

# **THE ROLE OF THE ROMA HEALTH SCHOLARSHIP PROGRAM (RHSP) IN THE ACADEMIC AND PROFESSIONAL TRAJECTORY OF ITS BENEFICIARIES**

## **A TRACER STUDY**

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## EXECUTIVE SUMMARY (ENGLISH)

Roma Health Scholarship Program (hereinafter: RHSP) is a joint initiative of [Open Society Foundation's Public Health Program](#) and [Roma Education Fund](#). RHSP consists of a scholarship, as well as academic and professional development, support scheme for Roma from Bulgaria, Macedonia, Romania, and Serbia who pursue medical education at vocational and/or tertiary levels. The RHSP scholarship scheme, implemented by REF's Scholarship Program, is one of the main components of this initiative, together with the components on Advocacy, Mentorship, and Media, implemented by third-party national-based organizations.

RHSP initiative's aim is to contribute to creating a generation of Roma professionals in the medical field who would contribute to improving access to quality health services for Roma communities, as well as helping dismantle negative stereotypes about Roma with their own positive examples as Roma qualified professionals. Until now RHSP has been the only regional program of the kind targeting Roma medical students.

Since it was launched in 2008 and until summer of 2015, RHSP provided support to **527 Roma medical students** from the four countries. Based on desktop research, program administrative data, and survey methodology, the main objective of this tracer study is to investigate the degree in which the RHSP program contributed to a successful academic and professional trajectory of its beneficiaries after seven years of program implementation, as well as the degree to which its beneficiaries managed to enter the labor market upon graduating. Two surveys have been conducted for this report: an anonymous survey with former and current RHSP beneficiaries, with a participation rate of 55 percent (i.e. 289 respondents out of 527 beneficiaries), and a survey with RHSP mentors, with a participation rate of 46 percent (i.e. 39 respondents out of 85 mentors).

The findings presented and discussed throughout the report reveal that the RHSP program had an important contribution to increasing the access to medical studies for Roma in the four countries, and notably in choosing the mode of studies that they desired without making compromises. The program also helped participants strengthen their Roma identity and encouraged them to manifest their identity publicly. At the same time, the report reveals that the program's contribution in students' transition from studies to employment has been limited.

As for the **general recommendations**, in order to create a critical mass of Roma health professionals and achieve sustainable effects, the program should certainly go beyond the initially planned three cohorts of beneficiaries per country by continuing to accept more cohorts of beneficiaries, by expanding the intervention in other countries, and by intensifying efforts to advocate the model to governments and other potential donors. The program also has to increase the employment competitiveness of its beneficiaries by strengthening their skills in communication, professional networking, foreign languages and entrepreneurship, as well as by encouraging promising vocational-level beneficiaries to continue their studies at tertiary level.

As for the specific **refinements** to increase the program's efficiency, the following points could be considered:

- The program should calculate the scholarship amounts using the same criteria across countries and recalculate them every time significant changes are observed, to adjust to the changes in local costs of living, tuition fees, and costs for study materials;
- The program should also implement tools explicitly aimed at encouraging academic progress and excellence of its beneficiaries, including scholarship bonuses for remarkable academic achievements,

incremental scholarship incentives from one year of studies to another, and public acknowledgement and recognition of the highest achieving beneficiaries;

- The program should strengthen its system of monitoring former beneficiaries' academic progress and integration in the labor market; facilitation of transition to the labor market should be strengthened by reinforcing beneficiaries' job search and presentation skills, as well as other soft skills relevant in the process of seeking employment;
- In case the selection of new beneficiaries in RHSP is reopened in the near future, the program should consider the geographic distribution of Roma population within each country and, as much as possible, reflect it in the RHSP pool of beneficiaries;
- The mentorship component needs further development with respect to the oversight of the frequency of interactions between mentors and RHSP beneficiaries, as well as the content and outcomes of the interaction between mentors and beneficiaries;
- Curricula of advocacy camps should be adjusted, having in mind the diversity of participants (particularly in terms of beneficiaries' age and their education stage) and periodic nature of the camps;
- More awareness-raising is necessary among beneficiaries regarding the importance of professional networking and mastery of English language.

As for the **best practices**:

- The analysis confirms that implementing a student support program in which financial support is combined with academic and professional development support is the best approach, since it has the highest potential to reach out to the neediest students. In this respect, combining financial support with a mentorship scheme proves to be particularly useful for beneficiaries' progress throughout their studies;
- Starting the intervention before students reach tertiary education, by providing tutorship and preparatory courses when students are still in secondary school, is also a practice that any other program aimed at facilitating the access to higher education for Roma should consider implementing, particularly when a program focuses on fields requiring specific knowledge and skills upon enrollment to tertiary education;
- Finally, for a student support program targeted at a specific ethnic group like Roma, the implementation of activities aimed at encouraging beneficiaries' interaction and exchange is crucial. Beyond the facilitation of the access to, and progress through, higher education, programs like RHSP should aim at strengthening beneficiaries' sense of belonging to the same ethnic community. In this regard, RHSP's advocacy camps offering beneficiaries an opportunity to meet and interact every year also provide a good practice.

## РЕЗЮМЕ (БЪЛГАРСКИ)

Стипендиантската програма за студенти от Ромски произход в медицински университети и колежи (наричана по-нататък накратко РХСП) е съвместна инициатива на [Програмата за Обществено здраве на Фондация Отворено общество](#) и [Ромски образователен фонд](#). Освен стипендии, Програма РХСП предоставя също и възможности за академично и професионално развитие чрез схеми за подкрепа на професионално и/или продължаващо обучение за роми от България, Македония, Румъния и Сърбия, които желаят да получат медицинско образование. Стипендиантската програма РХСП, която се изпълнявана от Стипендиантската Програма на РОФ е един от основните компоненти на инициативата, заедно с компонентите по Застъпничество, Менторство и Медия, които се изпълняват от други организации на национално ниво.

РХСП инициативата цели да допринесе за създаването на поколение от ромски професионалисти в сферата на медицината, които могат да допринесат за подобряването на достъпа до качествени здравни услуги на ромските общности, както и да помогне за разбиване на негативните стереотипи спрямо ромите с техни собствени положителни примери като квалифицирани ромски професионалисти. До момента Програма РХСП е единствената по своя род регионална програма, предназначена за роми студенти, които се обучават в медицински специалности.

От както е основана през 2008 година и до лятото на 2015 година, Програма РХСП е предоставила финансова подкрепа на **527 ромски студенти по медицина** от четири държави. Основавайки се на работно проучване, административни данни от Програмата и статистическа методология, настоящия анализ цели да определи степента до която РХСП е допринесла за успешното академично и професионално развитие на своите бенефициенти след седемгодишното изпълнение на Програмата, както и каква част от тях са успели да се реализират на пазара на труда, след своето дипломиране. За целите на настоящото изследване са проведени две проучвания: анонимно проучване с бивши и настоящи бенефициенти на Програма РХСП, със степен на участие от 55% (в т.ч. 289 получени отговори от общо 527 бенефициенти), както и проучване с ментори по Програма РХСП, със степен на участие от 46 % (в т.ч. 39 получени отговори от общо 85 наставници).

Констатациите, представени и обсъдени по време на проучването показват, че Програма РХСП има важен принос в подобряването на достъпа до медицинско образование за ромите в четирите държави, в които се изпълнява програмата, и по-специално при избора им на форма на обучение в университетите и коледжите, в които предпочит да се обучават, без да ги ограничава в този избор. Програмата също така е помогнала на участниците да изразят своята ромска идентичност и ги е насърчила да заявяват открито своя произход. В същото време обаче, проучването разкрива, че приносът на Програмата в процеса на преход на студентите от обучение към намиране на работно място е ограничен.

Що се отнася до **общите препоръки**, за да бъде създадена критична маса от ромски здравни специалисти и за да бъдат постигнати устойчиви ефекти, Програмата задължително трябва да надхвърли броя на първоначално планираните за всяка страна три потока от бенефициенти, като продължи да приема нови групи стипендианти, и като разшири своя работен обхват и в други страни и повиши възможностите за застъпничество на изградения модел пред институции и други потенциални донори. Програмата също следва да осигури и възможности за подходяща заетост на своите бенефициенти чрез засилване на уменията им за комуникация, създаване на професионални мрежи, осигуряване на обучение по чужди езици и предприемачество, както и чрез насърчаване на обещаващите професионалисти да продължат своето обучение.

Що се отнася до **конкретните предложения** за повишаване на ефективността на Програмата, могат да се разглеждат следните въпроси:

- Програмата следва да изчислява размера на сумите за стипендии, използвайки идентични критерии за всяка държава и да ги преизчислява всеки път, когато се наблюдават значителни изменения, приспособявайки се към промените в местните разходи за живеене, такси за обучение и разходи за учебни материали;
- Програмата също следва да приложи инструменти, конкретно предназначени за насърчаване академичния напредък и постижения на своите бенефициенти, включително и чрез бонус стипендии за студенти със забележителни академични постижения, поэтапно включване на допълнителни финансови стимули към размера на отпускните стипендии за следващата академична година, определяни на базата на едногодишни проучвания, свързани с развитието на конкретния студент, както и да осигури публична трибуна на най-добре представилите се бенефициенти по Програмата;
- Програмата трябва да развие своята система за мониторинг на академичния напредък и интеграция на пазара на труда на дипломираните бенефициенти; улесняването на прехода към пазара на труда следва да се подобри чрез засилване на търсенето на работа и подобряване на презентационните умения на бенефициентите, както и други умения, които оказват важна роля в процеса на търсене на работа;
- В случай, че в близкото бъдеще се възобнови приемането на нови бенефициенти по Програма РХСП, следва да се има в предвид географското разпределение на ромското население в рамките на всяка страна и доколкото е възможно да се привлекат по-голям брой бенефициенти за участие в нея;
- Компонентът по наставничество се нуждае от допълнително развитие по отношение на съблюдаване на честотата на взаимодействието между наставници и бенефициенти по Програмата, а така също и по отношение на същината и резултатите от това взаимодействие;
- Учебните програми на лагерите по застъпничество следва да бъдат приспособени според профила на участниците (особено по отношение на възрастта на бенефициентите и тяхната образователна степен) и според тяхната периодичност;
- Необходимо е повишаване нивото на информираност сред бенефициентите по отношение на значимостта на професионалните мрежи и владенето на английски език.

Що се отнася до **най-добрите практики**:

- Анализите потвърждават, че реализирането на програма, подпомагаща студенти, в която финансовата подкрепа е съчетана и с подкрепа на тяхното академично и професионално развитие, представлява най-добрият подход, от който се нуждаят студентите, за да достигнат своя най-голям потенциал. В тази връзка съчетанието на финансова подкрепа със схема за менторство се оказва особено полезна за напредъка на бенефициентите по време на целия учебен процес.
- Обхващането на студентите, преди да са достигнали етапа за стартиране на продължаващо обучение, чрез осигуряване на менторство и подготвителни курсове, докато те все още се обучават дори в средното училище, също е практика, която всяка друга програма, насочена към улесняване на достъпа на ромите до висше образование трябва да прилага, особено ако програмата се фокусира върху области, които изискват наличието на специфични знания и умения при кандидатстване във висши учебни заведения.
- И в заключение, за програма, подпомагаща студенти и насочена към специфична етническа група като ромите, е от съществено значение изпълнението на дейности, целящи да насърчат взаимодействието и обмяна между нейните бенефициенти. Освен осигуряването на лесен достъп до висше образование, програми като РХСП следва да бъдат насочени към укрепване на чувството за принадлежност на бенефициентите към една и съща етническа група. В тази връзка лагерите по застъпничество на Програма РХСП предлагат много добри възможности на бенефициентите да се срещат и да обменят опит помежду си всяка година, което също представлява една добра практика.

## ИЗВРШНО РЕЗИМЕ (МАКЕДОНСКИ)

Програмата за стипендирање на студенти Роми на медицина (во натамошниот текст: РХСП-Roma Health Scholarship Program-RHSP) е заедничка иницијатива на [Програмата за Јавно Здравје на Фондацијата Отворено општество](#) и [Ромскиот образовен фонд](#). РХСП се состои од финансиска поддршка - стипендија, како и шемите за поддршка за академски и професионален развој, наменети за Роми од Бугарија, Македонија, Романија и Србија, кои изучуваат медицина во медицинско средно стручно образование и/или високо образовно ниво (додипломски, последипломски и докторски науки). РХСП шемата за финансиска поддршка, имплементирана од страна на Програмата за Стипендирање од РЕФ, е една од главните компоненти на иницијативата, заедно со компонентите за Застапување, Менторство и Медиуми, имплементирани од организации на национално ниво како трета засегната страна.

Целта на РХСП иницијативата е да придонесува во создавање на генерација на Роми професионалци во областа на медицината кои ќе придонесат за подобрување на пристапот до квалитетни здравствени услуги за Ромите, како и помагање при намалување на негативните стереотипи за Ромите со свои позитивни примери како Роми квалификувани професионалци. До сега РХСП е единствената регионална програма од ваков вид наменета за студенти Роми по медицина.

По започнувањето на програмата во 2008 година до летото 2015, РХСП овозможи поддршка на **527 Роми студенти по медицина** од четири земји. Врз основа на програмско истражување, административните податоци во програмата и прашалници како методологијата на истражување, главната цел на оваа истражувачка студија е да се испита степенот во кој програмата РХСП придонесе за успешна академска и професионална траекторија на своите корисници седум години по спроведувањето на програмата, како и степенот до кој корисниците успеале да влезат на пазарот на труд по дипломирањето. Две истражувања се спроведени за оваа студија: анонимна анкета со поранешни и сегашни корисници на РХСП, со стапка на учество на 55 проценти (односно 289 испитаници од 527 корисници), и анкета со менторите во рамки на РХСП, со стапка на учество на 46 проценти (односно 39 испитаници од 85 ментори).

Наодите презентирани и дискутирани во текот на студијата откриваат дека РХСП програмата имаше значаен придонес за зголемување на пристапот до медицинско образование за Ромите во четирите земји, а особено во изборот на моделот на студии кои тие ги сакаат без да прават компромиси. Програмата, исто така, им помогна на учесниците во зајакнување на нивниот идентитет и ги охрабри да го манифестираат својот идентитет јавно. Во исто време, студијата открива дека придонесот на програмата во транзицијата на учениците од студирање кон вработување е ограничен.

Што се однесува до **општите препораки**, со цел да се создаде критична маса на ромски здравствени професионалци и постигнување на одржливи ефекти, програмата секако треба да оди подалеку од првично планираните три групи на корисници по земја, преку продолжување на прифаќање на повеќе групи на корисници, преку проширување на иницијативата во други земји и преку интензивирање на напорите за залагање за моделот кај владите и други потенцијални донатори. Програмата, исто така, мора да ја зголеми конкурентноста за вработување на своите корисници преку зајакнување на нивните вештини за комуникација, професионално вмрежување, странски јазици и претприемништвото, како и преку поттикнување на обуки на стручно ниво за корисниците да ги продолжат своите студии на терцијарно ниво.

Што се однесува до одредени **подобрувања** со цел да се зголеми ефикасноста на програмата, можат да се разгледаат следниве точки:

- Програмата треба да ги пресмета средствата на стипендијата користејќи ги истите критериуми во сите земји и да ги пре-пресметува секој пат кога се забележуваат значајни промени, да ги прилагоди во поглед на промените во локалните трошоци за живот, школарина и трошоци за наставни материјали;
- Програмата исто така треба да имплементира алатки експлицитно насочени кон поттикнување на академскиот напредок и квалитет на своите корисници, вклучувајќи ги и бонуси на стипендијата за извонредни академски достигнувања, делумно поттикнување со стипендии од една година на студии во друга и јавно признавање и препознавање на највисоките постигнувања на корисниците;
- Програмата треба да го зајакне својот систем на следење на академскиот напредок на поранешните корисници и нивното интегрирање на пазарот на трудот; олеснувањето на транзицијата кон пазарот на трудот треба да се зајакне преку зајакнување на барање на работа и презентациските вештини на корисниците, како и други вештини кои се релевантни во процесот на барање работа;
- Во случај на избор на нови корисници доколку РХСП е повторно отворена во блиска иднина, програмата треба да ја разгледува географската распределеност на ромската популација во секоја земја и, колку што е можно, да го рефлектира во РХСП базата на корисници;
- Компонента на менторството треба дополнително да се развива во однос на надзорот на фреквенцијата на интеракциите помеѓу менторите и РХСП корисниците, како и содржината и резултатите на интеракцијата помеѓу менторите и корисниците;
- Наставната програма во камповите за застапување треба да се прилагоди, со оглед на разновидноста на учесниците (особено во однос на возраста на корисниците и нивниот степен на образование) и периодичната природата на камповите;
- Потребно е зголемување на свеста помеѓу корисниците во однос на важноста на професионални мрежи и познавање на англиски јазик.

Што се однесува до **добрите практики**:

- Анализата потврдува дека имплементацијата на програма за поддршка на студентите во која финансиската поддршка е во комбинација со академска и професионална поддршка на развојот е најдобриот приод, затоа што има најголем потенцијал да допре до студентите на кои најмногу им треба. Во овој поглед, комбинирањето на финансиската поддршка со менторска шема е особено корисно за напредокот на корисниците во текот на нивните студии.
- Почнувајќи со интервенцијата пред студентите да стигнат до високо образование, преку обезбедување на туторство и подготвителни курсеви, кога студентите сè уште се во средно училиште, исто така е практика која било друга програма во насока на олеснување на пристапот до високо образование за Ромите треба да го спроведува, особено кога програмата се фокусира на области кои бараат специфични знаења и вештини при уписот во високо образование.
- Програма за поддршка на студентите насочени кон одредени етнички групи како Ромите, од клучно значење е спроведување на активности во насока на поттикнување на интеракција и размена на корисниците. Над олеснување на пристапот до и напредокот преку високото образование, програмите како РХСП треба да имаат за цел зајакнување на чувството на припадност на корисниците кон една иста етничка заедница. Во овој поглед, камповите за застапување РХСП им нудат на корисниците можност да се сретнат и да комуницираат секоја година, претставува добра практика.



## REZUMAT (ROMÂNĂ)

Programul de burse pentru romi în domeniul sănătății (Roma Health Scholarship Program, în continuare RHSP) este o inițiativă comună a [Programului de Sănătate Publică al Open Society Foundation](#) și a fundației [Roma Education Fund](#). RHSP are în componență o bursă și o schemă de sprijin pentru dezvoltarea academică și profesională a studenților romi din Bulgaria, Macedonia, România și Serbia care urmează cursuri medicale în universități sau școli vocaționale. Schema de burse RHSP, implementată de Programul de Burse REF, este una dintre componentele principale ale inițiativei RHSP, alături de componentele de advocacy, mentorat și media.

Scopul programului este să contribuie la crearea unei generații de profesioniști romi în domeniul medical, care vor contribui la îmbunătățirea accesului comunităților de romi la servicii publice sanitare de calitate, și, implicit, la demontarea stereotipurilor negative despre romi și înlocuirea acestora cu exemple pozitive de profesioniști romi calificați. Până în acest moment RHSP a fost singurul program regional de acest gen, dedicat studenților romi în domeniul medical.

De la lansarea sa în 2008 și până în vara anului 2015, RHSP a oferit sprijin pentru **527 de studenți romi** în patru țări. La baza studiului au fost folosite analiza documentară, analiza datelor administrative din program, precum și aplicarea de chestionare. Principalul obiectiv al acestui studiu este să investigheze măsura în care programul RHSP a contribuit, după șapte ani de implementare, la traiectoria academică și profesională a beneficiarilor, dar și gradul de ocupare al beneficiarilor pe piața muncii după absolvire. Pentru acest studiu, s-au aplicat două chestionare: unul anonim, cu foști și actuali beneficiari RHSP, cu o participare de 55% (289 de respondenți din 527 de beneficiari), și un chestionar pentru mentorii RHSP, cu o participare de 46% (39 de respondenți din 85 de mentori).

Concluziile prezentate și discutate în studiu dezvăluie faptul că programul RHSP a avut o contribuție importantă în ce privește accesul romilor din cele patru țări la studii în domeniul medicinei, și în mod special la alegerea modului de studiu dorit, fără compromisuri. Programul a ajutat, de asemenea, participanții să-și consolideze identitatea romă și i-a încurajat să-și manifeste identitatea deschis în public. În același timp, studiul arată că, contribuția programului în tranziția studenților de la studii către angajare a fost limitată.

În ce privește **recomandările generale**, pentru a crea un număr mai mare de profesioniști romi în domeniul sănătății, precum și în vederea asigurării sustenabilității programului, RHSP ar trebui să continue și să fie extins peste nivelul celor trei cohorte planificate inițial pentru fiecare țară, să continue să accepte noi beneficiari, să-și extindă intervenția și la nivelul altor țări, și să intensifice eforturile de advocacy pentru preluarea modelului de către guverne și /sau alți potențiali donori. Programul trebuie de asemenea să contribuie la îmbunătățirea competitivității beneficiarilor pe piața muncii, prin consolidarea abilităților acestora de comunicare, networking profesional, limbi străine și antreprenariat, dar și prin încurajarea beneficiarilor din școlile vocaționale să-și continue studiile la nivel terțiar.

În ce privește **recomandările specifice** pentru eficientizarea programului, se pot lua în considerare următoarele puncte:

- Programul trebuie să calculeze sumele bursei folosind criterii similare în fiecare țară. În caz de schimbări majore privind costurile pentru întreținere, taxele școlare, materialele de studiu, etc., programul ar trebui să recalculeze sumele bursei.
- Programul ar trebui de asemenea să implementeze instrumente care să încurajeze progresul academic și excelența beneficiarilor, precum burse mai mari pentru realizări academice remarcabile, burse progresive de la un an academic la altul, inclusiv recunoașterea publică a celor mai buni beneficiari.

- Programul trebuie să-și consolideze sistemul de monitorizare a foștilor beneficiari, progresul lor academic și integrarea lor pe piața muncii; facilitarea tranziției pe piața muncii trebuie îmbunătățită prin consolidarea abilităților beneficiarilor de prezentare, de a căuta un job, precum și alte abilități de bază relevante pentru procesul de căutare a unui loc de muncă.
- În cazul în care selecția de noi beneficiari va fi redeschisă în viitorul apropiat, programul ar trebui să ia în considerare distribuția geografică a populației de romi din toate țările de implementare și să reflecte această distribuție în rândul beneficiarilor RHSP.
- Componenta de mentorat ar trebui să fie consolidată cu privire la aspectul frecvenței interacțiunilor dintre mentori și beneficiari, precum și la nivel de conținut și rezultate generate de această interacțiune.
- Curricula taberei de advocacy ar trebui să fie ajustată, ținând cont de diversitatea participanților (în special în ceea ce privește vârsta și nivelul de studiu al beneficiarilor) și de perioada în care se desfășoară.
- Este necesară o mai mare conștientizare în rândul beneficiarilor în ce privește importanța networkingului profesional și a unei bune cunoașteri a limbii engleze.

#### Privitor la **bunele practici:**

- Analiza confirmă că implementarea unui program de sprijin pentru studenți care combină ajutorul financiar cu sprijinul în dezvoltarea academică și profesională este cea mai bună abordare, deoarece prezintă cel mai mare potențial de a atrage în program pe cei care au cel mai mult nevoie de ajutor. În acest sens, combinarea ajutorului financiar cu componenta de mentorat se dovedește a fi extrem de utilă pentru asigurarea progresului și tranziției cu succes a beneficiarilor în anii de studiu superiori.
- Începerea intervenției înainte ca studenții să ajungă în învățământul superior, prin furnizarea de sprijin de tip tutorat și cursuri pregătitoare încă din liceu este de asemenea o practică pe care orice alt program menit să faciliteze accesul romilor la învățământul superior ar trebui să o implementeze, în special dacă programul se adresează unor domenii de studiu competitive și care necesită abilități și cunoștințe specifice pentru admitere.
- Pentru a dezvolta un program de susținere a studenților care vizează un grup specific precum romii, implementarea activităților menite să încurajeze interacțiunea și să faciliteze comunicarea și schimbul de informație, cunoștințe și experiențe personale sunt cruciale. Pe lângă facilitarea accesului la învățământul superior, programe precum RHSP ar trebui să consolideze sentimentul de apartenență la același grup etnic. În acest sens, taberele de advocacy RHSP oferă beneficiarilor oportunitatea de a se întâlni și interacționa în fiecare an, aceasta reprezentând un exemplu de bună practică.

## IZVRŠNO REZIME (SRPSKI)

Romski zdravstveni stipendijski program (nadalje RHSP) ima zajedničku inicijativu sa [Programom javnog zdravlja Fondacije za otvoreno društvo](#) i [Romskim obrazovnim fondom](#). RHSP čini stipendijska, kao i podrška za akademski i profesionalni razvoj u okviru shema za Rome u Bugarskoj, Makedoniji, Rumuniji i Srbiji, koji se obrazuju u oblasti medicine na srednjoškolskom i/ili visokom/univerzitetskom nivou. RHSP stipendijska shema, koju sprovodi Stipendijski program REF-a, jedna je od glavnih komponenata ove inicijative, zajedno s komponentama Javnog zastupanja, Mentorstva i Medija, koje sprovode nacionalne organizacije kao treća strana.

Cilj RHSP inicijative je da doprinese stvaranju generacija Roma profesionalaca u oblasti medicine koji će doprineti poboljšanju pristupa kvalitetnim zdravstvenim uslugama za romsku zajednicu, kao i da pomogne uklanjanju negativnih stereotipa o Romima sa sopstvenim pozitivnim primerima, po kojima su Romi kvalifikovani profesionalci. Do sada je RHSP jedini regionalni program ove vrste čija su ciljna grupa Romi studenti medicine.

Budući da je pokrenut 2008. godine, a do leta 2015. godine, RHSP je podržao **527 romskih učenika i studenata medicinskih struka** u četiri zemlje. Na osnovu istraživanja programske podatke I administracije I ankete, osnovni cilj ovih studija je da se ispita stepen u kojem je RHSP program doprineo uspešnoj akademskoj i profesionalnoj putanji svojim korisnicima nakon sedam godina implementacije programa, kao i stepen do kojeg su korisnici uspeali da dodju na tržištu rada nakon diplomiranja. Dva istraživanja su sprovedena za ovu studiju: anonimne ankete sa bivšim i aktuelnim RHSP korisnicima, sa stopom učešća od 55 procenata (tj. 289 ispitanika od 527 korisnika), kao i istraživanje RHSP mentora, sa stopom učešća od 46 odsto (tj. 39 ispitanika od 85 mentora).

Rezultati predstavljeni i razmotreni tokom studija pokazuju da je RHSP program imao značajan doprinos u povećanju pristupa medicinskim strukama za Rome u četiri zemlje, a naročito u izboru modela studija koje su oni želeli, bez pravljenja kompromisa. Program je takođe pomogao učesnicima da ojačaju svoj romski identitet i ohrabrio ih da ispoljavaju svoj identitet javno. Istovremeno, studija otkriva da je doprinos Programa u tranziciji studenata od studija do zapošljavanja bio ograničen.

Što se tiče **opštih preporuka**, u cilju stvaranja kritične mase zdravstvenih radnika i postizanja održivih efekata, Program svakako treba da ide dalje od prve tri grupe korisnika po zemlji, nastavljajući da prima nove generacije korisnika, širenjem intervencija u drugim zemljama, kao i inteziviranjem napora da se zagovara model kod vlada i drugih potencijalnih donatora. Program, takođe, treba da poveća konkurentnost zapošljavanja svojih korisnika putem jačanja njihovih veština u komunikaciji, profesionalnim umrežavanjem, stranim jezicima i preduzetništvom, kao i podsticanjem perspektivnih korisnika na stručnom obrazovnom nivou da nastave studije na univerzitetskom nivou.

Kada se radi o **specifičnim poboljšanjima** koja mogu dovesti do povećanja efikasnosti Programa, sledeće tačke treba da budu uzete u razmatranje:

- Program treba da izračuna količinu stipendija koristeći isti kriterijum u svim zemljama, kao i da ih ponovo izračuna svaki put kada se uoče značajne promene, da bi prilagodili promene lokalnim troškovima života, školarine i troškovima potrebnih materijala za studiranje;
- Program takođe treba da uključi alate koji imaju za cilj da ohrabre akademski napredak i dobrobit svojih korisnika, uključujući bonuse uz školarinu za izvanredna akademska dostignuća, podsticaje za povećanje stipendija u svakoj narednoj godini studija, i javno priznavanje i prepoznavanje korisnika koji najviše postižu;

- Program treba da osnaži sistem posmatranja akademskog progressa bivših korisnika i integraciju na tržištu rada; olakšavanje prelaska na tržište rada treba da bude osnaženo tako što će se pomoći pri traženju posla korisniku i njegovim veštinama prezentovanja, kao i drugim veštinama koje su relevantne u procesu traženja zaposlenja;
- U slučaju da se otvori ponovo selekcija novih korisnika u RHSP u bliskoj budućnosti, Program treba da razmotri geografsku preraspodelu Romske populacije unutar svake zemlje, i da se, koliko je moguće, to odražava na korisnike RHSP-a;
- Komponenta mentorstva treba dalje da se razvija, uzimajući u obzir pregled učestalosti interakcije između mentora i RHSP korisnika, kao i sadržaj i ishode interakcije između mentora i korisnika;
- Kurikulum kampa za javno zagovaranje treba da bude prilagođen, imajući na umu različitost učesnika (posebno u slučaju godina korisnika i njihovog nivoa obrazovanja) i promenljive prirode kampa;
- Neophodno je podići nivo svesti korisnika koji se tiče važnosti profesionalnog umrežavanja i vladanja engleskim jezikom.

Što se tiče **najboljih praksi**:

- Analiza potvrđuje da implementiranje programa podrške studentima, u kojoj je finansijska podrška kombinovana sa podrškom za akademski i profesionalni razvoj, predstavlja najbolji pristup, jer ima najveći potencijal da dopre do najugroženijih učenika. U tom smislu, kombinujući finansijsku podršku sa mentorskom šemom, pokazala se kao posebno korisna za napredak korisnika u toku studija.
- Pokretanje intervencije pre nego što učenici stignu do visokog i univerzitetskog obrazovanja, pružajući tutorstvo i pripremne kureve kada su učenici i dalje u srednjoj školi, takođe sa praksom da bilo koji drugi program sa ciljem da olakša pristup visokom obrazovanju za Rome, treba razmotriti za implamentaciju, posebno kada se program fokusira na oblasti koja zahtevaju specifična znanja i veštine pri upisu na visoko obrazovanje.
- Na kraju, za program podrške studentima koji ima određenu etničku grupu poput Roma za svoju ciljnu grupu, sprovođenje aktivnosti u cilju podsticanja interakcije i razmene korisnika od ključnog je značaja. Iznad omogućavanja pristupa visokom obrazovanju i podrške u napredovanju u toku studija, programi kao RHSP trebalo bi da teže jačanju osećaja pripadnosti korisnika istoj etničkoj zajednici. U tom smislu, RHSP kampovi za javno zastupanje nude korisnicima priliku da se upoznaju i ostvare interakciju svake godine, što takođe pruža dobru praksu.

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## INTRODUCTION

Roma Health Scholarship Program (hereinafter: RHSP) is a joint initiative of [Open Society Foundation's Public Health Program](#) and [Roma Education Fund](#). RHSP consists of a scholarship, as well as academic and professional development, support scheme for Roma from Bulgaria, Macedonia, Romania, and Serbia who pursue medical education at vocational and/or tertiary levels. The RHSP scholarship scheme, implemented by REF's Scholarship Program, is one of the main components of this initiative, together with the components on Advocacy, Mentorship, and Media, implemented by third-party national-based organizations. Since it was launched in 2008, RHSP has provided support to **527 Roma students** from the four countries.

The program consists of a financial support component and an academic/professional development support component. The financial support component consists of a scholarship provided to all beneficiaries in each academic semester, conditioned upon students' academic progress reports, as well as additional grants for participating in foreign language courses, conferences and symposia, provided once per year to some beneficiaries. The academic/professional development support includes a mentorship scheme, annual participation in RHSP advocacy camps, and participation in the Roma Education Fund Scholarship Program's Alumni and Beneficiary Network, in particular through national-based alumni Yahoo and Facebook groups through which beneficiaries receive and exchange information of academic and professional interest, as well as Roma-related information, announcements, and opportunities. The academic support also included preparatory courses and tutorship for secondary school Roma students who wish to pursue medical education, aimed at preparing them for the entrance exams for medical studies. Most recently (starting with 2015) and based on the experience from other scholarship schemes for Roma, a new professional development component has been added in RHSP – the Small Scale Projects – for program beneficiaries to develop and implement small community development projects related to health and access to health-care services for Roma. Moreover, a regional conference of RHSP beneficiaries was held in 2013 and a second one in 2015, and there are signals that similar such annual events will be supported further.

After seven years of implementing the RHSP program, the initiating partners Open Society Foundations and Roma Education Fund initiated a tracer study in order to evaluate the program results. The tracer study has been conducted by Roma Education Fund employees in cooperation with an external research consultant, and with the financial support from the Open Society Foundation's Public Health Program. The main objective of this report is to investigate the degree to which RHSP contributed to a successful academic and professional trajectory of its beneficiaries, as well as the degree in which its beneficiaries transited successfully to the labor market after graduating from medical education, or during their residency studies. Respectively, the report is focused on the following three research questions:

1. To what extent has RHSP support been critical for its beneficiaries to enroll in medical education and graduate successfully?
2. To what extent have RHSP beneficiaries succeeded in integrating into the professional world during and after obtaining medical degrees?
3. Have RHSP beneficiaries been active in supporting Roma inclusion in general, by working with/for Roma communities during their studies or in their working environment? Have they contributed to changing stereotypes about Roma for the better?

The research is based on RHSP program administrative data collected throughout the years, on background statistical information about the academic environment and Roma communities of each of the four counties, and most importantly, on an **online anonymous questionnaire** completed by RHSP beneficiaries. In addition, the research team contacted the mentors involved in the project for their

opinions about RHSP's role in facilitating the access to medical studies for Roma, as well as about beneficiaries' employment prospects, through a separate online expert survey.

The current tracer study is not an impact evaluation since it is not based on comparing a "treatment" with a "control" group. The very goal of the program, to create a generation of Roma professionals in medical field in countries where there used to be very few Roma health professionals, made it impossible to design the program in a way to be able to conduct an impact evaluation with a control group years later. The need to increase the number of Roma professionals in medical field, which this program seeks to address, implied that the program had to accept among its beneficiaries all eligible young Roma who were motivated and prepared to pursue medical education; with such conditions creating a control group would have raised serious ethical concerns. Therefore, the evaluation of the program can be only conducted through tracer study methodology; implicitly, all findings and conclusions of this report bear similar limitations as any other tracer study and survey-based analysis.

A substantial part of this analysis is therefore based on survey methodology. Out of the 527 former and current RHSP beneficiaries invited to participate to the student survey, 289 responded - a 55 percent response rate. Given this specific population size, this response rate is sufficient for having a 95 percent confidence level and 4 percent margin of error, which are standard in the survey industry.<sup>1</sup> In order to make the survey representative for the total population of RHSP beneficiaries the authors used post-stratification frequency weight based on the following criteria: gender of respondents, first year in which respondents became RHSP beneficiaries, and respondents' country of origin (see Annex 1 for more details on survey methodology).

In addition to surveying RHSP beneficiaries we devised a separate survey instrument for RHSP mentors. In contrast to the RHSP beneficiaries' survey the RHSP mentors' survey is fully based on open-ended questions and, in this respect, it is qualitative rather than quantitative in nature.<sup>2</sup> This survey addresses the facets of RHSP and medical education in the respective countries that could not be addressed in the beneficiaries' survey or for which public information is not available. Out of 85 mentors invited to participate in the survey, 39 responded - a 45.8 percent response rate (see Annex 1).

The current report is structured in 5 sections. The first section gives a general description of the RHSP program and the system of medical education in the RHSP countries. Sections 2, 3, and 4 focuses on each of the three main research questions of this tracer study: section 2 presents evidence about the RHSP program's influence on beneficiaries' academic trajectory; section 3 looks at RHSP beneficiaries' transition from studies to employment; and section 4 discusses the effect of RHSP on strengthening beneficiaries' Roma identity. The last section (5) presents general feedback on the RHSP program as expressed by students in the online surveys. The concluding part summarizes the findings and highlights the lessons learned.

## **I. RHSP PROGRAM GENERAL DESCRIPTION**

The RHSP program was launched in 2008, as a joint initiative between Public Health Program of Open Society Foundations (then, Open Society Institute) and Roma Education Fund. The goal of the program is to create a generation of medical professionals who will contribute to the improvement of access to

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<sup>1</sup> A standard survey sample size calculator is available at <http://fluidsurveys.com/survey-sample-size-calculator/>

<sup>2</sup> An open-ended question is designed to encourage a meaningful answer using the subject's own knowledge. It does not constrain the choice of answers and it obliges respondents to use their own words in answering. Statistical techniques are not applicable to this type of questions.



quality public health services for Roma communities. Due to higher academic standards and demands, as well as the elitist and inequitable tendencies in tertiary medical education in Central and Eastern Europe, Roma students have traditionally been excluded from the field, thus resulting in a severe lack of Roma professionals in medical services.

At the same time, various studies conducted by international organizations and NGOs reveal that Roma face limited access to healthcare systems, as well as discrimination and cultural insensitivity on the part of health care providers; they also have poorer health, lower life expectancy, and higher infant mortality rates.<sup>3</sup> Driven by this reality, the RHSP program's approach is to increase the number of Roma doctors and nurses. The assumption is that the increased presence of Roma medical professionals would be an effective way to combat discrimination and human rights abuses in health care settings and hence making it more accessible to Roma, by playing a role in changing practices inside healthcare systems, as well as due to the fact that Roma communities would feel more comfortable interacting with health care systems knowing that there are Roma medical professionals acting in the system. An additional assumption is that the presence of Roma professionals in the medical training and later in the medical sector would contribute to dismantling the stereotypes about Roma and would challenge and address racism and discriminatory practices existing in the medical sector and health care services and institutions.<sup>4</sup>

In 2008 the program was implemented only in Romania as a pilot year. In 2009 it expanded to Bulgaria, while in 2010 it was further expanded to Macedonia and Serbia. The choice of these countries for RHSP implementation was determined based on a combination of factors, including the number of Roma in lower and higher levels of secondary education, the number enrolled in higher education, the number of Roma in general, specific policies on Roma inclusion, as well as the receptiveness of the potential local stakeholders at the time of program planning.<sup>5</sup> The plan was to take three cohorts of program beneficiaries in each of these countries, reaching an overall number of 600 beneficiaries, and continue their support every academic year until they graduate from medical studies. The initiating partners also aimed at negotiating with the local governments to take over the program after three years and scale it up from a non-governmental consortium initiative to a government-driven program which would continue RHSP beyond the three initial cohorts of supported students. Until now, the RHSP model has been partially taken over in Bulgaria by another consortium of stakeholders who will implement a medical studies support program for Roma with Norway funds for two years, and in Romania, where RHSP was implemented for two years with EU Structural Funds.

The funds for the RHSP program have been provided by George Soros, a philanthropist who pledged 20 million USD earmarked for this initiative for a period of 10 years. Since 2008 a little over 8 million EUR has been spent in RHSP (excluding the amounts from the Structural Funds for Romania). The table below presents the annual expenses for all RHSP program components. In addition to the amounts above, the partners in Romania managed to secure additional funds covering two academic years (2011-12, 2012-13) from the EU Structural Funds, via a separate project on Roma access to medical education in Romania called "Roma Leadership in Health: A Generation of Health Professionals", implemented by a consortium of Romanian groups Active Watch Media Monitoring Agency, Association of Resident Physicians, Roma Center for Health Policies - *Sastipen*, as well as Roma Education Fund Romania who was responsible for

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<sup>3</sup> UNDP/EC/WB Roma Survey 2011; European Roma Rights Centre. Ambulance not on the way: the Disgrace of Health Care for Roma in Europe. Open Society Institute 2006; Fundacion Secretariado Gitano. Reference Document. *Health and the Roma Community: Analysis of Action Proposals*. 2005. Provided by FSGG; European Roma Rights Center, "State of Impunity: Human Rights Abuse of Roma in Romania", Hungary: ERRC, 2001; D. Orenstein MA, and E Wilkens. *Roma in an Expanding Europe: Breaking the Poverty Cycle* (Washington D.C.: World Bank, 2003).

<sup>4</sup> Roma Health Scholarship Program Concept Paper, 2009. Internal Document.

