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National monitoring frameworks for public social spending

Romania

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European Social Policy Network (ESPN)

**ESPN Thematic Report on
National monitoring frameworks
for public social spending**

Romania

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Summary

In the absence of a single, integrated monitoring framework for the provision of social benefits, the legislation on public finances provides an overarching framework for the planning and reviewing of social expenditure. Budgetary processes follow a standardised economic and functional classification system for reporting expenditure, which is adjusted annually for each public budget, based on the new types of expenditure that need to be accommodated.

Some tracking and monitoring mechanisms for the provision of social benefits are in place, but vary according to the funding source and the governmental agency in charge of the provision and/or payment of benefits. Sectoral monitoring frameworks have been under constant revision during the last seven years and, therefore, are neither well established nor institutionalised. These are based on social objectives defined by governing programmes and national strategies in the field of social protection. In this context, operational plans to implement these strategic documents become crucial, as these are supposed to guide specific administrative actions and to form the basis for political decisions. In addition, information systems shape the structure of the information available – frameworks for inter-institutional data transmission follow the methodological norms for implementing primary legislation. Regular monthly and quarterly reports of the institutions managing social benefits provide a monitoring framework, but these focus mainly on output indicators. Internal audits and annual activity reports for these institutions provide systematic information regarding the provision/delivery process, with an emphasis on administrative efficiency and legal compliance. However, ad hoc thematic reports – on the current activities or projects carried out by these central institutions – also, in most cases, cover some outcome indicators and are used to substantiate policies and legislative amendments. Most of these reports are produced with external assistance. Other public institutions providing systematic or occasional feedback on social spending are the Court of Auditors, focusing on procedural issues, and the Fiscal Council, providing a macro-economic perspective and financial sustainability checks.

This report points out the weaknesses of social expenditure monitoring frameworks. First, information systems and technological support in producing and integrating data have developed unevenly across policy sectors. Second, the amount of information which needs to be processed differs across sectors, with the greatest pressure on the healthcare system. Third, the administrative capacity to manage these information systems is still low. Fourth, the capacity of central public institutions to act upon the available information is low, as institutional responses to internal feedback is underdefined. Thus, most of the reports produced by public institutions are viewed by them rather as part of their current obligations than as effective tools for guiding and revising programmes or administrative activities. Finally, local administrative bodies do not report social expenditure in a detailed manner, making it opaque and hard to account for.

Data made public by central institutions, as reviewing tools for the provision of social benefits, are limited to the average number of recipients and net expenditure on benefits. These are provided on a monthly, quarterly, and annual basis. Data have a low level of disaggregation; in most cases the county¹ is the only breakdown variable used (and, for pension benefits, gender). No breakdown of the data by age group, household structure, disability, employment status or income level is available. Most of the reports publishing data on expenditure also provide a year-on-year growth rate in nominal terms.

However, although institutions in charge of managing social assistance and insurance benefits have significantly strengthened their capacity to make data publicly available, no public information on expenditure on unemployment benefits and employment programmes is available.

¹ Regional administrative units, comprising several local territorial-administrative units. Both levels (i.e. local and county) are governed by devolved authorities (elected councils).

1 Country-specific monitoring frameworks for public social spending

1.1 Country-specific dedicated monitoring framework(s)

Tracking and monitoring the provision of social benefits differs according to the funding source and the governmental agency in charge of the provision/payment of benefits (see Annex, Table A2).

Although the legislation on public finances (see Annex, Table A1) provides an overarching framework for planning and reviewing social expenditure, there is no single monitoring framework applying to all social benefits, and most monitoring tools are still in the process of being perfected and consolidated. The frameworks, which are currently undergoing a process of (re)definition and institutionalisation, are based on: (a) *governing programmes*; (b) *national strategies* (which identify general and specific social objectives); (c) *operational plans to implement these strategic documents* (which guide the specific actions and decision-making processes of the institutions involved in the provision of social benefits); (d) *information systems allowing for the standardisation and collection of certain types of data* (usually, very comprehensive and rich data are collected but insufficiently used); (e) *inter-institutional data transmission*, based on the type of *information specified in the methodological norms* for the implementation of social benefits/programmes/services (usually, the data that are made public in the regular reports published by the responsible agencies); and (f) *thematic (internal or external) reports* occurring without a definite periodicity.

Monitoring frameworks follow a sectoral logic, but all feed into two main financial monitoring and reporting instruments: (a) *the execution of the consolidated budget*, which incorporates *public budgets* (the state, local, and county council budgets) and the *special insurance-based funds* – the Social Insurance Fund, Unemployment Insurance Fund, Fund for Work Accidents and Professional Diseases, and National Health Insurance Fund (*Fondul Național Unic de Asigurări Sociale de Sănătate* – FNUASS); and (b) the European System of integrated Social Protection Statistics (ESSPROS) scheme for monitoring social protection expenditure.

Budgetary processes follow a standardised economic and functional classification system for reporting expenditure, which is adjusted annually based on the new types of expenditure that need to be accommodated². The functional classification groups all social expenditure under the category of socio-cultural expenditure; this broad category (part III in the functional classification) comprises expenditure on education, healthcare, cultural/recreational/religious activities, and social insurance/assistance (for details of the latter see Annex, Table 3). The classification is adjusted for each type of financing source: state/local budgets, the Social Insurance Fund, the Unemployment Insurance Fund, and the FNUASS. Finally, the Ministry of Finance publishes a consolidated budgetary implementation report, on a monthly, quarterly, and annually basis³.

The budgetary planning process is also part of the general system for monitoring public expenditure⁴. Budget proposals are incorporated into a fiscal budgetary strategy, based on the analysis of the macro-economic context and on proposals from ministries in connection with their strategic objectives. The strategy covers a three-year period and draws on

² The Ministry of Finance adjusted by orders annually the classification adopted through Order 1954/2005. The legislative framework that governing the public budgeting process is given by the law on public finances (Law No 500/2002, amended by Law 270/2013) and the law on local public finances (Law 273/2006).

³ Data and reports are published within three months, respectively five months for annual reports, and are publicly available at <https://mfinante.gov.ro/domenii/bugetul-de-stat/informatii-executie-bugetara>.

⁴ The process is regulated by the law on fiscal responsibility (L69/2010), which introduces the obligation of the Ministry of Finance to fundament the budget proposals on a fiscal budgetary strategy, the obligation to elaborate and publish the report on final budget execution and defines the roles of the Fiscal Council in monitoring and giving advisory consent for the fiscal policy of the government.

forecasts issued by the National Forecast and Strategy Commission and on a list of indicators collected by the National Agency for Fiscal Administration (*Agenția Națională de Administrare Fiscală* – ANAF) monthly, quarterly, or annually, depending on the type of indicator, from all public authorities⁵. The budget plan for social protection includes indicators regarding the revenues to the state and social insurance budgets, other macro-economic indicators, and indicators measuring the outputs of the programmes implemented by the Ministry of Labour and Social Protection (*Ministerul Muncii și Protecției Sociale* – MMPS). The Fiscal Council also plays a role in this process, as it produces both an *ex ante* opinion on the budget plan and a review of its execution. The notes on the public spending reviews carried out by the Ministry of Finance and by the Fiscal Council are the only tools which provide information on the fiscal effects of redistributive measures.

In addition, the National Institute for Statistics (*Institutul Național de Statistică* – INS) provides, with the support of the administrative actors involved in managing social benefit schemes, an annual report on social expenditure, which is based on the ESSPROS scheme, but which also matches the ESSPROS categories with national programmes and schemes⁶. Although the INS provides a publicly available database (TEMPO-online⁷), covering among other things information on social benefits and services, this does not provide more detailed information than that available through the sectoral statistics or Eurostat. Even though the INS produces a series of thematic reports on healthcare services, education, and income and living standards, it is still building up its capacity to carry out evaluations connecting data to social outcomes. Its recent ad hoc report on social inclusion in 2020⁸ provides an example in this regard. The report provided a detailed description of social outcomes (inequality, material deprivation, risk of poverty, and risk of poverty or social exclusion) but did not provide any empirical evidence of the impact of various social benefits or services on these outcomes.

Different monitoring frameworks evolve at the level of the agencies/institutions that are in charge of the provision of social benefits. Thus, we can distinguish different monitoring frameworks, as follows.

