

**Towards Mainstreaming of good practices for
MONITORING OF ROMA INTEGRATION POLICIES**

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I. Why monitoring with active involvement of Roma is needed?

In the past decade, the need of more effective monitoring of policies aimed at equal inclusion of Roma is increasingly present in the debate of EU institutions, other donors and NGOs. It has been outlined as a priority in a number of key EU documents related to Roma inclusion. It has been at the core of the work for the Roma Decade and joint efforts of key international organizations and actors like the Secretariat for the Decade, Roma Initiatives Program of Open Society Foundation - Budapest, UNDP and the World Bank. At the same time, as outlined in previous reports, consistent systems for monitoring and evaluation that improve the real impact of adopted policies are still among the capacity gaps in most countries in the region. The presented review of recently adopted National Roma Integration Strategies provided a lot of evidence that they do not envisage complete and sufficient systems for monitoring and evaluation, often not even mentioning any specific indicators and measures to provide comprehensive and realistic information for their implementation. If the implementation of the strategies is not accompanied with clear provisions of what, who and how will provide for feedback and practical measurement, it is disputable that they are going to contribute to the strategic objective of EC “to make a difference until 2020”.

There are already lessons in this direction with the implementation of the Roma Decade Plans. The report of the Roma Initiatives Program of the Open Society Foundation “No data – No progress”¹ has already elaborated on the problem with the lack of data about Roma, stating that the “data gap” remains the biggest impediment for conduction of a thorough assessment of how Governments are meeting their Decade commitments, despite the common agreement of governments about the crucial importance of generating and collecting data for the Roma community. While the issue of data is critical, another important issue is how and who will be collecting the data. It is questionable whether monitoring of implementation of strategies can be only administrative. This does not relate only to the technical capacity of state institutions to do monitoring, but to their ability to involve into this non-state actors like organized Roma civil society and/or community level groups and activists.

In general some of the predominant experiences of large scale initiatives monitoring show that in most cases the implemented monitoring involves only the large stakeholders on national or international level – governmental reports, EC reports, international NGOs reports, independent experts’ reports (Phare programs, Social inclusion reports of the EC, and etc.). While some of these attempts have contributed to map broadly the state of policies implementation they have rarely been directly informed by the local community level, where in fact the policies are practically implemented. In addition to that and being based on official sources that often lack data, monitoring reports are insufficiently informative and quite detached from the real situation in Roma communities – or the final beneficiaries of implemented policies.

II. Emerging Approaches and Practices of monitoring involving Roma organizations and communities

This paper was developed to assist the discussion and learning from emerging practices in the area of different types of monitoring of public policies and programmes. It does not have the

¹ “No data – No progress: Data collection in countries participating in the Decade of Roma inclusion”, Roma Initiatives Program, Open Society Foundations

ambition of covering all existing practices, as this will require another time and resources. It was done to provide for summary key points coming from selected practices, selection done with the organizers of the meeting. Much work will be needed to cover all the work of Roma NGOs, and international organizations in different aspects of monitoring. Unfortunately a number of the existing practices are either not well documented, or are not publicly available on the websites of the organizations. Meetings of active organizations and other stakeholders can contribute further for learning from experiences and practice of monitoring.

Based on the quick exploration of some existing practices within projects of civil society (without the ambition to do a profound research in the timeframe provided) emerging approaches can be grouped in three main directions.

Expert monitoring on national level.

This involves shadow reports organized usually by NGOs, mobilizing Roma experts gather and analyzing available data. For half a decade, Centre Amalipe in partnership with other NGOs in Bulgaria has developed a shadow monitoring system which allows them to prepare shadow reports for the implementation of public policies affecting Roma – Education, Health, Social affairs and etc. Reports are prepared by involving experts with extensive knowledge and professional experience on the topic of the different reports (see the attachment - Practice 1 and Practice 2), ensuring the highest possible quality. A positive result of most of Amalipe's reports is that the process does not end with the publication of the paper. Reports are being presented at targeted audiences among decision makers at all levels – local, national and European, provoking debates and providing for evidence based advocacy action. In many cases recommendations provided by the report had been taken into account by government in their further policy discussions and development.

The advantages of expert monitoring/shadow reporting on national level include: shadow monitoring and reports are independent from government; they are done by a common framework developed and applied by Roma NGO practitioners with extensive experience on working with Roma in the relevant issue areas and with practical experience of working both national and community levels.

The challenges to this type of monitoring are in two main directions. The first is the limitation of data and scope. The shadow reports provide data as available to participating NGOs and experts. They depend on the extent of available publicly information, and the level of outreach at community level country wide. The second is the limitation of resources. In many cases such type of monitoring is done on project basis often with very limited funding. This does not provide for expanding the geographic scope of gathering data. It makes difficult to have shadow monitoring on systematic basis, as it is contingent on project funding, which if not aired on time can hamper the consistency of the effort.

Success factors and more reliability of this type of monitoring is achieved – when it is done by NGOs and experts that work directly in the issue area, combine national work with community based work and have credibility and recognition among decision makers, institutions and other stakeholders. This provides for increased probability that the shadow monitoring will have more practical outcome in regard to concrete policy changes based on reports findings and recommendations.

