

Standard Summary Project Fiche

1. Basic Information

- 1.1 CRIS Number:** 2003-004-995-01-06
- 1.2 Project Title:** Improved Health Care for the Roma Minority in the Slovak Republic
- 1.3 Sector:** Human Rights and the Protection of Minorities/Health
- 1.4 Location:** Selected Settlements with a Predominant Roma Population mainly in Eastern Slovakia, Slovak Republic

2. Objectives:

2.1 Overall Objective(s)

The overall objective of the project is to improve the health care of Roma citizens in the Slovak Republic.

2.2 Project Purpose:

The project purposes are to improve the access of Roma in the target regions to health care and to enhance their knowledge and consciousness about healthy lifestyle.

2.3 Accession Partnership and NPAA Priority

The project is in line with the relevant priorities of the 2001 Accession Partnership:

Continue improving the situation of the Roma through strengthened implementation of the relevant strategy, including the provision of the necessary financial support at national and local levels; measures aimed at fighting against discrimination...

The 2001 National Programme for the Adoption of the Acquis defines the project priorities and actions in the chapter Human rights and Minority Protection. An overarching, *medium-term* priority is to -

Complete the building of the system of institutions for effective protection of human rights

2.4 Contribution to the National Plan: N/A

2.5 Cross Border Impact: N/A

3. Description:

3.1 Background and Justification

The Roma minority in Slovakia is linguistically and culturally a non-homogenous group comprising some 10 percent of the total population of the country. Slovak Roma generally live in very poor social conditions. Their rate of unemployment exceeds the national average by far, reaching close to 100 percent in settlements located in Central and Eastern Slovakia. Lack of education, segregation, and poverty lead to create extremely poor health conditions and low life expectancy among the Roma.

Empirical evidence on this has been provided by a recent study that was jointly carried out by the Slovak *National Faculty Health Institute*, UNICEF, and INFOROMA. For the period 2001/2002, 1,874 households with 11,241 inhabitants throughout Slo-

vakia were surveyed. The study found that in poor Roma settlements the average age is 25.7 years and average life expectancy is 35 years. An environment without safe potable water and proper sewage contributes to dramatically high mortality both of Roma children and adults, and creates conditions for spreading infective and parasite diseases.

To make matters worse, the number of critically poor Roma settlements appears to be rising. Their number is given as 278 in 1989 and 620 in 2000.

The most susceptible group are children. Children living in Roma settlements suffer mostly from chronic respiratory and gastrointestinal diseases. Their level of immunity against hepatitis, tuberculosis, poliomyelitis, and other infection diseases is less than 80 percent, even less than 70 percent in many regions of Central and East Slovakia. There have been localised outbreaks of tuberculosis, measles, and hepatitis A epidemics. The lack of immunization of Roma children is critical, threatening both them and the rest of population. A mission report issued in 2002 in the frame of the 2001 Roma Twinning project, Mr. I. Boukovinas (short-term expert) "*in the health care the Roma constitute an epidemical time bomb, whose explosion could have incalculable consequences in this era of world population movement*".

According to above mentioned report, there is a general lack of trained staff and means, and lack of *dynamic penetration* into the Roma community, which demands discreet and long-term work with recognised people and intentions to overcome the negative prejudices against Roma. Very low levels of health education of Roma parents cause underestimation of illnesses. Education in the field of family planning is insufficient as well as provision of information concerning the healthy reproductive behaviour.

Adding to these problems are various forms of discrimination as regularly reported by the *Plenipotentiary Office for the Roma Minority of the Slovak Government*. Reportedly, in hospitals Roma patients are placed separately from non-Roma patients. They are given special consulting hours different from the non-Roma population. The approach of some health care workers violates the rights of the Roma to human dignity.

Against this background, the project aims at improving access to health care of the marginalized Roma population in very poor and remote localities. Access to health care and health protection are constitutional rights of all Slovak citizens. According to the recent Programming Declaration of the Slovak Government, the Ministry of Health is charged with ensuring that these right leads to concrete *steps to improve efficient accessibility and flexibility of health care*. The Ministry *shall define the conditions for the provision of social medicine including the costs of the care and nursing of citizens and contributions to cover health care beyond the so-called solidarity package and services connected with the provision of health care to individuals in material and social need due to objective reasons*.

