

**Results of the external evaluation carried
out in the framework of the project
“Reduction of Health inequalities in the
Roma Community”**

8th of May 2007

Contents

1.	INTRODUCTION AND GOALS OF THE PROJECT	4
2.	METHODOLOGY	6
3.	DEGREE OF ACCOMPLISHING THE GENERAL OBJECTIVES OF THE PROJECT	12
4.	SATISFACTION WITH DIFFERENT ACTIVITIES	13
4.1.	Working groups	14
4.1.1.	SWOT analysis	15
4.1.2.	National group: “How to deal with Roma community on health care”	16
4.2.	National workshops	17
4.3.	Courses	19
4.3.1.	Course carried out with professionals on health care	19
4.3.2.	Course carried out with mediators	20
5.	COORDINATION MEETINGS ON INTERNATIONAL AND NATIONAL LEVEL	22
5.1.	Coordination meetings on international level	22
5.2.	Coordination meetings on national level	23
6.	MATERIALS	24
6.1.	Internal materials developed in workshops	25
6.2.	Health and Roma community	26
6.3.	Manual “How to deal with Roma community on health care assistance”	27
6.4.	Web page	28
6.5.	SWOT analysis	30
7.	CONCLUSIONS OF THE PROJECT PROCESS IMPLEMENTATION	31
8.	EFFECTS OF THE PROJECT FOR LEADING NATIONAL	33

NGO'S, MEDIATORS AND ROMA COMMUNITIES	
8.1. Effects of the project on the leading NGO at national level	36
8.2. Effects of the project on the intermediate participant populations: health personal, administrations, health services, mediators and other NGO's	38
8.3. Effects of the project on the Roma communities	42
9. OPEN QUESTIONS	45
9.1. What are your advices for future projects like this project; how to go on?	45
9.2. What have been your challenges in this project?	46
9.3. What are the most difficult aspects you have faced in this project?	48
9.4. What has been the most relevant effect of this project regarding the situation of health system and services in your country, and what has been the effect for the Roma community?	49
9.5. How do you see the future, the evolution of this situation for Roma communities?	51
10. CONCLUSIONS AND RECOMMENDATIONS	53

1. INTRODUCTION AND GOALS OF THE PROJECT

This report presents the results of the external evaluation that has been carried out in the framework of the project “Reduction of Health inequalities in the Roma Community”.

The principal aim of this project has been formulated as follows:

The European Network Sastipen aims at **the reduction of the health inequalities suffered by the Roma population in Europe**, whose estimated population is of 8 million. Studies show that health status of Roma is far below the mainstream society in Europe.

The reduction of inequalities in Roma communities is going to be achieved developing the following main goals:

- To **gather health information** available in Roma community in order to develop actions and recommendations to improve health policies and intervention strategies by disseminating results to health stakeholders and policy-makers.
- **To mobilise public administrations** through awareness rising and train them **to tackle health inequalities** within the Roma community.
- To **identify the good practices** and to create a forum for their transfer among public and private European entities for the improvement of healthcare to Europe’s Roma population.
- To **train and to transfer skills to Roma health agents / mediators** in order to help the Roma population to have access and use of mainstream health services. To train and to transfer skills to health service professionals as regards to intervention strategies with the Roma community
- To **promote synergies between public and private sphere** (health centres, hospitals, social organizations, networks, competent public administrations, Roma representatives, etc.).

The objective of this evaluation is to describe the effects of the project on different levels:

- In different NGO’s, which have participated in the project on

international and national level.

- In other professional organizations mainly regarding health care, e.g. health institutions, health professionals, mediators and administrations (intermediate groups).
- In Roma communities.

This objective has been completed by the description of the opinions about the implementation process of the project regarding the different activities on national and international level and regards the materials that have been developed in the framework of this project.

The evaluation has been demanded by the Fundación Secretariado Gitano, entity leading this project. The contact person has been the General Coordinator of this International Project, with whom we have had very close collaboration. Her experiences and knowledge has been very useful to design the instrument and to have a better understanding of the different parts (components) of the project.

The information of this evaluation has been obtained through the collaboration with the national coordinators of the countries involved. In this document their experiences and opinions are described.

In the framework of this evaluation, it has been gathered the information about the satisfaction of the national coordinators regarding the implementation process (activities, materials, coordination) and their valuation of the effects of the project in the different countries.

In order to gather this information, a questionnaire has been designed that has been sent to the different country coordinators by mail.

The results of this report, which are presented in the two parts, regard the following subjects:

- Evaluation of the satisfaction with the process implementation of this project.
- Evaluation of the estimated effects of the project.

In the first part of the report the opinion of the coordinators of the countries

involved about the process implementation of the project is summarized:

- The development and the implementation of the different activities and the international coordination. Furthermore a valuation is given about the materials that have been developed in this project.

The second part of the report contains:

- The scores of the effects that the project has had on the three different levels considered:
 - The NGO's that have dealt in the project in each country.
 - Intermediate groups: health professionals of the health services, mediators, institutions and organizations.
 - The Roma population. This population is the real target group of this project.

2. METHODOLOGY

This evaluation has been done using descriptive methods. Descriptive methods are much appropriated for the goal of this evaluation, namely to describe the satisfaction with the implementation and with the effects of the project.

The instrument used for the evaluation of the project is a questionnaire that is included in the annex of this report. It has been designed after a deep interview with the general coordinator of this project from the FSG (Fundación Secretariado Gitano), the coordinating organization of this project.

The questionnaire has been mailed to the coordinators of the associated partners that have participated in this project in Greece, Slovakia, Hungary, Bulgaria, Rumania, Portugal, Italia and the Check Republic.

All participating countries have answered the questionnaire except the Czech Republic.

The questionnaire contains the following two sections:

- The first section of the questionnaire regards the evaluation of the implementation of the project. For the valuation of the implementation different opinions and values have been collected for each of the items used to describe the activities and materials developed in this project. For the valuation of each activity a scale (Thurston) has been used: 1 for a very low valuation and 10 for a very high valuation.
- The second section of the questionnaire is focused on the estimation of the effects of the project on the three levels as it is described before:
 - Leading NGO's.
 - Intermediate groups: health professionals of the health services, organizations and institutions regarding health, mediators.
 - Roma communities.

To determine the meaning of the different estimated effects of the project, the average value has been laid down.

The questionnaire included some open questions that are allocated in the last part of this report. These questions regard the difficulties of the project, the challenges, the effects and the expected situation in the future. The answers on these open questions complete the information about the effects / results of this project.

THE LOGICAL MODEL OF THE PROJECT

In order to have a better understanding of the structure of the project (its activities, materials, coordination, etc.) and of the causal model subjacent in the programme, hereafter it is described in a schematic way the logical model of this project.

The logical model is a tool that allows analysing the main components of a programme. It shows in which theoretical bases the project is supported.

In the present programme to achieve the main aim: "To reduce health inequalities in Roma population", it is necessary:

- To gather information.
- To train public administrations and health institutions.
- To promote synergies and to transfer skills to Roma health agents.

In order to achieve the goals that has been mentioned above, it is relevant to develop the following components:

- To give training.
- To coordinate.
- To design or to adapt materials.
- To give technical assistance.

The evaluation has been focused in measuring the degree of satisfaction (of the national coordinators) regarding the following project activities:

- Training and working (working groups are included in the training activities).
- Coordination.
- Materials.
- Results in the different levels that have participated; NGO's involved in the implementation of the project, the intermediate populations (health care, administration, social supporters, etc) and Roma communities.

According to the different populations involved, the evaluation has taken into account different levels to estimate the effects.

In the “logical analysis” of the structure of the project has to be pointed that the aim is very ambitious and very useful to indicate the direction in which each of the activities has to be orientated. This aim shows the framework of the different activities and shows the horizon to achieve in a medium long way.

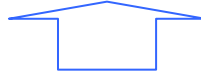
Regarding the analysis of the logical model of this project it is clear that the goals can be well developed by the different activities. This structure gives consistency and coherency to the model of the project and to the results that have been achieved.

The following scheme shows the structure (plot) of this project. It starts with the enumeration of its main components, the developing of each one by the different activities and their correspondences with its goals.

ACTIVITIES DEVIDED IN FOUR MAIN COMPONENTS

Training and workshops	Coordination	Materials	Technical assistance
Organization of 2 national working groups in each partner country.	Trans national Coordination Meetings.	Gathering of studies on Roma living conditions and health status.	Technical assistance provided to public and private entities working in health field with the Roma community, on methodology, intervention tools, good practices, etc.
Organization of 2 trans national working groups. Appraisal of conclusions withdrawn at national level.	National Coordination Meetings.	Elaboration of conclusion on diagnostic of health standards and inequalities, obstacles in access to healthcare, health indicators, conclusions on best practice.	
Organization of 1 national seminar in each partner country level.		Distribution of documents with conclusions to participants and other key actors.	
Organization of 1 trans national seminar Approaching Health Status of Roma community to European average.		Drafting publication and distribution of Manual How to deal with Roma community on healthcare assistance in all partner languages.	
Organization in 8 countries of 1 course addressed to public services personnel.		Creation of website containing the actions of the platform and studies references.	
Organization in each			

partner country of 1 course addressed to Roma mediators.			
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GENERAL OBJECTIVES:

1. Gather the health information available in Roma community in order to develop actions and recommendations to improve health policies and intervention strategies by disseminating results to health stakeholders and policy makers.
2. Mobilize public administrations through awareness rising and train them to tackle health inequalities within the Roma community.
3. Identify the good practices and create a forum for their transfer among public and private European entities for the improvement of healthcare to Europe's Roma population.
4. Train and transfer skills to Roma health agents / mediators in order to help Roma population to have access and use mainstream health services. To train and transfer skills to health services professionals as regards to intervention strategies with the Roma community.
5. Promote synergies between public / private sphere (health centres, hospitals, social organizations, networks, competent public administrations, Roma representatives, etc.).



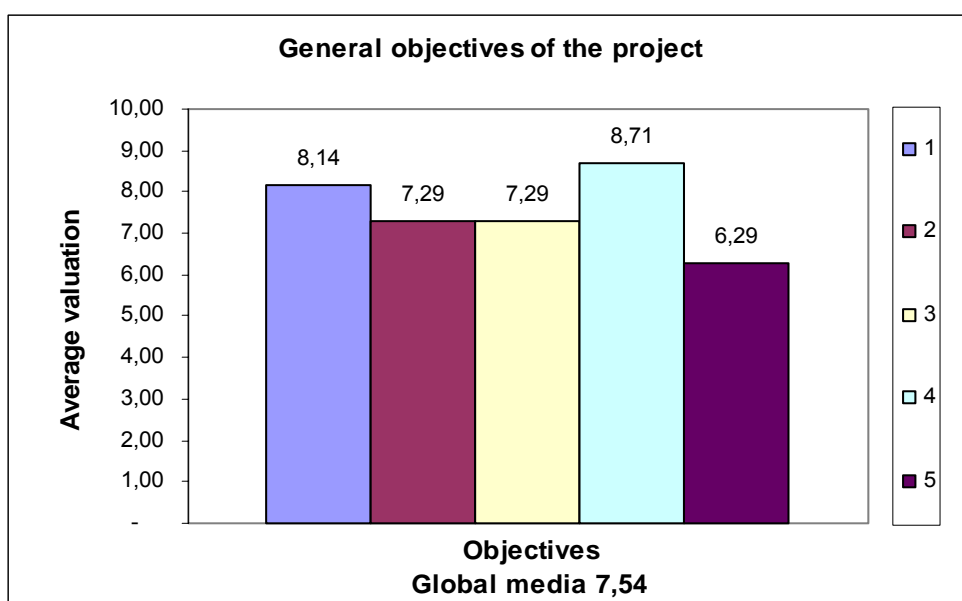
AIM:

The European Network Sastipen aims at the reduction of the health inequalities suffered by the Roma population in Europe.

