expert associated with the Roma Departmental Bureau, will be responsible for supporting initiatives at local level within his/her jurisdiction. S/he will be invited for the initial intensive training programme and her/his main tasks within the context of the proposed programme include the following:

- Providing a link between the local level and the national level (Ministry of Public Administration)
- Supporting the Roma expert (if in post) at the local level
- Stimulating and facilitating the establishment of (Roma) Initiative Groups and partnerships with local authorities
- Assist with organising, planning and co-ordination of the local level activities in general
- To ensure that the principles of GoR’s Strategy are adhered to and objectives achieved.

At the local level of the Mairie or Town Hall, the Roma Expert associated with the local administration16, will be fully involved as the representative of the Local Public Administration Office in the process of project preparation and implementation as described in section 3.4.1 above.

In each county, representatives of 2 – 3 Roma NGOs will be invited for the initial intensive training programme. The trainees will subsequently be involved in facilitating the establishment and functioning of partnerships of Roma communities and the local administration with the aim to

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16 The (autonomous) Local Public Administration is not obliged to fill this post
develop and implement local development projects that address the felt needs of the Roma communities.

Initiative Groups, consisting of interested representatives of the Roma communities, are the core structures of the programme that are responsible for initiating the process of partnership establishment and local level project development.

A schematic overview of the implementation structure is as follows (see next page):
Diagram 1: IMPLEMENTATION STRUCTURE

NATIONAL LEVEL

- Ministry of Public Works, Transport and Housing
- Ministry of Public Information
- Ministry of Public Administration
- Ministry of Health and Family
- Ministry of Labour and Social Protection

Phare PIU

National Office for Roma

Project Co-ordination Committee

Technical Assistance

Training

COUNTY LEVEL

- Prefectura
  - Political Structure
    - Prefect
    - Councillors
  - Administrative Structure
    - Bureau for Roma
    - Directorate for Public Health
    - Other staff

LOCAL LEVEL

- Town Hall (Mairie)
  - Political Structure
    - Mayor
    - Councillors
  - Administrative Structure
    - Roma Expert
    - GP Office
    - Health Mediators

- NGO (s)

Resource Center for Roma Communities (RCRC)

Ministry of Public Works, Transport and Housing
Ministry of Public Information
Ministry of Public Administration
Ministry of Health and Family
Ministry of Labour and Social Protection

Projects

Interesting / Initiative Groups

Roma Communities
**DETAILED BUDGET**

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<th>Phare Support (in Euro)</th>
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<tbody>
<tr>
<td>Investment Support (IS)</td>
<td>4,800,000</td>
<td>1,200,000</td>
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<tr>
<td>Institution Building (IB)</td>
<td>1,600,000</td>
<td>1,600,000</td>
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<tr>
<td>Total Phare (=IS+IB)</td>
<td>6,400,000</td>
<td>6,600,000</td>
</tr>
<tr>
<td>National Co-financing*</td>
<td>1,600,000</td>
<td>1,600,000</td>
</tr>
<tr>
<td>IFI*</td>
<td>1,600,000</td>
<td>1,600,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,600,000</td>
<td>7,600,000</td>
</tr>
</tbody>
</table>

* The following Ministries will contribute to the National Co-financing component:
  - Ministry of Public Works, Transport and Housing;
  - Ministry of Public Administration,
  - Ministry of Labour and Social Protection,
  - Ministry of Public Information (through its National Office for Roma)
    - Ministry of Health and Family

6. IMPLEMENTATION ARRANGEMENTS

6.1 Implementing Agency

**Implementing Agency**
Ministry of Public Finance
Central Finance and Contracts Unit (CFCU)
Strada Mendeleev, 36-38
Bucharest - Romania
Telephone: + 40 1 313 66 30
Fax: + 40 1 315 35 36
e-mail: cfcu@ansit.ro

**Implementing Authority**
Ministry for Public Information
National Office for Roma
Rue Smardan 3
Bucharest - Romania
Telephone: + 40 1 313 94 55
Fax: + 40 1 313 94 55
Email: Maria.Ionescu@publicinfo.ro; ivan.gheorghe.ivan@publicinfo.ro

6.2 Twinning

Not applicable

6.3 Non-standard aspects

Not applicable

6.4 Contracts

- One contract for providing Technical Assistance with a value of 1.2 MEURO;
- One Contract (between CFCU and RCRC) that covers the grant scheme. Total 4,800,000x7.25% = 324,000 EURO
- Grant contracts: small grants 5,000-50,000 Euro and large grants 50,000-200,000 Euro.

