

## Joint pro-Roma Civil Society Contribution to the public consultation on access to health services in the EU

### EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH (EXPH)

November 2015

#### PART 3 – National context - case studies from local NGOs from Member States

##### Hungary

##### Partners Hungary Foundation

In the T4BH program Partners Hungary works on two different levels.

First, Partners Hungary aims to reach the decision makers, the responsible stakeholders of the Roma issues in order **to disseminate the importance and the possibility of the use of intercultural mediation**. Its goal is to **establish the profession of Roma intercultural mediators** and **strengthen their position**. We are working to find the place and the function of Roma mediators among the health and/or social professions.

Additionally, Partners Hungary is **working on the local level to support better access to health services for the Roma**, the development of their health awareness through the training and employment of Roma mediators. Partners Hungary has trained two locals per year since 2012 in various Hungarian townships, who now work as Roma (intercultural) mediators. Their primary task is to support locals to access health services. In this program, Partners Hungary has trained 12 Roma mediators so far.

The trained Roma mediators are employed for one year. Their salary is financed by the project budget or by the national public employment program.

The Roma mediator's main task is to map the local stakeholders, to motivate the members of the community to act together, to help to improve the health situation in the township.

**Partners Hungary uses participatory methods** in the Roma mediation training, including the cooperative planning method which based on community roundtables.

**Community roundtable plannings help in the execution of a micro-project in each township. Their objective is to offer answers to the most pressing health issues. These answers must be solved by the community members who benefit from this solution by putting some efforts into the activity. Efforts can mean using their own workforce, tools, or a minor financial contribution.**

The programme started in mid-2012.

With the help of local community roundtables and the efforts of the local Roma mediators, 9 micro-(local)projects were carried out. As a result, many important steps were taken in the field of healthcare. It is also a considerable success that municipalities, Roma communities

and health care institutions now cooperate and communicate better with each other and it has many positive effects on the communities.

Actual results include:

- In Kántorjánosi (in 2013) and in Porcsalma (in 2015) **health days** were organized with several hundred participants, where locals had the chance to undergo health checks that are not available for them outside the program, due to distance and financial reasons.
- **Medical devices** were bought (eg .: blood pressure meter) that are now the property of the community. Locals get the chance to get **regular checkups** with the help of the Roma Mediator and the professional supervision of the local healthcare actors.
- A **salt cabin** was built in the kindergarden of Nagydobos (where the Roma children's rate is more than 70%) and it is open for the member of the whole community, too.
- In 2013, **cockroaches were eliminated** in a local Roma colony in Ózd.
- In 2014 and 2015, more than 60 **houses were painted** in the Roma community of Nyírbátor and Győrtelek, with the active participation of the locals.
- In Nagyecsed and in Porcsalma, the **local community built ca. 100 open-air wooden restrooms** which was documented in a short film.

**The on youtube published film shows how community roundtables work and how the members of the settlement can act together in issues of their own interest. Link to the film:** [https://www.youtube.com/watch?v=p\\_aRvhgydKE](https://www.youtube.com/watch?v=p_aRvhgydKE)

In the next phase of T4BH program, Partners Hungary is planning to **strengthen the systemizing of Roma Mediation** as a profession through the following ways:

1. Raising awareness among key stakeholders and the wider public through dissemination of the results (strengthening of the communication about intercultural mediation).
2. Using the national public employment program for employing the Roma Mediator on the local level as an intermediate step towards real employment on the initial labor market
3. Registering the training program in the adult education system (accreditation) and writing a handbook on intercultural mediation (how to implement intercultural mediation on the local level).
4. Collecting case studies (1st year) and action research (2nd and 3rd year).

More information on that project is available at

<http://www.togetherforbetterhealth.eu/countries/hungary/hungary>

## **Integrated Local Community Programmes to Reduce Child Poverty**

The proportion of Roma inhabitants is overrepresented in South Heves Subregion in Hungary. A high proportion of these people in their working age are unemployed and their families struggle to make their living. In accordance with this handicap, Roma residents pursue an unhealthy lifestyle, and their living is based on family allowance and odd jobs.

Roma people commonly seek medical help in association with the stress of unemployment, and due to their bad feeding habits, obesity and diabetes are common conditions in this population. Smoking is overrepresented both in men and women, and Roma men tend to overuse alcohol. Roma women tend to have babies in younger age than their non-Roma counterparts. Compared to the overall number of childbirths, abortion is more common in the Roma population.

In this subregion, Roma people still commonly live in crowded, unhygienic housing conditions with no modern conveniences. This situation increases the prevalence of certain communicable diseases in this population.

Commonly, this population is characterised by poor financial circumstances and the lack of sufficient knowledge of hygiene, which further deteriorates their quality of life. Statistical evidence demonstrate a high rate of premature births, stillbirths, premature pregnancy, and cases with increased complexity of care.

One approach of supporting Roma residents living in this subregion is to empower them to participate in reducing health related problems and to improve their own health culture, in order to address cultural differences.

Therefore, in this programme, training and employing Roma health mediators was planned with the long-term prospect that participants would become health mediators of their own communities

### **Training:**

This project was implemented between 2010.11.01. and 2015.03.31 by **the South Heves Subregion Society in Hungary**. A total of twelve, 20- to 30-year-old Roma women with elementary school qualification only, were recruited from deprived village communities of Heves, Átány, Erdőtelek, Tarnabod, Tarnaszadány, Erk, Tarnaörs, Pély, Tarnaszentmiklós, Kömlő, Tiszanána, and Kisköre. Finally, 11 women applied.

Participants were trained in a 50 hour programme including both lessons of frontal education and practical exercises, one day a week, five hours a day.

At the end of the training, participants underwent both written and oral assessments and were granted certificates.

### **Implementation**

Over the course of the 10 training days, participants gained insight into the basics of hygiene, first aid, infancy and childhood care, and were provided with information regarding food preparation, toiletry, and maintaining a healthy home environment. Training materials were also delivered in book format. All participants passed their final assessment and were granted certification.

It was planned that these health mediators would provide information and advice to the needy, and would participate in improving the living conditions of their Roma environment, under the supervision of the social and health services of the local municipalities, including health visitor services. It was an important goal to have the participants employed by their local governments in order to help them become useful members of the local Roma communities. Trainers committed themselves to maintain professional support for the health mediators, including offering regular case discussion meetings.

However, **employing the trained health mediators finally raised difficulties**: although there was a demand from most local governments for these professionals, they were unable to raise adequate financial support for this task.

The success was that – although more than a year after the end of our training course – some of these Roma health mediators gained employment in another project (in a collaborative general practice community).