FIRST PART: Evaluation of the implementation process of the project

3. DEGREE OF ACCOMPLISHING THE GENERAL OBJECTIVES OF THE PROJECT

In this project five general goals have been formulated. The following graphic shows the different scores obtained for each of these objectives.



The items to evaluate the general objectives of the project are as follows:

1. Gather the health information available in Roma community to develop actions and recommendations	8,14
2. Mobilize public administrations through awareness rising and train them	7,29
3. Identify the good practices and create a forum for their transfer among public and private European entities	7,29
4. Train and transfer skills to Roma health agents / mediators to help Roma population to have access and use mainstream health services	8,71
5. Promote synergies between public / private sphere	6,29

As it is shown in the graphic, most of the objectives have received a good score

in the Thurston scale (1 to 10) with an average score of 7,54.

It means that according to the opinion of the national leaders or coordinators in main lines the project has been useful to accomplish its goals.

Analysing the results more in detail the objectives, which received the highest score are:

- To **train and transfer skills** to Roma health agents / mediators to help Roma population to have access and to use mainstream health services.
- To **gather health information** available in Roma community to develop actions and recommendations.

The project has not been that successfully regarding the objective “To promote synergies between public and private sphere”. The average score, which is down the average, is 6,29.

The mobilization of public administrations by awareness rising and training and the identification of good practices have received a score almost like the average.

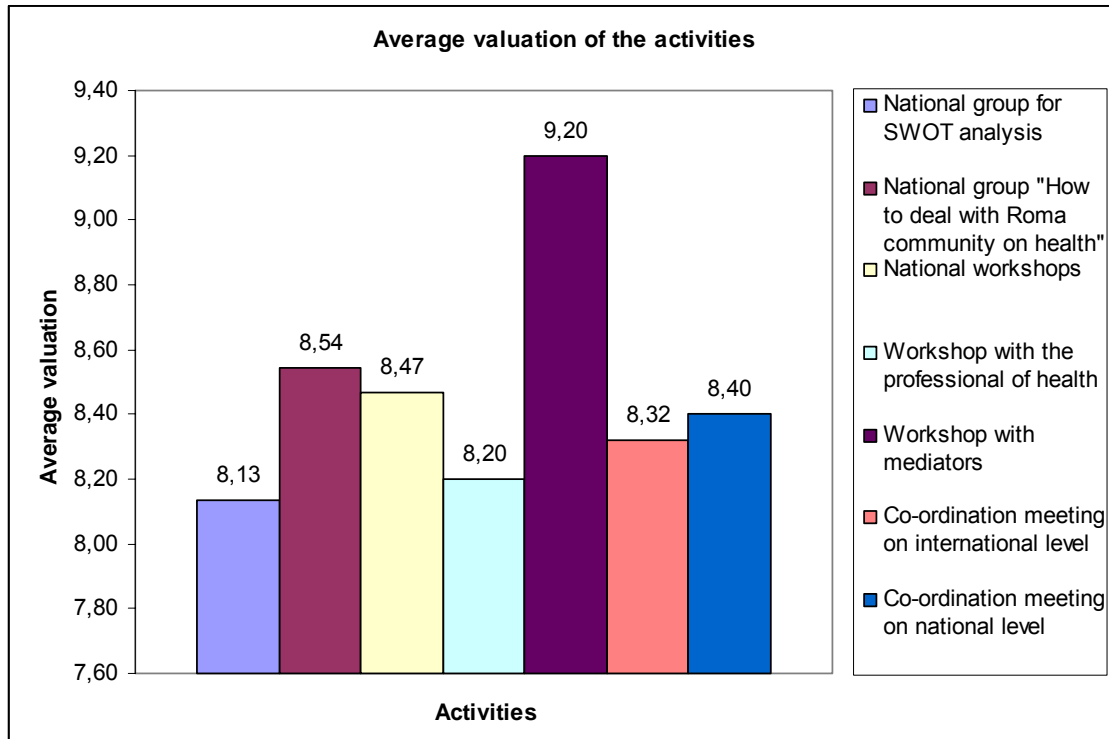
In the following chapters it is described how has been accomplished these general objectives and the scores that have been given to each of the planned activities.

4. SATISFACTION WITH DIFFERENT ACTIVITIES

The next section shows the satisfaction with the different project activities carried out on national and international level. This first part analyses the satisfaction with the implementation process of the project. This type of evaluation is very convenient to know better which have been the strengths and the weakness aspects regarding the implementation of the project; its activities, its target populations, the contents, the methods and the materials. This information is very useful for planning new activities.

As it is shown in the graphic hereafter there is one activity that has got much better average than the others, becoming the “star” activity of this project. The highest score has been given to the activity: “training of mediators”, followed by

the activities “National working group: “How to deal with Roma community on health” and “National seminar”.



In the following items it is explained more in detail the evaluation of each one of the activities that has been analysed.

4.1. Working groups I and II

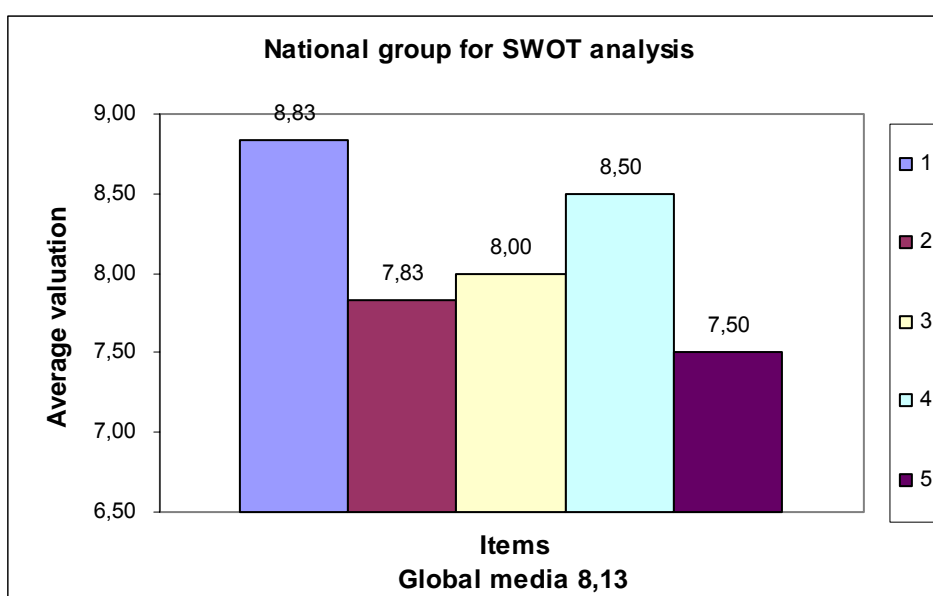
It was planned in the project to organize two national working groups with approximately 15 attendances in each group. The meetings of the national working groups have taken place in 2005 and 2006. In some countries the meetings of the working groups have taken place more than one per year. The number of participants varied depending on the circumstances of each country. The profile of the participants had been diverse as it was the objective of these groups. All countries have had professionals of different sectors, e.g. NGO's, health professionals, administrators, mediators, etc.

One of these groups in each country had the task to execute a SWOT analysis and the other was in charge to develop / to adapt the manual “How to deal with Roma communities on health care”. The satisfaction with these activities is

presented in the following sections.

4.1.1. Working group I: SWOT analysis

In each participating country has been executed a SWOT analysis. The objective of this analysis was to analyse the situation regarding “health of Roma communities”. The Swot analysis has been bases on the reference document “Heath and Roma Community”. The results of the valuation of the different items regarding this subject are presented in the following graphic.



The items to valuate this activity are as follows:

1. Profile of the participants in the national group	8,83
2. Outcome of the SWOT analysis	7,83
3. Methodology used	8,00
4. Degree of contribution to the goals of the project	8,50
5. Utility of the analysis to transfer in practice (actions, goals)	7,50

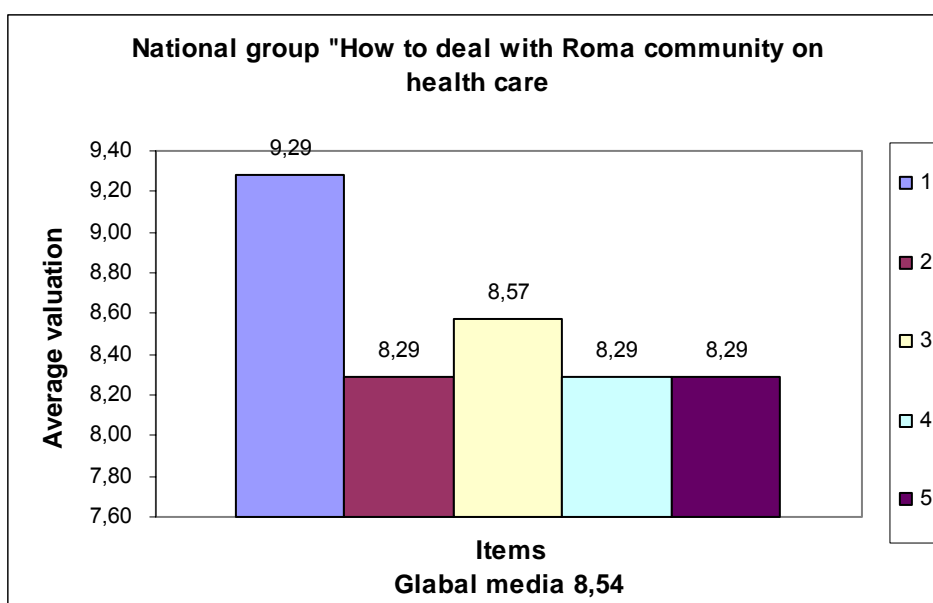
The highest scores have been given to item 1: “Profile of participants in the national group” and to item 4: “Degree of contribution to the goals of the project”.

The other items are valued with high scores as well. And the global media score is high, but it is the lowest score from all the project activities. It means that the SWOT analysis has been useful for the different countries, mainly its contribution to the goals of the project. And as it has been described in the open questions the SWOT analysis has been a very useful tool to be conscious on the health situation of the different Roma communities. These results have given a better comprehension regarding the different factors that has relation with the Roma health situation.

The SWOT analysis has helped to understand better the situation of the Roma communities in each participating country. But as it will be explained in a following section of this report, the translation of the results of this analysis in practice has not received such a high valuation, mainly because it was not the purpose to “translate” and to transfer these results of this analysis in practice. The main goal of the analysis has been to describe the situation of Roma communities regarding health and health services in each one of the participant countries.

4.1.2. National working group II: “How to deal with Roma community on health care”

The other working group was involved in the manual written by the FSG: “How to deal with Roma community on health care”. This handbook, translated in English, has been a reference document for the national working groups.



