

From Rhetoric to Action: Bringing the Voice of Romanian Roma Communities to Europe

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Contribution to the public consultation on the
evaluation of the EU Framework for National
Roma Integration Strategies up to 2020

**Roma Health and Early Childhood
Development (ECD)**

european public health alliance





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Introduction

These preliminary recommendations focus on the health and early childhood development of Roma in Romania formulated in response to the European Commission Public Consultation on the Evaluation of the EU Framework for National Roma Integration Strategies¹ up to 2020. They are based on an explanatory analysis ('Rhetoric') which was carried out to map the policy instruments and the commitments that they contain in Romania, and a scoping survey ('Action') designed to facilitate evaluation how the rhetorical elements were actually implemented in practice, based on a structured interview process with 67 Romanian local and regional Roma and pro Roma NGOs and Roma professionals working in the structures of local and regional public authorities and 648 responses to a questionnaire by local Roma community members.

Roma Health Explanatory analysis of policy commitments

Health in the Romanian National Roma Integration Strategies

The Romanian National Roma Integration Strategies (Romanian NRIS) take an ambitious approach to health, listing a variety of programmes to increase access to services, prevent non-communicable diseases in Roma communities and strengthen institutional capacity to deliver such services. The Romanian strategy mentions care for mothers, pregnant women and/or young children, often including these among the key goals and focusing on access to ante- and post-natal care, as well as sexual and reproductive healthcare and guidance (**Romanian NRIS, 2012: 25**)².

NRIS PROVISIONS RELATING TO ANTE- AND POST-NATAL CARE	
RO	'Action 2(b)(iii) Improving the capacity of the community network staff in the field of reproductive health and mother and child health' (25)
NRIS PROVISIONS RELATING TO VACCINATION	
RO	'Action 2(a)(i) Increasing vaccination coverage with regard to children from vulnerable categories' (p24)

As regards the Commission assessment of NRIS implementation under the health heading, The Commission assessment urges the use of mediators, training for health professionals and further efforts to improve access to care/insurance.

¹ https://ec.europa.eu/info/consultations/public-consultation-evaluation-eu-framework-national-roma-integration-strategies-2020_en

² **Romanian NRIS (2012)** Strategy of the government of Romania for the inclusion of the Romanian citizens belonging to Roma minority 2015-2020, available online at http://ec.europa.eu/justice/discrimination/files/roma_romania_strategy2_en.pdf [accessed October 2017].



Preliminary conclusions of the scoping survey in Health

Results of the implementation of the Romanian NRIS in the area of health

25.37 % of respondents declared that the Romanian NRIS has been successfully implemented at local and regional level, citing the following reasons:

- With the help of the strategy, a Dispensary was built in Puscasi, and it was equipped with medical materials / furniture / implements. In additions, a kindergarten was also built in the community, equipped with furniture and bathing facilities specifically for pre-school children;
- Roma have greater understanding of the importance of health thanks to more campaigns on prevention and vaccination;
- More Roma have health insurance thanks to social welfare programmes;
- Improved conditions in clinics and hospitals;
- More Roma registered with family doctors;
- Improved attitudes of doctors towards their Roma patients with more openness and kindness being shown.

Moreover, the following positive changes have been observed at community level:

- The existence of trained personnel conducting activities to promote healthy lifestyles to combat and prevent the spread of diseases;
- Increased access to public health services for the Roma / Disadvantaged Roma population who do not have compulsory medical insurance by registering them on family doctors' lists;
- Medical/social services offered free of charge to Roma / people belonging to disadvantaged groups, without discrimination;
- All Roma benefit from medical services from their family doctor, even if they do not have medical insurance;
- Communication between Roma and doctors is predominantly good and no cases of discrimination have been reported;
- Employment of Roma health mediators.

