



Better access of the Roma community to the health care in the SR by means of trained health field workers

LOT 1 - Deployment of a System of the health field workers for selected microregions

Monthly report- December 2005

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the Slovak Republic via Trained Health Field

Assistants – lot 1

Organisation: EuroPlus Consulting and Management, s.r.o.

Kari

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List of abbreviations:

TK	Training Coordinator				
TZA	Health Field Assistant				
VT	Team Leader				
SR	Slovak Republic				
EK	European Commission				
TSP	Social Field Worker				
MR	Microregion				
ÚV	The Office of the Government				
OcÚ	Municipality Office				
KC	Community Centre				
KÚ	Regional Office				
CFCU	Central Financial and Contractual Unit				
KSP	Community Social Worker				
ÚVS	Incipient Report				
PSK	Prešov Self-governing Region				
VÚC	Self-governing Region				
MŠ	Kindergarten				
ZŠ	Primary School				
ŠZŠ	Special Primary School				
МоН	Ministry of Health of the Slovak Republic				
ToR	Terms of Reference				





A. SUMMARY OF CARRIED OUT ACTIVITIES

Project team meeting – of lot 01 and lot 02; discussions about the project implementation, TZA training and preparation of training, project promotion, forms of STZA standardisation and establishment in localities, as well as definition and planning of specific activities to be realised in the project.

TZA Training – continuation in the TZA training cycle during the project implementation - Training 2 (part of the cycle of training for HFW and preparation for the performance of health field assistance).

Project promotion – preparation and implementation of basic communication tools with relevant project partners in specific localities (basis of the project promotion campaign).

Performance of TZA activities – daily implementation of activities and performance of health field assistance in accordance with the scope of work of the TZA in microregions (as stated below)

Contacting of the project relevant partners – personal meetings of project team members (VP,PK) with project relevant partners in order to enable the establishment of TZA in microregions and in order to perform the project promotion (door-to-door campaign focused on relevant partners)

Establishment of project management system – establishment of standard project management processes – internal project management – during the first activities of TZA in the field

Administrative activities – of project implementation





B. DETAILED DESCRIPTION OF REALIZED ACTIVITIES

B.I. FIRST TRAINING BLOC WITHIN THE PROJECT

Date:

14. to 18. 12. 2005

Place:

Hotel Canyon, Lipovce

Present:

lot 01 project team:

- Mgr. Peter Németh, project team leader
- Ing. Miroslav Sklenka, project coordinator
- Ing. Miroslav Balon, project coordinator
- Nicole Fuchsová, project team assistant

lot 02 project team:

- PhDr. Eva Balonová, training coordinator
- PhDr. Janka Hažírová, TZA trainer
- Paula Tománková, TZA trainer
- 38 TZA (alternative in MR 9 has not yet been approved by the MoH; thus the total number of TZA at this time was 39)

Excused:

1 TZA – Rastislav Žiga (sick leave)

Program:

14. 12. 2005 (Wednesday)

16.00 bus departure from Prešov

17.00 arrival to Lipovce, hotel Canyon, accommodation of training participants

18.30 dinner

19.30 official welcome, introduction of the team of lecturers

■ 19.45 administration

21.30 free time

15. – 17.12. 2005 (Thursday to Saturday)

8.00 breakfast

9.00 training - bloc 1

10.45 break

11.00 training - bloc 2

13.00 lunch





14.50 trailing - bloc 5		14.30	training	- bloc 3
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16.00 break

■ 16.15 training - bloc 4

18.00 dinner

19.30 administration

21.30 free time activities (swimming, bowling, billiard, massage, sauna)

23.00 supper 2

18. 12. 2005 (Sunday)

8.00 breakfast

9.00 bus departure from Lipovce; stops in Prešov, Spišská Nová Ves, and Poprad

On Thursday and Saturday, the first TBC, flu and hepatitis (A and B) vaccination took place.

Further TZA vaccinations are planned for the following trainings in January and February 2006. TZA, which could not have been vaccinated, will be vaccinated during the trainings mentioned above.

Administration bloc was shortened on Friday; social evening was organised for the participants.