The items to valuate this activity are as follows:

1. Profile of the participants in the National working group	9,29
2. Outcome of the national group	8,29
3. Methodology used	8,57
4. Degree of contribution to the goals of the project	8,29
5. Utility of the results of the seminar to transfer in practice	8,29

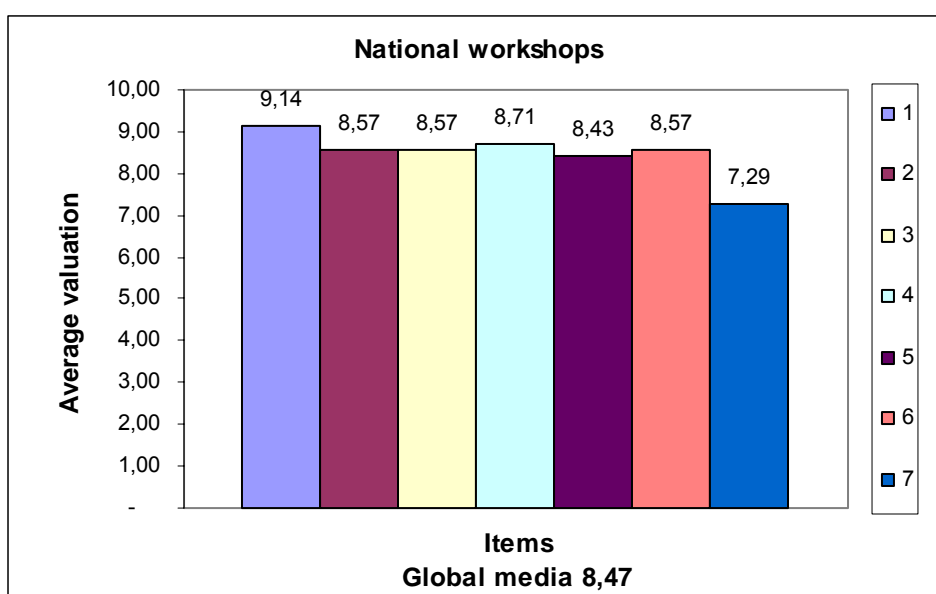
The satisfaction with this activity is high. The highest scores have been given to item 1: “Profile of the participants in the National group” and item 3: “Methodology used”. The scores are lower regarding the item 2: “Outcome of the national group”, item 4: “Degree of contribution to the goals of the project” and item 5: “Utility of the results of the seminar to transfer in practice”.

4.2. National seminars

There were carried out national seminars in each country with the objective of dissemination of the results developed in the working groups: the SWOT analysis and the manual “How to deal with Roma community on health care”.

These seminars were related as well “to implicate the administrations in the activity and to sensitize them with the problems of the Roma population regarding the use of normalized resources”.

The qualifications received from the national leaders are presented in the following graphic.



The description of the items to evaluate the national seminars is as follows.

1. Profile of the participants in the seminars	9,14
2. Outcome of the seminars	8,57
3. Methodology used	8,57
4. Degree of contribution to the goals of the project	8,71
5. Utility of the results of the seminars to transfer in practice	8,43
6. Dissemination of the results	8,57
7. Implication of the administrations	7,29

The highest scores have been given to item 1: “Profile of the participants in the seminars” and to item 4: “Degree of contribution to the goals of the project”.

Furthermore the different countries are satisfied with the outcome of the seminars (item 2) and the methodology that has been used (item 3).

A very important aspect is that the results obtained in the seminars have been well disseminated (item 6), as well as the utility of the results of the seminars to transfer in practice (item 5).

The item with the lowest score regards the implication of the administrations (item 7). An effective implication of the administrations was one of the most difficult goals to achieve.

It can be concluded that the national seminars have been very satisfactory.

4.3. Training Courses

In the framework of the project two different courses have been carried out in each of the participating countries.

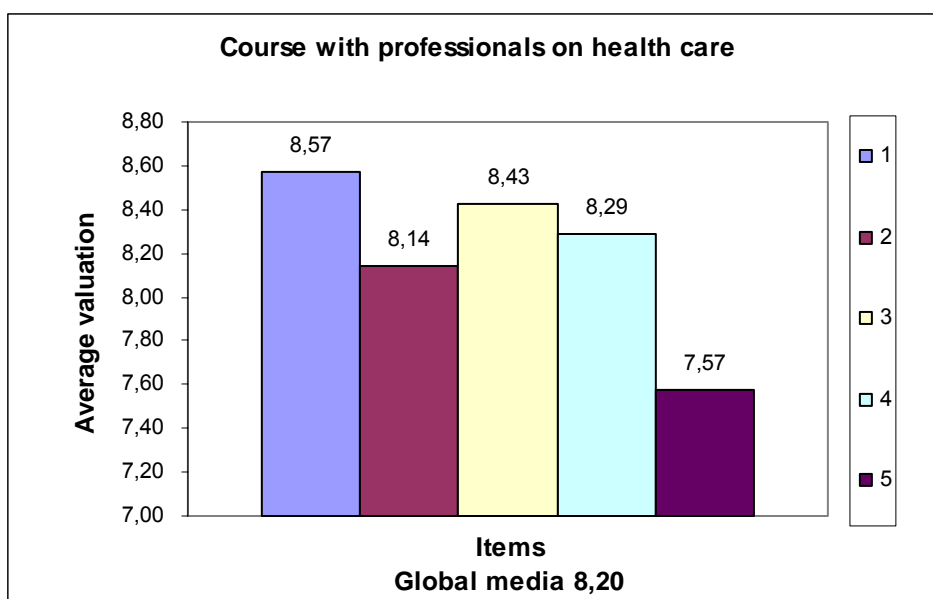
One course has been focused on health professionals. The objective of the course was to *sensitize them with the health problems of Roma communities and to present them different strategies to improve their situation.*

The other course has been focused on mediators with the goal to *train them in developing a good (mediator) role between Roma communities and all sort of health care services* as well as in changing attitudes and the concept of health in Roma populations.

4.3.1. Training Course carried out with professionals on health care

The group of professionals on health care is one of the main intermediate target groups of this project. Their attitude, knowledge and comprehension of the Roma culture and health situation have an enormous influence on the (closeness) use of the public services.

The qualifications received from the national leaders regarding this course are presented in the following graphic.



The description of the items to evaluate the course is as follows:

1. Profile of the participants in the seminar	8,57
2. Outcome of the workshop	8,14
3. Methodology used	8,43
4. Degree of contribution to the goals of the project	8,29
5. Utility of the results of the seminar to transfer in practice	7,57

The satisfaction with this activity has a high average valuation as well. The average score is a little bit lower than those of the other activities.

This activity has got the lowest score regarding the “Utility of the results of the to transfer in practice” (item 5).

The highest score regards the “Profile of the participants in the workshop” (item 1), “Methodology used” (item 3) and “Degree of contribution to the goals of the project” (item 4).

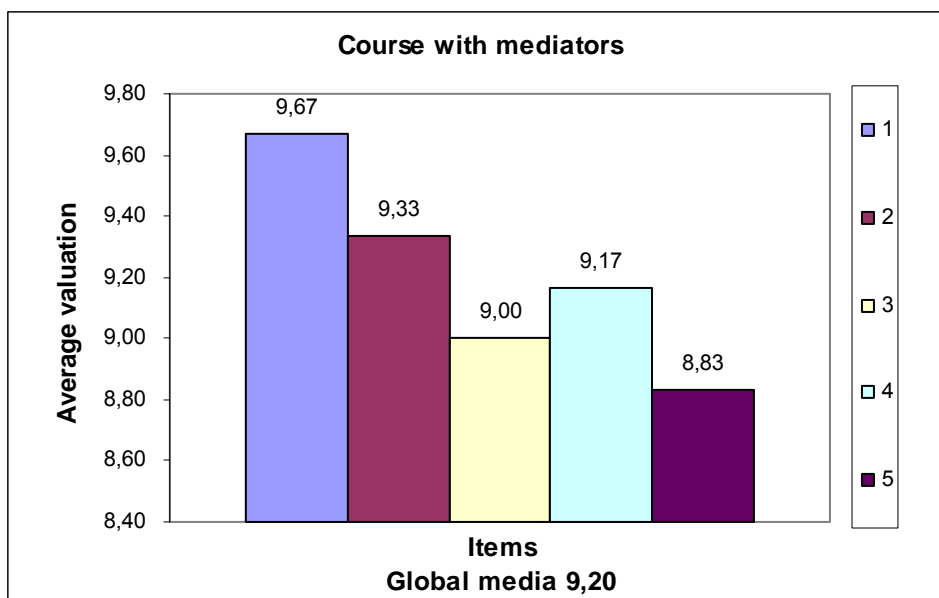
It can be concluded that this activity has been useful and satisfactory for the leaders of the national groups.

4.3.2. Training Course carried out with mediators

The mediator role is an important role to bring health services and the Roma

populations more near to each other.

The approach to collaborate with mediators has shown in practice very positive effects. In the following graphic it is presented the very high score that has been given to this activity.



The items to evaluate this activity are as follows:

1. Profile of the participants in the training	9,67
2. Outcome of the training	9,33
3. Methodology used	9,00
4. Degree of contribution to the goals of the project	9,17
5. Utility of the results of the workshops to transfer in practice	8,83

This is the activity with the highest average score. The lowest score (which it is still very high; higher than the other medium average scores) regards the utility of the results of the training course to transfer in practice (item 5). The other items are valued with 9,00 and higher.

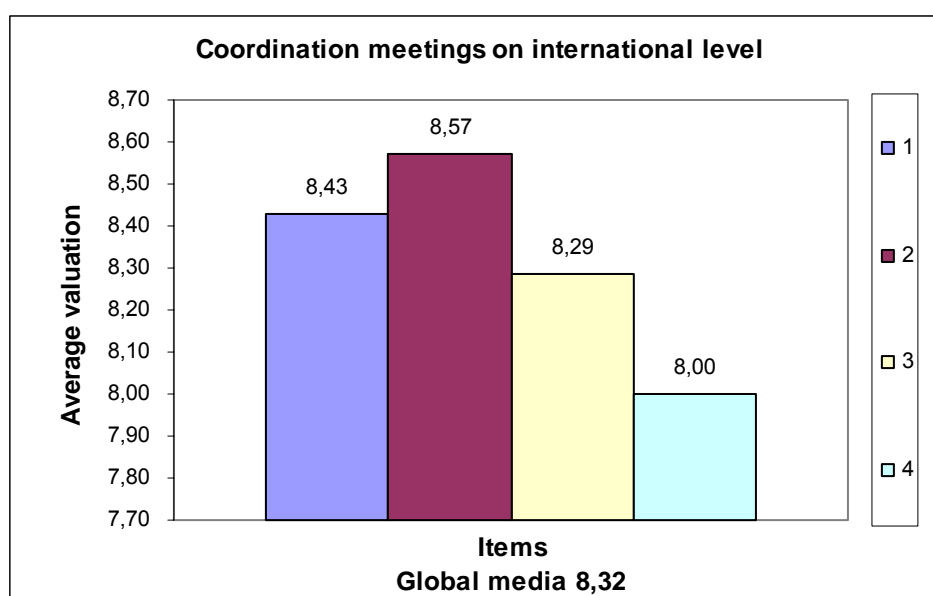
It is clear that this activity has generated a high satisfaction to the national coordinators and can be considered as the “star” activity.

5. COORDINATION MEETINGS ON INTERNATIONAL AND NATIONAL LEVEL

One of the main activities that support the project is the coordination on international and national level. Both sort of coordination on international and on national level have obtained similar scores, a little bit higher the national coordination meetings.

5.1. Coordination meetings on international level

Four Coordination meetings on international level have taken place. In the meetings participants of the nine countries involved were presented.