However, 74.63 % of the respondents declared that the National Roma Integration Strategy has not been successfully implemented for the following reasons:

- There are many cases of discrimination in health units in Romania (medical offices, hospitals, clinics, etc.);
- Most of the measures in the action plans on health of the Roma population have no budget allocated;
- Often, a city's budget does not cover all the measures foreseen in the Strategy. European funds are difficult to access and city halls do not have the relevant expertise;
- There are no concrete measures to increase access to health services;
- Roma have the worst health status and their access to public health services is hampered because many Roma do not have health insurance;
- There is no involvement of local authorities in the implementation of the Strategy;
- The Strategy is seen as a paper exercise rather than a serious undertaking;
- Implementation reports with allocated budgets have not been provided by the relevant ministries;



- Local Roma NGOs and experts are not included in the definition of local action plans;
- The strategy is not implemented or at least, does not have visibility at local and county level (and there is no reference to the projects run by NGOs under EU structural funds);
- Data compiled for the NRIS monitoring process does not include data from Roma experts and local NGOs;
- The number of health providers employed under the umbrella of the national strategy is not sufficient: e.g. the percentage of Roma health mediators;
- Funding lines have led to measures being implemented ad-hoc without necessarily the most disadvantaged areas or most cost-effective interventions being selected. One respondent answered: "we do not know where we are in matters of progress, as a comprehensive overview of the current situation of these measures is lacking". Another replied: "it is not yet known to what extent the proposed measures for the creation of inclusion centres have been implemented and if they are functional";
- Patients who are not insured are being refused access to GP services, particularly where the GP's list of patients already exceed the legal limit of 2,500;
- Lack of hygiene, poor nutrition and sometimes reluctance to get their children vaccinated has remained a major problem for Roma;
- Lack of health infrastructure in marginalized communities;
- Lack of interest in accessing health care services and other services due to the low knowledge of Roma regarding their rights and obligations;

In addition, many difficulties have been identified which may prevent Roma enjoying good health status:

- Lack of basic information for a healthy life;
- Lack of information on all areas of health. The Roma population does not have the necessary information or access to the necessary information;
- Those who have access do not know how to interpret medical information, underlining the need for the employment of local health experts;
- Lack of employment. Without stable employment, Roma have no medical insurance, which improves citizens' health;
- Lack of information on disease prevention and treatment;
- Lack of infrastructure enabling Roma to access health care services;
- Discrimination and costs of health care services for those who are uninsured;
- Poor implementation of accountability measures for health care providers (e.g. family doctors, Roma health mediators);
- Low level of access to health care services unless the health condition is poor;
- Low number of health care providers in marginalized Roma communities, and currently a lack of retention policy of health care providers in rural areas;
- Lack of identity cards.



Recommendations to improve the implementation of the health dimension of the strategy at local and regional level

- Establishment of community clinics and increased involvement of doctors in community life;
- Employment of Health Mediator and community nurses in each community, to support Roma access to health services;
- Information campaigns targeting mothers;
- Elimination of discrimination based on ethnicity and social status;
- Information campaigns that inform the Roma and general population of the risk of infection and the consequences of poor nutrition and hygiene with regards to TB, hepatitis and other infectious diseases;
- Legislative measures that hold family doctors accountable if they refuse to offer the minimum package of health services when requested by patients who are un-insured and non-registered on a general practitioner's list, or refuse to carry out visits in the community, as stipulated in the basic health care service package;
- Measures aimed at educating the Roma on their rights and responsibilities and what is that they can do to access them;
- Public policies which hold parents accountable for not visiting their family doctor for basic services;
- Vaccination, pre-natal and post-natal services;
- Increase the number of services which uninsured people can access for free at general practitioner level;
- Increase the amount of general practitioner services using Roma health mediators to mobilize community members, effectively increasing the number of Roma health mediators;
- Implementation of measures to increase access to health services based on needs;
- Combat and reduce discrimination;
- Design targeted projects with activities based on mapping of needs and meaningful measures of monitoring and evaluation;
- Increased focus on anti-discrimination measures;



- Increased funding for integrated programmes;
- Creation of the infrastructure and retention policies to attract family doctors to highly populated rural areas, and Increase the number of Roma Health Mediators, with appropriate performance indicators and measures to monitor their activity in the community;
- Employ Roma experts under the direct coordination of the National Agency for Roma so that they are more actively involved in defining and implementing the strategy.

