



**TA for the implementation of the Health Promotion &
Preventive Maternal and Child Health Care**



EuropeAid/122909/D/SER/BG

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Elaborated by Consortium:



LIST OF ABBREVIATIONS

DB	Delegated budget
DEDI	Directorate on Ethnic and Demographic Issues
EDI	Ethnic and Demographic Issues
NGO	Non-governmental organization
NCCEDI	National Council for Cooperation on Ethnic and Demographic Issues
HM	Health mediator
CM	Council of Ministers
MH	Ministry of Health
MF	Ministry of Finance
RA	Regional administration
RCCEDI	Regional Council for Cooperation on Ethnic and Demographic Issues
GP	General Practitioner
MMC	Municipal medical center
PS	Primary school
STI	Sexually Transmitted Infections
RHC	Regional Health Center
RIPHPC	Regional Inspections for Public Health Protection and Control
SS	Secondary school
SPO	Senior Project Officer
SC	Steering Committee
CFCU	The Central Finance and Contracts Unit

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I. SUMMARY

The present report presents in a summarized way all the results achieved under project TA for the implementation of the Health Promotion & Preventive Maternal and Child Health Care, Publication reference: EuropeAid/122909/D/SER, BG 2004/016 - 711.01.03.0001. Consortium led by Open Society Institute – Sofia and the organization ICON Institute, Germany, Ethnic Minorities Health Problems Foundation, Bulgarian Family Planning Association implements the project.

The project is directly related to the implementation of the Framework Program for Equal Integration of Roma into the Bulgarian Society and covers the regions of Montana, Dobrich, Pazardjik and Yambol. The main goals of the project are directed towards ensuring better health status of the Bulgarian population and in specific – improving the preventive health services for ethnic minority women and children with a focus on Roma. One of the project's tasks is attaining better health status of disadvantaged Bulgarian citizens and overcoming some negative trends in health care provision.

Main beneficiaries of the project are the National Council for Cooperation on Ethnic and Demographic Issues at the Council of Ministers and the Ministry of Health.

The project is being implemented for a period of 14 months within September 2007 and November 2008. The project went through several implementation phases which are:

I phase – initial phase (the period October – December 2007).

II phase – field work (period January – March 2008), identification of potential locations where the mobile units can execute the preventive medical examinations.

III phase – conducting trainings with families and young people from the already selected locations in the target regions and preparation of medical teams for conducting the preventive examinations with mobile units, foreseen under the project (April – June 2008).

IV phase – conducting the preventive examinations with mobile units in the four target regions (July - October 2008).

V phase – final phase – conduction and finalization of the preventive mobile examinations in the target regions; processing the results of the conducted gynecological and pediatric examinations; formulation of recommendations for sustainability of project activities in future(November 2008).

During the **preparatory phase** the Consultant started the implementation of the activities planned in the project work plan for the first three months. The deadlines for implementation of the activities were respected.

Even in the first month the Consultant organized the project management and conducted the inception meetings with all institutions, experts and partners on national and local level. The duties of the key experts and partners were allocated. One of the major tasks before the Consultant was to supplement the team with non-key experts.

Already at the time of January 2008 the team visited twice each one of the target regions and got to know in details the resources available, potential partners, HM, EDI experts at regional and municipal level, key NGOs, etc.

During the **second project phase** (period from January 2008 until March 2008) **the Consultant focused on field work**. This approach is crucial for the implementation of such a project. One of the most important conditions for implementation of activities in Roma communities is they to be ready and preparation requires not only field work with the Roma community itself but also direct work with the local institutions. The Consultant worked mainly on the preparation of local communities for the preventive examinations with mobile units. Apart from massive information campaign in the target regions, a number of meetings and discussions were conducted with families and youth for the importance of preventive medical examinations. In the process of preparation of local communities at places were engaged as well authorities and institutions such as RHC, RIPHPC, NGO representatives, regional media, medical specialists and GPs who work mainly in Roma quarters and neighbourhoods. The project team surveyed the status in the locations within the target regions regarding the access of the population to specialized health services, emergency care, conducted maternal and child health care preventive programs. The main task of the Consultant was to identify the location that to be included in the conduction of preventive medical examinations. The Consultant also selected target families and young people who to be included in the trainings sessions. Within the reporting period the trainings of families and young people from the regions of Montana and Pazardjik were held.

In the third project phase (the period from April 2008 until June 2008) the Consultant focused its work mainly on conducting trainings sessions with families and young people from the locations already selected within the target regions, as well as on preparation of medical teams for conducting the preventive examinations with mobile units.

The team focused its efforts on elaboration of training curricula, dissemination of the information materials made under the project and work with local and national institutions for the preparation of preventive programs. Together with that the team continued the field work with Roma communities at places, the health mediators and later on the families and young people trained were main partners in this process. The major task of the Consultant was to prepare the community and medical teams for the upcoming preventive examinations, as well as to cooperate for the organization of medical teams at places. In this regard the Consultant managed to complete successfully and in time this phase of the project.

The team implemented activities that are directly related to the preliminary preparation for the start of preventive examinations:

- Cooperation in the selection of mobile teams in the target regions;
- Trainings of mobile teams and interested institutions;
- Cooperation for the employment of HM who have a key role in the preventive examinations organization;
- Elaboration of training curricula and organization of trainings of families and young people – main factor for disseminating the information regarding the importance of preventive examinations at places;
- Distribution of information materials connected to the upcoming preventive examinations;
- Elaboration of draft indicative schedules and preliminary calculations for potential number of examinations of women and children in each target region (the information is

presented in details in the Third Quarterly Progress Report for the period April – June 2008);

During this project implementation phase, the Consultant not only once underlined the approach of the most important phase, namely – the preventive medical examinations with mobile units. The Consultant demanded in front of the institutions that official information on the dates for the preventive examinations start to be provided, as well as information regarding the period of mobile mamographs delivery. This information was necessary nr the Consultant but also for the RHC in the target regions – Montana, Pazardjik, Yambol and Dobrich. That was a precondition for the Consultant to cooperate qualitatively and in time for the preventive examinations conduction.

During the **fourth project phase** (the period between July and October 2008) the Consultant worked mostly on monitoring of the preventive medical examinations with gynecological and pediatric mobile units in the project target regions – Montana, Pazardjik, Yambol and Dobrich. In the first month (July 2008) the main task of the Consultant was to prepare Консултантът работи най-вече върху провеждането и мониторинга на профилактичните прегледи с гинекологична и педиатрична мобилна техника в целевите области по проекта – Монтана, Пазарджик, Ямбол, Добрич. През първия месец (юли the community for the upcoming examinations by cooperating for ensuring all necessary conditions for the start of the mobile teams at places. We worked actively with the families and young people trained under the project, health mediators, and other Roma community representatives in terms of explaining main techniques for convincing the population visit the preventive examinations. The field work with the Roma communities has never ceased and was carried out during the whole project implementation period.

Another significant detail was the dissemination of the educational and promo materials developed under the project (T-shirts, mugs, bibs and towels, stickers). The information materials distribution was quite intensive during the preventive examinations and during the health discussions with the Roma community at special events.

The Consultant also finalized the work on the Legal Analysis for the health insurance of disadvantaged ethnic minority pregnant women (Component 1 of the ToR). The analysis contains also a part referring to existing discriminatory texts in the Bulgarian legislation, patient's rights and practices. Recommendations for changes in the legislation and concrete recommendations for improving the health status of disadvantaged pregnant women are also elaborated (The analysis is presented in the Fourth Quarterly Progress Report, Annex III).

The survey “Knowledge, Attitudes, Practices Regarding Maternal and Child Health Care among Roma People” was finalized. It covers the regions of Dobrich, Montana, Pazardjik and Yambol and is a result of field research made in the period between February and June 2008 (the analysis is presented with the Fourth Quarterly Progress Report, Annex V).

Results achieved during the fourth phase: The team conducted regular monitoring of the mobile units preventive examinations and was giving recommendations to medical teams, HM, local coordinators, RHC and other that are directly involved in the preventive examinations. All information leaflets and promo materials were printed out and disseminated according the plan set in advance. In the reporting period the Consultant continued its cooperation with most of the partner institutions and especially with the representatives of DEDI at CoM, MH, regional administrations (Montana), RHC in the target regions, local authorities. The synchronization of

the activities with RHC and medical teams was at very high levels, together with the coordination between local coordinators and RHC. The practice mobile units to be situated close to schools in order to cover the students turned out to be very positive and was broadly used in Yambol and Pazardjik. A positive practice (mostly in Dobrich region) is the joint work between the medical teams conducting the examinations and RIPHPC teams.

During the **final phase** the Consultant continued the implementation of preventive examinations with mobile units in the four regions. Together with that started the processing of the results from the conducted gynecological and pediatric examinations and it was presented during the final meeting on the project. The team formulated recommendations for sustainability of project activities in future.

The project results and their quality parameters are presented in Annex I to the present report.

II. PRESENTATION OF THE CONSORTIUM

The Consortium implementing the project was formed for the current project and consists of four organization that complement each other's expertise. The leading organization is Foundation Open Society Institute – Sofia. Foundation OSI – Sofia is a non-governmental organization for public benefit founded in 1990. OSI – Sofia has a long term experience and participation in the elaboration of Roma integration policies in Bulgaria. OSI – Sofia is experienced as in field researches and analyses on the Roma minority in Bulgaria, as well as in the direct work with the Roma communities. The experts who work with OSI – Sofia contributed a lot for the good implementation of the project.

ICON-INSTITUT Public Sector GmbH Germany offers consultant services throughout the world in the field of the public sector. The successful cooperation with an international organization showed positive impact on the project's implementation. With its broad expertise, as well as experts network throughout the world, ICON Institute was an important partner of the project in the field of public health.

Ethnic Minorities Health Problems Foundation (EMHPF) is founded in 1997 and since then has a significant role for improving the access of Roma to health services in Bulgaria. The team of EMHPF is multidisciplinary and includes doctors, psychologists, pedagogical specialists, social workers. EMHPF has a strong experience in field surveys on the health status of Roma in Bulgaria and plays an important role in establishing the health mediator's model in Bulgaria. Apart from that, the team has significant experience in work with the Roma community, organization of preventive programs, conducting trainings, establishing self-help groups, etc. The whole expertise of the organization contributed to the implementation of the project, mostly in the field work, in the trainings of medical specialists, HM, families and young people from the target regions.

The Bulgarian Family Planning and Sexual Health Association (BFPA) is a non-governmental organization founded in 1992. The BFPA activity is implemented mainly in the field of health prevention, health education and improving the access of disadvantaged groups to health care. The organization works for ensuring better access to health services in the field of sexual and reproductive health, prevention of STIs and HIV/AIDS, etc. The target groups that BFPA works with are very diverse but the focus is on young people in and out schools, Roma, young people in institutions, women in reproductive age from rural regions, etc. The team of BFPA had a significant role in the elaboration of training curricula for young people and families, in work with young people from schools, as well as in the trainings of families and young people. The

experience BFPA has in the field of developing and disseminating health related educational and promotional materials is tremendous. BFPA stayed at the foundation of communication strategy design, promotional plan and dissemination of project materials.

Contracting authority on the contract was the Central Finance and Contracts Unit (CFCU) at the Ministry of Finance. CFCU was responsible for contracting and allocating the resources on the project. The Project Implementation Unit (PIU), consisting of experts from MH, DEDI at the CoM, Ministry of Labour and Social Policy, Ministry of Education and Science and NGO representatives was responsible for the technical implementation of the project. Senior Project Officer was Maia Cholakova, director of DEDI at CoM.

Main beneficiaries of the project are the National Council for Cooperation on Ethnic and Demographic Issues at the CoM and the Ministry of Health.

III. TERMS OF REFERENCE

The goal of the project is to improve the maternal and child health care by implementing a pilot program for preventive gynecological and pediatric medical examinations with mobile units and provide training sessions of women, children and young people belonging to disadvantaged ethnic minority groups. By ensuring gynecological and pediatric examinations in the target regions and by conducting a number of training sessions for families and young people from the target regions, together with individual meetings, information meetings, discussions, sessions in schools, etc. The Consultant covered the following project target groups:

- Roma women from the pilot regions
- Roma children from the pilot regions
- Roma youth from the pilot regions
- Roma men from the pilot regions
- Roma families from the pilot regions
- Physicians and nurses, medical specialists from the pilot regions

With regard to the implementation of the primary health care program for disadvantaged ethnic minority women, the Consultant has implemented and presented the following products and results achieved:

- A pilot program for implementing gynecological preventive examinations for cervical cancer screening with mobile units for the target regions and recommendations for the future;
- Good practices are shared, as well as examples from the conducted preventive examinations of women in the target regions;
- A legal analysis was elaborated and it refers to improvement of health services for pregnant women and disadvantaged groups belonging to ethnic minorities, as well as recommendations attached to it, including recommendations for changes in the legislation;
- A legal analysis concerning patient's rights, including recommendations; EU member states practices, etc. was elaborated;
- Improved communication between the Roma community and health care providers by delivering information materials, conduction of a number of meetings and discussions, cooperation for ensuring work of HM in new municipalities within the target regions;

- Cooperation for reducing the number of vicious practices of GPs in health care provision for pregnant women (including enhanced work of HM with GPs, elaborated training curricula for GPs and medical teams, gathering of cases of vicious practices, etc.)

With regard to the implementation of the primary health care program for disadvantaged ethnic minority children the Consultant has implemented and presented the following products and results achieved:

- Promotional materials are presented and disseminated, related to healthy nutrition and breastfeeding of children, including organizations of discussions, individual work with women's groups, etc.;
- Some traditional attitudes towards cares for infants are changes, including through work with self-help groups, meetings with the community, training of families and young people in the target regions;
- Provided information regarding immunizations and prevention of infectious diseases – provision of educational materials and sessions, discussions, training curriculum;
- Prevention of STIs, AIDS, etc., - by provision of educational materials, discussions, meetings in schools in the target regions;
- Ensured pilot program for conducting the preventive pediatric examinations with mobile units in the target regions and recommendations for the future;
- Shared good practices and examples of the conducted preventive examinations of children in the target regions;

With regard to provision of health education and information for family planning for target groups from the pilot regions, the Consultant has delivered the following products and achieved the following results:

- Leaflets, information and educational materials, promo materials are developed and disseminated;
- Cooperation for training provision for new health mediators in the municipalities from the target regions that are a sustainable model for enhancing the health education among target groups;
- Enhanced capacity of HM who are already working for health provision techniques for Roma families, including family planning information (conducted training of HM);
- Conducted discussions with young people on the topics related to STIs, prevention of early pregnancy, principles of family planning;
- Discussions held in schools from the target regions on the topics related to STIs, prevention of early pregnancies, etc.

With regard to the training of medical staff, the Consultant has provided the following products and achieved the results stated below:

- Analysis of the existing training curricula for medical staff under the Phare 2001 and 2003 program;
- Formulated recommendations and conclusions for each curriculum;
- Elaborated training curriculum for medical teams and GPs, it is adapted to the needs of the present project but part of the modules are drawn from the training curricula under Phare 2001 and 2003;

- Medical teams trained who to service the OG and pediatric mobile units in the target regions;
- GPs trained in the target regions.

Institutions that the Consultant has worked directly with during the period of project implementation and has established long-term partnership relations:

National level	Regional level	Municipal level	Schools	Medical centers	NGO
DEDI at the CoM MH	RA – Montana	Montana municipality – EDI expert; Lom municipality – municipal councilors, municipal EDI experts; Valchedram municipality – including Dolni Tsibar mayor house, Septemvriitski, Berkovitsa municipality – including the Zamfirovo mayor house, Boichinovtsi municipality – including the mayor houses of Lehchevo and Vladimirovo; Brusartsi municipality – including the mayor houses of Kriva bara, Vasilovtsi; Medkovets municipality – including the mayor house in Rasovo; Varshets municipality; Yakimovo municipality;	Dimitar Marinov school, Valchedram, Valchedram municipality, Montana region	Medical center Hippocrates - Lom Municipal medical center - Montana;	Roma Bureau NGO - Montana; Regional Association of rural women in Montana region “ZAVIS” Roma – Lom Foundation
MH	RA - Dobrich	Dobrich municipality; Balchik municipality – including the mayor houses of the villages Bobovets, Strajitsa, Trigortsi, Obrochishte; Kavarna municipality – including the mayor houses of Belgun and Septemvriitsi, Shabla municipality – including Krapets mayor house; General Toshevo municipality – including the mayor houses of Spasovo, Pchelarovo, Rositsa; Krushari municipality – including the mayor houses of Lozenets and Zagortsi; Tervel municipality – including the mayor houses of Orlyak and Bezmer; Dobrichka municipality- including the mayor houses of	Yordan Yovkov primary school – Spasovo village, General Toshevo municipality, Dobrich region SS Yordan Yovkov primary school, Dobrich; Panayot Volov primary school - Dobrich	DCC II – Dobrich	

		Podslon, Karapelit, Feldfebel Dyankovo, Altsek, Slivnentsi, Pobeda, Plachidol			
	RA- Pazardjik	Pazardjik municipality – including the mayor houses in Sinitevo, Chernogorovo, Ivaylo, Peshtera municipality Septemvri municipality – including the mayor houses in Semchinovo, Kovachevo, Vetren Velingrad municipality Rakitovo municipality (Pazardjik region: 5 municipalities, 6 mayor houses)	SS “St. St Cyril and Methodius - Pazardjik		Napredak Foundation - Pazardjik
	RA - Yambol	Yambol municipality Bolyarovo municipality – including the mayor houses in Voden, Stefan Karadjovo, Elhovo municipality – including the mayor houses in Boyanovo and Malamirovo Straldja municipality – including the mayor houses in Lozenets, Zimnitsa, Irechekovo, Alexandrovo Tundja municipality – including the mayor houses in Zavoi, Hadji Dimitrovo, Boyadjik, Botevo, Veselinovo, Drajevo, Kukorevo	Hristo Botev primary school – Kukorevo village, Tundja municipality, Yambol region	MC Dianamed 2001 – Yambol Sveti Pantaleimon hospital, Yambol	Integration of the Minorities Foundation - Yambol
	RHC – Montana				ECIP Foundation - Sofia
	RHC – Dobrich				National Network of the Health Mediators in Bulgaria
	RHC – Pazardjik				
	RHC – Yambol				
	RIPHPC – Montana				
	RIPHPC – Dobrich				
	RIPHPC – Pazardjik				
	RIPHPC – Yambol				

National level:	2 institutions;
Regional level:	12 institutions;
Municipal level:	
Pazardjik region:	5 municipalities, 6 mayor houses;
Yambol region:	5 municipalities, 16 mayor houses;
Montana region:	9 municipalities, 8 mayor houses;
Dobrich region:	8 municipalities, 21 mayor houses;
Schools	6 schools
Медицински центрове:	5 medical centers
NGO	7 NGO

A TOTAL OF 110 INSTITUTIONS

The main beneficiaries of project activities implementations were:

- 4 target regions with compact Roma population, specifically – Montana, Pazardjik, Yambol, Dobrich;
- Roma communities in municipalities with compact Roma population on the territory of the target regions;
- RHC, RIPHPC;
- GPs and other medical staff;
- NGOs implementing health promotion campaigns

The development of each activity during the project implementation will be presented in the following chapter.

IV. PROJECT ACTIVITIES

1. Project management

1.1. Initial phase – organization of project management, establishing central office and administrative coordination unit of the project

Even in the first two weeks from the start of the project a central project implementation office was established within the main office of Open Society Institute – Sofia on 56 Solunska Str in Sofia. Also, administrative coordination unit for the project was formed. Information channels between the project management team and key experts were established and the work on elaborating a work plan of the project started immediately. Responsible persons from each partner organization were appointed to cooperate, duties of each partner were allocated. The design of financial plan and selection of an auditor was also conducted in the first weeks from the start of the project.

1.2. Elaboration of criteria and announcement of a call for non-key experts. Elaboration of specific ToR for the work of each non-key expert (including four local coordinators).

Even in the first months of the project, the Consultant developed a procedure for evaluation, criteria and profile of 25 non-key experts, a necessary condition for the implementation. The announcement for selection of non-key experts was coordinated with and approved by the Senior Program Officer. In relation to the selection of local coordinators in the regions of Dobrich, Yambol, Pazardjik and Montana, the Consultant elaborated an additional procedure – conducting interviews with all eligible applicants. Selection committees were formed with the participation of regional EDI expert, representative of RHC and/or RIPHPC, local NGOs representatives, as well as representatives of the Consultant.

Conducted selection of non-key experts: The committee for evaluation and selection of non-key experts assessed the potential applicants for each position according to a point score model, approved by the SPO. The committee included the team leader of the project – professor Tournev and key experts Dr. Kalina Piperkova and Dr. Ivan Litvinenko. The protocols for selected non-key experts, including the legal expert, are presented to SPO and CFCU for consideration.

Selection of local coordinators: In regard to the selection of local coordinators in the regions of Dobrich, Yambol, Pazardjik and Montana, the Consultant carried out interviews with all eligible applicants in the period 10 – 17 December 2007. The committees formed in advance assessed the applicants on the grounds of the specific requirements informed. Each applicant was evaluated independently by every member of the local committees and the total of all evaluations formed the final evaluation of the applicant. In all regions the members of the committees were very responsible to the local coordinators selection, the procedure conducted was democratic and objective.

For the position of the 25 non-key experts a total of 61 CVs were received. In the assessment of CVs the members of the committee tended to respect gender balance, geographic balance, as well as involving non-key experts of Roma origin that meet the requirements announced. The Consultant suggested for approval from the total number of 25 non-key experts 11 men and 14 women; 9 out of which are from the country, 16 are from Sofia; 5 of the recommended experts are of Roma origin and one is of Turkish origin.

