INCEPTION REPORT

Submitted by:

CEEN Economic Project and Policy Consulting GmbH (CEEN)

in consortium with

Centre for Social Practices (CSP) and European Consultants Organisation (ECO)

ACRONYMS ......................................................................................................................................................... 3

1. INTRODUCTION .................................................................................................................................................. 4
   1.1. TERMS OF REFERENCE AND CONSORTIUM .......................................................................................... 4
   1.2. STRUCTURE OF THE INCEPTION REPORT ............................................................................................ 4

2. PROGRESS IN THE INCEPTION PHASE ........................................................................................................... 5
   2.1. ACTIVITIES PLANNED FOR INCEPTION PHASE ....................................................................................... 5
   2.2. MISSIONS AND PREPARATORY ACTIVITIES ........................................................................................... 5
   2.3. KEY ISSUES .................................................................................................................................................. 5

3. COORDINATION AND PROGRAM MANAGEMENT .......................................................................................... 6
   3.1. EUROPEAN ACTIVITIES IN ROMA ACCESS TO HEALTH ....................................................................... 6
   3.2. ROMA DECADE .......................................................................................................................................... 7
   3.3. COUNCIL OF EUROPE .............................................................................................................................. 7
   3.4. NATIONAL DOCUMENTS AND ACTIVITIES ............................................................................................. 9
   3.5. PROGRAM MANAGEMENT ........................................................................................................................ 11

4. FINAL PROJECT MODEL .................................................................................................................................... 11
   4.1. PROJECT PURPOSE AND EXPECTED RESULTS ....................................................................................... 11
   4.2. PROJECT IMPLEMENTATION ...................................................................................................................... 11
   4.3. OVERALL WORK PLAN .............................................................................................................................. 12
       Component A: Training of 50 Mediators ......................................................................................................... 12
       Component B: Training at medical universities .......................................................................................... 14
       Component C: Additional qualification of doctors and nurses ..................................................................... 15
       Component D: Health promotion and health education .............................................................................. 16
       Component E: Outreach preventive and diagnostic pilot programme ......................................................... 17
   4.4. HUMAN RESOURCES ............................................................................................................................... 18

5. PLANS FOR THE NEXT REPORTING PERIOD .............................................................................................. 18
   5.1. DETAILED WORK PLAN ............................................................................................................................. 18
       Component A: Training of 50 Mediators ......................................................................................................... 18
       Component B: Training at medical universities and nursing colleges ......................................................... 19
       Component C: Additional qualification of doctors and nurses ..................................................................... 20
       Component D: Health promotion and health education .............................................................................. 20
       Component E: Outreach preventive and diagnostic pilot programme ......................................................... 20
   5.2. DELIVERABLES IN THE NEXT QUARTER .............................................................................................. 21
   5.3. SCHEDULE OF ACTIVITIES, DELIVERABLES & RESOURCES ................................................................. 22

ANNEX 1 LOGICAL FRAMEWORK ........................................................................................................................... 23

ANNEX 2 GANTT CHART ........................................................................................................................................... 25

ANNEX 3 LIST OF CONTACTS ............................................................................................................................... 26

ANNEX 4 MINUTES OF MEETINGS ....................................................................................................................... 27

ANNEX 5 REFERENCES .......................................................................................................................................... 33
Acronyms

CEEN     CEEN Economic Project and Policy Consulting GmbH
CSP      Center for Social Policy
CME     Continuous Medical Education
GO     Governmental Organization or Agency
GP     General Practitioner
MoH    Ministry of Health
NGO    Non Governmental Organization
RHCC   Regional Health Care Centre
RIPCPh Regional Inspection for Preservation and Control of the Public Health
STD    Sexually Transmitted Disease
1. Introduction

1.1. Terms of Reference and Consortium

The project Educational and Medical Integration of Vulnerable Minority Groups with the Special Focus on Roma – Component 3 Health started on 1 June 2006 and will last until 31 January 2008 (20 months). The project aims to contribute to the access of the Roma to health care and thereby – deliver real support and real, albeit partial, solutions in keeping with the greater aims of Roma inclusion in Bulgaria. In particular, the project aims to the implementation of the health care strategic policies of the Framework Programme for equal Integration of the Roma into the Bulgarian Society through:

➢ Support for improvement of the equal access to health care services;
➢ Support for qualification of medical staff to work in multicultural environment;
➢ Support to preventive health care services;
➢ Support for health promotion and education for vulnerable minorities groups.

The following project results are anticipated to be achieved:

- A curriculum for medical specialties at 5 universities and 14 nursing colleges to teach students to better work with the Roma community;
- A training programme for 30 university lecturers and 28 nursing colleges lecturers to introduce them into the new curriculum;
- A curriculum for the college education of mediators between the health care system and the Roma community developed;
- Maximum 50 mediators educated in the medical colleges;
- Preventive health care services programme implemented in 5 pilot regions directed at increasing the proportion of Roma population having access to preventive examinations;
- Health promotion and education programme implemented in the same regions to raise the awareness of the Roma communities about pressing health care issues.

1.2. Structure of the inception report

The next section describes the activities during the inception phase and key issues which were discussed between consultants, counterpart and beneficiaries.

Section 3 gives information on the final project model, as formulated jointly in the inception phase. In that section and overall work plan is presented, as well as suggestions for human resources input and project management.

Section 4 provides detailed plans for the next quarter, specified per expected result. In the annexes a logical framework and Gantt chart are incorporated.
2. Progress in the inception phase

2.1. Activities planned for inception phase

<table>
<thead>
<tr>
<th>Activity Package</th>
<th>Deliverable</th>
<th>Description</th>
<th>Deadline for completion / current status</th>
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<tbody>
<tr>
<td>Inception phase – project management</td>
<td>Minutes of meetings from the Expert team Kick-off meeting</td>
<td>The meeting took place in the premises of the CSP on the 16th of June, 2006. For detailed issues and agreements see Annex 4 Minutes of Meetings. Among the most important achievements in this phase is establishing communication channels and setting up of the project’s office at the premises of the CSP. The office possesses meeting facilities, too.</td>
<td>16.6.2006 COMPLETED</td>
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<tr>
<td></td>
<td>Minutes of meetings at the beneficiaries</td>
<td>Series of meetings took place with the representatives of the Ministry of Health (2x), Ministry of Social Affairs (1x) and Ethnic and Demographic Issues Directorate (2x). Precise information on the agreements and the recommendations can be found within the Annex 4 Minutes of Meetings.</td>
<td>30.06.2006 ONGOING</td>
</tr>
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<td></td>
<td>Updated project workplan</td>
<td>The updated workplan has been prepared as the result of joint meetings of the expert team, meetings of the consultant with representatives of beneficiaries. Recommendations and agreements reached have been incorporated into the workplan.</td>
<td>30.06.2006 COMPLETED</td>
</tr>
<tr>
<td>A.3: Detailed review of the employment status of the Mediators trained under the preceding project</td>
<td>Deliverable 15: List of Previously trained mediators (including their contact details)</td>
<td>The expert team has acquired a list of 50 mediators trained under the previous project with their contact details. Also information on 13 mediators remained active in municipalities was received.</td>
<td>30.06.2006 COMPLETED</td>
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<td></td>
<td>Deliverable 18: Report on the employment status trained mediators, including recommendations on additional training needs, review of job descriptions, list of needed competencies and list of additional competencies</td>
<td>Collection of information needed to prepare the report has already started. The expert team works on developing more detailed picture of Bulgarian health care system in order to decide on feasible solutions for ensuring the sustainability of the mediators. Connections to the representatives of the previous project has also been established in order to assess the competencies and precise job descriptions.</td>
<td>30.9.2006 ONGOING</td>
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2.2. Missions and preparatory activities

Two visits to Sofia were focused on collecting more information on the state of the art of the issue, and to meet principal players and representatives of Bulgarian agencies and NGOs.

