Evaluation Final Report "Health and the Roma Community, analysis of the situation in Europe"

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1. Introduction

1.1 Background and objective of the evaluation

The evaluation unit is the project entitled "*Health and the Roma community, analysis of the situation in Europe*", (*ROMA HEALTH* for short and hereafter referred to as the Project), financed by the European Union within the framework of the Public Health Programme.

The overarching objective of the Project was to: Analyze the health situation of the Roma community to tackle health inequalities and design tailored made policies and activities for the target population.

The **specific objectives** of the Project covered the following levels and strategic groups:

- 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 society using mainly international health indicators.
- Develop an approximate diagnosis of the social/health situation of the Roma community in each participating country.
- Analyse results obtained in the survey, identifying health determinants for Roma, developing effective strategies and making recommendations in terms of policy and in terms of health promotion, disease prevention and health monitoring. These will 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.
- 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 current health situation.

The following expected results were kept in mind during the external evaluation process:

- Diagnosis of the social/health situation of the Roma community in 7 European countries (Spain, Portugal, Greece, the Czech Republic, Slovakia, Romania, and Bulgaria – all with a significant Roma population) based on the gathering of data from a representative sample in each country. A report will be published in each country in its own language.
- Drafting of an action proposal and recommendations document targeting different key players in the social/health domain (political decision makers, health-care administration technicians, health-care personnel, social entities working in the sphere of health and the Roma community, etc.). Recommendations will have a specific national focus adapted to each context but will also have a European dimension
- Awareness raising and dissemination actions. Project methodology seeks to involve the greatest number of stakeholders in its actions, raising their awareness of the social/health reality of the Roma population, its needs, how to address the specific needs and certain specific aspects of the Roma community health behaviour and how to improve their access to health-care resources, particularly to health promotion and primary care services. Moreover, dissemination of project results is in itself an objective and a result of the project.
- Setting up priorities of action in each of the countries in order to improve the health situation of the national Roma communities.

The **purpose of the final external evaluation** of the project is in line with the guidelines defined in **Work package No 3: *Project Evaluation***[1]:

"An external evaluation company[2] *will be hired in order to carry out a more detailed evaluation once the project has ended. The outcome of this evaluation will be based on the perceived effects (qualitative analysis)"*

[1] Hereafter, "Work package No 3: Project Evaluation".
[2] The external evaluation was conducted and this Final Evaluation Report drafted by ***Dinamia S. Coop. Mad***.

This external evaluation:

> *"(...) must consider the viewpoint of each of the stakeholders. With the following milestones and deliverables:*

- *Evaluation strategy plan*[3]
- *Questionnaire for satisfaction survey*[4]
- *Evaluation Report* [5]

The Project evaluation process included a **quantitative and qualitative analysis** of the data and information produced during the Project measuring the effectiveness, relevance (adaptation and consistency), efficiency, impact (wanted and unwanted effects), coverage (participation and gender focus) and coordination. It also included stakeholders' **degree of satisfaction**[6] with the Project and the **usefulness** of its conclusions and recommendations.

The Project's direct beneficiary population was the Roma community in the whole of Europe, specifically in the following seven countries: Spain, Portugal, Greece, the Czech Republic, Slovakia, Romania and Bulgaria (all with a large Roma population).

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[3] The evaluation strategy plan of the Project "Health and the Roma community, analysis of the situation in Europe" was submitted to the EC in September 2009 as ANNEX I.
Furthermore, the fundamental pillars on which the Plan is based are found in Annexes I and II of this Final Evaluation Report under the headings "Project Description and Work Package No 3: Project Evaluation" and "Evaluation strategy plan: work plan of the final evaluation of the project and description of the work undertaken", respectively.

[4] See Annex IV: "List of methodological tools for the collection of information designed and used during the field-work phase" and Annex VI "Results of the satisfaction study". Annex IV includes the study's technical sheet (including the survey questionnaire) as one of the methodological evaluation tools used during the evaluation process and Annex VI shows the quantitative and qualitative results of the study for each of the questionnaire's relevant questions.

[5] This Final Evaluation Report.

[6] The term *stakeholder* refers to the social player involved.

One European partner from each of the seven participating countries took part in the Project:

1. **Spain**: **FSG (Fundación Secretariado Gitano)**. Coordinator. www.gitanos.org
2. **Bulgaria**: THRPF (The Health of the Romani People Foundation). www.romanyhealth.hit.bg
3. **Czech Republic**: Office of the Council for Roma Affairs Czech Government. www.vlada.cz/en/rvk/rzrk/rzrk.html
4. **Greece**: Efxini Poli (Local Authorities' Network) www.efxini.gr
5. **Portugal**: REAPN (Rede Europeia Anti-Pobreza Portugal Associacao). www.reapn.org
6. **Romania**: Romani CRISS (Roma Center for Social Intervention and Studies). www.romanicriss.org
7. **Slovakia**: PDCS, o.z., Partners for Democratic Change Slovakia. www.pdcs.sk

The long list of the main social stakeholders involved in the Project who took part in the evaluation process to the degree possible included the following:

- National, regional and local administrations involved in health and Roma issues (Ministries of Health, Social Affairs, Council Offices for Roma Affairs …). Health and Social departments of regions and municipalities.
- Roma advisors/ coordinators on local governments/municipal level.
- Health workers organisations from Hospitals, Primary Care Health Services …
- Universities (researchers, health sciences professionals, professors…).
- Roma and non Roma NGO's involved in health and Roma community.
- Institutes / Centres for Drug addiction.
- Social Workers, Field Workers, Mediators.
- Decade Representatives.

The evaluation period was from **1 November 2007 to 31 October 2009 (24 months)** and the evaluation process took approximately ten weeks.

According to our methodological approach, project evaluation is *"a programmed reflection activity focusing on the action based on systematic collection proceedings and analysis of data for the purpose of making a grounded and communicable assessment of the activities, results and impact of the projects or programmes and formulating recommendations for the taking of decisions in order to fine-tune the current action and improve future action*[7]*".*

Evaluation concepts and methods have changed as the result of changes in the paradigms of positive and social science and in social intervention and development approaches. Hence, mechanical, rationalist and objective forms have evolved towards more relative approaches inclusive of contextual factors incorporating inter-subjective methodologies.

Until recently, evaluation was seen as a stage in a linear process of project formulation/implementation entailing looking backwards using specialised methods and tools from social science research for the purpose of assessing whether the actions carried out had actually produced the desired or sought-after effects.

This led to a sophistication of evaluation design using "experimental" or "quasi-experimental" approaches which, oftentimes, were excessively complex, not very useful for the different people involved in the interventions and not very participatory.

Today, with the widespread development of strategic planning and/or participatory methodologies, it has been found that the planning/programming process is not linear and that those involved in management and execution reinterpret the objectives sought. In other words, the project management process is affected by a large degree of uncertainty, mostly the result of the complex and changing nature of

[7] Following the approach of BRAWERMAN, Josette; NIREMBERG, Olga and RUIZ, Violeta (2000): *Evaluar para la transformación. Innovaciones en la evaluación de programas y proyectos sociales,* Buenos Aires: Paidós.

the context in which it is carried out. Given this situation, evaluation can be seen as a response to the need to reduce uncertainty and determine whether efforts are properly focused on planned objectives.
Therefore, from the point of view of the design and implementation of social programmes and projects and their evaluation, a trend has been observed towards more participatory and inclusive methodologies providing opportunities, throughout the different stages of the project's life cycle, to stakeholders ranging from the different levels of administration down to the beneficiaries themselves.

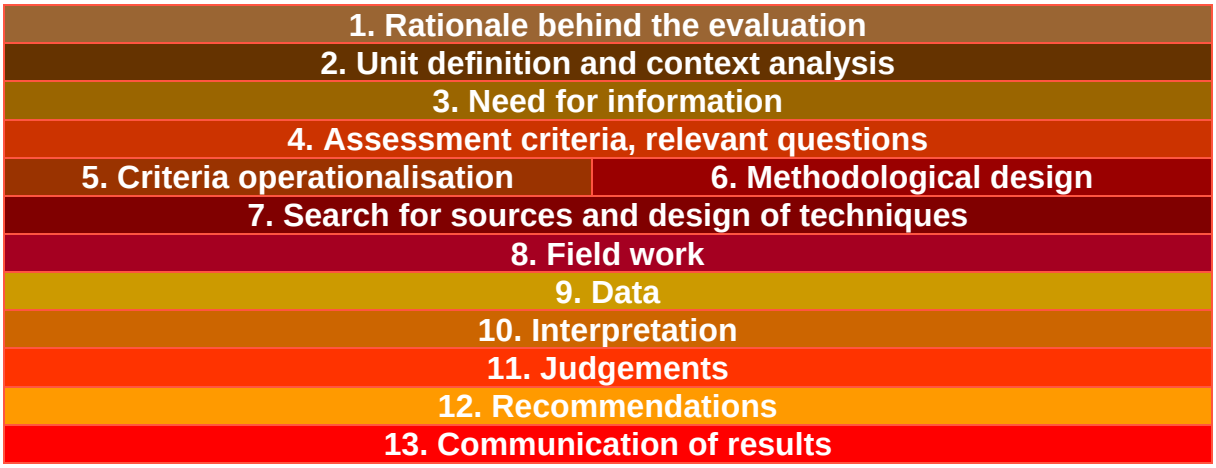
The idea of evaluation based on systematic proceedings and participatory methodology has led to the demand for specific and appropriate methodology and techniques for the collection and analysis of information during project evaluation to feed the reflection process and serve as the basis for assessments made in this Final Evaluation Report of the milestones and products, the results and the impacts throughout Project implementation.

1.2 Methodology used in the evaluation

In line with its typology, DINAMIA S. COOP. MAD. has conducted a summative evaluation (in accordance with the role played by the evaluation) of results (based on the content of the evaluation), an external evaluation (bearing in mind that DINAMIA S. COOP. MAD. is an outside evaluator) and a final evaluation (considering that it has been conducted at the end of the Project). Moreover, the Project has been evaluated from a **systemic perspective** considering it as a whole, as an interdependent system.

The evaluation process has progressed through the following stages:

Graph 1. Stages in the evaluation process



SOURCE: Master studies on programme and public policy evaluation, *Centro de Estudios de Gestión, Análisis y Evaluación de la Universidad Complutense de Madrid* and in-house development.

At the third stage of the evaluation process, needs for information were identified and this was structured by the following questions and dimensions:

Table 1. Need for information: questions and dimensions.

Questions	▪ What do you want to discover? ▪ What aspects do you want to evaluate? ▪ What are the problems?
Dimensions	▪ Questions relating to structure ▪ Questions relating to design ▪ Questions relating to processes ▪ Questions relating to results

SOURCE: Created in-house

In stages four and five, assessment dimensions and criteria were specifically limited (effectiveness, relevance, adaptation, consistency, efficiency, impact, coverage, participation, gender focus and coordination) to those in which evaluation questions, indicators and sources of verification were framed.

In accordance with "Work package No 3: Project evaluation", the external evaluation was carried out at the conclusion stage of the Project and took context of reference and purpose into account[8]:

> *"According to the European Parliament, 12 to 15 million Roma living in Europe suffer racial discrimination and in many cases are subject to severe structural discrimination, poverty and social exclusion*. Inequalities in terms of health care and access to health services are one of the main factors contributing to social exclusion. Their health conditions are not backed by statistics or reliable updated data.*
>
> *The aim of the project is to obtain reliable and valid data in regard to the health situation of Roma and the use made of and access to health care services. This will allow to identify real needs and to establish suitable priority actions"*

Within this framework, five basic lines[9] underpin this methodology:

1. Evolve from the subject/object relationship (managers/clients) to a subject/subject one, acknowledging those involved in the problems being addressed as real social agents, i.e. the main stakeholders necessary throughout the entire process, highlighting the importance of having access to (and fostering) local resources.

2. Start from the demands or perceived needs of the affected parties as a prerequisite, so that they are the main players in the process. All people are "beings in situations"[10] who can only understand one another and act based on their "in situ" perception of the circumstances in which they live.

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[8] Taken from the "Health and the Roma community, analysis of the situation in Europe" pamphlet.
[9] Ioé, 2003.
[10] Freire, 1982.

3. Unite reflection and action, theory and praxis. According to Ioé, (2003), this attitude must prevail at all stages of intervention processes but even more so during programming and evaluation which, over the long-term, will tend to constitute a spiral process of planning, action, observation and reflection. Reflection has a dual component: collective self-diagnosis, on the one hand, based on the experience of those affected (willingness to "analyse" and "to be analysed") and a systematic study of those issues where more in-depth information is desired, on the other.

4. Understand social reality as a concrete and complex whole which means not limiting the analysis or possibility for action in any sense and remaining open to the inter-disciplinary nature of knowledge taking advantage of contributions from different complementary fields (anthropology, sociology, psychology, history, etc.) and the different levels of social reality. Organisation of the micro and macro levels, for example, means not only "acting locally and thinking globally" but also developing forms of intervention in both areas and also fostering cross-cutting complementarity among the different micro-spaces with a view to reinforcing convergence among the sectors of society affected by similar problems.

5. Address intervention processes as a means to social change and the transformation of pre-existing situations.

Taking all of this into consideration, our methodological proposal for evaluation has been applied to the degree and depth allowed by time and available resources and has focused on the maximum possible involvement of all stakeholders, including beneficiary populations.

Our methodological proposal has entailed the use of a set of evaluation techniques which are briefly described below:

1. One of the first techniques used was the review and analysis of documents. This was applied throughout all phases of the evaluation process, from the office study to the field work and later in the final office work.

   During the course of the evaluation, all information and documentation available on the Project was collected. The main documents and Web pages consulted are listed in the Bibliography.

2. The second research technique used was direct, non-participatory observation. This technique consisted of observing those aspects shedding light on behaviours, institutional procedures, activities and interactions among all the different stakeholders.

   This technique was directly applied especially during the *International Seminar on Health and the Roma Community* held in Madrid on 1-2 October 2009 at which the most relevant Roma Community health data were presented by the seven Project partner countries along with recommendations and action proposals arising from that analysis.

3. The third technique was the questionnaire-based survey given to a significant sample of the study's main stakeholders.

   In order to identify the key informants, DINAMIA S. COOP. MAD. assessed the relative weight of the different groups of social stakeholders who were affected by or influenced the Project and who were considered relevant to the evaluation from the beginning such as:

   - The partner organisations involved in the Project: FSG, REAPN, THRPF, Office of the Council for Roma Affairs of the Czech Government, Efxini Poli, PDCS and Romani CRISS.
   - Non-governmental organisations working with the Roma community.

- Experts and those responsible for public health and members of the Roma community who are beneficiaries of public health services.
- Public administrations and organisations co-funding the Project.

This methodological tool was fine-tuned and questionnaires designed during the office work stage. A planned sample (not random) was made based on the degree of involvement and participation in the different activities of the specific persons who were selected for the survey to make the final sample representative of each of the agents involved[11].

First of all, the work meeting of Project partners on 30 September 2009 in Madrid[12] was used to administer the first questionnaires. The survey was done by means of an on-line Internet form and the questionnaires received via e-mail were subsequently processed.

Owing to the fact that the Project partner from Slovakia did not provide their stakeholder list to the FSG on time (so that the questionnaires could be answered), it was only possible to process the information provided by that country's representatives at Steering Committee meeting No 4.

The questionnaires were in English, the common working language of Project partners. In this connection it is important to point out that some participants were dismayed by the fact that the survey was not translated into the languages of the seven Project countries. Specifically, this was the sentiment expressed by the representatives from Spain, the Czech Republic and Romania. The Romanian representatives translated their questionnaire to Romanian and their responses were included and processed jointly.

[11] See Annex IV: "List of methodological tools for the collection of information designed and used during the field-work phase" and Annex VI "Results of the satisfaction study". Annex IV includes the study's technical sheet (including the survey questionnaire) as one of the methodological evaluation tools used during the evaluation process and Annex VI shows the quantitative and qualitative results of the study for each of the questionnaire's relevant questions.

[12] 4th Steering Committee.

4. The fourth research technique used subsidiarily was the semi-structured interview.

   This type of interview can be defined as a professional conversation designed to obtain information on a specific subject or subjects. Due to its semi-structured nature, these interviews are accompanied by a handbook to help in acquiring the desired information[13].

   The interview is a technique which helps in obtaining a great quantity of very diverse information and in delving deeper into, confirming and interpreting data obtained by other means.

   These interviews were conducted with the technicians responsible for the Project who were considered key informants in more thoroughly examining certain aspects.

5. And lastly, the fifth technique applied was the participatory workshop.

   This technique consisted of a meeting of similar or different stakeholders interacting in the same physical space and who, through both reflection and action facilitated by group dynamics, produced a joint product where both differences and consensus could be established. There are multiple modalities and types of workshops depending on the objectives sought, the subject, type of participants, etc.

   At the Project partner meeting held on 30 September 2009[14], preceding the *International Seminar on Health and the Roma Community*, the evaluation team applied this technique at a workshop where a SWOT analysis was conducted (strengths, weaknesses, opportunities and threats)[15].

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[13] See Annex IV: "List of methodological information-gathering tools designed and used during the field-work stage of the Project" including the handbook for the semi-structured interview of those responsible for Project coordination.
[14] 4th Steering Committee.
[15] See Annex IV: "List of methodological tools for the collection of information designed and used during the field-work phase" where detailed information is found concerning this workshop.

1.3 Conditioning factors and limitations of the evaluation

The methodology employed during the final evaluation process of the Project was eminently qualitative and participatory to the extent possible but was limited by the tight budget appropriated for the final evaluation which, for example, did not allow for more translations (requested by some of the Project partners) or travel to the participating countries which would have enabled the application of different in-situ information collection techniques.

It is therefore important to point out that the final external evaluation included in this report was conditioned by time and especially budget restraints. In any case, the DINAMIA S. COOP. MAD. evaluation team adapted its work plan[16] to that context with a view to conducting a quality evaluation and has met and surpassed requirements. Therefore, the conditioning and limiting factors affecting the evaluation have had no repercussion whatsoever on the quality of the final product of this external evaluation process. This observation is made with the sole purpose of informing the EAHC, DG SANCO, the FSG and the rest of the Project partners for future evaluation processes.

It is important to note that the usefulness of this final external evaluation will be determined by the following assumptions:

- that the Final Evaluation Report be accessible to the general public;
- that the results of the evaluation engender a series of practical recommendations about how to implement conclusions in the future with the involvement of all stakeholders;
- that by virtue of the conclusions and recommendations of the Project's final external evaluation expressed in this report, the Fundación Secretariado Gitano (FSG), the other Project partners, the EAHC, DG SANCO and the rest of the stakeholders have a useful tool for the revamping of future projects and to fine-tune areas proven to be weak and enhance those considered strong.

[16] See Annex III "Evaluation strategy plan: work plan for Project final evaluation and description of the works undertaken".

To make the evaluation a learning process, effort went into making it:

- useful for those committed to the process;
- feasible, i.e. at the right time and with an established duration: at the conclusion of the Project;
- respectful of the values of those involved, especially the Roma community as the Project's end beneficiary;
- suitable in terms of procedure so that it provides trustworthy information.

This final external evaluation has also made a concerted effort to:

- Assess whether the changes produced by Project actions correspond to what was originally envisaged and in so doing both the expected and unexpected (positive and negative) effects were taken into consideration;
- Assess whether the actions undertaken were suited to produce the desired results or whether they required adjustment or change;
- Obtain grounded judgement criteria for the taking of decisions allowing for the enhancement of future actions and projects;
- Produce useful learning for the evaluation process *per se* and for the purpose of improving the management of future projects.

More specifically, this evaluation was designed to communicate results to others and spark collective learning within the Project concerning the changes taking place and to identify the potential and limitations of the Project for the purpose of using this learning in the future (from what was successful and from what was not) in order to implement corrections.

2. Description of the Project and activities undertaken

2.1 Initial concept

This Project under evaluation was the continuation of a previous project entitled "Reducing Health Inequalities in the Roma community" implemented in 2005 and 2006 in the same participating countries, also financed by the EC.

This project was instrumental in the implementation of different joint measures and the forging of key solid alliances and the development of synergies. The following are among the most noteworthy achievements stemming from this Project:

- Enhancement of skills and getting to know the main Roma and non-Roma NGOs working for the betterment of the Roma community;
- Making of new contacts and the creation of collaboration networks (public and private sectors);
- Better knowledge of Roma health problems (qualitative analysis – group of experts) in light of the lack of representative and reliable data;
- Awareness raising of national governments regarding the need to receive proposals and collaborate with NGO on issues relating to the Roma community.
- Changes in the way health-care services work (with limits) through the training of health-care providers and the publication and dissemination of a manual.
- Awareness-raising of personnel at health centres and hospitals as to new points of view and approaches to gain a better understanding of the health situation of Roma communities.
- Consolidated health-care mediation as a tool to facilitate the access of the Roma community to health services.

The work performed by the expert group throughout this Project led to consensus on the urgent need to obtain reliable quantitative and qualitative data on the health situation of the Roma community.

The Project under evaluation was implemented in 2007 to analyse the health status of Europe's Roma community, to address social inequalities in the area of health and to suggest policies and actions based on real knowledge designed to improve the health status of Europe's Roma community and to reduce inequality.

The Project was based on the work done in Spain in 2006 within the framework of a collaboration agreement signed in 2003 between the then Ministry of Health and Consumer Affairs (currently the Ministry of Health and Social Policy – MSPS) and the FSG, the result of which was the first National Health Survey of Spain's Roma population.

As already mentioned, this project was funded by the European Union within the framework of the public health programme and was implemented in seven countries (Greece, Spain, the Czech Republic, Slovakia, Portugal, Romania and Bulgaria) with the participation of public and private entities from the different partner countries and coordinated by the FSG.

The Project addressed the health of European Roma from different angles. It has shed light on the situation facing Roma (subjective and objective perceptions), access to and use of the main health-care services, the prevalence of the most important diseases, habits, etc.

This was done by comparing the data from the seven participating countries and EU-27 figures for comparison purposes in cases where information was available and comparable to the data collected from the Roma population.

Data analysis was specifically focused on four thematic areas whereby to gain insight into Roma social reality in terms of health:

1. Figures on socio-demographic aspects with which to contextualise the particular situation of the Roma community with an accent on social factors.
2. Issues concerning Roma health status presenting the most relevant data in terms of perceived health, disease, accidents, etc.
3. The use of health-care services featuring information having to do with the consumption of medicines, medical visits, hospitalisation, emergency services, etc.
4. Lifestyles of the Roma community featuring aspects such as tobacco and alcohol consumption, physical exercise, rest, nutrition, etc.

The Project lasted for 24 months (from 1 November 2007 to 31 October 2009) and, as mentioned above, was funded by the European Union within the framework of the Public Health Programme and managed by the Executive Agency for Health and Consumers (EAHC).

The total cost of the Project came to €611,775.00 of which €367,056.00 was provided by the European Commission (EC) under contract No 2006 342 under the title "*HEALTH AND THE ROMA COMMUNITY, ANALYSIS OF THE SITUATION IN EUROPE*", *ROMA HEALTH* for short.

The Project consisted of a descriptive survey of the Roma population to look into its health situation and access to social resources in each of the participating countries.

A representative sample of the Roma community was interviewed by means of anonymous standardised questionnaires in all of the countries.

The purpose of the Project was to obtain general data on diseases, accidents, limitations to everyday activity, consumption of medicines, visits to the physician, use of hospital and emergency services, tobacco and alcohol consumption, lifestyles, nutrition and more.

The results obtained where then compared to data on the general population at national and transnational level. Different variables such as gender, age, Roma cultural group (if applicable), social status, location, etc. were considered when selecting a significant sample in each country.

An external group of experts supervised the Project and contributed to the implementation of the research as consultants establishing lines of action and criteria for the descriptive study and to analyse study results.

Once all of the information was processed statistically, the national expert groups analysed the results and drafted a national report on the situation of the Roma population in their country. Those reports also included recommended actions to improve the health situation of the Roma community in each of the countries involved in the project.

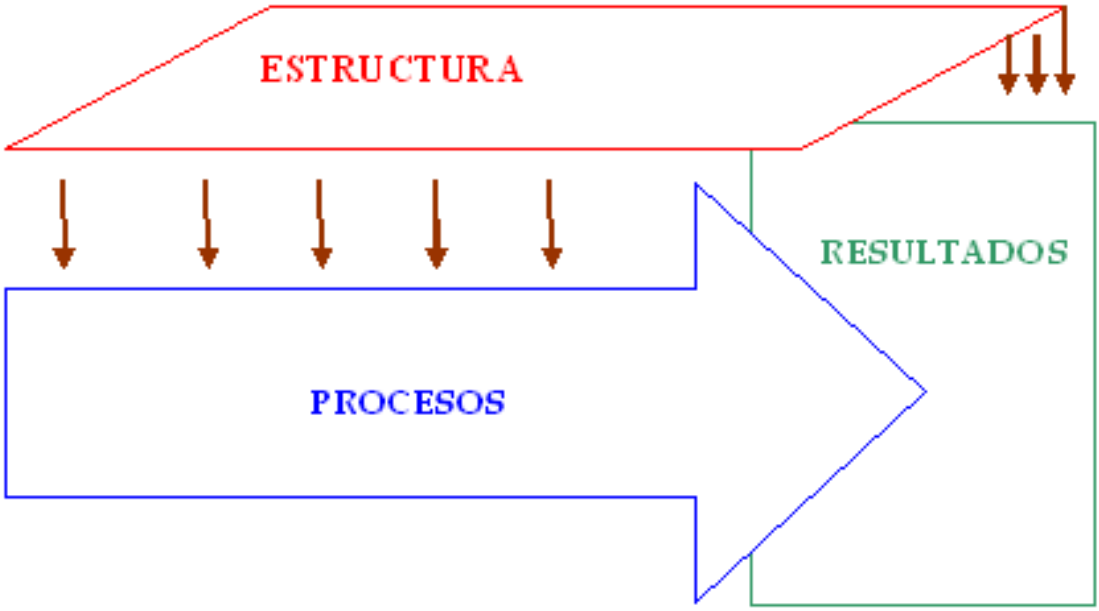
The team of Project partners tapped the results of each of the national reports to draft a joint report describing the health situation of the Roma community and making recommendations on active measures focusing on promoting the health of that community in all of Europe.

2.2 Qualitative analysis of information. Systemic perspective: design, process and results

The systemic perspective was considered in evaluating the Project. Annex IV provides a detailed diagram showing how each of the Project's dimensions, evaluated based on the systemic model, relate to one another.

The structure, processes and results of the Project are interdependent as can be seen graphically below:

Graph 2. Diagram: systemic perspective



SOURCE: Master studies on programme and public policy evaluation, *Centro de Estudios de Gestión, Análisis y Evaluación de la Universidad Complutense de Madrid* and in-house development.

Project structure, process and results were considered in the evaluation. Following is a brief explanation of the evaluation of the structure, process and results of the Project taken as an interdependent system:

- Evaluation of the structure

  The structure is the relatively stable organisation of the different types of resources used to achieve the aims of the Project. Here a distinction is drawn between resources and organisation.

- Evaluation of the process

  This focuses on how the Project was applied. The aim of this analysis is to introduce a training process to detect possible areas requiring improvement and aid in the analysis of the effects of the intervention.

- Evaluation of results and impact

  The focus here is on measuring the expected and unexpected effects of the Project.

The final evaluation assesses the processes initiated through the Project, specifically from an organisational standpoint (European partners) and their repercussion on the Roma communities themselves as end beneficiaries of the Project and on the rest of the stakeholders assessing the achievements and needs of each and their structures.

The evaluation has also generated information on the effects and results of the intervention on organisations, the Roma communities and on the social context, bearing in mind the internal and external factors which have conditioned the study.

The evaluation also analysed the evolution of the context in which the Project was implemented including the contradictions and difficulties encountered by the direct beneficiaries, the organisations and individuals involved and the European partners themselves.

2.3 Detailed description of development

Work was based on the collection of current, first-hand information obtained through a survey given to members of Europe's Roma population.

This basically meant conducting direct or indirect interviews of 7,604 Roma of all ages and from seven European Union countries allowing us to subsequently extract statistically reliable data which can be extrapolated to the entire Roma community. The following are the technical characteristics of the survey.

From among the survey's technical characteristics, we should point out that the target group included the entire Roma population of Bulgaria, Romania, Greece, Portugal, the Czech Republic, Slovakia and Spain. The fact that "official" statistics do no exist in some of the countries studied and the discrepancy between such

figures and estimates which are believed to better reflect reality, made our job more difficult.

In order to quantify and locate our target population we used proportional figures provided by the groups of experts created in each of the countries where the study was conducted based on official figures and significant studies undertaken in this regard.

A personal door-to-door survey was carried out, i.e. face-to-face interviews conducted by an interviewer in the home of the interviewee using a structured and pre-coded questionnaire

On an exceptional basis only, the interview could be conducted outside of the home in cases where the person chosen could not usually be found at home at a reasonable hour.

The questionnaire was designed to collect information on the household, Roma minors (girls and boys) and Roma adults:

a) **Questionnaire about the household:** The first part of the questionnaire gathers basic information from all members of the household: sex, age, relationship to the main wage earner, type of health-care coverage, difficulties encountered in everyday life, disability or chronic disease, etc.

   This part of the questionnaire also gathers information common to all members of a household: number of people in the household, habitual caretaker of minors, type of home, type of neighbourhood and whether social and health services are available in the area.

   All of this information is provided by an adult who is sufficiently familiar with the rest of the people living together in the home.

b) **Questionnaire focusing on Minors:** This part of the questionnaire gathers information about all health aspects relating to minors, i.e. age 15 and under.

These questions are answered by an adult on behalf of the selected minor; in principle the father or mother or, failing that, the child's guardian.

c) **Questionnaire focusing on Adults:** A different questionnaire was likewise designed for adults to gather health-related information. In this case we focused on adults age 16 and above who answered questions about their personal situation and directly gave their opinions in response to the questions posed.

Therefore, data analysis covers three different units: households, members of the household and individuals interviewed (either minors or adults).

Generally speaking, only one person per household was interviewed (a minor or an adult). Therefore, each questionnaire gathered basic information about the household and all of its members and about the individual interviewed (a minor or an adult).

This rule was followed in all of the countries with the exception of Romania where all of the members of the households were interviewed. The decision to change the fieldwork procedure was adopted by the Romanian team and was due to technical reasons. Further information can be found in Romania's national report.

The methodological shift in Romania does not have a significant bearing on the research or on the compiling of this transnational report, as explained by the research experts in the transnational report who affirmed that:

> *"Information was gathered in that country on 659 households and 2,616 individuals, a sufficiently large sample to obtain reliable data. Notwithstanding the foregoing, the representativeness of the sample is affected owing to the fact that a sample with only one interview per household is much more pervasive than one where all household members are interviewed.*
>
> *However, the household sample base is within acceptable parameters and there are countries with a smaller household sample than Romania and therefore this difference will not have too*

much of an effect on comparisons between countries. Even so, this methodological difference must be kept in mind because it could come into play when examining a specific piece of data"

Fieldwork was initially performed in Spain in 2006 and in the rest of the countries during the course of 2008. The following table gives more detailed information on fieldwork dates:

Table 2. Fieldwork dates

Country	Date
Spain	September – October 2006
Greece	November- December 2008
Portugal	September- November 2008
Czech Republic	November 2008
Slovakia	September- November 2008
Romania	March- June 2009
Bulgaria	October- November 2009

SOURCE: Transnational Project report and own data.

In light of the difference in sample sizes used in the different countries, we decided to weight[17] each country's figures to make them comparable.

In order to obtain representative data for the seven countries, weighting factors were applied to the data obtained so that the sample reflected the proportionality of the target group. In this case, different correction factors were applied depending on whether the focus was on households, household members or individuals interviewed.

Once the weighting factors were established to balance the sample at European level, we had to consider that each country has it own weighting to balance the sample internally. Therefore, in order to maintain the internal weighting of each

[17] Weighting means assigning different weights in accordance with sample tiers so that they correspond to the structure of the target group. Only then can one obtain representative results on the target population.

country with a view to obtaining a comparative analysis, for each register we multiplied the sample balance factor calculated at European level by the internal weighting factor each had previously as explained in the transnational report by the team that designed the research.

This guaranteed a database producing comparative results of the internal structure of each country while also obtaining information for the seven countries considered jointly.

In light of this situation, we should be aware that the information furnished by the different countries in this transnational report could differ (albeit very slightly) from the data furnished by the different countries in their national report. In any case, paraphrasing the affirmation made by the research design team, differences are minimal (tenths of a point in many cases) and do not affect the analysis and interpretation of the information.

In conclusion, these three levels or units of analysis must be considered when addressing the results of the survey for the four thematic areas relating to health (socio-demographic aspects, Roma health status, use of health-care services and lifestyles):

1. The first focuses on households and results are based on a sample size of 5,647 households.
2. The second focuses on the interviewee and in this case we have gathered information on 7,604 individuals.

And lastly, basic information was collected on all of the members of the household, 26,058 people, this being the sample of focus for this section on demographic indicators.

3. Evaluation criteria

The reference to a grounded and communicable assessment is one of the essential core elements of any evaluation and entails attributing a value, measuring or determining whether activities have been implemented in accordance with the programme, whether the results obtained correspond to the objectives and aims proposed and the degree to which the situation of the beneficiaries has improved from the actions resulting from our intervention.

Grounded assessments depend on the consistency and reliability of the information (quantitative and qualitative) collected during the evaluation process. The following evaluation criteria have allowed for the determination of the value of implementing the Project by first limiting a socially recognised field of value and then knowing where the Project is situated based on this definition.

The three ideas implicit in the concept of criterion referred to here are:

⇒ Define a field of ideas and an analysis proposal defining the desired status with regard to the Project.
⇒ Establish an inflection or critical point whereby to discriminate how close the objective is to the desired state.
⇒ The data situate the Project at a point in this assessment.