Expert monitoring on international level

Usually these are organized by large international institutions and/or international organizations (UNDP, European Network Against Racism, Open Society Institute, European anti-poverty network, etc.)²

One of the many examples is the Network of socio-economic experts in the field of anti-discrimination, established by the Human European Consultancy³ under a contract with the European Commission. The network combines information and data of experts and organizations on international level and provide wider and more strategic opinion on the relevant topics. The network has produced five thematic and two synthesis reports that examine the impact of national or EU policies and measures on the corresponding target groups, evaluate policy effectiveness or validate good practices.

Advantages: International expert monitoring provides for systematic and professional gathering of data across borders, comparability of data and analyses; targeted thematic and/or issue based regional analyses. It informs the policy process at EU level by mobilizing expertise from the different countries.

Challenges: This type of monitoring depends on the publicly available data, as well as on the capacity, knowledge and views of selected experts.

Success factors: Critical for this type of monitoring are the selected experts. Reports are more comprehensive if experts combine professional qualification for data gathering and analyses, with practical experience and linkage with NGOs, networks and communities for which the policies have been developed.

New evolving practice of community based monitoring

Community based monitoring is a new approach that has been introduced and practiced in Bulgaria, Macedonia and Romania the past 2 years. This type of monitoring has been developed and tested in India. With the support of the Roma Health Program of Open Society foundation, community monitoring has been adapted and piloted by the Centre for intercultural education and understanding "Amalipe" from Bulgaria, Roma Centre for Health Policies "Sastipen" from Romania and "Association for emancipation and equality of women in Macedonia" and mobilized coalition of other NGOs from Macedonia.⁴

Community monitoring is a system of public oversight of the direct impact of implementation of public services or policies in the communities served. It is driven by local information needs and community values and has the purpose to increase the accountability and quality of public services and to contribute to the management of public resources. Within the Community Monitoring framework, members of a community affected by a public service or public policy generate demands, suggestions, critiques and data and then provide feedback to the implementing organization or institution. Community monitoring approach also enables communities to be more effective in the local decision making process, to be better informed and better aware of their rights as citizens and human beings.

At the core of this approach is that monitoring should involve the community itself. In most cases communities are not mobilized, not informed, not active and thus not able to participate in the conduction of the monitoring. First tasks of the community monitoring organizers is to overcome those issues and prepare the community through trainings, orientation sessions, meetings and debates with public institutions in order to make sure that community is fully

² See the attachment, Practice 3 and Practice 4

³ <http://www.humanconsultancy.com/>

⁴ See attachment, Practice 5, Practice 6, Practice 7.

aware and informed about the service or policy and is able to recognize its positive and negative impacts. Thus the community would be ready to address recommendations for improvement and participate effectively in the decision making process. The process of implementation of monitoring involves good and well trained community monitoring organizers, able to facilitate the participation of the community and the professional supervision and guidance of the implementing NGO(s) that also systematizes and communicates to relevant institutions the information and recommendations coming from communities and this in turn serves for amendments of existing policies and practices or adoption of new ones, that would be more in favor of the community and more relevant to its real needs and interests.

All three NGOs that have piloted community monitoring in their countries have already visible achievements and outcomes. They have managed to activate and mobilize the community to identify gaps and suggested improvement in the provision of health care services. As a result, there is direct improvement of the access of Roma to healthcare services:

- In the pilot communities in Bulgaria the share of Roma without personal physician decreased. The number of Roma who do not perform annual health check decreased too. The response to emergencies in the Roma neighborhoods improved (ambulances arrive faster and emergency medics demonstrate better attitude). Results of monitoring were used in the overall advocacy work of Amalipe in the area of health care, with concrete suggestions for improvement of government policies.
- In Romania, Sastipen assisted the self-organization of communities and a new local NGO was established. In addition, partnership with institutions at county level was stimulated by creating relevant commissions to monitor healthcare provision. Cases of violation of rights to healthcare were identified and brought to courts.
- Very interesting is the practice of the “Association for emancipation and equality of women in Macedonia”. It combines professional budget monitoring on national level to identify allocation of funds in the different areas of health care provision with community monitoring directly at community level organized in coalition with other Roma NGOs to identify to what extent these funds are actually reaching the communities. Results from this combined monitoring approach served for effective evidence based advocacy for improvement of policies in the area of Health care. As a result, government adopted concrete measures aimed for Roma communities in the Program for active health care of mothers and children for 2011, and allocated funds for implementation of these measures.

The main advantages of applying the community monitoring approach are that:

- It provides for active involvement of Roma communities, increases their awareness on regarding their rights to quality health care services, makes them direct participants in assessing and recommending improvements of the quality and accessibility of existing services.
- It provides data directly from the community level about the effectiveness of implementation of policy measures and related to this services: what is the actual coverage, accessibility and affordability of the services; how health professionals approach and treat Roma people, what are the possible obstacles that Roma in communities face when using services and where are the gaps where needed services are missing.
- It is an effective tool that can help identify gaps and needed improvement of adopted national measures, as well as an effective public awareness and advocacy tool for the

rights of vulnerable groups, providing for direct relationship with the community. It may also serve as a guide for priority setting and decision making in regard to choice of programs, policies and practices to improve community's well-being.

The main success factor for the effectiveness of the community monitoring include:

- Good methodology and guidance for its application , in this pilot phase provided by the Roma health Program of OSF
- Leadership of the process by experienced Roma civil society organizations that combine work at the very community level with monitoring and/or advocacy at the national level. They have credibility within Roma communities, among other Roma NGOs, with key institutions.
- Mobilizing coalitions of different organizations and community groups
- Effective combining community monitoring with national level monitoring, especially of budget allocation and real spending (in the case of Macedonia).