<sup>5</sup> Information provided by Alina Covaci, program officer of the Roma Health Project, Public Health Program, Open Society Foundations.

the implementation of the scholarship component. The project had a total budget of nearly 5 million EUR.<sup>6</sup>

<b>Table 1a. RHSP program costs per year (converted in EUR with the exchange rate of the respective year)</b>	
2008	645,230
2009	292,570
2010	1,396,950
2011	2,343,900
2012	365,384
2013	1,466,940
2014	1,037,570
2015	593,222
<b>total</b>	<b>8,141,766</b>

## I.1.RHSP Program Structure:

The RHSP program provides its beneficiaries with financial, as well as academic and professional development, support. The financial support mainly consists of a scholarship provided in each academic semester to all beneficiaries, conditioned upon students' academic progress reports. In addition, a selected group of beneficiaries receive additional grants for participating in foreign language courses, conferences and symposia. The academic and professional development support includes a mentorship scheme, annual participation in the RHSP advocacy camp organized in each country, and participation in the RHSP Yahoo group through which beneficiaries receive and exchange information of academic and professional interest. In the first years of the program, the academic support also included preparatory courses for secondary school Roma students who wished to pursue medical education, aimed at preparing them for the entrance exams for medical studies. Starting with 2015 a new professional development activity has been added – the Small Scale Projects – within which program beneficiaries develop and implement small community development projects on health and access to health-care services for Roma. RHSP also has a media component aimed at disseminating information about the existence and availability of the scholarships, as well as at mediatizing the positive examples of successful Roma scholarship recipients. RHSP is composed of four main components and several subcomponents, as described below.

### I.1.1. RHSP main components:

**RHSP Scholarship:** Each selected beneficiary in the program receives financial support to cover the academic and living costs during their medical studies. The specific amounts of scholarships have varied between 375 EUR and 5,360 EUR per academic year. Overall the average scholarship amount in the program has been 2,213 EUR, with the average annual amounts per country being 2,223 EUR for Bulgaria, 1,622 EUR for Macedonia, 2,908 EUR for Romania, and 2,071 EUR for Serbia. The amount for an individual student depends on the country, level of studies, and academic year. In the first year of the program beneficiaries had the highest amounts (3,590 EUR for vocational studies and 5,360 EUR for tertiary-level studies). The difference in amounts from one country to another and from one level of

<sup>6</sup> More information on this project is available on <https://www.opensocietyfoundations.org/press-releases/european-union-agrees-fund-scholarships-roma-health-professionals-romania>

studies to another was decided following the findings of a series of baseline studies commissioned by the program partners and conducted by external consultants at the early stages of program implementation. Tertiary-level students generally receive higher scholarship amounts than vocational level students. Beneficiaries receive scholarships at the beginning of each semester, with the disbursement of scholarships in the second semester being conditioned upon beneficiaries' academic progress reports. More details about specific amounts of scholarships for specific categories of beneficiaries are presented in section I.5 below.

**RHSP Mentorship:** The experience from other scholarship programs demonstrates that in the case of ethnic minorities and historically disadvantaged students, it is advisable to provide continuous mentorship support in order to avoid isolation and high drop-out rates. In order to help RHSP scholars overcome isolation and the academic and professional challenges, and in order to maximize the graduation rate, students have been provided with academic, professional and personal development mentorship support. For Roma students, mentorship has offered the chance to develop and explore a new set of ideas and relationships with professors and peers. Mentors have provided support to navigate social and academic challenges in the university setting. The mentors have been faculty members or resident doctors and their role has been to familiarize mentees with the different aspects of medical work, involve them in their clinical activities, and support them in medical congresses and conference participation, applications for Erasmus program, publication of articles, etc. Individual mentors had on average two RHSP beneficiaries under their supervision. The implementation of the RHSP mentorship has been outsourced by the Open Society Foundations' Public Health Program to independent local organizations. In Bulgaria the component is being implemented by the Roma Program of the Open Society Institute – Sofia, in Macedonia – by the Foundation Open Society Macedonia, in Romania – by the Association of Resident Physicians, while in Serbia – by the Institute of Social Medicine in Belgrade.

**RHSP Advocacy Camps:** RHSP organized health advocacy training and networking camps for scholarship recipients. The advocacy training has been implemented by Roma NGOs that carried out an innovative summer/winter school aimed at fostering personal development, enhancing leadership skills, and providing information on public health advocacy and the right to health, within the specificity of Roma culture and traditions. Advocacy trainings have been provided both for students and mentors. The aim of the camps is to give students a broader perspective on human rights issues impacting the health of the Roma population and the role that health advocates can play on local, national or international levels. They were also aimed at strengthening Roma identity through training sessions on Roma culture and internal Roma diversity, as well as the role of health in Roma culture. In addition, the camps provided an opportunity for networking and the development of relationships among program beneficiaries. The implementation of this component has been outsourced by the Open Society Foundations' Public Health Program to independent local organizations, namely the Center for Interethnic Dialogue and Tolerance *Amalipe* in Bulgaria, Roma Center for Health Policies *Sastipen* in Romania, Roma Resource Center in Macedonia, and Association of Roma Students in Serbia. The current focus within the component is to strengthen the students' Roma identity, avoiding lecture-type sessions during the training and making sessions more interactive, but also expanding the good practice of combining theoretical with practical.

**RHSP Media Component:** In addition to the components above providing direct support to the program beneficiaries, RHSP also had a media component, which was essential at the beginning to disseminate information about the existence and availability of the scholarship, and contributed to increasing the pool of applicants. Currently the media component helps implementing partners in their advocacy efforts to increase the program visibility and present its positive results in a convincing manner to governments and potential donors with a view to ensure its sustainability beyond the support from Open Society Foundations. It also serves the broader purpose of creating a positive image of Roma individuals and potential scholarship recipients and consolidating the buy-in of national partners. As with the mentorship and advocacy camp components, the media component has been outsourced by the Open Society

Foundations' Public Health Program to independent local organizations: in Romania the RHSP media component has been implemented by [Association Active Watch](#), in Bulgaria – by [Intelday Foundation](#), in Macedonia – by Roma Resource Centre, and in Serbia – by [Media Centre Belgrade](#). The methods of promoting the program included meetings with local authorities, schools, universities, Roma communities, distribution of promotional materials, TV broadcasts and radio spots, newspaper articles, and dissemination of information via internet and social media. Currently the media component focuses towards the sustainability of RHSP to promote the program and make it more appealing to the potential donors. A program website is under development to serve as its “business card” for the public to find information and news about program activities and achievements. RHSP beneficiaries have participated in the media promotion of the program from the beginning, particularly the successful students who have been acting as role models.

### **I.1.2. RHSP sub-components:**

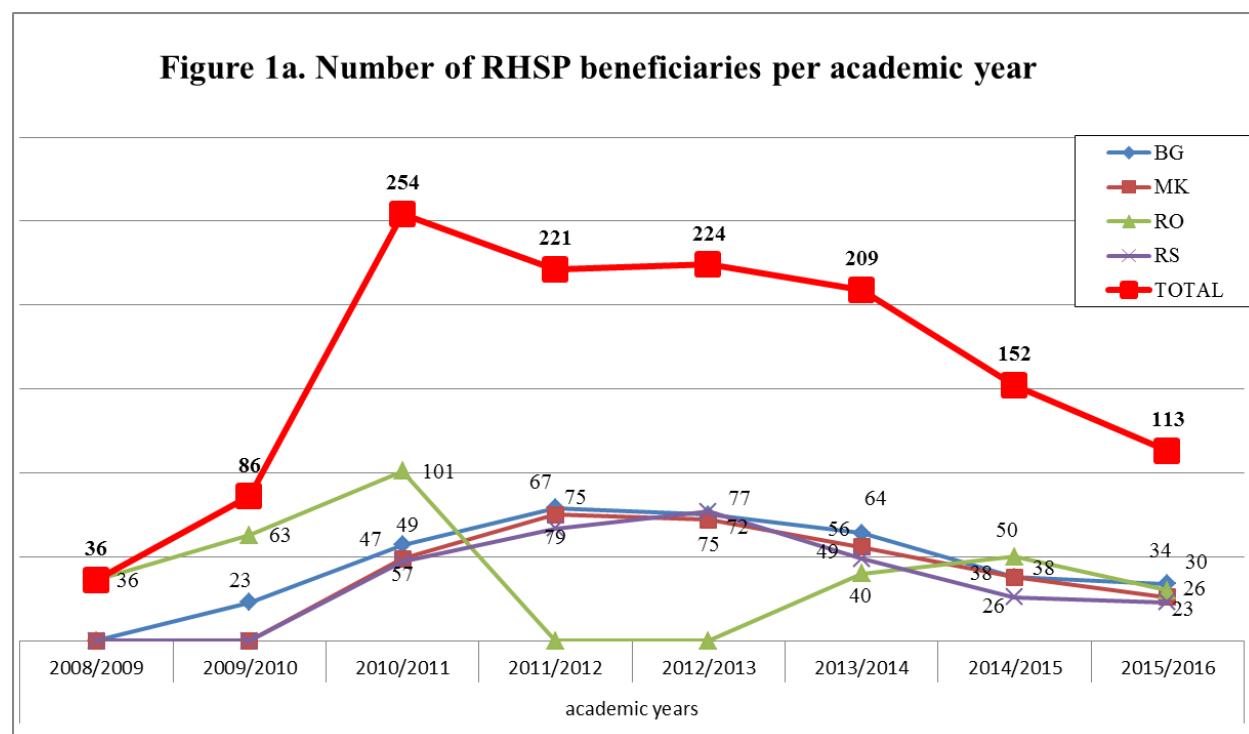
**RHSP Preparatory Courses:** The preparatory courses were proposed as a new component in the RHSP program in 2009 by the Bulgarian RHSP stakeholders. The main goal was to help Roma pupils in high school to prepare for the highly-competitive entrance exams for medical universities, with tutorship classes on subjects that were important for high school graduation and medical studies entrance exams. The preparatory courses were piloted in Bulgaria in the 2009-2010 academic year and then implemented in each of the four countries until the program stopped taking in new cohorts of beneficiaries. Hence, in Bulgaria preparatory courses were organized during three academic years (2009-10, 2010-11, 2011-12), in Macedonia and Serbia during two academic years (2010-11, 2011-12), while in Romania only for one academic year (2010-11) after which Romanian RHSP beneficiaries were transferred under the project funded with Structural Funds (see above). The organization of RHSP preparatory courses was also outsourced to independent local organizations: in Bulgaria, they were implemented by Ethnic Minorities Health Problems Foundation, in Macedonia – by the Centre for Institutional Development CIRa, in Romania – by Roma Centre for Health Policies SASTIPEN, and in Serbia – by Association of Roma Students. The implementing local partners not only organized the tutorship courses, but also supervised pupils' progress, kept regular communication with their parents, and also assisted beneficiaries in the process of applying for medical studies.

**RHSP Language Courses and Conference Grants:** In addition to the main financial support provided through scholarships, RHSP beneficiaries could also apply for additional financial support to study foreign languages in accredited language schools, and/or to participate in national and international medical congresses, conferences and symposia related to their specific specializations. Beneficiaries could receive up to 300 EUR per year for language courses and up to 700 EUR per year for participation at conferences. The available funds allowed for supporting up to 20 beneficiaries per country for language courses, and up to 5 beneficiaries per country for conferences, selected through competition.

**RHSP Small-Scale Community Projects:** Introduced in 2015 (and based on the experience with implementing such a component in REF's [Law and Humanities Program](#)), the small-scale community projects component aims to promote and strengthen the philosophy of community participation among RHSP current and former beneficiaries. Additionally, this new program component provides students the opportunity to gain experience in designing and implementing a community project to help Roma communities and develop a set of skills that will contribute to their further personal and professional development. Under this scheme, former and current RHSP beneficiaries can implement projects for mobilizing and raising awareness among Roma communities and/or institutions about health-related problems of Roma and their access to health care.

## I.2. RHSP numbers of beneficiaries:

Since it was launched in 2008 and until summer 2015 when this study was conducted, RHSP provided support to a total of **527 beneficiaries** and disbursed **1,295 scholarships**. Among the 527 beneficiaries, 121 (23 percent) were from Bulgaria, 104 (20 percent) from Macedonia, 168 (32 percent) from Romania, and 134 (25 percent) from Serbia. The number of beneficiaries supported in each academic year since 2008 is presented in Figure 1a. The figure shows that in the first year the program had 36 beneficiaries; one year later when Bulgaria joined the program the number increased to 86, then one year later it increased to 254 due to the fact that the program had expanded to Macedonia and Serbia. In 2011 all RHSP beneficiaries from Romania were transferred to/ and covered financially from the Structural Funds-supported medical scholarships scheme. As of 2012 the number of beneficiaries started to decrease because the program stopped taking new cohorts of beneficiaries, as it had initially been designed to take in only three cohorts in three consecutive academic years in each country. At the same time older beneficiaries started to exit the program, in most cases due to graduation, and in some cases due to interruption of studies or dropping out (see section III.5 on details regarding graduation rates).

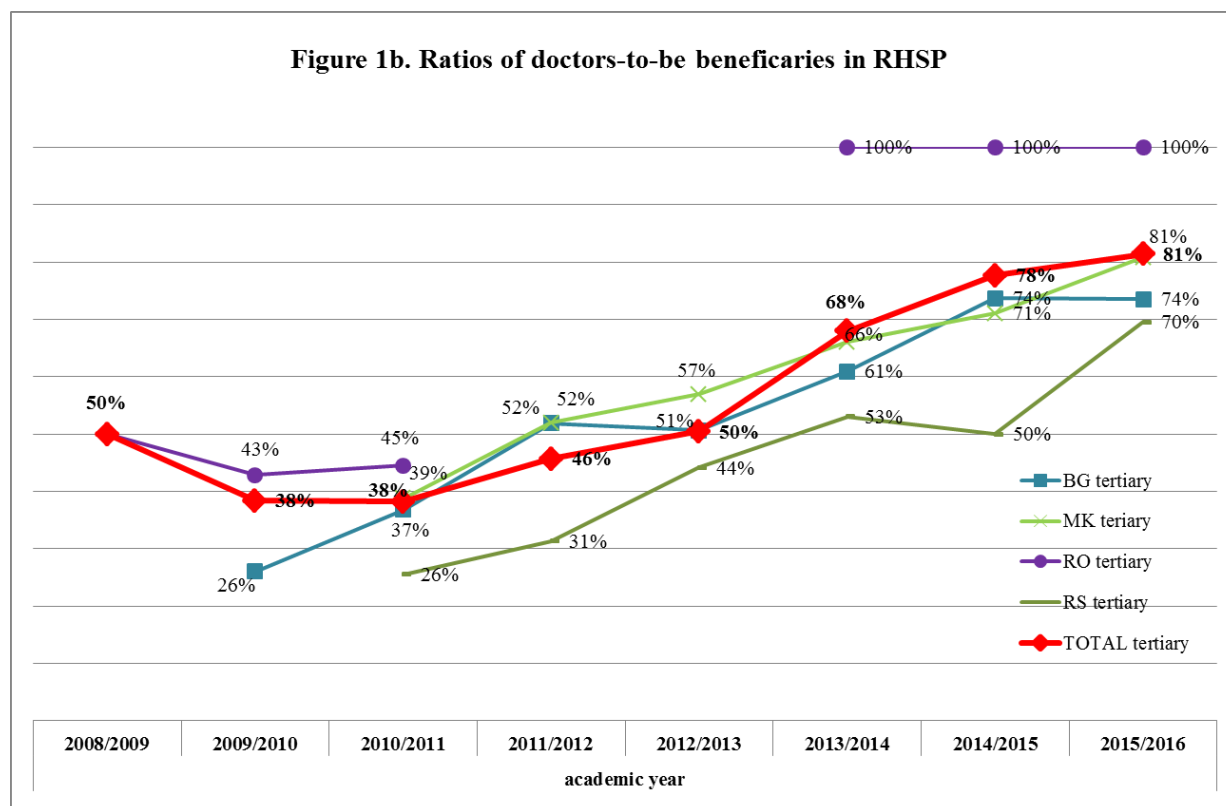


Note: the figures for 2015/16 academic year are as of summer 2015

In the process of beneficiaries' selection RHSP has always given priority to tertiary-level students, striving to increase the number of Roma medical doctors. To reach this goal, RHSP implementing partners aimed at gradually increasing the number of tertiary-level beneficiaries (doctors-to-be) in the program as compared to the vocational-level beneficiaries (i.e. nurses-to-be, or laboratory technicians-to-be). Whenever there were more eligible applicants in the selection pool than available scholarships, priority had been given to tertiary-level applicants. Figure 1b illustrates the change over time in the ratios of doctors-to-be as compared to medical specialists at vocational level.<sup>7</sup> It reveals that the ratio of doctors-

<sup>7</sup> Note: In Bulgaria all medical studies are conducted at tertiary level including those specializations that in other countries are conducted in vocational schools (see Annex 2). Therefore, for Bulgaria the distinction between vocational and tertiary is conventional, to serve the purpose of inter-country comparisons throughout this study.

to-be in the program increased from 38 percent in 2010 (year in which all four countries were in the program), to 81 percent in 2015.



*Note: the figures for 2015/16 academic year are as of summer 2015*

Having the aim to increase the number of Roma students eligible for pursuing medical studies at tertiary level, the **RHSP Preparatory Courses** provided tutorship to **163 people** during the years when they were implemented (2009-2012, depending on the country). Out of the 163 beneficiaries, 87 eventually enrolled in medical studies and became Roma Education Fund (REF) scholarship beneficiaries, in most cases as part of the RHSP program (79), while in some cases as part of other REF scholarship programs (8). Other three preparatory course beneficiaries continued their studies with REF support, but not in the medical field. Regarding beneficiaries of preparatory courses who did not continue with REF after finishing the courses, REF attempted to track their academic and professional history and succeeded in finding information for some, namely that 14 more former preparatory courses beneficiaries continued their studies without REF support, 9 of them in the medical field. Hence, out of the 163 people who benefited from RHSP Preparatory Courses, 96 (**59 percent**) enrolled in medical education, 87 of them (53 percent) with REF support (RHSP or other REF scholarship schemes), and 79 (48 percent) under the RHSP program. In terms of a successful enrollment rate in medical studies, the courses organized in Macedonia had the best results, with 62 percent of beneficiaries successfully enrolled in medical studies, most of them continuing with RHSP.

As for the use of **RHSP language courses and conference grants**, beneficiaries have not solicited them to a full extent. In none of the years did the program disburse all available grants for language courses or conferences. Only in one year did the demand for language course grants by students exceed the initially planned number of grants per country, demand which was accommodated by using available leftover funds. In each of the first five years of the program, between 18 and 28 percent of beneficiaries received language course grants, while 3 to 7 beneficiaries received conference grants; in the last two years the

demand for this kind of support diminished even more. Students explained this by the complexity of their medical studies and constantly increasing need for time investment to succeed, which left little time for engaging in extra-curricular activities such as language courses or regional or international conferences (see survey results in section 3). Most students who attended language courses studied English.

As for the most recently added component to the RHSP program, the **Small Scale Projects component**, its implementation started in summer 2015 when REF received nine small scale project proposals from RHSP beneficiaries: 3 from Romania, 4 from Bulgaria, 1 from Macedonia, and 1 from Serbia. From the nine received proposals 7 were approved for funding and involved 29 former and current RHSP beneficiaries, as described in Table 1b.

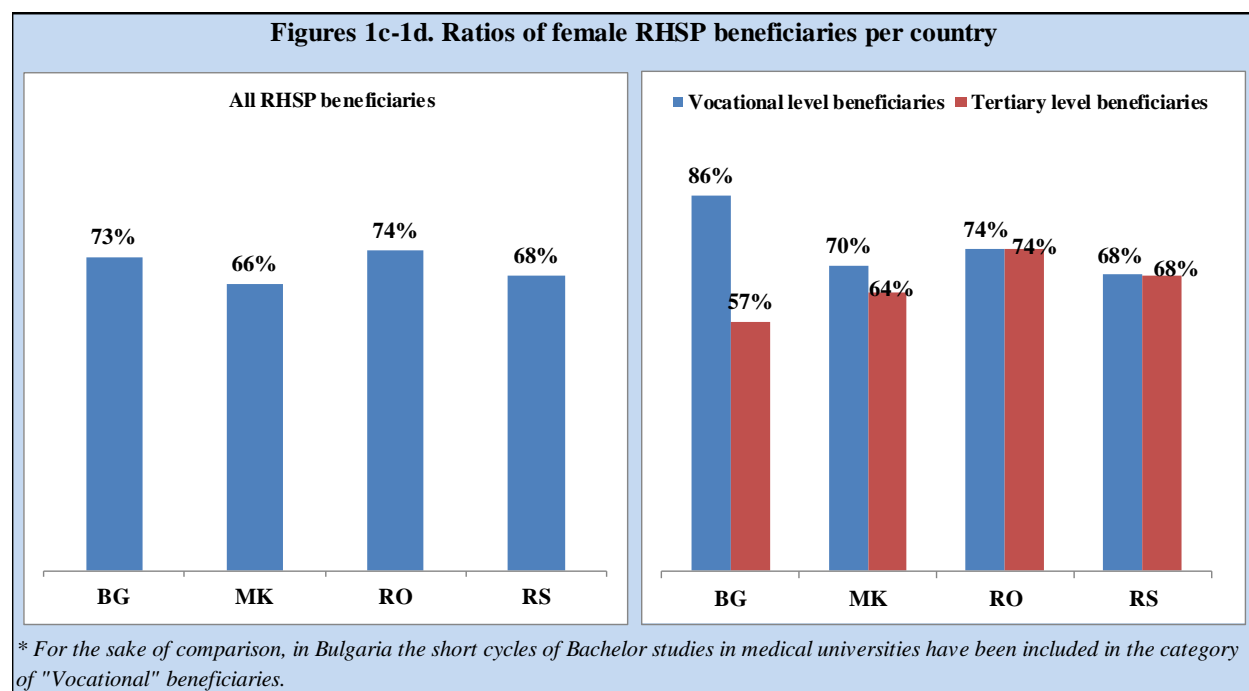
<b>Table 1b. RHSP Small Scale Projects 2015</b>			
<b>Country</b>	<b>Project description</b>	<b>Approved amount EUR</b>	<b>Implementation team: RHSP current or former beneficiaries</b>
<b>Bulgaria</b>	Addressing and prevention of hepatitis, diabetes and hypertension among families with a low socio-economic background; distributing health hygiene packages.	1,415	3 current; 2 former
	Health of the mothers; premature birth; child mortality and health nutrition of the children 0-1 year.	1,880	5 current; 1 former
	Fighting and prevention of diabetes and hypertension; healthy lifestyle.	1,560	7 current
	Prevention of diabetes type 2 - information campaign.	1,445	2 current; 1 former
<b>Macedonia</b>	Safe sex among teenagers; protection/prevention of STDs; the importance of visits to the gynecologist.	1,970	3 current
<b>Romania</b>	Awareness campaign for breast cancer prevention.	700	2 ongoing; 1 former
<b>Serbia</b>	Awareness raising on safe sex and protection/prevention of STDs.	1,380	2 ongoing

One of the projects implemented in Bulgaria in 2015 was led by Dimitrinka Borisova, RHSP beneficiary pursuing Master level studies in health care management, who together with two current and two former RHSP beneficiaries organized and conducted an awareness raising campaign for prevention of hepatitis, diabetes and hypertension, in the Roma community of Zhabarmala, in the town of Dolna Banya. In addition to direct meetings with local health mediators and neighborhood inhabitants, the project team visited the local institution for children without parents, discussed with them the importance of health and hygiene, and distributed hygiene packages. The project team members were also perceived as role models to a few of the children who expressed their wish to become medical nurses and doctors in the future.

Another project supported within RHSP scheme in 2015 was implemented in Romania, led by Sorin Lacatus, current RHSP beneficiary pursuing Bachelor studies in general medicine. The project team, composed of two current and one former RHSP beneficiaries, conducted an awareness raising campaign concerning breast cancer, emphasizing the importance of prevention and early detection check-ups. The project targeted 20 women in Bacioiu village in the eastern part of Romania, who participated in workshops about breast cancer early detection, received guidance about available health services for breast cancer related issues, and were handed out informative flyers.

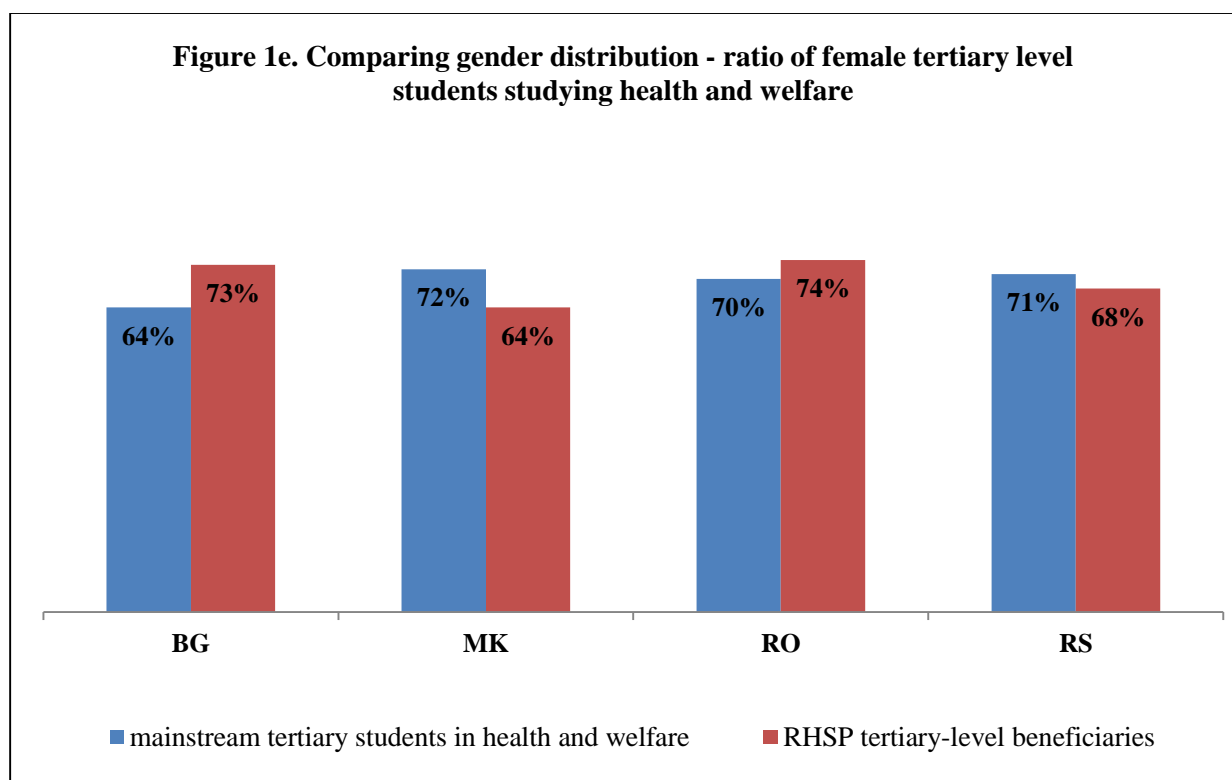
### I.3. RHSP students' social profile and geographic origin:

In all four countries there are **more female than male** beneficiaries in the RHSP program. The ratio of female beneficiaries per country varies between 66 and 73 percent, as illustrated in Figure 1c. In Macedonia and Bulgaria the ratios of female beneficiaries are even higher among vocational level students, this discrepancy being particularly high in Bulgaria (Figure 1d).



However, the comparison with the gender distribution among mainstream medical students reveals that the predominance of female students in this field of studies is a general tendency. The availability of data on tertiary level students' gender distribution by field of studies collected by UNESCO allows putting the RHSP gender statistics in perspective. As illustrated in Figure 1e below, the ratio of female medical tertiary level students in the RHSP program is comparable with the ratio of medical female students among the mainstream medical student population.





In the research on education and social mobility **parental level of education** is widely viewed as a predictor for children's level of education.<sup>8</sup> The degree to which this is the case depends on individual countries' attempts to increase the access to higher education for socio-economically disadvantaged students; however empirical evidence reveals that in most European countries the parents' education level is linked to that of their children.<sup>9</sup>

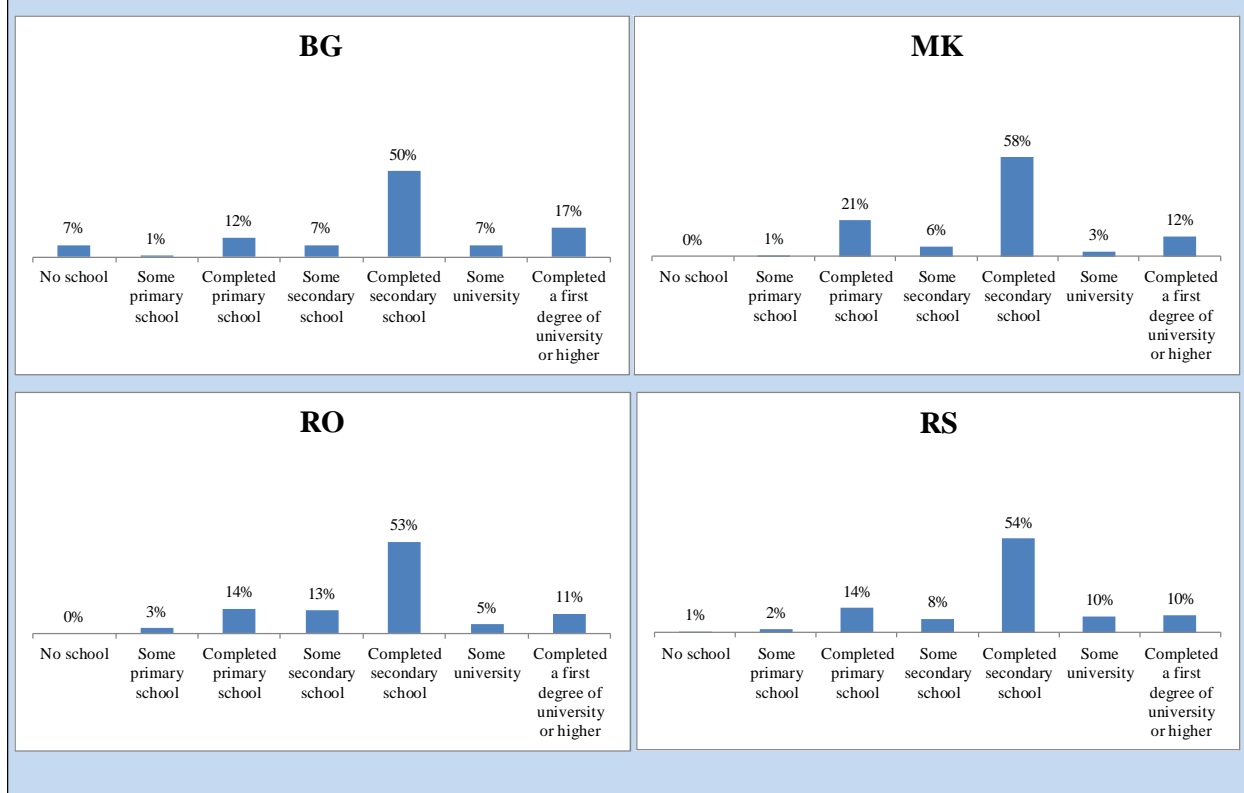
An absolute majority of RHSP beneficiaries come from families with at least one parent whose highest level of education completed is secondary school (which depending on the country ranges between 50 and 58 percent; see Figures 1f-1i below). Depending on the country, between 17 and 22 percent of beneficiaries come from families where parents completed at most primary school. Only a minority have at least one parent with complete higher education (11 to 17 percent). Generally, beneficiaries' fathers have higher levels of education than mothers. At the same time, RHSP beneficiaries who have studied medicine only at vocational level come from families with lower parental level of education, compared to beneficiaries who studied medicine at tertiary level.<sup>10</sup>

<sup>8</sup> See, for example, Dubow, E.F., Boxer, P. & Huesmann, L.R. (2009) Long-term Effects of Parents' Education on Children's Educational and Occupational Success: Mediation by Family Interactions, Child Aggression, and Teenage Aspirations, *Journal of Developmental Psychology*, 55(3), 224-249; OECD (2012), "Does parental education affect students' chances?", in *Education at a Glance 2012: Highlights*, OECD Publishing.

<sup>9</sup> Eurostat, 2013; Eurostudent IV, 2011.

<sup>10</sup> Note: REF collects data on applicants' parental level of education via its application system for scholarships. In Bulgaria, Macedonia, and Serbia the data on parental level of education is available for virtually all RHSP beneficiaries. In Romania the respective statistics are based on data available for only 58% of beneficiaries because, in the first two years of RHSP implementation in Romania, data on parental level of education was not collected.

**Figures 1f-1i. RHSP Beneficiaries' Parental Level of Education**



Parental level of formal education is frequently used as an indicator for students' socio-economic background.<sup>11</sup> Therefore, comparing parental level of education of Roma students with that of mainstream students is relevant for revealing the chances of young Roma to study at universities as "mainstream" students, i.e. without any additional support targeting Roma. Regretfully, there is no data available on mainstream medical students' parental level of education in the RHSP countries, data that would be most relevant for our comparison purposes. However, such data are available for all mainstream tertiary level students regardless of specialization, for three of the four RHSP countries, which can also be used for making comparisons with the RHSP beneficiaries, with the assumption that mainstream medical students' parental level of education does not differ substantially from that of the entire group of mainstream tertiary level students regardless of specialization. This comparison is illustrated below.

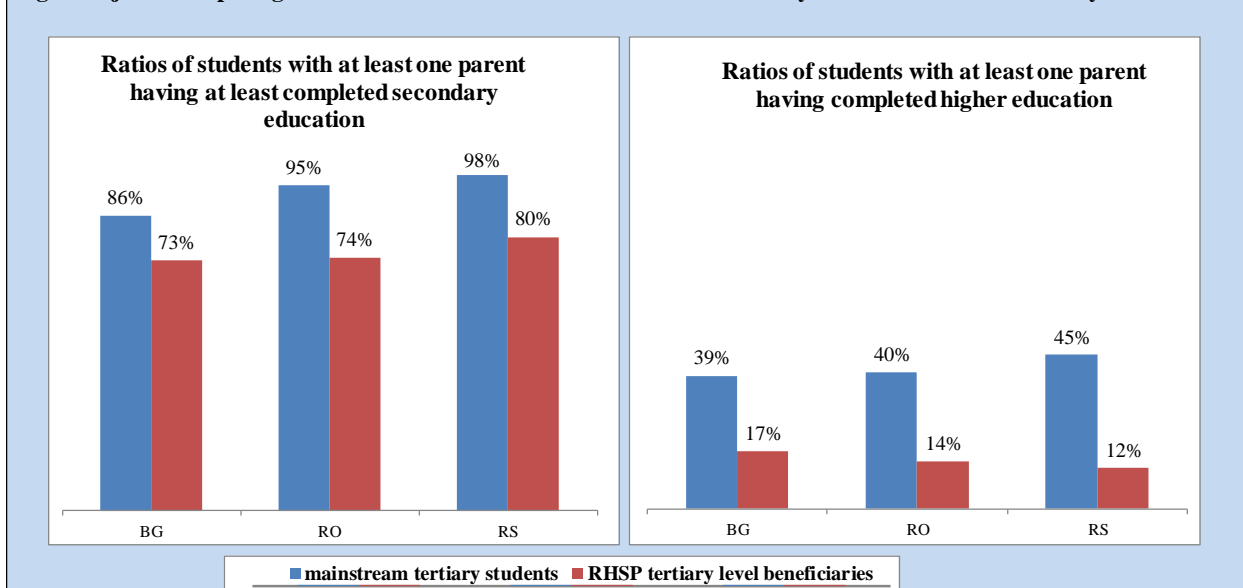
Figures 1j and 1k illustrate the difference in parental level of education between RHSP tertiary level beneficiaries and mainstream students for Bulgaria, Romania, and Serbia (data on mainstream students' parental level of education is unavailable for Macedonia).<sup>12</sup> The figures display the ratio of students with at least one parent having completed secondary education (1j), and respectively, completed higher education (1k). The data reveal that RHSP Roma students' parents have significantly lower level of formal education than mainstream students' parents, particularly in higher education. This reveals the generally more disadvantaged socio-economic background of Roma students as compared to mainstream students, and at the same time indicates smaller chances for Roma students to study in higher education, since as mentioned above, parental level of education is a predictor for children's enrollment in tertiary studies. This comparison suggests that one of the effects of RHSP program is in promoting social

<sup>11</sup> Improving the Measurement of Socioeconomic Status for the National Assessment of Educational Progress: A Theoretical Foundation. US National Centre for Educational Statistics, November 2012; Dubow, et. al (2009).

<sup>12</sup> Source for mainstream students' parental level of education: Eurostudent V (for Romania and Serbia); Bulgaria National Statistics Institute 2009 (for Bulgaria).

mobility among the Roma youth and that without additional support, many of the RHSP beneficiaries would not be among the “mainstream” student population because of their relatively lower socio-economic background.

**Figures 1j-1k. Comparing Parental Levels of Education: mainstream tertiary students and RHSP tertiary beneficiaries**



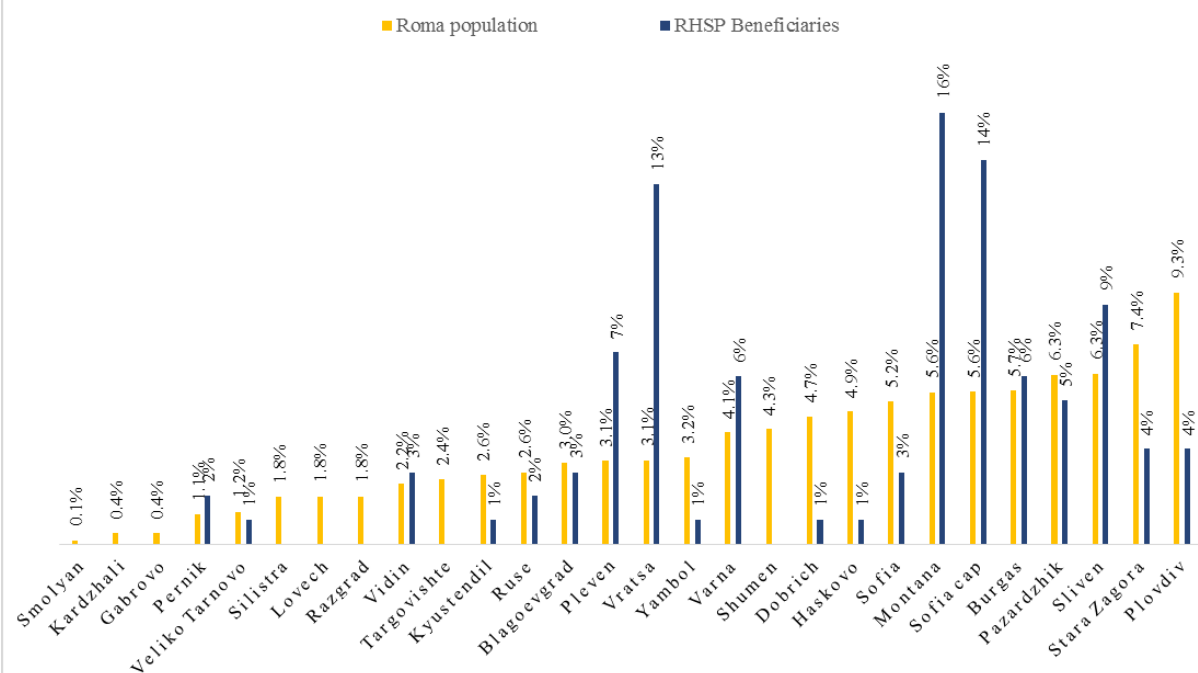
As for **beneficiaries’ geographic distribution**, in the process of beneficiaries’ selection the program has never given advantage to one geographic region or another within each country. However, the outreach campaigns were tailored in accordance with the geographic distribution of Roma population within the countries in order to make the geographic distribution of RHSP beneficiaries in line with it.

The geographic distribution of RHSP participants across regions is relevant because Roma students from regions with a higher concentration of Roma population are more likely to have social and family networks rooted within the Roma communities than students coming from regions with lower concentrations of Roma. The more the personal network of a student is rooted within the Roma community, the more likely s/he will be to play the role of an “agent of change and development” after university graduation and constitute valuable social capital for his/her less fortunate peers. This is why scholarship programs like RHSP should strive to recruit beneficiaries in a way that they represent the territorial distribution of the Roma population in a country.

