



PROJECT READER

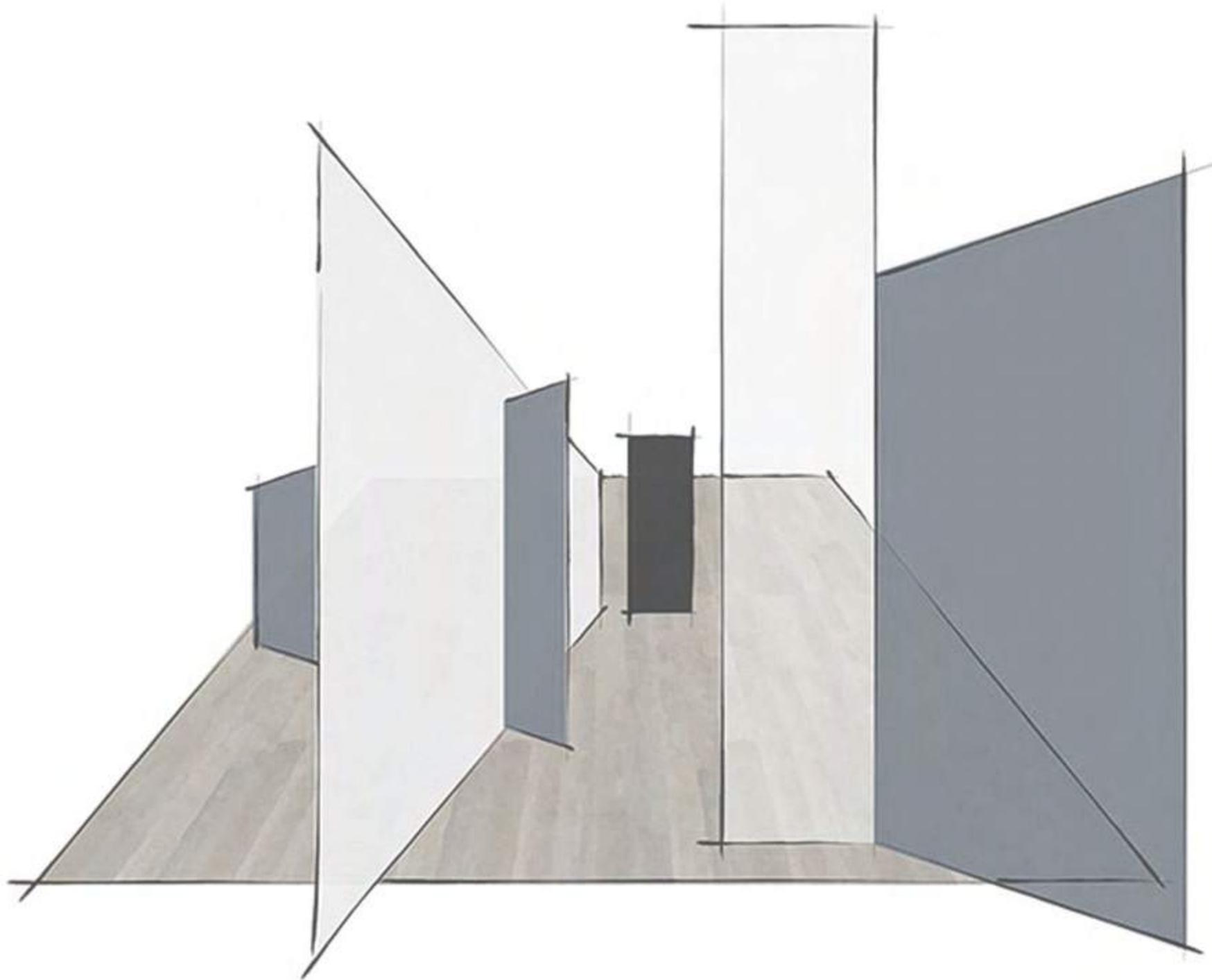


Co-funded by the Europe for Citizens Programme of the European Union This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

DEPART

arch.DI. alF[red]_B O R I Č

maribor_2016





Bedürfnispyramide nach Abraham Harold Maslow (1908 – 1970)

needs-pyramid_MASLOW

basic need of people



goCstudio_seattle washington

floating architecture

shipping CONTAINER





DISTILL STUDIO_rhode island, US

containerBOXoffice



S+DISEÑO_jalisco, MX

huiñiPREFAbhouse



DE VIJF_delft, NL, 2001

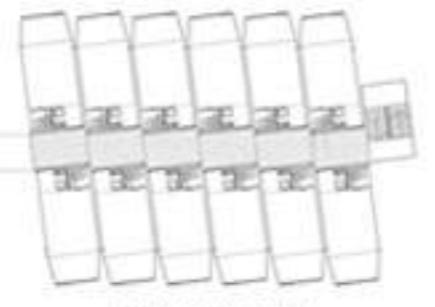
prefabSPACEboxes

spaceboxes

Architecture office 'De Vijf'
Holland Composites



Spacebox concept:
• Eenvoudig (n)monteerbare units
• Plaatsing op frames en stalen platen
• Koppelbaar en stapelbaar (tot 3 woonlagen)
• Bovengronds leidingwerk
• Prefab trappenhuizen en bordenselementen
• Verschillende kleurstellingen
• Voldoet aan bouwbesluit en brandseisen
• Variatie in opstelling, afmetingen, indeling, uitvoering en kleur mogelijk (in overleg)

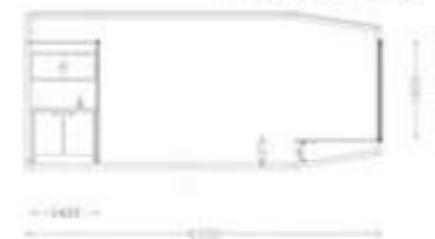


bovenaanzicht woonblok

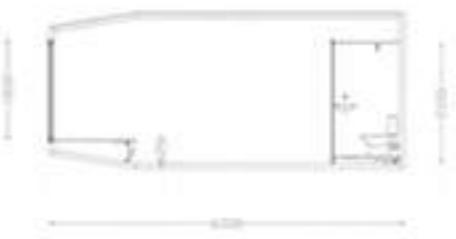
Basismat:
Bruto vloeroppervlak: 17 m²
Inwendig volume: 42 m³
Totaal leeggewicht: ca.2500kg
Voorzieningen:
Keukenblok met spoelbak
en elektrische kookplaat
Sanair met douche, toilet
en wastafel
Boiler (30 liter)
Elektrische verwarming
Mechanische ventilatie
€16.500,- per box turn-key
opgeleverd (prijs is
exclusief btw en afhankelijk
van aantal en uitvoering)



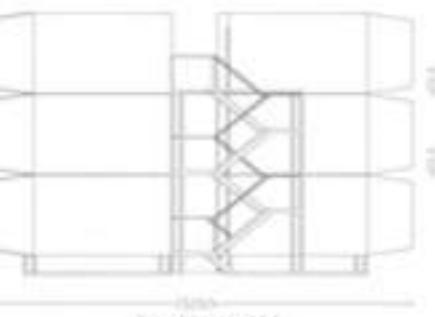
plattegrond



doorzende



doorzende



zijzicht woonblok



voorzicht woonblok

DE VIJF_delft, NL, 2001

prefabSPACEboxes



APPLETON & DOMINGOS_lisboa.pt

TREE house

RIGA



APPLETON & DOMINGOS_lisboa.pt

TREE house

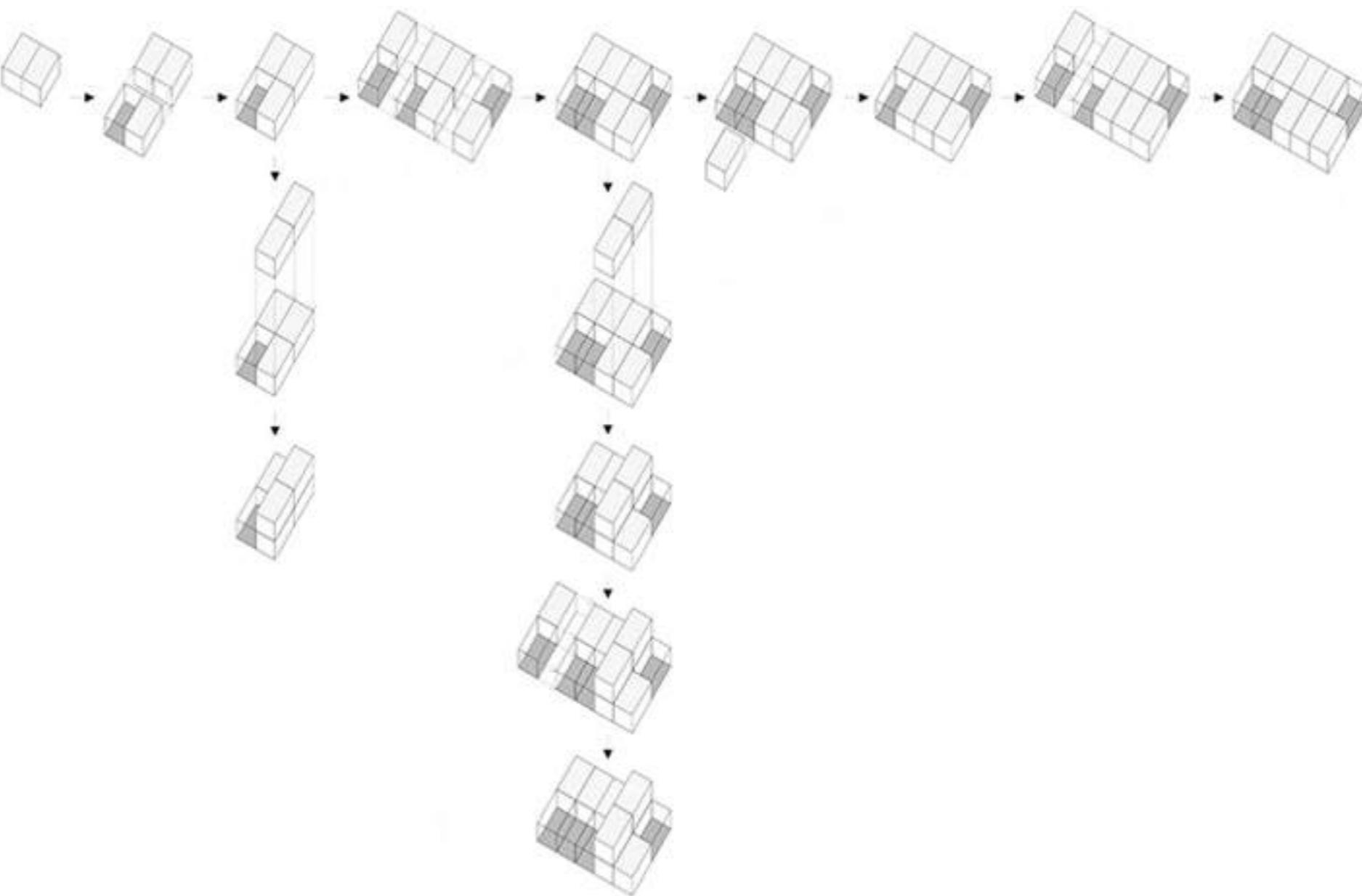
RIGA



APPLETON & DOMINGOS_lisboa.pt

TREE house

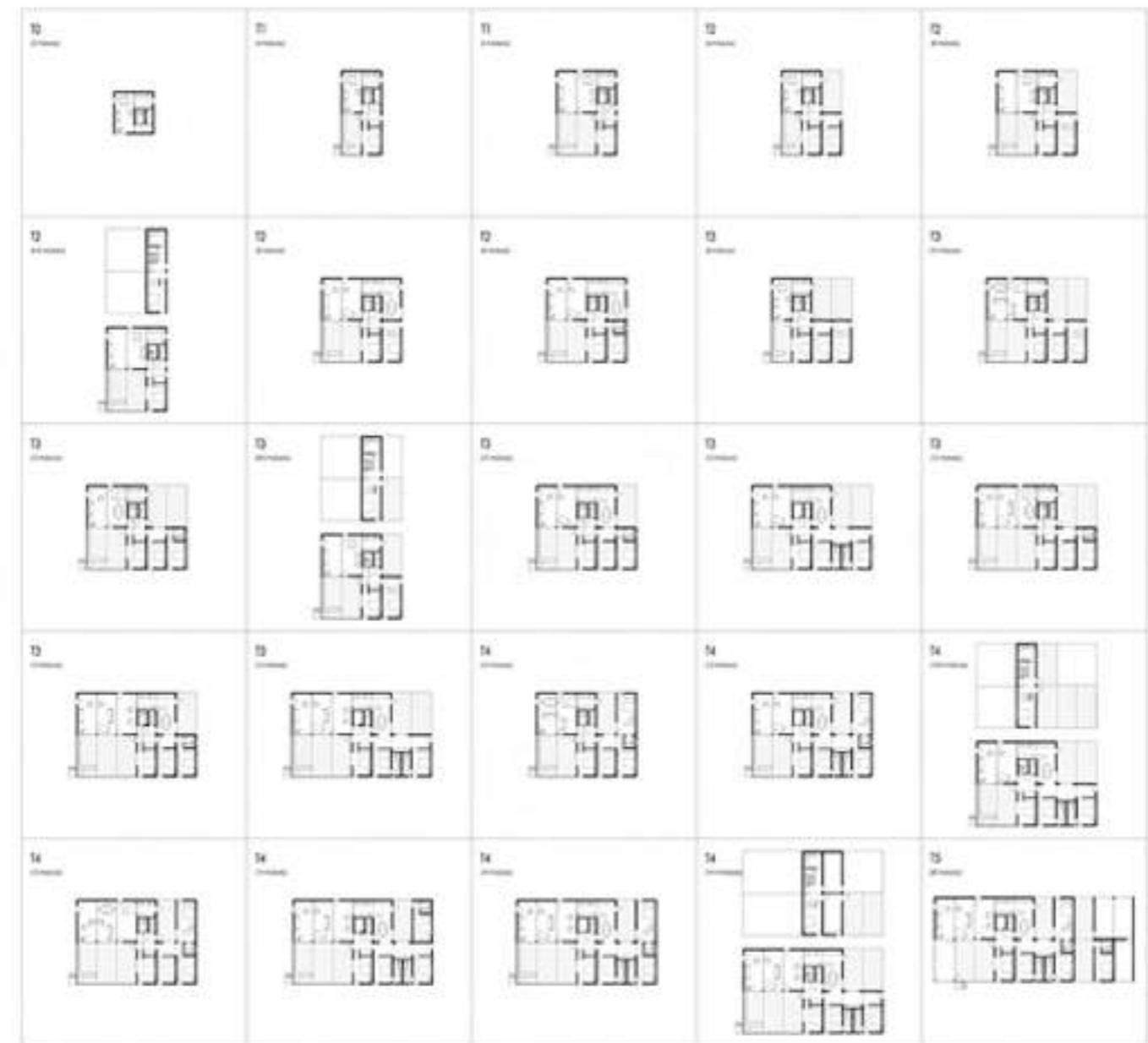
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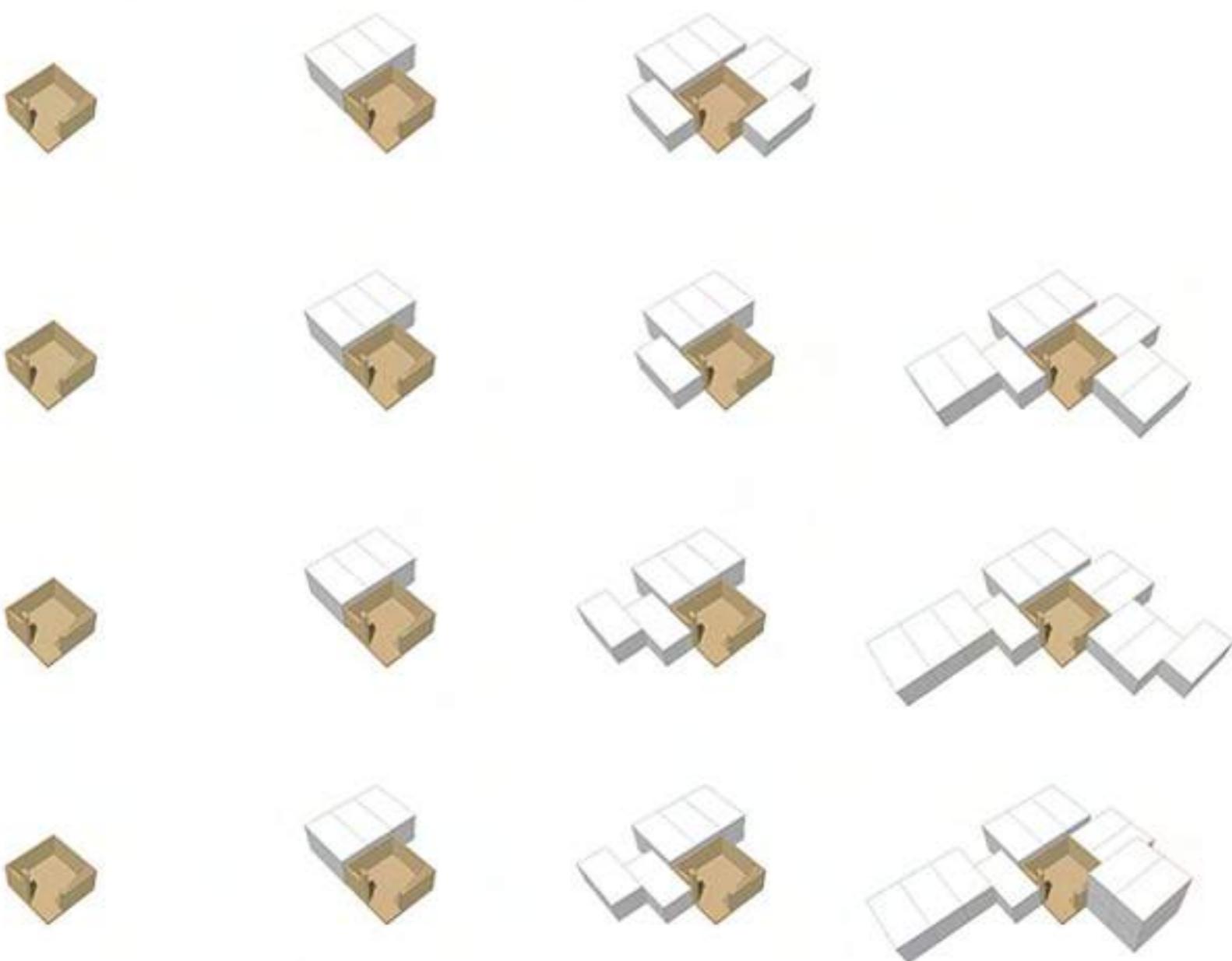


APPLETON & DOMINGOS_lisboa.pt

TREE house

SYSTEM





APPLETON & DOMINGOS_lisboa.pt

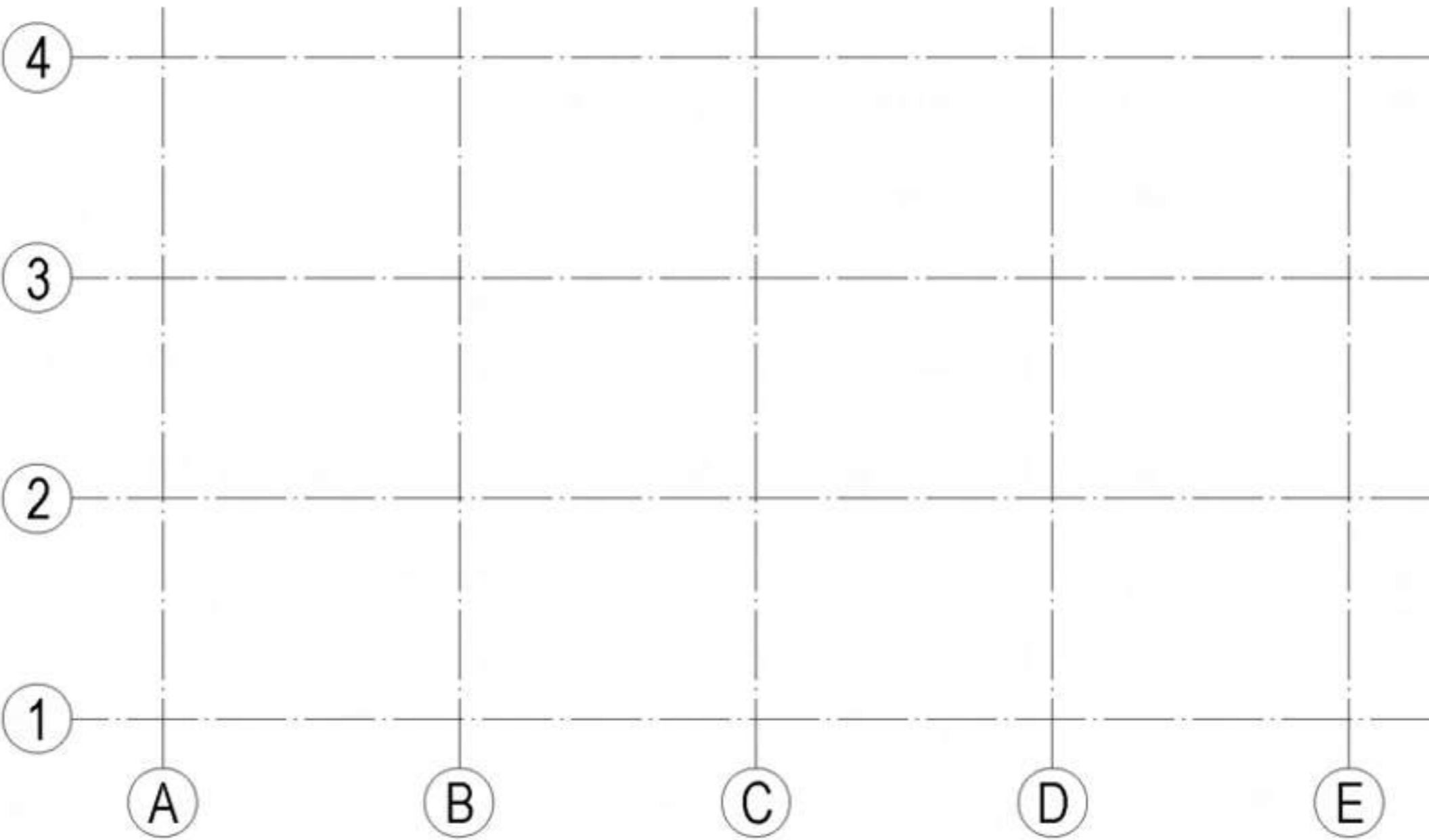
TREE house

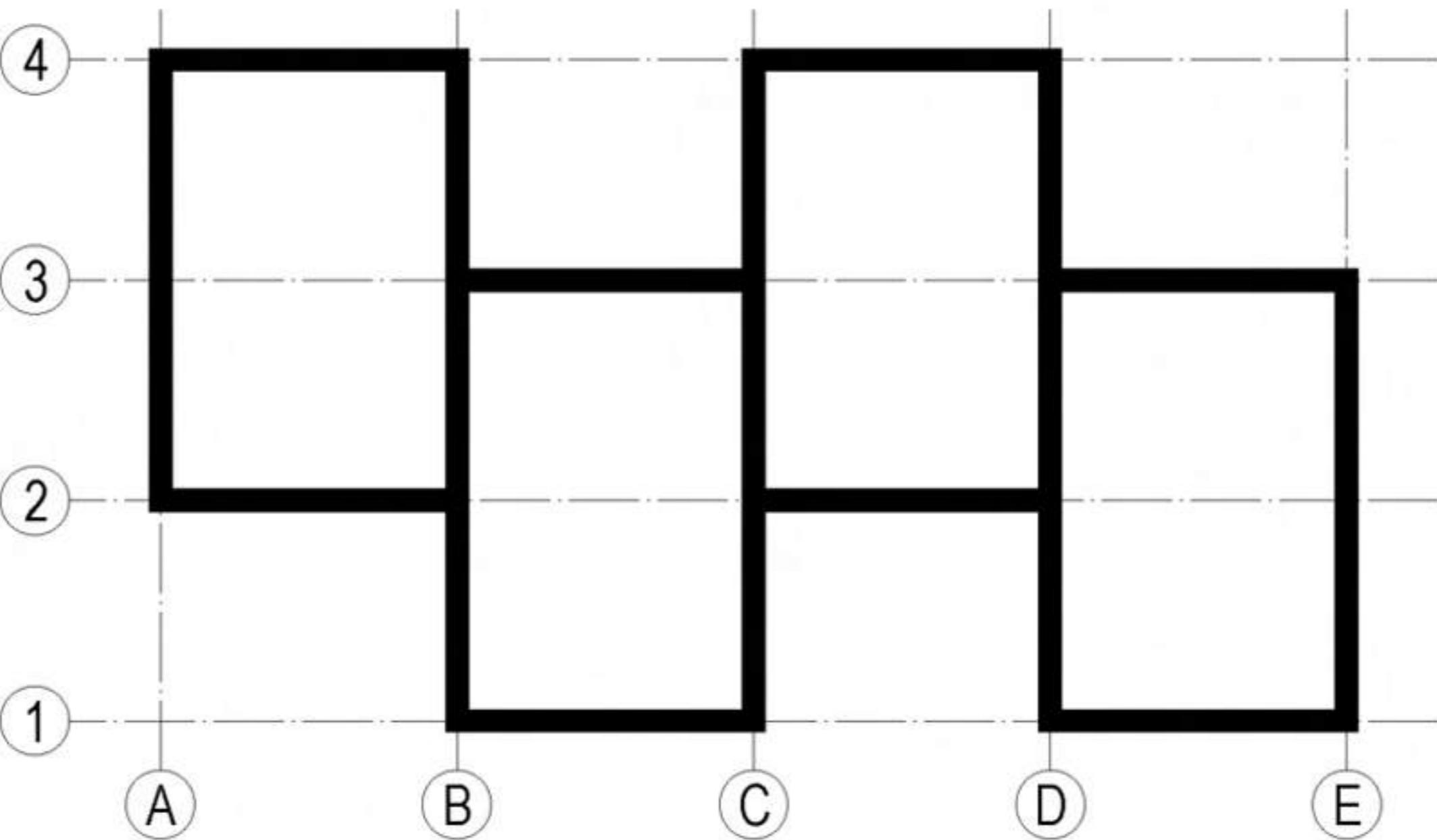
SYSTEM

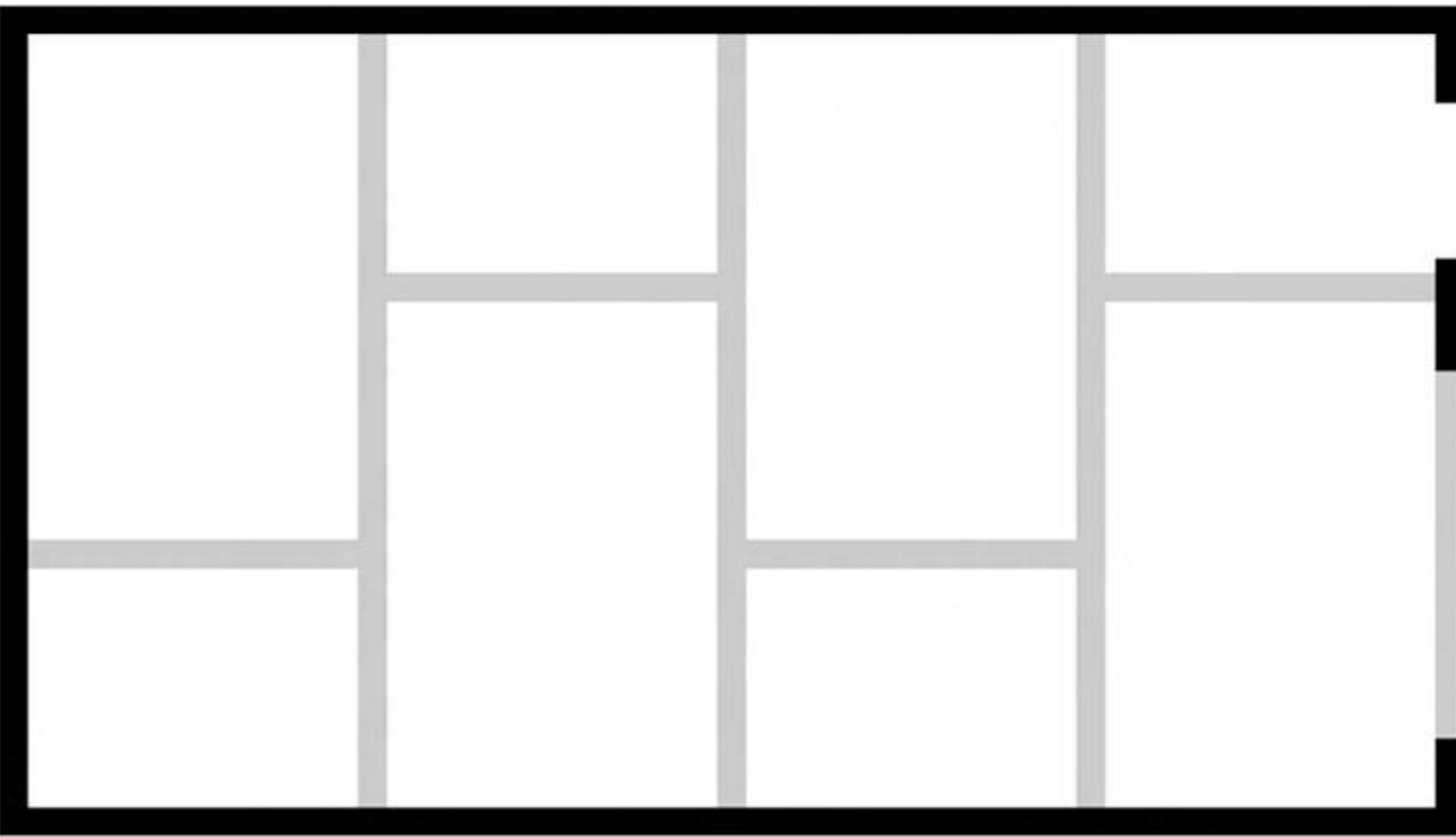


artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE

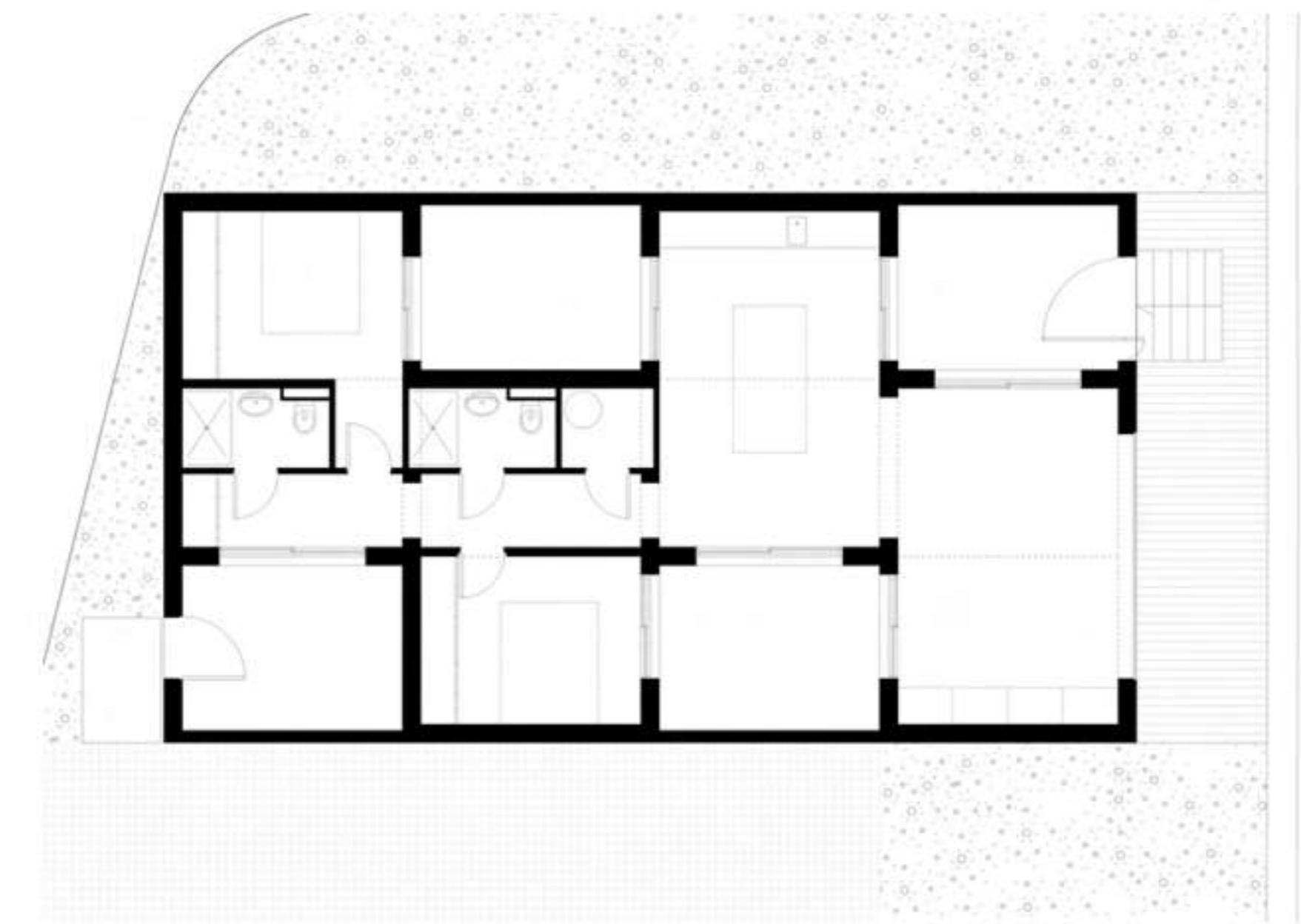






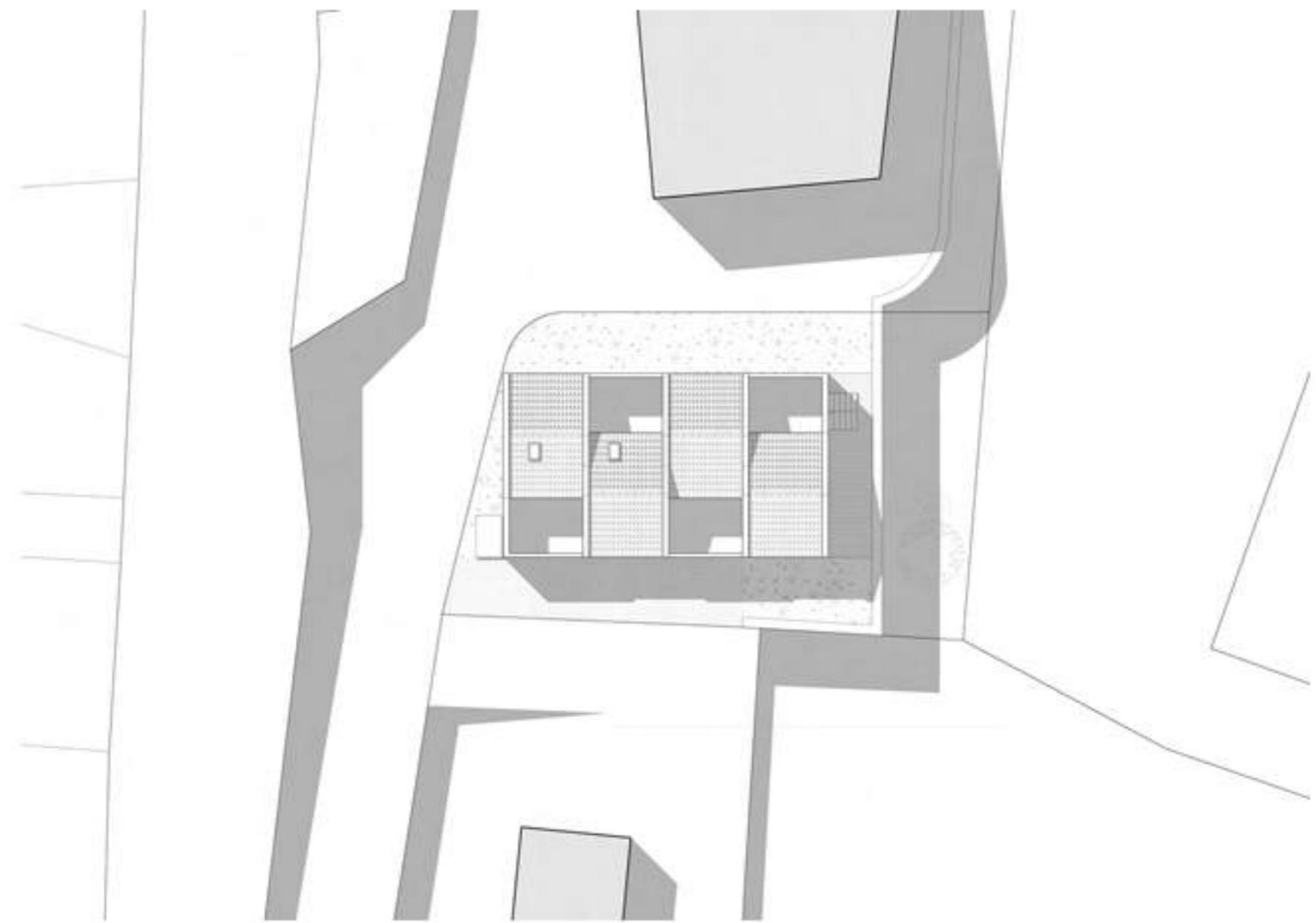
artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE



artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE



artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE



artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE



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VILLA.TRANQUILLE



artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE



artelab_vallée de l'hérault.[south]FR

VILLA.TRANQUILLE



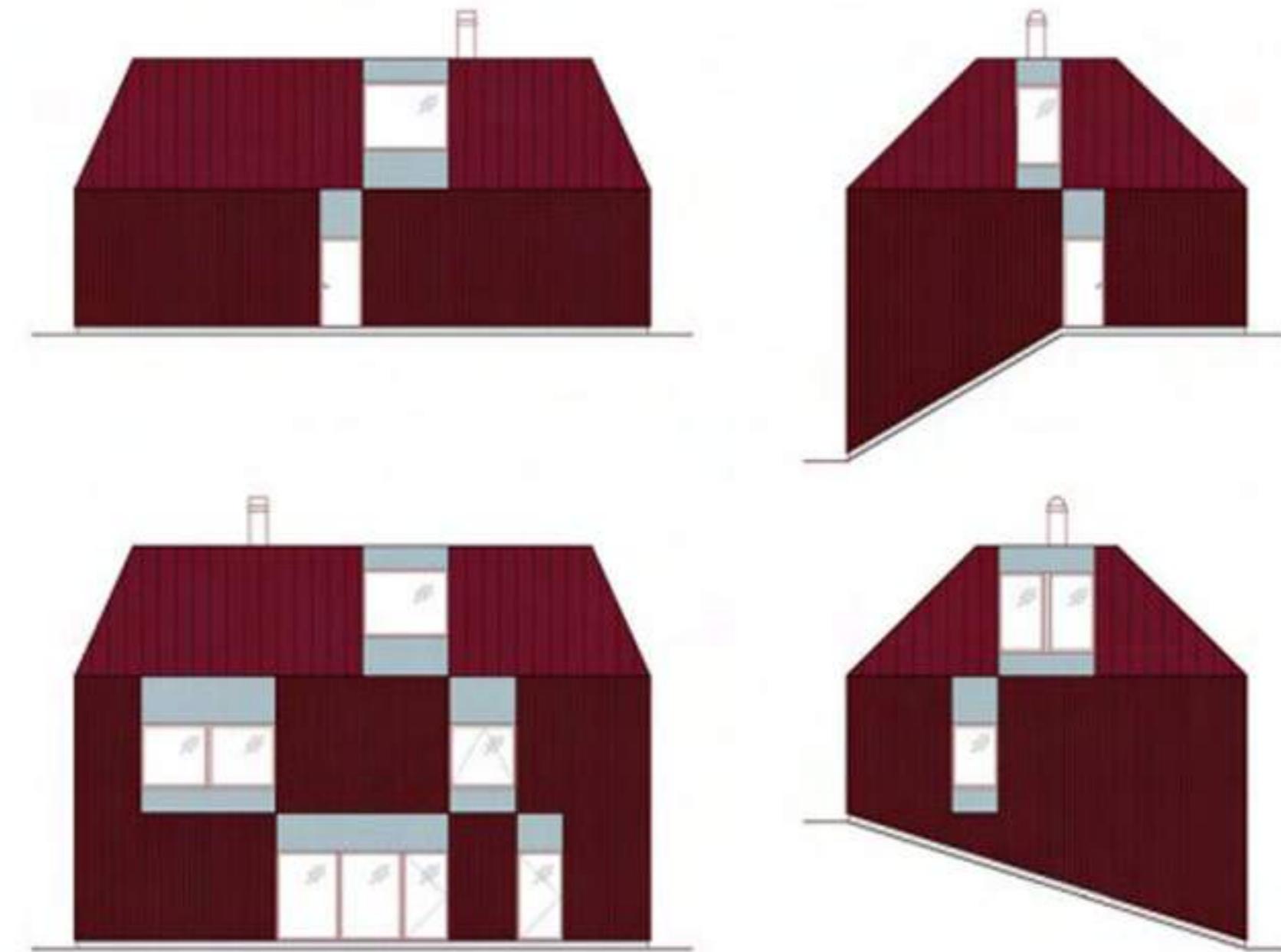
Claesson.Koivisto.Rune_stockholm.SE

prefABhouse_TIND



Claesson.Koivisto.Rune_stockholm.SE

prefABhouse_TIND



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prefABhouse_TIND



Claesson.Koivisto.Rune_stockholm.SE

prefABhouse_TIND



Claesson.Koivisto.Rune_stockholm.SE

prefABhouse_TIND



Claesson.Koivisto.Rune_stockholm.SE

prefABhouse_TIND



LES MAISONS,
DES SINISTRÉS
JEAN PROUVÉ
DEMONTABLE HOUSES FOR THE WWII DISASTER VICTIMS

jean PROUVÉ_1948

demontable HOUSES

JEAN PROUVÉ

MAISON DÉMONTABLE 8X8 DEMOUNTABLE HOUSE





Maison démontable 8x8

Poursuivant sa recherche sur les maisons démontables, Jean Prouvé crée en 1938 le principe de structure à portique axial dont il déposera le modèle l'année suivante.

Il choisit de le décliner sur un module de 8 mètres de largeur – dimension liée aux performances de la grande presse-plieuse équipant ses ateliers, qui usine des feuilles de tôle d'acier de 4 mètres pour produire les éléments d'ossature et d'enveloppe de bâtiments d'habitation. Cette donnée technique détermine une surface minimum de 64 m² par module, un espace vital satisfaisant pour l'usager et pour le constructeur soucieux du bien-être de ce dernier.

Au début de la guerre, Pierre Jeanneret applique ce procédé à un projet de bâtiments légers, l'atelier de Le Corbusier délaissant alors le Modulor pour la trame Prouvé. Les pavillons, à simple ou double niveau, ainsi fabriqués avec différentes variantes de structures à portique témoignent de l'adaptation aux restrictions de métal; elle trouvera son aboutissement dans des maisons pour ingénieurs, réalisées entièrement en bois.

