

# PROGRAMME: HEALTHY COMMUNITIES

Inequalities: Fieldwork with Roma population as an example

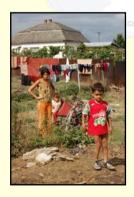


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#### **SLOVAKIA**

- Slovakia, along with Romania, Bulgaria and Hungary, has one of the largest relative Roma populations
- 8% out of a total population of 5 400 000 are Roma (350 000 - 420 000)
- 2/3 of the Roma population live in Eastern and South Central Slovakia















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## **SOCIO-ECONOMIC AND POLICY CONTEXT**

- 50% of the Roma population are integrated into the majority population
- 50% live in Roma settlements

#### Settlements are:

- geographically isolated

#### and lack:

- infrastructure
- hygienic amenities
- social and health services

DUE TO THESE AND OTHER FACTORS, EMPLOYMENT RATES, **EDUCATIONAL ATTAINMENT, AND HEALTH LITERACY ARE ESPECIALLY LOW IN ROMA SETTLEMENTS.** 



# SOCIO-ECONOMIC AND POLICY CONTEXT

- 36,6% finish only primary education
- 35 % over the age of 25 DO NOT finish primary education
- 15,4% attend high-school or further education

Ministry of Labour, Social Affairs and Family, 2006

The main problem that causes the high unemployment rate in the Slovak Republic (13,5% in 2006), is the lack of jobs for people with lower qualification and the need for structural reform of the curriculum in accordance with labour market demands.

Ministry of Labour, Social Affairs and Family, 2006

12% of the population live in relative poverty

Eurostat, 2006



# SOCIO-ECONOMIC AND POLICY CONTEXT

The residential systems separeted from villages, but located within their territories are considered 'segregated settlements'. Segregated settlements create an individual urban unit, which is physically separated from the village.





Hermanovce, 2008



Chminianske Jakubovany, 2008

Poor living conditions and socio-economic exclusion directly influence the health status of settlement inhabitants.

# SOCIO-ECONOMIC AND POLICY CONTEXT

Approximately 1/3 of the dwellings in Roma settlements are informal (legal property rights are unclear). These dwellings generally consist of shacks made of scavenged materials, prefabricated dwellings, non-residential buildings, and occasionally houses.



# The infrastructure in the settlements is insufficient:

91% have electricity

81% lack sewage systems, compromising hygiene and contributing to the spread of disease

59% lack gas

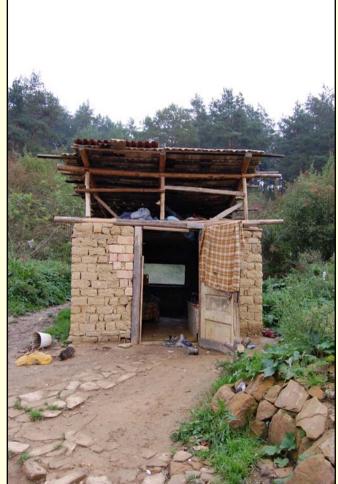
37% lack plumbing

The Government Plenipotentiary Office for Romani Communities, 2004

# Living conditions for a mother and 4 children











In the most isolated settlements, secondary illiteracy is a problem, meaning that even those that have completed primary school, and even secondary school, experience significant difficulties with reading and writing.





# HEALTH AND HEALTH CARE

The health status of Roma living in segregated settlements is directly connected to their high rates of unemployment, inadequate living conditions, lack of equitable access to public services and lower educational attainment and health literacy.

- respiratory tract infections
- scabies
- tuberculosis
- hepatitis
- pyodermia
- pediculosis
- lice
- mycosis



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#### **HEALTHY COMMUNITIES**

