

“TOGETHER FOR BETTER HEALTH, FOR US, BY US”
2nd Quarter Report (July – September 2012)

Goal: to improve health situation and access to medical services for impoverished children, aged 3-5, from 18 communities included in OvidiuRo’s **Every Child in Preschool** project.

Funding priorities within mini-grants:

- 1) **Prevention activities:**
 - a. Basic **check-up** for children in September (throat swab, stool exam);
 - b. Fund for parents to buy prescribed **medicines and vitamins** that are not free;
 - c. Educating parents re mandatory **vaccinations**;
- 2) **Access to healthcare** activities:
 - a. Funding **transportation** costs – so that children can be seen by specialized physicians;
 - b. Encouraging GPs to make weekly **visits to isolated communities**;
- 3) Support for **health mediators**;
- 4) **Health education** and distribution of personal and home hygiene products;
- 5) **Family planning**.

Key achievements this quarter:

- 580 children (52% of the children who qualified for the program) had two basic medical tests done (throat swab and stool sample) – for many, this is the first medical prevention measure they have been subjected to (except for mandatory vaccinations); tests for the other children in the project will be done over the next two weeks;
- 81 cases of intestinal parasites (Giardia) and 55 cases of streptococcal infections were identified and treated.
- 6 health mediators are undergoing training; 4 of them will be hired through the project by mid October;
- 15 local project teams were formed;
- GPs started to do weekly medical check-ups in two isolated villages; two more will follow in October;
- OvR has just been invited to take part in the Public Health and Medical Assistance working group organized by the Ministry of Health in preparation for the 2014-2020 EU social funds programming period. We are expected to submit our recommendations and input on need analysis by the next group meeting (Oct. 11).

Implementation:

1. **Team and project set-up** – visits in each community to discuss with GPs, mayors, and local coordinators about activities to be funded, budget limits, collaboration agreements, and reporting forms.

Collaboration contracts have been signed with 15 communities – in the other 3 we aim to finalize the team set-up process by mid October and also have contracts signed by then. So far OvR transferred the first round of funding to 12 communities (it took some time for all communities to set-up bank accounts, sign agreements and finalize the lists of eligible children – which is vital for the final budget allocation).

The process of forming a good project team is usually slow in rural communities, where teachers who hold temporary positions change each year, some health mediators are likely to go to work abroad for the summer (if they don’t choose to remain there for good), and GPs might decide to change the community they work in. This year, it was particularly difficult because of local elections that took place in June, but also due to political turmoil in Romania’s central government, which resulted in many officials changing positions and a general sense of uncertainty.

School was officially scheduled to start on September 11, but the new government decided in beginning of September to postpone this term by one week. Even so, on September 17 in some project communities, the teachers were still unsure.

In Cojocna, the health mediator is on „medical leave” for three months (although the true reason is that she is working abroad); in Araci, the health mediator left to Sweden last spring and still has not returned – however, officially she still occupies the position and nobody else can be hired in her place. In Apold, one of the two GPs also left to work in Italy, and the remaining GP who was already overloaded, suddenly has a

double patient load. Consequently it took a lot of persuasion on our side to stop him from withdrawing from the project (he had announced he wanted to step back because he found our questions and reporting forms too cumbersome).

2. Involvement of health mediators

Following our collaboration with Sastipen (the main NGO authorized to train health mediators in Romania), we were offered 6 places in their June training session. We could only recommend four people for training (from Vurpar, Brateiu, Intorsura Buzaului and Castelu), because in one community, the young woman who was selected to participate had to step back in the last moment because her husband opposed, and in the two poorest and most isolated communities (Coroieni and Hetea), we could not find anyone with the needed education level¹ – so they still do not have a mediator, although they badly need one. Here, we continue to lobby for the mayors to request permission and budget from the Government to hire community nurses. Two other health mediators are currently being trained by another NGO, Agapedia, in Brasov County (they will serve the two villages in the Tarlungeni comuna).