«Maison démontable 8x8», 1944
Galerie Patrick Seguin, 2013

“8x8 Demountable house”, 1944
Galerie Patrick Seguin, 2013

8x8

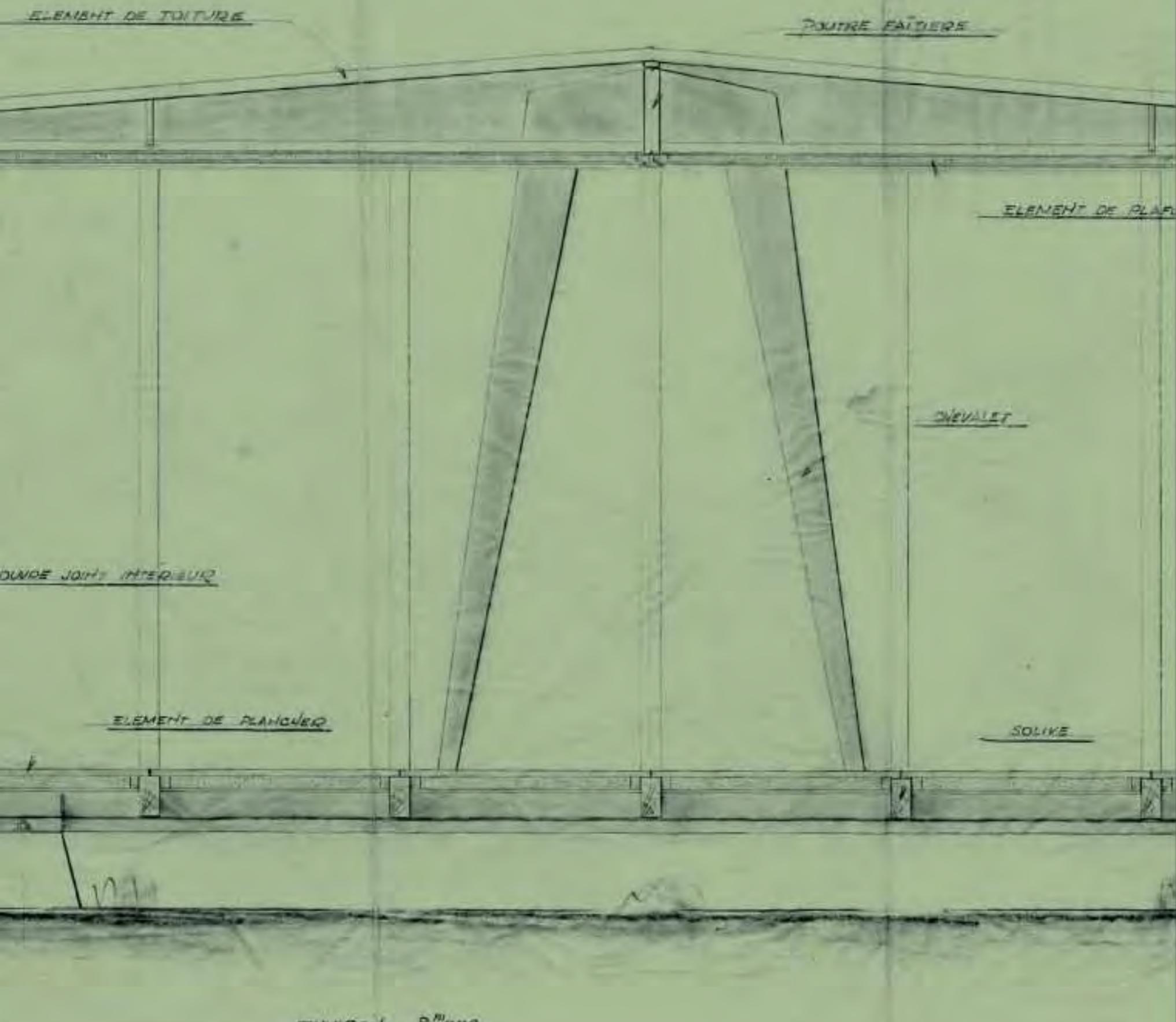
Demountable house

Continuing his research into demountable houses, in 1938 Jean Prouvé came up with the structural principle of the axial portal frame, which he patented the following year.

He decided to apply it via a module 8 meters (26.2 ft) wide: a size based on the capacity of the big bending press in his workshop, which machined 4-meter sheets of steel to produce the components for house frames and envelopes. This technical given meant a minimum area of 64 square meters (689 square feet) per module, offering a living space acceptable to both the occupant and the constructor with the occupant's interests at heart.

Early in the War Pierre Jeanneret applied the method to a project for lightweight buildings; thus did the Le Corbusier workshop abandon the Modulor for the Prouvé grid. Incorporating variations on the portal frame structure, these one and two-story buildings betray an adaptation to the

COUPE TRANSVERSALE - Ech. 10 cm. P.M.



Maison démontable 8x8
LE SYSTÈME

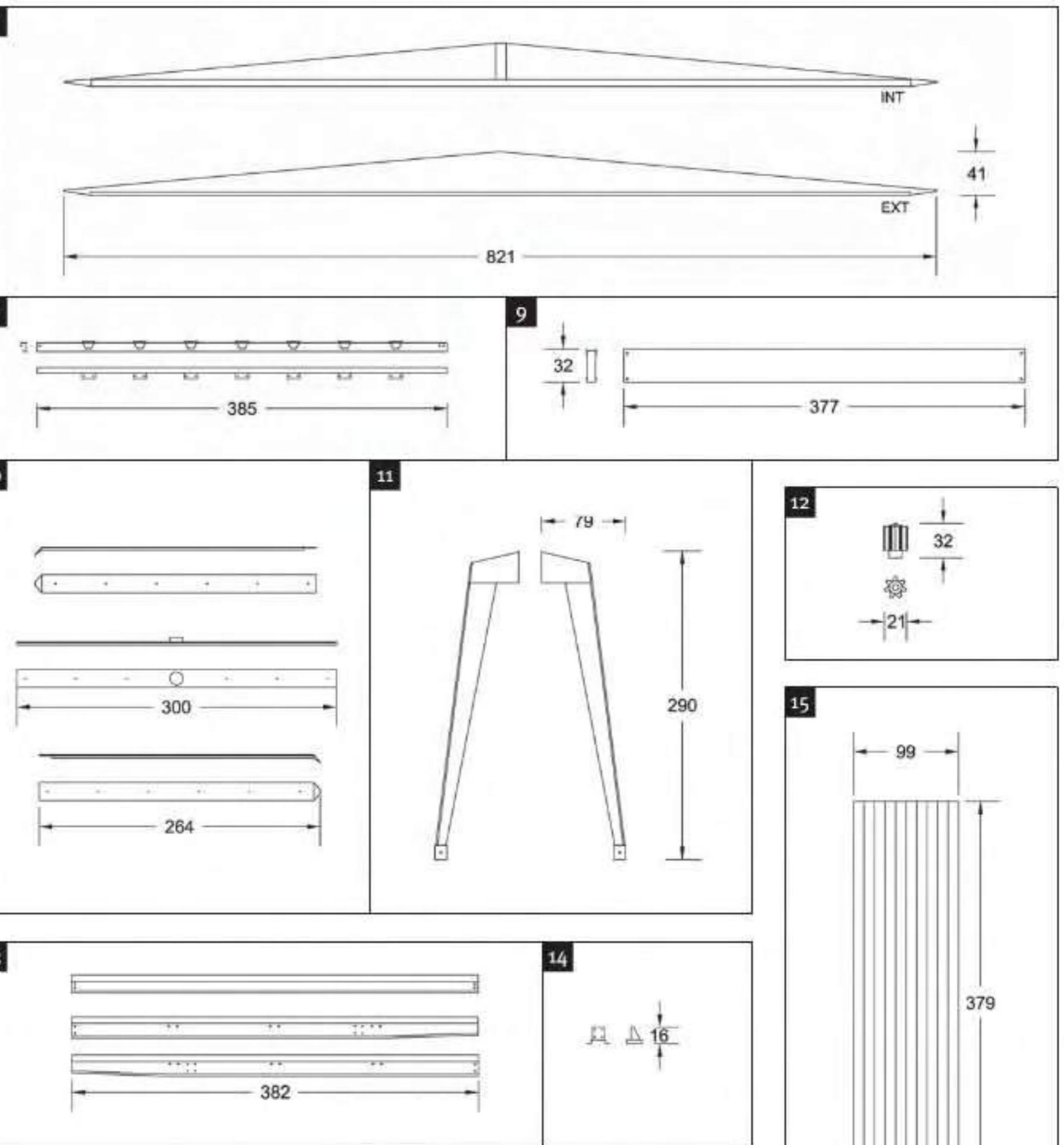
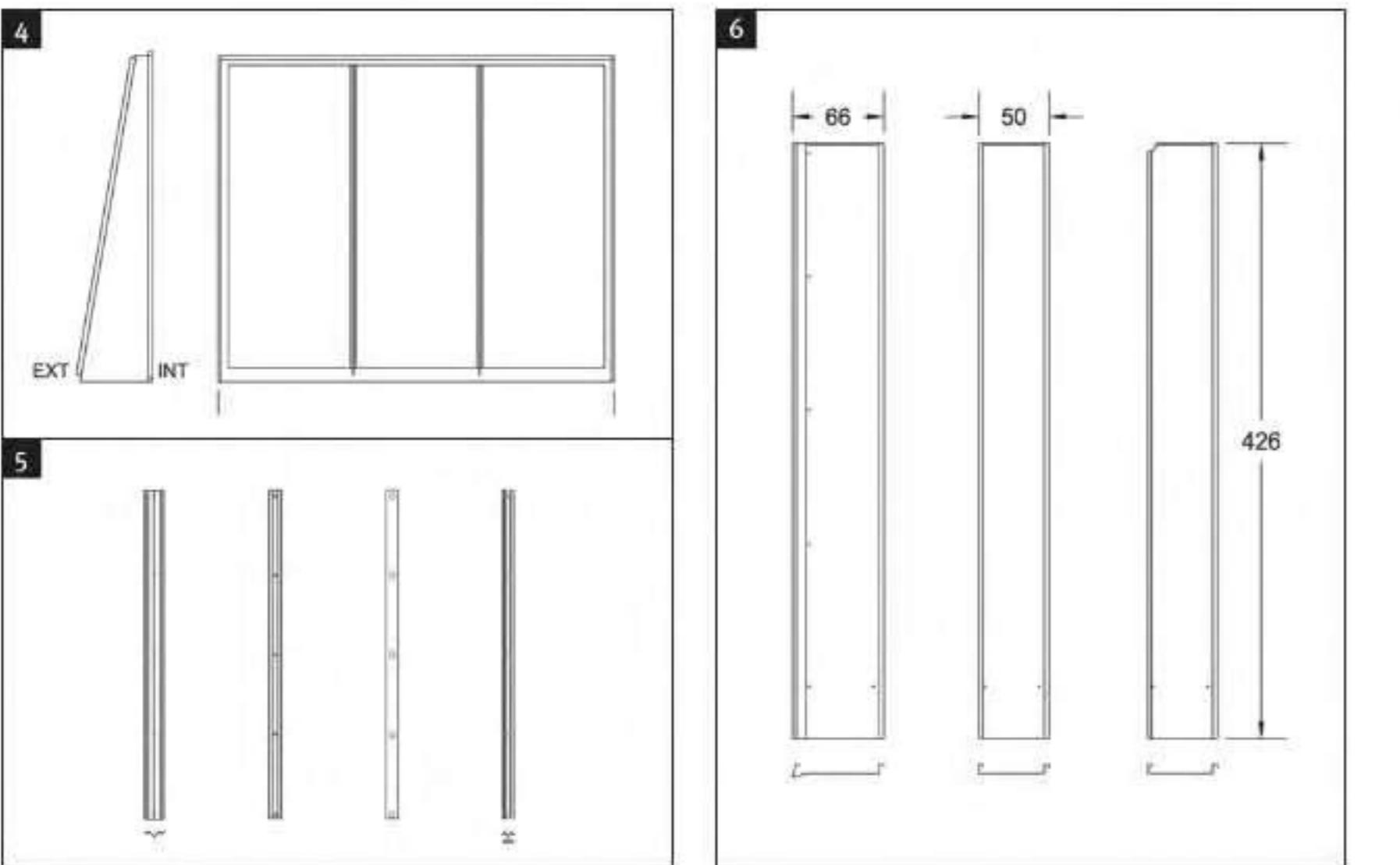
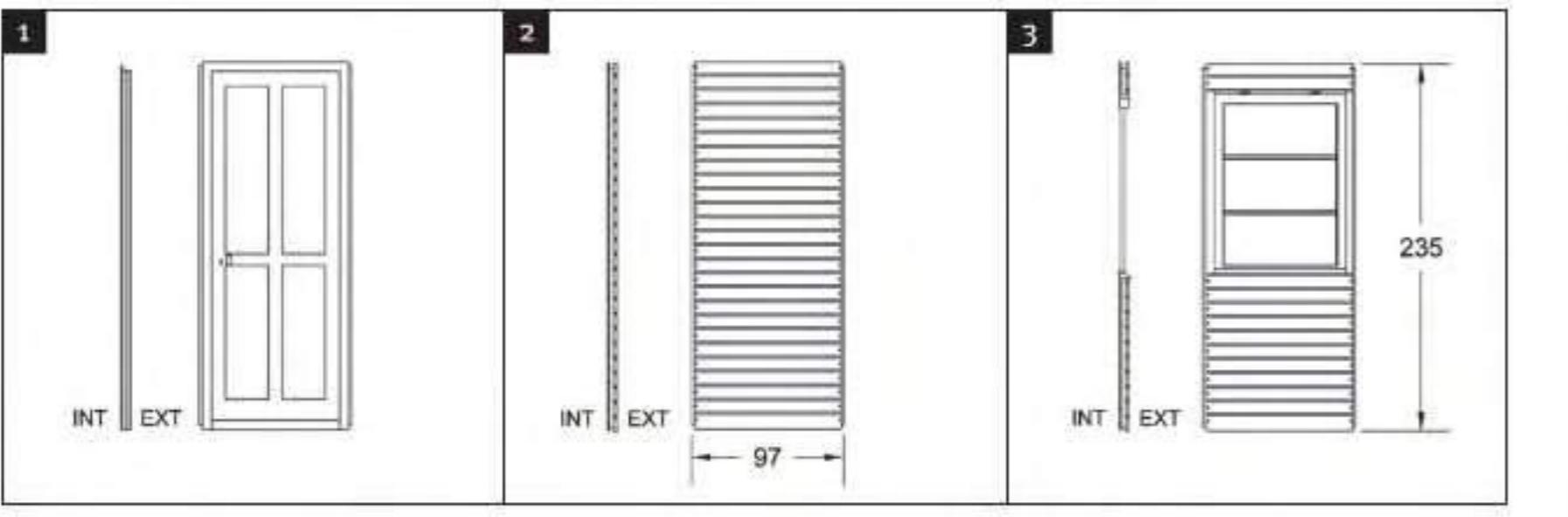
8x8 Demountable house
THE SYSTEM

“

Disons le mot : il faut des maisons usinées. Pourquoi usinées ? Parce qu'il ne s'agit plus seulement de fabriquer un ou plusieurs petits éléments d'une maison destinés à être assemblés, mais que tous les éléments correspondent à ceux d'une machine que l'on monte entièrement mécaniquement, sans qu'il soit nécessaire de fabriquer quoi que ce soit sur le chantier».

Let's be frank: we need factory-made houses. Why factory-made? Because it's no longer a matter of just making one or more little components of a house and putting them together, because all the components are part of a machine you assemble mechanically, without any need to make anything at all on site.”

Jean Prouvé, 1946



Maison démontable 8x8 nomenclature

1/ Panneau porte (x1). 2/ Panneaux pleins (x22). 3/ Panneaux fenêtres (x8). 4/ Jardin d'hiver (x1). 5/ Couvre-joints extérieurs (x28), couvre-joints intérieurs (x28), couvre-joints d'angle (x4). 6/ Base de toit (x32). 7/ Pignons (x2). 8/ Rives (x4). 9/ Poutres faîtières (x2). 10/ Cache-faîtières (x3). 11/ Portique compass (x1). 12/ Conduit de cheminée (x1). 13/ Solivage (x1). 14/ Plots (x6). 15/ Panneaux planchers (x16).

8x8 Demountable house nomenclature

1/ Door panel (x1). 2/ Full panels (x22). 3/ Window panels (x8). 4/ Double window (x1). 5/ External joint covers (x28), internal joint covers (x28), angle joint covers (x4). 6/ Roofing sheets (x32). 7/ Gables (x2). 8/ Sides beams (x4). 9/ Ridge beams (x2). 10/ Ridge beam covers (x3). 11/ Vestibule frame (x1). 12/ Chimney pipe (x1). 13/ Base (x1). 14/ Blocks (x6). 15/ Wood floor panels (x16).



P137, 138, 139

Montage des maisons 8x8

Vue partielle du lotissement réalisé avec des bâtiments à portiques des Ateliers Jean Prouvé, Bezaumont (54), automne 1945. Plan d'implantation : Jacques et Michel André, architectes.

Assemblage of 8x8 houses

Partial view of the housing development with porticoed houses by Ateliers Jean Prouvé, Bezaumont (Meurthe-et-Moselle department), fall 1945. Planning by Jacques and Michel André, architects.

P138, en haut, à gauche / bottom, left

Détail d'un portique compas type « Bezaumont » (1945) monté devant l'Institut français d'architecture (IFA) à l'occasion de l'exposition consacrée à Jean Prouvé, 1983.

Detail of a "Bezaumont" compass portal frame (1945) erected in front of the French Institute of Architecture (IFA) for the Jean Prouvé exhibition in 1983.





Unlike the government departments of the time, Jean Prouvé saw temporary buildings as a means for establishing a construction industry that could immediately turn out models for permanent reconstruction. With this in mind, in 1943 he considerably improved the basic principle of his War homeless housing, developed an 8 x 8 meter (26.2 x 26.2 ft) axial portal frame house and had two prototypes made. The first of them at once became the office of René Schwartz, an industrialist friend in Maxéville (p 42-43). The steel shortage meant metal facades were out of the question, but the wooden panels were fitted with sash windows that slid down into the window-breach. The inverted-V portal frame was featured on the cover of *Architecture d'aujourd'hui*'s special prefabrication issue, and when the system as a whole was presented at the Salon d'Automne in 1946 its "technical excellence" received unanimous acclaim. The second prototype, with the addition of a bay window christened the "winter garden", was assembled at the entrance to the Ateliers Jean Prouvé, a symbol of Prouvé's mass-production dream; it became his office, and when he left the plant it was reassembled in the grounds of his home in Nancy (p 48-49).

Maison démontable 8x8, 1945-1946

Vues extérieures et vues intérieures,
bureau de Jean Prouvé, Maxéville (54), ca. 1950

8x8 Demontable house, 1945-46

Exterior and interior views, Jean Prouvé's office,
Maxéville (Meurthe-et-Moselle department), ca. 1950



Exposition «Jean Prouvé, architecture»

Galerie Patrick Seguin, Paris, 2012

Portique de la «Maison Ferembal», 1948

Portique de la «Maison démontable 6x6», 1945

Portique de la «Maison démontable 8x8», 1945

Portique de la «Maison F 8x8 BCC», 1942, avec Pierre Jeanneret

«Jean Prouvé, Architecture» exhibition

Galerie Patrick Seguin, Paris, 2012

Portal frame for the "Ferembal House", 1948

Portal frame for the "6x6 demountable house", 1945

Portal frame for the "8x8 demountable house", 1945

Portal frames for the "F 8x8 BCC house", with Pierre Jeanneret, 1942



PIA, 60-72

«Maison démontable 8x8», 1944
Galerie Patrick Seguin, 2013

"8x8 Demountable house", 1944
Galerie Patrick Seguin, 2013



P76

Jean Prouvé dans son bureau
des Ateliers Jean Prouvé,
Maxéville (54), 1952.

Jean Prouvé in his office
at the Ateliers Jean Prouvé,
Maxéville (Meurthe-et-Moselle,
France), 1952.

P77

Les Ateliers Jean Prouvé, presse-plieuse,
Maxéville (54), en 1950

Bending press at the Ateliers Jean Prouvé,
Maxéville (Meurthe-et-Moselle,
France), c. 1950.



Ainsi, les mêmes principes s'appliquent à la production de mobilier – souvent destinée à des équipements collectifs – et à l'architecture, qui connaît un développement important après-guerre : les mêmes structures solides sont assemblées et articulées par des mécanismes astucieux, permettant aux meubles comme aux bâtiments d'être aisément démontés, déplacés, modifiés.

Cet esprit d'avant-garde doublé de préoccupations humanistes conserve aujourd'hui toute son actualité : on redécouvre sans cesse les qualités novatrices de chaque épisode de l'œuvre de Jean Prouvé, des premiers équipements pour la cité universitaire de Nancy en 1932 à ceux conçus pour celle d'Antony en 1954 en passant par les meubles créés pour l'Afrique, ou encore les écoles démontables de l'après-guerre jusqu'aux « petites machines d'architecture » conçues dans les années 1960.

Jean Prouvé a collaboré avec les plus grands architectes, et plusieurs bâtiments célèbres de l'architecture du xx^e siècle portent son empreinte, la plupart d'entre eux étant maintenant protégés au titre de monuments historiques. ■

The same principles were applied to the making of furniture – often intended for the public sector – and to the architecture of the postwar boom. Astute assembly systems for hardwearing structures meant that furniture and buildings alike could be readily dismantled, moved about and modified. The Prouvé blend of avant-garde spirit and humanist concerns has lost none of its relevance.

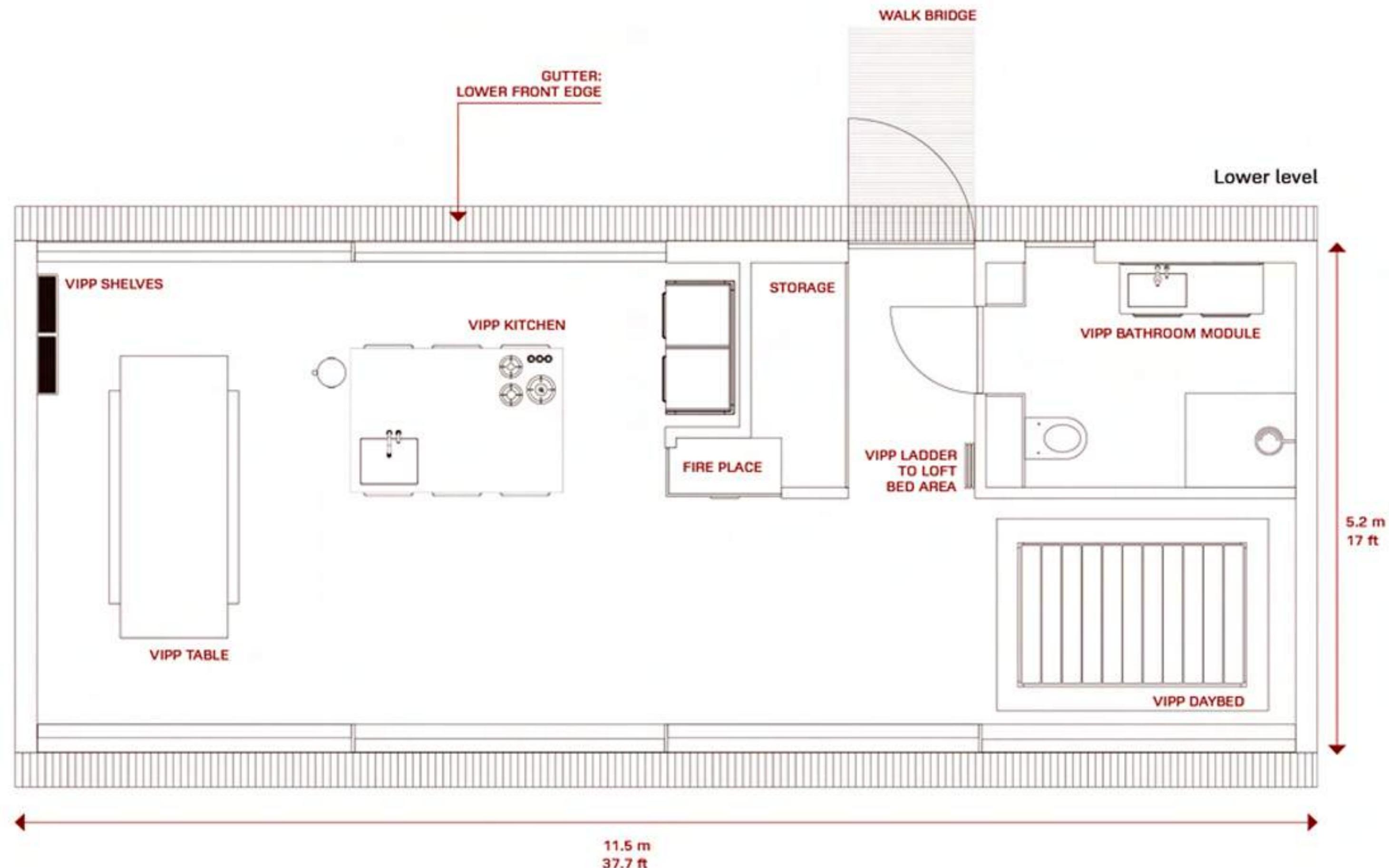
The originality of his different periods is repeatedly rediscovered, from the first items for the University dormitory in Nancy in 1932 through those for a similar facility in Antony in 1954; the furniture for Africa; and the knockdown postwar schools and “little architecture machines” of the sixties.

Working with the best architects, Jean Prouvé left his stamp on many famous examples of twentieth-century building, most of which are now classified historic monuments. ■



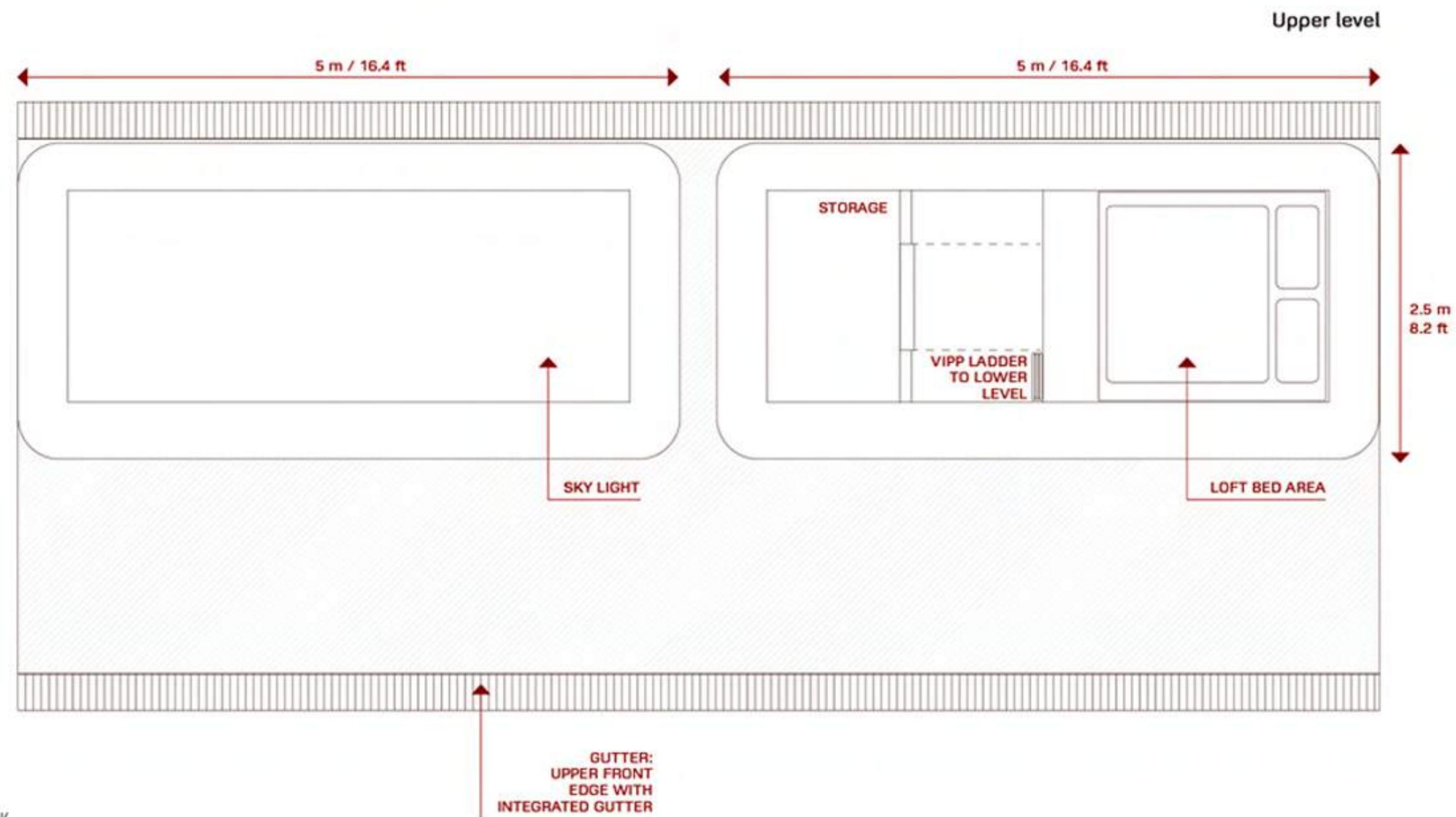
MORTON BO JENSEN_copenhagen.DK

vipp SHELTER



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MORTON BO JENSEN_copenhagen.DK

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**MULTIPURPOSE
INTERIOR MODULE:**
Perfect for communal
living, relaxation or
leisure spaces.



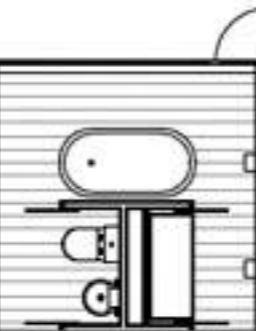
**MULTIPURPOSE
MODULE WITH
WINDOWS:**
Spaces for relaxing with
others or enjoy quiet
moments of contemplation.

BEDROOM MODULE:
Where you'll wake up
each day in harmony
with the visual land-
scape.

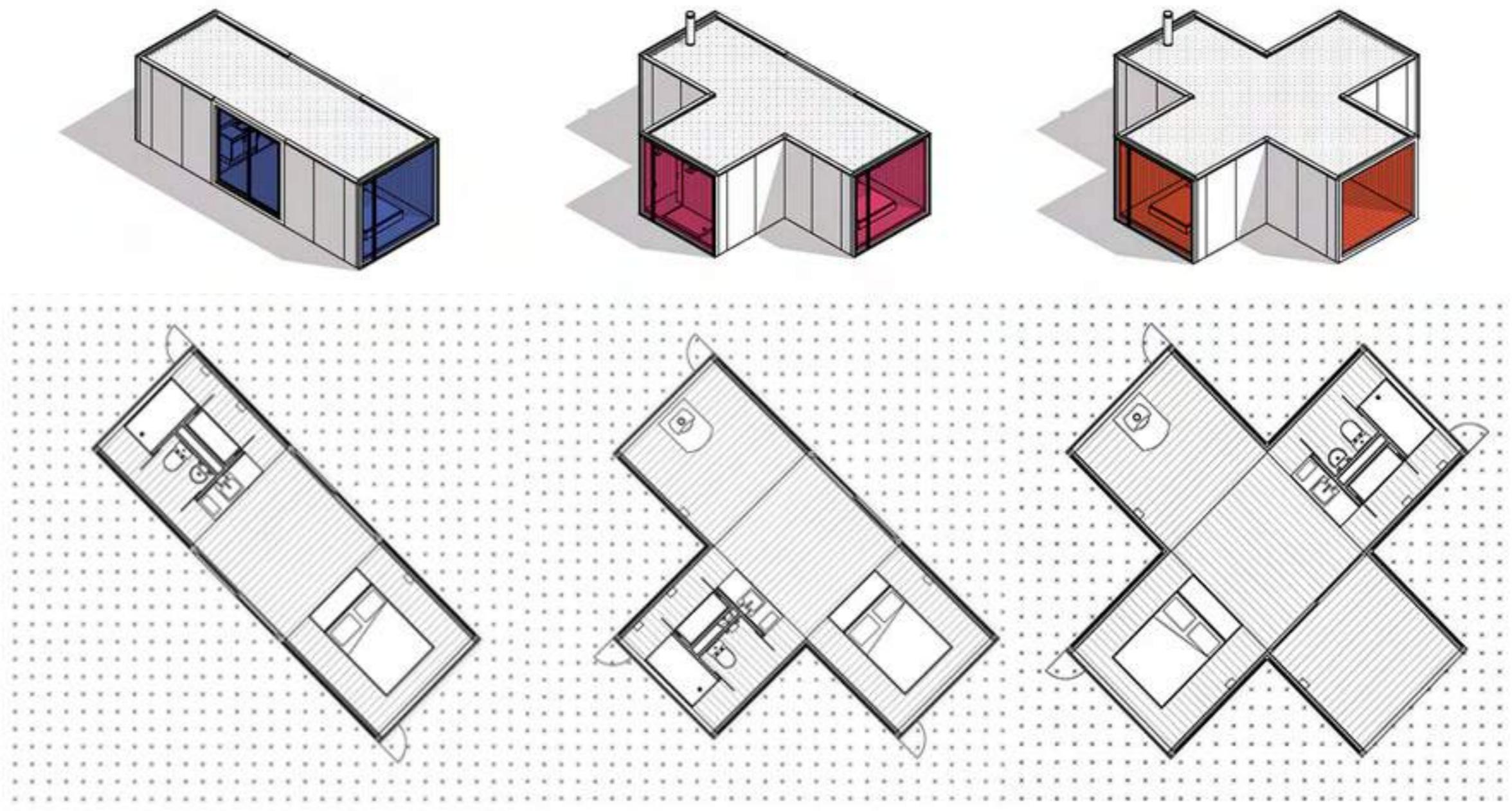


BALCONY MODULE:
An open-access module
that can serve as both,
an entrance or an out-
door leisure area.

BATHROOM MODULE
BATHROOM (with bath):
A large and comfortable
bathroom which includes a
built-in bathtub.



**BATHROOM AND
KITCHEN MODULE:**
A compact bathroom
together with a small
efficient kitchen that con-
nects adjacent modules.



CATUÇABA_são paulo.BRA

MINIMOD



CATUÇABA_são paulo.BRA

MINIMOD



CATUÇABA_são paulo.BRA

MINIMOD



CATUÇABA_são paulo.BRA

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CATUÇABA_são paulo.BRA

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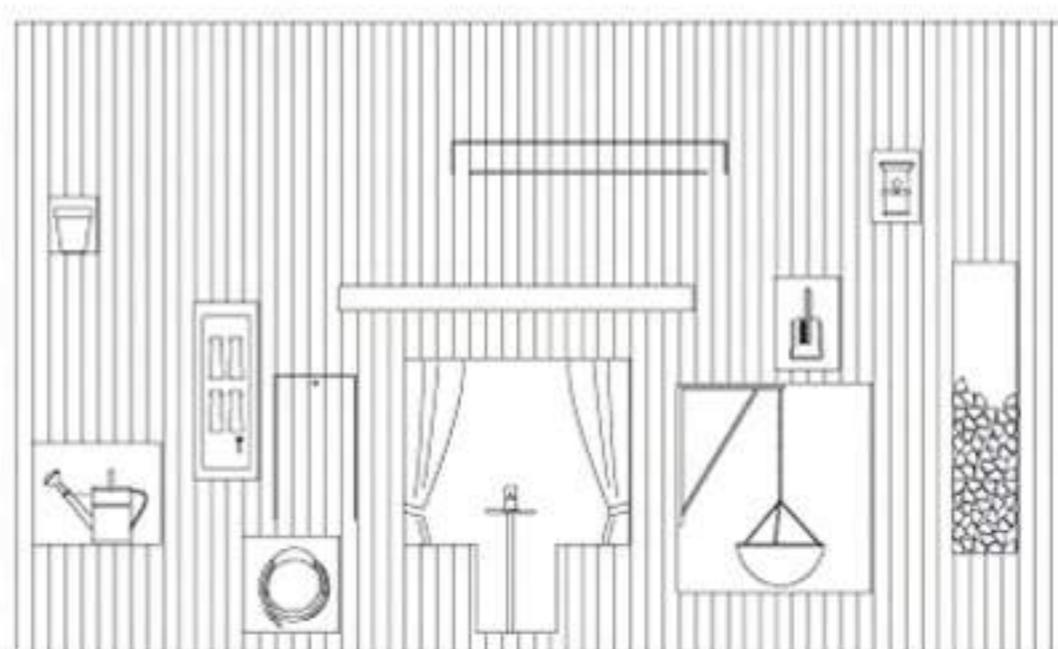
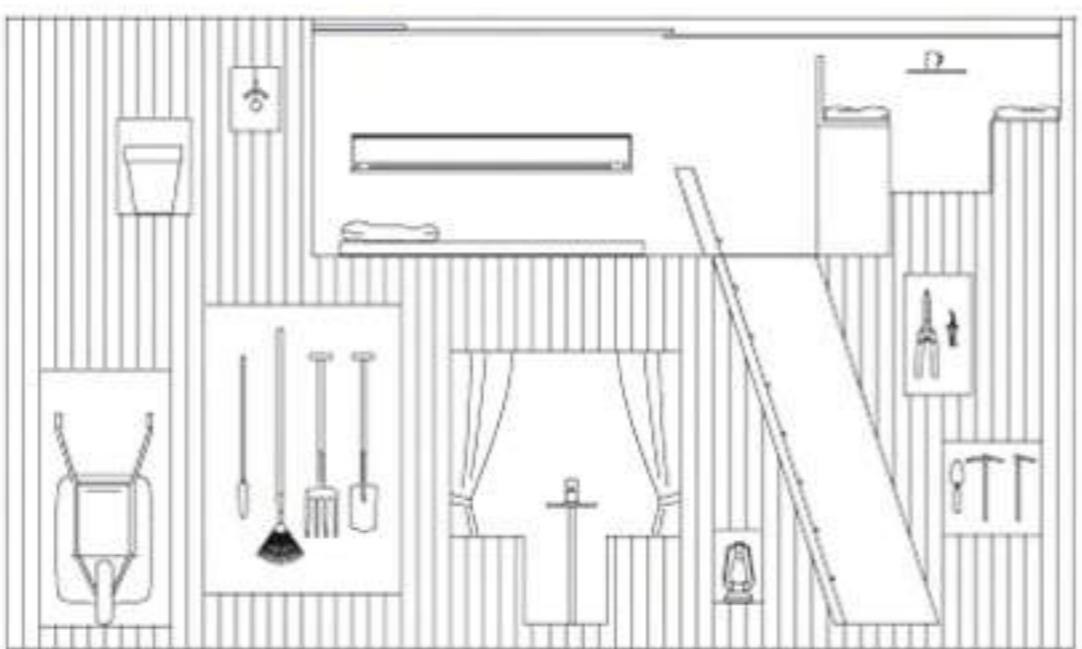
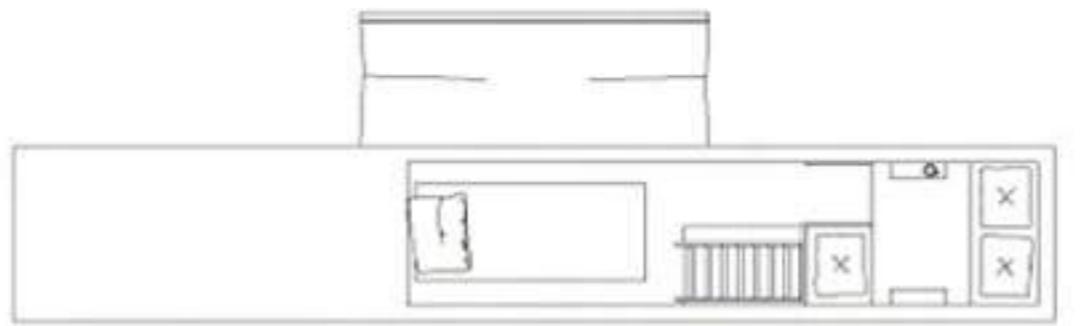
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MINIMOD