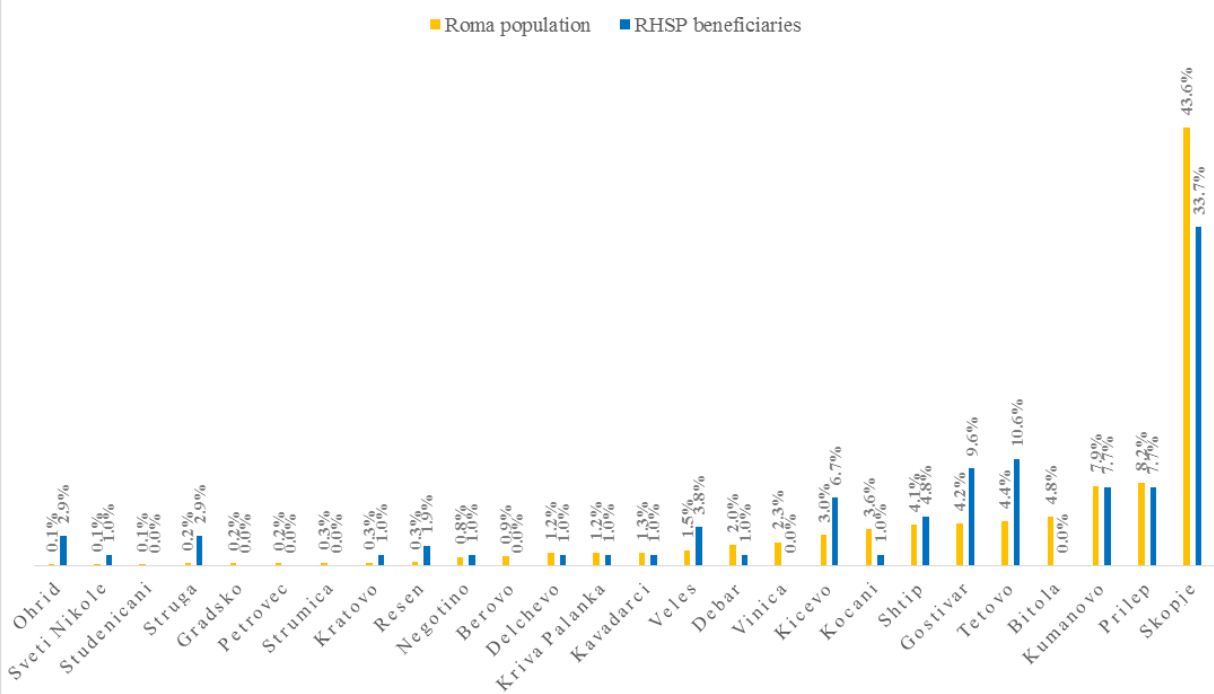
The four country figures below illustrate the geographic distribution of the Roma population in each country according to the most recent available data, and compare it with the distribution of RHSP beneficiaries by their geographic origin.<sup>13</sup> As one can observe in the figures there are regions where RHSP students were overrepresented and regions from where there were too few or no beneficiaries. Since 2013, the program has been supporting only renewal beneficiaries, thus the selection of new beneficiaries from underrepresented regions was not compensated.

<sup>13</sup> Data source for mainstream Roma population in Figures 1m-1o: Bulgaria: <http://www.nsi.bg/census2011/pageen2.php?p2=179&sp2=209> ; Romania: <http://www.recensamanromania.ro/rezultate-2/>; Serbia: <http://webzrzs.stat.gov.rs/WebSite/Public/PageView.aspx?pKey=163>; Macedonia: <http://www.stat.gov.mk/Publikacii/PDFGodisnik2013/03-Naselenie-Population.pdf>

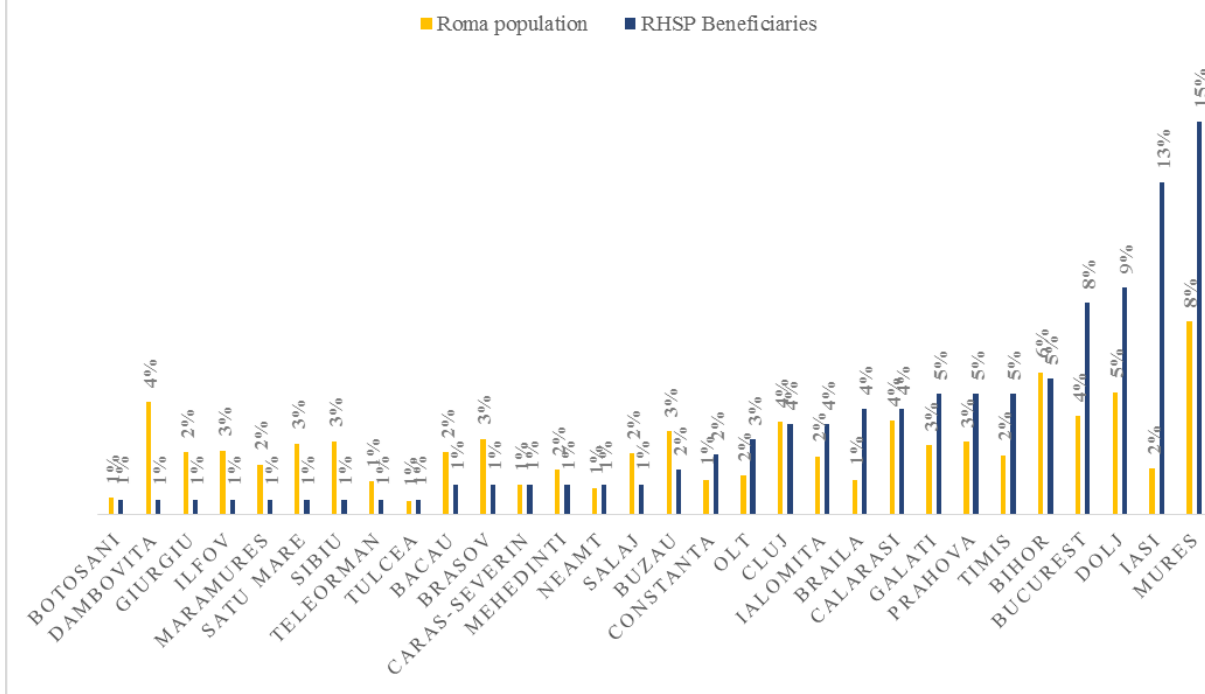
**Figure 1l. Geographic Distribution of Roma population compared to RHSP beneficiaries -Bulgaria-**



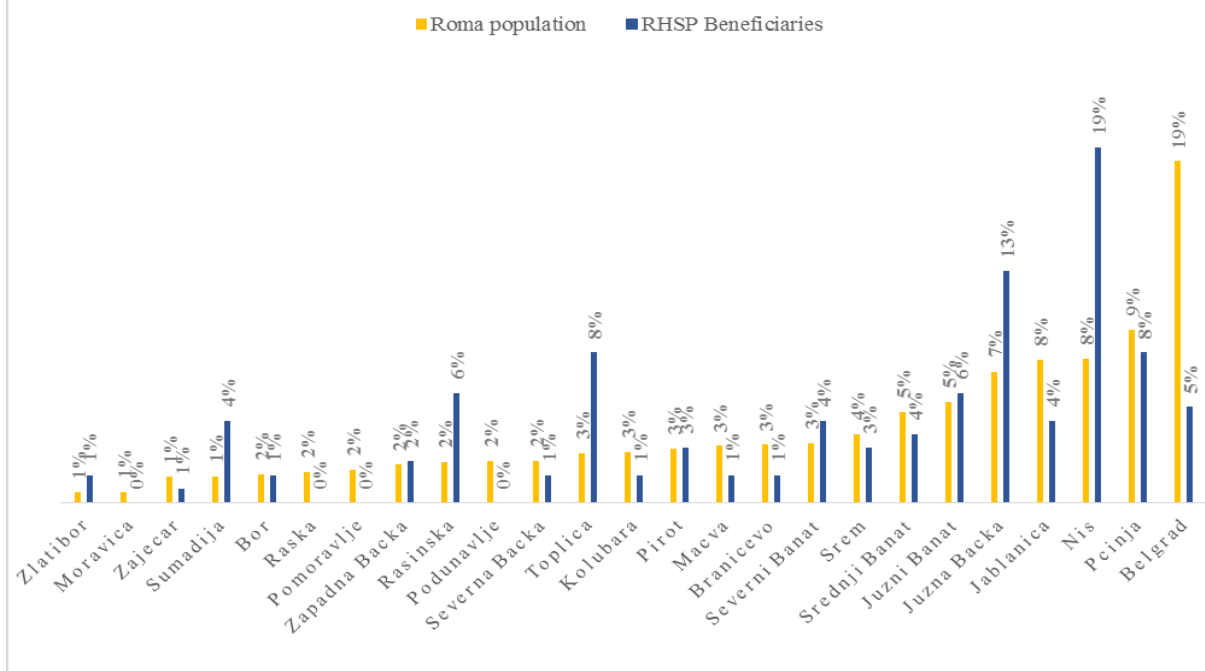
**Figure 1m. Geographic Distribution of Roma population compared to RHSP beneficiaries -Macedonia-**



**Figure 1n. Geographic Distribution of Roma population in compared with rhsp beneficiaries  
-Romania-**



**Figure 1o. Geographic Distribution of Roma population compared to RHSP beneficiaries  
-Serbia-**



The data on Roma population is based on national censuses in all four countries. One should keep in mind that these figures are debatable since they rely on self-declaration of ethnic identity.<sup>14</sup> It is generally believed that many Roma avoid declaring their ethnic belonging in census surveys for fear of stigmatization; therefore the geographical distribution of Roma population represented on these figures might not entirely reflect the reality. However, until new and more accurate data are available, we can only make use of the information that exists.

The data suggest that the geographic origin of RHSP beneficiaries often does not reflect the Roma population geographic distribution of each country. As the figures illustrate, there are regions that are underrepresented in the RHSP program and regions that are overrepresented. There are several possible reasons for this: first, the outreach campaign might have been more intense in some regions than in others; second, the differences in socio-economic development among regions might be linked to differences in secondary school graduation in the respective regions, which imply that in some regions with relatively low secondary school graduation rates but with a relatively high ratio of Roma, there were not enough eligible candidates for RHSP; third, the presence of civil society organizations in some regions more than in others could explain the difference in access to information for potential applicants; the proximity of medical universities and medical vocational schools, as well as the difference in acceptance rates for enrollment in medical studies in various locations, could also explain why some of the regions were underrepresented while others were overrepresented.

## **I.5. Value of the RHSP financial support in perspective:**

All applicants accepted as RHSP beneficiaries have been entitled to receive financial support through the RHSP scholarship. As explained in section I.1.1., the calculation of scholarship amounts was initially based on the assessed needs per country, built on the main cost indicators such as tuition fees, study books, medical instruments, accommodation, food, transportation and living cost. Based on the initial baseline studies, in each RHSP country two or more categories of scholarships were established depending on the category of studies. In 2014 the scholarship amounts for Romania were decreased based on recalculation of needs assessments. Table 1c specifies the annual amounts of scholarships for each category.

In order to assess the actual value of the RHSP scholarship support in each of the four countries and within specific regions of the country, we compared the average RHSP amounts with the minimum and average monthly wages. This comparison can put the RHSP scholarship amount in perspective from by determining what part of one minimum or average income of beneficiaries' families could be saved due to the RHSP support. Figure 1p compares the minimum and average monthly wages in each RHSP country with the RHSP scholarship categories received by majority of beneficiaries.<sup>15</sup>

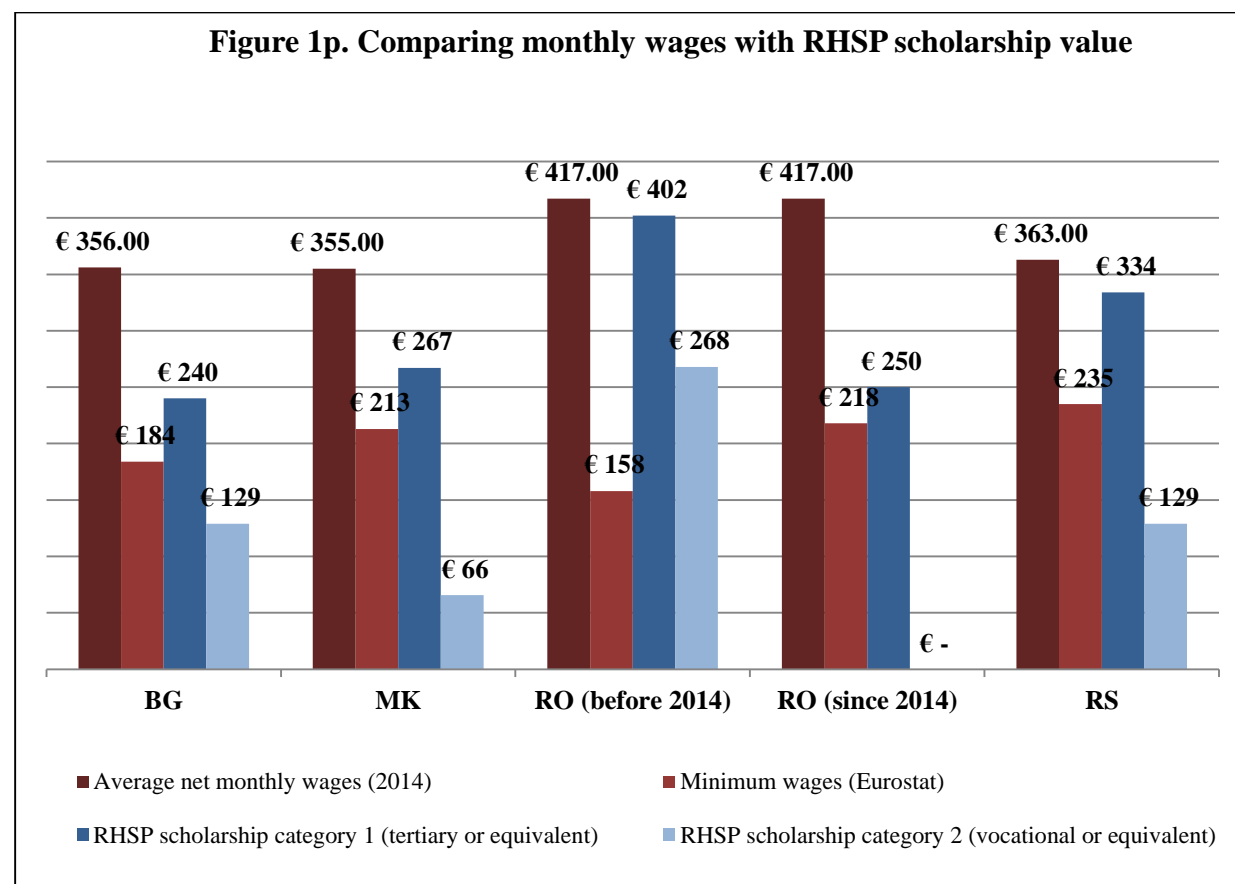
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<sup>14</sup> Messing, V. (2014). Methodological puzzles of surveying Roma/Gypsy populations. *Ethnicities*, 14(6), 811–829.

<sup>15</sup> Sources for the minimum wages data: Eurostat data for 2015, available at <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00155&plugin=1>; in case of Romania minimum wage, both data for 2013 and 2015 are represented, to make comparison with scholarship amounts before 2014 and after. Source average wages data: Bulgaria - [http://www.capital.bg/politika\\_i\\_ikonomika/bulgaria/2015/02/12/2471271\\_zaitite\\_leko\\_namaliavat\\_no\\_zaplatite\\_rastat/](http://www.capital.bg/politika_i_ikonomika/bulgaria/2015/02/12/2471271_zaitite_leko_namaliavat_no_zaplatite_rastat/); Macedonia - [http://www.stat.gov.mk/PrikaziSoopstenie\\_en.aspx?rbtxt=40](http://www.stat.gov.mk/PrikaziSoopstenie_en.aspx?rbtxt=40); Romania - <http://www.insse.ro/cms/files/statistici/comunicate/castiguri/a14/cs12r14.pdf>; Serbia - <http://www.cekos.rs/prose%C4%8Dne-neto-zarade-plate-decembar-2014-godine>

Table 1c. Categories of RHSP Scholarships and Amounts per Academic Year			
country	Categories of scholarship		Amounts per academic year
BG	General medicine, pharmacy, dentistry		2,400 EUR
	Laboratory assistance, medical nursing, healthcare management		2,150 EUR
RO	Vocational level studies	2008-2009	4,000 USD
		2009-2010; 2010-2011	2,680 EUR
		From 2014	n/a
	Tertiary level studies	2008-2009	6,000 USD
		2009-2010; 2010-2011	4,020 EUR
		From 2014	2,500 EUR
MK	Tertiary Education		2,670 EUR
	Resident Doctors		1,420 EUR
	Students in specialization		3,870 EUR
	Vocational Education (1 <sup>st</sup> and 2 <sup>nd</sup> years)		375 EUR
	Vocational Education (3 <sup>rd</sup> and 4 <sup>th</sup> years)		675 EUR
RS	Vocational level studies		1,290 EUR
	Tertiary level studies		3,335 EUR

**Figure 1p. Comparing monthly wages with RHSP scholarship value**



The figure reveals that for tertiary level medical studies, the RHSP scholarships were above the minimum wages in all four countries. As for the vocational level scholarships (or equivalent in the case of Bulgaria), this depended on the country: in Romania by the time vocational level studies were supported

in RHSP the scholarships were above the equivalent of a minimum wage; in Bulgaria they constituted about 70 percent of a minimum wage; in Serbia they constituted 55 percent, while in Macedonia 31 percent. The comparison with average wages suggests that tertiary level RHSP scholarships were comparable with average wages in Serbia and in Romania before 2014, and at the same time constituted an important ratio of average wage equivalent in the other countries (i.e. at least 60 percent). These data suggest that RHSP tertiary scholarship amounts were high compared to the local income rates. As for the vocational level scholarship amounts, the value compared to local incomes depended on the country.

## I.6. Structure of medical studies in the RHSP countries:

Although all 4 RHSP countries are signatories of the Bologna Declaration, the medical education system in each country has its own specificities. The structure of the medical studies in each country is summarized in Annex 2 and described below.

In **Bulgaria** all types of medical studies are pursued at tertiary level, including specializations that in other countries are pursued within vocational secondary schools or in medical post-secondary non-tertiary schools. There are 9 state-funded and one private medical university in Bulgaria.<sup>16</sup> After graduating from upper secondary education, students can enroll in one of the three available types of programs, equivalent to the international ISCED 5 and 6 levels:

- 3-year “professional bachelor studies” leading to a Bachelor degree in laboratory assistantship, rehabilitation, medical cosmetics or public health;
- 4-year “undergraduate studies” leading to a Bachelor degree in nursing, midwife or healthcare management;
- 6-year “integrated studies” for medical doctors, Masters in pharmacy, or Masters in dentistry.

For all these types of programs it is possible to continue studies at higher levels after graduation:

- graduates of “professional bachelor studies” can continue for 1.5 more years to obtain a Bachelor in nursing management;
- graduates of “undergraduate studies” can study two years more to obtain Master degrees in public health or nursing management;
- graduates of “integrated studies” can continue with minimum two years of “postgraduate specialization” leading to Doctorate degrees or equivalent (ISCED 8).

The medical education systems in **Macedonia** and **Serbia** are almost identical. After graduating lower secondary school students can pursue vocational level medical education in medical high schools for a period of 4 years, leading to vocational level diplomas for medical assistantship in nursing, radiology, dentistry, or pharmacy. There are 13 such state vocational medical schools in Macedonia and 41 in Serbia. To be eligible for medical studies at tertiary level students should have graduated either a general upper secondary school (gymnasium), or a vocational medical school. There are two paths available at tertiary level:

- either to pursue three years of “undergraduate studies” leading to Bachelor level diplomas in medical nursing, radiology, or physiotherapy,
- or to pursue 5–6 years of “integrated studies” leading to Master level degrees in general medicine, pharmacy and dentistry.

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<sup>16</sup> Ministry for Education and Science – Bulgaria <http://www.mon.bg/?go=page&pageId=12&subpageId=685>



Medical education can further continue with two-year “Master of Science” studies for those who graduated “undergraduate studies”, and with one-year “Master of Science”, or with minimum three-year postgraduate doctorate studies or postgraduate specialization studies in case of those who graduated “integrated studies”.

There are 4 state-funded medical universities in Macedonia and 6 state-funded and 2 private medical universities in Serbia.<sup>17</sup>

In **Romania**, after graduating from high school (*liceu*) students have to pass a final exam which offers the right for enrollment in university. Students can pursue vocational level medical education in medical post-high schools for a period of 2-3 years, leading to professional certificates for medical assistantship.<sup>18</sup> After graduation students can enter in the labor market or take the exam to enroll in medical studies at tertiary level. There are three paths available at tertiary level:

- to pursue 3 years of “short cycle programs” leading to qualifications as a medical assistant,
- to pursue 4 years of “undergraduate studies” leading to Bachelor degrees in midwifery or nursing management;
- or to pursue 5-6 years of “integrated studies” leading to Master level degrees in general medicine, pharmacy and dentistry.

According the education system in Romania, the graduated medical students are required to do specialization in hospitals, known as “resident status” before taking postgraduate studies or entering the labor market.

Further medical education can continue with one-year “Master of Science” studies for those completing “undergraduate studies” or minimum three-year postgraduate doctorate studies after taking the resident exam for those who graduated “integrated studies”.

## 1.7. Access to medical studies for mainstream students:

According to mentors’ answers to the survey questionnaire, the number of applicants to vocational level education exceeds the number of available places in all countries. For Serbia and Romania the RHSP mentors estimated that 2-4 candidates compete for a place in medical vocational studies. As for Macedonia, mentors stated that competitiveness for a place in vocational schools is high, particularly in Skopje. According to their estimates, the number of applications exceeds the number of available places by approximately 20 percent.

According to mentors who completed the tracer study survey, the share of mainstream vocational students who successfully finish their studies is high in all four countries. Most students, regardless of their ethnic origin, finish vocational medical education in Serbia. The case is similar in Romania where mentors estimate that the approximate share of vocational students who successfully finish their studies is 90

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<sup>17</sup> "Call for Enrolment for students in secondary education schools in Republic of Serbia for the academic 2014/2015"-Ministry for education, science and technical development.

[http://www.mpn.gov.rs/images/content/prosveta/srednje\\_skole/konkurs1415/konkurs14-v4.pdf](http://www.mpn.gov.rs/images/content/prosveta/srednje_skole/konkurs1415/konkurs14-v4.pdf);

[http://mpn.gov.rs/images/content/akreditacija\\_NIO/Akreditovani\\_instituti-2014\\_02.pdf](http://mpn.gov.rs/images/content/akreditacija_NIO/Akreditovani_instituti-2014_02.pdf); "Call for Enrolment for students in the public secondary education schools in Republic of Macedonia for the academic 2015/2016", Ministry of Education and Science available here: <http://www.mon.gov.mk/images/Artic-zDOC/Konkurs-za-upis-vo-prva-godina-2015-2016v4.pdf>

<sup>18</sup> The Ministry of Education and Scientific Research-Romania <http://www.edu.ro>; Romania Secondary Education-StateUniversity.com <http://education.stateuniversity.com/pages/1258/Romania-SECONDARY-EDUCATION.html>

percent. A somewhat higher share of students completes vocational education in Macedonia (i.e. 95 to 99 percent of students successfully finish their studies regardless of their ethnic origin).

Similarly, the enrollment at university level medical studies is highly competitive in all RHSP countries. In Serbia the competition for enrollment depends on the specific department. However, mentors generally agree that, regardless of the department, at least two students compete for a single university place, while with respect to more competitive faculties it is common that three students apply for a single spot. Mentors evaluate the competition in Romania to be somewhat stronger: namely, between three and five candidates compete for a university place in medical studies, while some mentors report that sometimes even six contenders apply for a place. However, similarly to Serbia, the competition is dependent on the university and the department.<sup>19</sup> Considering the number of candidates in Macedonian universities, there is no agreement on the exact estimate, although mentors agree that the application process is highly competitive, and may amount to five applicants per university place.<sup>20</sup> The most competitive application process is reported for Bulgaria, where the majority of mentors estimated that there are ten applicants per one university spot. A mentor explained the high application rate by the demand for medical education which transgresses national borders, with a large number of applicants from countries such as Turkey, Macedonia, Greece, Germany, as well as other EU member states. In line with other countries the number of applicants in Bulgaria varies depending on the location of university and the enrollment cycle.

With respect to the rate of students who successfully finish their studies, based on mentors' estimates, Romania and Bulgaria seem to have the lowest dropout rates, while Serbia and Macedonia seem to lag behind. Considering the dropout rates at the university level medical education in Serbia, there is an agreement that the rate is significantly higher in comparison to vocational education. In this respect, the typical assessments of the share of enrolled medical students who complete their medical studies range from 50 to 80 percent (the most frequent assessment is 70 percent) and it is dependent on the university and the department. A somewhat higher share of Romanian students finishes university level medical education: mentors estimated the share to be between 80 and 90 percent of all enrolled students, and sometimes even higher. On the other hand, with respect to Macedonia the estimates are quite variable, ranging between 40 and 90 percent. In Bulgaria the dropout rates are similar to Romania, and the lowest estimate of the share of students who successfully finish their studies is 80 percent, while the majority of mentors estimated this share to be about 90 percent.

## **II. THE ROLE OF THE RHSP PROGRAM IN BENEFICIARIES' ACCESS TO MEDICAL STUDIES**

This section analyzes the role of RHSP in opening access for Roma to medical education, by using RHSP students' responses to the anonymous online survey, RHSP mentors' feedback, REF administrative data, as well as desktop research. The section specifically focuses on determining the extent to which RHSP contributed to the enrollment of Roma in medical education, to their progression through medical studies, as well as to their successful graduation. The section also discusses the phenomenon of interruption of studies and dropouts in RHSP.

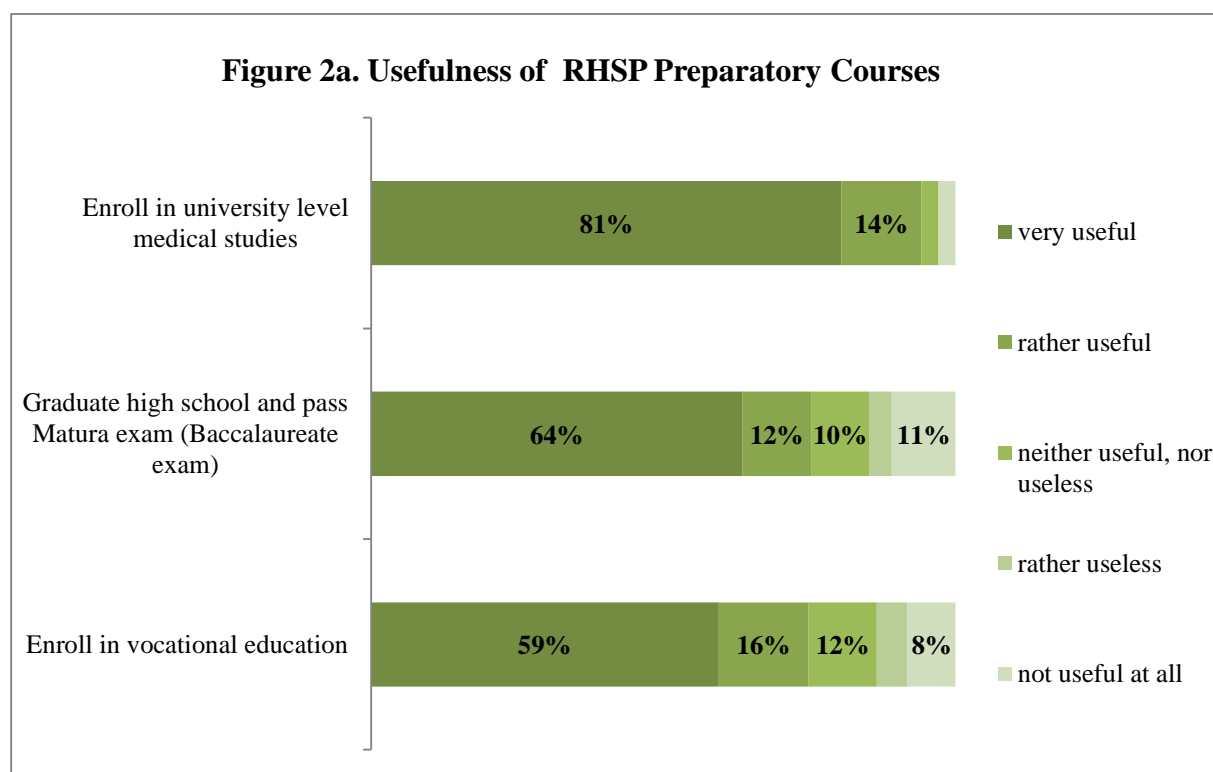
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<sup>19</sup> For instance, in this school year in Oradea there were two to three applicants per university place, while in Bucharest there were four to five applicants per available place.

<sup>20</sup> However, in this respect the studies in pharmacy are an exception as last year the number of applicants matched the number of available places.

## II.1. RHSP Preparatory Courses and their role in helping Roma students enroll in medical studies:

As mentioned in the previous section, one of the additional components of RHSP program, the Preparatory Courses, were designed to prepare high school Roma pupils interested in pursuing post-secondary medical studies for the entrance exams to medical universities and colleges. The REF administrative data indicate that 15 percent of RHSP beneficiaries (79 individuals) participated at some point in RHSP Preparatory Courses. However, in the survey the beneficiaries of Preparatory Courses are overrepresented, with 24 percent of respondents having said that they participated in such courses. The data below present their feedback on these courses as expressed through the online survey.



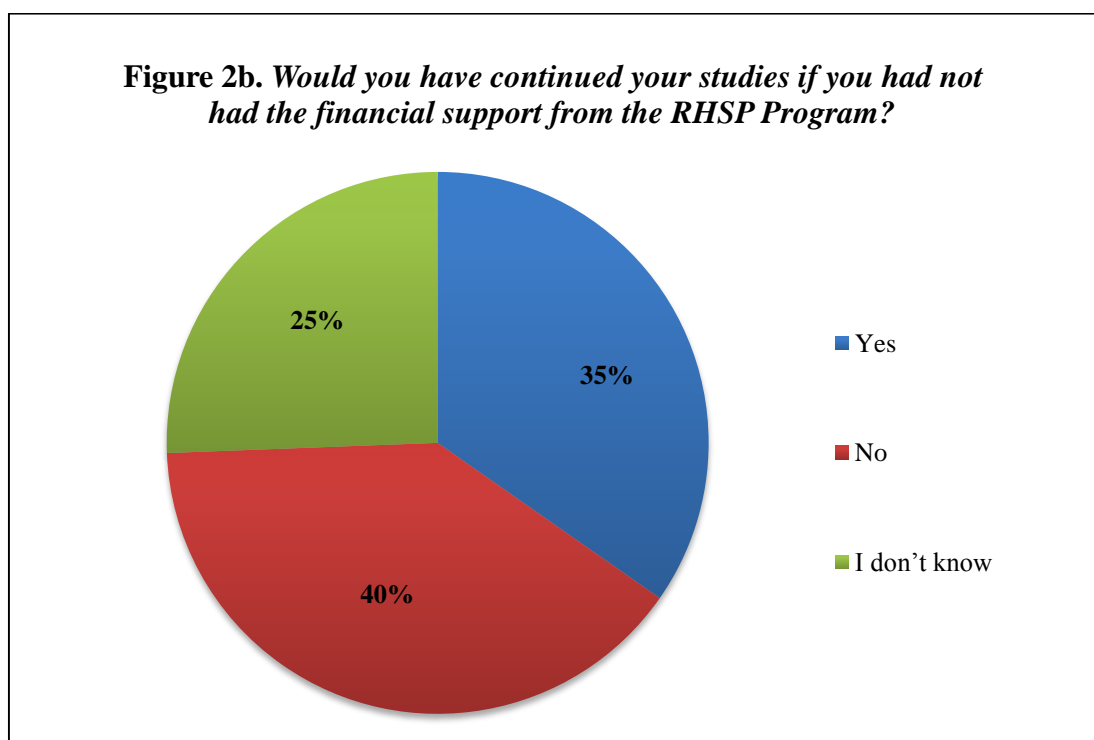
The overwhelming majority of survey respondents who participated in Preparatory Courses found them to be very useful, with a particularly high level of satisfaction among those who had Preparatory Courses for enrollment in university level studies (see Figure 2a). A lower share of beneficiaries perceived Preparatory Courses for high school graduation and Matura exams and Preparatory Courses for enrollment in vocational education to be useful.<sup>21</sup>

## II.2. RHSP Scholarship and its role in helping Roma students pursue medical education:

The scholarship constitutes one of the core components of the RHSP program, as it provides students with much needed financial support. When asked: *“Would you have continued your studies if you had not*

<sup>21</sup> It should be noted that difference between Preparatory Courses for graduate high school and Matura exams and preparatory courses for enrollment in vocational education with respect to the shares of “rather useless” and “not useful at all” answers is only somewhat larger than one percent.

*had the financial support from the RHSP program?*”, approximately 40 percent of respondents answered that they would not have continued their studies, while 35 percent answered that they would have continued their studies anyway; 26 percent answered that they do not know (see Figure 2b). Thus, if the category “I do not know” is disregarded, it can be stated that the financial support of RHSP had a decisive impact on about half of respondents in facilitating their continued education.<sup>22</sup>



When we focus on the contribution of RHSP scholarship to students who stated that they would have continued their education regardless of RHSP’s support, we are able to identify a decisive contribution of the program to this cohort of students as well. In this respect, Figure 2c illustrates that 12 percent of respondents would have postponed their education without RHSP’s support, 9 percent would have chosen an educational institution closer to their home, while another 9 percent think they would have considered pursuing a lower level degree (e.g. only vocational education and no university studies, or only Bachelor level and no Master). Only a few declared that they would have chosen a different specialization, other than medicine.<sup>23</sup> Therefore, even among those 35 percent who declared that they would have continued their studies without REF support, 38 percent would have changed the intended form of studying. Hence, **from all group of respondents only 22 percent felt that the lack of RHSP support would not have affected their decision to study medicine or their specific form of studies.** For over 70 percent of respondents the lack of RHSP scholarship would have affected at least their form of studies.

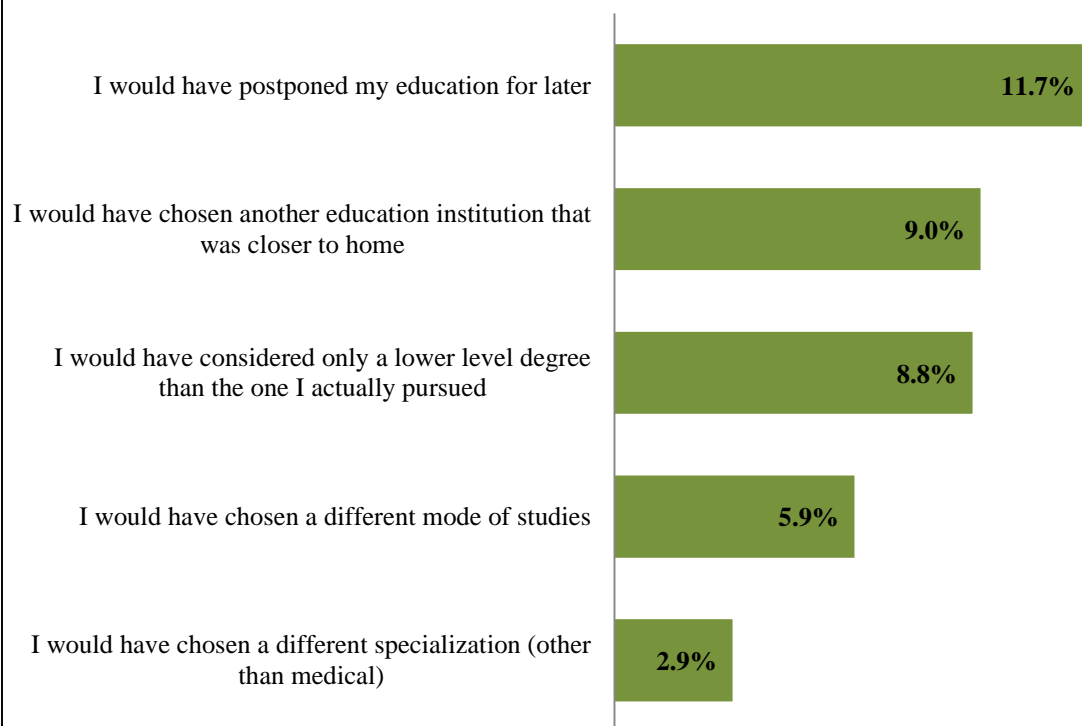
The student survey also reveals that the RHSP scholarship has been a major contribution to beneficiaries’ monthly budgets. Namely, 49 percent of beneficiaries stated that RHSP scholarship covered about 80

<sup>22</sup> In this instance we may assume that category “I do not know” is equally distributed across both students who would proceed with their studies and students who would stop their education.

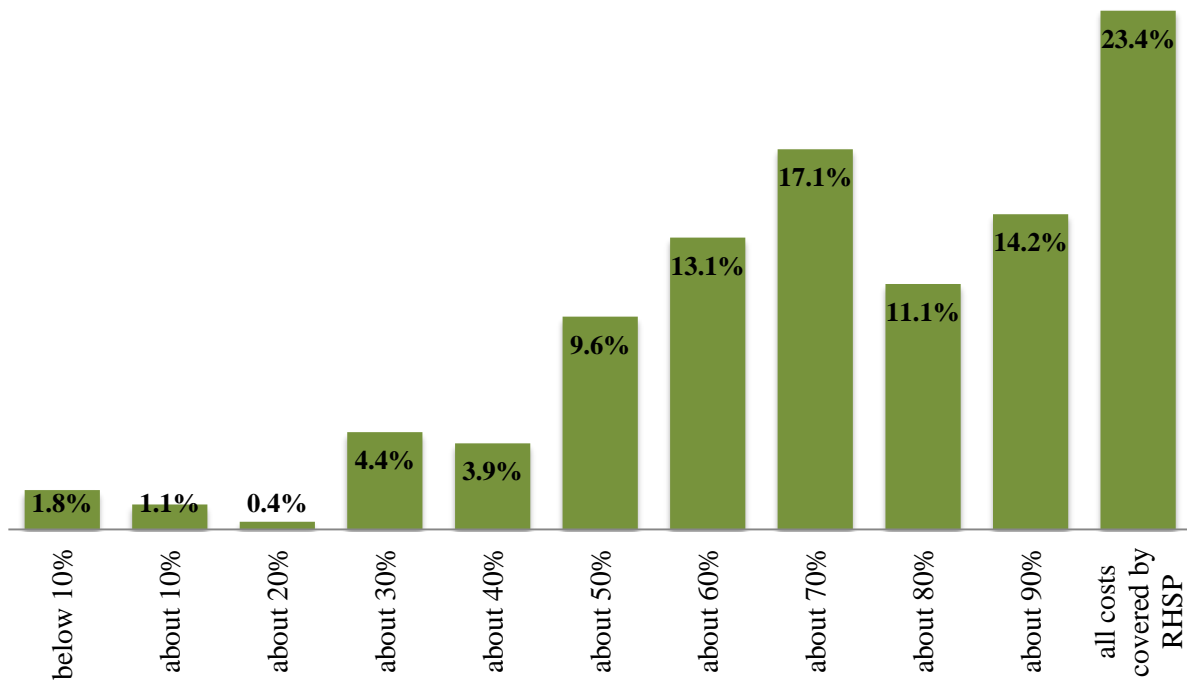
<sup>23</sup> Among this latter category, most declared that they would have chosen a different specialization because they would have not been able to cover all costs related to medical education, about half declared that they would have not been able to cope with academic requirements of medical education without RHSP mentorship support, while 43 percent would have considered a different specialization due to the length of medical studies.

percent or more of their basic monthly expenses (including both study related costs and living costs), while 23 percent reported that virtually all their monthly study and living costs were covered by RHSP (see Figure 2d). On the other hand, 79 percent of respondents declared that RHSP scholarship covered at least 60 percent of their basic monthly expenses. Only 3 percent of beneficiaries felt that RHSP scholarship covered only 20 percent or less of their monthly expenses. Therefore, it is safe to say that RHSP scholarship constituted a major share of RHSP beneficiaries' monthly budget.

