

## **Evaluation of the Swiss Contribution to the inclusion of Roma and other vulnerable groups**

**"Reform Fund linked to the Roma Inclusion and  
other Vulnerable Groups"**

### **Final Report Romania**

B,S,S. Economic Consultants

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Final Report Romania

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## Content

<b>Tables .....</b>	<b>iii</b>
<b>Figures.....</b>	<b>iii</b>
<b>Summary .....</b>	<b>iv</b>
<b>1. Introduction.....</b>	<b>1</b>
<b>2. Background .....</b>	<b>1</b>
2.1. Enlargement Contribution.....	1
2.2. Thematic Fund on Social Inclusion .....	2
2.3. Purpose and scope of the evaluation .....	4
<b>3. Methodology .....</b>	<b>5</b>
3.1. Approach .....	5
3.2. Methods .....	5
3.3. Limitations.....	7
<b>4. Evaluation Findings .....</b>	<b>8</b>
4.1. Relevance.....	8
4.2. Effectiveness.....	11
4.2.1. Result assessment based on M&E data.....	11
4.2.2. Result assessment based on reports and interviews .....	12
4.2.3. Other considerations .....	17
4.3. Efficiency.....	20
4.4. Impact.....	26
4.5. Sustainability.....	28
<b>5. Reflection and interpretation.....</b>	<b>31</b>
5.1. Overall assessment .....	31
5.2. Lessons learned.....	32
<b>6. Recommendations .....</b>	<b>34</b>
<b>Annex 1: Evaluation matrix.....</b>	<b>39</b>
<b>Annex 2: Terms of Reference .....</b>	<b>47</b>
<b>Annex 3: Expert Evaluation Health .....</b>	<b>74</b>
<b>Annex 4: Online Survey .....</b>	<b>94</b>
<b>Annex 5: Literature.....</b>	<b>96</b>

## Abbreviations

BTI	Bertelsmann Foundation Transformation Index
CHF	Swiss Franc
CSO	Civil Society Organisation
DAC	Development Assistance Committee
EA	Executing Agency
EU	European Union
FDFA	Federal Department of Foreign Affairs
HEKS	Hilfswerk der evangelischen Kirchen Schweiz
MoE	Ministry of Education
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NCU	National Coordination Unit
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PMU	Programme Management Unit
RIF	Roma Inclusion Fund
SCO	Swiss Coordination Office
SDC	Swiss Agency for Development and Cooperation
SEDF	Foundation for the Development of Social Economy
Tdh	Terre des hommes Foundation
ToC	Theory of Change
ToR	Terms of Reference

## Tables

Table 1: List of common project outcomes .....	3
Table 2: Fund disbursement (as of June 2018).....	24
Table 3: DAC evaluation dimension assessment.....	31

## Figures

Figure 1: “Is the project suited to the priorities and needs of Roma / vulnerable groups?” .....	9
Figure 2: “Is the project aligned with policies, strategies, action plans?” .....	11
Figure 3: Overview of target achievement per sector (as of December 2018) .....	12
Figure 4: “Was the project implemented in an efficient way?” .....	21
Figure 5: “Do municipalities achieve better or worse results than NGOs?” .....	23
Figure 6: “Has the project improved the lives of Roma / vulnerable groups?” .....	26
Figure 7: “Has the project strengthened the identity and self-confidence of Roma?” .....	27
Figure 8: “Has the project strengthened awareness and acceptance of Roma by the non-Roma community?” .....	28
Figure 9: “Will the project’s results continue after Swiss funding ends?” .....	29
Figure 10: “To what extent could you improve your project management capacities?” .....	94
Figure 11: "To what extent could you improve your thematic knowledge of social inclusion?" .....	95

## Summary

The Swiss Agency for Development and Cooperation (SDC) commissioned B,S,S. Economic Consultants to carry out an external evaluation of the social inclusion thematic funds in Bulgaria and Romania respectively with the aim to

- assess the performance and results achievement of the thematic fund
- identify learnings and good practices regarding social inclusion of Roma and other vulnerable groups
- provide recommendations and entry points for a possible second Swiss contribution to promote social inclusion

This report contains the findings, conclusions and recommendations of the evaluation of the *"Reform Fund linked to the Inclusion of Roma and other Vulnerable Groups"*, commonly referred to as Roma Inclusion Fund (RIF).

The findings, conclusions and recommendations in this review report are based on interviews with stakeholders from the national and local governments, experts and Roma community members, an online survey as well as the review of documents.

*Assessment:* The RIF programme is a highly relevant intervention considering the dimension of social exclusion in Romania, specifically of the Roma. The planned activities and outputs were largely implemented and most of the outcomes (targets) have been achieved. Beneficiaries and programme stakeholders largely share the view that the RIF programme yielded positive results both in all five sectors. Arguably, the programme has therefore improved living conditions and minimised social exclusion to some degree. The majority of the persons the evaluation team interviewed and surveyed assesses programme set-up and modality positively and adequate in the given Romanian context. Sustainability of many results hinges on future financing, regulatory measures and requisite political will.

The project implementation is summarised in the following table:

Dimension	Comments	Rating
Relevance	<ul style="list-style-type: none"> <li>• Alignment with beneficiary needs and priorities as well as Romanian strategies confirmed in interviews, survey and document review</li> <li>• "Integrated approach" (=attempt to address several causes of social exclusion) considered to be an asset</li> </ul>	 Very satisfactory
Results	<ul style="list-style-type: none"> <li>• M&amp;E instruments show positive results on activity and output level; little data on outcome/impact level; some variance across the five sectors</li> <li>• (Yet) negligible results in terms of policy / system reform</li> </ul>	 Satisfactory
Efficiency	<ul style="list-style-type: none"> <li>• Fund disbursement on track</li> <li>• Flexibility during implementation</li> </ul>	 Satisfactory

	<ul style="list-style-type: none"> <li>• Complementarities / synergies not fully exploited</li> <li>• Insufficient M&amp;E instruments, lack of evidence-based Theory of Change; but: PMU attempts towards result orientation</li> </ul>	
Sustainability	<ul style="list-style-type: none"> <li>• Mixed assessment of sustainability in interviews and survey</li> <li>• Pro: reference to national and external budgets, continuation of Swiss and Romanian NGO</li> <li>• Con: sustainability challenges already during implementation, structural deficiencies (health)</li> </ul>	 Unsatisfactory

*Note: Following rating levels are used: Very satisfactory, satisfactory, unsatisfactory, very unsatisfactory*

*Recommendations:* The evaluation team formulates the following main recommendations, which were discussed with project stakeholders:

- Continue the implementation modality with non-governmental organisations whilst strengthening the opportunities and options for collaboration with public sector authorities (e.g. municipalities).
- Maintain the focus on education, economic development and empowerment to address important determinants of social exclusion.
- Strengthen the programme approach by seeking to identify, align delivery and enhance results based on best practices.
- Improve the results orientation at the programme level by strengthening M&E tools and the theory of change.
- Continue targeted interventions along with mainstreaming social inclusion.

## 1. Introduction

The Swiss Agency for Development and Cooperation (SDC) commissioned B,S,S. Economic Consultants to carry out an external evaluation of the social inclusion thematic funds in Bulgaria and Romania respectively. This report contains the findings, conclusions and recommendations of the evaluation of the thematic fund in Romania.<sup>1</sup>

Chapter 2 provides background information and explains the purpose as well as the scope of the evaluation. Chapter 3 summarises the approach and methods applied to respond to the evaluation questions. Building up on the findings on the fund's relevance, effectiveness, efficiency, impact and sustainability in Chapter 3, we formulate our conclusions and learnings in Chapter 5. The recommendations in Chapter 6 provide suggestions regarding the design of a possible second Swiss contribution. Annexes offer supplementary information.

## 2. Background

### 2.1. Enlargement Contribution

Switzerland's contribution to the enlarged European Union (EU) ("enlargement contribution") aims at reducing economic and social disparities in thirteen European Union (EU) member countries. The enlargement contribution is understood as an *"expression of solidarity and support by the Swiss population"*, as well as a means to intensify and consolidate Switzerland's bilateral relations with the EU and its member states.<sup>2</sup> The grants for Bulgaria and Romania amount to 257 million Swiss francs for the period 2010-2019, of which 76 million Swiss francs are allotted for interventions in Bulgaria and 181 million Swiss francs in Romania.

The financial contributions are pooled in so-called thematic funds, with a view to ensure thematic concentration as well as efficient and effective management.<sup>3</sup> They range, *inter alia*, from issues of democratic reform and civil society participation to security and justice, environment, private sector promotion as well as social inclusion. Separate thematic fund agreements (TFA) stipulate country and topic specific

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<sup>1</sup> Whilst a standalone document, it can be read in conjunction with two separate reports, one on Bulgaria and another one on issues that relate to both countries (so-called complementary report).

<sup>2</sup> Terms of Reference, see Annex 2.

<sup>3</sup> Terms of Reference, see Annex 2.

modalities for the implementation of the funds.<sup>4</sup> The thematic funds for social inclusion of Roma and other vulnerable groups are apportioned close to 7 million Swiss francs in Bulgaria and 14 million Swiss francs in Romania.<sup>5</sup>

The Swiss Federal Council considers renewing the Swiss contribution beyond 2019, thereby taking the results, experiences and lessons learned of the current enlargement contribution into consideration.

## 2.2. Thematic Fund on Social Inclusion

The *"Reform Fund linked to the Inclusion of Roma and other Vulnerable Groups"*, commonly also referred to as Roma Inclusion Fund (RIF) and hereinafter RIF programme, commenced in March 2012 and has a programme budget that amounts to 14 million Swiss francs.<sup>6</sup>

The objectives of the programme are *"to promote social inclusion and participation in socio-economic life of vulnerable groups namely of the Roma community. [...] priority shall be given to the improvement of living conditions, particularly in the education and health field and in empowerment and awareness building measures [...]".<sup>7</sup>*

The strategy to achieve the objectives was to implement 3-4 interventions (so-called line 1 with focus on education and health) and 2-3 project grants (so-called line 2 with focus on economic empowerment).<sup>8</sup>

For line 1, three consortia of Swiss organisations in partnership with Romanian NGO / civil society organisations (hereinafter also executing agency/agencies (EA) were

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<sup>4</sup> In Romania it is the agreement *"Thematic Fund Agreement for the Reform Fund Linked to the Inclusion of Roma and Other Vulnerable Groups Concerning the Programme for the Promotion of Social Inclusion of Roma and Other Vulnerable Groups"*, signed on 13 June 2012 with subsequently amendments.

<sup>5</sup> Apart from the thematic funds, Switzerland also finances other interventions in various areas including health, education, infrastructure and civil society development, some of which had an explicit social inclusion focus. SDC estimates the resources dedicated to social inclusion in these interventions to amount to 8 million CHF. Overall, social inclusion of Roma and other vulnerable groups thus accounts for roughly 11% of the total contribution to Bulgaria and Romania.

<sup>6</sup> This amount excludes 10-20% co-financing of the EAs and their partners. This means that the Swiss contribution accounts for 80-90% of the budget of the respective project.

<sup>7</sup> Page 3, Credit Proposal / Project Factsheet, 24 December 2012

<sup>8</sup> Initially, it was planned that line 2 would encompass 15-20 local and regional projects with a focus on strengthening cultural identity and integration and enhancing Roma participation in decision making. However, in May 2014, the Steering Committee endorsed a concept that remodelled line 2 towards "economic empowerment". The Department for Inter-ethnic Relations, which had a retainer of 20% of the total allocation for line 2, never made use of it, reportedly because of resource constraints.

financed. The consortia were selected on the basis of a call for proposal. The first two projects started in May 2013 (HEKS, Terre des hommes/Tdh) and the third in January 2014 (Caritas). The respective budgets range from 3.1 million (Caritas) to 4.6 million (HEKS, Tdh) Swiss francs. Together the projects cover 12 counties and more than 150 localities in Romania.<sup>9</sup>

For *line 2*, grants were provided to two Romanian NGO, namely the Mihai Eminescu Trust (MET) and the Foundation for the Development of Social Economy (SEDF). They were selected among five proposals on the basis of a public call. The projects started in October 2015 and in March 2016 with budgets of 0.16 and 0.29 million Swiss francs respectively.<sup>10</sup>

The main *outcomes* of the projects are summarised in Table 1. These outcomes provide the framework with which we assess effectiveness of the RIF programme (see chapter 4.2.2). When we assess *impact*, we focus on improvement of living conditions, as well as empowerment and awareness.<sup>11</sup>

Table 1: List of common project outcomes

Outcomes	Caritas	HEKS	Tdh	MET	SEDF
<i>Education</i> : improved access to kindergarten and primary schools / increased integration in public school system	■	■	■		
<i>Health</i> : improved access to health and social services, improved quality of health and social services	■	■	■		
<i>Economic development</i> : improved capabilities to partake in labour market or in business life / economic empowerment of Roma and vulnerable groups	■	■	■	■	■
<i>Housing</i> : improved settlement infrastructure and up-graded individual housing conditions <sup>12</sup>		■	■		

<sup>9</sup> For more context information, we refer to the Terms of Reference (ToR) in Annex 2.

<sup>10</sup> Because not all planned funds of line 2 were used with these two projects the executing agencies of line 1 were invited to submit proposals for economic empowerment interventions.

<sup>11</sup> The objective refers to social inclusion and participation in socio-economic life alongside improved living conditions and empowerment and awareness. We focus on the latter, for the following reasons: a) the formulation in the programme documents support the interpretation that living conditions and awareness are the programme's operationalisation of social inclusion and participation (not a means or intermediate result), b) the programme in Bulgaria also focused on improving living conditions and empowerment / awareness, which facilitates the comparison.

<sup>12</sup> Housing support was only partly financed by SDC; HEKS financed the housing support with resources separate from SDC.

*Community empowerment:* increased self-esteem, and dignity; improved capabilities to take part in social, economic and political life



*Note:* The outcomes (the term is invariably used in the credit proposals or log frames) differ in terms of formulation and scope. To ensure concise analysis and interpretation, they are consolidated in the report. HEKS also carried out housing related activities; since they were financed with own resources, they were not mentioned in the Credit Proposal. The housing related activities of Tdh feature in the education outcome.

### 2.3. Purpose and scope of the evaluation

The evaluation coincides with the phasing out of the current programme period in November 2019 and the planning of a second Swiss contribution. Against this background the purpose of the evaluation is threefold:

- *Accountability:* assess the performance and results achievement of the thematic fund
- *Learning:* identify learnings and good practices regarding social inclusion of Roma and other vulnerable groups<sup>13</sup>
- *Recommendations:* provide recommendations and entry points for a possible second Swiss contribution to promote social inclusion

The scope is the RIF programme in its entirety (programme evaluation). This means that the evaluation does not endeavour to assess each of the projects individually and in-depth.<sup>14</sup> Nonetheless, much of the programme assessment is grounded in the experience that the project stakeholders made in the context of "their" project and the opinions they shared with the evaluators, as well as project-related documentation and data.

<sup>13</sup> The evaluation complements internal learning that SDC generated on the occasion of its 2018 regional Roma seminar held in Bulgaria in March 2018. The learnings were summarised in the SDC strategic learning brief "*Learning from SDC's Roma Inclusion work for future programming*", undated.

<sup>14</sup> SEVAL 2005.

## 3. Methodology

This chapter explains the approach and the methods that were applied for the evaluation. Both approach and methods were discussed with SDC and approved on 2 November 2018.

### 3.1. Approach

The terms of reference, specifically the purpose and the questions contained therein, as well as clarifications provided by SDC, directed the approach to this evaluation. Its main characteristic is the distinction between the *expert* and the *participatory* evaluation. The expert evaluation captured the opinions and observations of knowledge holders who were responsible for the design, the delivery or the supervision of the RIF interventions. In contrast, the participatory evaluation<sup>15</sup> focuses on experiences of the beneficiaries, i.e. the members of the Roma communities. The purpose was to learn how and to what extent the beneficiaries were involved in the programme interventions (design and implementation); to identify the kind of outcomes and changes that the beneficiaries observe; and to register the hopes and expectations they have for future programmes. It also gave opportunity to hear why some of the intended beneficiaries could not, or did not choose to, participate. The findings of the expert and the participatory evaluation are intertwined in the report.

### 3.2. Methods

The DAC methodological framework for evaluating development co-operation<sup>16</sup> provided guidance for elaborating the evaluation matrix Annex 1. The matrix contains a set of questions, indicators and sources of information for each of the five evaluation dimension. Based on the matrix, we determined the methods for data and information collection, analysis and synthesis. The combination of several methods and sources minimises the risks of a biased perspective or that an important aspect is missed altogether. The different methods are briefly described in the following.<sup>17</sup>

*Document review:* We undertook a review of contractual-administrative documents (e.g. credit proposals), design documents (e.g. programme/project documents), semi-annual reports, logical frameworks and M&E tables. Additional literature that was consulted in the context of this evaluation is listed in Annex 5. As part of the

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<sup>15</sup> The participatory evaluation strives to “*hearing voices of and giving space to the beneficiaries*” (working definition of “participatory evaluation” as agreed with SDC on 28 August 2018).

<sup>16</sup> OECD (2010).

<sup>17</sup> More details are available in the inception report, which was discussed with SDC and approved on 2 November 2018.

document review, pertinent qualitative information was summarised and referenced; quantitative data was processed to calculate the key figures displayed in the report.

*Online survey:* Based on a contact list provided by the PMU, 80 programme stakeholders were invited to take part in a survey. Within a three-week period 47 persons responded (response rate 59%). The results of the survey were qualitatively and quantitatively assessed and are presented either according to the five sectors or the four stakeholder groups.<sup>18</sup> For additional information see Annex 4.

*Expert evaluation:* More than 30 semi-structured interviews were carried in Romania and Switzerland (4). To incorporate as many opinions, ideas and experiences as possible, we interviewed a variety of stakeholders (including representatives of SDC, ministries, executing agencies, local authorities, project partners and other knowledge holders). The interview data was summarised and (partly) quantified; opinions held by several interviewees were given priority.

*Participatory evaluation:*<sup>19</sup> The interviewees and focus group members typically comprised Roma community members, i.e. direct and final beneficiaries and non-beneficiaries. For context information and for validation representatives of the executing agencies and the municipality or locality<sup>20</sup> were also interviewed. Some of the Roma community members were invited by the respective project coordinators, but most were *randomly* selected. This was done in the Roma neighbourhoods, for instance, by engaging in conversations in a central square, in a cafe or when walking along the streets of the neighbourhood, as it was deemed fit on site. Sometimes persons who we talked to referred us to neighbours, friends etc. In the course of three visits more than 250 persons attended the interviews.

*Validation:* We triangulated the responses, information and data stemming from various sources and methodological approaches. This included collecting and analysing data and contrasting them with the qualitative information received during the interviews and checks on-site during the country visits. A briefing meeting with

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<sup>18</sup> The groups are: representatives of the Romanian partners to the consortia ("CP Rom"); representatives of the Swiss partners to the consortia ("CP int"); persons who represent Romanian partners to the TFA (Ministries, National Coordination Unit etc.) ("TFA Rom"); representatives of Swiss partners to the TFA (SDC, SCO etc.) ("TFA int.")

<sup>19</sup> The expert evaluation visit took place from 2-7 December 2018. The participatory evaluations took place in the counties Dolj and Gorj (November 2018), Satu Mare and Maramures (November 2018), and Maramureş (January 2019). The visits lasted 1 or 2 days per locality, and the locations were randomly selected based on a so-called "community mapping" produced by the PMU. SDC's thematic experts on social inclusion and health took part in the missions, with a view to strengthen the capitalisation process. We thank them for their valuable contributions.

<sup>20</sup> The term "representatives" does not imply an elected position or official role. It simply designates persons with a political responsibility / special role in the context of social inclusion.

SDC to discuss the inception report, a debriefing at the end of the expert evaluation missions in December 2018 as well as feedback on the different evaluation reports ensured participation of the client.

### 3.3. Limitations

Both quality and quantity of the information and data that were gathered allow for a solid assessment of the thematic fund. Notwithstanding, there are limitations that should be taken into consideration when reading and utilising the report:

*M&E framework:* The reference documents of the thematic fund, including the TFA and the Credit Proposal, set out the objectives, the target numbers and other elements that describe the ambitions and expectations that are associated with the thematic fund. However, a dedicated and comprehensive logical framework, a results matrix or a Theory of Change does not exist at this level. Such instruments exist at the project level, though some deficiencies could be observed (e.g. regarding indicator formulation, missing baselines or achievement values, only rudimentary explanations of the Theory of Change).

*Bias during expert evaluation:* Most of the experts who were interviewed were involved in the implementation of the project. Biases and strategic answers can therefore not be excluded. To mitigate this risk we repeatedly invited the interviewees for open feedback, we advised them to see the interview as a learning opportunity and we ensured anonymity of the interviewees. Overall, however, the expert and beneficiary evaluation came to similar conclusions.

*Bias during participatory evaluation:* Project coordinators or Roma mediators accompanied the evaluators into the Roma communities, which may have influenced the interviewees; time in the communities was limited which affected trust of interviewees, essential for a frank and candid discussion, and our understanding of power relations within the communities.

*Programme vs. projects:* Keeping a balance between a bird's eye perspective on the programme and at the same time identifying issues, observations and examples at project level is a typical challenge of a programme evaluation. Short descriptions of selected outputs and activities were chosen to provide project level insights despite this being a programme review. In this context we also note that the evaluation does not assess whether and to what extent the targets that were defined for the interventions were adequate or ambitious.

## 4. Evaluation Findings

The following chapters present and interpret the information and data collected in relation to the evaluation dimensions: relevance, effectiveness, efficiency, impact and sustainability. The structure of the chapters follows the evaluation questions and the respective indicators, as mentioned above.

*Note:* The findings – and subsequently also the conclusions and recommendations – that pertain to the health sector interventions are also informed by a report written by SDC's Health Advisor, Ms Enrichetta Placella. Her inputs are part of and complement a broader SDC-internal capitalisation exercise started in 2017. We take the opportunity to thank her for the valuable inputs. Her report is in Annex 3.

### 4.1. Relevance

Relevance measures the extent to which the RIF programme, specifically the projects financed thereunder, is suited to the priorities and needs of the beneficiaries, as well as aligned with national and sub-national policy framework and strategic priorities.

#### *Alignment with priorities and needs of beneficiaries*

*Interviews:* The vast majority of beneficiaries and experts deem that the sectors and the activities address needs and priorities of the target groups. Indeed, with its broad thematic scope the RIF covers several key causes for continued social exclusion and poverty in Romania.

The evaluation team did not observe significant differences in terms of reported relevance between the five sectors, neither during the expert nor the participatory evaluation. During the participatory evaluation, however, the interviews and encounters showed that the reasons and motivations based on which interviewees assessed relevance differed among the stakeholder groups.<sup>21</sup>

*Survey:* In the survey ratings, the differences between the five sectors are more pronounced. In education, health and empowerment, more than 80% of the respondents are of the opinion that the interventions are relevant to the needs and

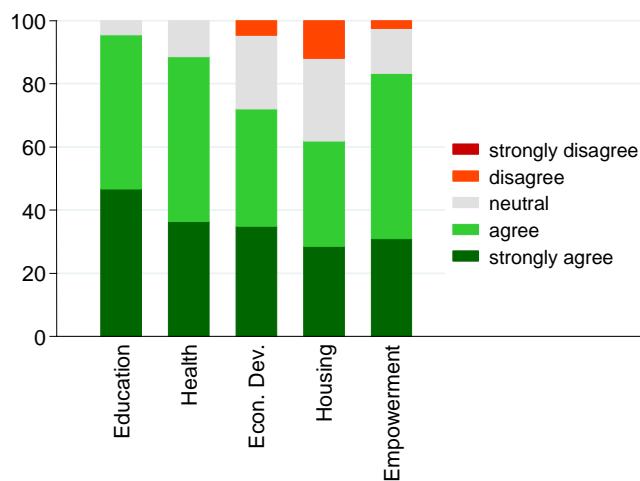
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<sup>21</sup> Example: Parents and caretakers, for instance, explained the relevance of after school activities by describing how they helped children to enjoy learning, improve their reading and writing skills and social abilities; they also described how the activities provide the children a hot meal, a safe environment, and support for homework. Several of the parents/caretakers stated that having the child in the after school allows them to work (more). Conversely, some municipal representatives mentioned that the after school activities are relevant because they enhance civic attitudes, whilst others opined that through the projects the municipality became more aware of the needs of Roma. Children like the after school activities because they are a place to have fun, to play and learn.

priorities of the beneficiaries. Factors that were repeatedly mentioned to explain alignment are: longstanding experience of the consortium partners in Romania; involvement of Romanian NGO in the consortia; needs assessments at the beginning of the interventions; combination of several interventions ("integrated approach").<sup>22</sup> A few survey participants voiced concerns regarding the empowerment interventions in terms of identification of community needs, little budgetary resources (further) reducing margin of manoeuvre of the local initiative groups.