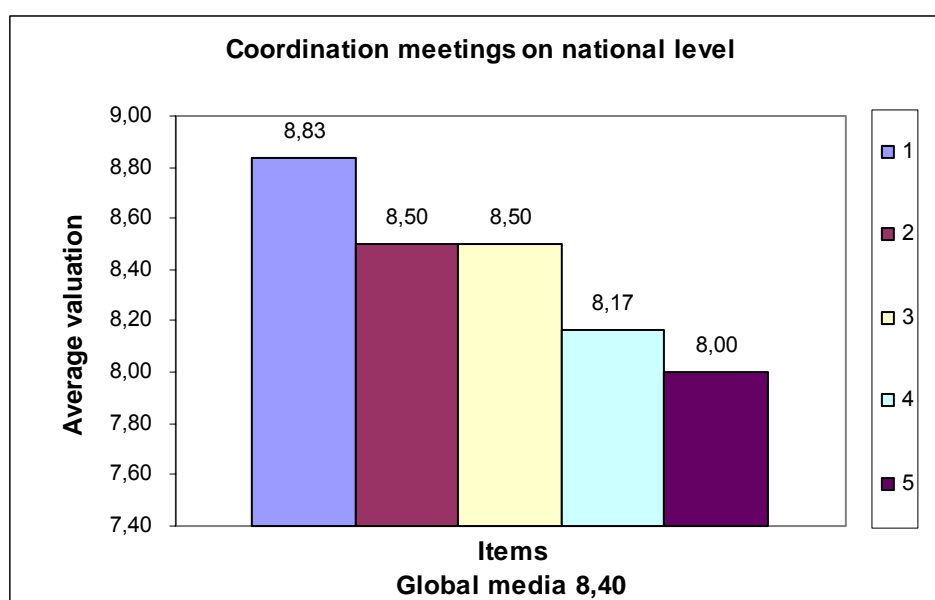
The items to valuate the coordination meetings on international level are as follows:

1. Outcome of the meetings	8,43
2. Methodology used in the meetings (exchanging knowledge and experiences, coming to agreement about the follow up)	8,57
3. Degree of contribution to the goals of the project	8,29
4. Utility of the results of the meetings to transfer in practice	8,00

As this activity has a high average score, it can be concluded that the coordination meetings have functioned very well. This conclusion is underlined by the score regarding the methodology used in the meetings, for example to exchange knowledge and experiences and to come to conclusions about the activities to implement the project and the follow up (item 2).

5.2. Coordination meetings on national level

On national level (a minimum of) four meetings have taken place in each country. The goal of these meetings was to give support to the planned activities in order to achieve the formulated objectives of the project.



The items to valuate the coordination meetings on national level are as follows:

1. Outcome of the meetings	8,83
2. Methodology used in the meetings (exchanging knowledge and experiences, coming to agreement about the follow up)	8,50
3. Degree of contribution to the goals of the project	8,50
4. Utility of the meetings to transfer in practice	8,17
5. Materials produced in the framework of the project	8,00

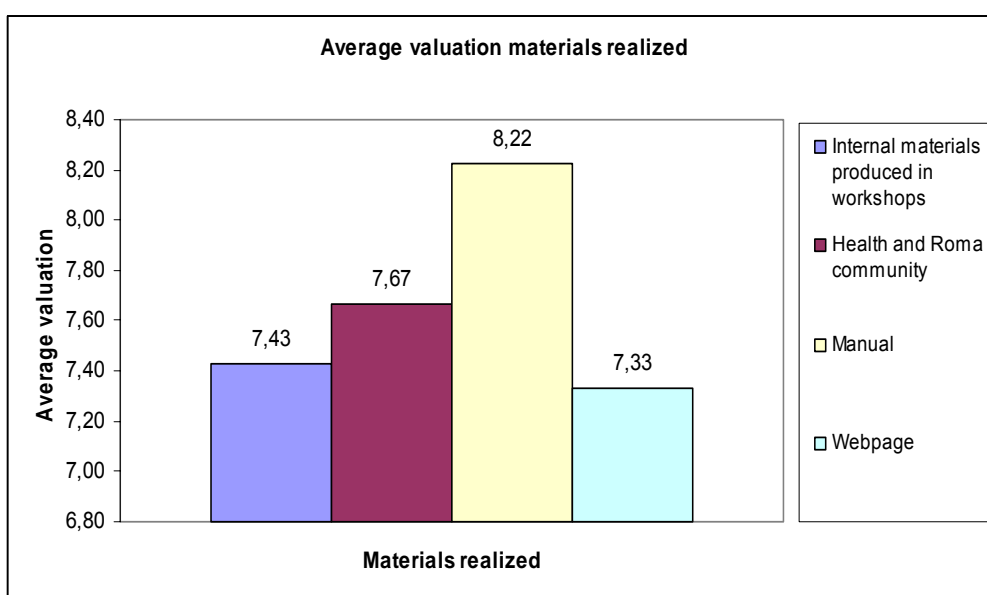
The average score for the Coordination meetings on national level is higher than the score for the Coordination meetings on international level. In particular strike the higher scores regarding the outcomes of these meetings (item 1), the effectiveness of the methodology used in the meetings (item 2) and the high degree to which the results have contributed to the goals of the project (item 3). This project activity has been very satisfactory in the opinion of the leaders.

6. MATERIALS

An important result of the project is the different materials that have been developed. These materials are useful to disseminate and to summarize the different results of the activities realized. These materials as well make clear the points of learning in this project: the analysis of the Roma health situation in each country, the new practices, etc.

These materials are not only useful for the direct participants in this project. They are also useful for other groups, which are involved in the subject of this project.

In the following graphic are presented the scores achieved by the different materials, according to the opinion of the national leaders:



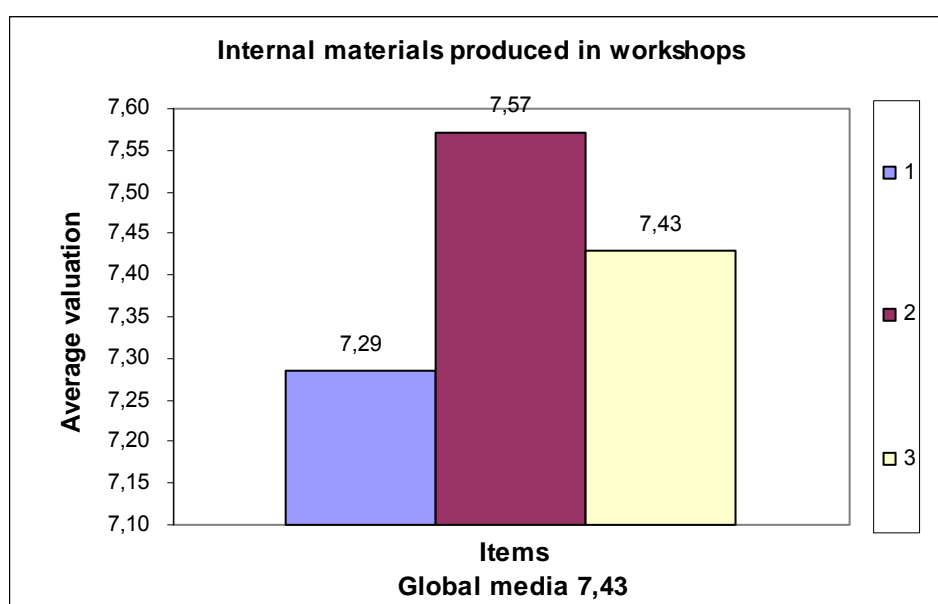
The manual: “How to deal with Roma community on health care assistance” that has been adapted to the reality of each country, is the best valued material. The second one is another document written by FSG, namely: “Health and Roma Community” that has been used as a key document for the working groups.

The web page has obtained the lowest score.

6.1. Internal materials developed in workshops/ working groups/ seminars

In the workshops / seminars in each country different internal materials have been developed, e.g. reports and materials for training, mainly for internal use in each country.

The next graphic shows the scores given to the mentioned items.



The items to valuate the internal materials produced in workshops are as follows:

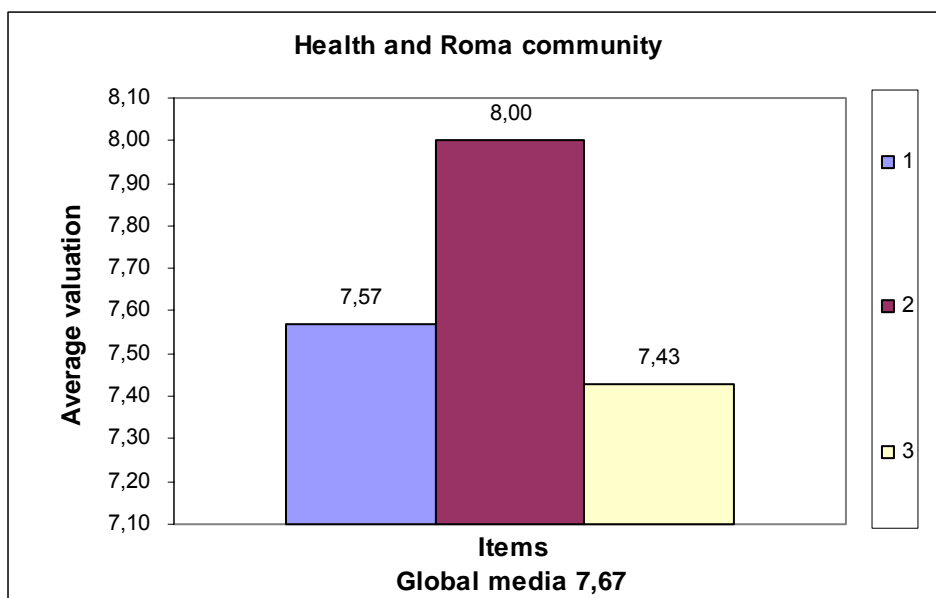
1. Dissemination to the target population	7,29
2. Degree of contribution to achieve the goals of the project	7,57
3. Utility of the materials to change the practices	7,43

It can be concluded that item 1: “Dissemination of the results to the target population” has received the lowest score. This score could be expected, as the developed materials regard internal reports and these materials are mainly useful for each individual country. The global media value is quite positive.

Comparable with the other mentioned materials are the other two items (“Degree of contribution to achieve the goals of the project” and “Utility of the materials to change the practices”) that has received a higher score.

6.2. Health and Roma community

Regarding this subject was relevant the reference document Health and Roma Communities used as a guide for swot analysis. This based document has been written in its original version by FSG in collaboration with the Spanish Ministry of Health and Consumer Affairs. The document has been translated into English. This document has been distributed to all partners and has been used as a key document in the national working groups. In the field of “materials” this document has received the second best score in the opinion of the national leaders.



The items to valuate this subject are as follows:

1. Dissemination to the target population	7,57
2. Degree of contribution to achieve the goals of the project	8,00
3. Utility of the materials to change the practices	7,43

Regarding this subject, it can be concluded that the highest score has been given to the item 2: “Degree of contribution to achieve the goals of the project”. But also regarding this subject it has to be stated that in comparison with the scores of the other project activities the other two items (“Dissemination to the target population” and “Utility of the materials to change the practices) have relative low scores as well.

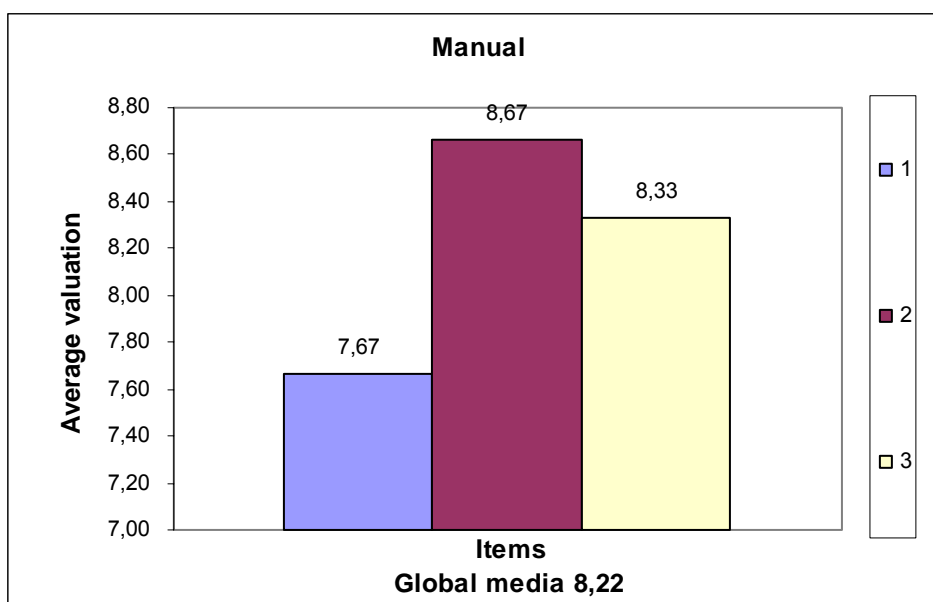
In total this document has got a good score and has shown its utility as a reference for the national working groups.