**Figure 2c. *If I did not have the RHSP support:***

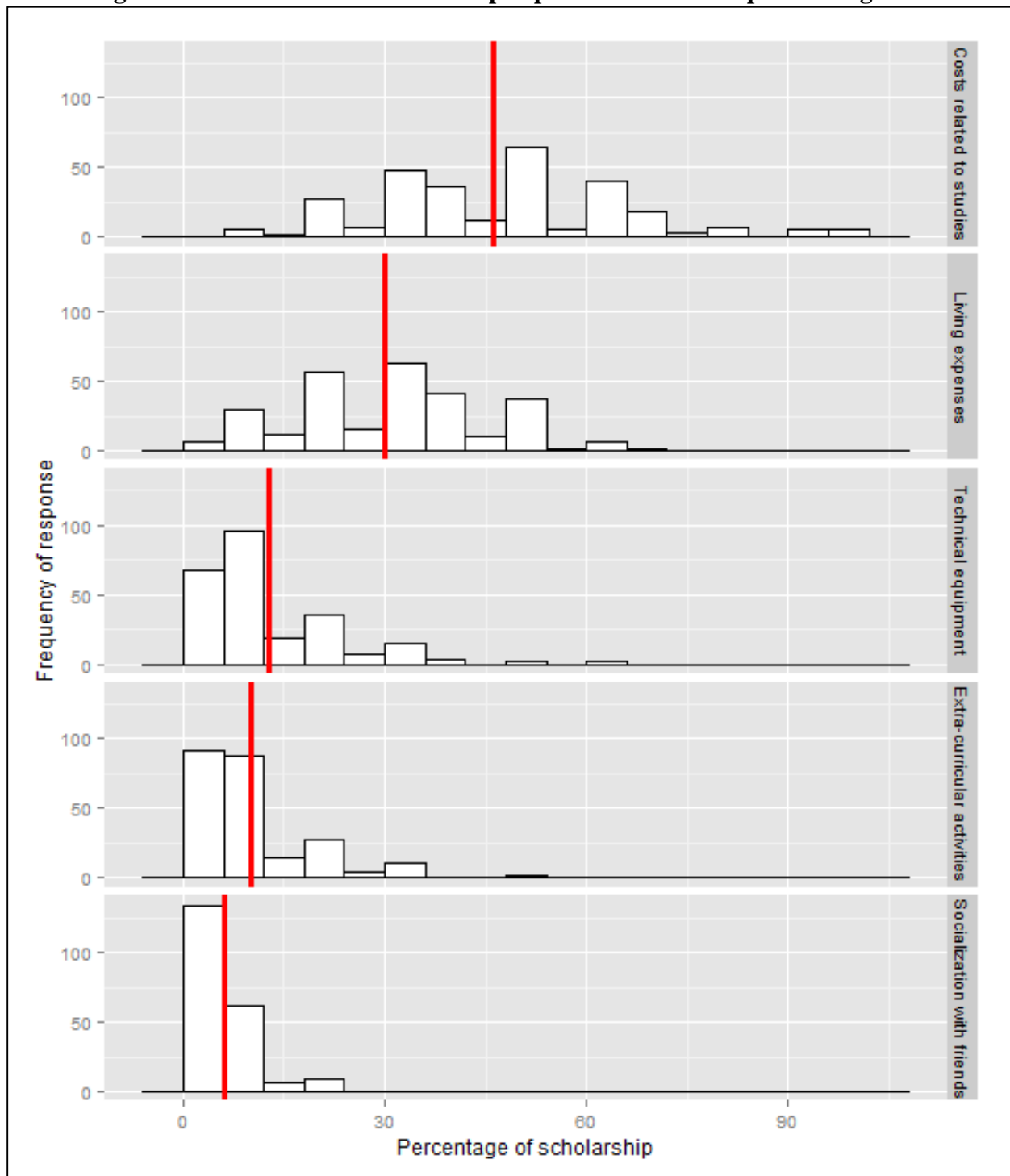


**Figure 2d. Proportion of basic monthly expenses as covered by the RHSP scholarship**



With respect to the proportion of the scholarship spent across the main expenditure categories, Figure 2e reveals that the largest share of scholarship (on average 46.6 percent) has been spent on costs directly related to studies (tuition fee payments, books, study materials, etc.). The share of this category is followed by the share of living expenses (such as accommodation, food, transportation, clothes, etc.), which account for, on average, 29.7 percent of spent scholarship. Lastly, technical equipment (computer, laptop, printer, scanner, camera, mobile phone, etc.), extra-curricular activities (foreign language courses, participation at conferences, driving license courses, etc.) and socialization with friends and peers account for, on average, 12.9 percent, 9.9 percent and 6.1 percent of spent scholarship, respectively. In addition, several beneficiaries noted that a part of the scholarship was used to alleviate the financial situation of their families.

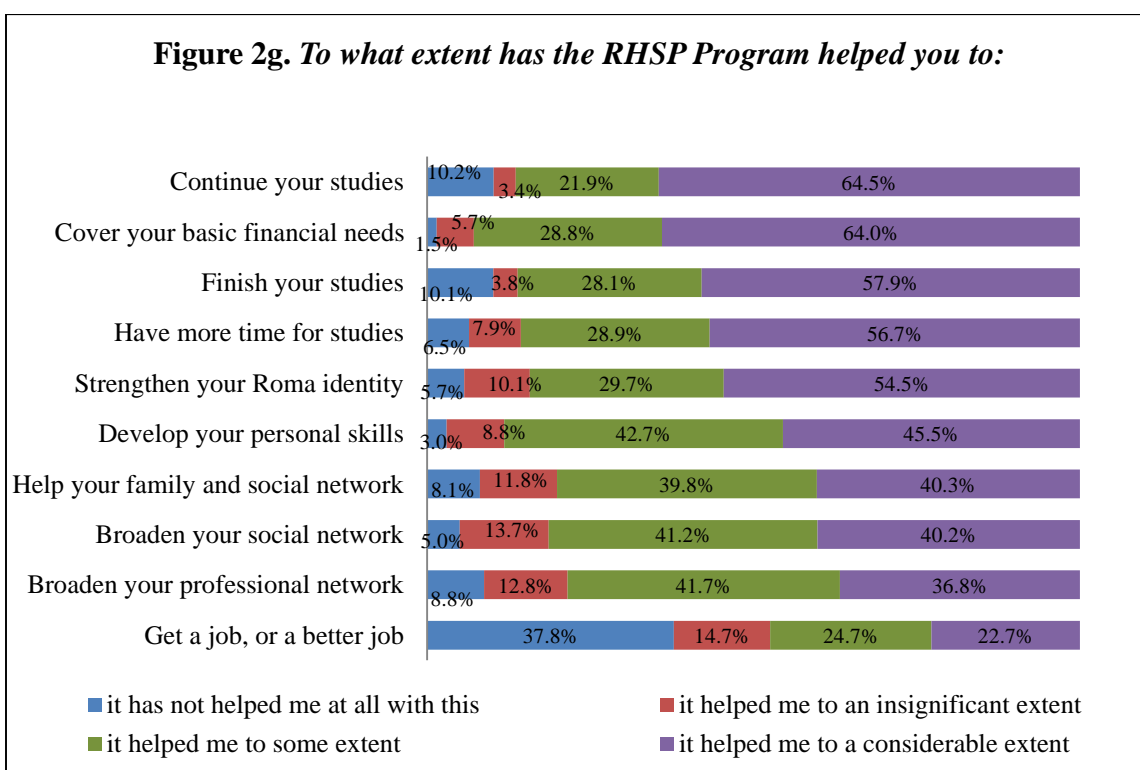
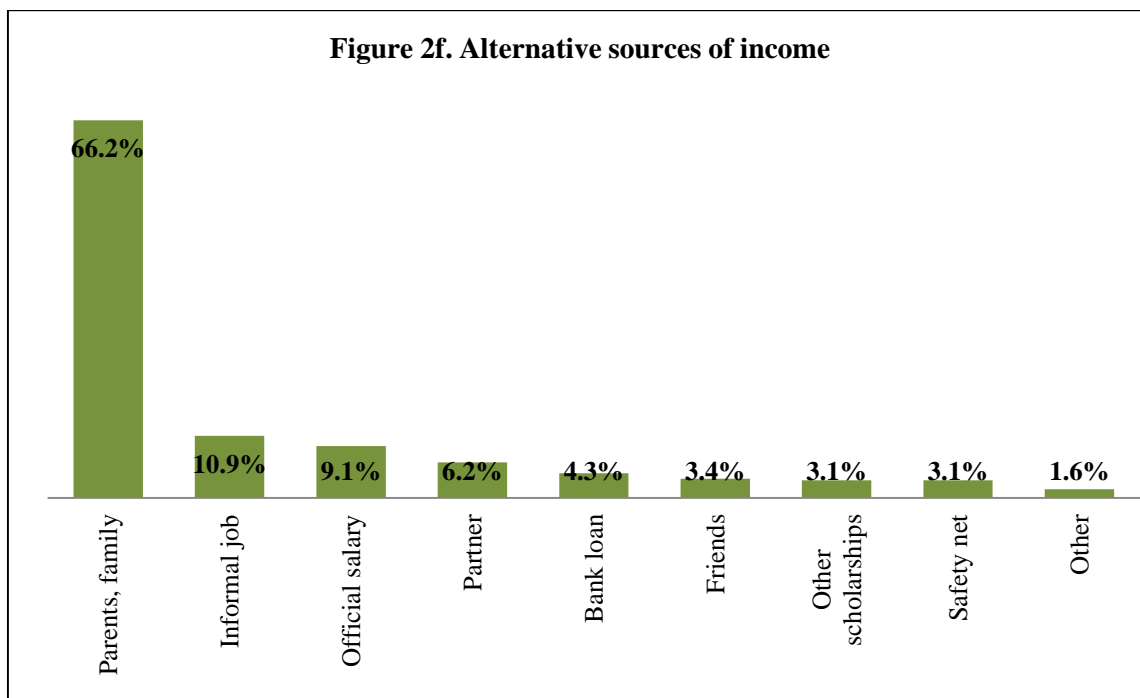
**Figure 2e. Distribution of scholarship expenditure across expense categories**



*Note: the vertical red line indicates the value of the mean*

Considering alternative sources of income used to cover the cost of living not covered by the RHSP scholarship, Figure 2f demonstrates that family and parents provide most of additional financial support to the beneficiaries. This support is followed by students' own incomes, which account for approximately 20 percent of respondents. In this regard, the share of students working informally and the share of

students with official employment are similar, and there is a slight overrepresentation of students working in informal jobs. Beneficiaries' partners are another source of additional support. Finally, a small fraction of respondents had alternative forms of financing via bank loans, friends, other scholarships or stipends, and safety nets (such as subsidies or allowances provided by the state welfare system, such as unemployment benefits, or housing subsidies).





Finally, we address the assistance of RHSP to academic, professional and personal development of beneficiaries. In this respect, the strongest contribution of RHSP is in facilitating the education and academic progress of its beneficiaries – 64.5 percent of respondents think that RHSP helped them considerably in continuing their studies, while 57.9 percent think it helped them to a considerable extent in finishing their studies. Figure 2g suggests that RHSP had a strong impact on the financial support of its beneficiaries, as 64 percent of respondents stated that RHSP helped them to a considerable extent in covering their basic financial needs. It is also relevant to emphasize that 54.5 percent of respondents think that RHSP helped them considerably in strengthening their Roma identity. Furthermore, the Figure shows that beneficiaries have an overwhelmingly positive attitude with respect to the assistance of RHSP in the development of their personal skills, in helping their families and social networks, as well as in broadening their social and professional networks.

Finally, the only aspect of RHSP support that has a negative evaluation is help in gaining or finding better employment. In this respect, 37.8 percent of respondents stated that RHSP had not helped them at all in finding a job, while 14.7 percent of respondents stated that RHSP employment assistance was insignificant. It is important to mention here that helping beneficiaries finding a job was not part of RHSP's direct program objectives or design; this has been rather an implicit expectation that by helping RHSP access medical studies, graduate, develop personally and professionally during the period of studies, RHSP would implicitly increase beneficiaries' chances on the labor market. The integration of RHSP beneficiaries on the job market is further discussed in section 3.

### **II.3. RHSP Mentorship component and its role in helping Roma students progressing through medical education:**

The mentorship component of RHSP facilitates assistance to and continual supervision of beneficiaries' academic progress and performance. The majority of RHSP beneficiaries who participated in the survey had only one mentor (45 percent of respondents), while 41.8 percent had at least two mentors. Out of these respondents, 41 percent stated that they interacted with their mentor once per week (see Figure 2h). A similar share of beneficiaries, 41.7 percent of respondents, met their mentors either every two weeks or once per month. On the other hand, 8.6 percent of respondents stated that they were in contact with their mentors either every two months or once per semester. Only 2.9 percent of beneficiaries had highly irregular interactions with their mentors: 2.4 percent of respondents met with their mentors less than once per semester, while 0.5 percent never met their mentor. Finally, the category "Other" primarily refers to the beneficiaries who were meeting their mentors twice a week or even daily. In addition, some respondents used this category to note that their meetings with mentors were not arranged in equal time intervals but rather on the basis of beneficiaries' needs.

Despite the extensive variation, it is important to note that overwhelming majority of the respondents is satisfied with the frequency with which they interacted with their mentors (82.8 percent). However, 14.5 percent of respondents felt the need to interact with their mentor/s more frequently.<sup>24</sup>

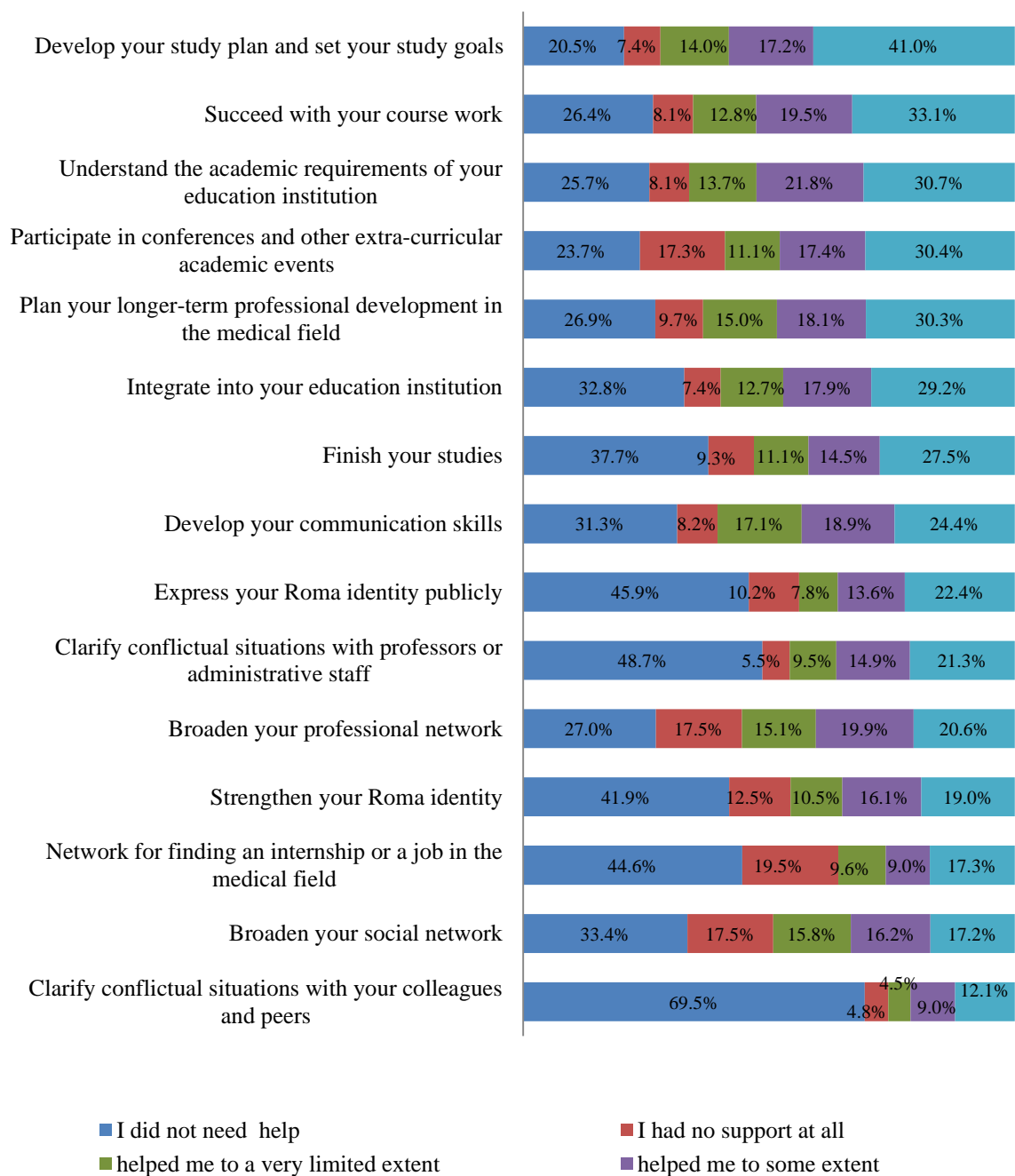
According to survey responses, the RHSP mentorship component seems to have been most useful for beneficiaries' academic development. In this regard, 41 percent of respondents stated that mentor/s helped them to a great extent in developing their study plans and setting their study goals, while 33.7 percent stated that mentors helped them to a great extent with succeeding in their course work. Approximately 30 percent of respondents declared that mentors helped them to a great extent to understand academic

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<sup>24</sup> A small number of respondents, 2.7 percent, felt that the frequency of interaction with mentor/s was overbearing.

requirements of their educational institution, participate in conferences and other extracurricular academic events, as well as to integrate in their educational institutions and plan their long-term professional development in the medical field (Figure 2h).

**Figure 2h. To what extent has the RHSP mentor(s) helped you to:**



However, it seems that the mentorship program contributed the least to the further development of beneficiaries' professional careers. Namely, only 27 percent of respondents stated that they had mentors' support in networking, at least to some extent, in order to find an internship or a job in the medical field, while only 35 percent stated that they had mentors' support in broadening their professional networks. Finally, beneficiaries did not feel a need to seek mentors' assistance in conflict situations either with their colleagues and peers or with professors or administrative staff of their academic institutions. Similarly, beneficiaries did not ask for mentors' support in expressing their Roma identity publicly or in strengthening their Roma identity.

When we focused on the individual experiences of RHSP beneficiaries with their mentors, it became apparent that, at least partly, successful mentorship is a consequence of the mentor's academic credentials, professionalism, and character. Therefore, the careful selection of mentors should be one of RHSP's priorities. In the words of a student:

*"The mentorship component is very important for the program because mentors are well-known professors in our university and they can open doors which we as students cannot. But also it is very important to choose mentors who are really interested in us, the students, and who will try in every possible way to help us finish the medical studies. However, if the chosen professors are not interested in us, the component is useless."*(Source: anonymous online survey for RHSP beneficiaries).

A good choice of a mentor is likely to have an exceptional effect on student's academic achievements, professional development and even their personal development. For instance, a student wrote:

*"The collaboration with my mentor was on a superb level. Always when I needed help and support I got it from her. She is a very positive person who was supporting me in becoming a doctor. She was always encouraging me not to be ashamed of my nationality. My parents respect her as well and now we are good friends. I have only great words for my mentor. I would be glad if she could continue to mentor the other cohorts of students."* (Source: anonymous online survey for RHSP beneficiaries).

Another student said:

*"My mentor was very interested in my studies. Every time when I was looking for help she helped me. Beside the professional life, she helped me in my personal life too; she is always here for all Roma students even if they are not RHSP beneficiaries."* (Source: anonymous online survey for RHSP beneficiaries).

Yet another student wrote:

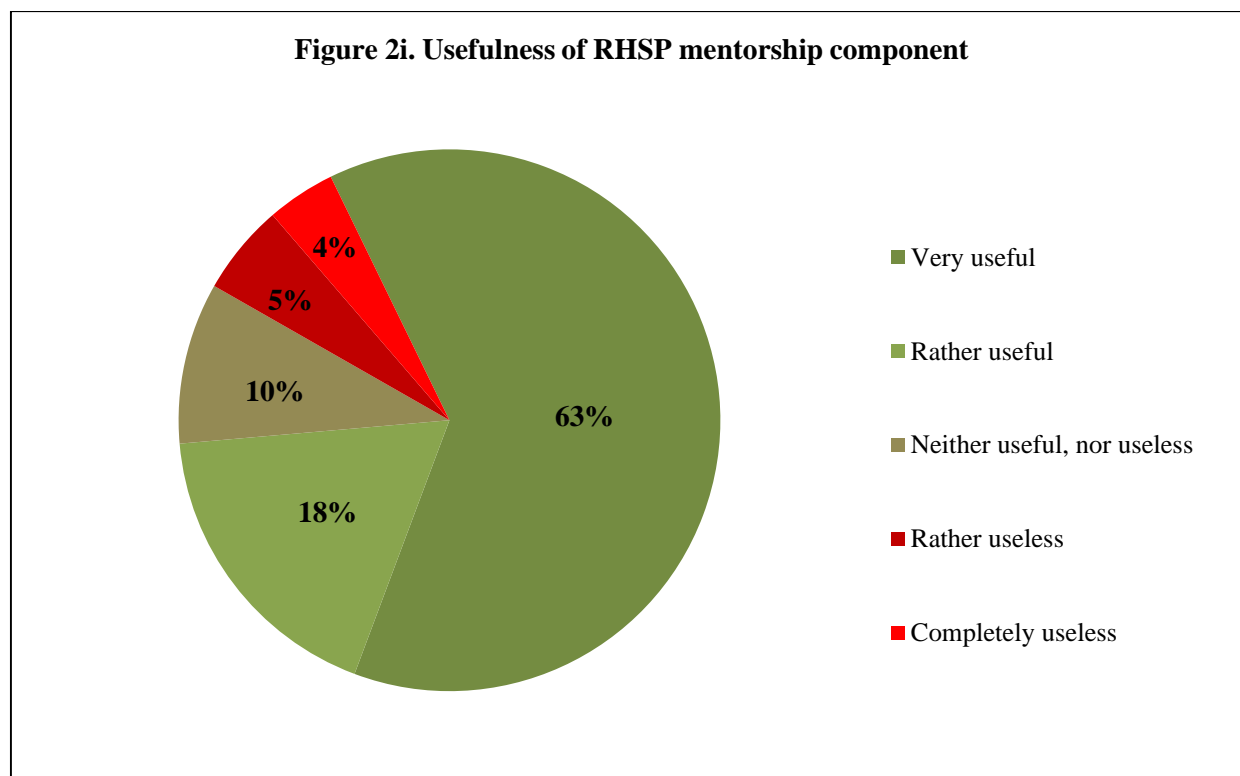
*"To have a mentor in a medical university is very helpful because of the requirements and the duration of the studies, and the complexity of subjects (both theoretical and practical). If there is a problem with some professor or assistant, it is easier to solve it with a mentor. In general I was very satisfied with my mentor during the RHSP's mentorship support."* (Source: anonymous online survey for RHSP beneficiaries).

However, the poor selection of the mentors is likely to have very negative effects. An experience of a student illustrates this point:

*"My mentor from the first year was helping me a lot with regard to all issues that I faced in that period. I got a strong motivation to study. But with the mentor from the second year it*

*was different. She didn't help me at all. After the meetings with her I was depressed.”*  
(Source: anonymous online survey for RHSP beneficiaries).

However, it should be noted that, overall, RHSP beneficiaries who participated in the survey had a positive perception of RHSP mentorship component. Approximately 81 percent of respondents found this component to be useful, while only 9 percent assessed it as ineffective (see Figure 2i).

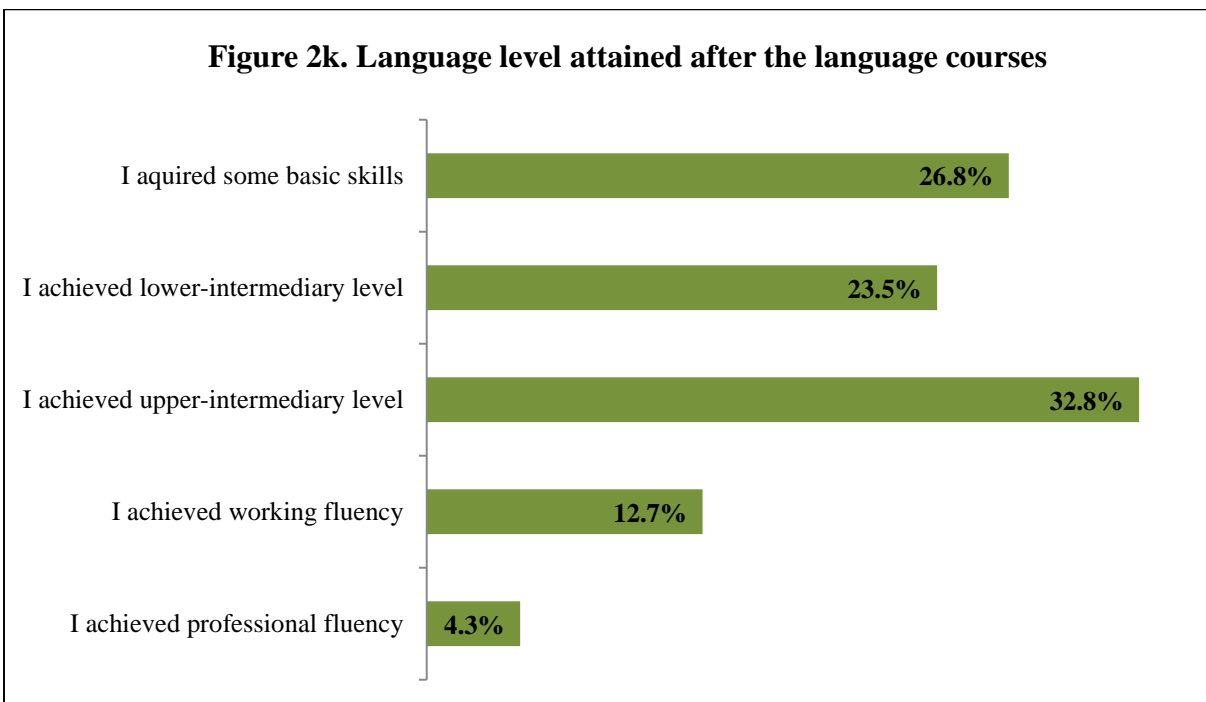
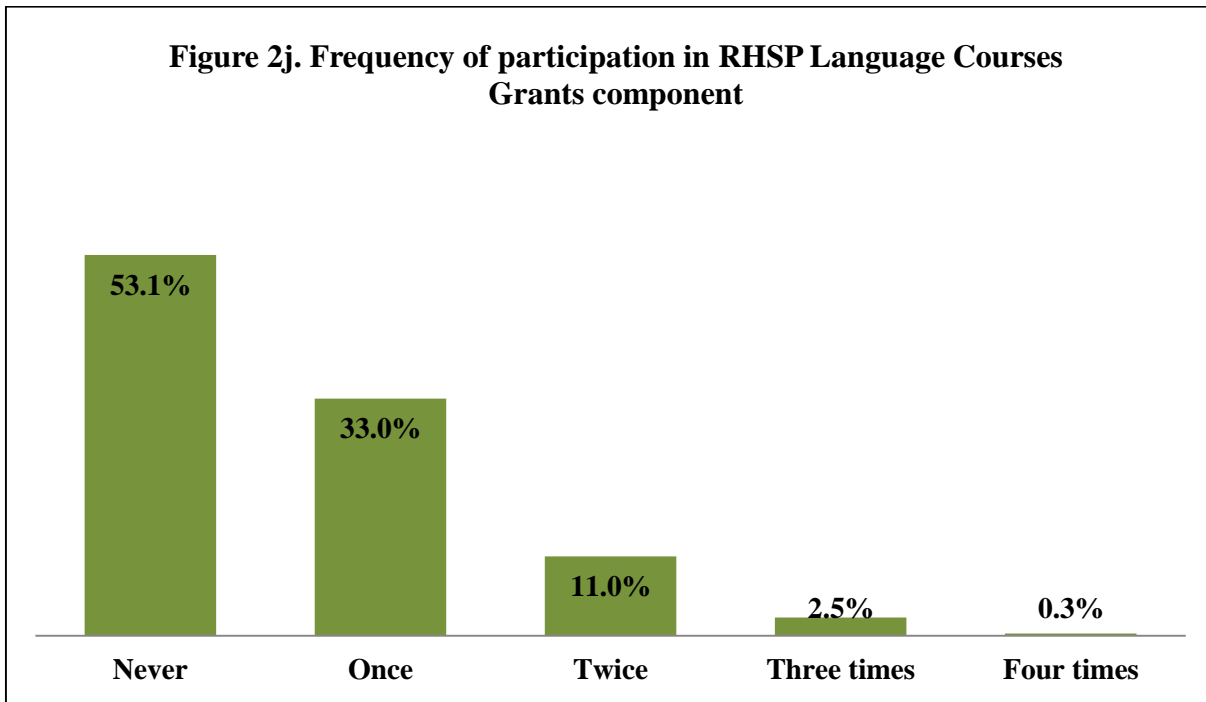


#### II.4. The importance of RHSP additional components:

With respect to the **RHSP Language Course Grants component**, the majority of the survey respondents affirmed that they did not take a language course grant – namely, 53.1 percent of respondents did not participate in this component (see Figure 2j), and, the majority of beneficiaries who did participate used the grant only once. Overwhelming majority of respondents who attended language courses using the RHSP Grant stated that the component was somewhat useful (55 percent) or very useful (40 percent). Among the languages studied, the most popular was English (69 percent), followed by German (25 percent). A few students studied French, Spanish, Swedish, and Italian. The importance of language courses is obvious in the self-assessed knowledge level of the respective languages. Figure 2k reveals that most of respondents achieved upper-intermediary level (32.8 percent), followed by 26.8 percent of the respondents who achieved basic language skills.).

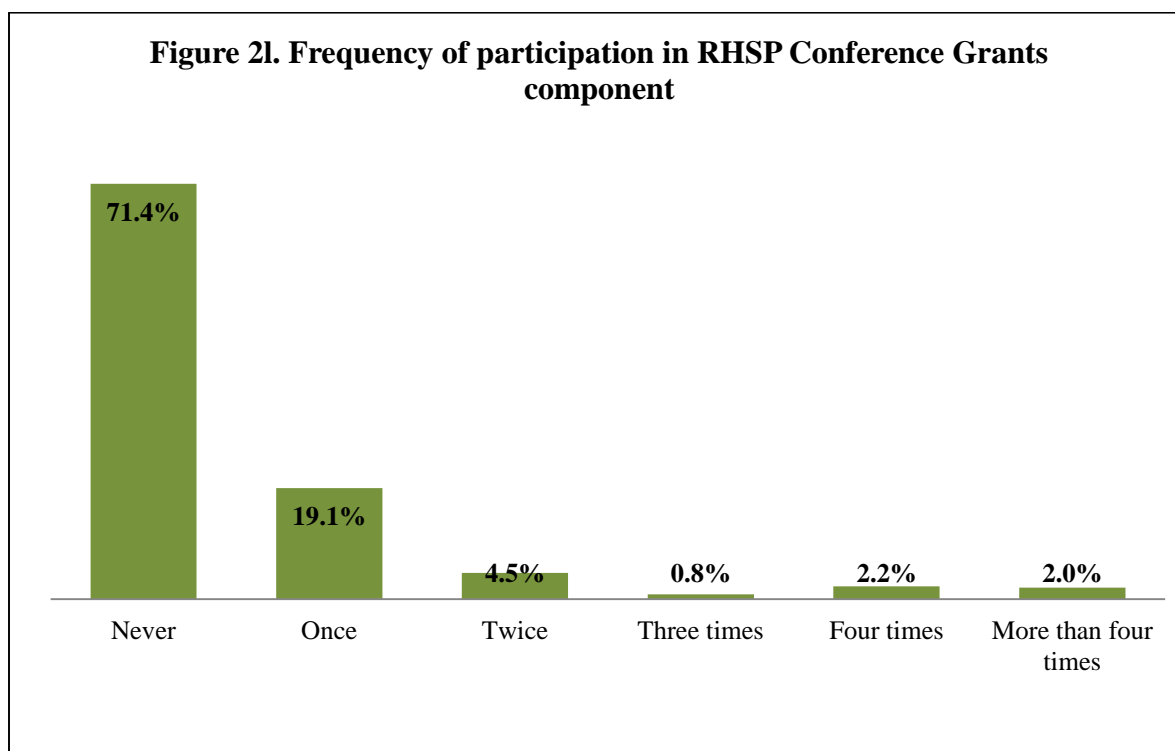
When non-applicants to the RHSP language grants component were asked about their lack of participation, approximately 42 percent of respondents stated that, due to their academic and family duties, they did not have time to use this opportunity. Approximately 17 percent stated that they were not

aware of this component.<sup>25</sup> Furthermore, approximately 7 percent stated that they had applied for the grant, but were not selected, while approximately 5 percent did not have the opportunity to attend language schools (e.g. there was no language school in their hometown). The majority of the remaining respondents did not see the need to apply to the RHSP Language Course Grants component.



<sup>25</sup> REF Scholarship Program disseminated the information about RHSP language courses and conference grant components by circulating the call for applications via email and also by sending several reminders. Therefore, this response rate might reveal that some RHSP beneficiaries are not used to email correspondence.

With respect to the participation in the **RHSP Conference Grant component**, 71.4 percent of survey respondents did not apply for this type of grants, while 19.1 percent used this opportunity only once (see Figure 21). Interestingly, 4.2 percent of beneficiaries stated that they used this support more than three times. The majority of respondents, approximately 90 percent of those who participated in the RHSP Conference Grant component, felt that this component was useful for their personal and academic development. In this respect, 51 percent found it to be very useful, while 39 percent found it to be somewhat useful.



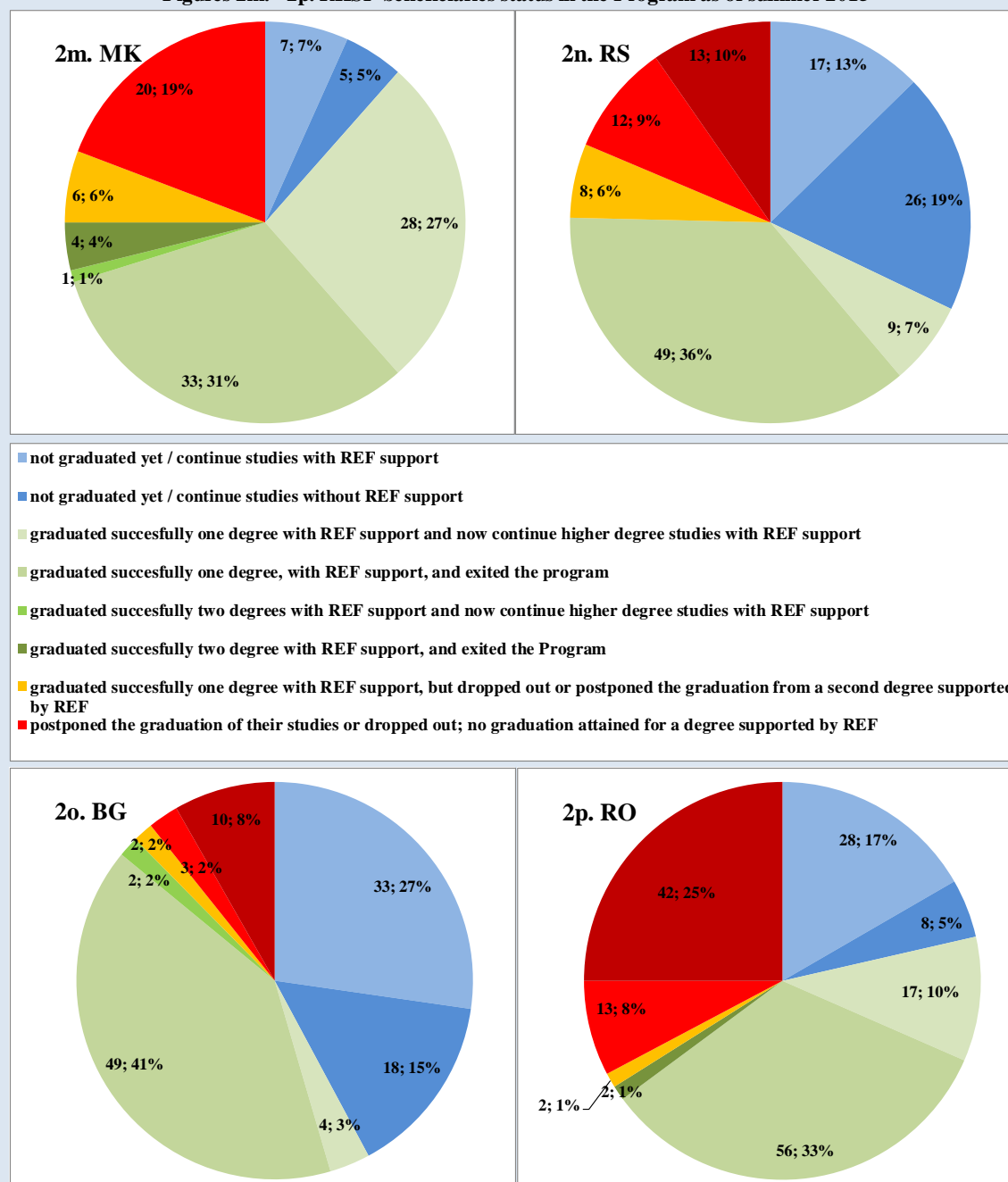
When we asked beneficiaries about their reasons for not participating in the RHSP Conference Grant, 30.4 percent stated that they did not have time to go to academic conferences due to their academic duties. On the other hand, 21.7 percent stated that they were not aware of this opportunity. In addition, some respondents felt they had to choose between the language grants and the conference grants. Approximately 6 percent applied for the grant, but their application was not approved. The remaining explanations for not using the grant include reasons such as: conference and grant application periods do not coincide; the university did not allow participation in conferences; respondents did not feel competent to participate in English speaking conferences; and lack of interest.

## **II.5. Graduation status, interruption of studies, and dropping out among RHSP beneficiaries:**

From the overall number of 527 RHSP scholarship beneficiaries, 146 (28 percent) are still in the program, although among them 58 have already graduated with one degree of medical education (in the majority of cases - medical vocational education) and are currently studying for a higher degree and receive RHSP

support.<sup>26</sup> The remaining 381 (72 percent) are not in the program anymore. Within the latter category, some graduated successfully with at least one degree and exited the program (187 people, or 49 percent from those who already exited the program); some interrupted their studies or dropped out (45 people, or 12 percent), some continued their studies without RHSP support (57 people, or 15 percent), and still some exited the program but could not be found to track their academic progress and graduation status (86 people, or 23 percent).

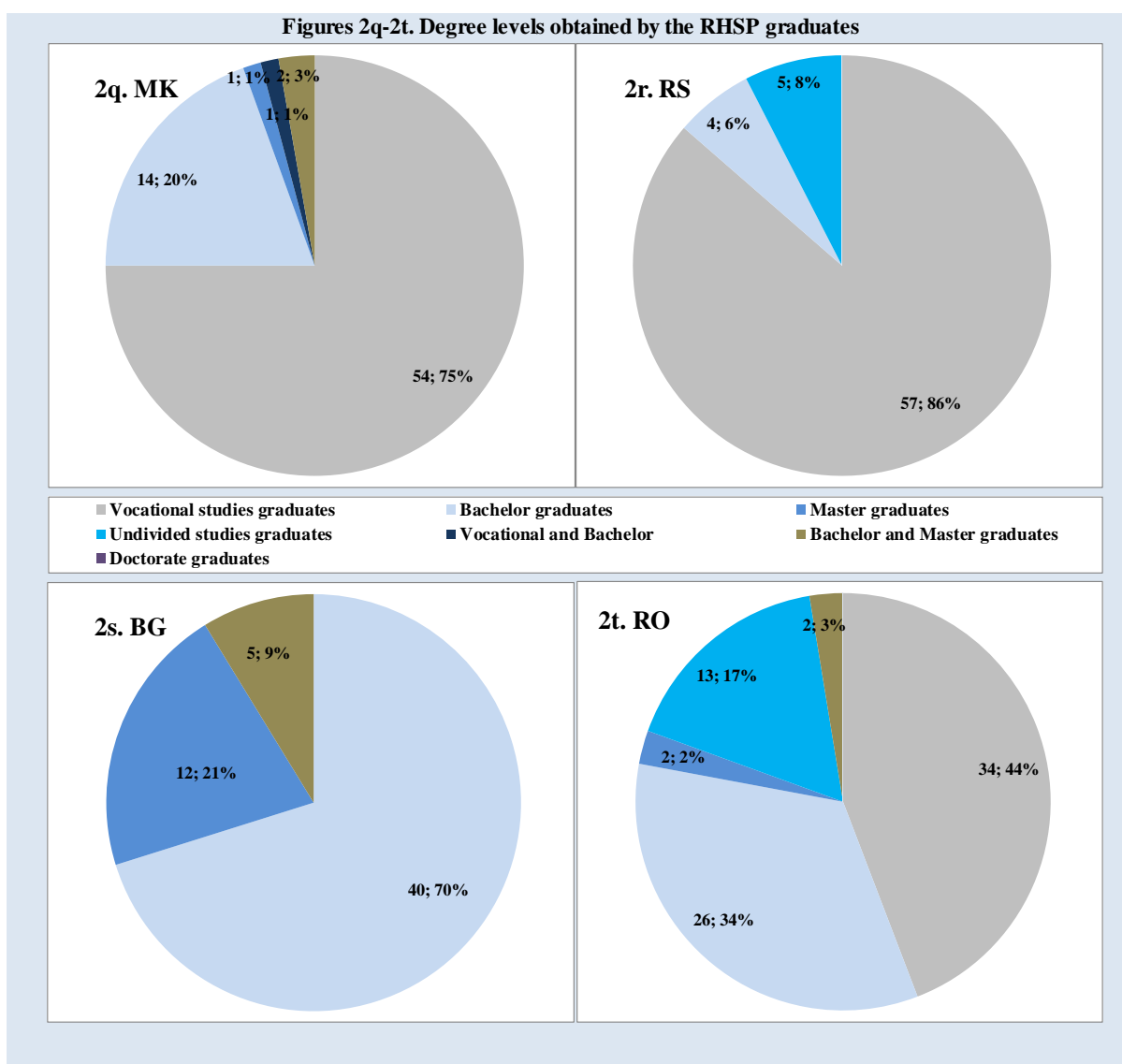
Figures 2m. - 2p. RHSP beneficiaries status in the Program as of summer 2015



<sup>26</sup> The figures in this subsection are based on administrative data of Roma Education Fund, unless specified otherwise. Therefore, all figures and ratios, except for the ones in Figure 2u, are based on the entire pool of RHSP beneficiaries.

