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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 – March 2006

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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 Contracting 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
MoH	Ministry of Health of the Slovak Republic
ToR	Terms of Reference



A. SUMMARY OF REALISED ACTIVITIES

A.1. TZA PERFORMANCE MONITORING

Total Number of clients: 3 500

- Number of people approached for the purposes of health education: 2317
- Number of people invited for vaccination: 1302
- Number of people invited for regular check-up: 50
- Number of people invited for preventive medical examination: 1139
- First aid provided by TZA: 50
- Number of times TZA had to call an ambulance: 17

Other:

- Number of people invited for pregnancy counselling: 180
- Number of contacted girls, pregnant women and young mothers: 190
- Number of people participating in the lectures performed by TZA: 221
- Number of visited sick people: 84
- Urine taking: 16
- Dental check-up: 3
- Measured blood pressure: 122
- Hair hygiene check-up: 80
- Delousing treatment: 46
- Health insurance ID cards: 186
- Blood taking: 60
- Families with children under 18: 180
- Children bathing: 50

Cooperation with doctors:

Specialisation of doctors, who are primarily contacted for cooperation:

- paediatrician
- general practitioner
- dentist
- gynaecologist
- dermatologist
- Total number of cooperating doctors in given MRs in March: 101

Cooperation with schools:

Total number of cooperating schools in given MRs in March: 75



Forms of cooperation:

- Regular visits of schools; communication with the principal and teachers
- Monitoring of health status of children
- Monitoring of hygiene of children
- Monitoring of hair hygiene of children
- Monitoring of hygiene of clothing of children
- Bridging school and Roma community by solving the above stated problems
- Escorting children to the doctor

Cooperation with KSP:

Total number of cooperating KSP in given MR in March: 47

Forms of cooperation:

- Identification of potential clients
- Solving common problems in health and hygiene fields in villages
- Field work in Roma settlements
- Cooperation by health education
- Common organization of events

Conclusion:

Like last month, the field work of TZA was excellent in each MR in March. In each MR a functioning system of **communication with doctors** has been established. If possible, TZA has fully adapted to the doctors' requests. In particular, with the general practitioners and paediatricians the TZA meet on regular basis, once, twice, or more times per week, in accordance with the doctors' needs. In most cases, TZA and the doctors have agreed on specific days of the week, when TZA visited the doctor (e.g. Mondays and Thursdays, etc.). Doctors, who do not need to meet with TZA on regular basis (e.g. dentists), contact TZA by telephone whenever necessary. Doctors pass the TZA contact information to their colleagues (e.g. general practitioners and paediatricians, who were approached by TZA directly, give TZA contact information to doctors-specialists, who in most cases work in the district town. This also shows the high level of satisfaction with the TZA performance.

The doctors give to TZA lists of people, which should take part in vaccination, blood taking, regular check-up, preventive medical examination, etc. TZA visit these people directly in the settlement and tell them that they should see the doctor. Many times it is necessary to visit these people several times, before they actually go to the doctor. The most frequent excuse, people do not see the doctor after the first notice is that they do not have enough money. That is why some people have to wait for their social support. Since there are a lot of Roma people in localities covered by the project, these activities are very time-consuming.



The activities described above represent one of the three most important parts of the TZA work. The second important part is **health education**. TZA spread health education directly in the settlements in particular about topics, which were covered during the TZA trainings: personal hygiene, hygiene of the environment, planned parenthood, birth-control, hair hygiene, lice, etc. Cooperation with schools concerns in particular escorting sick pupils home or to the doctor, hygienic check-ups, target-oriented health education – in particular about hygiene – in families with low level of hygiene (based on the instructions from the principal or teachers). Since the TZA equipment, TZA manual, and Health Education Programme are not yet available, the health education in schools has been taking place only in microregions, in which the TZA have from their own initiative prepared materials for such education (these materials are enclosed in annex).