CATUÇABA_são paulo.BRA

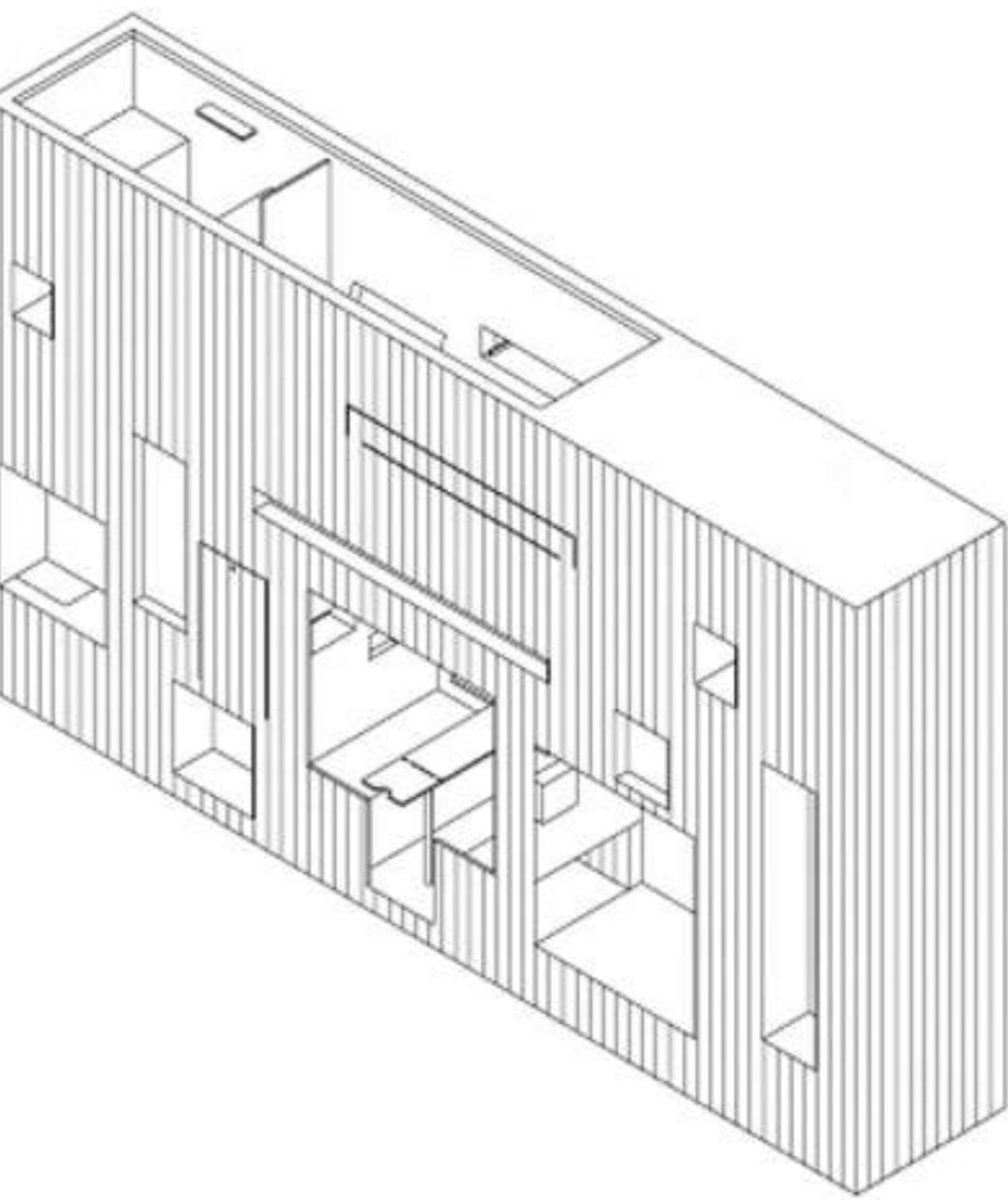
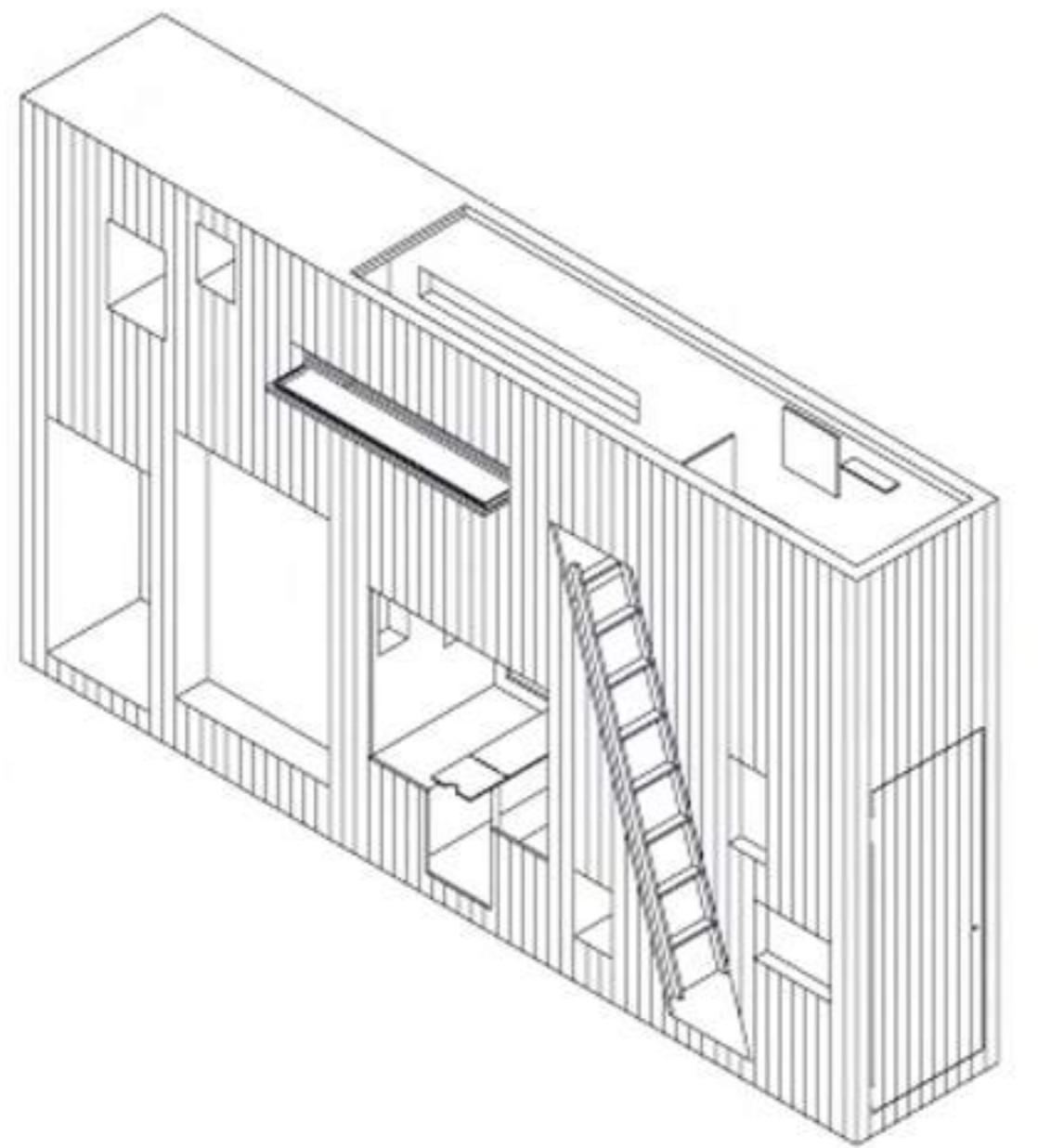
MINIMOD



nils holger MOORMANN.DE.2006

W A L D E N

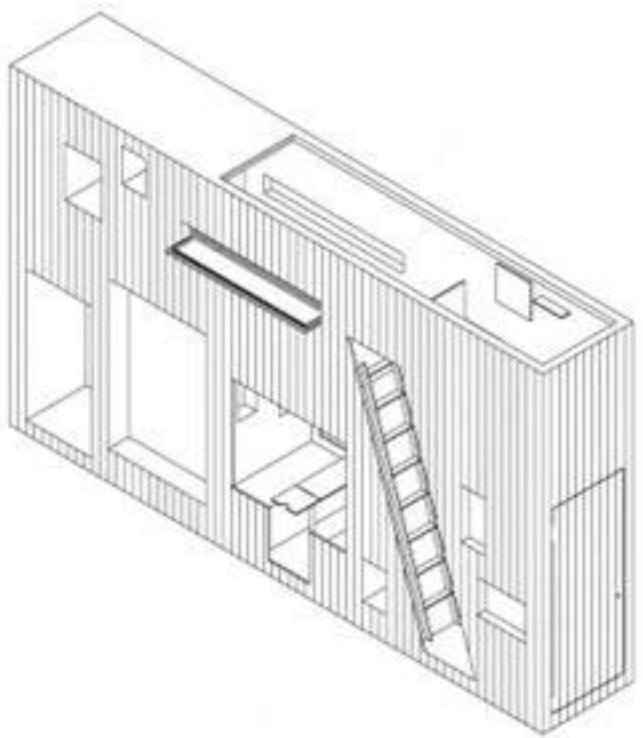
H 386,0 | B 110,0 | T 650,0 cm



nils holger MOORMANN.DE.2006

H 386,0 | B 110,0 | T 650,0 cm

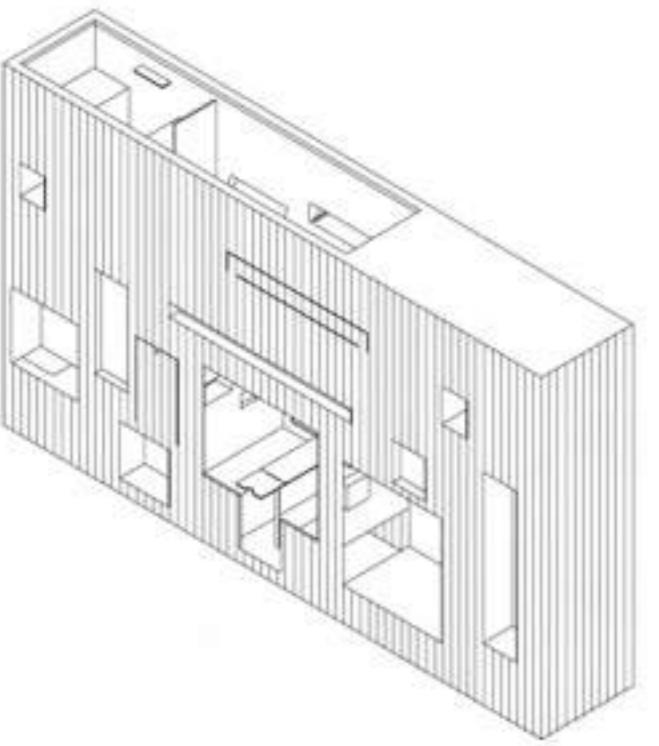
WALDEN



nils holger MOORMANN.DE.2006

H 386,0 | B 110,0 | T 650,0 cm

W A L D E N



nils holger MOORMANN.DE.2006

WALDEN

H 386,0 | B 110,0 | T 650,0 cm



nils holger MOORMANN.DE.2006

W A L D E N



H 386,0 | B 110,0 | T 650,0 cm



nils holger MOORMANN.DE.2006

H 386,0 | B 110,0 | T 650,0 cm

W A L D E N

... if you have more than you need
build long tables not higher fences



**WENN DU
MEHR HAST
ALS DU BRAUCHST,
DANN BAUE DIR
LÄNGERE
TISCHE
UND KEINE
HÖHEREN
ZÄUNE**



thank you for your attention



Council of Europe
Conseil de l'Europe



Housing & evictions: The situation of Roma and Travellers in Europe

Thomas Schobesberger

Council of Europe
Conseil de l'Europe





Council of Europe
Conseil de l'Europe

- Democracy, human rights, rule of law
- 47 member states
- Roma issues since 1969

Council of Europe
Conseil de l'Europe





Content

- Housing
 - CoE standards
 - Overview
- Forced evictions
- Conclusion/Solutions



Anti-Gypsyism

“specific form of racism, an ideology founded on racial superiority, a form of dehumanisation and institutional racism nurtured by historical discrimination, which is expressed, among others, by

- violence, hate speech,
- exploitation, stigmatisation
- [open] discrimination”

– European Commission against Racism and Intolerance, General Policy Recommendation No. 13



Housing: Council of Europe standards

- CoE Committee of Ministers Recommendation on improving the housing conditions of Roma and Travellers in Europe (2005)
- Limited: articles 3 and 8 European Convention on Human Rights (*Hădăreni case - Moldovan and others v. Romania No. 2; Marzari v. Italy*)
- Article 16 ESC – Social, legal, economic protection of families
 - Discrimination in access to housing services; segregation in settlements
- Article 30 ESC (revised) – Protection against poverty & social exclusion
 - effective access to housing
- Article 31 ESC (revised) - The right to housing
 - to promote access to housing of an adequate standard;
 - Poor living conditions in camps/stopping places; evictions without alternative accommodation; lack of affordable housing;
- Problem: missing acceptance of provisions



Habitability

- Often: „deplorable conditions“ (ECRI 2015)
 - Living in shacks/tents without basic facilities: lack of drinking water, sewage system, electricity, telephone lines (15% AL,BiH,HR; 60% RO, RS);
 - 30% in delapidated housing (MD);
 - Unpaved roads/roads in bad conditions (AL)
 - lack of drinking water (SLO);



Habitability

Figure 6: Insecure housing of households (%)



Description: Share of people living in households, which live in ruined houses or slums (as evaluated by the enumerators), as a percentage of all surveyed population, by country and ethnicity. This indicator is calculated using the question – "External evaluation of the household dwelling: Ruined house or slums."

Source: UNDP/WB/EC Regional Roma Survey 2011



Accessibility of housing

- Widespread, open discrimination against Roma
→ black market (CZ)
- Criteria for social housing: missing identity documents/proof of (informal) income (AL)
- Delays in registrations (FR)
- Intentional obstructing of repossession claims of returnees (BiH)
- Resistance of locals against social housing for Roma (IT, RS)



Location

- Segregated areas: e.g. around 600 excluded areas in CZ;
- Authorised fenced settlements „tantamount to segregation“ (IT)
- Evictions to sub-standard areas (RO)
- 14 Walls (!) since 2008 (SK)



Legal security

- Informal constructions and missing documents
 - 15% in informal settlements (FYROM)
- Italy: „campsites were demolished and forced evictions took place, strengthening the impression that Roma were being deliberately targeted by the authorities (...)" – ECRI 2011.
- No legal remedies against evictions (AL)
- 50% of Roma feel threatened by evictions (CZ)



General situation in Europe

- UNDP/WB/EC study (2011)
“Overall, (...) progress in housing under the Decade has been unimpressive”
- Roma Decade Report (2015)
“At the end of the Decade, there is precious little by way of a legacy when it comes to housing. (...) The gap between Roma and non-Roma in terms of housing and living conditions is actually widening.” (2015)



„One of the most worrying signs (...) is that forced evictions and relocations (...) have become an increasingly popular policy option, and a sure way for populist mayors and politicians to strengthen their standing in their local constituencies.“

– Roma Decade Report (2015)



Forced evictions

- Definition

“permanent or temporary removal against their will of (persons) from the homes and/or land which they occupy, without the provision of (...) appropriate forms of legal or other protection” – General Comment No. 7 on Art 11.1 ICESCR.
- Numbers in Europe: around 3,000-4,000/year (ERTF)
- More than 11,000 persons affected in France alone (2015)



Evictions: CoE legal standards

- European Committee on Social Rights
- European Court of Human Rights
 - *Yordanova v. Bulgaria* (2012)
 - Vulnerability needs to be taken into account
 - *Winterstein v. France* (2013)
 - Re-housing before evictions
 - Balance of interests (vulnerability)
 - Use of urgent eviction procedures not allowed
 - Rule 39: interim measures



Conclusions/Solutions

- Legal protection against forced evictions
- Decent housing, accessible social housing
 - E.g. request from Albania to CoE
- Legalisation + ID documents: Albania, FYROM, BiH, 55% of settlements legalised in SLO;
- Use of structural funds
- Fight against anti-Gypsyism – involvement of local & regional authorities



Thank you!

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Policy best practices of the housing of Roma

Maribor, 21 April, 2016

Gyorgy Sumeghy
Habitat for Humanity
International

- Introducing Habitat for Humanity
- The EU policy framework
- The housing of the Roma in numbers
- Bottlenecks
- Best practice policy guidelines
- Best practices at local level
- Key messages

- Habitat for Humanity International's vision is a world where everyone has a decent place to live.
- Habitat has helped more than 4 million people construct, rehabilitate or preserve homes since 1976.
- Habitat also advocates for fair and just housing policies and provides training and access to resources to help more families improve their shelter conditions.
- Habitat works in more than 80 countries

- Habitat ran housing projects and advocated for the better housing of the Roma in Bulgaria, Czech Republic, Hungary, Macedonia, Romania and Slovakia
- Activities range from trainings, home building and renovations, housing microfinance, legalization and policy advocacy
- We contributed to the Civil Society Monitoring Report of the Decade of Roma Inclusion
- We are members of the European Platform for Roma Inclusion

- ERDF was opened up for Roma housing projects
- EU Framework for National Roma Integration Strategies (2011) - focusing on four key areas: education, employment, healthcare and housing
- So the policy framework is in place and funding is available, yet not much progress is reported about the housing of the Roma in Europe

Source: Nora Teller	Bulgaria	Czech Republic	Hungary	Romania	Slovakia
Size of total population	7,9 million	10,3 million	10,2 million	21,7 million	5,4 million
Size of Roma population (unofficial)	700-800 thousand	250-300 thousand	550-600 thousand	1,8-2,5 million	480-520 thousand
App. ratio of Roma population*	9-10%	2-3%	5-6%	8-11%	9-10%
Basic demographic characteristics	higher size of families, lower life expectancy than of non-Roma				
Urban/Rural share of Roma population	50-60% in urban areas high concentration of rural Roma population in north-west Bulgaria	basically urban, majority of Roma in north-west of the Czech Republic	rural 60%, urban: 40% highest concentration in north-east and south-west Hungary	60% rural, 40% urban, but even in rural areas, many Roma live in outskirts	rural: 40%, urban: 60%, most Roma live in East-Slovakia, very few in large cities

Source:
Nora Teller

	Bulgaria	Czech Republic	Hungary	Romania	Slovakia
Housing conditions	low infrastructure supply, majority of Roma population lives in segregated large urban ghettos 70% of all Roma housing is reported as illegal	app. 60-80 thousand Roma live in segregated neighbourhoods, large part lives in municipal housing poor conditions large problem of arrears	poor housing conditions app. 6% of Roma live in spatially completely segregated settlements app. 1600 segregated neighbourhoods housing app. 300 thousand people	app. 2000 ghettos comprising 1 million people, very poor infrastructure and housing condition High level of spatial segregation	787 identified segregated Roma neighborhoods housing app 150 thousand people out of which 21% inner part of municipality 43% on the outskirt/peripheric 36% isolated app. 30% of housing is illegal in segregated areas, totally 14% live in shacks, overcrowding

- Lack of mainstreaming of housing policy measures into social policy
- Median voter's interests are prioritized as opposed to long-term public interest – politically 'risky'
- Lack of capacity at municipality level both at key technical staff and social workers
- Projects based funding kill long-term and complex interventions
- Roma community members lack knowledge and capacity to use existing opportunities and to better represent themselves

- Open Society Foundation/Metropolitan Research Institute (2011): Vademecum. Improving housing conditions for marginalised communities including Roma:
http://www.euromonet.eu/upload/84/25/vademecum_OSI_2011.pdf
- World Bank: Handbook for Improving the Living Conditions of Roma, WB/EC (2015), available at
http://ec.europa.eu/justice/discrimination/files/roma_wbhandbook_en.pdf

- EC: Guidance for Member States on the use of European Structural and Investment Funds in tackling educational and spatial segregation, 2015:
http://ec.europa.eu/regional_policy/sources/docgener/format/2014/thematic_guidance_fiche_segregation_en.pdf
- World Bank: Being Fair, Faring Better. Promoting Equality of Opportunity for Marginalized Roma, 2016:
<http://documents.worldbank.org/curated/en/2016/01/25801937/being-fair-faring-better-promoting-equality-opportunity-marginalized-roma>

- Rehousing and social integration program in the Region of Madrid since 1986
- About 5,000 slum-dweller families were moved to public houses or subsidized rented flats guaranteed for life
- Accompanied social integration program to support the life of the families at least for 3 years (financial planning, bills payments, residential or school applications, job training courses, following up of children's school attendance, etc.)
- Preferably one Roma family is rehoused per one residential building
- Net annual program cost is about EUR 12,000,000; investment per person is about EUR 1,500/year
- Impact analysis in 2010 – striking results in educational outcome of the children, overall less dependency on welfare and minimum wage but solid access to formal employment

- NGO Platform for Social Housing: new Social Housing bill needed (2016?)
- Most of the Roma live in urban hostels, New legislation would provide affordable social housing for the Roma
- Pilot project with Brno: “housing first” for the Roma: 50 families will be moved to social housing scattered in the city, 24 ms
- Complex partnership: municipality, Platform: project design, IQ Roma: social service provider, Univ of Ostrava: randomized control group research
- Budget: € 370,000 (EU, social innovation)

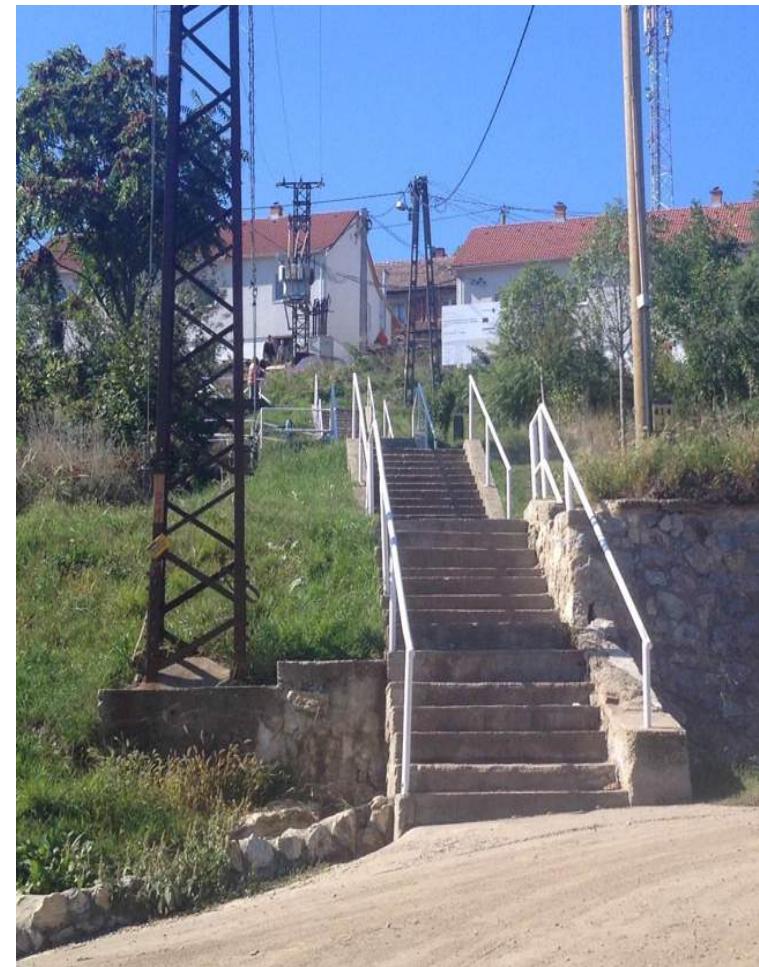
- The No of social rental flats renovated by the project: 110
- The number of flats bought to provide housing for selected families in integrated communities: 35
- 3 community centers were established
- Developing community services (surveillance cameras to enhance public safety; traffic; collection of rainwater run off): 10
- Renewal of public places: 4 sites
- Strong and long-term partnership between municipality and NGOs
- Total budget: 5,3 million Euro

Reconstructing the „Main Street” in György-mine Implemented by the local Handymen's Club

Before



After



1. Governments have to be committed to utilize ERDF funding for de-segregated Roma housing
2. Housing of the Roma must avoid further segregation of communities
3. Housing of the Roma must use an integrated and multi-stakeholder approach, where housing is combined with education, health care, income generation etc.
4. There is an urgent need to sensitize local politicians and to train municipality officials to reduce housing discrimination against the Roma

5. We must empower the Roma community so that they can have access to better housing services.
6. Long term cooperation of all relevant stakeholders needed: municipality, Roma community and NGOs
7. We need the mediating services of stakeholders such as NGOs to help Roma communities to get access to housing



Contact

Thank you!

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mobile: +421 911 045 814
gsumeghy@habitat.org
www.decentplace.org
www.habitat.org/emea



Sprehod skozi čas Kraja Pušča

**Ne hodi po UHOJENIH POTEH.
Raje pojdi tja, kjer ni poti in PUSTI SLED.**

DARKO RUDAŠ

ZVEZA ZA RAZVOJ ROMSKE MANJŠINE - PREPOROD

HIŠA – NASELJE - SKUPNOST



Stalna naselitev;

„Bili so iskalci tistega kraja na svetu za katerega so verjeli, da bodo sprejeti in razumljeni“.

Spominja na čas, ki ga ni več; na tisti čas v katerem je bilo težko..

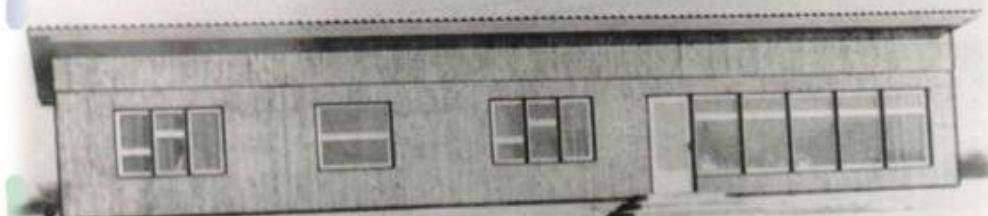
Življenje Romov Pušče je bilo povezano in odvisno od okoliških krajev, ki so imeli pomembno vlogo pri oblikovanju življenjskega utripa skozi zgodovino.

Naselje Pušča je svojo podobo sčasoma spremenilo. „Vegastih hišic ni več“



HIŠA – NASELJE - SKUPNOST

Leto 1962



„Sobivanje je realnost, ki jo moramo sprejeti“.
„Različnost je dejstvo, ki bogati“!

Priložnost je možnost, ki je vsi ne dobijo.

Izobraževanje je most do socialne vključenosti.

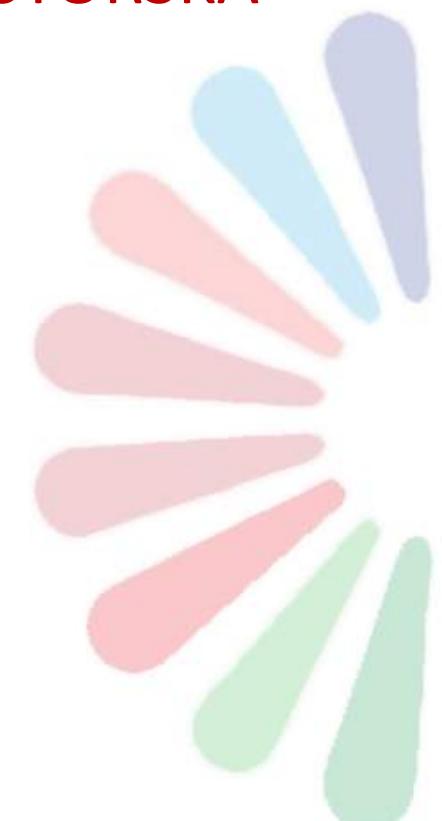




HIŠA – NASELJE - SKUPNOST



PREOBRAZBA ROMSKEGA NASELJA IN PROSTORSKA OSAMOSVOJITEV



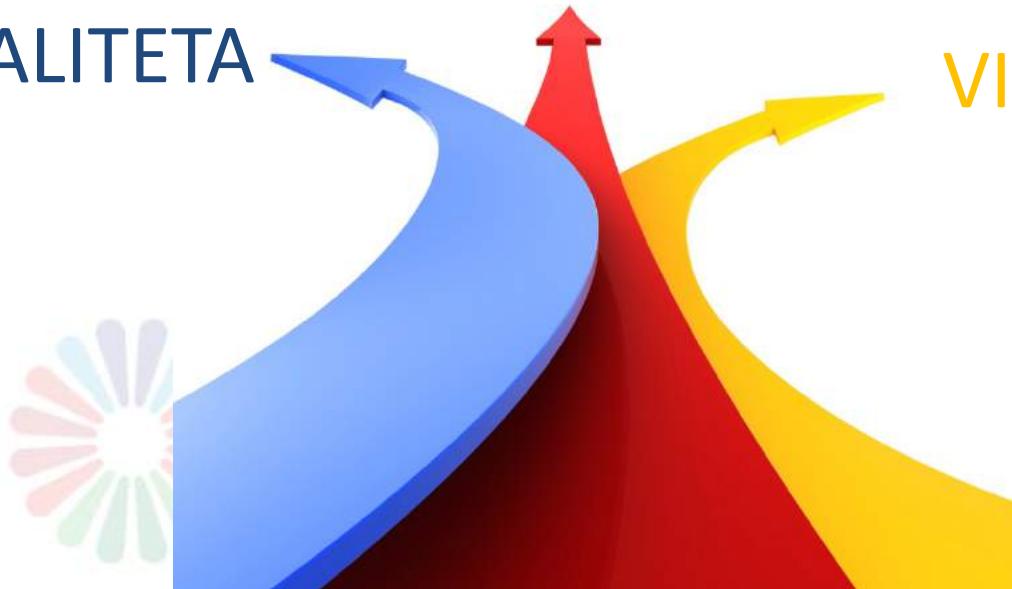


SAMOSTOJNA KS PUŠČA

SAMOUPRAVA

NOVA KVALITETA

**VIŠJI ŽIVLJENJSKI
STANDARD**



MOČ KRAJEVNE SKUPNOSTI IZHAJA IZ SVOBODNEGA
ZDРUŽEVANJA KRAJANOV IN NJIHOVE ŽELJE, DA SI USTVARIJO
VIŠJI ŽIVLJENJSKI STANDARD

VEČNAMENSKI OBJEKT

- prostori KS Pušča
- dvorana za prireditve
- gasilski dom
- informacijska točka
- otroško igrišče

DREVORED SOŽITJA

Vstopna točka urejenosti, razpoznavnosti ter ogledalo KS Pušča je drevored sožitja(posadili znani slovenski politiki in institucije) v sklopu katerega spada vrtec, predsednikov kotiček in obeležje 100 let obstoja romskega naselja Pušča.



SOBOTA
INFO.com





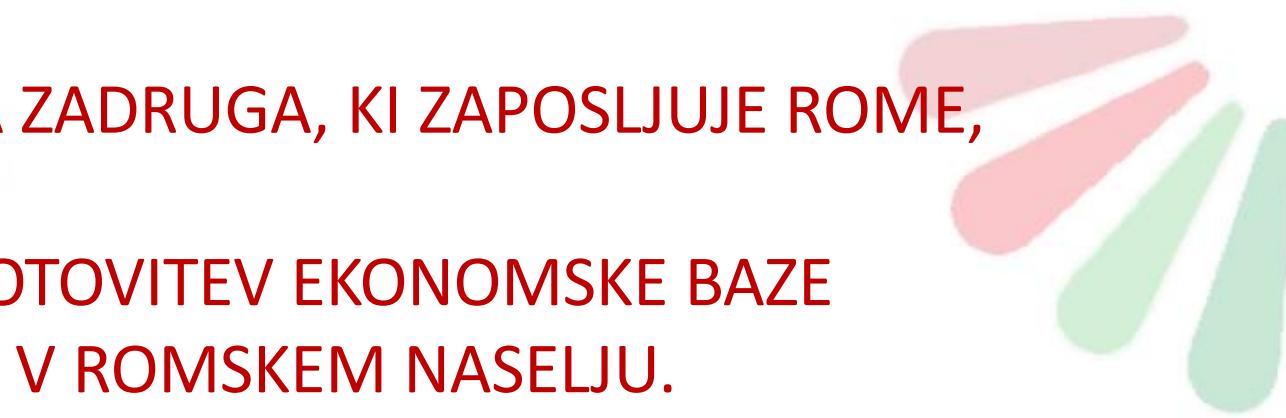
HIŠA – NASELJE - SKUPNOST



AMORTIZACIJA SOCIALNIH PROBLEMOV
ROMOV V NASELJU;



SOCIALNI MENTOR, KI NUDI POMOČ IN PODPORO PRI
ZDRAVSTVENIH, VZGOJNIH IN SOCIALNIH STORITVAH,



SOCIALNA ZADRUGA, KI ZAPOSLUJE ROME,

ZAGOTOVITEV EKONOMSKE BAZE
V ROMSKEM NASELJU.



Sprehod skozi čas Kraja Pušča

SVET BO LEP, KO BOMO SPOSOBNI PLEMENITEGA MEDSEBOJNEGA SOŽITJA

DARKO RUDAŠ

ZVEZA ZA RAZVOJ ROMSKE MANJŠINE - PREPOROD

Pathways of Roma housing inclusion (good practices and ideas) > ECOTOPIA MODELL

Urban Ressources in Graz

Alexandra Würz-Stalder

GRAZ

one of the most livable
towns of the EU

- town of short distances
- public transport system
- green town

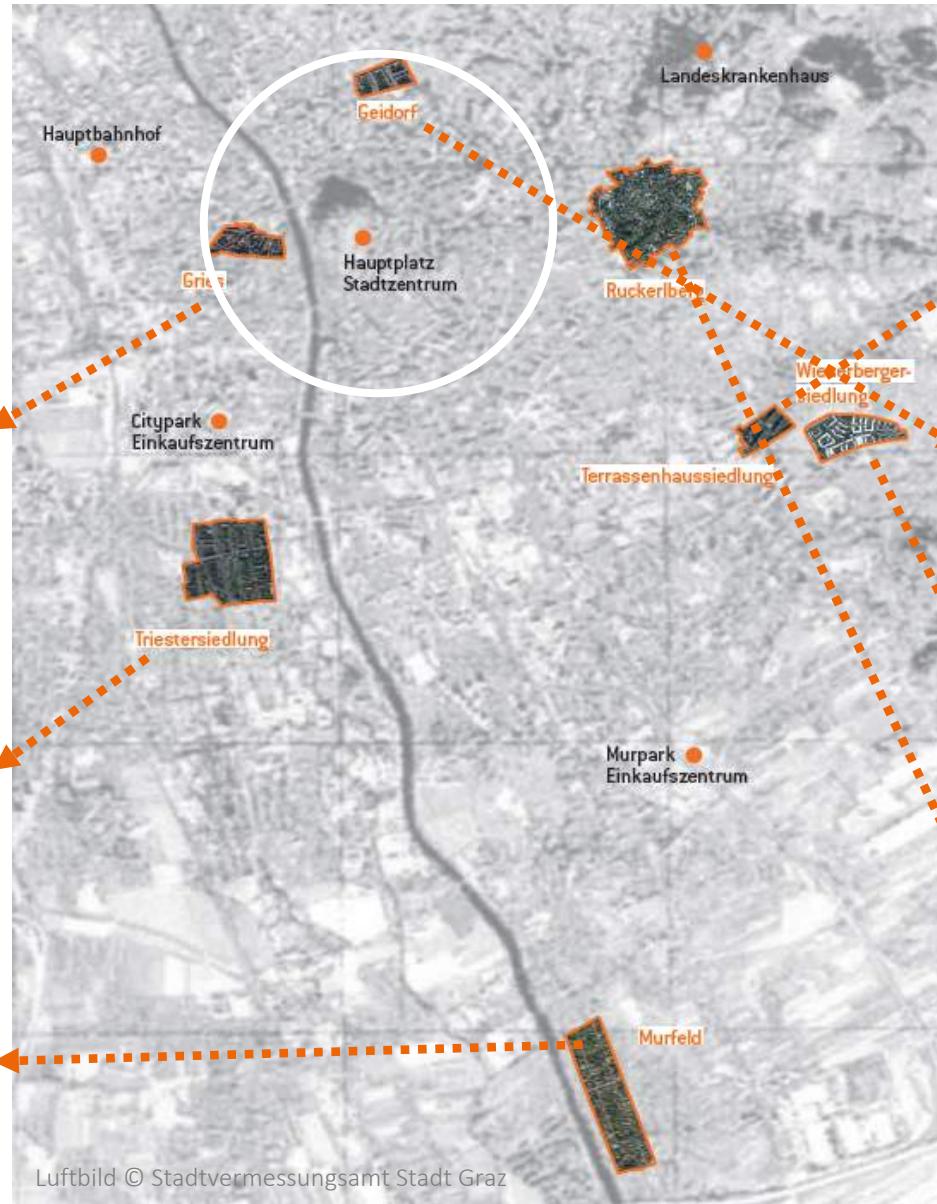
7 research areas of
ECOTOPIA



SELECTION OF RESEARCH AREAS

according to the urban structure

Low level of education



High level of education



Highrisied Residential Development

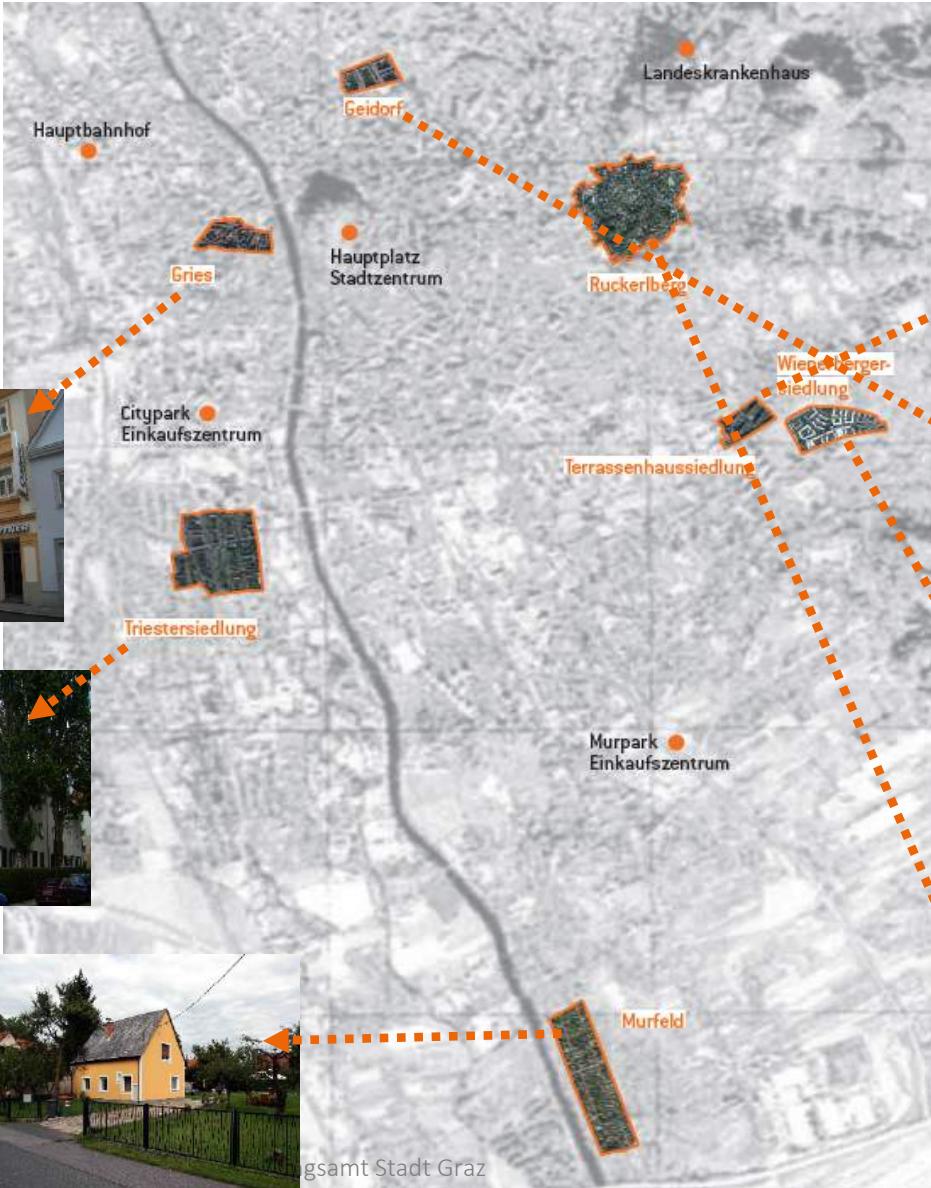
Dense Urban Structure

Multistoreyed Buildings

Detached Houses

3D-Luftbildausschnitte: „birds eye“ <http://www.bing.com/maps/>, Zugriff: Oktober2010

IMPRESSIONS OF RESEARCH AREAS



INHABITANTS AND EXTENT OF RESEARCH AREAES

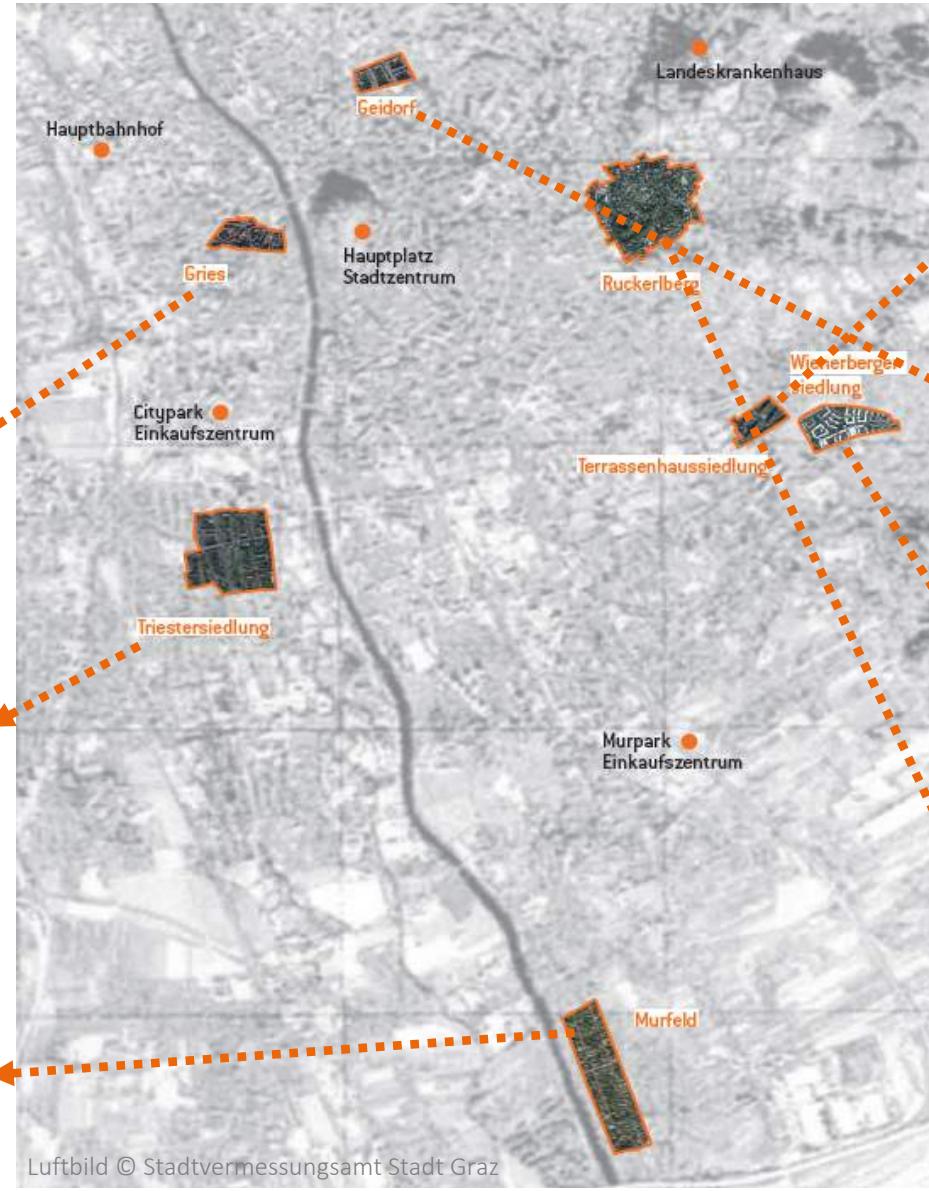
GEBIET GRIES



TRIESTERSIEDLUNG



GEBIET MURFELD



TERRASSENHAUSSIEDLUNG



GEBIET GEIDORF



WIENERBERGERSIEDLUNG



GEBIET RUCKERBERG



POPULATION DENSITY

GEBIET GRIES

155 EW/ha



TRIESTERSIEDLUNG

157 EW/ha



GEBIET MURFELD

26 EW/ha



TERRASSENHAUSSIEDLUNG

201 EW/ha



GEBIET GEIDORF

167 EW/ha



WIENERBERGERSIEDLUNG

122 EW/ha



GEBIET RUCKERLBERG

21 EW/ha



BUILD UP AREA
GREEN AREA
COVERED AREA
PUBLIC AREA

GEBIET GRIES

58% 10%
16% 16%



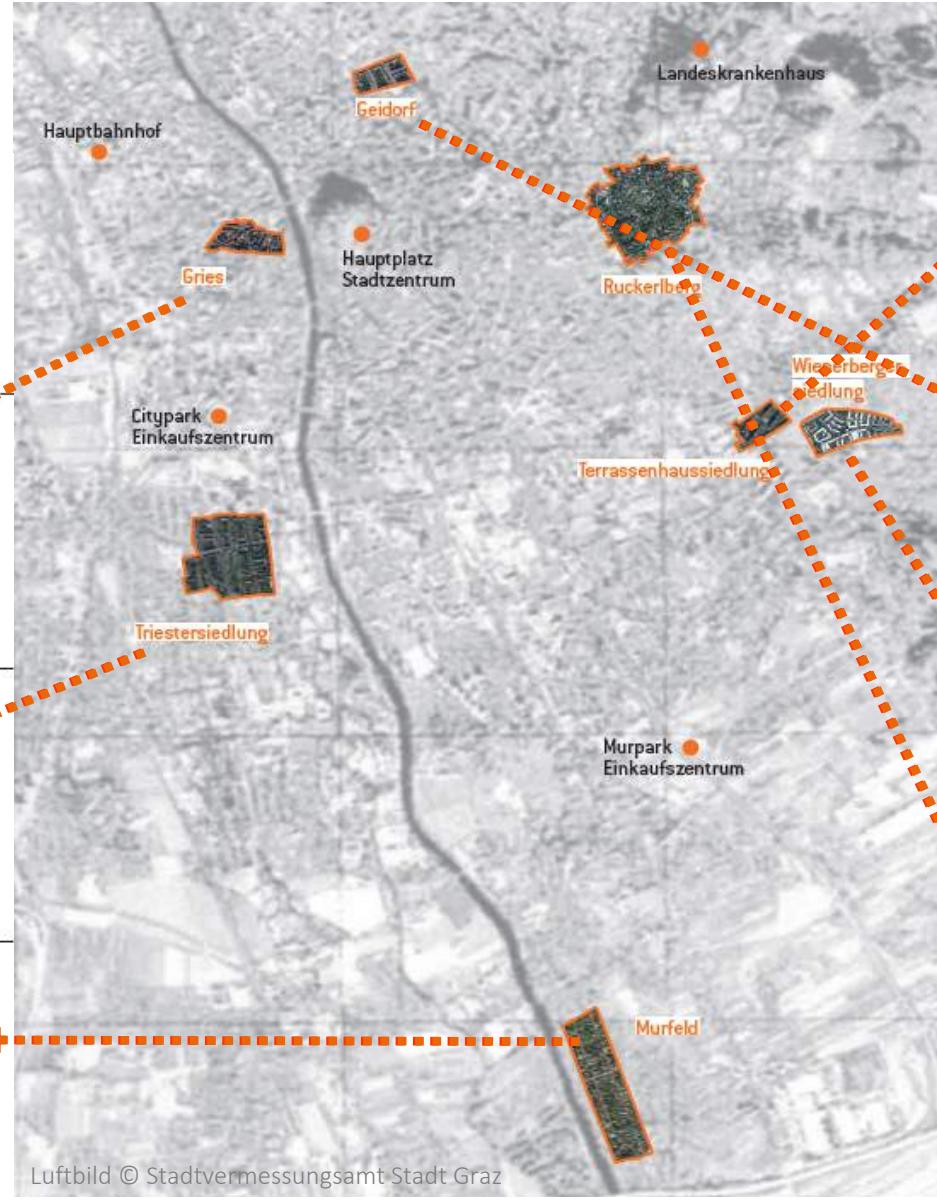
TRIESTERSIEDLUNG

24% 49%
13% 14%



GEBIET MURFELD

14% 75%
4% 6%



TERRASSENHAUSSIEDLUNG

30% 36%
34% 0%



GEBIET GEIDORF

41% 39%
7% 13%



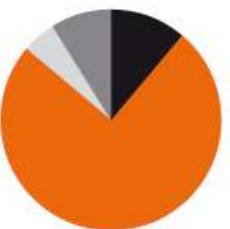
WIENERBERGERSIEDLUNG

30% 47%
21% 2%



GEBIET RUCKERBERG

11% 74%
6% 9%



BUILD UP AREA m²/inh.