The following evaluation criteria were considered during the evaluation process in order to obtain information in a systematised and logical manner:

1. Effectiveness
2. Relevance: suitability and consistency
3. Efficiency
4. Impact
5. Coverage: participation and gender focus
6. Coordination

3.1 Effectiveness

For us, effectiveness means the degree to which the Project achieved the proposed objectives and results. In other words, the effectiveness criterion refers to the degree to which the Project achieved the direct or indirect results envisaged and if specific objectives were achieved.

Effectiveness also measured whether the Project had the desired effects on the end beneficiary population (European Roma population); the degree to which objectives were achieved during the 24 months of the Programme and the degree to which the implementation of activities contributed to the envisaged results and the specific objectives. Therefore, the degree to which:

- The Project produced the expected results;
- The components obtained led to the achievement of the Project's aim;
- The achievement of the aim contributed to the end result.

In making this assessment, attention was paid to the indicators designed for the Project for each of the specific objectives (IOE)[18]:

[18] In terms of assessing the indicators, the consistency between the prioritised dimensions for the observation of the facts and questions and the indicators formulated to make that observation were evaluated. In evaluating projects such as this one, indicators are like signals facilitating assessment of the results (changes) achieved and benchmarks allowing for the comparison of situations over time. They therefore serve as an early alert system so that decisions can be taken at the right time. Depending on the type of units, indicators can be:
- Quantitative: to observe situations whose manifestation is a number which can be expresses in terms of frequency, percentages, etc.).
- Qualitative. to observe situations whose manifestation is one or several qualities which generally present themselves in a particular way in each unit of observation (form, level type).
- Mixed: verify qualitative changes and determine the number of people/towns undergoing these changes.
Depending on the degree to which objective are achieved:
- Direct: refer specifically to those which are being measured.
- Indirect: determine the compliance of a component of the project observing the consequence of another issue with which a relationship can be established.

Table 3. Indicators of the specific objective of the Project

Objective 2. 2.1.

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 society using mainly international health indicators.

Indicators:

1. 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.
2. Representativeness of the sample in each of the partner countries whom administer the questionnaire to.
3. Inclusion of indicators from studies conducted by national, European and international (WHO) health authorities (minimum 90%) in the information-gathering instrument.
4. Number of stakeholders which 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.
5. Number of appearances of information related to the results of the Project in public mass media.

Objective 2. 2.2. and **objective 2. 2.3.**

Develop an approximate diagnosis of the social/health situation of the Roma community in each participating country and 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.

Indicators:

6. 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 community.
7. Having recommendations in place and adoption of these recommendations by main stakeholders at national and international level. These main stakeholders will be informed from the beginning of the project and will be requested to be involved in diverse actions: dissemination activities, expert group, national and transnational seminars, among others.
8. Organization of 2 transnational working groups, one per year.
9. Grade of involvement in project activities: ongoing attendance at meetings, drafting of documents (analysis report of the survey done in each country and a guideline and recommendations document at the national level), participation in transnational activities. Two members from each of the national working groups will participate in the transnational working groups.

10. One national report per country will be produced.
11. One transnational report including input from all national reports. – Sastipen Annual Report will be produced.
12. (a) 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 information produced in the Project by main stakeholders.
13. Number of appearances in the mass media of news related to the results of the project.
14. Number of publications or projects including information gathered during the project.
15. Number of invitations received to present the project or its results in events, study centres, universities, etc.
16. Number of stakeholders participating actively in the activities of the project.

Objective 2. 2.4.

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.

Indicators:

17. One national seminar to be organized in each country with the participation of 50 professionals, representing main stakeholders from private and public spheres: Health administrations (national, regional, local), Roma and non Roma Associations, health and social professionals, researchers, university professors, representative of international organisations, etc..
18. Participation of key political members in the national seminars.
19. 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.
20. Creation of a webpage containing the actions of the project.
21. Dissemination of project's deliveries among main stakeholders
22. (a) Number of stakeholders participating actively in the activities of the project and (b) qualitative assessment of the utility and opportunity of implementation of the recommendations, depending on the role of each stakeholder.

Indicators for the coordination of the project:

23. Development of Internal management tools.
24. Organization of 4 steering committees (2 per year) having at least one representative from each association involved in the project.
25. Organization of, at least, 4 coordination meetings at national level within the partner associations.
26. Qualitative assessment of the coordination by each partner at the end of the project.

SOURCE: Project terms of reference and own data.

While we are aware of the complexity of implementing some of the stages of this Project (such as the field-work and analysis and interpretation of data), we believe that they have resulted in accurate and reliable data on the Roma population of the participating countries.

Thanks to this, a diagnosis was able to be made which established priorities and facilitated the presentation of a series of recommendations to guide policies and actions at national and European level. The fact that the same questionnaire was used in all of the countries also facilitated the comparison of data between the participating countries.

The Project also depended on leadership displayed by the Roma community itself which actively participated at all of the different stages. It would therefore be fair to say that the target group (the Roma population) was an integral part of the Project judging from the presence of Roma professionals in the fieldwork gathering data, as members of expert groups, personnel of the national associations, etc.

The Project's target group is Europe's most numerous ethnic minority and includes those countries with the greatest concentration of Roma population. The Project was carried out by organisations with solid experience working with and for Roma (Roma and non-Roma organisations and specialised national entities).

As for awareness among key political decision makers, programme developers and members of the Roma community as to the need to implement measures and strategies designed to enhance the current health situation, the survey, the individual interviews and the opinions expressed at the workshop all appear to indicate that, with the possible exception of Spain, the expected support has not been given and this has been interpreted as the major future challenge facing the Project partners.

In other words, the capacity to spark concrete action for the Roma population in the area of health with a view to lessening the clearly existing inequalities in this area vis-á-vis Europe's non-Roma population, is not yet a reality.
As pointed out in the final recommendations of the Project, national, regional and local authorities should commit to:

- Take actions on the **social determinants of health**.

    - Launch public policies that have a positive incidence, at all levels, on the living conditions of the Roma population.

    - The policies of the different public administrations must be complementary to promote health and increase healthcare equity

    - Ensure that health and healthcare equity becomes a value shared by all sectors.

- Evaluate the effects of all public policies on the health situation of the most excluded and marginalised populations, including part of the Roma community. To this end, support should be sought from aforementioned instruments (transnational state-civil society networks, Observatory of Social Situation, Observatory of the national health systems of the WHO).

- To exchange good practices in relation to the healthcare system, and accept the need to reduce the inequalities between groups and regions in the quality of healthcare services, taking into consideration the fact that all member states share common challenges: fiscal pressures, aging and dependent populations, access to all patients to new health technologies, and existing exclusion of groups such as the Roma population.

- Take advantage of all instruments of the EU at their disposition to elaborate and implement policies sustained in time and aimed at the Roma population in the area of health. These instruments include:

    - Financial support (ESF, European Regional Development Fund, Instrument for Pre-Accession).
    - Technical and coordination support (EURoma, Open Methods of Coordination)

- Legislative support (Race Equality Directive, Framework Decision on Racism and Xenophobia), which will require significant effort and, whenever necessary, a change of institutional 'culture' to implement effectively EU directives in the field of non-discrimination and equal treatment.

On their side, local administrations must work directly with the Roma population in order to resolve its most immediate needs (with the initiation of specific and temporary services for this purpose), but at the same time, and in parallel, it is necessary to create bridges bringing the Roma population closer to normalised programmes/services and in order for the Roma population to be assisted in a way that takes into account their social and cultural differences.

Normalised resources have to be flexible enough to provide a response to populations characterised by social and cultural differences. It must be reminded that the **universalisation of healthcare** is consistent with the objectives of the European Health Programme 2008-2013 and the Lisbon Agenda, with regard to a competitive and healthy workforce.

Regarding the estimate made at the Project design stage of possible risks, as concerns the results of the specific objectives it would have been a good idea to set up internal correction mechanisms to deal with certain situations such as delays in deliveries (the case of the questionnaires in Romania) or failure to deliver[19] . In these cases the FSG acted firmly while showing flexibility, informed the EC and made a note of this in the corresponding reports. However, we must stress that action was always taken in reaction to events that had already taken place. Appropriate mechanisms to manage change and settle disputes were not established beforehand. Notwithstanding the above, the manner in which these unforeseen events could have been anticipated or managed would apparently not have had a substantial positive or negative influence on the benefits achieved through the Project.

[19] This was the case of the project's last action (Work Package No 6) which was an information sheet showing the main areas requiring intervention in each of the countries. Slovakia and the Czech Republic failed to complete this and told the FSG that such a document was useless.

The distribution of responsibilities between the different stakeholders during the course of the Project was balanced and has been assessed as suitable (national and transnational groups of experts) and the same applies to the accompaniment measures adopted (monitoring committees and national and transnational administration).

And lastly, we feel that the effectiveness criterion does measure whether reliable and objective data on the social and health situation of the Roma population in each of the partner countries has been obtained and whether this population takes advantage of the resources available for the society in general. In this connection it is important to underscore the response given by the stakeholders in the different countries to the survey conducted by the evaluation team, the majority expressing their satisfaction.

3.2 Relevance: adaptation and consistency

Regarding relevance: adaptation and consistency[20], we would first point out that the relevance of the Project and its objectives was assessed within the framework of the strategies of the Fundación Secretariado Gitano (FSG), the rest of the Project partners, the EAHC and DG SANCO.

In this connection, relevance of Project design and execution was suitable. The objectives of the Project focusing on analysis of the health of the Roma community correspond to the needs of each country, to the global priorities of Community policy[21] and to those of each of the Project partners.

The Project also met the needs and expectations of the Roma community (as the direct target population). Also, the Project re-examined the recommendations from the previous project and assumed the conclusions and lessons learned at its own, using them as the baseline of the Project.

[20] Consistency between the anticipated results and the achievement of the objectives and their scope.
[21] Executive Agency for Health and Consumers (EAHC).

Relevance and adaptation analysis focused essentially on the conceptualisation of the Project and in this sense we would point out that during implementation there were virtually no modifications meaning that it was properly formulated and did not require any substantial re-adaptation or re-definition.

As for **follow-up and evaluation** processes (as fundamental activities in the life-cycle of projects designed to contribute to the generation of effective results), despite the fact that this Project identifies a set of tools (meetings, reports, etc.) with interesting potential in terms of evaluation, there is no defined monitoring and evaluation system for these whereby to periodically assess whether the Project suitably meets real needs and possibilities. The information coming from a system thus implemented would have been very valuable for the external evaluation.

Having regard to consistency, we analysed the degree to which the activities implemented through the Project have allowed the European Commission to meet the objectives of its public health policy free of any internal conflict or conflict with other Community policies or with regard to Community actions carried out by the Roma community. The Project has been assessed as being very consistent and complementary to the policies of associated countries. As for the Project's consistency with the initiatives of other donors, insufficient information was gathered to be able to make a judgement.

It is important to mention, as stated in the Project recommendations, that the health situation of the Roma population is not in line with the principles of the EU or the European social model. The principles of justice, equality and fundamental rights, the foundation of the European social model, are shattered by the reality facing the Roma people.

The Roma population is present in the majority of the EU’s jurisdiction and shares a situation of exclusion and discrimination in all member states. It is the largest minority in the EU and its demographic expansion signifies that the quality of its health is not a problem that can be ignored by the EU. Crucially, members of the Roma minority are European citizens entitled to the same rights, including the right to equitable healthcare, as the rest of the citizenry, as provided by EU treaties and

other binding instruments such as the Council of Europe European Convention on Human Rights (1950) and Framework Convention for the Protection of National Minorities (1998), the United Nations International Covenant on Civil and Political Rights (1976) and International Covenant on Economic, Social and Cultural Rights (1976).

As for project visibility, all aims were met, i.e. information and communication of the results of the impact achieved through Project execution in the participating countries and within the scope of EU-27, (national and transnational seminars of greater or lesser importance depending on the country). The important issue, now that the Project has drawn to a close, is what the multiplier effect will be from this dissemination in the near future in benefit of the Roma community.

3.3 Efficiency

The efficiency criterion refers to the degree to which the different activities have transformed available resources into the results envisaged in terms of quantity, quality and punctuality. Efficiency describes the relationship between the result attained and the resources used.

Project evaluation has assessed efficiency in accordance with the activities conducted, their contribution to the achievement of results and optimisation of the resources employed to carry them out.

If we assess the extent to which Project costs are justified by benefits obtained, expressed in monetary or other terms, in comparison with similar projects or known alternative approaches, bearing contextual differences in mind and eliminating market distortions, the Project has generally been assessed as efficient in light of the relevance of its contributions to local organisations and the governments of the participating countries.

Also, when reference is made to the health situation of the Roma population, it is important to remember the social factors determining health because a significant percentage of the Roma population lives in precarious socio-economic

circumstances which has a direct impact on health. In this connection, the EU can call on Member States to implement integrated housing, education, employment and other policies targeting the Roma population with a view to standardising Roma access to health care.

The 2008-2013 EU Health Programme ought to be coordinated with other programmes aimed at the social inclusion of the Roma population, in order to achieve the implementation of integrated policies. The need for integrated policies is a priority of the EU's Integrated Platform for Roma inclusion, as emphasised at its second meeting in September 2009 in Brussels.

For example, the use of the ESF for Roma health promotion be made through a more **systematic coordination between the Directorate-General (DG) for Education and Culture, the Health and Consumers DG (DG SANCO), and the DG for Employment, Social Affairs and Equal Opportunities.** Although joint projects exist, and meetings between staff in the DG take place to discuss Roma-related issues, they should be systematised through the elaboration of joint projects and actions.

More effective collaborative work could thus be undertaken to achieve the same aims. These coordination mechanisms could be accompanied by technical support from the Commission for local governments in light of the fundamental role played by the latter in the implementation and success of health and social inclusion policies.

As concerns this external evaluation, it is important to stress that it was very limited and conditioned by time and resource constraints, especially because the economic resources were very limited in terms of the Project's budget.

3.4 Impact

Impact refers to the relationship between the Project's specific and general objectives. The aim here is to measure all of the Project's direct and indirect positive, negative, expected and unexpected effects.

Impact will be measured more thoroughly in the future ex-post Project evaluation but at this stage of the final evaluation some of the most relevant effects have been measured in the national and transnational arenas.

As for the extent to which expressed Project objectives were achieved, especially the general objective, we should point out that the Project has allowed for the drafting of national and transnational reports on the health situation of the Roma community in the European Union and has also enabled a comparative analysis of those representative data on the health situation of Roma in the seven EU participating countries, offering reliable and reproducible indicators to measure the breadth of the problem and help to identify its causes.

The results of these reports have given rise to a series of recommendations which should be considered as functional elements of an integrated approach with a view to enhancing the health situation of Roma at national and local level.

The need for a holistic approach to the health inequalities lived by the Roma warrants the presentation of general recommendations, which are applicable EU-wide, in all national and local contexts regardless of their specificities and idiosyncrasies.

Although this report is based on seven EU member states rather than the entire EU community, its categories, indicators and recommendations may be generalised to the EU as a whole, with an understanding that some national and local specificities may not be accounted for, and that potential changes in the indicators used here will entail revising our recommendations.

It must also be emphasised that the member states under study include Europe's largest Roma populations, in both absolute and relative terms, thereby increasing the validity and generalisability of the report.

The cross-cutting recommendations suggested for consideration by the institutions and authorities when considering any of the specific areas of health-care intervention with the Roma population are:

⇒ Tackling the structural determinants of health: inter-sectorial intervention in education, training, labour market inclusion, housing and health;
⇒ Involvement and participation of the Roma population in all processes of intervention;
⇒ Normalisation and strengthening of health programmes aimed at the Roma population: 'explicit but not exclusive targeting´;
⇒ Inclusion of a gender perspective;
⇒ Prioritising preventive healthcare by targeting Roma youth;
⇒ Continuation of data gathering and analysis, in order to deepen our understanding of the specific needs of the Roma population regarding healthcare, and to identify any changes of those variables conditioning the health situation of the Roma.

3.5 Coverage: participation and gender focus

The coverage criterion entails evaluating the extent to which the Project has actually reached the beneficiary population[22]. To this end, two key sub-criteria were assessed:

- Participation, in order to discover the extent to which the Project has generated spaces to integrate the participation of all of the stakeholders in the Project, including beneficiaries.

[22] See Alvira 1991. This entails calculating:
Coverage rate: The real population receiving the service / the theoretical population that should receive the service.
Coverage bias: The population that receives the service is not the entire theoretical population for which it was designed and is differentiated by one or several socio-economic, demographic, cultural, etc. characteristics.
Accessibility and barriers to the programme: This does not refer exclusively to physical barriers in gaining access to services but also to socio-economic, linguistic, cultural, ethnic, religious, etc. accessibility difficulties..

- Gender focus. Evaluating with a gender focus means considering all inequalities between men and women and the effects that policies have on the march towards equality[23].

Concerning participation, as was described in the foregoing, the project work was based on the collection of current, first-hand information obtained through a survey given to members of Europe's Roma population.

This basically meant conducting direct or indirect interviews of 7,604 Roma of all ages and from seven European Union countries allowing us to subsequently extract statistically reliable data which can be extrapolated to the entire Roma community. The target population was entirely composed of Roma from Bulgaria, Romania, Greece, Portugal, the Czech Republic, Slovakia and Spain. In this connection, as pointed out in the foregoing, information was gathered on the Roma population of all ages, both men and women.

Therefore, the Project has met its stated aims regarding the coverage and bias rates (a representative sample of Roma from the seven countries) and accessibility (a home survey, i.e. face to face encounter in the home of the interviewees).

As for gender focus, we should first mention most of those involved in the Project were women, and in some cases had key management responsibilities in terms of coordination.

Also, as part of the general recommendations, gender perspective is mentioned in the context of the triple discrimination suffered by Roma women; for being women in a patriarchal society, for belonging to an ethnic minority that is affected by the most negative social perception and for belonging to a culture whose gender values have been associated almost exclusively to the function of mother and spouse. The opportunities available to Roma women are therefore limited in relation to men in their community and to society as a whole.

[23] Manual de Evaluación con Enfoque de Género de las políticas y programas de Empleo. 2004. Emakunde.

In order to address this multiple discrimination, any policy aimed at reducing health inequities should focus particularly on the specific conditions and needs of Roma women.

The report shows that, generally speaking, the health situation of Roma women is worse than that of Roma men, just as in the case of non-Roma men and women. It must be taken into account that the different health situations of Roma women and men are defined primarily by the distinct lifestyles (nutrition, consumption of tobacco, physical activity, etc.), which in turn are conditioned by their different social roles. The social norms that have traditionally governed the different roles and positions of men and women in the Roma population have a clear impact on the significant differences in the health situation of Roma men and women detected in the present study.

The roots of gender inequality, within the Roma population as in broader society, are socially constructed, and can therefore be modified, by Roma men and women. For this reason, and as already mentioned, all interventions aimed at improving the health situation of Roma women ought to be particularly sensitive to their particular situation.

The inclusion of a gender perspective is not only justified by the inequalities detected between men and women, but also by the multiplying effect of interventions aimed at women, for their pivotal role in the organisation of the family and the transmission of values and habits.

3.6 Coordination

As for the coordination, we would first of all point out that the Project partners generally gave a positive rating to the work undertaken by the FSG as the coordinating entity as evidenced by the survey taken by the external evaluation team.

As for certain situations arising during Project execution such as delays in deliveries (the case of Romania in the delivery of questionnaires needed for digitalisation) or failure to deliver which was the case of the project's last action (Work Package No 6) which was an information sheet showing the main areas requiring intervention in each of the countries. Slovakia and the Czech Republic failed to complete this and told the FSG that such a document was useless

Although the FSG did inform the EC in this regard, in the corresponding reports it would have been a good idea to implement change management or dispute settlement mechanisms which could have been previously established in the Project. While each of the partners should have fulfilled their commitment to the Project, when situations such as these arise it is important to have the appropriate management mechanisms at hand.

As for the balanced distribution of responsibilities among the different parties and accompaniment by the EC, it would also have been a good idea to distribute responsibilities for everyday tasks and to handle unexpected situations.

4. Conclusions and lessons learned

Following are the general and specific conclusions of the final evaluation of the Project expressed in the following headings: **experience acquired and lessons learned**.

4.1 Experience acquired

The Project evaluation process included a **quantitative and qualitative analysis** of the data and information produced during the Project considering the evaluation criteria intended for measurement such as effectiveness, relevance (adaptation and consistency), efficiency, impact (wanted and unwanted effects), coverage (participation and gender focus) and coordination. These were assessed in accordance with proven information, fruit of the fieldwork phase, by means of the methodological tools designed by the external evaluation team.

The evaluation has taken a systemic approach meaning that the Project was analysed using and interconnected system to evaluate its design and structure, process, results and impact. Also, the survey designed by the evaluation team was used to measure the degree of satisfaction of Project stakeholders and the usefulness of the conclusions and recommendations stemming from the Project.

By way of conclusion, following are some of the most noteworthy aspects resulting from the Project:

- Project data show that:
    - Roma have a lower life expectancy and lower standard of living than the rest of the population; Their perception of their own health is worse (although they may enjoy life more or live it more intensely);
    - Their health situation is intimately related to living conditions, especially educational level, urban surroundings and housing;

- In many cases, Roma encounter difficulties gaining access to and properly using health-care services;
- Part of the Roma community lives according to traditions and habits which do not favour better health (but this is not to say that these for part of Roma culture);
- Certain difficulties and health problems are more acute amongst the Roma community (e.g. dental problems, domestic accidents, certain disabilities). These diseases are not circumstantial but rather can be traced to context and habits;
- A concerted effort needs to be made to reverse and remedy this situation.

- It is important to focus on the entire health cycle: prevention – care – risk mitigation. In this connection, it is important to stress the following:
  - Substantial improvements can be achieved even in the absence of structural transformation in education, habitat, housing, etc.;
  - A three-pronged approach must be taken;
  - All three elements are complementary and necessary;
  - Focusing only on care is not enough;
  - Prevention: must focus on habits, lifestyle, behaviours, perception of the health-care system, cultural issues, etc. It it's not good for one's health, it's not good for culture;
  - It must be universal, i.e. it must reach everyone and it must be adapted (mediators, information and awareness-raising of health-care providers, solution of transport problems, etc.;
  - Risk mitigation: In the case of very specific situations which cannot be resolved over the short-term, attention must be put on risk mitigation (e.g. put the heroin away in the closet instead of leaving it on the table so that it doesn't make its way into the children's milk);
  - Sometimes specific actions are required but which always tend towards "mainstreaming".

- Transnationality adds value because:
  - As the Project has proven, this problem is transnational, i.e. it is prevalent in varying degrees in all the countries;

    - A further step must be taken towards mutual awareness, exchange and learning (sharing tools, etc.);
    - The topic of Roma community and health should form part of the European inclusion strategy.

- It is important to equally share out responsibilities among the different partners and be able to count on support from the EC.
- Project results have given rise to a series of recommendations which should be considered as functional elements of an integrated approach with a view to enhancing the health situation of Roma at national and local level.
- The need for a holistic approach to the health inequalities lived by the Roma warrants the presentation of general recommendations, which are applicable EU-wide, in all national and local contexts regardless of their specificities and idiosyncrasies.
- Although this report is based on seven EU member states rather than the entire EU community, its categories, indicators and recommendations may be generalised to the EU as a whole, with an understanding that some national and local specificities may not be accounted for, and that potential changes in the indicators used here will entail revising our recommendations.
- In general terms, the Project has been assessed as efficient in light of the relevance of the contribution of local organisations and governments of the partner countries.
- The Project also met the needs and expectations of the Roma community (as the direct target population). Also, the Project re-examined the recommendations from the previous project and assumed the conclusions and lessons learned at its own, using them as the baseline of the Project.

4.2 Lessons learned

Among the many lessons learned from the Project, the following stand out especially:

- The health situation of Roma is inadmissible in light of the founding principles of the EU and the European social model, the latter being based on the principles of justice, equality, etc. Fundamental rights form part and parcel of the Treaty and this situation is in complete violation of those rights.

- The Project shows that, generally speaking, the health situation of Roma women is worse than that of Roma men, just as in the case of non-Roma men and women.

  Moreover, awareness of gender inequality within the Roma population will improve health-care services and the implementation of policies specifically targeting Roma.

- A series of cross-cutting recommendations have been identified for consideration by the institutions and authorities when considering any of the specific areas of health-care intervention with the Roma population:

  ⇒ Tackling the structural determinants of health: inter-sectorial intervention in education, training, labour market inclusion, housing and health;
  ⇒ Involvement and participation of the Roma population in all processes of intervention;
  ⇒ Normalisation and strengthening of health programmes aimed at the Roma population: ‘explicit but not exclusive targeting´;
  ⇒ Inclusion of a gender perspective;
  ⇒ Prioritising preventive healthcare by targeting Roma youth;
  ⇒ Continuation of data gathering and analysis, in order to deepen our understanding of the specific needs of the Roma population regarding

healthcare, and to identify any changes of those variables conditioning the health situation of the Roma.

- The EU context is one of advanced democracies and wealthy countries where this alarming increase in inequality cannot be tolerated. The economic crisis cannot be used as an argument to avoid investing in measures that correct inequalities and protect the rights of persons

- The challenge of social protection and the guarantee of public services must bear at least three aspects in mind:
    - ⇒ Universal healthcare.
    - ⇒ Active social inclusion relies on the following prerequisites:
        - Sufficient services for all.
        - Services adapted to persons with specific characteristics and needs.
        - Efficient and effective services.
    - ⇒ It is an obligation of public authorities to remove any obstacle to an equitable access to services. Indubitably, the Roma population must also change many practices and habits but this does not exempts public authorities from fulfilling their obligations.

- Monitoring and evaluation processes are considered crucial in the life-cycle of projects designed to contribute to the generation of results and the effectiveness of the later. The Project has identified a set of tools: different types of reports, etc. which can contribute to the evaluation process. It would therefore have been desirable to design a monitoring and evaluation system to properly address the real needs and potential of the Project. Some of the fundamental tasks for review of this process are:

    - ⇒ Defining the proper time for monitoring and evaluation;
    - ⇒ Re-drafting of indicators;
    - ⇒ Design of simple, brief reports/information sheets;

⇒ This evaluation system should contribute, inter alia, to the identification of best practices and should serve as a vehicle for the training of those involved and contribute to the generation of synergies favouring a dialectically renewed mindset boosting new concepts and proposals.

⇒ Promote the active engagement of the Roma population in the generation of evaluation information (by establishing mechanisms and fora for feedback and proposal) and the assessment of results and impact (participatory mechanisms).

⇒ Implement evaluation fora involving key agents involved in the Project, especially in relation with the issues most directly related with activities they participate in.

5. Recommendations

As explained in our evaluation proposal, the systematic organisation of lessons learned and the possibility of offering helpful recommendations based on these, is one of the fundamental duties of evaluation.

The recommendations expressed in this section are at the crossroads between evaluation and re-programming. The depth and relevance of the following recommendations will determine the usefulness of the evaluation and, hence, the feasibility of its subsequent application in the taking of decisions and action.

These recommendations have been formulated for use by all decision-makers at all levels and are therefore not limited to managers or directors (strategic recommendations) but are extensive to those taking operational decisions in their everyday work in situ.

The recommendations have been organised based on their strategic or organisational-operational nature. Within these two areas, a distinction has been drawn based on recipients: Project partners and the EC.

Strategic recommendations revolve around the following aspects:

For Project partners:

- All of those involved in the Project should make an even greater effort to enhance the skills and knowledge of the main Roma and non-Roma NGOs working for the Roma community with a view to sharing lessons learned;
- Make new contacts and create and strengthen collaboration networks (public and private sectors);
- Delve deeper and extend and broaden the knowledge base regarding health problems suffered by the Roma population (qualitative analysis – group of experts) in light of the lack of representative and reliable data regarding EU-27 and conduct a more thorough analysis at individual country level for the purpose of designing polices and programmes tailored to each one's specific reality.

- Raise the awareness of national governments regarding the need to receive proposals and collaborate with NGO on issues relating to the Roma community.
- Promote changes in the way health-care services work (with limits) through the training of health-care providers and the publication and dissemination of a manual.
- Promote awareness-raising of personnel at health centres and hospitals as to new points of view and approaches to gain a better understanding of the health situation of Roma communities.
- Promote consolidated health-care mediation as a tool to facilitate the access of the Roma community to health services.

For the EC:

- Include health promotion of the Roma population on the EU's political agenda in order to mobilise institutional and financial resources with a view to organising, coordinating and controlling measures designed to reduce the health inequality suffered by Roma.
- The health situation of the Roma requires a European response. The transnationality of the issue of Roma health adds value to the coordination of national health policies aimed at the reduction of inequalities in Roma access to healthcare. Considering its capacity to address transnational issues and to coordinate the activities of multilateral, national and local institutions, the EU in particular ought to take a leadership role in the promotion of Roma health.
- The EU leadership and initiatives should uphold and complement the authority of national states in the field of health provision in accordance with the principle of subsidiarity.
- The elimination of the health inequities affecting the Roma population ought to be considered as a priority of all the institutions constituting the EU.
- The **European Commission** must respond to the mandate – of social inclusion and socio-economic cohesion, particularly with regard to the Roma population – assigned to it by the Council of the European Union and the European Parliament.

- The EU ought to consider the development of actions aimed at the promotion of Roma and other vulnerable groups' health as a priority within the framework of programmes of social inclusion and cohesion (European Social Fund [ESF], PROGRESS), and of transnational cooperation (EURoma, European Grouping for Territorial Cooperation, Platform, etc.)
- In that sense and because the health situation of Roma persons is a structural issue, member states should be able to access Structural Funds to support national efforts to universalise and normalise healthcare provision (see below), in part by expanding the reach and quality of health resources in those areas that need it most.

We also propose the following organisational and operation recommendations:
For Project partners:

- Disseminate of Project results and recommendations in all fields of interest within a reasonable scope;
- Promote similar national and transnational studies and research;
- Comply with the full extension of the terms of reference of projects, programmes and actions until all acquired commitments are fulfilled;
- Maintain contacts and networks which have resulted form the implementation of this project at national and EU-27 level;
- Increase the visibility of actions in the field of health and the Roma community at national and community level in order heighten public awareness as to the situation facing the Roma population in the area of health;
- Submit a new concrete proposal to DG SANCO a EACH to follow up on the priority recommendations present in the Project itself and this evaluation;
- At State level, promote the implementation of new research and pilot proposals following approval which could subsequently be integrated into general health policies;
- Promote the development of transnational projects enabling the exchange of best practices in the area of health.

For the EC:

- Repeat the study conducted in the framework of this Project, making it longitudinal and periodic (every five years, for example) in order to measure progress;
- Broaden the study to more EU-27 countries;
- Within the framework of DG Sanco's public health programme (2008-2013) we would propose:
    - a pilot project in the countries involved in this study;
    - use of the mainstreaming approach to introduce the Roma issue in some of the lines of action being carried out.
- The EC should move forward in monitoring health inequality in order to identify social indicators with a very special accent on Roma communities in all of the resolutions and decisions taken and/or affecting these communities;
- All results and discussions stemming from the Project ought to be taken into account in work done at European level in support of the Roma community and contributions made to their content and activities in the area of health;
- In the framework of the future Structural Funds, we would propose specific action in the area of health and the Roma population.

Bibliography

Of the documentation and Web pages consulted during the external evaluation process, special mention should be made of the following:

Documentation

- Annex I. Description of the action. Project “Health and the Roma Community, Analysis of the Situation in Europe”. Roma Health 2006 342.

- Final questionnaires and data collection sheet. Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- Training guidelines for interviewers. Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- Handbook for the manual debugging (check) of the Survey. Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- Leaflets. Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- *Minutes: 1st, 2nd, 3rd, and 4th Steering Comité.* Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- *Minutes: 1st and 2nd Transnational Expert Group Meeting.* Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- Interim and final technical report. . Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- National Reports (Executive Summaries in English). Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- International Report. Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- Transnational Seminar: Presentations, documentation and satisfaction questionnaire. Project “Health and the Roma Community, Analysis of the Situation in Europe”.

- Commission of the European Communities, Brussels, 20.10.2009 – COM (2009) 567 final. *Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Solidarity in Health: reducing health inequalities in the EU.*

- *Salud y Comunidad Gitana*. Ministerio de Sanidad y Consumo. Madrid. 2005

Web pages

- EAHC - *Executive Agency for Health and Consumers* (Agencia Ejecutiva de Sanidad y Consumo)

  http://ec.europa.eu/eahc/index.html

- EU – Roma European Network on Social Inclusion and Roma under the Structural Funds

  http://www.euromanet.eu/

- European Portal for Action on Health Equity

  http://www.health-inequalities.eu/

- Salud UE – El portal de salud pública de la Unión Europea

  http://ec.europa.eu/health-eu/index_es.htm

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

  http://www.gitanos.org/european_programmes/health/

- FSG (Fundación Secretariado Gitano)

  www.gitanos.org

- Efxini Poli

  www.efxini.gr

- Office of the Council for Roma Affairs Czech Government

  www.vlada.cz/en/rvk/rzrk/rzrk.html

- PDCS (Partners for Democratic Change Slovakia)

  www.pdcs.sk

- REAPN (Rede Europeia Anti-Pobreza Portugal Associacao).

  www.reapn.org

- Romani CRISS (Roma Center for Social Intervention and Studies)

  www.romanicriss.org

- THRPF (The Health of the Romani People Foundation)

  www.romanyhealth.hit.bg

- Ministerio de Sanidad y Política Social de España

  http://www.msc.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/comuGitana.htm

Annexes

I. Description of the project and Work Package No 3: Project evaluation

General objective:

Analyze the health situation of the Roma community to tackle health inequalities and design tailored made policies and activities for the target population.

Specific Objectives of the Project:

- 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 society using mainly international health indicators.

- Develop an approximate diagnosis of the social/health situation of the Roma community in each participating country.

- Analyse results obtained in the survey, identifying health determinants for Roma, developing effective strategies and making recommendations in terms of policy and in terms of health promotion, disease prevention and health monitoring. These will 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.

- 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 current health situation.

