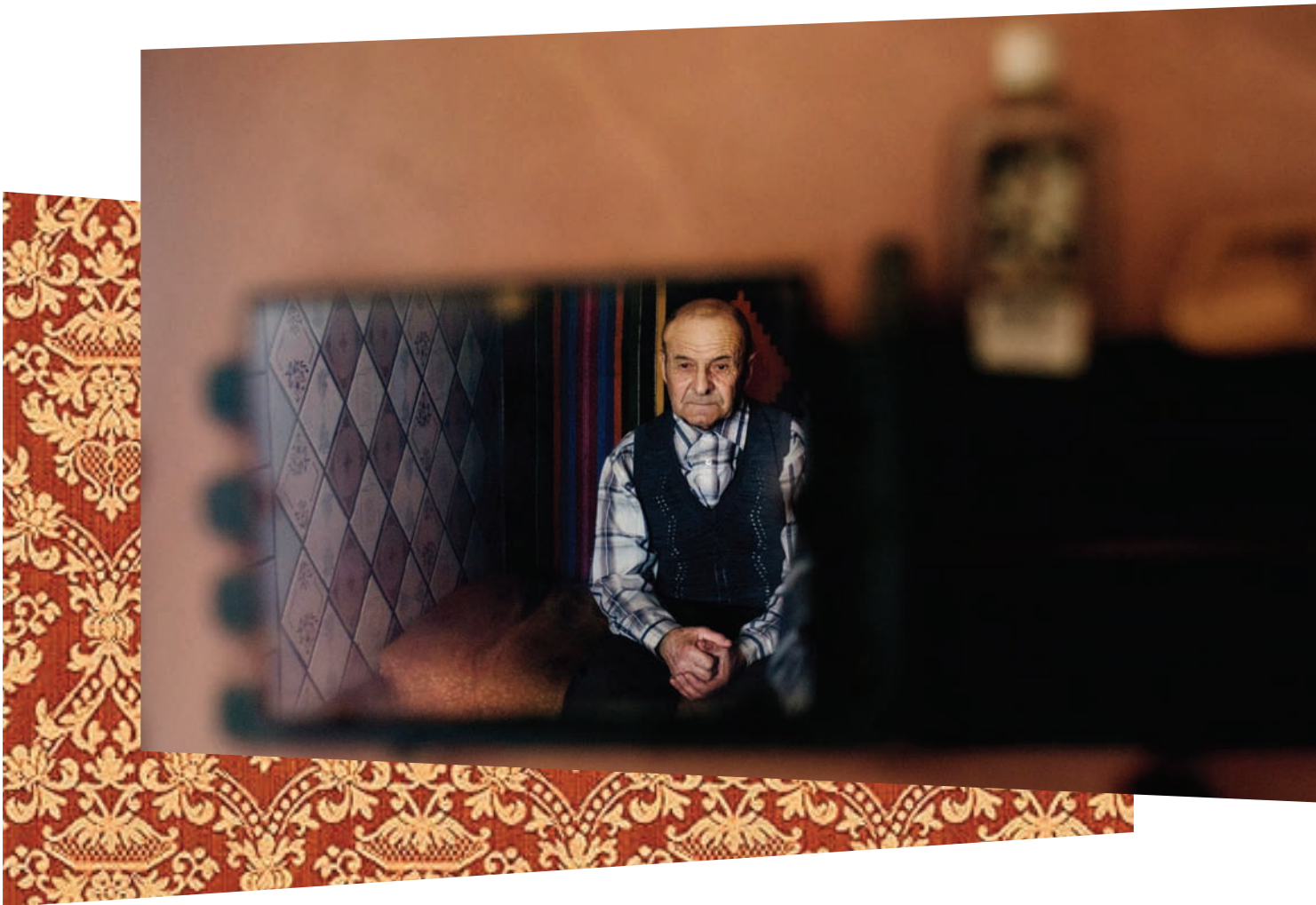


# Guidebook to the community-based healthcare model for civil society networks



**HelpAge  
International**

*global network*

## **Guidebook to the community-based healthcare model for civil society networks**

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*HelpAge International Moldova  
Banulescu-Bodoni Str., #57/1  
Of. 431 and 433  
Chisinau, MD-2005, R. of Moldova  
tsorocan@helpageinternational.org  
tel: +373 22 225098  
fax: +373 22 224672*

