SUMMARY PROJECT FICHE

1. Basic Information
   - Désirée Number: BG 0104.02
   - Title: Ensuring minority access to health care
   - Sector: SO
   - Location: Bulgaria

2. Objectives
   2.1. Overall Objective(s):
   Harmonisation of the social integration of Roma population with the general development of Bulgarian society and ensuring justice and equality of social opportunities in health access for Roma.

   2.2. Project purpose:
   Foster adequate integration of Roma into Bulgarian society mainly by addressing action points of the Framework Programme related to access to community services and health services in particular. Improve the relationship between Roma and non-Roma inhabitants, particularly public authorities.

   Establish sustainable scheme for dissemination of health knowledge and health services access among Roma population.

2.3. Accession Partnership and NPAA priority
The project components are in line with its Accession Partnership and NPAA priorities:
- AP 3.1 (short term priority): “start implementation of this Framework Programme; implement measures aimed at fighting discrimination; foster employment opportunities and increase access to education and health.”
- NPAA (Introduction, on Integration of Roma Population): efforts will be made “for fulfilling the obligations of the government on improving the Roma situation and encouraging the tolerance and mutual understanding between the Bulgarian citizens from different ethnic and religious groups.”

2.4. Contribution to the National Development Plan
Under the 4th development axis (“Improving quality of live and adapting human resources to the requirements of the market”) of the plan, regional disparities in the field of healthcare are highlighted: In the last decades, the organisation of the health system was characterised by a growing misbalance in the health service delivery and in the per capita provision of health resources among the different regions of the country (provision with doctors, hospital beds and primary health care experts). The qualified medical staff is concentrated mainly in the cities. In 1,931 rural areas there are no doctors. The plan therefore envisages programmes for decreasing of the health risk factors of groups living under unfavourable conditions, including ethnic minorities.
3. Description
Over the last years there is increasing isolation of Roma from society at large. There is gap of communication among Roma and the majority population. This results in increasing prejudices and de-facto discrimination in access to health services.

3.1. Background and justification\(^1\):
In Bulgaria like in other European countries the Roma constitute a social group that has been living on the margins of society for centuries. The Roma, ethnic group often referred to by the pejorative names of "Gypsies" or "Tsigan" are the country’s most visible minority group. According to Bulgaria’s 1992 census, Roma account for 3.4% of the population, however independent demographic analyses suggest that that the Roma population may have been significantly underenumerated, with the correct proportion of Roma being in the 6-8 percent range. Moreover, national statistics record a stable growth of the Roma population for the period 1992-2001. (NSSI) and the number of Roma in Bulgaria varies according to different estimates, from about 300,000 (1992 census) to 600-800,000 (other sources). Roma populations are not homogeneous in terms of religion (Muslim; Orthodox, Protestant) and language with Roma dialects, Turkish, Bulgarian), and possess different types of traditional crafts and way of life.

Roma population in Bulgaria is mainly concentrated in clearly defined areas or neighbourhoods. The living conditions in Roma neighbourhoods are rapidly deteriorating and are beyond national standards. Roma have suffered particularly badly from the transition process in Bulgaria since 1989 as they have frequently experienced discrimination and have been often the first to lose their employment. Increasing poverty due to unemployment and marginalisation catalyses growing school drop outs, illiteracy, malnutrition, and increasing crime rates.

At the end of 1997, the Council of Ministers established the National Council on Ethnic and Demographic Issues (NCDEI) composed of representatives of ministries, non-governmental organisations, ethnic and religious minorities. The National Council is mandated to co-ordinate government policies, programs and funds related to ethnic issues, and facilitate the dialogue and interaction between ethnic minorities, government and civil society.

In order to help their social integration, the Bulgarian Government has – accompanied by an intensive process of consultation with Roma leadership and NGOs - adopted the Framework Programme for the integration of Roma which has been prepared by the NCDEI. The Framework Programme also highlights the importance of improving health services toward Roma population. The challenge is now to improve its implementation. The 2000 EC Regular Report on Bulgaria’s progress towards accession highlights the positive steps toward addressing some of the issues, including the structures mentioned above, among which the adoption of the Framework Convention in Bulgaria is specified. However, the Regular Report 2000 points also out that in general implementation of the program has been progressing slowly, so the short-term Accession Partnership has been only partially met.