The third most important part of the TZA work is **monitoring**. In March, TZA filled out Questionnaire A – Health Condition of the Marginalised Population. Each TZA filled out the questionnaire with ten people. The outcomes of this monitoring will be presented to the Beneficiary in the April report.

A.II. OVERVIEW OF REALIZED ACTIVITIES

Project Steering Committee meeting (14.3.2006, EuroPlus Consulting & Management s.r.o., Prešov) – discussion about the key elements of the project implementation. See Annex F.

TZA Training, Prešov (15.3.2006, Hotel Senátor, Prešov) – additional training cycle for TZA focused on the improvement of TZA skills in the provision of first aid, administration activities, etc. See Annex G.

Project team coordination meeting (20.-21.3.2006, Bratislava) – coordination of realized activities on the national level; preparation of strategic materials necessary for project implementation. See Annex H.

ÚV SR meeting, Office of the Plenipotentiary for Roma communities (21.3.2006, Bratislava) – discussion about the key elements of the project implementation (STZA systematisation, surveys and research realised within the project, technical administration of the project). See Annex I.

Meetings with local authorities and doctors (27.3.2006 Prešov, 28.3.2006 Spišská Nová Ves, 29.3.2006 Poprad, 30.3.2006 Košice) – meetings and communication with local authorities, doctors and medical staff from identified 59 villages in order to ensure good cooperation with the TZA. See Annex J.

Meeting of TZA, KSP and their coordinators - MR 9 (10.3.2006, Petrová) – coordination of TZA and KSP activities on the local level – competences, cooperation, etc. See Annex K.

Meeting at the Regional Office of Public Health (3.3.2006, Bardejov) – bird flu prevention – coordination of activities of all participants in order to



ensure good awareness of people of the region about this dangerous problem See Annex L.

Meetings of Health Service Working Group within the preparation of the strategy of development of Roma communities realised by the Office of the Plenipotentiary for Roma communities, PSK, Prešov Regional Office, and PDCS. Preparation of SWOT Analysis describing the present state of Roma population in regard to healthcare, definition of problem areas in healthcare, construction of the causality tree.

Health Service Working Group acts as part of the Regional Institution by the preparation of the development strategy of Roma communities. During its sessions, the Working Group deals primarily with the system of health field assistance. If we really want to achieve the permanent sustainability of the project, the participation of the Project team member in these sessions is a necessity, because the team can not only present specific information about the practical implementation of the system of health field assistance, but also propose conceptual and strategic measures, which can influence the direction of the health field assistance.

Almost all relevant regional partners defined by the Project participate in these sessions. Project promotion in regard to this target group is one of the fundamentals of the presented Project Promotion Strategy.

Based on these facts it is evident, that although participation in such working group is not explicitly specified in the project proposal (the project proposal could not have reflected fact, which occurred after its submission), the participation in such working group can be logically directly linked to the project implementation. See Annexes M and O.

Promotion activities – specific planned media outputs of the project implementation.

Administrative activities – necessary for project implementation (project coordination, direct support of TZA in the microregions, preparation of groundwork materials, data collection, etc.).

Questionnaire for the relevant partners of the project: doctors and other medical personnel, representatives of the self-government (mayors, employees of the municipal offices), principals and employees of schools, community social workers and local activists (local leaders). In order to receive a feedback from the field centres the above partners were asked during the meetings to complete a simple inquiry. The aim was to gain information on how they perceive the project as such, whether the presence of the HFW is of help for them, what their proposals were to increase the efficiency of the work of the HFW. The formulation of this inquiry is provided in the annex of the report.



B. CHANGES AND RISKS DURING THE PROJECT IMPLEMENTATION

Urgent TZA educational tools – for time reasons as well as in regard to the active start of health education implementation in schools, it is necessary for TZA to have educational tools at their disposal.

Solution proposal: Verification of the list of these tools by the MoH.

