



PROGRAMUL DE COOPERARE ELVEȚIANO-ROMÂN
SWISS-ROMANIAN COOPERATION PROGRAMME

Widening Access to Health and Social Services

A bottom-up approach to build people centered services in
rural communities - Romania 2017

PROJECT CO-FINANCED BY A GRANT FROM SWITZERLAND THROUGH THE
SWISS CONTRIBUTION TO THE ENLARGED EUROPEAN UNION



National legislative context

- **HEALTH:** Generous legislative framework, aiming to assure universal health coverage (affordable access to basic health services for all citizens, no matter about insurance status or level of contribution)
- **SOCIAL:** Generous legislation aiming to protect vulnerable groups, rather oriented to subsidies than to services



In practice:

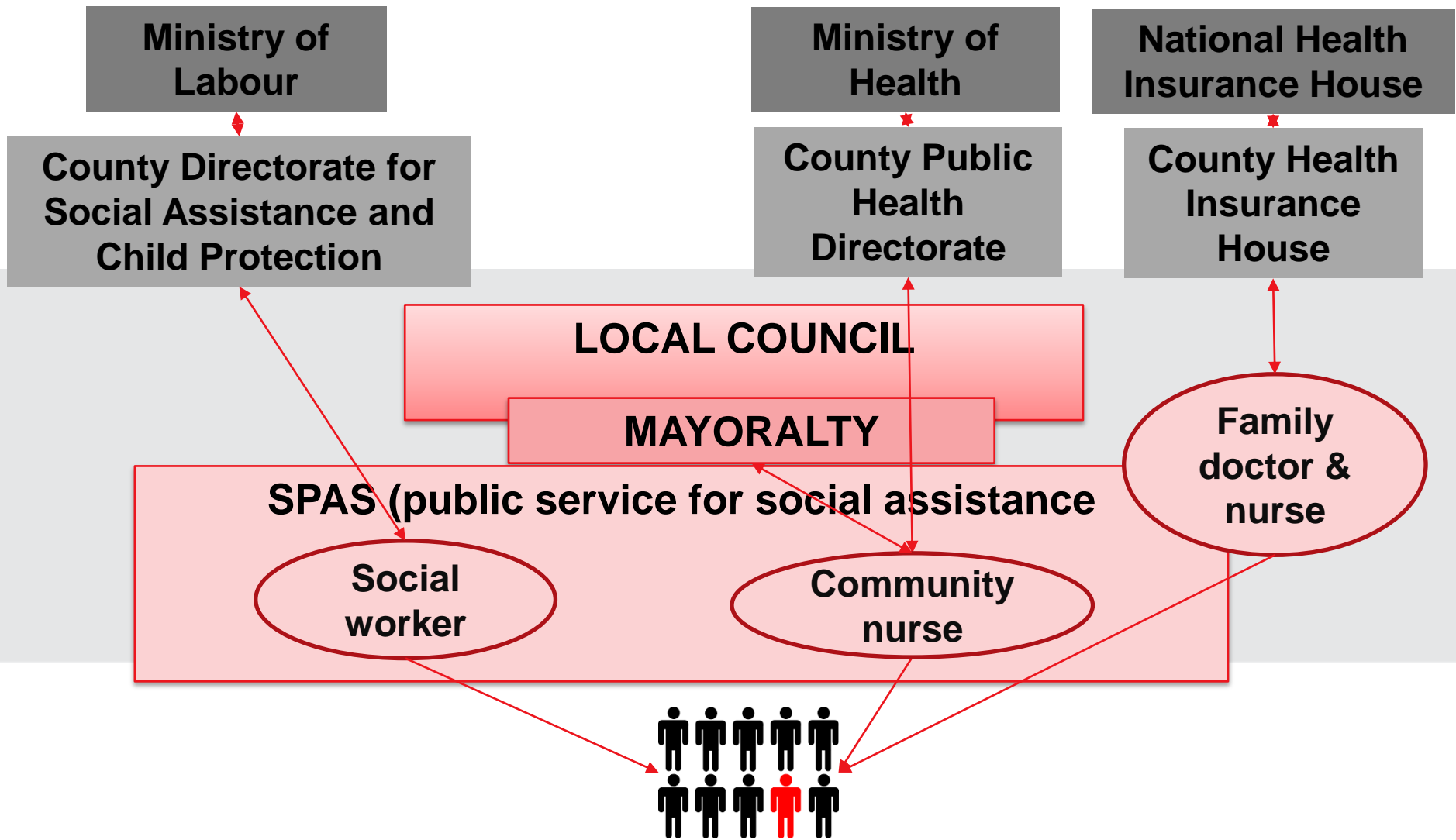
- Limited access to basic health services (prevention; for vulnerable groups - elderly, young people, children, rural, poor, less educated, single)
- Access to social subsidies, keeping the social vulnerability