Early childhood development: Explanatory analysis of policy commitments

Early childhood development in the Romanian National Roma Integration Strategies

Following the structure laid out in the EU Framework, the strategies developed in Romania address ECD under the heading of education'. The dominant theme is increasing access to and enrolment at kindergarten or pre-school level -. In Romania, the NRIS commits the government to the establishment of programmes to increase access to kindergartens by addressing shortages in capacity, building facilities close to Roma communities, increasing teaching staff and offering meals to disadvantaged children attending kindergarten (**Romanian NRIS, 2012: 20-21**). The Romanian NRIS commits to addressing a range of socioeconomic issues which affect Early Childhood Education and Care (ECEC), such as access to food, living conditions and health status, via increased participation in kindergartens.

'Sure start centres' and 'summer kindergartens' have been established in Romania; efforts to integrate Romani language education are recorded in Romania; school mediators have also been introduced. However, more fundamentally, whilst the initiatives so far are laudable, the Commission assessments call in for a scaling up of funding, capacity and ambition, particularly concerning the provision of ECEC. Most of the measures introduced at national level have been small or pilot projects – what is now needed is an extension of these programmes and their integration into wider policy frameworks. The Commission assessment urges scaling up of these efforts and identification of sustainable funding to support this - an issue also raised in the 2013 Country Specific Recommendations (CSRs).



Preliminary conclusions of the scoping survey on Early Childhood Development (ECD)

23.88 % of respondents reported they are satisfied with the implementation of the strategy at local and regional level because of the following reasons:

- Construction of kindergartens for children aged 3-6 years;
- Increase in the number of vaccination campaigns for 0-2 years and the vaccination rate of children in the community;
- Increased number of medical check-ups increased;
- Increased number of Roma registered with family doctors.

However, 76.12 % of respondents reported that the National Roma Integration Strategy has not been successfully implemented at local and regional level, for the following reasons:

- Many children are not vaccinated, with no specific measures taken by local authorities in this regard;
- The strategy does not have legal force;
- Lack of education for mothers in caring for small babies;
- Roma do not value the importance of vaccination;
- Lack of data on the level of implementation of the NRIS since 2012;
- Worsening of the overall situation regarding pre-school education over the years;
- Lack of funding;
- Insufficient levels of health mediators, who do not always engage in activities on health-related issues and often do not speak the local language of the community they work with;
- Lack of involvement of Roma NGOs in designing the proposed measures.

Some positive changes have also been reported:

- The creation of a community centre in Slatina which provides medical and social services to children belonging to vulnerable groups;
- Building kindergartens;
- Awareness campaigns on the importance of vaccination.

However, there are some difficulties preventing improved development of Roma babies and children

- Poor living conditions (lack of drinking water, sewage facilities, electricity, toilets, hygiene, there are no floors, plumbing or running water);
- Poor economic situation of ethnic Roma families compared to non-Roma families, with poor nutrition increasing the risk of health problems and the development of certain diseases;
- Lack of parental financial resources needed to ensure decent living conditions, provision of healthy food, clothes and shoes, access to education, games, skills development, and increasingly expensive education materials;
- Lack of involvement of teachers, especially those in Roma kindergartens.
- Lack of involvement of some local authorities in citizens' education in good hygiene measures;
- Abandonment of children by migrating parents to grandparents who know little about how to ensure children can increase their potential;



- Low level of parental education on bringing up healthy children to achieve their full potential;
- Segregated kindergartens.