The main challenges are that this is very new approach. It has proven potential to contribute to much more effective way of monitoring that can impact on-going improvement of policy implementation. However, it requires well prepared NGOs and capacity for doing such type of monitoring is still not wide spread among Roma organizations. Spreading and mainstreaming the approach will require much more resources - time, finances and people; development of specific skills and knowledge that often lack within the members of the Roma communities.

III. Some summary Lessons and recommendations from practices

- Monitoring is important for improving the quality of the public services (policies) on all levels: local, regional, national and international. Monitoring at these different levels may require different approaches. However, they all need well planned systems for monitoring – with clear provisions for methodological framework for data gathering and how the information will be used.
- Effective monitoring requires good political will, engagement and practical support from governments and institutions. But it cannot be confined only in administrative type of monitoring of performance done by the institutions themselves. Involvement of independent experts and Roma NGOs provides for increasing the data gathered directly from communities and practical knowledge of what actually works well or not in the different issue area of policy implementation.
- There three types of monitoring and evaluation approaches that are necessary for complementing the administrative monitoring envisaged by the NRIS:

(1) Monitoring at community level (community based monitoring).

It should be organized with the involvement of the local authorities, local NGOs, local community and local activists. Its added value is the combination of stakeholders, providing opportunity for inclusion of the opinion of all relevant local stakeholders. Community based monitoring would contribute to the reflection of a realistic picture of the local processes and would encourage positive partnership and collaboration between the institutions and the community, establishing conditions for participation of the community in the decision-making process. For its successful implementation, however, it requires resources that should be allocated in order to prepare the local environment and to provide the needed capacity of the

role-players. Professional supervision of qualified Roma NGOs is necessary in order to guarantee the successful planning, implementation and achievement of targeted outcomes: as it has happened in the presented practices from Bulgaria, Macedonia and Romania.

Community based approach to monitoring is especially effective if combined with national level monitoring and advocacy. Though each public service (policy) is unique and requires specific tools and period of monitoring, this type of combined monitoring can be applied to all aspects of the NRIS. It provides direct feedback from the citizens on the level of satisfaction from the relevant service (policy). If done on regular basis it can contribute to more systematic link and adaptation of policies and measures with the end beneficiaries – the Roma communities themselves. It also contributes to establishment of working model for interaction between the citizens and the authorities/institutions.

(2) Independent expert monitoring

It may involve NGOs and/or professionals with expertise in Roma integration issues. The examples show that this is independent monitoring which is being realized mostly as a desk-review, analyzing official data. In this particular case, however, this type of monitoring may be much improved if it is based on the data collected through the community based monitoring. Those monitorings have proven to be effective for increasing the public awareness towards the reported issue and may serve as a base for initiating advocacy activities on all levels. Again, resources will need to be allocated in order to provide for consistency of the monitoring process and wider national coverage of data gathering.

(3) NGO/Expert monitoring on international level

The added value of this type of monitoring is that it provides for systematic and professional gathering of data across borders, comparability of data and analyses; targeted thematic and/or issue based regional analyses. It informs the policy process at EU level by mobilizing expertise from the different countries.

The application of the three approaches of monitoring with direct involvement of Roma organizations and/or independent experts would provide the environment that will contribute to a professional, transparent and realistic monitoring and evaluation of the implementation of the NRIS. That would require the development of a very good monitoring system, where again, all relevant stakeholders should participate – from local, national and international level – in order to provide for their full participation. Since the NRIS is a governmental commitment, the responsibility for the process should be again on the governments, including the provision of financial resources. New governmental department may be established to coordinate the implementation of the NRIS itself, as well as the monitoring implementation.

In the same time, the overall supervision of the process may be delivered by the European Commission or other relevant agency of the European Union – that would prevent potential conflicts of interests if the supervisor is again a national institution.

Different types of monitoring reports under all monitoring approaches, may be developed on regular basis (e.g. community monitoring – every three months, administrative monitoring – twice per year and the rest – once per year) and may serve for an annual NRIS implementation report that would allow timely and accurate reflection of the NRIS realization.

In the same time, this system of monitoring would secure that the NRIS implementation is in-line with the community needs and the monitoring process would be driven by the community itself.

ATTACHMENT - Some emerging practices

Shadow reporting

Practice 1: The “Amalipe” Monitoring programme

Shadow reports (often also called “alternative reports”) are a method for NGOs to supplement or present alternative information to national reports that governments are required to submit under different treaties and programs.

Center for interethnic dialogue and tolerance “Amalipe” has developed a serious shadow reporting system. The system is comprised of a Monitoring committee and local organizations and experts. They collect monthly information for their communities on all the activities and initiatives in the major fields of interest. On the basis of the information collected Center Amalipe and the experts prepare an annual report on the policies for Roma integration in the areas of education, employment/ social issues, living conditions, health, gender issues, representation and participation. These reports raise public interest and have strong outcomes. For example, one of them provoked numerous publications in national media and caused the investigation of the case it monitored in the Parliamentary Commission against Corruption. Another report was presented in the European Parliament.