2.3. Key Issues

- **Sustainability**
  
  Building on the analysis of the earlier implemented projects the consultant is exploring ways to ensure sustainability of the project results. Ensuring that the trained mediators will remain active through discovering the best position in the health care system is essential for the project success.

- **Motivation**
  
  CEEN Consulting GmbH in consortium with ECO 3 sprl and Centre for Social Practices
Finding and ensuring enough motivation factors for the participants to join trainings session organised under this project is also essential.

- **Coordination with other projects and donor activities**

  Sustainable results can only be achieved through a coordination of projects and donor activities. Any inefficient use of time and resources should be vigorously avoided, improvement and consolidation of previous project outputs and avoidance of overlap with on-going projects must be ensured.

### 3. Coordination and Program Management

#### 3.1. European activities in Roma access to health

The EU established the **European Monitoring Centre on Racism and Xenophobia (EUMC)**\(^1\) in 1997. Its primary task is to provide the Community and its Member States with objective, reliable and comparable information and data on racism, xenophobia, islamophobia and anti-Semitism at the European level in order to help the EU and its Member States to establish measures or formulate courses actions against racism and xenophobia.

On the basis of the data collected, the EUMC studies the extent and development of the phenomena and manifestations of racism and xenophobia, and analyses their causes, consequences and effects. It is also the task of the EUMC to work out strategies to combat racism and xenophobia and to highlight and disseminate examples of good practice regarding the integration of migrants and ethnic and religious minority groups in the EU Member States.

In November 2002, the EUMC, in collaboration with the Council of Europe, the OSCE hosted a NGO conference on “Romani Women and access to Public Health Care” in Vienna. From its report we extract the following general recommendations:

- There is a need for a holistic but also group-specific approach.
- There is a need to develop and implement anti-discrimination legislation.
- Community needs in terms of housing, education and specific issues like forced prostitution, sexual abuse and domestic violence need to be confronted.
- Participation in decision making by Romani women needs to be encouraged.
- There is a need for Roma NGOs.

Several specific projects were suggested:

- The creation of Romani women centres.
- Compiling registers of Roma-friendly doctors for each area where Roma live.
- Establishment and support to NGO-run mobile health clinics, “driving doctors” and small hospitals in Roma communities.
- Production of a guidebook for all health professionals explaining Roma culture, including

relations and roles within the families.

- Establishment of health and sanitary mediators.
- Supporting training courses for doctors working with Romani patients.
- Exchange of data.
- Creation of an international Roma women network on health issues and, possibly in future, a network of Roma health mediators.

The Acquis Communautaire of the European Union in health is limited. Article 152 of the Amsterdam Treaty – which is the governing treaty relevant to our subject – describes the responsibilities and tasks of the European Union in terms of Public Health. For our assessment, paragraph 5 of the article is most important. It makes clear that member states remain fully responsible for their health services and medical care. Throughout our assessment we were confronted with the expectation that the European Union will provide for directives or standards for health services, but this is not the case. Simply, the European Union did not give itself the authority to do so.

The Copenhagen criteria used by the European Union to assess whether candidate member states fulfil the requirements for a membership do not set specific or quantitative standards. In terms of access to health services no targets or norms are formulated, other than the right to equal access to public services for all population groups, including the minorities.

### 3.2. Roma Decade

The initiative “The Decade of Roma Inclusion” was adopted by eight countries (Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Romania, Serbia and Montenegro, Slovakia) in Central and Southeast Europe, and it is supported by the international community. It represents the first cooperative effort to change the lives of Roma in Europe. The Decade is an action framework for governments, which runs from 2005-2015. The objective of the initiative is to improve the economic and social status of Roma across the region and to monitor the progress in accelerating their social inclusion.

The Decade grew out of a high-level conference “Roma in an Expanding Europe: Challenges for the Future,” hosted by the government of Hungary in June 2003. The conference was organized by the Open Society Institute, the World Bank, and the European Commission, with support from United Nations Development Program (UNDP), the Council of Europe Development Bank, and the governments of Finland and Sweden. At this event, prime ministers and senior government officials from the eight countries made a political commitment to close the gap in welfare and living conditions between the Roma and the non-Roma and to break the cycle of poverty and exclusion. Their backing signalled a dramatic change in Roma policy and the political will necessary for reform.

OSI does not administer the Decade of Roma Inclusion initiative, but will continue to be involved in monitoring its progress.³

### 3.3. Council of Europe

In 1995, the Committee of Ministers set up a Specialist Group on Roma, Gypsies and Travellers

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² [http://www.soros.org/initiatives/roma/focus_areas/decade](http://www.soros.org/initiatives/roma/focus_areas/decade)
³ The initiative operates a website: [www.romadecade.org](http://www.romadecade.org)
issues (MG S ROM)\(^4\), tasked with advising member states on all Roma, Gypsies and Travellers issues related matters and encouraging international authorities to take action where needed. Member states of the Council of Europe are represented in this body; currently, the board is formed by a chairman from U.K. and two vice-presidents, one from Romania and one from the Slovak Republic). The Specialist Group has elaborated several recommendations that were adopted by the Council of Ministries, mainly focused on education, employment and housing.

Do Roma women suffer from discrimination and exclusion when it comes to access to healthcare? What political steps should be taken to ensure that they can fully benefit from their social rights? These questions were at the heart of a conference organised on 11 and 12 September, 2003, at the Palais de l’Europe, in Strasbourg. It has lead to the “Recommendation on better access to health care for Roma and Travellers in Europe, draft version of 23 November 2005”.

Two years ago the European Parliament endorsed the European Charter of Patients’ Rights developed by an Italian NGO Cittadinanzattiva-Active Citizenship Network group. The team leader of this project was a member of the group, which finalized the document. It is based on The EU Charter of Fundamental Rights. Article 35 of the Charter provides for a right to health protection as the “right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices”. Article 35 specifies that the Union must guarantee “a high level of protection of human health,” meaning health as both an individual and social good, as well as health care. This formula sets a guiding standard for the national governments: do not stop at the floor of the “minimum guaranteed standards” but aim for the highest level, notwithstanding differences in the capacity of the various systems to provide services. Following are defined within the Charter:

I. **Right to Preventive Measures.** Every individual has the right to a proper service in order to prevent illness;

II. **Right of Access.** Every individual has the right of access to the health services that his or her health needs require. The health services must guarantee equal access to everyone, without discriminating on the basis of financial resources, place of residence, kind of illness or time of access to services.