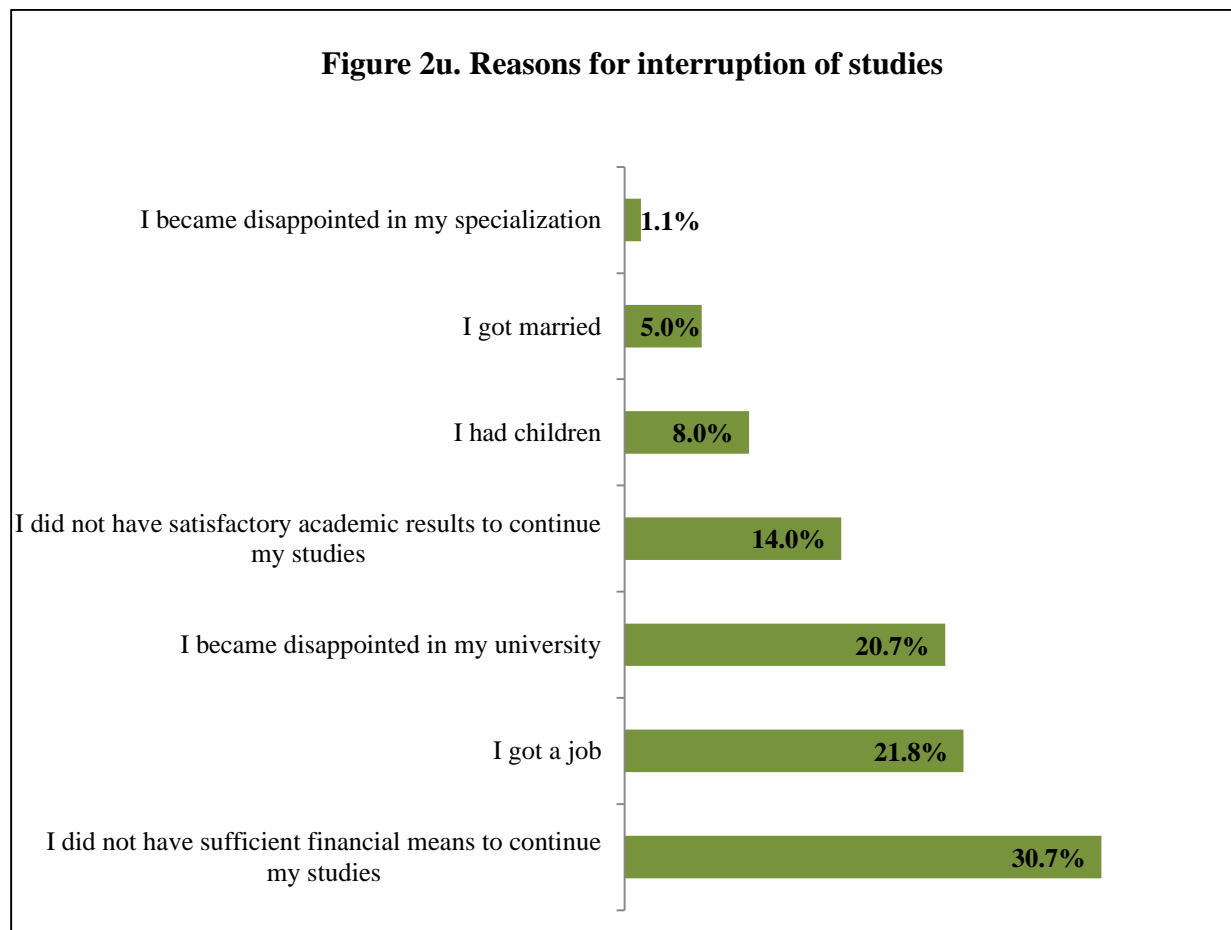
Figure 2m-2p summarize the situation with RHSP beneficiaries' graduation status in each of the four program countries. The data reveal that Macedonia is the country with the highest ratio of beneficiaries who already obtained at least one degree level and either continued studies at a higher degree with RHSP support, or exited the program. Bulgaria has the highest rate of beneficiaries who are still studying and have not yet obtained any degree in medical field. Romania is the country with the highest ratio of former beneficiaries who exited the program and whose academic status could not be determined because they could not be found. This high ratio of unfound former beneficiaries in Romania is partly explained by the fact that the cohort of beneficiaries in this country has been under two different projects (RHSP, then Structural Funds-funded project, then RHSP again) and many of the contacts for former beneficiaries were not updated in due time.

Among those who graduated with at least one degree with RHSP support, in Macedonia and Serbia an absolute majority graduated from medical vocational education; in Bulgaria 70 percent were Bachelor level studies that also included specializations that in other countries are classified as vocational (Figures 2q-2t).





The data also reveal that among the RHSP beneficiaries 48 students, or 9 percent, dropped out or interrupted their studies. The 9 percent dropout and study interruption rate would be the best case scenario. However, one should keep in mind that for 65 RHSP beneficiaries (12 percent) the graduation status could not be tracked. In the worst case scenario, one would assume that all 65 beneficiaries also dropped out or interrupted their studies, in which case the overall ratio of dropout or study interruption in RHSP would be 21 percent. There is no official statistics on dropout rates from medical studies in these countries, therefore we cannot compare this ratio to the mainstream students; however, considering that the RHSP beneficiaries had access to all RHSP components meant to help them cope with the financial and non-financial challenges during the medical studies, one fifth dropping out would be rather high.



The highest known dropout rate is observed in Macedonia, with 19 percent of all beneficiaries having interrupted their studies or dropped out. However, Romania is the country with the highest rate of beneficiaries whose graduation status could not be tracked, and among them might be a significant proportion of beneficiaries who dropped out or interrupted studies, which could place Romania above Macedonia in the dropout ratio. The program is currently continuing efforts to find information on these students' academic status. Since among survey respondents there are also students who dropped out from the program or who interrupted their studies, their survey responses reveal some of the causes for dropping out, or for interrupting studies, as seen in Figure 2u.

## II.6. RHSP's contribution for Roma's access to medical studies from mentors' perspective:

Mentors consider RHSP to be a major factor in improving the representation of Roma in vocational education. Considering **Serbia**, there is no consensus between mentors on the assessment of the number of Roma students in vocational education. Nevertheless, the majority believe that the number of Roma students in vocational education did increase, albeit not substantially. However, there is an agreement that RHSP was a major, if not the only, contributor to the increased enrollment of Roma students in vocational education. In contrast, among **Romanian** mentors there is a consensus that the number of Roma students in vocational education is substantially higher. Furthermore, there is an agreement that RHSP significantly contributed to the increase of the number of Roma in vocational education. However, some mentors emphasized other factors such as the promotion of the non-discriminatory mentality in Romanian society and other support programs, similar to RHSP. Finally, a comparable assessment is given with respect to **Macedonia**, although similarly to other countries there is no exact agreement on the number of students. In this respect, a mentor noted:

*“Considering that in the last 15 years I was directly involved in teaching in medical high school and in higher education I can state that the percentage of enrolled [Roma] students has increased every year.”* (Source: online survey for RHSP mentors)

Another mentor wrote:

*“Yes, every year there is a slight increase compared to the previous. On average, in a generation of 400 students, about 30 or so are Roma.”* (Source: online survey for RHSP mentors)

RHSP is perceived as a major factor in the increase of the number of Roma students in vocational level of medical education. Nevertheless, similar to Romania, some Macedonian mentors note other factors, such as an increased awareness of the importance of education among Roma or the financial support received from the Ministry of Education and Science.

Across all four countries the number of Roma enrolled at university level medical education also seems to have increased and RHSP is recognized as a major factor in facilitating this growth. Thus, there is a consensus with respect to the increase of the number of Roma students enrolled at university level education in **Serbia**. A few mentors noted that before the implementation of RHSP, there was not a single Roma student enrolled in their medical faculty. However, the mentors also note that the numbers of Roma studying medicine at tertiary level is still small, and not sufficient for the creation of a substantial and/or sustainable effect on local communities. In contrast, in **Romania** the number of Roma students seems to be substantially higher. Similarly to Serbia, the Romanian mentors agree that RHSP was a major reason for the increase of the number of Roma students in universities.

Correspondingly, in the preceding period the number of medical students in **Macedonia** was also in increase, albeit at a very slow pace. Thus, a mentor wrote:

*“The number of Roma students in medical universities increased every year to the extent that if seven years ago a student or two were enrolled per academic year, now their number is five to six on each study program.”* (Source: online survey for RHSP mentors).

In mentors' opinions, the increase of Roma students in Macedonian universities is mainly due to the RHSP support.

Somewhat more ambiguous estimates are reported with respect to the number of Roma students enrolled in tertiary medical education in **Bulgaria**. The majority of mentors felt that the number of Roma students had increased in the preceding period. However, quite a few think that the increase was small or even insignificant. Nonetheless, regardless of the estimated number of Roma students, there is a consensus that RHSP contributed to a better representation of Roma in university level medical studies.

In contrast to widespread stereotypes, Roma students are academically successful. According to Serbian mentors, Roma students are as likely to finish medical studies to the same degree as students from the mainstream population. However, a mentor emphasized the importance of RHSP in this regard:

*“About 80 percent of the students enrolled at the University of Belgrade, School of Medicine, finish their studies. Roma students, which are RHSP beneficiaries, complete medical school with a great success (I dare say about 95 percent), which is of paramount importance for the Roma community.”*(Source: online survey for RHSP mentors).

Similarly, with respect to Romania, mentors do not notice a significant difference between Roma and non-Roma students. Furthermore, mentors emphasized that Roma students seem to be willing to invest additional effort in order to be academically successful. In this respect, a mentor wrote:

*“I noticed during the years that Roma students have an extra motivation to have better results. The RHSP helped them very much financially, determined them to study more and to have better results in order to keep their scholarships. For many of them this is very important. And for this reason there were Roma students who had better results than the non-Roma students.”* (Source: online survey for RHSP mentors).

Most Macedonian mentors did not observe a significant difference between Roma and other ethnic groups with respect to dropout rates. Some mentors stressed that Roma students, particularly the ones at university level studies, seem to be more motivated to finish their studies. However, the transition from high school to university seems to be a problem in Macedonia. For instance, a mentor noted:

*“There is no difference [between Roma and non-Roma when it comes to successful graduation rates]. [However, Roma students] rarely continue towards university level education. Last year I was the head teacher of three Roma graduates, none of which continued towards higher education, but rather they only took the final exam and got employed.”*(Source: online survey for RHSP mentors).

The Bulgarian mentors echo the positions of mentors from other countries. Namely, most of them do not notice any difference between Roma and other students with respect to graduation rates, while some believe that Roma students tend to be even more successful. Thus, a mentor wrote:

*“As I said, I did not notice that Roma students have worse academic results, on the contrary. Naturally there are different kinds of students - some are hardworking and ambitious while others are not. Maybe I'm biased, but I feel that Roma students perform better than their colleagues if they feel that they are entrusted with serious responsibilities.”* (Source: online survey for RHSP mentors).

### III. RHSP BENEFICIARIES' TRANSITION FROM STUDIES TO EMPLOYMENT

Although providing assistance in the process of transition from studies to employment upon graduation is not part of the RHSP program, it nevertheless aims at increasing beneficiaries' employability as a longer term outcome, meant to complement the desired shorter term outcomes to increase access for Roma in the four countries to medical education, to assist the selected beneficiaries during their studies with academic and professional development components, and to help them graduate, assuming that all these will increase beneficiaries' chances for successful employment. The ultimate success of the RHSP program intervention would be the presence of its former beneficiaries in the medical field as professionals. It is also important to note that RHSP implementing partners consider as very important that RHSP graduates become employed as mainstream professionals, in state institutions or in the private sector, and not mainly or predominantly through the "Roma niche" within the system or through non-governmental entities.

Although at this point in time it is too early to assess the employment outcome since a considerable part of beneficiaries are still studying, it is the appropriate moment to assess the process of transition from studies to employment for those who exited the program or who are at an advanced stage in their studies, in order to determine the potential challenges that beneficiaries might face in this process. The sections below analyze this topic based on beneficiaries', but also mentors' responses in the surveys conducted for this tracer study. First we present mentors' feedback on RHSP beneficiaries' employment prospects; second, we present RHSP beneficiaries' employment status based on the online survey responses.

#### III.1. Employment prospects for medical studies graduates from RHSP mentors' perspective:

The general statistics on employment, as well as mentors' answers to survey questions, suggest that there is a strong difference between EU and the non-EU states with respect to the likelihood of gaining employment after graduation. According to the World Bank statistics, youth unemployment rates in Bulgaria and Romania are 29.7 percent and 23.8 percent respectively, while in Serbia and Macedonia they are 48.9 percent and 52.2 percent.<sup>27</sup> These figures are reflected in mentors' estimates of the employment opportunities of recent medical graduates.

According to mentors, the employment opportunities for young medical professionals in Serbia are very scarce. Roma students are as likely to gain employment as other medical students, or even more unlikely due to possible discrimination. Nevertheless, some mentors underlined that students' association with RHSP may positively affect their employment opportunities due to the stronger relationship with the medical community and the possibility to participate in projects and with to organizations which address Roma issues.

In contrast, the employment prospects of recently graduated medical professionals in Romania are better. Although mentors emphasize that young medical professionals have recently had trouble finding work in Romania because the system cannot absorb all the graduates, there are still some opportunities in the state as well as in the expanding private sector. However, due to the free movement of labor within the EU, many recent medical graduates choose to emigrate and practice medicine in other European countries.

While the chances of gaining employment in Romania are somewhat optimistic, the situation in Macedonia seems to be far grimmer. There is a consensus that prospects for employment are very low

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<sup>27</sup> See for example: <http://data.worldbank.org/indicator/SL.UEM.1524.ZS>

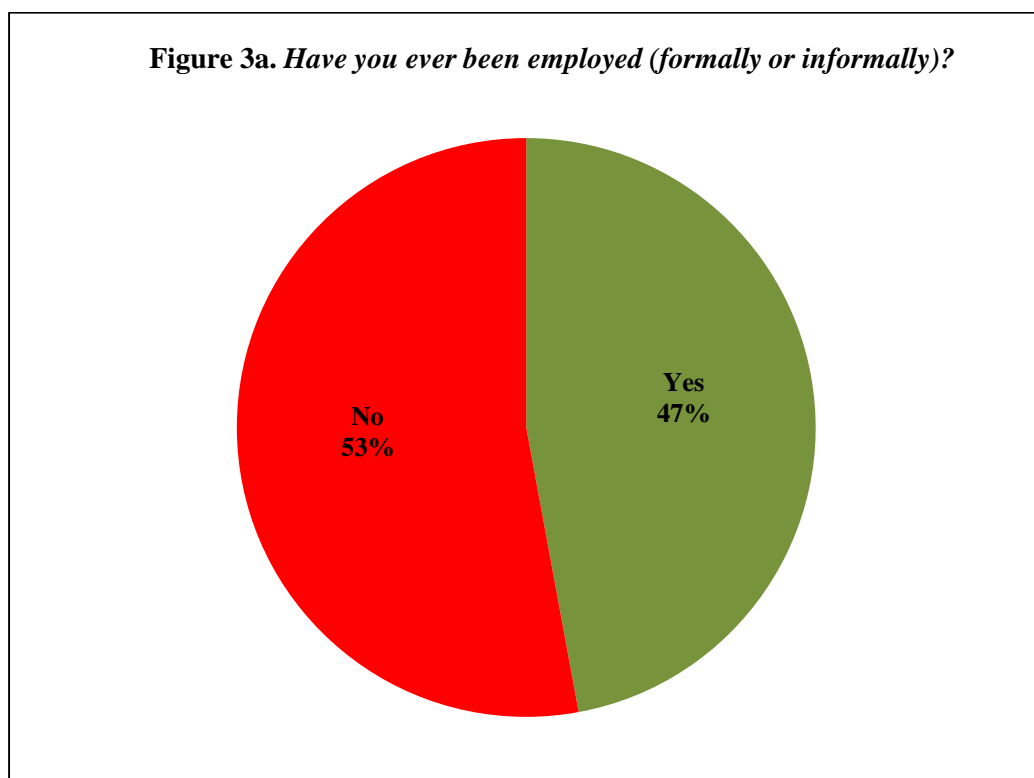
and, even if the graduates are successful in finding employment, their salaries are likely to be very small. The effects of the economic situation are reflected in mentors' answers. For instance a mentor wrote:

*“Unfortunately for us, the economic crisis has affected the employment of medical personnel and political affiliation has a larger impact [on employment prospects] than ethnicity.”*(Source: online survey for RHSP mentors).

The employment prospects for medical professionals in Bulgaria are in stark contrast to the situation in Macedonia. Due to the economic situation, a large share of recent graduates has emigrated from Bulgaria, creating a deficit of medical professionals. Thus, while in some localities the prospect of employment may be low (e.g. Plovdiv), overall, mentors feel that almost all graduates are likely to find employment. These conditions apply to Roma graduates and they are as likely to find a job as the members of other ethnic communities. Unfortunately, as other Bulgarian students, Roma graduates are likely to emigrate in search of better economic opportunities.

### III.2. Employment statistics among RHSP survey respondents:

With regard to the employment history of the RHSP beneficiaries, at the time the survey was conducted 47 percent of respondents were either formally or informally employed (see Figure 3a). Out of this share, 52.3 percent of respondents were employed in the medical field. In addition, out of the share of respondents who ever had a job, 70.6 percent were still employed.



When the share of respondents who were employed at some point is disaggregated across their educational level, it can be noticed that the largest share of respondents comes from the group of tertiary students, where 58.1 percent have or have had a job. In contrast, the share of respondents from vocational

and both vocational and tertiary educational groups who had never been employed is much larger (see Figure 3b). Nevertheless, it should be noted that these two categories of beneficiaries to a large degree refer to the respondents who are still in the educational system.

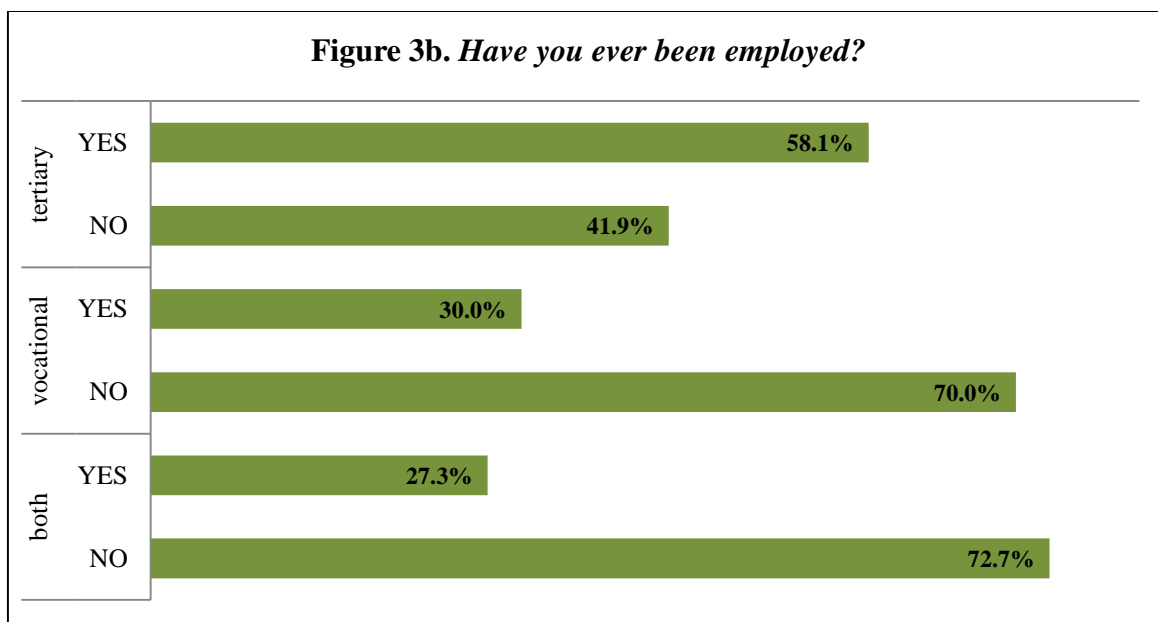
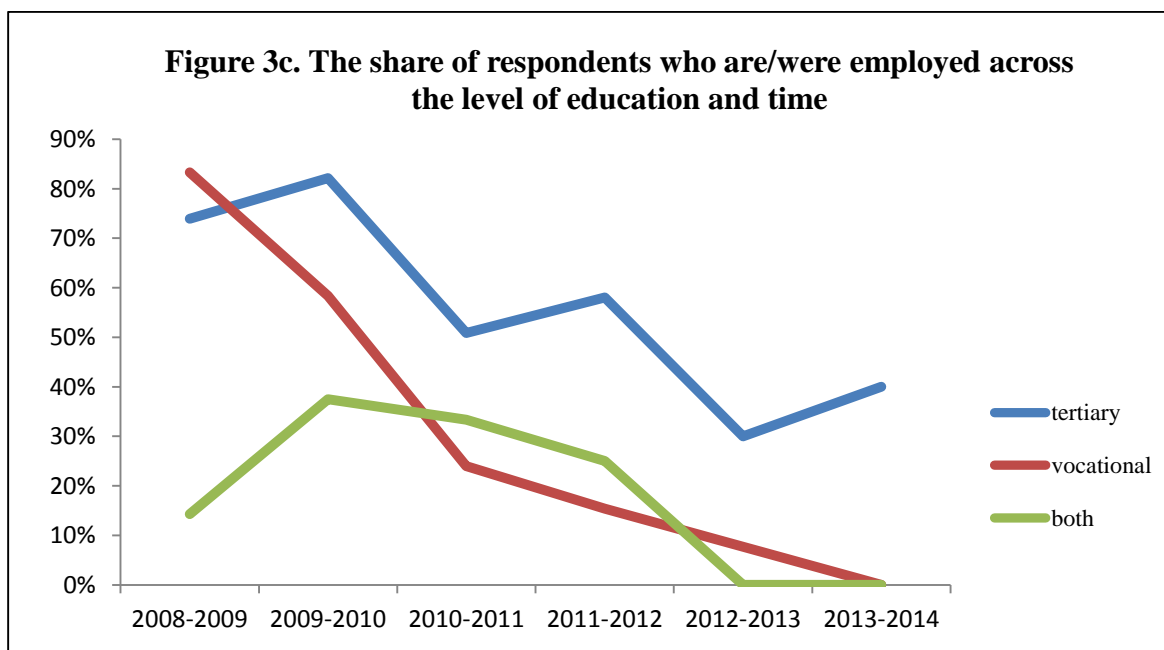


Figure 3c presents the changes in the share of respondents who are or were employed across the RHSP's application cycles. It can be noticed that the share of respondents who applied to RHSP as vocational or tertiary students, and who have or used to have a job, is the highest (fluctuating around 80 percent) for the cohorts who became beneficiaries in the early stages of the implementation of RHSP. Therefore, the respondents who in all likelihood had already exited the program are more probable to be employed.



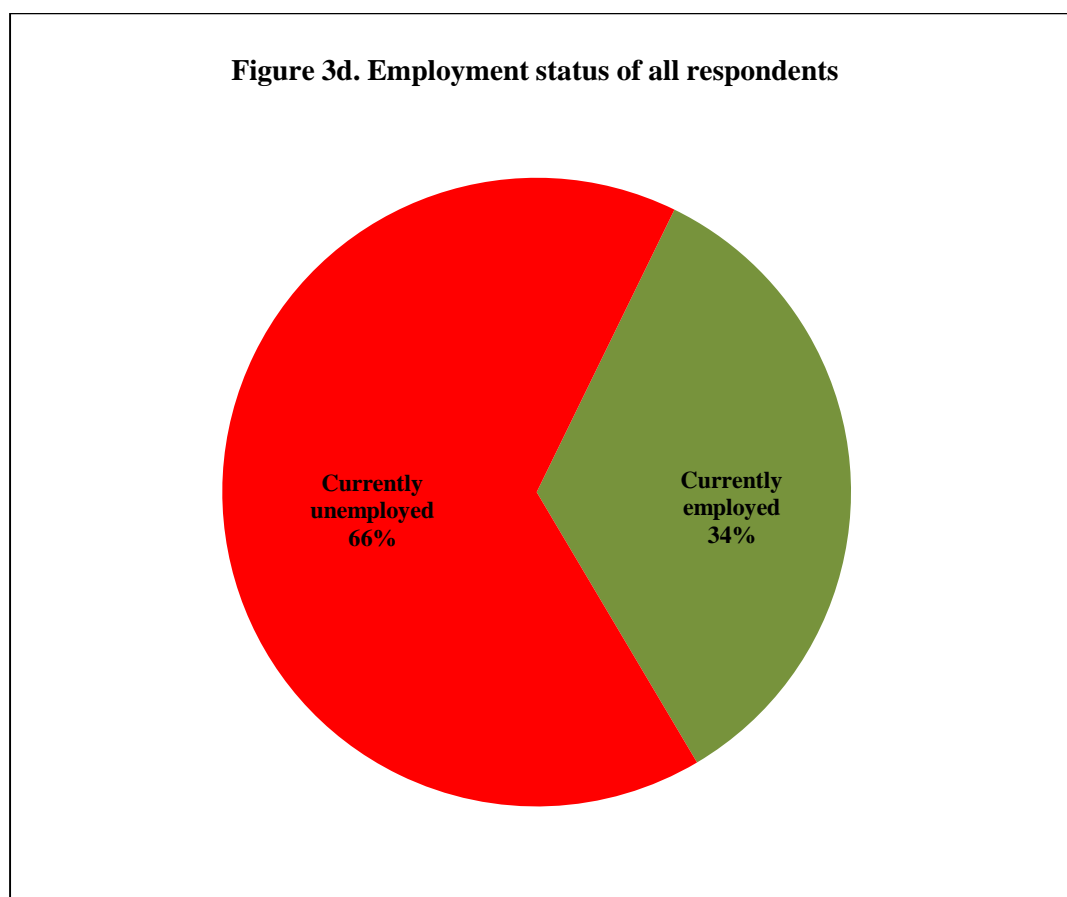
Note: lines indicate the share of 'yes' answers within each educational group and each academic year

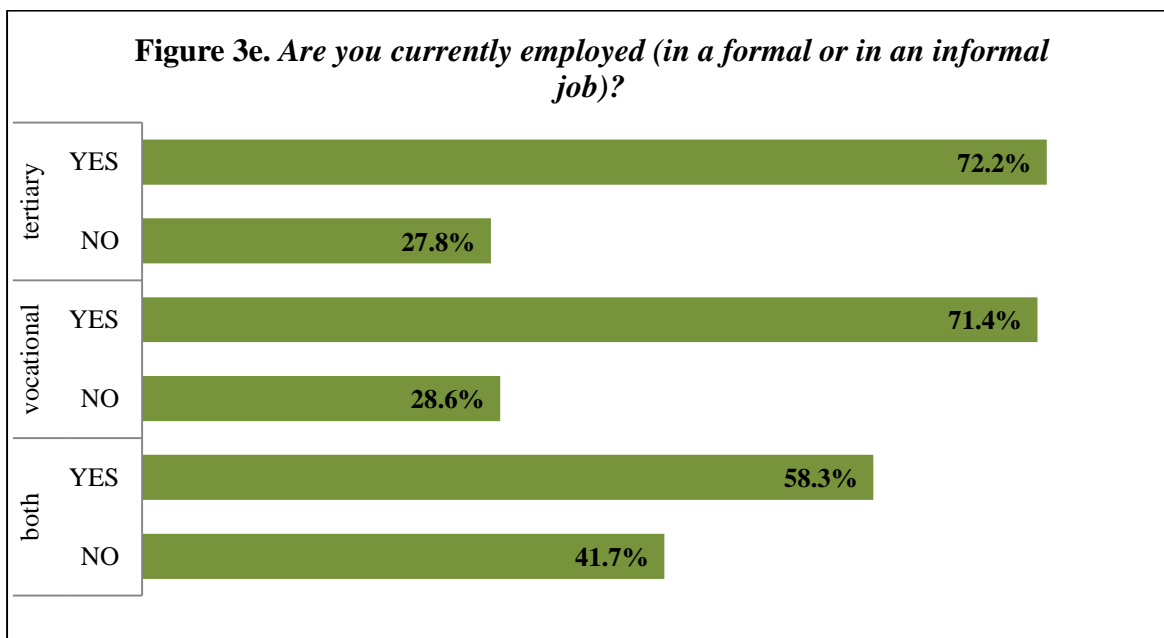
With the more recent cohorts of beneficiaries the share of those with previous employment is declining, indicating that most of these respondents are still in the educational system. Similar is the case for the respondents who are/were RHSP beneficiaries at the time of both their vocational and university studies. Namely, as most of these beneficiaries are still studying, the share of respondents who were employed at some point in time is lower in comparison to the remaining two categories. On the other hand, beneficiaries who applied to RHSP as university level students are most likely to be employed at some point in time.

In the following subsections we focus on the following categories of beneficiaries with respect to their employment history: RHSP beneficiaries who are currently employed; RHSP beneficiaries who were never employed; and RHSP beneficiaries who are currently neither in education not in employment.

### III.2.1. Currently employed RHSP beneficiaries:

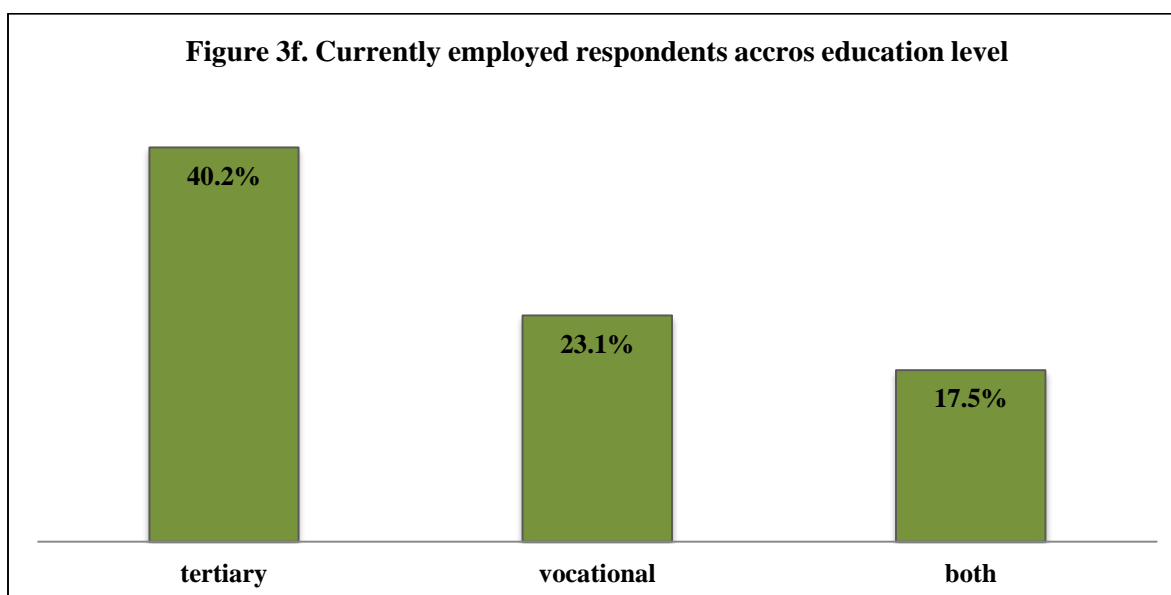
Among all survey respondents, **34 percent** declared that they were currently employed (Figure 3d). As the previous question “*Have you ever been employed (formally or informally)?*” refers to the employment status both before and after the respondents became RHSP beneficiaries, it may present a somewhat skewed image of the effect of RHSP on the employment prospects of beneficiaries. Figure 3e demonstrates that most respondents who were employed in the past are actually still employed. Thus, approximately 72 percent of both vocational and tertiary students who were employed in the past also had a job at the moment when the survey was conducted, while 58 percent of respondents who were RHSP beneficiaries during both their vocational and tertiary studies and who were employed in the past were also currently employed.





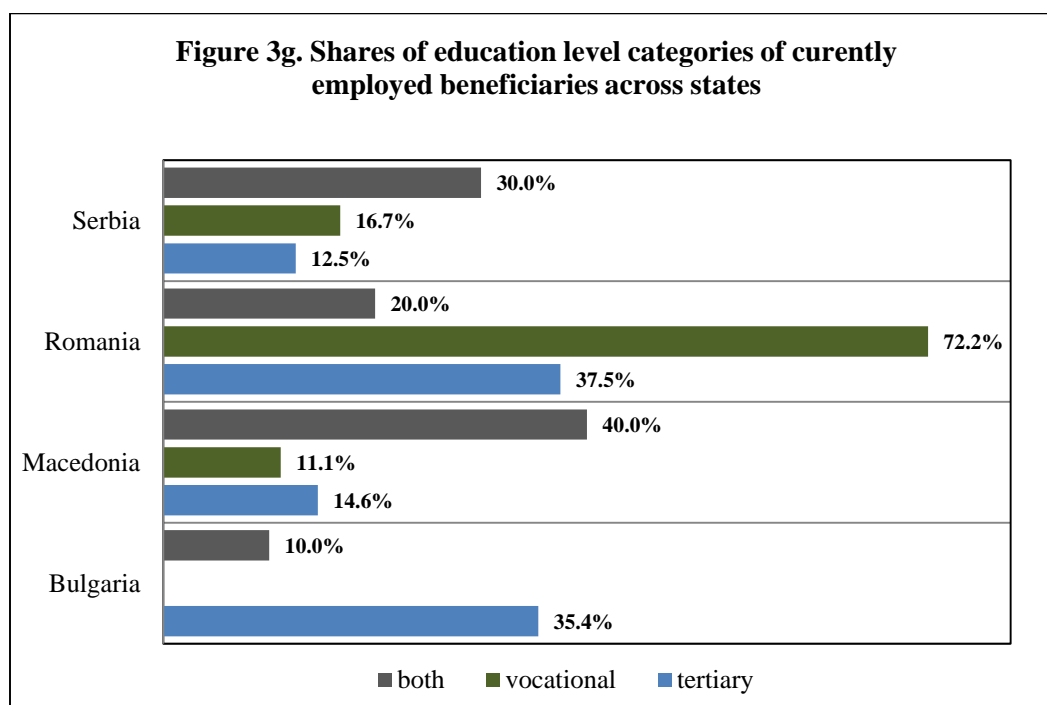
*Note: figures refer to the share of respondents who are currently employed within the share of respondents who were employed at some point in time*

The share of currently employed beneficiaries is not equally distributed across education level categories. Figure 3f suggests that the largest segment of the employed respondents comes from the group of university level RHSP beneficiaries. In this respect, above 40 percent of respondents who were at the tertiary level of education at the moment of applying to RHSP are currently employed. This category of respondents comprises the majority of all currently employed beneficiaries and amounts to 25 percent of all respondents in the sample. Significantly smaller shares of currently employed beneficiaries are observed with respect to the respondents at the vocational level of education (23.1 percent) and respondents who were RHSP beneficiaries both as vocational and tertiary level students (17.5 percent). The shares of these categories with respect to the total sample are 5.3 percent and 2.5 percent, respectively.

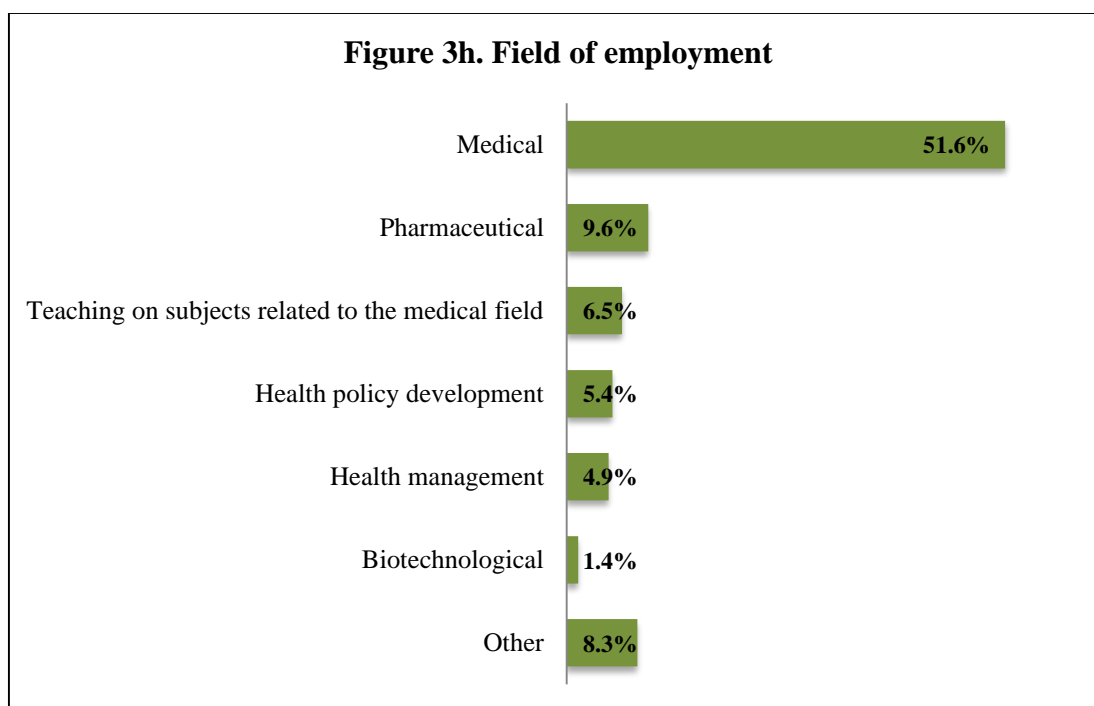




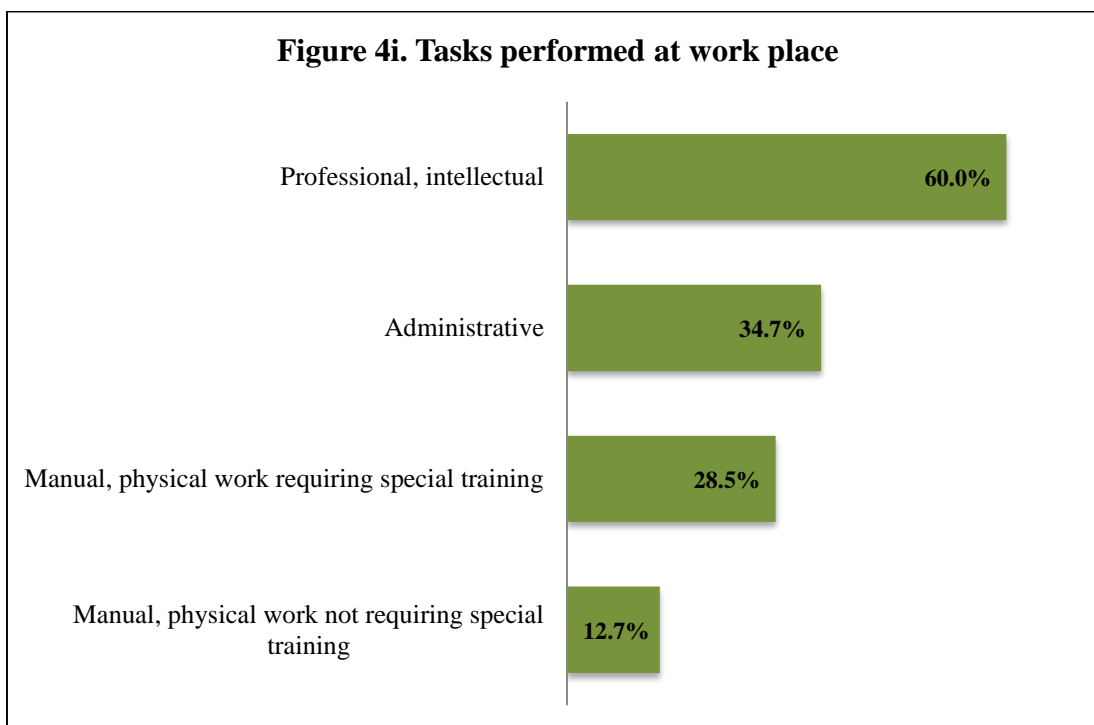
It is also important to emphasize that there are significant differences in the shares of currently employed respondents across countries. To a major extent these figures reflect the above mentioned countries' youth employment rates and the distinction between the EU and the non-EU states. Figure 3g displays the distribution of the educational categories across states only for the currently employed respondents. With respect to tertiary level students, roughly equal shares of currently employed students come from Romania and Bulgaria, 37.5 percent and 35.4 percent respectively. However, these figures are in stark contrast to the employment rates of tertiary level students in Macedonia and Serbia, where only 14.6 percent and 12.5 percent of respondents currently have a job. An even more pronounced difference is observed with respect to the vocational level of education, where Romania accounts for 72.2 percent, while Serbia and Macedonia account only for 16.7 percent and 11.1 percent of currently employed vocational students. Consequently, due to the economic situation, in contrast to Serbia and Macedonia, employment outcomes are better in Romania and Bulgaria.