Recommendations to improve the implementation of the early childhood development dimension of the strategy at local and regional level

- Programmes and public policies which provide conditional cash transfers to encourage school enrolment and avoid school dropouts (e.g. Ovidiu RO programme "Every kid in school");
- Investment in children's early cognitive and socio-emotional stimulation by training of kindergarten teachers;
- Programmes to educate parents who seasonally migrate abroad so that their children have the documentation necessary to access public services (e.g. Save the Children campaign);
- Programmes to educate parents on the value and necessity of sending children to school and kindergarten;
- Programmes to improve the role women play in the household and society and their ability to take decision-making positions;
- More active involvement of state institutions in partnership with NGOs to tackle cases of child abuse within traditional Roma households (e.g. encouraging collaboration between social services, child protection agencies, police and NGOs);
- Programmes to help parents address their children's basic needs: food, shelter, clean water and basic education (e.g. CRIS campaign "Together we can change destinies");
- Measures to improve early detection of pregnancy;
- Measures for the prevention of premature births;
- Actions to prevent the spread of infectious and contagious diseases, according to established medical procedures;
- Immunization of all children, according to national vaccination programmes, and campaigns to educate parents on the advantages of vaccination for the individual and the community;
- Measures / integrated programmes implemented by family doctors and other health workers to support mothers and children;



- Programmes to increase Roma babies' access to crèches and young children's access to preschool education



Analysis of Questionnaires

1.About the Respondents

648 members of the Roma community completed the questionnaire. Two-thirds of the respondents are female, one-third male. Most of those responding are aged between 18-35 years; more than one third graduated from primary school, 17.59% have never been to school and only 5.09% completed high school. Almost 30% of the respondents have no occupation, while 19.75 are looking for employment.

Table 1.1: Distribution of Roma respondents by age

Age	Percentage of respondents
< 18 years old	3.70%
18 – 35 years old	53.55%
> 35 years old	37.96%

Table 1.2 Distribution of Roma respondents by gender

Gender	Percentage of respondents
Male	32.41%
Female	67.59%

Table 1.3: Distribution of Roma respondents by level of education.

Respondents' level of education	Percentage of respondents
I have never been to school	17.59%
Primary school	30.71%
Gymnasium	27.62%
Vocational school	13.58%
High school	5.09%
Higher education	0.77%
I do not know / I do not answer	0.00%
Other answer	0.00%



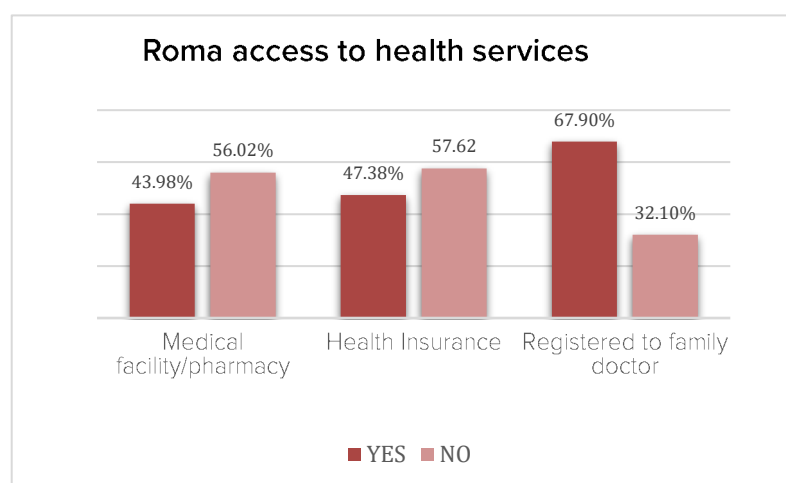
Table 1.4: Distribution of Roma respondents by occupation.

Occupation	Percentage of respondents
No Occupation	27.31%
Employed	6.02%
Unemployed	7.41%
Home	49.69%
Looking for employment	19.75%
Student	0.31%
Other occupation	4.78%

2. Roma Access to Health Services

There is a very balanced situation regarding the existence of medical facilities/pharmacies - while 43.98% of respondents declared they have access to a medical facility or pharmacy, the other 56.02 % declared the opposite. Almost half of the respondents are registered with a family doctor and have health insurance, while one third of the respondents are not registered with a doctor.

