



EuroPlus
Consulting & Management

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- February 2005

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Original

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List of abbreviations:

TC	Training Coordinator
HFW	Health Field Worker
TL	Team Leader
SR	Slovak Republic
EK	European Commission
SFW	Social Field Worker
MR	Microregion
ÚV	The Office of the Government
VMO	Municipality Office
KC	Community Centre
KÚ	Regional Office
CFCU	Central Financial and Contracting Unit
CSW	Community Social Worker
ÚVS	Incipient Report
PSK	Prešov Self-governing Region
VÚC	Self-governing Region
MŠ	Kindergarten
ZŠ	Primary School
ŠZŠ	Special Primary School
MoH	Ministry of Health of the Slovak Republic
ToR	Terms of Reference



A. GENERAL PROGRESS

A.I. SUMMARY OF IMPLEMENTED ACTIVITIES:

HFW Training – follow-up of the HFW training cycle in the project implementation process- training III (final training of the complex series of trainings and preparation of HFW to perform activities of field health assistance.)

Promotion of the project – implementation of basic communication tools was this month directed at work with different types of media at different levels. Specific description of media releases is the Appendix D „Outcomes of the project’s promotion“ of the monthly report.

Preparation of a list of equipment for HFW – based on suggestions received from HFW, knowledge of individual regions and based on implemented and planned activities, PC has created a proposal of HFW equipment needed to carry out the activities and to implement the project goals in practice.

Preparation of working meeting with local authorities and doctors – based on the agreed introductory report of the project, PT has put together a proposal of implementation of working meetings with representatives of local authorities and doctors from the micro regions, or municipalities included into the project.

Preparation of standardisation of HFW – based on the so far gained work experience the project team prepared a basic draft proposal for standardisation of the HFW responsibilities. The aim is to ignite and launch the process of standardisation as well as coordination of the project implementation. It should serve as a supporting material for opening of discussions about possibilities for standardisation of the position of a HFW (system of standard solutions to problems in the area of health field assistance, competencies, responsibilities etc.).

Preparation of standards of PT and HFW work- based on working experience, PT has put together a proposal of standards of HFW and PC activities which set certain standards to frame the work of HFW and the coordination of the project implementation system in the area of health field assistance, competences, responsibilities etc.)

Preparation and distribution of mapping assessments – implementation of surveys approved by the introductory report of the project- collection of data in specific areas and institutions identified by the project:

- Survey „B“ – Local health care institutions
- Survey „D“ – Educational institutions
- Research survey – technical equipment in schools
- Research survey- numbers of pupils in elementary schools in individual classes



Implementation of HFW activities – daily implementation of activities and performance of health field assistance in the sense of HFW job description (see below) in microregions (HFW work in practice).

Coordination of management of the project implementation- standard procedures of the project management- internal project management.

Administration tasks – implementation of the project.

A.I.1 Total number of clients:

Based on the identified indicators of the project the overall quantification of the realised activities of the HFW in relation to the project beneficiary is being monitored. The below state numbers partially quantify cooperation of the HFW with the project client aiming to express numerically the cooperation in microregions defined by the project.

- Number of persons approached with the purpose of health care education: 1826
- Number of approached girls, pregnant women, young mothers: 312
- Number of attendants of HFW lectures: 165
- Number of treated wounded persons: 28
- Number of provided insurance cards: 214
- Number of persons who underwent urine collection: 16
- Number of children who underwent vaccination: 212
- Number of people informed on the need to undergo vaccination: 173
- Number of people informed on the need to undergo anti-tetanus vaccination: 64
- Number of persons whose blood pressure was taken: 25
- Number of children who underwent an examination of complete hygiene: 339
- Number of children who underwent an examination of hair hygiene: 137

A.I.2 Cooperation with doctors:

Specialisation of doctors who are primarily asked to cooperate:

- General practitioner for children and teenage patients
- General practitioner for adults
- Dermatologist
- Dentist
- Gynaecologist