1.3. Kick-off meeting between the Consultant and SPO, representatives of DEDI at CoM and MH

On 22 October 2007 a meeting with representatives of the Consortium, representatives of DEDI at the CoM and MH was held. The duties and responsibilities of all stakeholders that are involved in the project implementation were discussed, together with next steps and main questions regarding the mobile units and medical specialists that will work with them. At this very early stage of the project the major uncertainties were:

- Delivery and terms of mobile units in the target regions;
- Type of mobile units;
- Appointment of official contact persons on behalf of RHC in the four project regions;
- Information for the medical specialists who will work with mobile units in the four region;
- The Consultant sent an inquiry to MH for receiving information for the mobile units available in Bulgaria: types of mobile units and services provided; geographic range; medical specialists trained in terms of planning the most efficient use of mobile units.

1.4. Ensuring sustainability of the project and announcement of project results. Preparation and conduction of inception meeting for official presentation of project components before interested institutions, NGOs, experts and others

On 28 November 2007 the Consultant held the Inception meeting on the project in Sofia. Representatives of NCCEDI, DEDI at the CoM, MH, MLSP representative, WHO, NGOs, etc. Professor Tournev presented before the public the specific project activities, the plans of the team for the project implementation.

1.5. Inception visits – presentation of the project in the target regions – Montana, Pazardjik, Yambol and Dobrich

The inception visits in the target regions were carried out in the period between 19 November and 4 December 2007. The inception meeting were organized with the cooperation of the regional EDI experts in Montana, Pazardjik and Yambol. In Montana, Pazardjik and Dobrich the events were officially open by the deputy regional governors and in Yambol – by the regional EDI expert. The average number of participants in the meetings was 25. The highest number of Participants was in Pazardjik where all members of the Regional Council for Cooperation on Ethnic and Demographic Issues were present. In each of the regions there were media representative who disseminated the information. Complete cooperation was declared by the regional administrations regarding the implementation of preventive examinations concerning maternal and child health care. Also, readiness for support to all other project activities was expressed at the meetings. In that relation the Consultant raised the question for the importance of selecting medical teams that will work with the mobile units. Therefore, the Consultant suggested in all three regions local committees to be formed with the participation of the Consultant, DEDI at CoM, RCCEDI, RHC, RIPHPC and other relevant institutions that could support the work of the RHC in the selection of medical teams and specialists. The Consultant's experience showed that the selection of quality medical teams guarantees the efficient implementation of project activities. In this regard the creation of such a committee guarantees the transparency of the initiative at local level, as well as relevant effective attainment of project's results planned that refer to the conduction of preventive medical examinations of disadvantaged women and children.

Results achieved after the Inception meetings held in the regions of Montana, Pazardjik, Yambol and Dobrich:

- Local institutions, NGOs, HM and municipalities in the regions of Montana, Pazardjik, Yambol and Dobrich were introduced to the specific project activities and schedule for implementation;
- Local NGOs, HM and potential applicants for local coordinators were informed in details for the conditions of the call for local coordinators;
- Committees for selection of local coordinators were established;
- Direct contacts with RHC representatives in Montana, Pazardjik, Yambol, Dobrich were established; specific steps for achieving maximum outcomes in the preventive examinations for disadvantaged ethnic minority women and children with a special focus on Roma were discussed;

1.6. Training of local coordinators

On 11 January 2006 training of local coordinators from Montana, Pazardjik and Yambol was held. The main issues discussed were:

- Main components of project's philosophy;
- Job description and duties of local coordinators in project implementation;
- Communication strategy, printed materials and special events within the project. Discussion of events celebrated in the target regions. Vasilitsa – the first holiday in field. Vasilitsa is celebrated in Yambol and Montana but in Pazardjik it is celebrated in a relatively small number of families and it is not appropriate to disseminate health message during that;
- Action plan for the first quarter of 2008. Next steps.

In the period April - June 2008 the team gathered and coordinated project activities on a regular basis by allocation of tasks, design of schedules and plan of field visits.

At the end of each month internal analysis for the progress of the project was being made, problems occurred in regard to delay in a certain task and possibilities for overcoming the delay were discussed. The team leader maintained regular communication as with the key experts, as well as with the non-key ones. The coordination with non-key experts from Sofia and the county is very good, as well as the coordination with the local coordinators. Local coordinators are in a constant connection with the team in Sofia, deliver monthly reports, organize meetings with local partners, work with the community, participate in materials dissemination, organize meetings with the community and local institutions. In regard to the organization and management of the project we can state that no problems were faced and this is one of the reasons the team to implement the activities according to the plan designed in advance.

1.7. Final meeting for announcing and summarizing the project results

On 4 November 2007 in Sofia a final meeting on the project was held. More than 70 participants from the whole country attended the meeting. On a set improvised stand the participants had the chance to see and receive information and promo materials developed under the project, as well as materials that accompany the preventive examinations and special events at locations. The meeting was officially open by the SPO. During the event, professor Tournev – team leader presented the concrete results achieved. Dr. Stamenkova, non-key expert on the project, presented the communication strategy, training curricula and materials, disseminated under the project. For the participants the presentation of Dr. Marinova (non-key expert) was of a great interests. It presented summarized results from the conducted gynecological and pediatric examinations in the regions of Montana, Dobrich, Pazardjik and Yambol during the months of August and September 2008 (Annex II). The analysis and summary is made on the grounds of the information provided officially by RHC – Montana, RHC – Yambol, RHC – Pazardjik and DCC II – Dobrich. The legal analysis elaborated under the project was presented as well and it represents a research on the Bulgarian legislation in the field of health insurance of children and pregnant women. Some recommendations for legislative changes were formulated in order to improve maternal and child health care, discriminatory practices and cases were also shared. The

meeting finished with a discussion in which a big part of the participants shared their attitude towards important issues related to the mobile services, partnerships between the institutions and the role of the health mediator.

At the end of the meeting the Consultant handed out certificates especially made for the event to institutions and partners that cooperated in the project implementation. Their cooperation was extremely useful, the partnerships we established during the project will last also for future initiatives. The meeting had a vast media coverage through the Sofia Press and BTA agencies, materials were published in a number of media, among which: Horizont Program of the BNR, electronic portals Zdrave.net and BGNES, Telegraf newspaper, Sedmichen Trud newspaper, 9 months magazine, etc.

The meeting was attended by representatives of RHC, RIPHPC, mobile teams, local coordinators, health mediators, NGO representatives, young people and families from the target regions who shared opinions regarding the ways for preventive examinations conduction, some problems and attainments. Representatives of the main beneficiaries of the project – NCCEDI at CoM, DEDI at CoM and the respective directorates in MH, as well as a CFCU representative were also present. The evaluation that the SPO and partners gave for the project was very high.

2. Implementation of the pilot programme for prevention and early diagnostics of cervical cancer in disadvantaged ethnic minority women

2.1. Appointment of interdisciplinary team comprised of representatives of the Consortium, MH, NHIF and RIPHPC for plan development and screening programme monitoring

It was necessary to implement this activity in cooperation with the institutions, namely MH, DEDI with CM, RHC of the 4 target regions. During the first project phase, the institutions did not provide the Consultant with the necessary information. Thus, during the second project phase the Consultant insisted that MH and DEDI with CM co-operated in organising a meeting with the Regional Health Centre (RHC) directors of Dobrich, Pazardjik, Yambol and Montana regions. The aim was to clarify key issues relating to project delivery. On 19 March 2008 such a meeting was held and important questions pertaining to joint activity implementation were discussed. In March 2008 we still had no official information from MH on when the interdisciplinary teams in the target regions were to be appointed. The Consultant recommended the selection of medical specialists to carry out the preventive examinations using the mobile units to be transparent and objective. To this end, we recommended selection criteria for medical specialists, as well as a procedure for the selection thereof, to be drawn up and publicly announced.

At the meeting, each of the four RHCs nominated a programme implementation coordinator and an agreement was reached to work in collaboration. A decision was made for representatives of the Consultant to have individual on-the-spot meetings with RHCs. RHC representatives pointed out that the medical teams would be appointed following tender procedures for selection of medical establishments to which mobile units were to be allocated. RHC tender procedures can be initiated only after the Minister of Health has issued an order. This procedure additionally delayed medical team selection.

In order to receive the most clear, detailed and specific information on the abovementioned issues, the Consultant maintained continuous communication with DEDI with CM and MH and, as a result, in March 2008 a number of meetings were held where part of the unclear issues were further clarified and the algorithm necessary to address any outstanding issues was drawn up.

2.2. Preparation and training of local mobile teams and specialists

The preparatory phase for the selection of medical specialists and/or health establishments to carry out the preventive examinations using mobile units was initiated already at the beginning of the third project phase, namely in April 2008. The selection of medical teams to service the mobile units was closely linked to the appointment of health establishments. After meetings with RHCs of the four target regions (Dobrich, Montana, Yambol and Pazardjik) were held, the teams were appointed within short periods of time allowing us to also plan the carrying out of trainings.

In April 2008 discussion of the schedule for mobile team trainings was initiated. A provisional schedule for carrying out the trainings was drawn up and agreed with the four RHCs. The Consultant's aim was to complete working meetings and mobile team trainings by the end of May 2008 as the target region RHCs expected the mobile units to be received in the beginning of June 2008.

In May 2008 working meetings with and trainings of mobile teams from Dobrich (10-11 May, Albena), Pazardjik (16-17 May, Velingrad) and Montana and Yambol (30-31 May, Sofia) regions were held.

The trainings were attended by medical specialists servicing the mobile units (OG specialists, paediatricians, X-ray lab assistants), RHC representatives, RIPHPC representatives, GPs, HMs, local coordinators, etc. The meetings in Albena and Sofia were attended also by a representative of DEDI with CM (Mrs. Rositsa Ivanova). The Sofia meeting was attended also by MH representatives (Mrs. Ahmedova, PHARE Programme consultant, MH, and Dr. Uzunov, government expert, Health Policy Department, MH).

Main focuses of the training programme for mobile teams, RHCs, and RIPHPCs:

- Organisation of mobile examinations and mobilisation of local communities;
- Principles and major steps in the on-the-spot implementation of screening programmes and examinations: main messages and information materials to incentivise local residents, number of patients, schedule, sheets to be filled in for each patient, providing feedback to patients, referrals;
- Principles and major stages in counselling. Communication and conveying health messages in multi-ethnic communities.
- HM's role in the process of implementing preventive examinations using mobile units. Surveys and data on the health status of Roma in the target regions;
- Roma history and culture. Roma groups and traditions with emphasis on the target regions;
- Roles and responsibilities of: HMs, local coordinators, GPs, DCCs, RHCs, RIPHPCs, MH, Consortium, DEDI with CM;

The main questions raised by mobile medical teams at the meetings were:

- The timelines for supplying the mobile units to the four RHCs in the target regions and the date for launching preventive examinations;
- The timeline for carrying out the examinations;
- The number of examinations per each mobile unit;
- The manners of and timelines for submitting the documentation pertaining to the preventive examinations: to RHCs and MH, to the project implementing body;
- How are patients to receive the preventive examination results (even where no illnesses have been found)?

- People responsible and timelines;
- In case additional examinations are done, will the physicians be paid for their additional work?

Medical specialists trained:

Medical specialists	Dobrich	Pazardjik	Montana	Yambol	Total
OGs, nurses and GPs	3	6	4	1	14
Radiologists and lab assistants	1	2	2	0	5
Paediatricians	1	2	2	1	6
Representatives of RHCs, RIPHPCs, etc.	3	3	2	1	9
Total					34

The Consultant provided assistance for addressing faster some of the questions raised and a significant portion of these questions have been explained to RHCs and mobile teams by MH representatives. The mobile teams and RHCs were prepared to launch preventive examinations using mobile units before the end of the third project phase.

2.3. Schedule for preventive examinations using mobile gynaecologic and paediatric units

During the second project phase, very serious work was done to select the settlements within the target regions where preventive examinations using mobile units were to be carried out. The choice of settlements was closely linked to another substantial task under the project, work with 60 Roma families from the target regions (15 families per region). The choice of settlements was preceded by criteria development.

Criteria for selection of hotspot settlements in the target regions

- **Primary criteria:**
 - Concentration of Roma population with serious health problems;
 - Health indices for each municipality within the four regions, as provided by RHCs: Child mortality/morbidity, maternal mortality, gynaecological morbidity
- **Specific criteria**
 - Prevalence and incidence of tuberculosis, hepatitis A, B, and C, sexually transmitted infections;
 - Prevalence and incidence of oncological gynaecological diseases;
 - Access of Roma population in rural areas to health services, i.e. infrastructure condition, distance from and access to hospital care, specialised care, access to communication services, etc.
 - Access to emergency medical care and quality of emergency medical services;
 - Settlements having no GP on a permanent basis;
 - Settlements serviced by a HM;

- Presence of leaders within the community (representatives of NGOs, HMs, etc.) having the potential to assist in delivering the project objectives;
- Specific local risk factors and risk groups, such as: drug abusers, occurrence of paid sexual services, human trafficking, seasonal migration both in and out of the country.

After the criteria were developed, the team also visited a number of settlements in the target regions that, on the basis of the background information available, could be defined as hotspots eligible for preventive examinations using mobile units.

Detailed information on the settlements visited and the issues identified has been presented in the Second Quarterly Progress Report covering the period from January through March 2008. When launching preventive examinations, some mobile teams did not take into consideration our recommendations. This resulted in unequal presence of medical teams in the settlements within the regions and, subsequently, in depriving patients in need from the preventive examinations. Unfortunately, the Consultant's role in developing the plan and the schedule was mainly advisory. Montana region very strictly adhered to our recommendations, but Dobrich region for instance could not manage to optimally organise the use of mobile units and to visit more settlements. The reason for this may be found in the lack of differentiated approach while earmarking the RHCs' budgets for carrying out the preventive examinations. Another significant reason is the weak partnership between the institutions in some regions.

During the third project phase, an indicative plan for carrying out the screening programmes jointly with RHCs, mobile teams, and local coordinators, was drawn up. The plan took into account the type and number of mobile units provided to RHCs in the four target regions, namely 4 mobile OG units and 4 mobile paediatric units.

The optimal options for allocating the examinations were discussed and the Consultant's recommendation was to start from peripheral areas within the region and to gradually move the mobile units towards the municipal/regional centre. Different options about the stay (number of days) of the mobile units within a settlement were also discussed. Local coordinators surveyed population numbers in the settlements where examinations were envisaged, as well as the number of potential patients. The number of examinations was also agreed with MH at the meeting with medical teams and RHCs in Yambol and Montana. We agreed a total 12,000 examinations to be performed in the four regions during the period from July through November 2008, i.e. if the examination period were 5 months, a total of 12,000 examinations were to be realised. The delay in supplying the mobile units and in launching the preventive examinations proportionally decreased the number of examinations that could be realised under the project.

(Subsequently, the preventive examinations were launched with one month delay, in August 2008.)

The roles of different partners in carrying out the preventive examinations were discussed and determined, e.g.:

Local coordinators

- to draw up schedules for the mobile units jointly with RHCs, medical teams;
- to accompany the mobile units in most settlements;
- to inform and mobilise the community to undergo the preventive examinations;
- to activate families and young people trained under the project to co-operate in explaining the importance of preventive examinations;
- to distribute information materials;

Health mediators

- To inform GPs about the preventive examinations and the schedules of mobile units;
- to distribute information materials;
- to inform the community about the importance of preventive examinations;
- to accompany patients, if need be;
- to assist medical teams in their work, if need be;

Consultant

- to supervise and monitor the performance of preventive examinations;
- to assist mobile teams in their work, if need be;
- to inform SPO about any problems arising, etc.
- to mobilise, if need be, local authorities to support examinations of patients residing in settlements that are not be visited by the mobile units;
- to organise, in parallel, discussions, events, meetings, etc. with the communities to explain the importance of preventive examinations;

The indicative timetables for performing preventive examinations in the target regions have been presented in the Third Quarterly Progress Report covering the period from April through June 2008.

Implementation of the preventive OG and paediatric examinations in the four target regions was launched in August 2008. In practice, the period to carry out the examinations was shortened by one month versus the five months initially envisaged for this activity (from July 2008 through November 2008 inclusive). In its previous report the Consultant pointed out that the respective number of examinations to be carried out would depend on the time of launching the mobile units (OG and paediatric). In the course of medical team trainings (May 2008), it was discussed with representatives of the beneficiaries under the project that over a period of five months it would be realistic to carry out a total of 12,000 examinations. The one-month delay in launching the mobile units might reflect on the number of examinations. The Consultant made efforts to compensate for this by recommending monthly updates to the examination schedules for the target regions.

2.4. Conducting preventive examinations using mobile OG and paediatric units (pilot programme for early diagnostics of cervical cancer and pilot programme for conducting preventive paediatric examinations by mobile teams)

Preventive examinations for breast cancer using a mobile mammograph were not performed as no mobile mammographs were supplied within the project. Unfortunately, this problem was beyond the Consultant's abilities to react or exert any influence.

In June 2008 the mobile OG and paediatric units were supplied to the four target regions, Montana, Yambol, Pazardjik, and Dobrich. Following said supply, local teams revised and fine-tuned the schedule of forthcoming examinations. The final plan for conducting the preventive examinations using mobile OG and paediatric units was further improved and agreed with RHCs, local coordinators, and medical teams. The project team focused their efforts on preparatory activities aimed at mobilising communities, local authorities, general practitioners, and medical teams to launch the preventive examinations. Local co-ordinators researched if the settlements

within the target regions had three-phase power supply necessary for the operation of mobile units. A number of meetings with the mayors and municipal administrations in these settlements were held.

In relation to the organisation of preventive examinations in the target regions, as well as to optimise the schedules, improve team co-ordination, allocate the roles of different partners under the project, and inform potential patients, the following activities were carried out (meetings held in July 2008):

Region	Meetings for presenting the project and handing out information materials under the project (meetings with young people, NGOs, etc.)	Meeting with RHCs aimed at obtaining information on the preparedness of medical teams	Meetings with mayors and local authorities	Meetings with RIPHPCs and HMs to co-ordinate joint activities under the project	Meetings with medical teams
Yambol	XXXX	XXXX	Tundja and Yambol Municipalities	XXXX	XX
Dobrich	XXXX	XXXX	The village of Kranevo; Balchik and Tervel Municipalities	XXXX	DCC II Dobrich
Montana	XXXX	XXXX	Lom and Montana municipalities	XXXX	Hippocrates MC
Pazardjik	XXXX	XXXX	Pazardjik and Septemvri municipalities	XXXX	RHC representatives

During the preparatory phase, two types of posters/notices (for mobile OG and paediatric units, respectively) were developed and distributed. The posters provided information on both the type of examinations and the places where the mobile units were to be located, as well as on the examination hours. Mayors, young people and families trained under the project, as well GPs from the settlements concerned were notified.

Launching the preventive examinations: The examinations were initially launched in Montana region on 25 July 2008 where the Regional Governor formally announced the launch thereof in the presence of all partners, namely the Deputy Regional Governor, the local co-ordinator, health mediators, young people and families trained under the project, NGOs, Montana municipality EDI expert, etc. In Yambol and Pazardjik regions the preventive examinations were launched on 1 August 2008 and in Dobrich region on 11 August 2008. Below are summaries of the organisation of the preventive examinations in each of the target regions.

Yambol region: The preventive OG and paediatric examinations using mobile units were launched in Yambol region on 01.08.2008. All mayors of the municipalities where examinations were to be carried out in August and September 2008 (Yambol, Straldja, and Tundja), as well as the Yambol Regional Governor, were notified of the launch of the preventive examinations. In order to mobilise Roma communities in those settlements the following activities were carried out on a regular basis:

- Regular meetings with the mayor and the health mediator of the village of Veselinovo, Tundja municipality;
- Regular meetings with the mayor and the health mediator of the village of Drazhevo, Tundja municipality;
- Regular meetings with the mayor and the health mediator of the village of Kukorevo, Tundja municipality;
- Regular meetings with the mayor and the health mediator of the town of Straldja;

(In the abovementioned settlements within Tundja municipality, as well as in Straldja municipality, health mediators have been working for three years. Their work with Roma communities has run continuously which facilitated the process of community mobilisation for carrying out the preventive examinations.)

- Regular meetings with the village-councils on the territory of Tundja municipality, namely: villages of Zavoy, Hadji Dimitrovo, Boyadjik, Bezmer, Botevo, and Krumovo. The work in these villages was assisted by the health mediators from neighbouring villages on the territory of Tundja municipality;
- In all settlements concerned, notices of the arrival of mobile units were posted up at least 5 days in advance indicating the place where the units were to be located, as well as the examination hours. In addition, young people and families trained under the project were handing out information leaflets and other promotional materials.

The team in the person of both key and non-key experts regularly visited Yambol region. During their visits key expert 2 (expert in women's reproductive health) found that the unit equipment was really up-to-date and possessed very good diagnostic parameters. Dr. Piperkova made a recommendation for regular colposcopic examinations as this examination could not be replaced by pap smears and was important for gynaecological disease prevention.

The project team provided promotional materials, such as t-shirts, children's bibs, mugs, stickers, etc. The interest towards the examinations in Straldja and Tundja municipalities was big. HMs in Straldja and Drazhevo had informed the community well in advance and the organisation for mobilising people was excellent. The local co-ordinator has been working with both local HMs and mayors. In August, people living in the villages are usually occupied with field work during the daytime. Out team recommended that the mobile units visited the villages in the afternoon and stayed until later. The Consultant made recommendations for the medical specialists to record each patient's GP in his/her ambulatory file so that the GP concerned could take appropriate measures should any diagnosis be made. Medical teams, local co-ordinators and HMs agreed that a differentiated approach had to be adopted in performing the examinations.