Chart 2.1: Roma Access to health services



Most respondents who have access to a medical unit or pharmacy in their community declared the distance from their home to the first medical unit or pharmacy is around 1 -5 km, while 33.33 % have to travel 1 km to get to the first medical unit and 50.18% to a pharmacy.



Table 2.2. Distance from home to the first medical facility/pharmacy in the community.

Distance	From home to medical facility	From home to pharmacy
< 1 km	33.33 %	50.18 %
1 km - 5km	51.04 %	37.54 %
> 5 km	15.63 %	12.28 %

Table 2.3 Distance from home to the first medical facility/pharmacy outside the community.

Distance	From home to medical facility / pharmacy
< 1 km	16.25 %
1 km – 5 km	72.18 %
> 5 km	11.57 %

28.86 % of the respondents visited a doctor in the last five months at least once, while 45.06 % visited a doctor more than 5 months ago. However, it is observed that 1 of 8 respondents went to a doctor one week or one month ago.

Table 2.4. Distribution of Roma respondents according to the time elapsed since the last visit to the doctor.

Last visit to doctor	Percentage of respondents
Last week	12.19 %
Last month	13.89 %
1 – 5 months	22.86 %
More than 5 months ago	45.06 %

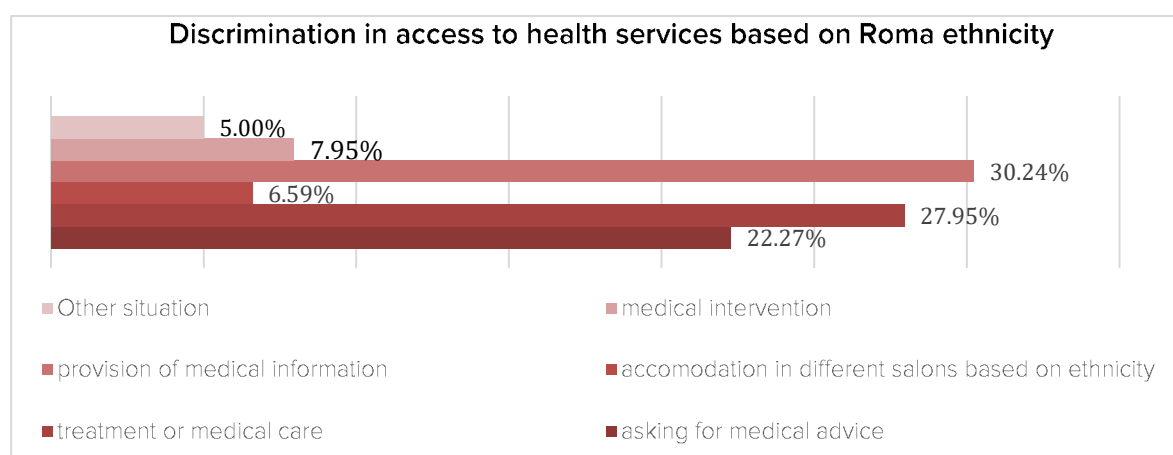
Over 35% of respondents self-report the incidence of chronic illnesses. The most common conditions are diabetes and cardiac conditions (hypertension, heart disease) followed by migraines, and hernias. In this study with relatively limited spread other chronic diseases are ulcers and allergies.



3. Discrimination in access to health services

67.9% of the respondents have experienced negative attitudes in access to health services. Most of the cases occurred when they asked for provision of medical information, medical advice and received treatment or medical care.

Chart 3.1: Levels of discrimination in access to health services based on Roma ethnicity



The reasons of being treated differently include: Roma ethnicity (46.82%), lack of insurance (19.09%), or poverty (21.14%).