Number of cooperating doctors in the microregions involved into the project in the month of February: **64**



A.I.3 Cooperation with schools:

Number of cooperating schools in the microregions involved into the project in the month of February: **82**

Forms of cooperation:

- Regular visits of schools, communication with the headmaster and teachers
- Monitoring of health conditions of children
- Monitoring of hygiene of pupils
- Monitoring of head hygiene of pupils
- Monitoring of clothing hygiene of pupils
- Bridging of the school and the Roma community when solving the aforementioned issues

A.I.4 Cooperation with CSW:

Number of cooperating CSW in the microregions involved into the project in the month of February: **21**

Forms of cooperation:

- Identification of potential clients
- Solving of common issues in the field of health care and hygiene in the municipality
- Field work in Roma settlements
- Cooperation in implementation of education activities
- Mutual organisation of events

A.I.5 Summary:

HFW work is evaluated as excellent in every microregion.

The most effective teams are those, which suitably combine HFW skilled in administration tasks and persons very well accepted in the Roma community.

Teams evaluated as best: microregions 1, 2, 13, 15, 16

Other teams are slightly behind due to less effective administration management of their activities.

Due to new legislation (deliberate leave from a maternity hospital without a newborn child results in a loss of the maternity allowance) and HFW work in this area (informing on this fact as well as education of mothers), the number of women who do not leave the hospital without their children has considerably increased.

The HFW assisted a number of people in acquiring health insurance cards, which increased their access to the health care services.



Two microregions (6 and 10), after agreements with the relevant partners (community centres, schools, municipality offices) have started with partial health care education in schools. This is carried out by HFW with their own funding (equipment which is available at a community centre or school) and according to their capacity. Other microregions will gradually join this activity (once they have received the program of health care education).

The project coordinators have been approached to facilitate cooperation of HFW and the Public Health Office of the Slovak Republic and to get involved into an information campaign on bird flu. In March, HFW will attend brief training at regional offices of public health care. The Project coordinator Ing. Miroslav Balon who is in charge of microregions in the Bardejov district and its vicinity, will attend such training on March 3, 2006, at the Regional office of public health care in Bardejov.

Project coordinators have been approached to participate in the section on health and lifestyle within the framework of preparation of concept of problem-solving in Roma communities. The plan is being designed by the State Plenipotentiary Office for Roma Communities, Office of the Prešov Regional Authority, Regional Office, Prešov and PDCS. The first meeting of the section will take place on March 1, 2006. Participation and work within the program section of such type is, from the point of view of long-term sustainability of the project and its activities, absolutely necessary, and is an ideal way to inform directly all relevant partners.



B. DESCRIPTION OF IMPLEMENTED ACTIVITIES

B.I. HFW TRAINING - DESCRIPTION OF PART 01 OF THE PROJECT

Dates:

February 7- 11, 2006

Place:

Hotel Canyon, Lipovce

Present:

- Hans De Facq, owner, Europlus Consulting and Management, ltd.,
- Ing. Michal Obuch, Project Manager, EuroPlus Consulting and Management, ltd.
- Project team, part 01:
 - Mgr. Peter Németh, head of the project team
 - Ing. Miroslav Sklenka, project coordinator
 - Ing. Miroslav Balon, project coordinator
 - Nicole Fuchsová, assistant of the project team
- Project team, part 02:
 - PhDr. Eva Balonová, training coordinator
 - PhDr. Janka Hažírová, trainer for HFW
 - Paula Tománková, trainer for HFW
- 40 HFW

Description:

In the identified dates, the final part of HFW training took place. The training was conducted by the team of LOT 02. In the monthly report of February of LOT 02, a detailed description of the training and its individual parts can be found.

In Annex G - **HFW training** , time frame of the training is provided, along with a brief description of activities implemented by part 01 of the team.