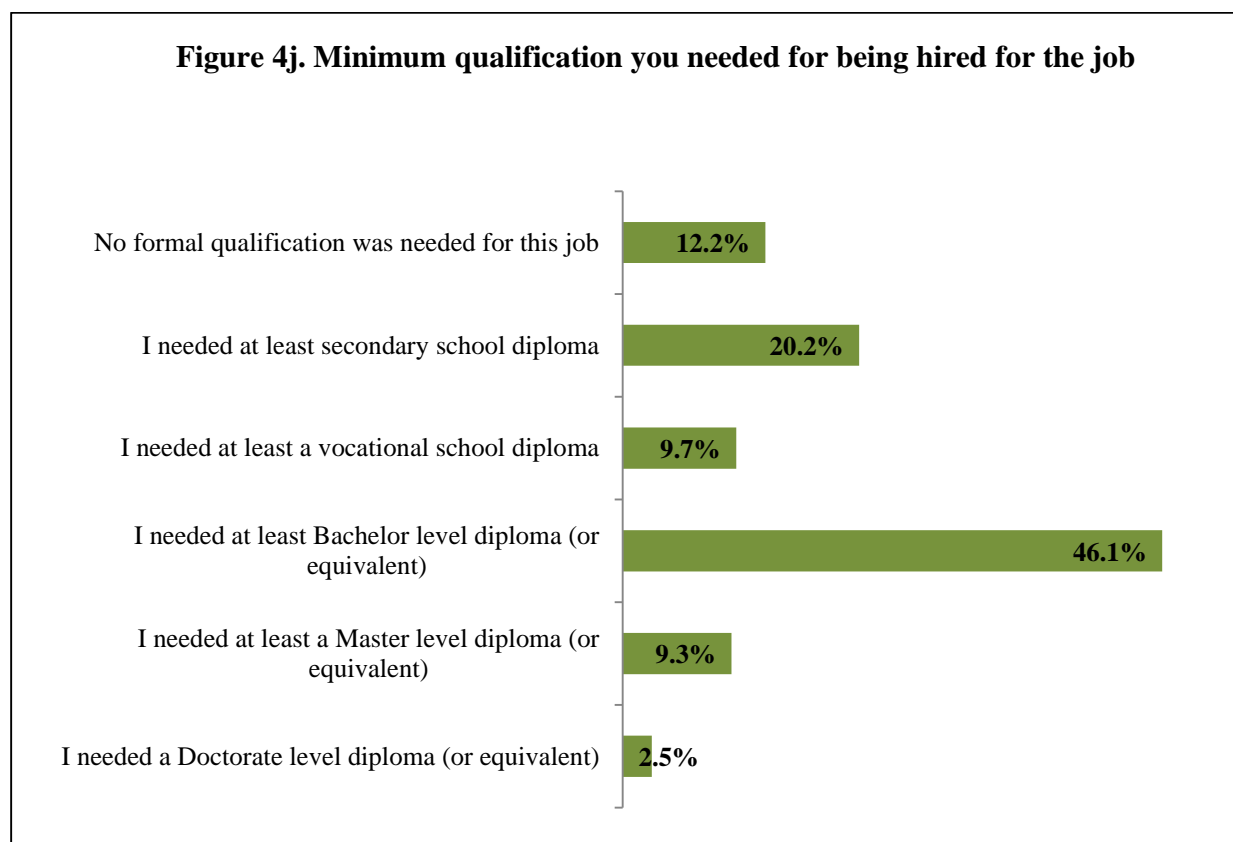
Most of currently employed beneficiaries are working as medical professionals. In this respect, 22.2 percent of respondents are nurses, 11.1 percent are medical residents, 8.6 percent are medical assistants and 7.4 percent are doctors. In addition, 14.8 percent of respondents comprise a diverse group employed as pharmacists, midwives, health mediators, X-ray machine technicians, rehabilitators, masseurs or other medicine related professionals. The remaining respondents are employed predominantly as administrative assistants (6.1 percent of respondents), while others occupy positions ranging from NGO workers, trainers, tutors, to postal carriers/messengers or car washers. Among currently employed respondents, 53.6 percent stated that their job is directly connected to their medical studies, while 16.5 percent stated that their job is related to their studies to a certain extent. However, while 70.1 percent of beneficiaries have a job that is at least to some extent related to their medical studies, the distribution of fields of employment of currently employed beneficiaries suggests that 91.7 percent of respondents are employed in positions that are connected to medicine and health care in a more general sense (see Figure 3h).



The categorization of the tasks performed at the work place sheds additional light on the careers of RHSP beneficiaries. In this respect, 60 percent of respondents reported that their tasks are professional and intellectual (see Figure 4i). This is followed by administrative tasks (34.7 percent) and manual, physical work, requiring special training (28.5 percent).

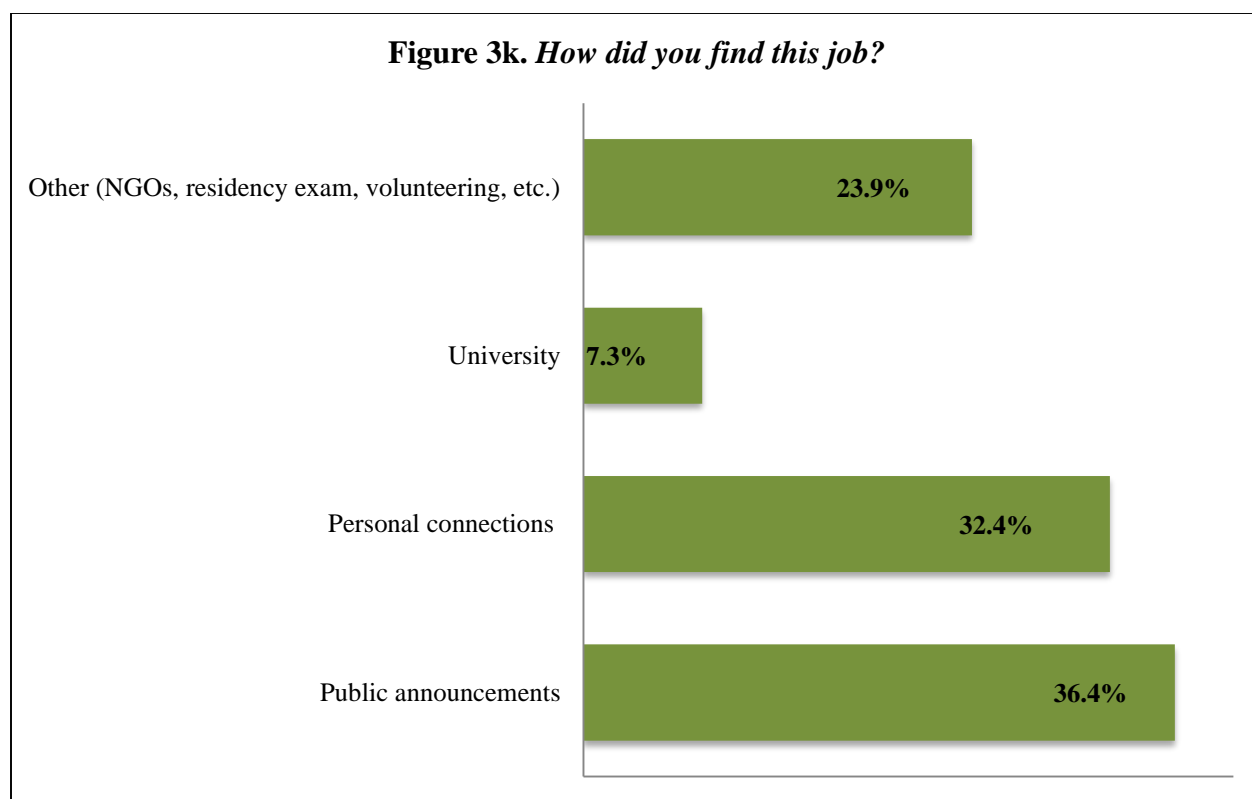


The majority of respondents, 41.6 percent, are employed in positions which require at least Bachelor level degree (see Figure 4j). 9.3 percent of respondents stated that they were employed in positions which required at least Masters level diploma, while 2.5 percent of jobs required Doctoral degree. Consequently, 57.9 percent of currently employed beneficiaries had to have a Bachelor degree or higher to be hired for the job. On the other hand, 9.7 percent of respondents needed at least a vocational school degree, while 20.2 percent needed at least secondary school diploma. The share of currently employed respondents who did not need a formal qualification to get employed is 12.2 percent.



Most of currently employed respondents were working in the public sector (43.5 percent) followed by private sector (33.2 percent), non-profit/research centers and organizations (18.2 percent), while 4.3 percent were self-employed. The share of full time employed respondents is 77.7 percent, while 56.6 percent of currently employed respondents work/worked while studying. With respect to the location of employment, majority of survey respondents were employed within the area of their hometown, city or village (59.5 percent). Almost all beneficiaries worked in big cities, large towns and, most often, in national capitals.

Among currently employed respondents, 36.4 percent managed to obtain the job by applying via a public announcement. However, a comparable share of respondents, 32.4 percent, got employed through personal connections (relatives or friends), while a small share managed to find employment through university, 7.3 percent. Considering other routes of obtaining employment, remaining beneficiaries predominantly utilized their relations with NGOs (for instance, through volunteering), while others had an option of residency exam (Figure 3k).



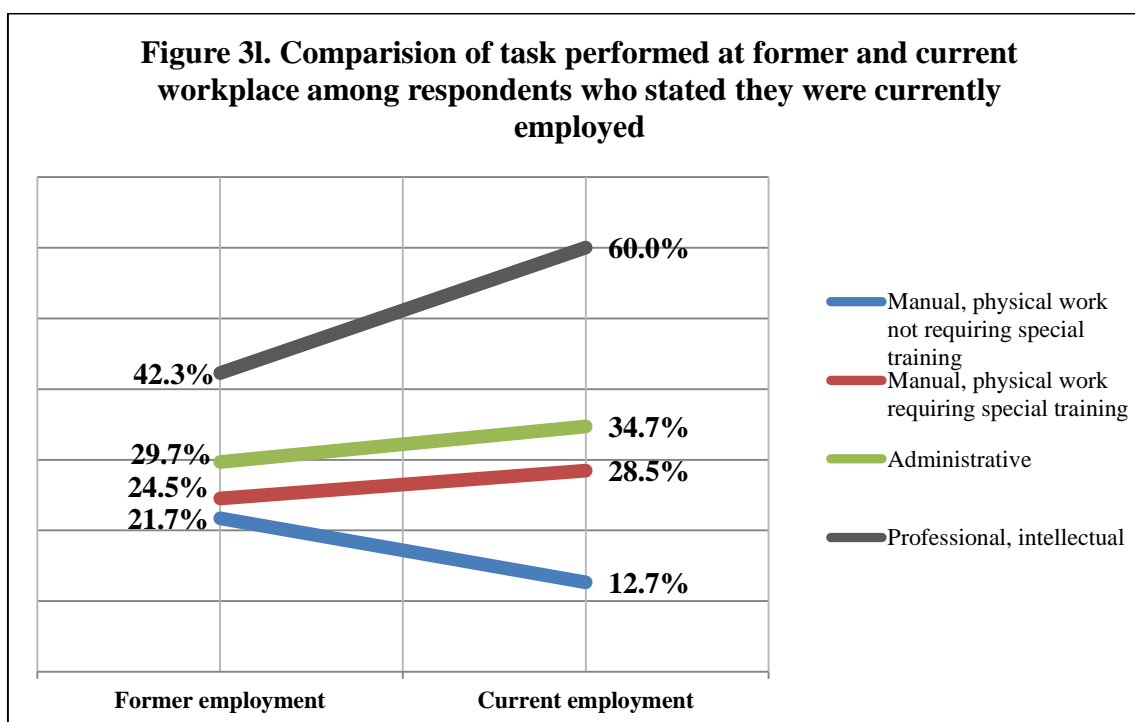
Finally, it is important to emphasize that 40.7 percent of currently employed respondents (11 percent of the whole sample) occupy positions which imply regular contact with Roma. Out of this share, approximately 30 percent have duties implying interaction with the general population, among which some are Roma. The remaining fraction is engaged in projects and NGOs directly related to advancing the position of Roma in issues related to health status or educational prospects.

Out of the share of currently employed respondents, 50 percent had had previous employment before they were hired for the present position. Upon analyzing the previously held jobs of currently employed beneficiaries, it is noticeable that a fraction of respondents was already on the path to becoming medical professionals. In this respect, 10.7 percent were nurses and 8.3 percent were doctors, medical residents, medical assistants or medical technicians, while 3.5 percent worked in a pharmacy. However, the majority of beneficiaries had previously worked as unqualified workers: approximately 13 percent as physical workers, entry level employees or cleaners, approximately 11 percent as commercial workers or cashiers, approximately 11 percent in the hospitality industry as waiters or cook assistants, while 4 percent worked as babysitters.

The comparison of current employment and former employment suggests that RHSP had a positive effect on beneficiaries' professional careers. There is a strong decline in the share of beneficiaries performing unskilled manual and physical labor, and some decline in the share of beneficiaries who performed administrative or manual and physical work that require special training (see Figure 3l). The strongest change is observed with respect to the professional and intellectual tasks, which increased by 17.3 percent.

Furthermore, while currently 70.1 percent of beneficiaries have a job that is directly or to a certain extent related to their medical studies, only 45.1 percent of respondents stated that their former employment had been related to their education. In addition the difference between current and former employment of

beneficiaries is evident in the required minimal qualification. In this respect, the share of jobs requiring no formal qualification decreased by 20.3 percent, while the share of jobs requiring Bachelor degree increased by 21.6 percent. Similarly, the share of employment requiring Masters or Doctoral degrees increased by 5.8 percent and respectively 0.9 percent. This increase was followed by a shift from private sector to state sector and the increase in the number of beneficiaries working for NGOs and research institutes. Thus, the share of beneficiaries working in the state sector increased by 19.6 percent, while the share of respondents working in non-profit and research organizations increased by 4.9 percent. Therefore, there is an evident effect of RHSP on the improvement of the professional profiles of beneficiaries.



As expected, in comparison to the former employment, the largest increase, 24.2 percent, is in the share of respondents who are currently working in the medical field. On the other hand, in comparison to their former employment, the share of respondents currently teaching subjects related to the medical field, working in health management and working in pharmaceutical industry increased by 6.3 percent, 4.7 percent and 3.3 percent, respectively. At the same time the share of full time employed respondents increased by 16.2 percent.

### III.2.2. RHSP beneficiaries who have never been employed:

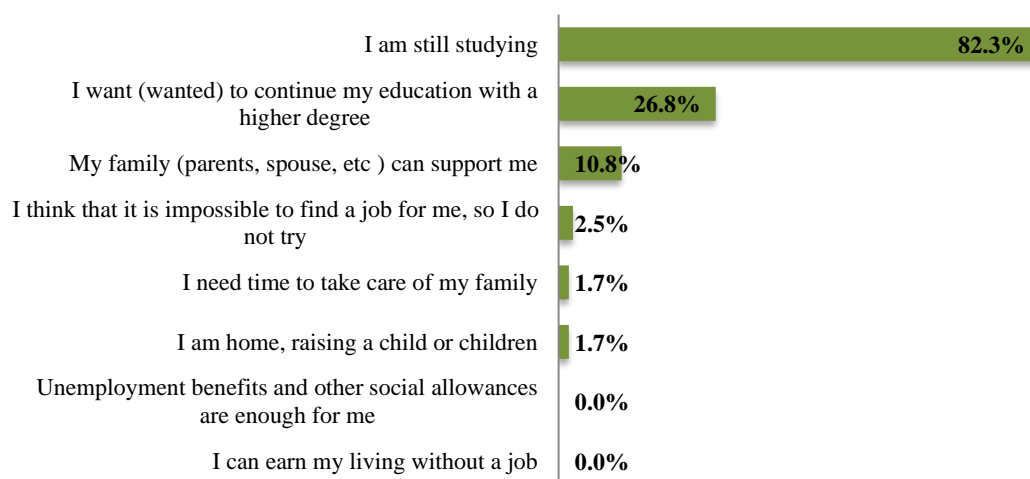
With respect to the 52.9 percent of respondents who were never employed, a little over a half (51.2 percent) never looked for a job, which should not be surprising because most of them were still studying when the survey was conducted (see Figure 3m). Likewise, 26.8 of respondents who were never employed did not look for job because they wanted to continue their education in order to obtain a higher degree.<sup>28</sup> Finally, approximately 11 percent of respondents did not look for employment because they had financial support from their families. All other explanations for not trying to find a job are below 3 percent. Turning to the category of beneficiaries who were never employed but are looking for job, it can

<sup>28</sup> This question allows multiple choice answers, so the figures reflect the share of the respondents who were never employed, but they do not add up to 100 percent.

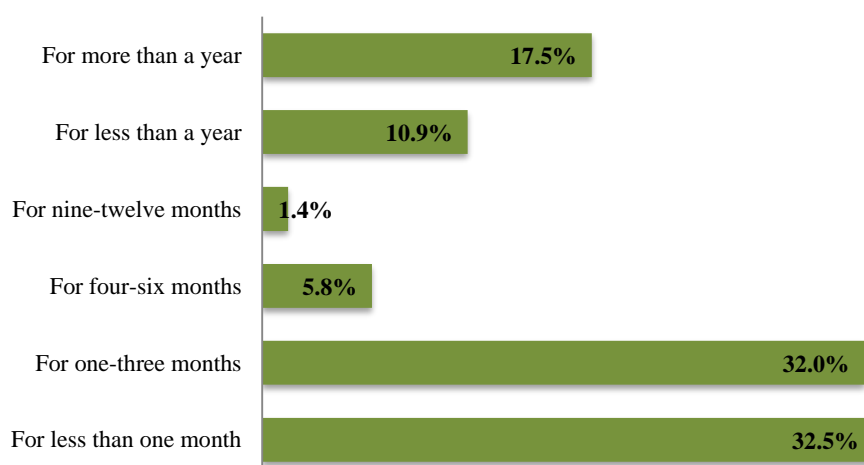
be expected that they are not actively looking for an employment as the majority is still studying. This is reflected in the duration of the job search. Therefore, at some point in time 64.5 percent of respondents searched for work for less than four months (see Figure 3n).

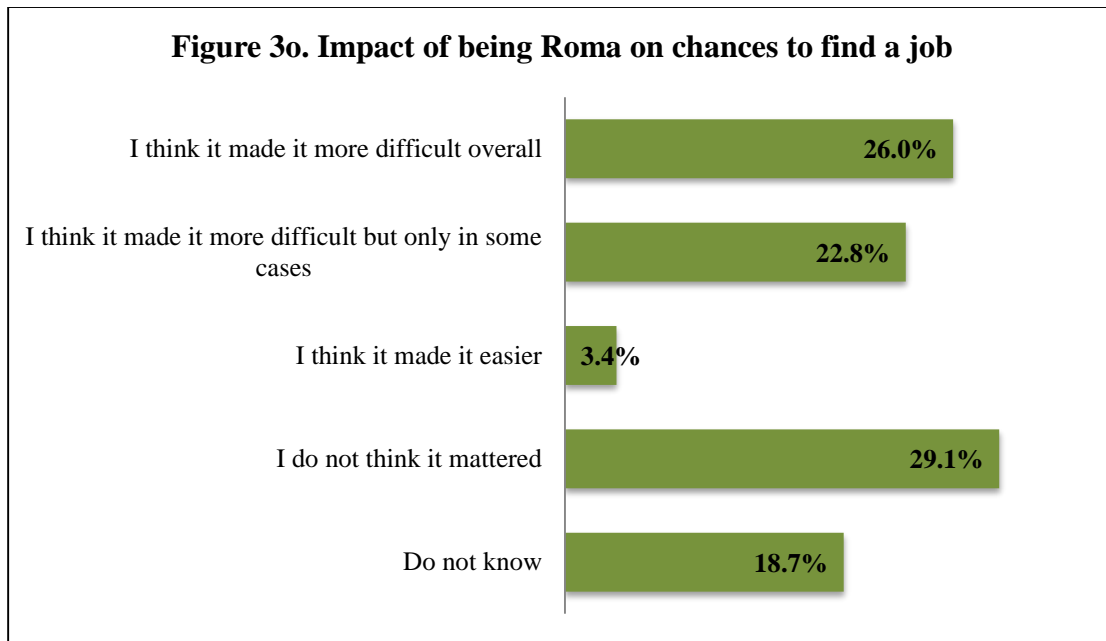
A similar distribution of scores can be observed when it comes to the number of employment applications. The majority of respondents (64 percent) applied for a job three times or less, while 31.5 percent applied for employment more than five times. Most of the respondents were looking for a job in their country of residence (83.4 percent) while 15.3 percent were searching in both their country of residence and abroad.

**Figure 3m. The reasons for not trying to find a job**



**Figure 3n. For how long did you look for a job last time you searched for a job?**

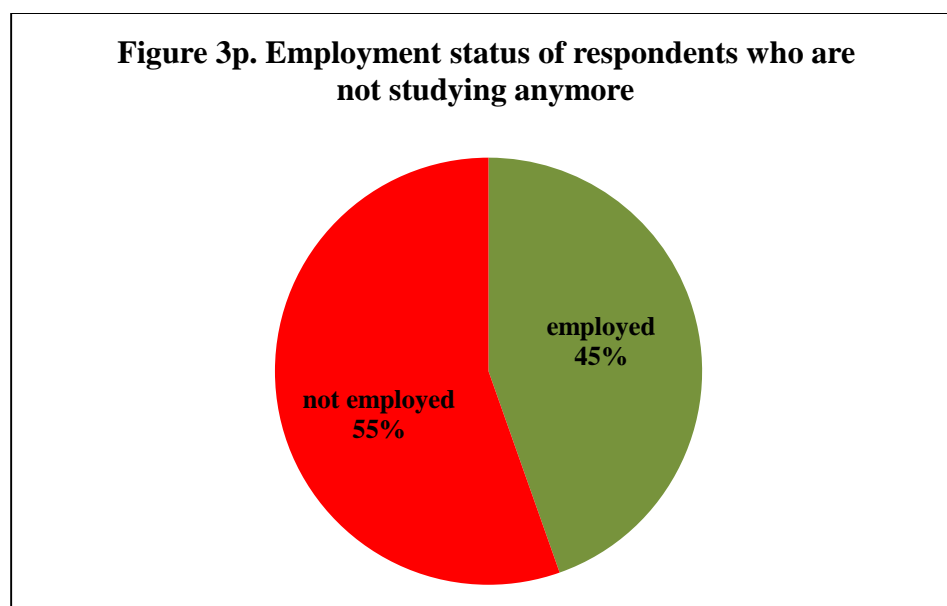




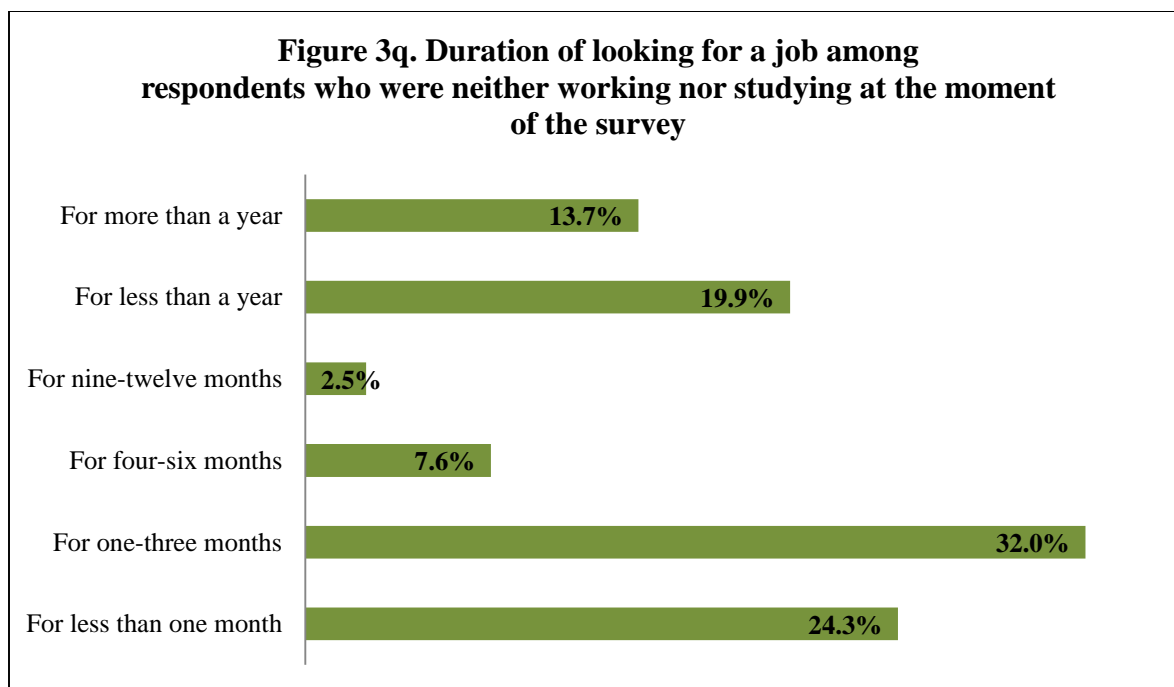
A substantial number of the respondents who never had a job feel that their chances of being employed are influenced by their ethnic identity. Thus, 26 percent of respondents feel that being Roma made the overall job search more difficult, while 22.8 percent think it made it more difficult in some cases (see Figure 3o). On the other hand, 29.1 percent think that their ethnic identity did not matter in their chances to find a job.

### III.2.3. Former beneficiaries who are neither in education, nor in employment:

Among all RHSP beneficiaries who responded to the online survey, 51 percent stated that they were still studying, while 49 percent stated that they were not studying anymore. Among those not studying anymore, 45 percent stated that at the moment of the survey they were employed, while 55 percent stated that they were unemployed (Figure 3p).



Among those who stated that they were employed, an absolute majority (88 percent) work in fields related to medicine and health, and over 70 percent stated that they needed at least bachelor level diplomas to be employed in their job.



Among the respondents who stated that they were neither in education, nor in employment at the moment of the survey, only 26 percent also stated that they have not successfully finished their studies, therefore, for an absolute majority of them the problem with unemployment is not related to dropping out of their medical studies. Also within the group of respondents who stated that they were neither in education, nor in employment, 67 percent stated that they had looked or were looking for a job, for durations illustrated in Figure 3q.

It is also important to mention that the share of respondents having completed a vocational level of education is significantly higher in the group of those who were neither in education, nor in employment at the moment of the survey (40 percent), than in the group of those who were employed but not studying at the moment of the survey (17 percent). In other words, the likelihood of being not in education and not in employment seems to be significantly higher for those with only vocational level of education, than for those with tertiary. Similarly, the risk of unemployment seems to be significantly smaller for tertiary level graduates of medical studies, than for vocational level graduates.

#### IV. THE EFFECT OF THE RHSP PROGRAM ON BENEFICIARIES' ROMA IDENTITY

Besides providing the necessary support for beneficiaries' academic and professional development, RHSP program also aims at strengthening beneficiaries' ethnic identity, consolidating the network of Roma youth, as well as consolidating beneficiaries' sense of belonging to a group of Roma professional elite, equipped with the necessary knowledge and tools to actively serve as role models and contribute to Roma

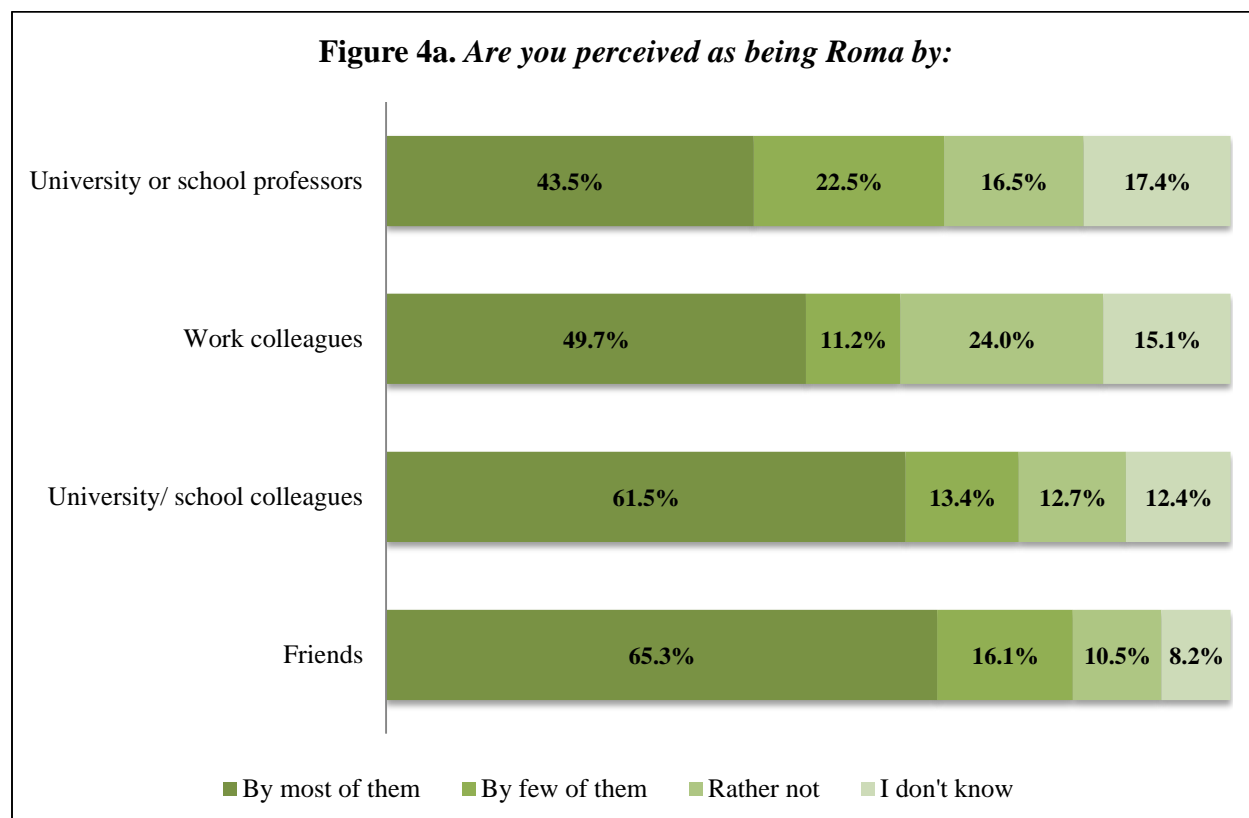


inclusion. The initiating partners' expectation has been that by taking part in a Program exclusively designed for Roma, the program activities implying occasional interaction among beneficiaries, as well as the program events containing discussions on Roma identity, culture, and socio-economic issues, would all contribute to strengthening the sense of belonging to the Roma community and the sense of duty to contribute to the community development. In line with this expectation, this section analyzes the ways through which RHSP beneficiaries manifest their identity, as well as the degree to which RHSP components contributed to forming a network among beneficiaries.

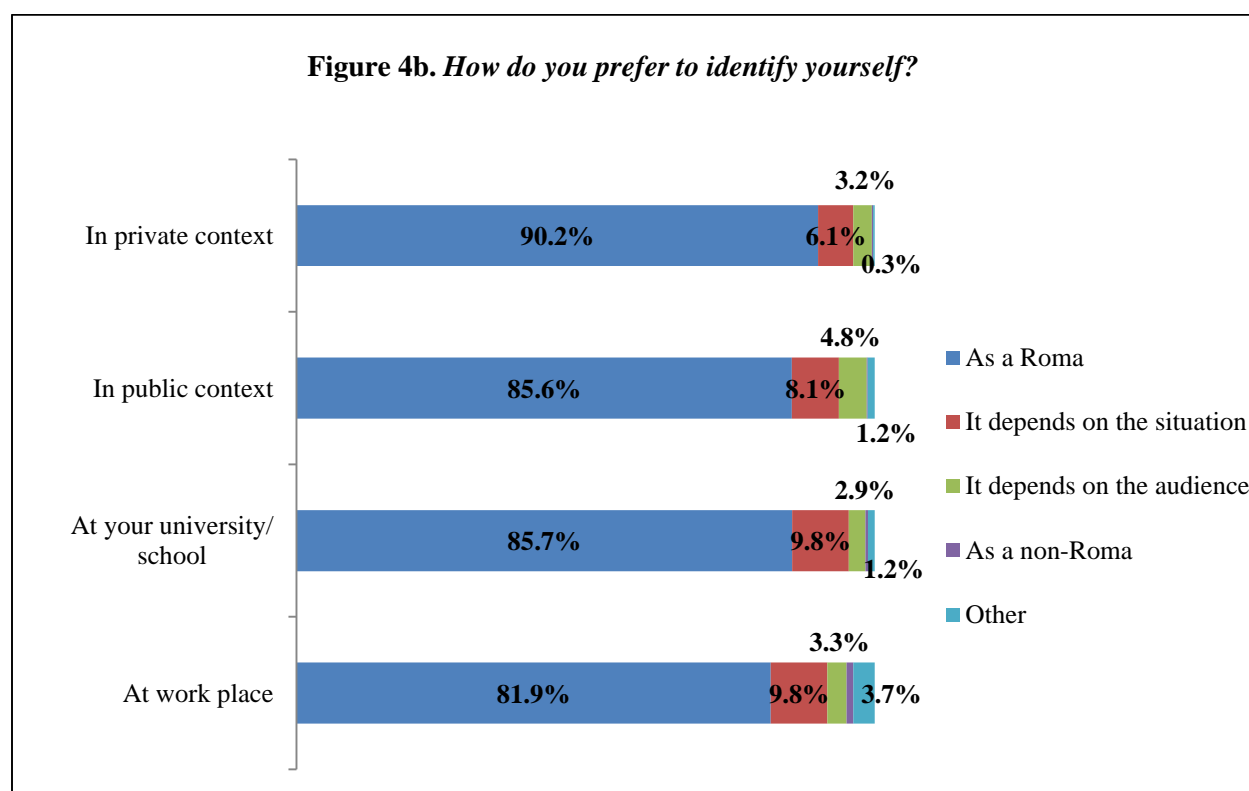
## IV.1. Beneficiaries' self-reported identity:

For assessing how RHSP beneficiaries manifested their identity, a set of special identity-related questions have been used in the online survey. Firstly we focus on how beneficiaries are perceived across various contexts. In the opinion of beneficiaries, they are most frequently perceived as Roma in their private context and by their university colleagues. Thus, majority of respondents (65.3 percent) think they are perceived by their friends as Roma, while 16.1 percent of respondents think they are perceived as Roma by few of their friends and only 10.5 percent think they are not being perceived as Roma (see Figure 4a). An almost identical distribution of opinions is observed with respect to the perception of respondents by their university/school colleagues.

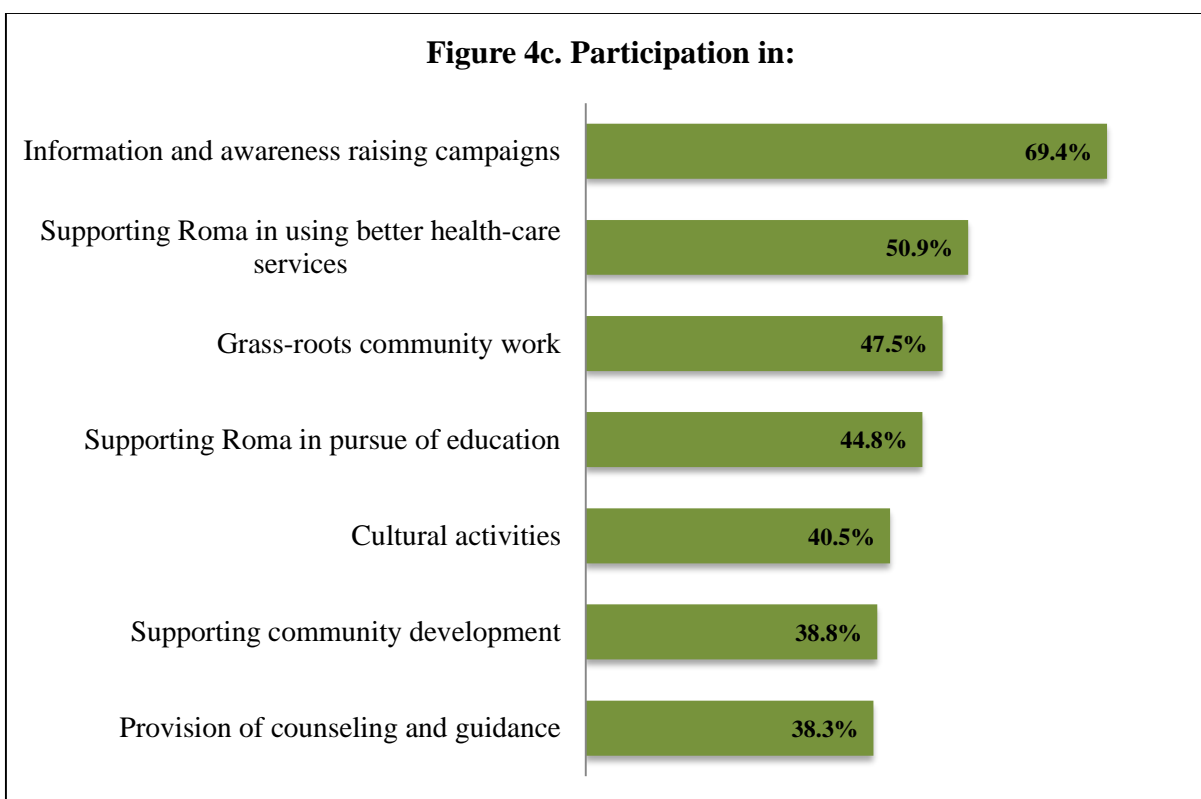
However, there is a noticeable change in distribution of opinions with respect to beneficiaries' work colleagues and their university or school professors. When it comes to work colleagues, 49.7 percent of respondents feel they are perceived as Roma, while 24 percent feel they are not perceived as Roma. Similarly, with respect to university or school professors, 43.5 percent of respondents think they are perceived as Roma, while 16.5 percent think they are not.



The preferred form of self-identification demonstrates the complex nature of respondents' self-perception and sheds additional light on the perceived identity of respondents. Firstly, it is important to emphasize that regardless of context at least 82 percent of respondents prefer to declare themselves as Roma (see Figure 4b). However, there is some variation in the preferred self-identification: in private context above 90 percent of respondents prefer to identify as Roma; a somewhat smaller share of respondents prefers to identify as Roma in public context and at their university/school – 85.6 percent and 85.7 percent, respectively. However, the work place appears to be the context in which the largest share of respondents tends not to share their identity (9.8 percent of respondents will identify as Roma depending on situation, 3.3 percent will choose to identify as Roma depending on the audience, while 1.2 percent would choose not to identify themselves as Roma).



The strength of the identity among respondents is reflected in their participation in Roma-related activities. In this respect, 62.8 percent claimed that they participated recently in some Roma-related activities. The highest fraction of respondents (69.4 percent) participated in information and awareness raising campaigns, followed by the share who participated in support of Roma accessing and better using health-care services (50.9 percent). Furthermore, 47.5 percent did grass-roots community work, while 44.8 percent supported Roma in pursuing education (Figure 4c).



## IV.2. Perception of beneficiaries' identity:

With respect to the effect of RHSP on the opinions of non-Roma medical students and professionals, as well as mainstream population at large, 70.1 percent of respondents think the program overall improved the attitude towards Roma. However, 19.5 percent think it did not have any significant effect, while 10.4 percent think the program worsened the attitude towards Roma.

Most frequently respondents felt that the attitude improved because of their presence in the educational system refutes typical stereotypes and prejudices about Roma. The following respondents' statements reflect the position adopted by the majority:

*"When non-Roma meet Roma who are as educated and successful as they are, their prejudices are reduced. With knowledge and skills we become equal to others and that is how we create a generally positive image about Roma. We are examples that Roma are changing their attitudes toward education. As time is passing, the attitudes of non-Roma towards Roma will change more."*

*"Personally, I believe that [the mainstream population] had the opportunity to discover that contrary to stereotypes, there are educated people among Roma who have the ability to succeed as much as many non-Roma."*

*"[RHSP improved the attitudes of non-Roma] because they had the opportunity to get to know our real side and not the image that is presented in society. We demonstrated that if we are united and we help each other, we can be even better than non-Roma."*

*“In my opinion the attitudes are improved because we demonstrated that we are capable to learn and study, that we are the same as the other people, that we are good friends and that the prejudices about us are not true.”*

*“[RHSP improved the attitudes of non-Roma] because Roma finally show themselves in best light, because now we have the same opportunities as the others to show our skills and capacities. The mainstream population realized that Roma can do what they can. The education is the only thing which can change the stereotypes about Roma.”*

(Source: anonymous online survey for RHSP beneficiaries).

However, despite these overwhelmingly positive statements, approximately 30 percent of respondents reported either no change or even deterioration of the perception of Roma among non-Roma medical students and professionals, as well as the mainstream population. The majority of students explain this outcome by the fact that the financial support of RHSP is available only to Roma students. In this respect, beneficiaries wrote:

*“[Non-Roma] think that we are privileged in comparison to them, because of the REF support, the mentorship support, the financial support and the affirmative measures. All this causes them to be jealous.”*

*“[RHSP had] a positive effect, but colleagues (non-Roma) are antagonized because of the scholarship. They feel discriminated, because you help Roma students, but not Bulgarian students.”*

*“Non-Roma students think that Roma are taking something from them, I don't know what, but that is my opinion. They are against the affirmative measures, Roma scholarships etc.”*

(Source: anonymous online survey for RHSP beneficiaries).

