Roma Health Mediation Program in Romania

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The context of creating the health mediation program

Starting 2001, Roma in Romania have been the subject of many public policies meant to contribute to improving the situation of this category of disadvantaged population, all related to the National Development Plan 2007-2013:

- National Strategy for improving the situation of Roma in Romania;
- National Program for Social Inclusion and Anti-poverty;
- Joint Inclusion Memorandum;
- Decade of Roma Inclusion 2005 – 2015;

Starting from the fundamental documents on the Decade, each participant state has elaborated a National Plan of Action of its own.

In Romania, the National Action Plans have been elaborated based on the National Strategy for Improving the Situation of Roma in Romania.

In **health area**, they were referring to:

- Extending the health mediators network;
- Developing programs for preventive care and sanitary education in Roma communities and antidiscrimination measures;
- Ensuring equal access to health services for Roma.

- The Health mediation program exists in Romania at national level starting 2002, according to Order no.619/2002 issued by Ministry of Health, being considered by the specialists as *one of the best models of collaboration between civil society and central authority;*

- The conclusions of studies, researchers, reports, and analyses realized on Roma health lead towards the results obtained within the health mediation program, determining the reader to establish that it was a positive practice and, through this program of health mediation, Romania contributes to improving the access of Roma to health services;

- Regarding the threats to which the health mediation program is subjected to, the studies do not provide such information.

- Initialy, the health mediation program was conceived to improve the communication between the Roma community members and the personnel of local health authorities;

- Thus, it has been projected a program meant to contribute to improving the access of Roma to public health services, which:
  - would be based on the principle of equal opportunities;
  - would include clear objectives for both civil society and central authority;
  - would be an innovative program which, on medium and long term, would contribute to changing behaviors and adopting a health lifestyle.

- The health mediator is a Roma woman who has the role of being the “bridge”, mediating the relation between the local Roma community members and the health authorities;
- The activity of the health mediator is **focused** on:
  - increasing the effectiveness of public health interventions;
  - strengthening the connections between the representatives of local authorities and the local Roma community;

Short history of the health mediator

- Initialy, during 1998-2000, the health mediator was actually a socio-health mediator, while the job description foresaw also activities for information, education, communication in health and social areas.

- The initiator of the health mediation program was Romani CRISS, that during 1998-2000, with financial support from CCFD Paris has started to implement a socio-sanitary mediation program in 6 Roma communities in Romania.

- In the first stage of the project carried out by Romani CRISS, respectively August 1999-July 2000, training the health mediator was being realized at the community level and according to the community needs.

- In the second stage, respectively August 2000 – July 2001, the implementation team focused the training of health mediators from an institutional perspective.

- After 2 years of project piloting, after realizing an impact analysis in 2001 by the external evaluator, there has been finalized the methodology for functioning of the health mediation program.

- The procedure for taking over and institutionalizing the health mediation program by the Ministry of Health was started in August 2001, after a public hearing organized at the *Parliament of Romania – Romanian Senate – Commission for Health and family*, titled ***"Health Mediator between necessity and innovation".***

- Within this debate there have been analyzed the results obtained within the 6 communities, analyzing also the possibility of signing a partnership between Romani CRISS and the Ministry of Health, a partnership to which adhered also OSCE/ODIHR - Contact point for Roma and Sinti;

- The main objective of the partnership was to institutionalize the health mediators and multiply the program at national scale.

- During October 2001 – June 2002, the team responsible for implementing the health mediation program from Romani CRISS, in partnership with the personal counselor of the Ministry of Health, have realized the documentation needed for introducing within the Classification of Occupations in Romania, the health mediator occupation:

  - Finalizing the job description for the health mediator;
  - Developing a training curricula for the health mediators;
  - Finalizing the methodology for monitoring and evaluating the health mediators.

In August 2002, the Ministry of Health issued Order no.619/2002 regarding the functioning of the health mediation program for Roma communities. According to Annex 1 within the Order 619/2002, for the year 2002 there have been foreseen 166 places for health mediators;

- In June 2002 there have been trained by Romani CRISS 86 health mediators;
- Starting September 2002, the main objective of the civil society was to train and achieve employment for the health mediators, according to Order 619.

Training the health mediators has been a challenge for the program managed by the Ministry of Health.

- Until 2007, when there was realized the occupational standard for the health mediator, there has been agreed a more simple formula for training, which was to organize initial training courses during 4 days of training, organized at the level of Public Health Directorates, delivered by the trainers from Romani CRISS, and organizing continuous training courses, organized by the Public Health Directorates on healh issues.
- During 2002-2007 there have been trained over 2000 persons as health mediators.