- (a) *Social assistance benefits*⁹ paid through the National Agency for Payments and Social Inspection (*Agenția Națională pentru Plăți și Inspekție Socială* – ANPIS), an agency of the MMPS, which are financed entirely from the state budget.
- (b) *Social assistance (socio-medical) services* provided by local authorities and financially supported almost entirely from local budgets (county or administrative-territorial unit level), except for a small proportion consisting of (i) subsidies for social service providers, or (ii) investment in infrastructure (capital expenditure) or administrative capacity through national interest programmes, and which are supported from the state budget. Two institutions are involved in monitoring these services: ANPIS, through its county-level agencies (*agențiile județeană pentru plăți și inspekție socială* – AJPISs), which monitors the compliance of service-providers with quality and cost standards; and county/local councils, which monitor spending as part of the public finance exercise.
- (c) *Public pension-related benefits*, including invalidity benefits, occupational diseases, and work accidents, supported from the Social Insurance Budget, and managed by

⁵ The fiscal form P5000, regulated through Order of the Ministry of Finance No 657/2015.

⁶ <https://insse.ro/cms/ro/tags/statistica-protectiei-sociale-esspros>. The report regarding the 2020 expenditure will become available on 25 November 2022 (a delay of almost two years).

⁷ Available from the INS website, <http://statistici.insse.ro:8077/tempo-online/>.

⁸

https://insse.ro/cms/sites/default/files/field/publicatii/dimensiuni_ale_incluziunii_sociale_in_romania_2020.pdf

⁹ The complete list of these benefits can be found on the ANPIS website, see <https://www.mmanpis.ro/informatii-de-interes-public/plati-efectuate-de-anpis/>.

the National Public Pension House (*Casa Națională de Pensii Publice* – CNPP, under the authority of the MMPS), and its county-level devolved organisations.

- (d) *Unemployment benefits and employment programmes*, supported from the Unemployment Insurance Fund, and managed/provided by the National Agency for the Employment of the Workforce (*Agenția Națională de Ocupare a Forței de Muncă* – ANOFM), and its county-level agencies (*agențiile județene de ocupare a forței de muncă* – AJOFMs).
- (e) *Healthcare and sickness benefit*, managed by the National Health Insurance House (*Casa Națională de Asigurări de Sănătate* – CNAS) and its county-level organisations (*casele județene de asigurări de sănătate* – CJASs), and financially supported from the FNUASS. Other institutions involved are the Public Health Directorate (*Directiile de Sănătate Publică*) and its county-level equivalents. Some national programmes – remedial and preventive – are supported financially from the state budget, while spending on infrastructure (building of hospitals, ambulatories, and primary care physician’s offices) and its maintenance is partly supported by local authorities.

Sectoral monitoring tools focus less on social outcomes and administrative efficiency (e.g. administrative costs per scheme) than on aspects related to the process of benefit provision, accounting for payments, and immediate outputs. Key output indicators used on a regular basis to monitor social benefits are the average number of beneficiaries/recipients (the number of services by type/level of service in the case of healthcare system), and the net associated costs. Year-on-year changes in number of recipients and services, and in expenditure in nominal terms, are highlighted on a regular basis.

However, meeting certain social outcomes, and putting in place indicators to monitor these, were part of the 2011 loan agreement with the International Bank for Reconstruction and Development (IBRD) regarding the modernisation of the social assistance system in Romania¹⁰. Although these indicators were not transposed into a systematic monitoring framework, the agreed social outcomes have guided the reforms and legislative process in the field of social assistance since 2011.

In the following, the sectoral frameworks will be briefly presented, while the monitoring tools used by these will be presented in Section 2.

Monetary social assistance benefits. Beginning in 2010, the government placed an increased emphasis on the effectiveness and efficiency of social assistance benefits, as part of the reform of the social assistance system. In this context, Romania signed in 2011 a loan agreement with the IBRD, conditional upon 20 outcome indicators¹¹. The project focused only on monetary social benefits targeting low-income families, people with disabilities, and families with children. The project was amended in 2017, and the indicators revised, as its implementation was slower than expected.

Although the project is aimed at increasing the capacity of the MMPS and ANPIS to consolidate the provision and monitoring of social benefits, it is also aimed at developing a monitoring framework for the performance of the monetary social benefit system. The only social outcome indicator used by the project was the increase in the proportion of public expenditure on four social assistance benefits¹² targeting people in the lowest income quintile. However, the increase in targeting during this period (i.e. between 2012

¹⁰ Loan No 8056-RO of July 2011.

¹¹ The agreed amount of the project (loan No 8056-RO of July 2011) was €500 million (for a three-year period, starting 2012), and its main objectives were the improvement of the performance of the social assistance system, by consolidating the performance of its management, by increasing administrative equity and efficiency, and by reducing errors and frauds (see information regarding the project at <https://www.worldbank.org/ro/news/press-release/2011/05/26/world-bank-supports-romania-social-assistance-reforms>).

¹² Two means-tested benefits – the guaranteed minimum income (GMI) benefit and the family support allowance, the universal child allowance, and the child-rearing indemnity / insertion stimulus.

and 2017) was the result of the constant deterioration in the eligibility thresholds, rather than of an increased capacity of the system to target the benefits.

The efforts to develop and implement a database to manage applicants and beneficiaries and to inter-connect various benefits (the "SAFIR" database) started in 2007 and continued throughout the project subject to the IBRD loan agreement. The development of the database led to increased accountability over public spending on social assistance benefits and a greater capacity to oversee the provision of benefits.

In 2017, under the responsibility of the MMPS and its central agency, ANPIS, the development of an integrated platform started; the "DIAMANT" information management system is intended to provide a sleeker and easier application process for claimants of disability benefits, and a superior capacity to integrate various databases monitoring the provision of different types of social benefits. DIAMANT is also supposed to provide a direct exchange of information between: county-level devolved social assistance directorates (*direcțiile generale de asistență socială și protecția copilului* – DGASPCs), which provide specialised services for people with disabilities; county-level commissions for certification of disabilities; and AJPISs, which are in charge of the payment of benefits. This will provide a way to standardise information collection and reporting at the local and county level, thus allowing for national monitoring of a significant amount of social spending, which until now has been 'invisible', being outside the general framework for budgetary implementation. Most of the spending concerned supports social assistance services, but it also covers a small number of social benefits.

Social services. In 2016, a second part of the modernisation project was launched, with an increased focus, this time, on social services and the identification of quality and cost standards which would allow for better monitoring of service provision. However, overall expenditure on social assistance services is not the object of a systematic monitoring process. In fact, this expenditure is mostly unaccountable and opaque, as social services are financed from local/county budgets. No specific expenditure review or monitoring framework dedicated to social services expenditure is in place for devolved administrative and regional units. The integrated platform DIAMANT, mentioned above, will soon provide a framework for collecting, reporting, and evaluating data, at the national level, on expenditure and benefits funded from local budgets.

A series of other projects funded by the European Social Fund followed, which were aimed at increasing and strengthening the administrative capacity of the MMPS, including the development of a common self-assessment framework. In 2020 ANPIS, CNPP, and ANOFM jointly agreed to carry out a project to develop a software application compatible with the European social security information exchange programme (EESSI). This will allow for better integration of the various databases operated by governmental agencies.

Unemployment benefits and labour market integration programmes. Until recently the main monitoring framework was based on the annual national employment programme and national plan for professional training, a document signed by the tripartite structure which ensures the governance of the ANOFM. The plan rests on national strategic documents and sets targets for all employment services and benefits. The activity of the agencies (central and county-level) is assessed against this document. However, in 2020 the ANOFM signed a contract with the Ministry of European Investment and Projects to create a mechanism able to provide adequate monitoring, assessment, and grounding of political decisions regarding public active labour market policies (the "ReCONNECT" project)¹³. The initiative is expected to lead to the development of a framework able to monitor the provision of, and expenditure, on social benefits and services in the field of (un)employment, and to assess the potential impact on beneficiaries and labour markets. The project is expected to close in December 2022.

¹³ <https://uefiscdi.gov.ro/reconnect>

Social insurance. Old age, invalidity, and (partially) sickness benefits are administered by the CNPP, the independent body that manages beneficiaries, pension benefits, and the Social Insurance Fund. The capacity of the CNPP to monitor and report data on social insurance benefits and the insured population increased significantly during the last decade; like the ANOFM, the CNPP manages the social insurance budget and monitors benefit provision, people insured, and contributions. In contrast to the ANOFM, the data published each month by the CNPP include also detailed statistics on the number of people insured, contributions, and expenditure associated with each type of pension benefit.