III. **Right to Information.** Every individual has the right to access to all kind of information regarding their state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.

IV. **Right to Consent.** Every individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research.

V. **Right to Free Choice.** Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information.

VI. **Right to Privacy and Confidentiality.** Every individual has the right to the confidentiality of personal information, including information regarding his or her state of health and potential diagnostic or therapeutic procedures, as well as the protection of his or her privacy during the performance of diagnostic exams, specialist visits, and medical/surgical treatments in general.

VII. **Right to Respect of Patients’ Time.** Each individual has the right to receive necessary treatment within a swift and predetermined period of time. This right applies at each phase of the treatment.

VIII. **Right to the Observance of Quality Standards.** Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards.

IX. **Right to Safety:** Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards.

X. **Right to Innovation.** Each individual has the right of access to innovative procedures, including diagnostic procedures, according to international standards and independently of economic or financial considerations.

XI. **Right to Avoid Unnecessary Suffering and Pain.** Each individual has the right to avoid as much suffering and pain as possible, in each phase of his or her illness.

XII. **Right to Personalized Treatment.** Each individual has the right to diagnostic or therapeutic programmes tailored as much as possible to his or her personal needs.

XIII. **Right to Complain.** Each individual has the right to complain whenever he or she has suffered a harm and the right to receive a response or other feedback.

XIV. **Right to Compensation.** Each individual has the right to receive sufficient compensation within a reasonably short time whenever he or she has suffered physical or moral and psychological harm caused by a health service treatment.

This document is recognized as one of the key documents to steer the project development and to have the individual curricula and trainings be based on.

### 3.4. National Documents and Activities

According to the Action Plan to the Health Strategy concerning People in Inequitable Position, belonging to Ethnic Minorities for years 2005-07 (developed by the Ministry of Health, and approved by the Council of Ministers of the Republic of Bulgaria) following principle goals were defined:

I. Reduction of children mortality;

II. Reduction of maternal mortality;

III. Improvement and optimization of the national prophylaxis programs and prophylaxis activities among people in inequitable position from ethnic minorities;

IV. Improvement and optimization of the national prophylaxis programs and prophylaxis activities among people in inequitable position from ethnic minorities;

V. Securing of equal access to health care;

VI. Appraisal and supervision of the health status of people in inequitable position, belonging to ethnic minorities.

There are several tasks in the area of education specified within the item V. Securing of equal access to health care, such as:
> Introducing the obligations and rights of a patient to the people in inequitable position, belonging to ethnic minorities;

> Education of the population on prevention of the most frequent diseases;

> Education of the mediators in the field of prevention of the most frequent diseases among people in inequitable position, belonging to ethnic minorities;

> Education for efficient communication of medical specialists, rendering services to people in inequitable position, belonging to ethnic minorities, in order to raise the mutual confidence (next item).

This document represents the key for orienting the curricula development and trainings. Main items will be reflected in individual components and presentations.


I. equality in using health services;

II. providing accessible and qualitative health care, with priority for children, pregnant women and mothers of children up to one year;

III. priority of the health promotion and the integrated prophylactics of diseases;

IV. prevention and reduction of the risk for the health of the citizens from the unfavourable effect of the factors of the living environment;

V. special health protection of children, pregnant women and mothers of children up to one year of age and handicapped and mentally disordered persons;

VI. state participation in financing activities aimed at preservation of the health of the citizens.

Health Care Management structures:

The Ministry of Health possesses the highest executive power. Supreme Medical Council is established at the MoH as a consultative body for the Minister. The Chief State Health Inspector shall organize and manage the state health control; the activities of health promotion and integrated prophylactics of diseases; the control over the infectious diseases; the measures for protection of the population against the effect of ionising radiation; as well as the prophylactic and anti-epidemical activities in time of calamities, accidents and catastrophes. Thus this person is of the ultimate importance for the success of the project.

The state health policy on the territory of the region shall be implemented and organized
by a Regional Health Care Centre (RHCC) and Regional Inspection for Preservation and Control of the Public Health (RIPCPH). For organizing the health care in the municipalities the respective municipal council may establish a health care office within the municipal administration. The activity of the office shall be carried out under the methodological management of the Regional Health Care Centre. The RHCCs among other responsibilities within the region should provide two activities directly related to the purpose of the project: inspections regarding complaints and signals of citizens related to the medical services and the coordination of the activities on fulfillment of national and regional health programs.

3.5. Program management

Steering Committee was developed and approved by the contracting authority. The consultant was asked to provide proposals on inclusion of additional members to the committee.

The project plans to establish the **Project Advisory Committee**, with following tasks:

➢ to provide feedback on planned and implemented activities;
➢ to advice on strategic issues concerning the project;
➢ to suggest new initiatives within the components of the project as a reaction to emerging new situations and requirements.

To be able to fulfill these tasks the composition of the Committee will be oriented to professionals representing majority of stakeholders. Membership will be voluntary, based on interest and will be opened for participation of all those interested. Governmental and nongovernmental institutions will be asked to nominate their representative for the Committee. It is expected that the major beneficiaries will be represented there, as well as professionals from universities, professional organizations of medical professions, ethnic NGOs, other agencies and institutions. The Committee will be meeting based on a need.

4. Final Project Model

4.1. Project purpose and expected results

None of the consultant’s activities or findings on the current state of issues has led the consultant to alter the project purpose or the expected results proposed in his technical proposal or the Terms of reference proposed by the contractor.

4.2. Project implementation

Reflecting consultant’s activities and expert meeting recommendations the consultant has decided to adjust his workplan accordingly. The proposed workplan can be found in the next paragraph.
### 4.3. Overall work plan