The respondents rate the relevance of the housing interventions and economic development lower. Regarding the former, this was explained by flaws in the beneficiary selection process, legal issues that could not be resolved and the limited number of communities in which / households housing support was provided. There have also been critical statements that the direct beneficiaries of the economic development interventions (on entrepreneurship) were not the most vulnerable ones, that the interventions fell short of the expected job creating effect and that the training programmes were insufficiently adapted to the target group.

*Figure 1: "Is the project suited to the priorities and needs of Roma / vulnerable groups?"*



*Survey question: "Do you agree or disagree with the following statement? The project's components were suited to the priorities and needs of the Roma / vulnerable groups."*

*Number of responses per sector, in above order: 45, 44, 43, 42, 42*

### ***Alignment with national and sub-national policy framework and strategies***

<sup>22</sup> Since September 2018, the Ministry of Labour and Social Justice implements a project to pilot "integrated social services" in close to 140 communities.

See: [www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5231-cp-servicii-sociale-integrate-11092018](http://www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5231-cp-servicii-sociale-integrate-11092018) (last accessed: 12 February 2019).

The RIF programme and its interventions correspond with the *National Roma Integration Strategy 2015-2020 (NRIS)*, the policy framework document setting out guidelines for implementing the policy of social integration of Roma.<sup>23</sup> Alignment relates both to the principles of the NRIS as well as the "directions for actions".<sup>24</sup> Many of the project activities can be subsumed under the broad formulations in the strategy and its action plan, which renders formal alignment easier.<sup>25</sup> Moreover, the NRIS expressly mentions the Swiss funding contribution for two measures in the health sector. In this context it can be noted that several interviewees of different stakeholder groups stated that the NRIS lags implementation, that it is not given its due importance, and that social inclusion of Roma continues to be of lower policy priority;<sup>26</sup> some even argued that government commitments towards Roma has decreased compared to previous years.<sup>27</sup> Finally, alignment of the RIF programme can also be confirmed with the *NRIS 2015-2020*.

*Survey:* With regard to education, health and economic development, the majority of the respondents agree with the statement that the projects align with local and national policies. As far as the empowerment is concerned, some respondents explained that there is no coherent policy of this type in Romania that would serve as point of reference and that state authorities show little interest in empowering Roma. A small number of respondents questioned alignment, arguing that policies, strategies and action plans frequently have changed over the last five years and that such documents mainly exist on paper.

<sup>23</sup> According to interviewees in the municipalities and ministries this also holds true for the NRIS derivatives at sub-national levels.

<sup>24</sup> The principles include the EU Council's *Common Basic Principles on Roma Inclusion* (EU 2009). The directions for actions encompass education, employment, health, housing and small infrastructure, culture, infrastructure and social services. See NRIS 2015.

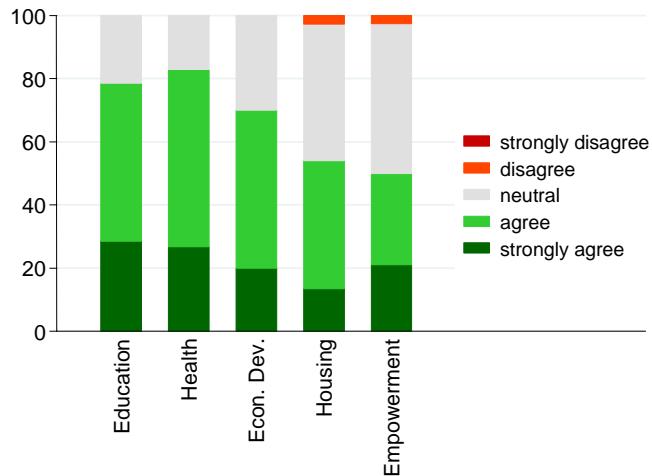
<sup>25</sup> See NRIS, Annex 2, section C, measures 1.3 and 1.4.

<sup>26</sup> Such critique was also voiced in a recent civil society monitoring report of the NRIS implementation: "... *In this context, many civil society reports have criticised the fact that the NRIS does not include measures funded by public funds, and neither do the various ministries. In fact, the main sources of funding identified have been the European Funds, the Norwegian Financial Mechanism, and the Swiss–Romanian cooperation funds. This demonstrates a lack of political will and Government commitment. ...*". EC 2018a

See also CRCR 2016.

<sup>27</sup> SDC's Health Advisor notes that the interventions to improve access to basic services for Roma, including health and social services, has not been reported as a priority of the current national government. The situation at local level (municipalities) is reported to be somewhat different, because interest in Roma inclusion seems more important there, although sometimes motivated by "electoral" concerns. See also the separate report in Annex 3.

*Figure 2: “Is the project aligned with policies, strategies, action plans?”*



*Survey question: “Do you agree or disagree with the following statement? The project's components were aligned with the national and local policies, strategies and action plans.”*

*Number of responses per sector, in above order: 42, 41, 40, 37, 38*

## 4.2. Effectiveness

Effectiveness measures the extent to which the thematic fund achieved or is likely to achieve its planned results (outcome level).

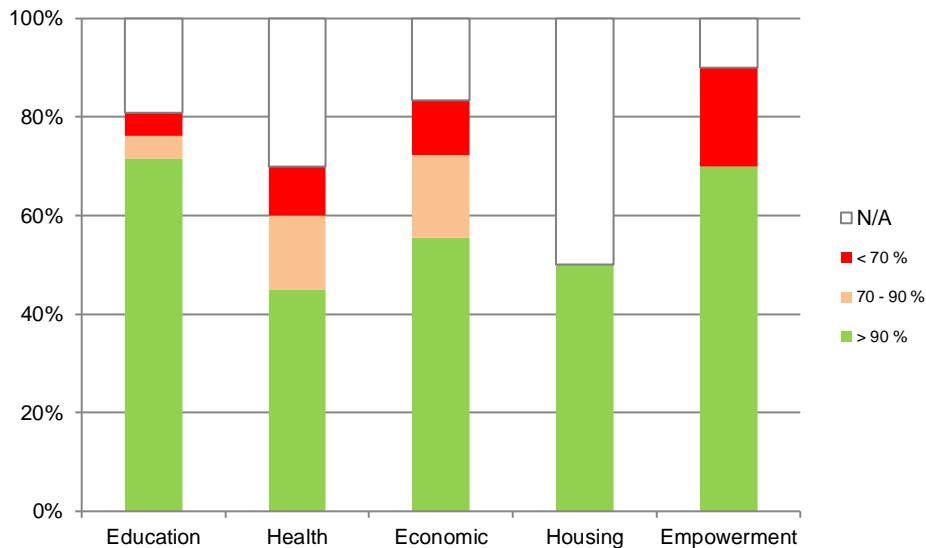
### 4.2.1. Result assessment based on M&E data

Our first step in assessing the level of outcome achievement is to aggregate the data in the project M&E systems of Caritas, HEKS and Terre des hommes as well as MET and SEDF respectively.

Figure 3 exhibits the extent to which the targets in the five sectors were achieved by end of 2018. The data shows that in each sector, a majority of the targets were achieved (above 90% achievement rate). The lowest achievement rates can be observed in health (9 indicators above 90%, 5 below) and economic development (10 indicators above 90%, 5 below). It cannot be determined, however, if this poorer performance – relative to the other sectors – is due to a less effective implementation, a more difficult context or more ambitious target levels.<sup>28</sup>

<sup>28</sup> For this reason, we refrain from reporting separate results for each of the implementers.

Figure 3: Overview of target achievement per sector (as of December 2018)



*Note: The analysis takes into account project duration: target achievement =  $((\text{status} - \text{baseline}) / (\text{target} - \text{baseline})) / ((\text{date reporting} - \text{date start}) / (\text{date end} - \text{date start}))$ . For the analysis it is assumed that the achievement of the respective targets is linear during project duration.*

*Source: M&E tables of executive agencies.*

#### 4.2.2. Result assessment based on reports and interviews

In the following we summarise the key outcomes as described in the most recent PMU reports and the interviews. We thereby concentrate on the "consolidated" outcomes mentioned in Table 1.

##### *Achievements in the education sector*

*Outcome statement:* improved access to kindergarten and primary schools and increased integration in public school system.

*Observations:* The PMU reports and the interviewees mentioned several positive effects in the education sector:

- Since the start of the RIF programme, school drop-out is reported to have decreased from 2.7% to 1.3% in the project localities. This is associated with higher attendance rates in schools and kindergartens as well as increased transition from primary to secondary school.
- Positive results are also reported in terms of learning, motivation and social behaviour across the project localities, as reflected in some data in the

reports of the consortia.<sup>29</sup> Teachers but also parents/caretakers frequently stated that their children greatly benefit from taking part in the after school activities.

- An issue that could not be conclusively assessed is whether the selection criteria and implementation modalities could always ensure that children at the risk of dropping out, i.e. those most in need and thus the target group of the RIF programme, were reached.<sup>30</sup>
- An achievement that many interviewees highlighted is that local authorities continuously increased their co-funding to the education activities.<sup>31</sup> In some instances the co-funding requirement backfired as will be discussed in chapter 4.5.

### ***Achievements in the health sector***

*Outcome statement:* improved access to health and social services, improved quality of health and social services.

*Observations:*

- The provision of health and social services, including health related education, home care services, training programs to health professionals (doctors, nurses, health mediators), the setting up of “health / hygiene centres” and the financial contribution for referrals to GPs and vaccination of children are all said to have produced positive effects in terms of health status or health behaviour of the beneficiaries according to RIF's annual reports, as well as the interviews that were held with representatives of the project implementers and the beneficiaries.
- The M&E data suggests that these different services have been extended to more than 1200 persons. Enrolment with family doctors and vaccination rates among children are reported to have increased considerably as a result of the projects. However, given that only few insightful data is available, the scale / dimension of these positive effects in relation to the needs of target population can hardly be grasped.

<sup>29</sup> At the same time, Caritas nonetheless reports that "*most of the children from the three Roma communities (as well as many other children) still face major difficulties in coping with the requirements in 5th to 8th grade.*" Caritas, Progress Report, June 2018.

<sup>30</sup> For instance, in some after school settings children who do not go to school regularly, were excluded from taking part in the after school activities. Teachers also reported that children who were otherwise "disturbing" the after school activities were excluded.

<sup>31</sup> HEKS reports that as of June 2018, the co-funding reaches 50% in the 78 localities where it operates, whilst 8 of the 9 localities in which Tdh is active co-finance the education activities in the range of 25-50%.

- A number of conversations with beneficiaries of health services were made during the participatory evaluation visits. The vast majority of the respondents valued the health and social services they received, particularly the support to reduce their out-of-pocket expenses for medication. Some frustration was voiced in those localities in which health centres were placed but were not in operations because of the lack of a health mediator and/or community nurse.

### ***Achievements in economic development***

*Outcome statement:* improved capabilities to partake in labour market or in business life.

*Observations:* As of June 2018 (latest PMU report) approximately 2'000 beneficiaries were involved. The activities range from supporting the establishment and formalisation of social economic enterprises and the provision of micro-credits<sup>32</sup> to job mediation and vocational skills development. Around 80% of the beneficiaries are Roma. Key achievements that are associated in this area are:

- Approximately 20% of the beneficiaries of economic development measures (e.g. participants of trainings, recipients of micro-credits) are reported to have secured income from formal employment or from various business operations. Approximately 15% of the roughly 1000 persons who were supported through job mediation were able to find employment for at least three months.<sup>33</sup>
- 32 social economic enterprises (collectives) as well as some 70 beneficiaries of micro-credits are reported to have grown their businesses and the responsible implementing partner reports that the beneficiaries maintained a high repayment rate of more than 95%; details of the extent of business growth (e.g. change of turnover, revenue, clients, products, staff) are not systematically available.<sup>34</sup> At the same time, beneficiaries explained that the projects helped minimising risks associated with expanding an existing

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<sup>32</sup> Recent research shows that the microfinance sector in Romania "remains marginal and blurry" and that micro-credits are less developed in regions where such financing support is much needed. Pop C. & Buys P. 2015.

<sup>33</sup> Without detailed information on the participants, the quality or intensity of the support measures as well as the ambition that the project implementers had with these measures, it is difficult to assess if this proportion of successful job mediations should be considered as high or low. Generally speaking, 20% and 15% respectively seems fairly low.

<sup>34</sup> Project coordinators mentioned the examples of beneficiaries who doubled their income and another one who received a 5-digit grant from the EU. Examples of the work of Tdh can be seen on: <https://www.youtube.com/watch?v=PUUHScrc6c>.

business, of "making a first step" into a new business line.<sup>35</sup> Project coordinators mentioned examples in which the beneficiaries realised how many resources they have to be entrepreneurial.

Most of the interviewed beneficiaries said that they learned and acquired new skills through the project. However, they could only partly confirm that the job mediation or vocational courses helped finding a new job, particularly in areas with little (perceived) demand for labour. Two statements are indicative: *"The biggest problem for us is that there are no job opportunities in this village."* whilst another person said *"I have four certificates from vocational courses that I received from different projects but I am still jobless, and being above 50s, it is hard for me to get one."*

### ***Achievements in housing***

*Outcome statement:* improved settlement infrastructure and up-graded individual housing conditions).

*Observations:*

- The PMU reports that housing support has been provided to 437 households across four counties. The housing support covered small-scale renovations (331 households) of sanitary installations, electrical and heating appliances, and windows, as well as house extensions (bathroom, kitchen) or new houses.
- The field observations suggest that this support reached households in dire need. At the same time, the evaluators met beneficiaries and other Roma community members who voiced critique regarding the process based on which housing support was provided – interestingly, irrespective of the modality with which support was provided.<sup>36</sup>
- Whilst the interviewees appreciated and were happy generally that the most immediate housing needs could be remedied, they also argued that only minor repairs could be financed and that the scale of the support has been low.<sup>37</sup>

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<sup>35</sup> In the survey and in the interviews respondents mentioned and somewhat critiqued that some of the beneficiaries continue to operate non-formalised businesses / activities, though it was acknowledged that the legislative / administrative requirements for formalisation are challenging, specifically for persons with lower educational attainment.

<sup>36</sup> In this context it is noteworthy that the approaches of HEKS and Tdh differed. The approach of HEKS ("dweller driven model") is characterised by the participation of the beneficiaries. House owner(s) are required, for instance, to invest own resources before the next tranche of support is released. Instead, Tdh offered an unconditional grant / donation approach.

<sup>37</sup> That the demand for support outstrips the provision of support by far has been a repeat critique in all sectors. On the one hand, this critique may be unwarranted, since the RIF programme merely

- The housing related activities of Tdh were designed as part of the education interventions; interviews with beneficiaries suggest that the link between education and housing was not consistently taken into consideration. During the field visits the evaluators met with persons who stated to have received housing support though they do not have children.

### ***Achievements in empowerment***

*Outcome:* increased self-esteem, and dignity; improved capabilities to take part in social, economic and political life.

*Observations:* It emanates from the interviews that, unlike the other sectors, the viewpoints whether and which outcomes were achieved differ to a large extent.

- The members of the so-called Local Initiative Groups (LIG) frequently referred to the projects that they were able to implement in their communities and the benefits that the projects yielded.<sup>38</sup> At the same time, it emanates from the interviews and site visits that the services were started before the community needs assessments were completed, leaving little space for the LIG to involve themselves in e.g. the design of these services; so sequencing could have been improved. Some LIG members also highlighted their personal growth or that their LIG transformed into an official NGO.<sup>39</sup>
- Other members of the Roma community were rarely aware (or only aware when prompted) of the members of the LIG and their actions, let alone the purpose of the LIG. This is also a reflection of the selection process<sup>40</sup> and standards according to which LIG are established, which casts doubt about the "representativeness" of the LIG.
- The experiences and opinions of representatives of the municipalities were very mixed. There are examples of municipal representatives acknowledging the LIG's function to link the Roma community with the municipality and examples of dialogue, discussions, and concrete actions; in

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seeks to make a contribution to problem solving. On the other hand, this issue could have been reduced by focusing on a smaller number of sectors. Admittedly, balancing the relative financing volumes to achieve results is a difficult task.

<sup>38</sup> More than 80 smaller-scale community improvement projects, including playgrounds, water and road related infrastructure improvements, garbage containers and community cleaning were implemented (see June 2018 PMU report).

<sup>39</sup> Tdh, for instance, reports that 7 of the 12 LIG are now formal NGO, some which already applied for (EU) grants/funding, at times in partnership with municipalities.

<sup>40</sup> Some members of LIG were selected as a result of their function such Roma mediators, education or health mediators, members of the Roma party.

some instances LIG partnered with municipalities for grant funding. More often than not, however, the representatives were unable to associate outcomes with the LIG or did otherwise question the usefulness or legitimacy of the LIG.

The fact that Roma community members became active in LIG to jointly work for a common cause and for the benefit of the community can still be considered as a significant achievement, however, not least considering the adverse environment in which the LIG operate. In the interviews held in the Dolj and Gorj counties, for instance, LIG members mentioned numerous factors that made their job difficult and sometimes impossible (in half of the communities visited in November 2018, the LIG were not existing anymore): social, political, economic marginalisation; dire state of infrastructure; internal tensions between segments or “clans” within the community; the way the LIG was created and operated with insufficient involvement of – or at least communication to – community members.

#### 4.2.3. Other considerations

##### *Policy level outcomes*

Apart from the achievements described above the RIF programme reports some *policy-related deliverables* at the municipal and regional levels. Examples that were mentioned in the interviews include the partnership agreement with the Olt and Dolj County School Inspectorates regarding the implementation of Tdh's health education curricula or the approval of a curriculum for intercultural education in kindergartens. Furthermore, the interviewees referred to co-financing commitments in several project localities (see above) and increasing local budgets for integrated homecare (delegated funding from central government).

With a view to achieving policy outcomes at national level (see also chapter 4.3. ), the RIF programme launched an "advocacy activity" in January 2017. All three consortia took part in the advocacy work for which a Romanian consultancy was commissioned. The advocacy work resulted in an event in March 2019 with the parliamentary commission on human rights. The consortia discussed their achievements, obstacles and needs with regard to after school activities with commission members. A commission member is interested to table a law proposal on after-school activities to which the executing agencies and partners would be invited to provide feedback. Apart from this, some interviewees opined that the joint work was important to conceptualise and test advocacy in practice.

Given that the RIF expectations for policy dialogue were from the onset comparatively low, which was expressly mentioned in the RIF credit proposal,

aspirations regarding policy and practice changes at sub-national level policy objective can thus be interpreted as fulfilled.

### ***Know-how transfer and exchange***

The implementation modality chosen for the RIF programme is to engage consortia of Swiss and Romanian NGO in the project design and delivery, with the idea of pooling specialist expertise, including Swiss-based expertise, in one consortium. The modality enables to expand the range of services by partnering with the organisation Diakonia, for example, HEKS was able to provide health services within the consortium (though this does not necessarily mean that HEKS would engage in this sector again in the future).

The Romanian respondents to the online survey assessed the extent to which they improved i) their project management capacities and ii) their thematic knowledge in social inclusion as a result of know-how transfer and exchange overall positively.<sup>41</sup> Based on the responses of the participants, it can be concluded that the increase of project management capacity resulted from interaction and coordination of activities across multiple organisations and from the challenge of managing an integrated project with several different intervention lines. Similarly, those who stated to have gained deeper understanding of social inclusion explained this with their involvement in the delivery of the project activities (and less as a result of inter-consortia knowledge transfer).

### ***Integrated approach***

The integrated approach is considered an asset by most of the interviewees because it attempts to simultaneously address several mutually intertwined determinants of social exclusion. Representatives of the Ministry of Labour and Social Justice advised that the approach mirrors Romanian social assistance legislation and current pilot projects in several vulnerable communities.<sup>42</sup> Nonetheless, what the integrated approach means in practice (e.g. case management) could not conclusively be established. The extent to which the project activities are integrated also differs among the consortia and as a consequence also in the localities – let alone at the level of the beneficiaries.<sup>43</sup>

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<sup>41</sup> With only four respondents, the results of the Swiss consortium partners are less insightful.

<sup>42</sup> See Law on Social Assistance (292/2011) and footnote 22 respectively.

<sup>43</sup> It could be described lowest in the consortia of HEKS; this is because the consortium extended its education services to several localities beyond those where health and housing activities were implemented.

### ***Enabling and hindering factors***

The RIF programme can report significant results. Notwithstanding, there were challenges and bottlenecks during design and implementation, which also surfaced in the interviews. Some of the key ones are described in the following:

- The consortia catered for several sectors and implemented a broad range of activities within a relatively short period of time; changes in the contracts (e.g. supplementary activities, extensions), which were in principle valued, required considerable resources and caused, in some instances, the temporary suspension of the project implementation (until the contract addenda were settled).
- The commitment and capacities of the counterparts varied from municipality to municipality as a result of the context, leadership, and political and economic situation of the region. The municipalities have in common, however, that their municipal councils are (highly) sceptical in regard to any targeted support focusing exclusively on Roma. The SDC Health Advisor further notes in her report that the *"lack of political commitment for Roma issues in general and health and social care in particular at central government level is the main restrainer of change."* Structural obstacles, including policy and regulatory issues, have ramifications on the project results.<sup>44</sup> These system level issues are beyond the sphere of influence of the projects.
- The approach to increase co-funding requirements for municipalities as a means to gain ownership and secure sustainability backfired in some instances; in some municipalities services were stopped because co-funding became too high and in some cases municipalities "switched" to funding by other donors that have no or much less co-funding requirement.<sup>45</sup>
- The experience and statements of the project implementers and the members of the local initiative groups suggest that the community empowerment processes was more demanding, prone to risks and resource intense than anticipated. Furthermore, determining when and by what means a local

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<sup>44</sup> SDC's Health Advisor notes other restrainers particularly for the health area in her report, including: lack of policy and regulatory framework for home care; lagging decentralisation; unsustainable insurance/social health protection schemes, major social, economic and cultural determinants of health; low interest of family doctors to register more patients due to the current reimbursement scheme; difficulties in finding competent and skilled community nurses and caregivers keen to work with Roma and other vulnerable groups, high staff turnover, as well as lack of skilled Roma health mediators. See Annex 3.

<sup>45</sup> Given that there were enough municipalities ready to commit to a minimal contribution of 50%, this did not prove to be a major obstacle for the project.

initiative group was "successful" should have been discussed when designing the projects.

- Furthermore, frequent changes in the political and senior leadership (and corresponding change in priorities, policy considerations, political climate etc.) but also of staff in municipalities (e.g. community nurses), were also mentioned by some interviewees as factors that negative influence.
- Social and cultural patterns are reported to significantly influence the health and health care seeking behaviour; this can also be extended to education.

### 4.3. Efficiency

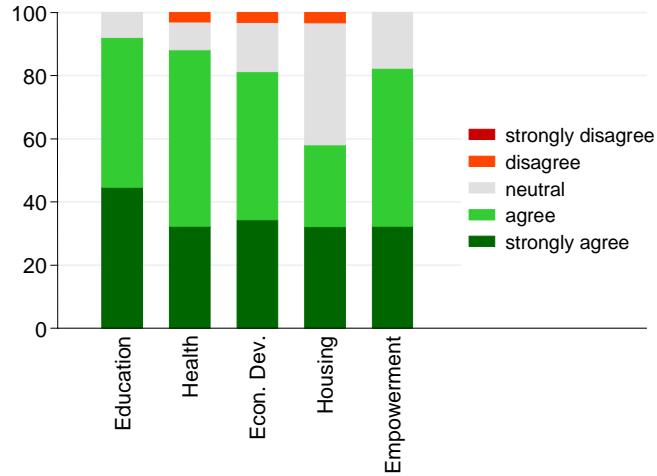
The criterion of efficiency measures the results of a project or program in relation to the resources that were invested. It is inherently difficult to assess efficiency given that there are no suitable benchmarks for the interventions evaluated, and each of the projects had its own specific context. Efficiency is thus assessed in regard to two dimensions: a) programme set-up and b) complementarities and synergies. To begin, however, we report on the survey results.

*Survey:* Figure 4 shows the respondents' opinion regarding the efficiency of the project. With the exception of the housing interventions, more than 80% of the respondents agree to the statement that the resources were appropriately and economically utilised across all sectors.<sup>46</sup>

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<sup>46</sup> It should be noted that this is a very difficult assessment for most survey participants and that a positive rating is a likely outcome in absence of, for instance, gross mismanagement or embezzlement. Nonetheless, values above 80% approval rate can be considered a good result.

Figure 4: “Was the project implemented in an efficient way?”