The mayors of some settlements invited the mobile teams to visit them again as there was a large number of people wishing to undergo examinations, e.g. in the villages of Veselinovo, Hadji Dimitrovo, and Zavoy. Health mediators in the villages of Veselinovo, Drazhevo, and Straldja were very active in supporting the preventive examinations. They also supported the work of mobile units in the neighbouring villages, Zavoy and Hadji Dimitrovo. People everywhere said

they were extremely happy with the convenience provided by the paediatric surgeries and with the fact that they could easily access a paediatrician if a new problem with their child occurred. The paediatrician's role in the village of Zavoy where they had a mumps outbreak was invaluable. In October 2008 the mobile units started carrying out preventive examinations also in Elhovo and Bolyarovo municipalities.

Montana region: The preventive examinations were first launched in Montana's Kosharnika neighbourhood. For almost the entire month of August 2008 mobile units serviced the two largest Roma neighbourhoods in Montana, Kosharnika (2,500 people) and Ogosta (1,700 people). Mobile units were situated in Kosharnika neighbourhood until 12.08.2008 and in Ogosta neighbourhood from 13.08.2008 through 22.08.2008. During the first month of operation of the mobile units, co-ordinating meetings were regularly held in Montana region with the support of the Deputy Regional Governor Dr. Krum Krumov. Key partners, namely the implementing bodies Montana MMC, Montana RHC, Montana municipality EDI expert, the local co-ordinator, and HMs, took part in these meetings. At one of the meetings of 8 August 2008 our team, together with Rositsa Ivanova, representative of DEDI with CM, visited Montana and met with Dr. Krum Krumov, Deputy Regional Governor; Dr. Georgieva and Dr. Petrov, Montana RHC; Dr. Vildirasov, head of Montana MMC; HMs of Montana municipality; and Montana municipality EDI expert. Major issues concerning the convincing and mobilisation of the people and the roles of HMs and the local co-ordinator were discussed. In the Deputy Regional Governor's opinion, one weakness was the organisation of visits for OG examinations. In the first days of the examinations women had no sufficient information on the preventive OG examinations. It seemed that one HM was not sufficient for Montana's large neighbourhoods. The process of motivating women was further hampered by the fact that HM has started his work relatively soon (in July 2008) and was not yet known in Montana's large Roma neighbourhoods. In relation to these criticisms, the project team had an additional meeting with HM where key techniques for convincing women to undergo the preventive examinations were explained, such as:

- approach tailored to each woman;
- adopting the door-to-door approach and explaining the nature of examinations using OG units, what type of test the pap smear is and why it is necessary;
- relying on the authority of women that have influence in the neighbourhood and are able to convince other women;

In Kosharnika neighbourhood, OG unit visits were less in the daytime as most women worked in the fields. Therefore, we discussed with medical teams and RHC the option of starting examinations at later hours. We recommended that some examinations were organised during the weekend at the expense of some weekdays. In Montana, regular meetings were held among the different partners, namely RHC, regional administration, HMs of Montana region, RIPHPCs, the local project co-ordinator, etc. The institutions concerned regularly discussed the issues and difficulties arising during the operation of mobile units and agreed on measures to address these. A noteworthy peculiarity of the work in Montana region was the active co-operation on behalf of the regional administration in the person of the Deputy Regional Governor. This practice was exceptionally useful for conducting the preventive examinations.

In September 2008 preventive examinations were carried out in Berkovitsa and Varshets municipalities. In Berkovitsa municipality HM was appointed in July 2008 and she actively co-operated in conducting the preventive examinations. Very high interest among women was observed in Berkovitsa. Unfortunately, local leaders in Berkovitsa were not willing to co-operate and thus were not sufficiently active. One problem occurred when the mobile unit arrived at the

village of Lehchevo (on 23.09.2008). The mayor of the village was not willing to assist in providing three-phase power supply and was sceptic towards the programme. He has been unwilling to co-operate since the beginning of the project when he failed to provide families and young people to be trained. Despite the insistence of the local co-ordinator and local institutions from Montana (RHC and the regional administration) his refusal was resolute. Thus, a change in the schedule was required. With the assistance of RHC the mobile unit was relocated in the village of Gabrovnitsa. Notices were posted, promotional materials were handed out and the community was informed about the forthcoming examinations.

In the last week of September 2008 preparation to hand over the mobile unit to the second medical team, which was to work in Lom, Valchedram, Medkovets, Yakimovo, and Brusartsi municipalities in October and November 2008, was started. Meetings with Lom health mediators were held. The local co-ordinator maintained communication with them and provided them with information on the movement of the mobile unit and current positive practices. On 29.09.2008 the mobile unit was handed over to the second medical team, namely Hippocrates Medical Centre in Lom. The preventive examinations in Lom's Roma neighbourhoods were launched at the beginning of October 2008.

In October 2008 the mobile unit started operation in Lom municipality under the Hippocrates Medical Centre team. The local co-ordinator has worked with Lom HMs in advance to advise them on how to be effective partners in the organisation of the preventive examinations.

The Consultant deemed the city of Lom a settlement strategic to the project's success given the compactness of the Roma community. On 8 October 2008 a representative of the Consultant visited Lom's Mladenovo neighbourhood. Additionally, the final schedule for conducting the examinations in October 2008 was drawn up jointly with HMs, the local co-ordinator, and the medical team. Lom HMs also developed a schedule specifying the neighbourhoods where they would be responsible for the programme.

On 17 October 2008 a meeting was held in Valchedram municipality with the mayor, Mr. Barzin. Details on the operation and security of the mobile unit were agreed. On 20 October 2008 the joint activities of HMs within the municipality relating to both the organisation of examinations and determining the working hours were co-ordinated with HM in the village of Dolni Tsibar.

Dobrich region: On 11 August 2008 the preventive examinations were launched in the village of Orlyak, Tervel municipality, Dobrich region. These were carried out by DCC II Dobrich Ltd. In Tervel municipality, preliminary meetings with the mayors and deputy-mayors of the villages of Orlyak, Zarnevo, Bezmer, Kableskovo, and Nova Kamena, as well as with the health mediator in the town of Tervel, were held. A representative of the Consultant was present on the first day of examinations in the village of Orlyak, Tervel municipality. The preliminary work pertaining to the provision of information on the examination dates for Dobrich region was done with precision by the local co-ordinator and HMs (where such were appointed). The village mayors and the young people and families who took part in the training programme participated actively. Notices of the examinations were distributed at least 4 or 5 days before the mobile units arrived. The young people and families who took part in the training programme contributed greatly in promoting the examinations. Information on the conducting of the preventive examinations of women and children was also distributed by GPs in the relevant settlements.

In Dobrich, abdominal and endovaginal echography was performed on all women in addition to the clinical examination. Pap smears were taken from all women examined. Colposcopy was performed on some women. Abdominal echography was performed on all children in addition to

the clinical examination. Where acute illnesses were found, physicians prescribed therapies. One positive practice in Dobrich was the joint work of medical teams performing the preventive examinations with RIPHPC teams. In some settlements an RIPHPC team held lectures at the time when the preventive examinations were conducted. In other settlements (the villages of Bezmer and Karapelit) RIPHPC tested 79 people using a mobile surgery for anonymous HIV and AIDS testing.

As the Consultant emphasised on more than one occasion in their monthly progress reports, the need for preventive examinations is greatest in Dobrich region. From the very beginning of examinations there was very high interest. It became clear that the days and number of examinations envisaged per month would be highly insufficient. Already during our first visit to potential settlements within Dobrich region we warned that it would be necessary to tailor the activities according to each region's needs. In Dobrich region, due to the schedule and the limited number of examinations agreed between Dobrich RHC and DCC II (laid down in a contract), it proved out that the smallest number of examinations were to be conducted and the smallest number of settlements were to be visited.

On 17.09.2008 the local co-ordinator and DCC II determined the settlements where examinations were to be carried out in October 2008 as follows:

- 02.10.2008 - the village of Feldfebel Dyankovo, Dobrich municipality;
- 03.10.2008 - the village of Altsek, Dobrich municipality;
- 09.10.2008 - the village of Krushari, Krushari municipality;
- 10.10.2008 - the village of Lozenets, Krushari municipality;
- 15.10.2008 - the town of General Toshevo, Gen. Toshevo municipality;
- 16.10.2008 - the village of Preselnitsi, Gen. Toshevo municipality;
- 17.10.2008 - the village of Spasovo, Gen. Toshevo municipality;

The working hours were set between 2.00 pm and 10.00 pm.

On 01.10.2008 at a meeting with representatives of Social Activities Directorate and the Krushari municipality EDI expert questions relating to the organisation of examinations on the territory of said municipality were discussed.

There was great interest in the paediatric examinations in the villages of Feldfebel Dyankovo and Altsek (Dobrich municipality). Upon the request of mayors and local residents, the mobile units were at the disposal of the two villages also on 04.10.2008 (Saturday). The examinations were continued in the village of Krushari on 09.10.2008. Due to the high interest in the gynaecological examinations we suggested that the residents of Krushari used the additional mobile services offered on 11.10.2008 (Saturday) in the village of Lozenets (the distance is some 2 km). Mrs. Rositsa Ivanova, DEDI with CM, was present at the examinations in the village of Lozenets on 10.10.2008. Over the period from 02.10.2008 through 11.10.2008 inclusive, 145 children and 100 women were examined.

In relation to the criticisms towards the small number of examinations conducted in Dobrich region, a meeting was held on 08.10.2008 with Dr. Demireva (DCC II Director) and those performing the examinations, Dr. Bonev and Dr. Kondov, to revise and optimise the examination schedule. The schedule was then amended according to the Consultant's recommendations for the work in the settlements concerned. The working hours took into account the needs of local people. The medical team started to work more intensively with the aim of covering a larger number of people. The preventive examination schedule for October 2008 included a larger number of settlements and the envisaged workload of medical teams was the maximum possible.

As a compensation for previous months, the medical team would also work extended hours, from 8.00 am to 10.00 pm on some days.

During the examinations in General Toshevo municipality we found, through conversations with the women, that most of them had not undergone any gynaecological examinations since they last gave birth (for some of them this meant a period of 15-20 years). In the course of examinations we were actively assisted by the EDI expert and deputy mayor in charge of finance with the municipality (Mr. Georgiev).

On 10.10.2008 a meeting was held in Shabla municipality with Mr. Mariyan Zhechev, deputy mayor in charge of finance; Albena Stoeva, EDI expert; and Emiliyan Stoev, health mediator. Information posters about the forthcoming examinations, printed materials, etc. were provided at the meeting. Information on the forthcoming examinations was published in the local municipal Izgrev newspaper.

Not all women wishing to undergo examination were examined in the course of examinations. HM supported the work of mobile teams and prepared the provisional list of women wishing to undergo examination to avoid many people queuing in front of the surgeries. In addition, many women of Bulgarian origin also expressed their desire to be examined. On 21 October 2008 they were given this opportunity and visited the preventive examinations.

On the initiative of the municipal administration of Kavarna, information on the mobile unit schedule was broadcasted on the local cable TV-channel. On 22.10.2008 the examinations in the Roma neighbourhood of Kavarna were launched. Mobile teams worked nonstop from 8.00 am till 10.00 pm. There was a long queue of women wishing to undergo the preventive examinations. Printed materials on health subjects covered by the project were also handed out. A large number of women and children were covered in Kavarna municipality.

In Balchik municipality the mobile unit operated in the last days of October 2008 and was to continue work in the first days of November 2008 in the village of Obrochishte where there is compact Roma population with serious health problems. Schoolchildren from the Disabled Children Home in the village of Kranevo are to be transported to the mobile unit using municipal conveyances.

Pazardjik region: In Pazardjik region paediatric examinations were launched on 01.08.2008 in Septemvri municipality, whereas gynaecological ones were launched on 15.08.2008 in the same municipality (the delay in launching gynaecological examinations was due to delays in the supply of consumables for the OG equipment). For almost the entire month of August 2008 the mobile unit was servicing Septemvri municipality. To organise the launch of examinations, a number of talks with RHC, Pazardjik EDI expert, the local co-ordinator, and the health mediators, were held.

The project team visited the region on 15 August 2008, where in the village of Kovachevo, Septemvri municipality, both mobile units were operating simultaneously for the first time (paediatric care was launched two weeks earlier). The team met with the specialists working at the mobile units. Mrs. Rositsa Ivanova, DEDI with CM; Pazardjik region co-ordinator; health mediators; patients; participants in the training modules for young people and families, carried out during previous reporting periods, also took part in this meeting. During the visit mobile teams and volunteers were branded with promotional materials under the project. Printed information materials, as well as promotional ones, such as t-shirts, bibs, and towels, were handed out. Stickers about the project, as well as posters announcing the mobile services locally,

were distributed in advance in the settlements concerned, e.g. in front of the surgery, the town-hall, cafés, and other places used for socialisation. Virgin Mary's Day on which the visit took place is not relevant to the target group consisting mainly Muslims, but we did not miss the opportunity for discussions with the community and educational Q&A sessions. Principal questions relating to the organisation, in particular the most convenient time at which to carry out the examinations, convincing and mobilising people; and the roles of HMs, trained volunteers, and the local co-ordinator, were discussed. The target group considered that a change in the working hours of the OG surgery was required as most women were unable to visit the services in the morning due to seasonal workload of field agricultural activities. Medical teams were flexible and reacted quickly where there was need to amend the schedule, examination hours, etc.

The project team had a talk with HM and trained volunteers at which the techniques to convince women to attend the preventive examinations, such as approach tailored to each woman; branding key locations; information materials; and working hours flexibility, were explained. In August 2008 the examinations covered settlements in Septemvri municipality, namely the town of Septemvri, the villages of Kovachevo, Zlokuchene, and Semchinovo. Examinations in the villages within Pazardjik municipality, namely Aleko Konstantinovo, Glavinitsa, and Zvanichevo, were also launched. HMs from the city of Pazardjik actively assisted in the organisation. Jointly with the Pazardjik RIPHPC expert, health leaflets were handed out and explanatory talks were given to mothers on how to feed their children and when to present them for immunisations. In Pazardjik region different paediatricians took monthly turns working with the mobile paediatric units. Dr. Lyutakova was in charge of OG examinations for the entire period. Here, as in Yambol, on some days examinations were conducted in parallel in two different settlements. This was necessitated by the fact that OG examinations in Pazardjik were delayed by 15 days and additional visits were required in some settlements already visited by the mobile units.

Information on the examinations conducted over the period from 1 August through 10 November 2008

Region/Period	Pediatric Examinations	OG Examinations	Pap Smears	Examinations Total
Yambol	1280	1300	918	2580
Dobrich	1625	1375	1258	3000
Montana	1717	1596	563	3313
Pazardjik	2141	1238	972	3379
Total	6763	5509	3711	12272

3. Analysis of the legal basis applicable to the health insurance of pregnant disadvantaged ethnic minority women

3.1. Development of criteria and publication of competition for legal expert;

The work of the legal expert is an important project component. Already in the initial project phase, Terms of Reference were drawn up with respect to the activity of the non-key legal expert,

as well as the requirements towards that expert. Publication of the legal expert position and the selection procedure were carried out during the initial project phase together with the selection of the other non-key experts under the project. The main responsibilities of the legal expert were:

- To prepare an analysis of the health legislation and normative documents: Component 1 – analysis of the legislation and normative documents regulating health insurance of pregnant women;
- To prepare an analysis of the health legislation and normative documents: Component 2 – analysis of the legislation and normative documents regulating the rights of patients and comparisons with the practice;
- To analyse discriminating texts in the social legislation, such as benefits for raising children under the age of one, number of days worked in respect of families on social allowances;
- To analyse the cases of infringements in the provision of medical care to pregnant women in Roma communities found by HMs and to formulate recommendations for changes in the negative practices from a legal and normative perspective;
- To analyse any gaps in the legislation with respect to existing regulations and laws, as well as with the practice, and to make comparisons with national priorities in the field of maternal and child health care;
- To draw up recommendations on the basis of the analysis for legislative amendments, etc.;
- To support the PR team in the elaboration of two information leaflets, one on the rights of patients in the field of health legislation and the other on the opportunities for supporting disadvantaged people provided by the social legislation

3.2. Work of the legal expert under the components of the Terms of Reference To draw up recommendations on the basis of the analysis made by the legal expert for legislative amendments, etc. (Component 1) and to analyse normative documents and legislation on the rights of patients and make comparisons with the practice (Component 2) To draw up recommendations on the basis of the analysis made by the legal expert for legislative amendments, etc. (Component 2).

The initial version of the analysis of the legal basis concerning the health insurance of pregnant disadvantaged ethnic minority women (Component 1) and the analysis of the normative documents and legislation on the rights of patients and the comparisons with the practice (Component 2) were completed by the non-key expert in June 2008. The Consultant considered that more comprehensive work was needed and asked SC to extend the deadline for submitting the final version of the analysis until mid-September 2008. The assessment made by the Consultant showed it was necessary to make more extensive recommendations and conclusions. In order to achieve a more extensive analysis and to present comparative and analytical cases, the Consultant proposed the analysis content to be structured in the following way:

- Background on the situation in the country by providing a summary of the problems relating to health care and prevention in children, pregnant women and young mothers among the Roma minority in Bulgaria;
- Review of Bulgarian legislation on maternal and child health care (Component 1), prophylactic measures and prevention, status of those having no health insurance, including: Constitution of the Republic of Bulgaria; Health Act; Health Insurance Act; Mandatory Social Insurance Code; Labour Code; National Health Insurance Fund Budget Act; Protection Against Discrimination Act; relevant bylaws; relevant international

documents ratified by Bulgaria whereby obligations are assumed to standardise patient rights;

- Review of Bulgarian legislation on the rights of patients and their realisation in practice (Component 2) including the right to equal treatment where Roma patients are concerned;
- Review and analysis of discriminating texts existing within Bulgarian legislation resulting in indirect discrimination of patients belonging to the Roma minority;
- Finding gaps in the legislation;
- Review of National Framework Agreements and the programmes on maternal and child health care included therein;
- Review of adopted national strategies, programmes, and plans;
- Presentation and analysis of Bulgarian jurisprudence in this field;
- Presentation of good national and local practices in this field (including those achieved through project funding);
- Comparative and analytical review of the legislative solutions found in Slovakia and Hungary (in order to make comparisons with Central European countries, formerly under socialist rule and currently Member States of the European Union);
- Comparative and analytical review of the legislative solutions found in Belgium and the United Kingdom (in order to make comparisons with Western European countries, currently Member States of the European Union);
- Recommendations for legislative amendments and solutions.

The initial analysis showed gaps in the regulation – there were no provisions for the medical care of women having no health insurance.

The legal analysis was finalised in September 2008 and was presented as Annex III of IV Quarterly Progress Report. The two components of the analysis were joined into one general report. Apart from Components 1 and 2 envisaged in the Terms of Reference, the report also touches upon practices in the Bulgarian judicial system, presents good national and local practices, and contains a comparative review of some legislative solutions in this field found in EU Member States.

The recommendations for legislative amendments made will be discussed at a meeting scheduled for early November 2008. The main recommendations for legislative amendments and solutions aim at changes in specific texts within:

- Constitution of the Republic of Bulgaria
- Health Act
- Health Insurance Act
- Mandatory Social Insurance Code
- Labour Code
- Ordinance No 26 of 14.06.2007 regulating the provision of midwifery care to women having no health insurance and the conducting of tests falling outside the scope of mandatory health insurance of children and pregnant women issued by the Ministry of Health (In force from 01.01.2007. Issued by the Ministry of Health, Promulgated, SG No 51/26 June 2007).

4. Improving the communication between Roma and health care providers

4.1. PR strategy for improving the communication between the Roma community and health care providers

The development of the PR strategy was initiated already in the first three months of the project. It is based on a number of surveys of the needs among target Roma communities administered in the last few years. The PR strategy envisages the organisation of several types of events combined with appropriate media presence locally that aim to improve not only the level of awareness with regard to a number of aspects of maternal and child health care, but also to create interest in the medical services on offer.

Target groups:

- Roma communities in the four project regions with focus on women and children;
- regional, municipal and local authorities in the four project regions;
- regional and local media.

Slogan – major communication message:

On the basis of consultations with key local representatives of target groups, the slogan put forward by the team was approved, namely ‘*Go and Ask!*’.

Pursuant to the major focuses of the interventions planned for 2008, four slogans were further developed and tested; these are as follows:

- ‘Go and Ask! Test yourself!’ (screening programme for prevention of cervical and breast cancers);
- ‘Go and Ask! Immunise yourself!’ (child health care and prevention);
- ‘Go and Ask! Use a condom!’ (prevention of HIV/AIDS and sexually transmitted infections);
- ‘Go and Ask! Plan your future!’ (family planning)

The communication strategy includes the following major channels:

Direct outreach to target groups under the project:

- Work with Roma communities in the target project regions;
- Holding public events associated with holidays traditional for the Roma and Turkish ethnic communities: St. Vasil’s Day (14 January), St. Theodor’s Day (15 March), St. George’s Day (6 May), Easter, Virgin Mary’s Day (15 August), Seker (Ramazan) Bayrami (2 October). Unfortunately, the events planned around Kurban Bayrami (8 December) remained outside the project period after the working schedule was revised from 20 to 14 months and Kurban Bayrami was thus replaced with St. Theodor’s Day.

Indirect outreach to target groups under the project:

- Development and distribution of educational materials relating to the different aspects of maternal and child health care;

- Development and distribution of promotional materials;
- Media presence and communicating the project concept and slogans at regional level;
- Regular meetings and discussions with representatives of local authorities.