GREEN AREA m²/Inh.

COVERED AREA m²/Inh.

PUBLIC AREA m²/Inh.

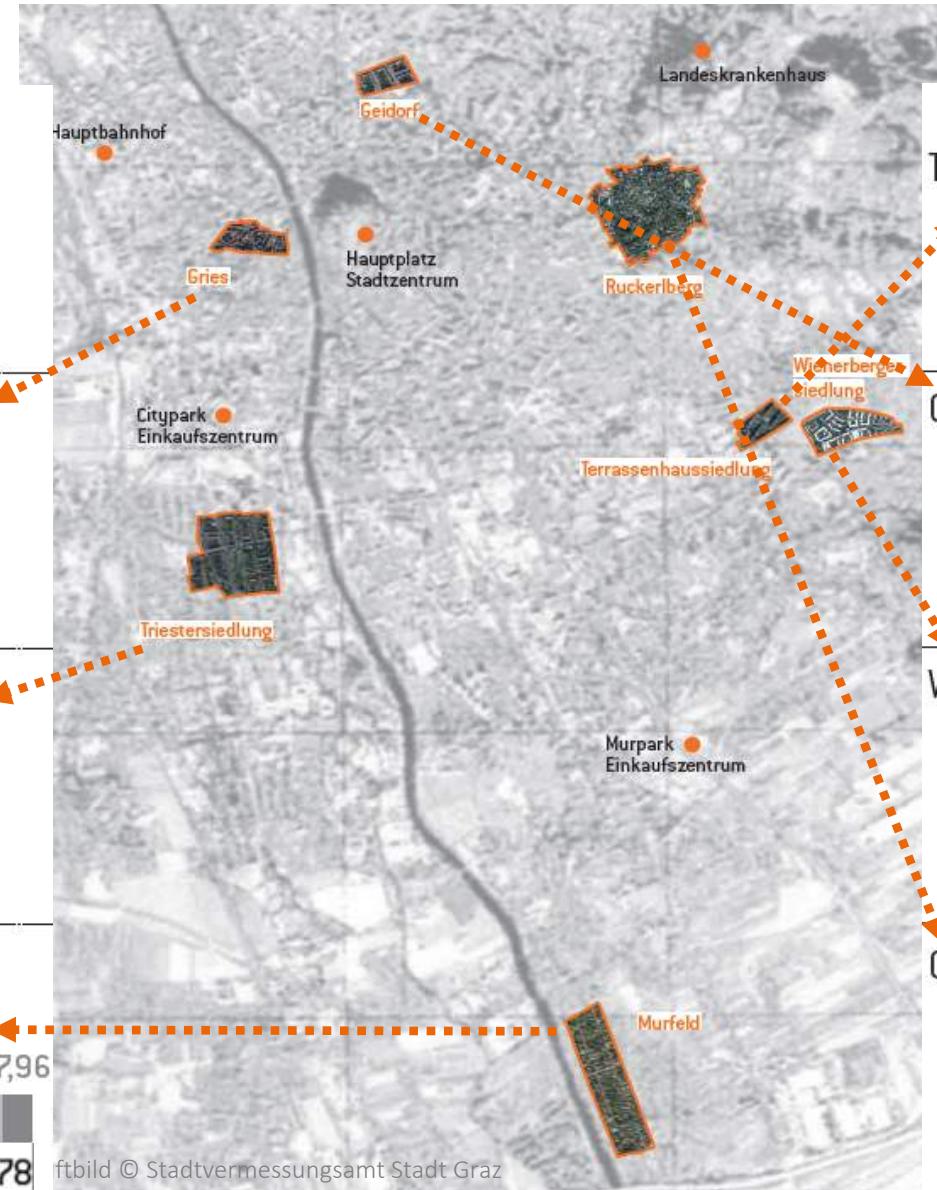
GEBIET GRIES



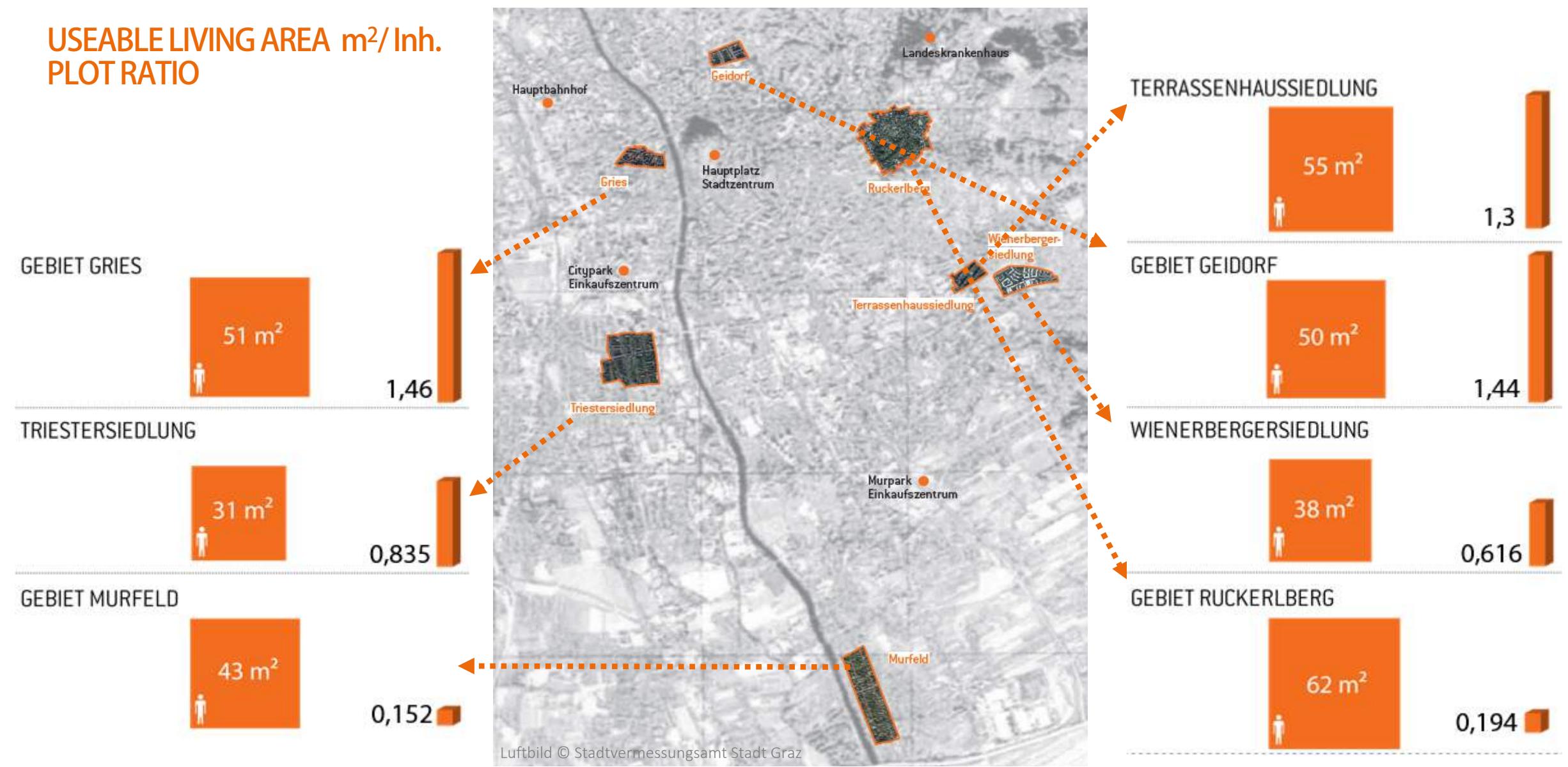
TRIESTERSIEDLUNG



GEBIET MURFELD

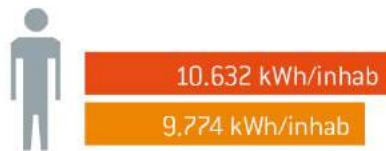


USEABLE LIVING AREA m²/ Inh. PLOT RATIO



Heating demand per inhabitant
 Demand of primary energy per inhabitant
 CO₂ emission in ton per inhabitant

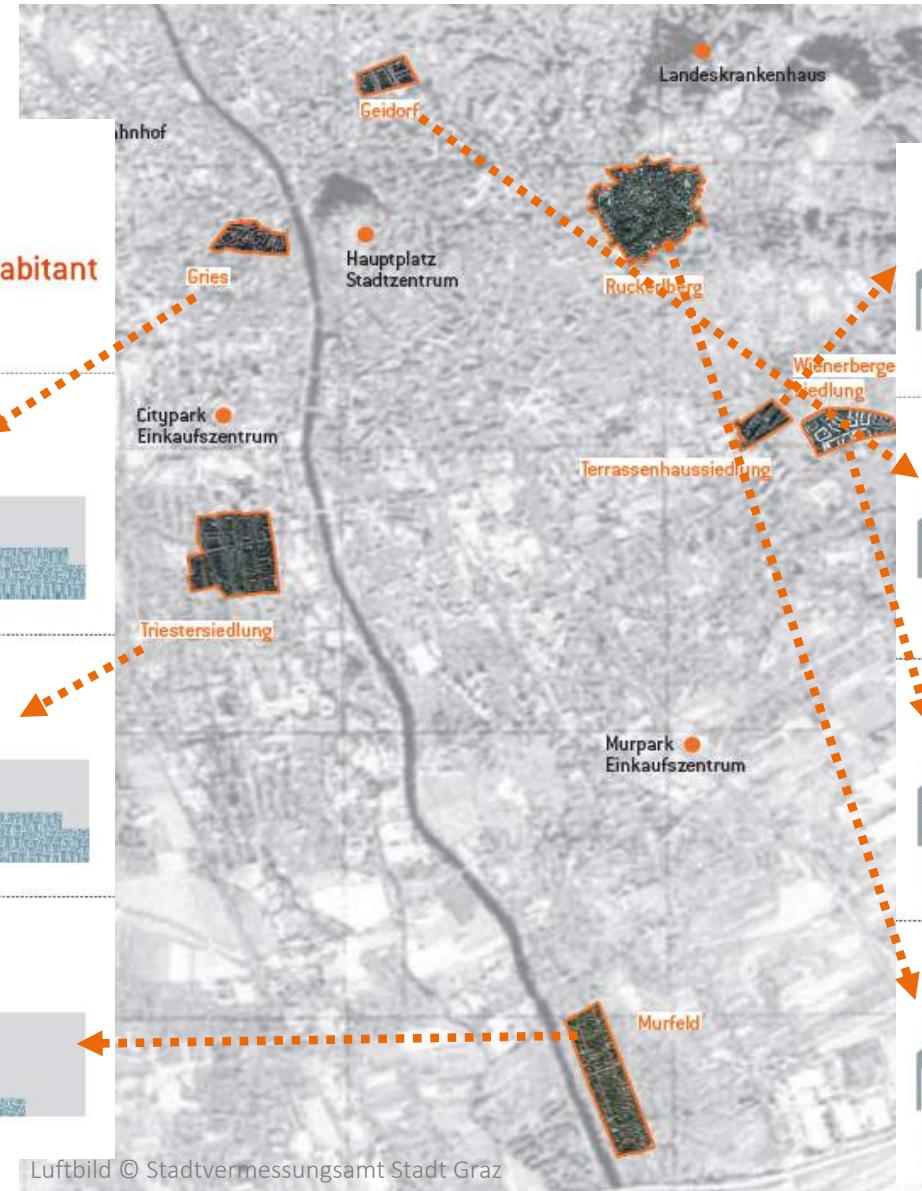
GEBIET GRIES



TRIESTERSIEDLUNG



GEBIET MURFELD



TERRASSENHAUSSIEDLUNG



GEBIET GEIDORF



WIENERBERGERSIEDLUNG

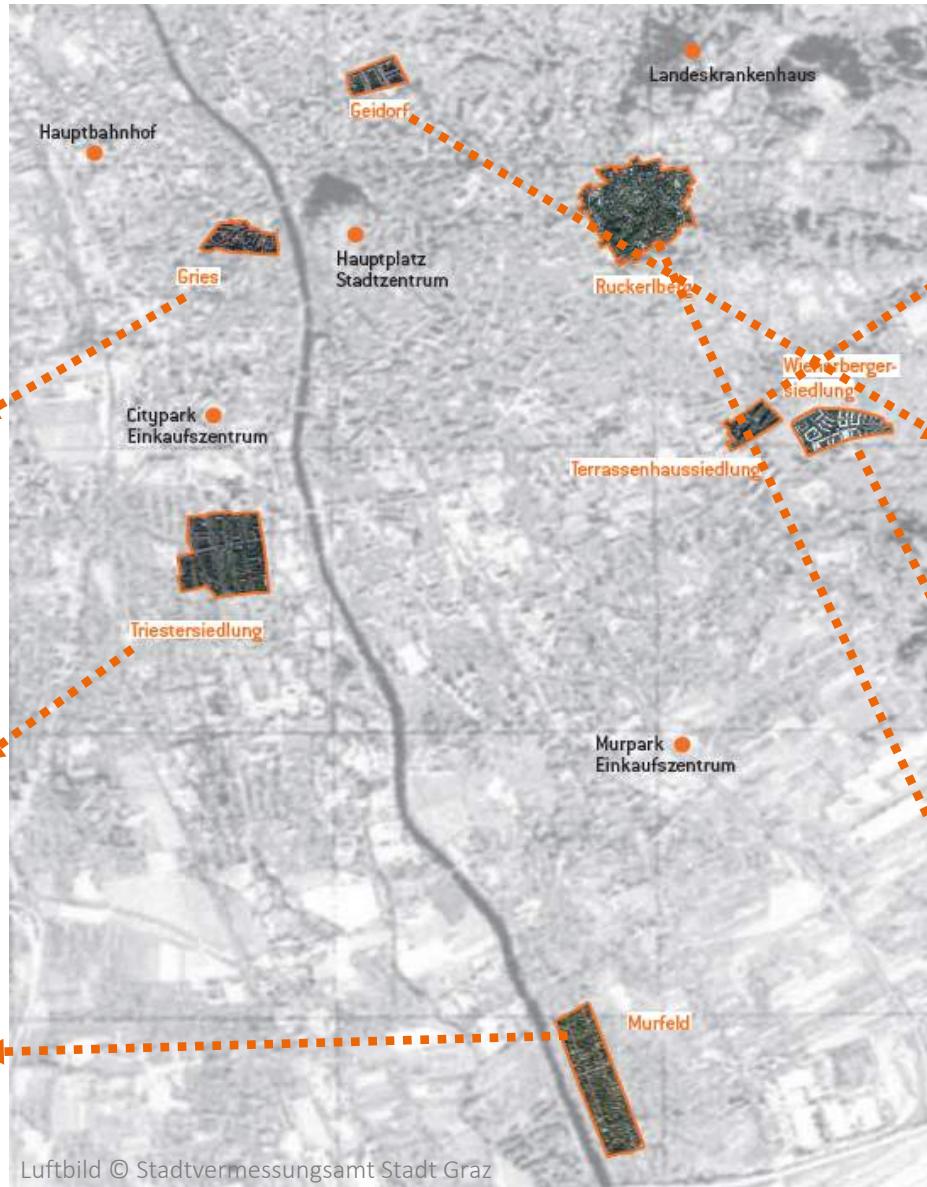


GEBIET RUCKERLBERG



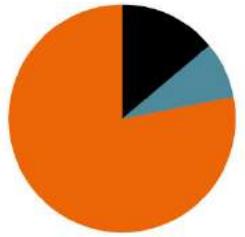
URBAN STRUCTURE

- Support of daily demand
- Influence on the decision of means of transport

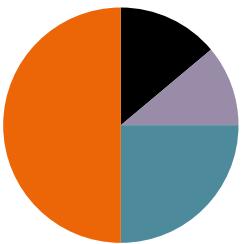


MEANS OF TRANSPORT

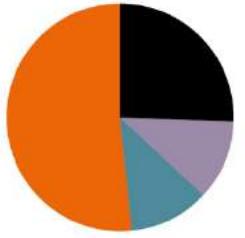
- Support of daily demand
- Run of Errands



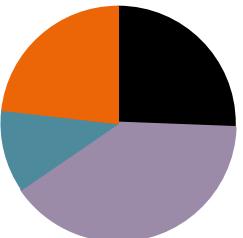
Car 13,1
Bus 0,0
Bicycle 8,3
Walking 77,6



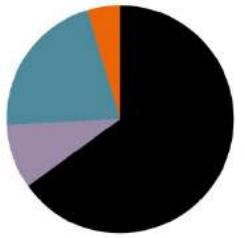
Car 13,9 %
Bus 11,1 %
Bicycle 25,0 %
Walking 50,0 %



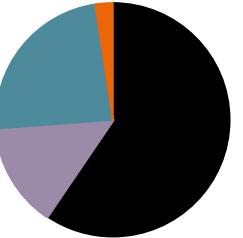
Car 25,1
Bus 11,4
Bicycle 11,4
Walking 51,4



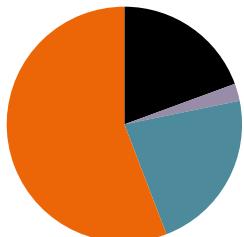
Car 24,2 %
Bus 32,8 %
Bicycle 10,8 %
Walking 27,0 %



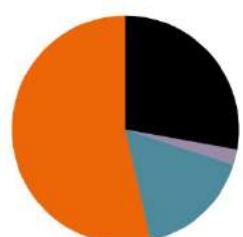
Car 65,1
Bus 9,3
Bicycle 20,1
Walking 4,7



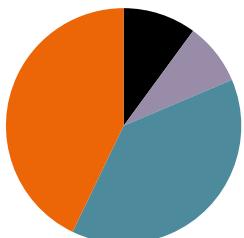
Car 53,5 %
Bus 14,3 %
Bicycle 23,8 %
Walking 2,4 %



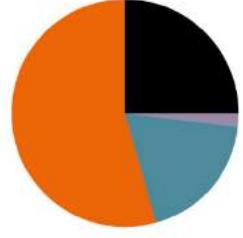
Car 19,5 %
Bus 2,4 %
Bicycle 22,5 %
Walking 56,1 %



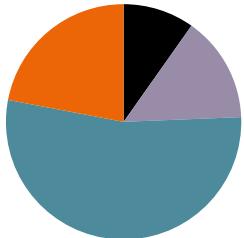
Car 27,9 %
Bus 2,3 %
Bicycle 16,3 %
Walking 53,5 %



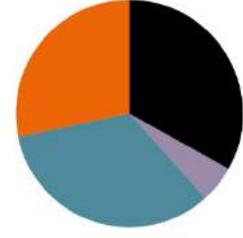
Car 10,0 %
Bus 8,5 %
Bicycle 38,3 %
Walking 42,6 %



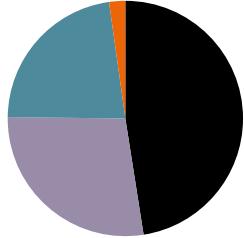
Car 25 %
Bus 2,1 %
Bicycle 18,8 %
Walking 54,2 %



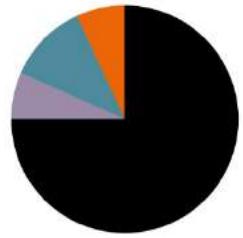
Car 9,8 %
Bus 14,6 %
Bicycle 53,7 %
Walking 22,0 %



Car 33,3 %
Bus 5,1 %
Bicycle 33,3 %
Walking 28,2 %



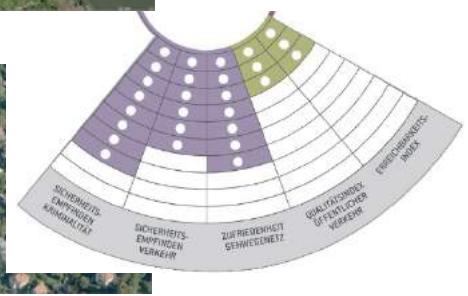
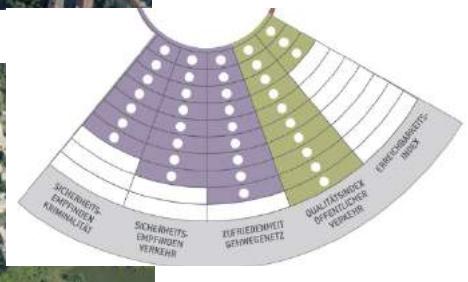
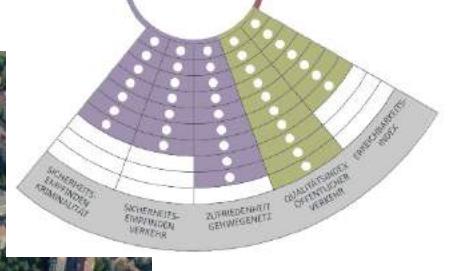
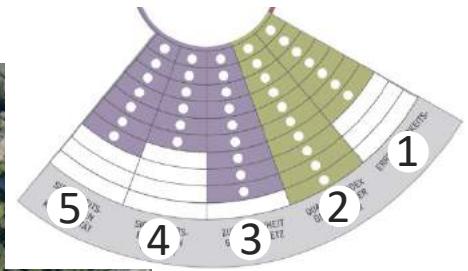
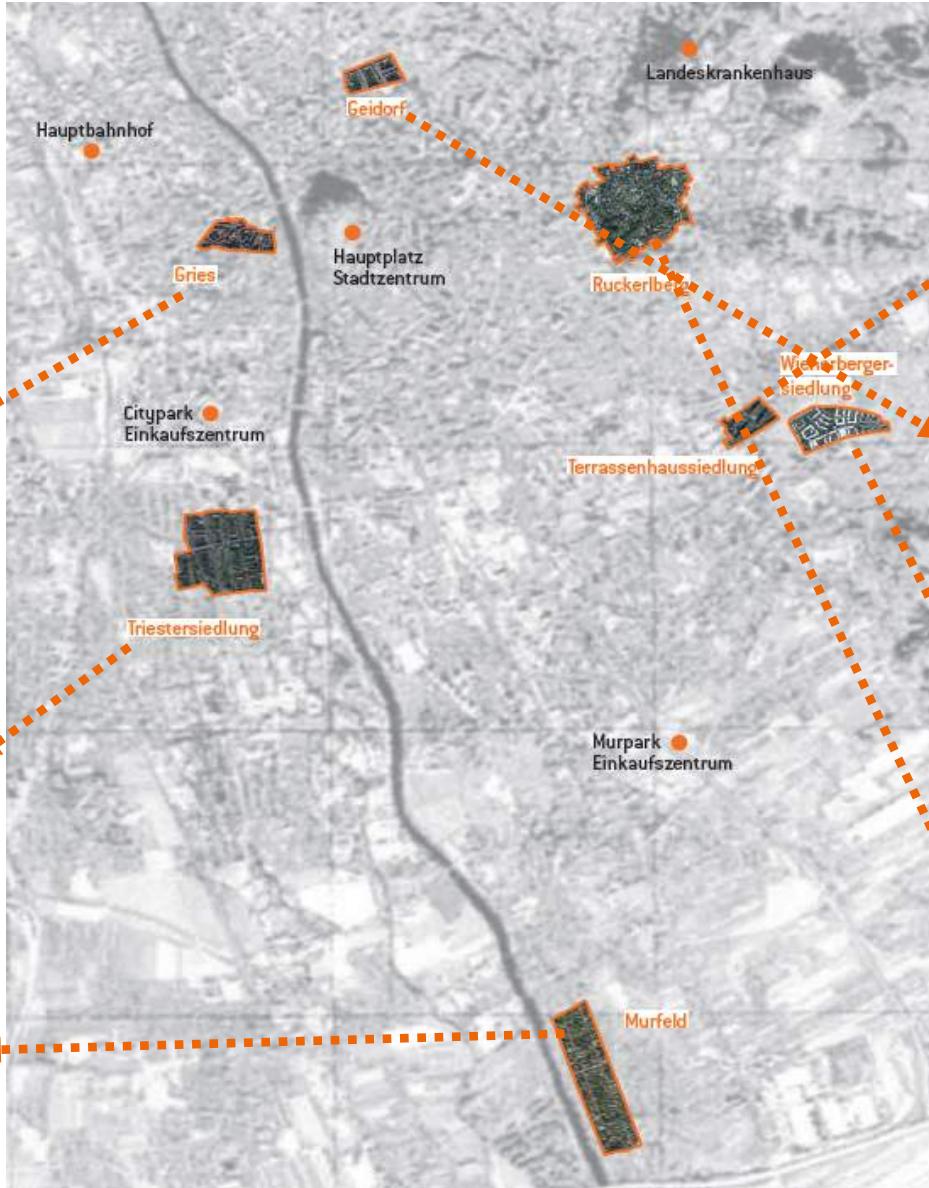
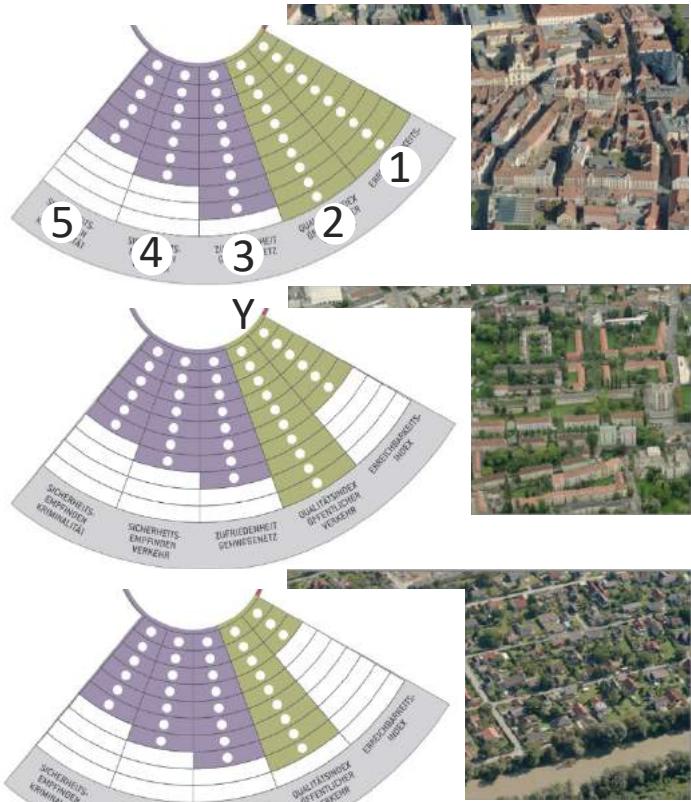
Car 45,2 %
Bus 26,2 %
Bicycle 21,4 %
Walking 12,1 %



Car 75,0 %
Bus 6,8 %
Bicycle 11,4 %
Walking 6,8 %

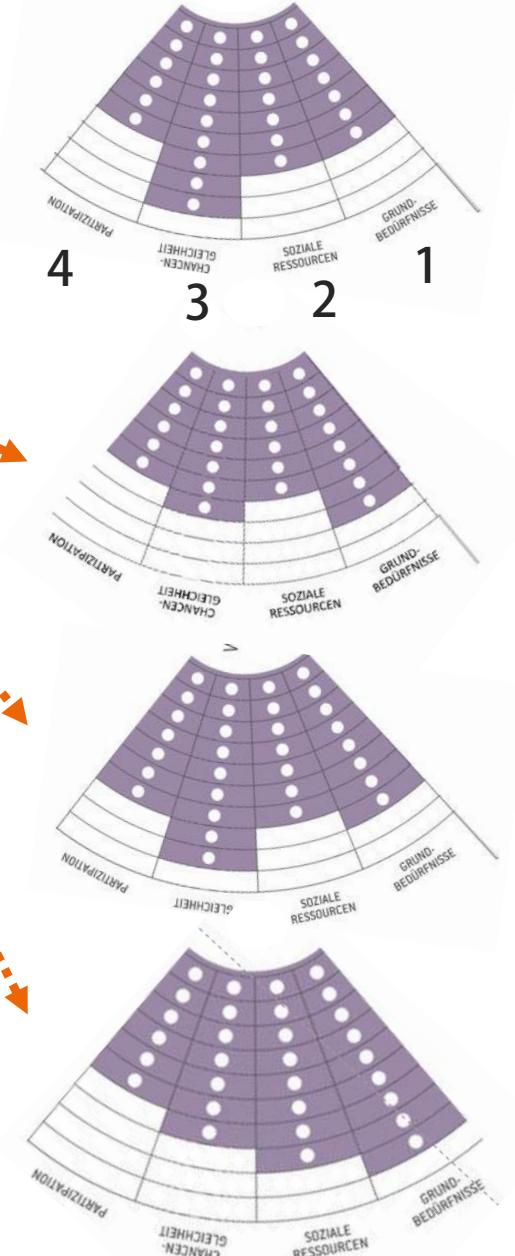
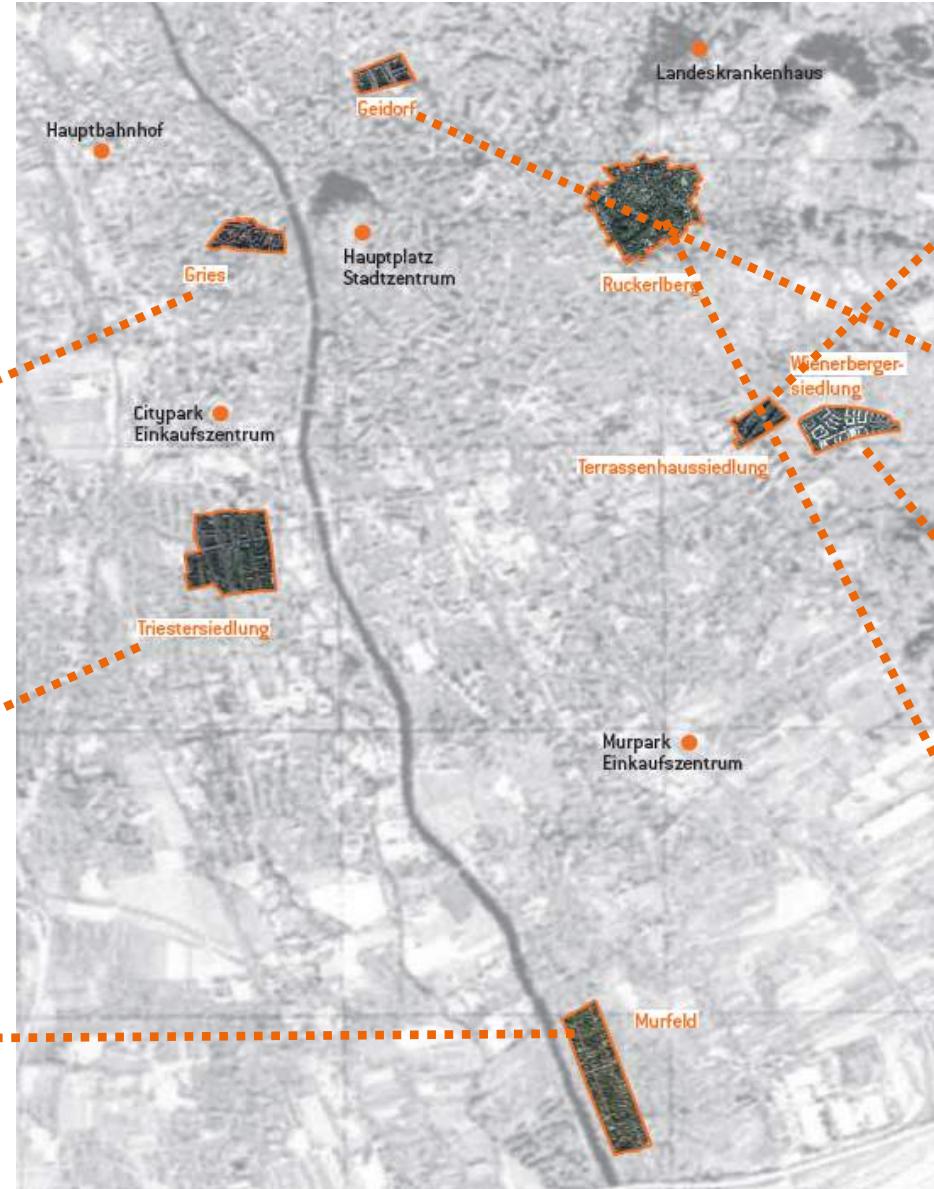
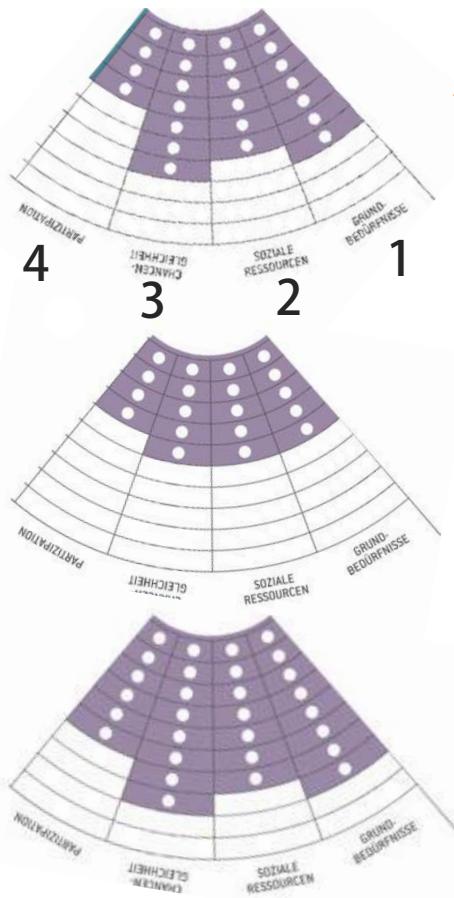
ASSESSMENT by CRITERIAS

- 3 Contentment with footways
- 4 Safety concerning traffic
- 5 Safety concerning crime



SOCIAL CRITERIAS

- 1 Social Ressources
- 2 Basic demands
- 3 Equal Opportunities
- 4 Participation



....thank you for your attention

Publikationen:

- Plé, Bernhard / Schloffer, Martin / Würz-Stalder, Marion Alexandra / Bobik, Michael / Kofler, Michaela / Posch, Klaus (Hrsg.),(2013)
Ökotopia. Ressourcenschonung in der Stadtteilentwicklung. Primärforschung in Grazer Stadtgebieten und empirische Planungsgrundlagen. Frankfurt am Main, Berlin, Bern, Bruxelles, New York, Oxford, Wien: Peter Lang
- Plé, Bernhard / Schloffer, Martin / Würz-Stalder, Marion Alexandra / Helms, Katja (Hrsg.) (2013)
Stadtforschung zwischen Vision und Planungspraxis. Graz: Eigenverlag der FH JOANNEUM Gesellschaft mbH.



ECVET AGENT PROGRAM

ECVET AGENT = VET TRAINING PROGRAM

AGRICULTURAL COMPETENCES & ENTREPRENEURSHIP TRAINING

BASED ON THE ECVET MODEL



ROMA & DISADVANTAGED UNEMPLOYED PEOPLE

INITIAL SITUATION

- EXISTING POVERTY IN EUROPE
- HIGH UNEMPLOYMENT RATES ALL OVER EUROPE
 - YOUTH UNEMPLOYMENT
 - DISADVANTAGED GROUPS
 - MINORITIES



TARGET GROUP

DISADVANTAGED LONG TERM
UNEMPLOYED PEOPLE

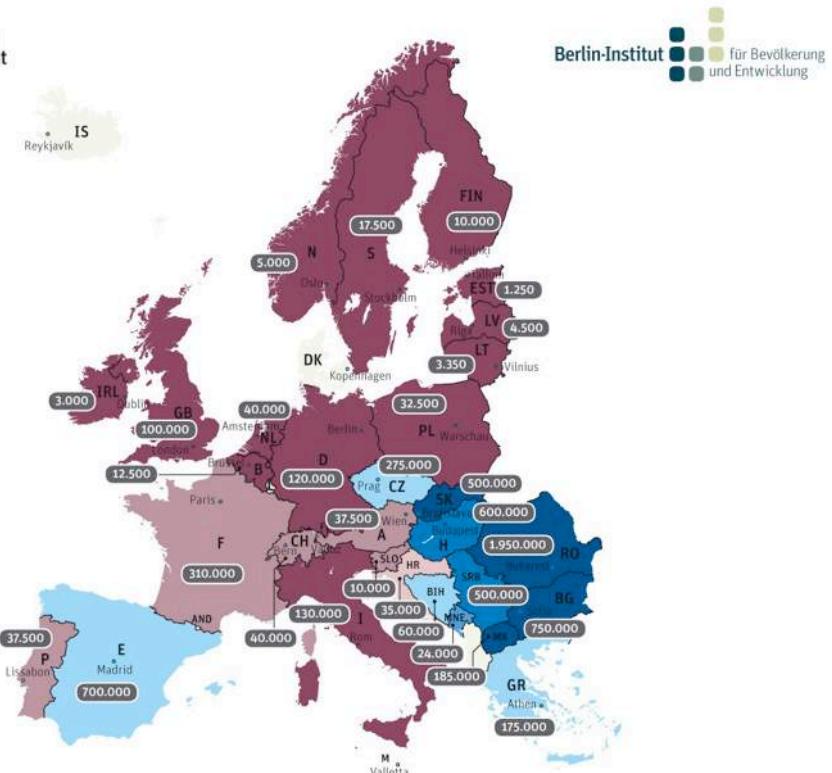
LARGEST ETHNIC MINORITY
IN EUROPE > ROMA (10-12 MIO)



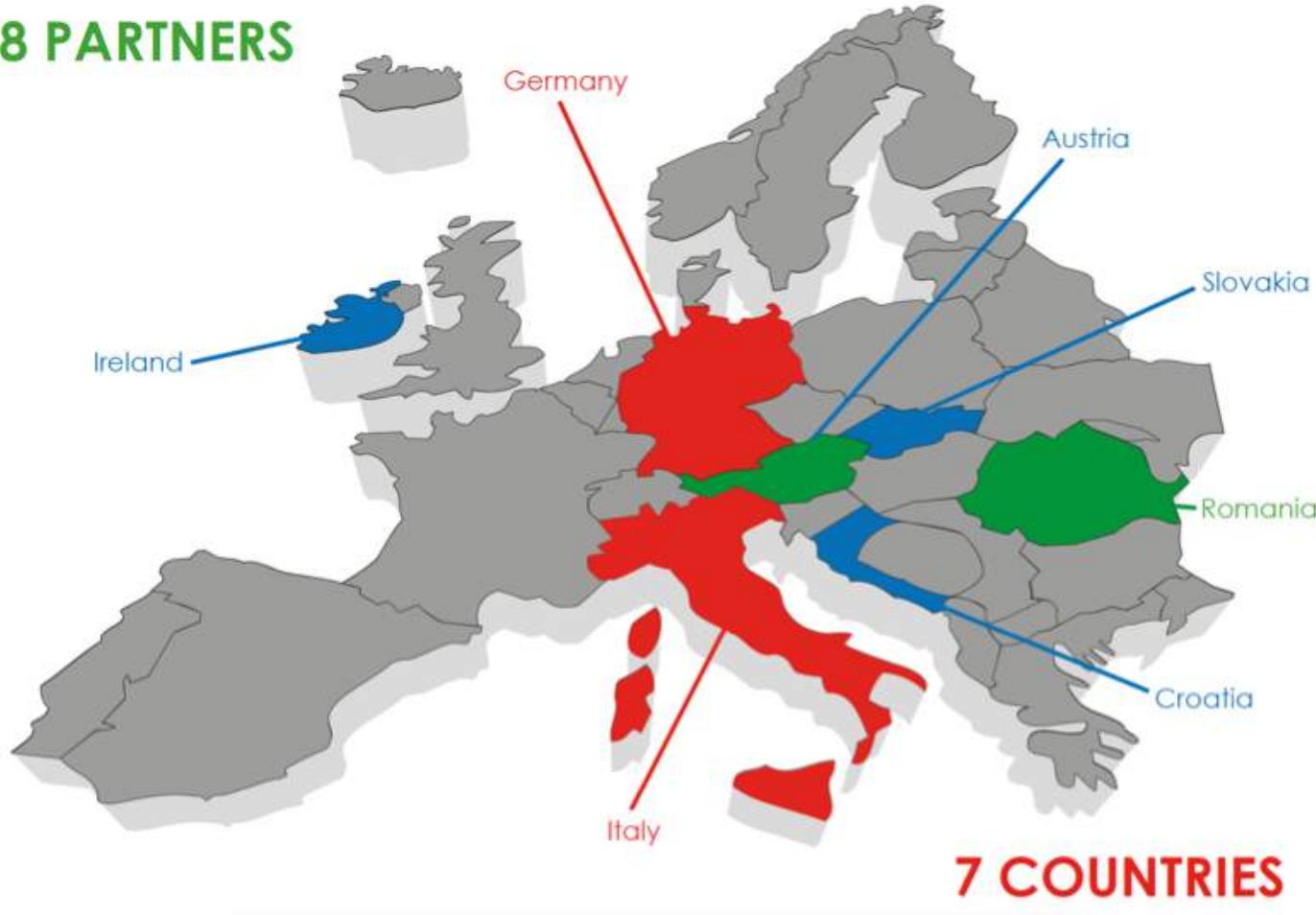
Geschätzte Anteile der Roma
an der Bevölkerung in Prozent

(Datengrundlage: Roma in Europa)

- unter 0,3
 - 0,3 bis unter 0,6
 - 0,6 bis unter 1
 - 1 bis unter 3
 - 3 bis unter 5
 - 5 bis unter 9
 - über 9
 - keine Angaben
- 120.000
Anzahl Roma (geschätzt)



8 PARTNERS



RESULTS AND OUTPUTS

- EXPLORATION STUDY
- VET TRAINING PROGRAM FOR AGRICULTURAL ENTREPRENEURSHIP
- ECVET BASED RECOGNITION PROCEDURE



VET PILOTTRAINING PROGRAM

- DURATION 160 LEARNING HOURS
- MIN. 10 PARTICIPANTS PER COUNTRY



THEMATIC PROJECT PHASES

- EXPLORATION STUDY
- CURRICULUM AND RECOGNITION PROCEDURE DEVELOPMENT
- PILOT TEST IMPLEMENTATION
- ADAPTION AND FINALIZATION OF OUTPUTS



EUROPEAN NEIGHBOURS

VIEHMARKTGASSE 11
8020 GRAZ, AUSTRIA

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Hogyan használhatják ki lehetőségeiket a roma hallgatók szakmai és tudományos téren való előmenetelük, céljaik és tevékenységeik megvalósításához?