As Roma communities in the target regions of the present project are too poor to spend money on transport to get to distant health centres, health care provision is to come to them. For this, two different scenarios have been developed. In villages where there is a suitable building or at least a suitable room, this will be refurbished for basic health care provision. It would then be available for medical services to be provided by the nearest doctor. Alternatively, mobile medical units will be used for scattered remote settlements where not even the basic infrastructure for a basic health care centre does exist.

Besides the impact on health status *from outside*, the aim of the project is also to motivate Roma people to take responsibility for their own health and to enhance their knowledge and consciousness, to educate them about healthy living style and its linkage to individual health status and behaviour.

The non-Roma part of the Slovak population is often uninformed and lacks knowledge about Roma issues. Often this causes misunderstandings favouring further segregation of Roma. Thus, education, information, and co-operation with teachers, police officers, and representatives of municipalities are the inherent part of the project.

For the implementation of the project, 17 target micro-regions in Central and East Slovakia, covering 59 villages will be selected. Two coordinators will be responsible for work provided by 40 fieldworkers in selected micro-regions. The project implementation will also build upon on the years-long practical experiences in humanitarian and social work in the Roma communities of Slovak NGOs and other organisations working in this field, notably those currently present in some Roma settlements where they provide social work, research, or promotion of education, and advocacy.

3.2 Linked Activities

The project is based on the *Strategy of the Government of the Slovak Republic for Solving the Problems of the Roma National Minority and the Set of Measures for its Implementation - Stages I and II*. More specifically, it is linked to the *Health Protection Programme for the Roma minority* with a special focus on drug abuse, under the supervision of the Ministry of Health, and the *Social Housing Programme of the Slovak Government* under the supervision of the Ministry of Construction and Regional Development.

There has also been a range of Phare projects aimed at achieving better living conditions for the Roma of the Slovak Republic.

- SK9813.04 - *Improvement of the situation of the Roma in the Spiš Region* - Pre-Ins facility, supporting the establishment of 10 kindergartens with “mother and child” programme and the establishment of five community centres promoting social integration via multicultural activities.
- SR9905.02 *Minority Tolerance Programme* addressed the whole Slovak population. The project aimed at training local opinion makers targeting the majority as well as the minority population and thus creating a more tolerant environment towards minorities. A public information campaign in all media was an integral part of this project. A third element aimed at raising the educational levels of minorities with special regard to the Roma. Its outputs represented several teacher training seminars focused on language teaching at schools with minority language of instruction, a manual distributed nationwide to primary schools and the establishment of a Roma multifunctional educational centre in Presov (with help of the Methodical centre in Presov).
- SR9920 - Technical Assistance to the project *Infrastructure for Roma settlements* - reviewing the infrastructure needs and the general situation in 45 Roma settlements
- SR9920 - Technical Assistance to the project *Infrastructure for Roma settlements* - preparation of the land planning documentation needed for the issue of land-use decision.

- SK0002 – *Improvement of the Situation of Roma* in the Slovak Republic includes three main components: mutual tolerance between Roma and non-Roma population, improving the conditions for young Roma to enter the labour market and increased access of Roma to education. This project will support the training of assistant teachers and the training of trainers.

In addition, a twinning programme has been implemented in 2000 which main objective is the upgrading of the strategy and the support of the co-ordination of the intersectoral policy towards Roma communities.

- SK0101 supporting the implementation of the new Educational Programme for the Roma minority.
- SR0103.01 *Support to the Roma minority in the educational field* focuses on pre-school, primary and special education of the Roma (including the reintegration of children from special schools into standard primary schools) and the community development via activities of community centres.
- SR0103.02 - *Infrastructure for Roma settlements* under the supervision of the Ministry of Construction and Regional Development.

Finally, other important linked activities include the *Public Beneficial Works Programme* (PBW) under the supervision of the Ministry of Labour, Social Affairs and the Family of the Slovak Republic, and a number of smaller projects by non-governmental organizations, which are closely co-operating with international organizations or in the frame of bilateral assistance programmes.