During 2002 – 2007, the number of health mediators has increased annually, reaching in 2007 at 788 people registered within the database of employees within the Ministry of Health.

- In 2007, the Ministry of Health posted on the institution's official website the *strategy for decentralizing public health services;* thus, the community medical assistance program (in which it was also included the health mediator) was transferred to be under the local authorities, within the social services at City Halls.

- During January 2007 – November 2008, there have been carried out a series of discussions within the Ministerial Commission for Roma within Ministry of Public Health, that the health mediator should remain as an employee within the Ministry of Health, yet no results came out these discussions;

- In November 2008, the Ministry of Health issued an order through which is has been approved the transfer of the health mediators and community medical nurses to the local authority, based on the protocol of taking over, the financing being still ensured from the budget of Ministry of Health;
- Also in November 2008 has started to decay the health mediation program. Many of the local authorities that were contacted have refused to take over the health mediators since they were not sure they would have any sustainability from a financial point of view, and in some cases, the local authorities did not understand the role of the health mediators and why they should be taken over by the local authorities.

- In March 2011, the experts of the National Agency for Roma mentioned that in the health mediation system there have been taken over by local authorities approx. 210 health mediators.

The impact of health mediators in Roma communities

In 2005, the French anthropologist Maria Mailat, has highlighted the experience of Romani CRISS in the area of health mediation, yet it has also highlighted certain issues which the health mediation program is confronting with:

- Level of training of the health mediator in the are of reproductive health;
- Within the job description of the health mediator was provided the obligation to promote within the Roma community activities of reproductive health, framed within the cultural-traditional system of the community, yet it has not been done accordingly, thus in some traditional communities there have been registered complaints from the community members regarding the activity of the health mediator;
- Lack of a system to monitor and evaluate the health mediator activity;

The study realized in 2006 by Open Society Institute is a comparative analysis of the activity of health mediation in 5 countries, analyzing also a program for health education implemented by Doctors of the World Romania, in which were trained 15 educators for health, confronting this program with the health mediation program:

- The health mediation program is a positive practice;
- The experience of Romania should be taken over in other EU candidate countries;
- The program in Romania has registered important progresses;
- The work carried out by the health mediator contributes greatly to resolving the issue of Roma in health area.

- **The study's conclusions** refer to:

- *The faulty system for monitoring and evaluating the health mediation activity;*
- *It is being recommended to improve the process of training health mediators and to continue the activity of health mediation;*

- In 2007, JSI Research and Training Institute Romania realized a report on the activity of health mediators in Romania;
- The study provides a series of quantitative and qualitative data regarding the activity of the health mediators in the area of reproductive health, yet it does not refer to the risks to which the health mediation program is subjected, according to the strategy for decentralizing public health services;

- After analyzing the reports of meetings for launching the studies/researches, the participants provided feedback to the authors, especially on the level of training, monitoring, and evaluation:
- Statute of the health mediator employed on determined period within the County Hospitals;
- Necessity to improve the legislation which regulates the health mediation program.

- In 2009, within the context of decentralizing public health services, Roma Center for Health Policies-SASTIPEN realized a research on the access of Roma to public health services in 30 Roma communities in which were active health mediators;
- The study conclusions highlight the fact that in most of the communities, after 2008 the activity of the health mediators was diminished and, in some cases, it has gotten distorted:
  - According to the new context, the health mediator supports the activity of the social assistance department within the city hall;
  - The job description is not respected and, in some cases, the health mediation activity is carried out after the working hours within the city hall;

- Within the section "Conclusions and recommendations" are being provided:
  - To create/found regional offices for monitoring and evaluating the activity;
  - To identify sustainable solutions in order for the health mediation program to benefit from methodological assistance from County Public Health Directorates;

- The most recent study on health mediation was realized during April-June 2011, by nongovernmental organization Roma Center for Health Policies – SASTIPEN, following, on one side, to measure the real impact which the health mediators had in the process of improving the access of Roma to public health services, and on the other side, to evaluate the manner in which it has been carried out the decentralization process and its effects;

- **The analysis conclusions** highlight the following:

- The representatives of local public administration mention that the health mediators have a distinct role in the community in comparison to other community actors;
- A certain lack of communication between County PHDs and the City Halls;
- Representatives of County PHDs have an ambiguous attitude towards the program, and sometimes it is being obvious their tendency of delineating from any responsibility regarding the program;
- Although within the working contracts of the health mediators it is being mentioned the obligation of regularly presenting activity reports, the reports are only a formality;
- There are different situations on the field regarding monitoring and evaluation. Thus, there are city halls which ask for weekly activity reports, but these are exceptions only;
- There is no calendar of activities, the health mediators work after a variable program, influenced by the cases which occur on the field, appointments for vaccination, health campaigns ;
- The mediators carry out activities which are not foreseen within the job description, and these are mostly related to the activity of the Social Work Department;
- Both representatives of County PHDs and the health mediators declared that it is necessary for the mediators to participate regularly to training courses;
- The payment for health mediators is different from one locality to another, according to the framing grid of the hospital in which the health mediators were active previously;
- The health mediators show a state of dissatisfaction regarding the level of salaries and uncertainty of their work place;

Regarding the activities carried out by the health mediators, according to the *Impact analysis* realized by Sastipen Association, the overstrain is visible not only by analyzing the number of Roma areas they cover, but also by analyzing the number of beneficiaries, more than 1400 Roma on average (according to Order 619/2002, the health mediator activates for 500-750 people);

The activities of the health mediators include:

- Facilitating the vaccination;
- Mapping the pregnant women;
- Mapping the newly mothers;
- Counseling for pregnancy;
- Counseling for taking care of the newborn;
- Counseling for nursing.

The researchers have analyzed in comparison communities which have health mediators and communities which do not have health mediators.

From this analysis has resulted an obvious positive impact of the health mediators in the communities with Roma and the need to strengthen the health mediation program, thus there would be insured the sustainability and multiplication of the program in other communities.

"HEALTH MEDIATION PROGRAM: OPPORTUNITY FOR INCREASING THE EMPLOYMENT RATE AMONGST ROMA WOMEN"

In ***January 2011***, Roma Center for Health Policies – SASTIPEN in partnership with National Institute for Public Health initiated the implementation of a project with financing from European Structural Funds.

The project is implemented in all eight regions of Romania: North-East, North-West, Center, West, South-West Oltenia, South-Muntenia, South-East, and Bucharest-Ilfov.

GENERAL OBJECTIVE:

Increasing the employment rate amongst Roma women and facilitating their access on the labor market with the purpose of avoiding social exclusion and creating a society based on the principle of equal opportunities.

SPECIFIC OBJECTIVES:

1. To develop a ***strategic and innovative tool*** needed in order to support the health mediation program in the context of decentralizing public health services, by founding a Center for Training and Certification of Health Mediators;
2. To develop a ***Unit for Technical Assistance, Monitoring, and Evaluation*** of the activity of health mediators in the context of decentralizing public health services;
3. To implement a ***lobby and advocacy campaign*** amongst local authorities with the purpose of increasing the employment rate amongst health mediators, according to the strategy of decentralizing public health services.

- Improving the framework in which it is being carried out the health mediation program will ensure, on one side, the continuity of the health mediators' activity, transferred to the local authorities in the context of decentralizing health services, and, on the other side, will contribute to increasing the employment rate amongst Roma women who come from local Roma communities, by developing and innovative and necessary occupation.

TYPES OF SERVICES:

- ***Center for Training and Certification of the Health Mediators*** will contribute to developing the competences and basic qualifications of the health mediators, adapted to the process of decentralizing health services. Within the center there will be developed a program for professional training in health mediation area, which will lead on long term to increasing the employment rate amongst Roma people, especially women, and involving them in the process of social inclusion for the communities they come from.

- ***The Unit for Technical Assistance, Monitoring, and Evaluation*** will contribute to managing the health mediation program, ensuring, on long term, sustainability of the program in the context of decentralizing health services.

TARGET GROUPS:

- The project is addressed to 788 Roma women in order to increase their participation on the labor market, taking into account the fact that they present a high risk of social exclusion.
- Another target group is composed by the managers of central public authorities of (41 people), and the personnel of the central and local public authorities (100 people) by developing partnerships with them, leading to increasing the employment rate of the health mediators, as well as implementing and improving public health policies addressed to Roma communities in the context of decentralization.

INDICATORS:

At the project's end, there will be achieved the following indicators:

- 788 participants to training courses – access on the labor market;
- 100 women, participants to qualification/requalification programs;
- 8 communication and promoting events – access on the labor market;
- 100% rate of participants to qualification/requalification programs who obtain a certificate;
- 100% rate of women who attended professional training programs and obtained certificate;
- 100% rate of women who received support in developing their professional career, thus they were promoted professionally;
- 788 participants to trainings who will be granted a certificate – access on the labor market;
- 100 women who benefited from counseling/orientation and they were promoted professionally after 1 year – access on the labor market.