Little quantitative data is available on the health status of Roma in Bulgaria. As regard to health status of Roma population, relatively less information is available. However, the existing information indicates disturbing inequalities between the Roma and the majority population.

\(^1\) For the preparation of this material, the following publications were used:
Project Appraisal Document on a Proposed Loan in amount of 63,3 mln USD to the Republic of Bulgaria for a Health Sector Reform Project, May 30, 2000
According to BBSS Gallup (2000) 40.4% of the Roma population has no family doctor. The mortality rate has been rising in recent years. There are significant gaps between Roma and non-Roma in life expectancy, only five percent of the Roma reach retirement age, whereas for the rest of the population the corresponding figure is 35 percent. Roma are also especially susceptible to communicable diseases mostly associated with poor living conditions and tuberculosis and hepatitis are widely spread. There is also evidence of declining levels of immunization coverage in some areas.

Small, medium and large Romani areas do not have access to the needed amount of health care services. A number of small Romani neighborhoods do not have health care facilities at all. In other cases there is a lack of equipment and medication.

Increasingly alarming indications are that Roma are more vulnerable to health risks associated with unhealthy life styles, including substance abuse and sexually transmitted diseases. Roma women face exceptional health challenges because of high birth and abortion rates and lack of awareness of appropriate nutrition and prenatal care, all of which are correlated with low levels of maternal education. The near absence of Roma personnel working in education, health and social protection limits the accessibility of services to Roma communities.

Lack of information is one of the biggest problems Roma have in accessing the health care system in general and health insurance in particular. In Romani villages people often do not know what they have to do to qualify for non contributory health insurance (e.g. the obligation to choose a family doctor within their region, information that unregistered unemployed would not be medically insured etc). In some cases, there is also a cultural resistance to vaccination. Information and awareness campaigns not only for the majority population but also for the more vulnerable Romani communities are therefore very important.

During the last 4 years the health care reform conducted by the Bulgarian government aimed to achieve better health care needs of the population, better health care services, better efficiency and effectiveness of the health care system and better to be inform the population regarding their rights and obligations. The main priorities of the restructuring the health sector are:

- To change the financing system through implementation of national health insurance system;
- To restructure the primary health care system through implementation of general practitioners working together with PHC team;
- To restructure the health care facility system in the process of decentralization (independent legal entities);
- To ensure the access and equality – National Health Map;
- Democratization of the system – development of Professional Associations, National Health Insurance Fund (National Health Strategy and Plan of Action).

The Bulgarian Parliament has adopted the main acts: Health Establishment Law (1999), Health Insurance Law (1998), Physician and Dentist Professional Organizations Law (1998). The Ministry of Health is developing National Health Strategy, which is expected to be passed by the Council of Ministers prior to the project start.

The Ministry of Health (Deputy Health Minister Galin Kamenov) has announced that health care services to the Roma community will be improved under the Health Ministry’s National plan for Roma Population Integration.
2001. With the assistance of NGOs and health workers of Roma origin, it is envisaged to set up medical cabinets in Roma residential areas, to organise regional programmes and campaigns/seminars to raise the health awareness of Roma.

The present project fits to the tasks specified in the package of short and medium-term measures of the Bulgarian government adopted in 2000. The project is also oriented toward the guiding principles for improving the situation for the Roma based on the recommendations of the EU, the Council of Europe and the OSCE, namely:

- Governments should take immediate steps to address the high incidence of disease and malnutrition among Romani communities
- Governments should take steps to ensure equal access of Roma to public health care

3.2. Linked activities:

The 1999 Phare Programme is providing assistance to a project proposed by the National Council on Ethnic and Demographic Issues at the Council of Ministers in closed co-operation with the Ministry of Education and Science and other line ministries.