7 IMPLEMENTATION SCHEDULE\(^7\)

7.1 Start of Project

\(^7\) See Annex 2 (Detailed Implementation Chart) for details
September 2002

7.2 Tendering / calls for proposals TA component

October 2002

7.3 Start of programme activities (training)

March 2003

7.4 Tendering / request for local level development project proposals

September 2003

7.5 Start of implementation of local level development projects

February 2004

7.6 Project completion

August 2005

8 EQUAL OPPORTUNITY

The projects will be developed, submitted and implemented through Partnerships at local level that exist of representatives of the Roma community, the Local Public Administration Office and public health authorities. Although experience to date shows that, generally, women are represented on most Initiative Groups or committees at local level, we have included an obligation that at least 2 out of 10 persons that form an Initiative Group should be women. As such it is assumed that women’s interests and needs will be addressed through the projects that are developed by the partnerships at the local level.

9 ENVIRONMENT

Not applicable

10 RATES OF RETURN

Not applicable

11 INVESTMENT CRITERIA

11.1 Catalytic effects

Not applicable
11.2 Co-financing

Co-financing of the proposed programme will occur at two levels:

1. The GoR will commit resources (generally in kind) to the implementation of the programme through making available staff, office space, and equipment to work alongside Roma communities and NGO facilitators (see also section 5 above).
2. At the local level, the partnerships that will be formed and resulting local level development projects will include contributions of the local Public Administration.

11.3 Additionality

Not applicable

11.4 Project readiness and size

Not applicable

11.5 Sustainability

It is assumed that, by forming partnerships of Roma communities, local public administration and health authorities that develop, implement and complete projects, longer-term sustainability of project results will be achieved. Project results will include direct and concrete benefits for the Roma communities in relation to improving their living conditions, as well as indirect results relating to their emancipation and full participation in Romania’s civil society.

11.6 Compliance with state aid provisions

Not applicable

11.7 Contribution to National Development Plan

The proposed programme is an integral part of the (implementation of) GoR’s National Development Strategy for improving the conditions of the Roma.

12 CONDITIONALITY AND SEQUENCING

Several conditions will need to be addressed and fulfilled before the project can be implemented. These include the following:

- Ministry of Public Information (through its National Office for Roma):
- Improving / strengthening the capacity of the NOR to perform the duties required in general, and related to the implementation of the currently proposed programme in particular. This may include the recruitment of four (4) sufficiently skilled and qualified personnel that are committed to the activities of the NOR (working with Roma communities) and competent in the areas covered by this project (i.e. income generating, housing construction and rehabilitation, health and infrastructure). These persons should in particular co-ordinate, monitor and evaluate the results of the project in each area.
- The Ministry of Public Information should ensure urgently that facilities that are required for proper functioning of the NOR (such as means of communication, transport, office consumables, office equipment etc.).

The collaborating ministries (i.e. The Ministry of Public Works, Transport and Housing; Ministry of Public Administration, Ministry of Labour and Social Protection, and the Ministry of Health and
Family) should dedicate 2 persons each to the Project Co-ordination Committee and ensure that the envisaged contribution of each ministry is actually realised before and during project implementation. It is also required that, before and during implementation of the project, the political support to the project of each Ministry is maintained.
ANNEXES