**Component A: Training of 50 Mediators**

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<tr>
<th>Activity Packages</th>
<th>Deliverables</th>
<th>Completion date by Month</th>
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<td>Quarter I</td>
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<tr>
<td>ACTIVITY A.1: Elaboration of a curriculum for training of mediators</td>
<td>Deliverable 1: Training Programme Review Report</td>
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<tr>
<td>ACTIVITY A.1: Elaboration of a curriculum for training of mediators</td>
<td>Deliverable 2: Report on Discussions on Updated Curricula &amp; Training Needs Analysis</td>
<td></td>
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<tr>
<td>ACTIVITY A.1: Elaboration of a curriculum for training of mediators</td>
<td>Deliverable 5: New Curricula</td>
<td></td>
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<tr>
<td>ACTIVITY A.1: Elaboration of a curriculum for training of mediators</td>
<td>Deliverable 6: Approved Curricula Finalized, Teaching materials amended and adapted</td>
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<tr>
<td>ACTIVITY A.1: Elaboration of a curriculum for training of mediators</td>
<td>Deliverable 7: Report on Selection of 3 Pilot Universities (including indicators for the selection, attendance sheets, minutes of meetings)</td>
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<tr>
<td>ACTIVITY A.1: Elaboration of a curriculum for training of mediators</td>
<td>Deliverable 8: Report on National Conference (including Attendance sheets, minutes of meeting)</td>
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<tr>
<td>ACTIVITY A.2: Training of mediators</td>
<td>Deliverable 9: List of Selection Committee Members</td>
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<td>ACTIVITY A.2: Training of mediators</td>
<td>Deliverable 10: 50 young Roma selected and prepared to take part in the training of mediators</td>
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<td>ACTIVITY A.2: Training of mediators</td>
<td>Deliverable 11: Training master plan</td>
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<td>ACTIVITY A.2: Training of mediators</td>
<td>Deliverable 12: Printed Training Packages (Training Manuals, Workbooks, Slides + other pedagogical aids, Multiple Choice Tests; hard copy &amp; CD-Rom)</td>
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<td>Activity Packages</td>
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<td>Deliverable 13: Training Reports (1 Report for each training, including as annexes the Attendance Sheets, Pre &amp; Post Participant Evaluation forms, Trainer Evaluation, Results on the Multiple-Choice Tests)</td>
<td>Quarter I: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
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<td>Deliverable 14: Report on the Evaluation of Training (summary of results of all trainings)</td>
<td>Quarter II: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
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<td>ACTIVITY A.3:</td>
<td>Deliverable 15: List of Previously trained mediators (including contact details)</td>
<td>Quarter III: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
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<tr>
<td>Detailed review</td>
<td>Deliverable 16: Interview Questionnaire for Previous Mediators</td>
<td>Quarter IV: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
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<td>of the employment</td>
<td>Deliverable 17: Report on Interviews Conducted with Previous Mediators (interpretation of questionnaires, and completed questionnaires included as annex)</td>
<td>Quarter V: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
</tr>
<tr>
<td>status of the</td>
<td>Deliverable 18: Report on the employment status trained mediators, including recommendations on additional training needs, review of job descriptions, list of needed competencies and list of additional competencies</td>
<td>Quarter VI: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
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<td>Mediators trained</td>
<td></td>
<td>Quarter VII: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
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### Component B: Training at medical universities

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<td>Deliberable 19: University and Nursing School Curricula Assessment Report</td>
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<td>Deliberable 20. Draft Curricula for 2 Modules (1 - Current Medical Staff &amp; 2 - Medical Students)</td>
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<td>Deliberable 21: Report on Conference on Curricula for current medical staff &amp; medical students (attendance sheets, minutes of conference, recommendations for amendments to the curricula)</td>
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<td>Deliberable 22: Proposed Final Curricula for Current Medical Staff &amp; Medical Students</td>
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<td>Deliberable 23: Approval of the amended curricula for Current Medical Staff &amp; Medical Students</td>
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<tr>
<td>ACTIVITY B.1:</td>
<td>Deliberable 24: Training plan for University Lecturers &amp; Nursing College Lecturers</td>
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<tr>
<td>Revision of the</td>
<td>Deliberable 25: Training materials and workbooks for University Lecturers &amp; Nursing College Lecturers</td>
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<td>university and</td>
<td>Deliberable 26: Training Reports – University Lecturers &amp; Nursing College Lecturers (1 Report for each training, including as annexes the Attendance Sheets, Pre &amp; Post Participant Evaluation forms, Trainer Evaluation, Results on the Multiple-Choice Tests)</td>
<td></td>
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<tr>
<td>nursing school</td>
<td>Deliberable 27: Report on the Evaluation of Training of University Lecturers &amp; Nursing College Lecturers (summary of results of all trainings)</td>
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<td>ACTIVITY B.2:</td>
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## Component C: Additional qualification of doctors and nurses

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<td>Deliverable 28: Training plan for 50 Doctors</td>
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<td>Deliverable 29: Training materials and workbooks for 50 Doctors</td>
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<td>Deliverable 30: Training Reports – 50 Doctors (1 Report for each training,</td>
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<td>including as annexes the Attendance Sheets, Pre &amp; Post Participant Evaluation forms, Trainer Evaluation, Results on the Multiple-Choice Tests)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 31: Report on the Evaluation of Training of 50 Doctors (summary of results of all trainings)</td>
<td></td>
</tr>
</tbody>
</table>
## Component D: Health promotion and health education

<table>
<thead>
<tr>
<th>Activity Packages</th>
<th>Deliverables</th>
<th>Completion date by Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Quarter I</td>
</tr>
<tr>
<td>ACTIVITY D.1: Selection of the five pilot regions</td>
<td>Deliverable 32: Selection criteria for 5 Pilot Region</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 33: 5 pilot regions selected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 34: 5 coordinators selected (1 per Pilot Region)</td>
<td></td>
</tr>
<tr>
<td>ACTIVITY D.2: Discussion of the key issues regarding access to healthcare</td>
<td>Deliverable 35: Roundtables on Minority Access to Health Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 36: Draft Plan for a campaign to raise awareness and to promote Minority Access to Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliverable 37: Reports on Technical Assistance (recommendations, proposals, discussions, presentations) provided by the Project Team promoting Minority Access to Health</td>
<td></td>
</tr>
</tbody>
</table>
Component E: Outreach preventive and diagnostic pilot programme

<table>
<thead>
<tr>
<th>Activity Packages</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY E.1: Coordination of the outreach preventive and diagnostic programme</td>
<td></td>
</tr>
<tr>
<td>Deliverable 38: Preventive &amp; Diagnostics Programme &amp; Action Plan</td>
<td></td>
</tr>
<tr>
<td>Deliverable 39: Approval of the Preventive &amp; Diagnostics Programme &amp; Action Plan</td>
<td></td>
</tr>
<tr>
<td>Deliverable 41: Evaluation of the Preventive &amp; Diagnostics Programme (with conclusions &amp; recommendations)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion date by Month</th>
<th>Quarter I</th>
<th>Quarter II</th>
<th>Quarter III</th>
<th>Quarter IV</th>
<th>Quarter V</th>
<th>Quarter VI</th>
<th>Quarter VII</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
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<td>3</td>
<td>4</td>
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<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

CEEN Consulting GmbH in consortium with ECO 3 sprl and Centre for Social Practices
4.4. Human Resources

The project resources available to deliver all activities and corresponding deliverables consists of:

- Key Expert 1: Team leader - Dr Martin Rusnak – 100 man days
- Key Expert 2: Curriculum Expert - Dr Maya Georgieva MLADENOVA – 75 man days
- Key Expert 3: Training Expert - Dr Stefan PANAYOTOV – 35 man days
- Key Expert 4: Training Expert – Svetlozar VASSILEV - 35 man days
- Key Expert 5: Training Expert – Desimira VELKOVA - 35 man days
- Key Expert 6: Training Expert – Raynichka Mihaylova GARNIZOVA - 35 man days
- Incidental Expenditures Budget: Euro 85,000 to cover the costs of special activities (training costs, travel costs, conference costs, publications - printing, translation, etc as defined per the TOR).