The main message, ‘*Go and Ask!*’, was tested in the four project regions, Pazardjik, Yambol, Montana, and Dobrich, during the second project phase and the field work within communities. Local co-ordinators, health mediators, families and young people from target settlements, as well as representatives of municipal structures, took part in the testing. The feedback was positive and the participants’ overall feeling was that the message was going to be accepted well.

4.2. Distribution of the educational materials developed under the project: leaflets – Maternal and child health care, immunizations, STIs/AIDS, prevention of breast and cervical cancers; flyer about the role of health mediators

The distribution of information materials among target groups was started right after they were printed out. This was initially done through health mediators, local co-ordinators, trained young people and families, etc. During the second project phase (January – March 2008) the information materials were distributed among the target group as follows:

Region	Pazardjik	Yambol	Montana	Dobrich
Settlements	Peshtera, Septemvri, Semchinovo, Kovachevo, Strelcha, Pazardjik, Ivaylo, Malo Konare, Chernogorovo, Sinitovo	Zavoy, Hadji Dimitrovo, Boyadjik, Botevo, Kukorevo, Drazhevo, Elhovo, Bolyarovo, Malomir, Voden, Stefan Karadjovo, Yambol, Straldja	Lom, Vladimirovo, Lehchevo, Vasilotsi, Kriva Bara, Berkovitsa, Varshets, Valchedram, Septemvriytsi, Dolni Tsibar, Medkovets, Dalgodeltsi, Dolno Tserovene	Balchik, Obrochishte, Kavarna, Shabla, General Toshevo, Spasovo, Pchelarovo, Krushari, Lozenets, Zagortsi, Tervel, Bezmer, Orlyak, Karapelit, Podslon, Feldfebel Dyankovo, Altsek, Sliventsi, Pobeda, Plachidol, Dobrich

The materials distributed during the second project phase presented both the project concept and the role of HMs among ethnic communities. The products developed were assessed as good by the target group with respect to their language simplicity and content clarity.

The distribution of information materials among target groups during the second project phase was done mainly during the team visits in Dobrich and Yambol regions. In May 2008 the printed materials developed were distributed through two main channels: local co-ordinators and the young people and families trained under the project. The distribution of materials was carried out at the time of different events and, for the most part, at the time of the holiday popular among Roma, 6 May (St. George’s Day).

The materials were distributed mainly at, but not limited to, the time of holidays, as well as at young people’s gatherings. Information materials were distributed at a football tournament held in May 2008 (in the town of Septemvri). Again, young people who took part in the trainings were actively partaking in this activity. All events where materials were distributed were monitored by local co-ordinators.

In June 2008 project experts had a number of meetings with adolescents and families from the four regions. These meetings were organised with the assistance of local co-ordinators. Some of the participants in these meetings were persons who had passed the trainings organised by the Consultant. The respective meetings were held depending on the relevant subjects discussed:

- Meetings with families. Families who had not taken part in the seminars organised were drawn in these meetings. The project concept was presented to these families. Information materials on issues relating to children immunisation and nutrition, materials concerning the prevention of sexually transmitted infections, breast and cervical cancers, as well as materials on the subject of contraception, were also provided.
- Meetings with adolescents from the four regions. The main objective of these meetings was to have discussions with young people on problems relating to sexually transmitted infections, contraception, and the principles and background of family planning. The participants were also given information materials relevant to the subjects discussed. Apart from the young people who passed trainings, friends of theirs also took part in these meetings.

As a result of this activity, several major observations can be made. The first is related to the fact that the distribution of the information materials prepared is directly linked to the locally anticipated preventive examinations. Preparedness for the forthcoming medical interventions was established in the target group, and among women in particular. In this regard, the Consultant has a considerable quantity of information materials available for further distribution among the community. This presents one more opportunity which we will use to motivate the population to participate in the preventive examinations envisaged.

The second observation is related to the process of material distribution. It was laid down in the project concept that young people and families who passed the trainings should become a separate channel of distribution. In the course of the project it was found that other people who had not passed the training programme were willing to support this activity. Among the elderly this fact can be explained with the existing understanding of the importance of such information. Among adolescents the main motivation is that they are helping a friend who is often a leader among his peers.

The third observation is related to some concerns expressed by the Consultant about the high illiteracy level among the Roma community. Indeed, this channel for provision of information is not sufficient in itself. Therefore, health mediators, local co-ordinators, as well as the young people and families who passed the trainings, play an important role in the distribution of materials. During their on-the-spot visits some project experts evidenced that the content of the materials was being explained and even read to others.

The fourth observation is related to the interests of men and women in the materials provided. It is known that the Roma community is patriarchal which largely pre-determines the roles of both sexes. Men were mainly interested in the materials concerning sexually transmitted infections and, partly, in those concerning contraception. Women were mostly interested in the materials on cervical and breast cancers, but this was linked to the anticipated preventive examinations for cervical and breast cancers. The materials on contraception provoked the greatest interest. Women who had already given birth were interested in the opportunities to have pessaries inserted, whereas younger women or those who had still not given birth were more interested in the reliability and safety of hormonal contraceptives.

The distribution of the materials developed under the project was done through local project co-ordinators, HMs, as well as through young people and families who passed the trainings. Several channels were used:

- during the preventive examinations (OG and paediatric);
- during meetings with representatives of the local communities;
- during meetings with representatives of local authorities;
- during traditional fairs;

The distribution of information materials was particularly intensive at the time the preventive examinations were carried out. This included publications on healthy diet, cervical cancer, breast cancer, sexually transmitted infections, as well as materials relating to the need of immunisations. Promotional materials (t-shirts, mugs, bibs, and towels) were also handed out at health talks with representatives of the local communities or at events in the relevant target regions. Condoms provided by the Consultant were also distributed, including to men.

In Dobrich region the traditional local fair in the village of Stozher (10 September 2008) was used to distribute information materials. In the village of Karapelit (17 September 2008) information and promotional materials were distributed jointly with Dobrich RIPHPC. On 15 October 2008 a meeting with adolescents was held in the village of Spasovo (General Toshevo municipality) where t-shirts and information materials were handed out. GP in said village also received an additional amount of bibs and other promotional materials. On 31 October 2008 a meeting with young mothers organised with the support of the local GP was held in the village of Obrochishte.

In Montana region young people who were particularly active during the trainings and HMs were used. Health talks were held in schools (Berkovitsa, Vladimirovo, and Varshets) where the materials developed were distributed.

In Pazardjik region schools with predominant Roma presence in Peshtera, Pazardjik, and Stamboliyski municipalities were visited. GPs, HMs and young people trained under the programme took part in the distribution of materials. In October 2008 the traditional holiday Seker Bayrami in the city of Pazardjik was used. Information materials, t-shirts, towels, and bibs were handed out at an event organised on the occasion of the holiday. A short health talk was also given.

In Yambol region information materials were distributed mainly during the preventive examinations, but in Yambol's neighbourhood towels, mugs, and bibs were also distributed among young mothers and children. In Yambol and the village of Kukorevo health talks were held which covered also the subjects of prevention of sexually transmitted infections and cervical cancer.

The main message '*Go and Ask!*' was accepted very well by the representatives of ethnic communities, as well as by medical teams, HMs, representatives of RHCs, RIPHPCs, and municipalities.

Table on the distribution of information and promotional materials over time

	Material Type	Distributed per Quarters			
		I-III	IV-VI	VII-IX	X-XI
1	Contraception		9,000	6,500	4,500
2	STIs		9,000	6,500	4,500
3	Breast Cancer		9,000	6,500	4,500
4	Cervical Cancer		9,000	6,500	4,500
5	Healthy Diet	2,000	7,000	6,500	4,500
6	Immunisations	2,000	7,000	6,500	4,500
7	HMs' Role	5,000	3,000	6,500	5,500

8	Project Presentation	2,000	1,000	1,200	800
9	Health Care Rights				20,000
10	Social Support				20,000
11	Stickers			600	400
12	Towels			400	350
13	T-shirts			650	350
14	Bibs			850	150
15	Mugs			100	100
16	Poster Notices for OG Examinations			250	250
17	Poster Notices for Paediatric Examinations			250	250

Note: During the preparatory phase of the production of promotional materials it was found that it was necessary to produce bibs (in relation to paediatric examinations) and posters/notices for the preventive examinations locally. In this regard, additional quantities of bibs and posters were produced at the expense of t-shirts and stickers which aided in the more effective distribution of materials in accordance with the needs of the target groups.

4.3. Preparation of 60 Roma families to take part in the promotion campaign

During the second project phase, 15 families from settlements in Pazardjik (January 2008), Yambol, Montana, and Dobrich (February 2008) regions were identified per region. Our experts had the opportunity to meet in person most of the future participants in the training programme. The project, as well as the objectives of the forthcoming training, were presented to the participants. The role of the families selected for the promotion campaign under the project entailed work in several directions: to promote specific events among the community; to convey health messages at these events; to participate in the distribution of materials during promotion events; to assist in the process of organising the preventive examinations using mobile units; to collect information on the effectiveness of any activities carried out.

In its essence the training programme for these families is related to their promotional role under the project as initiators of the participation in screenings and examinations, incentive for the participation in information events, and feedback to the expert team and local institutions. During the trainings the 60 families were prepared to partake in the distribution of information materials and in talks on issues relating to contraception, sexually transmitted infections, nutrition and immunisations, breast and cervical cancers, etc. Meanwhile, during their visits in the four regions the experts put an additional emphasis on the promotion activities related to the organisation and motivation of women and children to participate in the prevention programme. We could safely say that the families trained have worked under the supervision of the project team and were provided with the required additional information and support. In this regard, a serious difficulty was presented by the fact that the preventive examinations envisaged were considerably delayed. In some settlements this led to loss of these families' authority within the community as a result of the inconsistencies between what was planned and the actual implementation of the preventive examinations.

During the preventive examinations using mobile units, in many settlements the trained representatives of the Roma community fully and confidently did what they were trained for, namely to motivate the maximum number of target group representatives to enrol in the preventive examinations. However, in some places the families and young people trained under the project were not very confident in their involvement with the organisation of the preventive

examinations. A serious argument for the effectiveness of the training programme was the 'loyalty to the campaign' demonstrated regardless of the fact that due to circumstances beyond the team's control the launch of mobile services was delayed by months after the trainings were completed. The volunteers were supported and incentivised by various promotion materials developed under the project.

4.4. Media coverage and presentation of the project in national and regional media

In the course of project delivery the team sought to regularly provide information on the project progress in both national and regional media. At the initial project phase, the key regional, printed and electronic media to cover the project were identified in view of two target groups: direct beneficiaries and local authorities and other institutions. Representatives of the media were provided with information materials about the project and the forthcoming preventive examinations using mobile units. In February 2008 the project progress was presented in Yambol, Montana, and Dobrich regions. Regional media, municipal PRs were often present at the meetings with municipal mayors.

Over the period from April through May 2008 the project activities were covered by regional media in the target regions. On 11 April 2008 in Dobrich the Consultant gave a press conference to local media, namely Dobrudja Cable TV-channel, Darik Radio, Nova Dobrudjanska Tribuna daily and Dobrudjanska Tribuna daily. The media realised the importance of carrying out preventive examinations and expressed their willingness to co-operate in promoting the schedule for preventive examinations using mobile units. They were also particularly interested in the choice of Dobrich region and its inclusion in the project.

On 27 May 2008 in Yambol a meeting with a representative of Yambol Dnes daily was held. The project progress as of that moment and the further steps were presented at that meeting. Consultant's experts also took part in this meeting.

The project activities were mostly covered by Dobrudjanska Tribuna daily (Dobrich), Slovo newspaper (Montana), Mont TV (Montana). These media were those most actively interested in the health prevention laid down as the conceptual essence of the project.

For the project reporting period (October 2007 – October 2008) over 40 materials covering project activities were published in or broadcasted on regional and national media (printed, electronic), as well as on the websites of the relevant media.

Dobrudjanska Tribuna daily, Slovo newspaper, and Yambol Dnes daily were those most active among regional media. Owing to the specifics and major aspects of the project activity, the relevant departments of the media were involved, namely Health Care and Social Activities. Zdrave TV (national coverage) was very active in covering the project progress. Three programmes were broadcasted in 2008. We did not omit Roma media. A vast material on the progress and preliminary results of the project was published in the October issue of Andral magazine.

The final meeting for announcing the project results was extensively covered by national printed and electronic media. A press release was issued through Sofia Press and BTA agencies and materials were published in a number of media, including BNR's Horizont Programme, Zdrave.net and BGNES electronic portals, Telegraph daily, Sedmichen Trud weekly, 9 Mesetsa magazine, etc.

The monitoring mission of the National Co-ordinator of the PHARE Programme assistance which visited Montana region and monitored the provision of mobile health care services on the spot was covered on the EU funds website maintained by MF.

The project was given a high evaluation which was covered on the website and accompanied by extensive photo materials.

General conclusions: The media coverage of the project managed to present the process of project delivery to the attention of both local and national public. Moreover, a number of representatives of the media were involved in covering the whole process of activity implementation. In the process of project delivery, leading local printed media became involved and expressed their willingness to co-operate. Media were particularly active after mobile services were launched locally. Mobile OG and paediatric surgeries were covered in the light of the increasing access of communities within small settlements to health care and services. Media presented to the public the specific results from the mobile team visits in the target regions.

The Consultant, in all their media and public appearances, emphasised the role of NCCEDI with CM as the main beneficiary under the project. The beneficiary's name is specified on all printed and information materials issued within the project, as well as in all presentations. Representatives of DEDI with CM also attended trainings, meetings, and discussions that accompanied the project and the role of NCCEDI with CM was emphasised before the media on numerous occasions. This is also reflected in the project summary and other materials that we provide to the press. Over the entire course of the project, the Consultant found this collaboration and its media coverage a significant part of integrating the programme's subject-matter in the maximum possible media space. The Consultant made the efforts required for the provided information to gain publicity and to be published in the most adequate form corresponding to the project's philosophy and objectives. The main objective was achieved. The public in the four target areas, local institutions and partners under the project, as well as regional administrations, were informed about the role of NCCEDI with CM and MH as the project beneficiaries.

The project was present in the media which once more evidenced the necessity for and the effectiveness of publicising and, along these lines, placing issues and problems concerning ethnic communities and socially vulnerable groups in the country at the public attention.

4.5. Communication and promotion of health messages at holidays and celebrations popular among the Roma population

During the training of local co-ordinators in January 2008 there was a detailed discussion on the traditional holidays most important to the individual ethnic communities where the project was to be delivered. The most appropriate channels for communicating messages and distributing information at holidays were also discussed. The traditional holiday popular among Roma, Bango Vasil (Vasilitsa, 14 January), served as an occasion to organise special events locally. On 13 January 2008 in Yambol's Rayna Knyaginya neighbourhood, starting 7.00 pm, the local co-ordinator organised a presentation of the project activities to 20 families and 15 young people. The participants were informed about the forthcoming trainings, the HM's role, briefing sessions, and trainings of families and young people. Information on the preventive examinations of women and children using mobile units was provided.

On 9 March 2008 in Lom's Humata neighbourhood an educational discussion with young people titled 'Drug Abuse and Addictions' was held with the support of health mediators and the neighbourhood's evangelical church.

On 21 March 2008 in Lom at the celebration of the first day of spring, the holiday most popular among young people, in Mladenovo neighbourhood, materials were handed out and health messages were communicated. These were accepted with interest by the young people from the neighbourhood.

On 23 March 2008 in Lom a campaign for anonymous, voluntary and free-of-charge counselling and testing for HIV/AIDS was organised and 24 people were tested.

At the training seminars for young people and families in the four regions special attention was paid to 6 May, a holiday popular among Roma. The choice of this holiday was considered suitable in view of communicating health messages, as Roma celebrate health on this very day. Thus, the participants said that the distribution of printed materials and communication of health information were to be accepted very well by the community. At the same time it became clear that not all settlements in the target regions share 6 May as holiday.

In Dobrich region 6 May was celebrated in three settlements, the village of Orlyak (Tervel municipality), the town of Tervel, and the city of Dobrich. A ritual called 'reading the rings' was used. On the previous day (5 May) unmarried girls give an item of theirs, e.g. keyholders, gas lighters, earrings, rings, etc. In the evening of 6 May one girl becomes the 'bride'. She puts on a wedding dress, make-up and starts to take the items one by one from a bucket filled with water. The bucket has been left in the open overnight covered by grasses and nettle sprigs. She starts chanting and thus tells the fortune of the girl whose item she has taken out. The materials were handed out at the very event. On 15 October 2008 a meeting with adolescents was held in the village of Spasovo (General Toshevo municipality) where t-shirts and information materials were handed out. GP in said village also received an additional amount of bibs and other promotional materials.

In Pazardjik region 6 May was celebrated in all settlements represented by families and young people at the seminars organised, Pazardjik, Septemvri, the village of Kovachevo, Peshtera, Rakitovo, the villages of Semchinovo, Pishtigovo, Sintievo, and Malo Konare. Young people who participated in the trainings were particularly active in the distribution of information materials. Given the specifics of the region's population, the celebration and the distribution of materials, respectively, was carried out on 5 May 2008 for the Muslim population and on 6 May 2008 for the Christian population. In October 2008 the traditional holiday Seker Bayrami in the city of Pazardjik was used. Information materials, t-shirts, towels, and bibs were handed out at an event organised on the occasion of the holiday. A short health lecture was also given.

In implementing this activity, the Consortium relied on the partnership of Roma volunteers working under the Improving the Access to Health Care of Roma Women and Children in Rural Areas Project implemented by ECIP Foundation and thus extended the scope of the intervention planned. Two of the target regions under this project, Yambol and Montana, were the same as the regions covered by the Consortium.

In Yambol region special events were held in five settlements: the city of Yambol, the villages of Drazhevo, Kukorevo, Straldja, and Veselinovo. A lecture on the topic of hygiene and a lecture on general health topics were given in the villages of Straldja and Veselinovo, respectively. These events were organised with the participation of Yambol RIPHPC and they were used to distribute information materials.

In Montana region special events were held in three settlements: the villages of Medkovets and Dolni Tsibar, and the town of Varshets. In Medkovets a health talk with young people was held and condoms were handed out in addition to the information materials. In Dolni Tsibar ECIP

Foundation organised an excursion coupled with a health talk during which information materials and condoms were handed out. In Varshets a health talk with women was organised and special attention was paid to the subject of maternal and child health care.

On 10 September 2008 during the traditional fair in the village of Stozher an information lecture on breast cancer prevention was given to 20 women. The leaflets printed out under the project were handed out. The communication of health messages and the distribution of information and promotional materials now traditionally accompany the provision of health services with mobile surgeries and, naturally, this good combination became dominant in the provision of health information as the major mechanism for health promotion.

Region	Settlement	Event	Total
Dobrich	The village of Orlyak (Tervel municipality), the town of Tervel, and the city of Dobrich	6 May - St. George's Day	3
Pazardjik	The city of Pazardjik, the town of Septemvri, the village of Kovachevo, the towns of Peshtera and Rakitovo, the villages of Semchinovo, Pishtigovo, Sinitovo, and Malo Konare	6 May - St. George's Day	9
Montana	The village of Medkovets, the town of Varshets	6 May - St. George's Day	2
Yambol	The city of Yambol, the villages of Drazhevo and Kukorevo, the town of Straldja, the village of Veselinovo	6 May - St. George's Day	5
Dobrich	The village of Stozher (an information lecture was given to 20 women)	10 September 2008, the village's traditional fair	1
Pazardjik	The city of Pazardjik	1 October 2008, gathering of women on the occasion of Seker Bayrami	1
Montana	The village of Septemvriysi	4 October 2008, the village's holiday	1
Total:			22

4.6. Meetings with local partners and project supporters

In the course of project delivery a number of meetings were held with representatives of MH, DEDI with CM, as well as with local institutions, such as RHCs, RIPHCs, municipal administrations, mayors, municipal councillors, representatives of regional administrations, EDI experts, etc. Regular meetings were held with HMs, NGOs, local activists and other adherents and partners of the project.

In the second quarter the team had several meetings with RHC representatives from the target areas. Specific activities and each party's tasks in implementing the project activities in a given region were discussed. RHC representatives from Pazardjik emphasised their excellent joint

work with the local co-ordinator and were confident that they would continue their good co-operation in implementing the activities under this project. Both parties underlined that they would continue to work in the spirit of co-operation when preparing schedules for the visits of mobile units as per settlement and the organisation of people willing to undergo examinations. Another question which was touched upon at the meetings was related to the ambulatory sheets that were to be filled in during the preventive examinations.

Representatives of municipal administrations in the target regions were also important partners under the project. In Pazardjik region our team established good partnerships at the meetings with representatives of the municipalities of Peshtera and Septemvri, as well as with HMs trained under a programme funded by PHARE 2003 project.

The representatives of the local authorities assured us that they would support the project activities and would co-operate in distributing information in the settlements within the region where minority population predominated. As the representatives of local authorities stated, people were very interested in the preventive examinations envisaged and in the gynaecological examinations in particular. As regards the trainings of young people, the representatives of local authorities informed the families and young people from the Roma community on the forthcoming trainings and assisted the team in the organisation thereof. The settlements within the municipalities where there were serious health problems and concentration of ethnic minorities were also discussed jointly with the municipal teams. The team was provided with reliable information and took into consideration the recommendations made by the local authorities. Owing to the meetings with municipal teams and the discussions with them, settlements far from the municipal centres (mainly in Bolyarovo and Elhovo municipalities, Yambol region), where the problems with access to specialised health care were serious and the needs for preventive examinations were great despite the fact that population numbers were low, were recommended for inclusion. A number of meetings in Dobrich region were held with the co-operation of municipal EDI experts. Municipal authorities were very interested in the quality implementation of the project and agreed to fully support the team and DEDI with CM.