Indicators of the specific objectives of the Project:

Objective 2. 2.1.

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 society using mainly international health indicators.

Indicators:

- 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.
- Representativeness of the sample in each of the partner countries whom administer the questionnaire to.
- Inclusion of indicators from studies conducted by national, European and international (WHO) health authorities (minimum 90%) in the information-gathering instrument.
- Number of stakeholders which 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.
- Number of appearances of information related to the results of the Project in public mass media.

Objective 2. 2.2. and **objective 2. 2.3.**

Develop an approximate diagnosis of the social/health situation of the Roma community in each participating country and 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.

Indicators:

- 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 community.
- Having recommendations in place and adoption of these recommendations by main stakeholders at national and international level. These main stakeholders will be informed from the beginning of the project and will be requested to be involved in diverse actions: dissemination activities, expert group, national and transnational seminars, among others.
- Organization of 2 transnational working groups, one per year.
- Grade of involvement in project activities: ongoing attendance at meetings, drafting of documents (analysis report of the survey done in each country and a guideline and recommendations document at the national level), participation in transnational activities. Two members from each of the national working groups will participate in the transnational working groups.
- One national report per country will be produced.
- One transnational report including input from all national reports. – Sastipen Annual Report will be produced.
- (a) 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 information produced in the Project by main stakeholders.
- Number of appearances in the mass media of news related to the results of the project.
- Number of publications or projects including information gathered during the project.

- Number of invitations received to present the project or its results in events, study centres, universities, etc.
- Number of stakeholders participating actively in the activities of the project.

Objective 2. 2.4.

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.

Indicators:

- One national seminar to be organized in each country with the participation of 50 professionals, representing main stakeholders from private and public spheres: Health administrations (national, regional, local), Roma and non Roma Associations, health and social professionals, researchers, university professors, representative of international organisations, etc.
- Participation of key political members in the national seminars.
- 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.
- Creation of a webpage containing the actions of the project.
- Dissemination of project's deliveries among main stakeholders.
- (a) Number of stakeholders participating actively in the activities of the project and (b) qualitative assessment of the utility and opportunity of implementation of the recommendations, depending on the role of each stakeholder.

Indicators for the coordination of the project:

- Development of Internal management tools.
- Organization of 4 steering committees (2 per year) having at least one representative from each association involved in the project.
- Organization of, at least, 4 coordination meetings at national level within the partner associations.
- Qualitative assessment of the coordination by each partner at the end of the project.

Expected results of the Project:

- Diagnosis of the social/health situation of the Roma community in 7 European countries (Spain, Portugal, Greece, the Czech Republic, Slovakia, Romania, and Bulgaria – all with a significant Roma population) based on the gathering of data from a representative sample in each country. A report will be published in each country in its own language.

- Drafting of an action proposal and recommendations document targeting different key players in the social/health domain (political decision makers, health-care administration technicians, health-care personnel, social entities working in the sphere of health and the Roma community, etc.). Recommendations will have a specific national focus adapted to each context but will also have a European dimension.

- Awareness raising and dissemination actions. Project methodology seeks to involve the greatest number of stakeholders in its actions, raising their awareness of the social/health reality of the Roma population, its needs, how to address the specific needs and certain specific aspects of the Roma community health behaviour and how to improve their access to health-care resources, particularly to health promotion and primary care services.

- Setting up priorities of action in each of the countries in order to improve the health situation of the national Roma communities.

The purpose of the final external evaluation of the project is in line with the guidelines defined in Work package No 3: Project Evaluation, with special mention of the following:

"An external evaluation company will be hired in order to carry out a more detailed evaluation once the project has ended. (…) The outcome of this evaluation will be based on the perceived effects (qualitative analysis)" This assessment will have to take into account the direct consultancy of each stake holders."

With the following milestones and deliverables:

- *Evaluation strategy plan*[24]
- *Questionnaire for satisfaction survey*[25]
- *Evaluation Report* [26]

Milestone / deliverable: Evaluation strategy plan:

The external evaluation was conducted and this Final Evaluation Report drafted by the evaluation team of ***Dinamia S. Coop. Mad***. **Dinamia** also designed the evaluation strategy plan of the Project "Health and the Roma community, analysis of the situation in Europe" which was submitted to the EC in September 2009 as ANNEX I. The fundamental pillars on which the Plan is based are found in Annexes I and II of this Final Evaluation Report under the headings "Project Description and Work Package No 3: Project Evaluation" and "Evaluation strategy plan: work plan of the final evaluation of the project and description of the work undertaken", respectively.

Milestone / deliverable: Questionnaire for the satisfaction study:

See Annex IV: **"Methodological tools for the gathering of information designed and used during the fieldwork phase of the work"** and **Annex VI "Results of the satisfaction study**", list the study's technical specifications (included in the survey form) under the methodological evaluation tools used during the evaluation process and are linked to the quantitative and qualitative results of the study for each of the questionnaire's relevant questions.

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[24] The evaluation strategy play of the Project "Health and the Roma community, analysis of the situation in Europe" was submitted to the EC in September 2009 as ANNEX I.
Furthermore, the fundamental pillars on which the Plan is based are found in Annexes I and II of this Final Evaluation Report under the headings "Project Description and Work Package No 3: Project Evaluation" and "Evaluation strategy plan: work plan of the final evaluation of the project and description of the work undertaken", respectively.

[25] See Annex IV: "List of methodological tools for the collection of information designed and used during the field-work phase" and Annex VI "Results of the satisfaction study". Annex IV includes the study's technical sheet (including the survey questionnaire) as one of the methodological evaluation tools used during the evaluation process and Annex VI shows the quantitative and qualitative results of the study for each of the questionnaire's relevant questions.

[26] This Final Evaluation Report.

Milestone / deliverable: Evaluation report:

This Final Evaluation Report. The Project evaluation process included a **quantitative and qualitative analysis** of the data and information produced during the Project measuring the effectiveness, relevance (adaptation and consistency), efficiency, impact (wanted and unwanted effects), coverage (participation and gender focus) and coordination. It also included stakeholders **degree of satisfaction** with the Project and the **usefulness** of its conclusions and recommendations.

II. Presentation of the evaluation team

The work team was comprised of two people from the Dinamia social consultancy cooperative:

- Ana Ballesteros Pena
- Sonia Franco Alonso

Ana Ballesteros Pena participated as a consultant throughout the entire Project evaluation process and was jointly responsible for the design and development of the evaluation process (design, fieldwork and drafting of reports) from her area of expertise in programme and public policy evaluation and participatory research for local development.

Sonia Franco Alonso participated in the Project evaluation process from the beginning at the methodological design and fieldwork stages. She was also jointly responsible for the drafting of the final evaluation report. Her expertise in the social area and projects design, drafting and evaluation.

Dinamia is a social consultancy cooperative comprised of professionals from the area of Social Economy and Solidarity and business development. Its aim is to jointly generate new management and strategic consultancy models for enterprises, tertiary sector organisations and public and private entities based on a participatory model.

Dinamia also seeks to put knowledge management, as a conceptual and practical tool, at the service of organisations and daily planning. Its work model combines individual and collective professional experience allowing for the generation of common synergies without losing sight of the capacity for involvement of each member as an individual consultant.

We would highlight the following elements from the *curriculum vitae* of the evaluators assigned to the Project:

Ana Ballesteros Pena. Specialist in research and programme and project evaluation. She has participated in different programmes related to collective research on groups in risk of exclusion. She has also been involved in research and evaluation of European programmes and initiatives.

Sonia Franco Alonso. Specialist in the design and evaluation of social programmes, management of non-profit organisations, consultancy projects and the social field. She has professional experience as manager and evaluator of bilateral and multi-lateral projects in the areas of human rights, international cooperation and social intervention.

III. Evaluation strategy plan: work plan for the final evaluation of the Project and description of the work undertaken

Stages:

Stage 1

OFFICE STUDY IN SPAIN

- Review of Project documentation furnished by the FSG.
- In-depth interviews with Project heads.
- Fine-tuning of methodological tools.
- Preparation of Field work.

PRODUCT:

Strategic plan for the evaluation[27]

Stage 2

FIELD WORK

- Participatory workshop with representatives from the seven project partner countries (representative number).
- Survey of a representative sample of stakeholders.
- Direct, non-participatory observation at the *Health and the Roma community International Seminar.*
- Use of field work.
- Meeting with FSG heads to share preliminary results.

PRODUCT:

Questionnaires for the satisfaction study[28]

[27] See: 5.3.3. *Milestones and Deliverables* of Work Package No 3: Project Evaluation.
[28] See: 5.3.3. *Milestones and Deliverables* of Work Package No 3: Project Evaluation.

Stage 3

OFFICE WORK

- Organisation of the information gathered.
- Drafting of the final evaluation report including conclusions and recommendations.
- Discussion of results with the FSG.
- Delivery of final evaluation report to the FSG.

PRODUCT:

- **Evaluation report**[29]

Calendar:

STAGES	MONTH / TASKS	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
STAGE 1 OFFICE STUDY	➢ Review of Project documentation furnished by the FSG.				
	➢ In-depth interviews with Project heads.				
	➢ Fine-tuning of methodological tools.				
	➢ Preparation of Field work.				
STAGE 2 FIELD WORK	➢ Participatory workshop with representatives from the seven project partner countries (representative number).				
	➢ Survey of a representative sample of stakeholders.				
	➢ Direct, non-participatory observation at the *Health and the Roma community*				

[29] See: 5.3.3. *Milestones and Deliverables* of Work Package No 3: Project Evaluation.

STAGES	MONTH TASKS	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
	International Seminar.				
	➢ Use of field work.				
	➢ Meeting with FSG heads to share preliminary results.				
STAGE 3 OFFICE WORK	➢ Organisation of the information gathered.				
	➢ Drafting of the final evaluation report including conclusions and recommendations.				
	➢ Discussion of results with the FSG.				
	➢ Delivery of final evaluation report to the FSG.				

IV. Description of methodological tools for the gathering of information designed and used during the field work stage

Participatory evaluation workshop with representatives from the seven project partner countries.

Agenda of the participatory evaluation workshop with those attending *Steering Committee* No 4.

EU PROJECT PARTNERS MEETING FOR EVALUATION HEALTH AND THE ROMA COMMUNITY, ANALYSIS OF THE SITUATION IN EUROPE	
Work package number 3 **EXTERNAL EVALUATION OF THE PROJECT**	
30th September 2009	
11:00h – 11:15h	Welcome **(Dinamia)** Participants' presentation
11:15h – 11:30h	Opening **(Dinamia)** Methodology of the evaluation process Agenda of the evaluation workshop Documents included
11:30h – 11:50h	Individual questionnaire for satisfaction survey
11:50h – 12:30h	Working in two groups (SWOT analysis)
12 :30h -12:50h	Conclusions by groups
12:50h - 13:00h	Closing **(Dinamia)** Workshop conclusions

Presentation of the evaluation workshop to those attending *Steering Committee* No 4.

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

Madrid, 30th September 2009
4th Steering Committee
Work package number 3: Evaluation of the Project
EXTERNAL EVALUATION

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

Evaluation process

- The first stage of the evaluation process consists in examining the intervention strategy, in other words, its rationale, its logic and where it stands vis-à-vis the related policies.
- The rationale of an intervention stands for addressing the needs, problems or stakes that are considered a priority within the local context, all of which cannot be addressed more effectively by means of an alternative option.
- The intervention logic identifies the activities, outputs, results and various levels of expected impacts. It takes either explicit or implicit causality assumptions into account, as well as the constraints of the local context.
- The intervention logic may be "faithful" to the objectives stated in the official documents. The objectives may also be translated into expected effects and implicitly expected effects may be revealed.

Methodological design

- The external evaluation team (Dinamia) designs its method so as to obtain the best possible answers to all evaluation questions.
- The purpose of this task is to ensure that the answers to the evaluation questions are founded on factual and reliable data as well as on valid analyses, and that they will take available expertise and knowledge into account.
- Dinamia draws up a design table for each question indicating the analysis strategy, the sub-questions to be addressed, and the information sources to be used. The evaluation tools are selected and developed.
- The overall design is then adjusted so that it matches all constraints such as time schedule, budget, access to information sources and availability of knowledge.
- The design also articulates and optimizes the data collection and analysis approaches.
- The aim is to benefit from the fact that certain data may help to answer several questions at the same time and to allow for an overall assessment of the intervention to be formulated.

Data collection

- The data collection is laid out by a detailed programme that specifies interview schedules as well as the tools to be brought into play.
- The new (primary) data collection may keep surprises in store, which must be handled by the evaluation team together with the manager. The difficulties most frequently found concern access to informants, lack of cooperation from informants, cultural distance and the absence or weakness of information being looked up.
- The reliability of collected primary data may be jeopardized by various biases and weaknesses such as self-censorship, the informants' strategy, leading questions, among others.
- In order to avoid duplications, unnecessary costs and weary informants, it is advisable to rely on existing (secondary) data as much as possible; in other words, on management and follow up documents, studies and research dealing with the area under consideration, published statistical sources, previous evaluation reports and their annexes.

1. QUESTIONNAIRE FOR SATISFACTION SURVEY

2. WORKSHOP: SWOT ANALYSIS

1. QUESTIONNAIRE FOR SATISFACTION SURVEY

Work package number 3: Evaluation of the Project

The evaluation will be carried out through a questionnaire designed in detail in order to evaluate the implementation of the Project and the effects of the Project on all the participating groups.

2. WORKSHOP: SWOT ANALYSIS

WHAT IS MEANT BY SWOT ANALYSIS?

General definition

SWOT analysis (Strengths - Weaknesses - Opportunities - Threats) is a strategy analysis tool.

For example, it combines the study of the strengths and weaknesses of an organization, a geographical area, or a sector, with the study of the opportunities and threats to their environment. As such, it is instrumental in development strategy formulation.

For strategy, this approach takes into account internal and external factors, with a view to maximizing the potential of strengths and opportunities, while minimizing the impact of weaknesses and threats.

As evaluation tool

SWOT analysis describes positive and negative aspects and identifies the factors in the environment which may positively or negatively influence projects. By so doing, this analysis reduces uncertainties and supports the strategy's improvement or its assessment.

SWOT analysis belongs to the group of tools studying the relevance and possible coherence of specific programmes or entire strategies.

Source: European Commission

SWOT ANALYSIS

Group work

EU PROJECT PARTNERS MEETING FOR EVALUATION
HEALTH AND THE ROMA COMMUNITY, ANALYSIS OF THE SITUATION IN EUROPE

Work package number 3
EXTERNAL EVALUATION OF THE PROJECT

30th September 2009

Taking into account the designed **results of the Project**:

⇒ Improved skills and knowledge of leading Roma NGOs and non Roma NGOs working for the Roma community.

⇒ Developed new contacts and establishing collaborating networks (public and private sphere).

⇒ Improved the knowledge about Roma health problems (qualitative analysis – expert groups) as no representative and reliable data exists.

⇒ Increased awareness of national administrations to receive proposals and collaborate with NGOs in Roma issues.

⇒ Introduced changes in practices in health services (with limitations) by health care provider's trainings and production and dissemination of a handbook.

⇒ Raised awareness in health care centers and hospitals for new points of view and approaches to understand better the health situation within the Roma communities.

⇒ Consolidated health mediation as a way of facilitating access to health services for Roma community.

Please **asses the Project** regarding its:

- Strengths
- Weaknesses
- Opportunities
- Threats

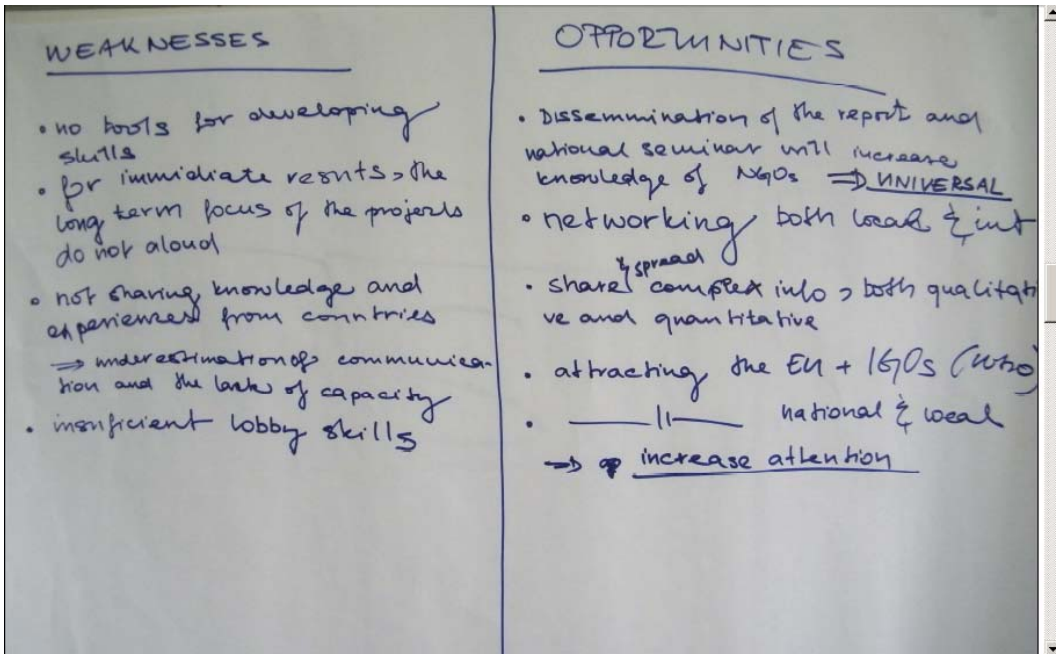
And keeping in mind the following **key words**:

- Data quantity.
- Data quality.
- Conclusions.
- Proposals by levels.
- Recommendations for action.

Pictures of the workshop

Presentation and group work

Work presentation: strengths, weaknesses, opportunities and threats

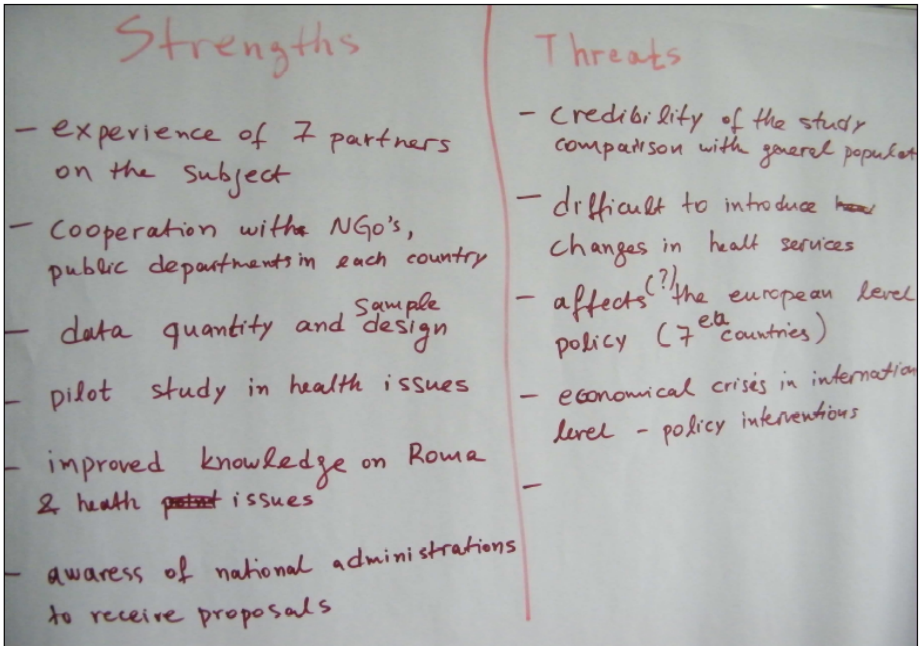


WEAKNESSES

- no tools for developing skills
- for immidiate results > the long term focus of the projects do not aloud
- not sharing knowledge and experiences from countries
  ⇒ underestimation of communication and the lacks of capacity
- insuficient lobby skills

OPPORTUNITIES

- Dissemmination of the report and national seminar will increase knowledge of NGOs ⇒ UNIVERSAL
- networking both local & int
- share & spread compleX info > both qualitative and quantitative
- attracting the EU + IGOs (WHO)
- —"— national & local
  → ⇒ increase attention



Strengths

- experience of 7 partners on the subject
- cooperation with the NGO's, public departments in each country
- data quantity and sample design
- pilot study in health issues
- improved knowledge on Roma & health ~~point~~ issues
- awaress of national administrations to receive proposals

Threats

- credibility of the study comparison with general popula
- difficult to introduce ~~how~~ changes in healt services
- affects (?) the european level policy (7 ela countries)
- economical crises in internatio level - policy interventions
-

Survey of a representative sample of stakeholders

Technical data

Geographical scope:	Bulgaria, Slovakia, Spain, Greece, the Czech Republic, Portugal and Romania plus EC offices in Europe.
Time frame:	From 30 September to 23 October
Information gathering:	Questionnaire filled out via Internet links and an online form; questionnaire filled out by the interviewee and returned via e-mail.
Analysis target group[30]:	Project stakeholders from Bulgaria, Slovakia, Spain, Greece, the Czech Republic, Portugal and Romania plus EC offices in Europe (160 people)
Sample size:	36 Project stakeholders (22.5%).

Introductory information (in English)

EXTERNAL EVALUATION

QUESTIONNAIRE TO EU PROJECT STAKEHOLDERS (SURVEY FOR EVALUATION)

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

The **survey** is carrying out through **this questionnaire** to the **stakeholders of the Project** and has been designed in order to **evaluate the implementation of the Project**. This questionnaire is anonymous and its treatment will be confidential.

Please, answer the following **four parts of the questionnaire** (**all parts**). Answer the questions with a tic √, or specify the requested data, and give **only one answer for each question**. If you do not know the answer or the question does not involve to you, indicate "**not applicable**".

If you want to include further information regarding any particular topic, write these **comments** in the corresponding question or **at the end of the questionnaire (Q.46)**.

[30] Owing to the fact that the Project partner from Slovakia did not provide their stakeholder list to the FSG on time, it was only possible to process the information provided by that country's representatives at Steering Committee meeting No 4.

Note:

According to the ***Work package number 3: Evaluation of the Project*** the questionnaire should have been also designed in order to measure the effects of the Project on all the participating groups.

Nevertheless, this is not, methologically, possible at the present time due to it is too early to asses its effects (understood as impacts: positive and negative, primary and secondary medium/long-term effects produced by the development intervention, directly or indirectly, intended or unintended).

Therefore, it would be recommendable to asses the effects of the Project in the next future, after its complete finalization.

Thank you very much for your kind co-operation.

The precious information that you have provided filling this questionnaire in will be extremely useful for the accurate evaluation process of the Project

Questionnaire (in English):

QUESTIONNAIRE TO EU PROJECT STAKEHOLDERS (SURVEY FOR EVALUATION)

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

The survey is carrying out through this questionnaire to the stakeholders of the Project and has been designed in order to **evaluate** the implementation of the **Project**.

(According to the Work package number 3: Evaluation of the Project the questionnaire should have been also designed in order to measure the effects of the Project on all the participating groups. Nevertheless, this is not, methologically, possible at the present time due to it is too early to asses its effects (understood as impacts: positive and negative, primary and secondary medium/long-term effects produced by the development intervention, directly or indirectly, intended or unintended). Therefore, it would be recommendable to asses the effects of the Project in the next future, after its complete finalization).

This **questionnaire** is **anonymous** and its treatment will be **confidential**.

Please, answer the following questions with a tic √, a circle O or a cross **X**, or **specify** the **requested data**, and give only **one** answer for each question. If you do not know the answer or the question does not involve to you, indicate "**not applicable**".

If you want to include **further information** regarding any particular topic, write these **comments** in the corresponding **question** or **at the end of the questionnaire** (**Q.45**).

Q.1. In what **age** group are you?

- 0 19 and under
- 0 20 - 29
- 0 30 - 39
- 0 40 - 49
- 0 50 - 59
- 0 60 +

Q.2. **Gender**

- 0 Female
- 0 Male

Q.3. Regarding this Project, which has been your main **role**?

- 0 Writer
- 0 Administrative assistant
- 0 Secretary
- 0 Academic expert
- 0 Technical expert
- 0 Researcher
- 0 Administrator / Supervisor
- 0 Manager / Co-ordinator
- 0 Other, please specify: _____

Q.4. **How long** have you been involved in this Project?

Number of months, please specify: ____

Q.5. The **institution partner** that you represent belongs to:

- 0 Public sector
- 0 Private sector
- 0 Non Lucrative Organisation
- 0 International Organisation
- 0 Other, please specify: _____

Q.6. Please give **your personal opinion** (or have no opinion) on the following statement: The Project **has accomplished its Overall Objective** "Analyze the health situation of the Roma community to tackle health inequalities and design tailored made policies and activities for the target population".

- 0 Strongly disagree
- 0 Disagree
- 0 Undecided
- 0 Agree
- 0 Strongly agree
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.7. Please give **your personal opinion** (or have no opinion) on the following statement: The Project has accomplished the purpose of "obtaining **reliable** and objective **data about the social / health situation of Roma population** and the use made of health-care resources available for the mainstream society using mainly international health indicators".

- 0 Strongly disagree
- 0 Disagree
- 0 Undecided
- 0 Agree
- 0 Strongly agree
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.8. Please, overall, how would you rate the **quality and the reliability of questionnaire** as common instrument to all partner countries to be administered in order **to carry out the survey**, and comprehensiveness of data obtained and compared.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.9. Please, overall how would you rate the **representativeness of the sample** whom the questionnaire was as well administered.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.10. Overall which is the **percentage (approximately) of inclusion of indicators** from studies conducted by national, European and international (WHO) health authorities in the information-gathering instrument, please specify: _____ %

- 0 Not applicable

Comments (in case you would like to add something): _____

Q11. Please, specify, approximately, **the number of stakeholders which have received information produced in the project** regarding the social and sanitary situation of the Roma Community and their access to services: ____

- 0 Not applicable

Comments (in case you would like to add something): _____

Q.12. Rate the **quality** and the quantity **of stakeholders participating actively in the activities of the Project**.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.13. Assess the **utility and interest of this qualitative information produced by the Project** regarding the social and sanitary situation of the Roma Community and their access to services.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.14. Rate the quality of appearances of **information related to the results of the Project in public mass media**.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.15. Rate the **quality of publications or projects including information gathered during the Project**.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.16. Rate the **quality of invitations received to the Project** or its results in events, study centres, universities, etc.

- 0 Very poor
- 0 Poor
- 0 Good
- 0 Very good
- 0 Excellent
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.17. Please, give your personal opinion (or have no opinion) on the following statement: The **results** obtained in the Project have identified **health determinants for Roma, developed effective strategies and made recommendations** in terms of policy and in terms of health promotion, disease prevention and health monitoring.

- 0 Wrong
- 0 Rather wrong
- 0 Rather true
- 0 True
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.18. Please, give your personal opinion (or have no opinion) on the following statement: The Project has facilitated the **development of an approximate diagnosis of the social/health situation of the Roma community**.

- 0 Wrong
- 0 Rather wrong
- 0 Rather true
- 0 True
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.19. Please, give your personal opinion (or have no opinion) on the following statement: The Project **has promoted substantial pro-active measures in improving the standing of the Roma community in the social / health domain** and likewise in orienting the use of resources.

- 0 Wrong
- 0 Rather wrong
- 0 Rather true
- 0 True
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.20. Please, rate this statement: The organization of the different **meetings of the group of experts**, as national working group, has been **very useful and has well-balanced represented** national, regional and local health administrations, researchers, professionals, NGOs, representative of national and international organisations active and members of the **Roma community**.

- 0 Strongly disagree
- 0 Disagree
- 0 Undecided
- 0 Agree
- 0 Strongly agree
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.21. Please, rate this statement: The main stakeholders have been informed from the beginning of the Project and have been requested **to be involved in diverse actions**: dissemination activities, expert group, national and transnational seminars, among others.

- 0 Strongly disagree
- 0 Disagree
- 0 Undecided
- 0 Agree
- 0 Strongly agree
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.22. Grade the **usefulness of the national seminar** organized with the participation of key professionals and main stakeholders from private and public spheres: Health administrations (national, regional, local), Roma and non Roma Associations, health and social professionals, researchers, university professors, representative of international organisations, among others.

- 0 Not useful
- 0 Slightly useful
- 0 Useful
- 0 Very useful
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.23. Grade your **level of satisfaction regarding the national report produced**.

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.24. How do you asses the **participation of key political members** in the national seminars.

- 0 Not important
- 0 Slightly important
- 0 Important
- 0 Very important
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.25. Overall, how would you rate your **satisfaction with the co-ordination** support that you have received from ***Fundación Secretariado Gitano****?*

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.26. Overall, how would you rate your **satisfaction regarding the co-ordination** with **the other Project partners**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.27. Overall, how would you rate your **satisfaction with the information and co-ordination support** that you have received **from the EC**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.28. Overall, how would you rate your satisfaction with the **involvement of your own organization in the Project**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.29. Please, rate this statement

The **national visibility** of the Project has been the adequate.

- 0 Strongly disagree
- 0 Disagree
- 0 Undecided
- 0 Agree
- 0 Strongly agree
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.30. Please, rate this statement

The **European visibility** of the Project has been the adequate.

- 0 Strongly disagree
- 0 Disagree
- 0 Undecided
- 0 Agree
- 0 Strongly agree
- 0 Not applicable

Comments (in case you would like to add something): _____

Please **assess** the following results of the Project, **treat each statement separately**, and do not feel guided by prior statements. **1**: **Not at all** to **5**: **Strongly agree**.

Q.31. **Improved skills and knowledge** of leading **Roma NGOs** and **non Roma NGOs** working for the Roma community.

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something): _____

Q.32. Developed new contacts and establishing collaborating **networks** (public and private sphere).

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something): _____

Q.33. Improved the **knowledge about Roma health problems** (qualitative analysis – expert groups) as no representative and reliable data exists.

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something):

Q.34. Increased awareness of **national administrations to receive proposals and collaborate with NGOs in Roma issues**.

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something): _____

Q.35. Introduced **changes in practices in health services** (with limitations) by health care provider's trainings and production and dissemination of a handbook.

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something): _____

Q.36. Raised awareness in **health care centers and hospitals for new points of view** and approaches to understand better the health **situation within the Roma communities**.

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something): _____

Q.37. Consolidated **health mediation** as a way of facilitating access to health services for Roma community.

O 1 O 2 O 3 O 4 O 5

0 Not applicable

Comments (in case you would like to add something): _____

Q.38. Grade your **level of satisfaction regarding the transnational report produced**.

0 Very dissatisfied

0 Dissatisfied

0 Satisfied

0 Very satisfied

0 Not applicable

Comments (in case you would like to add something): _____

Q.39. Grade your **level of satisfaction regarding the transnational seminar.**

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.40. Grade your **level of satisfaction regarding** the **usefulness of the Webpage of the Project**.

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.41. Overall, how would you rate your **satisfaction regarding** the co-ordination and execution of the **1st Steering Committee**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something):

Q.42. Overall, how would you rate your **satisfaction regarding** the co-ordination and execution of the **2nd Steering Committee**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.43. Overall, how would you rate your **satisfaction regarding** the co-ordination and execution of the **3rd Steering Committee**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something):

Q.44. Overall, how would you rate your **satisfaction regarding** the co-ordination and execution of the **4th Steering Committee**?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.45. Overall, how would you rate your **satisfaction regarding** the grade of interest and **the assumption of the Project recommendations by the competent authorities** (taking into account the utility and opportunity of implementation of the recommendations)?

- 0 Very dissatisfied
- 0 Dissatisfied
- 0 Satisfied
- 0 Very satisfied
- 0 Not applicable

Comments (in case you would like to add something): _____

Q.46. Do not hesitate to propose **any suggestions or comments** that, in your opinion, should be **taken into account during this evaluation process?** please specify: _____

Thank you very much for your kind co-operation.

The precious information that you have provided filling this questionnaire in will be extremely useful for the accurate evaluation process of the Project.

E- mail messages inviting stakeholders to take part in the online survey:

Dear colleagues,

We write from **Fundación Secretariado Gitano** regarding the project ***'Health and the Roma Community, analysis of the situation in Europe '***. As EU project stakeholders we would like to inform you that the social consulting **Dinamia** is carrying out the external evaluation of the project. The aim of this evaluation is to evaluate the implementation of the project. This results in a questionnaire for satisfaction survey. Regarding this, you can find below four links **of the questionnaire.**

Please, **read** carefully the **enclosed instructions** and **complete all parts of the questionnaire** (four parts).

The **deadline** for submission of questionnaires will be **19 OCTOBER 2009**.

