

INCREASING AND STRENGTHENING THE CAPACITY OF THE LOCAL COMMUNITY REGARDING THE PARTICIPATIVE PLANNING AND COOPERATION WITH A VIEW TO IMPLEMENT AN INTEGRATED COMMUNITY HEALTH PATTERN FOR THE IMPROVEMENT OF THE ACCESS TO THE QUALITY COMMUNITY HEALTH SERVICES, “THE DEVELOPMENT AND THE CONSOLIDATION OF THE COMMUNITY HEALTH TEAMS”

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Abstract: *The workshop proved a first step in facilitating a better communication between the Rroma ethny on one hand and the representatives of the health services and local authorities on the other hand; knowledge was exchanged from both parts which improved the understating of the situation of each party and the doctors agreed that it is necessary that the solutions for improving the access of the Rroma ethny to the community health services should be found together. The participants emphasized once again the importance of the community medical assistant and of the sanitary mediator regarding the facilitation of the relation with the community.*

Keywords: *community health teams, development, health services.*

Rezumat: *Atelierul s-a dovedit un prim pas în facilitarea unei mai bune comunicări între romi pe de o parte și reprezentanții serviciilor de sănătate și autoritățile locale pe de alta parte ; au fost extinse cunoștințele de ambele părți și au îmbunătățit înțelegerea situației fiecărei părți iar medicii au căzut de acord că este necesar ca soluțiile de îmbunătățire a accesului populației rrome la servicii de sănătate comunitare să fie găsite împreună. Participanții au subliniat încă o dată importanța asistentului medical comunitar și mediatorului sanitar în facilitarea relației cu comunitatea.*

Cuvinte cheie: *echipe de sănătate comunitară, dezvoltare, servicii de sănătate*

CONTEXT

The analysis of the previous results shows that the members of the unprivileged communities, especially the Rroma people are excluded from the planning and

development process of the socio-medical activities which take place at community level. For the local players, the lack of the capacities and of the experiences regarding the participative methods also represents a challenge for the implementation of these practices. Most of the times, the plans made for the medical activities are very different from the needs and the common understanding of what models mean or of how they should be monitored or developed.

It is well known the fact that, both the population and the health services of the unprivileged communities, including the Rroma ethny are excluded from solution envisaging and decisions taking. This affects their access to different opportunities and the change of their attitude towards their own health state.

The social exclusion is an issue related to the increase of the equal chances. The social inclusion, the opposite of the exclusion, is an affirmative action regarding changing the circumstances and customs that lead to the social exclusion.

Poverty includes low incomes on long term for the members of the community, the lack of the access to services (health, education, information), the lack of the abilities in decision taking and the lack of the communal facilities (water, roads, transportation, salubrity); there is also “a poverty of the spirit” the members of the community believe in and which leads to the lack of hope, apathy, shyness.

It is important to take into consideration “the poverty factors” within the development of strategy and plans at the level of the unprivileged communities, including the Rroma ethny.

Ignorance – refers to the lack of information or of knowledge; when a community registers an increase disease rate, high absenteeism, low wellbeing;

Apathy – when people simply do not care what is wrong or right, how to solve a problem or how to improve conditions;

Dependence – results from receiving endless help; it is an attitude, a belief.

METHODOLOGY

The participative methods and techniques are less used in Romania regarding the research field, the elaboration of the projects at community level, although at discursive level, multiple advantages are recognized.

The techniques of the participative approach aim first of all at the active involvement of the community's players in the identification of the needs and in the formulation of the solutions.

Within this research, the **participative assessment** supposed the cooperation of the main medico-social players of 4 unprivileged communities, including the Roma ethny (decision taking authorities, family doctors, medical assistants, social assistants, community leaders, community medical assistants, sanitary mediators) regarding the elaboration of the community needs; they were action and social change-oriented or responsibility or responsabilisation-oriented.

The benefice of accomplishing this object consists in the fact that this method helped those involved in team actions or in finding solutions and in their negotiation between them.