Workshop III

Dr. habil. Juhász Gábor, Ph.D.
kutatóközpont vezető, egyetemi docens

**Pécsi Tudományegyetem BTK Társadalmi Felzárkózás és Szociális
Gazdaság Kutatóközpont**



- Európai Roma Keretstratégia (2011);
- 2005-2015: roma integráció évtizede;
- integrációs / inklúziós / felzárkózási / felzárkóztatási politika;
- 2011 (KSH): 315 ezren vallották magukat cigány (roma) nemzetiséghoz tartozónak Magyarországon:
 - a gyermekkorúak aránya: 32 %
 - az időskorúak aránya kirívóan alacsony: 4,6 %.



- Az iskolai végzettség és a roma lakossághoz való tartozás között szoros a korreláció (Polónyi-Tímár 2006).
- A válság sújtotta övezetekben a cigány népesség aránya kiemelkedően magas.
- A cigány népesség arányának további emelkedése, koncentrációja várható a gazdaságilag elmaradott térségekben (Kertesi-Ábrahám 1996).



- 2050: a magyarországi népesség száma kb. 9 M fő, ebből a roma népesség 1 M főt tesz ki (11%) (Polónyi-Tímár, 2006; Hablicsek, 2007).
- Észak-Magyarországon, Észak-Alföldön és a Dél-Dunántúlon a hátrányos kistérségek magas aránya és a cigány népesség magas részaránya párhuzamos jellegeket mutat (szegregátumok, zárványok).
- A cigányságot érintő hátrányok – területi elszigeteltség, szociokulturális jellegzetességekből adódó társadalmi lemaradás, alacsony iskolázottság, szakképzetlenség, alacsony jövedelmi viszonyok – kölcsönösen erősítik egymást és e csoport szegregációjához vezetnek.



A romák integrájának legfontosabb (direkt) eszköze a munkaerőpiac.

Leginkább a másodlagos (védett) munkaerőpiacon, illetve a különböző közmunka-programokban és kapcsolódó képeseken vesznek részt.

A problémakezelés egyik legfontosabb eszköze a felnőttkorban megvalósuló oktatás és képzés.

A roma tanulók tanulmányi sikerességének támogatása elengedhetetlen feltétele a későbbi sikeres társadalmi integrációnak (elsősorban a sikeres munkaerő-piaci szerepvállalásnak).



- A képzettségi szint önmagában is generálja a szegregált helyzetet.
- Napjainkra a romák iskoláztatásában is legalább a hasznosítható középfokú végzettség megszerezését kell megcélozni.
- Biztosítani kell az átalakuló szakképzés, illetve a felnőttképzés rendszerében a hátrányos helyzetű egyének és csoportok - köztük elsősorban a romák számára – a képzéshez való hozzáférést és a piacképes szakma megszerzését.



- A roma származású egyének munkaerő-piaci esélyeinek növelése
 - tanulási készségeik és a tanulási motiváció együttes növelésével,
 - életviteli és munkavállalói készségeik, valamint
 - egyéni kompetenciák párhuzamos fejlesztésével,
- a munkavállalói attitűdök kialakítása komplex szociális és képzési intervenciók alkalmazásával valósítható csak meg.

ZDRAVSTVENA ZAŠTITA OSOBA ROMSKE NACIONALNOSTI

Vlasta Šubarić dr.med.

spec.opće medicine

Drnje,Trg kralja Tomislava 4

Sadržaj

uvod

školovanje i obrazovanje

zapošljavanje

stanovanje

zdravlje

zaključak

Uvod

jedna od 22 priznate nacionalne manjine u RH

prema popisu stanovništva iz 2011. ima ih oko 17 000

(smatra se da ih ima više, ali se ne izjašnjavaju kao Romi)

grad Zagreb 2000 - 3000

Osječko-Baranjska županija oko 2000

Brodsko-Posavska županija oko 1200

Primorsko-Goranska županija oko 1100

Koprivničko-Križevačka županija oko 1000

Istarska županija oko 870

govore romski, rumunjski te hrvatski jezik

po vjeri su rimokatolici, grkokatolici i muslimani

po ustavu RH imaju pravo na obrazovanje, zdravlje, obitelj, vlastiti jezik, školske i predškolske programe

glavni izvor prihoda je dječji doplatak i naknada za nezaposlene (tzv. socijalna pomoć)

Školovanje i obrazovanje

većina djece polazi predškolsko obrazovanje, 2 godine

uče hrvatski jezik te se socijaliziraju s drugom djecom

potreba za pomoćnikom u nastavi

nekad je mali broj romske djece bio obuhvaćen školom (1%)

u OŠ Drnje sada ima 88 učenika - 1. - 8. razreda (6 ih je u 8.razredu)

prosjek poхаđanja osnovne škole je oko 10 godina

izostaju iz škole kad trebaju nešto raditi ili kad su bolesni

do sada je 8 učenika u srednjoj školi, a 8 ih je završilo srednju školu (trogodišnju završava više muških, a četvorogodišnju više djevojaka)

stariji su većinom nepismeni bez obzira što im djeca polaze školu, ali govore hrvatski jezik

svake godine je sve više polaznika viših razreda osnovne škole

potreba za romskim pomagačem

školski obveznici su do 15. godine (neki odmah nakon toga napuste daljnje školovanje - djevojke se udaju, a muškarci odlaze raditi)

Zapošljavanje

zapošljavaju se pretežito muški

nazivaju se "poduzetnici" - skupljaju sekundarne sirovine (željezo)

javni radovi

najčešće su NKV radna snaga, nedovoljno školovanje

"sivo tržište" radne snage

sezonski poslovi na poljoprivredi

sakupljanje ljekovitog bilja

žene su manje zastupljene zbog neobrazovanosti, rade kućanske poslove

Stanovanje

- većina živi u čvrstim, zidanim objektima
- Drnje - 18 obitelji u 14 zidanih objekata
- 40 - 50 žitelja sa prosječno 3 - 5 djece
- Sigurec - 16 obitelji
- Peteranec - 14 obitelji
- Hlebine - 8 obitelji
- Torčec - 1 obitelj
- ukupno se 57 obitelji nalazi na području općina Drnje, Peteranec i Hlebine
- 2 - 3 generacije žive u jednom objektu
- prosječno 3 - 10 djece

u Drnju postoji 1 pumpa za vodu

ne postoji druga mogućnost korištenja vode

u naselju se nalazi 1 razvodni stup za električnu energiju

pristup kanalizaciji nemaju

ne odvozi se smeće

za grijanje i kuhanje koriste drva

pristup naselju je zemljani put

zemljani put



Sigetec, Peteranec, Hlebine i Torčec imaju bunare i mogućnost pristupa gradskom vodovodu

pristup Romima u Peterancu moguć je asfaltnom cestom te prema ostalim naseljima nalazi se makadam



Zdravlje

do 18. godine svi imaju besplatno osnovno zdravstveno osiguranje

neki nemaju zdr.osig. zbog nemara i nepoštivanja rokova prijava

poboljšati higijenske uvjete života

suzbiti alkoholizam

smanjiti ovisnost o cigaretama

potrebno zdravstveno prosvjećivanje odraslih

planiranje obitelji

smanjiti broj maloljetničkih trudnoća (punoljetnim ženama trudnoća omogućava zdr. osig.)

smrtnost dojenčadi u Drnju je jako mali (2 novorođenih je umrlo u zadnjih 30 godina – službeno)

zdravstvene usluge često koriste kroz hitnu medicinsku pomoć (HMP) (zbog ne reguliranog zdr. osig.)

često dolaze kod obiteljskih liječnika

telefonski se konzultiraju

često iskazuju nezadovoljstvo zdr. uslugom iz nemedicinskih razloga (žuri im se, imaju prijevoz koji plaćaju, nestrpljivi su)



zbog slabijeg materijalnog stanja smanjena je mogućnost kupovine zdravstvenih potrepština
patronažna i socijalna služba važne su za poboljšanje zdravlja Roma

Drnje
od 1400 pacijenata u Drnju 313 su Romi (22.28%) i to 118 muškaraca i 97 žena te 54 dječaka i 44 djevojčice
djeca predškolske dobi su procijepljenija nego prije
2006 - 2013 od 44 djece procijepljeno je 34 (77.27%)
2014 - 2015 od 52 djece procijepljeno je 40 (76.92%)
patronažna služba i socijalna skrb imaju velikog utjecaja

Zaključak

potrebna edukacija Roma

potrebni suradnici u nastavi na romskom jeziku

potrebna motivacija za napredak i rad

educirati društvo o prihvaćanju raznolikosti

HVALA NA POZORNOSTI !!



Medical University of Graz



CONFERENCE AGENDA

**PRIMARY HEALTH CARE SERVICES
AND ACCESSIBILITY FOR ROMA CITIZENS**



March 15th, 2017 >> Koprivnica, Croatia





Unified system of vaccination in EU and its monitoring – Problems with vaccination in Roma community especially for children

Prof. Dr. Andrea Grisold, MBA

- Institute of Hygiene, Microbiology and Environmental Medicine
- Austrian Society of Hygiene, Microbiology and Preventive Medicine
- National Verification Committee for the Elimination of Measles and Rubella in Austria



Vaccinations



Standard Vaccinations

- ▶ diTePo, Haemophilis b, Hepatitis B, MMR

Vaccinations for Travels

- ▶ Cholera, Rabies, Typhus, Japan B, Yellow fever

Vaccines in cases of “emergency”:

- ▶ “Meningitis”, □□...



Vaccine Schedule

QUICK SEARCH

Country: Select ▾ Age group: Child Adult

[View the schedule](#)

ADVANCED SEARCH

Compare national immunisation schedules

Compare: Select a country ▾
with: Select a country ▾

Age group: Child Adult

[View the schedule](#)

Immunisation schedules by target disease

Select a disease ▾
in: All EU countries ▾

[View the schedule](#)



Comparisons can be made for vaccination policies between two countries or by disease for all or a selection of countries. Despite this platform being continuously monitored, it is suggested the national competent bodies are also consulted for the most up to date policies.

Please inform ECDC of incorrect or missing information at: vpd@ecdc.europa.eu. This platform was developed by ECDC with mesvacins.net

Vaccine Schedule

Comparison of recommended immunisations in Austria and Croatia from birth

[Back to search](#)

[Export as spreadsheet](#)

	Austria	Croatia
<input checked="" type="checkbox"/> General recommendation		
<input checked="" type="checkbox"/> Recommendation for specific groups only		
<input checked="" type="checkbox"/> Catch-up (e.g. if previous doses missed)		

Vaccination recommended but not funded by the National Health system

	Birth	Months																		
		2	3	4	5	6	7	11	12	13	14	20	23	5	6	7	8	9	10	11
tuberculosis																				
rotavirus infection																				
diphtheria																				
tetanus																				
pertussis																				
poliomyelitis																				
Haemophilus influenzae type b infection																				
hepatitis B																				
pneumococcal disease																				
meningococcal disease ¹																				
measles																				
mumps																				
rubella																				
varicella																				

Comparison of recommended immunisations in Croatia and Germany from birth

[Back to search](#)

[Export as spreadsheet](#)

	Croatia	Germany
<input checked="" type="checkbox"/> General recommendation		
<input checked="" type="checkbox"/> Recommendation for specific groups only		
<input checked="" type="checkbox"/> Catch-up (e.g. if previous doses missed)		

Vaccination recommended but not funded by the National Health system

	Birth	Months										Years									
		6	2	3	4	6	11	12	14	15	23	2	5	6	7	9	12	13	14	15	17
tuberculosis																					
rotavirus infection																					
diphtheria																					
tetanus																					
pertussis																					
poliomyelitis																					
Haemophilus influenzae type b infection																					
hepatitis B																					
pneumococcal disease																					
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measles																					
mumps																					
rubella																					
varicella																					



European Vaccine Action Plan 2015-2020

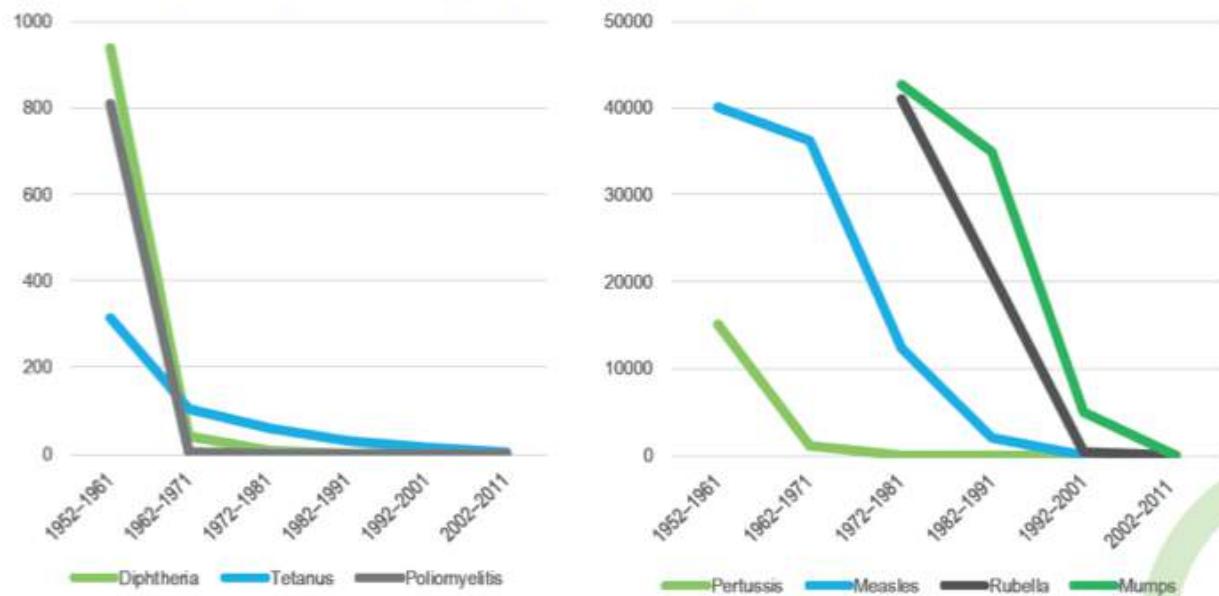


The intention of EVAP is to set a course through a regional vision and goals for immunization and control of vaccine-preventable diseases from 2015 to 2020 and beyond.



Statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era.

Average number of cases per year from some vaccine preventable diseases (example – Hungary 1952–2011)



REVIEW

Rotavirus vaccines: a story of success

H. Kollaritsch¹, M. Kundt², C. Giaquinto³ and M. Paulke-Korinek¹

¹⁾ Institute of Specific Prophylaxis and Tropical Medicine, ²⁾ Institute of Environmental Health, Centre for Public Health, Medical University Vienna, Vienna, Austria and ³⁾ Department of Women and Child Health, University of Padova, Padova, Italy

TABLE 1. Rotavirus vaccination implemented in national immunization schedules in 75 countries worldwide (as of January 2015) according to Rota Council [9]

Europe	11 (Armenia, Austria, Belgium, Estonia, Finland, Georgia, Germany, Luxembourg, Norway, Moldova, United Kingdom)
Northern America	1 + 1 regional (USA, Canada (regional))
Southern America	18 (Argentina, Bolivia, Brazil, Cayman Islands, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Venezuela)
Middle East	8 (Bahrain, Iraq, Israel, Qatar, Saudi Arabia, United Arab Emirates, Uzbekistan, Yemen)
Asia	2 + 1 regional (Philippines, Tajikistan, Thailand (regional))
Africa	29 (Angola, Botswana, Burkina Faso, Burundi, Cameroon, Republic of Congo, Djibouti, Eritrea, Ethiopia, The Gambia, Ghana, Kenya, Libya, Madagascar, Malawi, Mali, Mauretania, Morocco, Namibia, Niger, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Tanzania, Togo, Zambia, Zimbabwe)
Australia	6 (Australia, Fiji, Marshall Islands, Micronesia, New Zealand, Palau)

Review

Effectiveness and impact of rotavirus vaccines in Europe, 2006–2014

Emilie Karafillakis^{a,*}, Sondus Hassounah^a, Christina Atchison^b^a WHO Collaborating Centre for Public Health Education and Training, Imperial College, London W6 8RP, UK^b Department of Primary Care and Public Health, School of Public Health, Imperial College, London W6 8RP, UK

Country	Vaccine	Pre-vaccination		Post-vaccination		Vaccination impact % Change (95% CI)
		Year	Result	Year	Result	
RVGE hospitalisation						
Austria	^a RV1+RV5	2001–2006	<1 yr: 2066 1 yr: 1822 2–4 yrs: 436 5–14 yrs: 34	2008	<1 yr: 631 1 yr: 1456 2–4 yrs: 461 5–14 yrs: 34	-70 -20 +6 0
Austria	^a RV1+RV5	2001–2005	<1 yr: 2141 1 yr: 1745 2–4 yrs: 394 5–14 yrs: 31	2009	<1 yr: 441 1 yr: 408 2–4 yrs: 256 5–14 yrs: 19	-79 -76 -5 -2
Austria	^a RV1+RV5	2001–2005	<1 yr: 2141 1 yr: 1745 2–3.4 yrs: 611 3.5–4 yrs: 206 5–9 yrs: 53 10–14 yrs: 13	2010 2011	<1 yr: 344 1 yr: 331 2–3.4 yrs: 235 3.5–4 yrs: 188 5–9 yrs: 35 10–14 yrs: 6 <1 yr: 397 1 yr: 322	-81 -81 -62 -9 -34 -32 -81 -81

- 84%

Hospitality rate children <1a: - 80%

Infections per year:

2100/100 000 cases in contrast to 350/100.000 children now





Immunization highlights 2015

Report of the WHO
Regional Office for Europe



Guided by the vision of "a European Region free of vaccine-preventable diseases, where all countries provide equitable access to high-quality, safe, affordable vaccines and immunization services throughout the life course",
... the activities of the Vaccine-preventable Diseases



... the activities of the Vaccine-preventable Diseases and Immunization programme of the WHO Regional Office for Europe supports Member States to...

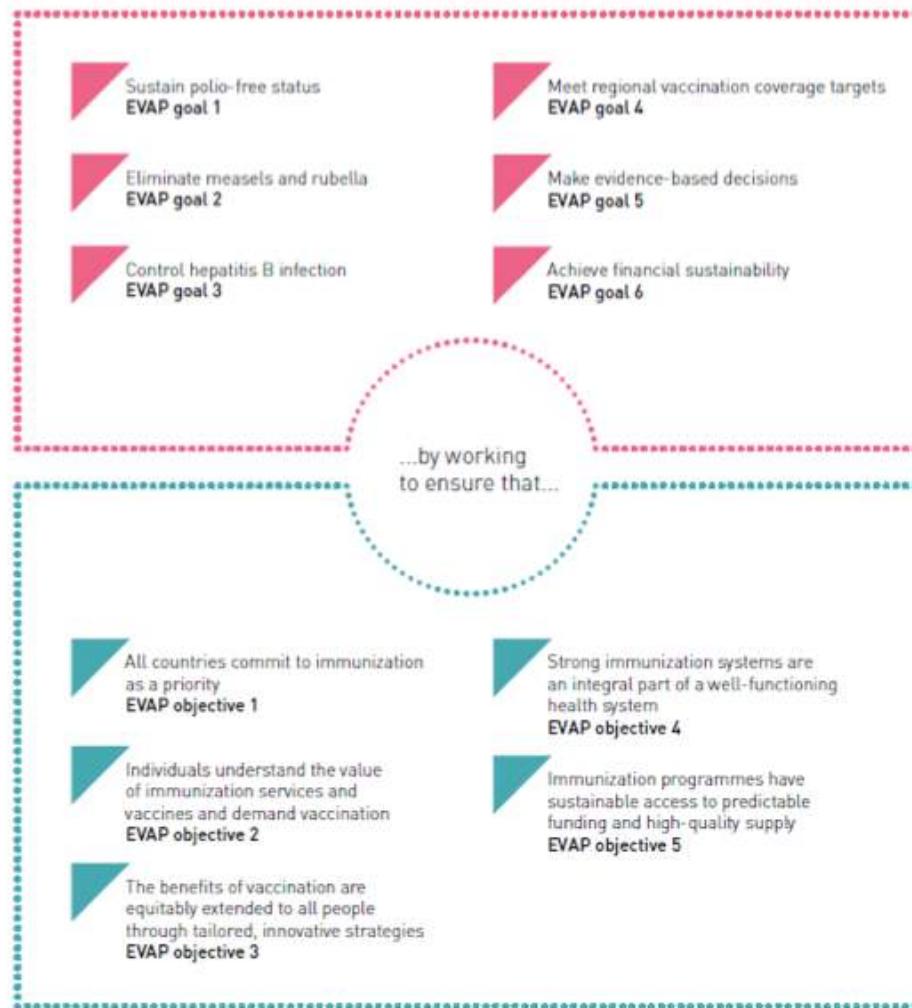


Fig. 1. The European Vaccine Action Plan 2015–2020 (EVAP) is the operational framework for the Vaccine-preventable Diseases and Immunization programme of the WHO Regional Office for Europe.

Poliomyelitis

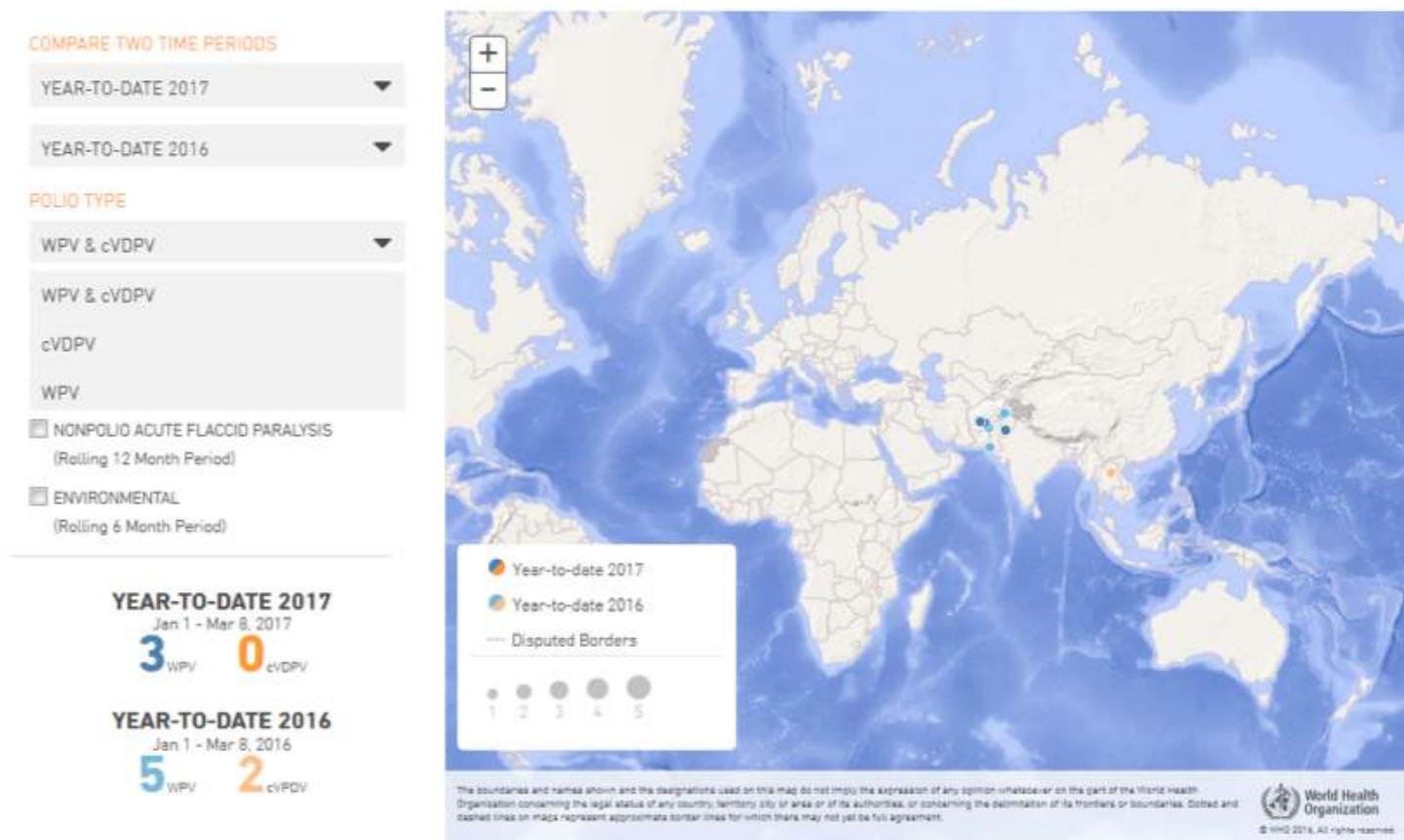
Key facts

- Polio (poliomyelitis) mainly affects children under 5 years of age.
- 1 in 200 infections leads to irreversible paralysis. Among those paralysed, 5% to 10% die when their breathing muscles become immobilized.
- Polio cases have decreased by over 99% since 1988, from an estimated 350 000 cases then, to 74 reported cases in 2015. The reduction is the result of the global effort to eradicate the disease.
- As long as a single child remains infected, children in all countries are at risk of contracting polio. Failure to eradicate polio from these last remaining strongholds could result in as many as 200 000 new cases every year, within 10 years, all over the world.
- In most countries, the global effort has expanded capacities to tackle other infectious diseases by building effective surveillance and immunization systems.



POLIO NOW

This interactive map shows polio cases and disease surveillance indicators worldwide within the desired timeframe and available data, as well as environmental samples in endemic countries.



POPULATIONS ON THE MOVE: VACCINATING EVERY CHILD IN AFGHANISTAN

Through this photo story, meet some of the health care workers and families ensuring all children are protected against polio on the borders of Afghanistan.



1 of 9

WHO Afghanistan/S.Ramo

The borders between Afghanistan and Pakistan are porous, with populations moving fluidly between the two countries despite challenging terrain. With both countries continuing to find cases of polio, ensuring that every child crossing the border receives polio vaccines is important to stop the virus in its tracks. Following a decision to repatriate Afghan refugees from Pakistan, the numbers of people moving across the border has risen dramatically in the last year.

POPULATIONS ON THE MOVE: VACCINATING EVERY CHILD IN AFGHANISTAN

Through this photo story, meet some of the health care workers and families ensuring all children are protected against polio on the borders of Afghanistan.



Vaccinator Jawad calls out for children under the age of 10 at the Torkham border to get a polio vaccination if they have not yet received it from teams climbing into

With transmission limited to small geographic areas this year, Afghanistan is closer to stopping the circulation of wild poliovirus than ever before. To eradicate the debilitating disease for good, vaccination teams must continue to reach every single child, everywhere.

POPULATIONS ON THE MOVE: VACCINATING EVERY CHILD IN AFGHANISTAN

Through this photo story, meet some of the health care workers and families ensuring all children are protected against polio on the borders of Afghanistan.



Razi Khan holds his daughter Asma as she gets the injectable inactivated polio vaccine (IPV) at the IOM transit centre near the Torkham border. Razi Khan has five daughters and four sons and he has lived in Pakistan for the last 30 years after moving there from Laghman province. Receiving IPV alongside OPV boosts immunity against polio.

29/05/2016



KEEPING UP THE FIGHT AGAINST POLIO IN JORDAN



7 of 8

© WHO/J.Swan

Reaching Children on the Move

Children from nomadic families in high-risk areas are particularly vulnerable, as it can be hard to reach them with the vaccines they need to protect them. Polio vaccinators reached this family living outside Jerash during the latest campaign and made sure those under five years old each received a dose.



Measles

Key facts

- Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.
- In 2015, there were 134 200 measles deaths globally – about 367 deaths every day or 15 deaths every hour.
- Measles vaccination resulted in a 79% drop in measles deaths between 2000 and 2015 worldwide.
- In 2015, about 85% of the world's children received one dose of measles vaccine by their first birthday through routine health services – up from 73% in 2000.
- During 2000-2015, measles vaccination prevented an estimated 20.3 million deaths making measles vaccine one of the best buys in public health.



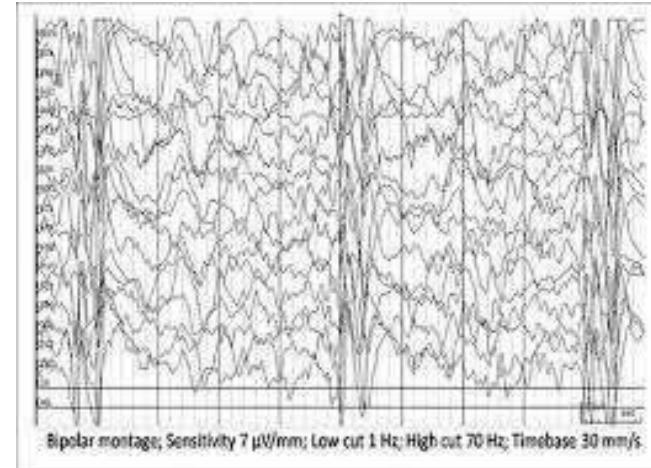
Complications of Measles

- One of three

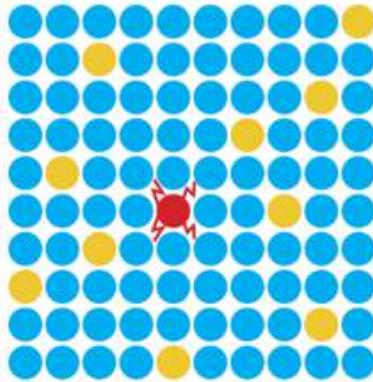
- Diarrhoeae (8 von 100)
- Otitis media (7-9 von 100)
- Pneumonia (1-6 von 100)
- Encephalitis (1 von 1000)
- Convulsion (5 von 1000)
- Death (0,7-2 von 1000)



- SSPE (subakut sklerosierende Enzephalitis)
(1 of 1700 bis 3300)

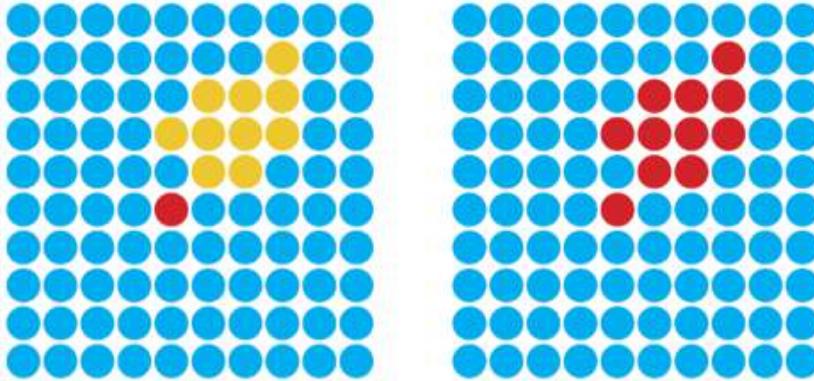
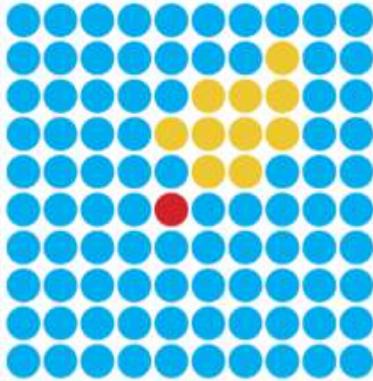


Vaccines protect everyone



When enough people are protected (blue dots) in a community they can protect those who are not yet vaccinated (yellow dots) from those who are infectious (red dots).

When groups of unvaccinated people build up and are in close proximity, community immunity doesn't work and the disease spreads.



Community (Herd) immunity

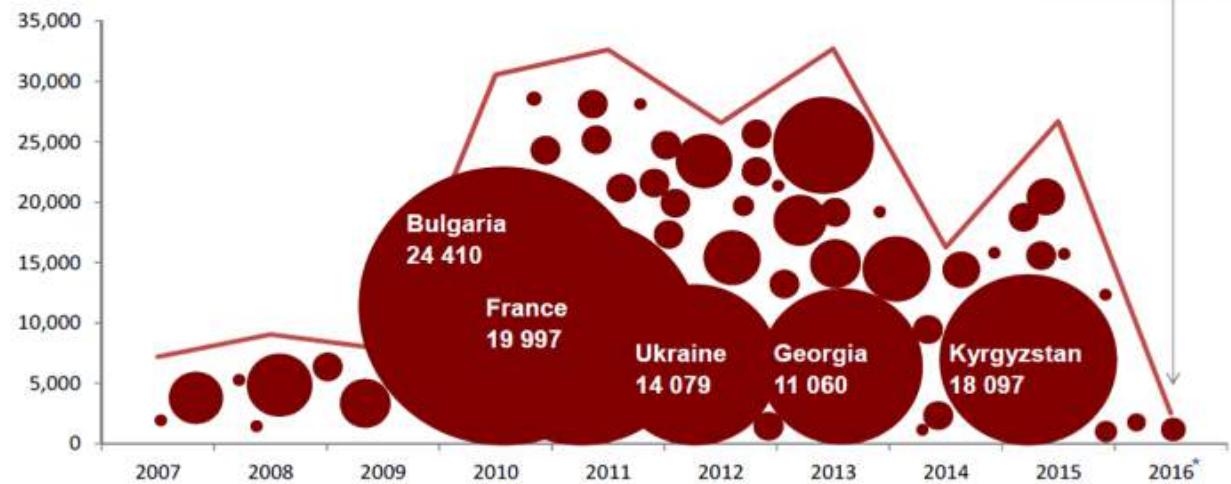


PACKAGE FOR ACCELERATED ACTION: 2013-2015



Number of measles in the WHO European Region, 2007-2016*

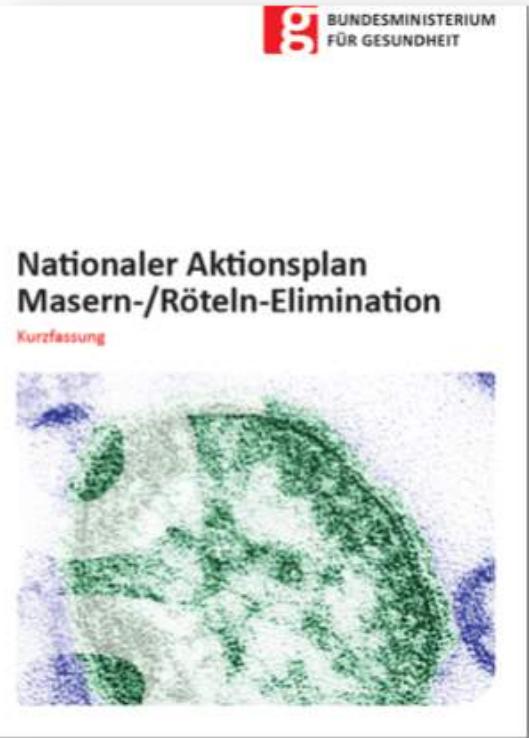
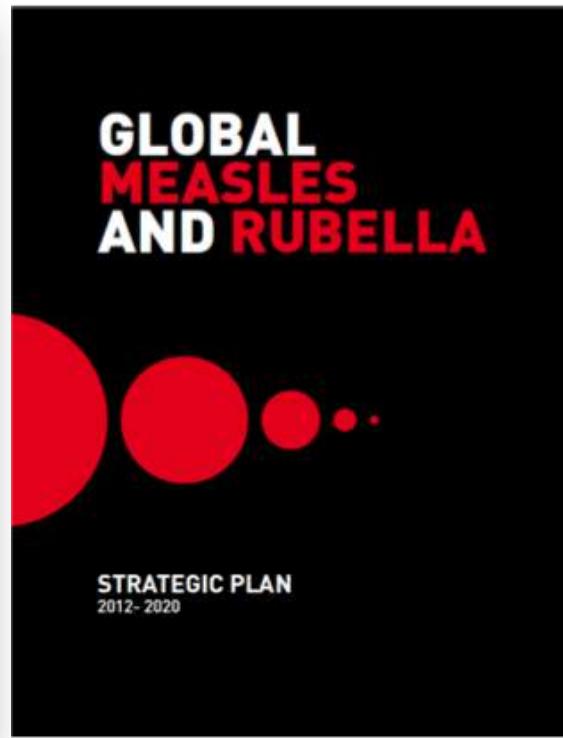
2535 cases
in 33
countries



Data extracted 01 November 2016

*First 3 quarters 2016

PACKAGE FOR ACCELERATED ACTION: 2013-2015



Status of Measles and Rubella Elimination
Update for the year 2015

AUSTRIA



ANNUAL UPDATE ON MEASLES AND RUBELLA ELIMINATION STATUS FOR 2014

Section 3: Update of general programme activities

3.1 Epidemiology of measles and rubella in 2014

a. Number of suspected cases investigated for measles and rubella

Initial diagnosis of suspected case	Total suspected cases	Classified as measles*	Classified as rubella*	Discarded (non-measles, non-rubella)	Pending classification
Measles	167	117	0	50	-
Rubella	22	0	11	11	-
Other rash and fever diseases	-	-	-	-	-
Total	189	117	11	61	-

Reminder – Value in cell “Total suspected cases” should be equal to sum of values presented in four other cells in same row. Values in row “Total” should be a sum of values presented in three other cells in same column.

‘Other rash and fever diseases’ are identified through system other than measles and rubella surveillance.

* To include laboratory-confirmed, epidemiologically linked, & clinically compatible cases, regardless of origin.

Reported Measles Cases by WHO region 2015, 2016, as of 08 February 2017

2015

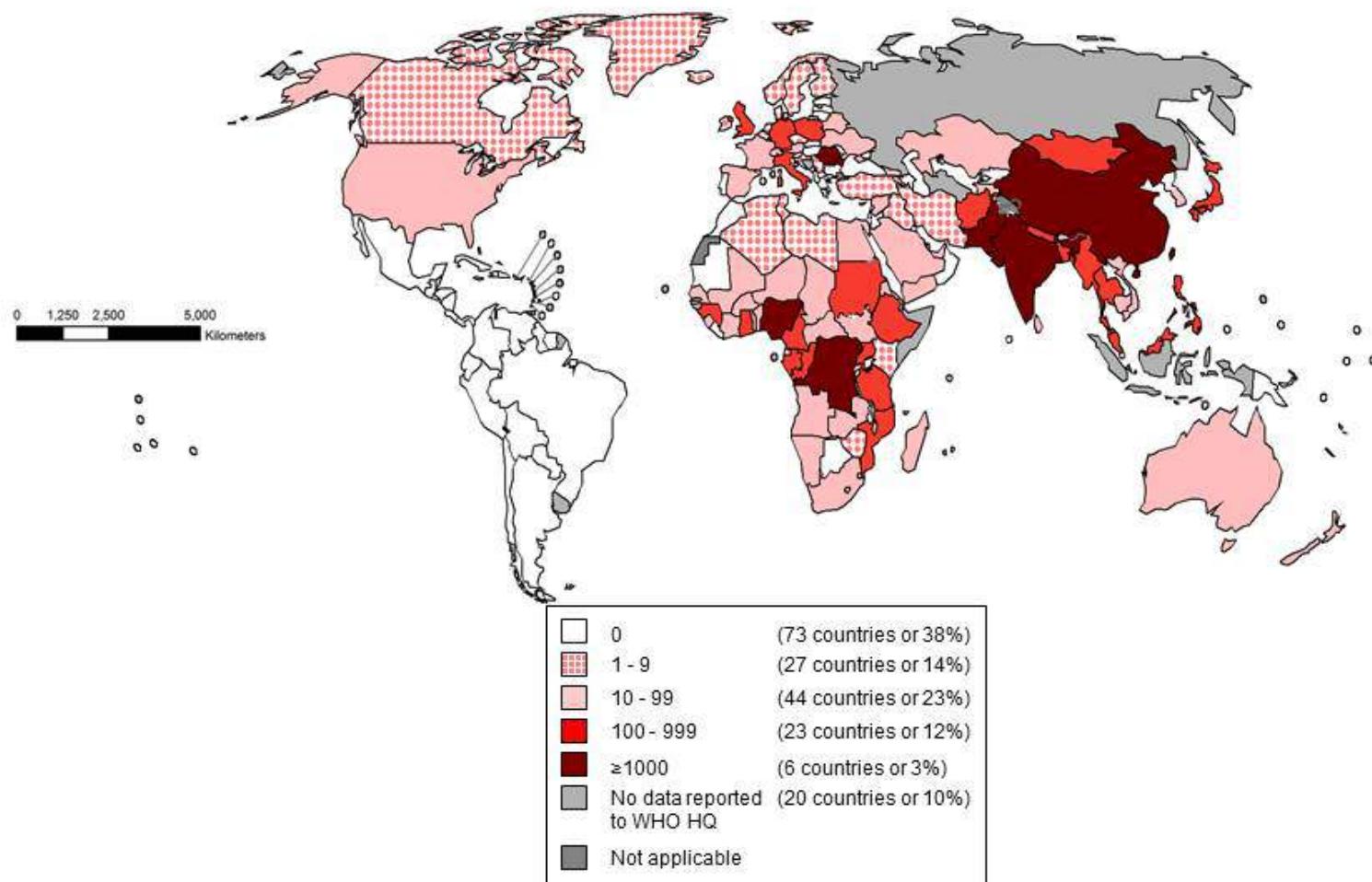
WHO region	Member states reported (expected)	Total suspected	Total measles	Clinically confirmed	epidemiological link	Laboratory confirmed	Data received
African Region	41 (47)	86984	55263	21111	26163	7989	Feb-17
Region of the Americas	30 (35)	7225	14	0	0	14	Feb-17
Eastern Mediterranean Region	21 (21)	32742	13570	479	4436	8655	Feb-17
European Region	50 (53)	33146	31626	20551	1880	9194	Feb-17
South-East Asia Region	11 (11)	114726	90860	64484	22353	4023	Feb-17
Western Pacific Region	27 (27)	143290	67756	22337	611	44808	Feb-17
Total	180 (194)	418113	259089	128962	55443	74683	

2016

WHO region	Member states reported (expected)	Total suspected	Total measles	Clinically confirmed	epidemiological link	Laboratory confirmed	Data received
African Region	42 (47)	61762	36260	13648	16711	5901	Feb-17
Region of the Americas	34 (35)	12058	92	0	0	92	Feb-17
Eastern Mediterranean Region	20 (21)	25246	5881	156	979	4746	Feb-17
European Region	50 (53)	6279	4241	441	973	2826	Feb-17
South-East Asia Region	11 (11)	97525	69062	55140	12087	1835	Feb-17
Western Pacific Region	27 (27)	114466	57744	28128	649	28967	Feb-17
Total	184 (194)	317336	173280	97513	31399	44367	



Number of Reported Measles Cases with onset date from Jul 2016 to Dec 2016 (6M period)



Data source: surveillance DEF file
Data in HQ as of 8 February 2017

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2017. All rights reserved.