New job description for Roma Health Mediator

1. Job title: HEALTH MEDIATOR (COR code: 513902)

2. Job relations:

Workplace: Local Public Authority

Hierachy relations: Subordinated to the structure/person assigned by the legal representative of the Public Local Authority

Domestic functional relations:

Collaborates with the multidisciplinary team (Community Medical Nurse, Social Worker, other specialized personnel) and with all the personnel within the departments of the institution.

External functional relations:

Colaborates with:

- Representatives of County Public Authorities and the Municipality of Bucharest (Executive Director for Public Health, Manager Medical Assistance and programs, Manager of Department for Evaluation and Promotion of Health etc.)
- General practitioner offices;
- Workers of the service for population records;

Collaboration relations:

- Community development workers;
- Experts on Roma issues;
- Representatives of NGOs who are active in the process of improving the situation of Roma and other vulnerable groups;
- Informal leader within the locality/community;
- School mediator and other workers within education units
- Other workers within medical and medico-social units.

3. **Place of carrying out the activity**:

Headquarters of the public institution where employed: 2 hours/day;

On the field, in her work community: 6 hours/day.

4. Goal:

Increasing the efficacy of public health interventions, increasing the addressability and accessibility of members within the community to health and medico-social services.

5. Requests: belonging to the community, graduated minimum studies according to existing legislation (secondary school), specific competences certified through professional training programs organized by accredited structures, communication skills, teamwork capacity, skills for planning and organizing, involvement in solving community issues, ethical and moral qualities acknowledged by the community where she is part of, knowledge on the culture and traditions of the community members where she is active;

6. Position level: execution;

7. Attributions and responsibilities (examples):

a. To cultivate mutual trust between public local authorities and the community where she is part of and to facilitate communication between community members and the medico-social personnel which provides services to the community.

b. To inform, Educate, Communicate the community members on maintaining a healthy lifestyle. To plan and implement group education sessions for promoting a healthy lifestyle.

c. To make a map of the community population and identify the health and social issues of the community members.

d. To make a written letter to the authorities which have competence in the identified problems and to collaborate with them for solving.

e. To facilitate the access of the respective community members to health services and medico-social services.

f. To provide support for people within the community in the process of obtaining identification papers.

g. To mobilize the community members to participate to public health actions (immunization campaigns, identifying transmitted disease, TB mostly, chronic diseases, IEC campaigns etc.). To explain the role and purpose of these actions.

h. To make a map of fertile age women, pregnant women and newly mothers in order to carry out periodical medical check-ups, pre- and post-natal. To explain the basic notions and advantages of family planning, framed within the cultural/traditional system of the respective community.

j. To make a map of all children, especially children aged between 0-5 years within the community, in order for them to participate to periodic medical check-ups, immunization campaigns, enrollment on the general practitioner lists etc.

k. To promote health alimentation, especially for children.

l. To explain the advantages of personal hygiene, and the hygiene of houses, water sources and sanitation, promoting hygiene measures disposed by competent authorities.

8. Responsibilities according to labor security and work procedures (examples):

a. To respect and apply the norms for Work Security and Health, as well as PSI norms;

b. To participate periodically to training sessions within WSH area.

9. Monitoring and evaluating the activity (examples):

a. Under the guidance of the coordinator, the health mediator realizes monthly activity plans which will include performance indicators.

b. To realize monthly activity reports which will be submitted to the hierarchic manager (local coordinator) for approval. The local coordinator has the obligation to send them each month in electronic form to the County Public Authorities and to the Unit for Technical Assistance, Monitoring and Evaluation within the National Institute for Public Health.

Final conclusions

- The studies and researches analyzed highlight the fact that the health mediation program has developed at an amazing rate which did not allow for the actors involved in the implementation process to identify in time the potential threats for the health mediation activity;
- The actors involved in the process of implementing the health mediation program did not know the intentions of the Ministry of Health to transfer the program to the local authorities;
- The lack of a structure for implementing the program and lack of a coherent legal framework has affected the health mediation program;
- Within order 619/2002 it was mentioned the fact that the monitoring and evaluation is realized by the Ministry of Health through the County Health Directorates, yet it did not happen;
- The legal framework in which it was carried out the health mediation program in Romania is not updated (it is still considered Order 619/2002 emitted by Ministry of Public Health);
- The analyzed research recommend to improve the framework in which it is being carried out the health mediation program and to develop a system for monitoring and evaluating which would support the health mediation activity;
- Also, the actors involved in strengthening the health mediation program should adapt the job description of the health mediator, thus it would respond also to the needs of the new employer;
- It is necessary to have new visions, new paradigms, and new behaviors in the process of improving the health mediation program in order to avoid that the effects of chronicle sanitary situation of Roma to evolve in new directions that are more and more difficult to handle.

Thank you!