Our meetings with local authorities and local institutions aided in addressing one other problem, namely to ensure the training of a new group of HMs in municipalities where HMs were most needed. In Montana a meeting with the Regional Governor and the Deputy Regional Governor was held where they said they wished HMs from the municipalities with concentrated Roma population, namely Yakimovo, Berkovitsa, and Montana municipalities, to be trained. An RHC representative reported that ongoing activities for tuberculosis prevention were successful only where trained HMs were working (Lom, Valchedram, Varshets, Medkovets, Dolni Tsibar), whereas in the places lacking HMs prevention activities failed.

As a result, three new HMs in Montana region (Yakimovo, Montana, and Berkovitsa municipalities) and 4 new HMs in Dobrich region (Dobrich, Tervel, Shabla, and Kavarna municipalities) were already working at the time the preventive examinations using mobile units were launched.

During the third phase of the project delivery the team had a number of meetings with local partners and project supporters with the main objective of mobilising local institutions to get prepared for the preventive examinations using mobile units.

On 4 April 2008 a meeting between the Consultant and RIPHPC and RHC was held in Yambol. The meeting was attended by Dr. Handier, Chairman of Yambol RHC; Dr. Krivoshieva, Deputy Chairperson, Yambol RHC; Dr. Kunev, Expert Decisions and Control of Outpatient Care,

Yambol RHC; Dr. Ruseva, RIPHPC; as well as by key and non-key experts representing the Consultant.

The objective of the meeting was to clarify the mechanisms and the schedule for the preventive examination in Yambol region. It was found that there were certain delays in supplying the equipment required under the project due to reasons beyond the Consortium's control.

Consequently, Yambol RHC made the decision for mobile teams to be appointed by Yambol RHC and no tender was organised for selecting a medical establishment.

Issues concerning the receipt of results from the examinations performed were also discussed: would the results be handed over to each woman tested or only the positive ones would be provided, would they be provided through the relevant settlement's GP, as well as other questions concerning the performance of the examinations.

A separate discussion with representatives of Yambol RIPHPC was held. They confirmed the increased activity of RIPHPC departments in their work among ethnic communities where HMs were working locally. HMs were identified as particularly useful in organising the meetings between RIPHPC and the public. It was emphasised that the presence of HMs contributed to changes in the attitudes among marginalised groups towards their own health. RIPHPC expressed their readiness to distribute the information materials developed under the project.

On 11 April 2008 in Dobrich a meeting with Dobrich RHC was held. Representatives of Dobrich RHC discussed with the team key questions concerning the selection of physicians to perform the preventive examinations using mobile units. On the same day, meetings at DCC II who were appointed as partners for performing the preventive examinations using mobile surgeries were also held. Dr. Demireva, DCC II Director, appointed the specialists who were to actually perform the examinations. A meeting with RIPHPC was also held and they were represented by Vasil Kozhuharov and Dr. Angelova. Some organisational questions and proposals for handing out health materials together with the Surgeries for Anonymous and Free-of-charge Counselling and Testing for HIV/AIDS (SAFCTA) Campaign were clarified.

On 22 April 2008 the project team met with the Montana RHC Director to discuss the selection of medical specialists to perform the preventive examinations using mobile units within the region. Montana RHC have appointed 2 medical establishments to carry out the mobile examinations and these have divided between themselves the settlements in which to carry out the examinations based on their geographical location.

In May 2008 meetings with representatives of RHCs and RIPHPCs of the target regions were also held. The main questions discussed thereat concerned the preventive examinations using mobile units (further information on the questions discussed is available at the beginning of this report).

The Consultant also provided assistance for the presentation of mobile units and their specifications by the vendor themselves to RHC representatives, part of the medical teams from each region, and the drivers.

During project phase IV, namely at the time of carrying out the preventive examinations and right before their launch, the project team had a number of meetings with local partners and project supporters with the main objective to co-operate in order to achieve the maximum quality

in carrying out the preventive examinations using mobile units. We will briefly present only the most important meetings and the major focuses thereof.

Yambol region: During the fourth project phase the project team met several times with the new Yambol RHC Director (Dr. Mineva). Initially, the examination schedule, the suspended delivery of mammographs, the organisation, etc. were discussed. In Yambol the team regularly met with Mr. Ashikov, expert with the municipality, and Dr. Velina Trifonova, expert with the Health Department, as well as with health mediators. Again, questions concerning the organisation of the preventive examinations, the role and mobilisation of HMs within the municipality, etc. were discussed. In the end of September 2008 representatives of the Consultant visited Yambol again. Meetings with the Yambol RHC Director, GPs of the village of Drazhevo and the town of Straldja, RHIF representatives, and health mediators from Yambol region, were held. The main question discussed with the Yambol RHC Director concerned the information on the preventive examinations that the medical teams submitted to the Consultant. The second copies of the ambulatory sheets, especially those from paediatric examinations, were often illegible and this hampered the information analysis and collation. The problem with the absent results from pap spears (taken in early August 2008) was also discussed. This created tensions between the patients and the mobile teams, on the one hand, and between the medical teams and GPs, on the other. Adding the fact that no results from the fluorographic examinations performed under PHARE 2003 have been received, the suspicion and mistrust of people towards medical establishments increased and their confidence in the medical teams of mobile units decreased. This issue was discussed at a meeting with representatives of RHCs and MH held in October 2008. Immediately after that the pap spear results were ready and the patients were informed about them.

Montana region: The local co-ordinator for Montana region was very active and co-operated for the arrangement of regular meetings in the region with all parties concerned. There, as in the other regions, the question about the manner of sending information and the type of information to be submitted by RHCs to the Consultant on a monthly basis was discussed. Each month Montana RHC accurately provided not only information on the examinations performed, but also general conclusions about the examinations, morbidity, etc. The Consultant maintained continuous communication with the regional administration, RHC, medical teams and health mediators.

Dobrich region: In Dobrich region meetings between RHC, DCC – II, mayors of the municipalities where preventive examinations were to be carried out, HMs, and the local co-ordinator were organised every Tuesday. In Dobrich municipality, where we were working in September 2008, no HMs have been appointed. Dobrich municipality is the largest municipality in Bulgaria as per territory, but no preventive examinations have been carried out there since 1990. The municipality decided that the EDI expert should directly co-operate in and support the work on organising the preventive examinations. The project team also had meetings with mayors, medical specialists, etc. GPs, especially those from the villages of Pobeda and Karapelit, were actively involved in mobilising the local communities.

Pazardjik region: The team regularly visited Pazardjik region. Regular meetings with RHC, representatives of Pazardjik, Septemvri, and Peshtera municipalities, as well as with HMs, were held. The medical teams revealed that people are interested in the examinations. Their observations were that on the first day in a new settlement it was more difficult to work, because people were shyer and mistrustful of the teams. Following an extensive information campaign conducted with the assistance of HMs and the local co-ordinator, the interest and the trust increased. HMs from Pazardjik municipality were very active and supported the work of other

HMs from neighbouring municipalities. There were very good partnerships locally between medical teams, the municipality, GPs, HMs, and the families and young people trained.

On 7 October 2008 there was a meeting between the Consultant, MH, DEDI with CM, and RHC representatives from the target regions. During that discussion, the project experts and the RHC representatives discussed the steps in implementing the preventive examinations, the main conclusions from the examinations already carried out, and made some recommendations to optimise the preventive examination programme. The main focus was on synchronising the collection of information on the preventive OG and paediatric examinations and the provision thereof. Non-key project experts explained to RHC representatives what type of information should be collected and submitted to the Consortium in order to give us the opportunity to summarise the data for all four regions and to draw the relevant conclusions at the end of the project. We hope that such preventive examinations will be planned in the future on the basis of this analysis.

5. Strengthening the position of the health mediator in Roma communities, as well as before local authorities, RIPHPC, RHC

5.1. Strengthening the capacity of HM in the four project regions by introducing them to the activities under the present project

The health mediators were main participants in the inception meetings on the project in the target regions. The HM position is well known in the target regions, in the regional and municipal managements are satisfied with the work of the HM.

At all inception meetings in the target region the role of the HM in the implementation of project activities at places was underlined. With the active participation of HM, the Consultant plans to continue strengthening the role and position of HM. Thus, we will have the opportunity to strengthen the position of HM in Roma communities in the target regions and influence municipalities where the need of HM is immediate.

Meetings with the working HM were held and we clarified how and where the project teams the role of HM in the project. In Yambol was held a meeting with Dr. Trifonova, head of Healthcare department in Yambol municipality with who we exchanged information about the three HM employed with DB from MF in 2007 in Yambol municipality. The reports of HM in Yambol municipality for the last 6 month are presented to us. The HM have written down the cases in details, the ones they have worked on the territory of the municipality, main problems they have faced during their work, etc. We have feedback for the work and activities of the health mediators in Tundja municipality. In Dobrich region the GP Dr Siika Ilieva shared with the Consultant her impressions from her work with HM. We exchanges information on how to enhance the work of HM in the region and promote it in other municipalities.

During the second project phase the team conducted meeting with the HM from the regions on a regular basis. As individually, as well as on some common meetings, we introduced the HM to the specific activities within the reporting period. In February 2008 we visited the HM who were being trained in the Medical college of Plovdiv and informed them on the project activities, as well as their future work as health mediators. After their successful training completion we established contacts with the HM from Dobrich and Montana region and included them in the trainings under the project. All HM from the target regions participated in the training of families

and young people. The role of HM for conduction of any preventive examinations is great and strengthening their capacity is one of the major tasks before the Consultant.

5.2. Meetings with regional health institutions and HM, discussion of the specific role of different partners in achieving project's goals

Even in the initial phase of the project a serious problem occurred at national level regarding the employment of HM at municipalities in 2008. According the allocation made by MH a big part of the HM who work with DB from MF in 2007 in municipalities with high concentration of Roma population and serious health problems (Sliven, Lom, Yambol, etc.) are not placed in the list. The number of employed HM is reduced at the expense of new municipalities where there are no HM trained. The Consultant held a number of meetings with deputy minister of labour and social policy and coordinator of the international initiative Decade of Roma Inclusion - Mr. Baki Huseinov, with the deputy minister of health Mr. Matei Mateev, with representatives of MH, DEDI at CoM. Roma NGO representatives, members of NCCEDI at CoM, HM, GPs, etc. were informed for the problem. Upon the instruction of Matei Mateev, a committee for correcting the list was formed. On 16 December 2007 an extended working meeting was held with representatives of MH, DEDI at CoM, National Network of Health Mediators, representatives if the Consortium OSI, EMHPF, ICON, BFPA (implementing Phare 2004), representative of the Consortium CEEN Consulting (implementing Phare 2003).

At the meeting consensus was reached regarding the allocation of HM at municipalities and ensuring their employment in 2008, ensuring the sustainability of the HM in Bulgaria in general. The list was officially submitted in MH, DEDI at CoM and MLSP on 17 December 2007. In spite of that, in April 2008 the employment of 111 HM was still not a fact. The Consultant conducted a number of meetings and discussions regarding the risk HM not to be employed, including informing the minister of finance, minister of health, DEDI at CoM, etc. The project team was worried by the fact that in January 2008 HM were not employed. Even in December 2007 the list with certified health mediators was developed and coordinated with MH and DEDI at CoM.

The lack of employed HM whose main mission is to cooperate for improving the access of ethnic minorities with a focus on Roma to health care, placed at a risk the quality implementation of several Phare projects, including the current one. Especially alarming for the Consultant was the fact that in Montana and Dobrich region the new HM trained in February 2008 in Medical college of Plovdiv, still had not started working. The preventive examinations were expected to start any moment and in municipalities like Montana, Yakimovo, Berkovitsa, Kavarna, Shabla, Tervel, HM could not cooperate to the mobile units and final beneficiaries – women and children from these municipalities.

In the period April – May 2008 meetings with representatives of RIPHPC – Dobrich, RIPHPC – Pazardjik, RIPHPC – Yambol were held and the role of RIPHPC in the preventive examinations with the mobile units was discussed. RIPHPC representatives took part in our meetings and were introduced in details to the role of the HM in the process of conducting medical examinations with the mobile units, history and culture of Roma, Roma groups and traditions in the target regions. Special attention was paid to fulfillment of health messages and information materials for stimulating the population where The Consultant sees as one of the main roles of the RIPHPC.

The Consultant's efforts continued in the following period of project implementation. In July 2008 in Dobrich and Montana regions started the employment of the health mediators trained in

February 2008 with the financial support of the municipalities within the region. At that time the health mediators successfully completed their training in the Medical College of Plovdiv.

On 18 July 2008 the health mediator in Shabla municipality was officially employed. His work place is in the Polyclinics of Shabla, a computer configuration will be provided additionally. The health mediator is very well accepted as by the community, as well as by the municipal administration. In Kavarna municipality a health mediator is officially employed from 14 July 2008. Her office is within the building of the Social Support department in the quarter in Kavarna. From 1 August 2008 the health mediator in Tervel municipality also started working and immediately took part in the support to the mobile units. The HM in Montana and Berkovitsa municipality are employed. Pazardjik municipality ensured a room for the health mediators in the municipality's building which is a positive sign for realizing the need for this profession.

On 5 November 2008 the team leader professor Turnev participated in a meeting with the minister of health Dr. Evgenii Zhelev and non-governmental organizations working in the field of health integration of vulnerable with ethnic communities.

Dr. Zhelev was informed on project activities, the positive role of HM in the organization of preventive examinations with mobile units in the target regions. The minister of health Dr. Evgenii Zhelev gave a good evaluation for the cooperation until the moment with the NGOs in terms of ensuring equal access of all Bulgarian citizens to health care. The minister undertook the commitment to discuss with MF the opportunity for continuing the work of HM within the municipalities which will ensure sustainability of health education activities for ethnic communities and their inclusion in prophylaxis and prevention activities.

5.3. Training of HM in the four region on how to be effective partners in the implementation of National Preventive Programs

During the second quarter of the project trainings of HM in the project regions were conducted – Pazardjik (26 January 2008), Yambol (2 February 2008), Montana (16 February 2008) and Dobrich (23 February 2008). The focus of the training was on how HM can be effective partners in the implementation of national preventive programs on the project.

- From Pazardjik region 9 HM attended the training;
- In Yambol region – 12 HM;
- In Montana region 10 HM attended the training, including part of the new HM that were trained in the Medical College in Plovdiv during February 2008;
- In Dobrich region all 6 HM attended the training, including the new HM from Kavarna, Tervel and Shabla, trained in the Medical College in Plovdiv during February 2008;

A total of 37 HM from the target regions are trained under the present project.

Professor Turnev, team leader, attended all trainings and presented the major components of the project and the philosophy of the project “Health promotion and Preventive Maternal and Child Health Care”. For the HM it is very important to have the opportunity to work during the preventive medical examinations with the mobile units and to cooperate in organizing the examinations. They will have the opportunity to use the advantages of preventive activities with mobile equipment and support the process.

During the trainings following significant questions were discussed:

- Explaining the preventive maternal and child health care programs to the HM;
- Explaining concrete activities on the territory of the regions of Pazardjik, Yambol, Montana and Dobrich;
- Explaining the direct responsibilities HM have under the project;
- Exchange of experience between HM working with a delegated budget in 2007 and HM who are to be employed in 2008;
- The role of local authorities in the project implementation with an accent on small places;
- A training module on how to disseminate health messages in the community;
- Testing the message “Go and ask!”;
- Traditional holidays for the communities in each region were discussed; on the grounds of the information gathered the special events will be organized;
- Work with the media – regional and local media were discussed, together with the opportunities these media to disseminate information about the project. HM showed confidence that the larger part of local media will publish and broadcast information about the project;
- Clarification of the criteria for selecting places in the target regions where project activities will be implemented;
- Discussing specifics of places, criteria and interventions. Selection of 15 families and 30 young people from the locations;
- Discussing the communication strategy, printed materials and special events within the project;
- Discussing the next steps under the project

During the trainings of HM in the four regions were also discussed the nominated locations that the consultant will recommend for including in the preventive medical examinations with the mobile units. Even at this stage of our meetings with local partners, as well as during the trainings of HM, the following questions were put on the table and is necessary they to be discussed additionally with MH, DEDI at CoM, RHC and medical specialists:

- Mechanisms for receiving the results of the mobile examinations (from the mamograph and gynecological examination). HM need to be informed in advance for the mechanisms for receiving the result in order to inform future patients. The practice to inform patients who have an identified health problem breaches the patient’s rights and is not professional. Mechanisms should be easy, patients should have preliminary information how they will receive their results, the same applies for the HM;
- HM and local authorities’ representatives raised the question regarding the future use of mobile units as under PHARE 2003, as well as under PHARE 2004, together with ensuring access to mobile units for people from the target regions.

5.4. Gathering of cases by the HM

During the second phase of the project the preliminary work for the implementation of this activity was completed. The mechanisms for gathering of cases by the HM were specified. The cases gathered are provided to the legal expert within the context of the legal analysis and patient’s rights. During the reporting period non-key experts started working on gathering of cases that present good and bad practices in implementing preventive health services for Roma

women and children in the target regions. HM have received instructions regarding the types of cases (individual and group). Specific instructions for the most important cases we are interested in have been developed, for instance:

- Immunizations – from 0 to 1 years and other;
- Actions of the HM that have lead to health insurance of pregnant women and young mothers;
- Pregnant women – prevention, delivery (maternal and child health care);
- Young mothers (maternal and child health care);
- Children – child health care;
- Cases related to submitting complaints, written complaints, etc. Such as – refusal of the emergency care to visit a Roma neighbourhood, requests for payment in hospitals for delivery, etc.

The information gathered will be shared as with medical teams and GPs, as well as with HM, RHC, municipal structures. The goal is to demonstrate the advantages of working with HM and to introduce interested institutions to concrete practices of the work of HM.

The gathering of cases by the HM, related to maternal and child health care, supports our work with the GPs, medical teams, project partners, etc. The activity was implemented as by HM, as well as by the non-key experts and local coordinators. In parallel with that, cases are provided to the legal expert in order to improve the analysis, formulate recommendations and analyze concrete practices.

5.5. Establishing self-help groups

During the third phase of the project non-key experts visited rural areas within the regions of Montana and Yambol in order to identify active women who to be encouraged to create self-help groups. One of our goals is to create such conditions and opportunities for women living in rural areas in the target regions so that they to be informed and empowered enough, and can alone deal with problems in the access to health services for them and their children. One of the forms to attain a common goal is encouraging self-help groups at local level. The advantage is that women are more likely to share, trust and exchange information and disseminate it within their environment. Approaching women is one of the best ways to create information channels within a community like Roma, especially when it concerns health. They are not only the ones who mainly take care of the health and upbringing of the children, but are also a good channel for disseminating health information and formulating health messages in the Roma community.

The activeness and dynamics of each place in regard to potential for establishing self-help groups depend as on the community itself, as well as on:

- The educational level of potential group participants;
- Motivation and initiation of group participants;
- Solidarity in the community;

For that different approaches are needed when establishing each group. It is also necessary women to be convinced that such groups can influence and assist in a certain community, they should be supported in the first steps of group forming.

In the regions of Yambol and Montana the potential for establishing self-help groups is much bigger than the one in Pazardjik and Dobrich region. Therefore, for the project team it was easier to initiate self-help groups in the rural regions of Yambol and Montana region. These are regions where our team has been working in years. Our experts are recognized by the local people, HM in the rural regions are pretty active and in these conditions is relatively easy to stimulate the foundation of such groups. The groups established are very active in the preventive examinations and convincing women to attend OG examinations and provide additional information to them. Most active are the groups in Straldzha, Kukorevo (Yambol region) and the groups in Dolni Tsibar, Varshets and Medkovets (Montana region). Self-help groups most often work on problems concerning contraception, family planning, maternity and pregnancy but they often deal with more serious problems such as motivating parent to support the education of their children.

In the regions of Dobrich and Pazardjik our team did not manage to establish sustainable conditions for self-help group establishment. Even though at all meetings with the communities at places we presented the experience of women in rural regions from Yambol and Montana region, there were no resources inside the communities that to stimulate the establishment of such groups. To a bigger extent the mobilization of groups in a region depends on the specifics and conditions of each place, the motivation of potential group members and the solidarity from the community. Unfortunately in most places in Pazardjik and Dobrich region where we tried to work using the model from Yambol and Montana, we could not reach success. The most serious reason for that is the lack of health mediators. In Dobrich regions health mediators in rural areas were employed in July 2008 and actually there was no time to engage them in the self-help groups formation. In Pazardjik region health mediators are not that experienced and more time to work with them is needed.

The self-help groups from the rural areas in Montana and Yambol region cooperated for ensuring more patients for the OG and pediatric preventive examinations and through the authority they have inside the communities they live in, they cooperated for increasing the knowledge of women regarding preventive maternal and child health care.

5.6. Elaboration of a model for evaluation and monitoring the work of the HM

In the second project phase the elaboration of standards and criteria for evaluation and monitoring the work of the HM was assigned to be conducted by non-key experts on the project. The implementation of this task was delayed in time since the Consultant considered important that the criteria for evaluation and monitoring the work of the HM are directly connected to the Action plan at the Health Strategy for Disadvantaged Persons, Belonging to Ethnic Minorities for the period 2008-2009. We expected the plan to be finalized until May – June 2008 and therefore we considered it important this task to be synchronized with the Action Plan 2008 – 2009. Since

until the current moment the plan is still not finished, this activity was implemented without being coordinated directly with it but can be used in the elaboration of the Plan's final version.