However, the entire pension system, including its information systems, is undergoing major reforms. First, in March 2021 the CNPP announced a new project regarding its information systems, aimed at implementing the EESSI and allowing for automatic conversion of insured periods, and the calculation of contributory periods and pension benefits, within the EU space¹⁴. Second, the reform of the pension system is already on the agenda of the National Plan for Recovery and Resilience. The reform is aimed at correcting inequities, and ensuring sustainability and predictability, while safeguarding its contributory nature. Thus, some of its specific objectives refer to the need to establish a mechanism for systematically updating the benefits, keeping social insurance expenditure as a proportion of GDP constant, increasing the link between contributions and benefit levels, digitalisation of the private pension system (Pillar II), changing eligibility criteria for early retirement, and diminishing the pension gap between men and women¹⁵.

Healthcare. In the healthcare sector, expenditure is monitored by using the same national functional-economic framework for reporting public expenditure, adjusted for specific types of expenditure. Reporting of financial data follows a format customised for the operations of the FNUASS. In addition, an annual Framework Contract, drawn up by the CNAS, sets the stage for the monitoring of expenditure.

Data regarding people insured, services provided, prescriptions, and acquired assistive technologies are registered in the Health Insurance Information Platform (*Platforma Informatică a Asigurarilor de Sănătate – PIAS*), a platform which comprises the single integrated information system (*sistemul informatic unic integrat*), the European system of social health insurance cards (*cardul European de asigurări de sănătate*), the national system of electronic prescriptions (*sistemul informatic prescripții electronice*), and the system of electronic health files (*dosarul electronic de sănătate*). The platform was, in July 2021, managing data on over 18 million people who were benefiting from healthcare services and prescription drugs, over 70,000 health service providers and pharmacies, and a daily reported average of about 700,000 healthcare services¹⁶.

The electronic health files system is not yet fully functional; the President of the CNAS has declared that since 2019 the system has been put on hold due to data protection issues. It was expected to become fully functional in November 2021, with the possibility for every individual to anonymise their personal information¹⁷. The system is supposed to match services, diagnoses, and prescriptions with patients and insured people, and will ultimately permit the monitoring of access to the preventive and primary healthcare system, and the adequacy of the balance between ambulatory and hospital services.

However, the entire information platform supporting healthcare-related databases, PIAS, has reached its limits and, according to the CNAS, is not able to cope with the high volume of information and different information systems which it is supposed to support. In September 2021, the President of the CNAS announced that the system needed to be

¹⁴ The system was supposed to become functional June 2021, according to CNPP (see [here](#)).

¹⁵ <http://mfe.gov.ro/pnrr/>

¹⁶ <https://www.tolo.ro/2021/07/01/romania-va-face-cu-peste-100-de-milioane-de-euro-o-noua-platforma-pe-care-e-cardul-de-sanatate-aruncand-ce-a-construit-cu-peste-200-de-milioane/>

¹⁷ <https://stirileprotv.ro/stiri/actualitate/dupa-noua-ani-de-asteptare-dosarul-electronic-de-sanatate-va-putea-fi-accesat-la-inceputul-lunii-noiembrie.html>

entirely replaced, and a new one will be redesigned starting in 2022, within the National Recovery and Resilience Plan¹⁸.

1.2 Separate monitoring framework(s) linked to schemes provided by employers

Currently, Romania has two public pension schemes which differ from the main social insurance scheme, both of them provided and administered by central public authorities, as employers: (a) a set of “service pensions” for six professional categories (diplomats, parliamentarians, pilots of the civil air force, judges and public prosecutors, professionals working in courthouses, and members of the Court of Auditors), administered by the MMPS, which is partially supported from the social insurance budget and partially from the state budget; and (b) a set of three special pension systems, paid from the state budget, out of the budgets of the ministries managing the schemes (military, police, and special information services). Indicators for service pensions only recently started being reported by the CNPP, while the monitoring system for the second set of pensions is completely decoupled from that used by the CNPP. The latter feed directly into the budgets allocated to the relevant ministries.

Occupational pensions are not yet in place in Romania; these are regulated through a fairly new law (Law No 1/2020). Once they emerge, they will be accredited and monitored by the Authority for Financial Supervision (*Autoritatea de Supraveghere Financiară*), an independent, self-financed, administrative authority.

1.3 Distinction between current expenditure and capital expenditure

The economic classification used for all public budgets and funds – the state budget, local budgets, the social insurance budget, the FNUASS, and the Unemployment Insurance Fund – makes a clear distinction between current and capital expenditure.

The distinction is most important for monitoring expenditure on healthcare services and social assistance (socio-medical services). For example, the Ministry of Finance differentiates between expenditure on social benefits and investment (capital expenditure) when assessing the spending of the government on the social protection measures in response to the COVID-19 crisis.

The difference is also important for the monitoring of social assistance services. For these, the distinction between capital expenditure and current expenditure is crucial, as it denotes financing sources: whereas current expenditure is supported from the county/local budgets, capital expenditure (modernisation of the infrastructure, investment in technology, and land/property acquisition) is supported from the state budget through different “programmes of national interest”. The opposite is true in the healthcare sector, where current expenditure is supported from the state budget and the FNUASS, while capital expenditure, along with current expenditure on maintenance costs, is usually supported from local budgets.

1.4 Type of monitoring: level and outcomes

Only outputs regarding the number of beneficiaries of social programmes – and, in some cases only, associated costs – broken down by type of benefits and counties, are monitored on a regular basis.

Social outcomes (e.g. reducing poverty/inequality and increasing access to education) are not yet monitored on a regular basis, although in the past sets of indicators have been

¹⁸ <https://www.hotnews.ro/stiri-sanatate-25014847-erori-platforma-informatica-asigurarilor-sanatate-ultimele-zile-cnas-isi-cere-scuze-pacientilor-medicilor.htm>

adopted in strategic documents and specific projects¹⁹. Social outcomes are assessed as part of the process of evaluating national strategies (at the end of the programming periods) or specific projects carried out by central agencies²⁰.

However, since 2020 the government has been engaged in a process of establishing a systematic monitoring system, on three levels: (a) strategic – guiding political decisions; (b) operational – guiding decisions regarding concrete programmes and actions; and (c) administrative – guiding administrative behaviour in the process of benefit/services provision and programme implementation. A detailed description of these will be provided in Section 2.

1.5 Level of granularity of public social spending

Some of the agencies involved in managing social programmes report social spending on a regular basis. The MMPS and ANPIS report on a monthly/quarterly/annual basis the expenditure on each managed social benefit, from 11 broad categories of social assistance benefits (including means-tested benefits, benefits for children and families with children, and benefits for people with disabilities or other impairing conditions²¹). Data are broken down by county level and reported in nominal terms; the year-on-year growth rate in nominal terms is reported on a quarterly and annually basis. Administrative costs associated with the overall management of these benefits are reported, along with the expenditure which is supported from the state budget for social assistance services (subsidies to NGOs and capital expenditure as part of programmes of national interest).

Further, the CNPP also reports on a monthly/quarterly/annual basis social insurance expenditure related to pension benefits²². Similar to social assistance benefits, expenditure on pensions is broken down by county, and reported in nominal terms; the year-on-year growth in nominal terms accompanies quarterly and annual expenditure reporting.

Expenditure on unemployment benefits/services are not reported as part of the regular reporting procedure of the ANOFM. These are aggregated and reported only as part of the budget implementation exercise.

The same holds true for expenditure on social assistance services, which are supported mainly from local budgets. No systematic data on this expenditure are available, and reporting formats differ between counties. Finally, these expenditure data are fed into the local budgets and consolidated budget as part of the budget implementation exercise.

Expenditure on healthcare services and sickness benefits is reported by the CNAS in the annual activity report published on its website. This is reported by level of services

¹⁹ E.g. according to the action plan associated to the National Strategy for Promoting Social Inclusion and Reducing Poverty (2015-2020), and with the governance programme, most important social outcomes are: (a) the reduction of poverty, by increasing the income of the most income-poor segment (estimated to about 4.8 million people, i.e. about 20% of the population) by a higher rate than the national average income and (b) decreasing social exclusion, by focusing access to education for vulnerable children and increasing labour market integration of most vulnerable groups. For details see <http://www.mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/3916>.

²⁰ An example in this regard is the National strategy regarding the protection of the rights of people with disabilities (A Society without Barriers) 2016-2020. In 2020 a comprehensive evaluation of the Strategy has been carried out and a new needs diagnosis has been produced within a technical assistance programme for enhancing the administrative capacity of the Agency for People with Disabilities. For details see <http://andpdca.gov.ro/wp-content/uploads/2021/11/Diagnoza-situatiei-persoanelor-cu-dizabilitati-in-Romania.pdf>.