3.3 Results

The project aims at achieving the following results in the fields of public health and health education:

- 1) Relevant personnel trained in ensuring the access of Roma to health care and the provision of the health care, preventive medicine, health education of Roma, monitoring and overview of health status in settlements with significant number of Roma population.
- 2) Number of Roma who had their health examined and treated and number of Roma immunized increased in comparison with present status leading to an overall better health status of the Roma population. The field workers will assist selected local doctors and nurses during the vaccination process and other related activities.
- 3) Access to basic health care facilities for Roma in selected areas ensured by deployment of *mobile medical units* and permanent health centres.
- 4) Health education of young Roma. New educational tools focussing on health issues available to the Roma population. Primary health knowledge spread among Roma children through specific educational tools (brochures, films) specially designed and developed for Roma. This activity includes training of local teachers and field workers and other interested local organisations to use the educational tools on the spot.

3.3 Activities

3.1.1 Service Contract

1) Training of relevant personnel

Three kinds of training will be provided:

A group of 40 qualified field workers and 2 co-ordinators from representatives of Roma, NGO and local municipalities and qualified medical students will be trained as trainers to be the contact points linking Roma target group to local doctors. They will be trained in the following tasks:

- How to co-ordinate and help with vaccination, preventive medical examinations in co-operation with paediatricians, gynaecologists and general practitioners
- Local medical prevention planning and execution
- Means of ensuring equal access to Roma population to the health care
- Means of health education for Roma population
- Inside-work in coexistence with Roma population
- Surveys and monitoring the health status of the Roma population

A training of local doctors and nurses and other health staff from selected localities will be organised, including the following aspects:

- How to co-ordinate the vaccination process and preventive medical examinations
- Local medical prevention planning
- Means of ensuring equal access to Roma population to the health care
- Means of health education for Roma population
- Encouraging inside-work in coexistence with Roma population
- Surveys and monitoring the health status of the Roma population

The training will also involve joint meetings including both trained groups (field workers, doctors) to discuss and coordinate their cooperation.

In addition, non-Roma citizens (teachers, police officers, members of local and regional self-governments, employees of public services, NGOs, local citizens) will be trained four times during the project about health needs and risks and health promoting solutions of Roma population.

The field workers and co-ordinators should preferably have:

- At least high school education, preferably with a focus on health or social services
- Previous working experience in Roma communities
- Communication skills, computer literacy
- Proven ability of dealing successfully with difficult and emotionally stressing situations
- Good knowledge of the target locations would be considered an asset.

Expected costs of the activity: 0.04 MEUR

2) Monitoring and assistance

Forty field workers with two more co-ordinators will be appointed to work in selected micro-regions/Roma settlement in co-operation with local primary care doctors. Field workers will help organising medical inspection and examination in both: recent health facilities and new health centres. They will also act directly on spot. Their first task will be to work out the time schedule and evidence

documentation for pilot health care programme. The field workers will assist local doctors in monitoring of health related data about target population, the vaccination process (this will include also collecting evidence of the present status of vaccination), preventive health examinations, and respective treatment.

Expected costs of the activity (including recruitment of 40 field workers, 2 coordinators, one project leader and one project assistant): 0.84 MEUR (Slovak co-financing for field workers salaries included).

3) Health centres close to Roma settlements

In nine remote areas with large numbers of Roma settlements not served by proper health care facilities, permanent health centres will be established meeting the appropriate hygienic standards. Existing rooms and/or parts of buildings will be renovated and fitted with basic medical equipment and supplies to make them suitable for medical service. Wherever possible, the renovation work will be carried by adult Roma labourers.

As the repair work will concern only minor repairs, no official building permits are required. A simple notification to the competent local authority is sufficient.

Paediatricians, gynaecologists, and general practitioners will use the centres on a daily basis or on temporary regular basis to provide a regular medical service to local Roma inhabitants and/or to the marginalized population.

The premises of the health centres should be owned by the relevant municipalities or any other public entity.

Expected costs of the activity: 0,160 MEUR (Slovak co-financing included) split as follows: 0.090 MEUR for renovation works and 0.070 for basic medical equipment supplies.