Some of the reports, initiated by or developed with the participation of Amalipe are:

- “Evaluation Report for the Implementation of Phare BG 0104.0”⁵
- “The Roma strategies in Bulgaria in the Eve of EU Accession”⁶
- “Annual report about the implementation of the policies for Roma integration in Bulgaria”⁷
- “The health status of Romani women in Bulgaria”⁸
- “Annual report on Roma integration in Bulgaria” 2007-2008⁹
- “European structural funds and Roma integration in Bulgaria”¹⁰

And many more, most of them available online on the internet at: www.amalipe.com.

⁵ Kolev, D., Krumova, T., Zahariev, B. Evaluation Report for the Implementation of Phare BG 0104.0”, 2006

⁶ Center Amalipe, Hot Line Agency. The Roma strategies in Bulgaria in the Eve of EU Accession, 2006

⁷ Center Amalipe. Annual report about the implementation of the policies for Roma integration in Bulgaria 2007⁷

⁸ Centre Amalipe. Krumova, T., Ilieva, M. The health status of Romani women in Bulgaria, 2008

⁹ Centre Amalipe. Kolev, D., Metodieva, M., Panayotov, S., Bogdanov, G., Krumova, T. Annual report on Roma integration in Bulgaria 2007-2008, 2010

¹⁰ Kolev, D. Grigorova, Y., Dimitrov, D. European structural funds and Roma integration in Bulgaria, Centre Amalipe and OSI Sofia, 2010

Practice 2

National children's network¹¹ (NNC), Bulgaria - "Report card: Assessment of the implementation of state commitments towards Bulgaria's children"¹²

The Bulgarian "Report Card" is inspired from the practice of Children's Rights Alliance - Ireland¹³. On 24 January 2011 the Irish government received a D score (which is analogous to 3 within the 6 grade scoring system in Bulgaria) in a report card called "Is the government keeping its promises to children?". The main aim of the development of the school report card is to carry out annual, independent monitoring of children's rights based on the commitments on behalf of the government and supported by facts and data. In addition, through the report card the NNC aim to suggest recommendations which to support the decision-making process of the state administration.

The first "Report Card" with scores of the implementation of state commitments to children in Bulgaria contains 5 areas (school subjects), 17 subareas and 43 commitments. When choosing the areas, the NNC reviewed all national strategies, plans and programmes which concern policies or measures related to children. NNC chose commitments which were envisaged to be implemented in 2011 or in a longer period of time. They kept mainly to two criteria about the priority of the problems – significance (spreading of the problem, urgency) and possibility for solving (availability of instruments, experience, resources, and consensus). In order to assess implementation correctly, the NNC used facts and data provided by the respective agencies under the Act for Access to Public Information. Other sources were reports of different institutions, independent researchers and non-governmental organizations as well as publications in the media. All data and sources of information are quoted in the text of the school report to support the conclusions and the assessments of the different commitments and to prove that the analysis is based on reliable sources and is not a subjective expression of NNC opinion.

The analysis includes: brief description of the commitment; description of facts and data from the experts assessment and the answers of the state institutions about the respective commitment; recommendations for urgent actions (concrete steps and possible directions of interventions); concluding remarks about each subarea (which includes one or more commitments). Six grades system is used similar to the assessment in the Bulgarian educational system. The interpretation of the grades could be seen in the report card within the part "Grades for 2011". The original grades were put by the experts who developed the respective analytical parts and subsequently confirmed by the civil organizations, members of NNC. The final grades were consulted and validated with a group of external evaluation experts - people who work in the public interest and professionals with relevant experience and position on the concerned problems.

¹¹ <http://nmd.bg/>

¹² http://nmd.bg/wp-content/uploads/2012/03/Report-Card-2011_EN.pdf

¹³ <http://www.childrensrights.ie/campaign/report-card-series>

Expert international reporting

Practice 3: The Network of socio-economic experts in the field of anti-discrimination, European Commission

One of the many examples is the Network of socio-economic experts in the field of anti-discrimination, established by the Human European Consultancy¹⁴ under a contract with the European Commission. The objective of the network is to provide the Commission with independent expertise and advice: first through informed analysis of national situations and policy developments with regard to discrimination on the grounds of age, disability, ethnic or racial origin, sexual orientation, religion or belief and multiple grounds; second through a series of exchanges of good practices between EU Member States' representatives on non-discrimination policies and practices with a view to facilitate the exchange of information on non-discrimination issues and transferability of good practices between countries¹⁵.

The network has produced five thematic and two synthesis reports:

- Public policies combating discrimination based on **sexual orientation** and **gender identity** and how to overcome barriers - Tallinn seminar - [Report 2011](#)  [97 KB] ;
- Public policies combating discrimination based on **age** in accessing and progressing in employment - Vienna seminar - [Report 2011](#)  [138 KB] ;
- Public policies combating discrimination based on **racial or ethnic origin** in accessing and progressing in employment - Berlin seminar - [Report 2010](#);
- Public policies combating discrimination against and promoting equality for [Lesbian, Gay, Bisexual and Transgendered people \(LGBT\)](#), The Hague seminar - [Report 2010](#);
- **Non-discrimination mainstreaming**, Helsinki seminar - [Report 2009](#).

- **Synthesis report 2010** - part I on the [situation of LGBT groups](#)  [666 KB] and part II on [ethnic minorities, migrants and employment](#)  [608 KB] .
- **Synthesis report 2009** - presenting a general picture of non-discrimination in the 27 EU countries and a description of the institutional framework and governance issues.

