

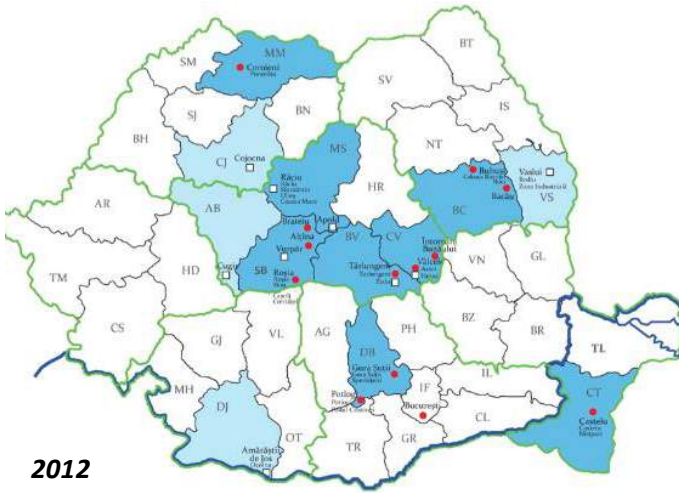


Together4BetterHealth

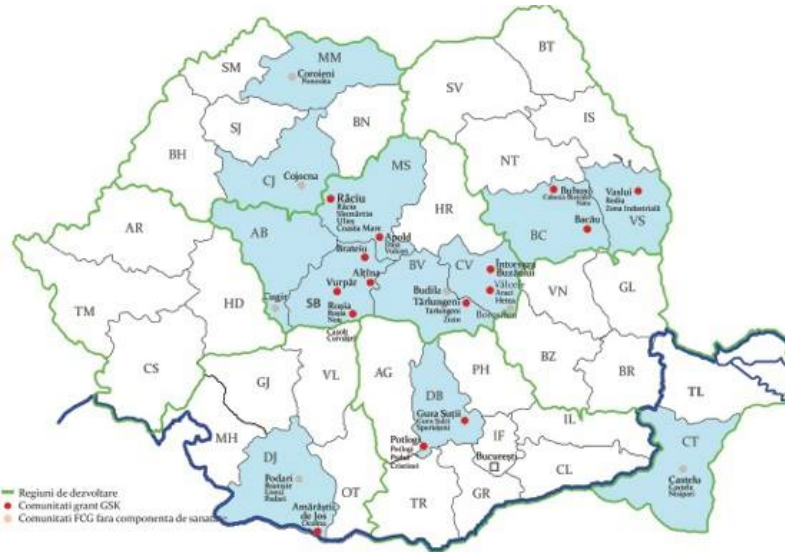
The Health Component of

Fiecare copil în grădiniță

April 2012- March 2015

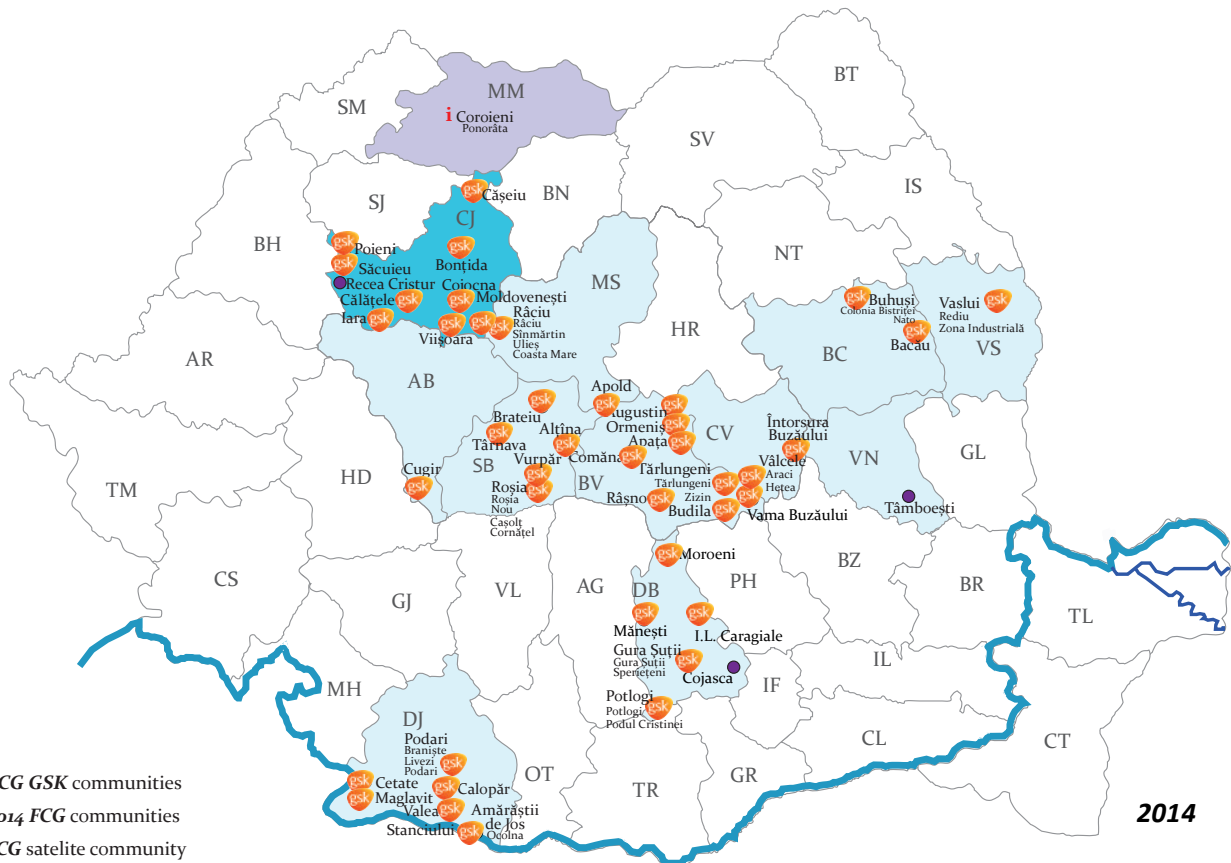


2012



2013

Regiuni de dezvoltare
Comunitati grant GSK
Comunitati FCG fara componenta de sanatate



2014

FCG GSK communities
 2014 FCG communities
 FCG satellite community



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GlaxoSmithKline's three-year grant in 2012 allowed Asociația OvidiuRo (OvR) to add a much needed health component to its *Fiecare Copil în Grădiniță* program, which incentivizes poor parents to send their 3-5 year old children to preschool and kindergarten (*gradiniță*). FCG targets the very poorest children - those living in overcrowded, inadequate housing in isolated areas without normal access to potable water, heating or health care. Although poverty, not ethnicity, is the criteria for participating in FCG, most of the children are Roma, or at least considered "Gypsies" by other members of the community. In the winter, the unemployment rate is close to 100% due to the low need for unskilled labor and low education level of the adults. Through FCG these families receive €12/mo in food coupons if they take their child to *gradiniță* every day.

The FCG program has led to a dramatic increase in preschool attendance by these children (between 75 and 80%) who are considered to be at high risk for dropping out after only four or five years of primary school.

The original objectives of the Health Component project were to:

- ✓ Create awareness and provide parents with tools for behaviour change to prevent outbreaks of infectious diseases and other health-related issues that affect school attendance;
- ✓ Ensure that the children receive required vaccinations and regular check-ups;
- ✓ Facilitate closer collaboration with local health mediators and/or the local family doctor (GPs);
- ✓ Enable impoverished parents to purchase medicine, vitamins and hygiene supplies;
- ✓ Encourage mothers' gynaecologic check-ups and use of contraceptives for family planning.

Overall, the project was most successful in:

- ✓ Creating awareness among poor parents of good hygiene, nutrition practices and parenting – through the two special health modules: *Sotron 2* for toddlers and moms and the 2-week "Summer Health School" workshop for children 3-14;
- ✓ Ensuring the children received required vaccinations and regular check-ups; and
- ✓ Enabling parents to obtain medicine, vitamins and hygiene supplies.