Survey question: “Do you agree or disagree with the following statement? The project used its resources appropriately and economically to implement the planned activities and to produce the desired results as regards...”

Number of responses per sector, in above order: 38, 34, 32, 31, 34

### **Programme set-up**

The RIF programme is administered and technically coordinated by a PMU, which is hosted by the Department for Interethnic Relations (DIR), a structure subordinate to the Prime Minister. One of the two staff members of the PMU is mandated by the Swiss Contribution Office (SCO). The working relations between DIR and PMU are said to be very good and supportive, though reduced to administrative/operative rather than strategic or thematic issues.

Indeed, the intervention strategy that the PMU would "... monitor the implementation of the programme and transmit the experience and lessons learned ..." whilst DIA would "... help to ensure the sustainability of the interventions, including the horizontal integration of the programme within the related governmental institutions. ..."

did not bear fruit.<sup>47</sup> Furthermore, in the steering committee (another means for strategic considerations) the participation of the line ministries has been weak (to inexistent).<sup>48 , 49</sup>

The PMU and the executive agencies share the understanding that the collaboration has been positive, supportive and oriented towards achieving results. At the same time, some critique was voiced regarding the repeat requests for improved reporting on outcomes and the comparatively long delays needed to settle contractual issues.

### ***Complementarities***

The three main projects can be considered as complementary in terms of regional and thematic coverage; they also utilise different approaches and modalities in their interventions.

Asked about complementarity, the interviewees commonly mentioned that coordination and collaboration among the three consortia was weak (although the purpose or extent for collaboration does not seem to have been expressly required in the RIF programme documents). The RIF programme can thus be described as three (or five) relatively separate projects that share common themes and objectives as well as administrative requirements (reporting, branding, etc.).<sup>50</sup>

Considering that the consortia share diverse experiences and pursued different approaches, it could have been beneficial to find best practices, to identify potential synergies and to possibly align the interventions among the consortia (i.e. models of home-based care service delivery). To what extent the respective organisations themselves but also the contracting authorities would have been inclined to such adaption / alignment remains unanswered. Nonetheless, there have been annual inter-consortia meetings organised by the PMU during which information and learnings were shared as well as occasional bilateral contacts. In the past 12-18 months has there

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<sup>47</sup> See page 6, 4.1, first paragraph, Credit Proposal, 24 January 2012

<sup>48</sup> However, the expectations for such horizontal integration were low from the onset. Any policy outcome achievement at county level and maybe national level following the advocacy programme would need to be qualified positively, given the circumstances.

<sup>49</sup> In this context it is indicative that an interview partner in the Ministry of Health was adamant saying to neither know about the RIF programme nor the activities / services it provides or the models of integrated care it piloted; admittedly, the interviewee only recently assumed his role.

<sup>50</sup> Several factors were mentioned that explain this situation. Some stem from RIF's *design*, such as the clearly demarcated implementation areas; that no contractual requirements and resources for collaboration were set forth. Other factors are of *organisational and strategic nature*, including the (legitimate) focus on achieving own results as well as different visions, approaches and theories of intervention.

been more active collaboration, namely in the context of the RIF advocacy campaign. Little information could be obtained regarding the coordination with other Swiss funded interventions in Romania.

### ***Programme modality***

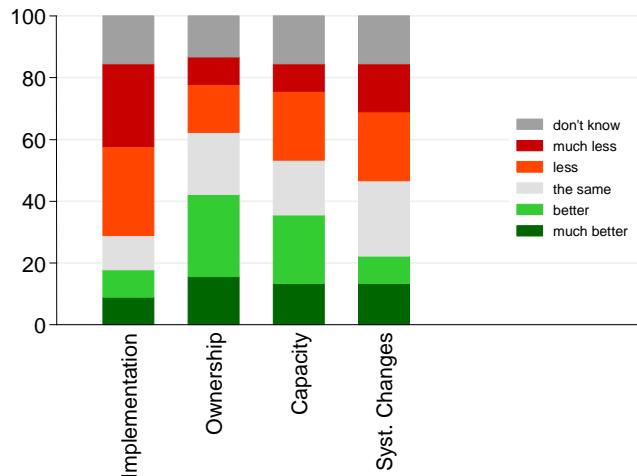
*Survey:* The respondents were asked whether the approach of contracting municipalities as main implementing partners would have been better or less suited than working with consortia of NGOs in terms of usefulness during implementation; ownership; capacity building; and potential to bring about systemic changes.

Most respondents assess the current implementation modality better than an alternative one via municipalities.<sup>51</sup> They argue that the political environment is marked by corruption, intransparency and an overly bureaucratic administration; that public authorities possess low capacity to manage projects, specifically in rural areas; that politicisation, excessive bureaucracy and political instability would put project implementation at risk.<sup>52</sup> There is some recognition that ownership could be increased by directly involving public authorities (to some extent) and that municipal employees could benefit by increasing capacity and expertise.

*Figure 5: "Do municipalities achieve better or worse results than NGOs?"*

<sup>51</sup> Some caution is needed when interpreting these results: Some respondents *may* favor "their" modality because they have developed a sense of ownership or simply because they know it better. The results, which include the responses of the members of the consortia themselves, *may* also be influenced by strategic considerations.

<sup>52</sup> Merely for illustration a citation of a respondent's statement: *"From the experience we gained with the project and other programmes benefiting from international funding, if you want to bury a quality, socially beneficial work, carry it out through the public authorities. Poor staffing, lack of responsibility in spending money, redundant work, unruly pride and corrupted human nature are only some of the 'pieces de resistance'."*



*Survey question: "The Swiss projects have worked with two different implementing approaches: One approach (A) focused on the municipalities as main implementing partners (which in turn subcontracted some but not all activities to NGOs). In the other approach (B), the projects were implemented directly by consortia of international and national NGOs. Comparing the two approaches, do you think Approach A is better or less suited to ...?"*

*Number of responses per group, in above order: 45, 45, 45, 45*

### ***Disbursement of funds***

As of June 2018, 82% of the committed funds are disbursed (see Table 2). Interpreted in conjunction with the activity and output indicators, the fund disbursement is on track. Resources are projected by the PMU to be mostly utilised by the end of the RIF programme.

*Table 2: Fund disbursement (as of June 2018)*

Budget item	Budget	Cost	Spent	Duration	Ratio
Management	1 100 275	891 342	81%	82%	0.99
HEKS	4 600 000	3 246 000	71%	84%	0.84
Terre des hommes	4 594 701	4 550 000	99%	84%	1.18
Caritas	3 087 670	2 320 000	75%	82%	0.92
SEDF	298 599	258 500	87%	85%	1.01
MET	159 155	131 643	83%	100%	0.83

*Note: Duration = time elapsed since launch of the project; Ratio = disbursement divided by duration.*

*Note: The calculation of "ratio" assumes that disbursement is linear during project duration. Commitment, disbursement and duration refer to the period since start thematic fund / projects.*

*Scoring: green >= 0.8 and <= 1.2, orange < 0.8 or > 1.2.*

*Example (HEKS): As of June 2018, 71% of the committed funds of CHF 4'600'000 were disbursed and 84% of the total project duration elapsed. This results in a ratio of 0.84 (71% / 84%).*

### ***Other observations on efficiency***

- The contracting authorities and the executing agencies have shown flexibility during the project to respond to changes in the context and to reap opportunities that emerged as the thematic fund is implemented. Examples include the refocusing of the line 2 interventions; the expansion of services into more localities; or the adaptation of activities so as to cater for the needs of the communities (e.g. by adapting the after school activities to increase the number of children who can partake).
- The programme has been topically expanded to five sectors, with partly different modalities, and the consortia consisted of several partners. These characteristics typically increase transaction costs which *could* affect efficiency negatively. In similar vein, the modalities mean that the per capita investments differ among the consortia; whether higher per capita cost are associated with better quality and/or higher positive effects would warrant further scrutiny.
- The report of SDC's Health Advisor alludes to open questions regarding the cost-effectiveness of the home care models that were developed by the project; further investigation and cost-pricing would be needed for a conclusive assessment.
- Some intra-consortium issues (regarding delineation of tasks, differences in strategic vision, communication) emerged in the interviews; but from an external point of view they seem to be somewhat inherent in the operation of a consortium and not that significant so as to have had significant ramifications.
- The evaluation reveals deficiencies of the M&E system, including that the thematic fund does not have its specific results metrics. Also, little to no evidence is presented in the references documents on the Theory of Change; some indicators on project level are formulated ambiguously or inconsistently<sup>53</sup>; the means of verification of some indicators are not available; the log frames do not fully reflect changes that occurred in implementation.<sup>54</sup>
- Some respondents stated that the programme set-up constituted of several layers of decision making both *within* the consortia (given the number of

<sup>53</sup> This includes, for instance, absolute *and* relative figures or single events (e.g. adoption of a curriculum) *and* continuous activities (e.g. promotion of the curriculum) in the same indicator.

<sup>54</sup> Yet, it is noteworthy that the PMU has been highlighting M&E deficiencies in its progress reports, has been pushing the consortia to report on results and has been pushing forward the notion of "common indicators" for the RIF programme.

partners and their respective roles and prerogatives) but also in relation to the operations of the executive agencies, the PMU and the contracting authorities. They argued that this meant additional overhead for communication and collaboration; resulted in protracted contract amendment / approval processes, causing not otherwise quantifiable administrative cost.

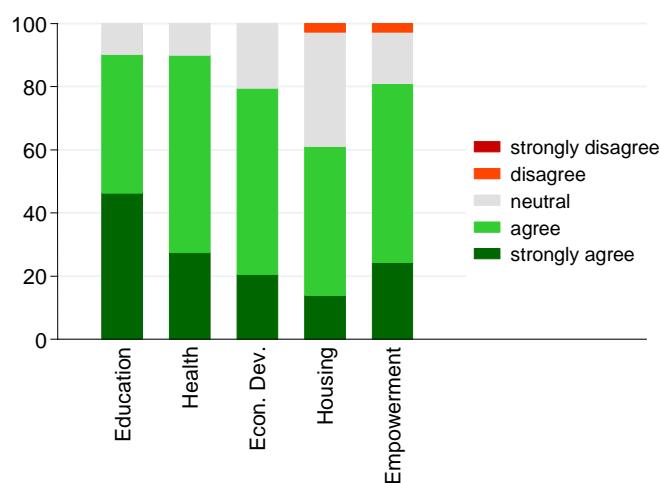
#### 4.4. Impact

In this chapter we aim to assess whether and to what extent the programme is likely to achieve its *overall objectives*. Given that there is no dedicated results framework on the RIF programme level, we mainly refer to the survey results.

##### *Level of objective achievement*

The objective of the RIF programme is to improve "*living conditions, particularly in the education and health field and in empowerment and awareness building*": 80% of the respondents (strongly) agree that the living conditions were improved with the project interventions; with a 60% approval rate the respondents are to some degree sceptical regarding the housing interventions.

*Figure 6: "Has the project improved the lives of Roma / vulnerable groups?"*



*Survey question: "Do you agree or disagree with the following statement? The project has improved the lives of the Roma / vulnerable groups in the project localities as regards ..."*

*Number of responses per sector, in above order: 41, 40, 39, 36, 37*

The indicators and means to assess the extent to which the RIF programme "*promoted social inclusion and participation in the socio-economic live of the Roma*

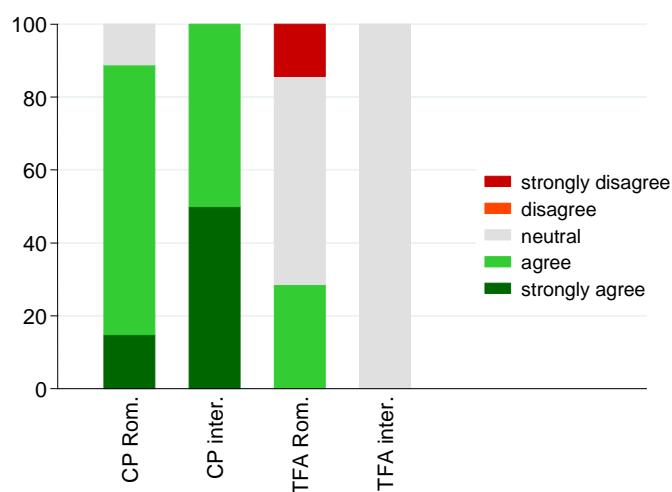
*community*" were not further specified/operationalised and only one of the three main projects reports on impact indicators in its logframe but the results are not available as of yet. However, taking into consideration that the interventions are deemed to be relevant and that the projects report on outcome achievements across the five sectors (see schapter 4.2. ), it is reasonable to assume that the RIF programme improved the lives of the target groups and minimised their social exclusion by means of improved access to education and health services as well as the labour and business markets.

It is acknowledged that the RIF programme did – once the second line was changed – not implement activities that expressly seek to strengthen the identity and self-confidence of Roma nor to improve the perception of non-Roma vis-à-vis Roma.

Nonetheless, the objectives in the TFA and the projects make repeat reference to change of attitudes and perceptions; to enhanced self-esteem and enriched intercommunity dialogue; or to a life in dignity. We thus opted to ask the survey respondents about their opinions as to whether the projects improved the identity and self-confidence of Roma and whether awareness and acceptance of Roma by the non-Roma community was strengthened.

Figure 7 suggests that the respondents of the executive agencies see positive effects regarding identity and self-confidence of Roma, whilst the representatives of the Romanian partners to the TFA seem to have more reservations (the single response from the international partners to the TFA is not taken into consideration).

*Figure 7: "Has the project strengthened the identity and self-confidence of Roma?"*

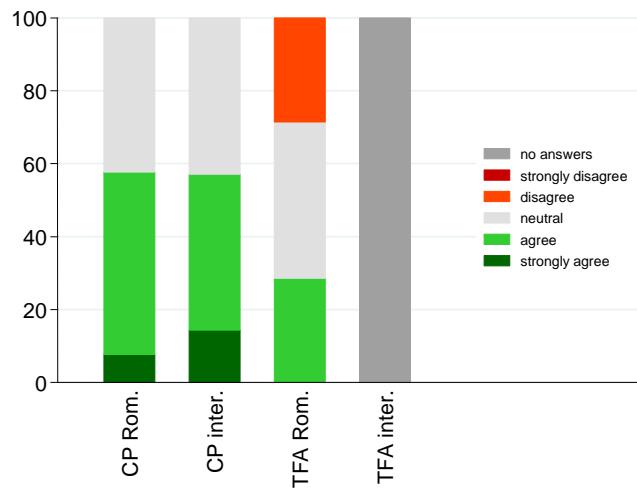


*Survey question: "Do you agree or disagree with the following statement? The project has strengthened the identity and self-confidence of Roma in the project localities."*

Number of responses per group, in above order: 27, 6, 7, 1

As shown in Figure 8 the opinions on whether the non-Roma majority changed its views vis-a-vis the Roma are marginally more critical compared with the item above; specifically the respondents representing Swiss institutions have mixed views.

*Figure 8: “Has the project strengthened awareness and acceptance of Roma by the non-Roma community?”*



*Survey question: “Do you agree or disagree with the following statement? The project has strengthened awareness and acceptance of Roma by the non-Roma community in the project localities.”*

Number of responses per group, in above order: 26, 7, 7, 0

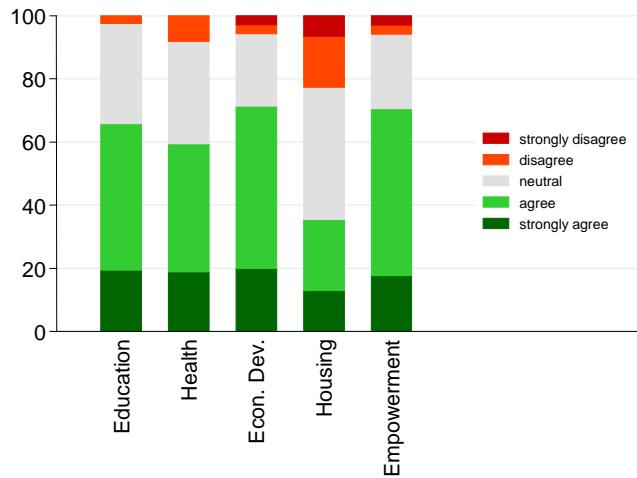
#### 4.5. Sustainability

Sustainability is concerned with measuring prospectively the likelihood and the extent to which interventions or their benefits continue once external funding has been withdrawn. Before answering to the specific evaluation questions with which we seek to assess sustainability from an institutional, financial and social perspective, we first take a look at the survey feedback.

*Survey:* In four of the five sectors, at least 60% of the respondents agree that the achieved results will last beyond the project's duration; there is no significant difference between these sectors observable (see Figure 9). Asked about the reasons for their rating the following responses and explanations were most frequently provided in favour of sustainability (number of answers in brackets):

- *Learning and capacity development*: beneficiaries (children, parents, patients, trainees etc.) and experts (teachers, educators, health professionals etc.) acquired new competences and skills which they can apply well beyond the project (11)
- *Commitment by local authorities*: authorities and institutions in (some) municipalities are committed to continue delivering on (some of) the results with own or external funding (a much cited example is the continuation of the health centre by the Slatina municipality. (7)
- *Continued (external) support*: representatives of NGO stated that they continue their operations in the localities in the respective sectors, building up on and expanding results that were achieved under the RIF programme (4)
- *Formalisation*: formalisation/registration such as of businesses or of LIG that transformed into non-governmental organisations (2)

Figure 9: "Will the project's results continue after Swiss funding ends?"



Survey question: "Do you agree or disagree with the following statement? The project's results will continue after Swiss funding ends as regards ..."

Number of responses per sector, in above order: 41, 37, 35, 31, 34

### ***Institutional sustainability***

The evaluation found that there are several programme and project results that enjoy a form of institutionalisation and have therefor a degree of sustainability.

- *Education*: Curricula and teaching methods were approved by competent authorities, and teachers and educators trained; the advocacy work that the executive agencies have been working on can give additional impetus for institutionalisation.

- *Health*: Newly established health facilities (health centres, sanitary and washing facilities) have the potential to remain in place in the event that the responsible authorities apply the requisite duty of care and provide the needed personnel (e.g. community nurses) to run the health facilities.<sup>55</sup> More information, including critical reflections regarding sustainability, is provided in the report of SDC's health advisor in Annex 3.
- *Community empowerment*: as far as the local initiative groups are concerned, several of them have transformed into formal NGO that gives them some level of institutionalisation. Tdh, for instance, reports that 7 of the 12 groups are now NGO that declare they will continue activities after the project ends and some of them already applied for grants/funding, at times in partnership with municipalities.<sup>56</sup> However, since some of the other LIG already dissolved *during* project implementation, others will likely dissolve too.

In the context of institutional sustainability it can also be mentioned that all three consortium leaders – Caritas (Switzerland), HEKS and Tdh – decided to remain operative in Romania beyond the duration of the RIF programme. According to senior managers of HEKS, for instance, the strategic decision has been taken to remain active in the social inclusion area for at least for three more years until 2022 (with the vision of becoming a competence centre for education). A result of the programme set-up, HEKS plans to continue collaboration with some of its consortium partners during this period of time.

### ***Financial sustainability***

The ability of the Romanian authorities – both at central and local level – to provide adequate financial means to sustain the results is a key factor for sustainability, to which we already alluded above.

Key respondents at local level expect that national financing, including financing made available via EU structural funds or the grants of Norway and the members of the European Economic Area, will provide the requisite resources to sustain the project results. Depending on the financial resources that can be mobilised, service provision may be reduced or expanded in terms of scale, intensity or quality – though based on past experience, expansion cannot be expected.

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<sup>55</sup> This has been a struggle already during implementation. In Baia de Fier, for instance, where the health center remained idle for several months because the municipality could not recruit a qualified community nurse.

<sup>56</sup> The organisations PACT and Impreuna, who were facilitating the LIGs, reportedly continue to support the NGOs in identifying open calls for projects and by writing the applications for those projects.

Similarly, both Romanian and Swiss NGO active in social inclusion plan to apply for external funding and to invest own resources into continuation of service provision in the education, health or economic development sectors.

### ***Social sustainability***

Finally, from the interviews with teachers, parents, LIG members or health mediators/community nurses and the encounters during the field visits there are some signs and examples of behavioural changes (voluntary work, personal growth, sense of purpose) and collective action (local initiative groups) that these interviewees perceive to be longer lasting. The convergence of interest of mayors, teachers, parents and children for the after-school programs – albeit for different reasons – is a strong element of social sustainability (threatened by financial sustainability issues).

## **5. Reflection and interpretation**

In this chapter, we draw conclusions from the previous sections and formulate lessons learned.

### **5.1. Overall assessment**

The RIF programme is a highly relevant intervention considering the dimension of social exclusion in Romania, specifically of the Roma. The planned activities and outputs were largely implemented and most of the outcomes (targets) have been achieved. Beneficiaries and programme stakeholders largely share the view that the RIF programme yielded positive results both in all five sectors. Arguably, the programme has therefore improved living conditions and minimised social exclusion to some degree. The majority of the persons the evaluation team interviewed and surveyed, assesses programme set-up and modality positively and adequate in the given Romanian context. Sustainability of many results hinges on future financing, regulatory measures and requisite political will.

Based on the detailed assessment in chapter 4, we summarise our assessment in Table 3, by giving each evaluation dimension a rating.

*Table 3: DAC evaluation dimension assessment*

Dimension	Comments	Rating
Relevance	<ul style="list-style-type: none"> <li>Alignment with beneficiary needs and priorities as well as Romanian strategies confirmed in interviews, survey and document review</li> <li>"Integrated approach" (=attempt to address several causes of social exclusion) considered to be an asset</li> </ul>	 Very satisfactory

Results	<ul style="list-style-type: none"> <li>M&amp;E instruments show positive results on activity and output level; little data on outcome/impact level); some variance across the five sectors</li> <li>(Yet) negligible results in terms of policy / system reform</li> </ul>	<span style="color: green;">■</span> Satisfactory
Efficiency	<ul style="list-style-type: none"> <li>Fund disbursement on track</li> <li>Flexibility during implementation</li> <li>Complementarities / synergies not fully exploited</li> <li>Insufficient M&amp;E instruments, lack of evidence-based Theory of Change; but: PMU attempts towards result orientation</li> </ul>	<span style="color: green;">■</span> Satisfactory
Sustainability	<ul style="list-style-type: none"> <li>Mixed assessment of sustainability in interviews and survey</li> <li>Pro: reference to national and external budgets, continuation of Swiss and Romanian NGO</li> <li>Con: sustainability challenges already during implementation, structural deficiencies (health)</li> </ul>	<span style="color: orange;">■</span> Unsatisfactory

*Note: Following rating levels are used: Very satisfactory, satisfactory, unsatisfactory, very unsatisfactory*

## 5.2. Lessons learned

Various lessons learned can be drawn from the programme, not least from the contributing and hindering factors (see chapter 4.2.3. ). In the following, we focus on a few lessons that we deem particularly important:

1. The modality to entrust several specialised non-governmental organisations with the implementation of *separate* projects is viable. It offers several benefits, including the opportunity to select among different approaches or to minimise the risk of capacity constraints; it also provides a platform for local non-governmental organisations to act.<sup>57</sup> However, it also entails trade-offs:
  - unless the right incentives and/or an otherwise conducive environment are in place, the modality is prone to hinder collaboration, synergies, alignment or adaptation and therefore to inhibit to harness the comparative strengths of the organisations across all interventions
  - the focus on non-governmental organisation bears the risk of excluding public authorities from design, of failing to achieve commitment and ownership, or of releasing public authorities from their obligation to living up to social exclusion challenges.
2. Empowering communities is an intricate, volatile and also long-term process: ensuring legitimacy of the community representatives; identifying and addressing commonly identified community needs; at the same time managing expectations of what

<sup>57</sup> OECD 2018.

such groups can deliver; and mitigating the risk of freeriding and politicisation are just a few of the many challenges. The experiences with the local initiative groups in Romania provides learning and suggests that an in-depth understanding of the local complexities, a sound Theory of Change<sup>58</sup> and the requisite resources for careful design and facilitation are key ingredients for community empowerment.

3. Positioning a programme management function within a (centrally located) public authority does not suffice to attract interest, commitment or ownership of the responsible line ministries for eventual policy reforms. The hosting institution must have the requisite stature and clout within the governments system and, above all, political (good)will.

4. Measuring and monitoring the results of the interventions is a complex and effortful but at the same time crucial task to ensure results orientation of all involved parties. Basis for such an orientation are clear objectives and a common understanding of the theories of change. The theories of change should be formulated early on in the project and repeatedly scrutinised. Furthermore, a focus on a few core indicators (and associated means of data collection) is likely more insightful than excessive output reporting.

With these conclusions and learnings in mind, we formulate recommendations in the following chapter.