B.II. EQUIPMENT FOR THE HFW

After the core part of the HFW training, based on experience of the project team and HFW team which has been working in the field on a daily basis for over 3 months, and also based on information provided by cooperating doctors and consultations with representatives of Doctors' Chamber in Prešov, the project team elaborated a list of equipment which is necessary for field health care assistants (HFW) in order to fully perform their tasks.

Annex H - **HFW training** , contains a detail description of the proposed medical equipment for HFW, together with health care material which has



been identified as needed to implement the tasks. A detailed list of individual items along with suggested amount of the items will be sent to the project beneficiary, as well as to the members of the Steering Committee as a separate document, with an opportunity to comment on them. Purchase of the material will be done once it has been approved by the project recipient in regard to project conditions as stated in 15.4 of the Terms of Reference.

B.III. PROPOSAL TO ORGANISE MEETINGS OF HFW WITH LOCAL AUTHORITIES AND DOCTORS

In March 27- 30, 2006, meetings with local authorities and doctors will be organised. The working meetings- seminars will take place in four central towns of the microregions involved into the project as part of activities of LOT 2.

Implementing their work tasks, HFW often come into a contact with local doctors and local authorities. The success of the HFW work relies, partially, in the good will of doctors and the authorities to cooperate. Therefore, the project team focused on this area, and in the introductory part of the project, closely communicated with doctors and local authorities. The contents of the communication were: presentation of the project, its goals, and introduction of HFW team. At present, the cooperation is stable and functions in accordance to the needs, most often on everyday basis (most often a daily contact with at least one of the relevant partners in the municipality).

The main purpose of the meetings will be to summarise the accomplished results as well as a discussion directed at improvements or extension of the cooperation for the following period of the project implementation.

The goals of the meetings will be to:

- Provide information for local doctors and relevant health care staff from identified 59 municipalities, which will serve to develop a close cooperation with HFW, or central health care offices, who will cooperate with HFW on an everyday basis.
- Provide information to mayors, community social workers and other authorities from the 59 municipalities (non-profit organisations, church representatives, teachers, police officers, citizens) to help develop close cooperation with HFW.

HFW in charge of individual microregions will also attend the meetings.

The proposed agenda is provided in annex I - **HFW training** .

B.IV. DESCRIPTION OF ACTIVITIES CARRIED OUT IN THE FIELD

In the monitored period, HFW implemented their tasks according to their job descriptions. Summary of their work as well as evaluations of project coordinators in charge of individual microregions are provided in the chapter “Description of activities realized in the field”



For every microregion, HFW elaborate monthly reports, which are attached to this report in Slovak version.



C. PROPOSAL OF HFW ACTIVITIES STANDARDISATION

Based on the so far gathered basic experience within the project implementation of the system of the health field workers the project team proposed initial and primary recommendations whose main objective is to ignite discussion focused on potential standardisation of the work of the health field workers. The submitted draft proposal paves the way for further specification of the responsibilities and reflects the experience from the start of the project as well as discussions held during the inception phase

Standardisation, as we understand it, are the repeating activities of the HFW during their work performance to which a constant solution can be assigned. The following discussion will enable to more clearly define this system related to health field assistance. This issue will be further elaborated in the later stages of the project and after consultations with the project beneficiary and other relevant project partners more detailed proposal will be submitted.

C.I. CURRENT SITUATION:

- information and requirements of mayor of involved municipalities
- information and requirements of local doctors (paediatrician, general practitioner, dentist, etc.)
- requirements of Roma communities concerning HFW activities

Spheres of activities of a health field assistant:

Traditional health education in Roma settlements (daily):

- counselling in the field of basic hygienic habits
- counselling in minor illnesses
- counselling in environment hygiene, etc.