Outcomes:

- Gaps in health status
- Insufficient response of health and social systems to multi-dimensional needs of NCDs

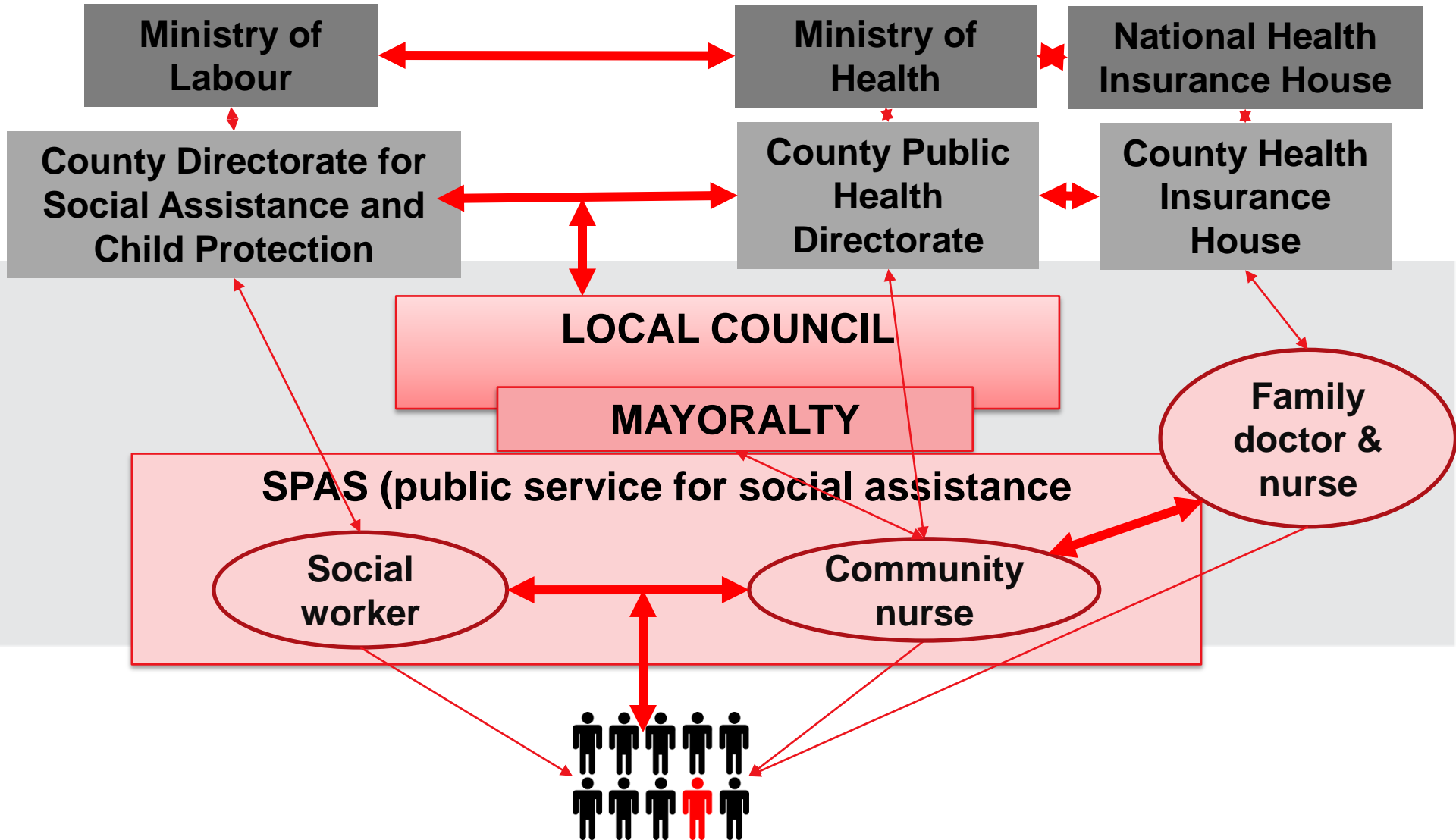


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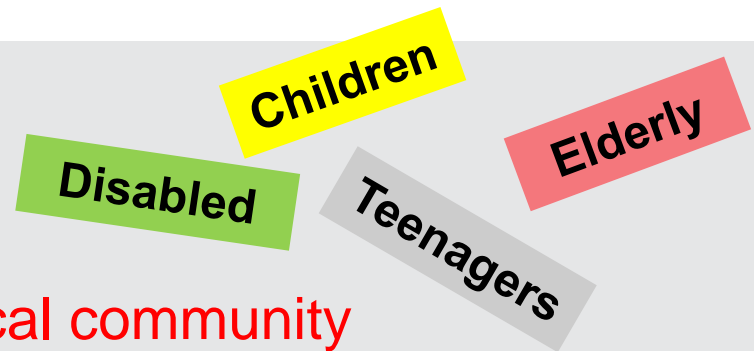


The project approach

- Bottom-up strategy aiming of developing **functional models of integrated health and social services** in remote rural areas

Characteristics of the model:

- **locally developed**
- **addressing the real needs of the local community**
- **locally managed**
- **providing not only commodities, but putting mechanisms in place & developing tools for intervention**
- **sustainable for long term**





The project approach

PHASE 1: developing the local capacity to prepare the projects proposals

- Pre-selection of local authorities
- Capacity development for the local authorities
- Call for proposals
- Selection of pilot projects

PHASE 2: developing the local capacity to implement projects

- Implementation of pilot projects;
- Coaching the local teams;
- Identifying the major challenges and creating awareness at central level
- Capitalization of lessons learned
- Dissemination of the successful implementation of pilot



Interim results

Mechanisms and infrastructure:

- 6 medico-social centres legally endorsed by the local authorities
- 2 centres already licensed by Ministry of Labour for providing integrated services
- collaboration with the family doctors developed in 3 communities and prepared for the other 4 communities
- rehabilitation finished in 4 centres, 3 centres in ongoing rehabilitation
- 5 cars and 2 boats procured



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Sulita





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Bestepe





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Interim results

Qualified staff

- 5 community nurses employed
- 30 homecare workers trained
- 28 homecare employed by the local authority (5 employed half-time) and providing services



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Interim results

Assisted beneficiaries:

- 5 communities benefiting of preventive services provided by community nurses
- more than 100 vulnerable people receiving homecare services systematically
- 20 vulnerable children receiving educational supervision and food



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Challenges

- **New models – vs vertically/separated developed health and social legislation** (e.g. sanitary authorization versus social accreditation and licensing; different assessments of health and social status, not clear who's providing what service)
- **Missing tools of planning and monitoring the integrated activity** (e.g. homecare for elderly – trained people, but lack of tools for activity planning, M&E, information system)
- **Very recent definition for community centres** (no clear coordination)



Opportunities

- The models and the lessons learned represent basis for national scaling up initiatives:
 - EU programme R - OP 2014 – 2020 – developing 280 ambulatories and community centers
 - EU programme HC – OP 2014 – 2020 – developing human resources to provide integrated services at community level
 - Other



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