Other Donors

The World Bank grant aims at enhancing the policy making and implementation capacity of the NCEDI at the central office, establishment of a network of regional offices, training, development of appropriate skills, information gathering, analysis and dissemination related to the integration of ethnic minorities and protection of their rights.

3.3. Results:

- sub project 1: Sustainable scheme of Health promotion among Roma established in 15 carefully selected towns (incl. Access to services, Rights and obligations promotion, Health insurance presentation, etc.): improved communication among Roma, the majority population and public authorities in the health sector as well as improved access to health care services in these areas.
- Sub project 2: Enhanced awareness among the Roma population in 15 carefully selected towns, both on combatting diseases and on administrative issues (e.g. how to qualify for non contributory health insurance etc), including information on changes with a view to the ongoing health reform

3.4. Activities

_Sustainable Roma Health Promotion Scheme_

The project will strengthen a system of services, and will rely on the state supported systems of provisions. In the long run, the project will have an impact on the system, so after the end of the Phare programme these systems will provide services de facto and efficiently integrating the Roma population without health access discrimination.

In the course of the implementation of the project, the relationship between Roma and non-Roma inhabitants and states structures will improve. The co-operation between the Roma population and the local and regional institutions providing different public services (labour centres, family care
centres, children welfare services, educational institutions, public administration, etc.) will become more intensive.

In implementing the project, the Ministry of Health will be assisted by technical assistance in the form of one long term expert of the project. Furthermore, four short term experts will deal with managing the preparation of training programs for primary health care staff and training of informal leaders as well as for evaluation and monitoring. Local experts will co-operate with 15 local working groups (see also institutional framework) to implement the envisaged activities.

**Sub project 1: Improving access to Health care in 15 towns.**

- Delivery of basic primary health care package equipment for GP practices in the towns of Sofia, Plovdiv, Sliven, Lom, Stara Zagora, Shumen, Kardjali, depending on the needs analysis results and in accordance with the National Health Map, max. 15 in total. A full package according to requirements of the NHIF will be delivered. A rehabilitation of the relevant buildings is envisaged.

- Training of GPs (approximately 30 in number) and nurses (approximately 30 in number) servicing Roma population to work with the equipment and provision of specific training activities in health promotion;

- Training of 50 informal Roma leaders to act as mediators between the health authorities and the Roma population. (*Roma service providers can facilitate interaction between Roma and public institutions and help address cultural barriers. Roma personnel can also serve as community leaders and provide role models for children.*) to engage in health promotion activities within Roma communities, and to facilitate interaction between Roma and health care professionals. This can particularly important for overcoming resistance to basic care such as immunizations.

**Sub project 2: Health issues awareness campaigns directed to Roma communities.**

- Awareness raising, is an essential precondition for change: The project therefore envisages information campaigns in the target areas to address emerging health risks, including substance abuse, sexually transmitted diseases, and conditions associated with poor nutrition and hygiene. Other initiatives will include improved dissemination of public health information through the media, schools and co-ordination with organisations such churches and NGOs within the Roma community, including the provision of information on how to qualify for non contributory health insurance, the necessity to choose a family doctor etc.

4. **Institutional Framework**

The Ministry of Health will be the body responsible for the day to day management of the project. At the Ministry of Health, a Directorate for European integration is in place. The Directorate has two departments: the Project Management Department and the International Co-operation Department.

On the basis of the study conducted prior to the project start (see project conditionality), the working group will have to select 15 municipalities in which the project will be implemented. A Project Implementation Unit (PIU) will be established for undertaking the day to day management of the project. There will be a project leader with secretarial and administrative support. At the same time there will be created 15 *local working groups* with the representatives from the municipality, regional health insurance fund, regional health care center, high medical school, roma NGO and...
GP. The PIU will cooperate with the relevant local bodies. The Ministry of Health will sign a contract with the mayors of the 15 towns.

The project has to ensure adequate Roma participation and ownership during the whole process starting with the period of planning, identification of places and partners.