Assistance to local doctors (at least 2 visits of medical centres per week)

- identification of persons who have not undergone preventive medical examinations
- identification of persons without compulsory vaccination
- monitoring of health state

Cooperation with schools (at least 1 visit of each school in the municipality per week, or according to the situation)

- monitoring of children's health state
- transfer of recommendations from school to Roma families
- cooperation at solving urgent health problems and infections
- monitoring of dietary habits and of clothes cleanness

Cooperation with the involved partners when parasites and infectious diseases occur (daily):

- lice



- fleas
- scab
- smallpox
- jaundice
- etc.

Identified recommendations for improving HFW's work efficiency:

- In each of the identified problem village with the marginalised population at least 1 health field assistant should be employed
- It is necessary to prepare the training or retraining system of HFW (for provision of health education). Based on the skills and experience of the selected and trained HFW we recommend to enlarge and enhance health education training of HFW.
- The HFW should be an employee of the municipality or city council. The suggested solution represents an acceptable compromise securing the financial continuity of HFW activities (in the process of delimitation and decentralisation of financial administration) and competent management of HFW by relevant project partners.
- Health field assistant should have at least secondary school education, with university education and/or medical education being an advantage. This priority does not mean that the acceptance of HFW by Roma community is to be neglected.
- The requirement should be the knowledge of the situation in the municipality and the Roma community as this type of work has a strong local character.
- A HFW needs for his/her work an office and technical equipment. If in the future the HFW activities cover more areas than the project now expects (e.g. administrative help, first contact centres, regular lectures for the target group, etc.), then it is necessary to provide HFW with the working space for such activities (for example, now medical assistants write their monthly reports at home and make use of their own technical equipment).

Identified recommendations for improving HFW's field work efficiency:

- Keeping daily records on HFW activities
- Precise recording of clients:
 - number of persons to whom the information on health education has been provided
 - number of persons invited for vaccination; number of vaccinated people
 - number of persons invited for a regular medical examination; number of people who have undergone a regular medical examination
 - first aid provided by HFW



- ☐ call of emergency medical service by HFW

Activities after undergoing the required training:

- Provision of health education among target groups at schools and in community centres
- Provision of the first aid.

Priority factors of the mapping surveys:

- Educational level
- employment
- age
- demographic development
- occurrence of diseases
- starting of sexual life
- mortality
- birth rate
- catching diseases and infections, epidemics
- prevention and inoculation
- access to health care
- frequency of seeing a doctor
- smoking, alcohol, habit-forming drugs
- access to drinking water
- hygiene
- houses/heating
- clothing
- sexual behaviour



D. PROJECT PROMOTION OUTPUTS

Date	Type of media	Summary
6.2.2006 12:00 h.	Slovak radio,	During the main news at noon the Slovak Radio broadcasted a report about the project, its basic conception and goals. Project was comment by the Minister of health, Mr. Zajac, Ing. Zuzana Skublova – ministry of Health, medical doctor Michal Mesaros – village Huncovce and HFW – microregion 3, Rastislav Ziga. The impact of the project was also commented by a Roma in the settlement of Huncovce.
17.2.2006	TV Reduta, Spišská Nová Ves	Spot related to the HFW from microregion 6. The comments of M.D Iveta Slivkova, a local doctor, were aired. The project was commented by Roma from settlements in Markusovce and Rudnany.
19.2.2006 13:00 h.	TA3	TV spot presenting project assets in the process of implementation. Proclamation of HFW, Zdenka Pokutova, village Rudnany. Satisfaction with the project implementation was confirmed by Roma inhabitants from Rudnany settlement serviced by HFW.
20.2.2006	Newspaper Korzár (Spiš)	Project presentation, HFW description of work – HFW Maria Kalafutova, village Markusovce. Positive evaluation by local medical doctor, M.D. Iveta Slivkova and from local Roma inhabitants.
22.2.2006	STV 2	In the regional news, Marian Pecha, a HFW, presented the project objectives highlighting the project objectives, description of the work of HFW and carried out activities.
23.2.2006	STV 2	In the regional news Magdalena Madziková presented microregion 10, as part of the event of “Open door day” in the community centre of Chminianske Jakubovany.