*HelpAge International  
PO Box 70156  
London WC1A 9GB, UK  
hai@helpage.org  
www.helpage.org  
Tel: +44 (0)20 7278 7778  
Fax: +44 (0)20 7387 6992*

**HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.**

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## Acknowledgements

This guidebook is designed for civil society organisations working with older people in Moldova or other countries with similar contexts, wishing to develop community-based healthcare services for older people. It has been elaborated in direct consultations with civil society networks, medical service providers and local public authorities in six rural communities of Moldova: Satul Nou/Cimislia, Cazangic/Leova, Carabetovca/Basarabeasca, Manta/Cahul, Lapusna/Hincesti, Trinca/Edinet. The outcomes of the work have been widely shared with the national level line ministries and international organisations. Special thanks to the Ministry of Health for its receptiveness and appreciation of the innovative model of healthcare and the tireless work of civil society organisations and older people volunteer groups in complementing the health-service delivery with their community based healthcare work throughout the regions, having limited capacity of family doctors.

At the time when Moldova is building and aligning its policies to European standards, it is good to discuss the values of volunteering. Volunteering is well developed and widely spread in neighbouring countries such as Slovenia, Serbia, Great Britain, Netherlands, Israel and many others. People of different ages commit their time, energy and compassion to support their peers. Today, there is a real opportunity to introduce a culture of peer-to-peer groups to provide support to vulnerable people in

Moldova and HelpAge has been doing this work successfully since 2003. In this context HelpAge International expresses profound respect for the work of older volunteers and partner organisations: Pro-Democratie", "Avante", Women's Club "Comunitate", "Artizana", Womens' Club "Speranta", "Hope of Older People from the North of Moldova" and wishes them much health and energy to multiply and replicate their work. HelpAge International strongly believes that with the active involvement of peer-to-peer volunteer groups the health and well-being of older people in Moldova can significantly improve.

Separate thanks are expressed to the consultants who shared their expertise to develop this guidebook – the Nursing Association of Moldova, Mrs. Elena Stempovscaia and the experts who contributed to enhancing the capacity of older people groups – Mr. Aurel Saulea and Mrs. Aurelia Strajescu. Many thanks also to the HelpAge International EECA office and its communication team.

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***Tatiana Sorocan***  
*Country Director*  
*HelpAge International Moldova*

## Background

We live in a century of ageing. We are ageing not just as individuals or communities but as a world. In the context of Moldova, population ageing is rapid. Officially, people aged over 60 in Moldova represent over 14 per cent of the total population<sup>1</sup>. In reality the figure is higher because an estimated 25 per cent of the working age population works outside of the country as labour migrants.

The Moldova Government Social Report 2011 indicates a poverty level of 22 per cent, however, the gap between the rich and the poor is widening at a staggering speed. Poverty increases with age: for those 65 and above the absolute poverty rate is reported as 35.5 per cent whilst poverty incidence is 43 per cent amongst 70-75 year old living alone in urban areas.<sup>2</sup> Women suffer multiple vulnerabilities as a result – they typically live longer, have lower pensions than men, and lose their husband's pension support when he dies, as well as their life partner.

Poverty and bad health have been the main problems raised by older people across Moldova in consultations with HelpAge International. HelpAge research in 2007 showed that nine out of ten older people suffer from at least one non-communicable disease, and that 4 out of 10 respondents suffer from more.

From 2010 HelpAge International in Moldova in the framework of its healthcare programme has developed several projects to address the low capacity of family doctors by mobilising volunteer groups of older people. The projects were undertaken in six rural locations of Moldova during 2010-2012 and had an overall goal to improve the health and well-being of poor and vulnerable older people. Specifically they focused on increasing awareness among older people on prevention and management of non-communicable diseases such as diabetes and hypertension, and strengthen existing community-based support mechanisms through homecare visits to the beneficiaries.

The older volunteers acted as support agents to family doctors to reach out to the poorest and most vulnerable older people as part of medico-social assistance. This support consisted of homecare and home based support; monitoring the health status of older people, health

promotion, prevention and awareness-raising about diabetes and hypertension in old age.