11 settlements in 2003 67 settlements in 2007



Hranovnica, 2008

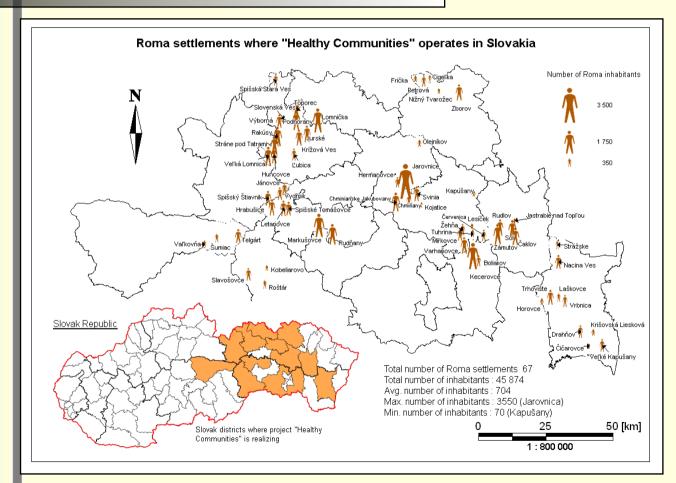
# HEALTHY COMMUNITIES IS CURRENTLY THE LARGEST INITIATIVE TO IMPROVE ROMA HEALTH IN SLOVAKIA

In order to facilitate the development of additional programmes, part of ACEC's attempt is aims, in collaboration with the Ministry of Health and the Office of the Plenipotentiary for Roma,to provide a database and trained pool of personnel that can be used to implement other Roma health programmes.

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### **HEALTHY COMMUNITIES**

67 Roma settlements with a total population exceeding 40 000.



Data on the number of inhabitants in the settlements was provided by Health Assistants in cooperation with the mayors of villages

(ACEC survey from December 2007)

Healthy communities

### **HEALTHY COMMUNITIES**

### The program team:

- 4 ACEC managers
- 4 Coordinators
- 88 Health assistants
- 18 volunteers

### In cooperation with:

- 102 general practitioners and paediatricians
- · specialist doctors as required
- regional branches of the Slovak Red Cross
- the Emergency Service Operation Centre
- elementary school teachers
- local government authorities





Training of Health assistants in Michalovce, 2008



#### **SPECIAL GOALS AND ACTIVITIES:**

- Improve human resource capacity
- Increase health literacy
- Increase health care access
- Increase assessment of Roma health
- Establish contacts and improve communication among

paediatricians, general practitioners, local councils, and the Roma community

- Improve personal and communal hygene in settlements
- Increase sexual health awareness











Rudňany, 2008



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### Association for Culture, Education and Communication

#### **SPECIAL GOALS AND ACTIVITIES:**

 Increase vaccination rates and preventive health care access for children and adults

Check up participation up 20% from January-December 2007 in HC localities

The total average of preventive health check-up usage for 2007 in the group of adult insurants of Union Health Insurance In Slovakia is 16%, and in Roma inhabitants/identified sample it stands at 36%.

- Reductions in transmittable diseases (Hepatitis A and B)

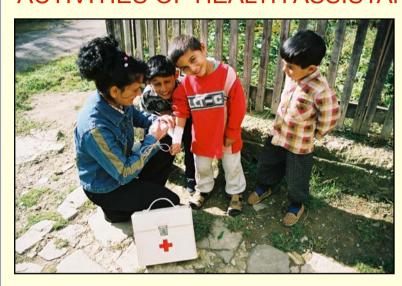
  By the end of 2007
  - 3524 children and 1533 adults were re-vaccinated
  - totaling 5057 Roma settlements inhabitants



Vaccination in Rakúsy, 2007



#### **ACTIVITIES OF HEALTH ASSISTANTS**



Jurské, 2007

- regular home visits
- accompanying the patient on doctor/hospital
- assisting new mother with newborn babies
- assisting settlement inhabitants with illnesses, including facilitating followchronic up visits
- provide counselling
- · organizing community health education sessions
- · helping inhabitants resolve issues related health insurance
- providing basic first aid
- distributing anti tobacco campaign materials in 67 Roma settlements in cooperation with the WHO office in Slovakia



#### **ACTIVITIES OF COORDINATORS**



Vaccination in Kežmarok, 2007

- informing assistants on training opportunities
- regular check-ups in settlements

- assuring fluent communication
- active cooperation with general practitioners and paediatricians
- quality control
- programme oversight activities





# TRAINING, EDUCATION AND COMMUNICATION

#### March 2008

#### **Health assistants:**

76,1% directly from the settlements in which they operate

23,9% don't live directly in the settlements, they live in the same area



Letanovce, 2007

#### **Coordinators:**

100% of Coordinators are from the communities they serve

ACEC established the Community Worker – implementation of knowledge and skills in working with the Roma community training programme, which was accredited by the Ministry of Education in 2004.