E. ANALYSIS AND PROCESSING OF THE QUESTIONNAIRES

Conducted questionnaire surveys:

The project team has conducted several initial and evaluation questionnaires in the following range:

Questionnaire „B“ for the local health care staff – aimed at the mapping of the situation in microregions from the point of view of the local health care institutions (a target group – doctors).

The survey identifies the needs of localities from the perspective of the target group; therefore, it has subjective character. The final results will be provided in the March monthly report.

Questionnaire „D“ for the representatives of a school – aimed at the mapping of the situation in microregions from the perspective of the educational institutions (the target group are primary schools). The survey identifies the needs of localities from the perspective of the target group; therefore, it has subjective character. The final results will be provided in the March monthly report – LOT 01.

Technical equipment of schools – the questionnaire aimed at technical equipment (the number of TV sets, video recorders, the year of their production, etc.) and its current state at schools located in the specific microregions (the target groups are primary schools). The final results will be provided in the March monthly report – LOT 01.

The number of school age children in microregions – the questionnaire aimed at the specification of the number of school age children in individual years of primary schools (the target group are schools), serving as identification of the target group (children) who will undergo health education at schools (stating of the range and the content of health care at schools).

After their processing, all the questionnaires will be submitted as separate documents. The final results will be provided in the March monthly report – LOT 1.



F. CHANGES AND RISKS DURING THE PROJECT IMPLEMENTATION

Current risks:

The urgent need of HFW education - for time reasons as well as for the reasons of the beginning of health care education there is a necessity to have educational tools needed for launching of health care education

The proposed solution:

The approval of the purchase of health care equipment for HFW by the Ministry of Health of SR. This equipment is needed for health care education at schools, in settlements and in community centres.

Working meetings with HFW - after completion of the training cycle there is a further need for improving the knowledge and skills of HFW in specific area of everyday activities as well as the need of keeping the mutual contacts among HFW as part of permanently sustainable working team and environment.

The proposed solution:

Preparation and organisation of one-day workshops for HFW. These workshops are to be held once a month and their focus is to be on the improvement of HFW skills in the field.

Hygienic risk – the change of climatic conditions (warming) the hygienic environment in settlements and marginal communities has deteriorated (snow and ice melting has increased the hygienic danger of this environment – urine, excretion, etc.)

The proposed solution: Primary – difficult to influence; secondary – possible to influence by means of health care education.

Sustainable risks

Humanitarian needs – many ‘humanitarian’ problems are not solvable within the scope of the project, such as access to health care centres from financial reasons – travel costs, etc.

The proposed solution: allocation of budget sources of the project also for such cases.

Health risks for HFW - during the project implementation they are in a direct contact with infectious and other health risks in a highly risky environment of excluded Roma settlements.

The proposed solution: primary it is not possible to solve the problem within the project. These problems should be solved in context of Roma issues. Secondary, we propose to increase the protection of HFW in high risk cases.



G. HFW TRAINING

Overview of activities managed by the project team of LOT 01 during the training for HFW the training was delivered by trainers of LOT 02.

7th February 2006 (Tuesdays)

- 16.00 h. transportation – bus from Prešov
- 17.00 h. participant's arrival and accommodation in Lipovce, hotel Canyon,
- 18.00 h. dinner
- 19.00 h. administration
- 23.00 h. end of the program

8. – 10. February 2006 (Wednesday - Friday)

- 8.00 h. breakfast
- 9.00 h. HFW training - part 1
- 10.45 h. break
- 11.00 h. HFW training – part 2
- 13.00 h. lunch
- 14.30 h. HFW training – part 3
- 16.00 h. break
- 16.15 h. HFW training – part 4
- 18.00 h. dinner
- 19.30 h. administration
- 21.30 h. free time activities
- 23.00 h. 2nd dinner

HFW individual consultations with the representatives of EuroPlus:

- Travel and communication expenses
- Salaries
- HFW job description
- Individual problems and achievements
- Individual proposals and recommendations

Participants certification:

Each participant received certificated confirmation related to the participation in the HFW training cycles realised during project implementation in the field of Health field assistance.