The team of experts are based for the duration of the contract at the project office established at premised of Centre for Social Practices in Sofia. On the side of the Contractor, the administration and coordination of experts is provided by the Project Coordinator, Mr. Branislav Rusnak. Local logistical support is provided by the Bulgarian consortium partner, the Centre for Social Practices. In order to ensure that the Implementing Authority and all beneficiaries are able to monitor and provide support to the project, the detailed work plan below provides a road map for the project outputs together with specific deadlines to ensure maximum transparency.

5. Plans for the next reporting period

5.1. Detailed work plan

Component A: Training of 50 Health Mediators

The training will build up on previous activity carried out under the preceding PHARE project in 2001, which has trained the first 50 health mediators. However, today there are only 13 of them still working in that position. The rest is partly or totally lost for follow up. There were several reasons why those capacities were partly or totally lost. One of them was the lack of financial resources to pay them, the other was non existing work profile in the governmental list of recognized professions and also questions concerning the position of health mediator within the health care structure. Some of those problems were already solved. The issue of the list of professions was solved this year, the budget is being prepared for the year 2007 by the Deputy Minister of Social Affairs Mr. Dimitrov (see minutes from meetings). This is an important step in the development of the project, since this will provide certain securities for those who will be trained.

Another issue, which will have to be tackled during the project run is more detailed expectations on performance of individual Health Mediators. Experts of the project understand, that there is critical need for mediation between Roma people and health providers. Among the issues are administrative ones, like problems with birth certificates, registration with health insurance offices and General Practitioners. Then there are issues in mediating contacts between individuals and General Practitioners during phases of preventive, diagnostic and curative procedures. Another important aspect is to prevent a situation when Health Mediator is seen as someone working for the office of General Practitioner as additional (government or municipality paid) nurse. We would
preferentially like to see the position as someone from the community who serves members of the community for the benefit of it. On the other hand we see an important issue of creating an atmosphere of understanding and mutual respect from both sides. We would orient the Health Mediators in the area of Patients' Rights (based on European Charter on Patients' Rights) and general citizen rights in Europe. This will be enhanced with basics from health education on reproductive health, mother and child health, STDs, HIV/AIDS, vaccination, communicable and non-communicable diseases. Also basics on health care system in Bulgaria, health insurance and roles of different types of health care providers will be included.

The position of Health Mediator within the health care system of Bulgaria is another important issue to further develop. There are several options, which could be taken into consideration:

➢ A. health mediator could be a part of municipal government in a region. Benefit from such a construction would be close relations to municipal activities in the region. Negative is, that the mediator is totally out of the health care system and the roles as the resource person for information and evidence on health problems observed in those communities will be more complicated to achieve.

➢ B. health mediator being employed and supervised by the RIPCPH. Positives from this approach will be cooperation and supervision from local epidemiologists and health education experts, early warning on epidemics and other imminent health problems. However, problems could stem out from the lack of initiative and understanding of specific issues related to Roma minority.

➢ C. health mediator being a part of a general practitioner's (GP) team. Such approach could lead to complicated relations and there is a potential thread of the health mediator to be overused by the GP for the practice rather than for mediating.

Final decision will be taken by Bulgarian government later on, the project will provide an advice on the best option, based on experiences gained throughout the project span.

Component B: Training at medical universities and nursing colleges

The component is foreseen in two stages: one will revise existing universities and nursing schools curricula and the second one will implement those curricula into actual training activities.

Activity A: Revision of the university and nursing school curricula

The activity will start with an inventory of existing curricula, training materials and other relevant information (web sites, books, journal publications, etc.). The inventory will be presented at a conference, where it will be discussed along proposed curriculum. After incorporating suggested amendments the curricula and educational materials will be distributed to all interested parties (CD ROM and/or paper).

Activity B: Introduction of amended curricula into training

There is one training foreseen to test the curricula and training materials. Nevertheless, the success of this particular activity is largely dependent on the motivation of people to attend it. It is expected, that professionals with public health background would easily understand benefits of such a educational event. However, people with clinical background might be in doubt about the added value of the course. That is why focused marketing should precede this activity. As the Continuous Medical Education (CME) system is available within the Bulgarian health care system since 2001\(^5\),

\(^5\) Наредба № 31 от 28 юни 2001 г. за следдипломно обучение в системата на здравеопазването. ИЗДАДЕНА ОТ МИНИСТЕРСТВО НА ЗДРavezPазването, Обн. ДВ. бр.64 от 20 Юли 2001г.
the project will try to negotiate with Bulgarian Medical Society amount of credits to be allocated for participants. If this was successful, then it certainly will significantly contribute to the motivation to participate.

The training course will be evaluated by both parties: trainers and trainees.

**Component C: Additional qualification of doctors and nurses**

The component foresees 50 GPs and nurses trained to work in Bulgarian Roma communities, in general principles of work with disadvantaged groups, general principles of patients’ rights, and specific health issues, following and using materials developed for the previous component. Here the issue of motivation to participate is even more important than in the previous one, since we are going to work with people who have their clinical responsibilities and it is not so easy to leave the practice and to find a replacement. One of the strong factors motivating them is good knowledge of the problems and the burden on their practices. The other one to be used is the CME. Among other strategies to address the issue of motivation for health professionals is to develop a system of benefits from the side of the Ministry of Health and the Health Insurance. Both of those would require political will based on positive results of the project. That it is why, those strategies are rather long term ones.

**Component D: Health promotion and health education**

This component will be rolled out in two consecutive activities.

**ACTIVITY 1: Selection of five pilot regions**

As already mentioned within the project’s Technical Proposal, five regions will be selected. The decision on the selection will be based on the same criteria as originally outlined.

**ACTIVITY 2: Discussion of key issues regarding access to healthcare**

Although the label of the activity starts with “Discussion”, more accurate term will be “assessment of needs”. There are number of issues representing limitations for Roma, and also other unprivileged members of communities in the access to health care. Among them, administrative issues (birth certificates, health insurance, registration with GP) are to be tackled. But there are societal and cultural issues equally important, which has to be dealt with. While the first area of limits could be addressed through well defined policy and set of subsequent activities, the next area is more difficult and more time consuming to deal with. The project will initiate the assessment of needs and will provide a set of feasible alternatives, based mostly on experiences from abroad.

It also has to be noted, that the issue represents typical “moving target”, since over the span of the project, there will be number of legislative, organizational and even possible political changes on both, regional and/or national levels. In order to respond to the “moving target” the project experts will have to follow the situation and react promptly to changes.

Discussions and awareness campaigns in this environment will not produce enough bangs for the bug if not supported through effective network of Health Mediators, active NGOs, informed and supportive GOs and good willing citizens.

**Component E: Outreach preventive and diagnostic pilot programme**
This component represents the move towards sustaining the project’s results. As the Technical Proposal suggests, it will be rolled out during final months of the project. However, it will build up on the results from components A to D. Therefore it is important, that the project will build up strong presence in pilot regions and the project’s national experts will be recognized leaders of those communities in their particular fields of expertise (most of them already are).