4. Post-natal and pre-natal care for Roma women

According to respondents' answers, 44.91% of women (wives or female relatives) went to hospital or have seen a doctor for check-up or examination during their pregnancy. 26.39% of them talked with a doctor during their pregnancy and 40.12% were visited/supervised by a doctor/nurse/paediatrician or other person, in the first month after the baby was born.

Pre-natal care for Roma women

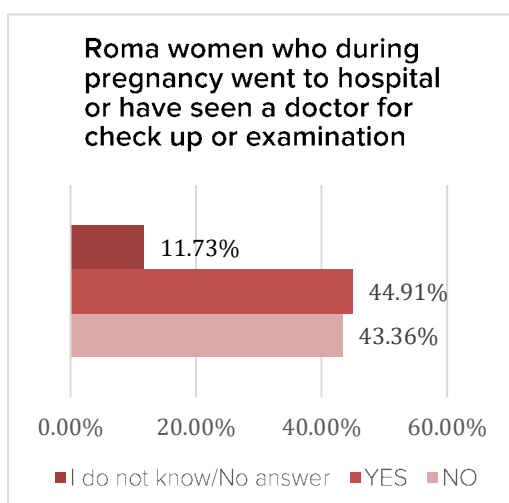


Chart 4.1.

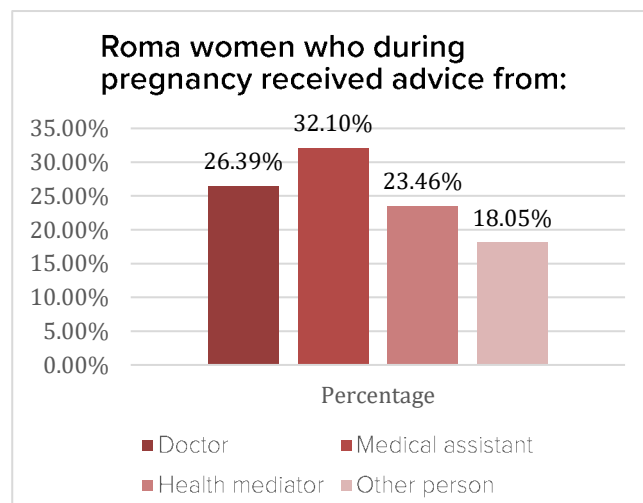


Chart 4.2.



Post-natal care for Roma women

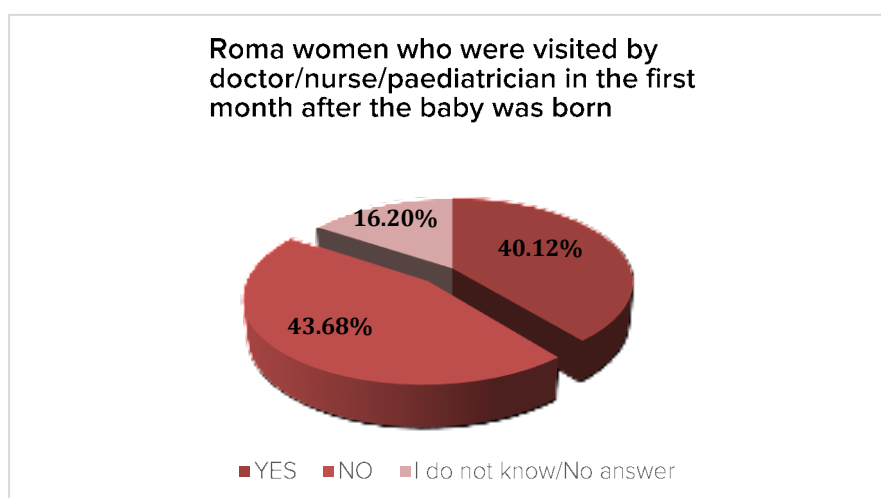


Chart 4.3.