An additional explanation was proposed with respect to the unchanged or deteriorated perception of Roma. In this regard, some respondents related beneficiaries' academic performance to attitudes among non-Roma. Thus, one beneficiary wrote:

*“RHSP has become a trend and everybody wanted to enroll in the medical universities in order to get a bigger scholarship. In my generation, I was the only Roma student: two years after, when the RHSP started in Macedonia, seven Roma students enrolled in general medical studies, from which none stayed after the first or the second academic year due to number of failed exams. The increased number of Roma enrolled in medical schools or universities is positive, but on the other hand, if we don't continue with the studies, if we are not in the group of students with better results, that is creating the image of Roma as not being capable for studying.”* (Source: online survey for RHSP beneficiaries).

The following two beneficiaries underlined the same point:

*“[RHSP] has not changed the attitudes of the other ethnicities and professionals in the area of medicine because in my opinion the biggest part of them still perceive us with skepticism; they consider RHSP to be the main culprit for a bigger number of Roma studying medicine, so they don't think that Roma students are motivated to study medicine, but rather that they enroll just because of the scholarship. Unfortunately there is some truth to this opinion,*

*supported by the fact that a small number of Roma continue with the studies and finish in regular time.”*

*“[RHSP did not improve the attitudes of non-Roma] because big numbers of high school students have enrolled in medicine only because of the bigger financial support. Unfortunately a big number of enrolled students after getting the scholarship stop studying medicine or stop because they were not capable to respond to the demands of the studies. In my opinion this situation has contributed to a fake impression that the number of medical Roma students is increased.”*

(Source: online survey for RHSP beneficiaries).

### **IV.3. Beneficiaries’ identities - mentors’ perception:**

In mentors’ opinions, RHSP has a strong effect on the promotion of interethnic relationships and the development of beneficiaries’ Roma identity. The majority of Serbian mentors think that RHSP beneficiaries’ presence in the education system has positive effect on the perception of Roma among students and professors. For instance, a mentor wrote:

*“I feel that the presence of RHSP beneficiaries in the education system has changed attitudes towards Roma, given that, thanks to RHSP, Roma have an opportunity for equal education and inclusion in the academic community. Also, RHSP enables teachers to work individually with students, which is a major benefit.”* (Source: online survey for RHSP mentors).

In Romania mentors also consider that the presence of Roma students in education defies stereotypes. In this respect, a mentor wrote:

*“The chance to meet people individually and avoid generalizations, changes the perception of the mainstream population. Like an African or an Asian colleague, at first a Roma student [at the university] is a curiosity, but once you get to meet him/her and become a friend, you transmit the positive information to the others, and like this we develop into more tolerant and open individuals.”* (Source: online survey for RHSP mentors).

However, a mentor emphasized the vulnerability of the achieved progress. In her opinion, the presence of RHSP beneficiaries in the education system has changed attitudes of mainstream medical students and professors towards Roma to some extent, but she thinks that: “... the program must continue longer in order to make a real difference.” Furthermore, RHSP beneficiaries in Romania feel confident to express their identity publicly. In the words of a mentor:

*“Many students were encouraged to talk on TV about their situation and about the scholarship program. Their stories were also published in newspapers.”* (Source: online survey for RHSP mentors).

Most mentors find the source of the encouragement in the increased self-respect which comes with beneficiaries’ professional and academic success. For instance, a mentor wrote:

*“Working with the students in the mentoring program through practical activities, theoretical, and sometimes motivational discussions and, not the least, through volunteering,*

*leads to an increased self-esteem. Greater self-confidence can lead to feeling proud of being Roma and can demonstrate to those who are still entrenched in their narrow and limited mentalities the need to change their notions about Roma.”* (Source: online survey for RHSP mentors).

A similar position is adopted by mentors from Macedonia. RHSP beneficiaries proved themselves to be capable, responsible and ambitious, which affects the attitudes of mainstream medical students and professors. In this respect, a mentor wrote:

*“In our educational system there was an assumption that Roma do not want to be educated. I think that RHSP fellows with their mentors dispel those prejudices and now Roma are considered not to be different from other students when it comes to studying and behavior.”* (Source: online survey for RHSP mentors).

Finally, an almost identical position is adopted by Bulgarian mentors. The presence of RHSP beneficiaries in educational institutions refutes the stereotypes associated to Roma, while the support of RHSP changes beneficiaries’ attitudes by instilling self-confidence and ambition. Furthermore, participation in RHSP encourages beneficiaries to embrace and proclaim their identity as well as to engage in improving the social and health status of Roma community. For instance, a mentor wrote:

*“[...] some of the fellows participate in initiatives related to improving the lives of Roma, in education initiatives, in community initiatives related to the prevention of certain illnesses in the Roma settlements, etc.”* (Source: online survey for RHSP mentors).

However, the issue of Roma identity is still a challenge for Bulgarian society and some mentors underline the necessity for further progress in this regard. Thus, when asked about public self-identification of beneficiaries, a mentor answered:

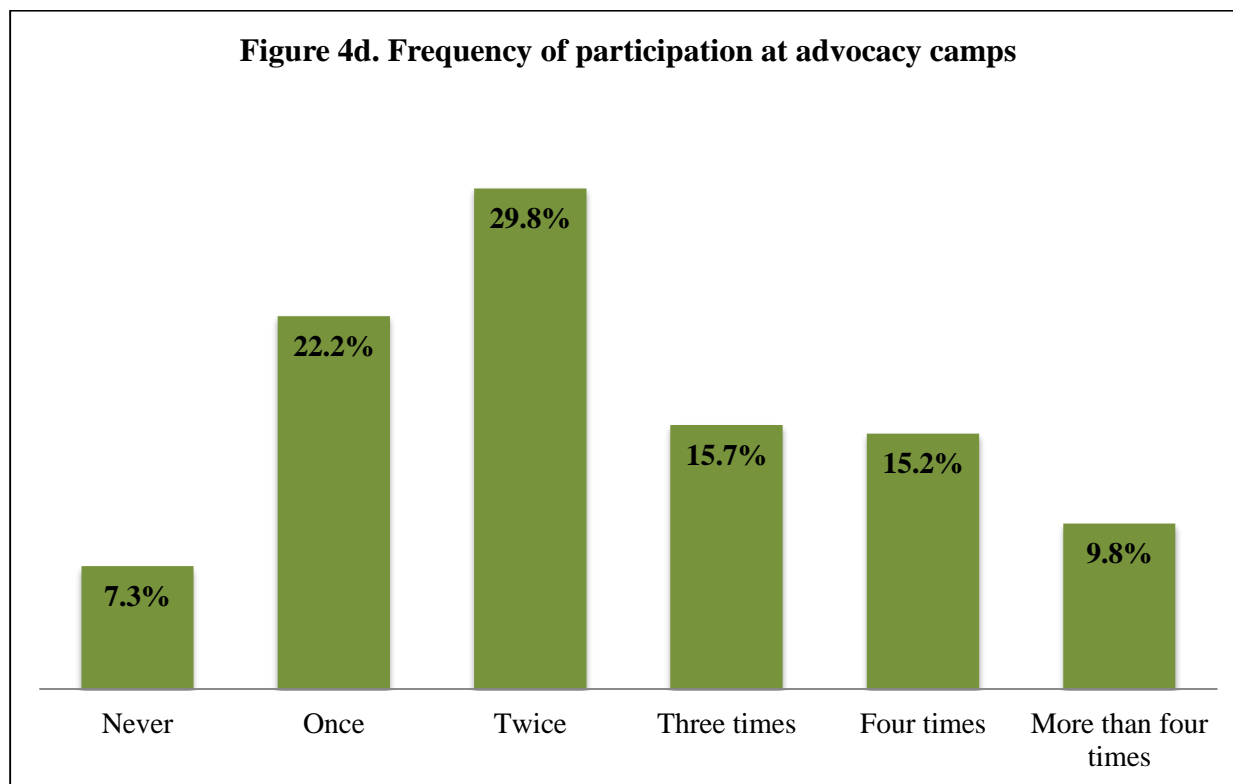
*“This is quite a delicate question. I think there is still much to be done by the program in this direction. There are still children who are ashamed to publicly declare their identity!”* (Source: online survey for RHSP mentors).

In a similar vein, another mentor from Bulgaria stated:

*“I noticed that about 50 percent of students declare publicly their Roma identity, and I believe that the RHSP definitely encouraged them in doing so. With respect to the rest [who do not declare their Roma identity publicly] the main reason is the integration into the student community. However, a fraction – about 10% – renounces their Roma identity.”* (Source: online survey for RHSP mentors).

#### **IV.4. RHSP advocacy camps:**

The advocacy camp is one of the main components of RHSP program aimed at developing beneficiaries’ Roma identity. Since the participation in advocacy camps has been compulsory for all ongoing beneficiaries, an absolute majority participated at least once. Among the survey respondents, 92.7 percent confirmed that they attended at least one advocacy camp, while 70.5 percent participated in at least two (see Figure 4d). When beneficiaries who did not attend advocacy camps were asked about the explanation for failing to participate, the majority listed personal reasons such as health issues, death in the family, or pregnancy.



A strong majority of respondents found advocacy camps to be useful in their professional and personal development. In this respect, 58 percent found advocacy camps to be very useful, while 33.3 percent - to be somewhat useful. Only 1.9 percent stated that that advocacy camps were not useful at all. When respondents were asked to explain their position with respect to the usefulness of advocacy camps, most of them related their answer to the strengthening of their Roma identity, the development of skills needed in addressing the current state of Roma community, and the development of additional skills. For instance, a student wrote:

*“The advocacy camp helped me to learn more about the Roma community and my identity. Thanks to the camp I also managed to gain a deeper knowledge of Roma related problems, and I developed a strategy to address these problems. Important for me was the fact that I met a lot of new and motivated young people. I’ve created many new friendships. Field work motivated me even more, because I saw how Roma live in marginalized neighborhoods. Once again it convinced me that education is the path to the successful development of our community.”* (Source: anonymous online survey for RHSP beneficiaries).

The following responses from two beneficiaries from Macedonia shed additional light on this aspect of advocacy camps:

*“The participation in the RHSP camps was more than “very useful” for me. It helped me to gain knowledge which in the formal education I would never get. I acquired skills and experiences which put me several steps in front of non-Roma in my university as well as in my daily life. It helped me to gain new friendships which will be useful in the future. The RHSP camps allowed me to think on a long-term. It made me more critical about Roma*

*policies. I become very active in the NGO sector where I have learned about the needs of Roma in Macedonia.”*

*“I find the camp training very useful because I was able to develop social and advocacy skills, and use them practically in my profession. It advanced my knowledge in different areas, beyond the medical field. I got to know marvelous, ambitious young people from around Macedonia, and I am still in contact with them and maintain our friendship. I got to know and be involved with Roma issues in Skopje, and also got to be involved in planning and realization of follow-up projects concerning Roma and youth issues.”*

(Source: anonymous online survey for RHSP beneficiaries).

Quite a few respondents chose to emphasize that during advocacy camps they acquired knowledge and skills related to their personal and professional development. For instance, a beneficiary wrote:

*“I found advocacy camp to be very useful because in the trainings they taught us new skills like: methods and techniques of advocacy, negotiation and conflict resolution skills, strategies for creating partnerships, skills to promote good practices, behavior in front of the media, and useful social skills.”*

*“advocacy camp was useful because I was able to identify the skills that I use but didn't know how to define. All that became knowledge and now it is part of my professional and personal development.”*

(Source: anonymous online survey for RHSP beneficiaries).

The aspects of the advocacy camps which, according to beneficiaries, need further improvement include the repetitiveness and quality of the lectures, timing of the advocacy camps, and applicability of trainings to the beneficiaries from different age cohorts and with different life experiences. In this regard, respondents wrote:

*“Considering its’ usefulness for my personal and professional development, my satisfaction with the camp is moderate. I say moderate because I already had some previous knowledge on the subject of advocacy, which I gained from other organizations and networks. They organized these workshops on a much more professional level. In my opinion the concept is good, but we lack quality experts from the advocacy field, who will share their knowledge and skills.”*

*“The idea of the camp is somewhat neglected. The organization of seminars is not diversified enough over the years, resulting in the formation of a monotonous repetition of themes and issues. For me it was useful to be in a new social environment, meet with activists (governmental and nongovernmental) dealing with Roma, and to learn about the culture of Roma in the fieldwork.”*

*“For me the usefulness of advocacy camp is modest because it is implemented during the exam season and there is a lack of medical topics.”*

(Source: anonymous online survey for RHSP beneficiaries).

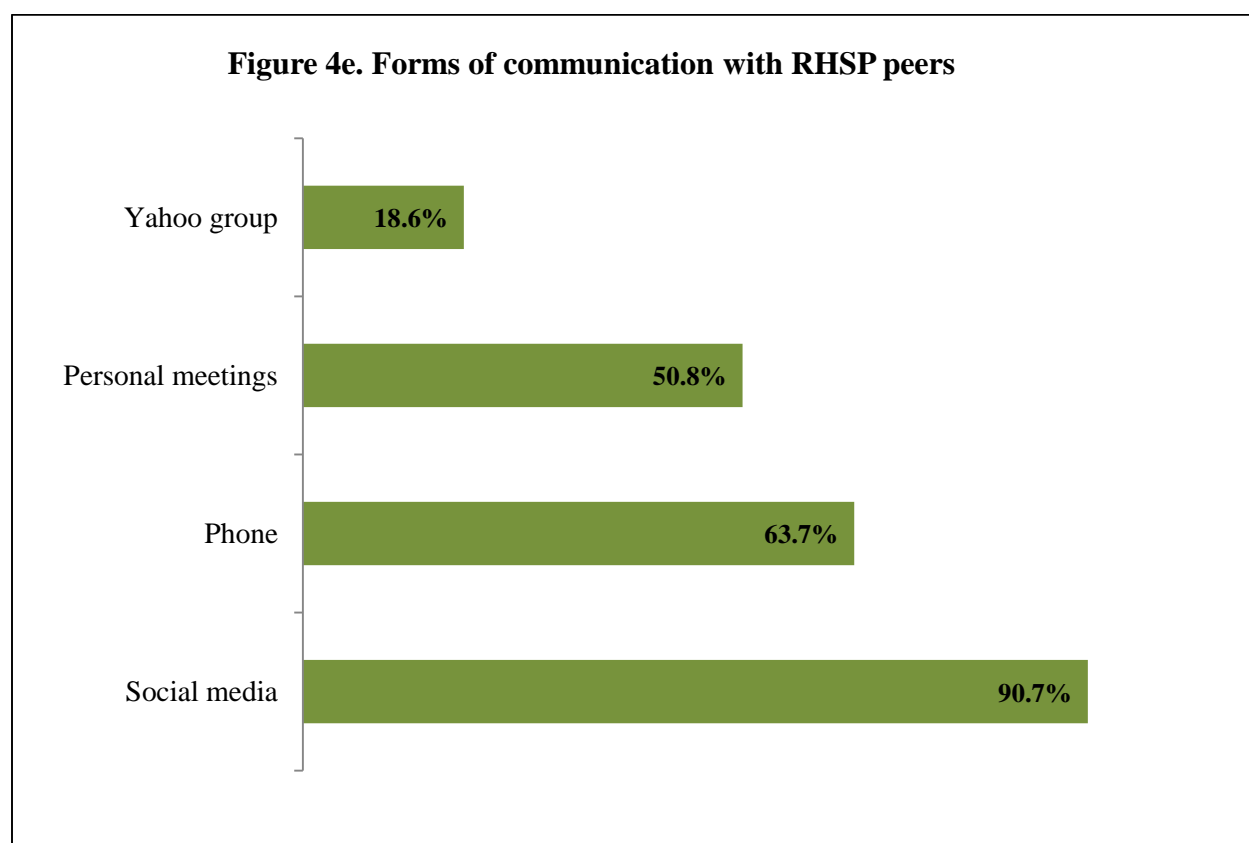
With respect to the subjects covered during the advocacy camp(s) that were most useful for beneficiaries’ academic, professional, or personal development, the most frequently mentioned are the lectures related



to Roma history, origins, culture, traditions and language. These subjects are followed by trainings in communication skills, advocacy in the health system, lobbying techniques, planning and implementation of projects and project design, organization and implementation of awareness campaigns, and leadership trainings. In addition, the visit to Roma communities had a strong impression on respondents. Finally, the quality of lecturers is important for beneficiaries.

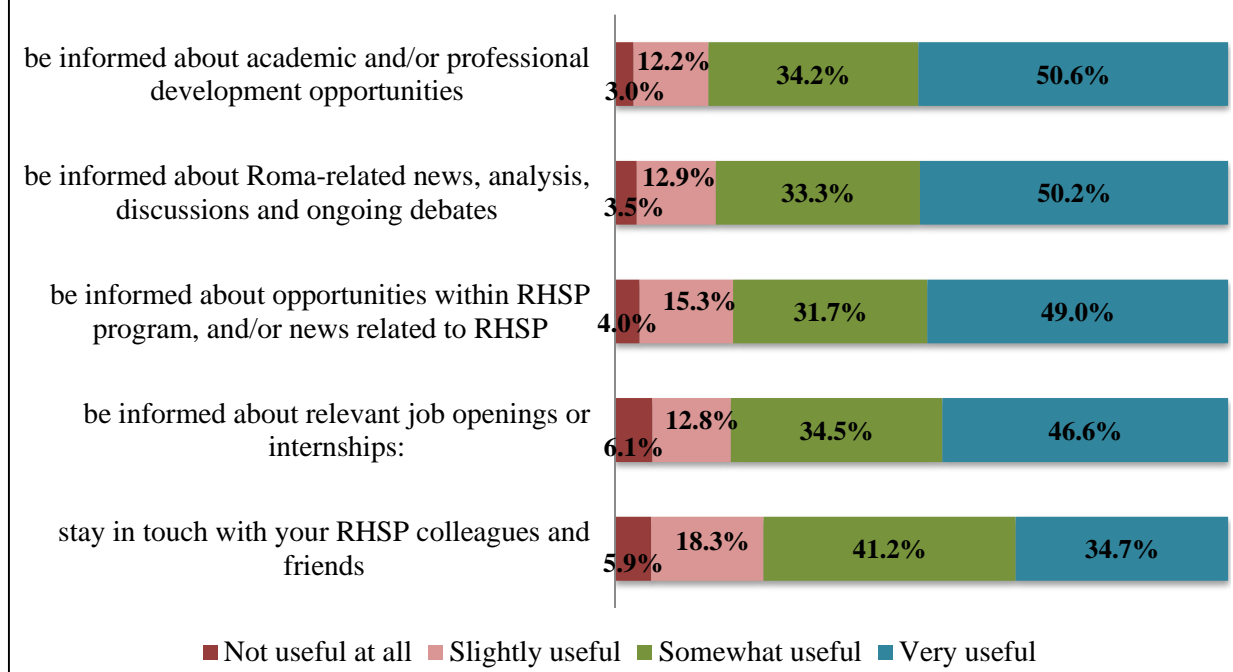
#### IV.5. Staying in touch with RHSP peers:

Most of the former and current RHSP beneficiaries who participated in the survey stated that they stay in contact with their RHSP peers (87.2 percent). In this respect, the majority of respondents (53 percent) stay in touch with their peers occasionally, 20.3 percent keep a monthly contact with their colleagues, while 26.7 percent are in touch with former or the current RHSP beneficiaries on a weekly basis. As can be expected, the overwhelming majority of respondents (90.7 percent) use online social media to communicate with each other. However, it should be noted that 50.8 percent meet each other in person.



Considering the Yahoo e-group for REF scholarship beneficiaries and alumni, 65.4 percent of respondents are registered in the group, 19.9 percent are not sure about their membership, while 14.8 percent are sure they are not members the group. The majority of users of the group are not active in the Yahoo group. Thus, 60.2 percent of group members never sent a single message, 18 percent sent one message, while 20.4 percent of members sent at least two messages.

**Figure 4f. Usefulness of Yahoo e-group in:**



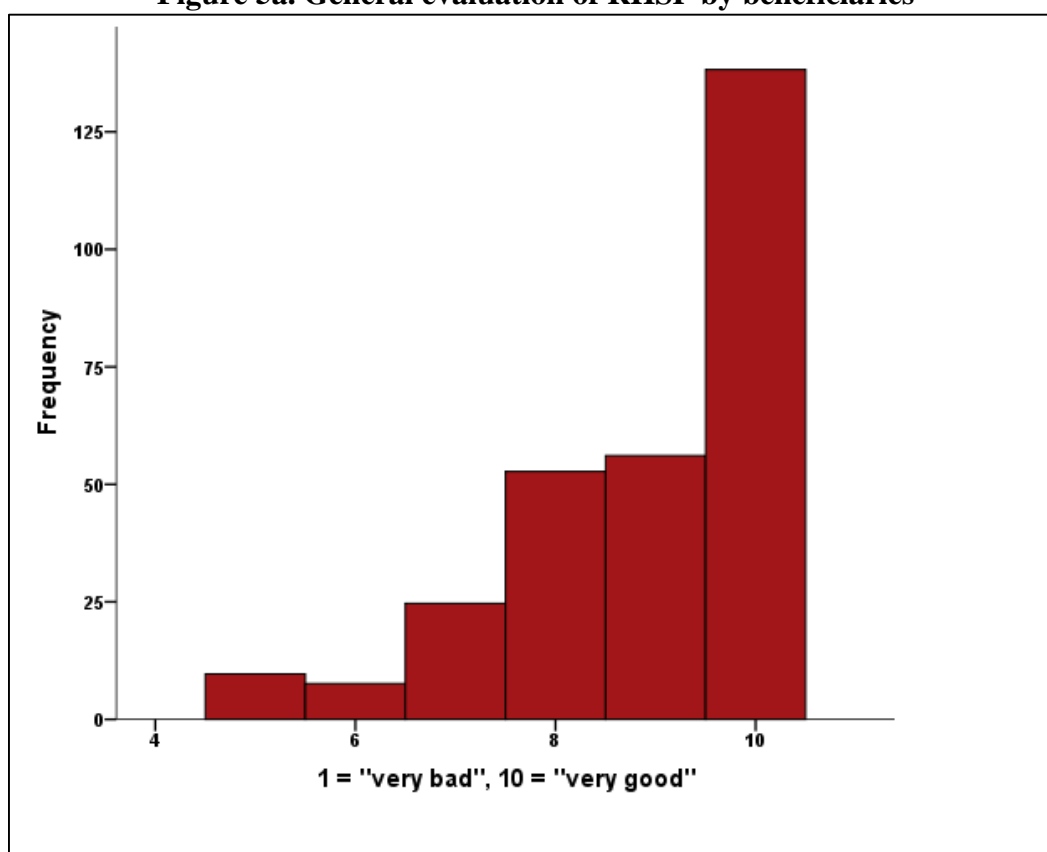
The distributions of the perceived usefulness of the Yahoo e-group are similar across most of the possible usages and, on average (see Figure 4f). In this respect, most of group members (50.6 percent) find Yahoo e-group to be very useful in being informed about academic and/or professional development opportunities (such as conferences, seminars, trainings, etc.), while they find it least useful in maintaining contact with other RHSP colleagues and friends – in this regard, 34.7 percent of respondents find the group to be very useful.

## V. THE GENERAL EVALUATION OF RHSP BY STUDENTS AND MENTORS

Beyond any doubt, beneficiaries evaluate RHSP in a positive manner. Thus, on the scale of 1 to 10, where 1 is “very bad” and 10 is “very good”, average score of RHSP is 8.91, the value of median is 9, and the lowest evaluation score is 5. This positive assessment is evident in the distribution of scores presented in Figure 5a, where the prevalence of the highest evaluation scores is obvious. Furthermore, there seems to be a consensus among respondents with respect to RHSP’s contribution to the increase of the number of students enrolled in medical studies. Thus, 85 percent of respondents think RHSP’s support resulted in more Roma studying in medical fields in their country, while 11.9 percent cannot provide this estimate.

As RHSP is held in an exceptionally high esteem among its beneficiaries, the majority of respondents feel that each component of RHSP is useful. As can be expected, the financial support is the most appreciated aspect of RHSP. Somewhat less appreciated, although still highly positively evaluated components, are mentorship and the advocacy camps. In the following paragraphs we will focus on beneficiaries’ suggestions with respect to improving these two components.

**Figure 5a. General evaluation of RHSP by beneficiaries**



With respect to the mentorship component, several respondents suggested that a more careful selection of mentors is needed. Namely, several beneficiaries feel they were neglected by their mentors, and they proposed to select mentors who are really interested in Roma or mentors who are of Roma origin. For the same reason, some respondents suggested that the mentorship component needs to be highly monitored by the project implementers. Finally, several respondents proposed combining the mentorship with tutorship in order to facilitate a better educational performance of beneficiaries.

With regard to the advocacy camps, some respondents feel that these activities should be organized in a period when students do not have to miss classes or exams. Furthermore, respondents frequently mention the need to include more medical topics (e.g. how to organize campaigns for Roma health care) and the need to invite speakers from the medical field. For instance, a beneficiary proposed organizing a workshop titled: “First aid in various emergency situations”. In addition, some advocacy camp topics are repetitive. Thus, beneficiaries who participated in several camps were already sufficiently knowledgeable on the topics and found them monotonous. Furthermore, respondents suggest engaging additional trainers and organizing the camps in different locations. It is important to note that respondents find meeting other RHSP beneficiaries to be one of the most useful aspects of the RHSP advocacy camps. In this regard, students wish to have more frequent meetings outside the summer advocacy camps and to have an opportunity to network with colleagues from different countries in order to develop and initiate common projects (e.g. to create a platform of Roma Health Workers, to do research, create common strategies and action plans for improving the health status of Roma in Europe). Some students propose mandatory activities and regular meetings of all participants.

A number of respondents suggested that there is a need to improve the work of project coordinators. Primarily, beneficiaries expressed the need to share information about RHSP to more people, as many students who want to study do not know about the program or about the organizations implementing the project (which is not relevant at this point of project implementation since RHSP no longer accepts new cohorts of beneficiaries). Respondents think that coordinators have a lot of work and deal with too many students, and consequently do not have enough time to share information and sometimes make errors. In addition, some respondents were not able to acquire the necessary information from local coordinators either by phone or by email and, in general, there seems to be a problem with information flow about various components of RHSP. On the other hand, several respondents feel that country coordinators as well as additional REF staff should acquire some medical education in order to adequately respond to beneficiaries' needs. In addition, some respondents think that national coordinators should be fully informed and familiar with the curricula of all medical universities.

Quite a few students think that RHSP should include a component that would enhance the employment chances of beneficiaries. In this respect, a respondent proposed providing a possibility to access employment opportunities in a database form. Another respondent suggested introducing capacity building workshops for students who are in the last year of their studies that would include trainings on specific skills, which would help beneficiaries to be more competitive on the labor market. As employers often require workers with experience, one respondent suggested providing internship opportunities while another suggested facilitating opportunities to obtain a minimum six months of work experience.

The largest number of suggestions was put forward with respect to the application and selection process. Some students feel that the selection process is not successful in choosing students who are interested in finishing medical studies, which affects both the prospects of more ambitious students and the perception of Roma. In this respect they propose the introduction of interviews in the selection process and making the selection more restrictive.<sup>29</sup> Some students think that RHSP project implementers should pay more attention to each candidate and check if there is a need to support them. A few respondents suggested double-checking applicants' origins. For this reason, a beneficiary suggested for applications to be in Romani language and to include interviews with the applicants. Another beneficiary suggested checking how the applicants are registered in the official records. In addition, some respondents feel that the country coordinator has the biggest influence on the process of selection since s/he is making the first assessment of the applications and gives his/hers opinion in front of the national commission.<sup>30</sup> In this respect, a beneficiary suggested including a person who finished medical university in the national commission in order to assess students in an objective way. Some students believe that the requirement to provide recommendations from NGOs does not allow for an objective evaluation and makes them dependent on NGOs. Furthermore, as there are students who don't have computers, internet access or don't know how to upload documents, respondents suggested alternative methods of application. A number of respondents proposed improvement in the online application form. In addition, respondents suggested decreasing the number of necessary documents. Students also propose setting up clear rules, conditions and guidelines on how to obtain grants.

One of the most frequently mentioned objections is the fact that the program is closed for new beneficiaries. Also, respondents suggest allowing beneficiaries who failed to get a scholarship one year, but continued the medical studies in the successive year, to apply for the scholarship. In addition, some beneficiaries feel that the requirement to pass a certain number of exams in order to get the second

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<sup>29</sup> REF Scholarship Program does not organize interviews in RHSP; beneficiaries have been selected and retained in the program from one year to another based on academic results. A minimum academic standard has been imposed by introducing the minimum threshold of successfully passed mandatory exams in each semester.

<sup>30</sup> According to the selection procedures of scholarship beneficiaries established by REF, country coordinators are responsible for the technical check of each scholarship application against the eligibility criteria. Country coordinators do not have any role in the evaluation of eligible applications, this being the role of National Selection Board members.

installment of scholarship is very difficult and favors quantity over quality. Consequently they suggest either to simplify this criterion, or to prolong the deadline for the reports until the April or June exams session (although this would postpone the disbursement of the scholarships which is usually also criticized).

Finally, several respondents suggested more frequent surveys of beneficiaries and implementation of project adjustments based on obtained information.

## SUMMARY OF FINDINGS AND DISCUSSION

Based on desktop research, administrative data, as well as survey methodology, the main objective of this tracer study was to investigate the degree to which the RHSP program contributed to a successful academic and professional trajectory of its beneficiaries after seven years of program implementation, as well as the degree to which its beneficiaries managed to enter the job market after graduating medical education. Respectively, this report focused on the following three research questions:

1. To what extent has RHSP support been critical for its beneficiaries to enroll in medical education and graduate successfully?
2. To what extent have RHSP beneficiaries succeeded in integrating into the professional world during and after obtaining medical degrees?
3. Have RHSP beneficiaries been active in supporting Roma inclusion in general, by working with/for Roma communities during their studies or in their working environment? Have they contributed to changing stereotypes about Roma?

There have been two surveys conducted for this report: an anonymous survey with former and current RHSP beneficiaries, with a participation rate of 55 percent (i.e. 289 respondents out of 527 beneficiaries), and a survey with RHSP mentors, with a participation rate of 46 percent (i.e. 39 respondents out of 85 mentors).

In line with each of these questions, the **main findings** presented and analyzed throughout the sections of the report, reveal the following:

With respect to the first research question, the critical effect of RHSP on the enrollment and graduation of Roma students in medical education is supported by the data presented in this report. In almost half of the cases, beneficiaries who participated in the survey stated that they would not have been able to continue their studies without the RHSP support, while only 35 percent stated that they would continue their studies even without RHSP; but even among the latter an absolute majority stated that without RHSP they would have studied under different conditions, e.g. a different specialization, an educational institution closer to their homes, at a lower degree level, part-time studies, or they would have postponed education for later. Only for one fifth of beneficiaries who participated in this study would the lack of RHSP support not affected their mode of studies. On the other hand, the dropout rate in the program is not excessive: excluding the former beneficiaries with whom the program was not able to establish a contact, the share of beneficiaries who dropped out or interrupted their studies is 9%. The mentorship component proved to be very useful for more than half of beneficiaries who participated in the survey, while the scholarship was sufficient for covering the majority of respondents' expenses, and in the case of 25 percent of respondents it covered all expenses.

Considering the second research question, the data presented in this report show mixed results on the extent that RHSP beneficiaries have succeeded in integrating into professional world. Approximately 35 percent of all respondents were employed at the moment of the survey, while 49 percent were not studying anymore. This means that in the total pool of respondents, there were about 14 percent who were neither studying, nor employed. Within the group of those who were not studying anymore, about half stated that they were not employed either. The unemployment rates seem to be higher among those with vocational-level medical degrees than among those with tertiary-level medical degrees, and also higher among respondents from non-EU countries than among those from EU countries. At the same time, the data show that about 90 percent of respondents who were employed at the moment of the survey were working in positions connected to medicine and health care.

It is also important to mention that RHSP's contribution to beneficiaries' integration in employment has been rather indirect, i.e. by providing access to medical studies and support during the studies, as well as by providing professional components aimed at beneficiaries' personal and professional development, and not by specific RHSP interventions aimed at helping beneficiaries integrate in employment. Among beneficiaries who responded to the survey questionnaire, only 23 percent stated that RHSP helped them to a considerable extent in getting a job or a better job, while only 27 percent felt that their mentors helped them network for obtaining employment in the medical field. The narrative feedback given by some respondents also supports this point: some students recommended that the program do more to support beneficiaries in the transition from studies to employment.

Finally, with respect to the third research question, there is evidence suggesting that RHSP encouraged its beneficiaries to embrace and proclaim their identity. The survey results suggest that the participation in the program raised beneficiaries' awareness of the current state of Roma in Europe and motivated them in working with Roma communities. In this respect, more than 60 percent of survey respondents recently participated in Roma-related activities, while 40 percent of the currently employed respondents are working in jobs that imply regular encounters with fellow Roma. Furthermore, the presence of Roma in educational institutions, particularly in the university level education, has a strong impact on the perception of the mainstream students towards Roma. Both students and mentors feel that the simple presence of Roma students in education refutes stereotypes and prejudices about Roma, let alone their active participation in the academic and social life of schools and universities.

It is also important to mention that this study is not an impact evaluation, since it is not based on a control group. As explained in the introductory part of this report, conducting an impact evaluation for the RHSP program is not possible, due to the way in which the program has been designed and particularly due to the way in which beneficiaries have been recruited. The study is based on survey methodology, which implies that it bears all methodological limitations and risks for bias of any survey-based analysis. One of the possible biases could result from the self-selection of participants: although all former and current RHSP beneficiaries have been invited to participate in the study, those who decided to participate might be systematically different from those who decided not to participate, in ways that are relevant for the study research questions. We attempted to diminish the effects of such bias by weighting the survey results based on criteria we considered most relevant. Another bias could result from the ways respondents might have chosen to answer. Respondents could have different reasons for not giving truthful answers, among them being the perceived pressure to preserve a good relationship with the program. We attempted to diminish the effect of this possible bias by explicitly guaranteeing anonymity to student respondents.

As for the **general recommendations**, besides the positive outcomes and achievements of the program up to this stage of implementation, there are three areas that need to be addressed in order to further improve its outcomes:

- Above all, the endemic nature of the problem of Roma underrepresentation and discrimination is not likely to be altered by the relatively short-term impact of RHSP. The program does not last long enough to create sustainable effects in the respective societies and it must be emphasized that a notable change in the status of Roma will require a prolonged and a more extensive intervention. Taking only three cohorts of beneficiaries imposes serious limitations in forming a critical mass of Roma medical professionals in the respective countries. With this regard, the most significant drawback of the program is in having been unable until now to transition the model to the governments and to secure more permanent sources of funding that would guarantee a more balanced representation of Roma in medical education in the future.

- Furthermore, although RHSP has not been designed to provide direct assistance for beneficiaries to entering the labor market, the program has to work on increasing the employment competitiveness of its beneficiaries. The current economic climate, particularly in Serbia and Macedonia, will require recent graduates to seek employment beyond their immediate social network, professional environment, and geographic location. In this respect, RHSP should seek to expand beneficiaries' skills in communication, professional networking, ICT, foreign languages, and entrepreneurship. The introduction of the Small Scale Project is a contribution to the employability of RHSP beneficiaries; however, additional avenues for beneficiaries' further development should be designed. Moreover, considering the findings that vocational-level graduates face more risks of unemployment than tertiary-level graduates, RHSP should encourage promising vocational level beneficiaries to continue their training at the tertiary level and support them throughout the process.

- Lastly, the initial goal of supporting 600 Roma beneficiaries throughout the RHSP program has not been achieved until now, and considering that the program stopped selecting new cohorts of beneficiaries and, with some exceptions, it only continues the support of those who were recruited in the program before, there is a high chance that this planned number of supported beneficiaries will not be attained. By September 2015 there were 527 people supported through RHSP in the four countries, and considering that part of them dropped out and will probably never finish medical education, the program is further less likely to achieve the result of 600 graduated Roma medical professionals across the four countries. Considering that from the initially pledged amount for implementing RHSP only about half has been spent until now, the program could continue taking new cohorts of beneficiaries at least until it reaches the initially established target number, and in parallel continue the efforts to advocate the model of intervention to local governments, for it to be integrated in a more sustainable way in countries' policies and programs for Roma inclusion. Furthermore, the Donor could consider expanding the RHSP to other countries as well.

To make the RHSP program implementation more efficient, the following **refinements** could be considered:

- The RHSP scholarship amount should be calculated using the same criteria across countries and they need to be recalculated every time significant changes are observed, in order to adjust to the changes in local costs of living, tuition fees, and costs for study materials. This would make the difference in amounts of scholarships more equitable across countries, cohorts, education levels, and compared to the amounts given in other scholarship schemes for Roma within the same country. Separating the estimates for the scholarship part aimed at covering basic costs, from the scholarship part aimed at covering tuition fees, as well as those essential expenses for books, medical materials and medical practice, could be a good way to go.

- The program should implement tools explicitly aimed at encouraging academic progress and excellence. Such tools could consist of introducing a system of incremental scholarship incentives for continuing each year of studies, and from one level of education to the next; additional financial rewarding of beneficiaries with the best results in each academic year, and/or public praising of beneficiaries with the

best academic achievements could also be considered. This is important especially since both mentors and beneficiaries emphasized that academic success is the best way of fighting the stereotyping of Roma; therefore publicly acknowledging the achievements of the best RHSP beneficiaries would not only serve as a good example for the other beneficiaries and other young Roma, but would also promote positive images about Roma among the mainstream students and professors.

- The program should strengthen its system of monitoring former beneficiaries' academic progress and integration in the employment market. The dropout rates, graduation rates, and interruption of studies should be systematically monitored and reported by the end of each academic year also for those who do not reapply to continue their status as RHSP beneficiary. Beneficiaries should be reminded several times during an academic year about their obligation to report to the program about their academic progress and graduation status even if they do not reapply for the program. Furthermore, the program should stay in touch with beneficiaries who interrupted their studies, monitor, and depending on the cases, also help beneficiaries reintegrate into medical education, hence preventing an increase in the dropout rate. Whenever possible, former beneficiaries' employment after graduation should also be systematically monitored and not left for the years when a tracer study is being conducted. RHSP should regularly update beneficiaries' contact information.

- In case the selection of new RHSP beneficiaries will be reopened for new cohorts, the program should consider the geographic distribution of the Roma population in each country and, as much as possible, try to reflect it in the RHSP pool of beneficiaries. At the moment, there is a discrepancy between the geographic origin of RHSP beneficiaries enrolled in the program so far, and the Roma population distribution in each country. A better representation of regions with concentrations of Roma population in the program is important because the RHSP graduates constitute an important social capital for the Roma communities from where they originate and a potential driver for the community. Roma students coming from regions with higher concentrations of Roma are more likely to have social and family networks rooted within Roma communities than students coming from regions with lower concentrations of Roma. The more the personal network of a student is rooted within the Roma community, the more likely s/he will be to play the role of an "agent of change and development" after graduation.

- The Mentorship component needs further development with respect to the oversight of the frequency of interactions between mentors and RHSP beneficiaries, as well as the content and outcomes of the interaction between mentors and beneficiaries. In this regard, it is important to secure and monitor the communication of the beneficiaries and their mentors. A possible tool would be conducting online anonymous surveys at the beginning and at the end of each academic year, both among mentors and beneficiaries, in order to determine the beneficiaries' specific needs and expectations from the mentorship component, the areas where they need help, the challenges in implementing the mentorship component and how the component could be improved.

- Curricula of advocacy camps should be adjusted having in mind the diversity of the RHSP beneficiaries (particularly, in terms of the range of ages of beneficiaries) and repetitive/periodical nature of the camps. In this respect, the camps should seek to introduce new topics and speakers each year.

- There is a need to put an emphasis on and expand the networking aspect of RHSP, both at country level and across countries. In this respect, REF's use of Yahoo group seems to have limited efficiency, as many beneficiaries are not aware of or do not participate in these networks. In contrast, the beneficiaries often emphasize the need to network with their peers in person and the regional Conference of RHSP beneficiaries is a very positive development in this respect. Introducing a system of peer mentoring, in which older beneficiaries provide mentorship support to younger ones, could be a useful development. As for the inter-country networking, RHSP beneficiaries come from countries with comparable political and cultural heritage, thus to a large degree Roma are facing identical issues across countries. The program



should aim at facilitating the creation of an international group of Roma medical professionals that may have a transnational (regional) impact. There should be more awareness-raising among beneficiaries regarding the importance of professional networking and English language knowledge among RHSP beneficiaries. The available funds for conference grants and language courses in the RHSP program have not been used in full until now, which means that beneficiaries do not solicit them enough. There should be more active encouragement of beneficiaries in participating in academic and professional development extra-curricular activities during their studies.

As for the **best practices** in RHSP:

- The analysis confirms that implementing a student support program in which financial support is combined with academic and professional development support is the best approach, since it has the highest potential to reach the neediest students. Combining financial support with a mentorship scheme proves to be particularly useful for beneficiaries' progress through their studies.
- Starting the intervention before students reach tertiary education, i.e. by providing tutorship and preparatory courses when students are still in secondary school, is also a practice that any program aimed at facilitating access to higher education for Roma should consider implementing, particularly when the program focuses on fields of studies requiring specific knowledge and skills upon enrollment to tertiary education.
- Finally, for a student support program targeted at a specific ethnic group like Roma, the implementation of activities aimed at encouraging beneficiaries' interaction and exchange is crucial. Beyond the facilitation of the access to/and progress through higher education, programs like RHSP should aim at strengthening beneficiaries' sense of belonging to their ethnic community. In this regard, RHSP's advocacy camps that offer beneficiaries a yearly opportunity to meet and interact with fellow Roma students is a good practice as well.