PART 1 OF 4: QUESTIONNAIRE TO EU PROJECT STAKEHOLDERS (SURVEY FOR EVALUATION)
http://www.surveymonkey.com/s.aspx?sm=j06F9X5WSw1QtoMI_2bozxtg_3d_3d

PART 2 OF 4: QUESTIONNAIRE TO EU PROJECT STAKEHOLDERS (SURVEY FOR EVALUATION)
http://www.surveymonkey.com/s.aspx?sm=BtSEz5ax013b8Iq91Se67g_3d_3d

PART 3 OF 4: QUESTIONNAIRE TO EU PROJECT STAKEHOLDERS (SURVEY FOR EVALUATION)
http://www.surveymonkey.com/s.aspx?sm=Pc_2bBdO9IOYqERp85_2fX8LDA_3d_3d

PART 4 OF 4: QUESTIONNAIRE TO EU PROJECT STAKEHOLDERS (SURVEY FOR EVALUATION)
http://www.surveymonkey.com/s.aspx?sm=946Nx3cMJxR6qPDFet_2foiQ_3d_3d

Interview script for FSG Project leaders

1. Role of interviewee in the Project
2. Amount of time involved in the Project
3. How was the coordination between the different national seminars, agendas, dates...? Was there a joint agenda for the presentation of the Project at the different national seminars?
4. How was the agenda of the transnational seminar and the selection of speakers agreed?
5. Coordination between partners, positive and negative aspects.
6. Role of the Commission. In the organisation with the Secretariado Gitano as project leader, with the other partners, ...
7. Reliability of the questionnaire as an instrument (pros and cons)
8. Methodological limits
9. Comments regarding the target population (the entire Roma population in Bulgaria, Romania, Greece, Portugal, the Czech Republic, Slovakia and Spain).
10. Extrapolation of data and diagnosis.
11. Opinion on the participation of the different people involved in the Project.
12. Self-criticism regarding FSG coordination; lessons learned.
13. General opinion regarding how project results can bring about the envisaged improvements (e.g. adoption of measures, capacity to implement actions...).
14. Were risks relating to the results obtained properly evaluates?
15. Were results limited, unsuitable or invalid due to the effect of some unforeseen outside factor? Valuation, which, how were these handled.
16. Valuation (internal) of the flexibility with which the coordinating body and/or the EC (finance body) adapted in order to guarantee that results, despite difficulties, met the objective; and to what extent did the project leader (FSG) receive support in this sense from the main stakeholders, i.e. partners, the Commission, etc.
17. Were responsibilities properly distributed among the different stakeholders and what accompaniment measures were adopted?
18. What positive or negative effect did unforeseen results have on the benefits obtained and how could these have been foreseen and managed?
19. Were any of the deficiencies observed due to a lack of integration during the

execution phase of transversal or fundamental issues such as gender equality, idiosyncrasies of each country (different complex administrative systems), etc.?

20. Incorporation of results obtained in the study: factors determining Roma health, effective strategies, policy recommendations, health promotion, disease prevention and control.

21. Consistency of more pro-active measures to improve the social/health status of the Roma community and to focus the use of resources in each country and at transnational level.

22. How were key political decision-makers, programme developers and members of the Roma community involved in implementing measures and strategies designed to enhance the current health situation?

23. Valuation of group meetings.

24. Valuation of transnational working groups.

25. Dissemination of results (calendar, level, coordination).

26. Qualitative valuation of the organisation (by the partners) and of the coordination of partners; of both evaluating the EC and the EC evaluating them and the Project.

27. Main merits of the Project.

28. Main weaknesses of the Project.

29. Main weaknesses of the design.

30. Main strengths of the design.

31. Main strengths of the execution.

32. Main weaknesses of the execution.

33. Opinion regarding this conclusion: the health situation of Roma is inadmissible in light of the founding principles of the EU and the European social model: Roma also have to change many of their practices and habits but this does not exempt public authorities from their responsibilities. How to proceed in the future.

34. Main lessons learned. Successes / failures

35. How will the final external evaluation be disseminated?

36. Valuation of aspects concerning Project coordination (handling / management / participation). To what extent did they limit results. Provide data...

37. Valuation of Project results; variability depending on stakeholder, similarities / differences.

38. Results: How should one approach the full health cycle – prevention, care, risk mitigation?

39. In practice, what value added was extracted from the Project's transnational character?

40. How does one go from "mutual knowledge and mutual exchange" to the sharing of tools and joint methods?

41. How does the study fit into the European inclusion strategy, etc.?

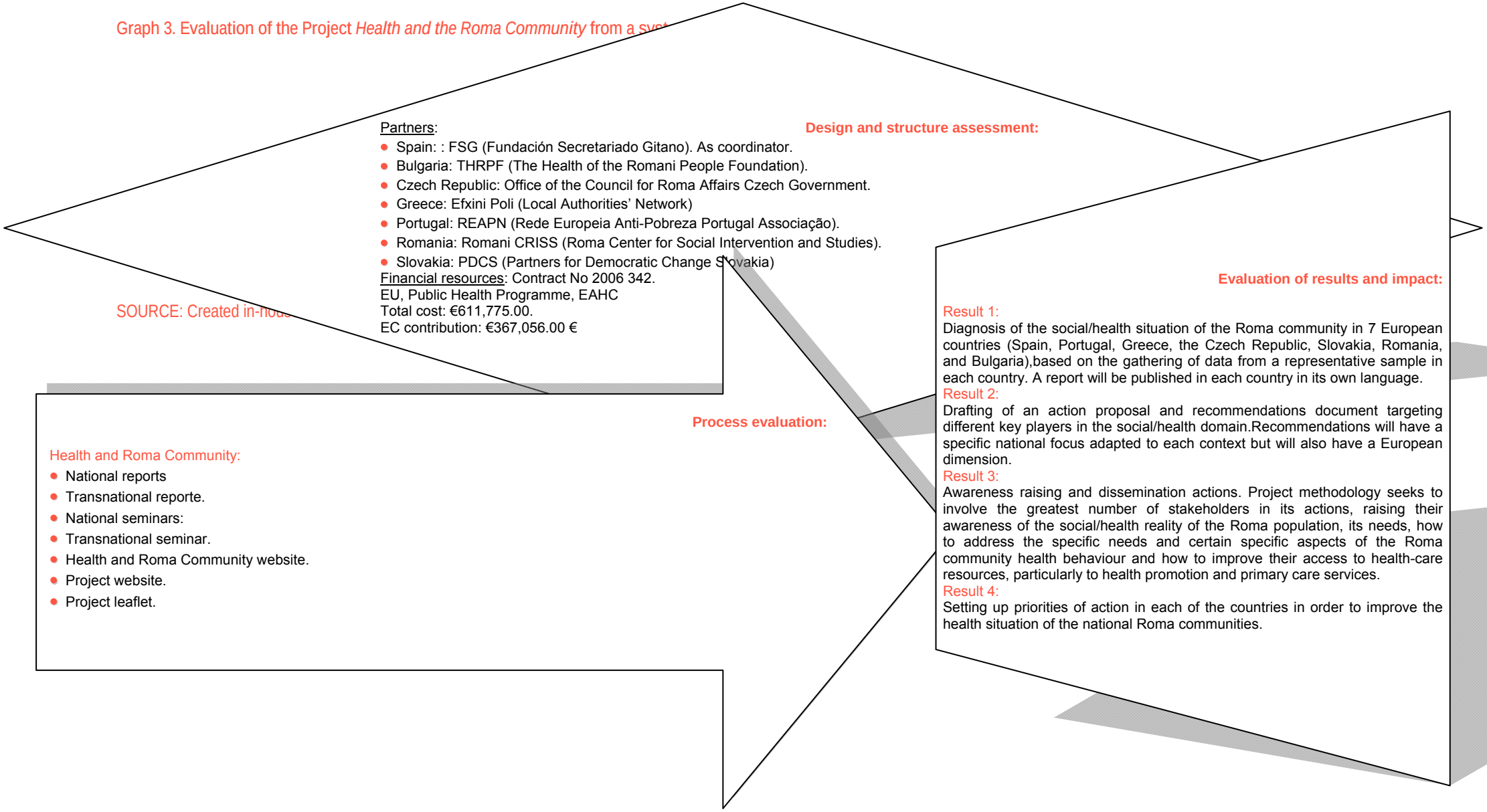
42. How would study conclusions fit into European proposals?

43. Valuation of the following premises about the future (gleaned from the Transnational Seminar):

a. Repeat the study making it longitudinal and periodic (every five years, for example) in order to measure progress. It should be extended to more countries.
b. Within the framework of DG Sanco's public health programme (2008-2013) we would propose:
    i. a pilot project in the countries involved in this study;
    ii. use of the mainstreaming approach to introduce the Roma issue in some of the lines of action being carried out.
c. Given that the Spanish Presidency of the EU plans to move forward in monitoring health inequalities and identifying their underlying social indicators, the Council is encouraged to put a special accent on Roma affairs in its resolutions and decisions.
d. The results and debates having to do with this study must be considered in the work undertaken by the Roma Platform and contribute to the latter's content and activity in the field of health.
e. Within the framework of future Structural Funds, in line with the recommendations of the Barca Report (Cohesion Policy Reform Programme), health actions targeting Roma are proposed.

V. Qualitative analysis of information. Project diagram from a systemic perspective: design, process and results

Graph 3. Evaluation of the Project *Health and the Roma Community* from a syst



SOURCE: Created in-hou

VI. Results of the satisfaction survey

Technical Sheet

Geographical coverage:	Bulgaria, Slovakia, Spain, Greece, Czech Republic, Portugal and Romania, plus CE's headquarters in Europe.
Duration:	From 30th September and 23rd of October
Information gathered:	Questionnaire completed online via links in Internet, self administered questionnaire and submitted by email.
Universe for the analysis	*Stakeholders* of the Project in: Bulgaria, Slovakia[31], Spain, Greece, Czech Republic, Portugal and Romania, plus CE's headquarters in Europe (160).
Size of the sample:	36 *stakeholders* of the Project (22,5%).
Language[32]:	English

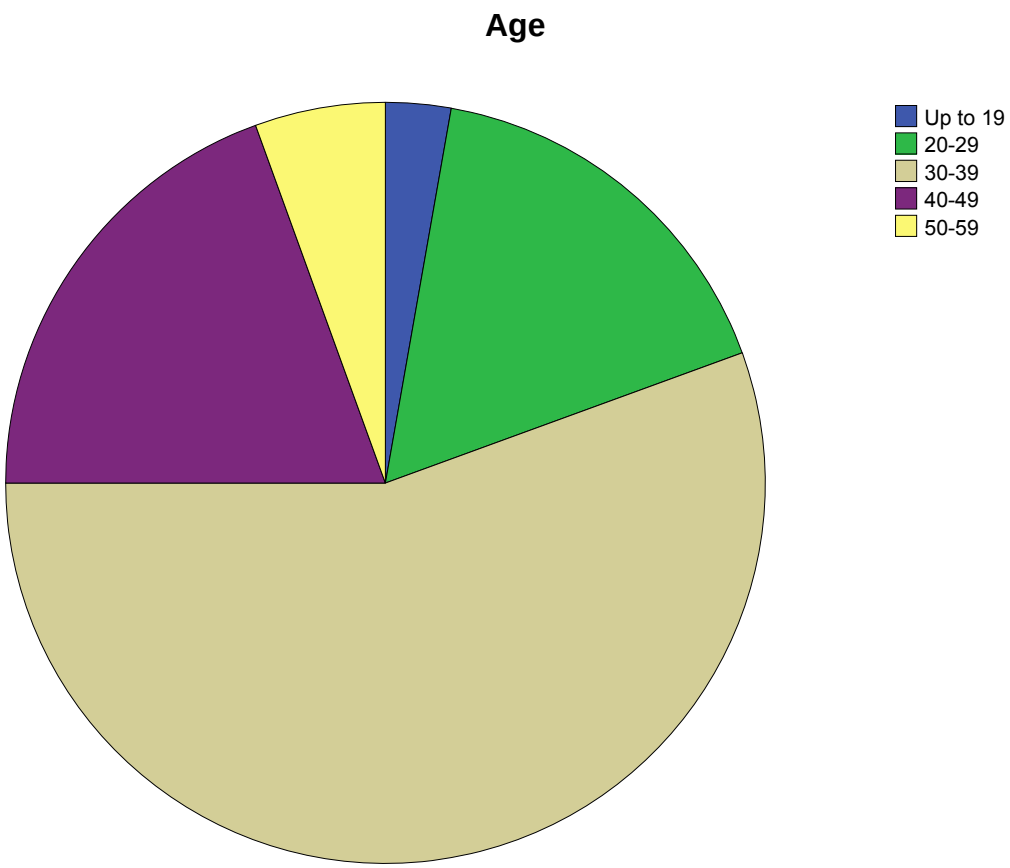
[31] The Slovak partner of the Project did not facilitate a stakeholders list to the promoter (FSG) therefore the information gathered for this country was only those given by its representatives in the *Steering Committee* nº 4.

[32] The questionnaires were designed in English as a common working language. Some stakeholders would have preferred those questionnaires in their language and Czech Republic and Romania indeed translated them. The outcomes were processed jointly.

Age

Age

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Up to 19	1	2,8	2,8	2,8
	20-29	6	16,7	16,7	19,4
	30-39	20	55,6	55,6	75,0
	40-49	7	19,4	19,4	94,4
	50-59	2	5,6	5,6	100,0
	Total	36	100,0	100,0	

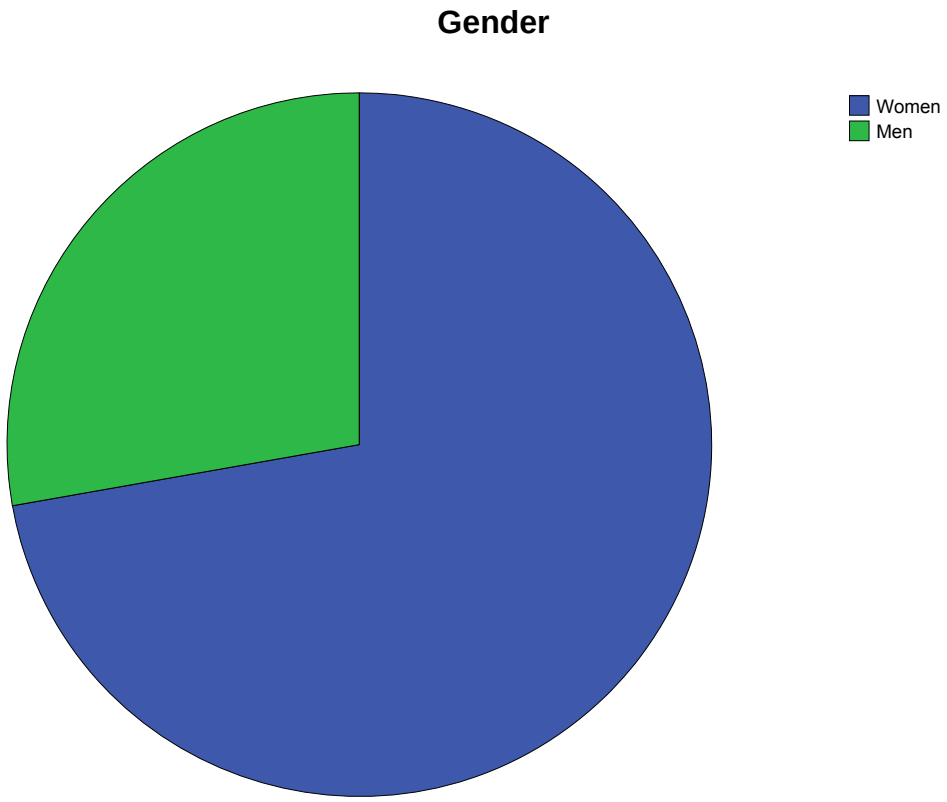


The age average is in the bracket of 30 and 39 years of age.

Gender

		Frequency	Percentage	Valid Percentage	Added percentage
Valid	Women	26	72,2	72,2	72,2
	Men	10	27,8	27,8	100,0
	Total	36	100,0	100,0	

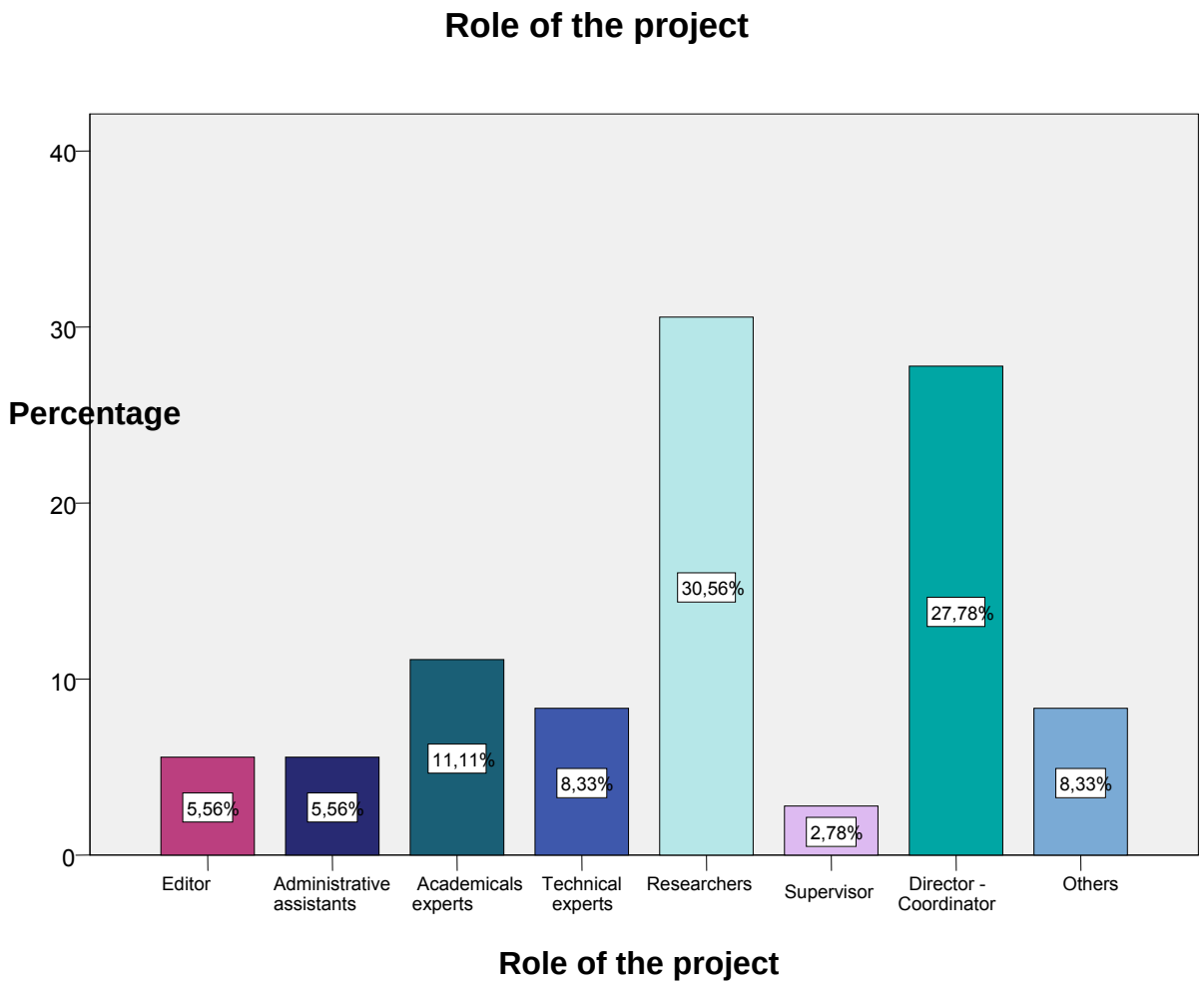
The answers of the questionnaires have been mainly received by women, whom have been the biggest group among the stakeholders.



Role of the Project

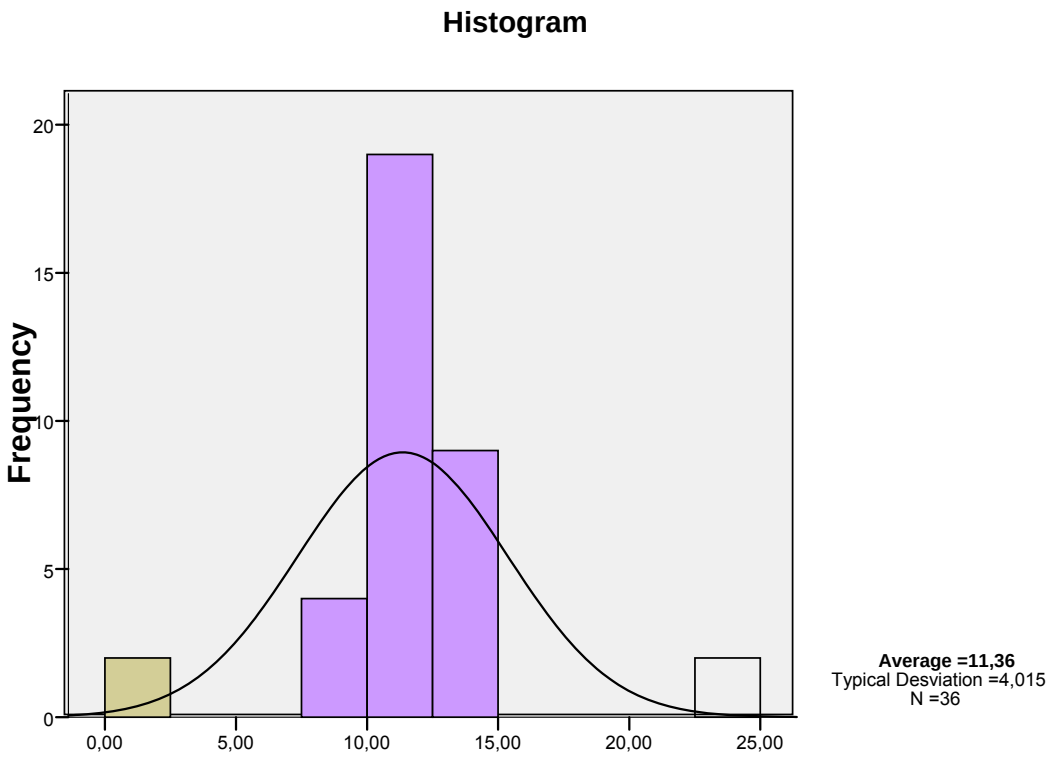
The respondents were mainly researchers and staff related to the project.

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Editor	2	5,6	5,6	5,6
	Administrative assistants	2	5,6	5,6	11,1
	Academicals experts	4	11,1	11,1	22,2
	Technical experts	3	8,3	8,3	30,6
	Researchers	11	30,6	30,6	61,1
	Supervisor	1	2,8	2,8	63,9
	Director - Coordinator	10	27,8	27,8	91,7
	Other	3	8,3	8,3	100,0
	Total	36	100,0	100,0	



Duration in the Project

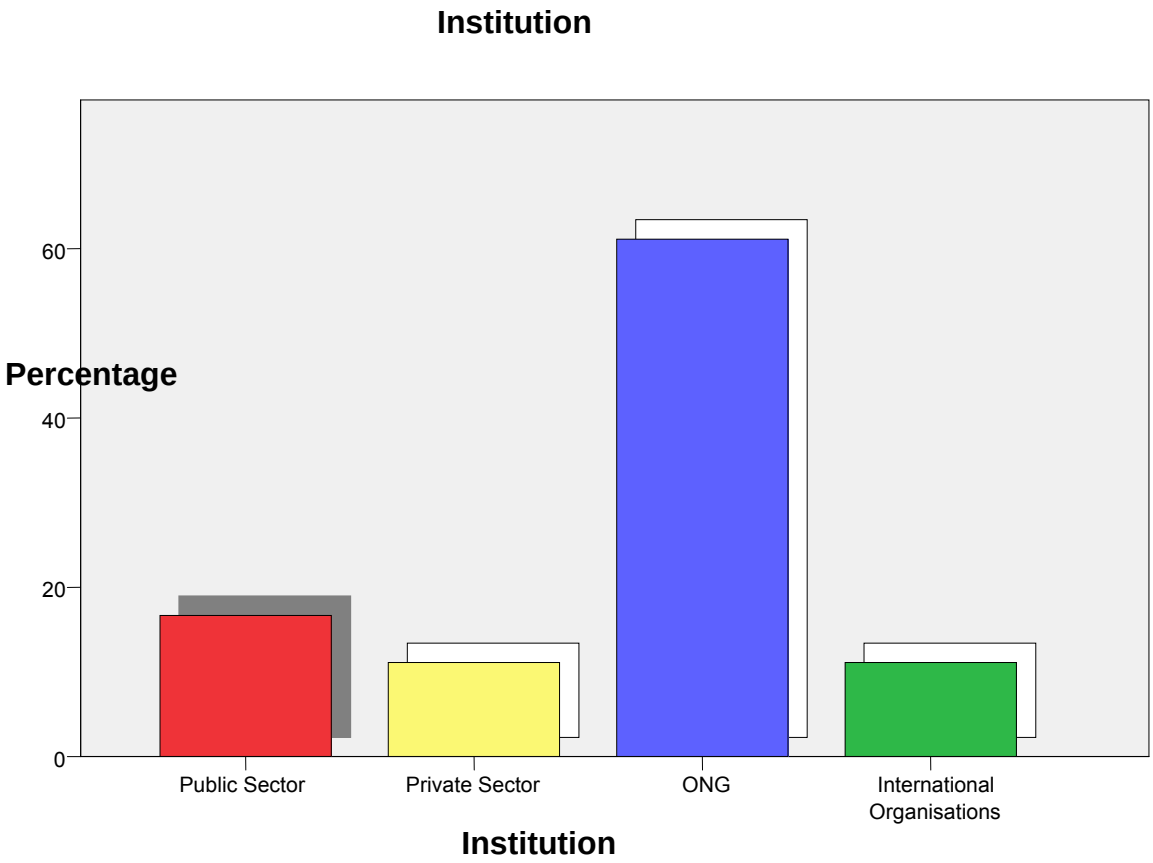
		Frequency	Percentage	Valid percentage	Added percentage
Valid	2,00	2	5,6	5,6	5,6
	9,00	4	11,1	11,1	16,7
	10,00	9	25,0	25,0	41,7
	11,00	7	19,4	19,4	61,1
	12,00	3	8,3	8,3	69,4
	13,00	8	22,2	22,2	91,7
	14,00	1	2,8	2,8	94,4
	24,00	2	5,6	5,6	100,0
	Total	36	100,0	100,0	



The biggest group of the respondents have been involved in the project half time.

Institutions

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Public Sector	6	16,7	16,7	16,7
	Private Sector	4	11,1	11,1	27,8
	ONG	22	61,1	61,1	88,9
	International Organisation	4	11,1	11,1	100,0
	Total	36	100,0	100,0	

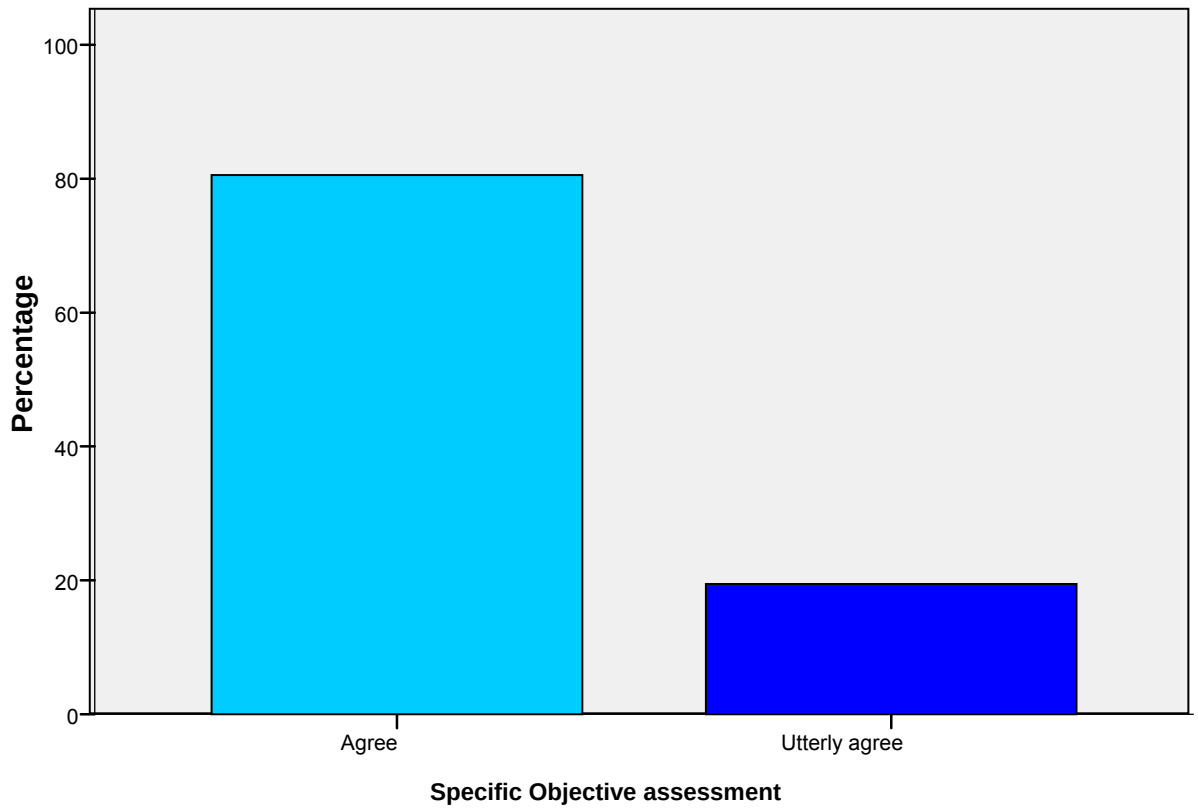


Specific Objective assessment

Specific Objective assessment

		Frequency	Percentage	Valid Percentage	Added Percentage
Valid	Agree	29	80,6	80,6	80,6
	Utterly agree	7	19,4	19,4	100,0
	Total	36	100,0	100,0	

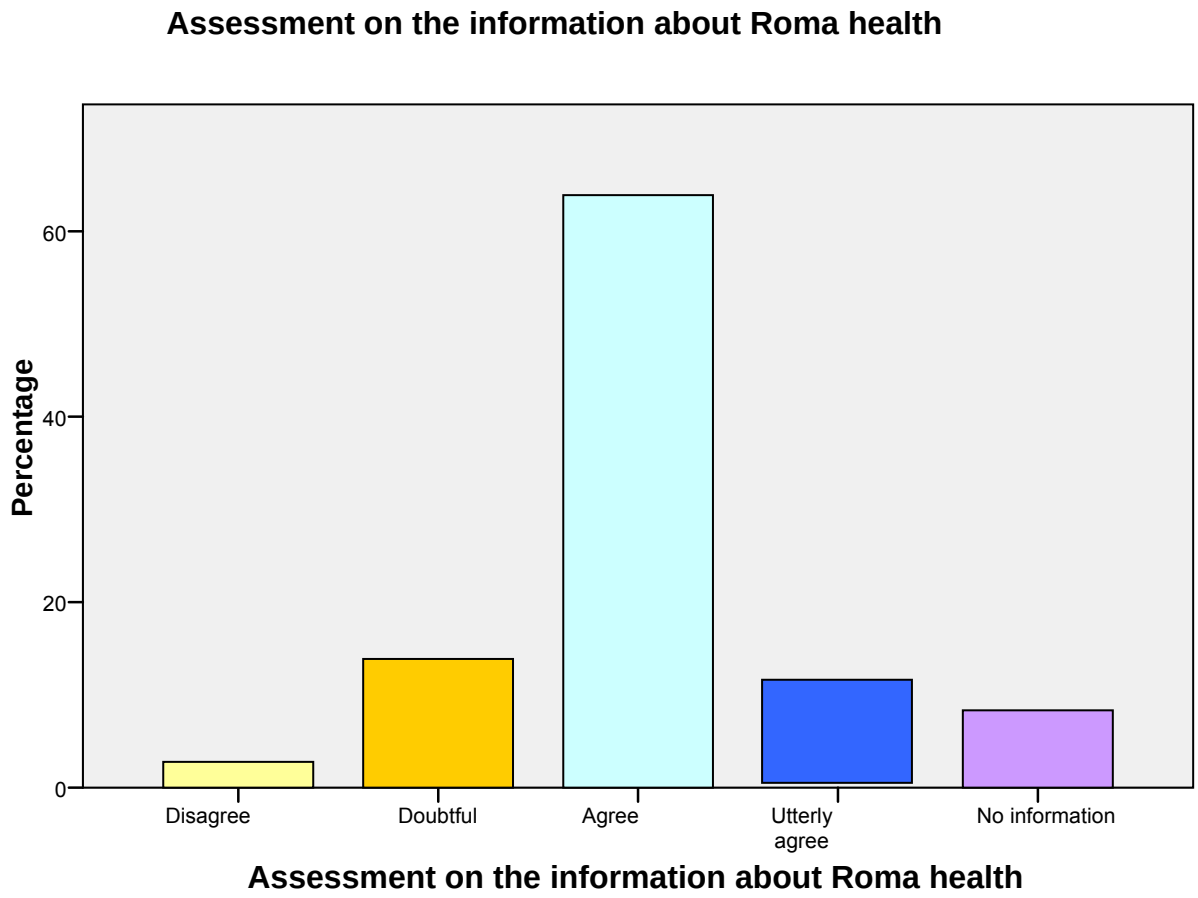
Specific Objective assessment



Assessment on the Roma Health information

Assessment on the Roma Health information

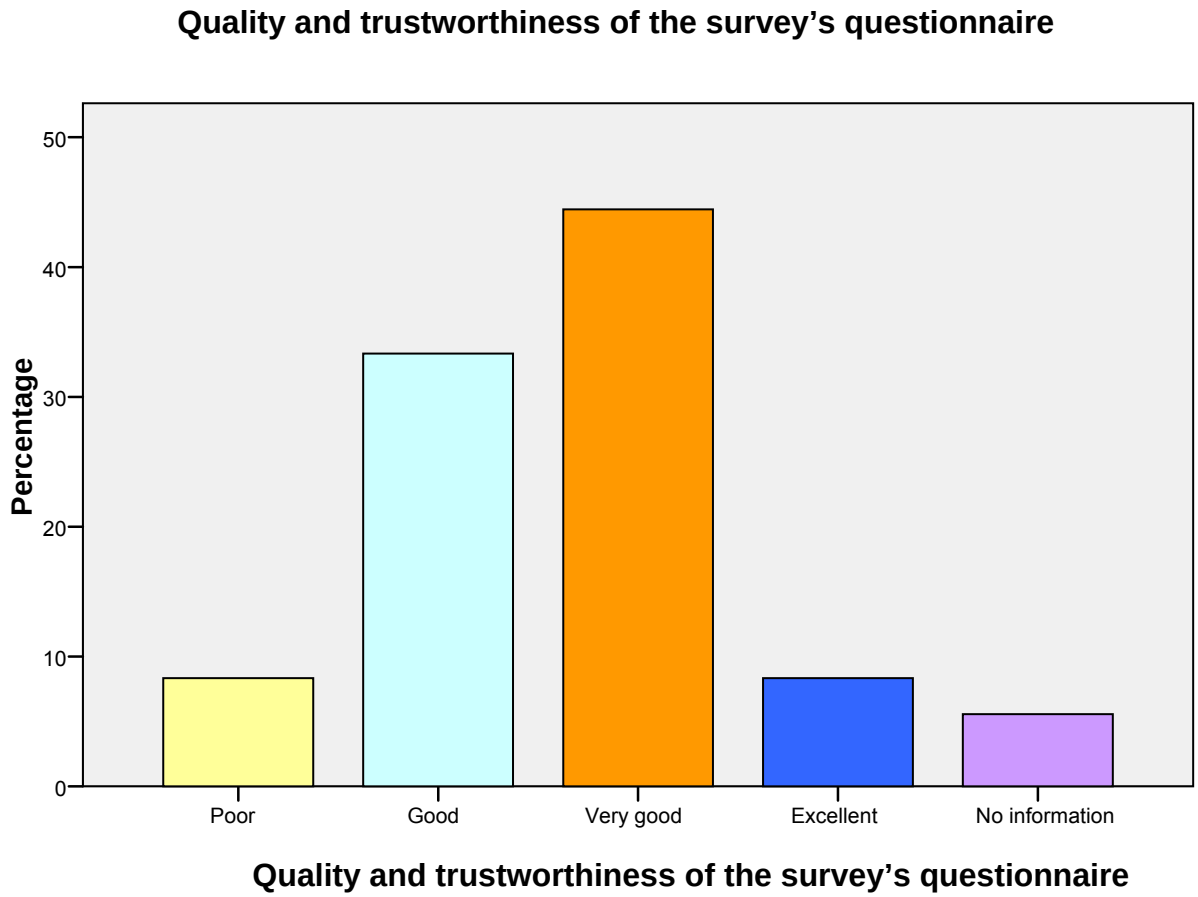
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Disagree	1	2,8	2,8	2,8
	Doubtful	5	13,9	13,9	16,7
	Agree	23	63,9	63,9	80,6
	Utterly agree	4	11,1	11,1	91,7
	No information	3	8,3	8,3	100,0
	Total	36	100,0	100,0	