²¹ ANPIS provides, within a month period, monthly data on beneficiaries and expenditure, available at <https://www.mmanpis.ro/informatii-de-interes-public/plati-efectuate-de-anpis/>. The MMSP publishes quarterly statistical bulletins in the field of unemployment, social assistance, social insurance, and protection of people with disabilities, with a delay of 4 ½ months; reports are available at <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic>.

²² Data on pensioners and average pension is published within a month, while data on insured people, by type of work contract, with a delay of about 3 months; data publicly available at <https://www.cnpp.ro/indicatori-statistici-pilon-i>.

(primary/ambulatory/hospital), type of services, and national preventive and remedial health programmes.

1.6 Breakdown of public social spending

Most institutions that report spending on social benefits or services break expenditure down by county, and some by gender. Although existing statistical databases could provide a breakdown of public spending by income deciles or age groups, no public reports on this are available.

Although the information on the age of beneficiaries/recipients can be retrieved from administrative databases, data by income level are not available at an administrative level. The only exception is pension-related benefits, for which beneficiaries and expenditure are also broken down by pension benefit level brackets.

Cross-sectoral issues, such as gender equality and securing the rights of people with disabilities, cannot be evaluated or monitored based on the existing breakdowns.

1.7 Timing and public accessibility of data

Expenditure on social assistance and social insurance benefits (pension system related benefits) are reported monthly, and made publicly available on the websites of ANPIS and CNPP. Quarterly data and descriptive reports are available on the website of the MMPS. No detailed monthly/quarterly data are available regarding expenditure on unemployment benefits or healthcare services. The only data publicly available regarding expenditure on unemployment come from implementation of the consolidated budget (on a monthly basis), of which the Unemployment Insurance Fund is part; however, this expenditure is not broken down by types of benefits or services²³.

However, all social expenditure is reported, monthly, as part of the execution of the consolidated budget, by the Ministry of Finance on its website²⁴. This form of reporting does not allow for detailed breakdowns, and it aggregates expenditure according to the functional and economic classifications used for public spending.

1.8 Sub-national frameworks

County and local councils are responsible for organising social assistance services: (a) at the local level (i.e. at the level of administrative-territorial units), through the public social assistance services (*serviciile publice de asistență socială* – SPASs), under the direct authority of the local council²⁵; and (b) at the county level through the DGASPCs, under the direct authority of the county councils. Besides the regular reporting regarding the execution of the budget allocated to these institutions, which feeds into the execution of the local/county level budgets and further into the national consolidated budget, these agencies have developed their own set of monitoring indicators, depending on the level of their administrative capacity. For example, the DGASPC of Bihor County, part of the north-western development region (one of the eight development regions of Romania), publishes, annually, an action plan regarding the development of social services. The action plan starts with the objectives and operational goals of the strategy on social services adopted by the county council²⁶. The monitoring indicators incorporated in the action plan are also

²³ <https://mfinante.gov.ro/domenii/bugetul-de-stat/informatii-executie-bugetara>

²⁴ <https://mfinante.gov.ro/domenii/bugetul-de-stat/informatii-executie-bugetara>

²⁵ Some of the local authorities have not the financial and administrative capacity to provide specialised social assistance services (about 1.5% of the total number of the administrative-territorial units, in 2018), according to a report on the institutional and administrative capacity of the SPASs and DGASPCs (see https://mmuncii.ro/i33/images/Documente/MMPS/Rapoarte_si_studii/MMPS/DPSS/2018 - SRSS - Analiza_capacitatii_SPAS_privind_TIC_-_1_Raport_final.pdf).

²⁶ http://www.dgaspbihor.ro/dgaspbihor.ro/informatii_publice/strategie_2017-2021.pdf

published, on a quarterly basis, on the website²⁷. These indicators include information on social public spending on services and benefits, broken down by number of beneficiaries, type of services, and other relevant variables, as well as on the administrative structure of SPASs. However, only a limited amount of this information is aggregated and publicly available at the national level.

Whereas a state agency (and its devolved county-level organisations) – ANPIS – is in charge of monitoring the provision of social assistance services and the functioning of social assistance institutions, expenditure and social outcomes are monitored by the specialised county/local-level institutions that manage and provide these services. All counties produce expenditure reports, which are based on the same classification system used by all public financial institutions and take the form adopted for the execution of local budgets. However, some counties provide detailed social expenditure information, broken down by type of services and other relevant variables²⁸. Furthermore, as mentioned above, outcome indicators are monitored based on the local/county-level strategies in the field of poverty and social exclusion, or other relevant county-level strategies in the field of social assistance²⁹. All counties have approved strategies, but the monitoring level depends on the administrative capacity of each county.

However, the development of a new integrated platform for managing information systems regarding social benefits and services, DIAMANT, which began in 2017, will standardise most of the information collected and monitored by the SPASs. This will allow for the aggregation and monitoring of information currently missing at the national level.

2 Reporting/review tools for public social spending

Section 2 will present the different reporting/review tools and data collection systems used by the agencies managing the various categories of social benefits, as presented in Section 1. A synthesis of the recurrent and ad hoc reporting/review tools which are publicly available will conclude the presentation.

The section will also address two additional issues: (a) the way in which these reviews/reports shape political decisions; and (b) the current efforts towards establishing more comprehensive and clearly defined monitoring and evaluation systems, and the direction in which these are pointing.

2.1 Brief description of the reporting mechanisms at the sectoral level

Monetary social assistance benefits. Based on the data collected through the SAFIR database, ANPIS produces monthly reports³⁰ on the number of beneficiaries and net amounts paid for the benefits, by type of benefit and by county. These reports are made publicly available. The same reports are used for internal monitoring but broken down to the level of administrative-territorial units. Even though the SAFIR database on social assistance beneficiaries contains rich information, which would allow better monitoring of the effectiveness of these benefits, the reports used for current monitoring purposes limit themselves to basic output indicators, as mentioned above. The administrative capacity of central public institutions to process a large amount of data is still limited (see also Box 2-1).

²⁷ <http://www.dgaspcbihor.ro/dgaspcbh.ro/statistica.html>

²⁸ Taking the form of annual activity reports and budgeting reports

²⁹ See the example above on Bihor County

³⁰ Monthly data on beneficiaries and expenditure, by benefit type and county, is available, within a month, on ANPIS website, see <https://www.mmanpis.ro/informatii-de-interes-public/plati-efectuate-de-anpis/>. Annual internal audit reports and ad hoc reports produced by ANPIS are available at <https://www.mmanpis.ro/despre-anpis/rapoarte-si-studii/>.

Box 2-1 Evolution of SAFIR database during 2017-2020

The SAFIR database managed, in 2017, 4.5 million people, receiving 11 categories of social assistance benefits, and €7.5 million in monthly payments. But despite the increasing coverage of social assistance beneficiaries, the database had a limited usage. According to the 2017 annual activity report of ANPIS, at central level the IT department was limited to four employees, while 23 out of 43 county-level devolved organisations of ANPIS had no IT employee. In 2020 (according to the 2020 ANPIS activity report), its capacity increased to six full-time employees at central level and one IT employee for each county.

Data source: ANPIS, Annual activity reports (<https://www.mmanpis.ro/despre-anpis/rapoarte-si-studii/>).

Unannounced checks carried out by ANPIS on the provision of social assistance benefits are aimed at detecting error (due to administrative procedures and informational systems) and fraud. The results of these, together with occasional in-depth assessments (in the form of thematic reports), feed into the annual activity reports of the institution, which are publicly available.

In 2017, under the responsibility of the MMPS and its central agency, ANPIS, development began of an integrated platform; the information management system DIAMANT is intended to provide a sleeker and easier application process for claimants of disability benefits, and a superior capacity to integrate various databases monitoring the provision of different types of social benefits. DIAMANT is also supposed to provide a direct exchange of information between DGASPCs (providing county-level specialised services for people with disabilities), county-level commissions for certification of disabilities, and AJPISs (in charge of paying benefits). This will provide a way to standardise information collection and reporting at the local and county level, thus allowing for national monitoring of a significant amount of social spending which until now has been 'invisible', being outside the general budget implementation framework. It specifically refers to the social spending made from local budgets, most of which supports social assistance services, but which also covers a small number of social benefits.