The monitoring model, proposed by the Consultant, reviews the following important issues in conducting such a monitoring and gives some concrete directions:

- Internal monitoring – models and proposals;
- Timeframe of the monitoring conducted;
- Who should conduct such a monitoring – proposals;
- Tools for conducting monitoring – analysis of reports, provided by the HM; monitoring field visit; interviews with representatives of the local community, health and social institutions, GPs and other medical specialists, employers, etc.; focus groups.

The elaborated proposal for a model for monitoring and evaluation of the work of HM is presented together with the August monthly report. The goal is the elaborated proposal for monitoring and evaluation of HM work in Bulgaria to be used and adapted by the municipalities where HM work. In regard to the elaborated proposal the following are reviewed:

- Registration forms of HM and monthly reports;
- Field visits of locations where HM work in the regions of Montana, Yambol, Pazardjik;
- Instructions are given to HM on how to fill in registration forms;
- The two types of registration forms developed are discussed: for individual and for group work

The model for monitoring and evaluation of HM work gives some main directions and recommendations in conducting such a monitoring. The types of monitoring that can be performed are discussed (internal and external), the tools for monitoring and reporting, recommendable criteria for monitoring the HM's work. Also, risks that have to be taken into consideration in the monitoring process were identified. This model can serve as a manual in evaluating and optimization of HM's work, as by municipalities, as well as by RHC and other stakeholders.

5.7. Training of GPs in order to introduce them and make them accept HM

In the second phase of the project the Consultant summarized the detailed information gathered regarding GPs in the locations where preventive examination with the mobile units will be carried out. The Consultant gathered information for locations with serious problems with the attendance to the population, mainly in rural regions: information for GPs who work mainly in Roma quarters; main problems in the attendance. The Consultant demanded also the opinion of local authorities regarding the work of the GPs in some of the locations. We also specified that the trainings of GPs will be made at places, even purposefully in locations where:

- We have identified serious problems and breaches in the work of GPs;
- The new HM trained start working – in the places: Berkovitsa, Yakimovo, Kavarna, Shabla, Tervel. The municipalities are ready to employ the mediators but the order for their appointment is delayed at central level and until the moment they are not appointed and thus the implementation not only of the project but also of the Health Strategy is endangered.

- Expressed willingness of local authorities or concrete medical practices to be included in the training.

Within the trainings of GPs also a component regarding introduction to the profession of the HM was presented. Together with that materials were disseminated, such as: flyer for the health mediator, developed under the project and materials related to the HM profession, developed under other projects.

(More information is presented in point 10.3)

6. Implementation of preventive medical examinations with mobile units of disadvantaged ethnic minority children

(Information regarding the preventive pediatric examinations is presented in point 2.4.)

6.1. Promotion of knowledge and information on healthy nutrition and hygiene of newborns and infants. Elaboration of educational materials for nutrition, advantages of breastfeeding, etc. for Roma women

The activity started in the second phase of the project. The key expert Dr. Litvinenko, together with the PR team, elaborated a text for educational materials on nutrition and hygiene for newborns and infants. In the process of elaboration the specifics of target groups were considered since they have direct implication on the selection of text formula and tools, as well as on the visualization of subjects. The subjects of the educational materials were approved after discussions with the health mediators. Together with them were also defined the specifics in disseminating the materials among target groups. The topics concerning nutrition and breastfeeding were included in the agenda of the seminars for families and young people organized in the target regions.

During the project were used appropriate events on which educational materials on the issues to be distributed. For example, on 20 April 2008 on Palm Sunday, the local coordinator organized a meeting with the community in Raina Kniaginia neighbourhood in Yambol in order to present the project's progress and use the occasion to disseminate informational materials on nutrition of newborns and infants, elaborated under the project. On 30 April 2008 on Easter some packets with Easter's cakes and coloured eggs, together with the information materials – “How to breed the child to be healthy!” and “Why it is important to vaccinate the child” in Yambol and the villages of Chergan and Hadzhi Dimitrovo.

In all target regions information materials for nutrition and breastfeeding have been disseminated. A major distribution channel were the participants in the trainings for families and youth who received materials through the local coordinators, as well as on the trainings organized. In this activity some representatives of RIPHPC were also included.

The information materials were disseminated through the families and youth who had accomplished the trainings. Apart from that during the special events organized, the local coordinators were directly involved in materials dissemination in the community. Information materials were also distributed during the meetings with RHC, attended by RIPHPC as well. A mechanism for further dissemination of health educational materials during the preventive medical examinations was established. The promotion of knowledge and materials dissemination were carried out also during the mobile services provision as a concomitant even and part of the communication strategy.

6.2. Organization of the seminar for Roma women on the issues concerning nutrition of newborns and infants. Dissemination of educational and promo materials for nutrition and the importance of breastfeeding

One of the most used channels for dissemination of information and promo materials was connected to the conduction of preventive OG and pediatric examinations. The dissemination of materials includes also periods before the mobile units' visits, i.e. during the organization of examinations. In this phase of the dissemination support was provided by the mayors of the respective locations, HM (where there are any) and the local coordinators of the project. Often the organization (the preliminary informing on the upcoming examinations) included health discussions with local community representatives. In general, such discussions were attended by women, most of them in reproductive age. Every person who attended a certain event was given information materials. During the preventive examinations the local coordinator, supported by young people trained under the project or community representatives, disseminated information and promo materials of the project. In some cases that was accompanied by additional explanations regarding the content of the information materials.

6.3. Change of the ways for taking care of children in regard to some specific cultural habits. Educational sessions with parents for the importance of the preventive activities in the child health care program

During the visits of Consultant's experts in June 2008 in the region of Yambol, meetings with parents in the Roma quarter Raina Kniaginia in Yambol and in the village of Kukorevo was held. In both places the meetings were organized with the assistance of health mediators. The participants in the meetings were women and men, between the age of 17 and 35. No one had completed other trainings, organized within the project. Participants received information materials concerning nutrition of children and immunizations. In June 2008 a one day meeting with parents in the town of Dobrich was organized. Participants were between the age of 20 and 42. The meeting was organized with the assistance of the local coordinator in the region of Dobrich. The preventive activities, included in the child health care program, were presented at the meeting. Issues concerning the expected preventive examinations at places were also tackled.

The local coordinators and health mediators, together with the volunteers trained under the training program motivated the parents to include their children in the project preventive activities using the 'door to door' method on a regular basis. The statistics for numbers of examinations and great interest towards mobile services are a proof of the well done work. In this case it is not about campaigning but about permanent efforts from the side of coordinators and health mediators.

6.4. Distribution of materials in Roma communities regarding the most important issues around raising a child

- **Through RHC and RIPHPC**

In the project's progress RHC were provided regularly with information materials. That task was part of the local coordinators' duties who together with that coordinated the preventive examinations on the project. The RIPHPC representatives were especially active in Dobrich region and regularly visited the target locations together with the local coordinator. Together with that they received information materials that facilitated the health preventive activities implemented by RIPHPC.

- **During the preventive examinations**

Major channel for dissemination of materials regarding raising children in Roma communities were the pediatric examinations under the project. The availability of concrete service related to the children's health provoked a great interest towards the printed materials developed under the project. Thus, a direct relation was made between the information provided and the actual conduction of the preventive examination. Moreover, it was observed that interest towards the health of children was provoked beyond the range of the mobile service provided. That means that in some locations more intensive seek of health care for children can be expected.

- **During educational sessions**

The preventive examinations contributed to easier organization of health related discussions among the Roma community at places. During these sessions the information materials elaborated under the project were disseminated. Apart from active participation of the local coordinators, the GPs and mayors of the target locations also supported the organization of such events.

- **In schools with predominant number of Roma children**

The importance of project activities was highly evaluated in regard to the dissemination of information materials and conduction of health related discussions in schools with predominant number of Roma students. In a number of cases non-key experts on the project were invited to conduct more than one discussion on health issues in schools. The information materials dissemination was made either during the discussions or with the cooperation of the medical specialist in the relevant school (principal or other teacher).

The general observation in the implementation of this activity is that the info materials dissemination is carried out much more successfully in case there are concrete medical services provision in the field of child health care – medical care or reliably provided information by quality experts. Thus, the information is much more understandable for the target groups and creates models of sustainable health care.

6.5. Promotion of information regarding immunizations and infectious diseases prevention

A leaflet regarding immunizations and infectious diseases prevention is elaborated. In the process of elaboration the specifics of target groups were considered since they have direct implication on the selection of text formula and tools, as well as on the visualization of subjects. The subjects of the educational materials were approved after discussions with the health mediators. Together with them were also defined the specifics in disseminating the materials among target groups.

The topics concerning immunizations and prevention of infectious diseases were included in the agenda of the seminars for families and young people organized in the target regions.

6.6. Meetings with parents and students from schools with predominant number of Roma children – educational sessions and discussions

The organization of health related discussions with adolescents in schools with predominant number of Roma students was supported by the local coordinators, as well as with the cooperation of school principals. The total number of students who attended the discussions was 277 and the age range from 13 to 17 years. The discussions themselves were conducted by non-key experts on the project. In Pazardjik region the non-key experts cooperated with representatives of RIPHPC – Pazardjik.

On 17 October 2008 a health discussion was held by a non-key expert on the project in Montana region, Valchedram municipality. The meeting was organized in secondary school Dimitar Marinov and was attended by a total of 100 students in 9th, 10th and 11th grade. The topics of the discussion included STIs, HIV/AIDS prevention, as well as presentation of contraception methods. Materials elaborated under the project were provided to the participants in the event. Additional amount of information materials were given to school representatives. 300 condoms were given to the students who attended the meeting.

The main topics of interest for the students were regarding contraception and suitable contraception methods, especially for girls who never had given birth. Interest was shown also towards issues regarding sexuality. The meeting lasted for about an hour but due to the great interest, the discussion lasted informally afterwards.

On 20 October 2008 a number of meetings with adolescents from Yordan Yovkov primary school and Panaiot Volov primary school were held in Dobrich. The meetings were organized by the local coordinator in Dobrich and conducted by Kina Velcheva, non-key expert on the project. Discussions in 4 groups were held (two in each school) and the total number of participants was 117 (76 out of them girls). The age of the participants ranged between 12 and 17 years. The topics presented included Contraception, adolescence, STIs and HIV/AIDS. The discussion in each group lasted 1 hour and 45 minutes. Printed materials and condoms were disseminated among the persons who attended the meetings. After the end of the discussions the non-key expert held meetings with the principals and deputy principals in the relevant schools. Information materials developed under the project were also provided to them.

On 24 October 2008 in Pazardjik, in St.ST Kiril and Methodius high school a session with 28 students was held (15 girls and 13 boys). The meeting was attended by representatives of RIPHPC – Pazardjik. The meeting was conducted by Daniela Dikova and Rumel Rangelov (non-key experts on the project) and lasted 1 hour and 45 minutes. The topics included Puberty and changes in the puberty, STIs, HIV/AIDS. Prevention of HIV and AIDS. During the meeting

information materials, developed under the project were disseminated. The students expressed interest towards issues related to sexuality. Within the time dedicated, the RIPHPC representatives made a small quiz on questions concerning HIV.

After the session experience between non-key experts and RIPHPC representatives was exchanged regarding work with adolescents in multiethnic environment. The school principal received printed materials. Interest for future similar sessions was expressed.

On 27 October 2008 a health session was held in Kukorevo village, Yambol region. The meeting was attended by 32 students (11 girls) and was organized by the local coordinator and conducted by Dr Borianna Parashkevova (non-key expert on the project). The meeting lasted for about 2 hours. Issues regarding contraception, prevention of unwanted pregnancy, STIs and HIV were tackled. It was established that adolescents are not very well informed on STIs and the knowledge girls have for contraception is really restricted. Information materials, together with condoms were disseminated at the meeting.

The time dedicated for the meeting showed to be not enough and thus the discussion continued in informal way. Numerous questions regarding sexuality and anatomy-physiological specifics of the two sexes were raised. The printed materials developed under the project were received extremely well, additional copies were required for their peers in the neighbouring villages.

6.7. Health educational sessions in the Roma community regarding immunizations, their necessity and effectiveness, types of vaccines and the risk of them

During the health discussions organized in the Roma communities the subject for immunizations of children was tackled many times. For the popularization of the topic also helped the preventive examinations conducted within the four target regions, as well as the information materials on pediatric issues. During all these health discussions, the immunizations related information materials under the project were disseminated as well. The GPs in the locations were also provided with such materials in order to support their dissemination.

The issues regarding drug and other types of addictions were among the main issues during the trainings of young people and families held in the target regions. These topics were evaluated as especially important and interesting by the participants, especially by the young people. Within the project, these young people who had taken part in the trainings, were actively involved in the organization of various events at places. The feedback received from them points out that they have disseminated the information obtained in an informal environment, including the issues regarding drug and other addictions.

6.8. Promotion of prevention of AIDS, sexually transmitted infections and drug abuse among young people

Intense work on this activity started during the second phase of the project. On 9 March 2008 in Lom was conducted a discussion on the theme: "Drugs and types of addictions – reasons and consequences of drug addicted behaviour and prevention". The discussion was held in the Evangelist church in Humata neighbourhood in Lom. Upon the request of the HM from Lom the discussion was focused on the marijuana abuse because in the town and especially among the Roma community, smoking marijuana is a common practice. The meeting was attended by 50 people, between the age of 12 and 60. The lecture caused a great interest. Also the subjects concerning alcohol and smoking, different types of energy drinks, healthy lifestyle.

After preliminary gathering of information, the Consultant reached the conclusion that promotion of prevention of AIDS and STIs (sexually transmitted infections), outside the training modules, is achieved by the campaign for anonymous and free of charge consulting and testing for HIV/AIDS. On 23 March in Lom such event was organized, 24 persons were tested, the rest of them received information, materials and condoms.

On 22-23 2008 March in Lom a training for Roma adolescents from Montana region was organized. On 29 and 30 March the training in Pazardjik was organized. Materials on the project, as well as other printed materials elaborated for similar target groups under different project were distributed. The seminar's agenda and summary of the feedback given by the participants are enclosed with the project.

During the training of young people special attention was paid to the issues regarding sexually transmitted infections, including HIV/AIDS and drug and other addictions. The visits of experts at locations proved that the information is being disseminated among other youth – friends and school mates. In addition to that young people have at disposal information materials that they receive through the local coordinators and distribute among other young people. Together with that, the health discussions held in Peshtera, Pazardjik, Septemvri, Berkovitsa, Vladimirovo and Varshets included these topics as well.

6.9. Coverage of 120 adolescents trained under the project from the locations under the project in a preventive educational program

During the meetings with young people in June 2008 in the four target regions issues regarding STIs and HIV/AIDS were discussed. A connection was also made between the use of psycho active substances and the risks of such behaviour. Special events were organized during the preventive examinations.

A curricula for the young people was elaborated, based on preliminary talks with them during the visits in the target regions. The main discussions held with young people from the regions of Yambol and Dobrich were:

- Health and sexual education and life skills – main topics, sources of information;
- Puberty. Adolescence. Female and male reproductive systems;
- Pregnancy. Maternal and child health care;
- Screening and preventive programs for cervical and breast cancer;
- Family planning and reproductive health. Contraception;
- Sexually transmitted infections. AIDS. Hygiene;
- Drug and other addictions;

On 5 and 6 April 2008 in Yambol a training of young people was conducted for the region. Young people from Kukorevo village, Elhovo, Yambol, Drazhevo, Veselinovo, Straldzha, Chargan village attended the training.

On 12 and 13 April in Balchik a training of young people from Dobrich region was held. It was attended by young people from Obrochishte village, Lovchantsi village, Cherna village, Dobrich.

The participants were very active, part of them shared that the information is quite interesting to them, others heard for the first time about contraceptives for women, for some STIs. Interesting questions were asked on the topics related to STIs, AIDS and syphilis, etc.

In the information dissemination regarding the upcoming examinations, their importance and necessity these young people have disseminated information among their peers and friends. In this activity young people were supported by the materials elaborated under the project.

6.10. Dissemination of educational materials and branding of places popular among the young people from the neighbourhoods

The stickers and information materials elaborated under the project were posted at places that are popular among the local communities. That includes grocery stores, coffee houses, bakeries, pubs, bus stops, schools and medical rooms. As a result of project experts' visits, it was estimated that a big number of the patients are informed about the examinations by other women who have attended a health discussion or have seen the posters made under the project.

For branding of places outside schools a big role was played by the young people who have passed the training sessions, as well as by the HM. These people have practical information what the appropriate information channels are – bus stops, bars, etc. Of special importance for the community (with a focus on the men) are the bars and coffee houses since they are perceived as places for social contacts. Therefore in the branding (stickers) and posting of preventive examinations announcements, special attention was paid exactly to these places.

(information is contained in point 4.2.)

7. Improving the health education of self-help groups and family planning

7.1. Elaboration of leaflets and other information materials. Design, testing and producing the educational materials foreseen in the project: 6 leaflets

In the first phase of the project the following leaflets were produced:

- Prevention of breast and cervical cancer;
- Prevention of AIDS and STIs;
- Family planning and contraception;
- Breastfeeding and nutrition;
- Immunizations and immunization calendar;

Until 28 February 2008 the materials were tested. By the end of the second quarter, the design was completed and partially were produced the leaflets for:

- Breastfeeding and nutrition;
- Immunizations and immunization calendar;
- Prevention of AIDS and STIs;
- Family planning and contraception;
- Legal leaflet on the issues regarding social assistance;
- Legal leaflet on the issues concerning access to health care;

In the initial phase of the project, a survey for price offers for the promo materials was made. The design is to be developed in accordance with the final versions of project's slogans. All promotional materials are branded with the slogan and relevant logos.

The contents and design of the first four educational leaflets are in the process of elaboration:

- Cervical and breast cancer prevention:

The leaflet contains information about the diseases, risk factors, as well as current data for the number of cases in Bulgaria; information about auto test for breast cancer prevention; contacts of the relevant health institutions where help can be sought. The testing process will be conducted between January – February 2008 as part of the ongoing work of the local coordinators under the supervision of non-key experts. In the process of testing will be included women from the target regions.

- HIV/AIDS and STD prevention:

The leaflet includes information about the following topics: why we speak about AIDS as pandemic – world statistics; current data for AIDS cases in Bulgaria; ways of transmitting the HIV virus; ethic and medical aspects of the problem; stigma and discriminative attitude towards people having the virus; most widespread STI; risk factors for their transmission and the importance of using condoms, etc.

- Family planning and contraception:

The leaflet includes information for the concept of family planning; history of contraception; methods of contraception – barrier methods, hormonal contraception, IUDs, natural methods, spermicides;

- Pregnancy, maternal and child health care:

The themes that the leaflet includes are: pregnancy symptoms; stages of in-womb growth of the fetus; postnatal stress; newborn care; social aspects – child benefits, social support, legal regulations;

The testing process was made between January and February 2008 since it is part of the ongoing work of the local coordinators under the supervision of non-key experts

The texts of the leaflets on social assistance was elaborated by a non-key expert and printed out at the end of September 2008.

- Legal leaflet on the issues regarding social assistance

The topics contained in the leaflet concern the principles of family planning. In it concrete rights are pointed out, together with terms and procedures concerning the access to social assistance.

- Legal leaflet on the issues concerning access to health care

The elaboration of this leaflet is based on the two major acts in the field of health care – the Health Act and the Health Insurance Act. Considering the specifics of the project's target group, the information contained in the leaflet concerns most of all the access to free health care, terms, procedures, etc.

As an addition to the materials planned, the team produced a flyer “How to use a condom”, as well as two types of announcement posters that were placed in key spaces within the neighbourhoods and villages and have information about the upcoming OG and pediatric

examinations. The announcements enjoyed such interest that they had to be reprinted two types within the process of mobile services provision.

7.2. Elaboration of an information flyer for the health mediator and a flyer, presenting the project

In January 2008 two flyers were elaborated: information flyer for the role of the health mediator and a flyer presenting the project. The flyer for the HM's role was designed, tested and partially printed out in Pazardjik and Montana. The feedback received is extremely positive – mostly due to the fact that the establishment of the HM's status involves dissemination of relative materials.

The flyer is designed for GPs, medical specialists, Roma community representatives, municipal health care experts and other representatives of local and national institutions. The issue contains information for the main functions and role of the health mediator, the support and consultation the HM offers. The flyer aims to promote the place, role and functions health mediators have, the need of establishing effective relations with local municipal structures.

The content of the flyer presenting the project is prepared. It is to be finally harmonized with the key experts in terms of the design. The material acts as information material in regard to advocacy as an integral part for ensuring project's sustainability. The major target groups of the flyer are local and municipal authorities, partnering NGOs, RHC, RIPHC and other relevant state structures, as well as HM, representatives of disadvantaged groups in the target regions.

The flyer presenting the project's philosophy and the flyer for the role of the HM are disseminated in all project regions, as well as in other regions where health mediators work.

7.3. Дизайн, тестване и изработване на промоционални материали – фланелки, кърпи, чаши, банери, стикери

During the initial phase of the project and afterwards were surveyed opinions among the community regarding the type of promotional materials, main messages are branded out (T-shirts, towels, cups, banners, stickers). After the focus groups with representatives of the target groups new suggestions for promo materials were added – bibs. The promo materials were ready with the start of the mobile services and their dissemination was conducted together with the examinations.

The feedback from the population of the four target regions, as well as from local coordinators, HM and project partners is that promo materials enjoy a huge interest. The T-shirts blue and yellow, as well as the usefulness of bibs and towels (such promo material had never been used before) are highly appreciated by the target groups. The Consortium recommends the use of such practical promo materials in future projects and initiatives.