4.) Introduce health education of young Roma

Young Roma children will be educated in local schools by trained field workers, teachers, and physicians in topics concerning healthy living style, prevention of the use of drugs / reduction of risks and negative effects of the use of drugs, health-conscious reproductive behaviour, potential health risks, and its prevention. This will involve playing acts, explaining some real situations, and *case studies* with puppets. For the children the puppets will act as an additional motivation to take part in health education processes.

For this purpose appropriate educational tools such as educational videos on the relationship between lifestyle and individual health and brochures in Slovak and Roma languages will be developed. The project will provide expert assistance and funding to the design and the production of these tools. For better utilisation of the prepared materials and presentation of films and videos, some 15 TV sets will be provided to local schools in the target communities.

In some of the schools located in villages selected for this project, there might be TV-sets and video-recorders available already. Therefore, in the implementation phase first step - the monitoring of technical needs of the schools involved in the project - will be made by fieldworkers. On the basis of the monitoring report, the supply of the complete TV sets (TV + video) will be procured.

At the end of the project, the educational equipment (TV-sets) will remain property of the schools.

Part of this activity involves also training of local teachers, field workers and NGOs in using the new developed tools.

Expected costs of the activity: 0.070 MEUR (Slovak co-financing included).

3.4.2 Supply Contract

Mobile medical units

Eight mobile medical units (MMU) will be deployed for increased access to health care in areas with there is neither accessible medical care nor facilities that could be used for medical services. The MMUs will be only ambulance cars equipped with standard medical devices, disposable material, and outdoor medical shelter **without any staff**. MMUs will be at disposal to the special non-governmental organisations, having valid licence for provision of driving/transport services in line with the Act No. 578/2004 about the health care providers. The non-governmental organisations will be responsible for technical maintenance, management and operation of MMUs, which will be available for local doctors for vaccination, preventive examinations and any other health-care activities needed in Roma settlements. The local doctors will be financially motivated by insurance companies to use these services while providing the preventive examinations. The non governmental organisations (NGO) will use the MMUs according written agreement with MoH.. The Slovak health insurance institutions will cover the operational costs of the MMUs.

Expected costs of the activity: 8 ambulance cars with appropriate equipment: 0.48 MEUR (Slovak co-financing included).

3.5 Lessons learned:

Implementation and co-ordination structures reflect practices that have been successfully applied by the Ministry of Health. Adequate human resource policies are in place to ensure that trained staff can be retained for assignments in the long term.

4. Institutional Framework:

The Ministry of Health will be responsible for implementation and co-ordination of project activities. The final recipient will be the Roma minority living in selected areas.

The contact person at the Ministry of Health will be:

Mr. Peter Tatár

Ministry of the Health, Limbova 2, 837 52 Bratislava

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e-mail: tatar@okstrana.sk

A steering committee will be established at the Ministry of Health. It will include representatives of the Ministry of Health, Local NPHI, Plenipotentiary Office for Roma issues, Ministry of Education, and representative of selected Roma organization. The

meetings of SC will be organized at least on quarterly basis or more frequently if so required.

Contracts	PHARE Support			National co-financing*	TOTAL
	Investment	Institution Building	Total PHARE (=I+IB)		
Training		0.040	0.040	-	0.040
Monitoring staff:					
- 40 field workers		0.250	0.250	0.25 (**)	0.500
- 2 co-ordinators		0.050	0.050	-	0.050
- 1 project leader		0.265	0.265	-	0.265
- 1 project assistant		0.025	0.025	-	0.025
Roma Health education, educational tools	0.052		0.052	0.018	0.070
Renovation of rooms for health centres	0.068		0.068	0.022	0.090
Equipment for health centres	0.050		0.050	0.020	0.070
Supply of Mobile Medical Units	0,360		0.360	0.120	0.480
TOTAL	0.530	0.630	1.16	0.430	1.590

(*) In line with the Slovak Government's decision dated 9 February 2000, all Phare funded projects will be co-financed from the State Budget. The co-financing of the investment component will be assured with a minimum contribution of 25% (2004 State budget).