Quality and reliability of the survey's questionnaire

Quality and trustworthiness of the survey's questionnaire

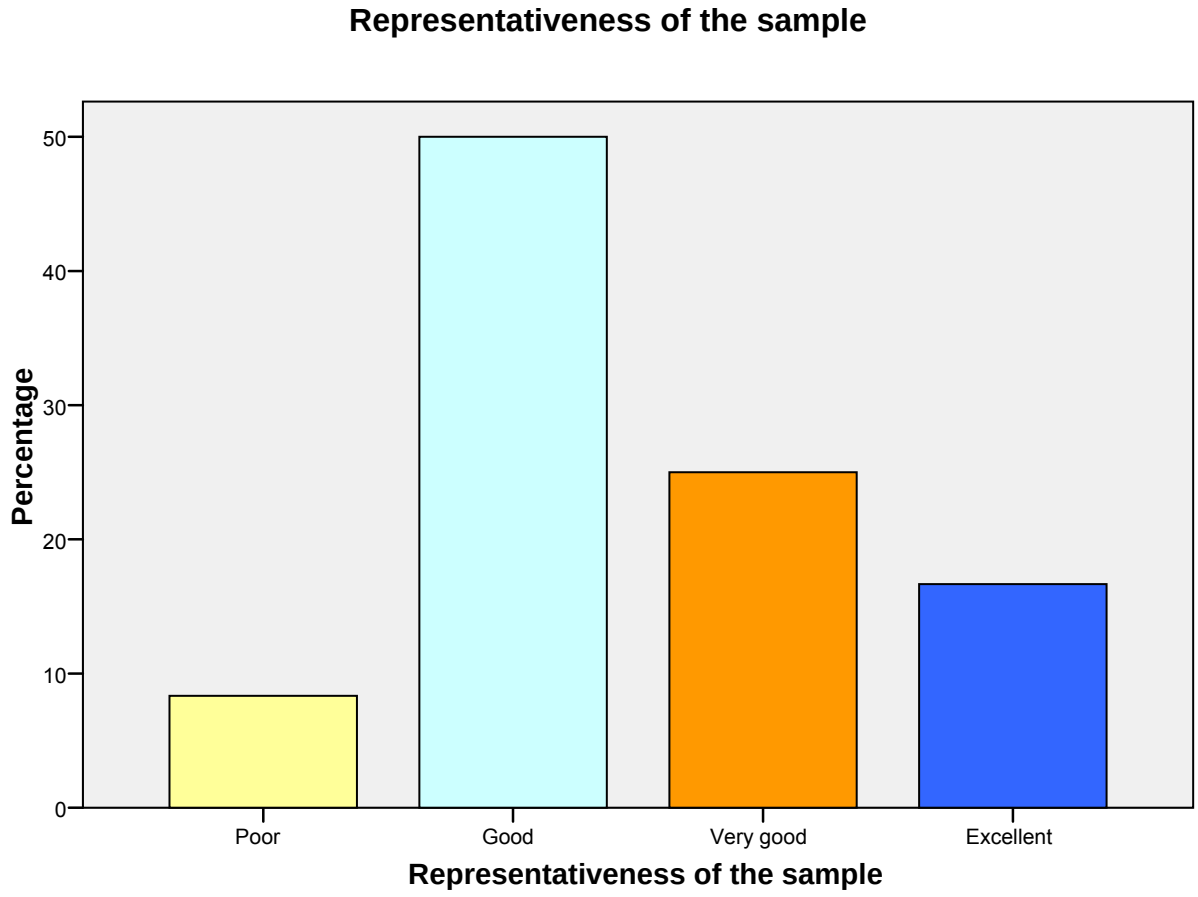
		Frequency	Percentage	Valid Percentage	Added Percentage
Valid	Poor	3	8,3	8,3	8,3
	Good	12	33,3	33,3	41,7
	Very good	16	44,4	44,4	86,1
	Excellent	3	8,3	8,3	94,4
	No information	2	5,6	5,6	100,0
	Total	36	100,0	100,0	



Representativeness of the sample

Representativeness of the sample

		Frequency	Percentage	valid percentage	added percentage
Valid	Poor	3	8,3	8,3	8,3
	Good	18	50,0	50,0	58,3
	Very good	9	25,0	25,0	83,3
	Excellent	6	16,7	16,7	100,0
	Total	36	100,0	100,0	

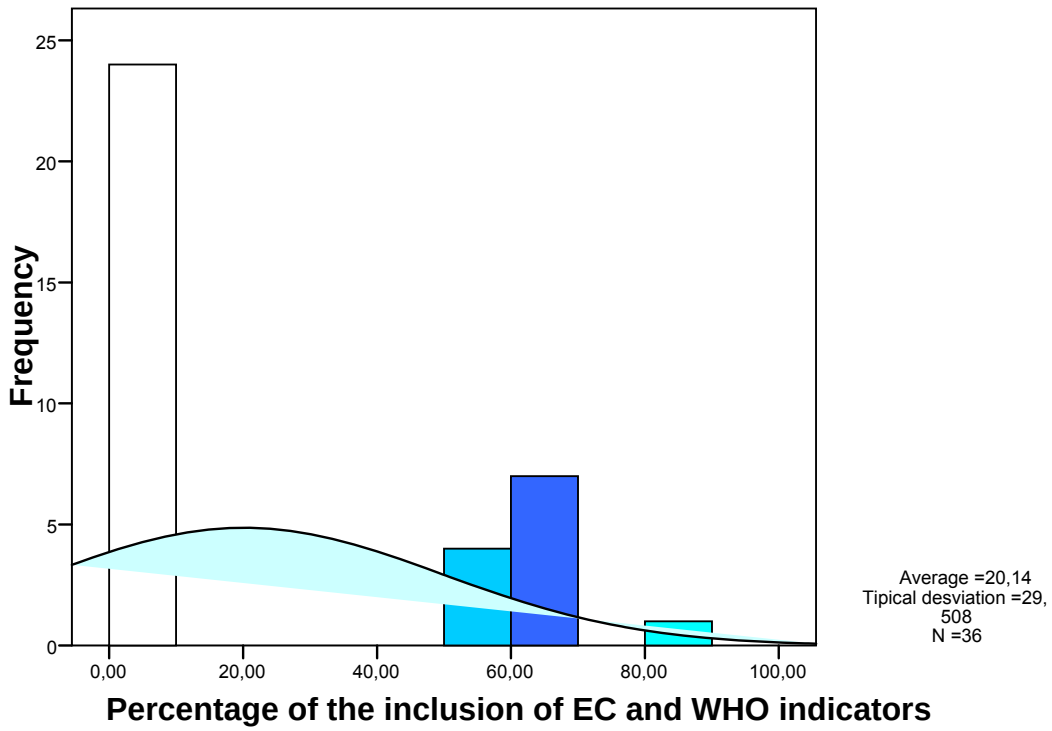


Percentage of the inclusion of EC and WHO indicators

Percentage of the inclusion of EC and WHO indicators

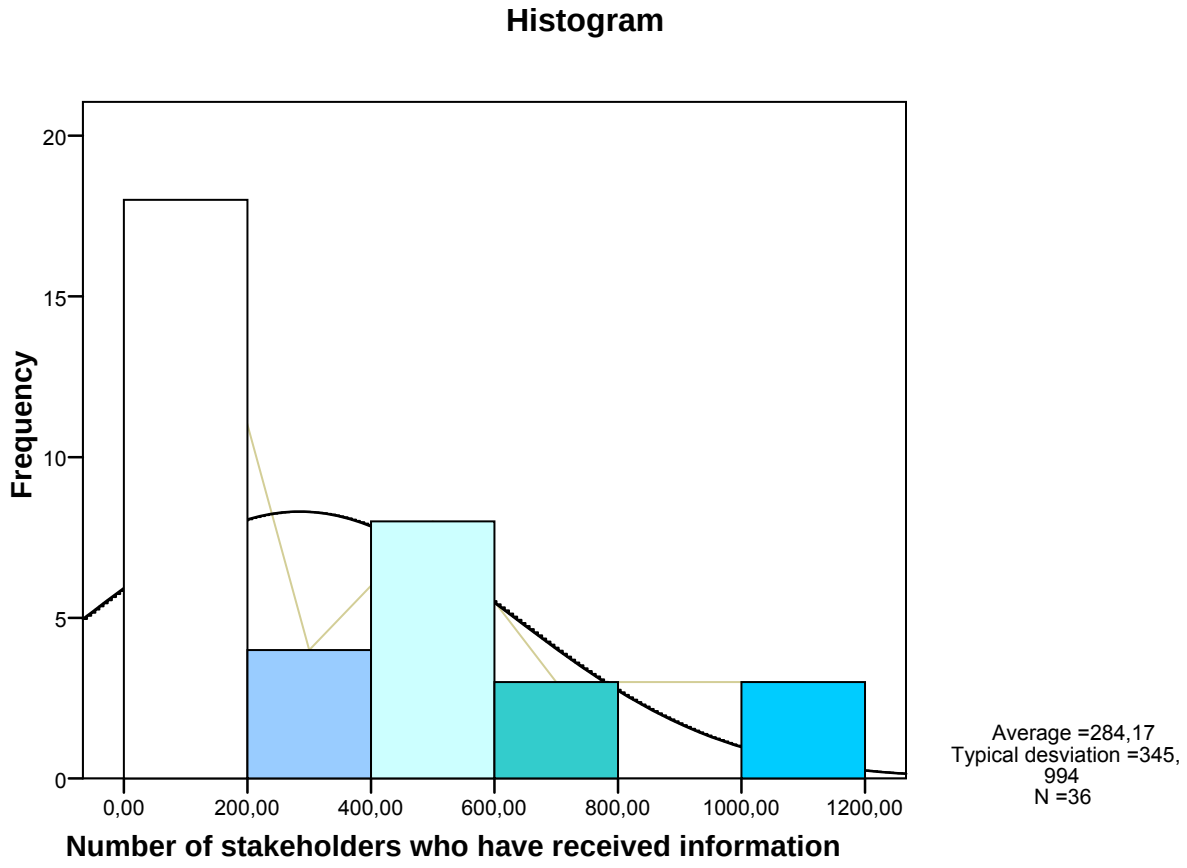
		Frequency	Percentage	Valid percentage	Added percentage
Valid	,00	24	66,7	66,7	66,7
	50,00	3	8,3	8,3	75,0
	55,00	1	2,8	2,8	77,8
	60,00	5	13,9	13,9	91,7
	65,00	2	5,6	5,6	97,2
	90,00	1	2,8	2,8	100,0
	Total	36	100,0	100,0	

Histogram



Number of stakeholders who have received information

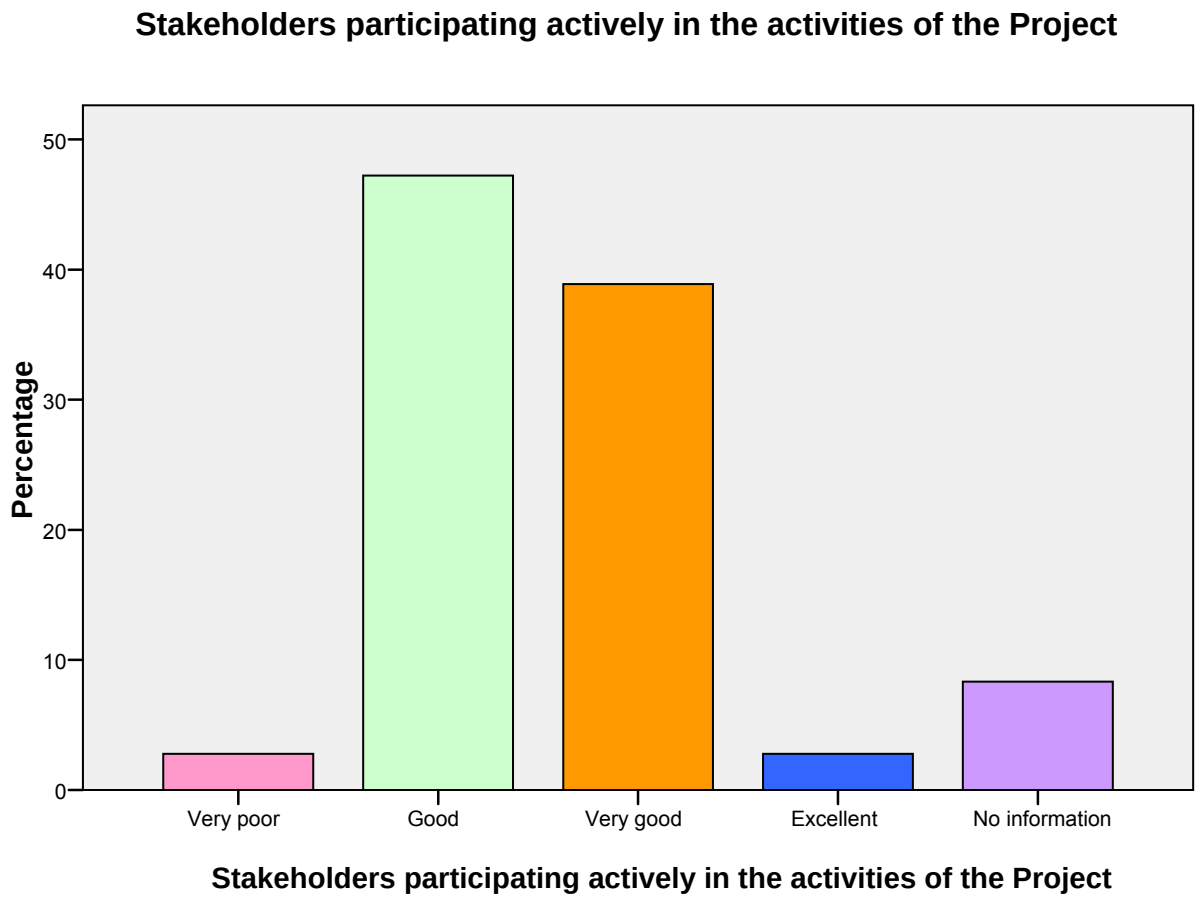
		Frequency	Percentage	Valid percentage	Added percentage
Valid	,00	16	44,4	44,4	44,4
	500,00	5	13,9	13,9	58,3
	300,00	4	11,1	11,1	69,4
	600,00	3	8,3	8,3	77,8
	400,00	2	5,6	5,6	83,3
	1200,00	2	5,6	5,6	88,9
	15,00	1	2,8	2,8	91,7
	65,00	1	2,8	2,8	94,4
	450,00	1	2,8	2,8	97,2
	1000,00	1	2,8	2,8	100,0
	Total	36	100,0	100,0	



Stakeholders participating actively in the activities of the Project

Stakeholders participating actively in the activities of the Project

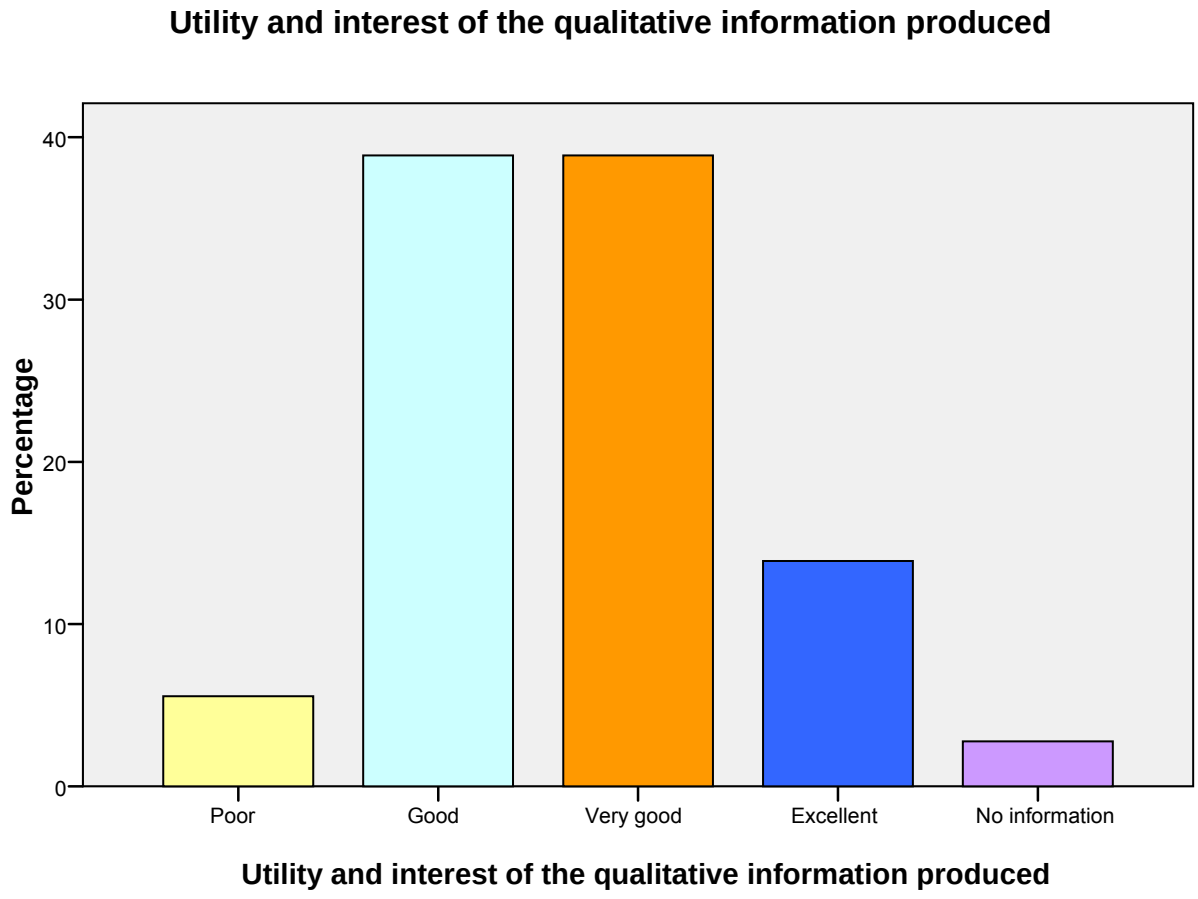
		Frequency	Percentage	valid percentage	added percentage
Valid	Very poor	1	2,8		2,8
	Good	17	47,2	47,2	50,0
	Very good	14	38,9	38,9	88,9
	Excellent	1	2,8	2,8	91,7
	No information	3	8,3	8,3	100,0
	Total	36	100,0	100,0	



Utility and interest of the qualitative information produced

Utility and interest of the qualitative information produced

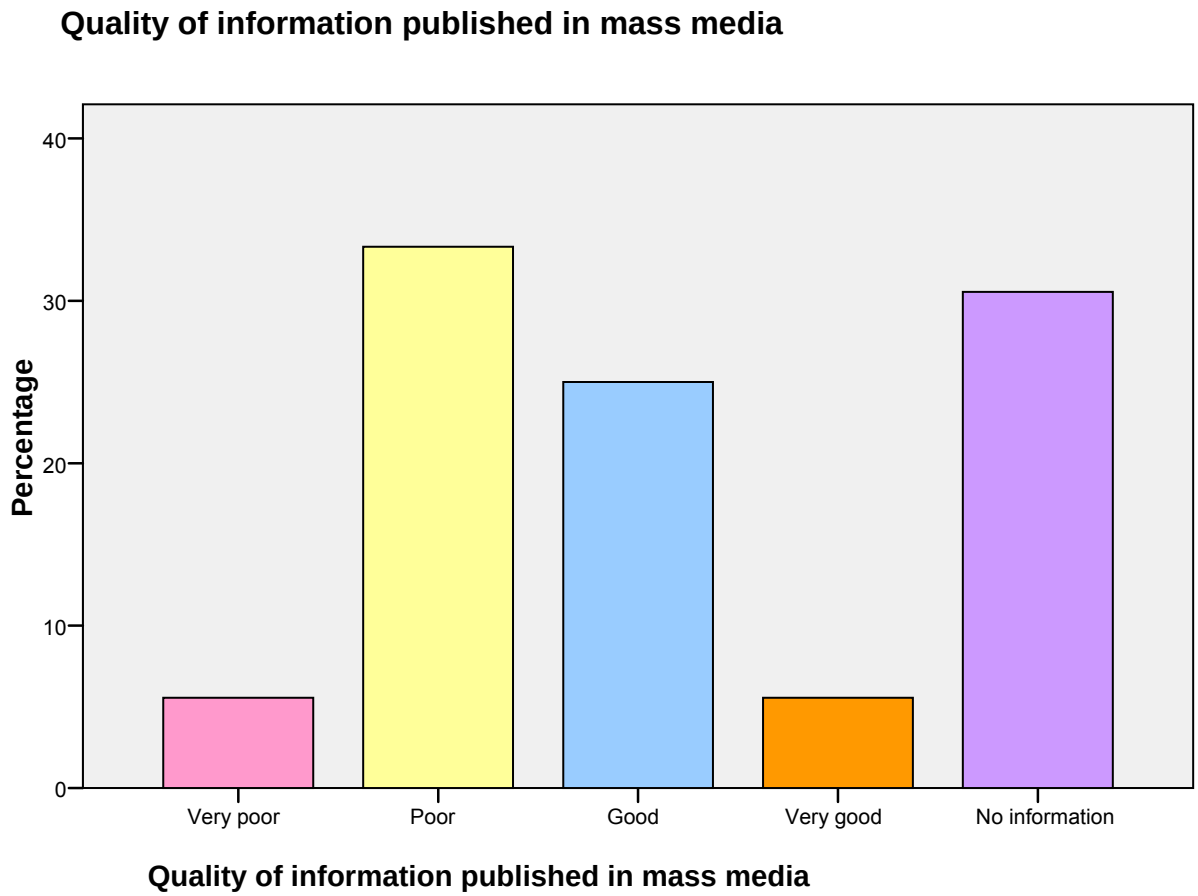
		Frequency	Percentage	Valid percentage	Added percentage
Valid	poor	2	5,6	5,6	5,6
	Good	14	38,9	38,9	44,4
	Very good	14	38,9	38,9	83,3
	Excellent	5	13,9	13,9	97,2
	No information	1	2,8	2,8	100,0
	Total	36	100,0	100,0	



Quality of information published in mass media

Quality of information published in mass media

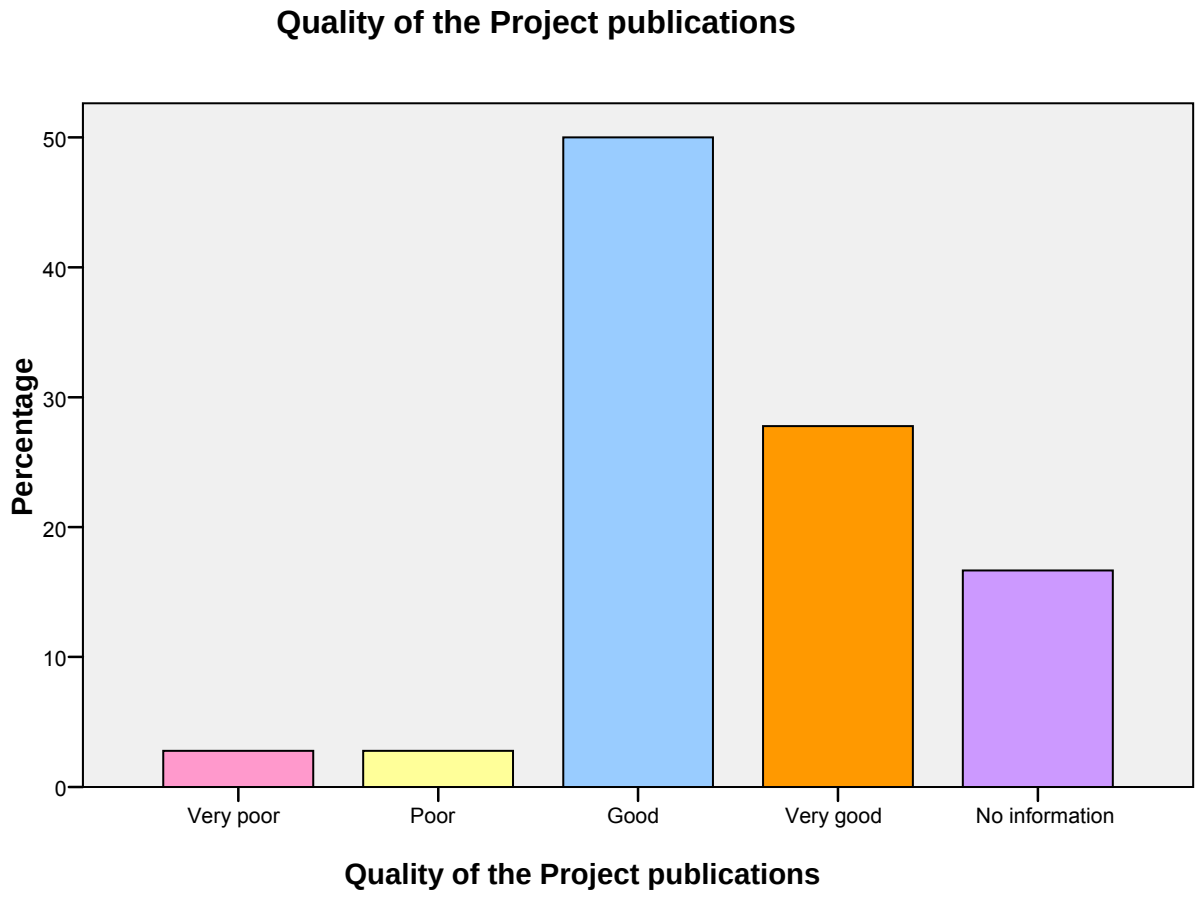
		Frequency	Percentage	Valid percentage	added percentage
Valid	Very poor	2	5,6	5,6	5,6
	Poor	12	33,3	33,3	38,9
	Good	9	25,0	25,0	63,9
	Very good	2	5,6	5,6	69,4
	No information	11	30,6	30,6	100,0
	Total	36	100,0	100,0	



Quality of the project publications

Quality of the Project publications

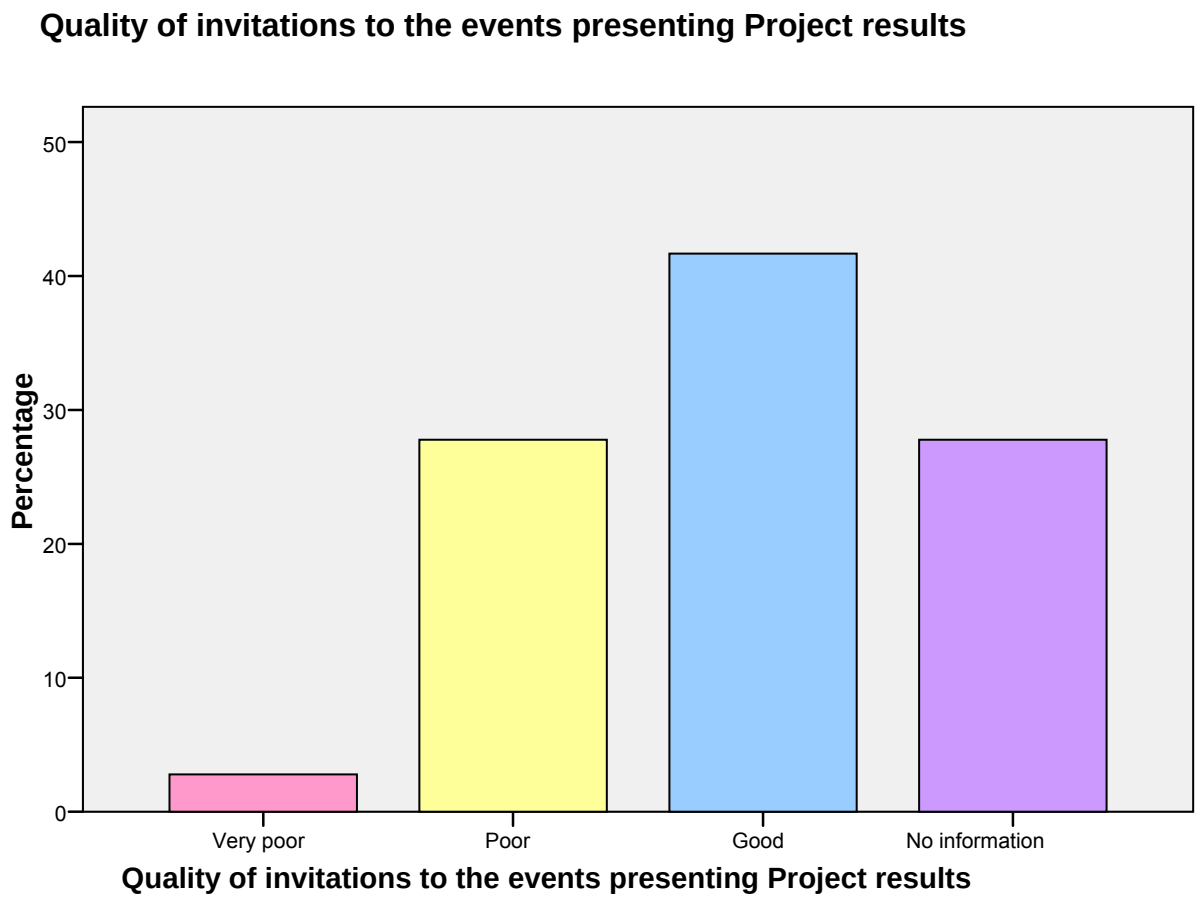
		Frequency	Percentage	Valid Percentage	Added percentage
Valid	Very poor	1	2,8	2,8	2,8
	Poor	1	2,8	2,8	5,6
	Good	18	50,0	50,0	55,6
	Very good	10	27,8	27,8	83,3
	No information	6	16,7	16,7	100,0
	Total	36	100,0	100,0	



Quality of invitations to the events presenting Project results

Quality of invitations to the events presenting Project results

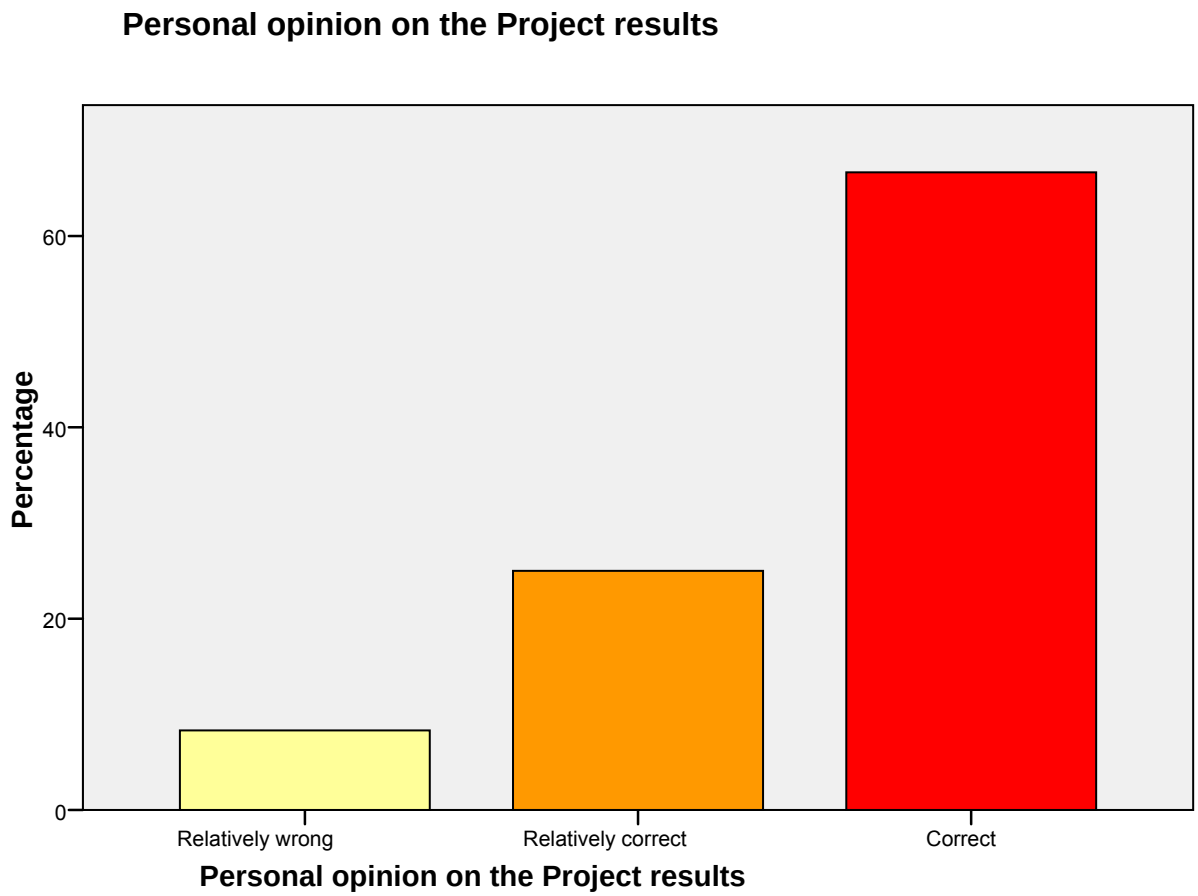
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Very poor	1	2,8	2,8	2,8
	Poor	10	27,8	27,8	30,6
	Good	15	41,7	41,7	72,2
	No information	10	27,8	27,8	100,0
	Total	36	100,0	100,0	