This guidebook is a result of these projects. It has been developed in consultations and participatory meetings with local partner organisations, older volunteers, beneficiaries and other stakeholders by HelpAge International Moldova. The guide gives a set of recommendations to organisations working with older people who are willing to replicate the model of community-based healthcare in different communities across Moldova.

The projects were designed to contribute to wider, cross-cutting questions of healthcare provision by particularly including gender equality and rights of older men and women, children affected by migration and living without parental care as well as lonely older people abandoned as a result of migration. The project also included other vulnerable groups such as older people with disabilities and demonstrated their vulnerability in accessing medical care or social services.

## Methodology

The methodology used for this guidebook is based on the participatory review of programme impact with main stakeholders and programme coordinators. During the course of the programme implementation, a collection of case studies and a database of beneficiaries with types of support offered was gathered to record progress, best practices and challenges. The information was also gathered during programme activities at national and community levels, as well as different public campaigns. Interviews were held with both the older volunteers and older people beneficiaries during monitoring support visits, two household visits were undertaken and a practical demonstration was provided of the equipment used by the volunteers. Meetings with representatives from the health service and social service providers working with the programme were also held to encourage direct communication, information exchange and above all to stimulate constructive criticism and elicit recommendations for learning. This guidebook represents the consolidation of all joint programme learning and has been developed to stimulate the replication of the innovative community based healthcare model to other communities with similar shortages of medical staff with the main goal to improve health and well-being of older people in Moldova. We hope you find it useful and user friendly.

<sup>1</sup> National Bureau of Statistic of Moldova data "Elderly of the Republic of Moldova" 2009

<sup>2</sup> Study on Social Protection and Social Inclusion in Moldova 2009-10. Institute for Development and Social Initiatives "Viitorul"

## Guidebook format

This guidebook is structured to share best practices from the work undertaken by HelpAge International during two years, 2010-2012. The aim is to provide practical advice and guidance to community groups interested in taking over and replicating the community-based healthcare model to other regions of Moldova. This model offers a viable option to increase health coverage across the country in the areas with over-stretched family doctors who have a high doctor-patient ratio and who welcome community support to ensure increased access to primary health care to all vulnerable groups. The model was tested for rural settings of Moldova but with necessary adjustments can be safely replicable to urban areas of Moldova.

The contents of the guidebook have been separated into different sections, starting with an introduction outlining the situation of older people in Moldova and their health status and continuing with a description of the project, objectives, methodology and overview of the interventions. The next sections present the project learning as a step by step framework divided into seven chapters each with a thematic focus supported by the case studies of beneficiaries from the field. The conclusions and recommendations are given at the end of each chapter; they are targeted at different external stakeholders and offer advice on follow up actions and replication of our work. The last section provides a profile of partners and an acknowledgement of their contributions and support.

*Ask not what your country can do for you; ask what you can do for your country.*

John F. Kennedy

## 1. Time to volunteer: Moldovan perspective

Predominantly, the lives of older people in Moldova are concerned with their day-to-day existence, how to manage their nutrition and getting the medical attention they require. Notwithstanding this, older people also have a well-developed sense of identity, inasmuch as there is a well educated and culturally diverse element within most communities. Participation in community projects has given active older people a sense of worth and a feeling of purpose.

*"The volunteering activity and self-help groups have changed the life of older people in Carabetovca", says volunteer Maria Chirtoca. "I never expected that it is possible to be helpful at this age and help other older people like myself. I never thought that being a volunteer is so much joy and that it is so honorable and respectful. It is very responsible as well – you become attached to older people and they trust you. Working with other older people you forget about your own problems and life becomes more interesting and useful. I am proud I was able to attract more volunteers and they too get moral satisfaction from this work. But the biggest joy is knowing and seeing how your beneficiaries are awaiting you to come every day and how happy you make them feel."*

**Volunteer, Maria Chirtoca**  
Women's club "Comunitate"  
Carabetovca Basarabeasca

**Volunteering** is an activity intended to promote and improve human quality of life. It is considered as serving the society through one's own interest, personal skills or learning, which in return produces a feeling of self-worth and respect instead of money. However, volunteering is a very new concept in Moldovan context particularly when it comes to involving older people. HelpAge International and its affiliate Second Breath had introduced this concept in 2003 by organising self-help peer-to-peer support groups through community mobilisation. It was only in 2010 that Moldovan government ratified a law on volunteering that is a great recognition of already existing and actively working volunteer groups.