5. Measures to promote health awareness among Roma

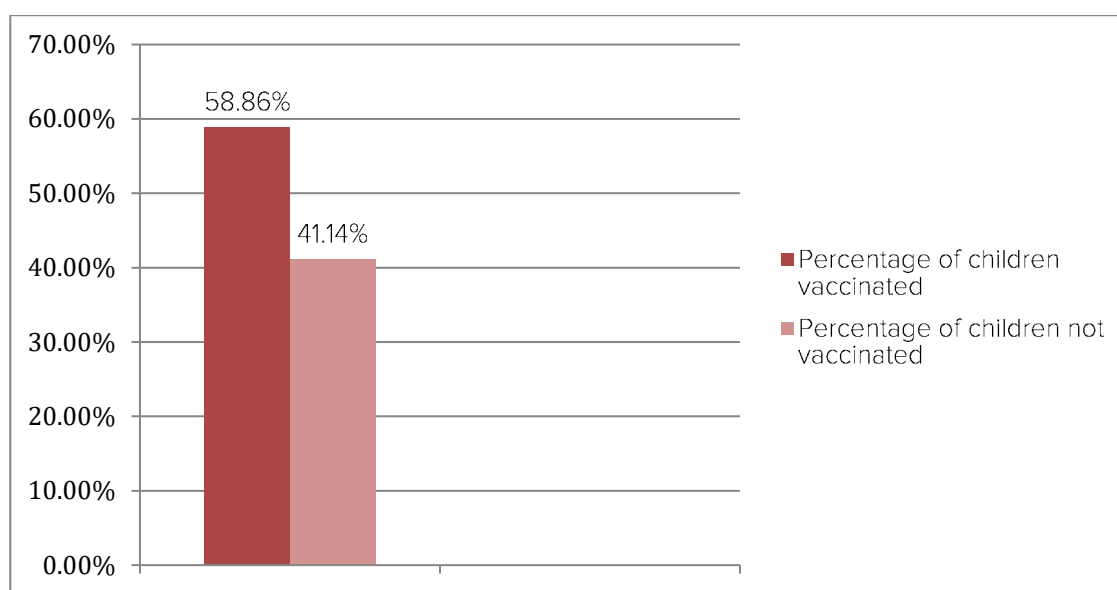
On the importance of the immunization 19.60% of the respondents declared they were informed by the doctor, others declared they have received information on the importance of immunization from a health care worker or health worker or health mediator while 17.13% of the respondents did not receive any explanation or information about the importance of immunization. However, more than half of the respondents have answered that their children are vaccinated. Out of 1998 children, 1176 are vaccinated and 882 are not vaccinated.

Table 5.1. Distribution of respondents' answers on the importance of immunization.

Information on the importance of immunization received from:	Percentage of respondents
Doctor	19.60%
Health care worker or health worker	18.36%
Health mediator	30.25%
Other person	3.40%
I have not received this information / explanation	17.13%
I do not know / No answer	11.26%



Chart 5.2 Percentage of children vaccinated



6. Roma children's access to early education

57.25% of the respondents answered that there is a kindergarten in their local community while 42.75 % answered that there is no kindergarten in the community. There, where a kindergarten exists, it is situated less than 1 km far away from the Roma houses and where there is no kindergarten, the nearest one is 1- 5 km far away for the Roma houses. Out of 630 children (0-6 years old), almost two thirds of them go to kindergarten while 40.79% do not attend or are missing from kindergarten. Some of the main reasons for attending kindergarten are: my child can play there, my child can learn there, kindergarten has a programme that provides a free meal or other material support. The main reasons for not attending kindergarten are: social status of the family, lack of material support, lack of transportation or ethnic issues.

Table 6.1. Distance from home to the kindergarten situated in the community.

Distance	From home to a kindergarten in the community
< 1 km	64.69 %
1km- 5km	29.11 %
> 5 km	6.20%

Table 6.2. Distance from home to the kindergarten situated outside the community.

