

“TOGETHER FOR BETTER HEALTH, FOR US, BY US”

April – September 2013 Report

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

KEY ACHIEVEMENTS DURING REPORTED PERIOD:

Children and families

- 1050 children received free medicine, vitamins and/or transportation to doctors.
- 780 people from two impoverished communities received free medical consultations during the Medical Caravan organized by the 20 medical students and 15 specialists from Together for Rural Health project.
- 80 children from Hetea and Araci, who were only vaccinated at birth, were caught up on vaccines during the April-August immunization campaign run by the family doctor with the help of the newly trained health mediator – this raised immunization rates by 50% in both villages. While these children (and others in the village) still need more vaccines to fulfill the national immunization scheme, this is a HUGE step forward, as parents who used to be completely opposed to vaccines are more open to them now, as they are less fearful of side-effects.

Health Education

- 1670 children, age 2-14, took part in educational activities focused on health, hygiene and independent life skills through the Hopscotch Two module (March-June) and the specially designed Health Summer Schools (July-August).
- 65 teachers participated in a two-day Best Practice Conference following the Health Summer Schools, where they shared their experience, but also analyzed their work and improved their teaching methods.

Health mediators that were supported through the grant from September to June are on the way to be hired as such in Intorsura Buzaului and Valcele (Hetea), and discussions are still going on with the City Hall in Vurpar. In Brateiu, the trained HM was eventually hired as preschool teacher, but will continue to coordinate the health grant, while the HM trained in Tarlungeni was hired as school mediator. In September, OvidiuRo launched a new call for communities who want to train health mediators, for the new sessions that are again being organized by Sastipen – three communities decided to pursue this opportunity (in the other communities either there is already a mediator, or they could not find a person who fulfill all the requirements – a woman from the poor community who graduated the mandatory schooling).

Capacity building and support

- The annual FCG local coordinators meeting in August focused exclusively on the management of health activities. After the two intensive days of training, all 22 participants said that they feel better equipped to organize health activities in their communities although they continue to find the health component the most difficult activity in FCG.
- While the county health meeting in Covasna had to be postponed because the facilitator, Mariana Buceanu, was unavailable, the preparation discussions consolidated the relationship between OvidiuRo and the Covasna County Health Department. As a consequence, they are the first county to respond favorably to the Valcele and Intorsura Buzaului City Halls request to hire the health mediators trained in 2013.

IMPLEMENTATION:

1) Prevention activities

a. Vaccination campaign linked with incentive in form of free medicine in Valcele

- 50% increase in vaccination rates in Araci and Hetea
- 350 children received free medicine (FCG and siblings)

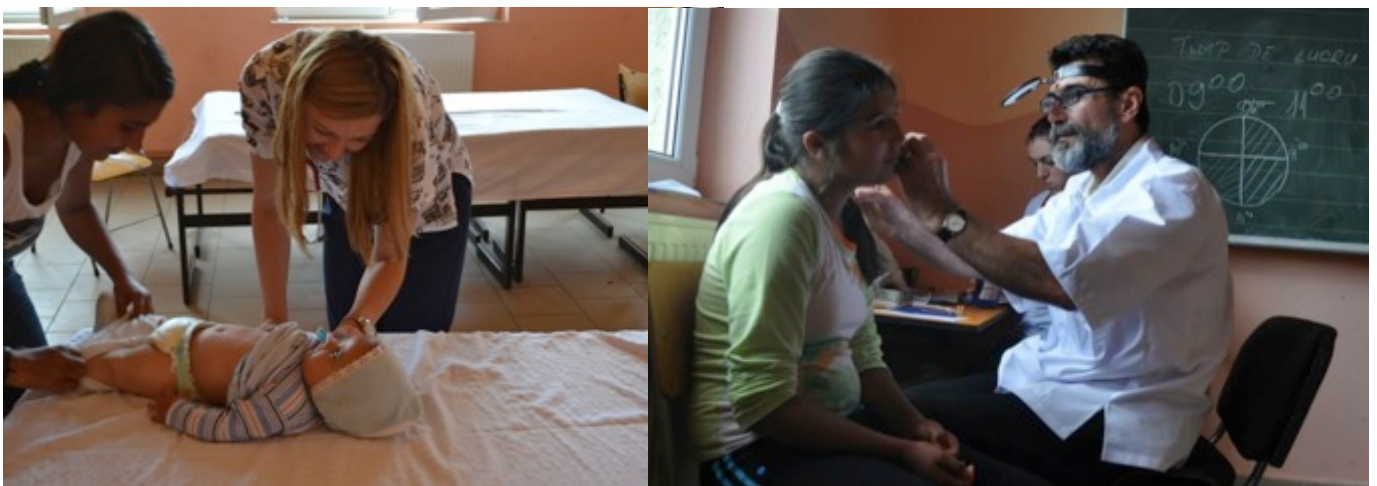
Last spring, the Valcele family doctor told us that he was worried by the low vaccination rates of children from Araci and Hetea. We decided to stimulate parents to vaccinate their children by offering them free medicine for their children, based on the doctor's prescription (within the limit of 10 eur/child). Vaccinations were done both in the clinic, and during family visits in Hetea. For Hetea, the school director signed a contract with the pharmacy in Sf. Gheorghe (the closest town). In order for the pharmacy to know who benefits from this facility, the doctor put an extra stamp on the back of the prescriptions of children who qualified; twice a week, Hetea's health mediator picked up the prescriptions from the doctor, went to the pharmacy, and brought the medicine to the people in Hetea. In Araci, the system didn't function as well because (despite the fact that the pharmacy is right next to the clinic) the two health mediators in the village are not very motivated. Vaccination rates increased with 50 percentage points in 5 months, and 350 children (160 in Hetea and 190 in Araci) received free treatment. We will continue with this activity from October on.



