

Health and the Roma Community, Analysis of the Situation in Europe



ROMA HEALTH 2006 342

Project funding from the European Union in
the framework of the Public Health Programme



HEALTH AND THE ROMA COMMUNITY, ANALYSIS OF THE SITUATION IN EUROPE

ROMA HEALTH 2006 342

FINAL REPORT

From November 2007 to October 2009



Project funding from the European Union in the
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Madrid, 23rd December 2009
**By: Fundación Secretariado
Gitano**

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Contract number:

2006 342

Proposal title:

**“HEALTH AND THE ROMA COMMUNITY, ANALYSIS OF THE SITUATION
IN EUROPE”**

Acronym:

ROMA HEALTH

Starting date: **01.11.2007**

Duration of the project: **24 months**

Reporting period: **From 01.11.07 to 31.10.09**

Main partner:

FUNDACIÓN SECRETARIADO GITANO

Number of associated partners: **6**

Total amount of the project: **EUR 611.775,00**

EC Co-funding: **EUR 367.056,00**

First prefinancing payment: **EUR 146.822,40**

Second prefinancing payment: **EUR 110.116,80**

Final payment request: **EUR 104.782,80**

Summary

The Roma Community comprises Europe's largest ethnic minority and is generally characterised by the situation of social exclusion it faces. Inequalities in terms of health care and access to health service are one of the main factors contributing to that social exclusion. Despite their glaring visibility, their health conditions are not backed by statistics or reliable updated data. The aim of the project is to have reliable and objective data in regard to the health situation of Roma and the use made of and access to health care resources. This will allow for identification of real needs and the establishment of priority actions. The recommendations produced by the project will set the stage for the development of measures, actions and policies, both national and European, leading to a reduction in the inequalities endured by the Roma in health and favouring their social inclusion.

Main outcomes of the project will be data and analysis of the health situation of the Roma in the partner countries; action proposals and recommendations drafts; comparison of data between countries, awareness-raising of the main stakeholders in the health domain and dissemination of project results.

The current technical implementation report will describe the work carried out and the results obtained during the period implementation of the Roma Health project.

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The input for elaborating this report has been provided by the partners in each participating country (IHF-Bulgaria, EXFINI Poli-Greece, REAPN-Portugal, Romani Criss-Romania, Office of the Council for Roma Affairs-Czech Republic, PDCS-Slovakia and FSG-Spain).

The FSG, as promoter, has coordinated the implementation of the project at the European level and has gathered the following information.

The structure of the present report is as follow:

- I. Objectives and indicators
- II. Development work and methodology
- III. Results obtained
- IV. Work plan
- V. Annexes: copies of any product or other relevant output or deliverables of the project to date.

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I. OBJECTIVES AND INDICATORS

Specific Objectives

- 1. Obtain reliable and objective data about the social/health situation of Roma population in each of the partner countries and the use made of health-care resources available for the mainstream population**

Indicators fixed in the draft	Achievement of indicators
<p>Reliability of questionnaire / instrument common to all partner countries to be administered in order to carry out the survey, and comprehensiveness of data obtained and compared.</p>	<p>Final questionnaire approved by all participating countries (available in seven languages: 6 local + English) All questionnaires were adapted to local reality (some of them have changed some questions from the core questionnaires and others have added new ones). <u>Bulgaria</u>: questions regarding national health and educational system changed (adapted to local reality) <u>Czech Rep</u>: questions regarding national health and educational system changed (adapted to local reality). Added 3 new questions regarding death (age and cause) <u>Greece</u>: remains the same as the core agreed questionnaire. <u>Portugal</u>: remains the same as the core agreed questionnaire. <u>Romania</u>: skip out drogues and alcohol consumption questions, <u>Slovakia</u>: questions regarding national health and educational system changed (adapted to local reality). Skip out age and added place of alcohol consumption and some drogue questions; and question regarding cause of difficulties in carrying out daily activities. <u>Spain</u>: remains the same as the first proposal of questionnaire.</p>
<p>Representativeness of the sample in each of the partner countries whom administer the questionnaire to.</p>	<p>Sample defined in each participating country to assure representativeness. The number of interviews done are in: <u>Bulgaria</u>: 814 <u>Czech Rep</u>: 1.013 <u>Greece</u>: 641 <u>Portugal</u>: 367 <u>Romania</u>: 659 <u>Slovakia</u>: 657 <u>Spain</u>: 1.496</p>
<p>Inclusion of indicators from studies conducted by national, European and international (WHO) health authorities (minimum 90%) in the information-gathering instrument.</p>	<p>National surveys on health were taken into account to do the present one (Bulgaria, Greece, Portugal, Spain) (See annex of each national technical reports)</p>
<p>Number of stakeholders which</p>	<p><u>Bulgaria</u>: 10 institutions (ERIO, Ministry Health, Eup. Association of Primary Health, Regional Bodies, etc.) <u>Greece</u>: 653 stakeholders</p>