Practice 4: European Network against Racism and Intolerance (ENAR)¹⁶

ENAR's Reports¹⁷ are a compilation of information and data collected by its member organizations - NGOs working on anti-racism, protection of human rights and provision of legal and other support to those facing discrimination, unequal treatment and marginalization in the European Union.

The ENAR Reports are produced yearly with the purpose to close the gap in the official and academic data, to offer an alternative to that data and to offer an NGO perspective on the realities of racism with the EU and its Member States. NGO reports are based on many sources of data, official, unofficial, academic and experiential. This allows access to information which, (sometimes not backed up by the rigorous of academic standards), provides the vital

¹⁴ <http://www.humanconsultancy.com/>

¹⁵ More information about the network is available in the Internet at:

http://ec.europa.eu/justice/discrimination/experts/index_en.htm

¹⁶ http://www.enar-eu.org/Page_Generale.asp?DocID=15276&langue=EN

¹⁷ http://www.enar-eu.org/Page_Generale.asp?DocID=15294&la=1&langue=EN

perspective of those that either are or work directly with those affected by racism. It is this that gives NGO reports their added value, complementing academic and official reporting.

Community monitoring in healthcare

Practice 5:

Centre for interethnic dialogue and tolerance “Amalipe”, Bulgaria – “Promoting access to quality health care for Roma in Bulgaria: a case of community monitoring”¹⁸

Amalipe is a Bulgarian national level NGO, founded in 2006 with the purpose to work for the equal integration of Roma in Bulgarian society. The organization plays central role in organizing Roma civic movement and advocating for Roma integration before state institutions. Amalipe is a member of the National Council for Cooperation on Ethnic and Demographic Issues (from its beginning in 2006 now) and the Consultative Council for Educational Integration within the Ministry of Education and plays active role in the work of both Councils. The organization is also member of the Board of Center for Educational Integration of Children and Students from the Ethnic Minorities under the Ministry of Education, Youth and Science¹⁹.

Background

Bulgaria has a fairly strong policy framework for addressing Roma health, including the Health Strategy for Integration of disadvantaged Persons belonging to Vulnerable Ethnic Minorities, the Framework Program for Integration of Roma in Bulgarian Society, the Action Plan for the Decade of Roma Inclusion and a recently adopted National Strategy for Roma Integration. However, the implementation and monitoring of these policies is very weak as are mechanisms for civil society participation, including of the Roma community in policy development and providing feedback on program implementation.

Problem Being Addressed

At the same time, there has traditionally been low knowledge among the Roma about their health rights, the health services they are entitled to receive and the quality of the services. These factors have resulted in little concrete improvements in Roma health, despite strong policy commitments. For example, Roma child mortality is 24/1000 compared to 9.9/1000 for ethnic Bulgarians. Roma continue to have very poor access to primary health care services and to face significant discrimination particularly if they live in rural areas and big city Roma neighborhoods (commonly referred to as “ghettos”).

Approach

In 2011 Center Amalipe, a national Roma organization based in Veliko Turnovo that promotes dialogue and understanding across ethnic groups, introduced community monitoring of health care services in their work. They saw community monitoring as a means to strengthen

¹⁸ The project has been funded by the Open Society Institute – New York

¹⁹ <http://amalipe.com/index.php?nav=About&lang=2>

community-informed and driven advocacy to improve health service delivery and health outcomes. The monitoring approach would also enable Amalipe to support the Roma communities they work with to engage effectively in local level policy and governance processes. The actual monitoring was preceded by various community mobilization and organization activities, such as community clean-ups, dramatic reenactments of community experiences with health service delivery, and the formation of community groups for youth, women and traditional leaders to discuss community-related problems and local responses.

Community mobilization and monitoring were undertaken by two community members hired as municipal coordinators and a set of local activists from six villages where monitoring activities would take place. Two rounds of monitoring (or “community inquiries”) using standardized tools looking at women and children’s health, and emergency medical services were conducted between July and November 2011. Approximately 500 women over age eighteen participated in each inquiry. Results were shared with the municipal coordinators and local activists who were tasked with sharing the results with the community and engaging them in local advocacy. Findings were also presented to the Regional Health Inspectorate, given their oversight role for primary care physicians, and specific issues were raised to improve health service delivery, such as how and whether physicians comply with the professional obligations in their contracts.

Results

Between the two rounds, respondents who could identify their local primary care physician increased from 83% to 94% and those not receiving an annual health check decreased from 72% to 60%. In addition, respondents able to access medical examinations free of charge increased from 46% to 58%. However, both inquiries reflected significant problems in access to health care, for example, over 50% of women over 18 years did not have health insurance and payments for services that are supposed to be free remain prevalent.

One of the strongest achievements of the project has been the mobilization of Roma communities around health, which has resulted in increased demand for annual health exams and government guaranteed free services. Amalipe has also seen positive changes in the health system, including more rapid and adequate response times by emergency services to Roma communities. As a result of the advocacy with the Regional Health Inspectorate, they have recognized the problem of the absence of primary care doctors in Roma communities, an issue identified by community concern and validated through monitoring. The Inspectorate is now exerting greater oversight over contracted doctors to ensure they are present in Roma communities on their assigned days and hours. Through monitoring, problems were also uncovered that cannot be resolved at the local or regional levels, such as lack of access to health insurance for marginalized groups. To address these larger issues, Amalipe plans to advocate with the national Ministry of Health and the centralized Health Insurance Fund for a minimum package of health services for disadvantaged persons. Finally, community monitoring has helped Amalipe connect their advocacy at the national and European Union levels with the direct experiences of Roma communities.