Dr. Agachi pays family visits in Hetea. He is usually accompanied by a nurse and the health mediator. Photo: Cosmin Bumbut

b. Medical caravan

20 students from Bucharest's Carol Davila University and 15 specialists examined 400 children and 380 adults in 5 days in the comunas of Valcele and Tarlungeni. The pediatricians, who have been joining this medical caravan in other rural communities, said that usually 5 out of 20 children would be sick. In Araci, only about 5 out of the first 20 consulted were healthy. The first day, five young children were diagnosed with pneumonia – one in a severe state. Most of the children were found to suffer from ongoing respiratory infections, anemia and rachitism, intestinal parasites, and inadequate nutrition. (In Hetea, mothers feed their children boiled potatoes from one week old!) In addition, the doctors found one child they suspected had multiple sclerosis and three with untreated epilepsy.



The consultations provided were glycemia, cholesterol and triglyceride tests, EKG, ecography, and specialized consults in cardiology, gynecology, pediatriy, ophthalmology, and ORL

Two young women were suspected of having breast cancer and one ovarian cancer; 27 adults had biliary dyskinesia (from fat food or not enough food), 19 had kidney infections (most people seen declared that they rarely drink more than one glass of water per day), 12 had diabetes and high blood pressure (and have a high risk of a

stroke), 12 had liver steatosis (from fat foods or alcohol), and almost all 22 women seen by the gynecologist were advised to go immediately to the hospital for more thorough investigations.

In Tarlungeni, Dr. Mircea Ioana Popa found 19 of 46 had Staphylococcus Aureus and 4 had Streptococ Beta Hemolitic Group A. None of the patients were in acute phase, but they are carriers and should, therefore, be treated.

OvR supported the medical caravan with medicine, test strips (cholesterol, glycemia) and consumables (medical alcohol, sterile gloves, cotton etc.) from the GSK grant, as well as with logistics and in-kind donations from other sponsors (such as Rompetrol gas coupons for the transport of the students and doctors to and from Bucharest, and medical supplies and equipment from Teva, Roche Romania, Intro Design and TehnoIndustrial). The City Hall in Valcele helped the students obtain free accommodation in the nearby town, hired a bus to drive them to the village, and provided lunch cooked by the social worker and her relatives. The school staff obtained consultation beds from a clinic nearby, and the principal assisted the caravan each day to make sure consultations went smoothly. The caravan generated two TV news (see the Pro TV news [here](#)) and two articles in the local media.

In Valcele, OvR will monitor (with the help of the health mediator and family doctors) if the patients receive proper treatment. This month we are helping a mother from Hetea bring her one year old boy to Bucharest to have foot surgery and we are looking for a doctor who can provide free heart surgery for a 35 years old man in Araci. In Tarlungeni, we communicated the results to the local coordinator, who in turn forwarded them to the doctors, but since the collaboration with the family doctors there is very difficult (since the doctor illegally charges money for children's medical certificates and generally he doesn't perform his job well) and the local coordinator doesn't want to implement any health activities this school year, we will not be able to do a thorough follow-up here.

c. Health and hygiene education

Hopscotch Two

170 children (age 2-4) and their parents took part in "Hopscotch Two", a weekly two-hour module started in March to teach young children, and their parents, about preschool routines, basic health, hygiene and life skills. The module continued through June. The grant covered:

- the stipends for 16 teachers who organized Hopscotch Two activities; OvR provided the teachers with a health-oriented curriculum and ideas for modern, child-oriented practical activities;
- a healthy snack for children and their parents during the activity (fruit, yogurt, cereals etc.) – the snack time was a good opportunity to also educate parents about proper nutrition, as well as to help children learn to eat independently.
- basic supplies (toilet paper, soap, tissues etc.).