Personal opinion on the Project results

Personal opinion on the Project results

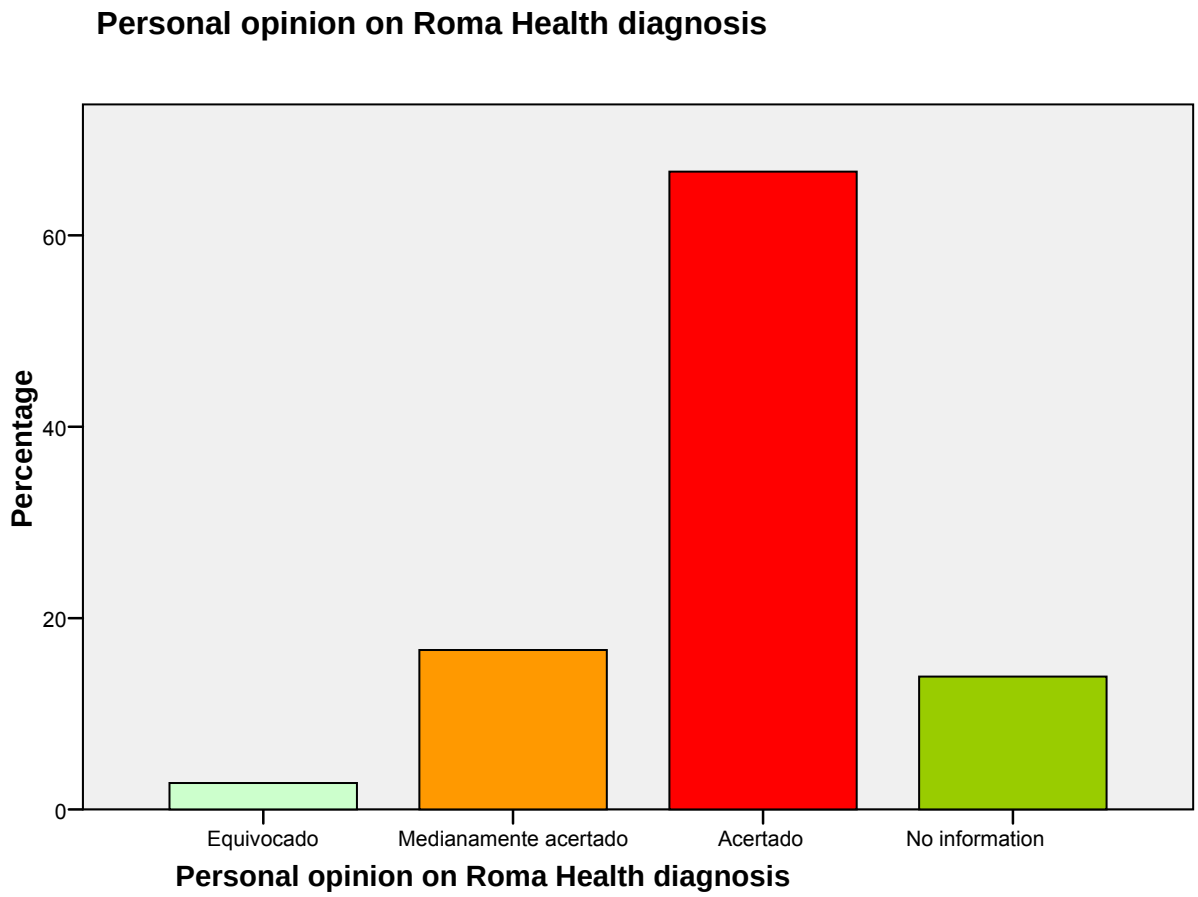
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Relatively Wrong	3	8,3	8,3	8,3
	Relatively correct	9	25,0	25,0	33,3
	Correct	24	66,7	66,7	100,0
	Total	36	100,0	100,0	



Personal opinion on Roma Health diagnosis

Personal opinion on Roma Health diagnosis

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Equivocado	1	2,8	2,8	2,8
	Medianamente acertado	6	16,7	16,7	19,4
	Acertado	24	66,7	66,7	86,1
	No information	5	13,9	13,9	100,0
	Total	36	100,0	100,0	

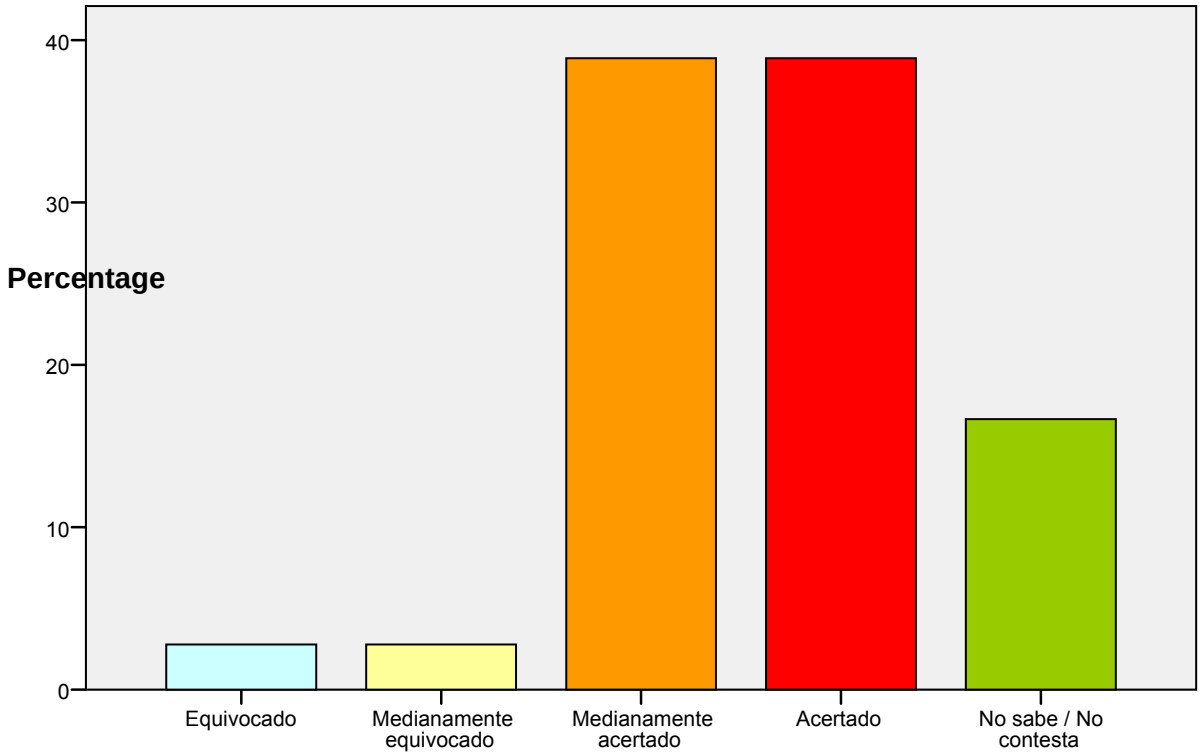


The Project has promoted proactive measure to improve the situation

The Project has promoted proactive measures to improve the situation

		Frequency	Percentage	Valid percentage	Added percentage
Válidos	Equivocado	1	2,8	2,8	2,8
	Medianamente equivocado	1	2,8	2,8	5,6
	Medianamente acertado	14	38,9	38,9	44,4
	Acertado	14	38,9	38,9	83,3
	No sabe / No contesta	6	16,7	16,7	100,0
	Total	36	100,0	100,0	

The Project has promoted proactive measures to improve the situation

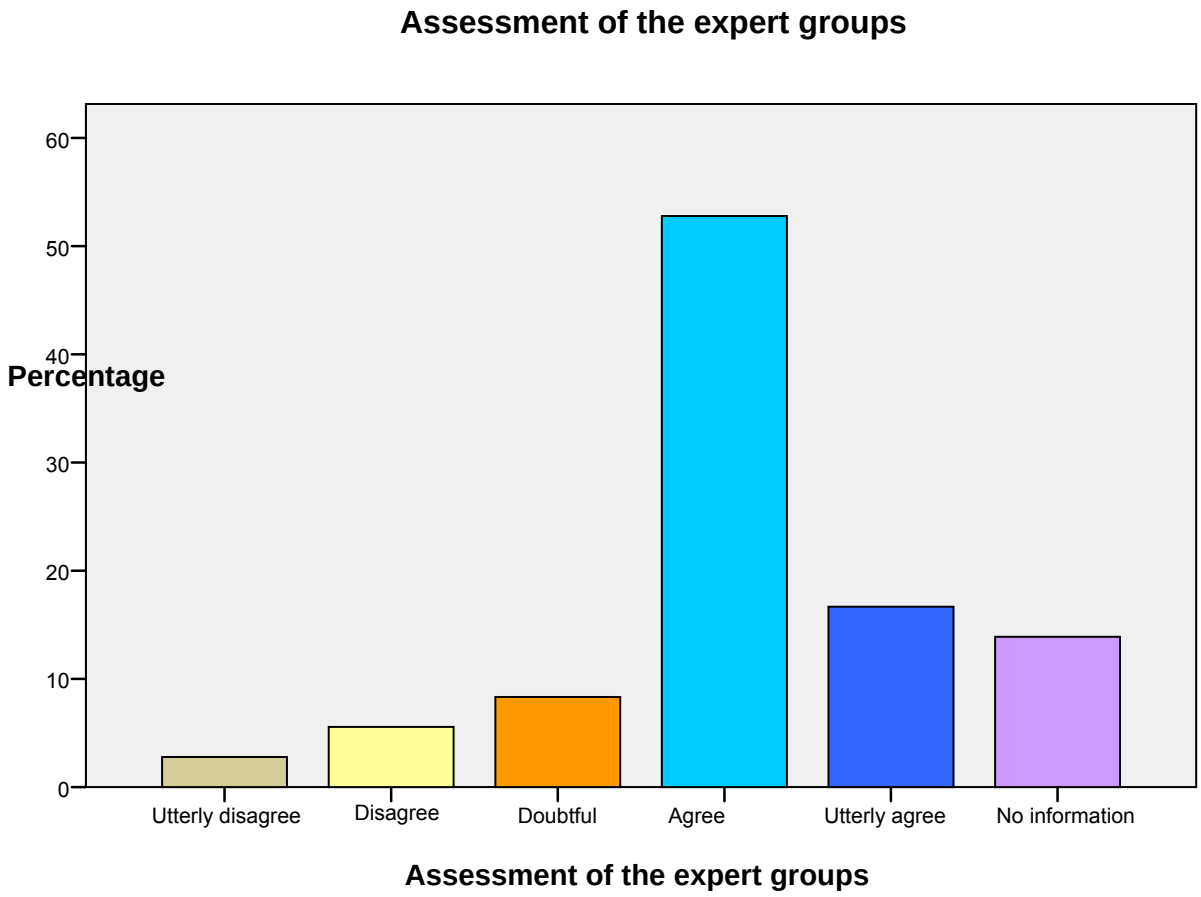


The Project has promoted proactive measures to improve the situation

Assessment of the expert groups

Assessment of the expert groups

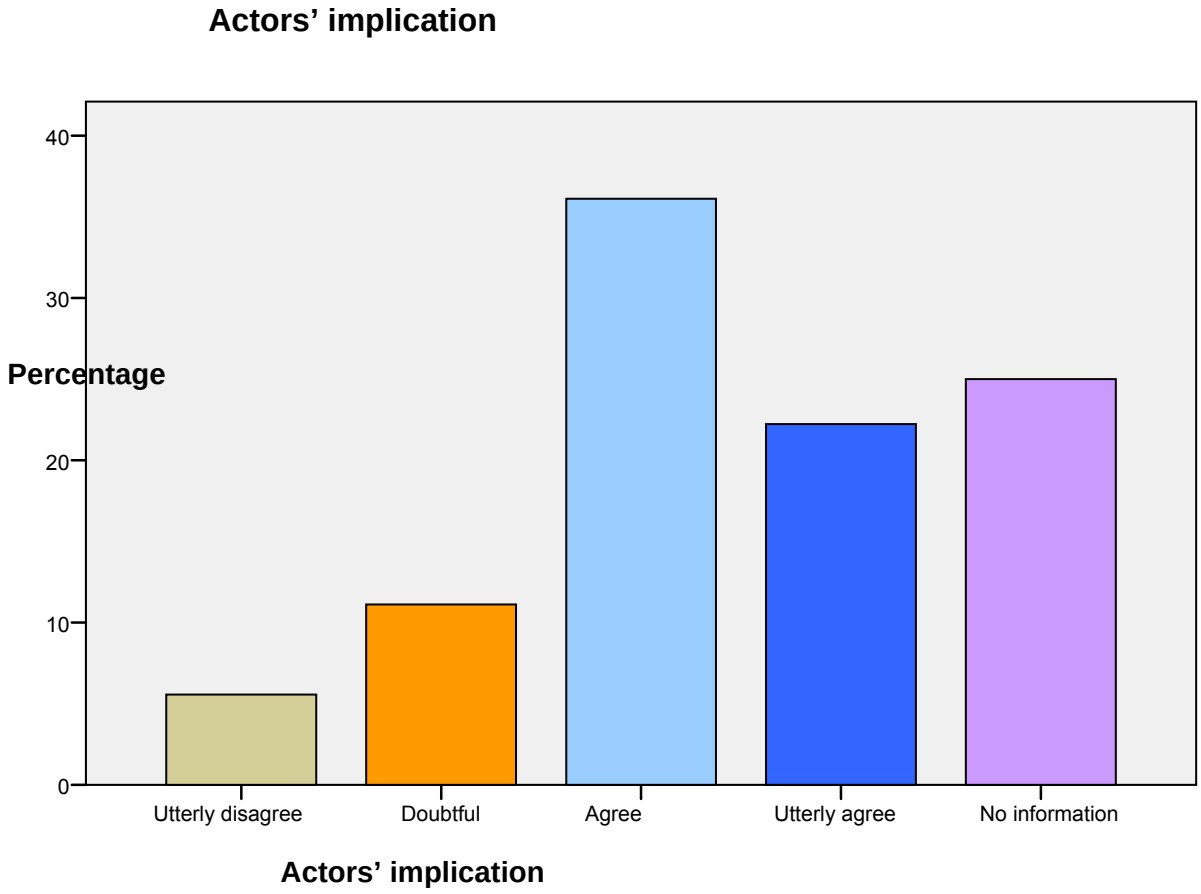
		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válidos	Utterly disagree	1	2,8	2,8	2,8
	Disagree	2	5,6	5,6	8,3
	Doubtful	3	8,3	8,3	16,7
	Agree	19	52,8	52,8	69,4
	Utterly agree	6	16,7	16,7	86,1
	No information	5	13,9	13,9	100,0
	Total	36	100,0	100,0	



Actors' implication

Actors' implication

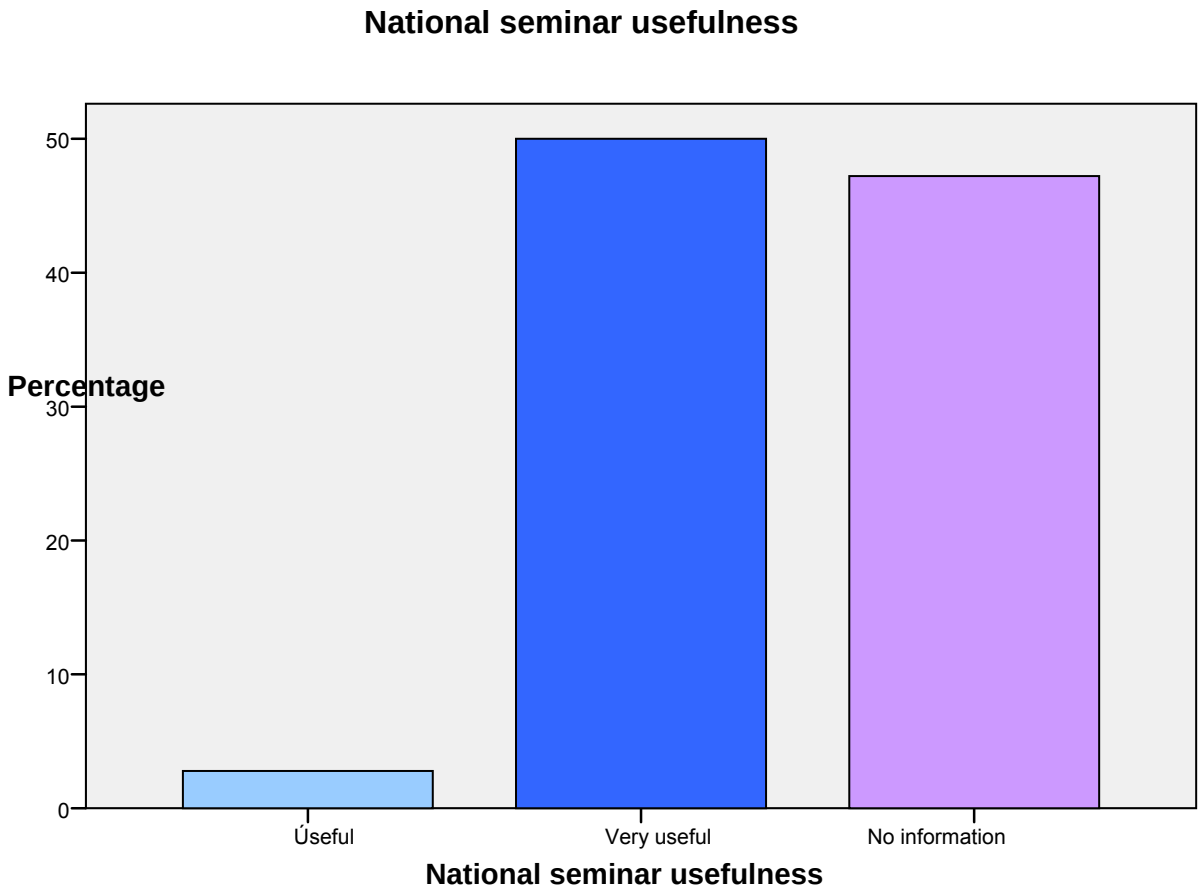
		Frequency	Percentage	Valid percetange	Added percentage
Valid	Utterly disagree	2	5,6	5,6	5,6
	Doubtful	4	11,1	11,1	16,7
	Agree	13	36,1	36,1	52,8
	Utterly agree	8	22,2	22,2	75,0
	No information	9	25,0	25,0	100,0
	Total	36	100,0	100,0	



National Seminar usefulness

Utilidad del seminario nacional

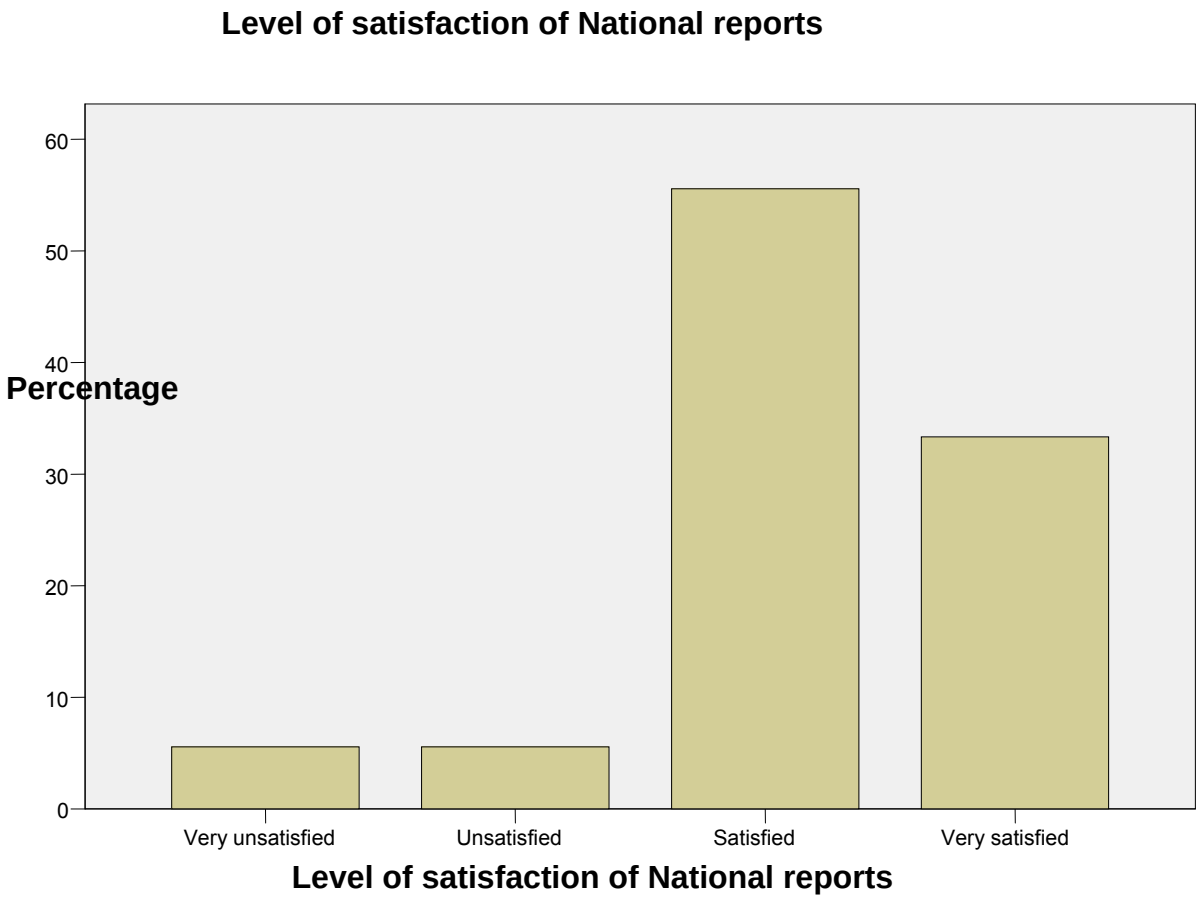
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Úseful	1	2,8	2,8	2,8
	Very useful	18	50,0	50,0	52,8
	No information	17	47,2	47,2	100,0
	Total	36	100,0	100,0	



Level of satisfaction of National reports

Level of satisfaction of National reports

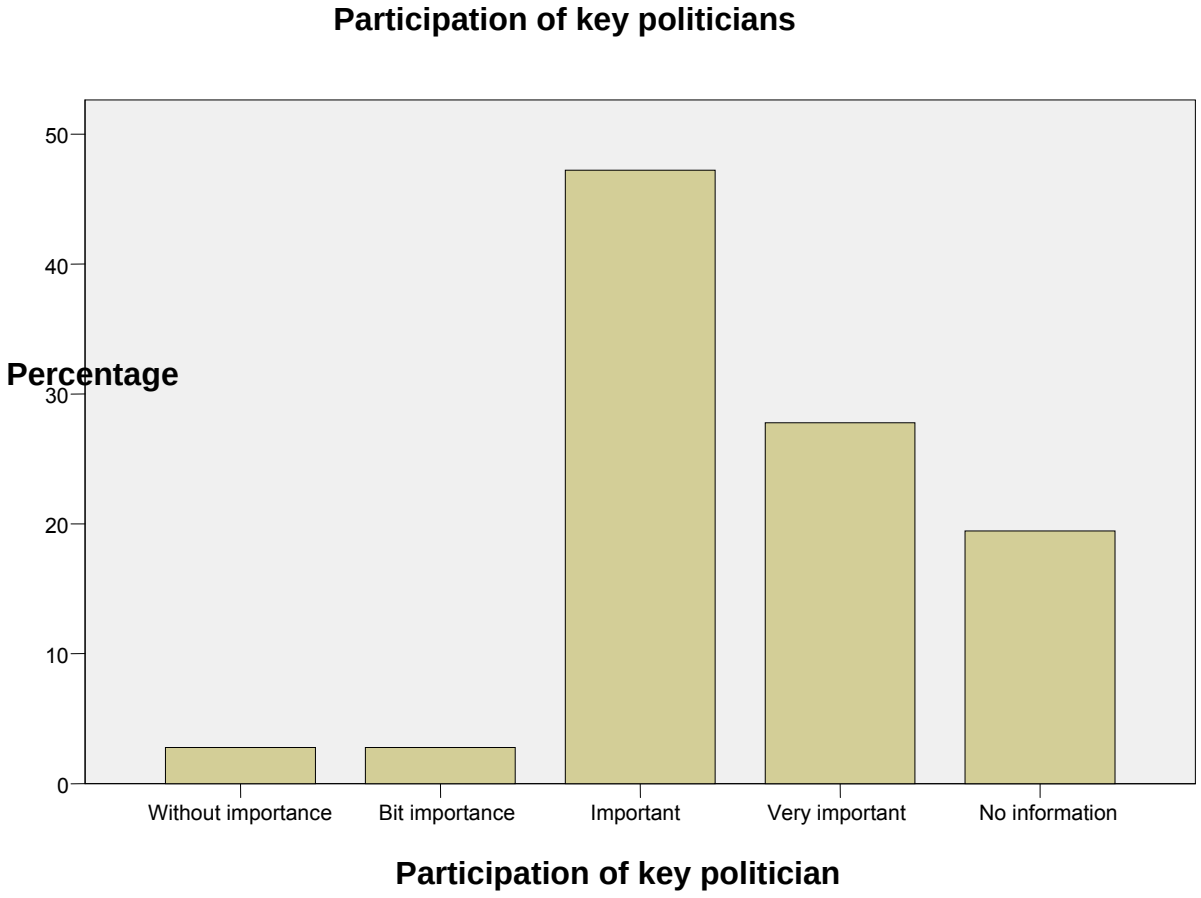
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Very unsatisfied	2	5,6	5,6	5,6
	Unsatisfied	2	5,6	5,6	11,1
	Satisfied	20	55,6	55,6	66,7
	Very satisfied	12	33,3	33,3	100,0
	Total	36	100,0	100,0	



Participation of key politicians

Participation of key politicians

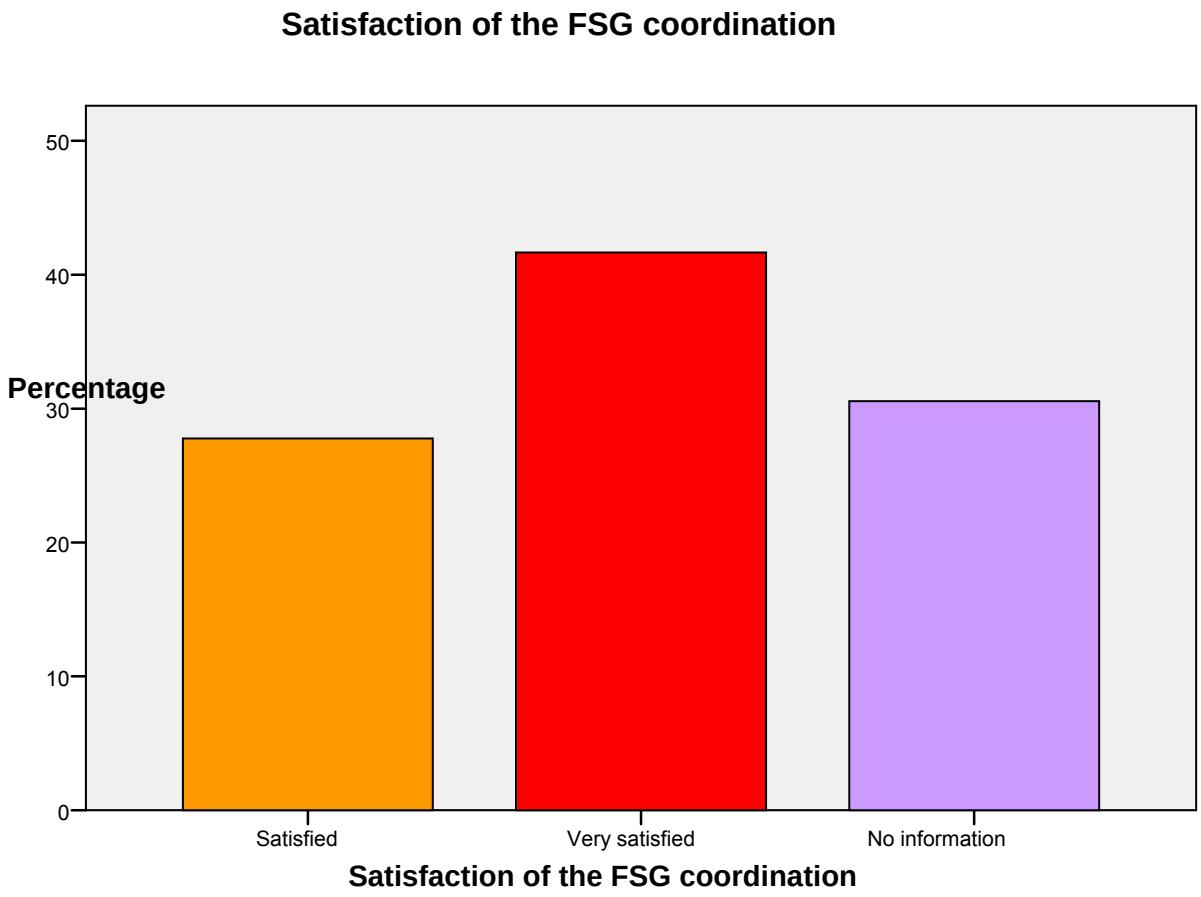
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Without importance	1	2,8	2,8	2,8
	Bit importance	1	2,8	2,8	5,6
	Important	17	47,2	47,2	52,8
	Very important	10	27,8	27,8	80,6
	No information	7	19,4	19,4	100,0
	Total	36	100,0	100,0	



Satisfaction of the FSG coordination

Satisfaction of the FSG coordination

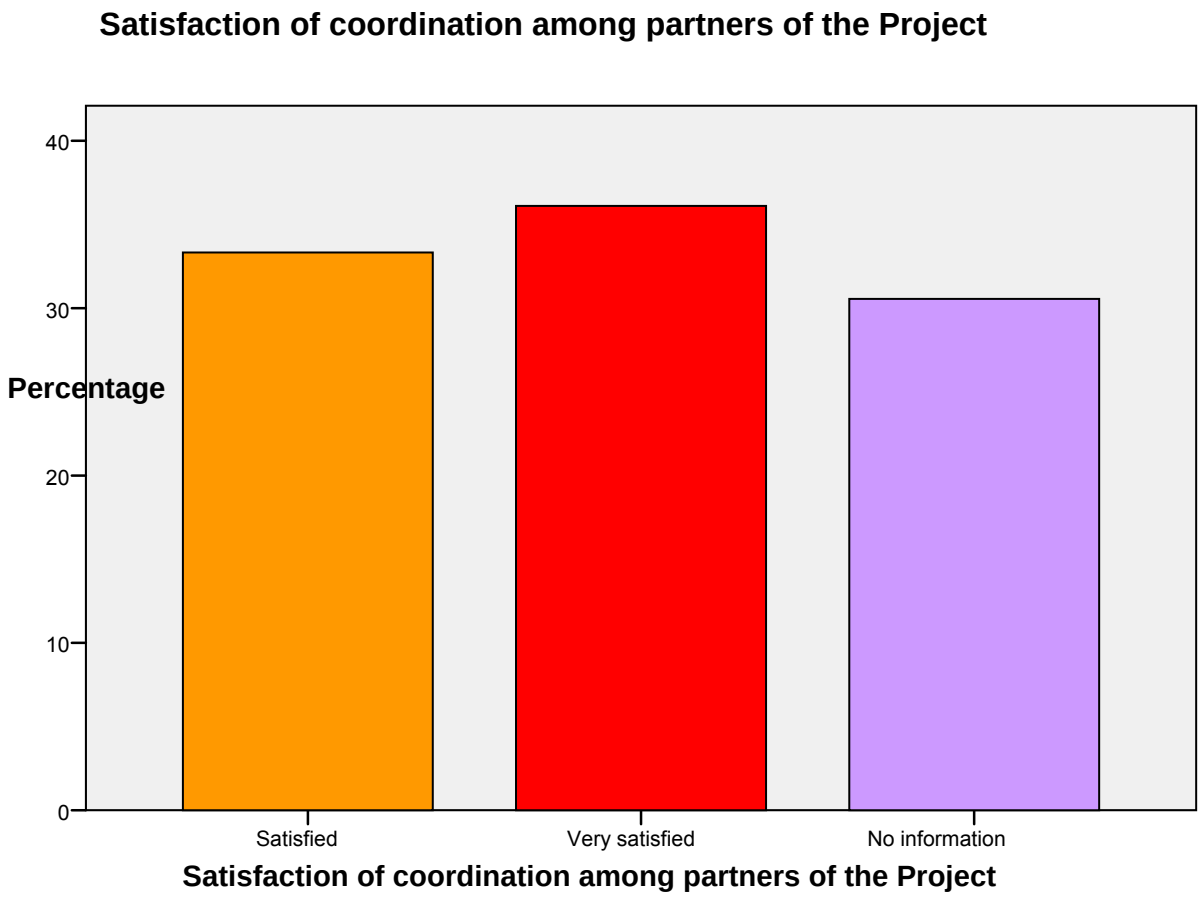
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	10	27,8	27,8	27,8
	Very satisfied	15	41,7	41,7	69,4
	No information	11	30,6	30,6	100,0
	Total	36	100,0	100,0	



