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IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
IOM Internationale Organisatie voor Migratie

# **TRANSNATIONAL MEASURES FOR ENSURING INCLUSION AND EQUAL RIGHTS FOR MINORITY EUROPEAN UNION CITIZENS TO SOCIAL AND HEALTH CARE BENEFITS IN THEIR HOME COUNTRIES**

## **SECOND PHASE OF THE PROGRAM**

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**Executing Agency:** International Organization for Migration

**Geographical Coverage:** Hungary, Poland, Romania and Slovakia

**Project Management Site:** IOM MRF Brussels

**Target Group(s):** Selected Roma communities of the CEE Region

**Duration:** 12 months

## **PROJECT SUMMARY**

This project constitutes the second phase of a current IOM project funded by the *Government of Belgium* designed to improve the living conditions of Roma and Sinti minorities in their home lands and guarantee their rights as European citizens, specifically in the areas of health and social affairs. The second phase of the project aims for the best possible utilisation of research and training from phase one. The overall structure of the project will contribute to promoting and supporting transnational exchange and mutual learning among selected European Union Member States and Accession countries on social inclusion policy regarding the Roma/Sinti minority. In particular, the project will focus on: (i) human resource capacity building to strengthen relevant policy instruments in public administration, social services and health care; (ii) building a community assistance model to provide opportunities for exchange and learning; (iii) providing assistance for the Roma community while also encouraging self-help, health promotion and awareness; and (iv) ensuring dissemination of information.

## 1.0 Background and Justification

Minority communities, specifically the Roma and Sinti in central and south-eastern Europe, often live in very difficult situations in their home countries, experiencing the most severe effects of poverty, which as noted by the World Health Organization, is “the world’s biggest killer and the greatest cause of ill health and suffering” (WHO World Health Report 1995). From living in sub-urban settlements far below accepted living standards, often without adequate sanitation or electricity and in areas which are segregated from the communities and infrastructure of mainstream populations, to experiencing high rates of unemployment, high levels of morbidity, low literacy levels, and high risk of disease, a colossal gap exists between these minority communities and the majority populations. Moreover, Roma and Sinti access to public health and social welfare services is often inhibited by a range of factors including discrimination, lack of health awareness and awareness of rights to social assistance and extremes of poverty which can prevent them from accessing necessary care. This lack of legal, social and health assistance is a violation of basic human rights and an infringement of Articles 21, 34, 35 and 47, to name but a few, of the Charter of Fundamental Rights afforded to EU citizens as agreed to by EU member states. This difficulty in receiving assistance as experienced by the Roma and Sinti in this region, not only increases ethnic tension within states but also undermines the very notion of citizenship in the EU and equality of citizens in the Community.

This project seeks to redress this imbalance in social and health care provision by building the capacity of local social and health service providers to deal effectively with minority group needs, reduce discrimination and increase minority access to social services, particularly in the field of health. The first phase of this project has already been successfully completed. A team of international experts has compiled a training manual entitled: ***Building Healthy Roma Communities*** and designed a ten-day intensive ‘Training of Trainers’ curriculum. Fifteen trainees out of the target countries successfully completed the program in September 2006.

## 2.0 Strategic Objectives

- provide conditions (curriculum, training materials, and freshly trained trainers) for sustainable human capacity building;
- promote and support transnational exchange and mutual learning among the targeted European Union Member States and Candidate countries on the basis of best practices and a network of Health Promoting Roma Communities;
- initiate and support the implementation of community-level assistance mechanisms;
- implement a model (Equality Support Unit) for promoting equal rights at the community level;
- empower Roma activists with knowledge and skills to act in their communities to ensure inclusion;
- generate a self-help and rights awareness movement within Roma communities.

### 3.0 Specific objectives

- SO 1 To train 80 - 100 participants in pilot, one-week training courses in Hungary, Poland, Romania and Slovakia (4 courses of 20 - 25 participants each)
- SO 2 To set up a pilot Equality Support Unit in/near a Roma community involved in the project (1 pilot model)
- SO 3 To support a network promoting transnational and trans community dialogue (initiated during the project's first phase)
- SO 4 To produce a report detailing lessons learnt and making recommendations for future improvement in minority access to public services

### 4.0 Results

The CLT and ESU activities are important in directly enabling change in communities by bringing together Roma and non-Roma to work toward a common solution to foster changes in attitude. The motivating force behind the CLT and model ESU is to set up sustainable and effective training on the rights of minority populations and increase the awareness and sensitivity of care personnel (from all levels of interaction) and public administrators dealing with minority groups. Simultaneously, the project aims to make Roma aware of their rights as European citizens.

The project seeks to disseminate models of best practice and lessons learnt through the production of the training manual and delivery of country-level training courses which will give knowledge and expertise to participants. This, in turn, will allow for the dissemination of information to the Roma community through the set-up of the ESU by selected participants of the training courses. It is hoped that a subsequent self-help and community-based health promotion movement will evolve within Roma communities, with community members actively seeking and disseminating information and taking action to increase their access to social and health care services.

The development of a **regional network of Health Promoting Roma Communities** is also envisaged.

*The tangible results of the project in this second phase would be:*

1. Training manual revised based on lessons learnt from the regional Training of Trainers course which was held in Phase I
2. Training manual translated into 4 national languages and the main Roma language: Romani
3. Country-level training developed and one, one-week course held in each of the 4 target countries (Poland, Romania, Hungary and Slovakia)
4. 20 - 25 public authority officials and Roma representatives in each of the 4 countries trained
5. One model Equality Support Unit in one of the four countries up and running
6. Production of a final report compiling best practices, lessons learnt and recommendations for the future