The training offered by Sastipen consisted of one intensive training week to be followed up by two more similar sessions over a nine month period. In parallel, the trainees have practical assignments from Sastipen – the first one is to make a health-mapping of their communities. Sastipen also provides a small stipend for the trainees over these nine months (which is very welcome since we could only afford to pay part-time salaries), and offered help in lobbying local authorities to officially hire the mediators after the training period ends. So far, the mediators helped with mobilization for medical tests and, in some communities, for immunization campaigns; they also helped parents obtain disability certificates for their children and organized information sessions with parents regarding immunizations and medical tests.

Three communities (Vurpar, Brateiu and Intorsura Buzaului) are currently finalizing employment contracts with the health mediators (to be funded by the project). In Tarlungeni, the mediators will be hired next month – one salary will be paid by OvR, the other by the City Hall (we did not agree to pay an extra mediator here because officially one is already hired, but until we started the project, noone except the GP knew this person, although she had held the position of mediator for 6 years; this is also why the local community decided to invest in a new person). In Castelu we do not pay for the mediator's salary because the community actually didn't apply for the health grant and we do not yet trust their management capacity on this project.

3. Medical tests – throat swab and stool sample

These tests are usually required for children in order for them to be allowed into the preschool class. However, they are not widely available for free and poor parents can't afford them (they cost between 10 to 20 euros) – so many times school principals let children come without tests, and parents end up never knowing what medical problems their children have.

580 of the 1100 children in the project were tested (in 13 of the 18 communities). The other children will be tested in the next two weeks, when project teams as well as final number of children are fixed. Very few parents refused to bring their children for testing. Results revealed 81 cases of intestinal parasites (*Giardia*) and 55 cases of streptococcal infections (streptococcus beta hemolytic grup C, staphylococcus aureus M.R.S.A). The children were prescribed



Throat swab testing at Intorsura Buzaului kindergarten

¹ In Romania, in order to be officially hired as school mediator, a person must fulfill two criteria: to have finished mandatory education, and to be from the poor community.

treatment for 10 days and the tests will be redone before they are allowed to go to preschool. While in most communities the number of infections is manageable, in two the number is worrying. In Amarastii de Jos, most of the 69 children tested have Giardia – the GP prescribed treatment to parents and teachers, as well. We suggested they contact the County Health Department as it's obviously a public health problem (one cause could be the water. In this community of 1400 people, water is available from two out of five public pumps that currently function). In Rosia, 50 children have Giardia.

In Brateiu, parents told the new health mediator that they were happy we provided funds for this activity, as they were never able to afford checkups before. In some communities, children who are not in the project were given a discount from the laboratories that came to do the tests in the community, which encouraged all parents to do the tests for their children. (Otherwise they would have had to travel to the closest town and pay the full price, which is usually twice as much).

4. GPs involvement in isolated villages

We allocated funds from the health grant to pay for extra medical consultations to be provided by GPs in three isolated villages. In Ocolna, 10 km from the medical center situated in Amarastii de Jos, the children are split among four GPs. By rotation, each GP agreed to go in Ocolna once a month to provide consultations. In Valcele and Vaslui, the GPs haven't yet started to go, despite extra pay. We believe this is because the projects there are still not completely set up in terms of teams, procedures etc. They are planned to start beginning of October.

There is also one community, Coroieni, where the GP already started to give weekly consultations in the isolated village of Ponorâta (6 km from the medical clinic) and did not request extra money for this – this is the poorest community in our program, where the children have the lowest immunization rates, highest TB incidence, and a variety of infections. (There is one functional water pump for approximately 400 people.)



