

“TOGETHER FOR BETTER HEALTH, FOR US, BY US”
Two Year Report (June 2014)

The objectives of the grant are to:

- 1) Create awareness and provide parents with tools to prevent outbreaks of infectious diseases and other health-related issues that affect school attendance.
- 2) Ensure children benefit from required vaccinations and regular check-ups.
- 3) Facilitate closer collaboration with local health mediators and doctors.
- 4) Enable impoverished parents to purchase medicines, vitamins, and hygiene supplies.

The “Together for Better Health” grant (T4BH) has added a health component to OvidiuRo’s (OvR) education program called *Fiecare Copil in Gradinita* (Every Child in Preschool) by allowing communities in the project to determine the most pressing health needs of their preschool children and to use their grant allocation to meet these needs, under the OvR’s consultation and monitoring.

TARGET GROUP IDENTIFICATION

FCG Components

1. Leadership of local authorities and a proactive Local Action Group.
2. Door-to-door recruitment of children at risk for school drop out.
3. Teacher training in modern methods and strategies for working with disadvantaged children.
4. Parent engagement through incentives for children’s daily attendance in preschool.

The funding was open to all 20 communities that are implementing the *Fiecare Copil in Gradinita (FCG)* project – out of these, 18 applied to the health mini-grant.

Mini-grant target group is the same as for FCG:

- Children 3-6 years old from impoverished families (determined by income per family member less than 35€ per month, substandard living conditions, and low education level of parents).
- Parents of these children (and indirectly their siblings and other close relatives)

GRANT IMPLEMENTATION:

1) INCREASED ACCESS TO HEALTHCARE SERVICES

Medical Tests

Context: During community visits we learned that practically none of the impoverished children we support had ever had a routine medical check up – although these are mandatory for preschool registration. Even though school administrators are aware of their importance, many school principals know that most poor parents cannot afford the tests and turn a blind eye and allow children to register without the officially required medical tests and vaccinations.

Intervention: Although not all communities asked for it, we decided to make annual basic medical tests (throat swab and stool sample) available to all children in the project. Up to 88% of FCG children have received these tests within the two-year timeframe. Furthermore the results of the medical tests have improved from the first year of testing. The most recent results show that 12% of children had intestinal parasites and 6% had streptococcal infections. The number of children with throat and stool ailments has decreased compared to the

initial medical results showing 14% of children having intestinal parasites and 9% having streptococcal infections. Moreover, the overall process has gone smoother due to experience gained from the first year.

Medicine

Context: Parents often cannot afford to buy the prescribed medicines or vitamins for their children. For acute infections, the medicine must be purchased within 24 hours or the prescription expires. Most medicine for children is free, and when it is not, the costs are usually small, but for impoverished parents with several children, they are a hurdle to timely care.

Interventions:

- In half of the communities, parents were helped to cover the extra cost of medicine, as needed. Providing medicine works best in Apold, where the doctor has found a very good system to buy the medicine in the neighbouring town, and bring it to parents the following morning, and in Hetea, where the health mediator brought the medicine into the village, as the pharmacy is 11 km away. In other communities coordinators have set up collaborations with pharmacies and parents can go directly and get free medicine, based on lists provided by the coordinators.
- Within 16 poor communities, children both within and outside of the program have benefited each year from free vitamins which seem to have decreased the overall rate of communicable diseases such as colds. To make sure children take vitamins regularly, most teachers choose to administer them in kindergarten, after the daily snack.

Transportation

Context: More than half of the children live in villages that are several kilometers away from the medical clinic, with no public transport available (none of the parents in the project have cars – only a few own a cart, horse or bicycle). Even where the medic is close, some pharmacies are only open a few hours a day or even twice a week, so parents must go to the next town to buy medicine – which they often don't do because of the transportation cost and/or hassle. Thus, many children are not properly treated, and very few ever make it to the specialized eye doctor, dentist or speech therapist, although many should. The most common health problems of children are asthma and ongoing respiratory infections, sight and hearing problems caused by untreated infections, and parasitosis.

Intervention: The grant has covered transportation costs of children to doctors for weekly consultations in isolated communities.

Immunization

Context: While the Romanian government states that over 90% of children should be immunized, the average in our communities is 70%. A few communities had vaccination rates as low as 50% and one (the extremely impoverished Roma settlement in Ponorata, Maramures) had 20%. Despite the fact that vaccines are available free of cost, parents' ignorance about the importance of vaccines and their fear of common side effects prevent some from immunizing their children.