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<p>receive information produced in the project regarding the social and sanitary situation of the Roma Community and their access to services. Qualitative assessment regarding the utility and interest of this information.</p>	<p><u>Portugal</u>: aprox. 1000 stakeholders (government departments, REAPN members, universities, etc.) <u>Romania</u>: 100 stakeholders (county directions of the Ministry of Health, Regional centres of Romani Criss, human rights monitors) <u>Slovakia</u>: 60 (institutions and NGO workers) <u>Czech Rep.</u>: 130 stakeholders <u>Spain</u>: aprox. 1500 stakeholders at national level (State Council of the Roma Community, Roma entities at national level, Ministry of Health and Consumption, health workers at regional level). <u>International level</u>: WHO, EUPHA, PHEA, etc.</p>
<p>Number of appearances of information related to the results of the Project in public mass media.</p>	<p>Total: 22 For instance: www.sliven.net; www.mighealth.net www.reapn.org/projectos_visualizar.php?ID=69 http://www.gitanos.org/boletines/newsletter_gitanos_org/noticias/26680.html (For more details see annex of each national technical reports)</p>
<p>2. Develop an approximate diagnosis of the social/health situation of the Roma community in each participating country.</p> <p>3. Analyse results obtained in the survey, identifying effective strategies and make recommendations in terms of policy and in terms of health promotion, disease prevention and health monitoring which promote more pro-active measures in improving the standing of the Roma community in the social/health domain and likewise in the orienting the use of resources in each country and at the transnational level.</p>	
<p>Indicators fixed in the draft</p>	<p>Achievement of indicators</p>
<p>Organization of 4 meetings of group of experts in each country: The number of members in each national working group will be from 5 to 7 and they should represent national, regional and local health administrations, researchers, professionals, NGOs, representative of international organisations active in the countries and members of the Roma</p>	<p><u>Bulgaria</u>: 5 members (NGO/institutions/origin balance) 1st meeting: 31.05.08; 2nd: 18.10.08; 3rd: 11.07.09; 4th: 12.10.09 National Seminar: 30-31.10.2009 (45 participants) <u>Czech Rep</u>: 7 members (NGO/institutions/researchers) 1st meeting: 17.10.08; 2nd: 28.10.08; 3rd: 16.06.09; 4th: 23.09.09 National Seminar: 23.09.2009 (55 participants) <u>Greece</u>: 6 members (statistician/researchers/Roma) 1st meeting: 10.06.08, 2nd: 22.04.09; 3rd: 22.06.09; 4th: 28.10.09 National Seminar: 29.10.2009 (45 participants) <u>Portugal</u>: 10 members (researchers/Roma/social professionals) 1st meeting: 09.05.08 National Seminar: 22.10.2009 (100 participants) <u>Romania</u>: 5 members (NGO/institutions/researchers) 1st meeting: 18.11.08; 2nd: 04.02.09; 3rd: 23.06.09; 4th: 13, 16 and 31.07.09 National Seminar: 26.10.2009 (30 participants) <u>Slovakia</u>: 5 members (researches/statistician/governmental institution) 1st meeting: 30.04.08; 2nd: 17.05.09; 3rd: 16.06.09; 4th: 08.07.09 National Seminar: 26.10.2009 (68 participants) <u>Spain</u>: 14 members (Ministry of Health representatives/Roma entities/ researchers/health professionals) 1st meeting: 17.09.07; 2nd: 16.10.07; 3rd: 28.11.07; National Expert Seminar (Sastipen Va): 28.11.07 (50 participants)</p>

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community.	
Having recommendations in place and adoption of these recommendations by main stakeholders at national and international level.	In general terms, national health institutions and other stakeholders have received the fact sheet according to priorities set up to work with Roma community: In the case of Spain, at national level the recommendations report is already published (August 2008). Bulgaria disseminated 1000 fact sheet printed Czech Republic has made lobby with the main national health institutions. Romania has sent the fact sheet to the main health institutions. (For more details see annex of each national technical reports)
Organization of 2 transnational working groups, one per year.	1 st Transnational Working Group: 24 th and 25 th September 2008 (Athens, Greece) 2 nd Transnational Working Group: 18 th June 2009 (Prague, Spain)
Grade of involvement in project activities: ongoing attendance at meetings, drafting of documents. Members from each of the national working groups will participate in the transnational working groups.	<u>Bulgaria</u> : 2 members of National Expert Group participated in the Transnational Working Group. <u>Czech Republic</u> : 3 members of National Expert Group participated in the Transnational Working Group <u>Greece</u> : 2 members of National Expert Group participated in the Transnational Working Group <u>Portugal</u> : 1 member of National Expert Group participated in the Transnational Working Group <u>Romania</u> : 2 members of National Expert Group participated in the Transnational Working Group. <u>Slovakia</u> : 2 members of National Expert Group participated in the Transnational Working Group <u>Spain</u> : 2 members of National Expert Group participated in the Transnational Working Group
One national report per country will be produced.	7 national reports produced in their local languages (see annexes)
One transnational report including input from all national reports – Sastipen Annual Report will be produced.	A transnational report including executive summaries from all national reports produced.
Number of regional, national and International organizations and administrations that will receive the diagnosis, intervention strategies and recommendations. (b) Quality and utility assessment of the	<u>Bulgaria</u> : 65 stakeholders at national level <u>Czech Rep</u> : 85 stakeholders at national level <u>Greece</u> : 653 stakeholders at national level <u>Portugal</u> : 700 stakeholders at national level <u>Romania</u> : 150 organisations <u>Slovakia</u> : 30 stakeholders at national level <u>Spain</u> : stakeholders at national level (State Council of the Roma Community, Roma entities at national level, Ministry of Health and Consumption, health workers at regional level)