Satisfaction of coordination among partners of the project

Satisfaction of coordination among partners of the project

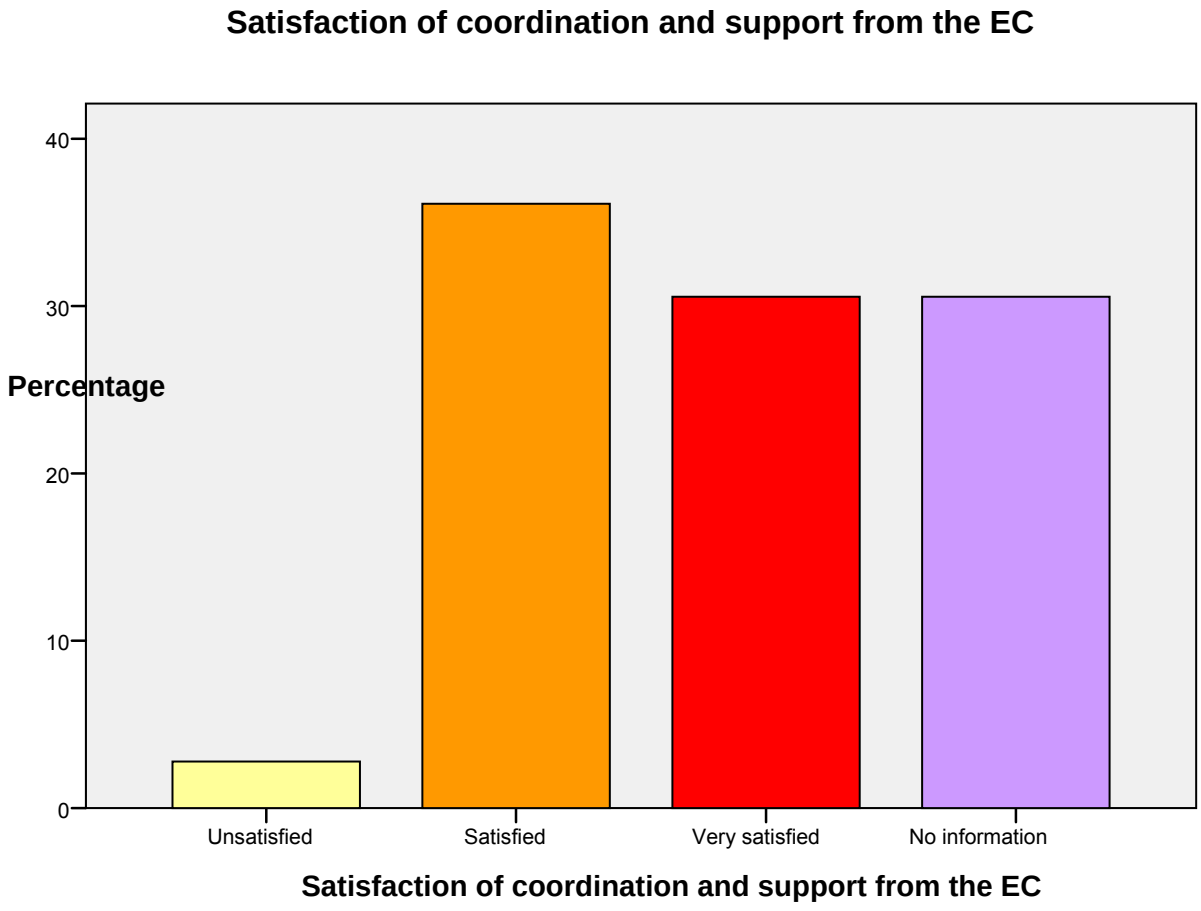
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	12	33,3	33,3	33,3
	Very satisfied	13	36,1	36,1	69,4
	No information	11	30,6	30,6	100,0
	Total	36	100,0	100,0	



Satisfaction of coordination and support from the EC

Satisfaction of coordination and support from the EC

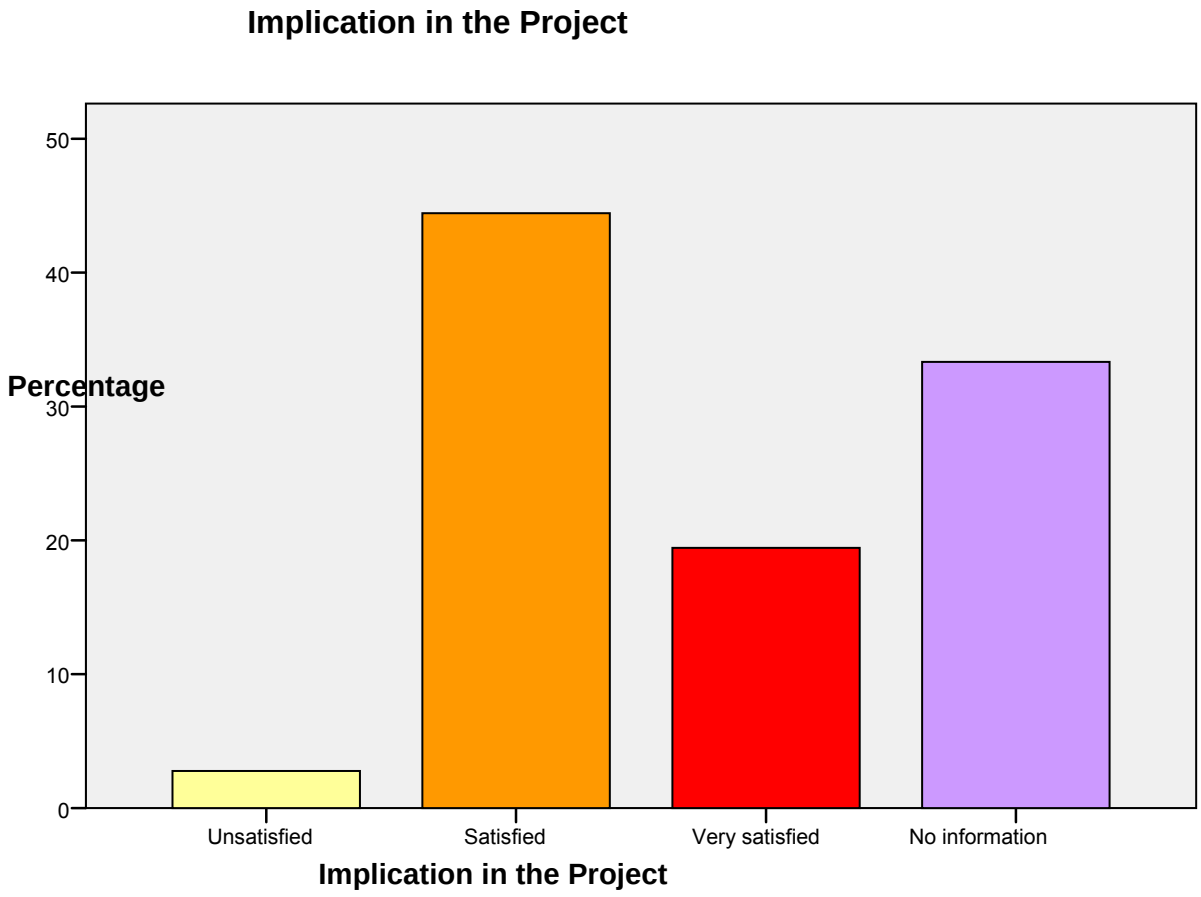
		Frewuency	Percentage	Valid percentage	Added percentage
Valid	Unsatisfied	1	2,8	2,8	2,8
	Satisfied	13	36,1	36,1	38,9
	Very satisfied	11	30,6	30,6	69,4
	No information	11	30,6	30,6	100,0
	Total	36	100,0	100,0	



Implication in the Project

Implication in the Project

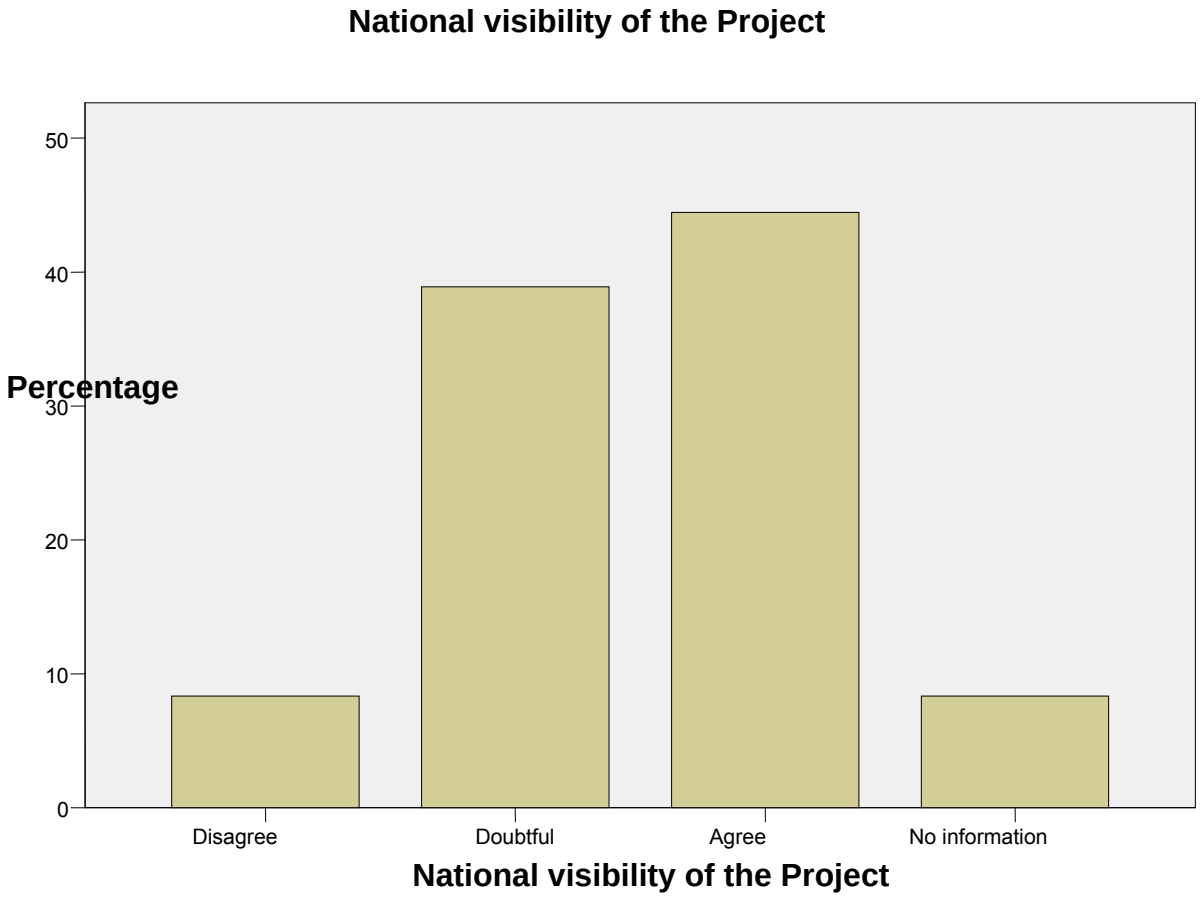
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Unsatisfied	1	2,8	2,8	2,8
	Satisfied	16	44,4	44,4	47,2
	Very satisfied	7	19,4	19,4	66,7
	No information	12	33,3	33,3	100,0
	Total	36	100,0	100,0	



National visibility of the Project

National visibility of the Project

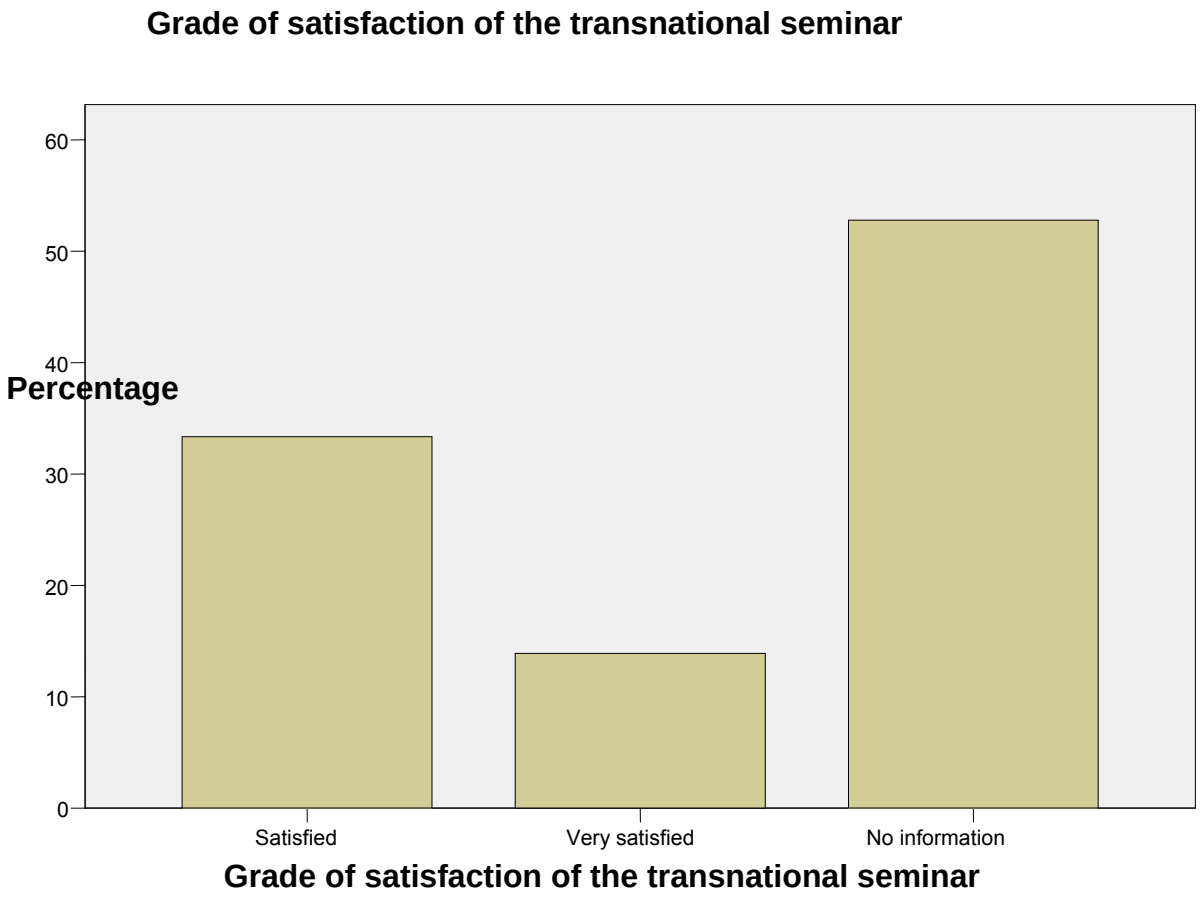
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Disagree	3	8,3	8,3	8,3
	Doubtful	14	38,9	38,9	47,2
	Agree	16	44,4	44,4	91,7
	No information	3	8,3	8,3	100,0
	Total	36	100,0	100,0	



Grade of satisfaction of the transnational seminar

Grade of satisfaction of the transnational seminar

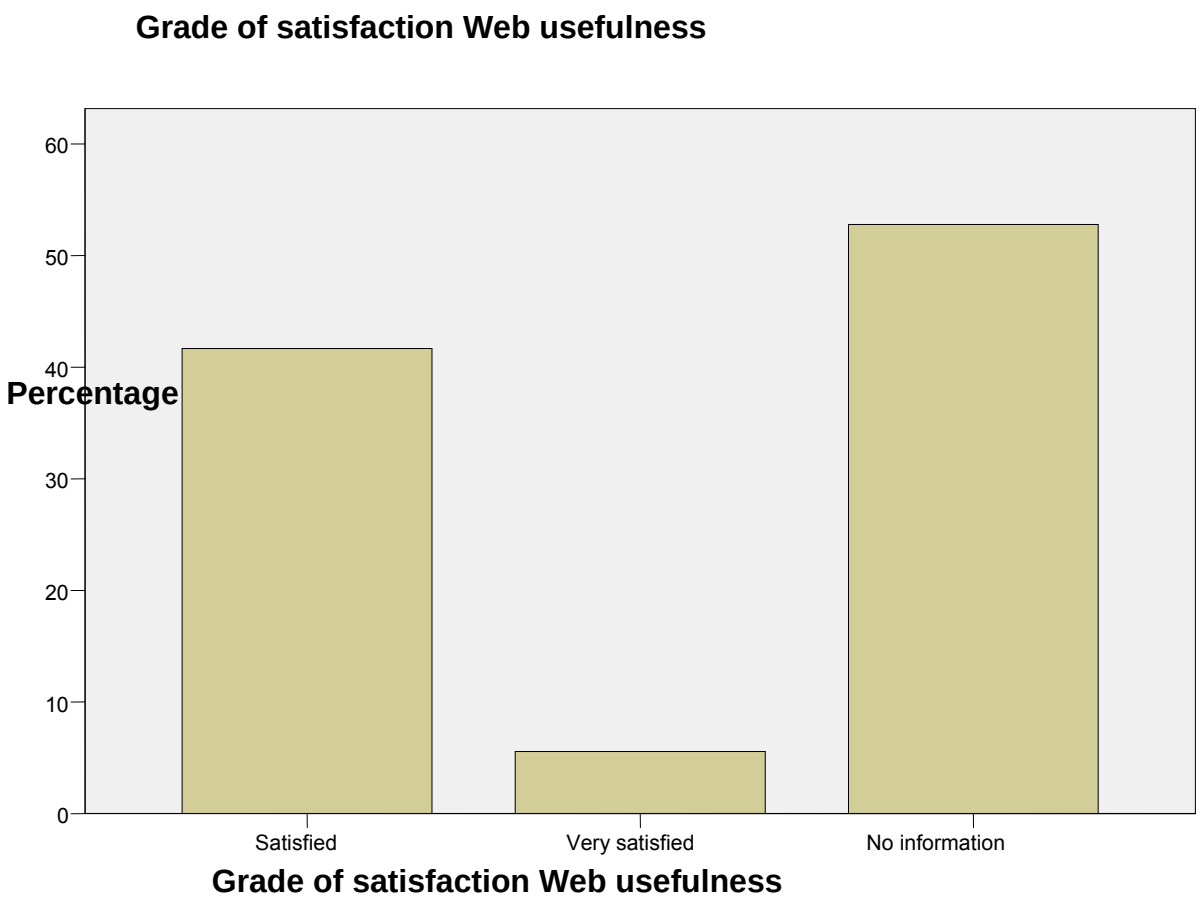
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	12	33,3	33,3	33,3
	Very satisfied	5	13,9	13,9	47,2
	No information	19	52,8	52,8	100,0
	Total	36	100,0	100,0	



Grade of satisfaction Web usefulness

Grade of satisfaction Web usefulness

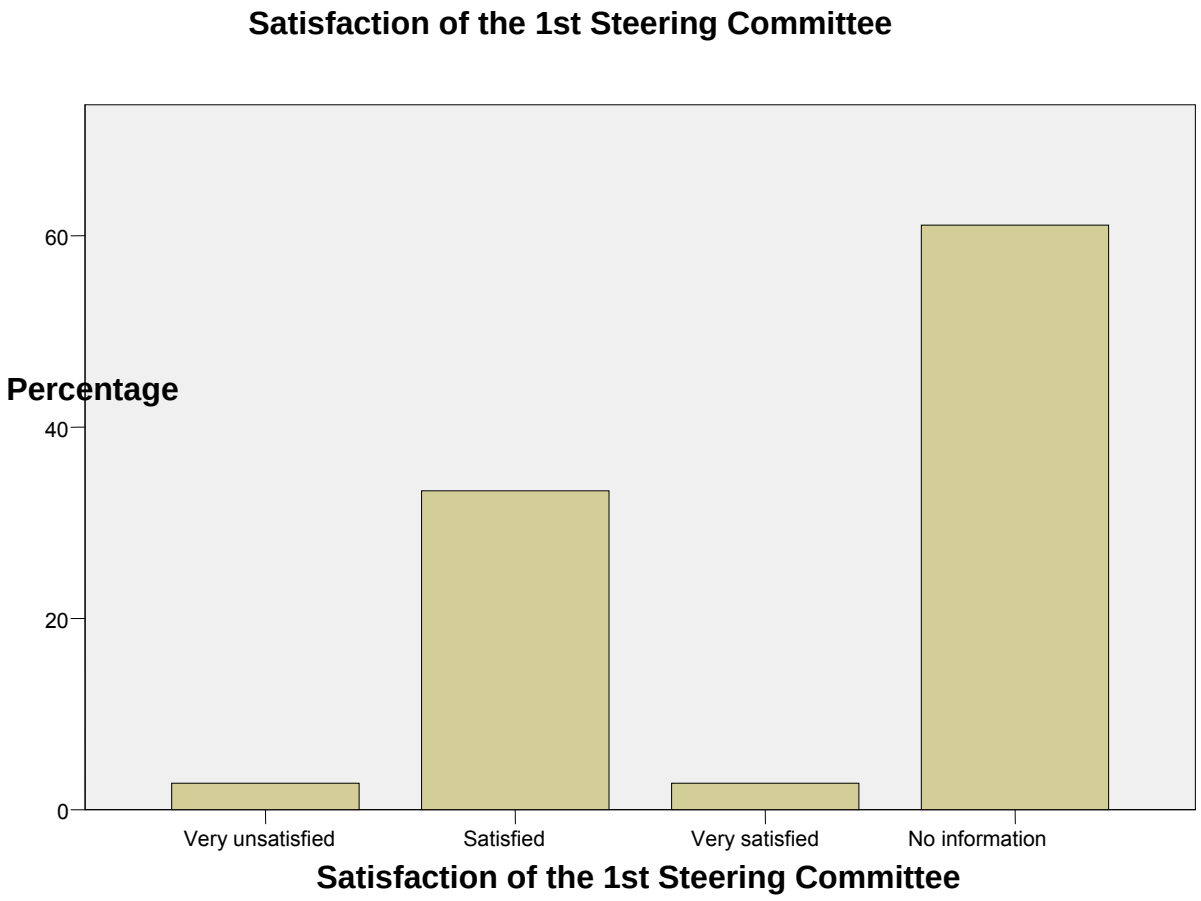
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	15	41,7	41,7	41,7
	Very satisfied	2	5,6	5,6	47,2
	No information	19	52,8	52,8	100,0
	Total	36	100,0	100,0	



Satisfaction of the First Steering Committee

Satisfaction of the 1st Steering Committee

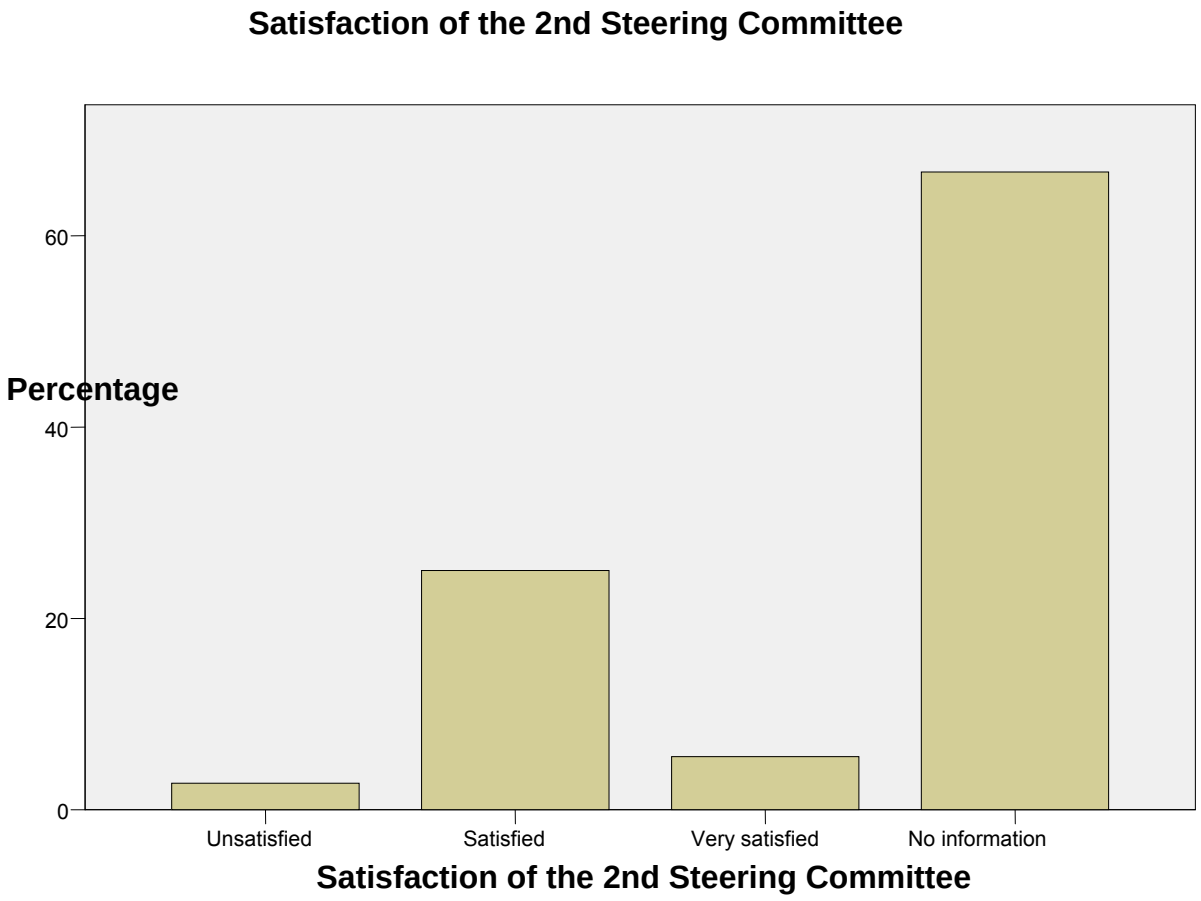
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Very unsatisfied	1	2,8	2,8	2,8
	Satisfied	12	33,3	33,3	36,1
	Very satisfied	1	2,8	2,8	38,9
	No information	22	61,1	61,1	100,0
	Total	36	100,0	100,0	



Satisfaction of the Second Steering Committee

Satisfaction of the 2nd Steering Committee

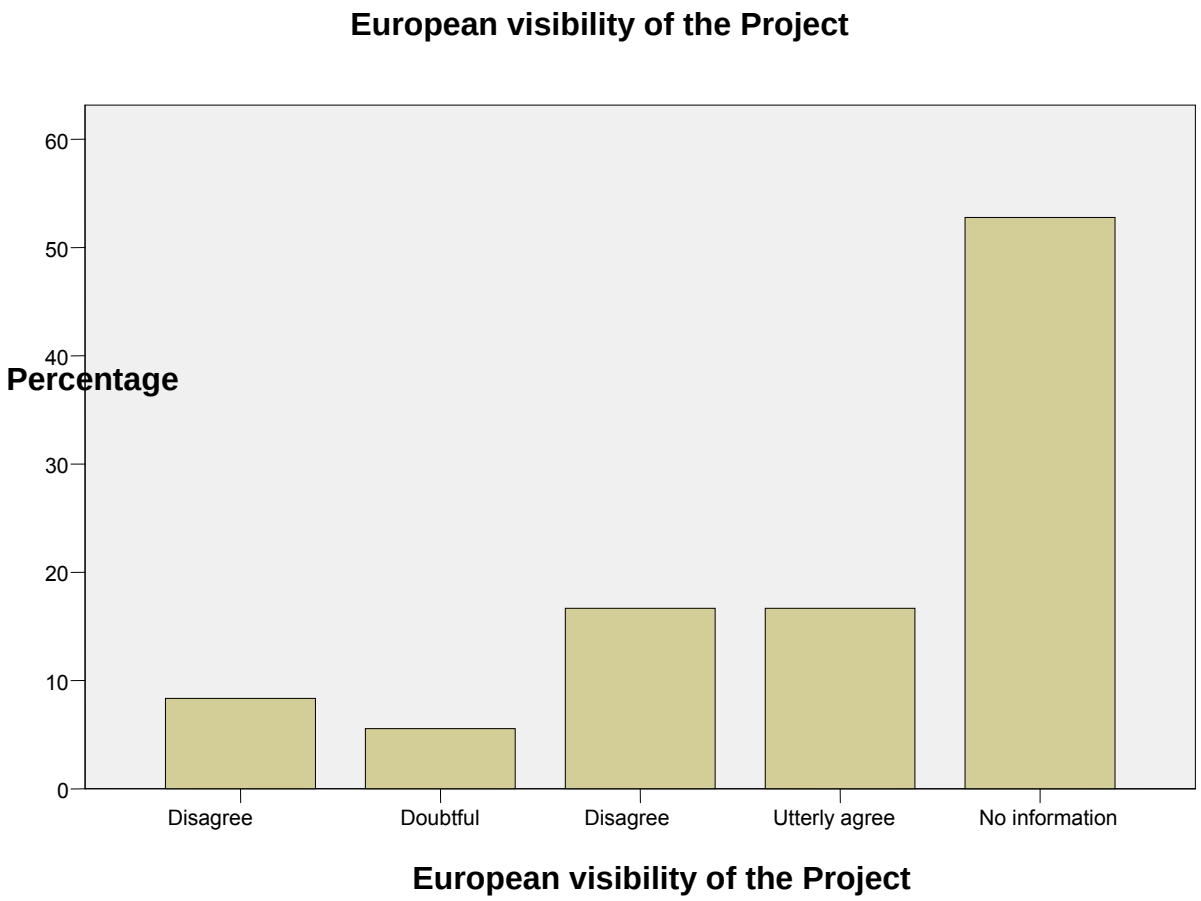
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Insatisfied	1	2,8	2,8	2,8
	Satisfied	9	25,0	25,0	27,8
	Very satisfied	2	5,6	5,6	33,3
	No information	24	66,7	66,7	100,0
	Total	36	100,0	100,0	



European visibility of the Project

European visibility of the Project

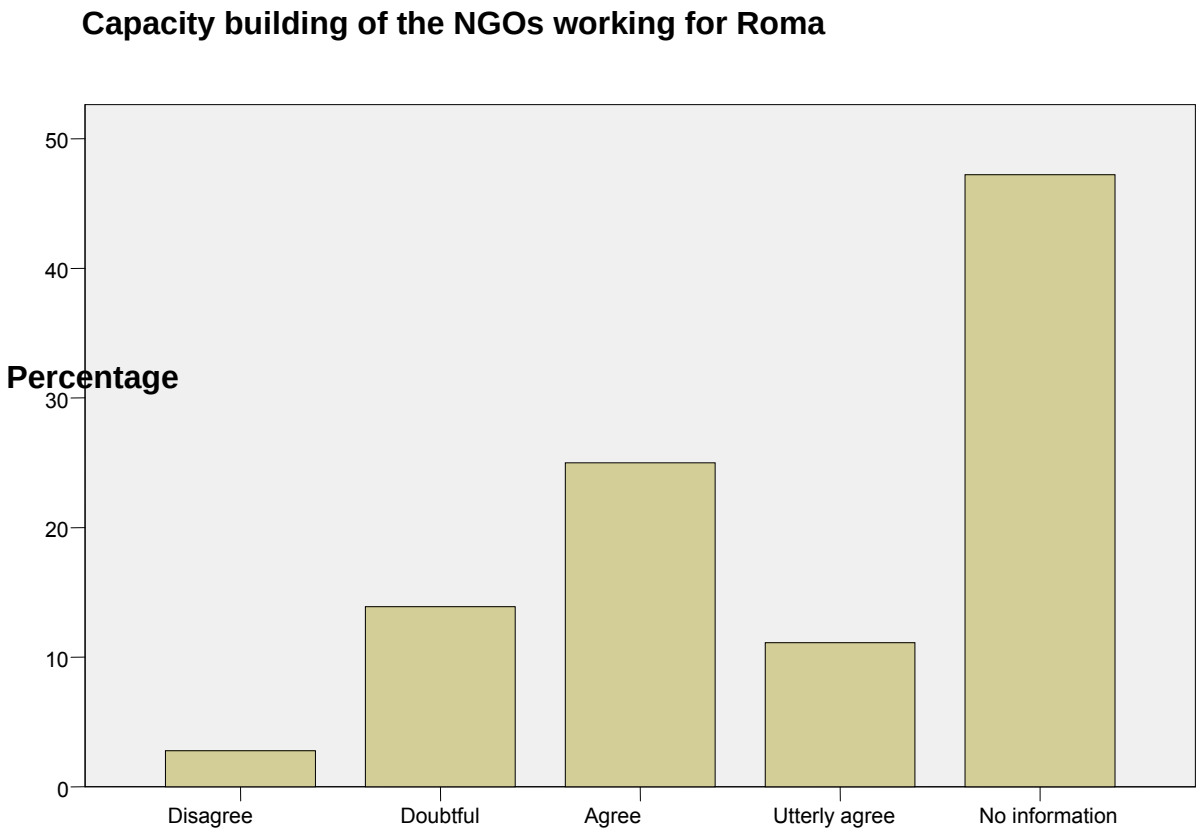
		Frequency	Percentage	Valid Percentage	Added Percentage
Valid	Disagree	3	8,3	8,3	8,3
	Doubtful	2	5,6	5,6	13,9
	Agree	6	16,7	16,7	30,6
	Utterly agree	6	16,7	16,7	47,2
	No information	19	52,8	52,8	100,0
	Total	36	100,0	100,0	