6.3. Manual “How to deal with Roma community on health care assistance”

One of the results of this project has been the adaptation of the handbook / manual called: “How to deal with Roma community on health care assistance” that has been adapted to the reality of each country. This manual is based on a draft handbook written by FSG in 2005. This version of the FSG has been translated in English and has been distributed to all partners. It has been used as a guide to adapt the contents of the manual to the situation of Roma populations in each one of the participating countries in the project. The final document has been published in the language of each country in 2006.

It is a remarkable result of this project that the content of this manual has been adapted to the situation of each participating country in this project. This effort of adaptation, the translation of the document in the different languages and the practical contents of the manual, has made this document as a very useful tool in practice.

In the following graphic it is presented the high scores that have been given to the manual.



The items to evaluate this subject are as follows:

1. Dissemination to (in) the target population	7,67
2. Degree of contribution to achieve the goals of the project	8,67
3. Utility of the materials to change the practices	8,33

Regarding the materials the manual has received the highest average score. It is mainly caused by the high scores for item 2: “Degree of contribution to achieve the goals of the project” and item 3: “Utility of the materials to change the practices”.

Like the other materials the item “Dissemination (of the manual) to the target population” has received the lowest score.

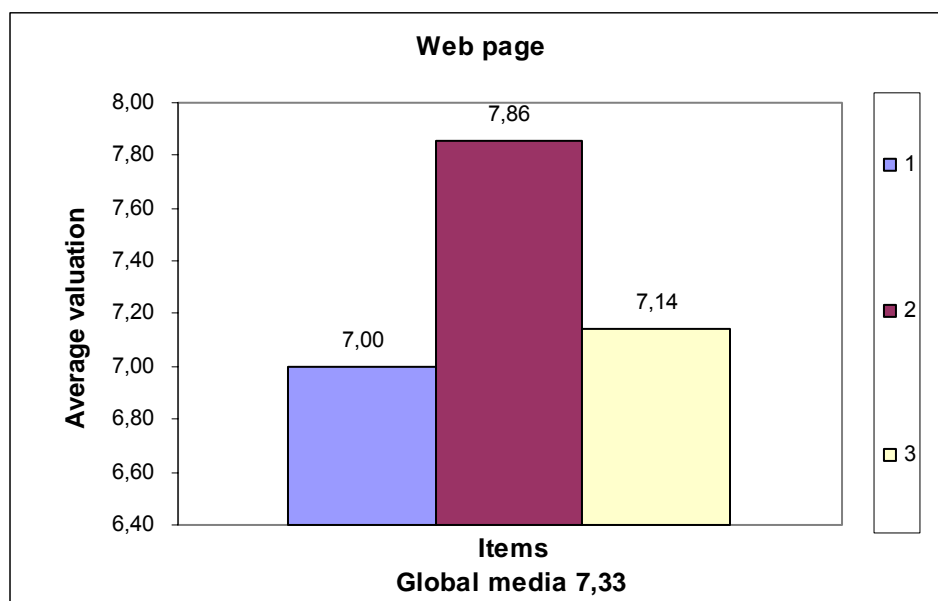
So, it can be concluded that the manual has been considered the most useful material of this project.

6.4. Web page

The web page has been designed and approved by all partners. It has been fed with information from all partners according to the activities carried out.

In the following graphic it is presented the scores that have been given to the

web page.



The items to evaluate this subject are as follows:

1. Dissemination to (in) the target population	7,00
2. Degree of contribution to achieve the goals of the project	7,86
3. Utility of the materials to change the practices	7,14

Regarding the materials the web page has received the lowest score. May be, this low score is caused by the fact that the web page is still not totally finished.

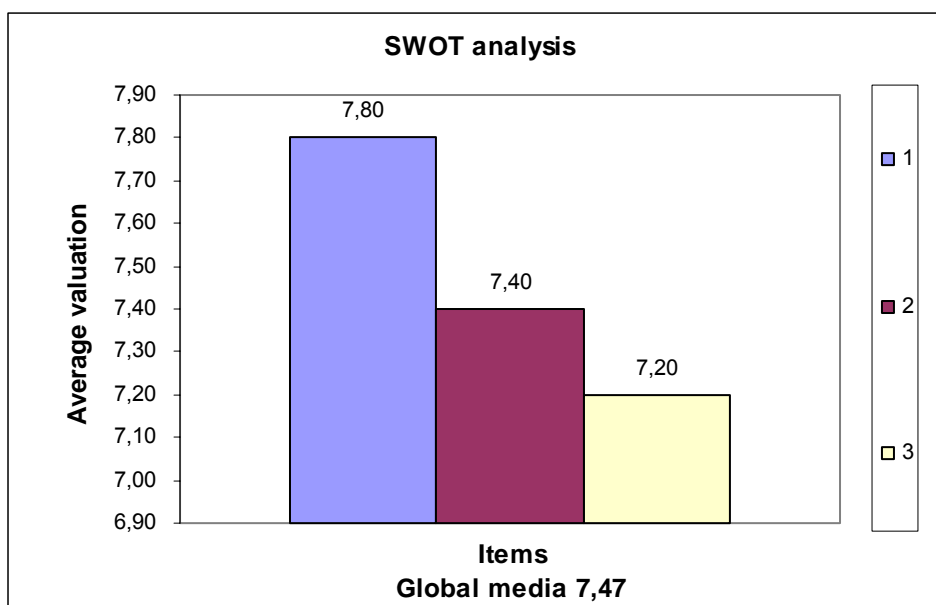
The relative low valuation of the web page is mainly caused by the scores for the item 1: "Dissemination to the target population" and item 3: "Utility of the materials to change the practices". A high score has been given to item 2: "Degree of contribution to achieve the goals of the project".

A web page is a good way to get in touch with all relevant partners and to exchange experiences and good practices. But for being really useful, the web page has to be maintained very well. This means that it has to be fed with useful and actual information. Otherwise the web page will be in a short time totally obsolete.

6.5. SWOT analysis

The SWOT analysis has been done in each one of the countries, by one of the working groups. The result of the analysis is a document that describes the situation of the Roma communities regarding health in each of the participant countries in this project.

The valuation of the results of the SWOT analysis as a material that has been developed in the framework of this project is presented in the following graphic.



The items to value this subject are as follows:

1. Dissemination to (in) the target population	7,80
2. Degree of contribution to achieve the goals of the project	7,40
3. Utility of the materials to change the practices	7,20

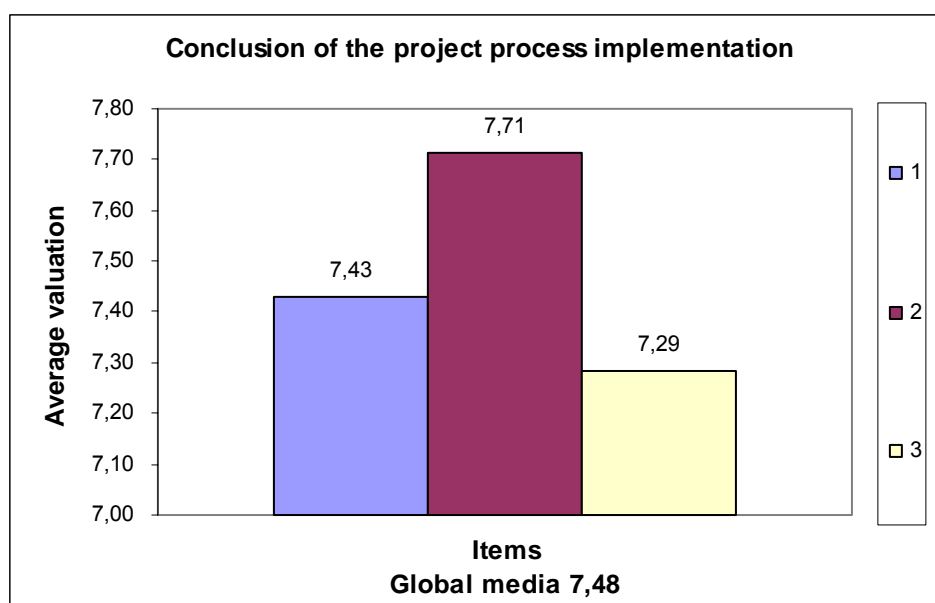
The SWOT analysis has received a good score regarding item 1: “Dissemination to the target population”.

Significant lower scores have been given to the two other items. It seems that the analysis has been a good exercise to have a better knowledge of the Roma community’s health situation and its purpose has not been to introduced changes in practices at least in short term.

7. CONCLUSION OF THE PROJECT PROCESS IMPLEMENTATION

In the questionnaire there was a question regarding the utility of the implementation of this project.

The following graphic gives an overview of the scores regarding this subject.



The items to valuate the project process implementation are as follows:

1. We received new ideas to design activities to improve health in the Roma communities in our country	7,43
2. The project has helped us to understand at a better way the situation in our country regarding health in Roma population	7,71
3. The project has helped us to identify new programmes, actions and activities to develop in our country.	7,29

Based on the results of the external evaluation of this project it can be concluded that the project was helpful to give a better understanding of the situation of the Roma population in each of the countries, which have participated in the project (item 2). The average score is 7, 71.

Significant lower scores have been given to the two other items, which are related to a follow up in practice based on the results of this project. It regards

the following items:

- We received new ideas to design activities to improve health in the Roma communities in our country (score 7, 43).
- The project has helped us to identify new programmes, actions and activities to develop in our country (7, 29).

These scores are comparable with the scores given to the materials (with the exception of the score for the manual) mentioned in section 6.

However it is remarkable that all these scores are very good (between 7 and 8), nevertheless it seems that for the participants in the project the most difficult point is to “translate” the conclusions of analysis / discussions / practices, etc. in concrete and tangible programmes, plans and actions. This difficulty can have relationship with many different questions, for instance it can be related to the human resources of each one of the participant organizations, or with the economical support that the different organizations have received or can receive, or with their position and influence in each one of the countries regarding Roma health problems. It is clear that the transfer of knowledge into practices is not only related to new skills, it is also related to many other structural elements that can make easy or difficult the development of new actions and the implementation of new programmes.

As conclusion learning from the experiences of this project it can be pointed that if in the future there will start again a (inter)national project comparable with this project or this project is going to go on, it is recommended to pay extra attention to the subject how results of discussions can be “translated” or transferred in concrete and tangible programmes, plans and actions in each one of the participating countries and how can be controlled in practice the progress of the design, the implementation and the execution of these programmes, plans and actions.

SECOND PART: Effects of the project

8. EFFECTS OF THE PROJECT FOR LEADING NATIONAL NGO'S, MEDIATORS AND ROMA COMMUNITIES.

In this chapter the results of the evaluation regarding the effects of the project are presented. The effects have been defined as the changes that have taken place in the **different “populations”** that have (have been involved in this project) participated in this project. As well the effects have been described as the valuation of the changes that have taken place in the **different organizations** involved in this project. This definition allows us to consider different levels of impact of the project; levels that have been included in this evaluation and have been briefly described in the introduction.

The estimation and analysis of all these effects are based on the opinions of the national coordinators.