Results were less categorically successful when it came to facilitating collaboration with GPs and health mediators and encouraging mother's check-ups and use of contraceptives.

As results of the project:

- ✓ 1600 children received medical tests, vitamins, medicine, vaccines and/or speech therapy;
- ✓ 1500 children attended Summer Health Schools;
- ✓ 1500 people were seen by visiting physicians through five medical caravans;
- ✓ 1000 two-year olds and their mothers participated in a six week "preschool prep" program;
- ✓ 136 teachers were trained in teaching basic health and hygiene notions to children;
- ✓ 5 women were trained as health mediators and their salaries covered for the first year.

OvR originally invited the communities that were implementing FCG to develop their own health projects according to local needs. The local FCG teams filled out an application identifying the main health needs of the children, the types of interventions and resources needed, and describing the local health infrastructure (number of GPs, existence of a health mediator, distance to medical clinic, etc.).

Eighteen of the 20 FCG communities applied and were accepted for a mini-grant. After one or more meetings in each applicant community with the school director, GP, and other local authorities, three general priorities were identified:

1. Health maintenance and disease prevention: basic medical tests, vitamins, hygiene products;
2. Healthcare access: money for prescriptions not available for free and transportation to medical facilities; more frequent visits by the area GP; health mediators and family planning; and
3. General health education for both parents and children.

Most teams requested hygiene kits, vitamins and parent education activities; only a few went into medical interventions such as lab tests or hiring a health mediator. This is probably due to the fact that the applicants were school directors who had little first-hand knowledge of the actual health situation of the children and limited previous interaction with the GPs. Over time, a significant benefit of the project was simply providing a platform for more communication between the school directors and local family doctors.

A CASE IN POINT: VLADUT GANEA

The following story illustrates how this project served the goals of health maintenance, access to health care, and health education in a single family.

Vladut was eight months old when his 19-year-old mother brought him to the Valcele Medical Caravan in the family's horse-drawn *caruta* from 5 km away in Hetea, an isolated Roma settlement in Covasna County, a half hour walk from the closest paved road.



Vladut's 3-year old brother, Codrut, had just been enrolled in *Fiecare Copil in Gradinita*.

A bright-eyed, lively child, robustly healthy except for his severely deformed right leg, Vladut had been born with *tibia agenesis*, a congenital defect generally known as a "club foot" in which the foot

appears to have been rotated internally at the ankle¹. Left untreated, it would prevent him from walking without a crutch, and most likely would have kept him out of school as well, since families in the countryside tend to keep their children with disabilities close to home – and their expectations for them low.

The caravan pediatrician recommended that Vladut be taken to Bucharest as soon as possible for surgery, but Lenuta, who had never been further than Brasov was terrified of the prospect of leaving her other child and husband and venturing alone to Bucharest, 230 kilometers away. She repeatedly expressed fears that they could never possibly pay for such an extraordinary thing. But soon thereafter she did take Vladut to the medical center in Brasov where the doctors also recommended that she take him to Bucharest.

A full year later in the spring of 2014, Lenuta and Vladut made the 3-hour trip to Bucharest in a car. The well-known pediatric orthopedic surgeon, Dr. Georghe Burnei, examined Vladut, agreed to accept the case on a pro bono basis, and scheduled the surgery.

Vladut, now age 2, and his mother returned in October. At that point an OvidiuRo volunteer, Larisa Dumitru, who lived near the hospital, heard about the case and offered to help look after the mother and son. Larisa visited them several times a week, providing food and a friendly presence, and helped Lenuta communicate with the medical staff and navigate the hospital system. During one of Larisa's visits, Lenuta informed her that, despite her efforts at birth control, she was again pregnant and fearful about the health of the new baby. Larisa took her to a gynecologist where it was determined that the baby was developing entirely normally.