Clothes of children in Ponorâta are rarely washed

5. Networking

Contacts were developed with:

- Ministry of Health – OvR has just been invited to participate at consultations groups regarding the future allocation of EU structural funds.
- National Agency for Roma, through Mariana Buceanu, public health expert (and former health mediators trainer at Romani CRISS, the NGO that launched the health mediator concept in Romania). Buceanu offered to provide trainings for local project teams in our project.
- Sastipen Roma NGO on training of health mediators and lobby local governments to hire them
- Romani CRISS NGO on resources and advocacy

6. Other interventions:

- In Apold, OvR provided transport money for three mothers to go to a family planning training (contraceptions, consequences of abortions) organized by a local NGO;
- Also in Apold, the grant covered transport money for a child to go to town and have surgery to remove an infection that prevented him from closing one eye – the problem started last year but the child was too young for anesthetic. When he became 3 years old in March, the anesthetic wasn't available in the hospital. In June, we helped the mother take him to the hospital in a city 50 km away.
- In Buhusi, the grant allows 13 mothers to buy birth control pills (they have already been consulted by a specialist and obtained prescriptions).
- 8 children have been escorted by health mediators to the Commission for People with Disabilities.

- During summer programs, children learned to use the colorful toothbrushes and paste donated by GSK. Basic hygiene is taught daily – by hand-washing before snack-time; more parent-child education activities will be done at the end of the month (see photo from Coroieni below).



Problems

- **Involving community doctors**

In most communities where OvR works, GPs complain that they are overworked, underpaid, and that their efforts are not appreciated by many poor, uneducated patients. The doctors complain that the parents do not understand the rules”, require too frequent consultations, and do not follow-up with the recommended treatment. Although most GPs agreed to support the project, when activities started in September, a few stepped back.

In Cojocna, the GPs requested families to pay 5 euros per child for an immunization certificate (Note: this amount is half the GSK annual per child budget allocated for medicines). Theoretically, it is mandatory for children to present their vaccination records in order to start school. Because the National Insurance House doesn't reimburse GPs for administrative costs (such as standardized forms), some GPs pass on the cost to patients. However, in poor villages, this is not common practice, as GPs know the parents can't afford it and they don't want to prevent them from going to school. This fall in Cojocna, for the first time GPs asked parents to pay for this certificate (and it's a particularly high price comparing even to cities). We suspect this happened because the doctors wanted to take advantage of the health project to finance their administrative costs. The situation is currently being negotiated between the local authorities (mayor, school director) and the GPs, in order to find an alternative solution to cover this cost.

In Apold, the doctor recently informed us he doesn't want to take part of the project anymore, because he doesn't have time to fill in the quarterly report synthesizing information on children's health status. For now, the only way we can deal with this is by trying to „sell” to GPs the importance of their support for the good of the community (in Apold this approach seems to have worked, as today the doctor announced us he will continue to support the project despite difficulties). Over the next quarter we will work on developing a relationship with the National GP Society and with other organizations that might help us involve GPs more.

In the meantime we request permission to submit incomplete reports from the doctors who refuse to fill them out.

- **Getting local teams organized**

In order for the project to be successful, we must invest a lot of time in organizing local teams and giving them proper structure and consultation. This health component is built on an educational project, and the grant is in most communities coordinated by the school principal (who is a key actor in the community and is usually in the position to negotiate with the mayor, the GPs and the health mediator). Therefore it will take a few months before the project teams become sufficiently independent.