One of the recommendations of the Madrid International Plan of Action on Ageing is to "create an enabling environment for volunteering at all ages, including through public recognition, and facilitate the participation of older persons

who may have little or no access to the benefits of engaging in volunteering”.

Currently HelpAge has a network of 10 NGOs across Moldova with over 250 older people volunteers with an average age of 65.8 years with 67 years at birth for men compared to 75 years for women. Six rural NGOs (119 volunteers) participated in the healthcare programme that developed the model of community healthcare described in this guide.

### 1.1 Development of volunteer groups

Through the course of almost ten years the network of NGOs with its volunteer groups has grown up steadily and fortified its capacity and status. Volunteer groups have gained experience and have become experts in the areas of community mobilisation and participatory ways of working with older people, as well as advocacy work and campaign organisation. Such background was of tremendous support for the groups that piloted the new model, a model of community healthcare in six sites across Moldova.

Whereas the prior capacity is a big benefit for the volunteer groups intending to engage in community support activities, it is not compulsory. New groups can start activities and receive technical support from the existing volunteer network and HelpAge International. Developed by HelpAge and Second Breath is a set of criteria for volunteers willing to join the network:

- Genuine will to contribute to community development

- Compassion and consideration in support of their vulnerable peers
- Good communication skills and ability to listen
- Diplomacy, tolerance and ability to be non-judgmental
- Honesty and high moral and ethics
- Responsibility and reliability
- Wish to life-long learning and information sharing
- Diversity of age and sex, professional and academic backgrounds
- Non-discrimination attitude to provision of equal opportunity.

The formation of new groups is done through community mobilisation and identification of activists and leaders who further attract interested individuals and community actors. The criteria above is a guideline for the volunteers, however, the groups can create and set up their own rules where they can add up indicators of successful work.

### 1.2 Recommendations for the development of volunteering in the Republic of Moldova

Volunteering is a person's calling, an alternative service and today is legally regulated. In 2010 the Moldovan government adopted law *Nr. 121* on volunteering defining that *“Volunteering is a benevolent participation in offering services, knowledge and abilities or participating in the activity of public services on the initiative of the person called the volunteer”*.



The group of volunteers from Satul Nou, Cimislia, NGO „Pro-Democratie”



Whereas the law is relatively new there is a need to align it to European standards and norms by recognising the volunteers competences and merits obtained through their activity and recognising the volunteers contracts and references to their work record. Another big step in this direction is the development of the National Strategy on Volunteering that would define areas requiring and applying volunteers in their work including the primary socio-medical services. It is important to define a professional management standard body for volunteering with the goal to ensure quality standards for volunteers, organisations and beneficiaries involved in the actions.

Other recommendations on the development of volunteering include:

- Developing peer-to-peer volunteer civil society groups country-wide within existing infrastructures, with specific characteristics and defined roles of different stakeholders and the communities where volunteers organise various activities. Having a volunteer group in each community of Moldova could reduce human suffering and loneliness and could ensure every older person lives his old age in dignity and good health.
- Identifying ways of cooperation and consultation mechanisms between volunteer groups, civil society organisations, local and national level authorities to develop a working partnership and regular dialogue. The social-medical or other institutions intending to apply volunteering work are encouraged to develop terms of reference and code of conducts and a set of ethic principles to govern the activity of volunteers and to ensure quality standards of the work performed.
- Developing a set of clear indicators within organisations using volunteers to monitor and evaluate the performance of this resource. Ensure the volunteers receive necessary guidance on performance improvements and necessary capacity building activities.
- Despite the voluntary nature of work there is a need for accepting and recognising the activity of volunteers and identifying within surrounding infrastructures, financial means from local, regional or national public funds, ways of remuneration and compensation for this activity based on their performance. These could be small gifts, certificates of recognition of merits, food parcels, excursions to the monastery or place of interest to the volunteers, additional sanatorium treatments and the like.
- Encouraging volunteering of all ages to

attract younger and older generations to work together and promote intergenerational solidarity and the creation of a society for all ages.