Following several weeks of medical tests, six titanium rods were implanted in Vladut leg to correct the growth of the ankle. Since his discharge in November, Vladut has returned to Bucharest five times for x-rays and examinations.

¹ *Without treatment, people with club feet often appear to walk on their ankles or on the sides of their feet. But with treatment, the vast majority of patients recover completely during early childhood and are able to walk and participate in athletics.*
http://en.wikipedia.org/wiki/Club_foot

At the January examination the doctor determined that the leg was not mending properly and that Vladut needed a second surgery. But his mother was very close to giving birth so the surgery was postponed. Then after the birth, because Lenuta was breast-feeding the baby, the surgery was postponed for a few months more. Vladut is scheduled for the second surgery in May.



When Larisa first got involved she arranged for Lenuta and Vladut to make the trip to Bucharest by ambulance, but after four round-trips, the Sfantul Gheorghe Ambulance Service declined to take them anymore. After considerable scrambling, Larisa was able to hire the OvR coordinator in a nearby village to bring them to Bucharest by car.

Although pediatric surgery is not even remotely part of OvidiuRo's mission or area of expertise, the T4BH project brought Vladut's condition to the awareness of the OvR staff and provided funds for the myriad costs involved in correcting the condition - from bandages and frequent transportation to Bucharest - to the titanium rods and routine x-rays.

It took the T4BH project – not only to identify the problem, get the attention of a skilled surgeon, and cover the direct financial outlays, but also to provide a person to manage the case on an ongoing basis – from regularly checking that Lenuta had a supply of sanitary alcohol and sterile bandages to arranging the trips to Bucharest and helping solve the problem of what to do with the other two small children while Lenuta was away. Completely by chance there happened to be a volunteer available to fill this role.

Dr. Burnei believes Vladut should be able to walk within a couple of years, i.e., by the time he is five, but the process is complicated and risky: Vladut should be in an almost sterile environment and receiving rudimentary but regular physical therapy – but the family's living conditions are grim: a family of five, both parents functionally illiterate, living in a one-room shack in a remote settlement served by a poorly paid physician seven km away with a patient load of 80 impoverished families.

This severe but correctible disability should have been addressed, and a plan initiated, at the hospital in Sfantu Gheorghe when Vladut was born. But Lenuta was told by the doctors there that the best option was to amputate Vladut's right foot and replace it with a prosthesis. Fortunately, Lenuta and her husband did not agree to this. But the family was poor and lacking in the skills or social capital needed to identify and take advantage of the actual medical options available to them. An enterprising community health mediator could have nudged the local family doctor to pursue a solution. But Hetea has no health mediator and although the local family doctor was aware of Vladut's condition, she had not gotten involved. No one even considered attempting to operate on Vladut's foot until the Medical Caravan pediatrician examined him and made the critical connection with the Bucharest specialist. Vladut will start *gradinita* in September. Arrangements will have to be made so that he is carried to the kindergarten half a km away – but hopefully, thanks to Larisa, OvR and GSK, he will be able to walk to school by the time he enters primary school.



1. HEALTH MAINTENANCE & DISEASE PREVENTION

“Before providing clothes, shoes or a snack for gradinita, we should make sure these children are healthy. Basic medical tests made a big difference - both for sick children, who were diagnosed and got treated, and for the healthy ones, who were protected from being infected.”

Doina Gheorghe, local coordinator in Gura Sutii

Immunization campaign

When the T4BH project started about 30% of the children were not vaccinated, despite the fact that vaccinations against hepatitis, polio, rubella, measles, diphtheria, whooping cough and tetanus are free and required by law for preschool registration. In Valcele, less than half the children had had their vaccinations and in Ponorata only 20% of children were vaccinated. The primary reason for this was their parents' lack of awareness of the need for inoculations, and secondly, a fear of side effects.

Through the campaign in Hetea and Araci, OvR got 80 children up-to-date on their vaccinations and extended the use of the health grant to FCG children's siblings in order to prevent the spreading of colds and respiratory/viral infections (reaching 350 children). Free medicine for their children also helped persuade parents to get their children vaccinated. Another helpful factor was the involvement of OvR in getting the local GP and a nurse to start visiting Hetea three times a month.