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information produced in the Project.	
Number of appearances in the mass media of news related to the results of the project.	Total: 22 For instance: www.sliven.net ; www.mighealth.net www.reapn.org/projectos_visualizar.php?ID=69 http://www.gitanos.org/boletines/newsletter_gitanos_org/noticias/26680.html (For more details see annex of each national technical reports)
Number of publications or projects including information gathered during the project.	Total: 30 Czech Rep: 3 Bulgaria: 16 in e-info web pages "Week" ERIO newsletter. Greece: 3 Portugal: 2 Article on the project REDITEIA n°40 and n° 43 Romania: 2 Slovakia: 2 International Roma Health Conference Abstract book, Department of Social and Biological research SAS – Annual Report Spain: 2 "Health and the Roma Community" (FSG, August 2008) "Annual Report 2008. Discrimination report" (FSG, December 2008)
Number of invitations received to present the project or its results in events, study centres, universities, etc.	Total: 46 Czech Rep: 1 Bulgaria: 16 Greece: 10 Romania: 1 Slovakia: 1 Spain: 10 European level: 7
Number of stakeholders participating actively in the activities of the project.	Total: 89 <u>Czech Rep.</u> : 3 <u>Bulgaria</u> : 23 NGO (14 Roma and 3 Non-Roma) <u>Greece</u> : 26 <u>Portugal</u> : 30 <u>Romania</u> : 3 <u>Slovakia</u> : 2 <u>Spain</u> : 2 (Ministry of Health, State Council for the Roma Community made up of Roma entities and the Public Administration)
<i>4. Raise awareness of the key political decision-makers, programme developers and members of the Roma community itself in the need of implementation of measures and strategies designed to improve the situation reflected by data.</i>	
Indicators fixed in the draft	Achievement of indicators
One national seminar to be organized in each country with the participation of 50 professionals, representing main	<u>Bulgaria</u> : National Seminar: 30-31.10.2009 (45 participants) <u>Czech Rep</u> : National Seminar: 23.09.2009 (55 participants) <u>Greece</u> : National Seminar: 29.10.2009 (45 participants) <u>Portugal</u> : National Seminar: 22.10.2009 (100 participants) <u>Romania</u> : National Seminar: 26.10.2009 (30 participants) <u>Slovakia</u> : National Seminar: 26.10.2009 (68 participants) <u>Spain</u> : National Seminar (Sastipen Va): 28.11.07 (50 participants)

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stakeholders from private and public spheres: Health administrations.	
Participation of key political members in the national seminars.	In each country: representatives of public institutions have participated in the national seminars (For more details see annex of each national technical reports)
Organization of one transnational seminar with the participation of 100 professionals from all countries involved in the project, representing main stakeholders in the field of health with Roma community.	The Transnational Seminar was held in Madrid (1 st and 2 nd October 2009) with around 100 participants
Creation of a webpage containing the actions of the project.	http://www.gitanos.org/european_programmes/health/
Dissemination of project's deliveries among main stakeholders.	Information about the project has been sent to the Ministries of Health in the different countries.
Number of stakeholders participating actively in the activities of the project and qualitative assessment of the utility and opportunity of implementation of the recommendations, depending on the role of each stakeholder.	Total: 89 <u>Czech Rep.</u> : 3 <u>Bulgaria</u> : 23 NGO (14 Roma and 3 Non-Roma) <u>Greece</u> : 26 <u>Portugal</u> : 30 <u>Romania</u> : 3 <u>Slovakia</u> : 2 <u>Spain</u> : 2 (Ministry of Health, State Council for the Roma Community made up of Roma entities and the Public Administration)
Coordination of the project	
Indicators fixed in the draft	Achievement of indicators
Development of Internal management tools	Common questionnaire – data collection sheet Work plan - schedule Template for minutes, evaluation form Technical follow-up report Financial report (excel format)
Organization of 4 Steering Committees (2	1st Steering Committee: Madrid, Spain. 11th, 12th and 13th February 2008. 2nd Steering Committee: Athens, Greece. 22nd and 23rd September 2008.