Efforts to increase the capacity to monitor and assess the impact of social benefits were intensified during 2019-2021, in preparation for the new national strategies for 2021-2027 in the field of social inclusion and poverty reduction, protection of the rights of people with disabilities, and employment. Most of these preparation efforts involved external assistance (in most cases, as part of EU-funded projects) and put an increased emphasis on the elaboration of adequate operational plans and on setting up key indicators to monitor social outcomes and administrative efficiency³¹.

Although a regular reporting system for social outcomes is not yet in place, the MMPS, ANPIS, and the Authority for People with Disabilities and Child Protection (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții* – ANDPDCA) provide consistent systematic information on the outputs of social benefits on monthly, quarterly, and annual basis through a variety of report and reviewing tools (see Annex, Table 4).

Social services. Between 2014 and 2017 the INS (TEMPO-online database) kept track of expenditure on some social assistance services, but since 2017 no data on costs have been available. Regular reports of the MMPS cover only the average number of beneficiaries of services and number/type of services (statistical bulletins) and the number of certified and licensed social assistance services (MMPS/ANPIS website). The MMPS has also developed a map of social services, which monitors the geographical distribution social assistance

³¹ An example in this regard is the EU-funded project (2019-2021) regarding the consolidation of the co-ordination mechanism for the implementation of the UN convention regarding the rights of people with disabilities (UNRPD), with several methodological outputs.

services, by type and status (accredited/licensed/suspended)³². More detailed information is provided on the websites of the DGASPCs, at the county level. These county-level bodies produce annual action plans in accordance with county-level strategies in the field of social assistance; and they provide, in addition, information on social spending broken down by type of services and number/type of beneficiaries, either through statistical indicators or through annual activity reports.

Unemployment benefits and labour market integration programmes. The annual national employment programme, and the national plan for professional training, provide an inadequate monitoring framework as they do not allow for a general, integrated overview of the expenditure on unemployment benefits and employment services; they only set targets in absolute numbers (number of beneficiaries), without using any reference value or appropriate measurements to put these numbers in context. Outputs are thus impossible to assess, in the absence of any contextual information. There is no public review available of expenditure on (un)employment benefits and services. Information on the unemployment budget is only available as part of the budget implementation exercise, under which expenditure is aggregated and not broken down by specific benefits and services. Because of this lack of transparency, it is hard to gain an overview of all expenditure in the field of activation programmes and employment policies, especially as an important proportion of this expenditure derives from EU-funded projects.

The quarterly statistical bulletin on unemployment³³ refers only to the structure of unemployment by age, education, duration of unemployment, and number of beneficiaries by type of measures and services provided. All these data are broken down by county. Yet no information on expenditure on unemployment benefits or employment measures targeting vulnerable groups is publicly provided.

Social insurance benefits. The (quarterly and annually) public reports on social security, published by the MMPS³⁴ are limited to a detailed presentation of people insured (by employment status), beneficiaries (by types of pension benefit, gender, and income bracket), and the expenditure and income of the Social Insurance Fund. Since 2014, the statistical data provided by the CNPP has become more and more descriptive, covering the number of people contributing to the social insurance system and a series of details regarding the minimum social pension. Despite the detailed description provided by the reports, no explicit social outcome or pension system performance indicator is considered. However, the redesign of the pension system – expected to start soon (see Section 1.1) – is expected to unfold in parallel with a redesign of its information systems and monitoring framework. This will allow for better integration of the data with the objectives formulated in the National Recovery and Resilience Plan, and in the national strategies on social inclusion and poverty reduction, on active ageing.

Health sector. The CNAS publishes an annual report, based on the annual Framework Contract. The document provides an itemisation of expenditure and specifies the types and periodicity of services to which insured and uninsured people have free access through the social health insurance system, and the methodologies for reimbursing healthcare providers. Thus, the main publicly available reporting tool regarding expenditure on healthcare services is the annual activity report of the CNAS³⁵. The report, available online, uses indicators related to: the number and type of services by level of provision (primary, ambulatory, and hospital healthcare); the amount and type of prescription drugs reimbursed; the number of healthcare services and pharmacies in a contractual relationship with the CNAS; the number of patients who benefit from preventive and

³² An interactive map is available at <https://serviciisociale.ro/harta> and statistical data are publicly available at <https://serviciisociale.ro/statistici>. Finally, MMPS, covers, in its statistical bulletin on social assistance, data on accreditation/ licensing of social services

³³ <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic>

³⁴ *Idem*.

³⁵ Reports are published at the end of the next year, and publicly available at <https://cnas.ro/rapoarte-de-activitate/>.

remedial national health services; the number of people benefiting from in-home care services; and expenditure by type and level of services. Access and coverage issues are not covered in the report; and numbers are not assessed against identified needs, the size of target groups, or the incidence of certain health conditions in the population. The current reporting system does not provide any social outcome indicators.

However, at the beginning of 2020, the CNAS signed a contract within the Operational Programme on Administrative Capacity to develop and implement an integrated management system for the health insurance system. This system will overcome the problems faced by the current system and allow for analyses and reporting aimed at optimising decision-making, based on the data available in PIAS (the project duration was estimated at 36 months and the total estimated value was 102 million Lei, or €20.6 million)³⁶. Thus, all information and monitoring systems used by the CNAS are currently being redesigned.

Finally, **a synthesis of the sectoral monitoring mechanism** points out to four categories of reporting/reviewing tools, as follows.

- (a) **Regular reports of the institutions managing the provision of specific social benefits**; these are provided in the form of monthly basic output data and quarterly reports. The MMPS, ANPIS, ANOFM, and CNPP produce these reports for social assistance and social insurance benefits. However, the ANOFM does not provide any information on expenditure. These reports are limited to outcome results such as the number of beneficiaries and associated expenditure. There are no such reports produced by the Ministry of Health or the CNAS.
- (b) **Regular (annual) activity reports** of the central institutions involved in the provision/monitoring of social benefits/services. These provide administrative information and process indicators, focusing on specific activities involved in the provision and monitoring of social programmes. They also provide aggregate output indicators.
- (c) **Ad hoc or occasional reports and reviews of the central institutions** involved in the provision/monitoring of social benefits/services. These are either: (i) performed to control/evaluate the implementation/provision process of different social benefits (a sort of internal audit); or (ii) to evaluate, or provide an empirical basis for, national strategies and their operational plans, other strategic policy documents (such as the National Plan for Recovery and Resilience) or EU-funded projects. This latter category is usually performed with external technical assistance. The World Bank and UNICEF have been, since 2010, important consultants for the MMPS and its agencies, performing evaluations and diagnostic analyses³⁷. Although the NGO sector has produced a significant number of analyses, none of these actors provides systematic monitoring of social programmes.
- (d) **Recurrent or ad hoc external reviews from other public or private institutions**. External audit reviews are produced by the *Court of Auditors* and are related in most cases to the evaluation of projects aimed at increasing either the performance of the social assistance/protection system or the administrative capacity of central government agencies to manage these systems. The *Fiscal Council*, an independent public institution, produces annual reports reviewing fiscal-budgetary policy and its sustainability. The Fiscal Council also takes a position regarding policy changes that affect macro-economic stability or financial sustainability. The INS provides two important reporting tools: (i) a publicly

³⁶ National Health Insurance House, Activity report. January-December 2020, available at http://www.casan.ro/theme/cnas/js/ckeditor/filemanager/userfiles/Raport_activitate_CNAS_2020.pdf.

³⁷ An example in this regard is the latest report published on the diagnosis of needs and services provided to people with disabilities, available at <http://andpdca.gov.ro/w/wp-content/uploads/2021/11/Diagnoza-situatiei-persoanelor-cu-dizabilitati-in-Romania.pdf>.

available database (TEMPO-online), containing systematic information regarding social benefits (beneficiaries and expenditure, by gender and county, eventually by residence / degree of urbanisation) – though social services are not properly covered, and, since 2017, much of the useful information on social services expenditure has been discontinued; and (ii) a series of regular reports on healthcare providers and on the income of the households, and some ad hoc reports focusing on issues such as the economic impact of COVID-19.

In this context, it is worth mentioning that international organisations such as the World Bank, UNICEF, and Save the Children have provided, over the last decade, a series of policy reviews in the field of social protection and social assistance – independently or in partnership with public institutions, which have significantly shaped the capacity of public institutions to monitor social expenditure and link this to social outcomes to which the government is committed.