In Raciu doctors were worried about the high rate of recurring acute respiratory infections. 52 children

received Broncho Vaxom for four months. Afterward, parents reported that their children were less severely affected by respiratory infections.

Medical tests

Even though basic medical tests (throat swab and stool sample) are mandatory for kindergarten and school enrollment, the requirement is often overlooked when the parents are extremely poor. In 2012, OvR made these tests available to all FCG children and encouraged the local GPs to make sure that children who tested positive received treatment. Fifteen percent of the children had intestinal parasites and 9% had streptococcal infections. In the second year of free medical testing 12% had intestinal parasites, and 6% streptococcal infections. The parents and siblings of the FCG children also benefited.

Medical testing was the first health activity implemented in the communities, and it played a key role in increasing communication between school mediators, family doctors, parents and local coordinators.



Vitamins

There was unanimous agreement among parents, teachers and doctors that the children's nutrition was severely lacking in vitamins and other nutrients. Consequently, in the communities where purchasing medicine did not work out for various reasons (poor management, lack of GP involvement, parent lack of complicity) OvR provided vitamins for the children. In one community, the vitamins were given to parents to administer at home, but this was considered

unreliable. So most communities elected to give out the vitamins in the *gradinita* at snack time.

2013–800 children in 12 communities (*Apold, Valcele, Intorsura Buzaului, Rosia, Gura Sutii, Brateiu, Altina Tarlungeni, Riciu, Vurpar, Potlogi, Buhusi, Amarasti*)

2014–950 children in 16 communities

2015–1600 children in 18 communities

2. HEALTHCARE ACCESS

“When are those doctors coming back?” – when people keep asking you that, you can be sure it is worth more than any other feedback...

Simona Cristea, local coordinator & social worker, Budila

In the spring of 2013, OvidiuRo was contacted by the medical students from “Together for Rural Health” – a project in which doctors and final year medical students from Carol Davila University of Medicine visit isolated villages to offer free consultations and medical prescriptions. Over two years' time, five medical caravans were organized, 1500 people in five FCG communities were examined, and those in need received treatment or were connected with specialists. Atlassib and Eurolines helped with transportation, LaFantana and Coca-Cola contributed bottled water, and Carrefour provided food in March and July 2014.

Tarlungeni (Brasov) & Valcele (Covasna) July 2013

Four hundred children and 380 adults were examined. Children were found to have respiratory infections, anemia, rachitism, and intestinal parasites. Doctors found three cases of untreated epilepsy and two women



were suspected of breast cancer and one of ovarian cancer. Many women were found with gynecological problems and referred to specialists.

Follow-up in Tarlungeni was limited because of a lack of cooperation from the GP (families complained that the doctor charged for children's medical certificates, which by law should be free).

Follow-up on cases in Araci & Hetea was much better. In addition to Vladut Ganea's surgery, a serious heart problem was detected and the man was successfully operated on a couple of months later.

Rosia (Sibiu) March 2014



Ninety children and 150 adults were seen by 27 medical students and 12 specialists. The most common problems identified among the children were hypothyroidism, heart disease, skin infections, pneumonia and hearing and vision problems. Many kids had cavities, vitamin deficiencies, and rickets. Some of the children were overweight due to a high carbohydrate diet of potatoes, rice, corn, and bread, supplemented by processed snack foods. The caravan was featured on ProTV news (<http://www.ovid.ro/2014/03/pro-tv-asocia%C8%9Bia-ovidiuro-trimite-fiecare-copil-la-gradini%C8%9Ba-40-de-voluntari-au-consultat-gratuit-copiii-dintr-un-sat-sibian/>), and there were several articles in local and national media (<http://www.stiridesibiu.ro/?p=2802> and <http://www.romaniapozitiva.ro/transilvania/primarul-din-comuna-sibiana-rosia-a-gatit-pentru-studentii-si-medicii-voluntari-care-au-consultat-gratuit-250-de-locuitori/>).