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per year) having at least one representative from each association involved in the project	3rd Steering Committee: Prague, Czech Republic. 17th June 2009. 4th Steering Committee: Madrid, Spain. 30th September 2009.
Organization of, at least, 4 coordination meetings at national level within the partner association	<u>Bulgaria</u> : 1 st meeting: 31.05.08; 2 nd : 18.10.08; 3 rd : 11.07.09; 4 th : 12.10.09 <u>Czech Rep</u> : 1 st meeting: 17.10.08; 2 nd : 28.10.08; 3 rd : 16.06.09; 4 th : 23.09.09 <u>Greece</u> : 1 st meeting: 10.06.08, 2 nd : 22.04.09; 3 rd : 22.06.09; 4 th : 28.10.09 <u>Portugal</u> : 1 st meeting: 09.05.08 <u>Romania</u> : 1 st meeting: 18.11.08; 2 nd : 04.02.09; 3 rd : 23.06.09; 4 th : 13, 16 and 31.07.09 <u>Slovakia</u> : 1 st meeting: 30.04.08; 2 nd : 17.05.09; 3 rd : 16.06.09; 4 th : 08.07.09 <u>Spain</u> : 1 st meeting: 17.09.07; 2 nd : 16.10.07; 3 rd : 28.11.07;
Qualitative assessment of the coordination by each partner at the end of the project.	External evaluation report

II. DEVELOPMENT WORK AND METHODOLOGY

➤ Work Package n°1: Coordination of the project

▪ Work Description and methodology

The *Fundación Secretariado Gitano (FSG)*, as a promoter of the project, has coordinated the actions at European level. The FSG, with the collaboration of project managers in each of the partner countries, has put great energy in the development of the actions contained in each work packages.

The project coordinator (together with other professionals of the Health Area of the FSG) has been in constant contact (by mail or telephone) with the partners in order to guide the work and resolve any doubts or difficulties.

Moreover, the Steering Committee made up of each national coordinator was the board body to take decisions. During the two years of the project there have been four face coordination meetings (two per year) in which the project officers in each of the partner countries have participated. At these meetings have been jointly planned actions to be developed and assessed the progress of the project, making the necessary changes towards achieving the objectives.

The steering committee is formed by a representative of each partner entity as follows:

- **Mr. Stefan Panayotov** - Initiative for Health Foundation, Bulgaria. Responsible for the project implementation in Bulgaria;
- **Mrs. Angeliki Tseva** – Exfini Poli, Greece. Responsible for the project implementation in Greece; Greece since August 2008 (previously was Mrs. Ioanna Mpalampani)

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- **Mrs. María José Vicente** – REAPN, Portugal. Responsible for the project implementation in Portugal;
- **Mrs. Monika Strakova** – PDCS, Slovakia. Responsible for the project implementation in Slovakia. Currently in charge **Mrs. Petra Szeghy**, as Monika is on maternity leave.
- **Mrs. Gabriela Habranová** – Office of the Council for Roma Affairs, Czech Republic. Mrs. Gwendolyn Albert – Life Together, Czech Republic. Responsible for the project implementation in Czech Republic until May 2008. **Mrs. Monika Bunžová** (deputy manager) – since then until the end of the project.
- **Mrs. Simona Nicoleta Barbu** – Romani Criss, Romania. Responsible for the project implementation in Romania since March 2008
- **Mrs. Nuria Serrano** – Fundación Secretariado Gitano, Spain. Coordinator of the project responsible of the area of Health at FSG

The meetings were done in the following places and dates:

- 1st Steering Committee: Madrid, Spain. 11th, 12th and 13th February 2008.
- 2nd Steering Committee: Athens, Greece. 22nd and 23rd September 2008
- 3rd Steering Committee: Prague, Czech Republic. 17th June 2009.
- 4th Steering Committee: Madrid, Spain. 30th September 2009.

In the *First Steering Committee*, a battery of tools were presented and approved by all partners. Among them it was a technical report to inform everybody else about the progress of the ongoing project at national level.

In the *Second Steering Committee* all partners made an assessment on the progress of the ongoing progress pointed out the constitution of national expert groups, the particularities of cross sample definition, etc. A common template for the national survey reports was approved and the work plan / schedule for the next year revised.

In the *Third Steering Committee* the national surveys results were presented to the transnational expert group. A debate on the Roma health priorities axis and strategies of intervention concluded in a common template for the transnational report.

In the *Fourth Steering Committee*, previous to the transnational seminar, was brief in order to tackle any difficulty and to develop a workshop as part of the external evaluation.

Throughout the project, *Fundación Secretariado Gitano* has maintained continuous communication with the Executive Agency for Health and Consumers (EAHC). In this sense, the FSG has informed the EAHC of the development of actions and of the difficulties and has consulted doubts (mainly related to the economic justification of the project). The FSG is also responsible for collecting the various official documents of the project (deliverables, interim report, final report, external evaluation, etc.) and of sending it to the EAHC.



- Obstacles.

Even if we have agreed in the first steering committee on sending reports periodically among partners (to know the ongoing progress of the project), these reports were not received always on time.

Coordinator changes in the Czech Republic has produced some difficulties in the coordination

Despite the close cooperation with Romania and Slovakia there have been delays in the deliveries.

- Explanation of any changes on the initial project.