Distance	From home to a kindergarten outside the community
< 1 km	23.10 %



1 km- 5km	63.54 %
> 5 km	13.36%

Chart 6.3: Children's attendance at kindergarten

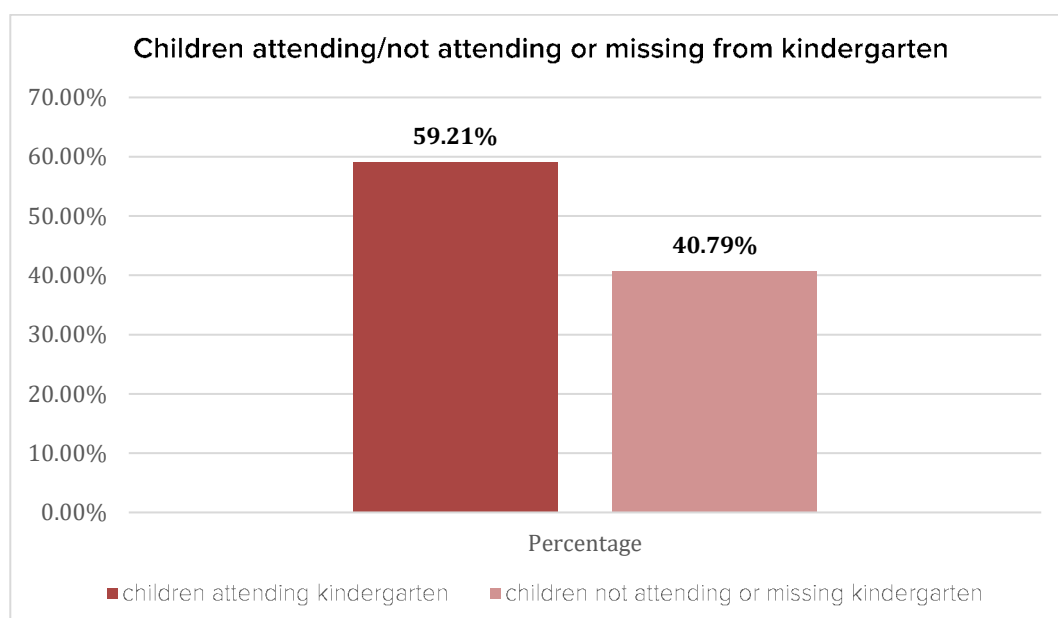


Table 6.4: Reasons why children attend kindergarten.

Main reasons	Percentage of the total number of children attending kindergarten
My child likes to go to kindergarten	10.57%
Kindergarten has a programme that provides a free meal or other material support	9.76%
I give myself time to work / do other things	7.32%
I like/trust the teachers	3.25%
In the kindergarten my child can make new friends	5.69%
My child can play there	18.70%
My child can learn there	34.15%
Other reasons:	10.56%



Table 6.5: Reasons why children do not attend/miss from kindergarten

Main reasons	Percentage of the total number of children not attending or missing from kindergarten
My child is treated differently than other non-Roma children in kindergarten	8.33%
My child learns only in classes with Roma children	11.90%
The educators behave differently with my child	5.95%
The other children and their parents behave differently with my child	7.14%
We cannot afford to send them to the kindergarten	14.29%
Long distance to kindergarten	16.67%
Lack of transportation	8.33%
Ethnic issues	11.90%
Health problems of my child	2.38%
Issues related to the social status of our family	5.95%
Issues related to the language used in kindergarten	0.00%
Attending an informal education programme	2.38%
Other reasons	4.78%

About EPHA

EPHA is a change agent – Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, SDG Watch Europe, and the Semester Alliance.

EPHA's Transparency register number is 18941013532-08.

Further reading

Joint Statement – November 2016 – Remove systemic barriers to tackle the Roma public health emergency >> [read more](#)

EPHA Briefing – November 2016 – The European Semester and Roma Health >> [read more](#)

EPHA Roma Health and Early Childhood Development Fellowship 2017 – 2019 >> [read more](#)



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