ANNEX 1: LOGICAL FRAMEWORK

ANNEX 2: DETAILED IMPLEMENTATION CHART

ANNEX 3: CONTRACTING AND DISBURSEMENT SCHEDULE

**Annex 1: Logical Framework Matrix**

<table>
<thead>
<tr>
<th><strong>SUPPORT TO THE NATIONAL STRATEGY TO IMPROVE ROMA CONDITIONS</strong></th>
<th>Programme number:</th>
<th>RO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Number</td>
<td>Total Budget (MECU):</td>
<td>7.6</td>
</tr>
<tr>
<td>Contracting period expires: January 2004</td>
<td>PHARE Contribution (MECU):</td>
<td>6.00</td>
</tr>
<tr>
<td>Disbursement period expires: February 2005</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Wider Objective (s)
- **Indicators of Achievement**
  - Increased number of Roma in public functions;
  - Reduction of poverty amongst Roma;
  - Improved health status of Roma population
- **How, When and By Whom Indicators Will Be Measured**
  - Project monitoring and evaluation
  - Project completion reports
  - General / national health statistics
- **Assumptions and Risks**
  - Co-operation between Roma communities and local and county public institutions positively and successfully established

### Immediate Objective (Purpose)
- **Indicators of Achievement**
  - Number and quality of partnerships established and functioning;
  - Number and quality of local development projects undertaken and completed;
  - Access to health services increased and health status improved of (selected) Roma communities
- **How, When and By Whom Indicators Will Be Measured**
  - Project monitoring and evaluation
  - Project completion reports
  - Health statistics
- **Assumptions and Risks**
  - Partnerships at local level established and capable of formulating and implementing local development projects

### Results
- **Indicators of Achievement**
  - Improved functioning of Roma experts and Roma NGOs in relation to facilitating local development interventions
- **How, When and By Whom Indicators Will Be Measured**
  - Independent evaluation
- **Assumptions and Risks**
  - TA, MPI- NOR, Project Co-ordination Committee

### Institution Building / Training
- **Indicators of Achievement**
  - About 150 persons from Roma NGOs and the local and county public administration in 42 counties have developed skills related to supporting
  - Improved functioning of Roma experts and Roma NGOs in relation to facilitating local development interventions
- **How, When and By Whom Indicators Will Be Measured**
  - Independent evaluation
- **Assumptions and Risks**
  - TA, MPI- NOR, Project Co-ordination Committee
<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicators of Achievement</th>
<th>How, When and By Whom Indicators Will Be Measured</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institution Building / Training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Training of about 120 representatives of Roma NGOs as well as 42 Roma Experts</td>
<td>120 representatives of Roma NGOs and 42 Roma Experts trained</td>
<td>Training completion report; RCRC and NOR</td>
<td>TA; Prefectura &amp; Ministry of Public Administration &amp; MPI-NOR</td>
</tr>
<tr>
<td>- About 84 employees from County Directorates of</td>
<td>84 employees from County Directorates of</td>
<td>Training completion report; RCRC</td>
<td>TA; Directorates of Public Health;</td>
</tr>
<tr>
<td><strong>Investment through grant scheme</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Completion and functioning of about 130 local development projects in the fields of improving health status, housing, utilities, local infrastructure and income generation</td>
<td>- About 130 local development projects completed and functioning and about 65,000 individuals benefit from the projects, as follows:  - Health: 28,000;  - Infrastructure: 33,000;  - Income generating: 630;  - Construction and rehabilitation of houses: 2,500</td>
<td>Project completion reports and independent evaluation</td>
<td>TA; partnerships; MPI-NOR</td>
</tr>
<tr>
<td>- About 200 health mediators will have acquired skills and knowledge to facilitate access of the Roma communities to curative and preventive health services.</td>
<td>About 28,000 persons have access to health services</td>
<td>Project reports Reports, Directorates for Health Services</td>
<td>Roma NGOs; Directorates for Health Services; MPI-NOR</td>
</tr>
<tr>
<td>- About 84 employees from County Directorates of Public Health + 48 GPs will have improved their knowledge and skills in health conditions of Roma communities, human rights and management of public health.</td>
<td>About 28,000 persons have access to health services and receive adequate care</td>
<td>Statistics, Directorates for Health Services Press articles NOR reports</td>
<td>Ministry of Health and Family and Directorates for Health Services; MPI-NOR</td>
</tr>
<tr>
<td>Directorates of Public Health + 48 GPs will receive training in health conditions of Roma communities, human rights and management of public health.</td>
<td>Public Health + 48 GPs trained</td>
<td>and NOR</td>
<td>MPI-NOR</td>
</tr>
<tr>
<td>- About 200 health mediators will be trained in skills and knowledge to facilitate access of the Roma communities to health services.</td>
<td>200 health mediators have obtained diploma and are employed by the Directorates of Health Services</td>
<td>Report of Directorates of Health Services and employment records</td>
<td>TA; Roma NGOs; the Roma community; Directorates of Public Health; MPI-NOR</td>
</tr>
</tbody>
</table>