(**) The salaries of the field workers will be co-financed in the range of 50% by the Slovak Government

6. Implementation Arrangements:

6.1 Implementing Agency

CFCU - Mrs. Silvia Czuczorova, Director/PAO
 Radlinskeho 32
 813 18 Bratislava
 Tel.: 00421 2 5726 2707
 Fax: 00421 2 5726 2727
 813 18 - Bratislava, Slovak Republic

6.2 Twinning: N/A

6.3 Non-standard aspects

The Practical Guide for Phare, ISPA and SAPARD contract procedures will be strictly followed.

6.4 Contracts

The following contracts are envisaged:

- 1 "services" contract for the training component: 0.04 MEUR
- 1 "services" contract for the recruitment of 40 field workers, 2 co-ordinators, 1 project leader and 1 assistant: 0.84 MEUR [Slovak contribution (0.25 MEUR) required for the co-financing of field workers' salaries) included]
- 1 "supplies" contract for the provision of educational tools: 0.070 MEUR (Slovak co-financing included)
- 1 "works" contract for the renovation of the Health Centres: 0.090 MEUR (Slovak co-financing included)

- 1 supply contract for the provision of medical equipment for the Health Centres: 0.07 MEUR (Slovak co-financing included)
- 1 "supply" contract for the provision of Mobile medical units: 0.48 MEUR (Slovak co-financing included)

7. Implementation Schedule

7.1.	Start of tendering (services)	1st Q 2004
7.2	Start of tendering (Supplies):	2nd Q 2004
7.3.	Start of project activities (services):	2nd Q 2004
7.4.	Project Completion:	3rd Q 2005

8. Equal Opportunity

Equal opportunity principles and practices in ensuring equitable gender participation in the project will be guaranteed, particularly as regards to selection of field workers, trainers, and trainees for the training programme, where a balanced distribution of positions/places will be sought.

9. Environment: N/A

10. Rates of Return: N/A

11. Investment Criteria

11.1 Catalytic effect:

The Phare contribution will boost the efforts of the Slovak government in enhancing the integration of the Roma community and in improving the health care system

11.2 Co-financing

The Government will provide the following financial contribution:

50% of the salaries of the field workers

25% for any other investment cost of the project.

11.3 Additionality

The Phare intervention does not displace other financiers.

11.4 Project readiness and Size

The bulk of tendering process of the various components is expected to be completed in the first semester 2004.

11.5 Sustainability

Relevant policies and regulations of the Slovak Government ensure that all activities funded under the scheme will yield results that comply with the European Union norms and standards. Governmental funding of future vaccination campaigns is ensured.

11.6 Compliance with state aids provisions

All actions will be carried out in line with the relevant stipulations of the Europe Agreement.

11.7 Contribution to National Development Plan: N/A

12. Conditionality and Sequencing

The Slovak government will have to ensure the timely provision of the co-financing for all relevant components of this project.

ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)
4. Cost estimate for the renovation and equipment of ten health centres