Intervention: The project encourages doctors and health mediators to communicate more effectively with the parents on this issue. T4BH helps the family doctor and a nurse visit the poor village of Hetea (Valcele) three times a month, and parents are incentivized to vaccinate their children by receiving free medicine when their children are ill. The medicine is prescribed by the family doctor during home visits and usually bought by the health mediator from the pharmacy in the closest town and then delivered to the children. Since the start of the campaign last April, parents are more open to vaccines and immunization rates in Hetea have more than tripled. Still, parents here, who live in dire poverty and have no education, often neglect bringing their children to the doctor or do not respect vaccination terms, therefore the campaign has to be continued long term in order to be successful.

2) SUPPORT HEALTH MEDIATORS INVOLVEMENT

Context: According to the law, city halls can request the Health Ministry to pay for a health mediator. At the beginning of the project 10 of the 18 FCG communities did not have a health mediator, and most mayors reported that they were not allowed to hire new people anyway¹. Furthermore, the existing HMs have very unclear roles since they are hired by the City Halls but report to the Department of Public Health. Competent, active health mediators can make a huge difference in isolated villages, but the hurdles to finding and keeping such people are daunting.

Interventions: The project has helped identify five women who were trained as health mediators by SASTIPEN, and it covered their part-time salaries for the first year, while the city halls committed to make all necessary steps to obtain funding and have the position unblocked by the ministries in charge.

3) HEALTH AND HYGIENE EDUCATION OF CHILDREN AND PARENTS

Context: Lack of proper hygiene is one of the main issues teachers have to fight with daily, and the main source of recurrent diseases. It is vital that parents understand the severe implications that poor hygiene has on their children. While daily hygiene routines are in place in preschool (such as washing hands before eating or after returning from the bathroom), there continues to be a great need for health education sessions with both children and parents.

Interventions:

- **“Hopscotch Two”** – a health education module was developed in form of a weekly two-hour activity with young children (2-4), who are not yet enrolled, and their parents. Hopscotch Two aims to prepare children for preschool routines while educating them and their parents about basic health and hygiene issues (how to correctly blow their nose, what to do when they sneeze, washing hands, eating alone, throwing garbage in the bin etc.). During the activity the teachers also provided a healthy snack, accompanied by a discussion with parents about the importance of healthy nutrition, as well as visits from the doctors. In total, 520 children will benefit from this module between March and June, in both project years.



- **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 2013. The children explored the world of health and hygiene through the special health workbook designed by the OvidiuRo team and printed with

¹ Since 2010, the Romanian Government introduced, as crisis measure, restrictions for public institutions to hire new people: For each new person hired, seven other must have quit, retired or been fired. This absurd rule made it difficult for authorities in Araci to hire a new health mediator when the previous one left to work in Sweden, for example, and it continues to be an obstacle in hiring new health mediators. These positions can be unblocked with a good justification, but it is a long and bureaucratic process.

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).



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.

4) FILLING IN THE GAPS

Healthy snacks instead of the daily government bagel

In September and October, T4BH helped 225 children in Covasna and 150 in Dolj receive their daily snack in kindergarten for four weeks. By law, the government should provide the snacks, but the public procurement process in these counties faced an administrative delay, which has a negative impact on FCG children, as families are so poor that they can't afford to give children a sandwich for kindergarten every day. OvidiuRo used a part of this grant to help the schools in Valcele, Intorsura Buzaului, Podari and Amarastii de Jos buy a healthy snack (cereals, biscuits, milk, yoghurt) during the blockage, to make sure that children are not hungry and can focus on learning.

Speech therapy

In one village, a group of 12 children went twice a week to the speech therapist, over a couple of months. The therapist sees progress, but very slow because the parents don't work with the children enough at home (although parents do attend the therapy sessions). In order to have results, she expects years of therapy and home support. The grant covered the salary of the speech therapist – again filling in the gaps of the system, as by law schools should already have such support services, but in reality the County agency that hires speech therapists has no funds (and cannot hire new people anyway because positions in the public system are blocked) so only a few schools in bigger cities really benefit from this service.

Allocation per child for basic prevention: 2 euro for monthly „Fruit Day” and for providing soap and toilet paper (frequently absent in schools) accompanied by activities to encourage washing hands.