Indicators used by central government agencies are mostly output indicators roughly covering the number beneficiaries and associated expenditure, with a low level of breakdown (mostly limited to a breakdown by county).

2.2 The future of the monitoring frameworks for public social spending

In May 2020, the World Bank published a synthesis report based on the implementation of the monitoring and evaluation systems for social protection programmes (as part of the technical assistance offered to the Romanian government within the project on increasing the intervention efficiency of the MMPS and the agencies under its co-ordination). The report proposes three sets of monitoring and evaluation (M&E) indicators, as follows³⁸.

- (a) A central set of 47 key indicators of social inclusion, mainly cross-sectoral outcome indicators, aimed at monitoring the overall impact of social programmes and informing political decisions. They would be based mainly on survey data.
- (b) M&E indicators for the National Strategy for Social Inclusion and Poverty Reduction (SNISRS). This would be a cross-sectoral approach based on sectoral indicators, aimed at monitoring and evaluating the implementation of the strategy; these are process, output, and outcome indicators, and are based on a mix of survey and administrative data.
- (c) Programme indicators, exclusively dedicated to each social programme carried out by the MMPS, enabling the provision of benefits and social services to be monitored, and based on administrative data. These are sectoral and sub-sectoral indicators, and mostly process and output indicators.

The central set of indicators of social inclusion (see Annex, Table 5 for a detailed listing of the indicators) covers all EU welfare indicators – such as the risks of poverty and social exclusion, severe material deprivation, activity and employment rates, and the proportion of the active-age population in very low work intensity households – but also indicators related to social public expenditure (health, education, social assistance, and social insurance), some access indicators (healthcare, education, and social assistance services), and housing conditions/deprivation. Although the list of indicators and their breakdown can be improved, it marks the start of the development of a more operational and systematic monitoring framework.

As shown above, a series of projects are currently being carried out which are aimed at improving the information systems and the integration capacity of various information platforms. Along with these, many central agencies, but especially the MMPS, have put considerable effort into enhancing their capacity to make use in a meaningful way of the rich information already available. Until 2014, monitoring indicators were limited to those

³⁸ https://www.servicii-sociale.gov.ro/source/Studii%20si%20rapoarte/P166070_Output%204_RO_Revised.pdf

provided in annexes on the methodological norms for implementing social programmes, mainly legally grounded documents imposing compulsory data exchange between institutions without the capacity to provide effective feedback on their activity.

Since 2014, central government institutions have developed a systematic interest in pro-active monitoring systems; the still low technological and administrative capacity has been a major barrier in monitoring and evaluating the performance of social benefits. Projects aimed at increasing technical and administrative capacity, alongside the redesign of mechanisms to monitor the effectiveness and efficiency of social benefits, have increased in number since 2017.

2.3 How do reports and reviews shape political decisions and administrative activities?

Regular reports and reviews at sectoral level have had, until now, limited if any impact on political decisions or even administrative activities. The production of reports was seen by most central institutions as an obligation, rather than as a tool for embedding systematic feedback in the system. These reports improve the knowledge of the institutions regarding both the effectiveness of social programmes and the efficiency of administrative activities involved in the process of managing/providing these. However, no methodology that links data production to various types of institutional responses is yet in place. In other words, institutions are unable to react to the available data and information, in the absence of any code of conduct explicitly provided for within their legal framework.

Clearly defined procedures for how to react to accumulated information, knowledge, and experience are still needed. The budgetary planning process is an example in this respect, as it provides the procedural framework for determining in advance what inputs are required.

Political decisions regarding social benefits and services are mostly driven by analyses requested for specific purposes. Thus, ad hoc reports and reviews – *ex ante* impact analysis, needs diagnoses or evaluations of outcomes related to these programmes – form the basis for political decisions, and the elaboration of national strategies and reforms.

The capacity of the public administration to provide these kinds of reports/reviews is limited, and usually these are outsourced to specialised consultancy agencies and organisations with technical expertise. For example, the World Bank and UNICEF provided technical assistance for most of the projects carried out by the public administration in the social protection area (e.g. needs diagnosis for the national strategy for social inclusion and poverty reduction³⁹, the national strategy for the protection of the rights of people with disabilities⁴⁰, evaluations of previous strategies, and designing monitoring and evaluations systems⁴¹). However, an example of a report produced by a public agency is the thematic report of ANPIS on the employment opportunities for, and services provided to, GMI beneficiaries (2021)⁴². The report formed the basis for an amendment of the guaranteed minimum income law, increasing work incentives for GMI beneficiaries and introducing the obligation to provide educational programmes to those beneficiaries without a lower secondary education level.

³⁹ http://www.mmuncii.ro/j33/images/Documente/Familie/2016/SF_BancaMondiala_RO_web.pdf

⁴⁰ <http://andpdca.gov.ro/w/prima-diagnoza-a-situatiei-persoanelor-cu-dizabilitati-din-romania-2020/>

⁴¹ https://mmuncii.ro/j33/images/Documente/MMPS/Rapoarte_si_studii_MMPS/DPSS/2019_-_SRSS_-_Componenta2_-_Evaluarea_functionarii_si_eficacitatii_serviciilor_sociale_-_1.pdf

⁴² <https://www.mmanpis.ro/wp-content/uploads/2021/04/Raport-privind-Campania-nationala-de-verificare-a-stabilitatii-si-acordarii-ajutorului-social-si-pentru-identificarea-masurilor-de-crestere-a-ocuparii-persoanelor-apte-de-munca.pdf>

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Annex

Table A1 Legislative framework on public finances

Law/Normative act	Description
L 500/2002 on the Public Finances with further amendments	<p>It establishes the general principles of the elaboration, approval and the execution of public budgets.</p> <p>The law states that the budget should be structured in economic and functional classifications and introduces the obligation to substantiate the more complex legislative drafts by an analysis of the financial consequences on the budget.</p>
The law on fiscal and budgetary responsibility L 69/2010	<p>It establishes a set of rules and principles aimed at maintaining the fiscal discipline in the implementation of fiscal policy.</p> <p>The main elements introduced by the law are:</p> <ol style="list-style-type: none"> 1. the fiscal budgetary strategy, needed to provide a framework for the annual process of budgeting 2. fiscal ceilings for the annual budgets 2. the role of the Fiscal Council, as an institution with an advisory role, in charge of the monitoring and the evaluation of the indicators underlying the budget proposals is introduced. 3. the role of the National Commission for Strategy and Forecast in calculating the economic indicators and forecasts underlying the budget elaboration is defined <p>The fiscal budgetary strategy is of a particular importance for the process of public expenditure monitoring, as it provides an analysis of the budgetary execution for the previous year, accompanied by an analysis of the macro-economic context and its impact on the budget proposal for the current year.</p> <p>The strategy endorses a series of governmental objectives, as formulated by the line ministries, evaluates and prioritises the public investments, according to proposals received from ministries.</p> <p>However, these objectives are not operationalised and the indicators measuring them are lacking (the objectives are usually operationalised in the Institutional Strategic Plans of ministries). Moreover, there is no connection between objectives and the necessary resources. Only the public investments priorities are detailed in terms of necessary resources. Among the public investment programmes, those relevant for social protection are quasi-absent.</p> <p><i>Overall, except for the indicators employed for outlining the macro-economic context, the strategy does not rely on an evidence-based approach, whereas <u>an analysis of the extent to which the government managed to reach the objective endorsed in the previous year is lacking.</u></i></p>
Order of the Ministry of Finance No 1394/1995, amended through Order No 1954/2005 for the approval of the classification of the indicators on public finances.	<p>The Order establishes the functional classifications of the indicators regarding the budgetary incomes and expenditure.</p> <p>The classifications are employed by the public authorities in their reporting activities Insurance and social assistance along with healthcare are two distinct categories comprising the expenditure on social protection.</p>
Order of the Ministry of Finance No 657/2015 establishing the Fiscal form P5000 on the reporting of the indicators underlying the budgetary data.	<p>The fiscal form endorses a series of output indicators of the social programmes implemented by: The National House for Public Pensions, INS, National House for Health Insurance, MMPS, Ministry of Agriculture, Ministry of Education, ANAF, The Sectoral Pension House of the Ministry for Internal Affairs, Ministry for National Defence, Romanian Intelligence Service, National Employment Agency. It is filled in by the above-mentioned institutions monthly, quarterly or annually, depending on indicator. Employed as a basis for the substantiation of the public budgets, the form lacks indicators measuring the impact of social programmes.</p>