5.2. **Deliverables in the next quarter**

<table>
<thead>
<tr>
<th>Activity Package</th>
<th>Deliverable</th>
<th>Description</th>
<th>Deadline for completion / current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project management</td>
<td>Selection of Non-key Experts</td>
<td>Criteria for the selection of the non-key experts will be prepared by the consultant. The selection committee will consist of one member from the CSP, one member of CEEN and the team leader. The backstopping team will be searching for candidates for each of the positions and will identify at least 5 candidates per a position. Afterwards using the selection criteria the candidate with the best match will be selected. Findings of the selection committee will be recorded and the list of selected candidates will be sent for an approval to the contracting authority.</td>
<td>14.8.2006</td>
</tr>
<tr>
<td><strong>ACTIVITY A.1:</strong> Elaboration of a curriculum for training of health mediators</td>
<td>Deliverable 1: Training Programme Review Report (Phare 2001 project)</td>
<td>Collection of information has already been started in the inception period. Contacts with representatives of the consortium which has implemented previous project have been established.</td>
<td>30.09.2006</td>
</tr>
<tr>
<td></td>
<td>Deliverable 16: Interview Questionnaire for Previous Mediators</td>
<td>A semi-structured questionnaire will be developed to be used to interview the trainees who have been working as mediators and trained under the previous project. Questionnaires will be used during interviews with the mediators and filled out by the interviewer.</td>
<td>15.8.2006</td>
</tr>
<tr>
<td></td>
<td>Deliverable 17: Report on Interviews Conducted with Previous Mediators</td>
<td>This report will include interpretations of questionnaires, and completed questionnaires included as an annex.</td>
<td>15.9.2006</td>
</tr>
<tr>
<td></td>
<td>Deliverable 18: Report on employment status of trained mediators, including recommendations on additional training needs, review of job descriptions, list of needed competencies and list of additional competencies</td>
<td>Analysis and drafting of a report which will include recommendations on additional training needs, review of job descriptions, list of needed competencies to perform the tasks of mediator and list of additional competencies to be developed under updated curricula for Training of mediators component. It will also include a list of care programmes offered by mediators.</td>
<td>30.09.2006</td>
</tr>
</tbody>
</table>
### 5.3. Schedule of Activities, Deliverables & Resources

<table>
<thead>
<tr>
<th>Activity Packages</th>
<th>Deliverables*</th>
<th>Completion date by Month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY A.1:</strong> Elaboration of a curriculum for training of mediators</td>
<td><strong>Deliverable 1:</strong> Training Programme Review Report (Phare 2001 project)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Deliverable 15:</strong> List of Previously trained mediators (including their contact details)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td><strong>Deliverable 16:</strong> Interview Questionnaire for Previous Mediators</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td><strong>Deliverable 17:</strong> Report on Interviews Conducted with Previous Mediators</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td><strong>Deliverable 18:</strong> Report on the employment status trained mediators, including recommendations on additional training needs, review of job descriptions, list of needed competencies and list of additional competencies</td>
<td>6</td>
</tr>
</tbody>
</table>

*Table shows only the Activity Packages and Deliverables running in this quarter, not including the project management tasks.*

- X - man-days for project team scheduled for each deliverable in given month.
### Annex 1 Logical Framework

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>OV1 – Objectively verifiable indicators</th>
<th>SoV – Sources of verification</th>
<th>ASSUMPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Objective</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• The overall objective of this project is to contribute to the implementation of the health care strategic policies of the Framework Programme for equal Integration of the Roma into the Bulgarian Society</td>
<td>• Bulgaria meets human rights &amp; targets for equal treatment in terms of its commitments in the context of EC integration</td>
<td>• EC regular &amp; screening reports</td>
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<tr>
<td></td>
<td></td>
<td>• International Organisations reports on status of human rights &amp; equal treatment in Bulgaria</td>
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<tr>
<td></td>
<td></td>
<td>• Bulgarian Ombudsman &amp; other institutions reports</td>
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</tr>
<tr>
<td><strong>Project Purpose</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support for improvement of the equal access to health care services;</td>
<td>• % decrease in the number of minorities having no or limited access to health care services;</td>
<td>• Official indicators of the statistical office, other organisations monitoring the health situation of minorities;</td>
<td>• Further implementation of the Framework Programme for Equal Integration of Roma into Bulgarian Society;</td>
</tr>
<tr>
<td>• Support for qualification of medical staff to work in multicultural environment;</td>
<td>• raised ability of the medical staff to treat patients who are members of minority groups;</td>
<td>• Monitoring reports of the non-governmental sector.</td>
<td>• Development and adoption of Health Strategy for Disadvantaged Ethnic Minorities and the Action Plan for its implementation).</td>
</tr>
<tr>
<td>• Support to preventive health care services;</td>
<td>• % improvement in the number of vaccinated among the members of minorities;</td>
<td></td>
<td>• Stabilized macro-economic environment and continued political</td>
</tr>
<tr>
<td>• Support for health promotion and education for vulnerable minorities groups.</td>
<td>• closing the gap in access the health care of Bulgarian majority and members of minorities;</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• awareness among the minority groups on their rights, possibilities to access healthcare, and also their duties regarding the insurance system;</td>
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<tr>
<td></td>
<td>• medical staff more aware of ethnical differences of minorities.</td>
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</table>
### Results

<p>| | | |</p>
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<tbody>
<tr>
<td><strong>A curriculum for medical specialties</strong> at 5 universities (Sofia, Stara Zagora, Plovdiv, Pleven and Varna) and 14 nursing colleges (Blagoevgrad, Burgas, Varna, Velyko Turnovo, Vratza, Dobrich, Pleven, Plovdiv, Ruse, Sliven, Stara Zagora, Haskovo, Sofia and Shumen) to teach students to better work with the Roma community;</td>
<td><strong>Number of new chapters added to the existing curricula used in 5 nursing colleges and 5 universities;</strong></td>
<td><strong>Updated curriculum in hard copy with chapters on work in multiethnic environment with a focus on Roma population;</strong></td>
</tr>
<tr>
<td><strong>A training programme for 30 university lecturers</strong> and <strong>28 nursing colleges lecturers</strong> to introduce them into the new curriculum;</td>
<td><strong>Number of attendees in the seminars and number of seminars out taken;</strong></td>
<td><strong>Seminars attendance sheets</strong></td>
</tr>
<tr>
<td><strong>A curriculum for the college education of mediators</strong> between the health care system and the Roma community developed;</td>
<td><strong>Number of lecturers from universities and the nursing colleges;</strong></td>
<td><strong>Training attendance sheets and pre and post evaluation report;</strong></td>
</tr>
<tr>
<td><strong>Maximum 50 mediators educated in the medical colleges;</strong></td>
<td><strong>Number of courses attended, number of credits received in the courses which include knowledge and skills for work in the multiethnic environment and especially with the Roma community;</strong></td>
<td><strong>Certificate or a diploma in showing inclusion of the knowledge and skills in the attended courses;</strong></td>
</tr>
<tr>
<td>Preventive health care services programme implemented in 5 pilot regions directed at increasing the proportion of Roma population having access to preventive examinations;</td>
<td><strong>Chapters in the Report on the Analysis of the employment status of the mediators;</strong></td>
<td><strong>Report on the employment status of the mediators with proposals and recommendations;</strong></td>
</tr>
<tr>
<td><strong>Health promotion and education programme implemented in the same regions</strong> to raise the awareness of the Roma communities about pressing health care issues.</td>
<td><strong>Curriculum for mediators education in the medical universities;</strong></td>
<td><strong>Curriculum for mediators education;</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Number of the mediators trained;</strong></td>
<td><strong>Diplomas awarded to 50 successful participants;</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Number of newspaper or magazine articles, number of initiated local radio and TV stations in the pilot regions;</strong></td>
<td><strong>Attendance sheets from common meetings of MoH, National Insurance Fund and representatives of the consultant and round tables;</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Number of vaccinations in 5 regions, improvement in the vaccination coverage;</strong></td>
<td><strong>Enhanced vaccination coverage indicators of Roma population.</strong></td>
</tr>
</tbody>
</table>