## Annex 1. Methodological considerations regarding the surveys:

### RHSP anonymous online beneficiaries' survey

The post-stratification frequency weight indicates how much each case will count in a statistical procedure. The weight is constructed in such a way that the shares of the respondents in the sample considering their gender, country of origin and the year when they became RHSP beneficiaries for the first time, is identical to the share of these categories in the entire population of RHSP beneficiaries. Upon weighting, the composition of RHSP beneficiaries' survey reflects the composition of the RHSP population.

The majority of respondents in our sample are women (70.3 percent). With respect to the distribution across countries, 19.4 percent of respondents come from Bulgaria, 26.1 percent come from Macedonia, 29.7 percent come from Romania and, finally, 24.7 percent of respondents come from Serbia. The tables below compare the original distribution of categories and the distribution of categories after weighting.

Respondents' gender				
	Unweighted distribution		Weighted distribution	
	Frequency	Percent	Frequency	Percent
Female	210	72.7	203	70.3
Male	79	27.3	86	29.7
Total	289	100.0	289	100.0

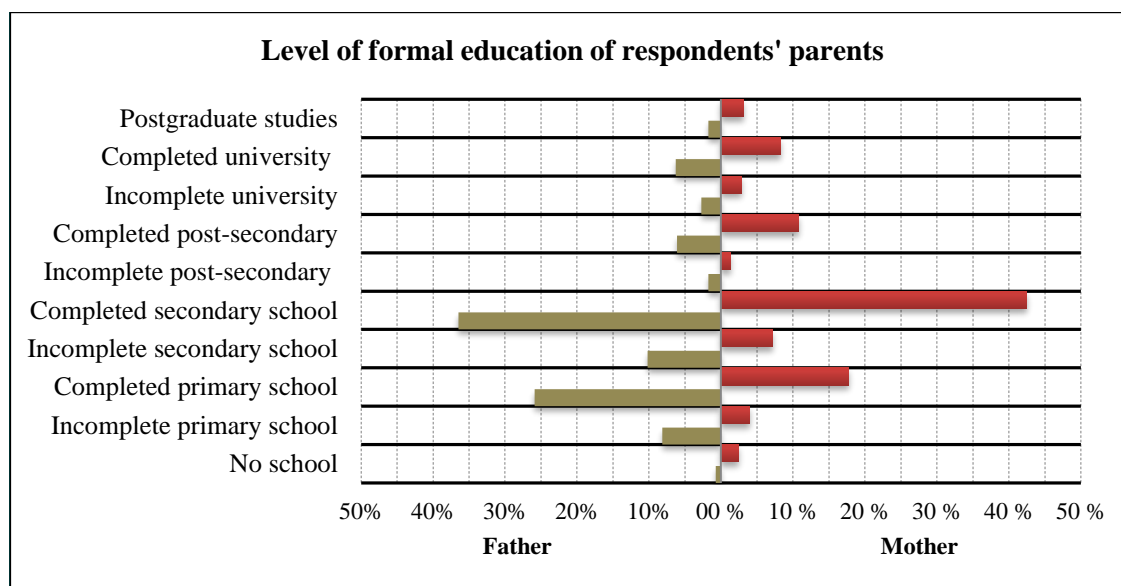
Respondents' citizenship				
	Unweighted distribution		Weighted distribution	
	Frequency	Percent	Frequency	Percent
Bulgarian	57	19.7	56	19.4
Macedonian	78	27.0	76	26.1
Romanian	89	30.8	86	29.7
Serbian	65	22.5	72	24.7
Total	289	100.0	289	100.0

The first academic year when respondents became RHSP beneficiaries				
	Unweighted distribution		Weighted distribution	
	Frequency	Percent	Frequency	Percent
2008-2009	37	12.8	38	13.1
2009-2010	43	14.9	49	17.1
2010-2011	76	26.3	101	34.9
2011-2012	67	23.2	53	18.3
2012-2013	46	15.9	37	12.9
2013-2014	12	4.2	7	2.5
2014-2015	8	2.8	3	1.1
Total	289	100.0	289	100.0

Considering other demographic categories, the majority of respondents (74.3 percent) come from urban areas. Most of respondents - 69 percent - are single, while 17.8 percent are married, 9.3 percent are in common law/long-term relationships, 3.1 percent are engaged and 0.9 percent of respondents are divorced. In addition, 15 percent of respondents have children. The majority of beneficiaries with

children, 63.9 percent, have one child, 23.3 percent have two children, while 12.8 percent have three children.

With respect to level of education completed by beneficiaries' parents, it can be observed that the distribution across both parents is similar (see the figure below). The majority of beneficiaries' parents, 42.5 percent of respondents' mothers and 36.5 percent of fathers, completed secondary school. On the other hand, 25.9 percent of respondents' fathers and 17.8 percent of mothers completed only primary. The share of parents with a higher level of education is substantially smaller, with 10.7 percent of respondents' mothers and 6.1 percent of fathers having finished post-secondary/vocational education. On the other hand, 8.1 percent of respondents' mothers and 6.2 percent of respondents' fathers completed university level studies. In order to see the degree in which the distribution of parental level of education among survey respondents correspond to the respective distribution in the total population of RHSP beneficiaries, see Section I.3 of this report.

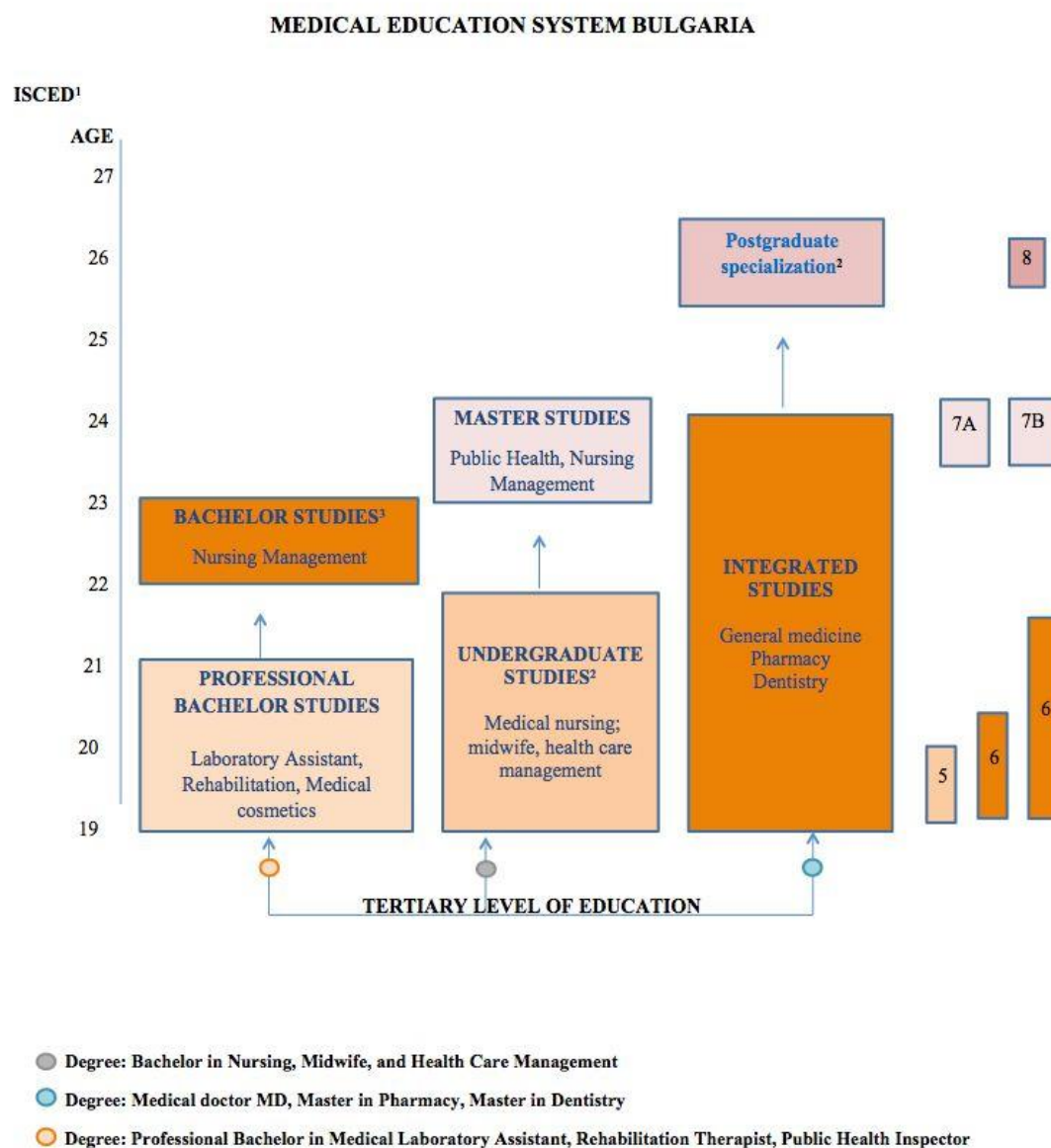


### RHSP mentors' survey

With respect to the distribution of responses across countries, the mentors' survey is relatively balanced, though a somewhat lower response rate can be observed in Romania. However, as we are primarily approaching this aspect of the tracer study from a qualitative point of view, a strict representation is not our primary concern. The table below presents the distribution of the mentors with respect to their country of origin.

Mentors' country of origin		
	Frequency	Percent
Bulgaria	11	28.2
Macedonia	9	23.1
Romania	7	17.9
Serbia	12	30.8
Total	39	100

## Annex 2. Structure of Medical Studies in RHSP Countries:

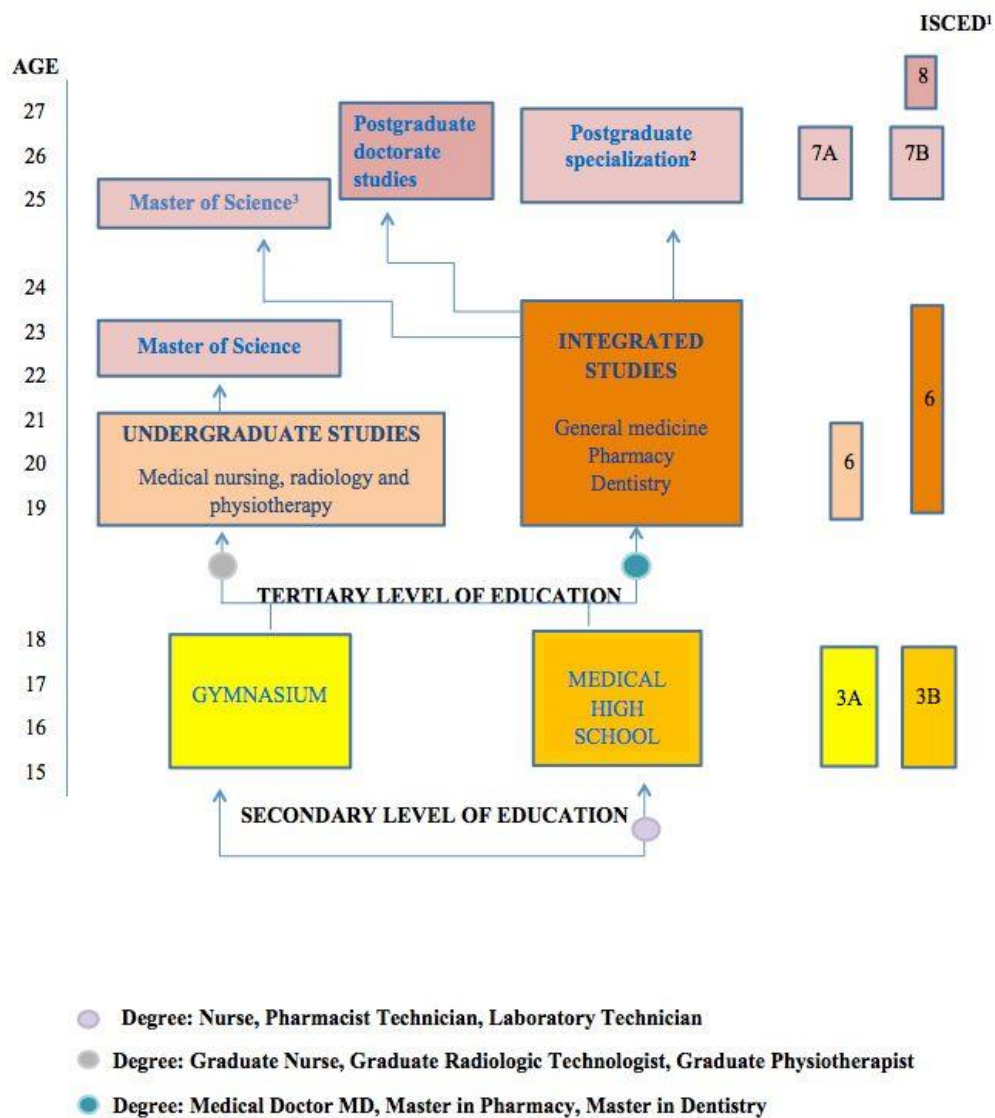


<sup>1</sup>The post-secondary non-tertiary level (ISCED 4) is not applicable in case of medical education system in Bulgaria

<sup>2</sup>The undergraduate studies include 4 (240 ECTS) year programs for nurse, health care and midwife within the University or Medical College

<sup>3</sup>The medical colleges provide bachelor programs in Nursing Management after getting the professional bachelor degree with duration of 2.5 years

## MEDICAL EDUCATION SYSTEM MACEDONIA

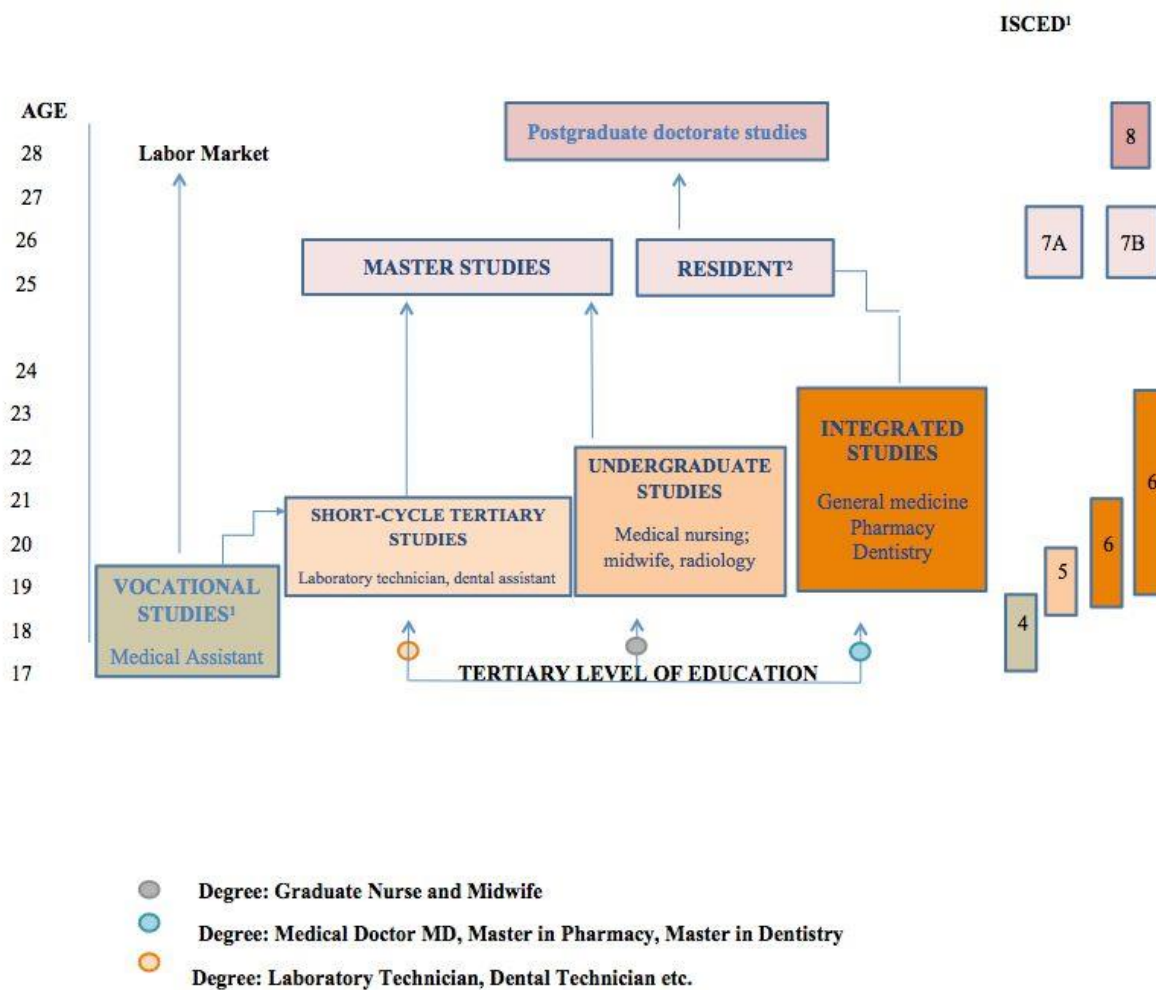


<sup>1</sup> The post-secondary non-tertiary level (ISCED 4) and short-cycle tertiary (ISCED 5) levels of education are not applicable in case of medical education system in Macedonia

<sup>2</sup> The specialization and sub-specialization for some medical branches (gynecology and surgery) can last up to 5 or even up to 7 years

<sup>3</sup> There are 1 year Master programs for students with integrated studies degree such public health, health care management, cosmetology etc.

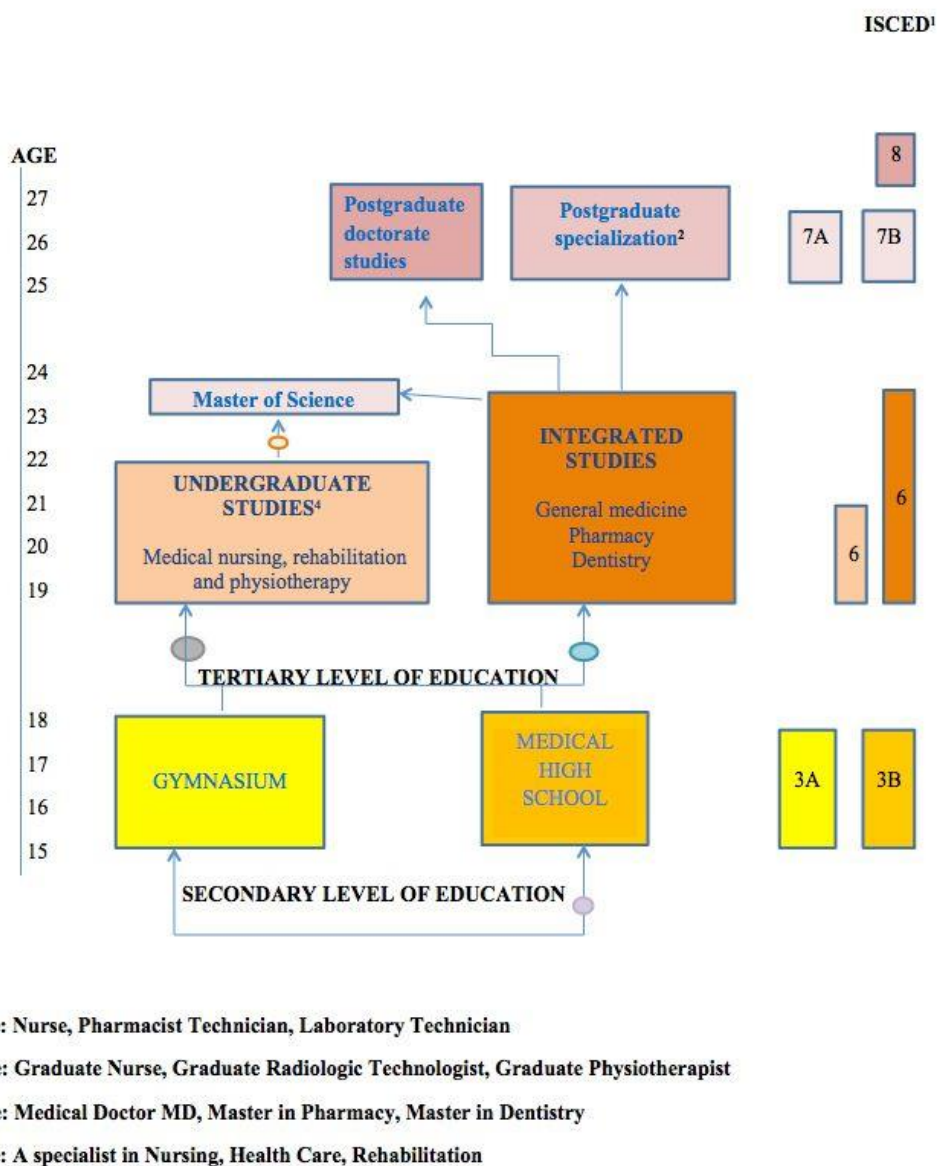
## MEDICAL EDUCATION SYSTEM ROMANIA



<sup>1</sup> The post-secondary non tertiary level of education (ISCED 4) in Romania includes medical vocational studies in duration of 3 years in schools called "Școala Postliceală Sanitară". After finishing the studies, the student needs to have past the final exam in order to continue at tertiary level of education. If not can earns a certificate through which can enter in the labor market but is not able to go in University level.

<sup>2</sup>Medical Residency Program is a stage of graduate medical training program. It is considerate as postgraduate specialization studies which can last up to 3 or even up to 7 years.

## MEDICAL EDUCATION SYSTEM SERBIA



<sup>1</sup> The post-secondary non-tertiary level (ISCED 4) and short-cycle tertiary level (ISCED 5) are not applicable in case of medical education system in Serbia

<sup>2</sup> The specialization and sub-specialization for some medical branches (gynecology and surgery) can last up to 5 or 6 years

<sup>3</sup> There are 1 year Master programs for students with integrated studies degree such as Public Health, Health Care Management and other medical branches


<sup>4</sup> The undergraduate studies include 3 (180 ECTS) and 4 (240 ECTS) year programs for nurse, rehabilitation, health care and midwife within the University or Medical College



### Annex 3. RHSP Tracer Study Survey Questionnaire (English Version<sup>31</sup>):

Select another language/ Избери друг јазик/ Selectați o altă limbă/ Изберете друг јазик/ Izaberi drugi jezik

#### Introduction



**Roma Health Scholarship Program (RHSP)  
Tracer Study 2015**

Dear Participant,

Roma Health Scholarship Program (RHSP) will soon celebrate its 7<sup>th</sup> anniversary. The Program has offered support to hundreds of Roma medical students in Bulgaria, Macedonia, Romania, and Serbia, due to the support of Open Society Foundations Roma Health Project (RHP). We would like to congratulate all beneficiaries, including you, with the upcoming anniversary. We hope that the support you received from RHSP has contributed to your academic, professional, and personal development.

The anniversary is a good opportunity for us to evaluate the Program outcomes in order to determine the extent to which it managed to achieve its goals thus far. For this, your involvement is essential, and we very much count on your help and feedback. We are also interested in your opinion and ideas how to make the Program more efficient for its current and future beneficiaries. Therefore, we would like to kindly ask you to participate in a survey, by accessing and completing the on-line questionnaire available below. The completion of the questionnaire will take approximately 25 minutes. The questionnaire is one of the instruments that REF Scholarship Program (REF SP) will be using in preparing a [tracer study](#) on the Roma Health Scholarship Program, as part of the OSF-RHP – REF joint initiative.

The answers to the questionnaire are anonymous. In order to anonymize your responses and personal data, please copy/paste the access code mentioned in the email invitation you received, below into the respective question of the survey. We kindly draw your attention to the fact that your personal data and your code to register are used separately as it is required by data protection law. Your individual responses will be analysed by the research team only; nobody, except the research team leader will have access to the list of codes and names of individual survey respondents. RHSP program implementers and stakeholders (including REF and OSF) will not have access to individual answers, and will be able to view only aggregated and anonymised figures.

Participants at the Tracer Study who will complete the survey questionnaire entirely will be eligible to participate in a lottery; ten participants will win a pendrive of 32 GB, with REF logo on it. The instructions on how to register for this lottery are inserted in the last page of the survey questionnaire.

We thank you in advance for your help and we are looking forward to hearing from you!

Best regards,  
REF Scholarship Program Team

<sup>31</sup> The RHSP Tracer Study Survey Questionnaire was available in Bulgarian, English, Macedonian, Romanian, and Serbian.



QUESTION		POSSIBLE ANSWER(S)
Q1	In which academic year have you become RHSP beneficiary for the first time?	2008-2009/ 2009-2010/ 2010-2011/ 2011-2012/ 2012-2013/ 2013-2014/ 2014-2015
Q2	Before becoming an RHSP beneficiary, have you participated in any Preparatory Courses for pursuing medical studies?	YES/ NO
Q3	Please indicate the extent of usefulness of these Preparatory Courses to: - graduate high school and pass Matura exam (Baccalaureate exam) - enroll in vocational education - enroll in university-level medical studies	very useful/ rather useful/ neither useful, nor useless/ rather useless/ not useful at all
Q4	On what have you spent the scholarship you have received from the RHSP program? Please indicate in percentage, so that all specified ratios add to 100% (Example: technical equipment: 50%, and extra-curricular activities: 50%)	Costs directly related to your studies (such as tuition fee payments, books, study materials / Living expenses (such as accommodation, food, transportation, clothes /Extra-curricular activities (such as foreign language courses, participation at conferences, driving license courses /Socialization with friends and peers/Other (please specify in the comment box below)
Q5	In which proportion your basic monthly expenses as a student (including both study related costs and living costs) have been covered by the RHSP stipend?	Below 10%/ about 10%/ 20%/ 30%/ 40%/ 50%/ 60%/ 70%/ 80%/ 90%/ Virtually all my monthly costs were covered by the RHSP stipend
Q6	From where were you getting the rest of the money to cover your living costs?	Parents, Family/ Partner/ Friends/ Other stipends/ Safety net (subsidies or allowances provided by state welfare system as unemployment benefit housing subsidies)/ Official salary from employment , work/ Informal job/ Bank loan/ Other (please specify)
Q7	Would you have continued your studies if you did not have the financial support from the RHSP program?	YES/ NO/ I DON'T KNOW
Q8	If you did not have the RHSP (financial and non-financial) support: Please indicate if the statements below are true or false. Choose 'I don't know' if you are not sure. - You would have chosen a different specialization (other than medical) - You would have chosen another education institution that was closer to your home - You would have chosen a different mode of studies (part-time or distance learning instead of full time) - You would have considered only a lower level degree than the one you actually pursued (example: only vocational education and no university studies, or only Bachelor level and no Master - You would have postponed your education for later	TRUE/ FALSE/ I DON'T KNOW
Q9	Why would you have chosen a different specialization (i.e. other than medical) if you did not have the RHSP support? - You would have not been able to cover all costs related to medical education - You would have not been able to cope with the academic requirements of medical education without the RHSP mentorship support - You would have preferred a specialization requiring less years of education - You would have preferred to study in a different specialization, but the availability of financial support for medical education encouraged you to choose medicine	TRUE/ FALSE

Q10	<p>To what extent has the RHSP program helped you to: Please choose an answer for each row</p> <ul style="list-style-type: none"> <li>-Continue your studies (for example from high school to medical university)</li> <li>-Finish your studies</li> <li>- Get a job, or a better job</li> <li>-Broaden your professional network;</li> <li>- Broaden your social network;</li> <li>-Develop your personal skills;</li> <li>-Help your family and social network;</li> <li>- Strengthen your Roma identity;</li> <li>- Have more time for studies (for example by not needing to study and work at the same time);</li> <li>-Cover your basic financial needs</li> </ul>	<p>it has not helped me at all with this/ it helped me to an insignificant extent/ it helped me to some extent/ it helped me to a considerable extent</p>
Q11	As a RHSP beneficiary, how many times did you participate in the RHSP advocacy camp training?	Never/ Once/ Twice/ Three times/ Four times/ More than four times
Q12	(OPTIONAL) Could you please share with us what were the reasons for which you have not participated in this RHSP component?	[open text]
Q13	How useful was it for your professional and personal development?	Not useful at all/ Slightly useful/ Somewhat useful/ Very useful
Q14	(OPTIONAL) Please explain your choice of answer to the previous question)	[open text]
Q15	(OPTIONAL) Can you please list some of the covered subjects during the advocacy camp(s) that were most useful for your subsequent academic, professional, or personal development?	[open text]
Q16	As a RHSP beneficiary, how many times did you participate in the RHSP language courses grants component?	Never/ Once/ Twice/ Three times/ Four times/ More than four times
Q17	(OPTIONAL) Could you please share with us what were the reasons for which you have not participated in this RHSP component?	Didn't have time/ I was not interested/ I already took language course
Q18	How useful was it for your professional and personal development?	Not useful at all/ Slightly useful/ Somewhat useful/ Very useful
Q19	What language have you learned in the language courses supported with the RHSP grant?	English/ German/ French/ Spanish/ Other (please specify)
Q21	To what extent has your attendance of these language courses supported by RHSP increased your knowledge of the respective language?	I achieved professional fluency/ I achieved working fluency/ I achieved upper-intermediary level/ I achieved lower-intermediary level/ I acquired some basic skills
Q22	As a RHSP beneficiary, how many times did you participate in the RHSP conference grants component?	Never/Once/Twice/Three times/Four times/More than four times
Q23	(OPTIONAL) Could you please share with us what were the reasons for which you have not participated in this RHSP component?	[open text]
Q24	Are you, or have you been, registered in the Yahoo e-group of REF scholarship beneficiaries and alumni?	Yes/ No/ I am not sure

Q25	<p>If yes, how useful is it, or has it been, for you to:</p> <ul style="list-style-type: none"> <li>-stay in touch with your RHSP colleagues and friends</li> <li>-be informed about academic and/or professional development opportunities (such as conferences, seminars, trainings, etc)</li> <li>-be informed about relevant job openings or internships;</li> <li>- be informed about opportunities within RHSP program, and/or news related to RHSP ;</li> <li>-be informed about Roma-related news, analysis, discussions and ongoing debates</li> </ul>	Not useful at all/ Slightly useful/ Somewhat useful/ Very useful
Q26	How often do you send / have you sent messages in the REF alumni and beneficiaries' Yahoo group?	I have never sent any message/ I have sent a message only once/ I have sent messages a couple of times/ I have sent messages frequently
Q27	How many RHSP mentors did you have during your year(s) in RHSP program?	One/ Two/ Three/ More than three/ None/ I don't know
Q28	How often have you interacted with your RHSP mentor(s) during your year(s) in RHSP program?	At least once per week/ At least every two weeks/ At least once per month/ At least every two months/ At least once per semester/ Rarer than once per semester/ Never/ Other (please specify)
Q29	What do you think of the frequency with which you interacted with your mentor(s)?	I think it was ok/ I would have liked to see my mentor(s) more often/ I would have liked to see my mentor(s) less often
Q30	<p>Your RHSP mentor(s) helped you to:</p> <ul style="list-style-type: none"> <li>-integrate into your education institution</li> <li>-understand the academic requirements of your education institution;</li> <li>-develop your study plan and set your study goals</li> <li>- succeed with your course work</li> <li>-clarify conflictual situations with professors or administrative staff in your education institution;</li> <li>-clarify conflictual situations with your colleagues and peers;</li> <li>-plan your longer-term professional development in the medical field;</li> <li>-participate in conferences and other extra-curricular academic events;</li> <li>-finish your studies;</li> <li>-network for finding an internship or a job in the medical field;</li> <li>-broaden your professional network;</li> <li>-broaden your social network;</li> <li>- develop your communication skills;</li> <li>- strengthen your Roma identity;</li> <li>- express your Roma identity publicly</li> </ul>	I did not need mentor(s)' help with this/ I had no support at all from my mentor(s) on this/ my mentor(s) helped me with this to a very limited extent/ my mentor(s) helped me with this to some extent (occasionally)/ my mentor(s) helped me with this to a great extent
Q31	Overall, how useful was the RHSP mentorship component for you?	Very useful/ Rather useful/ Neither useful, nor useless/ Rather useless/ Completely useless
Q32	(OPTIONAL) Please share with us your general experience with your RHSP mentor(s):	Explanation
Q33	Have you completed your medical studies?	Yes, I have graduated from my medical studies/ No, I have not graduated from my medical studies
Q34	Are you enrolled in medical education at the moment?	YES/ NO
Q35	What is the reason for which you interrupted your medical studies? (Multiple choices possible!)	I got a job/ I got children/ I got married/ I did not have sufficient financial means to continue my studies/ I did not have satisfactory academic results to continue my studies/ I got disappointed in my university/ I got disappointed in my specialization/ Other (please specify)
Q36	After you interrupted your medical studies, have you continued your studies in a different specialization?	YES/ NO
Q37	What is your highest level of completed education at the moment?	High school or vocational school degree/ Bachelor degree or equivalent/ Master degree or equivalent/ Doctorate degree or equivalent

Q38	Have you ever been employed (formally or informally)?	YES/ NO
Q39	Have you ever been employed in medical field?	YES/ NO
Q40	Are you currently employed (in a formal or in an informal job)?	YES/ NO
Q41	Do you get any unemployment allowances at the moment?	YES/ NO
Q42	Have you ever looked for a job?	YES/ NO
Q43	What are the reasons for which you have not tried to find a job? (Multiple choices possible)	I am still studying/ I can earn my living without a job/ My family (parents, spouse, etc.) can support me/ I am home, raising a child or children/ I need time to take care of my family/ I think that it is impossible to find a job for me, so I do not try/ Unemployment benefits and other social allowances are enough for me/ I want (wanted) to continue my education with a higher degree/ Other (please specify)
Q44	Name of the position	[open text]
Q45	What tasks do you have to perform for this job?	Manual, physical work not requiring special training/ Manual, physical work requiring special training/ Administrative/ Professional, intellectual
Q46	Sector	State sector/ Private sector/ Self-employed/ Non-profit (NGO, research,)/ Other (please specify)
Q47	Field	Medical/ Pharmaceutical/ Biotechnological/ Health policy development/ Health management/ Teaching on subjects related to the medical field/ Other (please specify)
Q48	Is this a full time or a part time job?	full time/part time
Q49	Do you work/ or have you worked on for this job in parallel with your studies/education?	YES/ NO
Q50	Since when have you been employed for this job?	[open text]
Q51	Where is this job located?	within my hometown, city, village/ outside my home town, city, village/ outside my home country
Q52	(OPTIONAL) Please indicate the name of the locality where this job is located:	[open text]
Q53	Is this job connected to your medical studies?	yes, it is directly connected to my medical studies/ yes, it is connected to my medical studies but only to a certain extent/ no, it is not connected to my medical studies at all
Q54	Is this job connected to Roma issues or implying regular contact with Roma?	YES/ NO
Q55	Please give more details on how this job is connected to Roma issues or implying regular contact with Roma	[open text]
Q56	What was the minimum qualification you needed for being hired for this job?	No formal qualification was needed for this job/ I needed at least a secondary school diploma/ I needed at least a vocational school diploma/ I needed at least a Bachelor level diploma (or equivalent)/ I needed at least a Master level diploma (or equivalent)/ I needed a Doctorate level diploma (or equivalent)
Q57	How did you find this job? (Multiple choice possible)	I applied through a public announcement/ My university/ School professors recommended me/ My personal connections (relatives or friends) helped me/ My university or school peers recommended me/ Other (please specify)
Q58	Have you had any job (formal or informal) before your current job which you described above?	Yes, I have also been employed before my current job/ No, my current job is the first job I have ever had
<i>If the response is YES to question Q58, then questions Q 59 - Q73 are activated, which are similar to Q44-57 but referring to the previous job</i>		
Q74	For how long did you look for a job last time you searched for a job?	For less than one month/ For one-three months/ For four-six months/ For seven-nine months/ For nine-twelve months/ For less than a year/ For more than a year
Q75	How many times did you apply for a job?	None/ Once/ Two times/ Three times/ Four times/ Five times/ More than five times
Q76	Where did you/ or do you try to find a job?	In my country of residence/ Abroad/ Both in my country of residence and abroad

Q77	How do you think that the fact that you are Roma impacted on your chances to find a job?	I think it made it more difficult overall/ I think it made it more difficult but only in some cases/ I think it made it easier/ I do not think it mattered/ I don't know
Q78	In your opinion, are you perceived by your friends as being Roma?	By few of them/ By most of them/ Rather not/ I don't know
Q79	What about your university/ school colleagues? In your opinion, are you (or have you been) perceived by them as being a Roma?	By few of them/ By most of them/ Rather not/ I don't know
Q80	What about your university or school professors? In your opinion, are you (or have you been) perceived by them as being a Roma?	By few of them/ By most of them/ Rather not/ I don't know
Q81	What about your work colleagues? In your opinion, are you (or have you been) perceived by them as being a Roma?	By few of them/ By most of them/ Rather not/ I don't know
Q82	How do you prefer to identify yourself in a Public context if you come across situations when you are expected to state your ethnic/cultural identity?	As a non-Roma/ As a Roma/ It depends on the audience/ It depends on the context/Other (please specify)
Q83	More specifically, how do you (or did you) prefer to identify yourself at your University/school if you come (came) across situations when you are (were) expected to state your ethnic/cultural identity?	As a non-Roma/ As a Roma/ It depends on the audience/ It depends on the context/ Other (please specify)
Q84	And in case you are employed or have been employed in the past, how do you (or did you) prefer to identify yourself at your work place if you come (came) across situations when you are (were) expected to state your ethnic/cultural identity?	As a non-Roma/ As a Roma/ It depends on the audience/ It depends on the context/ Other (please specify)
Q85	How do you prefer to identify yourself in a Private context if you come across situations when you are expected to state your ethnic/cultural identity?	As a non-Roma/ As a Roma/ It depends on the audience/ It depends on the context/ Other (please specify)
Q86	Have you recently participated in Roma-related activities?	YES/ NO
Q87	If yes/ in which kind of activities have you participated? (Multiple choice possible)	Information and awareness raising campaigns/ Grass-roots community work/ Cultural activities/ Supporting community development/ Supporting Roma parents and children, young people in their effort to pursue education/ Supporting Roma parents and young people in using better the health-care services/ Provision of counseling and guidance/ Other (please specify)
Q88	Do you stay in touch with your former and/or current RHSP peers?	YES/ NO
Q89	If yes, how often?	Weekly/ Monthly/ Occasionally
Q90	How do you communicate with each other? (Multiple choice possible)	Personal meetings/ By phone/ Internet based social media (Facebook, LinkedIn, etc.)/ REF Alumni and Beneficiary network / Yahoo group/ Chats (Skype, MSN, etc.)
Q91	Please indicate your gender	MALE/ FEMALE
Q92	Please indicate your citizenship	Macedonian/ Serbian/ Bulgarian/ Romanian
Q93	Have you grown up in a urban or in a rural area?	In a urban area/ In a rural area
Q94	What is your current marital status?	Single/ Engaged/ Partnering relationship/ Married/ Divorced/ Widowed
Q95	Do you have children?	YES/ NO
Q96	How many children do you have?	1 child/2 children/3 children/4 children or more
Q97	Mother's level of formal education:	No school/ Incomplete primary school/ Completed primary school/ Incomplete secondary school/ Completed secondary school/ Incomplete post-secondary vocational education/ Completed post-secondary vocational education/ Incomplete university/ Completed university (BA)/ Postgraduate studies (MA/ PHD)/ I don't know
Q98	Father's level of formal education:	No school/ Incomplete primary school/ Completed primary school/ Incomplete secondary school/

		Completed secondary school/ Incomplete post-secondary vocational education/ Completed post-secondary vocational education/ Incomplete university/ Completed university (BA)/ Postgraduate studies (MA/ PHD)/ I don't know
Q99	On a scale from 1 to 10, where 1 is 'very bad' and 10 is 'very good', how would you evaluate the RHSP program as a whole?	1-very bad / 10-very good
Q100	Do you think that RHSP program resulted in more Roma in your country studying in medical fields?	YES/ NO/ I DON'T KNOW
Q101	In your opinion, how did it change the attitude of the non-Roma medical students and professionals, as well as of the mainstream population at large, towards Roma?	Overall, it worsened it/ It did not have any significant impact on it/ Overall, it improved it
Q102	(OPTIONAL) Could you please explain why?	[open text]
Q103	(OPTIONAL) Please describe what you consider that was useful and what was less useful or not useful at all, in the RHSP program. What would you suggest to change or add to it?	[open text]

#### Annex 4. Pictures from various RHSP activities and events:



**RHSP beneficiaries during advocacy camps, Macedonia (2011 and 2012)**



**RHSP beneficiaries during advocacy camps, Serbia (2013)**



**RHSP beneficiaries implementing Small Scale Projects (Bulgaria, autumn 2015)**





**RHSP beneficiaries implementing Small Scale Projects (Romania, autumn 2015)**



**RHSP Beneficiaries' Regional Conference (July 2015, Romania)**