First aid kit:

HFW participated in specific training aimed at using of the first aid kits as a necessity tool for their fieldwork.



11 February 2006 (Saturday)

- 8.00 h. breakfast
- 9.00 h. departure from Lipovce

Content of administration:

Together:

- Information exchange in the area of working experience
- Elaboration of a list of equipment for HFW
- Instructions for completion of time sheet forms.
- Instruction for elaboration of monthly reports
- Instruction for elaboration of daily diary
- Accounting issues
- Distribution of forms:
 - Timesheet – forms,
 - Clients visits evidence - form,
 - Visit confirmation - form,
 - Weekly working plan - form,
 - Travel form

In groups (acc. microregions)

- Detail revision of monthly reports and timesheets, HFW work evaluation.
- Weekly planning for each microregion implementation
- System of communication between PC and HFW
- System of meetings between PC and HFW in microregions
- Control of daily HFW diary
- Comments, proposals

Individually:

- Travel expenses reimbursement
- Restaurant ticket distribution



H. BASIC HEALTH CARE EQUIPMENT AND HEALTH CARE MATERIAL FOR HFW

Following the proposals of HFW and the local medical staff, the project team has compiled the proposal of the health care material useful for HFW's in their work. This list is to be judged and approved by the representatives of the Ministry of Health of SR.

The health care equipment, according to its usage, can be divided into several groups according to individual activities:

1. Health care equipment and health care material that HFW's will use at their field work
 - A. standard health care equipment that HFW's will need for performing their health care activities
 - B. working equipment of HFW's in the field that considers difficult working conditions
 - C. health care material needed for health care education in Roma households.
2. Equipment needed for the implementation of health care education
 - A. Equipment needed for health education at schools
 - B. Equipment needed for health education in settlements or community centres (this type of health education requires specific equipment as health education in a group and in a household is very different).

The proposed list of health care equipment has been discussed with doctors within the involved microregions. We suggest tentative numbers of pieces of individual items according to the following pattern:

- 17 units – represents 1 piece for each involved microregion
- 40 units - represents 1 piece for each HFW. The multiple of 40 represents the number of units for each HFW.

The project budget in the article 15.4 considers additional costs that can be used also for the purchase of the basic health care equipment and material for HFW as well as for supporting health education.

1.A Standard equipment of HFW with health care material for the performance of health care activities

Description:

The standard equipment of HFW represents the equipment that each HFW will get in order to effectively perform – after training - activities related to the health care assistance. Thanks to this equipment, HFW will be able to fulfil the project objectives more effectively.

HFW might perform certain professional health care activities, such as measuring of blood pressure, temperature or treating minor wounds straight



in the settlement – in the field. This is possible only if there is an urgent need or if a clients asks for it. HFW is supposed to explain that they are not qualified to perform such activities.

Due to the lack of finances, the marginalised population has often a limited access to health care – it is necessary to pay for transport, fees for seeing the doctor and extra fees for certain drugs. If possible, HFW might try to arrange the visit of the doctor in the settlement that might result in the motivation of clients to visit health care centres later on.

Within the project (LOT 02) the manuals will be prepared that will help HFW and teachers at schools as the instruction for practical health education and as the instruction of using health care material. We also expect to organise additional practical training for HFW and to adjust the topics to the situation and to the needs of the target group. Organisation of training is subject to the approval and control of the project contractor and will be secured within part 01.

1.B Field work equipment of HFW, considering difficult work conditions

Description:

As HFW do not have an office at their disposal, their only work place is in the field, which is one of the main objectives of this project. This type of work is very demanding also due to weather, mainly in winter (cold, snow, bad terrain) and in rainy weather (mud, rain). In order to eliminate the external factors of HFW work, it is necessary to provide them with proper clothes that will enable work in settlements under all conditions.