- Effective communication strategy to promote the acceptance of Roma integration efforts;
- Good cooperation between the municipalities, ethnic minority organizations and health authorities;
- No target group resistance against project’s objectives.
## Annex 2 Gantt chart

| Activity/Month                                      | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan 07 |
|----------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| **Inception Phase**                                |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Component A: Training of 50 Mediators**          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity A.1 Elaboration of a curriculum for training of mediators |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity A.2 Training of mediators                 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity A.3 Detailed review on the employment status of the Mediator trained under the preceding project |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Component B: Training at medical universities and nursing colleges** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity B.1 Revision of the university and nursing school curricula |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity B.2 Introduction of the amended curricula in the form of training |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Component C: Additional qualification of doctors and nurses** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity C.1 Series of training sessions aimed at additional education of medical staff |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Component D: Health promotion and health education** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity D.1 Selection of five pilot regions        |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity D.2 Discussion with MoH and the National Health Insurance Fund regarding improved access to health care |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| **Component E: Outreach preventive and diagnostics pilot programme** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Activity E.1 Coordination of the outreach preventive and diagnostic programme |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
Annex 3 List of Contacts

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Dr Andrey Kehayov, President
Dr. Plamen Demirov, Secretary General

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Associate Professor Dr. K. Tchamov, Ph.D. Vice Dean, Faculty of Public Health; Medical University – Sofia; 8, Bjalo more str.1527 – Sofia; Bulgaria; Tel: +359 2 9225197; Fax: + 359 2 9432127; E-mail: tchamov@bulinfo.net
Annex 4 Minutes of Meetings

Minutes of meetings if the inception phase

1. Expert team – Kick-off meeting

Location: Centre for social practices, 9B, Graf Ignatiev Str., ap.6

Time: 16th of June 10:00

Present: Expert team:
Dr. Martin Rusnak, Dr Maya Georgieva Mladenova, Dr Stefan Panayotov, Dr. Desimira Velkova - expert, Dr. Raynichka Mihaylova Garnizova, (Dr. Svetlozar Vassilev has not been present due to his travel abroad, he has though been informed by Ms. Mladenova on the decisions of the meeting)
Backstopping team:
Ms. Lilia Kolova, Mr. Evgenii Dainov, (both CSP) Mr. Branislav Rusnak (CEEN)

Issues discussed:
- Introduction of the consortium setup and division of responsibilities among the partners
- Introduction of the expert team members, introduction of the backstopping team
- Set up of the project office and other technical aspects of the contract
- Presentation of the workplan for the project duration and stressing of the deadlines for the upcoming period
- Agreement on the date of the next project team meeting for the 19th of June to asses to work plan of the project, division of responsibilities, realization of activities
- Mr. Stefan Panayotov Dr. Stefan Panayotov (is child adolescence psychiatrist and also a General Practicion in Sliven region - large Roma population cca 30,000 people) who had been active in the preceding project and has presented in a brief overview a project results of the proceeding project
- Mr. Branislav Rusnak presented a project management tool for distribution of responsibilities and following of deadlines and outputs
- List of contacts created; each expert has a computer and email access;
- A repository of all documents will be created in the project's premises: legal, research, educational, political, etc. documents both in English or Bulgarian will be stored there.
- Inception Report: in two weeks. Experts will review the project proposal and will share their comments with B. Rusnak next Friday at the latest; 21st June the draft will be circulated and comments will be submitted right away by experts;
- Important from the begging of the project will be to ensure the sustainability of the project results.

2. Meeting with representatives of the Ministry of Health and DEDI

Location: Centre for social practices, 9B, Graf Ignatiev Str., ap.6

Time: 16th of June 14:00
Present: Ms. Milena Grigorova, State Expert, Directorate "Management of Projects and Programmes" at the Ministry of Health
Ms. Rositsa Ivanova, Ethnic and Demographic Issues Directorate at the council of ministers
Ms. Antoaneta Dimova, Ministry of Health

Expert team:
Dr. Martin Rusnak,

Backstopping team:
Ms. Lilia Kolova, (CSP) Mr. Branislav Rusnak (CEEN)

Issues discussed:

- Requests to the representatives were raised from the side of M. Rusnak to provide information on programs linked to the project and the complete reports form previous PHARE projects (including detailed information and addresses of people)
- 50 mediators have been trained under the preceding project, though only 13 of them are active. They are appointed by the municipalities which have requested their services.
- Ministry of Health does not have a list of all mediators trained under the proceeding project, they are contacting the mediators only through the municipalities where they are active
- It has been agreed that it is important to see how the mediators from previous projects belong to the system: where are they in the system; do they write reports
- Questions to the representatives have been raised to give the consultant a over of the Public Health System in Bulgaria. What are the connection and relation to the Roma population and other socially disadvantaged groups. Who is there a person/position in the system who is responsible for these issues.
- It is only this year that the mediator became an official profession in Bulgaria
- Ms Grigorova informed about the activities of Mr. Yavor Dimitrov - Deputy Minister in the Ministry of Social Affairs. Mr. Dimitrov is preparing a budget for the next year to be able to cover the costs of the mediators. It has been decided to meet Mr. Dimitrov to introduce our project and to discuss the actual position of mediators in the country. Possible recommendations regarding their future position and the numbers of needed mediators should be assessed also.
- A further discussion will be needed with all stakeholder in order to agree on the numbers of mediators needed so that the training can be started as soon as possible, eventually this year
- Both parties have agreed on common meetings in discussing the issues of the project.
- Meetings with Ms. Maya Cholakova director of the DEDI has been scheduled for upcoming week
- Another meeting with representatives of the ministry and the DEDI has been scheduled also for the following week.