The power of the type of community monitoring undertaken by Amalipe is its ability to transform the relationship between communities, service providers and decision-makers at the local level. It focuses on community experience as the central indicator for assessing both

access to and quality of services. When Amalipe first began community monitoring work, they found it difficult to interest communities in health-related issues because of the significant challenges faced as a result of poverty, lack of education and job opportunities and poor housing. By starting their organizing efforts with community priorities, then slowly introducing health, they were able to overcome this challenge.

Amalipe is now leveraging their monitoring efforts to promote the validity of community experiences to inform policy and practice and secure additional space for civil society and community participation. For example, in early 2011, the Bulgarian national Roma strategy and action plan was approved by the Parliament, but it did not contain provisions for the inclusion of civil society participation and/or community perspectives in monitoring or specify ways to strengthen government's own monitoring mechanisms in the future, Amalipe proposes to expand the community monitoring throughout Bulgaria using a network of community and health-social centers they have established with EU funds. They hope that this strategy will help ensure that the results of multiple monitoring efforts are relevant for national advocacy.

Practice 6:

Sastipen – Roma Centre for Health Policies, Romania: “Improving the access of Roma to public health services”²⁰

Sastipen is the leading organization in the area of access to health care service and advocacy for improvement of healthcare policy in Romania. It implements large scale programs for increasing accessibility to health care services in numerous communities in the country. Based on direct work with communities countrywide it develops suggestions for improvement of policies and is leading in advocacy initiatives for better and more community responsible health care policies.

The project for applying community monitoring has had three objectives:

- 1) Empowering the local NGOs and community leaders in order to become a dialogue partner for the local authorities in the process of improving the access of Roma to public health services by using the community monitoring tools.
- 2) Developing a partnership relation with the local/sanitary authorities at the level of the two localities in order to develop an action plan that would contribute to improving the quality standards of the services provided by the hospitals.
- 3) To develop and implement the community monitoring methodology, including the tools (Community Score Card) and a revised mechanism, with the purpose of improving the quality standards of the services provided by the hospitals, adapted to the needs of the Roma community members.

²⁰ The project has been funded by the Roma Health Programme of the Open Society Institute

The project has been implemented in 2 localities and a set of activities have been undertaken that have led to the following results:

- one training curricula on the following themes: social determinants in health, right to health, and conducting a community enquiry in two Roma communities: one rural, traditional community and one urban, assimilated community;
- 1 Roma NGO founded in Bicaz locality, Neamt County;
- Strengthening a team of volunteers from the Roma community in Bicaz;
- Support for newly-founded organization in writing two financing proposals;
- Reactivating a Mixed Workgroup at the level of Neamt County Prefecture and organizing work meetings for supporting and strengthening the local project team in Vanatori.
- 1 IEC campaign on reproductive health and maternal and child health;
- 1 handbook for implementing the campaign and 1 training program on education for health;
- involving and empowering the two mediators who are Roma women (health mediator and school mediator) in the community mobilization process;
- 10 IEC sessions carried out and 30 people informed;
- 1 lobby and advocacy plan for improving the situation of Roma at the level of Neamt county focused on health;
- 2 meetings organized at the level of Neamt PHD on identifying the quality standards;
- 1 policy review on the quality standards of health care provided within hospital units;
- 2 work meetings with the Counselor of the Ministry of Health and the Coordinator of Social Inclusion Unit and Focus point on Roma issues at WHO;
- memorandum for collaboration with the representative of the Government in Neamt County, respectively Neamt Prefecture Institution, responsible for implementing public policies at county level;
- founding a Technical Assistance Commission with the role of ensuring technical assistance and specialized support in order to implement the measures carried out at county level, aiming to improve the access of Roma from the perspective of a comprehensive approach;
- 5 work meetings of the Technical Assistance Commission organized;
- developing a county action plan which would include concrete measures that would be implemented, on increasing the access of Roma to health services;
- 1 public debate organized at Neamt County with the purpose of initiating a discussion regarding the quality standards on health services at the level of Neamt county and to present the county action plan for improving the access of Roma to health services;
- 1 memorandum for collaboration with Bicaz City Hall;
- Organizing the 4 meetings has resulted in strengthening the local mixed working group, but also to empower the role of the two Roma community leaders, thus becoming dialogue partners for the local authorities.
- Change of approach from local level to county level, thus it was changed the paradigm of approaching the Roma issue at the level of Neamt County.
- 2 health profiles for Vanatori and Bicaz communities based on the community enquiries;
- 4 persons trained for collecting data;
- 1 methodology for community monitoring report;
- 2 testimonials that present the experiences on accessing the health services in the absence of Bicaz City Hospital;
- 1 monitoring report on closing down the hospital;
- 1 medico-social center founded in Bicaz locality;

- 5 persons active within the newly-founded medico-social center;
- 1 training stage for the Center's team on methods and techniques for approaching the beneficiary;
- 1 informing campaign on opening the center, a campaign implemented by the center's volunteers;
- 1 conference for launching the center;
- 123 members of Bicaz community, beneficiaries of the services delivered within the center;
- 2 people within Vanatori community, trained and involved in the IEC campaigns carried out at the level of Vanatori community;
- Information materials distributed in the two communities;
- Realizing a series of recommendations on the need to improve the quality standards of the health services provided within hospitals in Neamt County, submitted to Neamt Public Health Authority
- Other results following the advocacy efforts that Sastipen carried out regard the monitoring and documenting of cases of discrimination on restricting the access of Roma women to public health services in Neamt County