In February 2008, the partner Initiative for Health Foundation (IHF), a Bulgarian entity, decided to withdraw from the present Project following the first Steering Committee hold in Madrid and after some discussions at the local level in Bulgaria.

The reason for the retirement was that, between the identification of the proposal and its real start, so many changes occurred in this organisation and they reckoned do not have real capacities to carry out the project successfully.

IHF discussed the decision with the other Bulgarian partner of the project – the Health of Romani People Foundation (HRPF) – and they agreed with them to completely implement the Bulgarian part hoping that this will not cause detriment for the success of the project.

- Deliverables

1. Agenda 1st Steering Committee.
2. Minutes 1st Steering Committee.
3. Agenda 2nd Steering Committee.
4. Minutes 2nd Steering Committee.
5. Agenda 3rd Steering Committee.
6. Minutes 3rd Steering Committee.
7. Agenda 4th Steering Committee.
8. Minutes 4th Steering Committee.
9. Tools for the internal coordination.

➤ Work Package n°2: Dissemination of the results

- Work Description and methodology

Dissemination strategy of the Project has included different lines of communication depending on the kind of stakeholder and its role.

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The communication strategy has been established by all partners always seeking the involvement of all stakeholders. The project's partners have disseminated the information at national level and the FSG has also been in charge of project's dissemination at international level.

Aiming at the dissemination of the project a **leaflet** was elaborated with general information (objectives, results, methodology...). It has been edited in all languages and distributed among stakeholders in national seminars, workshops and different events. An electronic version was distributed as well.

In order to have updated information about the progress of the project in each participating country, in the month of June it was launched a **website** on Roma Health project: http://www.gitanos.org/european_programmes/health/

The lists of stakeholders that have received the project information (leaflet, invitation to seminars, meetings, press releases, articles, web pages, newsletter, etc.) are included in each technical report of participant countries (enclosed as annex).

Moreover, at **national level seminars** were done to disseminate survey results in each participant country. As final outcome a **transnational seminar** was held in Madrid (1st and 2nd October 2009) with around 100 participants (public institutions, Roma organisations, international organisations, etc.) to present the survey results and discuss proposals and recommendations for action.

Particularly, the FSG as promoter has participated in seminar or events at international level:

Venice

On November 29th and 1st December 2007 Elena Buceta (Responsible for the Health Department of the FSG) participated in the seminar "Poverty and Health Technical Consultation" and presented the present project.

Luxembourg

In order to disseminate the launching of the project "Health and Roma Community, Analysis of the situation in Europe" and present their objectives, expected results, actions, methodology, and so on, the 25 and 26th February 2008, FSG has participated in the consultative group "Health and Migration Advisory Group" held in Luxembourg and organised by the Public Health Executive Agency (PHEA).

Malmö

The Swedish city of Malmö was the city host of the 2nd Conference of Migrant Health in Europe the last 22 and 23 May 2008, organised by European Public Health Association (EUPHA). The European Project "Health and the Roma Community, Analysis of the situation in Europe" funded by the PHEA was presented in a poster session by *Fundación Secretariado Gitano* as promoter of this project.

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Meeting with a **WHO** representative:

On 27th October we had a meeting with Gerry McWeeney, SEE Health and Environment Officer of the World Health Organization at the Regional Office for Europe Country Office in Serbia. As part of the SWIFT programme in Serbia she will perform an assessment of access to health services and knowledge attitude and practices relating to health.

Meeting in Budapest organised by **COST** on Roma Health (13th and 14th February 2009). The objective was to share information of the ongoing programmes on Roma Health in different countries. The FSG presented “Health and the Roma Community, Analysis of the situation in Europe”. As a conclusion a network on Roma health project was created and lead by an Hungarian organisation with OSI funds.

Meeting in Budapest organized by **Regional Roma Health Intelligence Centre** (26th and 27th of June 2009). The aim of the meeting was to present the network initiative and share information regarding Roma Health projects at European level.

- Obstacles.

In the case of Slovakia there was lack of interest in this project from authorities and mass media during the course of the project, nevertheless the interest increased radically when the national report was completed and the national seminar took place.

- **Work Package n°3: Evaluation of the project**

- Work Description and methodology

Early in the project were designed various tools for technical and financial monitoring of the project. These tools were designed to be periodically sent to the FSG as lead agency.

Likewise, the steering committee meetings served to assess the implementation of the project and the development of their actions. In this regard, amendments have been introduced (mainly in the timesheets) where considered appropriate

Under the terms of work package number 3, once ended the project activities the services of an external firm has been hired for a more detailed analysis of the project. The company selected for this work has been the Spanish cooperative DINAMIA S. COOP. MAD.

According to its typology, the assessment DINAMIA S COOP MAD has undertaken of the project has been a summative evaluation (according to the role this evaluation

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plays), of results (because of the content of the evaluation), external (taking into account that DINAMIA S. COOP. MAD. is an evaluating agent external to the project) and final (considering the time it was carried out). The project was also evaluated from a systemic perspective, viewing it as a whole, as an interdependent system as a whole and taking into account their context of reference and purpose.