Capacity building of the NGOs working for Roma

Capacity building of the NGOs working for Roma

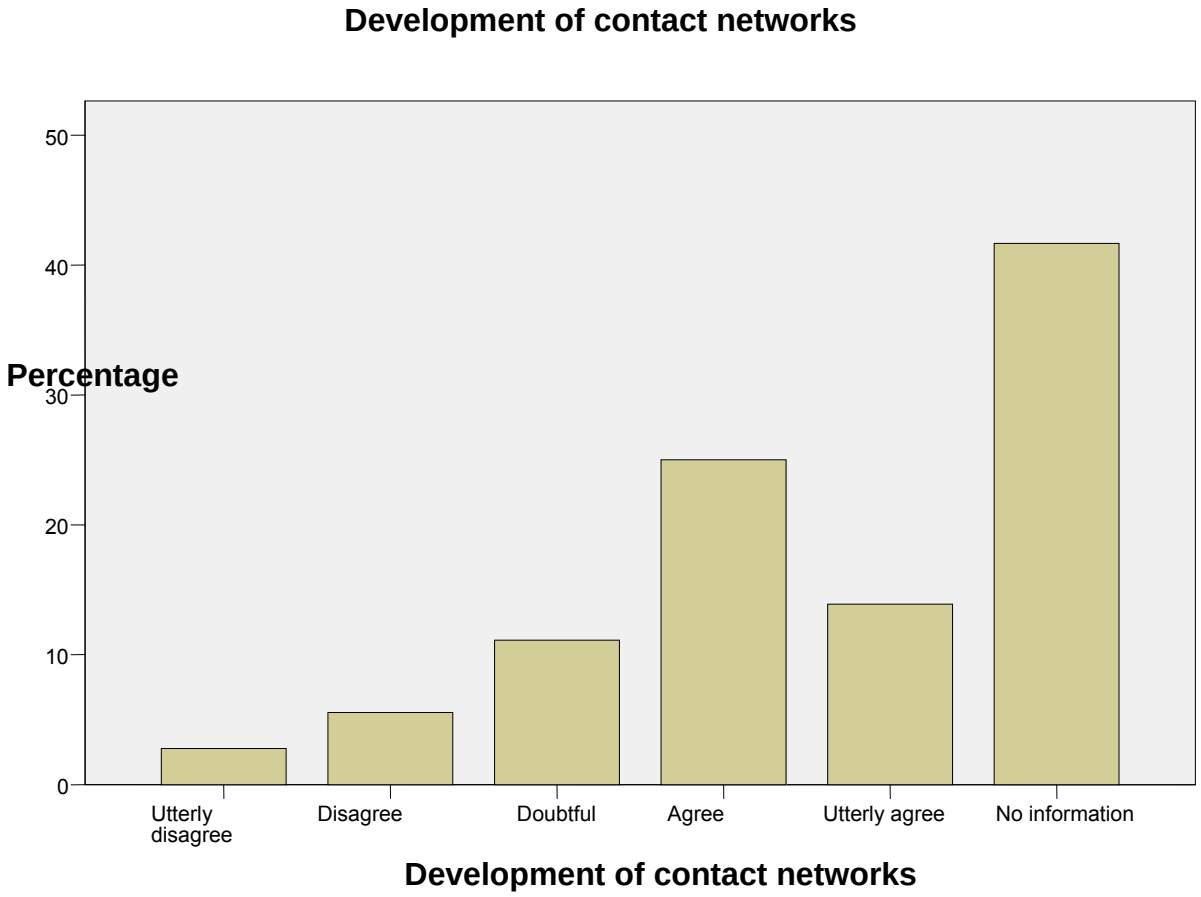
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Disagree	1	2,8	2,8	2,8
	Doubtful	5	13,9	13,9	16,7
	Disagree	9	25,0	25,0	41,7
	Utterly agree	4	11,1	11,1	52,8
	No information	17	47,2	47,2	100,0
	Total	36	100,0	100,0	



Development of contact networks

Development of contact networks

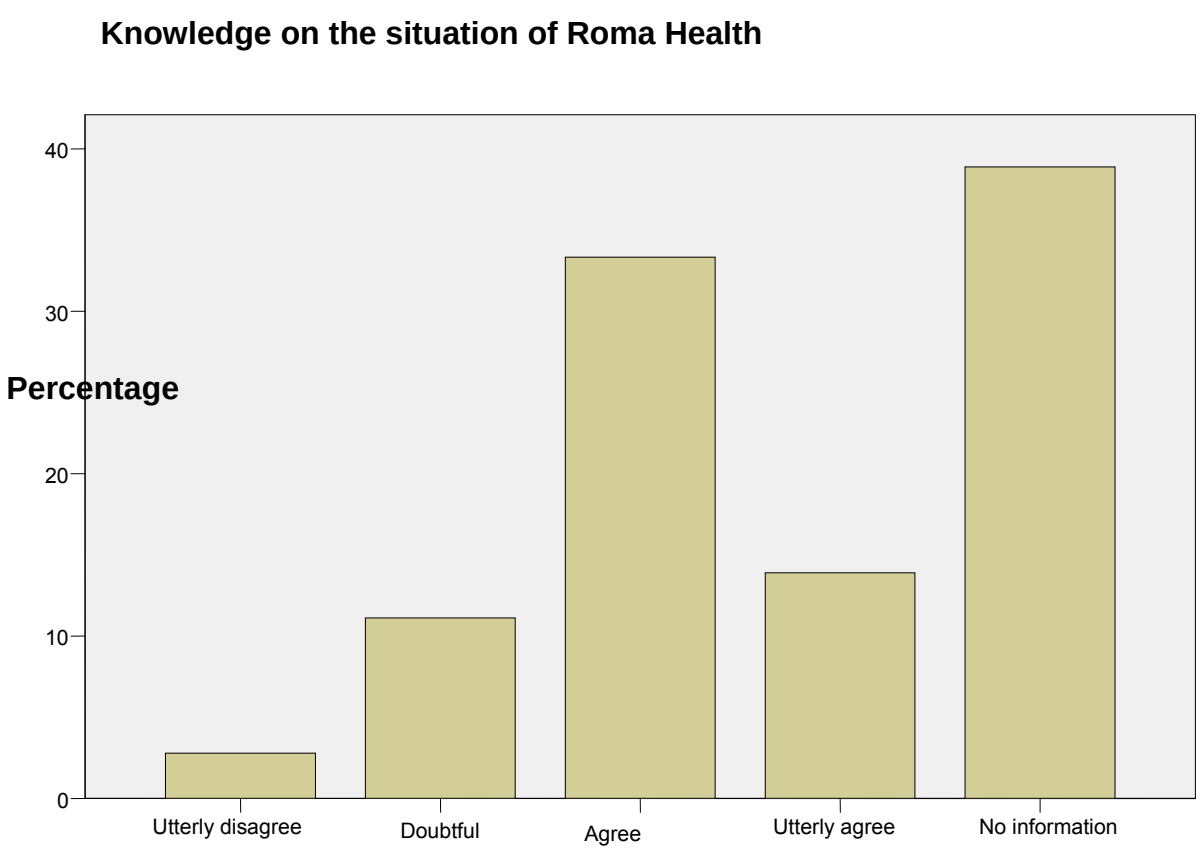
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Utterly Disagree	1	2,8	2,8	2,8
	Disagree	2	5,6	5,6	8,3
	Doubtful	4	11,1	11,1	19,4
	Agree	9	25,0	25,0	44,4
	Utterly agree	5	13,9	13,9	58,3
	No information	15	41,7	41,7	100,0
	Total	36	100,0	100,0	



Knowledge on the situation of Roma health

Knowledge on the situation of Roma Health

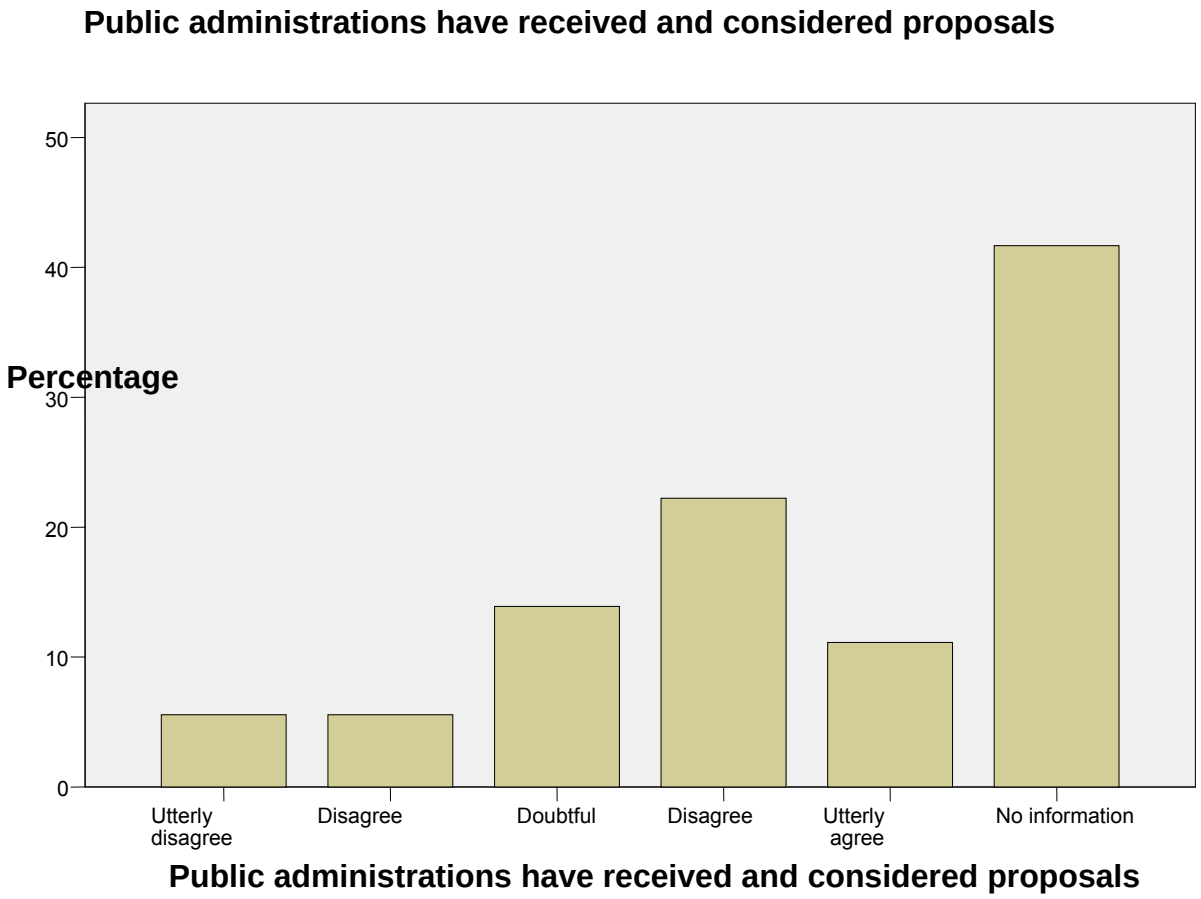
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Utterly disagree	1	2,8	2,8	2,8
	Doubtful	4	11,1	11,1	13,9
	Agree	12	33,3	33,3	47,2
	Utterly agree	5	13,9	13,9	61,1
	No information	14	38,9	38,9	100,0
	Total	36	100,0	100,0	



Public administrations have received and considered proposals

Public administrations have received and considered proposals

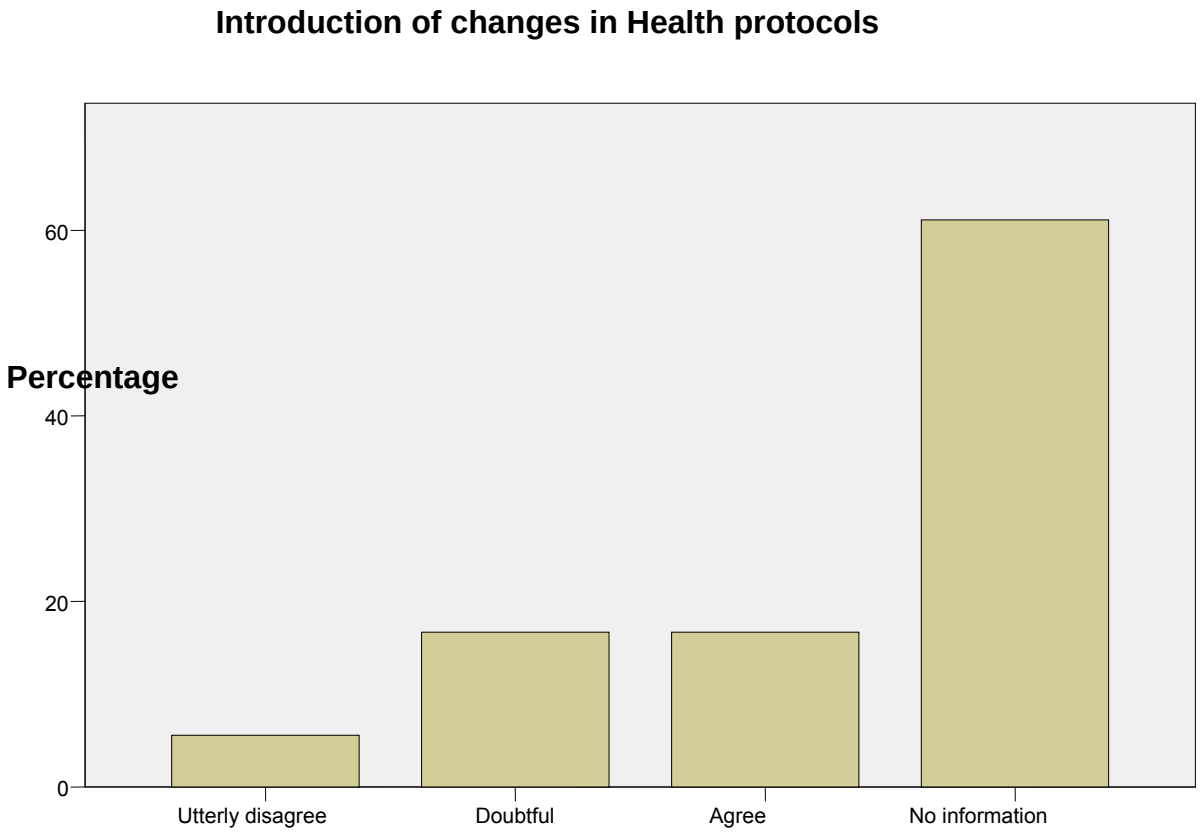
		Frequency	Percentage	valid percentage	Added percentage
Valid	Utterly disgree	2	5,6	5,6	5,6
	Disagree	2	5,6	5,6	11,1
	Doubtful	5	13,9	13,9	25,0
	Agree	8	22,2	22,2	47,2
	Utterly agree	4	11,1	11,1	58,3
	No information	15	41,7	41,7	100,0
	Total	36	100,0	100,0	



Introduction of changes in Health protocols

Introduction of changes in Health protocols

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Utterly disagree	2	5,6	5,6	5,6
	Doubtful	6	16,7	16,7	22,2
	Agree	6	16,7	16,7	38,9
	No information	22	61,1	61,1	100,0
	Total	36	100,0	100,0	



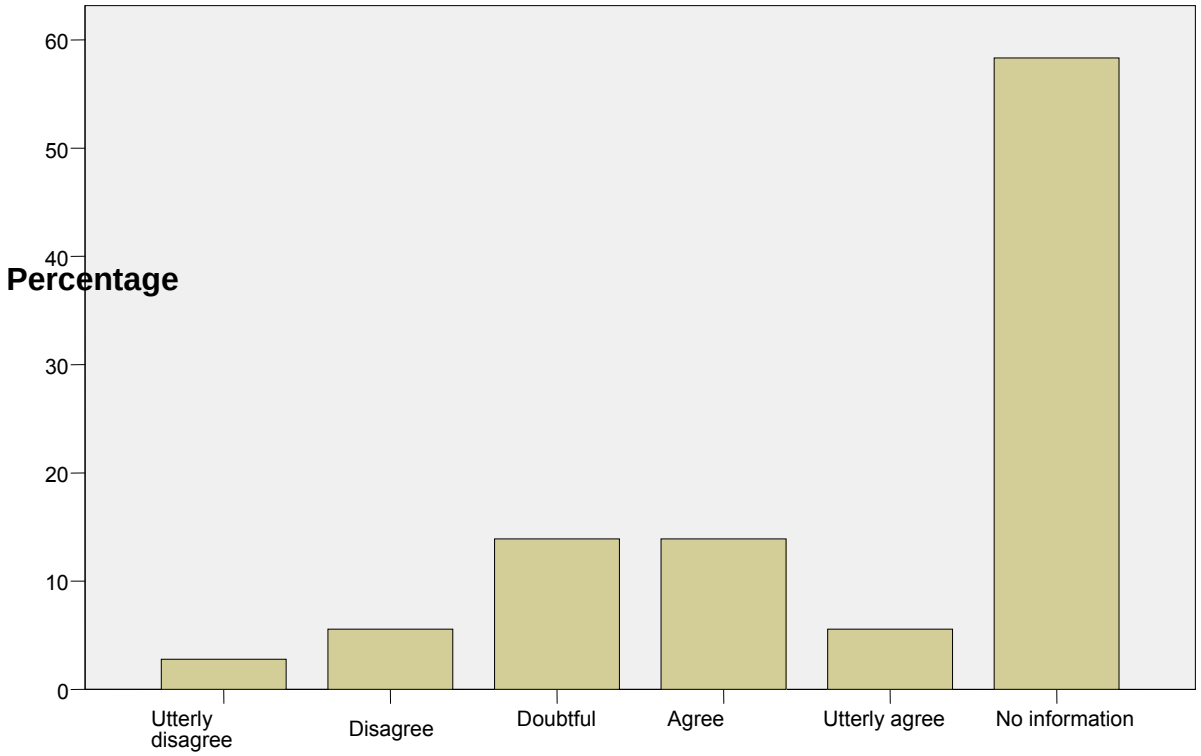
Introduction of changes in Health protocols

Health services and hospital assume new perspectives

Health services and hospitals assume new perspectives

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Utterly disagree	1	2,8	2,8	2,8
	Disagree	2	5,6	5,6	8,3
	Doubtful	5	13,9	13,9	22,2
	Agree	5	13,9	13,9	36,1
	Utterly agree	2	5,6	5,6	41,7
	No information	21	58,3	58,3	100,0
	Total	36	100,0	100,0	

Health services and hospitals assume new perspectives

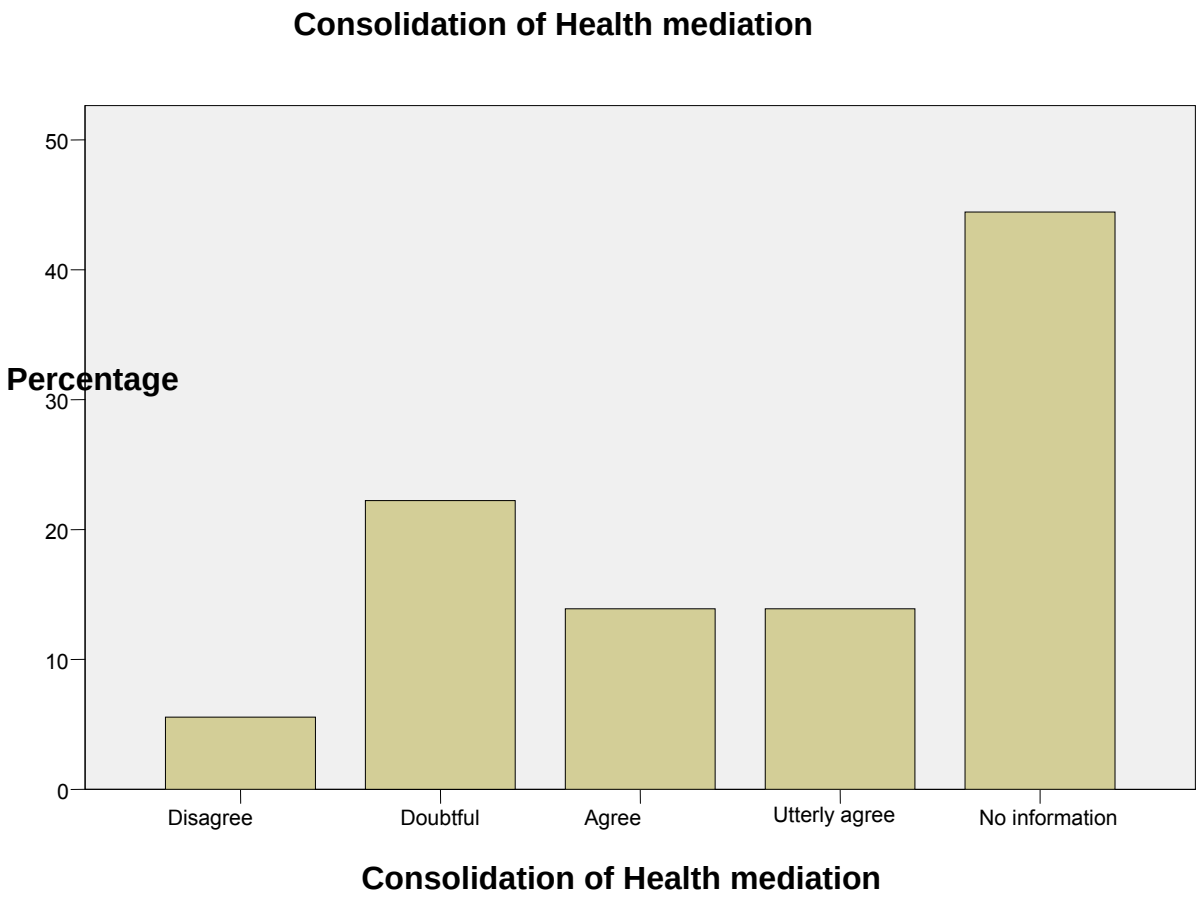


Health services and hospitals assume new perspectives

Consolidation of Health mediation

Consolidation of Health mediation

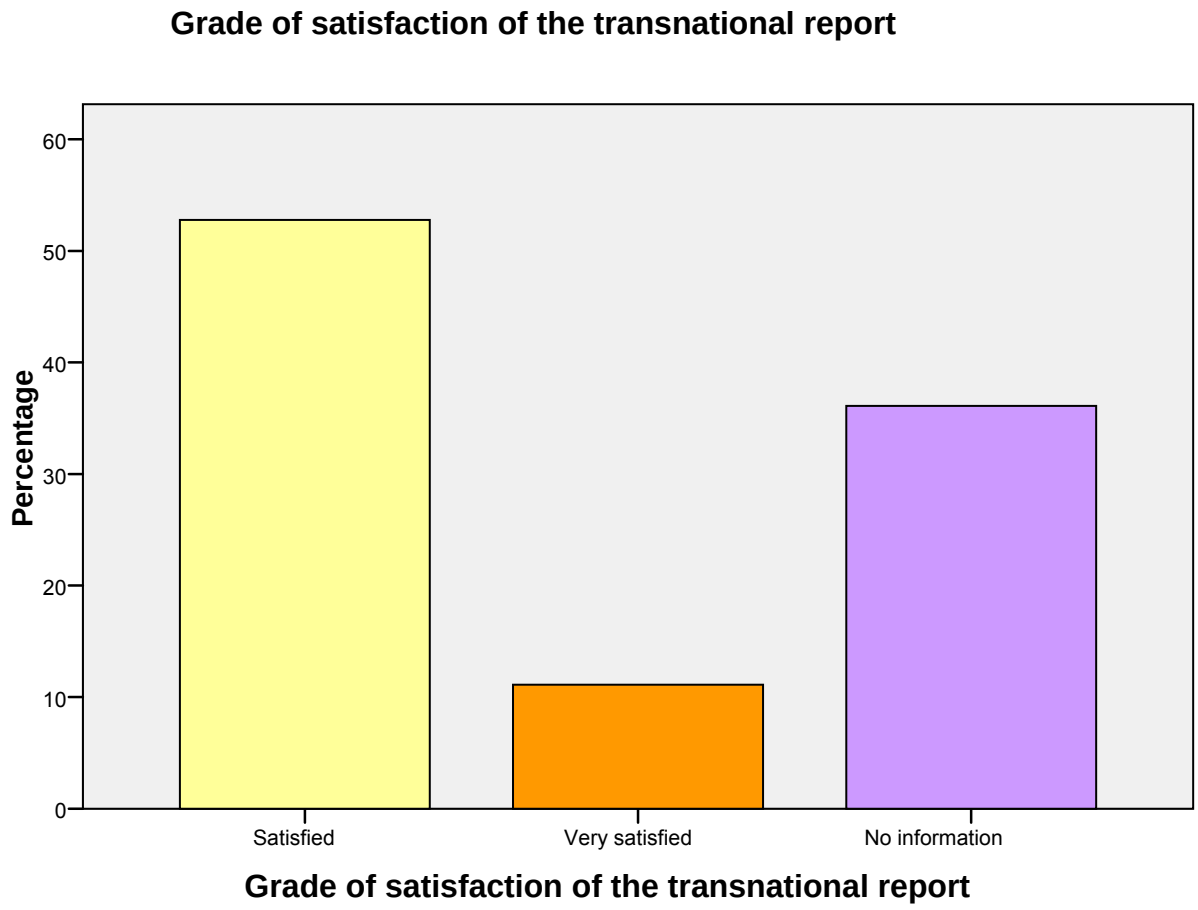
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Disagree	2	5,6	5,6	5,6
	Doubtful	8	22,2	22,2	27,8
	Agree	5	13,9	13,9	41,7
	Utterly agree	5	13,9	13,9	55,6
	No information	16	44,4	44,4	100,0
	Total	36	100,0	100,0	



Grade of satisfaction of the transnational report

Grade of satisfaction of the transnational report

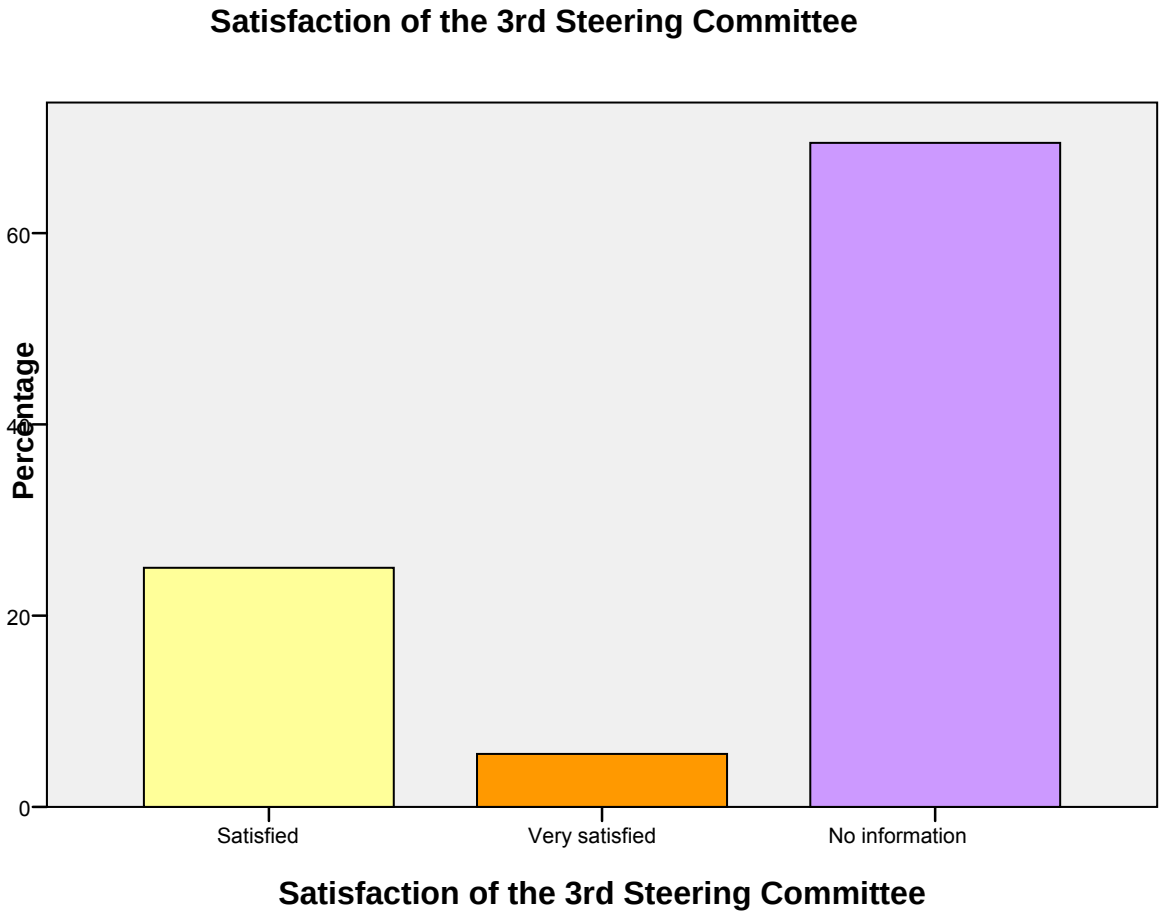
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	19	52,8	52,8	52,8
	Very satisfied	4	11,1	11,1	63,9
	No information	13	36,1	36,1	100,0
	Total	36	100,0	100,0	



Satisfaction of the 3rd Steering Committee

Satisfaction of the 3rd Steering Committee

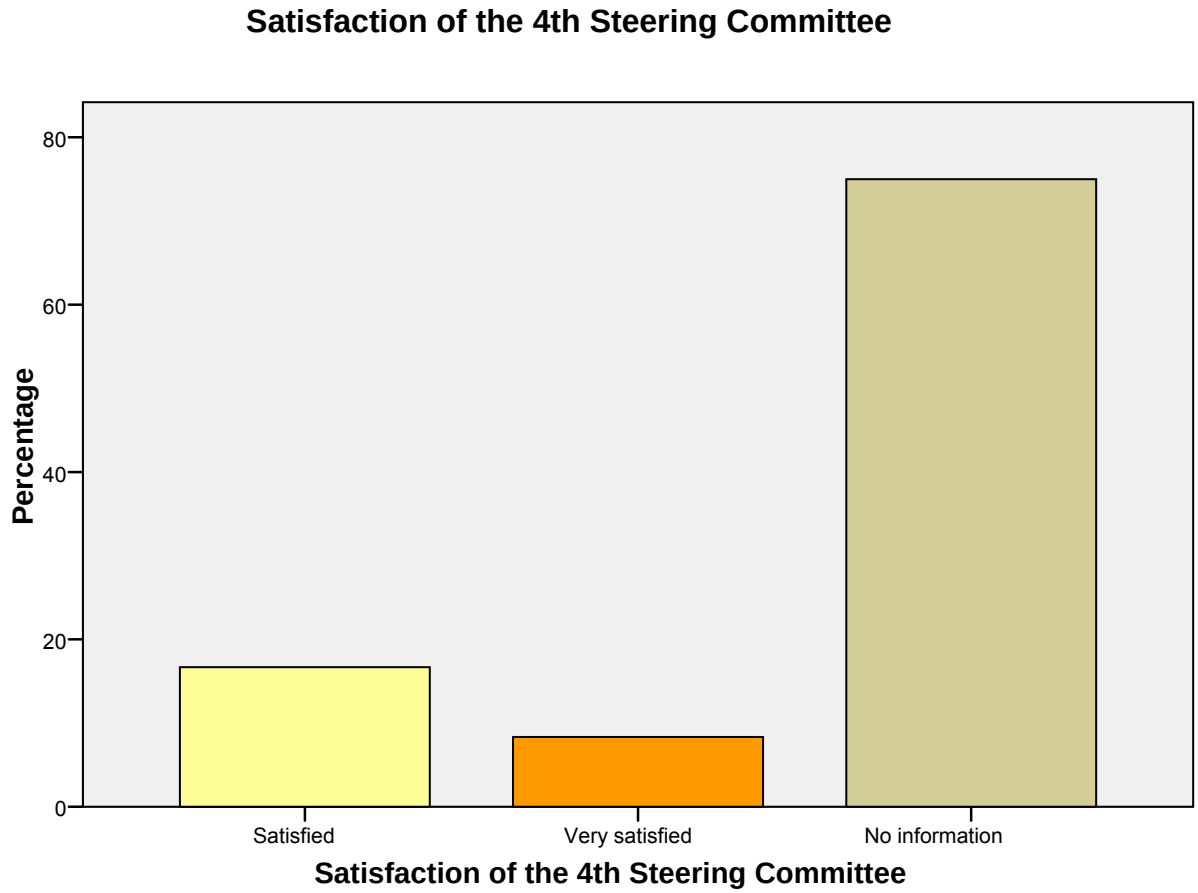
		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	9	25,0	25,0	25,0
	Very satisfied	2	5,6	5,6	30,6
	No information	25	69,4	69,4	100,0
	Total	36	100,0	100,0	



Satisfaction of the 4th Steering Committee

Satisfaction of the 4th Steering Committee

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Satisfied	6	16,7	16,7	16,7
	Very satisfied	3	8,3	8,3	25,0
	No information	27	75,0	75,0	100,0
	Total	36	100,0	100,0	



Implementation of project's recommendations by authorities

Implementation of project's recommendations by authorities

		Frequency	Percentage	Valid percentage	Added percentage
Valid	Unsatisfied	1	2,8	2,8	2,8
	Satisfied	12	33,3	33,3	36,1
	Very satisfied	6	16,7	16,7	52,8
	No information	17	47,2	47,2	100,0
	Total	36	100,0	100,0