LOGFRAME PLANNING MATRIX FOR PROJECT		Programme name and nr.	Roma Health
Improved Health Care for the Roma Minority in the Slovak Republic		Contracting period expires: 30.11.2005	Disbursement period expires: 30.11. 2006
		Total budget: €1.590	Phare budget € 1.16
Overall objective	Objectively verifiable indicators	Sources of Verification	
Improve the health of Roma citizens in the Slovak Republic.	Roma life expectancy and mortality rates approach national Slovak averages	Sample surveys	
Project purpose	Objectively verifiable indicators	Sources of Verification	Assumptions
Improve the access of Roma to health care and to raise their understanding of a healthy lifestyle.	Roma morbidity rates approach national Slovak averages	Sample surveys Project reports	<ul style="list-style-type: none"> Facilities and services are used as planned
Results	Objectively verifiable indicators	Sources of Verification	Assumptions
<ol style="list-style-type: none"> Relevant personnel trained in health care, preventive medicine, and health education for successful work in Roma communities Number of Roma in target communities who had their health examined, properly treated and vaccinated increased Mobile medical units deployed and permanent health centres renovated/equipped Young Roma health education ensured. 	<ol style="list-style-type: none"> 40 trained field workers and 2 co-ordinators working in Roma settlements by 2nd quarter 2004 The co-operation with relevant doctors in selected Roma settlements ensured by 2nd quarter 2004 The number of outpatient doctor visits per capita increased Mobile medical units and permanent health centres operational The Roma health education is organised at least twice a week in selected localities 	<ul style="list-style-type: none"> Project statistics Project reports Health documentation 	<ul style="list-style-type: none"> Staff can be retained in positions for which they were trained Funds for operation of the project schemes available when needed Continued positive response to the project activities
Activities	Means		Assumptions
<ol style="list-style-type: none"> Training of relevant personnel – field workers, nurses and doctors pass three days entrance training in first phase of the project, NGOs, local authorities will be trained on the spot Monitoring and assistance of field workers during vaccination and health care provision Introduce Mobile Medical Units/Renovate health centres close to Roma settlements Introduce health education of very young Roma, personnel trained, specific educational tools developed 	<ul style="list-style-type: none"> 1 framework contract for the training component: 0.04 MEUR 1 "services" contract for the recruitment of 40 field workers, 2 co-ordinators, 1 project leader and 1 assistant: 0.84 MEUR [Slovak contribution (0.25 MEUR) required for the co-financing of field workers' salaries) included] 1 "supplies" contract for the provision of educational tools: 0.070 MEUR (Slovak co-financing included) 1 "works" contract for the renovation of the Health Centres: 0.090 MEUR (Slovak co-financing included) 1 supply contract for the provision of medical equipment for the Health Centres: 0.07 MEUR (Slovak co-financing included) 1 supply contract for the provision of mobile medical units - 0.48 MEUR (Slovak co-financing included) 		<ul style="list-style-type: none"> Positive response of the target communities to the project Positive response to the project of the local administration Funding of medical services by insurers available when needed.
	Preconditions		
	The Slovak co-financing of the 50% of the salaries for the field workers available at the latest by the time of signature of the relevant services contract.		

Time Implementation Chart

Improved Health Care for the Roma Minority in the Slovak Republic

Project component	2004				2005				2006			
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Technical assistance		√	√	√	√	√	√	√	√	√	√	
Renovation of health centres		√	√	√	√	√	√					
Supplies		√	√	√	√	√	√					

Cumulative Contracting and Disbursement Schedule**Improved Health Care for the Roma Minority in the Slovak Republic**

	2004				2005				2006			
	1.Q	1.Q	2.Q	3.Q	4.Q	2.Q	3.Q	4.Q	1.Q	2.Q	3.Q	4.Q
Contracted												
Disbursed												

Cost estimate for the renovation and equipment of ten health centres (Slovak co-financing included)

Renovation

Ten buildings or suitable rooms (belonging to municipalities or any other relevant public entity) will be renovated, fitted with sanitary facilities, and equipped to serve as an ambulance and waiting room at a total cost of 0.09 MEUR.

The renovation will include:

- Repair work on walls, floor, windows and doors
- Reconstruction of potable water supply, sewage, sanitary equipment, electricity and heating
- Waterproof and non-slippery floors.

Equipment of each Health centre

The equipment for ten health centres will total 0.07 MEUR covering mostly the following items:

- Sterilization machine
- Refrigerator with thermometer
- Oxygen bomb with reductive controlled outlet
- Basic medical devices (e.g. ECG, spirometer, sonograph)
- Blood pressure measurement device
- Medical thermometers
- Portable box with emergency and medical equipment
- Disposable medical material
- Personal weight
- Small technical equipment (e.g. alarm clock)
- 2 small laboratory tables with waterproof surface
- Vials and other laboratory material
- 2 shelves for medicaments and medical material
- Basic furniture
- Basic administrative tools (e.g. writing machine, PCs)
- Alarm system

The preventive medical examinations will be paid by insurance fund. All costs covering material and the doctor's salary are funded by insurance fund.

Mobile medical units

8 x ambulance cars with appropriate equipment = 0.48 MEUR

Development of specific educational tools

Cost of educational paper brochures and leaflets, educational films and 15 TV sets for Roma together – 0.070 MEUR.