The external evaluation took account of the structure, the process and results of the project.

During the evaluation process of the project, a quantitative and qualitative analysis of the data and of the information produced throughout the project has been conducted. The effectiveness, appropriateness (adequacy, consistency), efficiency, impacts (wanted and unwanted effects), coverage (participation and gender approach) and coordination have been measured. Together with the degree of satisfaction of stakeholders in the project and the usefulness of the findings and recommendations resulted from the project.

The methodology used during the final evaluation of the project has been qualitative and participatory. The methodology proposed has resulted in the use of a range of assessment techniques:

- The first evaluation technique used was the **review and documentary analysis**, which has been used throughout all phases of the evaluation process. During the assessment with all information and documentation available on the project has been compiled.
 - The second research technique used has been a **direct non-participant observation**. The direct application of this technique has taken place primarily during the *International Seminar*.
 - The third technique consisted in the carrying out of a survey through the development of a **questionnaire**. It was applied to a significant sample of key stakeholders involved in the development of the study. The partners provided a list of the stakeholders involved in the project.
 - The fourth research technique used, in addition, has been the **semi structured interview**. These interviews have been conducted to technical project managers.
 - Finally, the fifth technique applied, has been the carrying out of a **participatory workshop**. The workshop was held with participants in the fourth and final steering committee, held in Madrid on the 30th of September. The workshop analyzed weaknesses, threats, strengths and opportunities of the project.
- Obstacles.

As we have comment in the Work package 1, even if we agreed in the first steering committee on sending reports periodically among partners (to know the ongoing progress of the project), these reports were not received always on time.

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Regarding the external evaluation, the most significant obstacles have been:

- The evaluation questionnaire could not be sent to stakeholders in Slovakia as the coordinating partner did not send the list on time.
- The external evaluation company, reflected in its report that the financial resources and time for assessment has been limited.

▪ Deliverables.

- Evaluation strategy plan.
- Questionnaire for satisfaction survey.
- Evaluation report.

➤ **Work Package n°4: Survey on the socio / health situation of the Roma Community and their access to health services**

▪ Work Description and methodology

The initial activities were the drafting of common questionnaire in Madrid (during the first Steering Committee, February 2008) for the survey on the socio/health situation of the Roma population in the partner countries and their access to health services. The survey was designed in order to enable the comparison with the existing data of the mainstream population as a whole and evaluating in a quantitative and qualitative manner the degree of health and social inequity.

The second step was making a final design of the survey including in the methodology chapter and the calculation of a representative sample in each country. Also, it was drafted the instrument for the data collection recording (data collection sheet) which should be adapted to the final questionnaires for all countries.

The FSG as a promoter presented a questionnaire of 138 questions, covering topics such as housing, nutrition, access to health services, use of health promotion and prevention services (vaccination, screening, etc...), separated into 3 sections which covered the areas of health within the family, minors and adults.

As the survey has already been carried out in Spain, we adapted the questionnaire used in Spain by FSG as a working base to come out with a final version standard for all countries.

Therefore **the initial criteria was working from the experience obtained in Spain during 2006**, having 1.500 Roma people being directly interviewed (being the universe, the Spanish Roma community from 0 of age – approximately 670.000 Spanish Roma) obtaining specific information about 1.500 interviewed individuals but also about 1.500 households (average 4.5 individuals in each family, which means obtaining general information on over 6.750 individuals). The data were obtained through **personal and**

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direct interviews (via anonymous questionnaires) **by outreach workers in Roma households**, according to the distribution of the sample (location size, age and gender).

Different **variables** such as sex, age, Roma cultural group (where applicable), social status, representative sample locations, etc. has been taken into account with a view to selecting a representative sample in each country and experts has been on hand in each country for consultation purposes. The aim is to obtain general data on illnesses, accidents, limitations on daily activities, medicaments consume, medical consultation, hospital stays and emergencies use, cigarettes and alcohol consumption, lifestyle, nutrition and others.

The intention was to come up with a questionnaire obtained from those used in the survey carried out in Spain. The final questionnaire has a core group of questions with represent the majority of them, but also has had space for specific questions applicable to each of the countries according to their specificities.

Each participating country has discussed the questionnaire template and a final version was approved in all of them. Greece and Portugal questionnaires remain the same as the core agreed one. Bulgaria has changed questions regarding national health and educational system to adapt them to their local reality, as well as Czech Republic even if they have added 3 new questions regarding death (age and cause). Romania has skipped out drogues and alcohol consumption questions and Slovakia has changed questions regarding national health and educational system to adapt them to their local reality and has skipped out the question about the age of alcohol consumption and some drogue questions, but they added place of consumption and a question regarding cause of difficulties in carrying out daily activities.

At the end, final questionnaires were approved by all participating countries and they are available in seven languages: 6 local + English.

Once the **representative sample** was defined in each country and the interviewers trained the research field work started. **Training for interviewers** has been organised in each country focused on methodology and questionnaire administration. A common manual was developed, translated and used during the trainings in all countries.