SASTIPEN has also investigated 2 cases of human rights violation on access to public health services, submitting the files before the institutions authorized with solving such issues (National Council for Combating Discrimination and Neamt College of Physicians). The cases were also reported in the US State Department's report in the year of 2009. Currently, following the fact that both cases have been won in 2010-2011 before the National Council for Combating Discrimination, Sastipen has initiated 2 actions before the Court of Targu Neamt County with the purpose of repairing the moral prejudice caused to the 2 victims, and also, based on the court's decision, to develop a plan of measures at the level of Tg. Neamt Hospital which would prevent the discrimination against Roma who access health services.

Aside from these legal actions, Sastipen has also initiated an action before the National College of Physicians, a case which has been assigned to Bacau Court of Appeal. Regarding this action, Sastipen aims to obtain an administrative sanction for the respective doctor who discriminated the two Roma women.

Practice 7:

Association for emancipation, solidarity and equality of women in Macedonia: Advocating for improved health status of Roma children in Macedonia

Promoting increased coverage of Roma children with preventive health care measures through Health budget monitoring and community monitoring approach

Background

In the past years Macedonia as a state party of the Decade for Roma inclusion has prepared and adopted National action plan for Roma health with proper costing for enactment of the activities foreseen in the plan. First National action plan was adopted in 2004 and it was revised in 2008, with an action plan for its implementation in the period 2009 – 2011. Yet from the statements of different Roma CSOs there were indications that the National action plan for

Roma health mostly remains unimplemented through the years, meaning that most of the activities planned were not actually implemented.

Problem being addressed

Due to the fact that health statistics in Macedonia is not segregated by ethnicity, the data about the Roma health status can be found only from research that CSOs have conducted and from the experiences from the field. One of the main issues appearing as a health problems was lower immunization coverage rate among Roma children, although the immunization coverage rate among children on national level is above 92% (Source: WHO – Health for all Data base). This issue was also important since several small outbreaks of measles and mumps occurred in Roma communities in the past years. In the National action plan the lower immunization coverage of Roma children is also recognized as an issue, thus it also provides activities for increasing the immunization coverage rate among Roma children in Macedonia.

Approach

Since 2009 Association for emancipation, solidarity and equality of women in Macedonia – ESE, in a partnership with a Roma CSO started to implement the concept of Health budget monitoring and advocacy in the activities aimed for increased immunization rates of Roma children in Macedonia. First of all the association have made analysis on the amounts that were allocated for the National action plan for Roma health and the amounts that were spent for the past couple of years. Through this analysis they have found that the amounts allocated for the National action plan were insufficient in 2009, since only 850.000,00 MK Denars were allocated (approximately 13.843 Euro), which is even reduced since 2008 when 1.000.000,00 MK Denars were allocated. This amount was not sufficient according to the costing that was performed for the implementation of the National action plan. Moreover even these funds remained unspent, meaning that the entire amount was not spent for the years 2009 and 2010. That led us to conclusion that activities from the National action plan were not implemented at all.

Since the lack of disaggregated data according to ethnicity, our next step was to determine the actual immunization coverage of Roma children and to define the possible reasons for the lower immunization coverage rate among Roma children. For this purpose the Association has conducted a research including Roma people from 10 municipalities in Macedonia where majority of Roma people live and health workers from the preventive primary health care services. The research showed the discrepancy among the immunization coverage rates, since the immunization coverage among Roma children varied between 33% - 81% for different vaccines, in contrary to the national immunization coverage rate of 92%. Through the research they found out that the main reasons for this situation are the following: insufficient distribution of invitations for immunization in Roma communities; lack of outreach services to reach Roma children not attending schools; low levels of knowledge and awareness among Roma parents for the importance of vaccination and for the entire process of vaccination; understaffing in the preventive primary health care facilities, especially in the immunization wards and among the preventive teams, which represents obstacle for them to carry out outreach work.

After that they have conducted budget monitoring on the 13 Preventive programs under the Ministry of health with main emphasis on the Program for immunization and Program for active health care of mothers and children, since the last contains outreach activities for health education and for identification of non-immunized children, yet in the period of the analysis 2009-2010 there were no specific activities aimed for Roma communities. With the budget monitoring the Association have found out that from the 13 Preventive programs in 2009 there are unspent funds in amount of 101.535.000,00 MK Denars (approximately 1.653.664 Euros). The information needed for this process was gathered from the publicly available Governmental documents and through submitting requests according to the Law for freedom of information to the Governmental institutions. Then the budget execution data were compared with the allocated funds according to the budgets for each of the Programs and were compared to the costing that Government performs for each of the budget items in the Programs. This analysis provides useful data in order to determine whether the Government allocates sufficient amount of funds and whether these funds are spent according to the planning. If there is no sufficient allocations or certain funds remained unspent it immediately gives signal that certain policies and actions are not properly implemented. That is why this approach can be used by CSOs for holding Government accountable for implementing the adopted policies and actions.