 Search

India's measles-rubella vaccination campaign a big step towards reducing childhood mortality, addressing birth defects

By Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia

World Health Organization congratulates India for launching one of the world's largest vaccination campaign against measles, a major childhood killer disease, and congenital rubella syndrome (CRS), responsible for irreversible birth defects.

The campaign launched today to vaccinate more than 35 million children in the age group of nine months to 15 years with MR (measles and rubella) vaccine, once again demonstrates India's commitment to improve health and well-being of its people by protecting children against vaccine preventable diseases.

Measles Surveillance-India

States	Measles immunization coverage (%)	Fully Immunized (%)	Year of introduction of measles surveillance
Andhra Pradesh	88.6	67.1	2006
Karnataka	85.2	76.7	2006
Kerala	87.9	79.5	2007
Tamil Nadu	97.6	83.2	2006
West Bengal	82.8	75.8	2007
Gujarat *	65.7	45.2	2007
Rajasthan	67.5	48.8	2009

Source: DLHS-3 (2007-08);
Gujarat - NFHS-3 (2005-2006)



B3 f Member State

1	Reported measles cases and incidence rates by WHO Member States 2015, 2016 as of 08 February 2017*											2015 data			
2	Region	Member State	ISO country code	Total suspected measles cases	Number of measles cases by confirmation				Annualized measles incidence per 1'000'000 total population	Annualized discarded measles cases per 1'000'000 total population	Total confirmed measles cases	Measles incidence rate per 1'000'000 total population	Discarded measles cases per 1'000'000 total population		
3					Total confirmed measles cases	Lab confirmed	EPI link	Clinically confirmed							
4															
111	EUR	Austria	AUT	52	27	25	2		3,15066	2,9172778	469	54,89	2,22		
114	EUR	Belgium	BEL	216	119	34	5	80	10,464365	8,5297761	178	15,75	30,71		
116	EUR	Bulgaria	BGR	1	1	1			0,1408888	0	0	0,00	1,40		
117	EUR	Croatia	HRV	6	4	4			0,9467453	0,4733727	237	55,89	3,54		
119	EUR	Czech Republic (the)	CZE	8	7	7			0,6636293	0,0948042	8	0,78	0,00		
120	EUR	Denmark	DNK	3	3	3			0,5271713	0	9	1,59	0,00		
122	EUR	Finland	FIN	6	5	5			0,9051569	0,1810314	1	0,18	0,00		
123	EUR	France	FRA	88	79	50	3	26	1,2216219	0,1391721	627	9,74	-3,74		
125	EUR	Germany	DEU	326	323	270	35	18	4,0033538	0,0371829	4724	58,55	0,20		
127	EUR	Hungary	HUN	2	0					0,2036387	0	0,00	0,41		
131	EUR	Italy	ITA	940	843	596	103	144	14,096753	1,6220463	399	6,67	3,43		
141	EUR	Norway	NOR	1	1	1			0,1896828	0	14	2,69	0,00		
142	EUR	Poland	POL	133	131	80	47	4	3,3943838	0,0518227	48	1,24	0,16		
150	EUR	Slovenia	SVN	1	1	1			0,4832407	0	19	9,19	0,00		
156	EUR	Turkey	TUR	10	9	9			0,113034	0,0125593	342	4,35	0,00		

▶

...In Austria the cases of measles were 309 in 2015, which means the highest niveau since 2008. (2008: 443 cases).

Incidence in Europe (EU/EEA-countries):

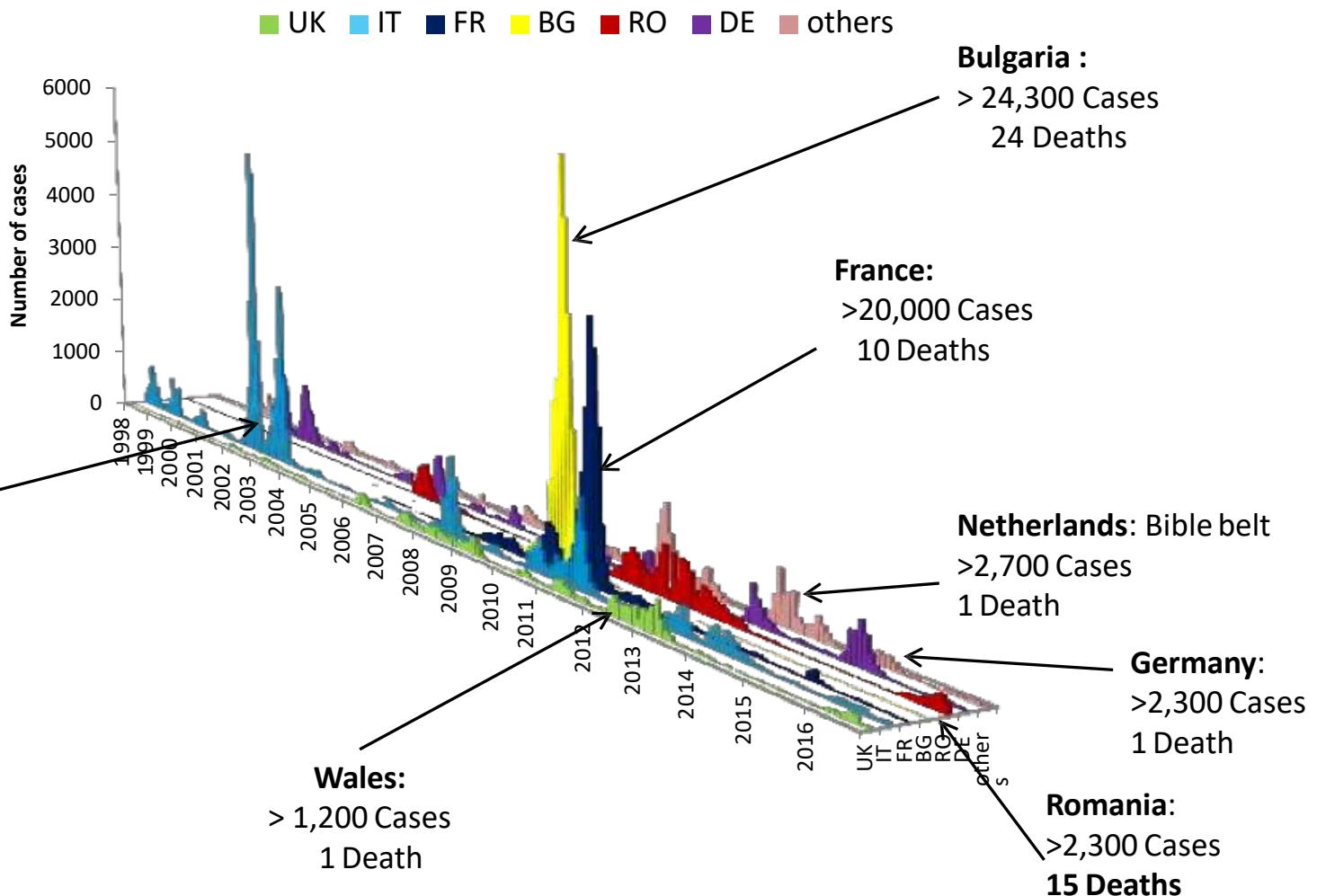
- 1. Kroatia: 51.6 cases/1000.000**
- 2. Austria: 35.3 cases/ 1000.000**

Measles in EU/EEA Nov 2015 - Oct 2016) (n=2437)



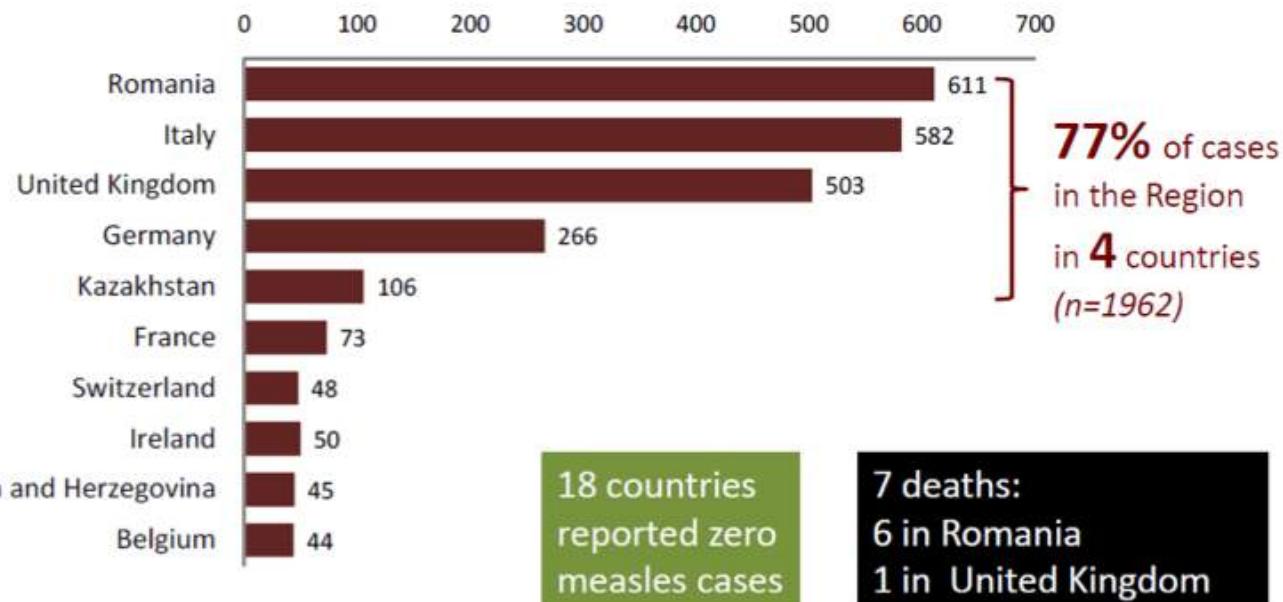
Source: ECDC, TESSy

Measles cases by month of reporting in selected EU/EEA Member States, Jan 1998- Oct 2016



Source: ECDC, TESSy

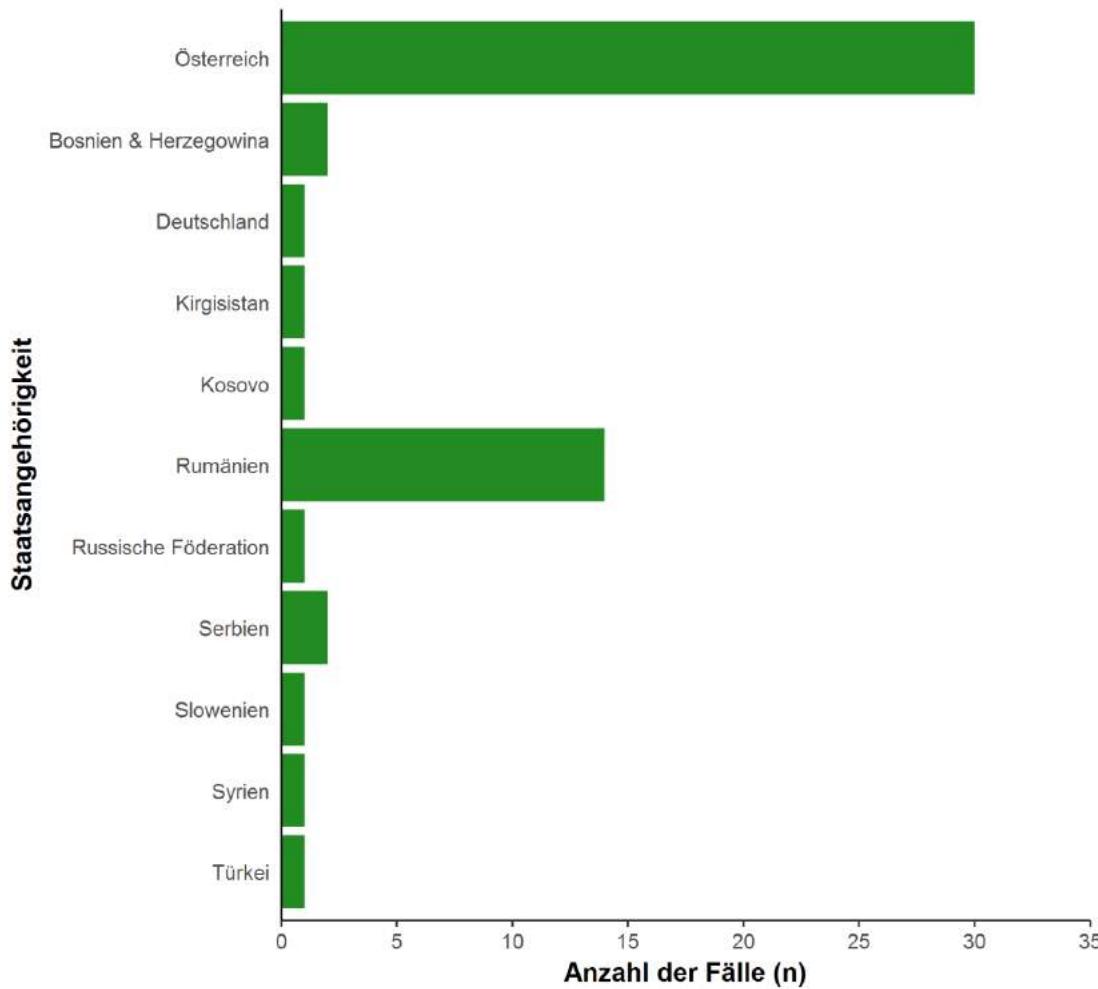
Top 10 countries with measles cases, WHO European Region, 2016*



Data extracted 01 November 2016

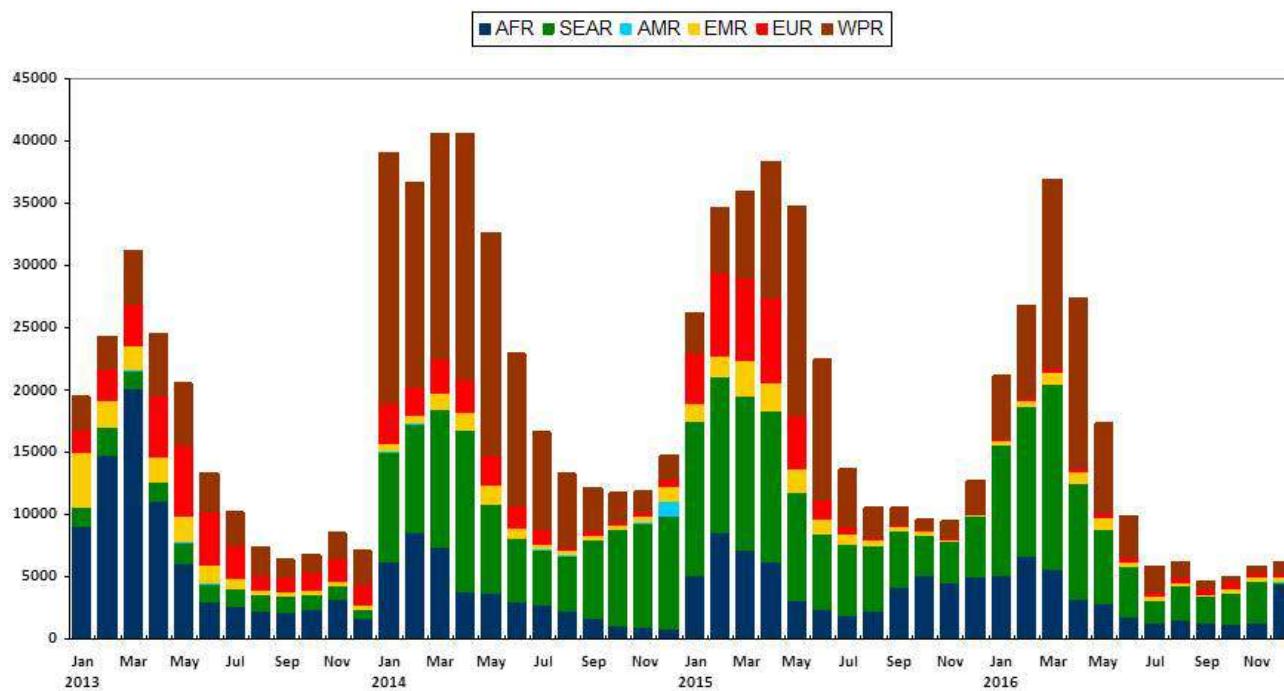
*First 3 quarters 2016

Measles in Austria 2017/Feb



Occurence around the year

Measles Case Distribution by Month and WHO Regions, 2013-2016



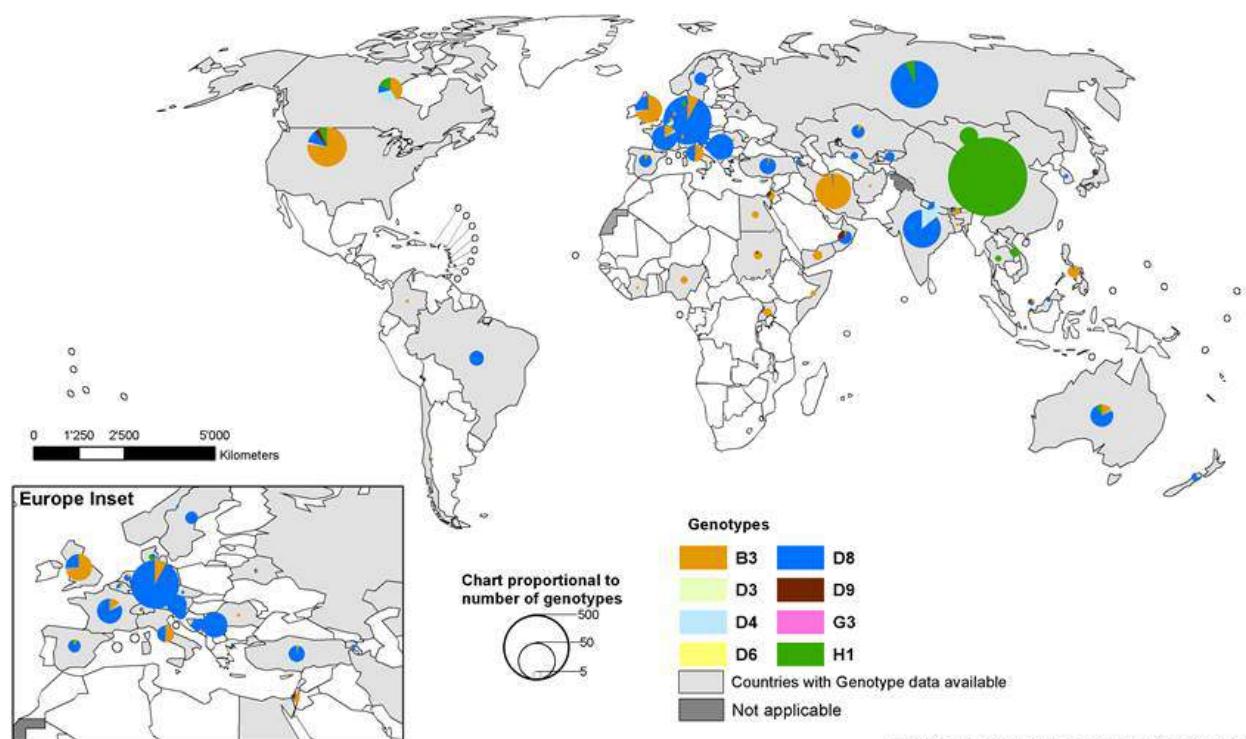
This is surveillance data, hence for the last month, the data may be incomplete.
Note: India started submitting monthly measles data from 2014 onwards.

Data source: surveillance DEF file
Data in HQ as of 8 February 2017



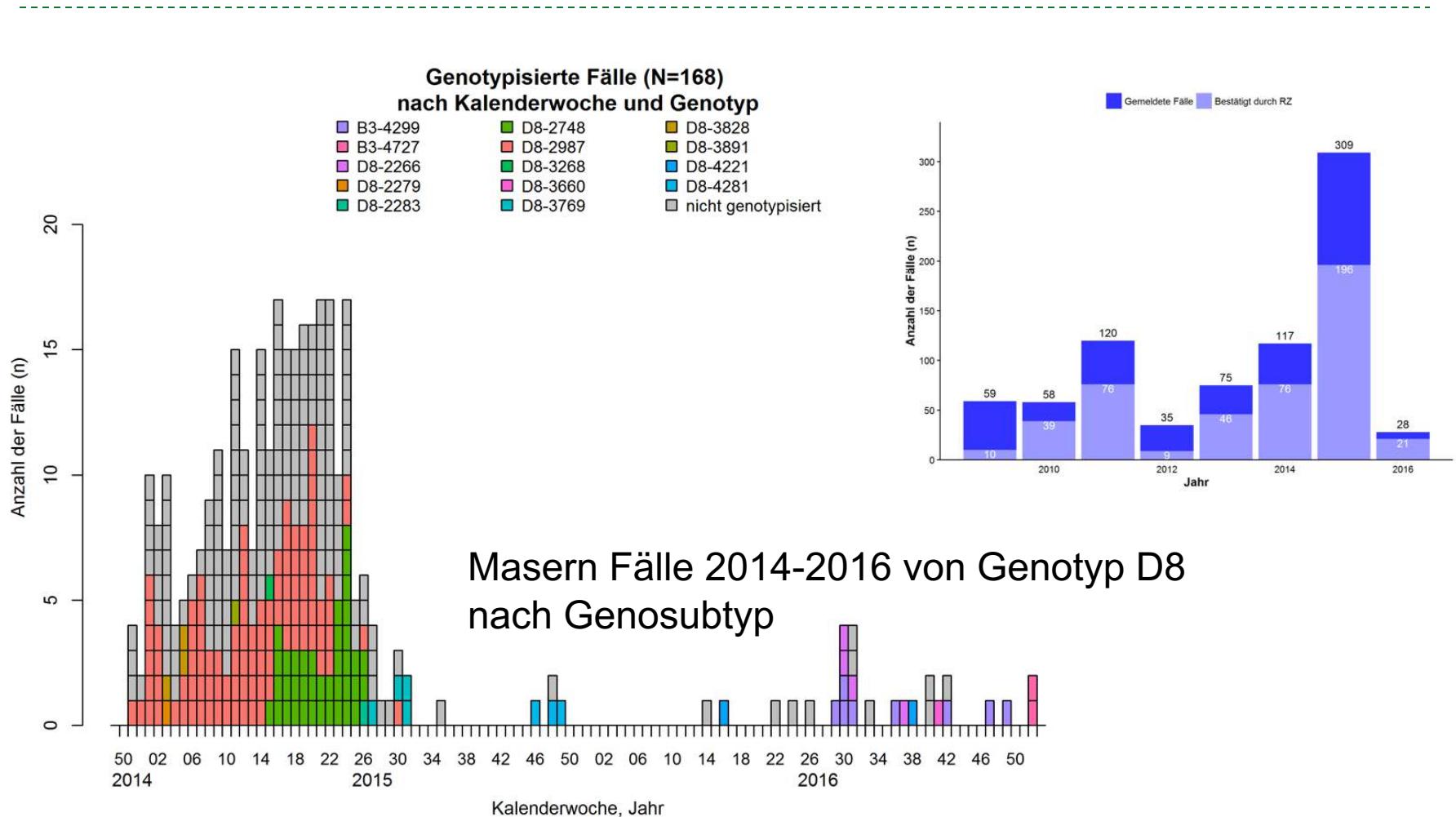
Occurence of different genotypes

Distribution of measles genotypes
year 2015



Data source: MeaNS Database;
Data in HQ as of 7 March 2016





High level surveillance and outbreak support unit, AGES. Strong and well experienced national reference laboratory, MedUniWien

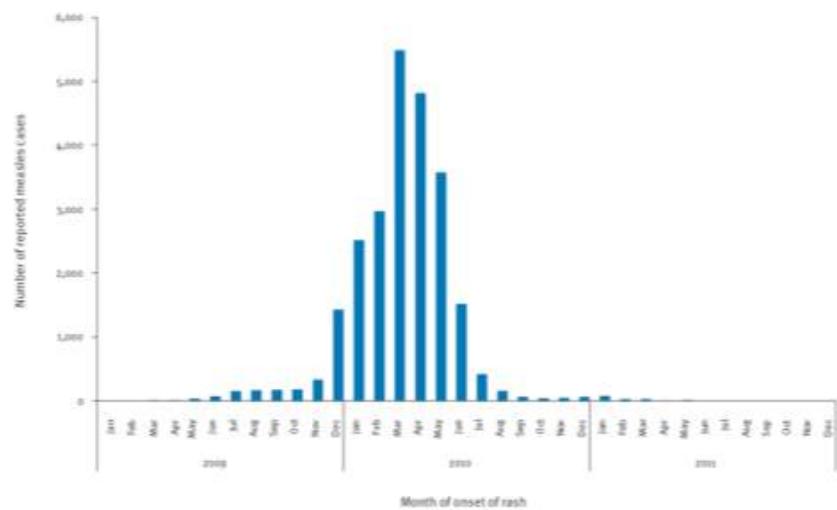
Measles in South-Europe- Risk groups



Measles in Bulgaria

FIGURE 3

Number of reported measles cases by month of onset of rash, Bulgaria, 2009–2011 (n = 24,364)



SURVEILLANCE AND OUTBREAK REPORT

The measles outbreak in Bulgaria, 2009–2011: An epidemiological assessment and lessons learnt

M Muscat^{1,2}, L Marinova^{2,3}, A Mankertz⁴, N Gatcheva⁵, Z Mihneva⁵, S Santibanez⁴, A Kunchev⁴, R Filipova⁴, M Kojouharova³

¹ World Health Organization Regional Office for Europe, Copenhagen, Denmark
Both authors contributed equally as first authors.

² National Centre of Infectious and Parasitic Diseases

4. Robert Koch Institute, WHO/EURO Regional Reference Laboratory for Malaria

- Bulgarian Association for Prevention and Infection Control - БУПИС, София, Bulgaria

6. Ministry of Health, Sofia, Bulgaria

Of the total, **21,821 (89.6%)** cases were estimated to occur **among Roma**.

Indeed, the outbreak was first detected in April 2009 among the Roma community in the north-eastern part of the country.

The index case was identified as member of the Roma community, ...after a few days after returning home from Hamburg, Germany.

Three of the index case's family members subsequently acquired laboratory-confirmed measles. At the outset, the detection of further cases was delayed.

Outbreak management Bulgaria

TABLE 1

Age distribution of measles cases (n = 24,364) and measles-related deaths (n = 24), Bulgaria, 2009–2011

Age group (years)	No. of cases (n = 24,364) (% of total reported cases)	Deaths (n = 24)	Case-fatality ratio %
<1	3,891 (16)	11	0.28
1–4	5,858 (24)	5	0.09
5–9	3,473 (14)	2	0.06
10–14	4,706 (19)	1	0.02
15–19	3,167 (13)	1	0.03
20–24	1,246 (5)	0	0
≥25	2,023 (8)	4	0.20

Measles-related deaths were recorded in 24 patients, corresponding to a mortality rate of 1: 1000.

All deaths, with the exception of two cases of Bulgarian ethnicity aged between 40 and 49 years of age, occurred in Roma.

Outbreak control measures

Outbreak management

The same month the outbreak was detected persons of Roma ethnicity living in the first-affected north-eastern regions of the country aged between 13 months and 30 years were targeted for immunisation with one dose of MMR vaccine.

Between April 2009 and December 2010,

188,700 MMR vaccine doses were administered free of charge by the Ministry of Health through routine immunisation services.

Measles Outbreak Croatia

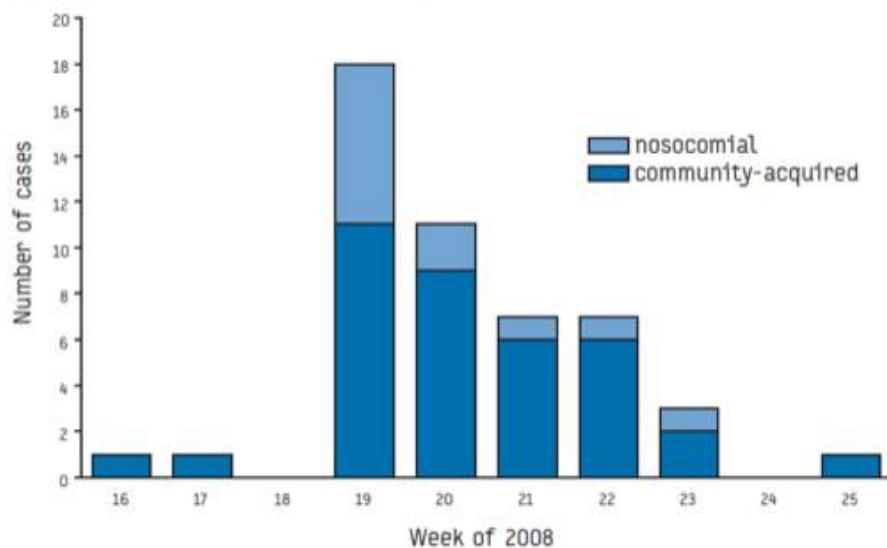
Rapid communications

A MEASLES OUTBREAK IN CROATIA, 2008

B Kaic (bernard.kaic@hzjz.hr)¹, I Gjenero-Margan¹, S Kurecic-Filipovic¹, M Muscat²
1. Department of Infectious Disease Epidemiology, Croatian Institute of Public Health, Zagreb, Croatia
2. ELIVAC.NET hub, Department of Epidemiology, Statens Serum Institut, Copenhagen, Denmark

FIGURE 1

Cases reported in an outbreak of measles in Croatia, in 2008, by the week of onset of symptoms (n=49)



Upon further enquiry to identify a possible source of infection and reveal further contacts, it transpired that a **Roma girl** developed a rash whilst visiting the family of the 27-year-old man in Zagreb whom we had identified as the outbreak **index case**.

.....However, the child never attended the clinic, because she and her mother left Croatia.

They were both Italian citizens who were visiting Serbia and Croatia on their way to Germany.

However, **migratory members of the Roma community, who spend a substantial time abroad do not benefit from the immunization system**, although the services are free of charge and available to everyone regardless of insurance status and citizenship.

Who Gets Measles in Europe?

Mark Muscat

Department of Epidemiology, Statens Serum Institut, Copenhagen, Denmark

Table 1. Measles Outbreaks Among Particular Groups

Period	Country	Groups affected ^a	Comments	References
2004–2007	Romania	Roma	The outbreak that involved >8,000 cases, started among unvaccinated members of Roma and Sinti communities and spread to the general population.	[67]
2005	Portugal	Romanian community	An imported measles case from Romania resulted in an outbreak affecting 6 children in two Romanian communities living in Portugal.	[32]
2005–2006	Greece	Roma and immigrants	Out of 171 reported cases, 94 (55%) belonged to Roma families, mostly unvaccinated preschool age children. The outbreak also involved 25 (15%) immigrants who were unvaccinated and incompletely vaccinated.	[68]
2006	Italy	Roma and Sinti	An outbreak of 17 cases in the Autonomous Province of Bolzano-South Tyrol involved 13 Roma/Sinti. Another outbreak of nine cases among Roma/Sinti occurred on the island of Sardinia and included 4 children who had returned from Rome after attending a funeral there. None of the Roma/Sinti had been vaccinated against measles.	[69]
2006	Italy	Roma and Sinti	An outbreak involving 98 cases was reported in the Roma/Sinti community in 19 settlements in Rome. At the same time a total of 204 cases were reported in the general population.	[70]
2006	Spain	Travellers and Roma	The first 2 cases belonged to a Traveller community living mainly in the UK. In addition, the outbreak involved Roma (9 cases) and the general population.	[34]
2007	Serbia	Roma	Out of 78 confirmed cases, 77 were in Roma.	[71]
2007	Belgium	Ultra-orthodox Jewish community	The outbreak involved at least 137 cases of whom 129 cases (94%) were members of the ultra-orthodox Jewish community living in Antwerp, Belgium. The first two cases were children of the same community who had returned from a summer camp in the UK.	[16]
2007	UK	Irish Traveller community	The outbreak involved 173 cases of which 156 were in Travellers. Early in the course of the outbreak, 21 confirmed cases were reported among Travellers who attended a funeral in London, England.	[72]
2007	Norway	Irish Travellers	Fifteen cases were reported in Travellers from England at a camping site in Norway. The index case was reported to have been in contact with a measles case in England.	[33]

Who Gets Measles in Europe?

Mark Muscat

Department of Epidemiology, Statens Serum Institut, Copenhagen, Denmark

2007–2008	Italy	Roma/Sinti	The outbreak that started in the region of Piemonte spread to other regions. Transmission occurred in the general population, in families, schools, hospitals, anti-vaccination groups and in Roma/Sinti. Importation from the UK was reported.	[7]
2007	Israel	Ultra-orthodox Jewish community	The outbreak involved 491 cases almost exclusively in the same ultra-orthodox Jewish community in Jerusalem. The outbreak was linked to members of the same community living in London, England. Infants had the highest age-specific incidence.	[35]
2008	Austria	Anthroposophic community	Of the 394 outbreak cases, 123 were in students attending anthroposophic educational facilities in Salzburg. The outbreak spread to other members of the anthroposophic community and the general population.	[36]
2008	Netherlands	Anthroposophic community	The outbreak primarily involved students in two anthroposophic schools. It extended to involve the family members of the students.	[73]
2008	Croatia	Roma	The outbreak involved a Roma community and the general population. Importation from Italy was reported.	[37]
2009	Bulgaria	Roma	The outbreak emerged after seven years without indigenous transmission. The index case was reported to be imported from Germany. By the end of week 48 of 2009, 957 measles cases had been recorded, of which at least 90% were in Roma.	[30]
2009	Austria	Anthroposophic community	An outbreak involving 37 cases spread from the general population (12 cases) to an anthroposophic community (25 cases).	[74]
2009	Poland	Roma	Among 41 cases reported in an outbreak in Pulawy, 35 in Roma. Importation from England was described.	[31]
2009–2010	Ireland	Traveller and Roma communities	The outbreak involved Travellers, Roma and the general population.	[75]

NOTE. * Named as quoted from the references.

Who Gets Measles in Europe?

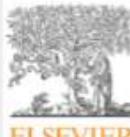
Mark Muscat

Department of Epidemiology, Statens Serum Institut, Copenhagen, Denmark



Hospital and health care facilities

2005–06	Greece	Unspecified	The outbreak consisted of two hospital clusters with 4 cases each.	[68]
2005–06	Spain	La Rioja	The outbreak involved patient-to-doctor and doctor-to-patient transmission as part of larger outbreak of 18 confirmed cases.	[76]
2006	Italy	Grosseto	Twelve patients including 8 health care workers were reported to have acquired measles through nosocomial transmission. The index case returned from India.	[39]
2006	Italy	Lazio	Nosocomial transmission was reported as part of larger outbreak involving a total of 161 cases.	[69]
2006	Spain	Madrid	Nine cases were reported to occur in health care staff.	[34]
2006–07	Spain	Catalonia	Health care centers were identified as sources of infection in 37 cases.	[44]
2007	Netherlands	Amsterdam	Two health care workers and a medical student were affected by measles after contact with the index case in hospital.	[84]
2007	France	Unspecified	A small cluster occurred after the index case returned from Thailand infecting his doctor who subsequently infected his wife.	[40]
2007	Switzerland	Geneva	Transmission was reported to occur in a hospital waiting room in 1 case belonging to a small cluster of 11 cases.	[46]
2007–08	Italy	Countrywide	The outbreak that started in the region of Piemonte spread to other regions. Various settings were identified including hospitals.	[7]
2008	Sweden	Gothenburg	The outbreak that involved 2 visitors in the emergency department. The index case returned from France.	[41]
2008	Italy	Apulia	Of the 8 cases that were related to a nosocomial outbreak, 5 had been inpatients in the same infectious disease ward.	[85]
2008	UK	London	Nine cases were linked to a child admitted to a pediatric ward.	[83]
2008	Denmark	Copenhagen	Two cases were believed to have acquired measles at the waiting room of the general practitioner and another one at the hospital in which the index case was admitted. The index case returned from Nepal and India.	[43]
2008	France and Monaco	Reims, Nice and Monaco	An outbreak in Reims involved three health care staff. Patient-to-staff transmission was documented. The two nosocomial clusters in Nice and Monaco involved 17 cases. Patient-to-staff and patient-to-patient transmission was reported.	[40]
2008–09	Denmark	Copenhagen	A cluster of six confirmed cases of measles occurred among children admitted to the pediatric department of a hospital. The index case returned from East Africa.	[42]



Diagnosing the determinants of vaccine hesitancy in specific subgroups: The Guide to Tailoring Immunization Programmes (TIP)



Robb Butler^{a,*}, Noni E. MacDonald^{b,1}, the SAGE Working Group on Vaccine Hesitancy²

^a Division of Communicable Diseases, Health Security and Environment, WHO Regional Office for Europe, Copenhagen, Denmark

^b Department of Paediatrics, Dalhousie University, Canadian Centre for Vaccinology, IWK Health Centre, Halifax, Canada

In **Sweden**, vaccine hesitancy is found in:

- Somali immigrants
- anthroposophic believers
- Unregistered migrant communities

In the **United Kingdom**:

- Orthodox Jewish communities in Greater London

Bulgaria:

- Roma, the subgroup segmentation shows
- the late child
- the mobile child, the invisible child
- the wary caregiver
- the poor child



TECHNICAL REPORT

Review of outbreaks and barriers to MMR vaccination coverage among hard-to-reach populations in Europe

Venice II Consortium – September 2012



Table 2. Estimated Roma population among EU/EEA countries

European countries	Total country population	Official number	Minimum estimate	Maximum estimate	Average estimate	% of total population
RO	22 246 862	535 140 (2002)	1 200 000	2 500 000	1 850 000	8.32%
BG	7 262 675	370 908 (2001)	700 000	800 000	750 000	10.33%
ES	46 157 822	NA	650 000	800 000	725 000	1.57%
HU	9 930 915	190 046 (2001)	400 000	1 000 000	700 000	7.05%
SK	5 455 407	89 920 (2001)	400 000	600 000	500 000	9.17%
FR	64 057 790	NA	300 000	500 000	400 000	0.62%
GR	10 722 816	NA	180 000	350 000	265 000	2.47%
UK	60 943 912	NA	150 000	300 000	225 000	0.37%
CZ	10 220 911	11 718 (2001)	150 000	250 000	200 000	1.96%
IT	59 619 290	NA	110 000	170 000	140 000	0.23%
DE	82 400 996	NA	70 000	140 000	105 000	0.13%
PT	10 676 910	NA	40 000	70 000	55 000	0.52%
SE	9 276 509	NA	35 000	50 000	42 500	0.46%
NL	16 645 313	NA	32 000	48 000	40 000	0.24%
PL	38 500 696	12 731(2002)	15 000	60 000	37 500	0.10%
IE	4 156 119	22 435 (2006)	32 000	43 000	37 500	0.90%
BE	10 414 336	NA	20 000	40 000	30 000	0.29%
AT	8 205 533	NA	20 000	30 000	25 000	0.30%
LV*	2 245 423	8 205 (2000)	13 000	16 000	14 500	0.65%
FI	5 244 749	NA	10 000	12 000	11 000	0.21%
NO	4 644 457	NA	4 500	15 700	10 100	0.22%
SI	2 007 711	3 246 (2002)	7 000	10 000	8 500	0.42%
DK	5 484 723	NA	1 000	10 000	5 500	0.10%
LT	3 565 205	2 571 (2001)	2 000	4 000	3 000	0.08%
CY	792 604	560 (1960)	1 000	1 500	1 250	0.16%
EE	1 307 605	584 (2009)	1 000	1 500	1 250	0.10%
LU	486 006	NA	100	500	300	0.06%
IS	304 367	NA	0	0	0	0.00%
MT	403 532	NA	0	0	0	0.00%
EU area			4 359 100	7 456 500	5 907 800	1.18%

Source: Council of Europe, Roma and Travellers Division (updated: 14/09/2010); available at:
http://www.coe.int/t/dg3/romaTravellers/default_en.asp

Roma community

- ▶ Countries with the highest percentage of Roma people in the EU include Bulgaria, Romania, Czech Republic, Slovakia, Hungary, Spain and Greece.

- ▶ **Roma health – estimated attitudes, beliefs and values in brief :**
- ▶ Health is not perceived as a top priority
- ▶ Housing, finances and employment all come ahead of health in the priority needs.
- ▶ Too often, even when children were brought to immunization providers, vaccines cannot be administrated because of ‘system’ requirements
- ▶ Roma have refused access to GP and primary care services, for example, on the basis that they do not have a valid medical card, or are not in receipt of social welfare payments.



Vaccination coverage in the Roma community

Vaccination coverage

Only a few studies were identified in which vaccination coverage among Roma population was calculated. Results from these studies are presented below (Table 3).