Medical caravan

Two caravans made of 47 students from Bucharest's Carol Davila University and 32 specialists examined 490 children and 530 adults in the comunas of Valcele, Tarlungeni and Rosia. 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 (Valcele), 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 rickets, 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. 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 degeneration (from fatty foods or alcohol), and almost all 22 women seen by the gynecologist were advised to go immediately to the hospital for a more thorough examination.



The consultations provided were glycaemia, cholesterol and triglyceride tests, EKG, echography, and specialized consults in cardiology, gynecology, pediatrics, ophthalmology, and ORL

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

In the village of Rosia, the most common health problems the doctors identified among the 90 children examined were hypothyroidism, heart disease, skin infections, pneumonia, as well as hearing and vision problems. Many kids had cavities, vitamin deficiencies, and rickets.

On the other hand, some of the children were overweight due to improper nutrition consisting almost exclusively of high carbohydrate foods such as potatoes, rice, bread, beans, processed snack food, or sweets.

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 Halls helped the students obtain free accommodation and provided meals. The school staff obtained consultation beds from clinics nearby and mattresses from the sports hall, and the principals assisted the caravan each day to make sure consultations went smoothly.

CHALLENGES

- **Lack of human resources** (e.g., not nearly enough speech therapists, especially in villages) and a lack of parental involvement. (For best results, children with speech impairments should be encouraged and worked with at home.)
- **Systemic hurdles to family planning.** Activities proved to be too difficult due to the lack of specialized health services offered within the communities, the large costs of program implementation, and the fact that basic contraceptives are a largely taboo subject in poor communities.
- **The bureaucracy involving the hiring of public employees.** It has taken up to half a year for some of the health mediators to be hired by the city halls and that required that project funds be diverted to cover mediator salary costs. From five mediators trained, only one was officially hired for this position – other three got jobs as school mediator, preschool teacher, or class assistant. The fifth, and most proactive mediator, finally gave up because the City Hall could not hire her even one year after she got her diploma. Consequently she took a job as a caretaker in an elderly hospital.
- **Severe deficiencies in the medical and social service infrastructure in rural areas** and the discrepancy between the national discourse 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.

LEARNINGS

- It is very hard even for the most committed local coordinators to follow up on cases until they are addressed properly. There is an initial enthusiasm when they identify children with health problems that could be solved through the grant, but unless the OvR team frequently follows up with them, the issues often don't get resolved. Despite the recurrent trainings and the two years of experience in the project, coordinators still find the medical system too difficult to navigate successfully and they are overloaded with their own work-related responsibilities. Furthermore, many communities don't have health mediators that can be relied on to keep track of the children's medical cases and to help parents deal with them.
- The selection process of finding and attracting mediators is critical., Candidates must be well informed in advance about what the job entails, in order to avoid drop-outs. Moreover, a network of health mediators is highly needed for mentoring and monitoring the new mediators, and for counselling public authorities (especially since the mediators are hired by the City Hall but methodologically supervised by the County Health Department).
- This grant has also brought health issues to the agenda of both OvidiuRo and our community partners. Communities now look to identify health problems and attempt to solve many cases without the use of GSK funds.

PLAN FOR CONTINUATION

All standard activities such as the provision of medical tests, medicine and vitamins, medical transport, and immunizations to children within the project will continue. Furthermore, for the final year of the project, we are looking to continue our partnership with the students of Bucharest's Carol Davila University with regularly scheduled medical caravans in all of the project communities with September checkups covering all needs for school registration such as vaccinations. With the assistance of the upcoming GSK dental education campaign, we are also looking to create a dental caravan within project communities with a focus on dental education for children and their parents. Finally, more educational events specifically dealing with hygiene will be planned throughout the year.

The gradual improvement in the results shows that the increase in medical attention that the children within the project have received has improved their quality of life. The information also shows that given enough time, this

project can become very successful. It is our hope to receive continued funding assistance so we can ensure all children are able to receive needed medicine, vitamins, immunizations, and health education.

1. Current grant communities *Vâlcele, Întorsura Buzăului (Covasna), Cojocna (Cluj), Apold (Mureș), Roșia, Vurpăr, Alțina, Brateiu (Sibiu), Cugir (Alba), Amărăștii de Jos, Podari (Dolj), Potlogi, Gura Șuții (Dâmbovița), Buhuși, Bacău (Bacău), Vaslui (Vaslui).*

Fiecare Copil în Grădiniță GSK 2014