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<sup>58</sup> A ToC would need to take the wider community into consideration: If a community is not strong collectively, an initiative group likely will also not have strength and legitimacy vis-à-vis the local authority and remain weak. Conversely, the wider community will then tend to leave responsibility with the group and not participate itself. A community development process thus needs to build the capacities of the individuals and of the wider community to shift mindsets from clients to partners of the local authorities. SDC (undated).

## 6. Recommendations

The following recommendations for a potential future programme on *social inclusion* result from the findings and conclusions of this evaluation. The recommendations are formulated in light of the strategic and operational considerations of the draft dispatch for the second Swiss contribution;<sup>59</sup> the assumptions that the programme content will be the result of negotiations between Romania and Switzerland; that the programme implementation period amounts to approximately five years; and that no third contribution is forthcoming.

We differentiate between main and other recommendations.

### ***Main recommendations***

*Recommendation 1:* Continue the implementation modality with non-governmental organisations whilst strengthening the opportunities and options for collaboration with public sector authorities (e.g. municipalities) and other stakeholders.

*Justification:* The implementation with non-governmental organisations is a viable option also for the future – both given the overall positive experiences during the current programme but also in light of the manifold reservations that were voiced regarding a "switch" to a modality such as practiced in Bulgaria. Nonetheless, the evaluators argue for opportunities and options to involve public authorities (at municipal or regional level) more directly in both design and implementation of the project – also as a means to enhance accountability. Where the conditions are conducive, municipalities could be given the opportunity to lead a project partnership. Expansion into other municipalities *could* take place by providing support to peer-to-peer learning or partnerships. Any choice of the localities would have to be based on a sound (re-) assessment of needs, capacities, political economy, risks and potentials. This also relates to possible capacity constraints of public authorities so as to ensure remedial action.

*Recommendation 2:* Maintain the focus on education, economic development and empowerment to address important determinants of social exclusion.

*Justification:* The above referred sectors were commonly recommended by the interviewees. Indeed, staying in the same sectors gives the chance to monitor, scale up

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<sup>59</sup> The second enlargement contribution defines five *strategic goals*, including (own translation), reduce (youth) unemployment; strengthen social and health system; support civic engagement and transparency. Operational *principles* are, *inter alia* (own translation): demand orientation, deployment of Swiss expertise, geographic concentration, complementarity, larger projects/strengthen programme approach, continuation of projects and visibility.

and strengthen sustainability of the results from the first programme and to seek systemic change (rather than amassing additional components).<sup>60</sup>

- *Education:* The current programme focused on education at the primary school level (specifically: after school activities) and delivery of services. In a next programme opportunities to improve quality of education as well as policy improvements should be explored. The advocacy work that the RIF programme has delivered thus far or the teaching curricula that were approved may provide entry points. Any attempts towards policy reforms (not only in education but also other sectors) should be preceded by sound context analysis and

To the extent that the focus on primary education is no longer warranted under the strategic priorities for the second Swiss contribution,<sup>61</sup> a future programme could seek to expand to secondary school level, where drop-out is also significant. In this context it could also be explored to include activities that relate to (early) vocational skills training.

- *Empowerment:* Empowering communities is a long-term and important endeavour to capacitate them in claiming their rights and harnessing their potentials. In the current phase modalities for community empowerment were piloted and learnings were generated (e.g. on the selection process, the sequencing of activities, on expectation management). In this context it may be warranted, for instance, to re-think the approach for LIG to become non-governmental organisations; it is an open question whether this "commercialisation" is empowering and whether it is a guarantee that the concerns of those most in need are addressed. It should also be considered to engage in broader community development approach so as to build the voice of and capacitate the community to communicate, defend and realise their needs and interests effectively. Opportunities to include (final) beneficiaries in the design and implementation of project activities (e.g. on education) as a means for empowerment should be explored. This recommendation is duly in line with the strategic goal of the current draft dispatch for the second contribution to support civic engagement and transparency.

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<sup>60</sup> SDC's question, which sector or combinations of sectors are most likely to lead to results, cannot be answered conclusively based on the data that is available. What can be said is that services that address several determinants of poverty appear to yield good results. Policies and other measures in Romania aim towards an "integrated approach". In order to keep abreast with and ideally contribute to such reform efforts in a potential second Swiss contribution, the "integrated approach" should be further pursued.

<sup>61</sup> The principle of "*continuation of projects*" (see above) provides for some flexibility in this regard.

- *Economic development:* Investing in economic development has been repeatedly mentioned by interviewees as an important intervention area. The fact-finding that preceded the change of line 2 also suggested the need for more economic development interventions. The reported results of the current phase suggest, however, that the concrete interventions need to be grounded in a sound Theory of Change and adapted to the respective regional context (structural issues, labour market).

As recommended by SDC's Health Advisor, any further interventions in the *health* sector would need to take the structural obstacles as well as the authorities' willingness to address these obstacles into consideration. She states that "*it is questionable whether further support to the health sector should be provided*" and recommends in light of the current context to intertwine health with education interventions (see Annex 3). With a view to enhance focus of a future programme on social inclusion and in light of the experiences that were made we conclude that housing support interventions should be discontinued.<sup>62</sup>

*Recommendation 3:* Strengthen the programme approach by seeking to identify, align delivery and enhance results based on best practices.

*Justification:* One of the strengths of the programme set-up is that it allowed for diversity as regards visions, approaches, instruments etc. to address social exclusion. At the same time, the potentials for synergies and alignment of the programme based on best practices were not fully exploited. Processes, activities, resources and incentives need to be put for synergies to materialise. This could include, for instance, intensified experience sharing; short outcome/impact as well as costing-studies during implementation to identify best practice; defining a common M&E framework (see below). A requisite element is also to define the concept of "programme approach" and the associated expectations better.

*Recommendation 4:* Improve the results orientation at the programme level by strengthening M&E tools and the theory of change.

*Justification:* The evaluation suggests that there are some deficiencies in the current M&E system, which complicates monitoring and results reporting. If there were a next phase, it is recommended to have a ProDoc that sets out targets at the programme level (the indicators contained therein could be informed by SDC recently adopted standard indicators and by indicators used in Romanian statistics), to which

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<sup>62</sup> This does, of course, not preclude possible future implementation partners to support housing interventions with own funds/contributions.

then the individual project M&E systems report. A starting point are the "common indicators" that the PMU suggested for the RIF programme. Given the context – in which it is also not easy to obtain (official) data – it is recommended to focus on quality of data rather than quantity (i.e. few indicators). Supplementary in-depth studies that aim at showing the outcomes of the interventions could provide valuable insights, particularly when there are ambitions to influence policies.

*Recommendation 5:* Continue targeted interventions along with mainstreaming social inclusion.

*Justification:* The need for targeted – albeit not exclusive – interventions is well established in policy documents and the literature; targeted interventions are also enshrined in the national strategies for Roma integration. The arguments for these targeted interventions need to be spelled out clearly in all phases of the enlargement contribution because also the evaluation shows that many respondents, particularly those in public functions, hold the view that mainstreaming social inclusions would suffice and be fairer (because it otherwise excludes non-Roma).<sup>63</sup>

### ***Other recommendations***

*Recommendation: Documentation and capitalisation*

*Justification:* SDC's Health Advisor expressly recommends undertaking cost-pricing of the health interventions as part of the documentation and capitalisation.

*Recommendation* Broaden the approaches to enhance likelihood for sustainability

*Justification:* Particularly with regard to the after school activities, co-financing by local authorities has been the main strategy to ensure sustainability; in hindsight this strategy has its limits. Other avenues for sustainability should be explored including advocacy, policy dialogue, policy change etc. This will require dedicated resources but also more involvement of responsible line ministries, which could be a negotiation item for the next bilateral agreement.

*Recommendation:* Consider revisiting the prerogatives of the PMU to reduce complexity and administrative effort.

*Justification:* In the event that a similar programme set-up is chosen for a future programme (i.e. implementation via Swiss organisations), it may be considered to provide the programme management body with more decision-making power whilst keeping the fiduciary risks low.

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<sup>63</sup> For further information we refer to the complementary report to the evaluation of the social inclusion funds. BSS 2019.

*Recommendation:* Remain in contact with Romania / maintain contact during "transitory period" of first and second phase.

*Justification:* Assuming that there will be a lag-time between the end of the current and the launch of the second Swiss contribution, such dialogue at different levels of government can be beneficial in terms of alignment or ownership and efficiency, namely by shortening the time needed for negotiations for a new framework / thematic fund agreement.

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## Annex 1: Evaluation matrix

### *Methodological notes:*

- Evaluation questions are sourced from ToR where they are formulated as explicit questions or mentioned as additional topics.
- It was suggested in the offer and subsequently agreed with SDC that the number of evaluation questions was reduced to about 10 to 15.
- The column “Depth of analysis” documents how much analysis and documentation is to be expected for the questions originally listed in the ToR: \*\*\* = in-depth coverage, \*\* = medium coverage, \* = little or no coverage.
- The reduced set of questions tries to capture the interest manifested in the original set of questions but reformulates them in a more generalised way.
- Priority is given to aspects directly related to the DAC criteria (retrospectively) as well as to the design of a new enlargement contribution (prospectively).
- Qualitative findings, assessments, arguments and own observations [not explicitly mentioned as indicators] will complement the primarily quantitative indicators.

#	Questions	Depth of analysis	Evaluation		Indicators (proposed questions) / Comments (original questions)
			Classic	Partic.	
1	Relevance				
1.1	To what extent are the interventions suited to the priorities and needs of beneficiaries?		■	■	Proportion of interviewed <i>beneficiaries</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that the intervention suited priorities and needs</i> Proportion of interviewed <i>experts</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that the intervention suited priorities and needs</i>
1.2	Are the objectives relevant to the national and local policy and development context?		■		Proportion of interviewed <i>experts</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that objectives are relevant to context</i> Extent to which interventions can be mapped to strategies and action plans in Bulgaria / Rumania (low/medium/high)
1.3	To what extent are the interventions consistent with the Federal Council Dispatches (2006 and 2009)?		■		Extent to which interventions can be mapped to intervention areas and objectives mentioned in the dispatches (low/medium/high)
1.4	To what extent does the situation of the Roma community necessitate targeted social inclusion interventions?		■	(■)	Proportion of interviewed <i>experts</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that targeted social inclusion interventions were necessary</i>
1	Relevance – original questions				
1.1	To what extent were the projects suited to the priorities and needs of beneficiaries <sup>64</sup> ?	**			

<sup>64</sup> “For Bulgaria, the institutional approach entails 2 types of beneficiaries: 1) ministries, local governments and the institutions/service providers they work with: schools, kindergartens and medical centers; 2) Roma children aged 0-10 and their parents.”

1.2	Are those priorities and needs still the same for the beneficiaries?	***			
1.3	To what extent were the projects complementary to other financial mechanisms?				
1.4	Were the initial objectives ... relevant to the national and local policy and development context ...?	**			
1.5	Are they still relevant at the end of the programme?	**			
1.6	Have the project's results been important enough that this relevance is already perceptible and measurable?	***			<i>Suggest covering under effectiveness</i>
1.7	How <b>relevant</b> [effective] is the integrated approach combining health, education, housing, community development and employment (for Romania), combining health and education (for Bulgaria)?	***			<i>Suggest substituting key terms and cover question under effectiveness.</i>
1.8	How <b>relevant</b> [effective] was the participation of the national and local institutions ...? What is the <b>relevance</b> [effectiveness] of working with service providers ...? How <b>relevant</b> [effective] was it to collaborating with three lines ministries and to establish programme's working groups – WG on Education and WG on Health? How <b>relevant</b> [effective] were their actions and participation in achieving policy changes ...?	**			<i>Suggest substituting key terms and cover question under effectiveness.</i>
2	Effectiveness				
2.1	To what extent were the outcomes achieved / are likely to be achieved?		■	■	Number of target values achieved / not achieved (M&E) Proportion of interviewed <i>beneficiaries</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that outcomes are achieved</i> Proportion of interviewed <i>experts</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that outcomes are achieved</i>
2.2	What were the major factors influencing the achievement or non-achievement of the objectives?		■	■	Factors mentioned by interviewed <i>beneficiaries</i> , their frequency (low/medium/high) Factors mentioned by interviewed <i>experts</i> , their frequency (low/medium/high)

					Factors mentioned in documents, their frequency (low/medium/high)
2.3	Which sector or combinations of sectors are most likely to lead to results?		■	■	Number of target values achieved / not achieved (M&E), by sector Sectors mentioned by interviewees, their frequency (low/medium/high)
2	Effectiveness – original questions		■		
2.2	How effective is ... an approach based on strengthening the institutional framework for service delivery and on implementation by the national and local authorities?	***			
2.3	Was the know-how transfer or exchange among different project partners useful and contributing to good performance?	**			<i>Suggest covering under efficiency and sustainability</i>
2.4	Which factors have enabled/hindered the achievement of outcomes?	***			
2.5	Did the ... program contribute to policy dialogue and/or the shaping of legislation and policies? How and with which concrete successes? <sup>65</sup>	**			<i>Policy dialogue not a main objective.</i>
2.6	How far does the RIF project contribute to improve the effectiveness of the cooperation between ministries, municipalities and final beneficiaries, e.g. leading to the development of strategic visions and plans for sustainable social inclusion of Roma and vulnerable groups?	**			<i>Mentioned cooperation / development of visions not a main objective</i>
2.8	Shall the current programme approach (set-up, implementation modalities, steering) be strengthened to increase effectiveness and systemic changes? If yes, which aspects?	***			<i>Suggest covering under recommendations</i>
2.9	How to implement in the future with success such programmes? Directly through the Bulgarian and Romanian systems (use of country system) <sup>66</sup> ?	***			<i>Suggest covering under recommendations</i>

<sup>65</sup> Provide narratives of such contributions, highlighting the role of the projects/programs in the change process (on policy issues that could be relevant for negotiations)

<sup>66</sup> Some comparison with similar programmes from EU and the Norwegian mechanism may be useful to highlight pros and cons of the different donors' contributions and aid modalities.

3	Impact				
3.1	To what extent was the impact achieved / is likely to be achieved?	■	■	■	Number of target values achieved / not achieved (M&E) Proportion of interviewed <i>beneficiaries</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that impact was achieved</i> Proportion of interviewed <i>experts</i> (low/medium/high) giving comments and/or examples supporting the <i>notion that impact was achieved</i>
3.2	Which factors have enabled/hindered the achievement of impact?	■	■	■	Factors mentioned by interviewees, their frequency (low/medium/high)
3.3	Which sector or combinations of sectors are most likely to lead to impact?	■	■	■	Number of target values achieved / not achieved (M&E), by sector Sectors mentioned by interviewees, their frequency (low/medium/high)
3	Impact – original questions				
3.1	To what extent has the programme contributed to the socio-economic improvement of Roma communities?	***			
3.2	To what extent has the programme developed the community ownership of the programme results?	***			<i>Suggest covering under sustainability</i>
3.3	To what extent was the Roma community empowered? (in educational attainment, access to health services, economic empowerment and community development).	***			<i>Related to 3.1</i>
3.4	Level of change generated by programme for beneficiaries (intermediate and final) and from a systemic perspective in terms of better social integration of vulnerable groups (at national and municipal levels)?	***			<i>Related to 3.1</i>
3.5	Which sector or combinations of sectors are most likely to lead to an impact?	***			
4	Efficiency				

4.1	How efficient has the programme's set-up been (incl. monitoring and knowledge management)?		■		Proportion (low/medium/high) of interviewees giving comments and/or examples supporting the <i>notion of an efficient implementation</i> Ratio planned versus actual disbursements
4.2	Are the projects complementary to interventions of other development partners, and have synergies been used?		■		Proportion (low/medium/high) of interviewees giving comments and/or examples supporting the <i>notion of a complementary implementation</i> Proportion (low/medium/high) of interviewees giving comments and/or examples supporting the <i>notion that synergies were used</i>
4.3	Which set-up was particularly efficient?		■	(■)	<i>Comparison Bulgaria/Romania:</i> Ratio planned versus actual disbursements Overhead cost Proportion (low/medium/high) of interviewees giving comments and/or examples supporting the <i>notion of an efficient implementation</i>
4	Efficiency – original questions				
4.1	Is the ... integrated approach (vs. coordinated/collaborative or individualistic approach) the most appropriate [effective] way to reach intended outcomes? Are there other more efficient [effective] ways to achieve similar results?	***			<i>Suggest substituting two key terms and covering question under effectiveness.</i> <i>We understand “integrated” as “thematically integrated” (see question 1.7).</i>
4.2	What were the difficulties/advantages ... of working with the implementation set-up ...?	***			
4.3	How far has the Swiss support been able to improve the efficiency [effectiveness] and the engagement of municipalities in delivering services to Roma and in collaborating with other institutions?	***			<i>Suggest substituting key term, and cover under effectiveness.</i>
4.4	Was the Swiss support enabling more efficiency [effectiveness] of the policy working groups on education and health in engaging in policy change for the specific programme?	**			<i>Suggest substituting key term, and cover under effectiveness.</i>
4.6	How efficient was the PMU as a “go-between” between the Swiss donor and the BG ministries? How effective is the cooperation between RIF PMU and municipalities, respectively ministries?	*			

4.7	How have relationships between partners been efficient and instrumental in the 'delivery of changes /outcomes'?	**			
4.8	How <b>efficient</b> [effective] have the programme's monitoring, management, learning and financial systems been? How can these dimensions be improved?	**			<i>Suggest substituting key term, and cover under effectiveness.</i>
4.9	Have resources (financial, human, technical support, etc.) been allocated strategically to achieve the programmatic outcomes?	**			
4.10	Was the program able to develop sufficient visibility and communication/outreach of the program in the regions, in Romania, in Bulgaria and beyond? For which main purpose: change in the perceptions towards the Roma community?	**			<i>Suggest covering under effectiveness.</i>
5	Sustainability				
5.1	To what extent have the models, mechanisms and instruments developed within the programme support been institutionalised?	■	(■)	Proportion (low/medium/high) of interviewed experts giving comments and/or examples supporting the <i>notion of institutionalisation</i>	
5.2	How likely is that the programme's results and impact will continue after Swiss funding ends?	■	(■)	Proportion (low/medium/high) of interviewed experts giving comments and/or examples supporting the <i>notion that results and impact will continue</i>	
5.3	Which set-up is likely to lead to sustainable results?	■	(■)	<i>Comparison Bulgaria/Romania:</i> Proportion (low/medium/high) of interviewed experts giving comments and/or examples supporting the <i>notion of institutionalisation</i> Proportion (low/medium/high) of interviewed experts giving comments and/or examples supporting the <i>notion that results and impact will continue</i>	
5	Sustainability – original questions				

5.1	To what extent do the mechanisms and instruments developed within the programme support the continuation of the activities after the ending of the Swiss-funded programme?	**				
5.2	To what extent has the programme supported knowledge transfer and capacity building of partners, the authorities and beneficiaries?	***				
5.3	What is the degree of institutionalization of approaches developed ...?	**				
5.4	To what extent will the generated achievements be financed <u>and institutionally sustained</u> after the ending of the programme? E.g. for Bulgaria: How are the central level budgets supporting sustainability and how are they complemented by other donors' funding - Norway, USA, EU? How sustainable is this cooperation and complementarity?	*				
8	Recommendations					
8.1	In a potential next phase, should the focus lie on <i>mainstreaming social inclusion</i> , and / or implementing <i>targeted social inclusion programmes</i> ?		(■)	(■)	-	
8.2	What should the thematic focus of a potential next phase be?		(■)	(■)	-	
8.3	How should a potential next phase be implemented (set-up)?		(■)	(■)	-	

## Annex 2: Terms of Reference

Terms of reference for

**"Evaluation of the Swiss Contribution to the inclusion of Roma and other vulnerable groups including 1. The Reform Fund linked to the Roma Inclusion and other Vulnerable Groups -Romania 2. Bulgarian-Swiss Programme for promotion of social inclusion of Roma and other vulnerable groups and 3. other non-specific interventions taking Roma inclusion into account (in Slovakia, Hungary, Romania and Bulgaria)"**

**Final version – 11.07.2018**

***SDC – New EU Member States Division***

### Contents

I.	Background and general context	2
I.1	Romania: Background information and context	3
I.2	Bulgaria: Background information and context	7
II.	Purpose of the Evaluation	11
IV.	Evaluation Team	15
V.	Evaluation Methodology	16
VI.	Schedule of the Evaluation	20
VII.	Timeframe	21
VIII.	Annexes	21

### Terms and abbreviations

Abbreviation	Definition
EA	Executing Agencies
PPO	Federal Ordinance of 11 December 1995 on Public Procurement
HEKS	Hilfswerk der Evangelischen Kirchen Schweiz

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MET	Mihai Eminescu Trust Foundation
NCU	National Coordination Unit
NGO	Non-Governmental Organisation
PMU	Programme Management Unit of the Reform Fund linked to the Roma Inclusion and other Vulnerable Groups
RIF	Reform Fund linked to the Roma Inclusion and other Vulnerable Groups
SRCP	Swiss-Romanian Cooperation Programme
SCO	Swiss Contribution Office
SDC	Swiss Agency for Development and Cooperation
FDFA	Federal Department of Foreign Affairs (Switzerland)
SEDF	Social Economy Development Foundation
Tdh	Terres des Hommes Switzerland
TFA	Thematic Fund Agreement
WD	Working days

**This evaluation will be divided in 3 modules covering both special programs**

- 1) in Romania, and**
- 2) Bulgaria and**
- 3) the “transversal” component in projects in Bulgaria, Romania, Slovakia and Hungary (see purpose of the evaluation on p. 6)**

### **Background and general context**

The enlargement of the European Union (EU) represent a major step towards a greater security, stability and prosperity on the continent, while at the same time opening up new political and economic opportunities for Switzerland. For this purpose, back in 2007, Switzerland set aside CHF 1.257billion in order to contribute to the reduction of economic and social disparities in the enlarged EU. The Swiss Enlargement Contribution is an expression of solidarity and support by the Swiss population. The contribution also leads to the intensification and consolidation of Switzerland’s (bilateral) relations with the newest EU member states, thus supporting important political and economic agenda.

Bulgaria and Romania, which both joined the EU in 2017, were proportioned to receive a total of CHF 257 million over a period of 10 years (2010-2019). The cooperation with Bulgaria amounts to CHF 76 million, while CHF 181 million are made available for programs and projects in Romania. These funds are used in thematic areas such as security and support to (democratic) reforms process, civil society participation, environment, research and scholarships, social inclusion of Roma and other vulnerable groups etc.

Within Swiss Enlargement Contribution, special programs have been dedicated to the inclusion of Roma and disadvantaged groups: in Romania (CHF 14 million), Bulgaria (CHF 7 million) and Slovakia (CHF 1.5 million). Beyond these specially designed interventions, other projects were deemed suitable to contribute to social inclusion as a side effect (or where Social inclusion is taken more “transversally<sup>67</sup>”) these include:

- Community Policing project in Romania aiming at preventing criminality in rural areas shifting from the exclusive perspective of coercive approach to a focus on prevention, problem solving and service delivery.
- NGO Block Grant to strengthen civil society for social services and environmental issues in Slovakia and Hungary.
- Two sector projects in health and one in Water: Pilot General Practitioner to provide broader and better quality health services in disadvantaged Hungarian regions and Home Care Services project (introduction of home nursing service in four districts of Bulgaria for chronically ill, disabled or elderly people). A Water Supply project in 4 municipalities where Roma represents about 10% of the beneficiaries in Hungary.

The implementation of the cooperation programs in Romania and Bulgaria is following specific rules, which differ from the one enforced for example in the other (10) new EU member states. In these two countries, a tailor-made approach with Thematic Funds have been set up by SDC for the particular thematic areas. This new mechanism was designed to assure a thematic concentrating and active involvement of professional (Swiss) management and hence efficient and effective management. In both countries Framework Agreements, signed on 07.09.2010, constitute focus area, define overall implementation modalities and financial framework and Thematic Fund management. In the case of Romania and Bulgaria for Thematic Fund

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<sup>67</sup> Without having a clear and explicit approach to mainstream social inclusion in such projects. It has rather been on ad-hoc basis, except for one or two cases (e.g. Home Care in Bulgaria) in these projects, it is estimated that a share of about CHF 8 millions are dedicated to social inclusion.

for Social Inclusion of Roma and Other Vulnerable Groups, a Programme Management Unit was open within governmental bodies in 2012 and 2013 respectively. For each of the country a separate Thematic Fund Agreement stipulates country specific modalities for fund implementation. The activities in this area, as set by the respective TFAs, will be completed by 30.11.2019 in Bulgaria and 30.11.2019 in Romania.