Content of administration blocs:

All participants

- Administrative set handover (notebooks, folders, paper, pens, markers, etc.)
- Exact clarification of TZA scope of work
- Collection of query sheets basic data about the locality
- Clarification of how to fill out the timesheet (when and how)
- Clarification of how to write a monthly report (when, exact format)
- Clarification of how to keep a field diary
- MoH cover letter
- Income confirmation
- Cellular phone card (Easy) conditions, when to use it
- Date of the following training time, date and place
- Handover of copied materials:
 - ☐ Monthly report format, model monthly report
 - □ timesheet format, model timesheet
 - client record sheet format, model client record sheet
 - meeting verification sheet format, model meeting verification sheet
 - weekly game plan format, model weekly game plan





In groups (according to MR)

- Microregion work plan based on TZA proposals and query sheets; number of villages in the MR, number of TZA, location of doctor offices, communication with doctors, TZA internal communication, education plan
- Planning of the date of the common meeting of the TZA within the MR, elaboration of the monthly report and the timesheet
- PK TZA communication system
- Plan of the PK TZA meetings in microregions
- Checking the field diary
- TZA comments/proposals

Individually

- Remuneration of travel expenses to/from training
- Remuneration of the travel expenses within the microregion
- Payment of November salary
- TZA account numbers
- Information whether TZA have contracts within the 2nd pillar of the pension system
- Handover of the Easy cell phone card
- Filling out the statements and other administration
- List of documents, which the TZA are to send to the PK

B.II. COOPERATION OF THE PROJECT COORDINATORS WITH THE TZA:

Within the stated established system of internal management of the project and the project management standardisation for TZA, the management of the project was based on the personal meeting of the TZA with the PK in specific MR.

The objective of these meetings was not to check the performance of activities, the objective was to assist, help, consult, and if necessary correct the performance of activities of the TZA, who have not yet finished the training cycle focused on the performance of these activities.

Ing. Miroslav Sklenka

- 1. December Roštár, Kobeliarovo
- 2. December Šumiac
- 3. December Veľké Kapušany
- 4. December Trhovište, Horovce
- 5. December Soľ
- 6. December Varhaňovce, Mirkovce
- 7. December Vaľkovňa, Telgárt





- 8. December Slavošovce, Kobeliarovo
- 9. December Žehňa, Kecerovce
- 10. December Soľ, Zámutov
- 11. December Čičarovce
- 12. December Roštár
- 13. December Šumiac
- 14. December Trhovište, Horovce
- 15. December Varhaňovce, Žehňa, Lesíček, Kecerovce

Ing. Miroslav Balon

- 1. December Hrabušice, Kojatice
- 2. December Markušovce, Rakúsy
- 3. December Letanovce, Jarovnice
- 4. December Petrová, Žehra
- 5. December Spišský Štiavnik, Rudňany
- 6. December Podhorany
- 7. December Cigeľka
- 8. December Huncovce
- 9. December Frička
- 10. December Jarovnice
- 11. December Markušovce
- 12. December Hrabušice, Petrová
- 13. December Kojatice, Slovenská Ves
- 14. December Žehra
- 15. December Letanovce

Plus daily contact via telephone.

Objective of PK visits in MR:

- general coordination of activities carried out by TZA
- Methodological guidance and counseling
- Performance revision
- Eventual corrections in the implementation of activities
- Cooperation in planning of activities
- Cooperation in communication with relevant partners

B.III. TZA SCOPE OF WORK IN MICROREGIONS:

Organisational of cooperation of the TZA in the month of December:

■ TZA work together





There is no functional differentiation between TZA; all TZA are equal, have equal responsibilities and rights

On daily basis keep a field diary on performed activities

TZA scope of work:

- Record clients, e.g.:
 Number of people, which were provided with information in the field of health education
 Number of people invited for vaccination, number of people actually vaccinated
 Number of people invited for regular check-up; number of people actually participating in the regular check-up
 - □ Number of people invited for preventive medical examination; number of people actually participating in the preventive medical examination
 - ☐ First aid provided by TZA
 - ☐ Ambulance called by TZA.
- Awareness about health education in the settlement, in the community
- Communicate with the mayor of the village and with other village representatives when solving problems which are within the scope of TZA work
- Communicate with doctors and nurses, perform activities in accordance with their instructions
- Perform work in all villages of the microregion, which were identified in the project; if necessary visit doctors and other relevant institutions in the district and regional towns
- Keep records of travel; keep travel tickets
- Participate in the training
- Participate in educational activities organised by the municipality, school, community centre
- Ensure participation in the vaccination process
- Ensure participation in the medical check-ups
- Ensure participation in preventive medical examinations
- Perform other activities in accordance with the instructions of the healthcare institution employees

B.IV. Planned activities of TZA to be realised after completion of necessary training:

- Health education of target groups in schools, community centres
- Provision of first aid