- **Health education guide**

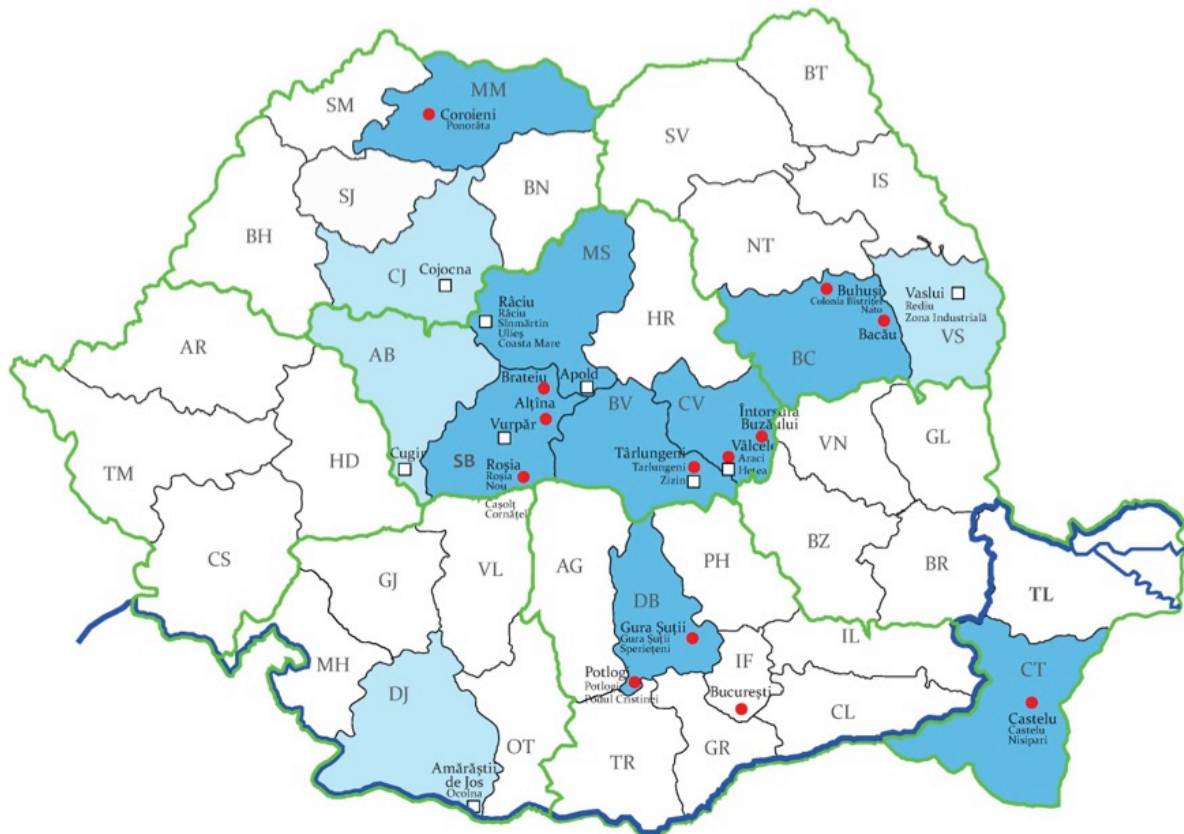
The OvidiuRo program coordinator started compiling a guide for teachers from various health education materials, including PHASE, in order to create a simple tool for teachers in impoverished communities. Since in some preschools teachers are not very well trained, and health is a new field for them, we are trying to help them as much as possible to make sure they transmit the right information and that the health/hygiene education sessions provide accurate, pertinent information, and produce results.

Timeline for next three months

- Finish medical tests for all children + follow-up with treatment
- Get all GPs to do an initial evaluation of all children
- Provide ongoing support (medicine, transport, GP visits to isolated communities, Health Ministry involvement)
- Health education activities, hygiene kits etc.
- Networking/advocacy to Ministry of Health, County Public Health Departments, GPs associations etc.

APPENDICES

1. List of regions involved in the program



Târlungeni (Brașov), Araci & Întorsura Buzăului (Covasna), Râciu & Apold (Mureș), Roșia, Vurpăr, Alțina & Brateiu (Sibiu), Cojocna (Cluj), Cugir (Alba), Coroieni (Maramureș), Amărăștii de Jos (Dolj), Potlogi & Gura Șuții (Dâmbovița), Buhuși (Bacău), Vaslui & Castelu (Constanța).

2. Interim Financial Report – see attached Excel document

Note: the budget includes two sheets – the “Mini-grants” sheet describes funds already paid to communities by OvR (first round); the “Communities” sheet represents funds already spent by communities (expenses so far are very small because most communities have negotiated with medical laboratories that they will make the payment at the end, when all children will have had the medical tests done – which so far only happened in 4 communities).