<p>GD 775/2005 for the approval of the Regulation on the procedures for the elaboration, monitoring and evaluation of public policies at central level</p>	<p>The law defines the procedures regarding the monitoring and the evaluation of public policy and regulates the organisation of Public Policy Units within ministries and other central authorities, in charge of monitoring public policies and with reporting to the Chancellery of the Prime Minister.</p>
<p>Law 24/2000 on the procedures for the elaboration of normative acts</p>	<p>It introduces the obligation to support the normative acts with preliminary evaluations of impact, consisting of in: statements of reasons in case of draft legislation, substantiation notes in case of government decision and ordinances and impact studies for more complex and more important drafts. The motivation document needs to provide information regarding the need, the socio-economic, financial and the legislative impact of the bill, along with the results of the public consultation carried out for the elaboration of the legislative draft.</p>

Source: Romanian legislation

Table 2 Social benefits by the institution(s) responsible with their provision/delivery/payment and their financing sources

	MLSP/ANPIS/AJPIS	Local authorities	County-level authorities	ANOFM/AJOFM	CNPP/CJPP	MH/PHD	CNAS/CHIH
State budget	11 broad categories of social assistance benefits	Means-tested social assistance benefits Personal assistants of severe disabled people Partially: integrated community teams National interest programmes (partial funding of various types of services)	Partly: integrated community teams National interest programmes: modernising social assistance (socio-medical) institutions		Complementing pension benefits towards the minimum pension benefit Complementing the social insurance budget for covering annual deficits	National health programmes (curative and preventive)	National health programmes (curative and preventive)
Local budgets: county budget⁴³	Certification/inspection of social services		Specialised social assistance services (child, family, youth, homeless, elderly, people with disabilities)				
Local budgets: Budgets of administrative territorial units⁴⁴	Certification/inspection of social services	Preventive social assistance services including in-home care for elderly, social canteens, community integrated social services (partial) Emergency monetary social assistance benefits					

⁴³ bugetele consiliilor județene

⁴⁴ bugetele consiliilor locale

Social insurance budget (public pension system) Professional diseases and work accident insurance system (as part of the work insurance contribution)					Pension benefits: old age / survivors / social assistance / invalidity Non-monetary benefits: recovery medical services/ assistive technology		
Unemployment Insurance Fund (as part of the work insurance contribution)	ANPIS – assessment of unemployed GMI beneficiaries			Unemployment benefits Employment stimulation benefits Employment services Other activation programmes			
Contribution for sickness benefits (as part of the work insurance contribution), streamed into the FNUASS							Sickness benefits
FNUASS⁴⁵							Healthcare services: primary (family physician network) / ambulatory / hospital Medicine and assistive technologies In-home services for chronic diseases

Source: Romanian legislation.

⁴⁵ Fondul Național Unic de Asigurări Sociale de Sănătate (FNUASS).

Table 3 Functional classification of public expenditure: Social assistance and insurance expenditure

Structure of the social assistance and insurance expenditure, as part of the broader socio-cultural expenditure	
Public administration	
Decentralised public services	
Old age pensions and social aids	
Assistance for elderly	
Assistance for sickness and invalidity	Assistance for sickness
	Assistance for invalidity
Family and child social assistance	
Unemployment insurance	
Social aids for retired military personnel	
Social aids for survivors/descendants	
Social aids for housing	
Early childhood care (creches)	
Prevention of social exclusion	Social aid
	Social canteens
	Centres for refugees
	Social services
	Other expenditure regarding social exclusion
Research and development in the field of social assistance	
Other expenditure in field of social assistance and insurance	Administrative expenditure on the payment of monetary benefits
	Other expenditure for funds administration
Expenditure on social assistance and insurance for work accidents and professional diseases	
Social assistance in case of sickness and invalidity	Social assistance for sicknesses
	Social assistance for invalidity
Unemployment insurance	
Social aids for survivors	
Prevention of social exclusion	
Other expenditure in field of social assistance and insurance	Administrative expenditure on the payment of monetary benefits
	Other expenditure for funds administration

Source: Order of the Ministry of Finance No 1594/2005.

Table 4 Recurrent and ad hoc reports and expenditure reviews by type of social benefit

	Recurrent/systematic	Ad hoc / occasional
Social assistance benefits	<p>ANPIS – monthly data on number of recipients/beneficiaries families and expenditure for each benefit, by county https://www.mmanpis.ro/informatii-de-interes-public/plati-efectuate-de-anpis/</p> <p>ANPIS – annual activity report, data on unannounced controls regarding: the provision of social benefits and sanctions/fines in case of irregularities the monitoring of the quality/cost standards of social assistance services https://www.mmanpis.ro/inspectie-sociala/rapoarte-anuale-de-activitate/</p> <p>MMPS – Statistical Bulletin, quarterly, in the field of social assistance Data on the number of beneficiaries, applicants, expenditure on benefits by county, year-on-year growth in nominal terms http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic</p> <p>ANDPDCA –provides annual data on: the child protection system (prevention of child abuse, separation and abandonment, children in special care) but does not provide any information on expenditure http://www.copii.ro/statistica-pe-ani/, http://andpdca.gov.ro/w/ people with disabilities, by type and level of disability, and by residential status, but does not provide data on expenditure on services or benefits not paid through ANPIS, http://andpdca.gov.ro/w/</p> <p>MMPS – Statistical Bulletin on the Protection of Children’s Rights and on the Protection of the Rights of People with Disabilities, providing quarterly and annual data on services provided/measures adopted but does not provide any information on expenditure made from local budgets http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/6420</p>	<p>ANPIS – thematic evaluations: national verification campaigns; last thematic evaluation, from 2021, ‘the national verification campaign of the evaluation of eligibility and provision of the minimum income guarantee and the identification of the measures which increase employment among fit to work beneficiaries’, available at https://www.mmanpis.ro/wp-content/uploads/2021/04/Raport-privind-Campania-nationala-de-verificare-a-stabilirii-si-acordarii-ajutorului-social-si-pentru-identificarea-masurilor-de-crestere-a-ocuparii-persoanelor-apte-de-munca.pdf</p> <p>ANPIS – internal audits; last one, in 2021, ‘The influence of the epidemiological crisis over the new application files for the GMI’, available at https://www.mmanpis.ro/wp-content/uploads/2021/04/Studiu-analiza-privind-influenta-crizei-epidemiologice-VMG.pdf</p> <p>MMPS / World Bank – study for diagnosing needs and grounding the new Strategy in the field of social inclusion National Strategy in the field of Social Inclusion and Poverty Reduction The Operational plan of the SNISRS</p> <p>MMPS / World Bank – study for diagnosing needs and grounding the new Strategy for the Protection of the Rights of People with Disabilities and its Operational plan</p> <p>ANPDCA / World Bank – need diagnosis for the Strategy for the Protection of Children’s Rights</p> <p>MMPS/UNICEF – national strategy for the protection of children’s rights 2014-2020</p> <p>Court of Auditors – audits conducted to ground the allocation of expenditure on social assistance benefits or to assess if these have been correctly managed https://www.curteadeconturi.ro/publicatii/30-siteze-rapoarte</p> <p>INS (2021), Dimensions of social inclusions in Romania, https://insse.ro/cms/sites/default/files/field/publicatii/dimensiuni_ale_incluziunii_sociale_in_romania_2020.pdf</p> <p>UNICEF Romania, Save the Children Romania – produce a series of reports on the children’s well-being, risk of poverty and access to social services. During the pandemic these organisations focused mostly on children’s access to education and health services, providing important evaluation studies of current programmes/benefits</p>