### **Romania: Background information and context**

Roma population in Romania is the largest ethnic minority in the country according to Council of Europe<sup>68</sup>, around 1,800,000 people. Despite the development of Roma inclusion policies and programming in the last 20 years, Roma continue to be the most discriminated and disadvantaged ethnic minority group in the country. According to European Union Agency of Fundamental Rights (FRA), Roma are the most discriminated of seven minority groups in the EU in access to employment, housing, healthcare, education, social services and bank services<sup>69</sup>. In Romania, the National Council for Combating Discrimination stated in 2013 that more than 48% of non-Roma did not want a Romani work colleague, 41% would not want a Romani neighbour, and 38% would not want any Roma in their municipality.<sup>70</sup>

Sustained, systematic discrimination and marginalisation made Roma the poorest ethnic group in Romania. The World Bank has reported that Roma in Romania are three times more likely to experience absolute poverty than non-Roma and the most affected among Roma are children and women<sup>71</sup>. The poverty is deepening especially as Roma do not complete the minimum mandatory education level.

The education of Romani children in Romania is generally characterised by high drop-out rate, low school attendance, poor quality of education and segregation which lead to low rate of enrolment in all educational cycles, non-completion of vocational and upper secondary education and, consequently leads to high rate of illiteracy. Thus, according to World Bank no more than 10% of Roma completed upper secondary and 80% of Roma are subject to illiteracy<sup>72</sup>.

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<sup>68</sup>Council of Europe estimates on Roma populations in European countries, available for download at: <http://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=0900001680088ea9>.

<sup>69</sup>European Union Agency for Fundamental Rights, European Union Minorities and Discrimination Survey: Main Report (2009), available at: [http://fra.europa.eu/fraWebsite/attachments/eumidis\\_mainreport\\_conference-](http://fra.europa.eu/fraWebsite/attachments/eumidis_mainreport_conference-)

<sup>70</sup> The 2013 survey is available at: <http://www.cncd.org.ro/files/file/Sondaj%20de%20opinie%20CNCD%202013.pdf>

<sup>71</sup> World Bank,

<sup>72</sup> Ibid

All these severe educational outcomes have resulted in low participation of Roma on the formal labour market, low wages with non-permanent jobs, especially in informal economy. According to the FRA's 2014 statistical survey findings, in Romania about 30% of Roma have been able to find paid work in the past five years<sup>73</sup>. Due to low income, unemployment and informal employment more than 45% of Roma are not entitled to medical insurance<sup>74</sup>.

This situation is occurring within a policy framework governed by several national strategies which are tackling the social inclusion of vulnerable groups, the key document being 2012-2020 National Roma Inclusion Strategy (NRIS) which frames several measures in education, employment, health care, housing and prevention and combating racial discrimination. National Agency for Roma coordinates with other line ministries the implementation, monitoring and evaluation of this strategy. The NRIS is criticised for several weaknesses such as very poorly funded by the state budget, the lack of targeted provision on women and youth inclusion, poor institutional coordination in its implementation, monitoring and evaluation, and no baseline and progress data. The NRSI is mainly funded by the European Structural Funds for which the absorption hardly reached 1% by end of 2017.

As a response to this situation, the Thematic Fund Linked to Social Inclusion of Roma and Other Vulnerable Groups (RIF) was developed in order to promote the social inclusion and participation in the socio-economic life of Roma and other vulnerable groups<sup>75</sup>. With a total budget of 14 million CHF, RIF consists of two lines of financing:

- Line 1, "Improvement of living conditions" and
- Line 2 "Empowerment and awareness building",

with a total contracted value of CHF 12'740'125, whereas CHF 1'259'875 were allocated to the management of the fund.

**Line 1-** is implemented through 3 large multi-annual projects, focusing mainly on education and health, community development, and housing. These projects are implemented by three consortia led by Swiss NGOs (Executing Agencies), in partnership with Romanian NGOs. Other partnership agreements are in place to support the

<sup>73</sup> European Union Agency for Fundamental Rights , Poverty and employment: the situation of Roma in 11 EU Member States, Roma Survey- Data in focus (2014), available at: [file:///D:/Profiles/Cerasela.Banica/Downloads/fra-2014-roma-survey-dif-employment-1\\_en.pdf](file:///D:/Profiles/Cerasela.Banica/Downloads/fra-2014-roma-survey-dif-employment-1_en.pdf);

<sup>74</sup> Ibid.

<sup>75</sup> RIF is outlined in the Annex 4 of the Thematic Fund Agreement (TFA hereafter) between SDC and the Ministry of Finance.

implementation of the projects which include local authorities, schools or other stakeholders. **Line 2** is implemented by TdH and HEKS consortia as additional component of the initial projects and through another two projects.

	1) TF-08132.01.05	Executing Agency/ Swiss partners	Geographical area- county	Progress to date	Swiss Contri- bution (CHF)
<b>Line 1</b>					
1	<i>Inclusion of Roma and Other Vulnerable Groups in Satu Mare and Maramureş</i>	Caritas Switzerland (as Executing Agency), Caritas Satu-Mare and the Resource Centre for Roma Communities, Cluj-Napoca	Maramureş and Satu-Mare	Ongoing	3'087'670
<b>Line 1 and 2</b>					
2	<i>Together for Empowerment: Inclusion for Roma &amp; other Disadvantaged Groups – zefiR,</i>	Terre des Hommes, Switzerland (as Executing Agency), and the following partners: Amare Rromentza Roma Centre, Împreună Agency for Community Development, PACT Foundation- Partnership for Community Action and Transformation, Pestalozzi Foundation Romania; associate partners: Habitat for Humanity and Sastipen.	Gorj, Olt and Dolj	Ongoing	4'594'701
3	<i>Social Inclusion and improvement of living conditions for Roma and other vulnerable groups</i>	HEKS, Switzerland (as Executing Agency) and FAER Foundation, Reghin, Diakonia Foundation Cluj-Napoca, Diakonia Foundation Covasna, Alba Orthodox Philanthropy Association	Alba, Bihor, Cluj, Covasna, Harghita, Sălaj and Mureş	Ongoing	4'600'000
<b>Line 2</b>					
4	<i>Economic Empowerment through Social Business in Grădinari</i>	Social Economy Development Foundation (SDEF)	Grădinari from Olt County	Ongoing.	298'599
5	<i>Economic Opportunities for Multi-ethnic Villages</i>	Mihai Eminescu Trust (MET)	Archita, Mălăncrav and Viscri from Braşov, Mureş	Completed	159'155

			and Sibiu counties;		
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In **education** component, all the three projects are implementing several activities to integrate Roma children and increase their participation into mainstream education through various supplementary educational services such as after-school classes, catch-up summer kindergarten, personal and intercultural development, actions to increase the involvement of parents in the children's education, and of the skills and knowledge of teachers in participatory teaching tools.

In the **health and social assistance** area, the three projects (TdH, Caritas and HEKS) aim to improve social services by informing the Roma and other vulnerable groups about their right to access medical services and health insurance; offering assistance for medical registration and child vaccination; information and awareness-raising on health issues; medical services, nutrition, hygiene, childcare, family planning, social counselling.

Two of the consortia (TdH and Caritas) are implementing **community development** activities in order to enhance the participation of communities in the local decision-making process, their ownership on the projects' achievements, strengthen them in the relation with local authorities and other stakeholders and mobilize themselves in finding solutions to their issues. Two of the projects (TdH and HEKS) are offering support and assistance in **housing** rehabilitation or building new houses for the most in need beneficiaries. **Economic empowerment** is achieved through job mediation, development of entrepreneurship skills and microloan system.

By end of 2017, the two lines of the RIF programme were implemented in **102 localities from 12 counties** such as Alba, Bihor, Cluj, Covasna, Dolj, Gorj, Maramureş, Mureş, Olt, Satu Mare Sălaj and Sibiu.



The management of the programme is under the responsibility of the Programme Management Unit (PMU), located in the Directorate for Interethnic Relations (DIR), which provides guidance in the implementation of the Support Measures of the Thematic Fund, such as the formulation of the project call proposals, the award of the mandates and the monitoring of the programme activities. The Swiss Contribution Office (SCO) and DIR jointly oversee the activity of PMU. The final overall supervision and approval of documentation are done by the Swiss Agency for Development and Cooperation (SDC).

## **I.2 Bulgaria: Background information and context**

According to the 2011 Bulgarian National Statistical Agency census, the Roma population in Bulgaria are the country's second largest minority and third largest ethnic group, after Bulgarians and Turks, with a population at around 330'000 (5%) identifying themselves as Roma. According to expert estimations, however, the actual number of Roma is estimated to be between 700,000 and 800,000 (10%).

After the 2011 EU endorsement of the Framework for National Roma Integration Strategies, Bulgaria's government adopted (March 2012) its National Roma Integration Strategy (NRIS -2012-2020), and a respective Action Plan that were both endorsed by the Parliament. The NRIS aims at providing equal opportunities and access to "rights, amenities, and goods, services in all public sphere based on equality before the law and non-discrimination of Roma and other minority citizens of Bulgaria". The strategy focuses on four key areas that need further development for the Roma population – improving their access, rights to and quality of education, healthcare, employment and housing. The Strategy is a key paper that also endorses fundamental human rights and non-discrimination of Roma. Following the NRIS, local action plans were designed by many (but not all) municipalities to address specific issues in each locality – however, action plans were not always complemented by relevant funding from central authorities and local budgets' resources were not enough to cover the needs for development. Additionally, the implementation of the NRIS is being monitored both by European Commission (EC) and civil society and has recently received criticism that there was no significant move forward on Roma integration despite the good intentions. The insufficient central leadership commitment and policy and strategic skills remain an issue, the efficient and effective distribution of EU funding is another issue and the disconnect between policies, legislation and implementation as well as coordination between central and local levels are all serious impediments.

Roma in large urban communities such as Fakulteta, Stolipinovo, Nadezhda, Pobeda, etc, remain segregated and are prone to severe material deprivation and poverty, lack of access to education, healthcare and the job market, shabby housing. Roma living in rural communities are, as a rule, less segregated and with a better chance to have access to education, jobs and housing. Precise data on Roma is hard to find in Bulgaria and the FRA/UNDP/WB survey of 2011 and the analysis of 2014 (with a focus on education) remain a source of more reliable data (*see tables with survey results at a glance on Roma in Bulgaria*)

### **Employment**

- ✓ Roma aged **20 to 64** who considered themselves **unemployed amount to 53 % of the Roma population** (*FRA Roma pilot survey, 2011*)
- ✓ Household members aged **20 to 64 in paid employment** – excluding self-employment – **amount to 36% of the Roma population** (*FRA Roma pilot survey 2011, UNDP/World Bank/EC regional Roma survey 2011*)

### **Healthcare**

- ✓ Roma aged **18 and above with medical insurance are 45 % of the Roma population** (*FRA Roma pilot survey 2011, UNDP/World Bank/EC regional Roma survey 2011*)
- ✓ Roma aged **35 to 54 with health problems that limit their daily activities come up to 18 %** of the Roma population (*FRA Roma pilot survey 2011*)

### **Housing**

- ✓ Roma living in households without at least one of the following basic amenities: indoor kitchen, indoor toilet, indoor shower/bath, electricity **amount to 78 % of the Roma population** (*FRA Roma pilot survey 2011, UNDP/World Bank/EC regional Roma survey 2011*)
- ✓ **Roma living in households that are at risk of poverty score 88%** (*Source: FRA Roma pilot survey 2011*)

### **Discrimination**

- ✓ Roma aged **16 and above who experienced discrimination because of their Roma**
- ✓ **background in the past 12 months amount to 35%** of the Roma population (*Source: FRA Roma pilot survey 2011, UNDP/World Bank/EC regional Roma survey 2011*)

**Education:** In the 2014 *Education: The situation of Roma in 11 EU Member States; Roma survey – Data in focus*, FRA and WB came up with an analysis of early childhood, education and vocational training areas for Roma in Bulgaria with the following main findings:

- ✓ Roma children aged 4 – 6 attending preschool or kindergarten in 2010/2011 in Bulgaria were 42 %
- ✓ Roma children of compulsory school and preschool age, attending school were 68% and not attending school were 35%
- ✓ Roma who were in the education system but dropped out before age 16 were 65 % male and 79% female Roma
- ✓ Roma who have completed at least upper secondary education (vocational or general) among those aged 25–64 – were only 12 %

The three reasons identified by FRA survey of 2011 for Bulgarian Roma dropping out of school at age 16 and above were:

- ✓ Roma judged they were sufficiently educated - 30 %
- ✓ Roma need to work for income/found job - 24 %
- ✓ Cost of education was too high - 19%

The data in these two surveys, even though slightly dated, still provides the trends that persist in the Roma communities and outline the huge challenges ahead for all the stakeholders – central and local authorities and Roma themselves. In the past 3 years (2015-2018), the most active government institutions which have continuously pushed for reforms and allocated funds for Roma integration and inclusion were the Ministry of Labour and Social Policy and the Ministry of Education. Due to their committed leadership at the moment and the longer term experience with the EC ESF, DG Employment and DG Education and Culture, they have successfully allocated project funding and have supported early childhood and education reforms. The Ministry of Health has been much less involved in EU programmes and managing funds, and has been inactive in many policy areas regarding Roma. Leadership and policy changes are much needed there, as the health system needs urgent reforms, in general. The Ministry of Regional Development is now participating in integrated EU programmes with the MLSJ and the MES and hopefully the attempts to improve social housing will soon be renewed in Bulgaria. The MES has embarked on a number of reforms to improve equity, access and quality of early childhood education, school and higher education for Roma. The key policy challenges and changes, as accounted for in the EC Education and Training Monitor 2017 Bulgaria are as follows:

- ✓ Bulgarian authorities revised the funding model for school education to support improvements in equity (by channelling additional resources to disadvantaged schools) and quality. The new Education Act supports disadvantaged schools and pupils - poorly performing schools will receive targeted additional funding to improve performance; those performing well will receive additional resources to finance school activities and incentivize teachers.
- ✓ General government spending on education increased by around 3 % in 2015. It represented 4.0 % of GDP, below the EU average of 4.9 %. Authorities expect it to reach 4.3 % of GDP in 2020, reflecting increases in teachers' salaries (MoF, 2017). Bulgaria's investment in education also increased as a proportion of public spending (by 0.1 pp. to 9.8 %), but remained below the EU average (10.3 %) in 2015.
- ✓ The high number of dropouts is linked to socioeconomic factors, underachievement and emigration. The MES organized local teams in an inter-institutional cooperation mechanism to improve school enrolment and retention. 65 % of Roma aged 16-24 are not in employment, education or training, while only 26 % of Roma aged 20-64 declared doing paid work (FRA, 2016). 60 % of Roma students receive education in segregated schools (FRA, 2016).
- ✓ Underachievement in basic skills as measured by PISA remains one of the highest in the EU. This is due to a combination of educational factors and equity challenges.
- ✓ Performance-based funding of higher education seeks to address the challenges of quality and labour market relevance. Bulgaria is making efforts to improve the quality of vocational education.
- ✓ Recently, authorities announced plans to extend compulsory pre-school attendance to age 4.

In support of the above challenges and to implement its NRIS, Switzerland set up in Bulgaria a **Thematic Fund for the “Promotion of social inclusion of Roma and other vulnerable groups”** under the Focus Area "Reforms linked to civil society and the inclusion of Roma and other vulnerable groups". The Inclusion of Roma Programme is managed by a Project Management Unit, embedded in the Ministry of Labour and Social Policy and the Programme is overseen by a Steering Committee.

The Fund supports the implementation of the **Bulgarian-Swiss ZOV program (health and education for all – ZOV in Bulgarian)** with the following objectives:

- ✓ Improvement of living conditions through better access to services and the rights of Roma community (**priority line 1**). The activities under priority line 1 focus on education and healthcare.

- ✓ Empowerment of Roma through strengthened cultural Integration and identity, improved acceptance and enhanced Roma participation in decision making/ policy institutions (**priority line 2**). Priority line 2 focuses on non-discrimination and integration of Roma as actors of the local communities.

ZOV is implemented in the period 2013 – 2019 and the total amount of funding is CHF 8 088 500, of which the Swiss contribution is CHF 6 920 000. The Ministry of Labour and Social Policy (MLSP) is the main partner on the Bulgarian side. The Ministry of Health (MH) and the Ministry of Education and Science (MES) both contribute to the Programme with funds, expertise and monitoring. The 3 ministries contribute a total of 15% in co-funding, 5% by each Ministry. At local level, the projects are implemented by local governments in partnership with kindergartens, schools, healthcare centres, departments of local universities and civil organizations. Each municipality has a local team that works on the project.



ZOV is working in **6 major municipal centers and adjacent municipalities**: Burgas (incl. the municipalities of Malko Tarnovo (Zvezdets village) and Sredets), Montana (Kosharnik neighborhood and Gabrovnitsa village), Plovdiv (incl. Kuklen), Ruse (incl. the municipalities of Vetovo, Senovo, Ivanovo and Borovo), Sliven and Shumen (incl. Ivanski village).

In **education**, the program objectives are:

- To ensure access to education for children aged 0-10 by provision of new/repaired educational infrastructure, catch-up classes and extra-curricular activities;

- To ensure good quality of education by improving methods of teaching for inclusion;
- To ensure supplementary activities for parents so that they can participate in the educational process.

The objectives in **health** are to improve access to and provide better quality of maternal and child healthcare, as well as to contribute to policy change in the areas of family planning and reproductive health.

**The main strategic principles of ZOV are:** institutionalization of the programme centrally, and locally, developing a sense of ownership of the programme, implementing integrated (health, education and infrastructure) activities, and sustainability. To these ends, the PMU works closely with Ministries in two working groups – education and health and cooperates directly with local authorities on programme implementation. The two working groups have achieved the following results:

#### **ZOV/MES WG**

- ✓ Educational mediator - officially registered, National Register of Professions
- ✓ An education capacity building programme set up (trainers from MES register)
- ✓ Assessment of the “MES Mechanism for return to school actions presented to MES Deputy Minister

#### **ZOV/MH WG**

- ✓ Expert recommendations on family planning and reproductive health for MH to complement the National Strategy on Maternal and Child Health
- ✓ Expert recommendations on improving the status and linkages between health mediators and health centers, hospitals and doctors

## **II. Purpose of the Evaluation**

In November 2017, the Swiss Federal Council has expressed its willingness to renew the Swiss contribution to reducing economic and social disparities in certain EU member states. The political process for renewing the Swiss contribution to enlarged EU is on-going in Switzerland. While preparing for the potential second Swiss contribution, Switzerland intends to duly consider the results, the lessons learned and the experiences made so far in the field of Roma social inclusion and the expectations/positioning in this domain of the two beneficiary countries.

**This evaluation is expected to have 3 distinctive but interrelated modules** as follows:

- 1.** Evaluation of RIF in Romania;
- 2.** Evaluation of ZOV in Bulgaria;
- 3.** A general module at the level of the overall theme “Social Inclusion of Roma and other vulnerable groups” as part of Swiss Enlargement Contribution. Such a general module is based on:
  - a) the evaluation of the thematic funds in Bulgaria and Romania (point 1. and 2. above),
  - b) a systematic and reflective comparison between SDC’s programs in Bulgarian and Romanian Programs and further desk review. This desk review shall include main lessons learned, capitalization at thematic level based on experiences made in other EU new member states (in particular Hungary and Slovakia) with high proportion of Roma community. This third module shall draw in recommendations and entry points for a possible second Swiss Contribution. Further, recommendations should be provided on SDC’s engagement in promoting social inclusion in EU-13 new member states (10+2+1) confronted today and in the future with high challenges in including marginalized groups.

More specifically, the purpose of the evaluation exercise is to:

- Assess the impact and results achieved by both Roma Program thus contributing to the **accountability** towards stakeholders both in the beneficiary countries (BG and RO) and in Switzerland;
- **Learning purpose:** Identify lessons learned, challenges faced, and best practices obtained at the level of each country and draw recommendations for potential new contribution in the area of Roma inclusion and other vulnerable groups in both countries and in other new EU Member States confronted with high challenges in social inclusion of vulnerable groups.

The stakeholders of the evaluation are the partner countries (BG and RO) constituencies (NCU, line ministries and authorities), the respective Executing Agencies and end beneficiaries, as well as the PMUs, the Swiss Embassies/SCOs, SDC and the Swiss partners.

### **III. Focus of the Evaluation**

Roma programmes will be assessed based on the criteria of **relevance, efficiency, effectiveness, impact and sustainability** in order to results, best practices, lessons learned and recommendations to be used for forthcoming negotiations with the Romanian and Bulgarian governments regarding a possible Second Swiss Contribution to the EU-13 countries beyond 2020 and for improving future Swiss contribution programmes on social inclusion of Roma and other vulnerable groups. Additionally, based on all above-mentioned criteria, the evaluation shall provide concrete, comprehensive and comparative information on pros and cons of different institutional approaches used by SDC in the two countries. The findings should be supported by recommendations for bettering the design and institutional structure of future programmes, considering the particularities of each political and social context of the countries.

The evaluation should address the following key questions for the **first two modules** of the external evaluation:

#### **RELEVANCE:**

- To what extent were the projects suited to the priorities and needs of beneficiaries<sup>76</sup>? Are those priorities and needs still the same for the beneficiaries?
- To what extent were the projects complementary to other financial mechanisms?
- Were the initial objectives of the programme relevant to the national and local policy and developments context of social inclusion of Roma and other vulnerable groups? Are they still relevant at the end of the programme?
- Have the project's results been important enough that this relevance is already perceptible and measurable?
- How relevant is the integrated approach combining health, education, housing, and employment (for Romania), combining health and education (for Bulgaria)?
- For Bulgaria, how relevant was the participation of the national and local institutions to achieve improvement of the Roma situation?

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<sup>76</sup> For Bulgaria, the institutional approach entails **2 types of beneficiaries**: 1) ministries, local governments and the institutions/service providers they work with: schools, kindergartens and medical centers; 2) Roma children aged 0-10 and their parents.

- For Bulgaria, what is the relevance of working with service providers (kindergartens, schools and medical centers) as partners to municipalities to achieve results and impact with regards social integration of Roma?
- For Bulgaria, how relevant was it to collaborating with three lines ministries and to establish programme's working groups – WG on Education and WG on Health? How relevant were their actions and participation in achieving policy changes in the two respective areas – education and health?

**IMPACT:**

- To what extent has the programme contributed to the socio-economic improvement of Roma communities?
- To what extent has the programme developed the community ownership of the programme results?
- To what extent was the Roma community empowered? Contributions to empowerment have to be identified and assessed in: educational attainment, access to health services, economic empowerment and community development.
- Level of change generated by programme for beneficiaries (intermediate and final) and from a systemic perspective in terms of better social integration of vulnerable groups (at national and municipal levels)?
- Which sector /focused intervention or combination of sectors are most likely to lead to an impact?

**EFFICIENCY:**

- Does the programme based on integrated approach (vs. coordinated/collaborative or individualistic approach) is the most appropriate way to reach intended outcomes? Are there other more efficient ways to achieve similar results
- What were the difficulties/advantages, pros and cons of working with the implementation set-up (consortia led by SWISS NGOs in Romania and through the system with public institutions in Bulgaria)?
- Bulgaria: how far has the Swiss support been able to improve the efficiency and the engagement of municipalities in delivering services to Roma and in collaborating with other institutions? Was the Swiss support enabling more efficiency of the policy working groups on education and health in engaging in policy change for the specific programme?
- For Romania, what has been the value of the PMU and its contribution as facilitation body between SDC and the EAs? Same question regarding the Embassy and the Swiss partners.

- Bulgaria: how efficient has worked the PMU as a “go-between” between the Swiss donor and the BG ministries? How effective is the cooperation between ZOV PMU and municipalities, respectively ministries.
- How have relationships between partners been efficient and instrumental in the ‘delivery of changes /outcomes’?
- How efficient have the programme’s monitoring, management, learning and financial systems been? How can these dimensions be improved ?
- Have resources (financial, human, technical support, etc.) been allocated strategically to achieve the programmatic outcomes?
- Was the program able to develop sufficient visibility and communication/outreach of the program in the regions, in Romania, in Bulgaria and beyond? For which main purpose: change in the perceptions towards the Roma community?

#### **EFFECTIVENESS:**

- Romania: what were the most effective approaches used by EAs, their partners and PMU to bring about change? What worked, what didn’t, and why?
- Bulgaria: how effective is the programme for improving the Roma condition through an approach based on strengthening the institutional framework for service delivery and on implementation by the national and local authorities?
- Was the know-how transfer or exchange among different project partners useful and contributing to good performance?
- Which factors have enabled/ hindered the achievement of outcomes?
- Did the projects or programs contribute to policy dialogue and/or the shaping of legislation and policies? How and with which concrete successes? Provide narratives of such contributions, highlighting the role of the projects/programs in the change process (on policy issues that could be relevant for negotiations)
- How far do the ZOV project in Bulgaria contribute to improve the effectiveness of the cooperation between ministries, municipalities and final beneficiaries, e.g. leading to the development of strategic visions and plans for sustainable social inclusion of Roma and vulnerable groups?
- Romania: what was the role of the EAs, the PMU and other Romanian instances, the Swiss Embassy in policy dialogue? Were alliances with other donors (EU, Norwegian) built to increase effectiveness in policy dialogue?