Table 3. Vaccination coverage among Roma population groups

Country	Vaccination coverage calculated during outbreak or while conducting surveys	Comments	Reference
BG	MMR first dose 76%	Cross sectional survey to assess vaccination coverage, timeliness of vaccination among Bulgarian and Roma children aged 6–18 months for cohort of children born in 2006 in Sofia region. Vaccination coverage estimated at 76% for all children. Roma infants are immunised later than Bulgarian infants.	[11] (paper in Bulgarian)
GR	2%–12%	Vaccination coverage was estimated in 2003–2005 as part of studies conducted in Greece. A number of vaccination campaigns took place in this population group.	[12]
GR	MMR first and second dose at six years age – 82% and 45% respectively	Survey conducted and estimated vaccination coverage in the Roma community in 2006.	[3]
FR	55% in < 30 years of age	Survey estimated vaccination coverage for MMR vaccination (report published in July 2011).	[3;13]
PL	MMR first dose 56% MMR second dose 37%	During mass immunisation campaign in 2009 following an outbreak of measles in a Roma community settled in Pulawy, Poland, the size of Roma population and vaccination coverage was estimated.	[14]
SI	33% of school-aged Roma children had two doses of MMR vaccine.	Study of preschool (n=436) and school-aged (n=551) Roma children in three regions. Comparison of two generations of Roma children who were preschool and school-aged in 2001. Preschool-aged children had higher vaccination coverage than the school-aged generation.	[15]

Recommendation No 4: Focus on removal of structural discrimination

As follows from Recommendation No 2, on systematic approach, one of the main objectives of any Strategy should be to remove structural discrimination. Thus, States should plan and implement concrete actions aiming, *inter alia*, at the following:

- **Improving the access of Roma to general practitioners (e.g., ensuring that they have Roma on their patients lists).**
- Ensuring the availability of emergency services (who sometimes discriminate against the Roma or even refuse to service segregated locations).
- Ensuring that segregation in medical facilities, especially maternity wards, is effectively abolished.
- Ensuring the effective functioning of a body dealing with cases of discrimination in the field of health.



Recommendation No 7: Provide training for health care professionals

The Strategies should acknowledge that a major part of the problem (in most if not all of the Member States with large Roma populations) lies in the misinformed or prejudiced attitudes and deliberate or unintended discriminatory behavior of individual health care professionals. Therefore, awareness-raising and specific training aimed at health care professionals needs to be part of the Strategies. Cooperation with professional bodies (e.g., medical associations, community nurses associations) is to be encouraged.

Recommendation No 8: Raise health awareness in Roma communities

All Strategies should design and implement awareness-raising (educational) campaigns targeting the Roma communities in areas such as mother and child health, reproductive health, communicable diseases, vaccination, nutrition and health-related risks (e.g., smoking in pregnancy). All these actions should be adapted to the specifics of local Roma communities.

Croatia

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Education of health workers on vaccine safety and contraindications against vaccination in 7 countries

16-06-2016

WHO/Europe conducted a training of trainers on vaccine safety and contraindications against vaccination on 24–26 May 2016 for national immunization programme managers and leading clinicians from Albania, Bosnia and Herzegovina, Croatia, Estonia, Georgia, Latvia and the former Yugoslav Republic of Macedonia. The training, conducted in Vienna, Austria, aimed to prepare confident key trainers to educate frontline medical workers on vaccine safety and contraindication in order to reduce failures to comply with the childhood immunization schedule due to false contraindications.

Faculty of the University Clinical Hospital of Santiago de Compostela, Spain led the training: Professor Federico Martínón-Torres, Head of Translational Pediatrics and Infectious Diseases, and Dr Irene Rivero.



WHO

Training of trainers on vaccine safety and contraindications against vaccination, 24–26 May 2016, Vienna, Austria.

To summarize: Risk groups

Measles outbreaks in several susceptible populations





Let's talk about protection

Enhancing childhood vaccination uptake



Communication guide for healthcare providers



Thank you for your attention!

THANK YOU FOR YOUR ATTENTION!



INTRODUCTION TO THE NATIONAL PROJECT HEALTHY COMMUNITIES PROJECT



CLOSING THE GAP
**(work of Roma NGOs to decrease
inequalities in the health care system)**

Michal Kubo
DIRECTOR - Healthy Communities, n.p.o.

Koprivnica, 15.3.2017



HEALTHY COMMUNITIES - HISTORY

The national Healthy Communities project has capitalised on more than ten years of experience gained by the Association for Culture, Education and Communication (ACEC) NGO with the implementation of health activities aimed at segregated Roma settlements.

"During the implementation period of the project it has built up and increased the quality of field and training part of the project."

The project builds on proven methodologies and elaborates upon the National project financed from EU funds and continuously builds upon it. Since 1.10.2014 the institutional sponsor has been the Slovak Ministry of Health.

SPECIAL GOALS AND ACTIVITIES

- Improve human resource capacity
- Increase health literacy and health care access
- Increase the assessment of Roma health
- Increase vaccination rates and preventive healthcare access for children and adults
- Establish contacts and improve communication among paediatricians, general practitioners, local councils, and the Roma community
- Improve personal and communal hygiene in settlements
- Increase sexual health awareness
- Reductions in transmittable diseases (Hepatitis A and B)



**Cooperation and sharing experience are some of the projects.
Domestic and international partners – we learn from international partners.**

ACTIVITIES OF HEALTH ASSISTANTS

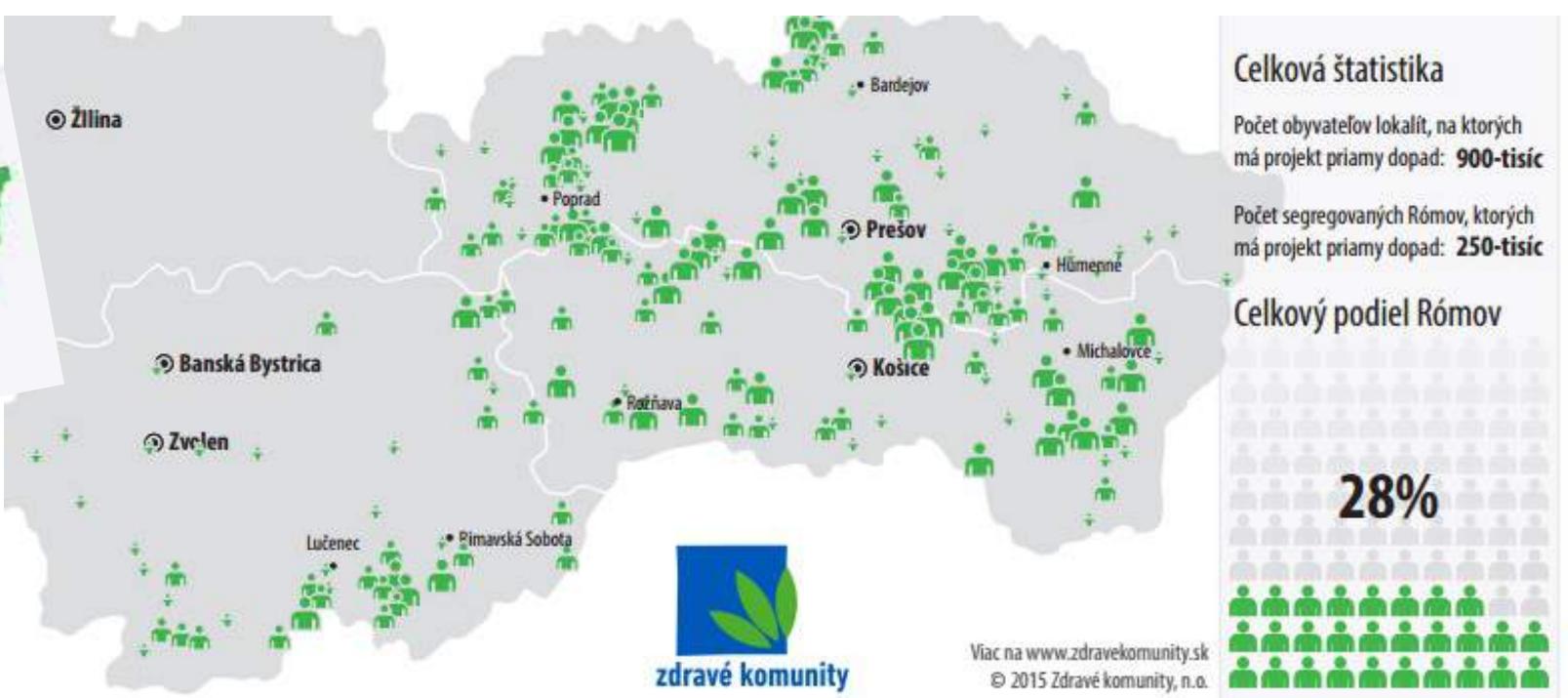
- ✓ Regular home visits
- ✓ Accompanying the patient on doctor/hospital
- ✓ Assisting mother with newborn babies
- ✓ Assisting settlement inhabitants with chronic illnesses, including facilitating follow-up visits
- ✓ Providing counselling
- ✓ Organizing community health education sessions
- ✓ Helping inhabitants resolve issues related to health insurance
- ✓ Providing basic first aid
- ✓ Many more



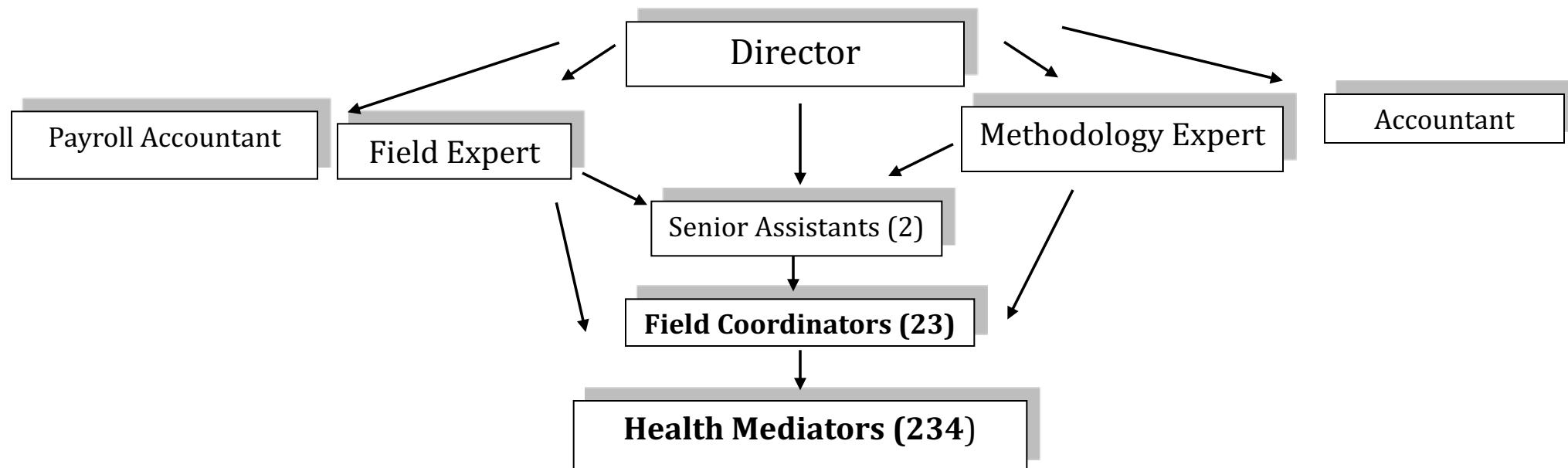
NATIONAL PROJECT CURRENT COVERAGE

2/3 of the Roma population live in Eastern and South Central Slovakia

Healthy Communities will encompass Slovakia in its entirety, however it is primarily focused on **East Slovakia**.
The aim is to ensure coverage sites selectively, that is - **where action is most needed**.



The organisational Structure of the National Project



NUMBERS and FACTS IN SLOVAKIA

239 LOCALITIES

32 REGIONS

752 COOPERATING DOCTORS

MOST INHABITED LOCALITY: Lunik IX, Košice. (app. 7000 pax)

MOST INHABITED SETTLEMENT: Jarovnica (over 4800 pax)



RESULTS

The creation of a network featuring collaborators and coordinators amounting to **257 assistants and coordinators and 752 doctors**.

Frequency of infectious diseases, rodents and parasites

Declines in diseases over one year

Initially 29 localities – scabies – one year later 19

Initially 88 localities – fleas – one year later 78

Initially 69 localities – rodents – one year later 29

100% inoculation in many municipalities

5 180 people invited for inoculations monthly

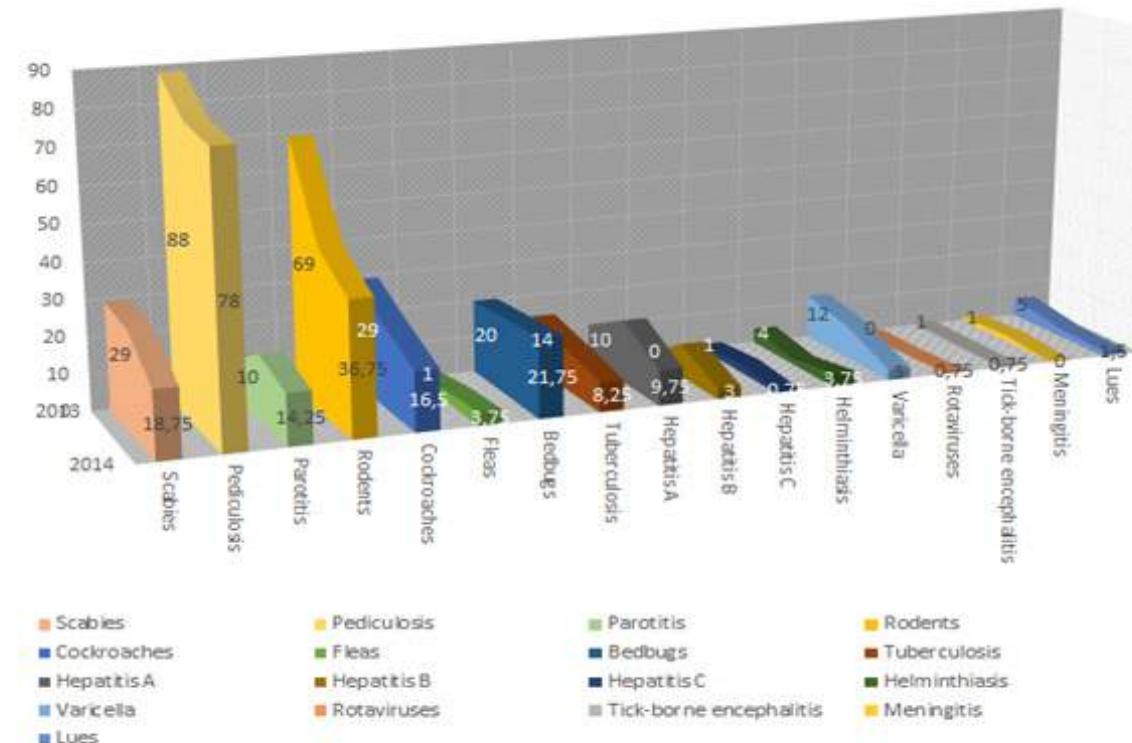
4 290 people invited for check-ups monthly

Added value

The creation and improvement of the social capacity

where it is most needed – in segregated settlements.

Serves as a positive example for other settlement inhabitants.



RESULTS

(2015 - 2016)

- ✓ **The creation of a network** featuring collaborators and coordinators amounting to **257 assistants and coordinators and 750 doctors**
- ✓ **239 covered locations** – directive positive impact on **230 000 settlement inhabitants**
- ✓ **67 639 registered clients**
- ✓ **370 470** – registered **interventions** and activities in favor to clients
- ✓ **21 educational activities**
- ✓ **Project presentation** (national and international)
- ✓ **Only positive reportages, articles and feedbacks**
- ✓ **Strengthening the position of RHM**

KEYS TO SUCCESS IN SLOVAKIA

- ✓ **BUILDING ON EXPERIENCE ACEC PROJECTS AND FOREIGN BEST PRACTICES**
- ✓ **STAKEHOLDERS COOPERATION** ASSOCIATION OF HEALTH MEDIATORS (ATZA), CENTER FOR THE RESEARCH OF ETHNICITY AND CULTURE, GLAXOSMITHKLINE, WHO, MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY, MINISTRY OF HEALTH, OPEN SOCIETY FOUNDATION, GENERAL PRACTITIONERS SLOVAKIA COMPANY, COMMUNITY CENTRE SOCIETY, UNION HEALTH INSURANCE, OFFICE OF THE PLENIPOTENTIARY FOR ROMA COMMUNITIES, OFFICE FOR PUBLIC HEALTH, AND OTHERS
- ✓ **NO FORMAL EDUCATION CRITERIA** RHM EDUCATION SYSTEM OF REGULAR TRAINING
- ✓ **ACCOUNTABILITY** THROUGH REGULAR EVALUATION OF MEASURABLE INDICATORS
- ✓ **PARTICIPATION & COOPERATION** IN RESEARCH PROJECTS
- ✓ **MULTIPLY EFFECTS** MORE RHM, MORE STAKAEHOLDERS, MORE LOCATIONS, MORE INFLUENCE
- ✓ **HARD WORK & ACTIVE TEAMWORK**

WHO RHMs ARE



Example of a Roma health mediator's workday

- ✓ The mediator starts the day by reporting to the coordinator, then he goes to visit a medical facility where he picks up invitations from the doctor, then he visits another doctor, to whom he reports the values of patients' blood pressure, measured in the domestic environment. He visits the next doctor to inquire about how to obtain an adjustable bed for patient.
- ✓ On the way to the settlement, he picks up medicine for a pensioner, visits a client in the settlement and delivers him a message from a doctor. He measures his clients' pressure, orders the patient for another appointment at the doctors, visits a mother whose child is to be released from hospital that day. He performs rehabilitation exercises with another client (after previous training by a rehabilitation nurse – convenient in winter)
- ✓ He goes to school to arrange a date for meeting younger pupils, consults the teacher regarding families with health issues (e.g. lice)
- ✓ He visits the families, where he lends a comb to mother to comb out the children's lice, or he does it himself.
- ✓ He performs the necessary administration (time sheet) and reports to the coordinator.
- ✓ At night he goes to treat injuries and calls ambulances.







SUPPORT AND MOTIVATION

- ✓ Daily support and assistance of the coordinator
- ✓ Coordination meetings, mental hygiene
- ✓ Assistance of the group
- ✓ Trainings, group sessions
- ✓ Assistance of coordinators and assistants from other groups
- ✓ Assistance and support of the main coordinator and main coordinator for field activities



The coordinator with HM, Zvolenská Slatina 2015

THE POSITIVE RHM INFLUENCE

Health and the approach to healthcare (the primary aims of the project)

We help all excluded groups.

Education

We create human resources directly in the settlements and develop their potential. Through health education we spread information, knowledge and experience.

29,9 %

- HM

52,38 %

- coordinators continue in further education

Employment

We employ people all around Slovakia, including the poorest regions.

Through positive examples we increase interest and motivate community members into increased activity in addressing the adverse health and social situations..





zdravé komunity



Healthy Communities

Radovan Horváth

Nálepkovo Health Mediator



zdravé komunity

My Life



My sons



My home and my family



zdravé komunity

My work



Inviting people for mandatory vaccinations



Inviting people for
preventive medical
examinations



zdravé komunity



Measuring blood pressure



Advising on the use of medicaments



zdravé komunity



First aid training

Changes in my life



My first car



My new home

HEALTHY COMMUNITIES



THANK YOU
FOR YOUR ATTENTION
AND SUPPORT

www.zdravekomunity.sk

TOGETHER FOR BETTER HEALTH

SLOVAK REPUBLIC



DEPART
Koprivnica
MARCH 15, 2017

MAGDALÉNA ROTHOVÁ
WWW.ACEC.SK

acec Association for
Culture
Education
Communication

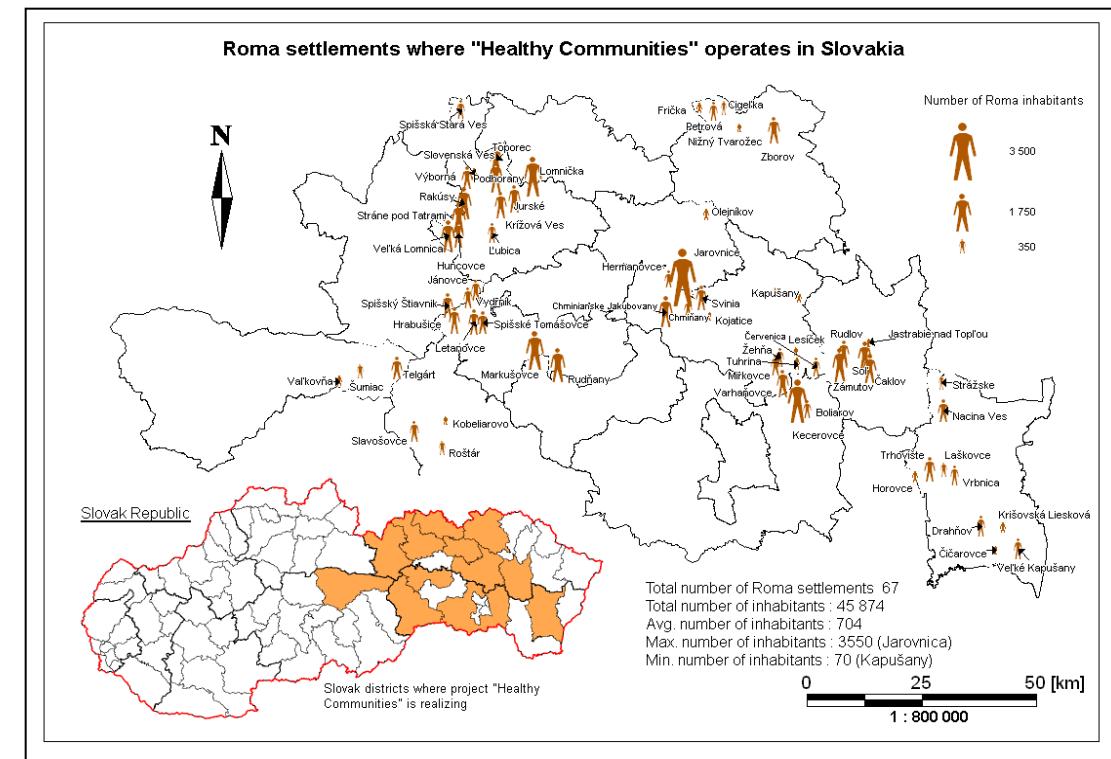
HEALTHY COMMUNITIES PROJECT IMPLEMENTED SINCE 2003

THE LARGEST GRASS ROOTS INITIATIVE TO IMPROVE ROMA HEALTH IN SLOVAKIA

HISTORY

2003	11 settlements
2005	30 settlements
2007	68 settlements (95 RHM): population 45 000
2013	108 settlements (120 RHM): population 110 097
2014	155 settlements (185 RHM): population 170 000
2015 - present	239 settlements

Covering population of: **250 000 settlement inhabitants**



IN THE YEARS 2003 – 2013 THE PROJECT WAS FINANCED EXCLUSIVELY FROM PRIVATE RESOURCES.

THE ROMA SITUATION IN EU COUNTRIES

Slovakia, Romania, Bulgaria and Hungary are 4 countries with the highest relative proportion of Roma communities. According to the WHO the ratio of Roma against the whole population, is as follows:

Romania – 1.45 – 1.59 mil (6.7 %)

Bulgaria - 600 000 – 700 000 (7.7 % – 9.6 %)

Hungary - 400 000 – 600 000 (3.9 – 5.9 %)

Slovakia – 360 000 – 400 000 (6.6 % - 7.4 %)



THE HEALTH STATUS OF ROMA PEOPLE IN SLOVAKIA

SLOVAKIA - ALONG WITH ROMANIA, BULGARIA AND HUNGARY - HAS ONE OF THE LARGEST RELATIVE ROMA POPULATIONS:

7,5 % OUT OF THE TOTAL POPULATION OF 5 400 000 ARE ROMA (360 000 - 400 000)

2/3 OF THE ROMA POPULATION LIVE IN EASTERN AND SOUTH CENTRAL SLOVAKIA

50% OF THE ROMA ARE INTEGRATED

50% LIVE IN SEGREGATED SETTLEMENTS

SETTLEMENTS ARE: GEOGRAPHICALLY ISOLATED

LACK OFF:

- INFRASTRUCTURE
- HYGIENIC AMENITIES (WATER, SEWAGE, ELECTRICITY)
- SOCIAL AND HEALTH SERVICES



TRANSFORMATION OF THE PROJECT MILESTONES

- 2012 PLATFORM FOR SUPPORT OF HEALTH OF THE DISADVANTAGED GROUPS (PSHDG)**
Members and Partners of the Platform: ACEC, the Association of Health Mediators (ATZA), the Center for the Research of Ethnicity and Culture, GlaxoSmithKline, WHO, Ministry of Labour, Social Affairs and Family, the Ministry of Health, Open Society Foundation, General Practitioners Slovakia Company, Community Centre Society, Union, the Office of the Plenipotentiary for Roma Communities, the Office for Public Health, and others.
- 2013 PSHDG EMPLOYED 120 RHM**
- 2014 BEGINNING OF COOPERATION WITH MINISTRY OF HEALTH OF THE SR
ESTABLISHMENT OF THE HEALTHY COMMUNITIES, N. P. O. (144 RHM)**
- 2015 223 EMPLOYEES (RHM AND COORDINATORS),
MORE THAN 750 COOPERATING DOCTORS, 100 SCHOOLS
POSITIVE IMPACT ON 250 000 SETTLEMENT INHABITANTS**



ROMA PEOPLE

4 AREAS IN NEED OF RESOLUTION:

- **HEALTH AND HEALTH CARE**
- **EMPLOYMENT**
- **EDUCATION**
- **HOUSING**



THE HEALTH STATUS OF ROMA PEOPLE IN SLOVAKIA

POOR HEALTH STATUS OF ROMA LIVING IN SEGREGATED SETTLEMENTS IS DIRECTLY CONNECTED TO THEIR HIGH RATES OF UNEMPLOYMENT, INADEQUATE LIVING CONDITIONS, LACK OF EQUITABLE ACCESS TO PUBLIC SERVICES AND LOWER EDUCATIONAL ATTAINMENT AND HEALTH LITERACY.

THE MOST COMMON ISSUES (*Ministry of Health of the SR*):

- SCABIES
- TUBERCULOSIS
- HEPATITIS
- RESPIRATORY TRACT INFECTIONS
- PEDICULOSIS
- LICE
- MYCOSIS
- PYODERMIA

It is unacceptable to tolerate groups that are disadvantaged in terms of employment, housing and education being disadvantaged or discriminated against in terms of health care - which is essential for integration into society.

ACEC



TOGETHER FOR BETTER HEALTH



TOGETHER 4 BETTER HEALTH – a pan European partnership to improve the health of Roma people living in isolated communities in Europe.

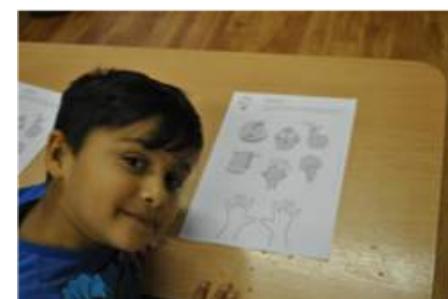
- BULGARIA: National Network of Health Mediators
- HUNGARY: Partners Hungary
- ROMANIA: OvidiuRo
- BELGIUM: European Public Health Alliance
- SERBIA: Unicef
- SLOVAKIA: Association for Culture, Education and Communication



TOGETHER FOR BETTER HEALTH

PHASE

acec Association for
Culture
Education
Communication



www.togetherforbetterhealth.eu

ROMA HEALTH MEDIATOR TRAINING, EDUCATION AND COMMUNICATION

- **HUMAN RESOURCES IN THE FIELD: THE INHABITANTS OF SETTLEMENTS ARE THE MOST IMPORTANT ELEMENT AND A KEY TOOL.**
- **TARGETED TRAINING AND PERSONAL AND PROFESSIONAL DEVELOPMENT: ONE OF THE PROJECT'S SPECIFIC OBJECTIVES PAVING THE WAY TO THE DIGNIFIED INTEGRATION OF THE ROMA MINORITY**

KNOW HOW

- DETAILED DEVELOPMENT
- PROVEN EXPERIENCE
- 10 YEARS OF APPLICATION – REPEATED TESTING AND REFINEMENT
- UNIFIED METHODOLOGY BASED ON REAL AND SPECIFIC FIELD REQUIREMENTS



ROMA HEALTH MEDIATOR TRAINING, EDUCATION AND COMMUNICATION

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ROMA HEALTH MEDIATOR TRAINING, EDUCATION AND COMMUNICATION

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Communication



ROMA HEALTH MEDIATOR FACILITATOR TO FURTHER INTEGRATION

PROGRAMME STAFFING AND LOCAL OWNERSHIP

- ADVANTAGES OF EMPLOYING ROMA FROM THE SETTLEMENTS IN WHICH THE PROGRAMME OPERATES
- INDIVIDUALS ARE ABLE TO COMMUNICATE WITH SETTLEMENT RESIDENTS ON SENSITIVE ISSUES IN A CULTURALLY APPROPRIATE MANNER
- HEALTH ASSISTANTS CREATE LASTING RELATIONSHIPS WITH LOCAL PHYSICIANS AND COUNCILS
- TRAINING AND EMPOWERING ROMA FROM SEGREGATED SETTLEMENTS CREATES A CADRE OF ADVOCATES THAT CAN SPEAK ON BEHALF OF THEIR COMMUNITIES

BUILDING AND DEVELOPMENT OF HUMAN RESOURCES DIRECTLY IN SEGREGATED SETTLEMENTS AND THE DEVELOPMENT OF THEIR POTENTIAL IS A PREREQUISITE FOR THE SUCCESSFUL IMPLEMENTATION OF PROJECTS AND THE KEY TO SOLVING THE DIRE ROMA SITUATION IN EUROPE.



BENEFITS OF HELP FOR SELF HELP

- **THE PLACE OF WORK IS THE FIELD ITSELF.**
- **BUILDING AND IMPROVING THE QUALITY OF SOCIAL CAPITAL IN SEGREGATED SETTLEMENTS.**
- **POSITIVE EXAMPLES FOR OTHER SETTLEMENT INHABITANTS.**
- **COOPERATION AND SYNERGY WITH OTHER PROFESSIONALS PROVIDING ASSISTANCE.**
- **ADDRESSING LONG-TERM UNRESOLVED OR NEGLECTED AREAS, I.E. LACK OF CLEAN WATER, WASTE WATER DISPOSAL.**
- **THE SYSTEMATIC COLLECTION OF DATA – THE MONITORING OF THE STATE OF HEALTH OF THE LOCAL ROMA COMMUNITY. IMPROVING RELATIONS BETWEEN THE MINORITY AND THE MAJORITY.**

- **THE TRANSVERSAL CHARACTER OF THE PROJECT AND RHM WORK**
- **EMPLOYMENT SUPPORT, RAISED EDUCATION, IMPROVED HEALTH.**
- **CONTRIBUTION TO THE PROFESSIONAL DEVELOPMENT OF PEOPLE DISPLAYING LEADERSHIP POTENTIAL.**
- **CONTRIBUTION TO THE OVERALL REVITALISATION OF MUNICIPAL SOCIETY.**

HEALTHY COMMUNITIES SLOVAKIA

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THANK YOU
FOR THE ATTENTION!

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www.acec.sk

HLAVNÁ TÉMA 1

Čo by bolo potrebné pre integráciu Rómov z MRK na trhu práce?

Prezentujúci: PhDr. Helena Jonášová

Film: MNÍCHOV

Rozprávač: Ale tiež toto je realita na Slovensku, životné podmienky ktoré pripomínajú slamy v Indii, alebo v Afrike, ale nie členský štát Európskej únie. Približne 400 až 500 tisíc Rómov žije na Slovensku ako najrýchlejšie rastúca menšina. Rómovia sú stratení, sotva niekto tu má prácu, žiadna perspektíva a ich situácia sa v posledných rokoch aj nadálej zhoršuje. Drastické krátenie sociálnej pomoci vyvolalo v 2004 masové protesty a plienenie, ktoré boli potlačené len s pomocou armády. Mnohí sa pokúsili už viac krát o šťastie niekde v západnej Európe, podali si žiadosti, ale neuspeli.

Rómovia: No nezostáva nič iné, ako íst', z tých pár euro za mesiac sa nedá žiť'. Asi sa pokúsime do Nemecka, Rakúska, Dánska, niekam, kde si budeme môcť nájsť prácu.

Rozprávač: Na Slovensku sú zamestnávatelia, ale len pre kvalifikovanú pracovnú silu.

Návrh zákona o sociálnej ekonomike a sociálnych podnikoch

Branislav Ondruš, štátny tajomník



- 10% všetkých podnikov,
- vyše 14,5 milióna zamestnancov,
- vyše 6,5% pracujúcich,
- vyše 160 miliónov členov (napr. družstvá, mimovládne organizácie, vzájomné sporiteľne)
- Nariadenie Európskeho parlamentu a Rady (EÚ) č. 1296/2013 z 11. decembra 2013 o programe Európskej únie v oblasti zamestnanosti a sociálnej inovácie (EaSI)
- Nariadenie Európskeho parlamentu a Rady (EÚ) č. 346/2013 o európskych fondoch sociálneho podnikania

Sociálne podnikanie v EÚ

- expertný tím – 8 ľudí, z toho 5 z mimovládneho sektora
- **Zuzana Polačková** - EPIC, n. o., spoluautorka mapy sociálneho podnikania, ktorú vydáva EÚ
- **ing. Eva Pongrácz, PhD.** – EU v Bratislave, gestorka predmetov Sociálna ekonomika a Sociálne podnikanie
- **Peter Mészáros** - 3lobit, o. z., pracovná integrácia ľudí s poruchou autistického spektra
- **prof. Gabriela Korimová** – EF UMB v Banskej Bystrici, autorka publikácií o sociálnej ekonomike a sociálnom podnikaní
- **Ivan Mako** - Združenie mladých Rómov, o. z.
- verejná diskusia 29. mája v Bratislave – vyše 100 účastníkov z celého Slovenska (o. z., samospráva, akademická sféra, sociálne podniky)

Tvorba zákona

- vytvoriť na Slovensku priaznivé podnikateľské prostredie pre sociálne podnikanie
- vniest' do sociálneho podnikania poriadok v pojmoch a regulácii
- odstrániť prekážky, ktoré rozvoju sociálnej ekonomiky bránia
- vytvoriť systém podpory pre sociálne podniky
- obsiahnuť pravidlá na zamedzenie zneužívania štatútu sociálneho podniku

Ciel' zákona

- Zákon:
 - ustanovuje sektor sociálnej ekonomiky
 - definuje subjekty sociálnej ekonomiky
 - definuje sociálne podniky
 - vymedzuje možnosti poskytnutia podpory pre sociálne podniky
 - určuje pravidlá na zamedzenie zneužívania poskytnutej podpory
 - definuje správu sektora sociálnej ekonomiky

Predmet zákona

- **súhrn neštátnych aktivít, ktorých hlavným cieľom je dosahovať pozitívny sociálny vplyv**
- **sociálna ekonomika je sektor, ktorý zahŕňa aktivity, ktoré sa týkajú produkcie, distribúcie alebo spotreby**
- **aktivity sociálnej ekonomiky sa môžu vykonávať hospodárskou činnosťou, aj nehospodárskou činnosťou**

Sociálna ekonomika

- subjekt sociálnej ekonomiky, ktorý vykonáva hospodársku činnosť
- musí splňať základné podmienky:
 - hlavným cieľom nie je zisk, ale merateľný pozitívny vplyv
 - ak dosiahne zisk, viac ako 50% zo zisku použije na dosahovanie pozitívneho sociálneho vplyvu („socializácia zisku“)
 - do spravovania svojej hospodárskej činnosti zapája zainteresované osoby

Sociálny podnik

Sociálny podnik, ktorý má priznaný štatút registrovaného sociálneho podniku; získava od štátu uznanie, že naozaj sociálnym podnikom je

Základné rozdelenie registrovaných SP

komunitnoprospešný podnik – pozitívny sociálny vplyv obmedzený na určitú komunitu

verejnoprospešný podnik – pozitívny sociálny vplyv pre spoločnosť ako celok

**Registrovaný sociálny
podnik**

1. INTEGRAČNÝ SOCIÁLNY PODNIK

2. ENERGETICKÝ SOCIÁLNY PODNIK

3. SOCIÁLNY PODNIK BÝVANIA

**Registrované sociálne
podniky z hľadiska
zamerania činnosti**

- dosahovanie pozitívneho sociálneho vplyvu = zamestnávanie znevýhodnených alebo zraniteľných osôb
- integračný podnik musí zamestnávať:
 - 30% znevýhodnených osôb z celkového počtu zamestnancov
 - 30 % zraniteľných osôb z celkového počtu zamestnancov, alebo
 - 40% znevýhodnených a zraniteľných osôb z celkového počtu zamestnancov

Integračný sociálny podnik

- dosahovanie pozitívneho sociálneho vplyvu = energetické úspory, výroba energie z obnoviteľných zdrojov a realizácia adaptačných opatrení na zmenu klímy
- rozvoj špecifického typu sociálneho podniku - v zahraničí „družstvo energie z obnoviteľných zdrojov“
- alternatíva voči súčasnému spôsobu podpory výroby energie – sociálne energetické podniky nemajú byť závislé na dotovanej výkupnej cene

Energetický sociálny podnik

- dosahovanie pozitívneho sociálneho vplyvu = výstavba alebo prestavba bytov alebo prenájom bytov ľud'om s mesačným príjmom do výšky mediánu mesačnej mzdy
- najmenej 70% bytov prenajímaných ľud'om s mesačným príjmom do výšky mediánu mesačnej mzdy a najviac za nájomné zodpovedajúce nákladom na byt

Sociálny podnik bývania

- **PRIAMA PODPORA**
 - * formou investičnej pomoci
 - * formou kompenzačnej pomoci
 - * formou pomoci na podporu dopytu (servisné poukážky)
 - * príspevok integračnému podniku, ktorý pripraví na otvorený trh práce znevýhodnenú osobu a kompenzačný príspevok
- **NEPRIAMA PODPORA**
 - * formou daňových úľav
 - * formou vytvárania dopytu prostredníctvom verejného obstarávania

Podpora sociálnych podnikov

- znížená sadzba DPH na tovary a služby dodávané registrovanými sociálnymi podnikmi, ale výlučne v rámci aktivít sociálnej ekonomiky a v súlade s pravidlami štátnej pomoci o ochrane hospodárskej súťaže
- odpustenie dane zo zisku pri tej časti zisku, ktorá sa reinvestíciou opäťovne vynaloží na hlavný sociálny ciel'
- oslobodenie od niektorých miestnych daní – daň z nehnuteľností, daň za psa, daň za užívanie verejného priestranstva

Daňové úľavy

- širšie využitie vyhradených zákaziek, ktoré môžu prispieť k zvýšeniu odbytu tovarov a služieb sociálnych podnikov
- dnes sa tento model využíva len okrajovo – nejasná definícia podniku, ktorý môže byť dodávateľom vyhradenej zákazky a slabá informovanosť
- inovovaná jednoznačná definícia znakov, ktoré musí podnik uchádzajúci sa o vyhradenú zákazku vykazovať
- nová povinnosť verejného obstarávateľa použiť sociálne hľadisko v opise predmetu zákazky najmenej v 10% verejných obstarávaní, ak v kalendárnom roku realizoval najmenej 10 verejných obstarávaní

Dopyt prostredníctvom verejného obstarávania

- presne vymedzené podmienky, ktoré musí právnická alebo fyzická osoba splňať, aby jej bol priznaný štatút registrovaného sociálneho podniku
- akýkolvek typ podpory je podrobený pravidlám štátnej pomoci a nenarušovania hospodárskej súťaže
- kontrolné mechanizmy dodržiavania podmienok
- ďalšie opatrenia – zákaz obchodovania so závislou osobou, ktorá tiež nie je sociálnym podnikom; mzdové obmedzenia; obmedzenia týkajúce sa prevodu, predaja alebo vyradenia aktív, ktoré boli zakúpené z dotácie alebo navrátitelnej pomoci atd'.

Zamedzenie zneužívania podpory

- **Orgány správy sociálnej ekonomiky**

1. Ministerstvo práce, sociálnych vecí a rodiny
2. Rada pre sociálnu ekonomiku
3. organizácie sektora sociálnej ekonomiky
(strešné organizácie a najvyššia strešná organizácia)

výkon správy v oblasti sociálnej ekonomiky



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2012/08/30 02:20:16

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imgflip.com

**Ďakujem za
pozornosť**

branislav.ondrus@employment.gov.sk



HLAVNÁ TÉMA 2

Agrokultúra – Rozšírenie pracovných možností?

Prezentujúci: EUROPEAN NEIGHBOURS

Film: FAIR FUTURE BIO GARLIC

- 730 miliónov ľudí
- 72 ľudí na km²
- 44 krajín
- 28 krajín v EU
- 303 miliárd eur rozpočet na obranu
- 4,28 milióna eur rozpočet na ESA (Európska vesmírna agentúra)
- 10,18 miliónov km²
- Viac ako 250 miliónov automobilov
- 3 milióny bezdomovcov
- Mali by sme rozprávať o Európe

European Neighbours

Rozprávač: Európsky susedia v Grazi (Rakúsko) začali v roku 2011 s projektom pre nezamestnaných Rómov na Slovensku, Chorvátsku, Maďarsku a Rumunsku.

Siegfried Nagl (primátor mesta Graz): Áno, my sme začali tento projekt, pretože sme si uvedomili v posledných rokoch, odkedy sú v Európskej únii nové krajiny, že veľa ľudí z našich susedských krajín k nám prichádza. Sú to Rómovia a títo Rómovia k nám prichádzajú ako žobráci. Mali sme veľa diskusií, a potom sme začali tento projekt, pretože chceme pomôcť. Vieme, že v Európe máme okolo 12 miliónov Rómov a myslím si, že pre nich musíme niečo urobiť, ako všeobecný plán v Európe.

Bernd Spiegl (European Neighbours): Po intenzívnych analýzach sme našli niečo zvláštne. Pred desiatkami a stovkami rokov sa cesnak pestoval po celej Európe od Bosporu po Fínsko, od Portugalska po Ural. Pre nejaký neznámy dôvod produkcia cesnaku v Európe výrazne klesla.

Ing. Jana Tomová (European Neighbours): Po prvých školeniach pre 7 žien v Grazi v októbri sme dostali zhruba 400 kg cesnaku pre Slovensko a tento cesnak bol na konci októbra a začiatku novembra zasadnený našimi dievčatami, ktoré si to sami zorganizovali a bola to prvá skúsenosť, ktorá mala skutočne pozitívny dopad pre všetkých zapojených Rómov.

Rozprávač: Hlavným argumentom pre pestovanie cesnaku je, že 80% európskeho dopytu po cesnaku je importovaného z Číny. Projekt môže poskytnúť prácu pre tisíce ľudí v Európe.

Pokračuje text v slovenčine od Šarlotky Sajkovej.



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PRACOVNÝ TRH A NEZAMESTNANOSŤ RÓMOV LABOUR MARKET AND UNEMPLOYMENT OF ROMA PEOPLE

• 17. október, 2017 Kremnica, Slovensko

17th of October, 2017 Kremnica, Slovakia

Markus Mandl EN

Jana Tomová EN, Slovakei



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VEREIN EUROPEAN NEIGHBOURS

- arbeitet seit 2011
- unter der Schirmherrschaft von Bürgermeister Mag. Siegfried Nagl
- und Landeshauptmann Hermann Schützenhöfer
- in 11 europäischen Staaten.