Health Summer Schools

1500 children, age 3-14 (more than 1000 of which were preschoolers), from 40 communities took part in Summer Schools in July and August. The children explored the world of health and hygiene through the special health workbook designed by the OvidiuRo team and printed with the help of GSK. The book is a journey through the mysteries of the human body, the importance of water and nature, the role of fruits and vegetables for a healthy life, all

connected through letters, numbers and colors that children need to learn before going to school. Subjects include the body and brain (learning, memory, senses), the eyes (how do I look and dress, how others see me, how I can take care of my eyes), ears and nose (cold prevention), sports and games (fair play and safety), plants and animals (health nutrition), and water (drink, wash, clean). An OvR volunteer translated the book – and we will soon make the English version and layout available to TBH partners from Slovakia, Hungary and Bulgaria.



The summer schools were held by 120 teachers, out of which 40 participated in the training session organized by Maria Gheorghiu, OvR's executive director and head trainer, during a one-week demonstration program in Tarlungeni, Brasov. The Araci summer school was featured on the [ProTV news](#) (material only in Romanian).

2) Involvement of health mediators

In Valcele, the hiring of Gabriela Gaspar by the City Hall turned out to be slower than expected. In April, following OvR's support letter to Gabriela, we were informed that the County Health Department agreed to finance a position of Health Mediator for Hetea – on the condition that the City Hall organize the job competition. Despite our many visits to Valcele and the always friendly talks with the mayor and the City Hall secretary, who assured us of their desire to hire Gabriela, not much moved until beginning of September, when the job ad was finally placed. During our visit at the end of the month, we learned that a new law has been issued regarding new employees in the public sector, and a series of new approvals are needed. If Gabriela is selected (which is highly likely given the fact that she is the only person trained as health mediator with experience working in Hetea), she will be hired – but probably not sooner than January 2014. In the meantime, given her high level of involvement in the immunization campaign, OvR is paying her from the GSK grant as an intern. This was done as a confidential agreement between OvR and her, as otherwise the City Hall will not likely see any urgency to complete the hiring process.

In Intorsura Buzaului, the newly trained health mediator, Nicoleta Ardelean, decided to quit her job (paid through the grant) in May because of a tense relationship with the local coordinator. In July, Nicoleta reconsidered and took part in the August training on the health grant management. The City Hall started the procedures to hire her. She will be hired and supervised by the head of the social assistance department of the City Hall (who also took over the management of the health grant), and we are hopeful the collaboration with Nicoleta will go more smoothly.

In Brateiu, Angela Musca was trained as health mediator and got her diploma, but during the training she realized she is not cut out for this job. She agreed to continue to manage the program and be in charge of health activities for the eligible children, but as a volunteer (she was hired as temporary preschool teacher, which is now her full-time job). A similar situation happened in Tarlungeni, where Carmen (trained by another local NGO, Agapedia), was hired as school mediator. She will combine the two tasks, but focus more on school than health. The fifth health mediator supported through this grant, Maria from Vurpar, will also combine the tasks of teacher assistant, school mediator and health mediator, but hopes to be hired as health mediator – the City Hall hasn't yet started the hiring procedures; OvR will continue to lobby the mayor on this issue.

Lessons learned:

- 1) It is important that the selection of mediators is a thorough process, and that the candidates are very well informed in advance about what the job implies, in order to avoid drop-outs.
- 2) A network of health mediators is highly needed for mentoring and monitoring the mediators, and for counseling public authorities (especially since the mediators are hired by the City Hall but methodologically supervised by the County Health Department).

3) Capacity building and support

Health grant management training

Twenty two local team members participated in the health project management workshop organized during the FCG annual coordinators' meeting on August 22 and 23 in Intorsura Buzaului. The group consisted of FCG and health grant coordinators (teachers, social workers, school directors), five health and school mediators, two social workers, and a family doctor. Simona Bernat, an experienced trainer with a long standing collaboration with OvidiuRo, led the training. It included a session that analyzed the outcomes of the first year, a session on how to motivate others to get involved, how to define performance, and several planning sessions for project activities (how to mobilize parents for medical tests, how to apply for a school medical office, how to access free medicine for children, and how to organize and monitor medical consultations in isolated villages). According to participant reviews, strong points of the training were teamwork, the advantages of sharing experience, the informal atmosphere and the trainer's abilities to structure the discussions. The weakest point identified was the short time, which led to very full learning days.