- Shall the current programme approach (set-up, implementation modalities, steering) be strengthened to increase effectiveness and systemic changes? If yes, which aspects?
- How to implement in the future with success such programmes? Directly through the Bulgarian and Romanian systems (use of country system)<sup>77</sup>?

### **SUSTAINABILITY**

- To what extent do the mechanisms and instruments developed within the programme support the continuation of the activities after the ending of the Swiss-funded programme?
- To what extent has the programme supported knowledge transfer and capacity building of partners, the authorities and beneficiaries and what is the degree of institutionalization of approaches developed under the programme framework?
- To what extent will the generated achievements be financed and institutionally sustained after the ending of the programme? E.g. for Bulgaria: how are the central level budgets supporting sustainability and how are they complemented by other donors' funding - Norway, USA, EU? How sustainable is this cooperation and complementarity?
- Has the specific know-how of the various stakeholders (project partners, local population, authorities, and beneficiaries) increased?

### **SPECIFIC QUESTIONS FOR MODULE 3**

For the third module, the evaluation should address the following key questions and assess how Roma inclusion has been integrated in other program (transversal) in the five projects mentioned on p.3.

- What is the general relevance to support New Member States countries in the area of social inclusion of Roma and other vulnerable groups, especially at the light of the agenda of reducing social and economic disparities within EU and in the partner countries? In which beneficiary states is the relevance particularly high?
- How effective were these programs in improving the situation of Roma and other vulnerable groups and reducing social and economic disparities?

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<sup>77</sup> Some comparison with similar programmes from EU and the Norwegian mechanism may be useful to highlight pros and cons of the different donors' contributions and aid modalities.

- How far has a “mainstreaming social inclusion ” approach been followed in these programs and what can be said about the potential of such an approach - if systematically applied - to contribute to the inclusion of Roma and other vulnerable groups and the reduction of social and economic disparities?
- Should both special program for Roma and mainstreaming approach be used in the future?
- How is the Swiss Contribution bringing added value: niche/complementarity with other EU/bilateral financial mechanisms, Swiss expertise, Swiss models and innovative approaches? Where lies the Swiss comparative advantage in the future?
- In the frame of a potential second Swiss contribution, how to strengthen the buy-in of partner countries confronted with acute social inclusion challenges? Where are the entry-points, low hanging fruits, main subjects of interest in which Switzerland can extend its collaboration based on mutual interests?
- What can be strategically improved to reach more sustainability?

#### **IV. Evaluation Team**

The evaluation will be conducted by a mixed team of external and SDC intern experts, this to address in particular the evaluation’s purpose of knowledge-management. The external evaluators (1 international and 2 national per country) will bring in the review process an external perspective, whereas the SDC/OZA health and social inclusion advisors will bring/get institutional knowledge and regional perspective being fruitful for the review process and for further learning/dissemination/advisory for decision making within SDC. Through the SDC/OZA experts, continuity and coherence beyond the strict process of evaluation has also better prospects, in particular in the frame of the preparation of a potential second Swiss contribution.

The selected evaluation team should offer a good mix of expertise and being capable to evaluate the programme according to different perspectives. The review team shall be gender-balanced and it is highly desirable that one of the national expert is Roma. Proven experiences in programme evaluation, possible in Roma and/or social inclusion, expertise in community development and empowerment, as well as sectorial (health, education, economic empowerment) shall be then available among the review team. Interpretation may be necessary to organize for project’s visits, in particular Hungarian language in Romania.

The International evaluator will be designated as the team leader and will have the overall responsibility of organizing and completing the evaluation and submitting all the requested reports.

The **International consultant** should possess the following qualifications:

- At least 10 years of experience in designing and leading evaluations of programmes with budget over 10 million CHF and with multidisciplinary and intercultural team;
- Highly knowledgeable in participatory evaluation methods involving end beneficiaries;
- Expertise in and working experience in community development and empowerment, including effective cooperation between government and civil society organizations and/or education;
- Excellent knowledge of and working experience in sustainable development and cooperation in transition context, in particular in area of inclusion of disadvantaged groups;
- Knowledge of the SDC programs, as well as of the Eastern European (desirable Romanian/Bulgarian) context;
- Excellent English writing and communication skills.

**National Evaluators** (4 in total) will have a supportive role and will bring in the review process their excellent knowledge of the context. Ideally, the national consultants will be suggested by the international expert.

The **National Evaluators** should possess the following qualifications:

- Excellent understanding of the local context and issues related to social inclusion of Roma and other vulnerable groups
- At least 5 years of experience in evaluation of development programmes, preferably in the area of social inclusion of Roma and other vulnerable groups;
- Demonstrated skills and knowledge in participatory evaluation methods;
- Excellent English and Romanian or Bulgarian writing and communication skills;
- Expertise in and working experience in education, health and/or economic empowerment/local governance.

#### **Foreseen role of the SDC/OZA health advisor:**

- SDC / OZA health advisor will be a member of the review team for the “classical part” of the review (*for distinction between classical and participative evaluation, refer to the methodology part*);

- SDC/OZA health advisor will have the responsibility and provide expertise in the assessment of the health component in the RIF and ZOV programme;
- She will also assess the interpreted data of the new Community Integrated Health and Social Services to serve/reach better Roma communities in primary health care and social services (Romania).

**Foreseen role of the SDC/OZA social inclusion advisor:**

- SDC/OZA social inclusion adviser will provide feedback to the team leader in defining the methodology of the participatory evaluation at community level.
- He will participate in the field-testing (and possible adaptation) of the data collection method at community level in the frame of the participatory evaluation (max of 5 days in each country).

The process of the evaluation will be managed by SDC and the Swiss contribution offices in Romania and Bulgaria. Consultants will be selected by SDC/SCO, based on the current TORs and upon invitation to present offers. The evaluation team (international and national consultants) will be contracted by SDC Head Office in the frame of the RIF and ZOV programme budget.

## **V. Evaluation Methodology**

The Evaluation shall use qualitative methods and draw both on primary key informants (through interviews with main stakeholders ,with the EAs, field visits, focus group discussions with project beneficiaries for example) and secondary data collection methods (strategic documents, reports, policy briefs etc.).

The evaluation team, using the criteria of relevance, effectiveness, efficiency, sustainability and impact, is expected to produce findings and make recommendations which are, valid and reliable based on review methodology, data and analysis. A set of questions regarding these criteria are mentioned within this TOR. The evaluation team under the direction of the team leader should suggest modifications, complete and submit a final list of questions used during evaluation which will be part of the evaluation inception report and included as well in the annexes of the final report.

Given the importance SDC wants to put on community development in the next contribution<sup>78</sup>, **the evaluation should put a strong focus on what has been achieved**

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<sup>78</sup> This strategic orientation is based on findings made in last regional Roma seminar held in Bulgaria in March 2018 and SDC strategic learning brief "*Learning from SDC's Roma Inclusion work for future programming*". One of the main findings of the seminar is that work has to be

**at the level of end-beneficiaries** in order to learn from our current experience. This is particularly important as the findings from the evaluation on this aspect can be analysed and interpreted by experienced PIUs in terms of what can be done differently thus providing important and informed lessons for the future.

This is the reason why the evaluation methodology is based on two main components to collect data through primary key informants: a **participatory evaluation at community level** in a first part of the evaluation, in order that its findings feed into the **classical part of the evaluation**, which can complete, put in perspective and triangulate those findings.

The evaluation will be then structured according to the following phases:

### **1. *Inception phase:***

- Conduct an initial desk review of available documents, such as: annual and intermediary reports, the original project proposal documents, monitoring reports and other internal documents including financial documents and relevant other documents;
- Conduct brief interviews (via Skype or phone) with key stakeholders to refine the evaluation scope and methodology;
- Develop the Evaluation methodology- including a fully developed methodology to undertake the participatory evaluation at community level - and the other data collection tools, the organisation of the review team, the detailed timeline and work plan, etc.
- Write an Inception Report.

### **2. *Missions in Romania/Bulgaria and Data collection phase:***

#### **2.1. *Participatory evaluation at community level***

The organization of the evaluation at community level poses different challenges in Romania with more than 100 sites where projects' activity is conducted. The challenge in Bulgaria is less acute with 6 municipalities.

The PMUs are currently preparing a mapping of the sites with structured information (population, type of activities, duration of implementation), including elements of self-assessment (success/failure, level of participation, commitment of mayor). This

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done both at the level of the government (municipalities, service delivery and ministries) and at the level of the communities to reach effectiveness and sustainability. The former being the focus of SDC approach in Bulgaria, the later being stronger in SDC's work in Romania. Experience seems to show that both are required and should be strongly coordinated.

mapping will be the basis for the review team to undertake a final selection of sites to be visited constituting as much as possible a representative sampling.

During the field mission, the review team will get an overall idea of the community, meet with beneficiaries and non-beneficiaries, get to know who benefited, who didn't, what factors prevented people to benefit, people's perspective on project's contribution to change. Differences in perspective between men and women, possibly between different subcategories of the community should be identified. The evaluators are requested to elaborate a feasible proposal of how they intend to realize the participatory evaluation (how many communities, time and method in each community) with the available resources defined in the ToRs (human and time allocation). More importance should be set on the principles of quality of participation and differentiation of viewpoints and inclusion and less on representativeness.

## ***2.2 Expert evaluation***

- Review existing baseline data of the projects collected by the EAs to determine the available data with which to measure progress;
- Interview key stakeholders at national and regional level; conduct field visits, in principle in the same sites as for the participatory evaluation;
- Conduct in-depth discussions under the format of interviews or focus groups with the following respondents:
  - a) Members of the management and implementation teams of the implementing consortia;
  - b) Local and community project staff;
  - c) Representatives of the local /regional/ national authorities, and local communities or NGOs involved in the projects implementation;
  - d) Representatives of the national institutional partners (Inter-ethnic Relation Department (DIR), NCU and ministries participants in the Steering Committee).

It is suggested that the review team is spitted in order to collect efficiently the necessary data.

The evaluators will be able to rely on the support of the PMU to organise the field visits. Consultants may also rely on the PMU and members of the program to supply them with the contact details of people to interview, but it is expected that the consultants organise these interviews directly.

## ***2.3 Data collection for module 3***

The third module will be a desk review. The sources of information will be primarily based on: (i) findings in BG and RO to be extrapolated; (ii) desk review and analysis

of available documents: annual and intermediary reports, project documents, monitoring documents and other internal documents relevant for the selected projects in Bulgaria, Hungary, Slovakia and Romania. (iii) interviews (via phone call or skype) with a selection of stakeholders in SDC and in the country, but to be agreed upon with SDC during the inception phase. In this third module of the external evaluation, we are expecting findings and recommendations in terms of mainstreaming social inclusion of Roma and marginalized groups at sector level, which should ideally be valid for all new EU member states and therefore not context specific.

### **3. Analysis and report writing phase:**

- Review and analysis of all available data;
- Prepare first draft of the evaluation report;
- Receive feedback from SDC on draft report and revise it (as appropriate);
- Submit final report.

**Deliverables** – the evaluation team will generate the following deliverables:

- a. **Inception report** (10-15 pages max, including all 3 modules) which must include:
  - Initial findings based on desk review;
  - Detailed description of the methodology to realize participatory evaluation at community level;
  - Detailed description of the methodology to answer the evaluation questions as well as the proposed source of information and data collection procedure and tools;
  - Detailed schedule for the tasks to be undergone (work plan), the activities to be implemented and the deliverables;
  - The role and responsibilities of each member of the evaluation team should be stated as well;
  - Draft mission programmes in Romania and in Bulgaria for the participatory and the classical evaluations.
- b. **Presentation of preliminary findings:** At the end of the mission in Romania (classical evaluation), a ½ -day debriefing/validation workshop will be organized in Bucharest for the main stakeholders of the RIF. At this occasion, the evaluation team will present its preliminary findings, conclusions, and recommendations and collect stakeholders' first general impressions and feedback. Same activity will be organized in Sofia.

- c. **Draft evaluation report** – integrating both parts of evaluation, all modules - written in English that meets the requirements outlined below.
- d. **Final evaluation report with a PowerPoint presentation (in English)** on key findings.

The main body of draft and final report should not exceed **15 pages** per module 1 and **2 + 8 pages** for the 3<sup>rd</sup> module (without Annexes) and have the following structure:

- i. Executive summary (approximately 5% of the final report)
- ii. Brief programme background (approximately 5%)
- iii. Evaluation methodology (approximately 5%);
- iv. Findings of the evaluation (at least 50%)
- v. Lessons learned (maximum 15%)
- vi. Conclusions and recommendations for future action (at least 20%)
- vii. Annexes (for example list of meetings attended, list of persons interviewed, data collection instruments, list of documents reviewed, summary of the field visits etc.) – For module 1 and 2, the Evaluation Report will also contain in its annexes the Assessment grid for evaluations of SDC projects/programmes (template and instructions to this regard are part of the evaluation documentation).

## VI. Schedule of the Evaluation

The timeline of the evaluation is the following:

Task	Period	Responsible	Observations
Selection of evaluation team	July 2018	SDC /SCO	
Initiation of the evaluation	Mid-August 2018	Evaluation team	
Submission of the inception report – 3 weeks before first mission	Mid-September 2018	Evaluation team	Consolidated feedback from SDC/SCO will be given within 7 days upon reception of the inception report.
Missions in BG and RO for the participative	October – November 2018	Evaluation team	

evaluation at community level			
Missions in BG and RO for classical part of the evaluation	December 2018 – January 2019		
Submission of the first draft report	Middle February 2019	Evaluation team	No later than 14 working days after the end of the country visit.
Submission of the final report	Around end of March 2019	Evaluation team	The final report will be submitted within 15 days after the feedback provided by SCO and SDC. PMUs will be also consulted in order that the report do not contain factual mistakes.
Management Response	April 2019	SDC /SCO	
Presentation of the findings of the evaluation during the final conference of RIF	October 2019 in Romania	Member(s) of the evaluation team (1-2 persons)	

## VII. Timeframe

The assignment is *provisionally* scheduled for **173 working days** (for external experts) in total spread over 8 months. It considers 66 working days for the international expert for the 3 modules, 62 working days for the two National consultants in Romania and 45 working days for the two National consultants in Bulgaria. The time allocated to field mission include international and national transfer. The tentative time allocation for the evaluation is as follows:

Task	Time allocation Experts in work days					Place
	Int. Team Leader	SDC internal experts	Nat. Romania (2)	Nat. Bulgaria (2)		
Document review	6	4+4	2+2	2+2		Origin
Elaboration of the inception report	3	2+2	1+1	1+1		Origin
Field visit participatory evaluation Romania	18	0+5	17+12	0		RO

Field visit participatory evaluation Bulgaria	15	0+5	0	14 + 9	BG
Interviews necessary for module 3	2	1 + 1	0	0	Switzerland /Origin
Second field visit, meetings, interviews Romania	8	8 +0	7 + 7	0	RO
Second field visit, meetings, interviews Bulgaria	8	8 +0	0	7+7	BG
Elaboration and presentation of draft report	4	2+0	1 + 1	1 + 1	Origin
Elaboration of final report & ppt. presentation	2	0	0	0	Origin
Presentation of findings at final conferences	tbd	-	tbd	tbd	RO / BG
<b>TOTAL</b>	<b>66</b>	<b>25 + 17</b>	<b>38 + 24</b>		

### VIII. Annexes

1. “Assessment grid” for evaluations: instructions
2. Documentation for the 3 modules (will be delivered upon contract conclusion).



**Instructions\_Assessment\_Grid\_for\_Evaluations**



Assessment\_Grid\_Evaluations\_Field\_Handbo

## Annex 3: Expert Evaluation Health

*Note:* The finding and recommendations contained herein stem from a report authored by Enrichetta Placella, SDC Health Advisor, in December 2018. The report was slightly reformatted to fit the format of this report and spell-checked but remains otherwise unchanged in terms of its content.

(...)

The present matrix has been developed and used by the expert evaluator for the health component of the Swiss Contribution program in Romania to guide the observation and interviews during the evaluation mission carried out in Romania from 2<sup>nd</sup> to 7<sup>th</sup> December 2018.

The following locations have been visited (schedule provided in annex 2):

- Bontida village (Cluj County): Mayoralty, home care team, community centre
- Baia Mare City (Mara Mures County): Health team of community centre
- Cluj Napoca City (Cluj County): CRCR management and coordination team, HEKS and FAER management and coordination team, Diakonia management and coordination team

At Bucharest level, the following institutions/entities have been consulted:

- DIR: management level
- PMU: management level
- SCO: management level
- MoH: State Secretary

For more coherence and to avoid redundancies in the reporting, some questions which were part of the matrix prepared prior to the mission have been merged in the present findings and recommendation matrix.

Some findings and/or recommendations appear in more than one section, as questions and observation areas are interrelated and are meant to complement each other.

The representativeness of findings and recommendations is to be considered in relation to the locations visited and stakeholders interviewed, as listed above.

The findings and recommendations are provided to the team leader as a contribution to the overall evaluation exercise and final report.

## 1. Policy and regulatory framework. Institutional issues

Observation points – Key questions	Findings	Recommendations
Has the <b>policy and regulatory framework</b> on the provision of quality health and social services for Roma and other vulnerable groups been updated and enforced?	<ul style="list-style-type: none"> <li>The implementation of the <i>Strategy of the Government of Romania for the inclusion of the Romanian citizen belonging to Roma minority (2015-2020)</i>, which advocates for an increased access for Roma people to basic services including health and social care, is <b>lagging behind</b>. Main reasons mentioned are the lack of political commitment, inadequate legislation and budget, and lack of a consistent monitoring and evaluation framework which doesn't allow to properly track progress. The supervision of the implementation of the <i>Strategy</i> lies with the Ministry of European Funds.</li> <li>There is currently <b>no specific policy and regulatory framework</b> and no <b>conducive policy environment</b> for the provision of integrated home care services at community level, being it for Roma and non-Roma. There is a legislation on the social side, another one for medical care and a third one targeting the elderly which includes medical and social care. There is <b>no specific budget</b>; some segments are covered by the social budget and others by the health budget, provided the person is insured (which is not the case for most of Roma communities<sup>79</sup>). This is a major <b>obstacle for the institutionalization and sustainability</b> of the models introduced by the projects.</li> </ul>	<ul style="list-style-type: none"> <li>In addition to the delivery of services, implementing partners should be incentivized to <b>collect and analyze any new information and data on the policy and regulatory framework</b> for integrated home care service provision, as these changes may potentially affect the projects' objectives and results.</li> <li>All projects' <b>products and good practices</b> should be collected and systematized to inform <b>relevant policies</b>. A similar process, including cost-pricing the new service delivery models, has been launched within the SC supported project on integrated service provision in Romania, in the frame of the thematic fund "Reform Fund linked to Health issues". This experience could be easily shared with the partners involved in the RIF.</li> </ul>
Are the projects <b>aligned with the current priorities and policies</b> relevant to health and social care service provision for Roma communities? If not, what are the major gaps?	<ul style="list-style-type: none"> <li>Access to basic services, including health and social services, for Roma people has not been reported as a priority of the current left-wing government (Social Democratic Party). Most of interviewed stakeholders agree that the <b>commitment has even decreased</b> compared to previous years (general negative attitude towards Roma, lack of capacities to better address inclusion issues, "competing" priorities, etc.). It is expected</li> </ul>	<ul style="list-style-type: none"> <li>Under these circumstances and taking into account the major structural concerns identified by the evaluation mission, it is <b>questionable whether further support to the health sector should be provided in the frame of a second SC</b>.</li> </ul>

<sup>79</sup> See below for more information in this regard.

	<p>that the presidential elections planned for 2019 will create a more enabling environment to foster Roma and more generally, the inclusion of vulnerable groups.</p> <ul style="list-style-type: none"> <li>• The highest <b>priority</b> of the current government has been reported to be the reform of the <b>judiciary system</b> and the fight against <b>corruption</b>, thus “keeping it away” from Roma inclusion and integration preoccupations.</li> <li>• More broadly, data and research suggest that <b>tolerance</b> towards Roma, Jews, and Hungarians has significantly <b>decreased</b> in Romania (see Active Watch, <a href="https://activewatch.ro/en/antidiscrimination/publications/">https://activewatch.ro/en/antidiscrimination/publications/</a>).</li> <li>• <b>MoH capacities</b> are still <b>weak</b>, with a high staff turnover and a low absorption capacity. Moreover, SC “investments” may “compete” with bigger budget volumes from EU (EUR 200 million) and EEA Grants (EUR 30-40 million) which are described and perceived as more flexible and interesting from a human resources point of view (EEA Grants will cover the salaries of 12 persons within MoH). At the moment, there is no comprehensive overview of SC contribution to the sector within MoH. As an example, the existence of the RIF project was not known to the State Secretary, although he is quite new in his position. The person in charge of the SC support within MoH was also not aware about the models of integrated care piloted by the projects.</li> <li>• At the <b>local level</b> (municipalities), the interest in Roma inclusion issues has been reported to be more important, although sometimes motivated by “electoral” concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• In this regard, a <b>strong narrative built around basic conditions</b> to be met should be elaborated to guide the negotiations with the government. Conditions include the following: financial commitment as foreseen in SC framework and engagement, minimum regulatory and policy adjustments (i.e. in relation to the centralization of state budget to allow more flexibility in the allocation of resources by municipalities), allocation of sufficient staff to have at least an overview of SC at MoH level, a minimum of coherence with health projects supported by EU and EAA Grants (especially because these will most probably focus on diagnostics, screening, hospital/specialized care).</li> <li>• In the case these conditions are not met, <b>health and social care activities could be addressed through education</b>, focusing on the health and social needs of after-school children and their families. Taking into consideration that some policy achievements have been made at county level (after-school curricula accepted by the House of Teachers and the School Inspectorate), using education as an entry point for health and social care offers an interesting potential and perspectives.</li> </ul>
<p>Is the <b>dialogue and cooperation with local stakeholders</b> like schools, medical service providers and the local administration in general conducive to create an enabling environment for improving Roma living conditions?</p>	<ul style="list-style-type: none"> <li>• In Bontida, Cluj-Napoca and Baia Mare, the collaboration between all involved stakeholders at local level is perceived as <b>good</b>, with no major tensions reported. This was achieved through strong communication and dialogue and by adopting an approach which does not create <i>positive discrimination</i> and thus <b>targets all vulnerable groups as a whole</b>. The role of the Mayor in Bontida has been central in coordinating all stakeholders and fostering complementarity, commitment and alignment.</li> </ul>	<ul style="list-style-type: none"> <li>• In a further SC support, incentivizing mechanisms should be put in place in order to further fostering the ownership and commitment of <b>Mayoralities</b> (i.e. participating in steering committees, administering small grants). Possibilities to involve the Romanian Association of Municipalities for leveraging advocacy work should be explored.</li> </ul>