All conclusions, suggestions and recommendations were undertaken by those involved.

The researcher played only the mediator part between the different involved participants. In the end, a proper set of actions was established with a view to improve the access of the unprivileged communities, including the Roma ethny to the quality community health services.

USED METHOD

a. **The beneficiary's assessment** - (individual interviews, focus group combined with quantitative techniques –questionnaires for assessing the health services and their access) described in chapters 2 and 3.

b. **The participative assessment** – used for identifying the community needs and for implementing a project/programme of improving the community health services access.

Techniques for the education and training of those involved in the community medical assistance were used. The creative stimulation was tried, regarding the planning and the key to this identified problem.

The research aimed at:

- The development of the team working ability based on respect;
- Trust, collaboration, capacity of finding solutions by undertaking the risk of change;

- Combining critical attitudes with constructive attitudes – the members of the team played equal parts as far as solutions were concerned;
- Strengthen the trust in their own forces;
- The responsabilisation of the undertaken tasks accomplishment until gaining the expected results.

RESEARCH INSTRUMENTS

Two forms were elaborated (annex 4):

1. The analysis of the current situation of the community health services access of the unprivileged population, including the Roma population within the municipality.
2. Strategic directions and the calendar of joint actions for that municipality.
3. Action plan at the municipality level.
4. Programme assessment questionnaire.

The communities selected for the research initiation were: Buftea, Vidra, Jilava and Mogoșoaia.

RESULTS:

The participative research developed between 27 and 29 November 2007 and had at its basis the analysis of the access of the unprivileged communities, including the Roma ethny to the community health services and the formulation of certain local strategies which were handed in to the decision taking authorities of the municipality (ASPJ Ilfov and CASj Ilfov), to the City Hall of the county of Ilfov (BJR) and to the local councils.

The general objective of the research: improving the local community health services capacity of increasing the access of the unprivileged population, including the Roma ethny to quality community health services, regarding 4 communities of the county of Ilfov.

Specific objectives:

- Identifying the causes of the reduced access to the community health services of the unprivileged population, including the Roma ethny within the 4 communities;
- Elaborating and developing a local strategy for the increase of the community health services access;
- Improving the communication and the collaboration between the members of the Roma community and the medical staff and vice versa;
- Increasing the health services capacity within the unprivileged communities, including the Roma ethny, regarding the accomplishment of certain education activities of the “changing agents”;
- Developing a monitoring system regarding the community medical services;
- Developing certain local instruments – good practices pattern – within the community medical assistance field.

Developed actions:

1. **Establishment of the working groups – local teams**

The making up of the working groups was based on the respective communities; their part was to prepare the action plans at local level, having in view the specific objectives and the formulation of strategies for the accomplishment of the proposed results.

Fig. 1. Working groups making up



2. Defining the objectives of the local teams

The first step of the local participative planning was to define the specific objectives that must be accomplished at community level. These were defined concretely, for example:

- **The Buftea Team** “Providing identity cards for 50% of the Roma community members of the village of Glina who did not have papers during 2006”
- **The Mogoșoaia Team** “Accomplishment of two campaigns during 2006: Information, Education, Communication campaigns at the village of Mogoșoaia level, regarding the health insurances system and the rights of patients, bearing the tile “INFORM YOURSELF FOR YOUR RIGHTS.”
- **The Jilava Team** “Improving the access to the emergency and primary health services within the Roma community, by the installation of two telephonic sets in the community and one in the family doctor’s medical office.”
- **The Vidra Team** “Vaccinating the Roma children of the village of Sintești in proportion of 100% between 1 March 2006 and 31 October 2006”.

3. Decision taking on strategy

The most difficult part of the participative local plans referred to the assessment and mobilisation of the resources necessary for the goal accomplishment and the choice of the planning methods within the research which were specified:

- The available local resources and the necessary ones from the outside – people, funds,
- Whether the resources are or not available;
- Who should be approached, who should make the approach and what help would be necessary.