- Providing training opportunities for mass media on the role of volunteering for them to promote this activity and encourage the development of peer-to-peer volunteer groups in Moldova.
- Developing public campaigns to raise the profile of volunteering in Moldova and to ensure a positive image of older people and active ageing are promoted and the contribution of older people to society is recognised publically.
- Organising public meetings of volunteers at different levels (community, regional, national), promoting annual volunteer forums and ensuring the success stories and models of volunteer community-based support are largely publicised.

## 2. Primary healthcare in Moldova: challenges and opportunities

Today, primary healthcare is the basic structure of Moldova's health system. Its main objective is to promote health and well-being of the population, protect maternal and child health, improve healthcare coverage in rural areas, develop professional and technological capacity, prevent and control transmissible diseases, and implement a family planning programme<sup>3</sup>. Primary healthcare represents the first level of contact of the patient with the health system and constitutes the first stage of a continuous process of health assistance for the population. In terms of health in particular, Moldova has undergone a number of changes and reforms in its medical assistance system over the past decades. Consequently, the primary health care family medicine (PHC) was introduced with a system of compulsory health care insurance that annually approves a set of medical services in a single health insurance package. In each district a Family Doctor Centre or Health Centre were opened and 2,066 doctors in 2005 were profiled as family doctors<sup>4</sup>.

The principles of family medicine underpin Moldova's national health care system. The national health care system promises to offer all citizens an equal opportunity to receive certain medical services free of charge. These services have been stipulated in the United Program of Compulsory Health Insurance (United

<sup>3</sup> Demographic and Health Survey of Moldova, 2005

<sup>4</sup> Demographic and Health Survey of Moldova, 2005



programme/UNIC), which is approved annually by the government of Moldova.

Despite such plausible achievements as the selection of family doctors by patients, the right to choose the provider of medical services and the creation of private clinics and hospitals technologically well equipped, there are some major deficiencies that most affect the vulnerable layers of the population such as the elderly, the disabled and the children.

The export of labour force, the brain drain denoted by labour migration, namely medical staff, resulted in the exodus of doctors, mostly from rural areas. The unequal territorial distribution of medical staff, disproportional distribution of doctors to urban/rural areas of Moldova and the high doctor-patient ratios are the major challenges in the health care system. The underlying problem that worsens the situation is the widespread and persistent issue of low salaries for medical personnel in Moldova's health system.

In the past five years, due to the rapid demographic ageing of the population of Moldova, the Ministry of Health prioritised the introduction of geriatric doctors at all rayon levels and is currently working towards the creation of the package of services specifically designed and targeted at older persons, to be financed through the United Programme UNIC under the compulsory health insurance package. For this, however, it is important to train professionals in geriatrics as a separate speciality instituted within the University of Medicine and Pharmacy "Nicolae Testemițanu" and introduce geriatric bed wards for older people, as well as to develop specialised services of geriatric nursing specialised in palliative care for terminal illnesses of older persons. However, the existing infrastructure can't meet these needs yet and in order to ensure good quality geriatric services one doctor geriatrist is not enough and there is a need for psychologists, clinical pharmacologists, nutritionists and therapeutic doctors, all coming as a package of services for the elderly.

There is a number of statutory acts aimed at addressing these structural inefficiencies, streamlining human resources, improving health-sector financing and equitable access to services, ensuring the implementation and monitoring of national health policies, working out inter-sectoral programmes, and involving the community in healthcare related decisions. However, the reform process is going very slowly and Moldovan health care assistance is targeted at treatment but not at care.

The non-communicable diseases (NCDs) are continuously growing in Moldova as 66 per cent of the population suffers from various types of these chronic conditions. Currently 4 out of 10 persons in Moldova die prematurely not reaching pension age (57 for women and 62 for men). The government is committed to reduce this figure by creating a National *Strategy on the Prevention and Control of Non-Communicable Diseases 2012-2020* with the main goal of supporting the activities of health prevention, control and education. The final goal is to avoid pre-mature death and reduce significantly the burden of non-communicable diseases, improve the quality of life and increase life-expectancy.

The National Health Policy of Moldova (2007-2021) aims to create optimal prerequisites to maximise the realisation of every individual's health and to attain adequate life quality standards for the population. It emphasises the critical role of non-governmental organisations to contribute to the maintenance of health by participating in thematic programmes and projects.