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# TRAINING, EDUCATION AND COMMUNICATION

The Health Assistants and coordinators attend three training sessions annually, focused on three areas:

- informative
- motivational
- specialisation

#### The educational is divided into three individual blocks:

- · basic information, motivation and specialist training
- communication and use of the learnt communication skills within the programme, conflict resolution and model situation
- responsibility and motivation, planning of tasks, working habits

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Čičarovce, 2008

# MONITORING AND EVALUATION PROGRAMME



- ACEC programme managers make regular
   visits to settlements to assess the work of Coordinators and Health Assistants
- Coordinators oversee Health Assistants activities
- Weekly and monthly reporting cycles support the monitoring function
- Regular meetings of programme managers, Coordinators, Health Asisstants, and representatives from the local health services
- Regulary disseminating of questionnaires for Health Assistants (last in March 2008)

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Results from the questionnaires: Number of respondents: 67 health assistants and coordinators

March 2008

1. Ratio of men and women	26,9% : 73,1%
2. Implemented training program attendance	100%
3. Significance of the Health assistants' work	43% necessary 33% high 24% significant
4. The measure of satisfaction with the training programs:	90% very satisfied 8% moderately satisfied 2% moderately unsatisfied 0% very unsatisfied
5. Communication of Health Assistants with doctors and nurses	31% excellent 30% very good 38% good 1% not so good 0% bad

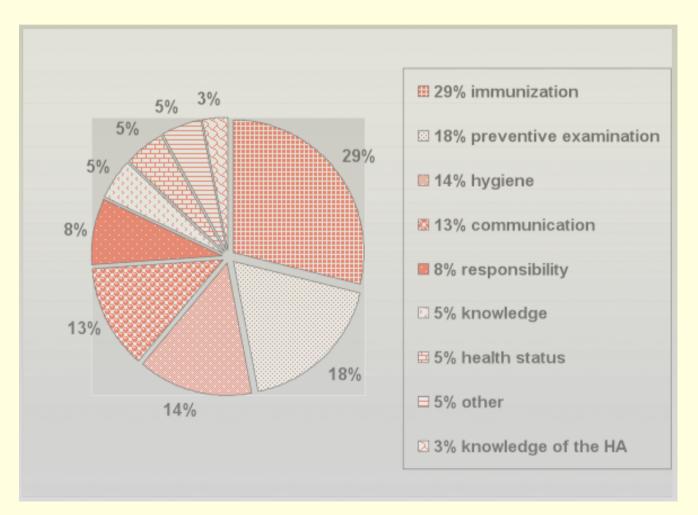
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# CHANGES AND IMPROVEMENTS SINCE THE COMMENCEMENT OF HEALTH ASSISTANTS' ACTIVITIES





#### WHAT HAVE THE HEALTH ASSISTANTS LEARNED?

#### **LESSONS LEARNED**

- The empowerment of Health Assistants, Coordinators, and Volunteers from the target communities is essential to the longterm sustainability of the programme
- Motivation and commitment, particularly in Health Assistants, must be nurtureded through the training and programme managment approach
- Healthy Communities is supported by the private sector. This system of financing is flexible and independent of legislative amendments
- How to match human resources to health needs in Roma communities:

ACEC has noted the particularly low level of health literacy among settlement inhabitants. This is particularly the case for somewhat taboo health issues, such as sexual health, sexualy transmited infections, jaundice epidemie etc. Health Assistants receive adequate training deliver health education.

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Stráne pod Tatrami, 2007

#### **LESSONS LEARNED**



#### Programme staffing and local ownership

- advantages of employing Roma from the settlements in which the programme operates
- individuals are able to communicate with settlement residents on sensitive issues in a culturally appropriate manner
- Health Assistants create lasting relationships with local physicians and councils
- training and empowering Roma from excluded settlements creates a cadre of advocates that can speak on behalf of their communities

#### Stewardship – conditioning users to a changing system, and sharing tools and know-how

The program has led to the creation of specific tools which can be put to use not only on a national level, but also at an international one.

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Hranovnica, 2008

# THANK YOU

























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