**Investment through grant scheme**

| To implement about 130 local development projects in the fields of improving health status, housing and rehabilitation, utilities, local infrastructure and income generation; | The number and quality of projects | Project completion reports, NOR reports, monitoring and evaluation reports | Partnerships, NGOs, RCRC, local authorities, MPI-NOR |

| Vocational Training To organise formal (diploma) training in professions that are traditionally undertaken | The number of participants, diplomas and the quality of the training provided | Project completion reports, NOR reports, monitoring and evaluation reports | Ministry of Labour and Social Protection; Vocational Training Schools; NGOs; RCRC; MPI-NOR |

| Income generating activities To organise training on financial and economic aspects of income generating activities | The number of persons that start to work with knowledge of market and other economic conditions | Project completion reports, NOR reports, monitoring and evaluation reports | Ministry of Labour and Social Protection; Vocational Training Schools; NGOs; RCRC; MPI-NOR |

| Small infrastructure These could include but may not be limited to: - Introduce supply and/or connection to existing supply systems of water, gas, electricity; - Construction and/or rehabilitation of roads and culverts; | Number of connections to domestic utility systems Number of roads and culverts realised | Project completion reports, NOR reports, monitoring and evaluation reports | Ministry of Public Works, Transport and Housing; NGOs; Partnerships; RCRC; MPI-NOR |

| Rehabilitation and/or construction of housing To provide training in fields related to construction (brick making, house painting, | Number of houses constructed and / or rehabilitated Quality of the works | Project completion reports, NOR reports, monitoring and evaluation reports | Ministry of Public Works, Transport and Housing; NGOs; Partnerships; RCRC; MPI-NOR |
| carpentry, blacksmiths etc), followed by construction and/or rehabilitation of houses. | Number of persons engaged | Number of direct beneficiaries |
| Number of persons engaged | Number of direct beneficiaries |
| Health | Reduction in prevalence of communicable and preventable diseases in local communities covering 28,000 persons in total. | Health statistics and reports of Directorates of Health Services and health mediators, NGO reports, project completion reports, NOR reports, monitoring and evaluation reports |
| Directorates of Health Services, Ministry of Health & Family; local authorities; NGOs; MPI-NOR |
ANNEX 2: DETAILED IMPLEMENTATION CHART

Support to the national strategy to improve Roma conditions

<table>
<thead>
<tr>
<th>Calendar months</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Institution Building / Training Component (TA)</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
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<tr>
<td>2) Investment / Grant Scheme Component (RCRC)</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>

TA: Technical Assistance
RCRC: Resource Centre for Roma Communities (Cluj)

D = Design
C = Contracting
I = Implementation
ANNEX 3: CUMULATIVE CONTRACTING AND DISBURSEMENT SCHEDULE

Support to the national strategy to improve Roma conditions

1) Institution Building / Training Component (TA) - MEUR 1.0

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>DISBURSEMENT</td>
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<td>1.5</td>
<td>1.9</td>
<td>1.2</td>
<td></td>
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</tr>
</tbody>
</table>

2) Investment / Grant Scheme Component (RCRC) - MEUR 4.0

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
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<tr>
<td>DISBURSEMENT</td>
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<td>0.8</td>
<td>1.5</td>
<td>2.0</td>
<td>2.5</td>
<td>2.8</td>
<td>4.0</td>
<td>4.5</td>
<td>4.8</td>
<td></td>
<td></td>
</tr>
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</table>

TA: Technical Assistance
RCRC: Resource Centre for Roma Communities (Cluj)