The main target population of this project is the Roma population. This means that all actions are *finally* orientated to change the situation on health in Roma communities in order to achieve the main aim: *Reduction of the inequalities in Roma Community*. But to get it, according to the description of the programme and to its theoretical model, it is necessary to work with other sort of populations that are involved in the process to improve the situation on health in Roma communities.

These other populations have been considered as “*intermediate*” populations in this evaluation. These populations are mainly three: *people that work in the different health services* of each country and *the administrators*, as their decisions are relevant to change the structures of health systems and to make easier the access to health services to other cultural and ethnics groups. And the third mentioned relevant group is the group formed by “*mediators*” or “*cultural / health mediators*” whose role is to build a “bridge” between health services and Roma populations.

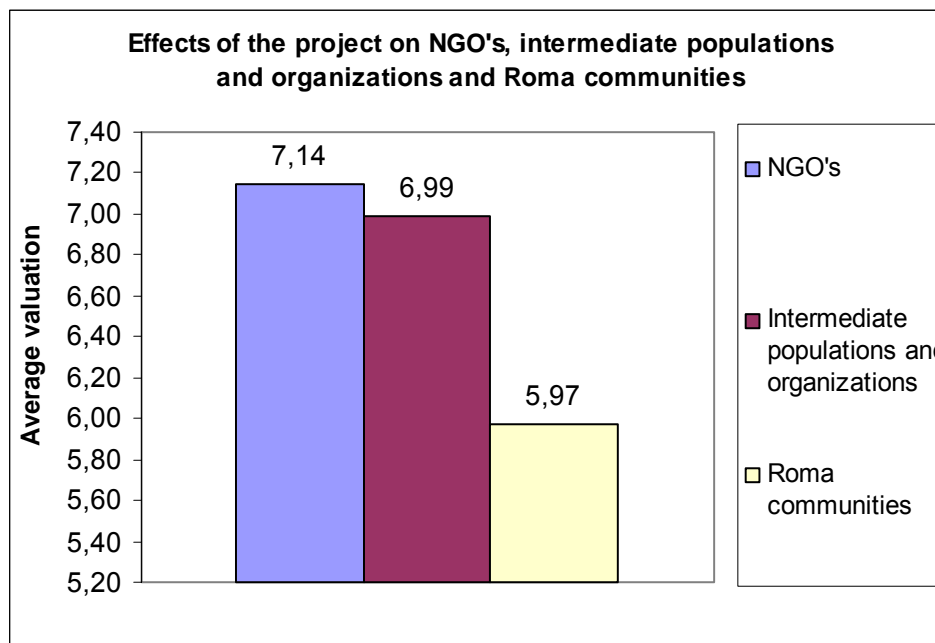
But not only groups of people are involved in this project, as well different organizations participate in it; private as *NGO's* and public as *health services* and *administrations*. They all have to be considered as intermediate

organizations.

The effects of the project are presented according to the following three levels:

- The first level evaluates the effects (changes or impact) of the project in each one of the NGO's that have participated as national leader.
- The second level estimates the effects of the project in the intermediate populations, mainly health workers, mediators, administrations and other NGO's.
- The third level describes the results of the project in the Roma populations. This level it is the only one that measures the final results of the project.

The following graphic shows the different values (in average) that have got each one of the three levels described according to the opinion of the national coordinators.



As it is clearly showed in the graphic, the project has had the strongest impact on the leading NGO's. These organizations have implemented the project. They have organised and have participated in the working groups, they have received trainings, they were in touch with many other relevant actors in the matter as

professionals and institutions, they have developed new contacts and new working networks, etc. They have been very much involved. So it is logic that the project has had the most impact and the most effects on these organizations. Furthermore can be mentioned that the national coordinators know better what has happened in their NGO's as they have participated very close in the project. Nevertheless and being conscious of this situation, we consider that these effects are very useful to have a wider overview of the utility and the impact of these type of international projects. The leading NGO's have not been considered only as managers of the project, as well as they were a target group that has benefits of their participation.

The second level to estimate the effects of the project are the intermediate populations (mainly health workers, mediators, administrations and personnel from other NGO's). All these populations can be considered as *the main target population* of this project, with who has been developed the different actions. In the execution of the project, the activities have been done with these populations; health care, administrators and mediators. They were active in the different actions, as seminars, workshops, courses, developing materials, etc. The project has worked directly with them. These intermediate populations are the first and necessary step to improve the health situation in Roma communities.

The third level of analysis has been the Roma communities. We are conscious that this population, the final beneficiary of these actions, in this evaluation was going to obtain the lowest average valuation and this result is total expected. First because the project has not worked directly in programmes that goes to this population, and second because to estimate these changes (as to realize any change it is necessary that first the other groups and levels of implementation are ready and have developed actions that goes to Roma population) it is necessary to measure in mid long term and it is necessary to develop other methodological approaches than this one we are considering in this evaluation. In this case, to measure effects in Roma population health, the evaluation has to consider many other actors, as the own Roma populations, the health centres and the administrators and many other methods.

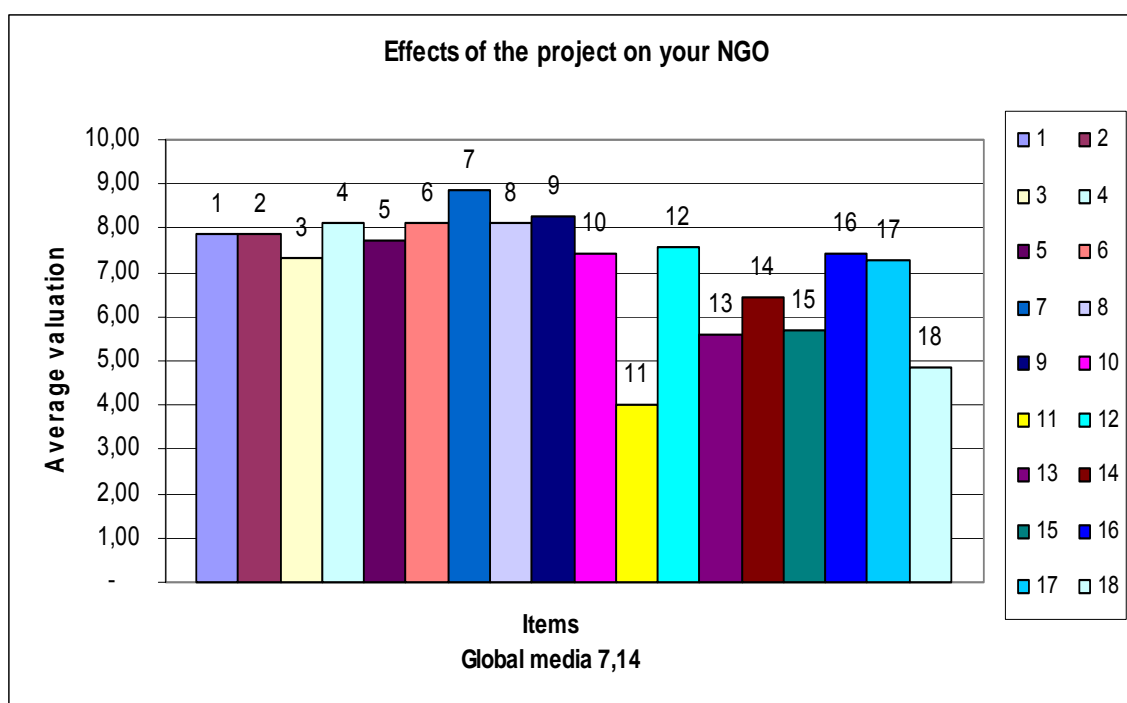
Nevertheless, as the project has trained mediators and Roma mediators as well as health practitioners, we have considered relevant information to include what has happened or what is happening in these Roma communities, based on the

opinions, knowledge of the national coordinators.

In the following sections a more detailed description is given regarding the effects on each one of the three mentioned levels.

8.1. Effects of the project on the leading NGO at national level.

The effects of the project on the leading NGO at national level have been valued according to 18 items. The following graphic presents the average score for each item.



The items to value the effects of the project on the leading NGO's are as follows:

1. To get resources to develop new activities	7,86
2. To participate in trainings (to qualify our personal)	7,86
3. To strength our position in our country regarding the administration / administrators	7,33
4. To start the cooperation with different administrations (health, social services, primary care, etc.)	8,14
5. To start the cooperation with other NGO's	7,71

6. To start the cooperation with other professionals	8,14
7. To exchange knowledge and experiences with other countries	8,86
8. To learn new practices and new activities	8,14
9. To develop a network of collaborators, (NGO's, professionals, administrators, others).	8,29
10. To give another approach to activities	7,43
11. To change the structure and the organization of your NGO (as a consequence of more tasks, more projects, etc.)	4,00
12. To have access to different types of organizations, for instance: university, other NGO's, health promoting departments, etc.	7,57
13. To get other projects.	5,57
14. To implement programmes in order to develop activities with Roma population.	6,43
15. To create a new strategy or to modify some goals of the strategy, to reinforce some activities, etc.	5,71
16. To have a better position in Europe to participate in other European projects	7,43
17. To have a better position to participate in different platforms to advise on actions regarding health strategies in Roma populations	7,29
18. To hire other people (to create more positions)	4,83

The highest scores are related to the exchange of knowledge and experiences with other countries (item 7), to develop a network of collaborators at national and international level (item 9) and to learn new practices and new activities (item 8). Other items that have received a high score regard the start of the cooperation with different administrations (item 4) and with other professionals (item 6).

It is clear that one of the main effects of this project has been to improve the communication and the relationships of the leading NGO's with their social environment.

The project has improved the skills and the knowledge of the leading NGO's, but as well it has opened these organizations to society developing social contacts, it has established collaborating networks and it has improved their relationships with others, e.g. administrations, other NGO's and professionals.

An item with a lower score is item 12: to have access to different types of

organizations, for instance: universities, other NGO's, health promoting departments, etc. This item reinforced the social projection of the NGO's and the consideration that by executing this international project the participating NGO's have got a better position in Europe (item 16), e.g. to participate in other projects and to advise on actions regarding health strategies in Roma populations (item 17).

At the other hand (items with the lowest scores) the project has not modified the structure of the NGO's as a consequence of more tasks, more projects, etc. (item 11) and it has not contributed to create more positions in the NGO's (to hire more people) (item 18).

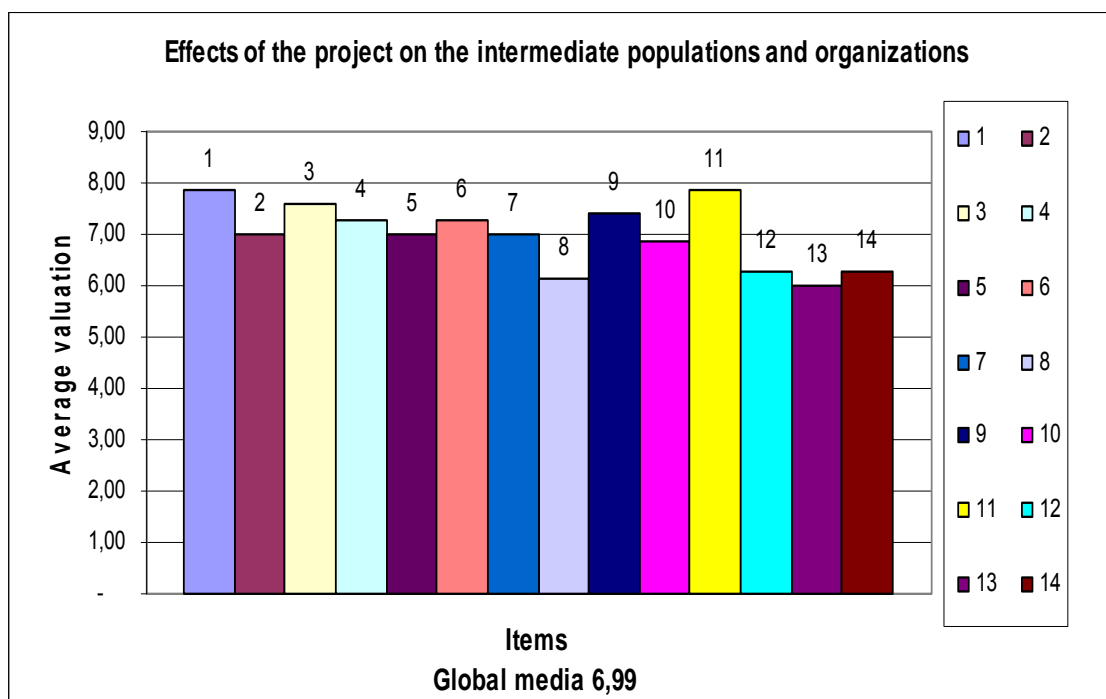
According to these results it can be concluded that the project has been very effective to develop the competences and the social relationships of the leading NGO's. As well the project has reinforced their positions as experts regarding Roma health in Europe.