The project is to be implemented under the direct control and supervision of a Steering Committee, especially created for the purpose. The Committee will comprise of one member from the Ministry of Health, the National Health Insurance Fund, the Bulgarian Medical Association, the National Council on Ethnic and Demographic Issues and other relevant stakeholders like Roma civil society organisations, the CFCU, the EC Delegation in Sofia.

In the course of the implementation of the project, the Ministry of Health – which has the overall management responsibility - will be backed up by the NCDEI and by different local and regional institutions, governmental and non-governmental organisations, Roma civil organisations etc. The consortia should ensure the co-operation of Roma and non-Roma communities in the project. An analysis of the local situation as well as a health development plan including public health measures but also a community development programme promoting social integration (training courses) will be undertaken.

Independent experts and advisers will be involved in the effective implementation and the monitoring of the execution. Evaluation will also be carried out by independent experts. On the basis of continuous evaluation, advisers may forward suggestions to the Steering Committee for the improvement of the scheme. Training activities will be monitored by the Training Steering Committee.

The regional authorities, the national labour office and its local offices, the municipalities, the Roma minority organisations, institutions providing public services and civil organisations will co-operate to implement health access for Roma in disadvantaged settlements and micro-regions. The scheme will be accompanied by an expansion of public services as well as capacity building training courses targeting the disadvantaged Roma population of the selected regions in order to inform them of the health stakes.

5. **Detailed Budget (MEURO)**

<table>
<thead>
<tr>
<th>Phare 2001</th>
<th>Phare Support</th>
<th>National Co-financing</th>
<th>IFI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved access to health care in 15 towns</td>
<td>0.253</td>
<td>0.477</td>
<td>0.730</td>
<td>0.087</td>
</tr>
<tr>
<td>Health awareness campaign</td>
<td>0.040</td>
<td>0.230</td>
<td>0.270</td>
<td>0.013</td>
</tr>
<tr>
<td>Total</td>
<td>0.293</td>
<td>0.707</td>
<td>1.000</td>
<td>0.1</td>
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</table>

*The project management costs will be covered by the Bulgarian partner.
Roma Population Integration
6. Implementation Arrangements

The above-mentioned components have been designed to implement an integrated national programme for Harmonisation of the social integration of Roma population with the general development of Bulgarian society in order to ensure justice and equality of social opportunities for Roma minorities (including health promotion).

6.1. Implementing Agency

The Implementation Agency will be the CFCU.

Dr. Stayko Koulaksazov, Director of Directorate “International Co-operation and European Integration” at the Ministry of Health is the person responsible overall for the project.

5, Sveta Nedelya Square
Sofia 1000
Tel: 00359.2.9811834 and Fax: 00359.2.9818993

Milena Grigorova, State expert, Department “Project Administration and Management” Directorate “ICEI” at the Ministry of Health is appointed as a Project coordinator.

Tel: 00359.2.9301203
Fax: 00359.2.9875983

The Central Finance and Contracts Unit (CFCU) shall be responsible for the carrying out of the tendering, contracting and payment process in accordance with the Practical Guide to Phare, Ispa & Sapard Contract procedures.

The National Council on Ethnic and Demographic Issues will provide with the technical and professional backstopping of the programme with respect of the implementation of the Framework Programme for Roma Population Integration. Appropriate selection and preparation mechanisms will be put in place that will ensure that only feasible activities are presented for Phare funding (see paragraph 6.3).

The project is to be implemented under the direct control and supervision of a Steering Committee, especially created for the purpose. The Committee will comprise of one member from the Ministry of Health, the National Health Insurance Fund, the Bulgarian Medical Association, the National Council on Ethnic and Demographic Issues and other relevant stakeholders like Roma civil society organisations, the CFCU and the EC Delegation in Sofia.

The CFCU and the EC Delegation will have to endorse the selection process and the selection results. Tendering, contracting, financial and administrative management will be the responsibility of the CFCU.