<p><b>Governance</b> in service provision: is there a good cooperation between local government, central state and health institutions providing health and social services to Roma communities? If not, what are the main divergences?</p>	<ul style="list-style-type: none"> <li>In Bontida and Cluj-Napoca, <b>local initiative groups</b> are perceived as a good practice to foster ownership and civic engagement, and incentivize joint action. It has been however not possible to assess to what extent these initiatives are effective and sustainable.</li> <li>In Bontida, the project contributed to <b>inspire and foster the commitment and interest of other surrounding municipalities not targeted by the project</b>, which are strongly interested in replicating the good integrated service provision model developed by Diakonia.</li> </ul>	<ul style="list-style-type: none"> <li>As some <b>local initiatives groups</b> are interested in expanding their support to social and health care services based on the models introduced by the projects, possibilities to support this transfer of “best practices” should be explored (possibly within the current phase).</li> <li>In order to facilitate this “<b>transfer</b>” and <b>dissemination of experience and good practices</b>, the latter should be collected and systematized (i.e. how-to/step-by-step guide, or simple description of the model with related costs considerations).</li> </ul>
<p>What is the current <b>funding mechanism</b> for health and social services for Roma communities and other vulnerable groups in Romania? Has financial support from local authorities increased over the years?</p>	<ul style="list-style-type: none"> <li>Health promotion and disease prevention in community settings and home integrated care both for Romanians and other vulnerable groups is funded through <b>multiple mechanisms</b>: state budget, special national funds, Mayoralty, SC, implementing partners' own funds, users, Church, other donors.</li> <li>At the moment, as the models introduced by the projects are not yet institutionalized and rolled-out nationwide, there are <b>no plans to increase the allocation of budget</b> at all levels. In Bontida however, the financial contribution of the municipality has considerably increased over the years. A major constraint in this regard is the significant <b>increase of salaries</b> of state staff since 2016, with however no additional budget, this resulting in limited resources for social care services.</li> </ul>	<ul style="list-style-type: none"> <li>As all developed models have not been yet cost-priced, it is difficult to advocate for the increase of state budget to provide these services and more generally, to promote their institutionalization. Carrying out a proper costing-study for all models is not feasible at this stage. However, as mentioned above, <b>cost considerations should be fully part of the documentation and capitalization work</b> to be carried out within the current phase of the projects (i.e. calculating costs per capita and benchmarking them with other similar models provided in the same region).</li> </ul>
<p>Is a <b>social health protection mechanism</b> (insurance, exemption, subvention, etc.) for Roma and other vulnerable groups in place and effective?</p>	<ul style="list-style-type: none"> <li>Most of Roma and other vulnerable groups are <b>not insured</b>. The main raisons are the lack of birth certificates/ID cards, unemployment, lack of resources to contract insurance on a voluntary basis, low understanding of the insurance mechanism.</li> <li>Furthermore, the existing <b>insurance fees exemption scheme</b> has inconsistent/unclear criteria and/or is not effective.</li> </ul>	<ul style="list-style-type: none"> <li>These <b>structural issues</b> cannot be addressed without a strong advocacy work at central level.</li> <li>However, at local and beneficiary level, the “<b>administrative</b>” support to Roma and other vulnerable groups to <b>navigate the social and health care system</b> in order to benefit from support packages which</li> </ul>

	<ul style="list-style-type: none"> <li>For those who are insured, as the insurance scheme is not sustainable, the share of <b>out-of-pocket payments</b> remains still very high (21.28% in 2015, WB<sup>80</sup>).</li> <li>As a result, without external support, social and health services for Roma and other vulnerable groups would <b>not have been provided</b> in the locations targeted by the SC.</li> </ul>	<p>they are entitled for should be further supported and even expanded in a potential subsequent phase.</p>
<p>What are the main <b>drivers and restraints of change</b> (at systemic and structural level)?</p>	<ul style="list-style-type: none"> <li><b>Main drivers of change</b> are the close contact of implementing partners and local authorities with the population, which highly contributed to build trust; high acceptance of services by targeted groups; availability of local staff for providing home care; support of the church; the good collaboration with other stakeholders (teachers, social workers at Municipality level, local entrepreneurs, family doctors).</li> <li>The <b>role of mayors</b> at local level has been key, not only in terms of resources (salary of 1 nurse and 1 community assistant in Bontida, corresponding to 50% of total human resources costs, covered by the Mayoralty through Diakonia), but also in terms of coordination, advocacy, communication, and multistakeholder engagement. Given their proximity to local population, their incentivizing role towards targeted beneficiaries in being part of the project has been also crucial.</li> <li>The <b>lack of political commitment</b> for Roma issues in general and health and social care in particular at central government level is the main <b>restrainer of change</b>. <b>Other restrainers</b> include the lack of policy and regulatory framework for home care (see above), decentralization agenda lagging behind, unsustainable insurance/social health protection schemes, major social, economic and cultural determinants of health (see below), low interest of family doctors to register more patients due to the current reimbursement scheme, difficulties in finding competent and skilled community nurses and caregivers keen to work with Roma and other vulnerable groups, high staff turnover (up to 6</li> </ul>	<ul style="list-style-type: none"> <li>As already mentioned, <b>structural issues</b> (i.e. decentralization agenda, inconsistencies of the regulatory framework for integrated home care, health care reimbursement schemes, etc.) cannot be addressed efficiently without a strong advocacy and policy work at central level.</li> <li>However, at local level, incentivizing mechanisms should be put in place in order to further fostering the ownership and commitment of <b>Mayoralties</b>.</li> <li>Another local/regional advocacy activity could be to further support to <b>diversifying sources of funding</b> through public private partnerships or supporting local initiative groups and mayoralties to apply for grants or national programs.</li> <li>Possibilities to incentivize <b>voluntary work and civic engagement</b> should also be promoted and related mechanism defined.</li> </ul>

<sup>80</sup> <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS>

	<p>months gaps have occurred), as well as lack of skilled Roma health mediators.</p> <p>Is there a <b>social mobilization/advocacy for access</b> to health and social services for Roma? To what extent have Roma institutions addressing health and social issues been strengthened?</p>	<ul style="list-style-type: none"> <li>Advocacy for inclusion of Roma and other vulnerable groups is described to be carried out mainly by NGOs. Some of them have been qualified as “activists”. This movement advocates for specific projects targeting Roma, versus interventions mainstreaming Roma inclusion related issues.</li> <li>Advocacy and policy dialogue is one of the <b>weakest components</b> of the project. Although it was not a priority in the original projects’ objectives and design, the introduction of new and innovative service delivery models could generate relevant and useful evidence to be fed into relevant policies. Furthermore, the models can only be financially sustained if significant advocacy work is carried out to adapt the regulatory framework, and the funding and social health protection mechanisms.</li> <li>The component of the program aiming at <b>strengthening the capacities</b> of institutions addressing Roma needs has been reported as suboptimal. The main reason might be the lack of clear responsibilities for this component among the main projects’ stakeholders.</li> </ul> <ul style="list-style-type: none"> <li>Possibilities to incentivize <b>voluntary work and civic engagement at local level</b> should be promoted and related mechanisms defined as fully part of the projects’ designs (good practices in this regard are available in SDC supported programs in Moldova).</li> <li>As already mentioned, <b>relevant evidence and good practices emerging from the projects, should be documented and systematized</b> to be eventually fed into relevant policies.</li> <li>Strengthening the capacities of local stakeholders in <b>advocacy work</b> (communication, planning, negotiation skills), should be given increased attention in further eventual support and a dedicated budget provided.</li> </ul>
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## 2. Service provision

Observation points – Key questions	Information and Findings	Recommendations
Healthcare and social services for Roma and other vulnerable groups’ <b>organizational design and structure</b> : where are the services located in the system? Has the country system been used or have	<ul style="list-style-type: none"> <li>The integrated service delivery model introduced by the projects is <b>new and not yet standardized</b> as one of the services part of the basic health package covered by the national insurance fund. There are no other similar services provided by the public system in the targeted locations. There is no parallel system but the services are largely financed through external sources of funding.</li> </ul>	<ul style="list-style-type: none"> <li>As already mentioned, the <b>institutionalization</b> of the models introduced by the projects requires addressing systemic issues at central level (developing regulatory framework for integrated home care, extending insurance coverage to these services,</li> </ul>

<p>parallel care offers and pathways been created?</p>	<ul style="list-style-type: none"> <li>The use of the country system consists in registering the patients with and referring them to a <b>family doctor</b> as a first entry point in the system.</li> <li>In some cases, the <b>extent to which the country system has been</b> used is questionable. CRCR made available intra uterine devices (IUD) in Turlung, although this is part of a national program which provides IUD free of charge for women of reproductive age. In Cluj-Napoca, Diakonia simply facilitated the access of woman to the national program and invested the budget for other priorities. This lack of harmonization and significant differences between the models piloted by the different implementing partners is a concern which should have been addressed properly.</li> </ul>	<p>adapting education and training pathways for socio-medical staff), which are beyond the sphere of influence of the projects.</p> <ul style="list-style-type: none"> <li>However, <b>relevant evidence and good practices emerging from the projects should be documented and systematized</b> to be eventually fed into relevant policies and regulations.</li> <li>In order to avoid duplication, foster complementarity and pool resources, a better <b>coordination with national ongoing programs</b> (i.e. on contraception and family planning, i.e. providing IUD) should be ensured.</li> </ul>
<p>Are the services adequately <b>responding to the target groups'</b> needs?</p> <p>Are the services introduced <b>effectively provided and used</b>? If yes, is the whole range of services provided or only some segments? Is an increase in services use being observed (i.e. more beneficiaries enrolled with a general practitioner)?</p>	<ul style="list-style-type: none"> <li>The model delivers services which are highly <b>relevant to address the needs</b> of the target groups: vaccination, health promotion and diseases prevention campaigns, family planning, hygiene, etc. Additional needs have constantly been integrated in the model (i.e. focusing on risk factors for non-communicable diseases).</li> <li>As regards the <b>main barriers</b> hindering or limiting the equitable access to health and social services by Roma and other vulnerable groups, see in the previous and next section (drivers and restrainers).</li> <li>The <b>full range of services part of the model</b> (promotion, prevention, home care) is provided in the visited locations. It has however not been possible to verify what is the ratio of outreach visits versus services provided at the community center level.</li> <li>Home care staff reports a <b>shortage of vaccines</b> which has considerably reduced the delivery of related services in some counties.</li> <li>In all visited locations, a significant <b>increase of beneficiaries of home care services</b> has been reported (from 35 to 50 patients per month in Bontida). <i>Source: home care team Bontida.</i></li> <li>It is worth to mention that in the visited locations, <b>no care quality control</b> has been yet put in place.</li> </ul>	<ul style="list-style-type: none"> <li>Data and information suggest that the <b>number of Roma beneficiaries covered by prevention and promotion services provided at the Community center level and through outreach activities may be bigger than those benefitting from integrated home care</b>. This assumption should be further investigated to be sustained. However, if additional data would confirm this, related considerations should be taken into account when designing a subsequent phase. This is even more crucial, given the preliminary assumption of outreach activities being less frequent and intense than home care services and promotive and preventive activities carried out at Community Center level. A <b>good balance</b> should be found between models more suitable for Roma communities (outreach promotive and preventive activities) and other schemes more tailored for non-Roma population (home care). Again, this assumption should be further investigated.</li> </ul>

<p><b>Integrated approach</b> combining health, social and education services, as well as housing, community development, employment, etc. via Community centers: to what extent did the projects succeed in ensuring linkage between these two sectors? Have Integrated national and local health and education policies and plans been elaborated? If yes, how are priorities set? How did the collaboration between the health and education working groups work?</p>	<ul style="list-style-type: none"> <li>The integration of medical, social, educational and employment services is the <b>biggest asset</b> of the project which piloted interesting models in this regard (i.e. Diakonia home based palliative care). At the service provision level, the home care team applies a <b>case management approach</b>, ensuring that both medical and social needs, as well as other basic needs (heating), are covered.</li> <li>Most of these models have however not been cost-priced, and thus, their <b>cost-effectiveness</b> not been demonstrated. It is also not clear whether the different models have been benchmarked in this regard. A more homogenous approach would have been necessary.</li> <li>Overall, it is reported that most of target communities have <b>first and foremost social assistance needs</b> (including assistance in administrative processes such as issuing birth certificates, ID cards, etc.). Health needs are perceived as less demanded and/or already covered by other mechanisms, including state institutions and/or national programs. The need to support patients in navigating the complex health and social systems remains still very high.</li> </ul>	<ul style="list-style-type: none"> <li>It should be investigated whether a <b>cost-effectiveness analysis</b> of home care models can be carried out at this stage. It would inform the projects about their performance and feed into the capitalization process mentioned above. For the cost-pricing and benchmarking issue, see above.</li> <li>A further <b>analysis/assessment of the proportion of health needs versus social/administrative support needs</b> should be carried out. It would generate evidence to inform the design and intervention strategy of a potential subsequent phase.</li> <li>A basic <b>care quality control system</b> should be introduced for the provision of services (safety procedures, efficient drugs and consumables system, compliance to national and international standards, safe medical waste disposal, etc.)</li> </ul>
<p>Is there appropriate <b>coordination</b> across levels of care (referral/back-referral)? Is <b>case management</b> applied? Is there a good collaboration with local service providers (in particular with family doctors)?</p>	<ul style="list-style-type: none"> <li>Home care workers are working as a <b>team</b> and apply the case management approach. They report to have a very good collaboration with the <b>family doctor</b> and are able to easily refer patients for specialized care (i.e. gynecologist).</li> <li><b>Joint home care visits</b> involving nurses/caregivers and family doctors (i.e. in the case a patient with complications recovers from hospitalization and/or a surgery) have not been reported as very frequent.</li> <li>It is reported that a significant number of patients have not been able to <b>purchase prescribed drugs</b> (not insured, pharmacy too far from home). In Bontida, Diakonia provides drugs from donations by a German network of pharmacies or local elderly homes/centers).</li> </ul>	<ul style="list-style-type: none"> <li>The need to perform home visits in a team of 2 instead of 1 should be thoroughly assessed and the feasibility to <b>organize shifts</b> explored.</li> <li>In order to <b>increase the collaboration with the family doctor</b>, possibilities to engage in a more “formal” collaboration should be explored, i.e. organizing a small working space in the family doctor practice for the home care team. Good practices in this regard have been made within the SC supported project on integrated service provision in Romania, in the frame of the thematic fund “Reform Fund linked to Health issues”.</li> </ul>

<p><b>Outreach:</b> number of home-care visits performed by general practitioners (versus nurses)? Decrease/increase observed?</p>	<ul style="list-style-type: none"> <li>• <b>Transport facilities</b> (a car and bicycles) have been provided to the home care team in Bontida.</li> <li>• In Bontida, data and figures on the daily number of visited patients (6-7 visits per day for 3 staff, all visits including a minimum of 2 staff) suggest that the project <b>could still be more cost-effective</b> by covering more beneficiaries, taking into consideration that the demand has been reported as very high. This assumption should be further enquired, as it may be related to the specific needs of the targeted beneficiaries who are mainly heavy palliative care cases requiring specific care and more time-consuming care.</li> </ul>	<ul style="list-style-type: none"> <li>• It should be further investigated whether specific home care models developed by the projects are <b>cost-effective</b>, taking into consideration the context, target groups, and involved human resources.</li> </ul>
<p>Have <b>capacity development</b> (training) plans been set up? Did the projects transfer know-how to national and local partners and counterparts?</p>	<ul style="list-style-type: none"> <li>• Home caregivers and community nurses have benefitted from specific <b>accredited trainings</b> (i.e. in palliative care in Bontida, 4-5 times/year, credits received from the Association of Nurses of Romania).</li> <li>• It is <b>not clear to what extent all Swiss NGOs involved in the program have transferred know-how</b> to national and local partners in terms of advocacy, management, planning, and technical issues.</li> </ul>	<ul style="list-style-type: none"> <li>• As already pointed out, strengthening the capacities of local stakeholders in <b>advocacy work</b> should be given increased attention in further eventual support and a dedicated budget provided.</li> <li>• The same applies for capacities in <b>monitoring and evaluation</b> (especially in carrying out baselines).</li> </ul>

### 3. Users' perspective

Observation points – Key questions	Information and Findings	Recommendations
<p><b>Acceptance of/satisfaction</b> with services by users? Users' perception of the quality of services provided?</p>	<ul style="list-style-type: none"> <li>• Implementing partners providing health and social services are <b>well integrated in the community</b> and their acceptance is very high, as well as trust expressed by targeted and non-targeted communities (<i>source: Mayor and home care teams, Bontida</i>). In Baia Mare, it has been reported that beneficiaries increasingly use the facilities made available for free (showers, washing machines) and use to call the community center "little house".</li> </ul>	<ul style="list-style-type: none"> <li>• It should be investigated whether <b>users' complaint mechanisms</b> are of common use among service providers working with Roma communities. If this is the case, such mechanisms should be made available at the Community center level.</li> </ul>
<p>Are <b>feedback/complaint mechanisms</b> in place and used (redress included)?</p>		

	<ul style="list-style-type: none"> <li>• Home care workers report to have a very <b>good interaction</b> with the Roma community. This is mainly due to the fact that they are living in the same village/region.</li> <li>• Difficulties in <b>finding nurses and caregivers</b> keen to work in Roma communities have been reported. The same applies for health mediators. High staff turnover has also been reported.</li> <li>• Formal <b>complaint mechanisms</b> have not been put in place by the projects. No major complaint has been reported according to the staff consulted in Baia Mare.</li> </ul>	
<p>To what extent have the activities addressing <b>socio-economic determinants</b> of health addressed by the projects, such as housing or economic development via social entrepreneurship and business, contributed to achieve the projects' objectives?</p> <p>Are there <b>cultural patters</b> as regards the perception and acceptance of health and social care services?</p>	<ul style="list-style-type: none"> <li>• Roma live in a <b>physical, economic and social environment</b> which combines many <b>risk factors</b>. Housing and sanitary conditions are still poor; unemployment rates high and social conditions very precarious. This significantly limits the impact of the projects.</li> <li>• <b>Social and cultural patters</b> are still reported as to significantly influence the health (in relation to risk factors) and health care seek-seeking behavior of Roma and other vulnerable groups. This includes the denial of illness for reasons of shame, perception of illness as a punishment or a curse, consideration of personal hygiene and household cleanliness as a non-issue, skepticism about vaccines, custom of beating children and/or female partner as a <i>proof of love</i>, tolerance of violence in general, use of female contraceptive seen as an “incentive” for adultery (this is why most of women prefer intra uterine devices instead of oral contraceptives or female condoms), early marriage and childbirth (in Baia Mare an increase in pregnancies in 12 years old has been observed), practice of frequently changing female partner for younger women, reluctance to use a washing machine for fear of mixing own clothes with other peoples' clothes, etc. <i>Source: staff community center, Baia Mare.</i></li> <li>• <b>Structural changes</b> which are beyond the sphere of influence of the projects and would require significant changes at system level are needed to address these determinants in order to improve the health status of Roma people in a significant and sustainable way.</li> </ul>	<ul style="list-style-type: none"> <li>• The <b>health promotion and disease prevention</b> component of the projects should be strengthened and population health literacy improved (capacity to access, understand health-related information and to act upon). In the case of Roma, this can only be carried out within the community using a F2F approach.</li> <li>• The projects cannot address all determinants which affect and influence Roma health. Therefore, it is recommended to <b>narrow the focus</b> in order to optimize impact. To this end, priority should be given to the children enrolled in the after-school programme and their families.</li> <li>• As <b>cultural determinants of health</b> have been described as the most challenging, it is recommended focus on addressing stereotypes and beliefs which influence the population lifestyles and risky habits and their health-care seeking behavior.</li> </ul>

Is there sufficient/accessible and understandable <b>information</b> on services for Roma and other vulnerable groups?	<ul style="list-style-type: none"> <li>In Bontida, the information on the availability of home care services has been made <b>available</b> to Roma communities through oral communication, communication through the after-school program, by word-of-mouth, through pharmacies, family doctors, etc.</li> </ul>	Further efforts should be made to increase the information and awareness on the health <b>promotion and disease prevention</b> component of the projects. This would allow to increase the number of covered communities and foster increased adherence.
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#### 4. Project approach, performance, sustainability and management issues

Observation points – Key questions	Information and Findings	Recommendations
Was the selection of the <b>projects' locations</b> accurate and relevant?	<ul style="list-style-type: none"> <li>All targeted locations have a <b>significant number of Roma communities and or other vulnerable groups</b> (i.e. 19% of habitants of Bontida are Roma and 17% Hungarians, both communities are targeted by the project).</li> <li>The selection of projects' locations has been made taking into account the <b>existence of ongoing successful initiatives</b> implemented by reliable organizations whose expertise is recognized and services accepted targeted communities.</li> </ul>	No particular recommendation as the mapping of needs was not available.
Were the projects' <b>approach, design, implementation set up, and intervention strategy adequate and relevant</b> (integrated approach aiming at improving the overall living conditions of Roma and to empower Roma communities)?	<ul style="list-style-type: none"> <li>The “<b>tension</b>” between two main <b>visions and approaches</b> is still very present: specific interventions <b>targeting</b> Roma, versus interventions <b>mainstreaming</b> Roma inclusion issues (considering Roma as a vulnerable group among others; prevalence of socio-economic status/poverty over ethnicity). A third option aiming at mixing targeting with mainstreaming has been described as more relevant and consistent. The key question is however that both approaches cannot address system-wide issues leading to Roma discrimination and marginalization.</li> </ul>	<p><b>Taking into account the following issues:</b></p> <ul style="list-style-type: none"> <li>There is currently low commitment and interest from the Government side in Roma issues.</li> <li>SDC alone cannot address structural issues related to Roma inclusion and access to social and health care services, even if a strong policy and advocacy component is added to the program.</li> <li>A strong policy component would require significant resources for capacity building to be deployed at central and local level. Some partners like</li> </ul>

	<ul style="list-style-type: none"><li>As a consequence, SC supported projects may have developed interesting pilots and tools, but <b>major systemic issues</b> and root causes of marginalization of Roma have not and cannot be addressed by the SC alone, given the magnitude of the task and major structural constraints.</li><li>In relation to the previous issues, "<b>positive discrimination</b>" of Roma communities is perceived as a "must" by some stakeholders, while it is considered as a real problem by others. At beneficiaries' level (i.e. Caritas Community center in Baia Mare), "positive discrimination" has not been mentioned as a major issue.</li></ul>	<p>HEKS or Diakonia have carried out advocacy activities at local level and would have the capacities and experience to scale up this component at regional and country level. This would however require the allocation of specific resources and a strong engagement in policy issues at central level.</p> <ul style="list-style-type: none"><li>The capacity of municipalities and mayors to delivering services for vulnerable citizen and minorities is very low (financial resources, experience) and the regulatory environment is not conducive to foster more engagement.</li><li>A mix of approaches specifically targeting Roma and other targeting other vulnerable groups, depending on the context, is most probably the most pragmatic and relevant modality.</li></ul> <p><b>A clear decision on the strategic direction, scope and approach of the program in view of a potential second SC is to be made at SDC level:</b> either the Roma issue will be addressed structurally, with a strong policy and advocacy component, by allocating adequate resources (i.e. in Cluj-Napoca, Diakonia has already carried out significant advocacy work which could be scaled up, i.e. in the field of school feeding regulatory framework, or other issues in relation to the financial decentralization of health and social services provision), or the focus should be put at service delivery level (as currently provided within Caritas, HEKS and Terre des hommes interventions) with no aspiration to impact at systemic and policy level. A mix of modalities and approaches in the current context bears the risk of "diluting" efforts and impact.</p>
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		<p>Taking into account the limited resources in relation to the needs, as well as major structural issues, the <b>after-school component</b> should be definitely considered as the <b>entry point to address health issues</b>. It is the most cost-effective way to reduce main risk factors and to improve the health and care-seeking behavior of pupils and their families.</p>
<p>Have the projects achieved the <b>expected results</b> within the agreed framework?</p>	<ul style="list-style-type: none"> <li>• Most of implementing partners were already providing services, including health services in the case of Diakonia, for Roma communities and other vulnerable groups <b>prior to SC support</b>. The latter allowed to expand services and coverage to Roma communities and other vulnerable groups. It consisted in hiring and training an additional nurse and/or caregiver in the community in order to perform home care visits.</li> <li>• Nurses visit <b>patients at home</b> (elderly and people in need of palliative care mostly) and provide <b>health promotion and disease prevention</b> modules at the community center level and in Roma settlements. In some locations, a Roma health mediator has also been hired.</li> <li>• The premises, the running cost of the <b>community center</b> (water, electricity, maintenance of building) and the salary of 2 social assistants not covered by the SC (2 out of 3) are covered by the implementing partner with the funding from the mayoralty. As a consequence, without external support, the services cannot be longer provided to the extent they are currently provided, although HEKS has been able to increase own funds over the years. The main reasons mentioned by the Mayor of Bontida are the lack of resources and the decentralization agenda (financial decentralization) lagging behind.</li> <li>• <b>Promotion and prevention activities</b> are conducted at the community center level or directly and discreetly in each home/family (no joint gatherings as this is culturally not accepted by Roma). They mainly address family planning, personal hygiene, communicable diseases and non-com-</li> </ul>	<ul style="list-style-type: none"> <li>• In some cases, the <b>human resources structure</b> should be further adapted, i.e. finding a nurse or a caregiver who can also act as a Roma mediator.</li> <li>• In cases where implementing partners were already providing services to the community, a thorough assessment of the target group to determine the proportion of Roma among targeted beneficiaries should be carried out. <b>SC support should enable to extent the provision of services to Roma communities in priority</b>.</li> <li>• A good <b>balance between home care services and health promotion and diseases prevention activities</b> carried out in the community (outreach and at the community center) should be ensured.</li> <li>• As already pointed out, it should be further investigated whether specific home care models developed by the projects are <b>cost-effective</b>, taking into consideration the context, target groups, project set up, and involved human resources.</li> <li>• Taking into account that some Roma families spontaneously contracted credit in banks to improve their living environment, it should be investigated</li> </ul>