8.2. Effects of the project on the intermediate participant populations: health personal, administrations, health services, mediators and other NGO's

In the following graphic the effects of the project on the intermediate populations are presented. These populations can be considered as key groups in the process to facilitate the access of Roma population to health services.

The role of these institutions is essential as well. It regards mainly the administration, which can facilitate the accessibility of the different health services.

As it is shown in the graphic, the valuations about the defined items are very close.



The items to value the effects of the project on the intermediate populations and organizations are as follows:

1. To acquire knowledge and new skills to work with health problems in Roma population	7,86
2. To increase the sensitivity and the attitudes of the administrations and the health care workers to work in Roma communities in the field of health care.	7,00
3. Regarding administrations and institutions, to be more open in receiving proposals and to improve the collaboration with Roma NGO's and Roma communities to develop actions together to improve the health situation with Roma population.	7,57
4. Regarding NGO's or health private companies, to be more open in receiving proposals and to improve the collaboration with Roma NGO's and Roma communities to develop actions together to improve the health situation with Roma Population.	7,29
5. To involve different institutions as Universities, schools of nursery, etc. disseminate materials, to include information and knowledge to improve health situation of Roma population.	7,00
6. To create new positions (cultural mediators) to facilitate the access to health services for Roma communities.	7,29
7. To implement new approaches and activities to work with Roma	7,00

populations in primary health care centres, hospitals or other health programs.	
8. To establish collaboration with primary health care services	6,14
9. To develop activities and / or programmes regarding the dissemination of materials of the project among other professionals	7,43
10. To develop new programmes or activities to improve the accessibility of health services to the Roma populations.	6,86
11. To develop networks to stimulate the cooperation between NGO's, experts in Roma culture, health services to intensify the use of the national health system by the Roma population.	7,86
12. To create new structures like commissions, councils, and committees, working groups and others to discuss the problems and to develop strategies to improve the health situation in Roma populations.	6,29
13. To develop new instruments for collecting information about the health situation on Roma population. The Roma associations are implicated in health promotion, in the distribution of materials, activities and programs	6,00
14. To improve the studies about the causes and factors regarding health	6,29

The best valued items regard item 1: "To acquire knowledge and new skills to work with health problems in Roma population" and item 11: "To develop networks to stimulate the cooperation between NGO's, experts in Roma culture, health services to intensify the use of the national health system by the Roma population".

The aspect (item) that have also received a high valuation regards item 3: "Regarding administrations and institutions, to be more open in receiving proposals and to improve the collaboration with Roma NGO's and Roma communities to develop actions together to improve the health situation with Roma population".

Another remarkable result regards the group of cultural mediators, as the project has been useful to create new positions to facilitate the access to health services for Roma communities (item 6).

About the situation of the administrations and health centres, the project has had moderated effects in the implementation of new activities or to modify approaches in primary health care centres, hospitals, etc. (item 7).

Changing practice is very difficult as this does not only mean to change attitudes but also structures and the way (system) of providing health in the health care services (item 2). Nevertheless as it is shown in this evaluation the improvement of the accessibility of health services has started in the countries involved in this project (item 10).

Regarding NGO's or health private companies, the project has contributed "to be more open in receiving proposals and to improve the collaboration with Roma NGO's and Roma communities to develop actions together to improve the health situation with Roma Population" (item 4)

Furthermore the project has stimulated the process of developing networks to improve the cooperation between NGO's, experts in Roma culture and health services (item 5) and it has intensified the use of the national health system by the Roma population and to acquire knowledge and new skills to work with health problems in Roma population.

As well has been relevant the developing of activities and / or programmes regarding the dissemination of materials of the project among other professionals (item 9).

The lowest scores have been given to item 13: "To develop new instruments for collecting information about the health situation on Roma population. The Roma associations are implicated in health promotion, in the distribution of materials, activities and programs" and item 8: "To establish collaboration with primary health care services".

As final conclusion it can be considered that this project has been useful to improve the knowledge about Roma health problems, to develop networks to collaborate with different organizations public and private, to increase the sensibility of the administration to receive proposals and to create new mediators positions.

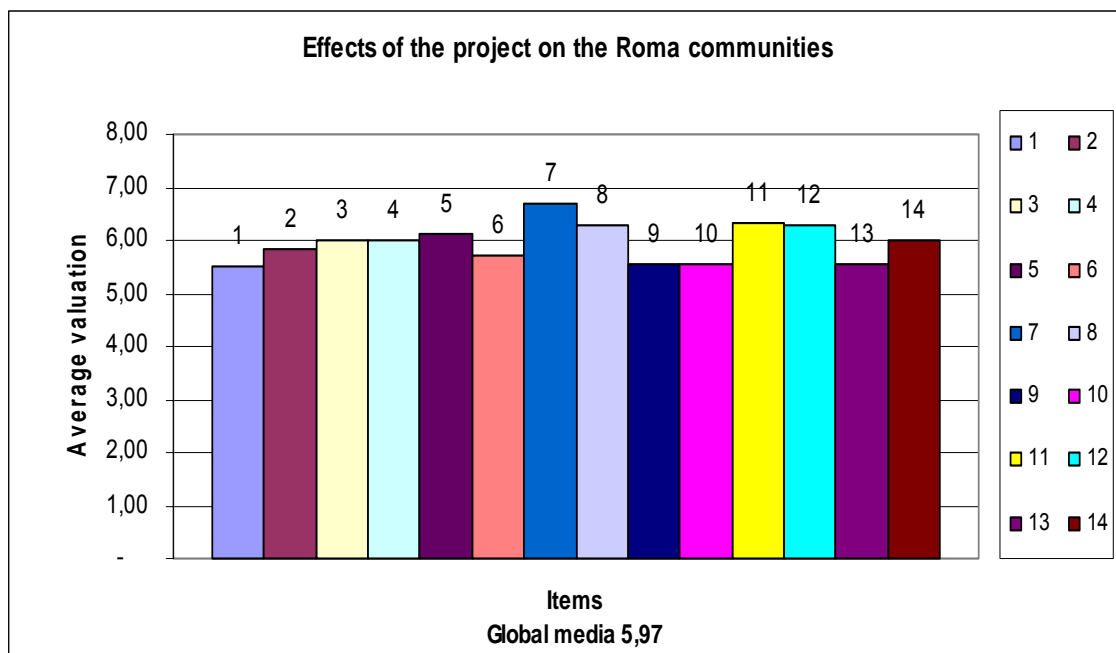
At the same time it has to be concluded that the effects of the project to

introduce changes in practices in health services are limited. But the positive effects of the project show the usefulness and effectiveness for getting the proposed final goal.

8.3. Effects of the project on the Roma communities

The Roma communities are the main target (indirect) population of this project. This means that the project has been executed for them to improve their situation. As we have seen the project has been focused on changing of the structures, has been working in the factors that affect to the Roma health situation. The actions developed have as main aim to improve their health situation.

The values of these effects have been given by the national coordinators of this project based on their knowledge and experience. These values are presented in the following graphic.



The items to value the effects of the project on the Roma communities are as follows:

1. It is changing the conception of health in Roma people and its	5,50
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sensibility about health and health problems.	
2. The Roma populations goes more often (have increased their visits) to the health care services; doctors	5,86
3. Value to what extent the Roma population, as an effect of this project, have increase its participation (reception of) the following programs and activities (give a qualification to the following activities)	6,00
4. In programs for vaccination	6,00
5. In programs or activities about healthy alimentation and sanitary care	6,14
6. Newborn care	5,71
7. For pregnancy women activities	6,71
8. For health promotion; health habits	6,29
9. For preventing infector contagious diseases	5,57
10. For drug addicts	5,57
11. Other programs or services	6,33
12. Value to what extent (as effect of this project) members of the Roma community have increased their participation as mediators among the Roma population and the health services and programmes.	6,29
13. The habits and attitude of Roma populations about health and health promotion it is changing (in a positive way). They are adopting a healthy lifestyle	5,57
14. Other effects of the project in Roma population	6,00

As it was expected the average score regarding this level is lower than the average score given to the other two levels (NGO's and intermediate populations). Still it is early to valuate the changes of the project in this situation. It is necessary more time to appreciate them.

Nevertheless the results have been positive as the first effects can be shown. Regarding the 14 items the highest scores have been given to the following two items: "To improve the health situation for pregnant women" (item 7) and "Other programs or services" (item 11).

Some lower score has been given to the following three items: "For health promotion; health habits" (item 8), "Value to what extent (as effect of this project) members of the Roma community have increased their participation as mediators among the Roma population and the health services and

programmes” (item 12) and “In programmes or activities about healthy alimentation and sanitary care” (item 5).

It is a remarkable result of this project as well that members of the Roma community have increased their participation as mediators.

The lowest scores have been given to item 1: “It is changing the conception (mentality) of health in Roma people and its sensibility about health and health problems”, item 9: “For preventing infector contagious diseases”, item 10: “For drug addicts” and item 13: “The habits and attitude of Roma populations about health and health promotion it is changing (in a positive way). They are adopting a healthy lifestyle”.

It can be concluded that the effects of this project in Roma populations have been positive and are mainly focused on improving of the health situation for pregnant women and “other programs and services”. Furthermore the project has been useful to improve health habits in Roma population, to increase their participation as mediators and their participation in programmes and activities about healthy alimentation and sanitary care.

9. OPEN QUESTIONS

In this chapter the reactions on the open questions, which were included in the questionnaire, are presented.

The content of these reactions is very rich and different. So it has been transcribed for each one of the different questions.

9.1 What are your advices for future projects like this project; how to go on?

Regarding this subject the following opinions have been presented.

It is better to have less partners and more focused activities.

Better experience of working with Roma communities of the partner organisation.

And more space for exchanging experience and information and good practice between partners.

It is always helpful and more useful to continue the work done in previous projects, as in most of the cases, partnerships from previous projects could contribute to more effective work in the same field of action as they will not start from the beginning.

Another point is to offer the work done in the past (the one coming from previous projects), as results and best practices, available on the webpage where calls for proposals are shown with links to other projects in the same field.

Some further ideas to be taken into consideration are about:

- The many sides that the Roma population shows, opposite to the wrong idea that all the Roma are alike, according to a unique stereotype of culture and behaviour.
- The fundamental role of the women as keys to access to broader social inclusion activities; their role within the household and their relationships with husbands and children.
- The delicate problem of violence against women and children which

sometimes has structural features.

- The importance to give an answer to the Roma population at national level and not just at local level.

It is necessary to **continue with the work** that has been started and to try to implement good practices also within state programs and state budget. So the good ideas continue not just during the project implementation, but also after its end.

Also the working group should define one topic to focus on during the project period with the exact outcomes of its work. It should meet more often during its work, at least once in 6 months.