The **groups of experts** formed in each country on health and the Roma community to monitor the project has contributed in the supervision of the sample definition. They will work on the elaboration of the national survey report based on the information result of the research field work.

At the moment, all participant countries have had expert meetings in order to revise the questionnaire and support the cross sample and universe definition.

Moreover a **transnational expert group** will assist the project and supervise the ongoing survey. Their first meeting was hold in Athens in September 2008 (24th and 25th) and the second in Prague in June 2009 (18th June).

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Quantitative data collected has been processed statistically to facilitate comparison and analysis, by an external company called EDIS (Spanish firm) and the exploitation was submitted to the partners for the elaboration of the national survey report.

Preliminary national reports were done in each country by the partner organisation in collaboration with national expert groups. The final version of each national report was published in their own languages and the executive summary was translated into English.

EDIS with the seven executive summaries of national surveys results carried out a transnational draft report describing the situation of inequality detected and with recommendations of active measures designed to foster Roma community health throughout Europe.

The final version of the transnational report was presented in an international seminar held in Madrid (1st and 2nd October 2009).

- Obstacles.

Bulgaria expressed as an obstacle the time lacking for activities implementation and some difficulties concerning prompt e-reaction within the expert's mutual communications.

Greece expressed as difficulty to estimate the Roma population since there is no official data. Therefore, they have used the data from a current research conducted in May to get the necessary information by the Ministry of Health. They decided to hire a statistician to do the representative sample so they started the training of interviewers with delay.

Portugal stated some difficulties. Regarding the definition of the sample, for instance, they have had difficulties on the application of the questionnaires in all districts due to the lack of resources (human and financial) and they have had a difficulty in building a representative sample of the District: since there is no reliable data on Roma community in the different districts (e.g. gender, age, etc.).

Regarding the application of questionnaires, when it is being applied, there is a tendency from other individuals of the Roma community to concentrate close by the interviewer; this fact creates difficulties to fill up the questionnaire and to the dialogue between both parts (interviewer / interviewee); when explaining to other individuals of the family or community that the questionnaire is only aimed at one person not to the group, family, etc. (to overcome this, the interviewer had to simulate other applications); when questioned about illnesses they tend to answer positively to all... the interviewer has to filter the information...; when obtaining information on the weight and height of the person (most of the times they don't know); Alcohol – they

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admit its consumption but it is difficult to ascertain the quantity they drink per day (may be because they cannot quantify or feel embarrassed to admit how much they drink).

Romania has several difficulties in implementing the project. Regarding the definition of the sample it was difficult for the statistician to do it with representativeness at national level (due to the huge bracket between official data and estimated data). In relation to the methodology of research there has been a few modification such as an inclusion of new questions (self-declaring a Roma) or dived the hole questionnaire into little questionnaire. None of those modifications have changed essentially the common questionnaire.

Regarding the consultation with the expert group it was difficult to assure continuity in the work as some expert changed during the period of the project.

The field work was very concentrated and they did not test the questionnaire because for their general delays the time was running out.

Slovakia affirms that some experts of the national expert group of the project after some difficulties in data exploitation decided to bring to an end their collaboration. They expressed that their recommendations and suggestions for change were not taken into account because comparability of data at national level.

➤ **Work Package n°5: Development of proposals and Recommendations for Action**

A document with proposals and recommendations for action addressed to key stakeholders in the socio/health sphere was drafted at national level in some participating countries, which provides strategies and guidelines to improve the socio/health situation of the Roma community and the reduction of health inequalities. These documents were drafted as a result of the national report recommendations.

The recommendation for action and proposals were discussed during the expert working groups meetings and contributions from project.

In the third Steering Committee, held in Prague, was presented a draft set of proposals and recommendations for action as a result of the seven national survey reports and at European level.

This set of recommendations was an important tool for elaborating the transnational report conclusions chapter.

The dissemination of this proposal was done via mail and leaflet distribution.

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➤ Work Package n°6: Identification of priorities areas to work with the Roma community and development of material

▪ Work Description and methodology

Based on the results of the surveys, in each country has identified the priority areas of intervention to improve the health situation of the Roma community

Each country has developed a leaflet that includes the main results of the survey, priority areas of intervention, key recommendations, and a brief explanation of the project.

1500 leaflets have been produced in Portuguese, Bulgarian, Romanian, Spanish and Greek, all with the same design but with contents adapted to the results of each survey.

This material is intended as a tool for the dissemination of the project and its results, mainly for:

- Mediators.
- Roma and non Roma NGOs working for the Roma community.
- Social and health workers.

▪ Obstacles.

Both Czech Republic and Slovakia have decided not to carry out the material. The members of the expert groups in these countries did not find it useful.

▪ Explanation of any changes on the initial project.

The project established initially carrying out 1,000 copies of each of the materials. The fact that 5 leaflets were made instead of 7, has allowed us to print 500 more copies in each of the languages.

▪ Deliverables.

- Fact sheet on priority areas adapted to work with the Roma community.