Budila (Brasov) July 2014

A two-day mobile hospital was set up by OvidiuRo and Bucharest Medical Students' Society in Budila, a poor village where people rarely make it to the doctor unless their condition is already life threatening. Budila started the FCG program in 2012, and has become the community with most individual case follow-ups due to the commitment of the local coordinator, social worker Simona Cristea.

Of the 119 children and 79 adults who were examined, 30% were referred for further specialized medical tests. As usual in these communities, many of children's health problems are caused by malnutrition, lack of clean water and the resulting poor hygiene. Sweets and French fries are quickly added to babies' diets. One baby with severe breathing difficulties was sent by the caravan doctors to an emergency room in Brasov where the medical team decided to have him placed in foster care.

"This experience really helped me decide I want to specialize in Pediatrics. The little ones had lots of health issues and many of them were under-nourished. Unfortunately, children there eat way too many sweets and not enough protein."
5th year medical student

Cojasca (Dambovita): March 2015

Fourteen resident doctors and 20 medical students from the Carol Davila University of Bucharest, gave free consultations to the villagers in paediatrics, cardiology, internal medicine, ophthalmology, dermatology, orthopaedics and laboratory medicine. 150 adults and 150 children were examined. Patients had a general check-up and, depending on the results or on what they complained about, they were recommended to have further investigation by a specialist. There are many cases of HIV, tuberculosis and hepatitis in Cojasca, as well as hygiene problems which translate into skin diseases like scabbies and lice.

The most common health problems were skin infections (scabbies) and hearing and vision problems. Also, some of the kids are HIV infected from birth (Cojasca is the locality with most cases of HIV in Romania) but, according to their GP, they are under treatment and further observation and no one in their community has died of HIV in the last few years.

Other problems noted by the doctors were a lack of age-appropriate psychomotor development and ability to express one's needs. The whole community suffers from the general lack of education – hygiene education, health education, nutrition education, even basic education, like reading and writing.

Health mediators

Health mediators were trained in five communities that we identified with particularly weak medical infrastructure – Tarlungeni, Valcele, Intorsura Buzaului, Brateiu, and Vurpar. Despite preliminary commitments from mayors to hire the mediators upon graduation from the training program, a year later only one health mediator had been hired by the City Hall (in Intorsura Buzaului). In Valcele and Vurpar, bureaucratic issues intervened; in Brateiu, the person trained decided she would rather teach kindergarten, and in Tarlungeni, the health mediator switched to being a school mediator, a somewhat less stressful job with equal pay.

Speech therapy

Twelve children in Alțâna (Sibiu) received speech therapy for eight months, after being identified with problems such as limited vocabulary, underdevelopment of phonetic hearing, and pronunciation difficulties. Parents were encouraged to attend the sessions and to work with their children at home but real progress would require years of therapy and diligent home support. (Although needed in all communities, Alțâna was the only one that managed to make arrangements to transport the children to a speech therapist.)



3. HEALTH EDUCATION

“In September, there is a big difference between the children and the parents who participated in Sotron Doi, and those who didn't. The Sotron children are more cooperative and the parents more relaxed, and that makes it easier for everybody!”

Daniela Tugulea, Rosia teacher

Sotron Doi (“Hopscotch 2”) is a 10 week two-hour activity with children aged 2-4 who are not yet enrolled in kindergarten and their parents. *Sotron Doi* prepares children for the routines of preschool while educating both them and their parents on basic health and hygiene (how to blow your nose, what to do when you sneeze, the importance of hand washing, throwing garbage in receptacles and not on the ground, and so forth). During the activity, teachers also provided a nutritious snack, accompanied by a discussion with parents about the importance of a healthy diet, as well as visits to the doctor and inoculations.