On the base of the gathered data from the research among Roma people the association has drafted the following measures which the Government should adopt:

- Additional patronage nurse visits in Roma communities in order to identify non-vaccinated Roma children provided in the activities and budget of the Program for active health care of mothers and children;
- Educational workshops aimed for Roma parents for child's health and immunization provided in the activities and budget of the Program for active health care of mothers and children;
- Translation of the brochure for immunization on Roma language and its distribution among Roma communities;
- Employment of one patronage nurse in the Primary health centre in the largest Roma municipality – Shuto Orizari.

After drafting these measures they have determined the needed amount of their implementation and have performed costing of the proposed measures. For the measures that should be incorporated in the Program for active health care of mothers and children they have determined that proposed measures will increase the Programs' budget for 2,1%, yet the requested allocation represents only 0,5% of the amount that remained unspent from the 13 Preventive programs in the last year and they have suggested that these funds should be used to cover the proposed measures aimed for Roma communities. This practice of reallocating funds from one Preventive program to another was already established practice in the Ministry of health, which the Association found out through our budget monitoring work. They have made the costing for the employment of one patronage nurse in Shuto Orizari, according to the official data from the Ministry and the Association proposed these funds to be allocated from the Health insurance fund. The costing methods and suggestions for allocation of funds were also enabled from the data collected by the health budget monitoring and analysis process.

The Association used the arguments from the population-based survey and from the budget monitoring work to develop our advocacy strategy for adoption of the proposed measures which was aimed towards the Ministry of health and Ministry of finance. Representatives from these Ministries, as well as representatives from other Governmental institutions connected with health care and Roma issues (like Institute for health care of mothers and children, Institute for public health, Ministry for labor and social policy and Minister without portfolio in charge for the implementation of the Decade for Roma inclusion in Macedonia) were included in the process from its very beginning. They were constantly updated for the findings and proposed solutions. This was of a great importance for implementing the targeted advocacy strategy based on the collected evidence.

Results/Outcomes

As a result of the advocacy strategy the Ministry of health and Government adopted the following measures aimed for Roma communities in the Program for active health care of mothers and children for 2011: 2.476 additional patronage nurse visits in Roma households; 30 health education workshops in Roma communities on the following topics: child's health, immunization, safe motherhood and adolescents health; 50 educational workshops for parents in kindergartens and centers for early child development with special emphasis on Roma parents; translation of the brochure for child's health aimed for parents on Roma language. Each activity was followed with a separate budget item in the Program's budget and proper amount of funds were allocated for each activity. Total of 825.200,00 MK Denars (app. 13.439 Euros) were allocated by the Government for implementation of these measures.

Monitoring of the adopted measures through health budget monitoring and community monitoring

Since 2011 four Roma CSOs – Roma S.O.S from Prilep, KHAM from Delcevo, LIL from Skopje and CDRIM from Shuto Orizari, Skopje, started applying community monitoring approach in order to monitor the implementation of the adopted measures from the Program for active health care of mothers and children, but also to monitor service delivery for Roma people in the immunization wards of the Primary health care centers. Through this approach Roma community will be strengthen regarding their awareness for their rights from the preventive health care measures, but also Roma community will provide feedback regarding the delivery of these services and the quality of the same services. Through this type of monitoring the association will collect data regarding to the coverage of Roma people with these services, accessibility and affordability of the services, treatment of the health professionals towards Roma people and possible obstacles that Roma people face when using these services. The main benefits of the community monitoring approach are the following:

- Roma people (community) are actively involved in the preparation and implementation of the activities;
- Building of increased awareness among Roma community for the importance of the vaccination and preventive health care services;
- Building increased awareness among Roma community regarding their rights to health and health care, with emphasis on the preventive health care services and immunization;

- Roma community members will themselves identify the problems regarding the delivery and quality of the preventive health care services and immunization services;
- Roma community will advocate for improved coverage and improved quality with the preventive health care services.

In the same time the Association has continued to monitor the implementation of the activities and budget execution for the activities aimed for Roma communities from the Program for active health care of mothers and children on national level. This monitoring will provide data regarding the spending of the allocated funds for these activities and implementation of the activities on national level.

Results from both types of monitoring will give full picture for the implementation of the Program on national and local level, but also it will reveal the potential obstacles that Roma people face in using these services. All the findings will be used in an advocacy strategy in order to improve the coverage of Roma people with preventive health care services, but also to improve the quality of the delivered services for Roma people.

Conclusion

Using both approaches i.e. Community monitoring on local level and Budget monitoring on national level will provide overall picture of the implementation and quality of the preventive health care measures aimed for Roma communities. Moreover the community monitoring will provide Roma community's participation in the monitoring and advocacy process and will give the community perspective in the monitoring of delivery of health care services. The budget monitoring process enables to monitor whether the Government is allocating sufficient funds for implementation of different policies and actions, but also to monitor whether the allocated funds were properly spend (for the aim that they were allocated) or not, and to determine why the funds were not spent and for what purposes they were reallocated. Also it enables the CSOs to detect from which budget items additional funds could be provided in order to support new policies and actions or to strengthen and broaden the existing ones. The community monitoring process enables CSOs to monitor whether the services and measures aimed for Roma people are actually reaching this population and to determine whether Roma people are satisfied with the received services.

Using both approaches is useful way for monitoring of public policies and health care services and holding the Government accountable for the provision of the necessary and legally binding health care services especially for marginalized groups of population, like Roma ethnic minority.