	Recurrent/systematic	Ad hoc / occasional
Social insurance benefits: pension related	<p>CNPP – monthly statistical data on insured and beneficiaries; data on average number of insured by income level of insured, number of beneficiaries and expenditure by type of benefit, level of benefit https://www.cnpp.ro/indicatori-statistici-pilon-i</p> <p>MMPS – Statistical Bulletin, quarterly, in the field of social insurance and social protection of pensioners</p> <p>Data on the number of beneficiaries, applicants, expenditure on benefits by county, year-on-year growth in nominal terms http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic</p> <p>CNPP – annual report of activity, emphasizing activities undertaken through different information systems (as ORIZONT – the integrated information system for pension benefits), regarding the calculation of contributory periods, benefit levels, rights to balneary treatments, efficiency of the work health assessment and care services. It also provides information on recurrent controls of irregularities and internal financial, conformity and performance audit activities, https://www.cnpp.ro/documents/10180/5936788/Raport%20anual%20de%20activitate%20al%20CNPP%20pentru%20anul%202020</p> <p>CNPP – annual action plans for CNPP and specifically for the territorial pension houses (CTP), defining specific administrative performance indicators, see https://www.cnpp.ro/strategie</p>	<p>CNPP – evaluator and methodological projects</p> <p>In 2013, two important projects have been carried out: one resulting in the elaboration of a methodological guide for the evaluation of the CTP and one resulting in a micro-simulation (<i>ex ante</i>) of the evolution of the pension system, for grounding political decision, see https://www.cnpp.ro/strategie</p> <p>Court of Auditors – audits conducted to ground the allocation of expenditure from the social insurance budget https://www.curteadeconturi.ro/publicatii/30-siteze-rapoarte</p> <p>MMPS – National strategy for active ageing and protection of the elderly, http://www.mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/3995</p> <p>MMPS – Reports on active ageing and the protection of the elderly, carried out within the framework of the 2018-2020 Sectoral Plan for Research and Development</p> <p>INS – Annual report on the number of pensioners and monthly average pensions, https://insse.ro/cms/ro/search/node/numarul%20mediu%20de%20pensionari</p>
(Un)employment benefits	<p>ANOFM/MMPS – Statistical bulletin on employment, indicators related to unemployment, structure and type of unemployment by age, education and county, indicators related to employment measures (outcome indicators), but no information on expenditure, http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic</p> <p>ANOFM – monthly statistical data on unemployment, training programmes and employment stimulation measures, social economy and insertion enterprises, no information on expenditure, https://www.anofm.ro/index.html?agentie=&categ=1&subcateg=6&idpostare=18063</p> <p>ANOFM – annual employment plan, containing targets regarding employment services and measures by categories of vulnerability, no spending information provided,</p>	<p>MMPS/ANOFM – elaboration of the national strategy in the field of employment 2021-2027, and its operational plan, https://mmuncii.ro/j33/images/Documente/MMPS/SNOFM_2021-2027.pdf</p> <p>ANOFM – Reports on the implementation of various undergoing projects; for a list of projects see https://www.anofm.ro/index.html?agentie=&categ=1&subcateg=9</p> <p>MMPS- National Strategy for Green Jobs 2018-2025 and the Action Plan for the Implementation of the National Strategy for Green Jobs 2018-2025</p> <p>INS – Labour force in Romania. Employment and unemployment, https://insse.ro/cms/sites/default/files/field/publicatii/labour_force_in_romania_2020.pdf</p>

	Recurrent/systematic	Ad hoc / occasional
Healthcare	<p>CNAS – annual framework contract, including types and periodicity of healthcare services provided, drugs supported from the National Healthcare Insurance Fund and reimbursement methodologies for services/benefits/drugs</p> <p>CNAS – annual activity report, covering services provided, number of beneficiaries of in-home care services and expenditure by type/level of services provided (primary healthcare / ambulatory / hospital)</p> <p>Ministry of Health – annual activity report, includes transfers to CNAS for the national curative programmes for both insured and uninsured population http://www.ms.ro/rapoarte/#tab-id-1</p>	<p>Court of Auditors: Performance audit of the effectiveness of retrieving receivable of the FNUASS, and of its usage between 2011 and 2019, https://www.curteadeconturi.ro/comunicate-de-presa/sinteza-auditul-performantei-pentru-perioada-2011-2019-la-casa-nationala-de-asiurari-de-sanatate.</p> <p>INS – annual report on the activity of the healthcare network, with indicators related to primary healthcare, ambulatory and hospital infrastructure indicators, see https://insse.ro/cms/ro/content/activitatea-rețelei-sanitare-si-de-ocrotire-sănătății-în-anul-2020-0.</p>

Source: Websites of the public central institutions.

Table 5 Central set of key indicators of social inclusion proposed for 2021-2027

	Key indicator	Breakdown variables
1	AROPE	Gender, age groups
2	Severe MD	Urbanisation, NUTS1/development regions, gender, age groups, household type, employment status and AROP status
3	AROP	Urbanisation, NUTS1/development regions, age groups, gender
4	% of people 0-59 years living in very low work intensity HH	Gender and age groups
5	Social and material deprivation rate	Urbanisation, NUTS1/development regions, gender, age groups
6	Activity rate	NUTS1/NUTS2, urbanisation, age groups, gender
7	Employment rate	NUTS1/NUTS2, urbanisation, age groups, gender
8	% of people 16-64 years with limitations of daily activity, who are currently not working or never worked and who are not enrolled in education or training	16-22 years, 23-64 years, NUTS2
9	ILO unemployment	NUTS1/NUTS2, urbanisation, age groups, gender
10	Long-term ILO unemployment	NUTS1/NUTS2, urbanisation, age groups, gender
11	Long-term ILO unemployment among youth	NUTS2, rural /urban, gender
12	Population, including children, living in HH with no employed people	HH types, gender (of those 18-59 years), age groups, NUTS2, urbanisation degree
13	In-work poverty	NUTS2, age groups, gender, employment status
14	People with low wage income	IWC, economic sector, highest educational attainment level, urbanisation degree, gender, age groups
15	Youth NEET (15-34 years)	Urbanisation, NUTS2, gender, age groups, educational attainment level
16	AROP before and after social transfers (with and without pension transfers) – number of people and the impact of social transfers	Urbanisation degree, NUTS2, age groups, gender, HH structure and size
17	S80/S20	Age groups
18	Pension replacement rate	Gender
19	HH overburden rate with housing costs	Income quintile, age groups, AROP status, employment status, urbanisation, HH type
20	Expenditure on social protection, by category of social transfer and social protection function, net and gross as: a. % of GDP b. % of all public expenditure	ESSPROS type and function
21	Number of accredited social service providers	Public (type) / private (type)
22	Number of licenced social services	Public (type) / private (type) Categories of beneficiaries Organisation form

		NUTS2, NUTS3, urban/rural
23	Number of children abandoned in medical units	NUTS2/NUTS3 Type of medical unit Measure after abandonment
24	Number and % of children in special care which are integrated in families	Gender, age groups, type of measure
25	Number of people with certified disabilities	Age, gender, NUTS2/county, type of disability, level of disability, status regarding residency (institutionalised / in the family or community)
26	% of children entering preparatory preschool grade (clasa pregătitoare / clasa 0), which were previously enrolled in kindergarten	Gender, NUTS2/NUTS3 (county), urban/rural
27	% of early school leavers among 18-24 years old	Gender
28	Low level of performance at PISA testing (below level 2 of competency)	Gender
29	Population 18-24 years, by highest educational level and ethnicity	NUTS1/NUTS2, rural/urban
30	Total expenditure on education, as: a. Expenditure per student b. % of GDP c. % of public expenditure	
31	Infantile mortality rate	NUTS1/NUTS2/NUTS3, rural/urban
32	% of population insured in the social health insurance system, of the total resident population	NUTS2/NUTS3, gender
33	% of people enrolled with a family physician	NUTS2/NUTS3
34	% of people 16 and over who could not access a medical specialist by income quintile	Income quintile, gender, age
35	% of people 16 and over who could not access a dentist by income quintile	Income quintile, gender, age
36	Ratio of number of prenatal medical visits and number of births	
37	% of women which benefited of at least three medical prenatal visits	Type of healthcare system: private/public
38	Current expenditure on healthcare as: a. Per person b. % of GDP c. % of public expenditure	
39	Severe housing deprivation rate	Urbanisation, NUTS2, age groups, gender, AROP status, type of HH, income quintile
40	Housing deprivation rate	Urbanisation, NUTS2, age groups, gender, AROP status, type of HH, income quintile
41	Over- crowdedness rate	Urbanisation, NUTS2, gender, age groups, AROP status, type of property, type of HH

42	Number of families/people in social housing	NUTS2/NUTS3, administrative-territorial unit, age groups
43	Number of applications for social housing, of which eligible ones	NUTS2/NUTS3, administrative-territorial unit
44	Social housing stock, of which finalised or in the process to be finalised	Level of finalisation
45	Homeless people, including children	Administrative- territorial unit, age
46	Tolerance for minority groups	Gender, age groups, others
47	Membership in NGOs, volunteering	Gender, age group, others

Source: MMPS, World Bank (May 2020): Raport sintetic pe baza implementării sistemelor M&E, available at: https://www.servicii-sociale.gov.ro/source/Studii%20si%20rapoarte/P166070_Output%204_RO_Revised.pdf.

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