3. Work meeting of the expert team

Location: Centre for social practices, 9B, Graf Ignatiev Str., ap.6,

Time: 30th June 9:00
Present: **Expert team:**
Dr Maya Georgieva Mladenova, Dr Stefan Panayotov, Dr. Desimira Velkova - expert, Dr. Raynichka Mihaylova Garnizova, Dr. Svetlozar Vassilev

**Backstopping team:**
Ms. Lilia Kolova, (CSP),

**Issues discussed:**

- The major point in the discussion of the key experts has been the project workplan proposed in the project proposal
- The team proposed that the workplan should be rationalized in a way to follow these steps:
  1. A study of the experience of moderators trained under PHARE 2001, who are already working in the field, with a view to explore whether and to what extend their training has been able to prepare them for their everyday working tasks and which of the tasks they are supposed to perform in relation to health mediation require additional competencies and training.
  2. A review of the written curriculum versus the training needs established.
- The team proposed to extend the amount of time allocated to the activity A1
- The team proposes to include a training session for the training of mediators to include a chapter on the relationship between the mediator and the General healthcare professionals
- Also it has been proposed that the focus should be placed on introducing particular topics in subjects already existing in the current curricula. These are:
  1. Social medicine.
  2. Medical psychology (specific lessons on health behavior).
  3. Medical ethics.

4. **Meeting with Deputy Minister of the Social affairs**

**Location:** Ministry of Labor and Social Policy, 2, Triaditza Str., 1051 Sofia,

**Time:** 23rd June 9:00

Present: Mr. Javor Dimitrov

**Expert team:**
Dr. Martin Rusnak,

**Backstopping team:**
Ms. Lilia Kolova, (CSP), Mr. Branislav Rusnak (CEEN)

**Issues discussed:**

- Introduction of the project to the deputy minister
- Mr. Dimitrov informed the team: 50 mediators have been trained in previous PHARE project Ensuring minority access to health care. The position of the Mediator has been added to the registry of occupations and is recognized and

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certificated officially. The trained mediators we supposed to be hired by the municipalities which request the services the mediators. Though only 13 of the mediators have been appointed by the municipalities. They salaries are being paid directly from the state budget to municipalities. Mr. Dimitrov is preparing a forecast cost for the mediators for the upcoming year. The municipalities will request for mediators again and that will also be taken into consideration when preparing the accurate budget for the salaries.

Last week there has been a meeting with all bodies involved in the ministry of social affairs with representatives of the ministry of health and the non-governmental sector

- Dr. Rusnak has requested the list of the mediators trained in order to contact and to commence the activity A.3 of this project. It is important to find motivation for the stakeholders to take part in the process. We have to involve all stakeholders into the process as ministries, medical doctors chamber and the representatives of the insurance system. Example to motivate MD’s to take part in our training session, to motivate the mediator through salaries etc.

- Mediators are also the best source of information on the Roma population on vaccination coverage, children health status, general sanitary conditions. They have to be regularly reporting on the status of the health of the population. Based on this information action can prepared from the side of the medical doctors.

- Dr. Rusnak proposed the Romanian model where the mediators are employed in the hygienic offices in the country and closely cooperate with these institutions

- Mr. Dimitrov proposed to find the best and the most suitable option for placement of the mediators into the system and to ensure the most sustainable option

- Mr. Dimitrov agreed to provide:
  
  list of the active mediators and their contact details in order for the project to reach them
  List of NGO’s which are actively participating on the Minority access to health issue
  Agreed on a 2-3 month base meeting to address the hot issues

- Dr. Rusnak: we would like representatives of the Ministry of social affairs to take part in the steering committee.

- Mr. Dimitrov: there is around 1 million of uninsured people in the country, out of that are Roma a part. This can not be estimated since statistic division based on race or ethnic group belonging.

5. Meeting at the ministry of health

Location: Ministry of Health, 5 Sveta Nedelia Sq, Sofia,

Time: 23rd June 10:00

Present: Ms. Milena Grigorova, Ms. Rositsa Ivanova, Dr. Georgi Uzunov (Directorate “Protection and control of Public Health”)
Expert team:
Dr. Martin Rusnak,
Backstopping team:

CEEN Consulting GmbH in consortium with ECO 3 sprl and Centre for Social Practices
Ms. Lilia Kolova, (CSP), Mr. Branislav Rusnak (CEEN)

Issues discussed:

- Dr. Rusnak raised the question of the motivation of the medical doctors to take part in the training to be provided under our project. Is there a system of educational points for the doctors in Bulgaria? Who is responsible for the further education of the doctors? Are there points to be given for each training where the doctor is participating? This could be a way of motivating the doctors to participate.
- Dr. Uzunov: there is a CME system managed by the medical chamber for the medical doctors. For the nurses he has to check the situation and will let us know the result.
- The question of the positioning of the mediators has been also raised. Mr. Uzunov explained the organization of the epidemiology departments of the so called “hygienic stations”. Maybe people from these departments should also take part in the trainings. Maybe there would be a way for close cooperation between the stations and the trained mediators
- Dr. Uzunov also proposed a meeting with Mr. Tenev the chief health inspector
- Dr. Uzunov also proposed that he will also have a look at our inception report and maybe provide us with some comments
- The steering committee members have been selected and the list of them will be provided to us from Ms. Maya Cholakova from DEDI.
- Mr. B. Rusnak: raised question regarding the commencement of the component 5 of the project in regard of the Outreach preventive and diagnostic pilot programme. If it has already started if not when is the estimated time of starting.
- MoH: informed us that the programme has not started yet and that more precise information will be given to us by the DEDI.

6. Meeting at the DEDI

Location: DEDI, 1., Dondoukov Blvd., Sofia,

Time: 23rd June 11:30

Present: Ms. Maya Cholakova, Ethnic and Demographic Issues Directorate, Ms. Rositsa Ivanova,
Expert team:
Dr. Martin Rusnak,
Backstopping team:
Ms. Lilia Kolova, (CSP), Mr. Branislav Rusnak (CEEN)

Issues discussed:

- Brief overview of the project activities and activities to Ms. Cholakova and introduction of the implementation team
- Ms. Cholakova explained the function of the Ethnic and Demographic Issues
Directorate. DEDI has been set up in 2004 and carries 12 functions related to the governmental policy. It supports the National council which is a public and governmental body. It meets 4-5 times a year. The next meeting will be somewhere in July and one afterwards will take place probably in September or October this year.

- Dr. Rusnak proposed to present the activities and the aims of the project at the next meeting of the council in Sept/Oct and than at the end of the project to present again the results. Ms. Cholakova has agreed to that idea.
- The team has received the list of the names of the steering committee and also the PIU.
- Regarding the component 5 of the project the team has been informed that the tender for the equipment has been launched recently (five mobile consulting and diagnostic rooms and the two mobile fluorographs) and it should only be available in the beginning of the year. The optimistic start of the component will be in the March 2007. The team has agreed to incorporate this commencement date into the workplan.
Annex 5 References

1. Cristi Mihalache: Opportunities at international and national level for a specific agenda on Roma health. health.osf.lt/downloads/news/Cristi%20Mihalache%20Roma%20health%20May%202027%20GROUP%20C.doc

2. The European Roma Rights Centre (ERRC). http://www.errc.org/English_index.php