8. Supporting medical specialists by providing health information for Roma families by the health mediators

8.1. Baseline study

Initially the Consultant started the preliminary phase of the study on the health status of Roma women and children and the preventive programs conducted so far in the target regions as early as February 2008. Implementation plan with detailed steps of the survey was made:

In the second phase of the project the non-key expert responsible for this component finalized the methodology of the research. The research will survey the attitudes, knowledge and practices in the spheres mentioned, using the methodology of the so-called KAP survey in several target groups from the target regions through focus groups. Target groups in each region are:

- Women – mothers from families who are included in project’s program. In addition, respondents will be stratified by 2 indicators – place of residence (town/village) and health insurance status (health un/insured) ;
- Health mediators;
- Young people – residents in the target regions;
- Medical specialist – GPs, gynecologist, mamologist, pediatrician.

Major themes of the research will be:

- Access to specialized medical care for women and children;
- Emergency care for women and children;
- Attitudes of mothers towards their own health and the health of children;
- Problems with information and health service provision for women and children;

In March were elaborated the questionnaires and guidelines for conducting the focus groups. For the mothers an initial version of the guideline for the focus group consisting of 41 questions was proposed, together with a show card with 11 health services out of which the team had to choose 10-12 questions or to specify 3-4 themes of focused interest. After the remarks of the team a new guideline for the focus group with 16 questions was elaborated.

For the health mediators a preliminary version of the guideline for the focus group consisting of 11 questions was elaborated. After the remarks of the team a new guideline consisting of 14 questions was made.

For the medical specialists a preliminary version of questionnaire consisting of 24 questions was elaborated. Due to logistical reasons the organization of these discussions is planned for June. For that reason, the team has not given any comments or recommendations and the questionnaire is not yet finalized.

Regarding the adolescents and the purposes of the survey, the project’s team specified 8 spheres that practically can not be covered by one focus group discussion. For this reason they were united in 4 thematic blocks, presented through 6 standard narrative questions and 6 “vignette” questions where in anecdote way different cases related to reproductive behaviours and human traffic are presented. The goal of the vignettes is to make possible asking in an acceptable way the otherwise psychologically inconvenient questions for contraception, abortion and sexually transmitted infections.

On 22 March in Lom 3 focus groups were conducted – one of each type (with the exception of the one with medical specialists). The questionnaires proved to be adequate and understandable for the respondents and additional change in them will not be necessary. The first

interviews are transcribed, open coding is made according to the methodology, the so-called grounded theory.

A total of 16 focus groups were made (4 regions x 4 focus groups in each region).

In the third phase of the project the phase of gathering information through focus groups was completed. In the period April – June 2008 were conducted:

- Three focus group discussions with Roma youth;
- Three focus group discussions with Roma women who have children;
- Two focus group discussions and one group in-depth interview with health mediators;
- Three focus group discussions with medical staff from the four target regions (GPs, gynecologists, pediatricians, roentgenologists, etc.)

On 5 and 6 April 2008 in Yambol three discussions were carried out: with Roma youth, with Roma women and with health mediators. On 12 and 13 April 2008 in Balchik discussions were conducted: with Roma youth, with Roma women and with health mediators but due to not so good recording conditions, part of it is not recorded. However, the moderator has made detailed notes so that results will be included in the study. On 12 June 2008 in Pazardjik discussions with Roma youth, with Roma women and with health mediators were conducted. On 9 May in Albena a discussion with medical staff from the region of Dobrich was held. The discussion had an official place in the seminar's agenda. On 16 May 2008 in Velingrad a discussion with medical staff from Pazardjik region was held. On 30 May 2008 discussions with medical staff from the regions of Montana and Yambol were held in Sofia.

Interviews and group discussions are transcribed, open coding is applied according to the methodology of the so-called grounded theory.

In the healthcare analysis the sociological approach usually includes a survey on Knowledge, Attitudes and Practices, also known as KAP survey. In the common case it presents a representative survey with a structured questionnaire and preliminary formulated questions – often with closed answers. Such approach ensures reliable statistical information and gives an opportunity to identify concrete quantitative dependencies and trends. Exactly due to this reason, the primary idea of the project team was to make such a survey. Unfortunately the need to work in four regions where very big samples were formed in order to assure relation between the data from the four regions and possibility for analysis under key demographic indicators as gender, age, place of residence, impeded the use of this method due to time limits.

Due to this reason the team chose an option for a survey based on Rapid Assessment Procedures, RAP survey. Unlike the KAP one, RAP survey is based on quality methods for data collection. Even though it does not give information for statistical dependencies, it gives an opportunity to reach rapidly the depth of the social beliefs system in a certain community with the use of proper sample. The information in this survey is detailed, related as to the direct personal experience of the people surveyed, as with the socially transmitted knowledge. Because of the restricted time that the researcher was able to reach the target groups of respondents and that they were so scattered in all regions, the team chose focus group discussion as a most appropriate method in the specific conditions.

After the clarification of the theoretical sample, the project team chose four theme fields around which focus group discussions to be concentrated: (1) Culture of Roma people as health services

clients; (2) Quality of health services provided; (3) Effects of the work of health mediators; and (4) Reproductive attitudes and family planning. A specific questionnaire was elaborated around these theme fields for each group of respondents (doctors, mediators, women and youth). It contained open questions in order to ensure comparison of the information. The survey was presented in Annex V of the Fourth Quarterly Progress Report.

8.2. Selection of “hot spots” in the target regions (work with 60 Roma families)

Firstly the Consultant worked on elaboration of selection criteria for the locations. Also, the Consultant identified 60 families and young people for participation in the trainings, educational sessions, discussions, etc. under the project. Locations that meet the following main criteria (but not only) were visited with priority:

- Distance from municipal center;
- Difficult access to specialized medical care;
- Big concentration of ethnic minorities with a focus on Roma;
- Lack of full-time working GP – mainly in rural regions;
- Big number of children and young people between the age of 0 and 18.

In the second reporting quarter (January – March 2008) are described in details the specifics of the locations in which the Consultant suggests mobile medical examinations to be conducted. Hereby we will present again the summarized information:

Pazardjik region – visited and identified locations

Visited and recommended are: Peshtera municipality, Peshtera; Septemvri municipality, septemvri, Semchinovo village, Kovachevo village, Vetren village; Pazardjik municipality, Pazardjik, Sinitovo village, Chernogorovo village, Ivaylo village; Velingrad municipality, Velingrad; Rakitovo municipality.

Yambol region – visited and identified locations

Elhovo municipality, Elhovo, Boyanovo village, Malomirovo village; Bolyarovo municipality, Voden village, Stefan Karadzhovo village; Tundzha municipality, Zavoi village, Hadzhi Dimitrovo village, Boyadzhik, Botevo, Yambol municipality, Yambol – Raina Kniaginia neighbourhood;

Remark: Our team has not visited some important locations within Yambol region we have information for from previous interventions. At the above mentioned locations we recommend to be included also Straldzha municipality – Straldzha, Lozenets, Zimnitsa, Irechekovo.

Montana region – visited and identified locations

Berkovitsa municipality – Berkovitsa and Zamfirovo village; Boichinovtsi municipality, the villages of Vladimirovo and Lehchevo; Brusartsi municipality – the villages of Vasilovtsi and Kriva bara.

Remark: Our team has not visited some important locations within Yambol region we have information for from previous interventions. At the above mentioned locations we recommend to

be included also: Montana municipality – Montana; Lom municipality – Lom, Varshets municipality, Varshets; Valchedram municipality – Valchedram, Dolni Tsibar village; Medkovets municipality, the villages of Medkovets and Rasovo; Yakimovo municipality - Yakimovo.

Dobrich region – visited and identified locations
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Balchik municipality, the villages of Bobovets and Strajitsa, Trigortsi, Obrochishte; Kavarna municipality, Kavarna and the villages of Belgun and Septemvriitsi; Shabla municipality, Shabla, Krapets village; General Toshevo municipality, Kardam, Spasovo, Rositsa, Lyulyakovo, Prasad, Pchelarovo village; Krushari municipality, Krushari, Lozentets, Zagortsi; Tervel municipality, Tervel, Bezmer, Orlyak, Gradnitsa, Kableshevo; Dobrichka municipality, Karapelit village, Podslon village, Feldfebel Dyankovo village, Altsek village, Slivnentsi, Pobeda, Plachidol; Dobrich municipality, Dobrich.

The main recommendation towards medical teams, RHC, MH and DEDI at CoM in the organization of preventive medical examinations in locations with big concentration of Roma population is connected to the specifics of each region. The problems and specifics in all four project regions are different. That should be considered when making the plan for the screening programs and a differentiated approach in mobile service provision should be used. As an example we would like to point out Dobrich region which has very big number of places within it (only Dobrichka municipality has 72 places) and they are many times more than in the other regions. The territory of Dobrich region is also much bigger than the one of the other three regions. It is necessary to plan very precisely the examinations, the budget to be allocated in accordance with the needs at places, human resources to be planned in regard to the potential number of the examinations, as well as the time for conducting the examinations (summer period) should be taken into consideration.

9. Organization of discussions with young people on the topics of sexually transmitted infections (STIs), prevention of early pregnancy and the principles of family planning

A curriculum for young people is made, on the grounds of preliminary discussions during the tours in the target regions. Also the locations from which young people will be invited for the training were precisely identified. The major criteria for selection of locations are related to the presence of secondary school – high school, presence of young families and kindergartens. In some of the places we found adolescents from risk groups – drug addicts, sexual workers, young people from numerous families, etc. Additional efforts for including young people at risk in the training programs will be made.

The main discussions conducted with young people from the regions of Pazardjik and Montana were:

- Health and sexual education and life skills – main themes, sources of information;
- Puberty. Adolescence. Female and male reproductive system;
- Pregnancy. Maternal and child health care;
- Screening preventive programs for cervical and breast cancer;
- Family planning and reproductive health. Contraception;
- Sexually transmitted infections. AIDS. Hygiene;
- Drug and other addictions;

- Human trafficking;
- Reviewing practical cases. Dissemination of messages in the community

A curriculum for young people was elaborated, based on preliminary talks with them during the visits in the target regions. The main discussions held with young people from the regions of Yambol and Dobrich were:

- Health and sexual education and life skills – main topics, sources of information;
- Puberty. Adolescence. Female and male reproductive systems;
- Pregnancy. Maternal and child health care;
- Screening and preventive programs for cervical and breast cancer;
- Family planning and reproductive health. Contraception;
- Sexually transmitted infections. AIDS. Hygiene;
- Drug and other addictions;
- Human trafficking;
- Reviewing practical cases. Dissemination of health messages in the community

A number of questions related to the above mentioned themes were asked, together with them questions regarding menstruation, colour pregnancy, mioma, ovaritis, testicle cancer, etc.

9.1. Elaboration of criteria for selection of young people in the four regions

The Consultant has drafted the main criteria for including young people in the educational programs in January 2008:

- Strong motivation for participation;
- Very strong communication skills – for disseminating the information from trainings in the community among other young people;
- Inclusion of young from risk groups:
 - From large families;
 - From families with significant health problems;
 - Young people between 14 and 18 years old who live together with partners and have little children;
 - Young people offering sexual services;
 - Drug addicts;
 - Others.

When selecting and elaborating the specific criteria will be sought balance between:

- Equal participation of boys and girls – gender balance;
- Young people who have/haven't completed secondary educations; students and non-students;
- Early married and single;

9.2. Elaboration of curriculum for conducting 4 training sessions with young people – one in each region. Educational sessions – peer education and special events in the target regions

(information is contained in points 6.9 and 6.10)

9.3. Training of 60 Roma families

On 5 and 6 April 2008 the training for families in Yambol was held. The training was attended by families from Yambol and the villages of Kukorevo, Veselinovo, Voden, Stefan Karadzhovo and Hadzhi Dimitrovo. The evaluation of the training, made by the participants themselves shows the following results: 100% of the participants in the seminar for families assess the seminar as excellent, as well as the work of the trainers. The organization is also highly assessed and in general participants are satisfied by the discussions, the information provided and the opportunity for direct personal communication with leading specialists – gynecologists, pediatricians and psychologists. Great interest was shown in the topics concerning STIs/HIV/AIDS. As a recommendation participants state the need of other following trainings where the knowledge acquired will be upgraded.

On 12 and 13 April 2008 in Balchik a training of families from Dobrich region was held.

The evaluation of the training made by the participants themselves shows the following results: Most of the participants evaluate the training as excellent, 5 of them have given “very good”. All participants have given the highest mark for the trainers.

Some participants share that for them most useful were the topics related to family planning and reproductive health. Special interest in the screening and preventive programmes for cervical and breast cancer is shown. Among the recommendations from the participants is more time to be dedicated for explaining medical terms or more simple ones to be used. Also, it is recommended the training to be continued together with young people.

10. Training of medical staff

10.1. Adaptation of the existing curricula for medical staff training, developed under the Phare 2001 and Phare 2003 projects to meet the needs of maternal and child health care

Analysis of the existing curricula for medical staff training and adaptation

Part of the Consultant’s team took part in the elaboration of the curricula for medical teams under PHARE 2001 and knows the curricula in details. The analysis of the PHARE 2001 curricula was presented in the initial phase of the project. The final versions of the analysis covering the medical staff training curricula under Phare 2001 and Phare 2003 was delivered together with the second quarterly progress report (January – March 2008) as Annex III to it.

Main conclusions: According to the detailed and thorough review of training curricula for medical specialist, elaborated under PHARE 2001 and PHARE 2003, it is obvious that both programs, however in a different way, are based on the wholistic approach in health care provision. Both programs rely on interactive methods in providing the necessary information and very their requirements through the quality of health care prism. As it was mentioned above, taking into consideration the fact that the curriculum developed under PHARE 2001 project is much more detailed, with a bigger horarium and greater diversity of topics, it can be clearly stated that there is no immediate need of compilation efforts for combining both curricula.

However, the presence of two alternative approaches is not unnecessary since some chapters and training sessions can be used in the elaboration of a curriculum for new trainings.

The two programs existing were used by the Consultant in the training module under the present project, namely – in the training of GPs and medical staff working with the mobile units. That made the present materials much more useful for the medical specialists, RHC and RIPHPC and for the health mediators.

10.2. Training of medical specialists – gynecologists, nurses, radiologists included in the mobile service provision - a three day training of 8 gynecologists, 8 nurses, 4 radiologists

(Information is contained in 2.2.)

10.3. Two day trainings of GPs in the target regions – two in each region (a total of 8 for the relevant number of medical specialists, GPs and nurses)

In the period April – June 2008 the team conducted one training of GPs from each target region. GPs (4) from Pazardjik region, GPs from Montana region (2) took part in the trainings of medical staff in May 2008. GPs see in the mobile medical examinations great use for their work. Especially to GPs was paid attention to improving the communication between GPs and Roma community, as well as to work in multiethnic environment.

In the regions of Yambol and Dobrich individual trainings of GPs and nurses were made. In Yambol region the Consultant works individually with GPs from Straldzha village, Kukorevo village, Drazhevo village and Yambol. In Dobrich region trainings of GPs from Dobrich were conducted. Main accents during the trainings were:

- Improving the work with HM;
- History and culture of Roma – Roma groups and specifics on the territory of Yambol region;
- Organization of preventive programs of GPs for maternal and child health care.

On 17 August 2008 teams of the Consultant held an individual trainings of GPs in Pazardjik region and on 18 and 19 August 2008 in Dobrich region. GPs who work predominantly with Roma people were selected. The main goal of the training was to repeat the objectives and tasks of the preventive health program for women and children while using the potential of GPs in the preventive medical examinations. The Maternal and Child Healthcare preventive programs are implemented by the GPs and in this context the preventive activities carried out support and complete the work of the GPs. At the same time GPs are most familiar with potential beneficiaries of the project at places and they were asked to make lists of women and children that should be covered by the preventive examinations. They also should convince women and children attend the examinations, to work together with the HM in promoting preventive programs and examinations among the Roma communities and everything possible to be done in order information to reach every family in need. During these trainings the possibilities of mobile services provided were presented, as well as the schedule of preventive examinations. A contact between GPs and local coordinator, health mediators was established. The role of everyone was discussed, duties were allocated among them. GPs were provided also with information and promo materials that are disseminated during the examinations.

11. Internet site of the health mediators – www.zdravenmediator.net

The development of internet site under the project was completed. After discussions and consultations with the expert who is responsible for the support of the portal, a selection of a name of the site was made – www.zdravenmediator.net. Domain and hosting of the web address were reserved and paid. The structure of the site is finalized and consists of the following sectors:

About the project

- Information materials
- Training curricula
- Reports

About the health mediators

- History, role
- Job description
- Training curricula
- National network of health mediators

Legislation

- Health legislation
- Social legislation

Health strategies and programs

- Health Strategy for Disadvantaged Persons Belonging to Ethic Minorities
- National programs
- Programs implemented by GP

Health analyses and publications

- Socially significant
- Oncological
- Maternal healthcare
- Child healthcare
- Family planning

Projects

Useful links

- Institutions
- Partners

News

Gallery

Health mediators

All project reports and deliverables that are approved by the project SC are uploaded on the site. The project information materials, flyer for the project, flyer for the role of the health mediator are also published. Information for the preventive examinations conducted in each region is updated on a regular basis. The training curricula for families and young people are also accessible. In the sector About the health mediator are uploaded: History, role of the health mediator, the job description, as well as the National network of HM. The last sector is informing on the establishment and development of the professional association of health mediators. Information regarding the PHARE projects concerning improving of the access of Roma to health care (PHARE 2001, PHARE 2003, PHARE 2005) will be uploaded by the end of the project. The useful links sector is formed and is being updated. In the News the start of the preventive examinations in the four project regions is marked. In health mediators the list of employed 111 mediators in 2008 with a delegated budget in 54 municipalities is uploaded. In the Gallery there are pictures from the Network's activities and from the conducted preventive examinations.

V. PROBLEMS FACED AND CONCLUSIONS

(regarding the preventive medical examinations with mobile units)

1. Problems faced, solution and overcoming

The main problems that the Consultant faced in the project implementation are outlined and below the types of problems are enlisted:

- The delay of mobile units' delivery and reduction of the time for the preventive examinations due to reasons beyond the Consultant's control was a major risk during project's implementation that had an impact on the implementation of all activities planned;
- The lack of precise information for mobile unit's delivery placed at risk the medical teams formed – part of them undertook other responsibilities and the Consultant had to provide ad hoc training of new medical specialists;
- Lack of information about the number of pediatric examinations which raised a lot of questions and difficulties in the implementation of preparatory activities;
- The conduction of preventive examinations in the summer months when people work on the field was an obstacle in the beginning that the Consultant managed to overcome by changing the schedule and working time of mobile units;
- The delay in HM employment by the municipalities within the target regions (Until 30 June 2008 the health mediators trained in February 2008 at the Medical College in Plovdiv were not employed). For the Consultant this was of great importance, especially for Dobrich region where there are no HM and the problems related to the access to health care are most serious

- Detailed information for the locations and problems identified is presented with the Second Quarterly Progress Report (January – March 2008). In the start of the preventive examinations some medical teams did not consider our recommendations. That led to unequal presence of medical teams in the locations within the regions and thus restriction of the access to preventive examinations for patients in need. Unfortunately the role of the Consultant in the design of the schedules was mostly recommendable. Montana region strictly respected our suggestions. In the first two months Dobrich region could not organize the optimal use of the mobile units and to visit more locations. A reason for that can be sought in the differentiated approach in the allocation of budgets to the RHC from the side of MH, as well as in the weak partnership between the institutions in the region. In October 2008 after receiving recommendations and with the cooperation of the Consultant, Dobrich region change thoroughly the work approach and achieved very good results in the conduction of preventive OG and pediatric examinations.

1.1. Problems identified during the initial phase of the preventive examinations:

- In Yambol region medical specialists intended to divide the two types of mobile units, i.e. there was a real danger mobile units not to move together but after the interference of the local coordinator that risk was overcome (afterwards there were cases when medical units visited certain locations separately and that leads to reduced interest towards the preventive examinations and impedes the work with the community but medical teams had their reasons and did not consider the Consultant's recommendations);
- In Montana region days before the start of examinations, the information regarding the start of the examinations was changed several times. The medical team takes hasty decisions without informing the local coordinator, health mediators and Roma community representatives that are the actual bond with the potential patients. Often the medical teams present contradictory information to the coordinator who is responsible for organization and mobilization of people. That impeded the whole working process – from mobilizing the people to the implementation of the preventive examinations. The Consultant made some remarks towards that approach and as a consequence medical teams coordinated any changes in the schedule with the HM and the coordinator in advance (later on these misunderstandings were overcome).
- In Pazardjik region examinations have started on 1 August only with the pediatric mobile units. OG examinations started two weeks after. This was due to the delay in the delivery of necessary materials for the preventive OG examinations.
- In Dobrich region during the preliminary phase it turned out that there are much more potential patients that mobile units are able to examine. RHC and DCC – II that are directly responsible for the examination are informed about that. However, in Dobrich region where the needs of preventive examinations are greatest, fewer patients are covered. In Dobrich region there is the smallest number of HM trained and that further impedes the work.