The National Council on Ethnic and Demographic Issues at the Council of Ministers will ensure proper staffing and adequate budget appropriations, including an increase in the number of staff with two persons from 1st April 2001 with adequate language knowledge and relevant PHARE project management experiences.

The project will be adequately co financed from the Bulgarian resources.

6.2 Twinning: not applicable
6.3 Non-standard aspects
The procedure of contracts will strictly follow DIS rules.
The management support from Bulgarian budget will be spent according to Bulgarian regulations.

6.4 Contracts
Contract 1 Technical assistance 0.707 MEURO
Contract 2 Equipment 0.393 MEURO

7. Implementation Schedule
7.1 Start of tendering/call for proposals: late 2001
7.2 Start of project activity: First quarter of 2002
7.3 Project Completion: December 2004

8. Equal Opportunity
The equal participation of women and men will be assured in the project.

9. Environment
The project has no negative environmental effect

10. Rates of return
not applicable

11. Investment criteria
11.1 Catalytic effect:
The Phare contribution will help meeting well-documented development needs of the Roma of Bulgaria. Without Phare support, the steps and objectives included in the programme can be implemented only much later and at a much slower speed. The Phare contribution will be directed towards a network of competent institutions. The programme’s catalytic effects will include helping these institutions to play an even more decisive role in regional development.

The project will catalyse attempts to improve Roma living conditions from others projects (employment education, mutual understanding): the joint work on the improvement of health conditions will have an impact on human relations and contribute to create a more favourable social climate.

11.2 Co-financing:
The Bulgarian authorities will contribute the above mentioned national cofinancing of 0.1 Meuro to the programme’s total costs.

11.3 Additionality:
No other financiers will be displaced by the Phare intervention.
11.4 Project readiness and Size:
When all necessary strategic studies have been completed, the Phare tendering and contracting can commence in early 2002.

11.5 Sustainability:
Durable co-operation of local municipalities and Roma minority self-governments in conformity with the government resolution on medium-term measures intended to improve the living conditions of the Roma population constitutes a guarantee for the continuation of the development programme. All participating institutions are in a position to operate the programme effectively in the long run and to seek for dissemination at a larger scale of the project achievements.

11.6 Compliance with state aids provisions:
Investments will respect the state aids provisions of the Europe Agreement should these be applicable to the project.

12. Conditionality and sequencing

The Ministry of Health has to demonstrate to the Commission that adequate staffing and other resources have been available to the relevant PIUs for the project to begin.

A survey (examining primarily the health status and the associated needs) will need to be prepared prior to the project start. The study will have to address the following issues:

- identifying and designing health interventions for Roma (this will be a sound start for designing and the maintaining an information data base on Roma health status and determinants)

- conducting of needs analysis for the health needs of Roma population, their awareness of health system (their rights and obligations), the degree of health information, specific Roma health attitude and their access to health services;

- Health status: demographic information, particularly fertility and issues related to family planning (desired size, access to methods of FP, etc.); morbidity and mortality, especially communicable diseases; reproductive health (including sexually transmitted infections), and mental health;

- Health services: coverage of facilities and personnel; changes in the distribution of services since transition and their impact on Roma communities; physical conditions of health facilities; utilization of facilities (preventive and curative), including the facilities operated by NGO’s and specifically targeted at minorities);

- Impact of the new health insurance system

The Ministry of Health will prepare the Terms of Reference for this study and will send it to the Ministry of Foreign Affairs for approval. The study will be financed by the PPF and should represent a basis on which the Ministry of Health will establish an (improved) national health plan particularly for mapping out Roma health related issues: Together with Roma communities, the Ministry of Health will map out which health facilities have been established and which have been closed in Roma neighbourhoods. In this way, the project will be informed by the outcome of this study and the plan. The national health plan will provide for sustainability of the measures envisaged under this project, including a proper health monitoring system.