Very effective is to prepare site visits in communities / to show how the programmes work in practice.

- To promote synergies between public / private organizations in the areas health, education and training, housing, employment. It is important in any intervention or action to take into account the cultural, economic and social specificities of these communities.
- To give to practical good visibility ace that they exist in the intervention with the Roma community through its dissemination on national and European level.
- To bet each time in the effective participation of the Roma communities.
- To inquire the impacts that the project have proportioned effectively in the social inclusion of the Roma communities through qualitative methodologies
- To more bet each time in the importance of the mediating gypsies in the public services, trying to recognize and to legitimize this professional figure (as professional category with career, rights and duties).

9.2. What have been your challenges in this project?

Regarding this subject the following opinions have been presented.

How to coordinate the activities at the national level with the activities of the other partner organisations; working in a multicultural environment

To show our experience and knowledge

The challenges of the project were to get together different people, who in some cases hadn't had the opportunity to talk, and to make them work together. To join the interests of Roma people and administration for example was not an easy task.

Another challenge was to create networks which usually take time to be built, in a short time, as the project doesn't allow a long period of time, so that these networks assist at developing future interventions.

Interventions to be widely put into action should include:

- Promotion of permanent actions of "governance" to steady involves the Roma community, the active third-sector subjects and the institutional subjects at national and local level.
- Promotion of permanent actions of coordination and integration between projects.
- Implementation and promotion of access to services for the Roma population, by systematizing guidance pathways and including them into the system of services also by means of dedicated paths of mediation.
- Necessity to exchange experience at European level, by supporting partnership's cooperation so as to affect both local and national policies.
- Necessity to share the idea that areas for the parking should be overcome.
- Promotion of shrewd strategies for the housing inclusion, which should not consist in just Roma boroughs – for the latter would soon become ghettos – but on the contrary effective integration into society.

The biggest challenge for us was to put together effective working group with members from different private, NGO, state sectors and from the Roma communities too. Finally we were able to put together good group of people

and the work of the group ended up with exact result – defining the topic of the national seminar and its preparation. I think that also thanks to this project, we were able in cooperation with Ministry of Healthcare, Public Healthcare Authority and others to prepare program focused on field healthcare assistants in the Roma communities which is going to be supported from state finances.

- Encourage participation of Roma populations.
- Gathering of studies on Roma living conditions and health status, because in Portugal the institutions are close about these activities and reports.

9.3. What are the most difficult aspects you have faced in this project?

Working with NGO's from different countries and different perspectives in approaching Roma issues.

To motivate the administrators to participate in working groups.

Among the most difficult aspects regarding the project's implementation was to combine different interests and synchronize them.

The collaboration with the administration was also not so easy going as you have to keep the rhythm of work that could be different from that of the administration services.

The situations of social insecurity and extreme poverty generally suffered by the Roma population in Italy. In our country the majority of them are foreign citizens. Therefore they are considered a minority in the big category of immigrants. That makes even stronger the cultural difference and permeability of / to the healthcare system. We can therefore identify some critical areas that go from some pathological conditions (infectious diseases, trauma and injuries, disadvantage / psychiatric diseases) and physiological

(maternity, childhood, youth) together with some more negative aspects such as irregularity of their stay, detention, old age, substances use / abuse.

Sometimes it was difficult to keep the deadlines for reports, sending materials etc. to FSG. Since this is international project, if some of us did not meet the deadlines or other requirements, it has its impact also on the rest of the partners.

The most difficult aspects we have faced in this project are:

- The participate and the mobilization of the health professionals in the workgroups and the other activities of this project;
- The mobilization of the health services.
- The mobilization of the public administrations.

9.4. What has been the most relevant effect of this project regarding the situation of health system and services in your country, and what has been the effect for the Roma community?

The trainings for health personnel have been very efficient and we understood how important it is to work with them in order to combat their prejudices and to change the national health policies by including intercultural learning.

Using the mediators in our activities.

Health services are becoming more and more aware of the need for respect towards the Roma cultural characteristics and habits. As sometimes this is considered to be the reason for misunderstanding and conflicts.

The Roma community is getting aware of the way mainstream healthcare services work and is getting used to the procedures that have to be followed in order to get the best use of the social and healthcare services.

- More knowledge in the health system about the culture and the problems of Roma community.
- The manual.
- For the Roma community: better relations, more confidence with the health system.
- More confidence with medical treatment.

The most relevant effect was preparation of the programme “Health Support Program for Disadvantaged Communities in Slovakia 2007-2015” in cooperation with Public Healthcare Authority and preparation of the national seminar where we invited also Deputy Prime Minister of the SR Government. I think that also thanks to his participation on our event we were able to make next steps necessary for the implementation of this programme into practice. So from March 1, 2007 first 3 field healthcare assistants signed their employment contract with the Public Healthcare Authority and we will see what the next developments are going to be.

The other success was trainings for teachers/ nurses teaching at the secondary school for healthcare assistants. They are going to teach also the subject “Social and Health Care for Marginalized Communities”, so we have prepared training for them on this topic focused on marginalized Roma communities. The feedback from the teachers was very positive, but the exact effect will be visible after a while.

- Raising awareness and mobilising all involved agents in the main objective of this project – reduction of health inequalities in the Roma community.
- To train to Roma health agents / mediators in order to help Roma population to have access and use mainstream health services.
- To train to health services professionals as regard to intervention strategies with the Roma community.
- To promote synergies between public / private administrations and analysis of health inequalities suffered by the Roma community.

9.5. How do you see the future, the evolution of this situation for Roma communities?

Some improvements will be visible especially in the infrastructure field due to the UE funds and this will affect in a positive way the health of the Roma communities. When it comes to the access to health and discrimination in this field still there has a lot to be done.

To recognize the Roma mediators like professionals on the government level.

The future for Roma communities is getting more use of the mainstream social and healthcare services and the social and healthcare services assist at the inclusion of the Roma community in the mainstream society.

- Still many differences at local level.
- Still many problems for culture difference.
- Still many legal problems.
- Problems because do not exist a national policy.
- Problems because do not exist a coordinated action to give an answer to Roma from Romania.

This is very open question and I am not able to answer it fully. I think we have to continue with the programmes that already started and which have good effect on the communities. It is necessary to work daily with the Roma in segregated areas in the area of health and prevention, healthy lifestyle, to talk / explain them these things. Also try to bring them to be individually responsible for their health. The healthcare assistants should work with the community on daily bases, and there must be also cooperation with the schools, local authorities, healthcare centres.

Also the health goes together with education and employment and living conditions, so we have to look on these too.

Also regular work with healthcare personnel is necessary, most of all nurses

teaching at the schools, since they are responsible for educating another generation of nurses / healthcare assistants. So I see a big challenge. Subjects such as working with marginalized communities with the site visits in the communities are very effective.

There is big chance for change at schools in the work with children, so it is important to work with them also in the healthcare and prevention, basic hygiene matters. But this must be regular and long term work if we want to achieve some stable changes.

And as it was mentioned before, good study to map the present health status of marginalized communities (all, not just Roma) are necessary.

The Reap intends with a set of actions to improve the situation of poverty and social exclusion of these communities through project and other actions. We must have always presented in any intervention with these communities following item: to work for and with the Roma communities for to promote its inclusion social.

10. CONCLUSIONS AND RECOMMENDATIONS

In this chapter the conclusions and recommendations of the report are presented.

1. - The evaluation of the implementation of the project

Regarding the **goals** of the activities, the project has been very successfully to transfer skills and to gather information. These goals have a clear relation with the activities (workshops, trainings, working groups, etc.) that have been realized. Both goals showed the coherency of the intervention.

Nevertheless the project has not been that successfully regarding the objective "To promote synergies between public and private sphere". The mobilization of public administrations in most of the participant countries is in its first phase. The activities done with them show what can be considered reasonable implication and motivation that open a door to go on in this way.

Regards the **different activities** that has been carried out, there is one that has got very good score, higher than the others. This activity is the "training course with mediators". Mediators are one of the key populations in this project. This activity has been followed by the activities "national group How to deal with Roma community on health" and "National workshops".

The two **working groups** have been very satisfactory. The SWOT analysis has helped to understand better the situation of the Roma communities in each participating country. The other working group was involved in the document written by the FSG: "How to deal with Roma community on health care". This document, translated in English, has been a reference document for the national working groups.

There were carried out **national seminars** with the objective of dissemination of the results developed in the working groups: the SWOT analysis and the manual "How to deal with Roma community on health care". These seminars were also focused on the goal "*to implicate the administrations in the activity and to sensitize them with the problems of the Roma population regarding the use of normalized resources*".

The project has got the goal of sensitization of the administrations, but not their total implication. For that reason this item has been valued with the lowest score. An effective implication of the administrations was one of the most difficult goals to achieve.

It can be concluded that the national seminars have been very satisfactory as well.

It has been very positive to work on some documents and handbooks; the adaptation to each especial reality has been very well valued and has been considered very useful to work with it.

There has been held two **training courses**, one with professionals on health care, and the other with mediators.

The satisfaction with **professionals on health care** has got a high average valuation as well. This activity has got the lowest score regarding the “Utility of the results of the course to transfer in practice”.

The activity with **mediators** has been very positive valued and has generated lot of satisfaction to the coordinators. This activity is also a very important one, as to train mediators is a very relevant part of the strategy to build a “bridge” between health services and Roma populations, as well to change the attitudes, knowledge and conception about health in Roma communities.

Coordination meetings; national and international have been very well valued, both with similar scores; the national meetings a little bit higher.

The materials are another product of this project.

The manual: “How to deal with Roma community on health care assistance” that has been adapted to the reality of each country, is the best valued material. The second one is another document written by FSG, namely: “Health and Roma Community” that has been used as a key document for the Swot analysis working groups. The web page has obtained the lowest score.

2. - The valuation on the effects of the project

It is clear that one of the main effects of this project has been to improve the communication and the relationships of the leading NGO's with their social environment.

The project has improved the skills and the knowledge of the leading NGO's, but as well it has opened them to society developing social contacts and establishing collaborating networks, improving their relationships with others, e.g. administrations, other NGO's and professionals.

According to these results it can be concluded that the project has been very effective to develop the competences and the social relationships of the leading NGO's. As well the project has reinforced their positions as experts regarding Roma health in Europe

As final conclusion it can be considered that this project has been useful to improve the knowledge about Roma health problems, to develop networks to collaborate with different organizations public and private, to increase the sensibility of the administrations to receive proposals and to create new mediators positions.

At the same time it has to be concluded that the effects of the project to introduce changes in practices in health services are limited. But the positive effects of the project show the usefulness and effectiveness for getting the proposed final goal.

Another remarkable result regards the group of cultural mediators, as the project has been useful to create new positions to facilitate the access to health services for Roma communities.

About the situation of the administrations and health centres, this project has had moderated effects in the implementation of new activities or to modify approaches in primary health care centres, hospitals, etc. Nevertheless the project has been useful to sensitize them and to open new points of view and approaches to understand better the situation of health in Roma Communities.

Regarding Roma populations can be concluded that the effects of this project in this short term of the evaluation have some results mainly focused on improving of the health situation for pregnant women and “other programs and services”. Furthermore the project has been useful to improve health habits in Roma population, to increase their participation as mediators and their participation in programmes and activities about healthy alimentation and sanitary care.

After this analysis we consider that for next projects (to go on) on health that have the same aim as this project, it is necessary to develop concrete programmes with Roma population, programmes that give content and put in practice the new skills and allow to the mediators and to the personnel of the health services to develop their new roles. As well, in our opinion it is necessary to go on with the trainings and with the work with the different administration. It could be interesting to create a framework to collaborate, with some main lines that involucrate the administrations in this subject, facilitating them to go on step by step.