Hygienic risk – weather change (warmer weather) caused worse hygiene of environment in settlements and marginal communities (the snow and ice melted; the hygiene worsened – urine, excrements, etc.)

Solution proposal: Primarily the weather can not be directly influenced; secondarily influenceable via health education.

Standing risks:

Humanitarian needs: A significant number of problems, which can not be solved by the project in regard to its intention, are “humanitarian” cases/incidents, the content and extent of which is growing (e.g. low access to healthcare because of the financial situation – travel costs, etc.)

Solution proposal: If possible, allocate the funds of this Project for such cases.

Health risks for TZA: In the project implementation, the TZA are in direct contact with infectious diseases and other health risks in highly risky environment of excluded Roma settlements.

Solution proposal: Primarily, this problem cannot be solved within the scope of this Project, because it is related to the solution of the Roma question as a whole. Secondarily, we propose to increase the protection of TZA in highly risky cases.



C. OUTPUTS OF THE PROJECT PROMOTION

Date of presentation	Medium	Brief description of the presentation
2.3.2006 at 15:30hod.	Rádio Východ, Prešov	As a part of the morning bloc – presentation of the Project, its primary objectives and impact on the Roma community. Presentation via interview with moderator Beatrix Sabolová (20 minutes).
10.3.2006	TV TATRA TEMEX	Presentation of discussion about Roma situation in Prešov Region, VT was one of the guests. Discussed various aspects of Roma, eventually marginalised communities in Prešov region (other guests Ladislav Babuščák – KSP; Róbert Lehocký – project „Aktivačný podnik“ Prešov).
28.3.2006	Press release - TASR, SITA	Presentation of realised training for local authorities and doctors within the project implementation, information about the results of the TZA activities in the field and plan for the future.
31.3.2006 at 15:30hod.	Rádio Východ II. Prešov	Second presentation – information about realised training for local authorities and doctors – plans for the future (health education, direct counselling, etc.)



D. ANALYSIS AND PROCESSING OF PRESENTED QUESTIONNAIRES

In the process of project implementation and in accordance with the informative mapping surveys, the project team has created and realised several input and evaluation questionnaires. In this monthly report we present questionnaire “C” (data provided by the municipality office clerk) focused on the mapping of situation in MR from the point of view of the municipality office clerks/mayors (target group – mayors, municipality office clerks). The survey identifies the needs of localities from the aspect of the target group – subjective character of the survey. See Annex N.

The evaluation of the questionnaire outcomes is provided in a separate chapter, which is enclosed to this report. The presentation of the processed questionnaire outcomes in electronic form is provided in Annex O.

During March, the collection of data for processing of the questionnaire “A” /Health Condition of the Marginalized Population/ took place. The outcomes of this questionnaire will be provided in the April monthly report.



E. LIST OF ANNEXES

List of Annexes of the March monthly report. The full version of the annexes are available in the Slovak version of the monthly report.

- **Annex E** Detailed Description of Activities Realized in Microregions
- **Annex F** Steering Committee Meeting
- **Annex G** TZA Training, 15.3.2006, Prešov
- **Annex H** Project Team Coordination Meeting, Bratislava
- **Annex I** Meeting with the Plenipotentiary of the Government of the Slovak Republic for Roma Communities, Bratislava
- **Annex J** Training for Local Authorities and Doctors
- **Annex K** Meeting of TZA, KSP and their Coordinators in MR9
- **Annex L** Meeting at the Regional Office of Public Health, Bardejov
- **Annex M** Meetings of Health Service Working Group within the Preparation of the Strategy of Development of Roma Communities
- **Annex N** Questionnaire “C” – Data Provided by the Municipality Office Clerk
- **Annex O** Questionnaire “C” – Data Evaluation
- **Annex P** Feedback/Survey
- **Annex Q** SWOT Analysis
- **Annex R** Press Release
- **Annex S** Materials Distributed to Participants of the Meetings with Doctors and State Administration Representatives
- **Annex T** Tree of Problems