1.C Hygienic equipment aimed at health education straight in Roma households

Description:

Health education directly in Roma settlements and households (a way that has proved to be most effective) requires hygienic aids that enable HFW to demonstrate presented topics and that enable the members of the target group to apply the acquired experience and skills in everyday life.

Health education conducted directly in Roma settlements and families focuses on basic hygienic habits, such as personal hygiene (the use of toothbrush and paste, washing hands and hair, etc.), hygiene of the living environment (cleaning, airing), sexual education (dangers of sexually transmitted diseases, sexual intercourse between siblings, etc.).

The given health education directly in settlements and Roma households will be supported by the educational-practical tools “Field educational set” (FES) – that will make it possible for field health assistants to implement health education.

We suppose, based on our knowledge of the specific localities of the project implementation, the HFW capacities and the project budget, that each HFW will perform at least 10 direct health care – educational activities in Roma households. The methodology of health education in the Roma household



includes also other aspects of HFW work in the field and this methodology is worked out for one working day.

Identification of the participants of direct health education is subject to the knowledge and decisions of HFW and to the needs of the specific locality – HFW focuses primarily on “problem” families from the health point of view and offers them participation in the educational process. The choice of the participants of direct health education is subject also to recommendations of the mayor and local health staff.

2.A Health education – primary school

Description:

Health education at schools (similarly as field health education) requires that HFW have at their disposal basic hygienic equipment that will enable to demonstrate the presented topics and to apply the acquired skills in everyday life.

Health education at schools is aimed at basic hygienic habits (the use of toothbrush and paste, washing hands and hair, etc.), hygiene of the group (the hygienic way of behaviour in the work environment), and sexual education (dangers of sexually transmitted diseases, the use of intimate hygiene).

As part of this health education at schools we have identified “Health educational set” (HES) that will help HFW to carry out health education at schools.

We expect that each HFW will conduct at least 2 sessions of health education at school – the methodology is worked out for 3 work days.

The numbers of the necessary equipment reflects the total number of schools in the microregions (about 80 schools).

Hygienic bags as basic health education tool at schools will be provided just to Roma and non-Roma participants who come from families in material need. The tools will be kept by the project clients (Roma and non-Roma pupils) also after finishing health education.

2.B Health education – community centres / settlements

Description:

For health education in community centres / settlements the hygienic training tools given in the point 1.C will be used.

Health education in community centres focuses on a wide range of hygienic habits and ways of behaviour of children and youth. This type of health education is to be carried out by means of stimulating methods (“school as a play”). Health education in community centres will be supported by the “Community educational set” (KES) – that will help HFW carry out health education in community centres.



We suppose that each team of HFW will conduct at least 1 cycle of health education in the community centre per week - the methodology of health education in the community centre is worked out for 4 working hours.

We expect 7 months of active implementation of health education in community centres. The work group consists of 20 children – participants of health education in the CC. The training tools will remain at the disposal of the project clients in Community centres.

The participants will be selected by HFW in cooperation with the mayor and the doctor. It is important that the selected participants could continue in the activities after the completion of the project on voluntary basis – creation of natural leaders in the health care sphere in communities.



I. WORKING MEETINGS WITH LOCAL AUTHORITIES AND MEDICAL STAFF

Objectives of the meetings

The aims of the meetings is to provide information to doctors and relevant medical personnel from 59 municipalities identified by the project in order to ensure a close cooperation with HFW, or possibly doctors from the central health care facilities who will be meeting the HFW on daily basis. HFW will also take part in this meeting.

At the same time the meetings will focus for provision of information to mayors, community social workers, representatives of schools and other relevant authorities from the defined 59 municipalities (NGOs, parish, teachers, police, citizens) to strengthen current and future cooperation with the HFW.