III. RESULTS

Thanks to the development of the measures described above the results established in the initial project have been achieved:

- A diagnosis of the social and health situation of the Roma community has been carried out based on objective data in seven European countries (first National

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Health Survey on Roma population). As a result, **seven national reports** have been published in their own languages trying the comparison between the National Health Surveys to Roma and the mainstream population (we enclose a copy of each report).

- A **transnational report** with conclusions and recommendations of project surveys has been published in English. This report contains: a comparative analysis of data from the seven participating countries; the executive summaries of national reports of the seven countries participating in the project; and a chapter of general recommendations with specific measures to promote the health of the European Roma population.
- A **list of proposals for action** and recommendations based on the diagnosis of the situation has been developed. These recommendations and proposals for action, with a national approach, have been collected in the transnational report.
- In each participating country has been a **national seminar** to disseminate the inequities suffered by Roma in the field of health and to spread recommendations towards the intervention. Furthermore, national reports and its executive summary have been forwarded to all organizations and professionals involved in health and Roma community in their countries. In this sense, there is greater awareness of the need to work with Roma community in the health field in order to reduce inequalities.
- In order to disseminate the transnational report conclusions, an International Seminar was held in Madrid (1st and 2nd of October) with more than 100 stakeholders. A leaflet was printed including the agenda of this event.
- **Leaflets according to priorities set up to work with Roma Community** in five countries in their own languages (Bulgaria, Greece, Portugal, Romania and Spain). Based on the national results of the survey and subsequent analysis, it has been established priorities for action to improve the health status of the Roma community.
- As a dissemination mechanism a **web page** (www.gitanos.org/european_programmes/health/) has been set, and project's leaflet in 7 European languages (English, Bulgarian, Greek, Romanian, Czech, Slovak, Portuguese and Spanish) has been sent to different stakeholders.
- An **external evaluation report** is available in English. Furthermore, the project has been assessed periodically (evaluation sheets are available upon request).

In addition to these direct project results the following indirect results must be added:

- The issue of health and the Roma community has been placed in the agenda of some countries (Spain, Czech Republic, Bulgaria...). At the European level has been

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established the need for putting in place measures to promote the health of the Roma community.

- At the European level the cooperation among European organizations working for promotion of Roma health has been strengthened. They have been thinking over together and exchanging information on methods of intervention. Moreover, cooperation with international agencies like WHO has been established.
- Promotion and consolidation of cooperation between different institutions on the national level (government, university, health services, NGOs, Roma representatives, etc.) collaborating in the framework of the national working / expert groups.

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IV. THE WORK PROGRAMME PLANNED FOR THE FOLLOWING PERIOD (from 1 November 2008 – 31 October 2009)

		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Activities / Months		D07	Jr08	F08	M08	A08	My08	J08	Jy08	A08	S08	O08	N08	D08	Jr09	F09	M09	A09	My09	Jn09	Jy09	A09	S09	O09
WP1: Coordination of the project																								
1	Steering committees			Mad							Ath									Prg			Mad	
2	Technical report (Bimonthly)											31												
3	Financial report											31												
WP2: Dissemination of the results																								
4	Project Leaflet																							
5	Leaflet dissemination																							
6	Web page design																							
7	Website management																							
8	Website dissemination						Proj													Res				
9	Participation in Forums																							
10	Contact thematic reviews																							
11	National Seminars																							
12	International seminar leaflet																							
13	Transnational seminar																							Mad
WP3: Evaluation of the project																								
14	Monitoring actions																							
15	Mid-term evaluation													doc										
16	Final Evaluation																					ToR		
WP4: Survey on the socio/health situation of the Roma Community and their access to health services																								
17	Base Questionnaire			13																				
18	National Expert Groups (4 meetings per country)			14																				31
19	Cross-section sample																							

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V. ANNEXES (common outcomes)

WORK PACKAGE I:

1. 1st Steering Committee: Agenda and minute.
2. 2nd Steering Committee: Agenda and minute.
3. 3rd Steering Committee: Agenda and minute.
4. 4th Steering Committee: Agenda and minute.
5. Tools for the internal coordination.

WORK PACKAGE II:

6. Leaflets: English version, Bulgarian version, Greek version, Romanian version, Czech version, Slovak version, Portuguese version, Spanish version.
7. Transnational Seminar leaflet (Madrid, Spain, 1st and 2nd October 2009) and list of participants.

WORK PACKAGE III:

8. Evaluation strategy plan.
9. Questionnaire for satisfaction survey.
10. Evaluation report.

WORK PACKAGE IV:

11. Final Questionnaires and data collection sheet
12. 1st Transnational Expert Group (Athens, 24-25 September 2008): agenda and minute.
13. 2nd Transnational Expert Group (Prague, 18 June 2009): agenda and minute.
14. National Survey Report: Czech Republic, Bulgaria, Greece, Portugal, Romania, Slovakia and Spain.

WORK PACKAGE V - VI:

15. Fact sheet on priority areas adapted to work with the Roma community (leaflets).
16. Transnational report (English version)