1.2. Problems faced during the preventive gynecological and pediatric examinations:

In the target regions the work practice in preventive examinations provision is different, connected to local specifics, resources and possibilities. For each region good practices can be pointed out that can serve as examples for the other regions but also some bad practices and problems can be described:

- Despite the fact that in the provided preliminary information for the preventive examinations it was noted that an identity document is needed for the examination, for the pediatric examinations a problem related to the Personal Identification Number (PIN) occurred in the first days. This lapse was overcome with the support of the village mayor and the local coordinator. In future such lapses were avoided.
- The preventive examinations in August 2008 in Dobrich region lasted only one week (from 11 until 18 August 2008) and in September 2008 mobile units worked 9 days in total (from 3 until 5.09.2008; from 8 until 10.09.2008 and on 17, 18 and 19 September 2008). Medical teams have fulfilled the examinations planned in the contract with RHC (the examinations are limited to 107 for children and 196 for women per month in the contract between DCC-II-Dobrich and RHC). The Consultant perceives a big risk in a situation like this once since if that is the case for work, the examinations planned for Dobrich region can not be executed. The Consultant insists in front of MH and DEDI at CoM to check the case and optimize the examinations in the region with biggest number of population, biggest territory and biggest needs. Only in Tervel municipality the need of additional examinations is almost double than the actual number of examinations. In conversation with mayors and deputy mayors from Tervel municipality it was shared that examinations should continue in other locations within the municipality. Mayors have even provided information for potential patients in the locations. The Consultant insisted back in August 2008 in the monthly report that all possibilities for covering everyone interested in the examinations should be surveyed (the problem is solved in October 2008 after recommendations of the Consultant for optimization of mobile units' work).
- In Montana region the echograph did not function in the OG unit in the first days, preventive examinations were made with pap smear but later on the problem was overcome;
- Very often there is a difficulty in ensuring power supply for the mobile units; local coordinators negotiate with mayors and deputy mayors in advance the power supply from the public building but in spite of that this problem is registered in most locations;
- A technical problem occurred with the pediatric mobile units in Montana during preventive examinations in Berkovitsa, the problem is overcome;
- In the first month it was necessary some medical teams to “overcome their fear” to use intensively the whole equipment available (echograph and colposcopy apparatus);
- As in the gynaecological, as well as in the pediatric unit, teams are not aware how to disinfect and treat with antiseptic materials the chemical toilets since that was not part of the instructions given;
- Most serious is the problem with the delay in the pap smears' results. As of 25 September 2008 the results from the examinations made on 1 August in Yambol region were still not ready. In Pazardjik results were not ready either, women who have been made pap smears on 15 August 2008 still had no results; The delay of the results in the two target regions hides a risk of decrease in the trust and reduction of people willing to be examined; in conclusion the problem is overcome;
- There is no good system for providing information to women who do not have a registered problem in the pap smears' results
- There is no good system for providing information to women who have a registered problem in the pap smears' results but are not health insured. Usually in this case, it is counted on the HM but not everywhere there is one.

2. Conclusions from the preventive examinations conducted

2.1. Regarding the preventive pediatric examinations:

- Big part of the children are clinically health as of the preventive medical examination;
- From the registered diseases the big percentage concern respiratory system diseases, followed by the bone-muscular and endocrine system;
- Statistically significant differences of the health status of children in age groups and target regions have been identified. There are no such on the grounds of sex.

2.2. Regarding the gynecological examinations

- In most than two thirds of women there are discrepancies in the OG status as of the preventive examination;
- With biggest relevant percentage there are phlogistic diseases, followed by non-phlogistic diseases;
- There are statistically significant differences in the OG status of women by target regions;
- There are statistically significant differences in the OG status of women on the grounds of age.

VI. RECOMMENDATIONS

1. Key recommendations in the implementation of preventive examinations with the mobile units

- Individual and differentiated approach for work and organization of activities in the separate target regions and locations in terms of local specifics of ethnic minorities is strongly recommended in the implementation of such programs;
- Differentiated approach in the design of schedules for the preventive examinations and flexible approach from the side of the institutions and mobile teams is also strongly advisable in similar programs;
- Institutional support from the partners - MH, DEDI at CoM for employing the health mediators is a key factor for achieving better results when implementing similar programs in locations with compact Roma population;
- Good coordination between institutions on local and regional level (RHC, RIPHPC, municipals, mayor houses, etc.) better effectiveness in the implementation of similar preventive examinations and programs;
- The inclusion of local media in the reflection of events and engaging them in the programs is also quite important for ensuring maximum transparency and informed population;
- Preliminary work and survey on the locations, including access to health care and preventive activities by the GP, health profile of the population, educational status, etc. are of primary importance for implementing preventive programs;

- The info and promo materials elaborated, accompanied by special information and educational events to be used as incentives and reward for the volunteers in the project areas. That is of major importance for the success of the initiatives and is recommended to be implemented in similar projects with a focus on Roma.

The field work well done, planning and introducing to communities, good knowledge of needs and researching the problems on local level, guarantee the better implementation of the activities under similar projects.

2. Recommendations regarding the work of HM

In the implementation of the project the HM had the opportunity to work with OG specialist and pediatricians for the first time. As an attainment can be stated that HM do a very good job in supporting the mobile units' work. The local institutions, medical specialists and GPs share that in the place where there are experienced HM preventive examinations are carried out smoothly, the preventive examinations are very well organized, the community is better informed and outcomes are better. The preventive examinations with the mobile units give an opportunity to the HM to be better known by the medical specialists and that gives a chance to the profession of the health mediator to be more recognizable and evaluated as necessary by the medical specialists.

The Consultant recommends the following in regard to the HM:

- NCCEDI, DEDI at CoM and MH and other institutions as RHC, RIPHPC, municipalities keep developing the model of the HM in Bulgaria, to cooperate actively for enhancing their capacity and strengthening their role in policies regarding improving the access of minorities to health services;
- MH and MF to ensure delegated budgets to the municipalities where there are certified and working health mediators for 2009;
- DEDI at CoM to survey which municipalities with compact Roma groups and disadvantaged communities have the need of health mediators on their territory;
- DEDI at CoM to have a coordinating role between local authorities and medical colleges in forming groups for training of new HM;
- MH, together with RIPHPC, municipalities and National Network of Health Mediators to cooperate for the implementation and monitoring of the activities of the newly appointed HM;
- A working group to be established, consisting of representatives of MH, DEDI at CoM, the national coordinator of the Decade of Roma Inclusion, the National Network of Health Mediators, other NGOs working on the implementation of the Health Strategy for disadvantaged persons belonging to ethnic minorities that is gathered on a functional

basis in terms updating and ensuring sustainability of the Program of the health mediators in Bulgaria.

3. Recommendations regarding the sustainability of programs for preventive examinations with mobile units

In terms of creating conditions for sustainability of project's activities, the following recommendations can be pointed out towards the implementation of the following health project on **Improving the situation and integration of disadvantaged ethnic minority groups with a focus on Roma – Healthcare component - EuropeAid/122904/D/SER/BG under the PHARE Programme:**

- MH to establish the model of preventive programs with mobile units among disadvantaged communities and ones that live in distant and difficult to access at a national level. A legal basis for sustainable functioning of the mobile units to be created;
- MH to continue using the criteria elaborated by the Consultant for identifying the so called “hot spots” where the need of preventive examinations is greatest;
- MH to cooperate for forming a working group consisting of representatives of MH, DEDI at CoM, the national coordinator of the Decade of Roma Inclusion and other NGOs working on the implementation of the Health Strategy for disadvantaged persons belonging to ethnic minorities that plans and discusses the implementation of preventive activities with mobile units on a regular basis;
- The interest towards the gynecological examinations was big, not only from ethnic minority women. Due to the short period of the project not all women were covered. On the other hand, the pathology estimated is significant and this is a stringent evidence for the need of preventive gynecological examinations. **Our recommendation to MH is to continue using the mobile units in the regions of Montana, Yambol and Dobrich and also in the neighbouring Vidin, Sliven and Razgrad regions in the implementation of the program in the action plan for early diagnostics and screening of cervical cancer. Therefore, continuation between projects will be ensured of the PHARE 2004 and PHARE 2005 project that have similar aims and on the other hand, opportunity will be given to the women who wanted to be examined but were not. The mobile units will also visit other locations that had not been visited within the target regions. For this purpose we suggest that RHC, local coordinator and local authorities in the target regions prepare an updated schedule for continuation of the preventive gynaecological examinations after the end of the PHARE 2004 project on 30 November 2008. MH should ensure financial resources for the mobile gynaecological units in the target regions in the target regions within the period of the PHARE 2005 project.**
- At the end of the project period the two mamographs were delivered. Their use is to be conducted. The Consultant recommends their use mainly in the regions of Montana and Dobrich. The reasons for that recommendation are the following:
 1. Laborants and radiologists are trained to work in multicultural environment in both regions;
 2. Local communities are informed on the importance of breast cancer prevention;
 3. There is a significant demand for such a service among the target groups;

4. In the two regions there are human resources, ready to cooperate in promotional campaigns, including breast cancer prevention (HM, families and young people trained under the curricula under the present project);
 5. According to data from the National oncological register, in Montana and Dobrich regions there is a high disease rate and late diagnostics of breast cancer.
- The preventive examinations of children proved that in most places children are well covered by the GPs, most children with diseases are consulted with a specialist and assigned a treatment. **Our recommendation is that mobile pediatric units to stay available for the RHC and be used for provision of specialized pediatric care in distant or difficult to access and/or Homes for children without parents' care.**

4. Recommendations for improving the health culture of Roma people

- The preliminary field work well conducted and introduction to the communities, the good knowledge on the culture, needs and researching the problems on local level are a precondition for the good understanding of the specifics of the problems that the population faces, including in the field of health education;
- It is recommendable all information and promo materials to be tested prior to their production by focus groups with Roma community representatives in the implementation of similar projects; it is necessary to report the differences in the attitudes and local specifics of the Roma community;
- The info and promo materials elaborated, accompanied by special information and educational events to be used as incentives and reward for the volunteers in the project areas. That is of major importance for the success of the initiatives and is recommended to be implemented in similar projects with a focus on Roma;
- The work with young people is carried out as in, as well as outside schools. The work with students can have another, additional effect – prevention of early school drop-out;
- Long term and systematic, not only campaign work through everyday confirmation of healthy lifestyle from the side of the HM that are facilitators and health educators in their communities;
- Long term commitment at national and local health institutions in the improvement of the access of disadvantaged ethnic minorities. Establishment of sustainable relations and sustainable mechanisms for joint work between MH and NGOs working on the Health Strategy.

5. Recommendations regarding legislative changes for improving the maternal health care in Bulgaria

The recommendations are part of the legal analysis elaborated under the project.

- The Constitution of the Republic of Bulgaria:

Existing text	Recommendation for addition or amendment
Article 52. (1) Citizens shall have the right to medical insurance guaranteeing them affordable medical care, and to free medical care in accordance with conditions and procedures established by a law.	Amendment: The persons that are temporarily without work, uninsured pregnant mothers and mothers of children up to 2 years old are socially insured in accordance with conditions and order established by law with resources from the state budget.

- The Health Act:

Existing text	Recommendation for addition or amendment
1. Art. 209 (3) Parents or guardians who do not ensure the mandatory immunizations for their children are fine with 50 to 100 leva. In case of repeated violation the fine is between 100 and 200 leva.	Amendment: The GPs register the immunization calendar of children and inform the penalty body in cases of absence.
2. Art. 60. (1) The persons with infectious diseases and the ones in contact with them are due to registration, mandatory information and reporting.	Amendment:,including the cases when they have the status of health uninsured.
3. Art. 68. (1) Medical X-ray treatment of pregnant women is not made apart from the cases when there is a serious danger for their life and health. In cases of X-ray treatment of a woman in reproductive age, medical specialists are bound to inform themselves if she is pregnant.	Amendment:, regardless of her health insurance status.
4. Art. 82 (1) Outside the reach of the mandatory health insurance of Bulgarian citizens, medical services connected to the following are provided: 1. emergency medical care; 2. stationary psychiatric care; 3. provision of blood and blood products; 4. transplantation of organs, tissues and cells; 5. mandatory treatment and/or mandatory isolation; 6. expertise on degrees of disability and permanent disablement; 7. payment for treatment in accordance to the	Amendment: 9. Registration and monitoring of pregnancy, treatment of pathological cases among pregnant women and delivery – regardless of their health insurance status.

<p>order set by the minister of health;</p> <p>8. medical transport in accordance to order set by the minister of health.</p>	
<p>5. Art. 82 (3) Children up to the age of 16 have the right to medical care outside the reach of the mandatory health insurance.</p>	<p>Amendment: Children up to the age of 18 have the right to medical care outside the reach of the mandatory health insurance and in the cases when they continue their education – upon its completion but no later than 21 years.</p>
<p>6. Art. 99 (3) Emergency medical care is to prevent:</p> <ol style="list-style-type: none"> 1. death; 2. serious or irreversible morphological and functional damages of vital organs and systems; 3. complications for women in child birth placing at risk the life and health of the mother or the foetus. 	<p>Amendment: 3. complications for pregnant women and women in child birth, placing at risk the life and health of the mother or the foetus.</p>
<p>7. Art. 127. (1) In order to guarantee not risky maternity each woman has access to health care directed to ensure optimal health status of the woman and foetus from the moment of conception until 42 days after the child’s birth.</p>	<p>Amendment: For ensuring not risky maternity of each woman regardless of her health insurance status, each woman has access to health care directed to ensure optimal health status of the woman and foetus from the moment of conception until 42 days after the child’s birth.</p>
<p>8. Art. 137. Protection of genetic health is ensured through health services directed towards:</p> <ol style="list-style-type: none"> 1. preventive and diagnostics tests for proof and qualification of genetic diseases; 2. hospitalization of persons with higher risk to presence and development of genetic diseases; 3. treatment of inherited diseases, congenital anomalies and dispositions; 4. estimation of inherited symptoms and identification of parent; 5. preservation of genetic information. 	<p>Amendment: .../2/ the activities enlisted in paragraph 1 are used as free medical care by each pregnant woman regardless of her health insurance status.</p>

- The Health Insurance Act:

Existing text	Recommendation for addition or amendment
1. Art. 40, (2) They are insured at the expense of the state budget except the cases when they are insured according to the order set in paragraph 1:	Amendment: p. 11. Health uninsured pregnant women, young mothers and mothers of children up to 1 year old

- The Social Insurance Code:

Existing text	Recommendation for addition or amendment
1. Art. 2. The state social insurance provides compensations, assistances and retirement pensions in: 1. temporary inability to work; 2. temporarily reduced ability to work; 3. disability; 4. maternity; 5. (new – SG, issue 1 from 2002 in force from 01.01.2002) unemployment; 6. (former point 5 - SG, issue 1 from 2002 in force from 01.01.2002) old age; 7. (former point 6 - SG, issue 1 from 2002 in force from 01.01.2002) death.	Amendment: ... p. 1 and 4 to include: ... including health uninsured pregnant women and mothers with infants
2. Art. 40, (2) (Amend. – SG- issue 112 from 2003 in force from 01.01.2004) the requirement under paragraph 1 does not refer when acquiring the right of financial compensation for temporary unemployment due to work incident or professional disease and for insured below the age of 18.	Amendment: ... as well as for uninsured pregnant women and mothers of children below 2 years old.
3. Art. 48a. (Amend. – SG, issue 69 from 2004, in force from 01.07.2004). The insured person has the right to compensation for pregnancy and child birth if they have insurance work service 6 months as insured	Amendment: Each person has the right to compensation for pregnancy and child birth regardless of their health insurance status

for all social risks, for all insured social risk without work accident, professional disease or unemployment for all insured social risks without unemployment.	
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- The Labour Code:

Existing text	Recommendation for addition or amendment
1. Art. 354. (Amend., SG, No 100/1992) (6) When a mother, a father or an adoptive parent has been raising a child under the age of 3; regardless of the fact whether they have been in labour legal relation at the time of the event.

- Decree 26¹ from 14.06.2007. promulgated by the Ministry of Health for regulation of the obstetrics care of health uninsured women and conduction of tests outside the coverage of mandatory health insurance of children and pregnant women.

Existing text	Recommendation for addition or amendment
Articles 2, 5 and 7	To include preventive examinations, monitoring of the whole pregnancy period, including the necessary tests, as well as postnatal monitoring.

VII. MAIN CONCLUSIONS FROM THE IMPLEMENTATION OF PREVENTIVE MEDICAL EXAMINATIONS IN THE TARGET REGIONS

- The coordination between medical teams, health mediators, local authorities, RHC and project team was very good;
- It was very actively worked on field with the families and young people trained under the project in the conduction of OG and pediatric examinations;
- The engagement and cooperation from the side of the Regional administration is different in the different regions. The representatives of RA – Montana were engaged the most. In the other regions the cooperation was more formal. It is recommendable regional administrations to be more actively involved in the implementation of future similar initiatives;

¹ In force from 01.01.2007, promulgated by MH, SG 51 from 26 June 2007

- The schedule of preventive examinations was strictly respected, teams showed flexibility and reflected upon the needs of the population in terms of covering maximum numbers of women and children;
- The role of the HM is fundamental in the preventive examinations implementation. The HM were very active, supported the process of spreading out the information among people and cooperated for bringing in more patients. This effect is taken into consideration as during the monitoring of the examinations, as well as during meetings and discussions with RHC representatives in all target regions. The representatives of RHC and specialists share that the work regarding organization and conduction of preventive examinations is much more effectively carried out in places where there is a HM who is recognized by the local community and medical specialists (in the check-ups of RHC sent to the Consultant also the positive role of the HM is estimated);
- The local coordinators accompanied the mobile units in all locations (they have been provided with a budget for travel and communication expenses);
- The pediatric preventive examinations include somatic status and assessment of the physical development on anthropometric indicators (primary and secondary prevention) and third-preventive for children with chronic diseases for prevention of complications. The pediatricians in Yambol, Montana and Dobrich also conduct clinically-diagnostics treatment in cases of acute diseases of the children;
- The pediatricians also conduct health promotion activities, including explanations and advises on nutrition, breastfeeding, vaccinations, most patients leave the units with the leaflets on nutrition and immunizations, elaborated under the project;
- The conclusion that in most cases children are well covered by GPs is reached;
- Most children with diseases are consulted with a specialist and treatment is appointed;
- The proper nutrition and prevention are massively underestimated by the Roma mothers, especially for children above 1 year old;
- The observations of medical teams show that the health culture of women from the Roma community is quite low; in practice for a huge percentage of the mentioned women no gynecological prevention has ever been made;
- The initial data from the OG examinations show that big number of the women have pathological modifications (the conclusion is made on the grounds of the sent check-up for the conducted OG examinations by the mobile teams in the regions of Montana and Dobrich; precise data and analysis will be presented in the beginning of November 2008 by the experts when the pap smear results are processed);
- The percentage of untreated and chronic diseases of the urino-reproductive system of women is high (the conclusion is made on the grounds of the sent check-up for the conducted OG examinations by the mobile teams in the regions of Montana and Dobrich; precise data and analysis will be presented in the beginning of November 2008);
- In cases of modifications found, doctors send the patients to the GP for following treatment. Therefore, each ambulatory form is filled in with the name of the relevant GP and that is recommendable to be made in the future;
- The issue regarding the treatment of women without health insurances is not clarified, whether they will be left with the diagnosis. In these cases the Consultant suggests that the HM should be involved. Unfortunately not everywhere there is a HM and in these cases the risk that a patient is left only with the diagnosis is really big;
- The project supported the implementation of other initiatives among Roma communities in the target regions. Connection between the Consultant and other NGOs working on health problems in the regions of Yambol, Dobrich and Montana (Lom) was established. State structures such as RIPHPC and RHC were also actively involved in the work with

marginalized communities. Thus, synergy was achieved between different stakeholders and that contributed to the complex character of the project.

VIII. CONCLUSION

The Consultant has met the goal of the project - to improve the maternal and child health care by implementing a pilot program for preventive gynecological and pediatric medical examinations with mobile units and provide training sessions of women, children and young people belonging to disadvantaged ethnic minority groups. By ensuring gynecological and pediatric examinations in the target regions and by conducting a number of training sessions for families and young people from the target regions, together with individual meetings, information meetings, discussions, sessions in schools, etc. The Consultant covered the following project target groups:

- Roma women from the pilot regions
- Roma children from the pilot regions
- Roma youth from the pilot regions
- Roma men from the pilot regions
- Roma families from the pilot regions
- Physicians and nurses, medical specialists from the pilot regions

Main beneficiaries of the project are:

- 4 target regions with compact Roma population – Montana, Pazardjik, Yambol, Dobrich;
- Roma communities in municipalities with compact Roma population within the territories of the target regions;
- RHC, RIPHPC;
- GPs and other medical specialists;
- NGOs implementing health promotion campaigns.

IX. HUMAN RESOURCES

The team leader, two key experts and non-key experts were available for the implementation of all project activities planned. The team of the project used the central office of the project, established in accordance to the needs within the premises of Open Society Institute – Sofia, as well as the offices of the partner organizations. The key experts worked the working days set in the ToR, strictly following the designed timetable:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Key experts														
Key expert 1: Team leader														
Professor Ivaylo Tournev – 150 working days	20	15	15	10	15	15	10	10	10	5	5	5	5	10
Key expert 2 – expert in the field of primary health care for women														
Dr. Kalina Piperkova – 100 working days	5	5	5	10	10	10	10	5	5	5	5	5	10	10
Key expert 3 – expert in the field of primary health care for children														
Dr. Ivan Litvinenko – 100 working days	5	5	5	10	10	10	5	10	5	5	5	5	10	10

X. INCIDENTAL EXPENDITURE

The incidental expenditure for this contract is 30 000 euro and it was used for covering the expenses on the specific activities, travel costs, conference costs and publications – print out, translation, etc. as it is set in the ToR.

XI. ANNEXES

Annex I Monthly progress report for October 2008

Annex II Monthly progress report for November 2008

Annex III Table of results achieved