Annexe to project Fiche

Logical framework matrix in standard format
### LOGFRAME PLANNING MATRIX FOR:

<table>
<thead>
<tr>
<th>Project: Roma Health Improvement</th>
<th>Contracting period expires: 30/11/2003</th>
<th>Disbursement period expires: 30/11/2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total budget: 1.1 MEURO</td>
<td>PHARE budget: 1 MEURO</td>
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</tbody>
</table>

#### Overall objective

- Harmonisation of the social integration of Roma population with the general development of Bulgarian society and ensuring justice and equality of social opportunities in health access for Roma.

#### Objectively verifiable indicators

- Health & Social welfare indicators for Roma population approaching Bulgarian regional and/or national averages (healthy neighbourhood, health status.
- Discriminatory practices with regard to access to health care against the Roma come to light and decrease.
- Growth rate compared to average national

#### Sources of Verification

- National Statistic Institute
- Special Surveys
- Representative research on the Roma population
- Health state assessments
- Reports of the Roma minority organisations and NGOs

#### Project purpose

- Foster adequate integration of Roma into Bulgarian society mainly by addressing action points of the Framework Programme related to health sector and better access to health community services and social security. Improve the relationship between Roma and non-Roma inhabitants as well as public services.
- Establish sustainable scheme for dissemination of health knowledge and health services access among Roma population.

#### Objectively verifiable indicators

- Public health conditions improving and at the same rate than national averages.
- Number of health related actions recorded, Number of preventive and screening tests increasing;
- New offices of Roma Health protection established in regions where they did not exist before;
- number of training courses organised for non-Roma public servants, GPs, Nurses, working with Roma.
- Data for policy-makers, NGOs, researchers, etc concerned with Roma health issues available as and when needed.

#### Sources of Verification

- National Statistics
- Project records
- Indicators of regional economic development and employment statistics
- Performance reports of participating institutions
- Reports of the Office for National and Ethnic Minorities
- Data of the State Public Health Office
- Reports of the Ombudsman for National and Ethnic Minorities
- Research findings on discrimination
- Feedback from the users of the database

#### Assumptions

- Further implementation of the Framework Programme for Equal Integration of Roma in Bulgarian Society (adopted by the government in April 1999)
- Stabilised macro-economic environment and Continued political will to accomplish social integration of minority groups
- effective communication strategy to promote the acceptance of Roma integration efforts
<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Roma Health Profile / status available</td>
<td>• Number of surveys for health profile.</td>
<td>• Project records</td>
<td>• Social/ethnic tolerance in local communities and institutions participating in the projects.</td>
</tr>
<tr>
<td>• Sustainable scheme of Health promotion among Roma established (incl. Access to services, Rights and obligations promotion, Health insurance presentation)</td>
<td>• Roma Health Monitoring system in place</td>
<td>• Progress Reports of the Phare Office</td>
<td>• Co-operation between municipalities, Roma self-governments and Roma minority organisations free of major conflicts</td>
</tr>
<tr>
<td>• Roma mediators trained between the National Health Insurance Fund and Roma people.</td>
<td>• Number of Health package delivered.</td>
<td>• Monitoring and Assessment reports</td>
<td>• No target group resistance against the programme’s objectives and modus operandi.</td>
</tr>
<tr>
<td>• Improved co-operation between the Roma and institutions providing public services;</td>
<td>• Number of Upgraded infrastructural facilities in targeted regions</td>
<td>• Final programme evaluation of the Office for National and Ethnic Minorities using the opinion of external experts</td>
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<td>• Number of cases handled by the new Health Promotion offices.</td>
<td>• Reports of participating institutions</td>
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<td></td>
<td>• Number of vocational training courses delivered to GPs Nurses.</td>
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<td></td>
<td>• Number of reported cases of discriminatory practices towards access to health steadily decreased.</td>
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<td></td>
<td>• Number of GPs/nurses operating in Roma areas.</td>
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<td></td>
<td>• 50 Roma trained to become mediators between the National Health Insurance Fund and Roma people.</td>
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<td></td>
<td>• Number of health awareness campaigns for Roma communities.</td>
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</table>