Best practice conference

70 teachers and education specialists attended the Summer Program Best Practice Conference in Predeal, on 26 and 27 of August. The participants shared their experiences by presenting one main activity on health education and the education specialists made suggestions for future improvements.



After the training the participants felt better equipped to implement activities they previously found too complicated. On a 0-5 readiness scale, most gave a 3.

PROBLEMS

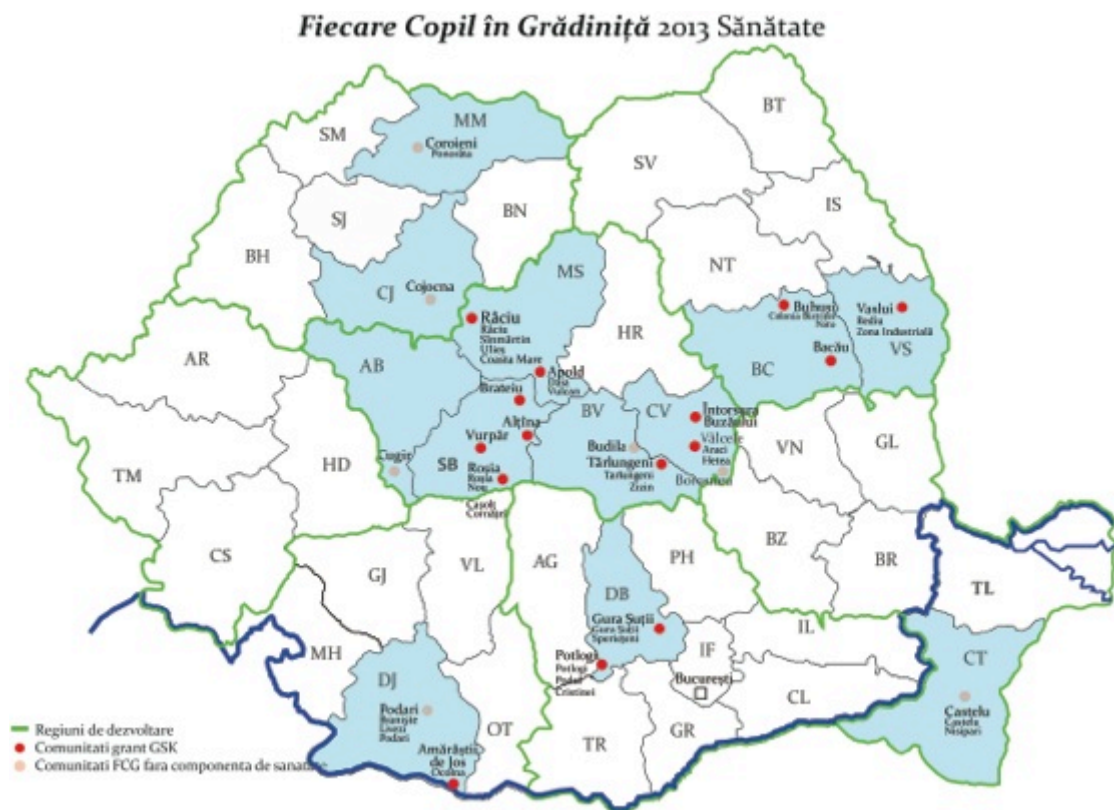
- The bureaucratic procedures required for hiring health mediators – on one hand, City Hall secretaries, who are in charge of employing health mediators, are overloaded and move slowly; on the other hand, procedures are not clear and they change often.
- City Hall's lack of control over the performance of health mediators – the City Hall signs off their time sheets, but the County Health Inspectorate evaluates their performance. This boils down to superficial reports (often copied from one mediator to the other or from one month to the other) that merely fulfil a formality, with no concern regarding the actual situation and outcomes.
- The severe deficiencies in the medical infrastructure in rural areas and the discrepancy between the discourse of national authorities and realities at the grassroots level. A first step would be to get decision makers to visit communities and projects to have a better understanding of the real obstacles that stand in the way of access to health for the poor.

TIMELINE FOR NEXT THREE MONTHS

- Standard health activities in 17 communities – medical tests for preschool registration, fund for vitamins, medicine and transportation to doctors, health education, fund for hygiene (toilet paper, soap) and fruit day for all kindergartens in the project, in-kind hygiene donations.
- Develop health component in a few communities – school medical office requests, immunization campaign, medical checks in isolated villages etc.
- Follow-up on medical caravan findings – report to be presented to County Health Departments.

APPENDICES

1. **Grant communities:** 15 in the reported quarters.



2. **Interim Financial Report** – see attached Excel document. The “OvR” sheet describes funds paid to communities by OvR; the “Communities” sheet represents funds spent by communities.