4. Feasibility provided measures

At this stage, the teams were asked to verify whether the formulated objectives were realistic; also the potential beneficiaries of the project were identified

(direct beneficiaries, secondary beneficiaries, third beneficiaries) and the way to enter in the possession of these benefices was assessed, as well

5. Preparing the action plan.

The action plan comprised the following elements:

- establishing what should have been accomplished (the results deriving from the participative planning).
 - enumerating the steps which should have been followed in order to achieve the objectives.
 - a calendar for each step: when will this take place, how long will be necessary for this to take place (when).
 - naming the responsible persons.
- clarifying the entries/necessary resources.

6. The action plan pattern (Annex 4)

- identifying the activities – a brainstorming session was organized for each member of the teams, in this stage.
- the calendar was also established – when the activities are about to take place.
- the responsible person was named.
- the entries and the necessary resources were clarified.

7. Budget elaboration

8. Monitoring the implementation

Within the context of the local actions planning, the continuous assessment of the implementation process was monitored in comparison with the proposed initial plan. Usually, this includes questions of the type:

- Are the results accomplished through the established plan?
- Are the resources efficiently used?
- Are we doing what has been established?

In this respect, indicators were identified which reflected the objective accomplishment, the look for proofs which showed efficiency, efficacy and impact. The questions the indicators identified for the plans answered to, were the following:

- How many?
- How well?
- How often?
- Who is the beneficiary?
- How they benefited from?

In the end, the research was assessed by the application of a questionnaire. Conclusions: The research has a measurable success and in general, it reached its objective, the general satisfaction was of 95%; the workshop proved a first step regarding the facilitation of a better communication between the Roma people on one hand and between the representatives of the health services and the local authorities on the other hand; the knowledge of both parties were enlarged and improved the capacity of understating the situation of each party; the doctors agreed that it is necessary to collaborate in finding improvement solutions regarding the access of the Roma population to the community health services. The participants underlined once again the part played by the community medical assistant and by the sanitary mediator in facilitating the relation with the community.

CONCLUSIONS AND RECOMMENDATIONS

1. The participative research was determined by a need identified at local level; it resulted from the evaluation of the perception regarding the community health services and of the local authorities who identified the need for involving the unprivileged communities, including the Roma ethny in the participation to the elaboration of the policies and actions aiming at the community.

2. The identification of the problems was accomplished on the occasion of the previous research and the elaboration of the strategy for solving the reduced access to the health services was made within the communities included in the research, according to the local needs and resources.

3. As a result of this workshop, the ability of the members of the local community was proved, regarding the partnership creation, projects elaboration and finding sources of financing. The representatives of the community institutions with health services responsibilities were involved in this research (family doctors, community medical assistants, sanitary mediators), as well as other segments of the community: social assistants, community leaders, members of the community.

4. The team work was successful although the team members encountered certain difficulties. The reasons for divergences were: responsibly superposition, the necessity in case of certain partners to control the project development process, misunderstanding, unclear responsibility delimitation within partnerships.

The innovation capacity of the research proved to be a good example. A financing programme was initiated by UNFPA in order to accomplish the curricula for training the community health teams, as well as a pocket guide for the sanitary mediator and the community medical assistant.

5. All the interested factors, especially the local authorities and the members of the community should be involved in such programmes.

6. The participative research aimed at and accomplished the capacity of understanding the importance of partnership.

7. At the same time, materials for promoting the services and the concept of a healthy community team were made (posters, folders, promotional materials, trinkets). The community medical assistant and the sanitary mediator were equipped with standard protection equipment.

8. The strategy existing at local level, of strategic development and community health teams' consolidation for improving the access to the quality community health services proves the programme sustainability on long term.

Fig. 2,3. Life of the Rroma people from Sintești –Vidra, county of Ilofov regarding palaces and wellbeing



AND THE REALTY FROM BEHIND THE PALACES



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