Date:

27. – 30. March 2006

1 day – 1 meeting – 1 town (region)

Common meetings with all relevant partners according to microregions.

Responsible:

Project team – LOT 01:

- Mgr. Peter Németh
- Ing. Miroslav Sklenka
- Ing. Miroslav Balon
- Mgr. Nicole Fuchsová

Project team – LOT 02:

- PhDr. Eva Balónová

Trainers:

- Mgr. Viera Mosejová
- M.D. Oľga Veselá

Places and dates:

- | | |
|--------------------|----------------|
| ■ Prešov | 27. March 2006 |
| ■ Košice | 29. March 2006 |
| ■ Spišská Nová Ves | 28. March 2006 |
| ■ Poprad | 30. March 2006 |

Places in accordance to the microregions:

Prešov:

- MR 9: Petrová, Frička, Cigelka, Nižný Tvarožec



- MR 10: Svinia, Chminianske Jakubovany, Kojatice, Chmiňany, Chminianska Nová Ves
- MR 11: Hermanovce, Jarovnice
- MR 12: Varhaňovce, Mirkovce
- MR 13: Červenica, Tuhriná, Lesíček, Žehňa
- MR 14: Hlinné, Soľ, Zámutov, Čaklov, Jastrabie, Rudlov

Košice:

- MR 2: Kobeliarovo, Roštár, Slavošovce
- MR 15: Čičarovce, Veľké Kapušany, Krišovská Liesková, Drahňov
- MR 16: Vrbnica, Laškovce, Trhovište, Horovce
- MR 17: Boliarov, Rankovce, Kecerovce, Vtáčkovce, Bidovce

Spišská Nová Ves:

- MR 5: Letanovce, Spišské Tomášovce
- MR 6: Markušovce, Rudňany
- MR 7: Bystrany, Žehra, Spišské Vlachy
- MR 8: Richnava

Poprad:

- MR 1: Telgárt, Šumiac, Valkovňa
- MR 3: Podhorany, Slovenská Ves, Výborná, Rakúsy, Huncovce
- MR 4: Spišský Štiavnik, Vydrník, Hrabušice, Betlanovce.

Meetings participants:

- Project team
- Medical staff
- Majors, representatives of municipal offices
- Teachers
- Community social workers
- Church representatives
- NGO representatives
- Activists
- Social field workers
- Representatives of community centres
- HFW

Project team duties :

- Brief project introduction, project goals and realised activities
- Technical coordination of all relevant activities – logistic
- Cooperation and coordination with material preparations.



Lecture – medical doctor responsibility:

- Preparation of lecture materials and supporting documents relevant for meeting
- Lecturing during meetings
- Preparation of reports from meetings
- Cooperation and participation in preparation of all relevant methodology materials needed for meetings

Lecture – local authorities representative responsibility:

- Preparation of lecture material and supporting documents relevant for meeting
- Lecturing during meetings
- Preparation of reports from meetings
- Cooperation and participation in preparation of all relevant methodology materials needed for meetings

Content of the meetings for medical staff:

- Coordination and realisation of vaccination, preventive medical check ups with a stress to the specific life conditions of marginalised group of inhabitants and their culture
- Cooperation with HFW – daily activity planning, evaluation
- Planning and preventive actions realisation
- Identification of tools for equal access into a health institutions for marginalised group of inhabitants
- Health education and promotion of healthy lifestyle
- Coexistence and cooperation with Roma community
- Cooperation in monitoring and inquiry researches related to the health situation of above mentioned target group
- Other relevant areas

Content of the meeting for the representatives of the state administration:

- Specific Roma style of life and their culture
- Specific health needs of Roma
- Risks and dangers related to the Roma health care situation
- Solutions for supporting of health status of Roma
- Project main goals and achievements presentation
- Future cooperation and responsibilities



J. ANNEX

The full versions of the annex “Description of activities realised in the field” is available in the Slovak version of the monthly report