Mapping surveys: mapping survey of the technical equipment of schools and KC, mapping survey of the health condition of the clients of the project, mapping survey of the villages and communities

Factors, which will be observed by the TZA within the mapping survey of the villages and communities:

- age structure
- demographical development
- occurrence of diseases
- mortality rate
- **birth** rate
- infections, epidemics
- prevention and vaccination
- access to healthcare
- frequency of doctor's visits
- smoking, alcoholism, addictives
- access to drinking water
- hygiene
- accommodation/ heating
- dressing
- sexual behaviour

Methods:

- Interviews with doctors
- Interviews with pedagogical staff
- Methodological survey collection of statistical data

Lifestyle Habits Analysis:

Observed factors:

- Education level
- Employment, working habits
- Cultural possibilities, historical sights, sport events
- Alcoholism, smoking
- Sexual beginnings
- Physical activity
- Hygienic habits
- Behavioural habits
- Attitude towards private property

Methods:





- Direct survey of sources via TZA
- Materials of municipalities and self-governing regions

Survey of the technical needs of schools and KC:

Observed factors:

Overview of the technical equipment (TV and VCR) of primary and special schools in the identified microregions containing the following information:

- Name of the village
- Name of school, exact address
- Principal's name, contact information
- Information on the technical equipment:
 - Does the school have a TV? (state the brand name and the year of production)
 - Does the school have a VCR? (state the brand name and the year of production)
 - ☐ Number of students attending classes in the school

Methods:

- Direct survey of sources via TZA
- Materials of municipalities

Mapping survey of the health condition of the clients of the project:

Based on the approved questionnaire in the UVS

B.V. ADMINISTRATIVE ACTIVITIES:

- On demand present the field diary and inform about activities performed in the field
- Elaborate monthly reports by the end of the given month
- Fill out timesheets by the end of the month
- Present the financial statement containing the expenses related to TZA activities (once per month) travel expenses, administrative expenses (copying, etc.)





C. CHANGES AND RISKS

Insufficient TZA training – TZA have not completed any training cycle related to health field assistance, aside from the introductory one-day seminar. Basically, TZA have to find their own way – in cooperation with the project coordinators - how to cope with problems in their localities (new people in new positions in new localities)

Establishment of new activities in the villages of microregions identified by the project – in villages, in which the health field assistance has not existed. In many of the identified villages, not even KSP are present. New positions may create expectations (from the relevant partners), which may not be in accordance with the project intentions.

Establishment of standard TZA activities in their day-to-day work – TZA must adjust to health field assistance, which is different from their present working experience; Restoration of standard working habits, which may have been lost (many TZA have been unemployed on a long-term basis)

Standardisation of the established internal project management system – implementation of the STZA internal project management system into the daily work; practical implementation of the presented theoretical system.





D. PROJECT PROMOTION

Door to door campaign – project team members will visit the relevant partners of the project (mayors, employees of the municipal offices, doctors, employees of health care facilities, principals and teachers, community social workers and local leaders and activist) within the individual microregions. The visits will focus on direct promotion of the project in the given localities (provision of information about the implementation process, door to door campaign targeted on the relevant partners).

Information leaflet – preparation and distribution of a simple information leaflet – A4 format – defining the project goals, intention and project implementation process; information used from UVS. The leaflet is attached to the report.





E. ACTIVITIES PLANNED FOR JANUARY 2006

TZA training – continuation of the training cycle during the project implementation; training II

Project promotion:

ÚV SR Field Office, Kežmarok

Chamber of Doctors, Kežmarok

Board of Directors of the Chamber of Doctors, Prešov

ÚV SR Field Office, Prešov Chyba! Záložka nie je definovaná.

PSK / VÚC Prešov

Department of National Minorities of the Regional Office in Prešov

Individual activities of the TZA in microregions – performing activities of the health field assistance in accordance with the scope of work of TZA and the project intention

Preparation of the proposal of the Project Promotion Strategy – basic proposal of the utilisation of communication tools in the project promotion in the given geographical levels (local, regional, national and international level)

Project team meetings – as part of the project implementation

Administrative activities – as part of the project implementation





F. ANNEXES

The full version of annexes is available in the Slovak version of the report. These include:

- Annex 1 Model form of the Client Record Sheet
- Annex 2 Summary of the TZA activities
- Annex 3 Statistical presentation of the TZA team composition
- Annex 4 Structure and description of TZA in microregions

Annexes in hard copy:

- TZA training attendance sheets
- photodocumentation
- brief information about the project