	<p>municable diseases issues (alcohol consumption, blood pressure, monitoring glycaemia and blood pressure). The topics are chosen in close collaboration with the beneficiaries. It is not clear whether there is a good balance between activities conducted at the center and outreach activities. The common trend is to favor activities carried out within the center, which is obviously not the most adequate modality.</p> <ul style="list-style-type: none"><li>• A <b>health mediator</b> has been hired to facilitate the contact with and access to Roma communities. Her role (mostly women) has been instrumental as regards the barrier language and the facilitation of health promotion activities in home settings.</li><li>• As a result of SC investments, the <b>number of beneficiaries benefitting from socio-medical services has considerably increased</b>, as well as their assignment to a family doctor, in locations where most of the population is not covered by the health insurance.</li><li>• In Bontida, <b>positive results</b> which show that the life of Roma communities and other vulnerable groups has improved includes the following: significant decrease in school drop-out thanks to after-school programs, increased job opportunities, including for women, thanks to the after-school program. In addition, the introduction of home care integrated services has allowed to decreasing the number of vulnerable people (families with children having school problems, single-parent families, families with children with cognitive impairments) by 50% over the project period (<i>source: Mayor of Bontida</i>). In Baia Mare, more Roma visit the community center to take a shower or to use the washing machines. In Cluj-Napoca, a Roma man asked for a new toothbrush, while a family lend a credit from a bank to sanitize and upgrade their home... The fertility rate has decreased by 50% thanks to an increased use of contraceptives (intra uterine devices mostly). Finally, children in Cluj-Napoca are showing an increased respect towards adults and other children, thus in turn being considered with more respect from their pairs. <i>Source: Diakonia Cluj-Napoca</i>.</li><li>• As already mentioned, in Bontida, data and figures on the daily number of visited patients (6-7 visits per day for 3 staff) suggest that the service</li></ul>	<p>whether <b>consumer micro-credits</b> could be provided by/through FAER.</p>
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	<p>delivery model <b>could still be more cost-effective</b> by covering more beneficiaries, taking into consideration that the demand has been reported as very high. <i>Source: Diakonia Bontida.</i></p> <ul style="list-style-type: none"> <li>As already mentioned, the project contributed to <b>inspire and foster the commitment</b> and interest of surrounding non beneficiary communities which are strongly interested in replicating the integrated service provision model developed by Diakonia in Bontida and Cluj-Napoca.</li> <li>In Mures County, FAER Foundation (HEKS partner) provides <b>micro-credits</b> for small Roma entrepreneurs, with a very good reimbursement rate (over 95%; <i>source, FAER</i>). It has been reported that some Roma families spontaneously contracted credit in banks to improve their living environment.</li> </ul>	
<p>What are the <b>major factors influencing the achievement</b> or non-achievement of the objectives?</p>	<ul style="list-style-type: none"> <li>As already pointed out, the major structural issue is the <b>lack of commitment</b> of the current central government to Roma issues in general, as well as the lack of a consistent and integrated policy and regulatory framework for home care.</li> <li>Other <b>structural issues</b> which have been already mentioned are the broader determinants of health such as housing, education, employment, and culture; the shortage of vaccines; the limited availability of qualified staff keen to work with Roma communities; the regulation on education patters for health mediators (bachelor level required while gymnasium level was sufficient in the past).</li> </ul>	
<p>Have these <b>results and achievements been institutionalized</b>? To what extent are they <b>sustainable</b>? Have other donors been attracted?</p> <p>Has an <b>exit strategy</b> been defined and implemented (Caritas project will phase out as of June 2019)?</p>	<ul style="list-style-type: none"> <li>Most of the services were <b>already provided</b> before the SC support. In most of the cases, they will be provided after the phasing out of SC. In Bontida, the municipality will continue to fund 2 salaries out of 3 home care staff through Diakonia and other sources of funding among which state grants are being explored. Other activities could be supported by the GAL, a group consisting in 12 local actions (one of this groups is interested in introducing the home care model in additional localities), or through the POCU (Human Capital Operational Program) project (EU funds). In Bontida, the evaluation team was informed about the availability of an emergency fund for Roma at Mayorality level for ad'hoc support</li> </ul>	<ul style="list-style-type: none"> <li>It is highly recommended to use the good practice compiled by Diakonia in <b>defining an exit strategy consisting in diversifying the sources of funding</b> at local level and to foster its replication in other projects' locations.</li> <li>A specific support aiming at <b>increasing the capacities</b> of local partners (including mayoralties) to <b>apply for local, regional and national grants/programs/funds</b>, should be fully part to the projects.</li> </ul>

	<p>(i.e. burial costs). Activities and coverage will however most likely be adjusted downwards after the phasing out of SC support. Finally, some international corporate companies (Lidl) provide occasional support (paving the road to the school). In Baia Mare, Caritas will still be running the Community Center, as it was the case before the SC. Targeted Roma outreach activities will be however considerably reduced, as there will be no nurse in charge of this component as it is currently the case.</p> <ul style="list-style-type: none"> <li>Without the external support from implementing partners who will continue to operate beyond the SC, the introduced services are <b>not sustainable</b> as no adequate state budget is currently available.</li> </ul>	
<p>Was the <b>collaboration and complementarity</b> between the different partners and their respective activities (housing, health, education, community development, income generation, etc.) satisfactory?</p>	<ul style="list-style-type: none"> <li>The projects' <b>set up</b> is considered as very complex. A lack of clear definition of respective roles, functions and responsibilities between the different stakeholders may be the cause, as well as the number of involved partners creating potential duplication.</li> <li><b>DIR role and added value is not clearly demonstrated.</b> DIR has been described as having mainly a consultative/supportive role – by hosting the PMU - with no decision-making/management or facilitation function. DIR provided however some legal advice in relation to Roma discrimination. It also provided some continuity and stability in a political landscape where major changes at the government level occur every six months. DIR didn't apply for funding for own projects although 20% of funds were made available in the frame of SC support. Key reasons correspondents cited include low capacities of DIR, unclear conditions and procedures for applying, complex application process, no specific focus of DIR on Roma issues but more broadly on minorities' rights and culture. DIR reported not having benefitted from capacity building opportunities within SC support.</li> <li><b>DIR and PMU</b> had limited contacts and interaction with the MoH, as well as with other stakeholders involved in other health programs supported by the SC in Romania (simulation lab, integrated care).</li> <li>The role of the main <b>implementing partners</b> (Caritas, HEKS/Diakonia, Terre des hommes) at service provision level is quite clear. They operate</li> </ul>	<ul style="list-style-type: none"> <li>The <b>respective roles, functions and responsibilities</b> of all involved stakeholders in a potential second SC should be better defined, taking into account duplication risks and cost-efficiency issues.</li> <li>The <b>role of DIR</b> should be clarified and its added value better assessed. A clear added value would be for example their strong thematic and technical expertise in <b>access to judiciary services</b>, should this be considered as a relevant entry point to address Roma discrimination and exclusion issues.</li> <li>In specific locations where the situation is conducive (strong role and leadership of the Mayor, good local service providers, organized communities, good level of financial decentralization allowing reallocation of resources), the possibility to <b>operate directly through municipalities/mayoralties should be explored</b>. <b>Good practices in this regard</b> have been compiled within the SC supported project on integrated service provision in Romania, in the frame of the thematic fund "Reform Fund linked to Health issues".</li> </ul>

	<p>within the country system (education, social and medical care) with however a substitution for local actors (service providers, coordination role). The added value of HEKS within the consortium and especially in relation to Diakonia is not clearly perceptible (know-how transfer in terms of coordination, management, and thematic backstopping).</p>	<ul style="list-style-type: none"> <li>The <b>added value of HEKS</b> in the Consortium for the health and social care component should be better demonstrated, in the case the same project set up is replicated.</li> </ul>
<p>Was the <b>coordination and steering</b> of the projects appropriate? Have specific targets and measurable indicators been set and monitored?</p>	<ul style="list-style-type: none"> <li>The projects achieved more than what it is reported to be achieved, meaning that there is a clear <b>lack of unified and consistent monitoring framework</b> with specific indicators and baselines. It is therefore very difficult to consistently track progress.</li> <li>It is not clear whether the support of the <b>SDC regional advisor</b> on inclusion has been instrumental in backstopping the projects.</li> <li><b>Backstopping</b> from SDC has been provided on an ad'hoc basis, through learning trajectories on Roma inclusion issues and Roma regional seminars.</li> </ul>	<ul style="list-style-type: none"> <li>For the health component, to the extent possible, it is highly recommended to use the <b>SDC core health indicators</b> developed by the SDC health network for future interventions, <a href="https://www.share-web.ch/site/Health/CUG/Workspace/Pages/SDC-Health-Indicators.aspx">https://www.share-web.ch/site/Health/CUG/Workspace/Pages/SDC-Health-Indicators.aspx</a>. This would allow a proper progress track and benchmarking with other SDC programs supported through other modalities.</li> <li>It is highly recommended to carry out consistent <b>baseline studies</b> prior to project launching.</li> <li>At SDC internal level, the <b>role of the regional advisor</b> for inclusion should be clarified.</li> </ul>
<p>Have projects' <b>results and best practices</b> been <b>capitalized and disseminated</b>? What learning materials and tools have been developed by the projects?</p>	<ul style="list-style-type: none"> <li><b>Good practices</b> exist (i.e. design of after-school classes for Roma children, job mediation) but are not systematized for dissemination.</li> <li><b>Success stories</b> are available but have not been collected and systematized (see two cases reported in annex 2).</li> <li>Some <b>learning materials</b> and tools have been developed, but have not been part of a structured process for sustaining and replicating them.</li> <li>There is <b>no proper projects' visibility</b> concept and the respective roles and responsibilities of all partners involved in the consortium in this regard have not been clarified, including from the financial point of view.</li> </ul>	<ul style="list-style-type: none"> <li>A <b>capitalization and dissemination strategy</b> should be fully part of the projects' design and implementation strategy. A dedicated budget can be made available and platforms for exchanges facilitated by SDC.</li> <li><b>Good practices and success stories</b> should be collected and structured to be easily <b>disseminated</b>.</li> <li>In case of formation of <b>consortia</b>, a specific <b>budget</b> for <b>visibility</b> for local implementing partners should be made available.</li> </ul>

(...)

**Annex 2: Two success stories<sup>81</sup> related to social support to Roma communities**

*Nicolae lives in one of the Roma settlement of Baia Mare city. He is a father of 7 and lost his ID card on two occasions. The social worker of the Community Center of Baia Mare tried many times to convince him to get a new ID, but without success. The social worker changed her strategy and approached Nicolae's wife and convinced her to convince him. Finally, Nicolae accepted with the support of the center to address a request for a new ID and received it. Having an ID card allowed him to find a good job in the community as a waste collector. With the additional income, all children could be sent to school.*

*Constantin lives in the Roma illegal settlement of Baia Mare city. He is 32 years old and a father of 5. He has no birth certificate as many other Roma and therefore no ID card, no health insurance and no job. Constantin's wife has a severe handicap and she doesn't receive any kind of support. To get a birth certificate, Constantin must have a fixed residence. This is unfortunately not the case as the settlement he lives in is illegal. With the help of the social assistant of the Community Center of Baia Mare, a foundation provided a fix address to Constantin allowing him to get a birth certificate. Some months later, Constantin migrated to England and found a job in a car wash center. The family is in Baia Mare and he sends now remittances on a regular basis. Under the pseudonym Dan the Englishman, he still communicates through Facebook with the social worker who supported him in getting the birth certificate.*

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<sup>81</sup> Real names have not been used to protect privacy. Source: Community Center team, Baia Mare.



(...)

**Annex 2: Two success stories<sup>82</sup> related to social support to Roma communities**

*Nicolae lives in one of the Roma settlement of Baia Mare city. He is a father of 7 and lost his ID card on two occasions. The social worker of the Community Center of Baia Mare tried many times to convince him to get a new ID, but without success. The social worker changed her strategy and approached Nicolae's wife and convinced her to convince him. Finally, Nicolae accepted with the support of the center to address a request for a new ID and received it. Having an ID card allowed him to find a good job in the community as a waste collector. With the additional income, all children could be sent to school.*

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<sup>82</sup> Real names have not been used to protect privacy. Source: Community Center team, Baia Mare.

## Annex 4: Online Survey

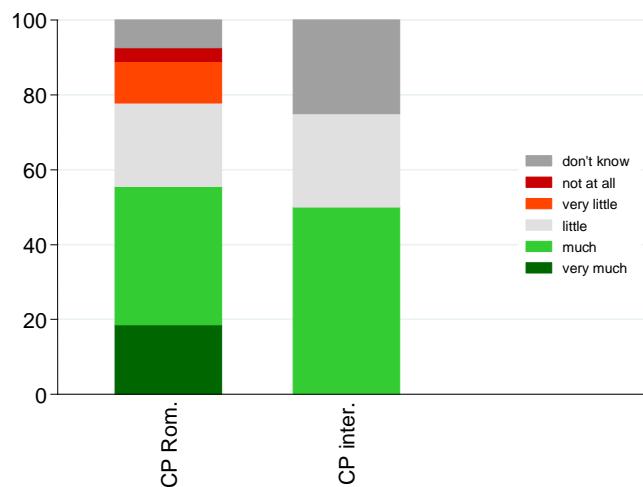
The following tables and graphs provide supplementary information and survey results.

### *Administrative data*

Group	Invited	Answers	Response rate
CP Rom.	48	28	58%
CP inter.	18	8	44%
TFA Rom.	10	8	80%
TFA inter.	4	3	75%
<b>Total</b>	<b>80</b>	<b>47</b>	<b>59%</b>

### *Effectiveness: Know-how transfer and exchange*

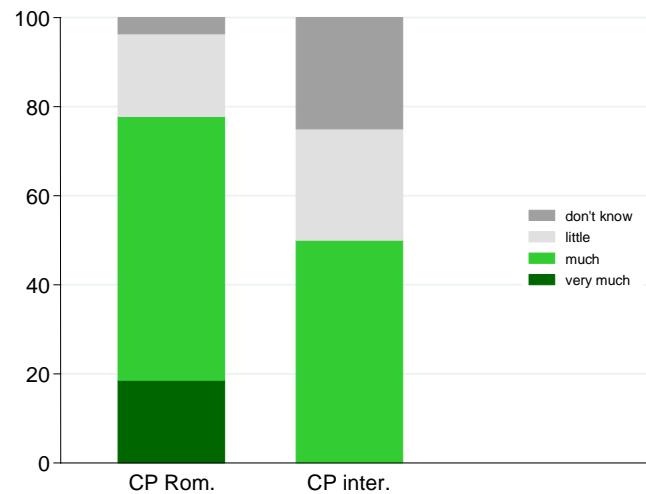
Figure 10: "To what extent could you improve your project management capacities?"



Survey question: "To what extent could you improve your (project) management capacities as a result of know-how transfer or exchange in the context of the project?"

Number of responses per group, in above order: 27, 4

*Figure 11: "To what extent could you improve your thematic knowledge of social inclusion?"*



*Survey question: "To what extent could you improve your thematic knowledge of social inclusion as a result of know-how transfer or exchange in the context of the project?"*

*Number of responses per group, in above order: 4, 27*

## Annex 5: Literature

BSS 2019: Evaluation of the Swiss Contribution to the inclusion of Roma and other vulnerable groups – Complementary Report, B,S,S. Economic Consultants, April 2019

BTI 2018: BTI 2018 Country Report Bulgaria, Bertelsmann Stiftung, 2018

CRCR 2016: Moisa, Florin & Tarnovschi, Daniela & Ivan, Claudiu & Marin, Adrian & Lacatus, Diana & Lacatus, Radu, Strategies YES, Funding NO. Financing mechanisms for Roma public policies in Romania, 2016

EVAL 2005: SEVAL Arbeitsgruppe EZA, Thesenpapier zu Programm-Evaluationen, Januar 2005

FRA 2018a: A persisting concern: anti-Gypsyism as a barrier to Roma inclusion, European Union Agency for Fundamental Rights, 2018

FRA 2018b: Working with Roma: participation and empowerment of local communities, European Union Agency for Fundamental Rights, 2018

EC 2018a: Civil Society Monitoring Report on Implementation of the National Roma Integration Strategy in Romania, European Commission, March 2018

EU 2009: Council Conclusions on Inclusion of the Roma, 2947the Employment, Social Policy, Health and Consumer Affairs Council meeting, Luxembourg, 8 June 2009

NRIS 2015: NRIS 2015-2020. Strategy of the Government of Romania for the inclusion of Romanian citizens belonging to Roma minority, 2015-2020

OECD 2018: Development Co-operation Report 2018: Joining Forces to Leave No One Behind, Organisation for Economic Co-operation and Development, 2018

Pop C. & Buys P. 2015: Pop, Cornelia & Buys, Pieter, Microfinance in Romania, 2015

SDC (undated): Active Citizenship and Community Development Learning Trajectory, Swiss Agency for Development and Cooperation, not dated.

## Assessment grid for evaluations of SDC projects/programmes

Key Aspects based on DAC criteria	Score (choose only one answer for each question)	Justification - compulsory (please write a short explanation with the main points and refer to the chapter(s) where the information that justify your assessment can be found)
<b>Assessment of relevance</b>		
1. The extent to which the objectives of the SDC projects/programmes are consistent with the demands and the needs of the target groups (incl. gender-specific requirements).	<input checked="" type="checkbox"/> <i>Very good: Fully consistent</i> <input type="checkbox"/> <i>Good: Largely consistent</i> <input type="checkbox"/> <i>Poor: Only partly consistent</i> <input type="checkbox"/> <i>Bad: Marginally or not at all consistent</i> <input type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	Alignment with beneficiary needs and priorities as well as Romanian strategies confirmed in interviews, survey and document review "Integrated approach" (=attempt to address several causes of social exclusion) considered to be an asset
2. The extent to which the objectives of the SDC projects/programmes are consistent with the demands and the needs of partner country (institutions respectively society) as well as the sector policies and strategies of the partner country	<input checked="" type="checkbox"/> <i>Very good: Obvious consistency with demands and needs of society and in line with relevant sector policies and strategies</i> <sup>2</sup> <input type="checkbox"/> <i>Good: Consistency with demands and needs of society and in line with relevant sector policies and strategies</i> <input type="checkbox"/> <i>Poor: Consistency with demands and needs of society not visible but in line with relevant sector policies and strategies</i> <input type="checkbox"/> <i>Bad: Not consistent</i> <input type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	See above
3. The extent to which the design of projects/programmes is adequate to achieve the goal and objectives (definition of target groups; choice of approach and operational elements; articulation of components; choice of partners; consistency with SDC policies and experiences).	<input type="checkbox"/> <i>Very good: Fully adequate</i> <input checked="" type="checkbox"/> <i>Good: Largely adequate</i> <input type="checkbox"/> <i>Poor: Only partly adequate</i> <input type="checkbox"/> <i>Bad: Marginally or not at all adequate</i> <input type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	Modality to entrust several specialised non-governmental organisations with the implementation of separate projects is viable; yet trade-offs, including excluding public authorities from design, of failing to achieve commitment and ownership, or of releasing public authorities from their obligation to living up to social exclusion challenges
<b>Assessment of effectiveness</b>		
4. The extent to which the planned objectives at <u>outcome</u> level have been achieved taking into account their relative importance. If possible, distinguish the quality and quantity of results achieved.	<input type="checkbox"/> <i>Very good: Fully achieved or overachieved</i> <input checked="" type="checkbox"/> <i>Good: Largely achieved</i> <input type="checkbox"/> <i>Poor: Partly achieved</i> <input type="checkbox"/> <i>Bad: Marginally achieved</i> <input type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	M&E instruments show positive results on activity and output level; little data on outcome/impact level; some variance across the five sectors (Yet) negligible results in terms of policy / system reform
5. The extent to which the projects/programmes contribute to poverty reduction, inclusion and/or	<input type="checkbox"/> <i>Very Good: Strong evidence of contribution</i> <input type="checkbox"/> <i>Good: Evidence of contribution</i>	Given that there is no results framework on the programme level, reference to

<sup>1</sup> This category applies a. if the ToR of the evaluation explicitly exclude the assessment of the criteria and/or of the key aspect(s) or b. if there is no information available to assess the criteria.

<sup>2</sup> The policies and strategies should not be in opposition to the needs of the society (applies mainly in governance and human rights).

reduction of vulnerabilities. <sup>3</sup>	<input type="checkbox"/> <i>Poor: Few evidence of contribution</i> <input type="checkbox"/> <i>Bad: No contribution</i> <input checked="" type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	results of survey among stakeholders
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<sup>3</sup> Dimensions for consideration are: a) economic (income and assets); b) human capacities (health, education, nutrition); c) ability to take part in society (status and dignity); d) political capacities (institutions and policies); e) resilience to external shocks.

6. The extent to which the outcomes achieved contribute to improved governance from a system perspective. <sup>4</sup>	<input type="checkbox"/> <i>Very good: Strong evidence of contribution</i> <input type="checkbox"/> <i>Good: Evidence of contribution</i> <input type="checkbox"/> <i>Poor: Few evidence of contribution</i> <input type="checkbox"/> <i>Bad: No contribution</i> <input checked="" type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	See above
7. The extent to which the outcomes achieved contribute to gender-specific results.	<input type="checkbox"/> <i>Very good: Strong evidence of contribution</i> <input type="checkbox"/> <i>Good: Evidence of contribution</i> <input type="checkbox"/> <i>Poor: Few evidence of contribution</i> <input type="checkbox"/> <i>Bad: No contribution</i> <input checked="" type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	No specific evaluation question regarding gender-specific results in ToR Yet: Pre-school / extracurricular activities as an opportunity for girls to develop outside family and to challenge gender roles Reproductive health / family planning, leading to women's control over their bodies and lives
<b>Assessment of efficiency</b>		
8. The extent to which the relation between resources (mainly financial and human resources) and time (e.g. delays compared to planning) required and results achieved is appropriate (Cost-benefit ratio - CBR).	<input type="checkbox"/> <i>Very good: Positive CBR based on a cost-benefit analysis (CBA)</i> <input type="checkbox"/> <i>Good: Positive CBR, based on qualitative justification</i> <input type="checkbox"/> <i>Poor: Poor CBR, based on qualitative justification</i> <input type="checkbox"/> <i>Bad: Bad CBR demonstrated</i> <input checked="" type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	See below for information / assessment on efficiency
9. The extent to which the approaches and strategies used by the SDC projects/programmes are considered efficient (Cost-efficiency).	<input type="checkbox"/> <i>Very good: Highly efficient</i> <input checked="" type="checkbox"/> <i>Good: Efficient</i> <input type="checkbox"/> <i>Poor: Partly efficient</i> <input type="checkbox"/> <i>Bad: Not efficient</i> <input type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	Fund disbursement on track Flexibility during implementation Complementarities / synergies not fully exploited Insufficient M&E instruments, lack of evidence-based Theory of Change; but: PMU attempts towards result orientation
<b>Assessment of sustainability</b>		
10. The extent to which the positive results (outputs and outcomes) will be continued beyond the end of the external support. Considering also potential risks in the context.	<input type="checkbox"/> <i>Very good: Very likely based on evidence</i> <input type="checkbox"/> <i>Good: Likely based on evidence</i> <input checked="" type="checkbox"/> <i>Poor: Little likelihood based on evidence</i> <input type="checkbox"/> <i>Bad: Unlikely based on evidence</i> <input type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	Mixed assessment of sustainability in interviews and survey Pro: reference to national and external budgets, continuation of Swiss and Romanian NGO Con: sustainability challenges already during implementation, structural deficiencies (health)
11. The extent to which partner organizations are capable to carry on activities.	<input type="checkbox"/> <i>Very good: Strong capacity (also to further develop without support)</i> <input type="checkbox"/> <i>Good: Reliable capacity</i>	Capacity and knowledge improvements registered among implementation

<sup>4</sup> Dimensions for consideration are: a) structure (informed policies, laws, corresponding to basic HR obligations; degree of decentralization/multilevel concertation/cooperation); b) good governance in the performance/interaction of responsible actors/institutions (GGov principles: participation, transparency, accountability, equality&non-discrimination, effectiveness & efficiency, rule of law); c) capabilities, behavior, empowerment of actors/institutions for positive change; d) consideration of important global or regional governance dimensions.

Capacity includes technical, financial capacity, human resources and importance of the activity for the organization.	<input type="checkbox"/> <i>Poor: Little capacity (require further support)</i> <input type="checkbox"/> <i>Bad: Still too weak capacity</i> <input checked="" type="checkbox"/> <i>Not assessed / Not applicable</i> <sup>1</sup>	partners
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Additional information (if needed): [Click here to enter text.](#)

Project: Evaluation of the Swiss Contribution to the inclusion of Roma and other vulnerable groups "Reform Fund linked to the Roma Inclusion and other Vulnerable Groups" in Romania

Assessor: B,S,S. Economic Consultants

Date: 5.04.2019