Public health interventions can be designed to overcome cultural barriers to accessing care.
<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Assumptions</th>
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</thead>
</table>
| **Component 1: Roma Health Status**  
* Activity 2: Base line survey for Roma Health.*  
Conducting of needs analysis for the health needs of Roma population, their awareness of health system (their rights and obligations), the degree of health information, specific Roma health attitude and their access to health services;  
* Activity 1.2 : Health Monitoring system and strategic planning.*  
* Activity 1.2: Improving monitoring of health status and strategic planning*  
**Component 2: Sustainable Health Promotion scheme.**  
Activity 2.1 Improved access to health  
Increasing access to health services.  
Increased number of skilled practitioners serving Roma communities.  
Improved mechanisms for Roma to access health services.  
**Activity 2.2: Health issues awareness campaigns**  
**Promotion and information Scheme** improving the availability of health care, removing barriers to access to health services, promoting health & immunisation understanding. | Health Status National Survey.  
* Signing an Agreement with the local Roma NGOs to ensure proper participation of the Roma community.*  
* Determination of the geographic borders for the purposes of the project in each town.*  
* Signing a Cooperation agreement with the respective municipal authority.*  
* Monitoring system introduced, working groups and participatory methods.*  
* TA for the needs analysis preparation of the concept for the Roma Health Promotion Scheme*  
* Preparing of complete and detailed financial documentation for the project.*  
* Delivery of 15 basic primary health care package equipment for GP practices in the towns of Sofia, Plovdiv, Sliven, Lom, Starý Zagora, Shumen, Kardjali, depending on the needs analysis results and in accordance with the National Health Map,*  
* Training of GPs (approximately 30 in number) and nurses (approximately 30 in number) servicing Roma population to work with the equipment and provision of specific training activities in health promotion;*  
* Training of 50 informal Roma leaders to act as mediators between the health authorities and the Roma population.*  
* Health Promotion activities and information campaigns.*  
* Training programmes and information seminars.*  
* Popularisation of the project in cooperation with the local authorities, local Roma NGOs and the media.*  
* Technical assistance component introduced in order to facilitate the implementation of all activities, and to enhance the general institutional capacities.*  
* Establishment of the Steering Committee and wilful participation*  
* Regional and local authorities commitment.*  
* Involvement of the Social Partners*  
* Implementation of the National Health Insurance System*  
* Hardware, software in place for the central database, data systematically collected and fed into the system; staff of the community centres of the network well trained and equipped.*  
* Local Roma communities responsive to project's aims.* |  
**Preconditions: none**
Contracting and disbursement schedule:

The implementation and disbursement are planned to start by third quarter 2002. Project’s schedule is given below.

<table>
<thead>
<tr>
<th>Tendering</th>
<th>Contracting</th>
<th>Disbursement</th>
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<tbody>
<tr>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td>4th</td>
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<tr>
<td>quarter</td>
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</table>

NB : 1. All contracting must be done by 31.12.2003
2. All disbursements must be done by 31.12.2004

The implementation schedule of the activities is envisaged as follows:

<table>
<thead>
<tr>
<th>Sub-project 1 – Improving access to Health Care in 15 towns</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1. Delivery of basic primary health care package equipment for GP practices in 15 town, depending on the needs analysis results and in accordance with the National Health Map, full package according to requirements of the NHIF.</td>
<td></td>
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<tr>
<td>Activity 2. Training of primary health care staff serving Roma population to work with the equipment and provision of specific training activities in health promotion</td>
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</tr>
<tr>
<td>Activity 3. Training of 50 informal Roma leaders to act as mediators between the health authorities and the Roma population, to engage in health promotion activities within Roma communities and to facilitate interaction between Roma and health care professionals.</td>
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<tr>
<td>Sub-project 2 – 2. Health promotion campaigns directed to Roma communities</td>
<td></td>
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<tr>
<td>Information campaigns to address emerging health risks, including substance abuse, sexually transmitted diseases, and conditions associated with poor nutrition and hygiene.</td>
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</table>