ZDRUŽENIE EUROPEAN NEIGHBOURS

- funguje od roku 2011
- pod záštitou primátora mesta Siegfrieda Nagla
- a župana Hermanna Schützenhöfera
- v 11 európskych krajinách



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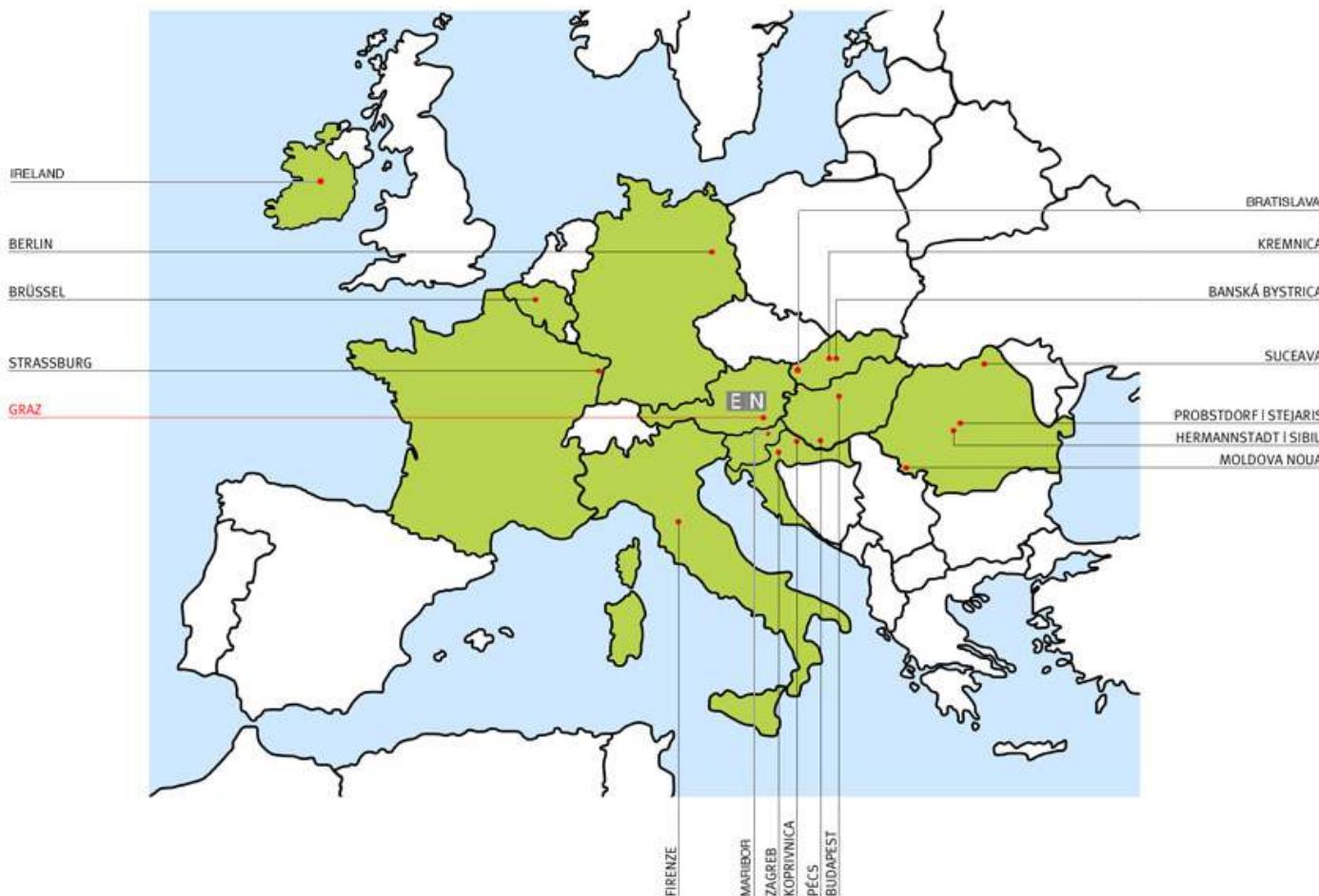


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VEREIN EUROPEAN NEIGHBOURS

- mit dem Ziel Benachteiligten in Europa,
- insbesondere Roma,
- eine lebenswerte und menschenwürdige Zukunft zu ermöglichen.
- Ciel' dovolit' znevýhodneným ľudom v Európe,
- najmä Rómom,
- zmysluplnú životaschopnú a ľudskú budúcnosť.



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- ein eigenes Einkommen für eine große Zahl
- von sozial und
- Wirtschaftlich benachteiligten Menschen.



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- náš **hlavný produkt Štajerský cesnak, vytvárame**
- samostatný príjem pre vel'ké množstvo
- sociálne a ekonomicky znevýhodnených ľudí

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Bisherige Erfolge

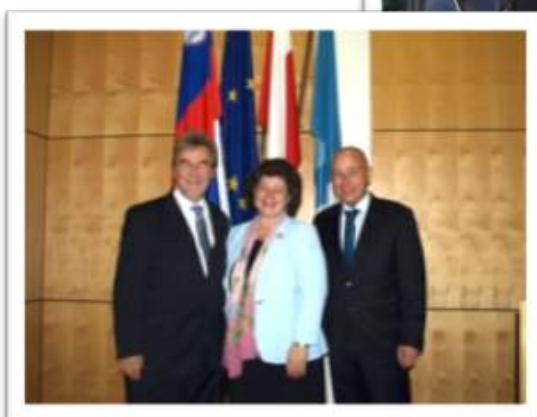
- **40 Trainer wurden in Graz in der Landwirtschaftlichen Fachschule Alt-Grottenhof als Multiplikatoren ausgebildet**
- > Train the Trainer

Doterajšie úspechy

- **V pol'nohospodárskom sektore bolo vzdelávaných 40 trénerov v Grazi**
- Fachschule Alt-Grottenhof ako multiplikácia
- > Trénujte trénera



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BISHERIGE ERFOLGE

- 120 Teilzeitarbeitsplätze wurden in mitteleuropäischen Nachbarländern geschaffen

DOTERAJŠIE ÚSPECHY

- V strednej Európe bolo vytvorených 120 pracovných miest na čiastočný úväzok
- v susedných krajinách



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BISHERIGE ERFOLGE

DOTERAJŠIE ÚSPECHY

- Auszeichnungen durch die EU - Good Practice von der
- „Alliance of Cities and Regions for Roma Inclusion“ und
- Best Practice im Rahmen der „Poverty Convention“ in Brüssel

- Ocenenia v rámci osvedčených postupov EÚ
- z "Aliance miest a regiónov pre začleňovanie Rómov"
- Najlepšia prax na "Konvencii o chudobe"
- v Bruseli



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BISHERIGE ERFOLGE

- Öffentlichkeitsarbeit und Bewusstseinsbildung durch
- **9 internationale Konferenzen, die im Rahmen des**
- Programmes „Europe for Citizens“ für die Stadt Graz
- organisiert wurden

DOTERAJŠIE ÚSPECHY

- Vzťahy s verejnosťou a zvyšovanie povedomia
- **9 medzinárodných konferencií organizovaných v rámci**
- EÚ Program "Európa pre občanov" pre mesto Graz
- organizované



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Permanente Zusammenarbeit – Trvalá spolupráca

- mit wissenschaftlichen Partnern wie
- der KF Universität Graz (Institut für Pharmakognosie Prof. Bauer),
- Philipps Universität in Marburg/Lahn (D) (Prof. Keusgen), Joanneum Research (Dr. Böchzelt), etc.
- s vedeckými partnermi ako napr. Univerzita KF v Grazi (Ústav pre Farmakognózy Prof. Bauer),
- Univerzita Philippa v Marburg / Lahn (Nemecko) (prof. Keusgen), Joanneum Research (Dr. Böchzelt) atd'.



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Permanente Zusammenarbeit – Trvalá spolupráca

- mit österreichischen und internationalen Institutionen,
- Städten, Regionen und NGO's wie COFACE, Caritas,
- SOS-Kinderdorf, KV Roma etc.
- Rakúske a medzinárodné inštitúcie,
- Mestá, regióny a mimovládne organizácie, ako sú COFACE, Caritas,
- Detská dedina SOS, KV Roma atď.





Permanente Zusammenarbeit – Trvalá spolupráca

- mit Wirtschaftsunternehmungen und Stakeholdern
- Hospodárske podniky a zainteresované strany



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MULTIMEDIÁLNA PREZENTÁCIA PRÍKLADY DOBREJ PRAXE

Film: 1. VZDELÁVANIE RÓMOV – KLÚČ K INTEGRÁCII

„V našej škole sa integrácia a inklúzia deje každý deň. Jedným zo spôsobov je mať rómčinu ako pracovný jazyk medzi detmi. Myslím si, že toto je cesta k integrácii a to robíme,“ povedala **učiteľka Jana Luptáková**.

Monika Pinna z Euronews uvádza: „Počet Rómov na Slovensku patrí medzi najvyššie v Európe. Reprezentujú okolo osem percent populácie. Dĺžka života je u nich v priemere o 15 rokov nižšia ako je národný priemer. Len 28% detí navštěvuje školu a okolo 20% rómskych mužov pracuje.“

Reportérka: Išli sme do geta v Moldave nad Bodvou, asi 25 km juhozápadne od Košíc. Rodiny tam prežívajú na základe sociálnych dávok. Medzi 750 ľuďmi, ktorí tu žijú je 420 detí – za každé dostane rodina 22 eur mesačne. Niektorí obyvatelia žijú v domoch s vodou a elektrinou a vláde platia nájomné. Zvyšok žije v ilegálnych chatkách bez vody, bez elektriny a bez kanalizačného systému. Moldava nie je žiadnou výnimkou. Posledný prieskum rómskych komunít siaha až do roku 2004. Výsledky vykazujú viac než 100 „segregovaných usedlostí“ len v Košickom kraji. Na národnej úrovni je toto číslo takmer trikrát vyššie. Deti tu prejst' dva kilometre pešo, aby sa dostali do najbližšej školy. Napriek vzdialenosći sa do školy zapisuje veľa detí, pretože keď navštěvujú školu, rodičia z toho majú rôzne sociálne výhody.

Problémy rómskych detí so slovenským vzdelávacím systémom nastupujú už počas predškolskej výchovy. **Michaela Csalová, z Centra pre Trvalo Udržateľný Rozvoj na Slovensku** (ETP) -ENGL, povedala: "Problém je v tom, že nie sú umiestnené v materských školách, kde by sa mohli učiť základným hygienickým návykom a disciplíne. Ak by to takto fungovalo bolo pre ne oveľa jednoduchšie začleniť sa do prvej triedy na základnej škole. Materské školy v Moldave ich však neprijímajú.“

Reportérka: To je dôvod, prečo Centrum pre udržateľný rozvoj vytvorilo predškolské triedy pre integráciu rómskych detí do základnej školy. Tieto lekcie sú veľmi dôležité pre ich rozvoj. Napriek tomu veľké percento z nich je aj tak umiestnených do špeciálnych škôl pre mentálne postihnutých alebo celo-rómskych tried. Podľa odborníkov a rodičov to vytvára hlboký nevýhodu.

"Rómske deti nemajú rovnaké príležitosti ako nerómske deti, pretože je to pre nich náročné chodiť do školy. Je to pre nich ľažké hovoriť, čítať a písat v slovenskom jazyku. Na druhej strane rómski rodičia sa tiež mali snažiť povzbudiť deti, aby ďalej študovali,“ povedala **matka Alžbeta Dudová**.

Monica Pinna z Euronews povedala: "Projekt v roku 2008 ukázal, že integrácia je možná. Študenti v škole v Kremnici to zažívajú každý deň.“

Reportérka: Kremnica, nachádzajúca sa v srdci Slovenska, má okolo 300 rómskych obyvateľov s populáciou vyše 5200 ľudí. Súkromné gymnázium Zefyrina Jiméneza Mallu je otvorené pre rómske i nerómske deti. Špecializuje sa prípravou marginalizovaných študentov na akademické vzdelanie.

“V tejto škole sa deti (rómske aj nerómske) učia slovenský jazyk, angličtinu a tiež rómčinu. Majú aj predmet, ktorý sa venuje histórii Rómov a myslím si, že je to dobrý spôsob smerom k integrácii a to je špecifikum tejto školy. Nikdy predtým som nepracovala s detmi takýmto spôsobom a to napriek tomu, že sama som Rómka,“ povedala **učiteľka angličtiny Jana Lupátková**.

Pre niektorých študentov piateho ročníka pani Luptákovej je zmiešaná trieda úplne novou skúsenosťou. **Sedemnásťročná Nikola Pokošová** strávila všetky jej predchádzajúce školské roky v čisto rómskej škole. Táto zmena nebola jednoduchá. Povedala: "Na začiatku tam boli ľudia, ktorých výzor vo mne budil divné pocity (cítila som sa divne). Musela som, ale začať budovať vzťahy. Myslela som, že ma budú odmietať, ale zistila som, že to nie je pravda. Oni (nerómovia) sú tiež normálni ľudia a stali sme sa priateľmi."

Reportérka: Táto škola ponúka detom miesto na učenie a hranie. Medzi mimoškolské aktivity patrí hudba či umenie. Deti sú povzbudzované, aby rozvíjali svoj talent. Každý študent má rovnaký prístup ku kvalitnému vzdelaniu.

Riaditeľka školy, Jana Tomová, povedala: "Naším cieľom je vzdelávanie rómskych detí v rámci štandardného vzdelávacieho procesu. Rómske deti sú zvyčajne umiestňované do špeciálnych škôl, kde deväť rokov vzdelávania sa rovná štyrom rokom na bežných školách, čo je úplne neekonomicke."

Reportérka: Zlepšenie situácie Rómov sa stalo sociálnou a ekonomickej prioritou pre celú Európu. Minulý rok v júni, na programe rokovania počas najnovšej európskej platformy pre začleňovanie Rómov bola integrácia rómskych detí a mládeže dôležitým bodom. Európska komisia vydala "správu o pokroku", ktorá tlačí členské štáty k vykonávaniu ich národných integračných plánov pre Rómov.

Podľa **Jána Hera**, bývalého riaditeľa gymnázia Zefyrina Jiméneza Mallu, je národná a európska koordinácia klúčom k vyriešeniu zložitého problému. V súčasnej dobe pracuje na integrácii Rómov pre slovenskú vládu. Povedal: "Vzdelanie samotné nestačí. Na riešenie problému je potrebné riešiť tiež bývanie, zamestnanie a zdravie. Pre prístup k vzdelávaniu je dôležité, aby boli tieto prekážky odstránené. Tieto prekážky pochádzajú z rodín, rómskej komunity a zo spoločnosti."

Reportérka: Pokiaľ tieto bariéry nebudú odstránené, diskriminácia a nerovný prístup k vzdelávaniu bude v cykle chudoby v rámci rómskych komunít pokračovať.

MULTIMEDIÁLNA PREZENTÁCIA PRÍKLADY DOBREJ PRAXE

Film: 4. EUROPEAN ROMA SPIRIT AWARD 2016

Rozprávač: Mestská samospráva Berlín-Neukolln (Nemecko)

Nominovaná za akcie cielené na prekonanie rozdielov medzi novo pristáhovanými Rómami z Rumunska a Bulharska a občanmi Neukollnu vo všetkých oblastiach.

Franziska Giffey: Moje meno je Franziska Giffey, som primátorka mestskej časti Berlín-Neukolln a som zodpovedná za pohyb 350 tisíc obyvateľov zo 150 rôznych krajín. V posledných šiestich rokoch máme veľmi veľký prísun Rómov z Rumunska a Bulharska, ktorí sem prišli ... a my sa musíme o to postarať. Urobili sme to vo vzdelávaní, kultúre, športe, bývaní a tiež v zdravotnej otázke a snažíme sa integrovať ľudí, ktorí tu môžu a chcú zostať a ktorí chcú lepší život pre seba a svoje rodiny.

Cordula Simon: A teraz Rómovia z Rumunska i Bulharska, všetci z nich sú občania ako všetci ostatní ľudia zo 150 krajín. Majú tu šancu fungovať ako rovnocenní ľudia.

Rozprávač: Mestská samospráva Graz, Rakúsko

Nominovaná za implementáciu projektov zameraných na udržateľný rast zamestnanostiou Rómov z Európskych krajín v Grazi.

European Neighbours v Grazi (Rakúsko) začali v roku 2011 s projektom pre nezamestnaných Rómov na Slovensku, Chorvátsku, Maďarsku a Rumunsku.

Siegfried Nagl (primátor mesta Graz): Áno, my sme začali tento projekt, pretože sme si uvedomili v posledných rokoch, od kedy sú v Európskej únii nové krajiny, že veľa ľudí z našich susedských krajín k nám prichádza. Sú to Rómovia a títo Rómovia k nám prichádzajú ako žobráci. Mali sme veľa diskusií, a potom sme začali tento projekt, pretože chceme pomôcť. Vieme, že v Európe máme okolo 12 miliónov Rómov a myslím si, že pre nich musíme niečo urobiť, ako všeobecný plán v Európe.

Pokračuje text v slovenčine od Šarlotky Sajkovej.

the founder
recipient of the prize
Ms. Shulamith
on 30 October 2007
in Graz

HUMAN RIGHTS AND THE CITY

Fighting racism and discrimination through
human rights education

Barbara Schmiedl
ETC Graz

HUMAN RIGHTS AND THE CITY



„It is the objective, especially with regard to duty-bearers in public institutions, organisations and associations, that the respect of the norms relevant for human rights will assume an important role at all levels of society, in the formulation of general rules and in decisions concerning the future development of the City of Graz.“

**Human Rights Declaration of the City of Graz,
Decision of the City Council, 2001**

CHRONOLOGY 1/2

- 2001 Human Rights Declaration of Graz as the first European Human Rights City
- 2005 Department for Integration established
- 2006 Accession to the European Coalition of Cities against Racism (ECCaR)
 - Interreligious Council established
- 2007 Human Rights Council established
 - First Human Rights Election Monitoring
- 2008 First Human Rights Report of the City of Graz

CHRONOLOGY 2/2

- 2008 Creation of the bi-annual Human Rights Award of the City of Graz
- 2009 Resolution against Domestic Violence
- 2010 First Report on Poverty
- 2012 Accession to the European Charter for Equality of Women and Men in Local Life
- 2013 Anti-Discrimination Office of the Province of Styria/Graz established
 COM UNITY SPIRIT: Graz Declaration on Interfaith Dialogue

Human Rights Cities international:
www.pdhre.org
(Peoples' Movement for Human Rights Learning)

ACTORS: TOP-DOWN AND BOTTOM-UP

Human Rights
Council

Department for
Integration

Peace
Bureau

ETC Graz

Interreligious
Council

Migrants ‘
Council

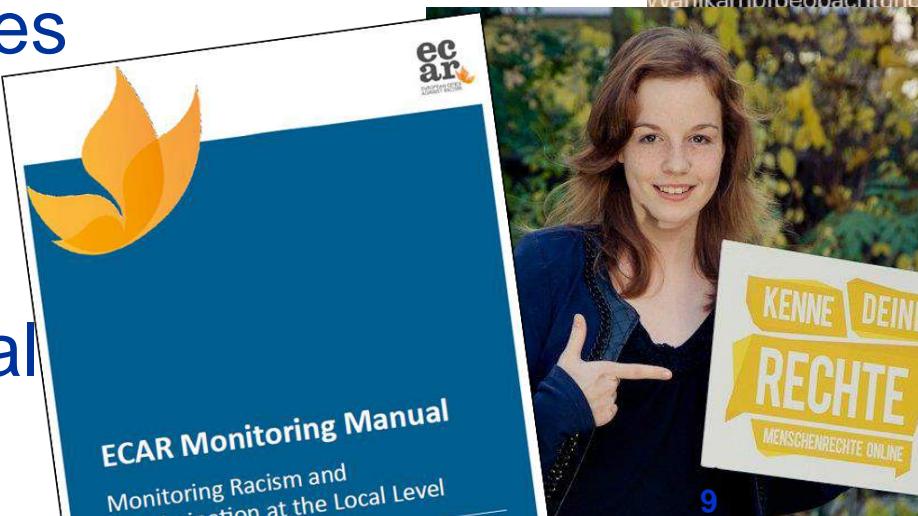
ECCaR

IMPLEMENTATION 1/2

- ▶ Human Rights Report of the City of Graz
- ▶ Election Campaign Monitoring
- ▶ „Kenne deine Rechte“ („Know your rights“)
- ▶ ECAR –European Cities against Racism
- ▶ Writers in Exile
- ▶ fragments Film Festival for Human Rights



Wahlkampfbeobachtung



IMPLEMENTATION 2/2

- ▶ Anti-Discrimination Office
 - ▶ Independent Women's Representative (?)
 - ▶ Human Rights (Education) Strategy for Graz
 - ▶ NGO-projects: Youth against Violence and Racism, IKU („Together“), We are Graz
 - ▶ Human Rights
(Elementary) School
- 

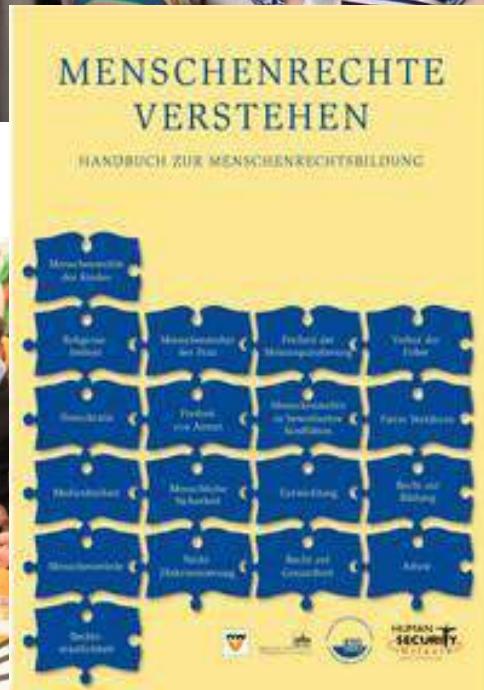
THE RIGHT TO HUMAN RIGHTS EDUCATION

- ▶ Public lectures + debates
- ▶ Workshops
- ▶ Trainings
- ▶ Movies
- ▶ School and public events
- ▶ The Human Rights City Walk
- ▶ Campaigns
- ▶ Projects
- ▶ ...



Alle Menschen sind frei und gleich an Würde und Rechten geboren. Sie sind mit Vernunft und Gewissen begabt und sollen einander im Geiste der Brüderlichkeit begegnen.

Art. 1, Allgemeine Erklärung der Menschenrechte, 1948.



HUMAN RIGHTS EDUCATION AS A DUTY

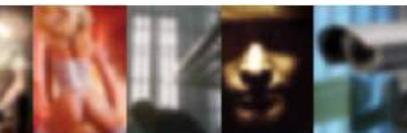
- ▶ Educating duty bearers such as the police, judiciary, prison staff, administration officers, teachers, health care staff...



HUMAN RIGHTS EDUCATION THROUGH CAMPAIGNING 1/2

► THAT'S RIGHT!

- Posters, postcards
- Brochure
- Travelling exhibition
- Workshops



“ GANZ RECHT!

Kampagne des ETC Graz
gegen Stammtischparolen



Anleitung zum
GEGENREDEN

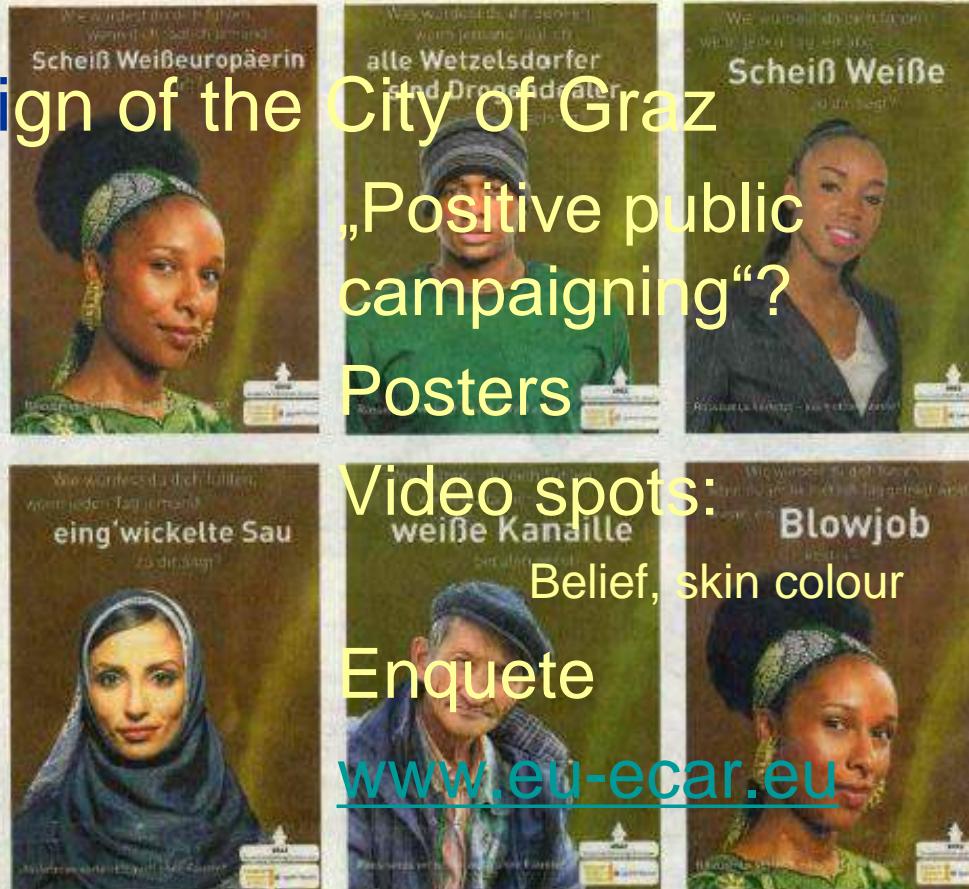


§ Niemand darf in Sklaverei oder Leibeigenschaft gehalten werden. Niemand darf gezwungen werden, Zwangs- oder Pflichtarbeit zu verrichten.

Artikel 4, Europäische Konvention zum Schutz
der Menschenrechte und Grundfreiheiten, 1950

HUMAN RIGHTS EDUCATION THROUGH CAMPAIGNING 2/2

► Anti-racism campaign of the City of Graz



Harte Zitate, die erst beim genauerem Hinsehen verständlicher werden: Mit dieser provozierenden Kampagne begeht die Stadt Graz den heutigen internationalen Tag gegen Rassismus.

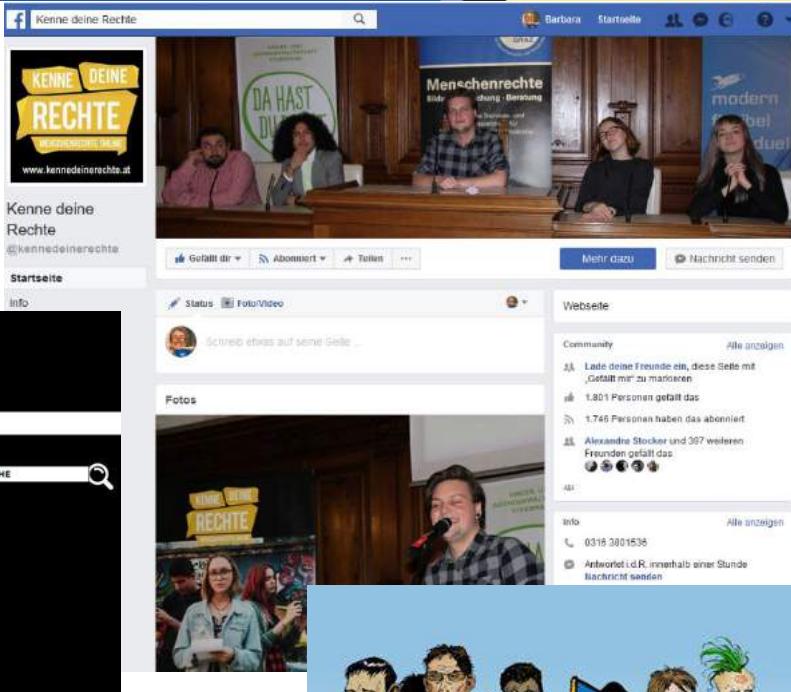
Grafik: Werbesu

Harte Grazer Attacke der Rassismus!

HUMAN RIGHTS EDUCATION ON-LINE

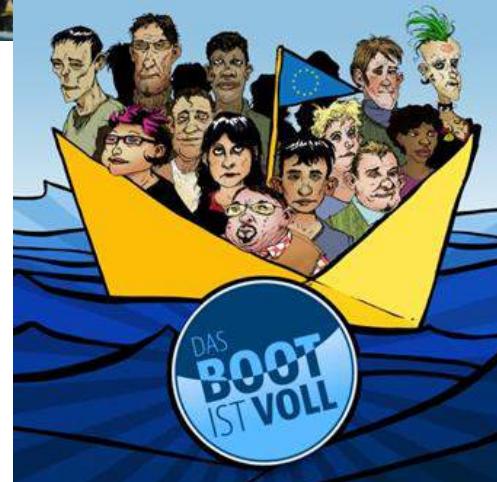


- ▶ „Kenne deine Rechte“
("Know your rights")
<http://kennedeinerechte.at>



<https://facebook.com/kennedeinerechte>

- ▶ „Das Boot ist voll“ ("The boat is full")
<http://dasbootistvoll.at>



HUMAN RIGHTS EDUCATION STRATEGIES IN THE CITY

- ▶ HRE strategy of the City of Graz:
 - Promoting knowledge about and understanding of human rights
 - Sensitizing through human rights and fostering respect, empathy and solidarity
 - Promoting civil courage for human rights
- ▶ Role of the universities
- ▶ Issues of public space: begging, exclusion of „unwanted“ groups (youth, punks, Roma beggars, street artists, mosque...)

HUMAN RIGHTS RESEARCH

- ▶ FRA Studies (EU),
FRAME 
- ▶ ADIX – Anti-Discrimination Index (ECCaR) 
- ▶ LID – Locating Intersectional Discrimination 
- ▶ ADPOLIS –Anti-Discrimination Policies Successfully Implemented 
- ▶ Lobbying and Policy on European level
- ▶ Monitoring scheme (ECAR)
- ▶ Pre-service and in-service training of the judiciary
- ▶ Toolkit for Equality for local authorities

CHALLENGES 1/2: THE EDUCATIONAL VIEW

- ▶ WHO should learn WHAT and HOW?
 - ▶ Strategy and planning
- ▶ WHAT do people learn?
 - about
 - through
 - for human rights?
- ▶ HOW can we know about their learning?
 - ▶ Evaluation

CHALLENGES 2/2: THE EXTERNAL VIEW

- 
- ▶ Challenges and opportunities
 - Variety of actors
 - Political commitment
 - Institutionalisation
 - Structures within the administration
 - Coordination and visibility of existing approaches
 - Lack of financial means

ETC GRAZ: FACTS AND FIGURES 1/2



- 1999 ETC founded as an association
- 2000 ETC at the „Mozarthof“ – start of the Human Rights City process
- 2001 First educational efforts (in-service training for teachers, judiciary, public officials)
- 2003 Manual „Understanding Human Rights“
 Summer Academy on Human Rights and Human Security
- 2005/06 Process of ECCaR accession of the city of Graz

ETC GRAZ: FACTS AND FIGURES 2/2



- 2007 ETC becomes office of the Human Rights Council
- 2010 UNI-ETC founded (HR centre at the Law Faculty)
- 2011 ETC moved to Elisabethstraße
 National Focal Point in the EU Fundamental Rights Agency's research network FRANET (until 2018)

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Private Musik und dramatischer Konservatorium
Požiarnická 1, Košice

Roma Volkstanz

Mgr. art. Ing. Slavomír Ondejka

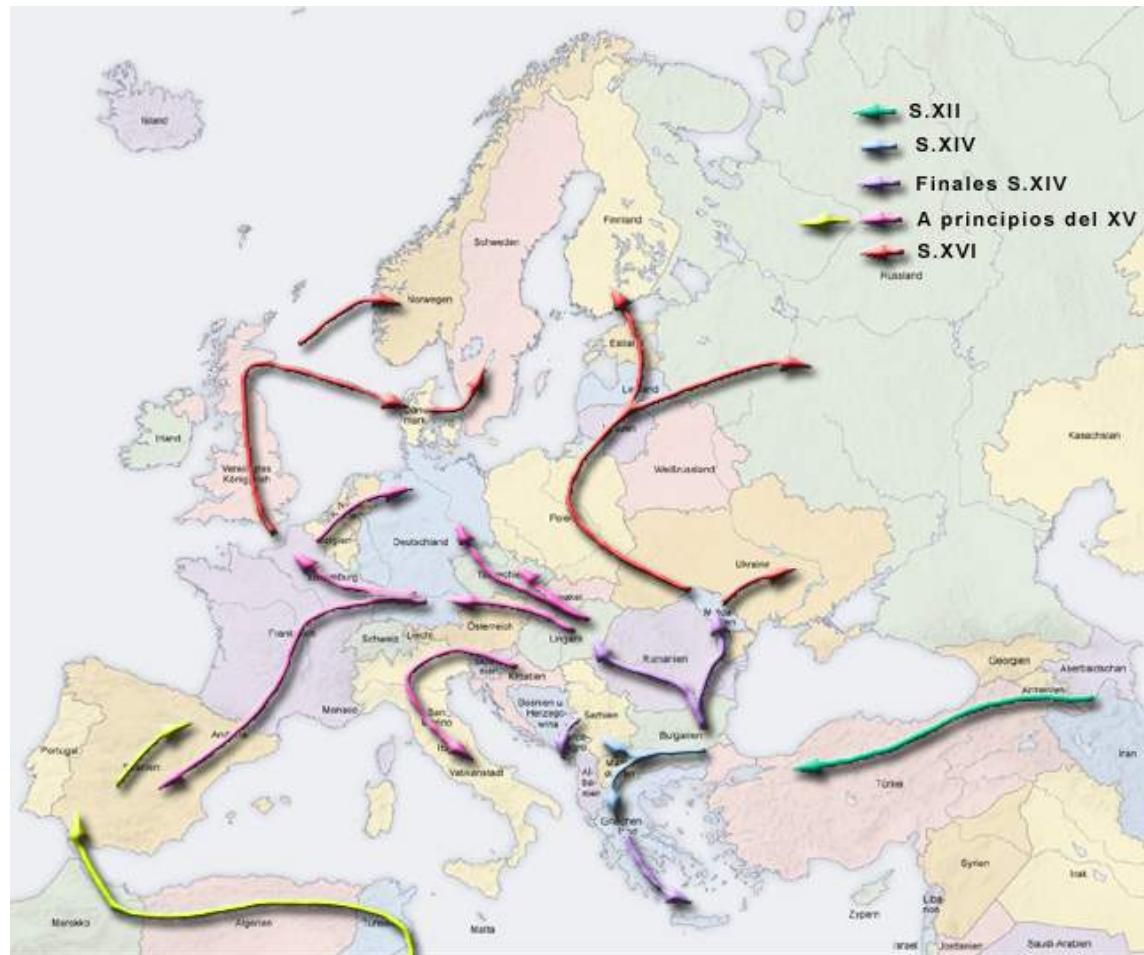
Was ist ein Volkstanz?

- ▶ Dies ist eine musikalische und musikalische Kunst, insbesondere ländliche, sowie Tanzaufführungen aus anderen kulturellen und ethnischen Umgebungen angepasst an lokale Bedingungen. Wir bezeichnen ihn als eine Art Tanz, an dem die anonymen Schöpfer maßgeblich beteiligt waren. Ein wichtiger Faktor war, dass ihre Rede von der Mehrheit der Gemeinschaft akzeptiert wurde und dann geformt, gehandelt, bewahrt und von Generation zu Generation transformiert wurde. Volkstanz ist ein Phänomen des Synkretismus, dessen Hauptbestandteile Bewegung, Musik und Gesang sind, sowie verschiedene Untertitel und Kunstelemente, die ihn mit anderen volkskulturellen Ausdrucksformen (gebräuchlich, Etikett, Spiele, Volkstheater, Kleidung usw.) verbinden.

- ▶ Roma waren Nomaden, in ihre Gemeinschaften. Wenn wir über Roma-Volkstanz sprechen, ist es wichtig zu erkennen, dass er sich auf die Tanzmanifestationen der Roma-Ethnie bezieht: – Roma Ethnie lebte in Diaspora (verstreut), Roma waren nicht in großen Gruppen konzentriert, – auf dem Gebiet der Slowakei (früher Ungarn) bis zum 18. Jahrhundert. im Rahmen von Stellenangeboten umgesiedelt (Schmieden, Jagen, Musik, Pferdeverkauf)
- ▶ Der Roma-Volkstanz bildete sich daher nach der Mehrheit der Bevölkerung, die mit ihm in Kontakt kam (das heißt, in der Nachbarschaft, in der er lebte).

- ▶ Der Ursprung der ethnischen Gruppe der Roma, die in Europa gegründet wurde, stammt von der ethnischen Zugehörigkeit, die im Gebiet von Nordwest-Indien in der Region **Rajasthan** lebt und **Bihar**. Aus der Sicht des Tanzens können wir besonders die Tänze sehen, die zur Spiritualität neigen In Tanz und Musik werden die Bewegung des Universums, die Bewegung der Sonne, die Planeten, das Wachstum von Pflanzen, Vögeln und das Wachstum jedes Menschen hervorgehoben. Tanz und Musik sind eine Form der Verehrung der Götter. Tanzbewegung ist eine wichtige Bewegung der Füße in der tiefen Couch und Geste Handgesten. Das dominierende Thema des Tanzes ist die Rotation der Tänzer an Ort und Stelle.

Migration von Roma-Ethnie



- ▶ In 3. bis 7. Jahrhundert. Die Roma zogen nach Persien. Im Gebiet des heutigen Syrien im 12. Jahrhundert trennte einen Zweig nach Ägypten und zog über das Gebiet von Nordafrika nach Spanien. In Ägypten sehen wir Veränderungen im Roma-Volkstanz gegenüber der Mehrheitsbevölkerung. Nichtsdestoweniger ist es ein kontaktloser Charakter des Tanzes, der lesbar ist, die wichtige Bewegung der Hände bleibt im Handgelenk und in der Spitzenrotation.

- ▶ Flamenco ist ein berühmtes spanisches Musik-Tanz-Genre. Im Jahr 2010 wurde die UNESCO zum immateriellen Kulturerbe der Menschheit erklärt. Obwohl es sich um einen Teil der spanischen Kultur im Allgemeinen handelt, kommt es hauptsächlich aus der andalusischen Region und der Ursprung des Flamenco ist die romanische, jüdische, islamische und schließlich indigene andalusische Kultur. Zu Beginn war Flamenco Teil des Lebensstils der Armen. Es wurde in engen Kreisen von Leuten aufrechterhalten, besonders unter Verwandten. Auf professioneller Ebene begannen Künstler, bis später aufzutreten, als das Interesse an Spaniens exotischem Gesicht wuchs. Er folgte dem "Goldenen Zeitalter des Flamenco", aber die Zeit der Kaffeehäuser auf Flamenco-Basis führte zur Zerstörung der ursprünglichen Reinheit des Stils. Dagegen eine Gruppe spanischer Intellektueller, angeführt von Federico García Lorca und dem Komponisten Manuel de Falla. Im Jahr 1922 organisierten sie in Granada einen berühmten Flamenco-Gesangswettbewerb, um die künstlerischen Werte der zerstörerischen Kultur hervorzuheben.

- ▶ Mit der Migration der Roma verfolgen wir einen zweiten Zweig, der vom Balkan bis in das Mittlere und später nach Westeuropa reicht. In der balkanisch-muslimischen Kultur wurde auch die Mehrheit der Musik- und Tanzmanifestationen übernommen. Es bleibt jedoch die Tatsache, dass ihre Tanzperformance Spezifitäten in der Bewegungsdynamik und im Überleben der Bewegung durch die Interpreten selbst zeigte. Vor allem in der Frauensprache beobachten wir die orientalischen Elemente der ausgeprägten Bewegung des Beckens und des Bauchtanzes – "Mahala".

- ▶ Für unser Gebiet beobachten wir hauptsächlich den mitteleuropäischen romanischen Tanzdialekt. Wir sprechen vom sogenannten "Zigeunertanz", der sich durch eine schnelle, lebendige und spontane Bewegung auszeichnet, die gewalttätige, schlaue, atemberaubende und abwechslungsreiche Motive in den Beinen begleitet. Wir sprechen über Rumänisch Transylvanien, Ukrainisch Transkarpatien, Ungarn und Slowakei. Der musikalische Hintergrund der älteren Tanzgruppe der Roma-Volkstänze im mitteleuropäischen Umfeld ist meist eine vokal-instrumentale Basis. Tanzlieder entstanden in enger Verbindung mit Tänzen, bei denen oft kurze Sätze durch oralen rhythmischen Ausdruck ergänzt werden – "Oraler Bass".



- ▶ Das Tanzen ist die hohe Individualität der Tänzer und ihr kontaktloser Ausdruck. Männliche Tanzperformance: – basiert in erster Linie auf einzelnen Tanzmotiven. Diese haben normalerweise eine gemeinsame rhythmische Basis, die von jedem Interpreten individuell entwickelt wird.. Die Basis der Bewegung liegt immer noch in der Arbeit der Füße, die eine rhythmische Übereinstimmung mit einer vokal-musikalischen Begleitung aufrechterhalten. Diese Bewegung wird dann durch verschiedene rhythmische Schläge der Beine und des Körpers des Darstellers bereichert (ergänzt durch die Bewegung der Füße)
- ▶ Frauen Tanzperformance: – basiert auf relativ einfachen Bewegungen der unteren Gliedmaßen, während sich der Tänzer frei im Raum, im Raum und in der Drehbewegung bewegt. Diese Bewegung wird durch schwingende Finger, Klatschen und Knickbewegungen der Hände in Ellbogen und Handgelenken ergänzt.

- ▶ Aus dem oben Erwähnten können wir eine Vielzahl von Tanzdialekten als Roma–Volkstanz nach der Umgebung, in der die Roma–Bevölkerung lebte, denken. Die Besonderheit des Romani–Volkstanzes ist tiefe Spiritualität und rhythmische musikalische Begleitung. Einmal bestand die Band aus einfachen Rhythmusinstrumenten, Musiktamburinen und primitiven Saiteninstrumenten, die einer oder zwei Saiten (lutna, später lavuta – Violine) ähnlich waren. Später wurden die Roma wahre Experten. Auf breiterer Ebene haben sie diese Arbeit in Ungarn, Russland, Rumänien und dann auch in Spanien geleistet. Tänzer und Musiker, angepasst an die Geschmäcker und Anforderungen der Kultur der Bevölkerung, in der sie lebten. Sie lernten zu tanzen und die Instrumente zu spielen, die von einheimischen Musikern benutzt werden, die ihre Talente überwinden. Auf dem Gebiet der Slowakei wurden Roma–Musiker von inländischen igricans ersetzt.

- ▶ Gegenwärtig sehen wir oft Roma-Leute auf der Bühne tanzen, auf der sie vor allem in den 60er und 70er Jahren aufgeführt wurde. – Choreografen verschiedener künstlerischer Körper. Missbildungen der Tanzformen waren jedoch auf Missverständnisse der inneren Gefühle dieser Ethnizität zurückzuführen. Heute, wenn Audio und Video der originalen Musik- und Tanzmanifestationen der Roma bereits verfügbar sind, können wir ihre Schönheit in vollem Umfang bewundern.

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Danke für Ihre Aufmerksamkeit



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