- **2013 – 20 teachers trained; 16 classes held; 170 children & parents involved.**
- **2014 – 49 teachers trained; 37 classes held; 467 children & parents involved.**
- **2015 – 47 teachers trained, 46 classes held; 540 children & parents from 19 communities involved.**



“Summer Health Schools” - 1500 children, age 3-14 (more than 1000 of whom were preschoolers), in 40 communities took part in OvidiuRo’s Summer Health Schools in 2013. 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. The Araci summer school was featured on the ProTV news (<http://www.ovid.ro/2013/08/sanatatea-este-pe-primul-loc-1500-de-copii-din-14-jude%C8%9Be-inva%C8%9Ba-acest-lucru-la-atelierele-de-vara-organizate-de-asocia%C8%9Bia-ovidiu-ro-in-cadrul-programului-fiecare-c/>).

- **2013 – 40 teachers trained; 120 classes held, 1500 children involved.**
- **2014 – 25 teachers trained; 36 children involved (Budila & Cojacna)**
- **2015 – 316 teachers to be trained; 4500 children expected to participate.**

MAIN CHALLENGES

“When we started the Health Component, we had no idea how poorly the health system works in rural areas - even worse, I would venture to say, than the educational system.”

*Maria Gheorghiu, OvidiuRo co-founder
The Health Policy Journal, February 2015*

The lack of integrated health, education and social services combined with the decrepit health system infrastructure in rural Romania and the shockingly primitive living conditions of Roma present daunting challenges to making real, sustained progress in the health and longevity of the Romanian Roma population. Life expectancy for Roma continues to be about 10 years less than the average in Romania, which is age 74 (70.3 for men and 77.8 for women)². Bureaucratic hiring hurdles, inconsistent quality of health mediators, and the discrepancy between national healthcare discourse and grassroots realities conspire to make decent health care the exception, rather than the rule, in poor rural areas.

Misconceptions about preventive medicine. It is not only affluent American parents who balk at immunizing their children. Even in rural Romania, parents worry that vaccines might harm their children. About 30% of Romanian children do not receive the free and officially mandatory vaccinations against hepatitis, polio, rubella, measles, diphtheria, whooping cough and tetanus.

Lack of clean water. Inevitably scarcity of water leads to poor hygiene. And poor hygiene, and the resulting scabies and lice, are problems that village teachers have to deal with on a daily basis. This also inevitably causes friction with the parents of children who DO have access to clean water and the money to buy soap.

Lack of human resources. Community nurses, health mediators, and speech therapists are in short supply in rural areas – entirely inadequate to cover the needs of poor children. In City Halls, the government austerity measures that prohibited the hiring of public workers led to a shortage of health mediators and therefore, even less access for poor and uninformed people to healthcare services.

Inconsistent quality and motivation of appointed GPs. A good GP is key to lowering infant mortality, unwanted pregnancies, the occurrence of epidemics, and a multitude of other health-related problems, but rural GPs are poorly paid and stretched very thin.

Hurdles to family planning. Family planning turned out to be beyond the scale of this project. Lack of specialized health services offered in the communities, the high cost of program implementation, and the fact that basic contraceptives are a largely taboo subject in poor communities made this intervention impracticable.

Flawed Health Mediator system. Good health mediators can make a huge difference in isolated villages. But it is a very hard job to fill, and almost impossible to keep filled. Very few persons in poor Roma communities qualify with the requisite 10 grades in school. Mediators receive minimum wage. They are hired by City Hall but report to the County Public Health Department which makes for a confusing management structure. And all too often, once appointed, they choose to take other less demanding jobs or leave the community. This is a classic example of a good idea poorly executed.

OvidiuRo looks forward to continuing the elements of this project that worked well: providing medicine, vitamins and direct health education to parents and children and making diagnostic services available through medical caravans. In the second phase of this project, OvR intends to focus more on communicating our findings regarding the difficulty of access to health care for poor Roma living in rural communities.

All the communities that currently participate in T4BH will continue to do so. In addition, OvidiuRo will extend the reach of the project to more FCG communities, offering fruit and hygiene products to all 2200 children in FCG programs and summer “Health Schools” in 30 or more locations, and integrating the PHASE materials into these projects.

² <http://www.worldlifeexpectancy.com/romania-life-expectancy>



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