Thus, the National Health Policy and the Strategy for NCDs provides opportunities for civil society groups to engage in thematic programmes by building localised partnerships and developing innovative practices to empower communities to fill in the existing gaps in service delivery. To meet this opportunity HelpAge International through its healthcare model, aimed to support the management of chronic conditions of older persons through volunteers acting as support agents of family doctors and reaching out to the poorest and most vulnerable older people.

### **3. Community-based healthcare support model for older people: opportunities for the engagement of civil society networks**

As described above, the system of healthcare in Moldova has seen a number of reforms in recent years; however, the institutional framework is still in a transition phase and has resulted in poor and limited healthcare service provision to the vulnerable groups, particularly the elderly.

A key problem identified by many households headed by older people and interviewed by HelpAge International is limited access to health care and support services, mostly in rural areas. The health system reform, low salaries and

labour migration of medical staff have resulted in a doctor patient ratio of 1:4, almost three times the national regulation ratio. Older persons need specialised medical care and as the population is ageing, the care systems need to adapt to their increased demand and need to provide adequate and equitable care for the elderly.

HelpAge International provided six civil society partners (NGOs) with an equal number of older people volunteer groups (OPGs) with technical support and a modest financial aid to develop community-based healthcare support models for vulnerable older people. The OPGs built their capacity gradually and steadily and then designed the actions with the support of local health service providers.

Based on HelpAge guidance the OPGs and NGOs worked in a participatory way and were actively involved in planning, management and monitoring activities. The programme was designed to pilot a methodology for mobilising communities to reach out to the most vulnerable with health monitoring and health promotion activities to enable older people to better manage their own health and access medical services when necessary. Through trained volunteers who visited older people on a regular basis, the programmes supported the beneficiaries to manage their chronic conditions and monitor key health indicators thereby assisting the over stretched family doctor to target urgent cases and ensure that no older person is left to manage their health alone.

The lessons learned by participating in the healthcare programme were collated and summarized in these guidelines so that other civil society networks could successfully replicate such services in their local contexts and sustain through the active participation of older people volunteers and their communities. This model offers an alternative way to address service provision gaps and complement healthcare service provisions for vulnerable groups, and older people in particular. This guidebook, while demonstrating best practices, offers innovative methodology and ideas to the communities and public authorities to take an alternative look at their service provision approaches and develop positive engagement of civil society to identify, develop, coordinate and deliver quality services with the participation of older people both as recipients and deliverers of the services.

While the guidebook encourages civil society networks to benefit of HelpAge International's experience and use it to further develop their work with vulnerable groups, we would strongly encourage the main actors and stakeholders who

are willing to replicate the model to carefully analyse their local contexts and circumstances and adapt these guidelines and suggestions to their specific situation and needs. We also encourage anyone interested in the model to establish direct contacts with any of the six sites-models and their volunteers to receive first hand advice and support in the process of developing a similar practice.

### 3.1 Programme Methodology

The programme utilised the methodology of peer-to-peer support working with and through established social networks in six communities bringing together older people self-help groups (older people volunteers), local service providers and administrative structures at community level. This further encouraged ownership, cooperation and increased awareness among social workers, family doctors and government structures on ageing issues and needs of vulnerable older people, older carers or older people living alone.

The programme also used a more refined approach of Older Citizen's Monitoring, a methodology piloted by HelpAge International in 2007 that gave a voice to older people to participate in decision making and gave older people the skills to monitor service delivery in their communities and use the information gathered to raise problems of access to services and entitlements with the statutory authorities.

At six locations a group of 119 older persons became members of older people groups (OPG) and over 600 beneficiaries, vulnerable older people, received vital support. Programme statistics suggests that it is older people who were the first to offer support to their peers and then encourage the younger generation of 35 and above to participate as well. The average age of the volunteers is 60 years and the average age of the beneficiaries is 68 and above.

The programme partners that gained experience in community healthcare model and who directly implemented all activities were:

"Pro-Democratie" from Satul Nou/Cimislia;  
"Avante" from Cazangic/Leova; Women's Club "Comunitate" from Carabetovca/Basarabeasca, "Artizana" from Pascani/Cahul, Womens' Club "Speranta" from Lapusna/Hincesti and "Hope of Older People from the North of Moldova" from Trinca/Edinet.

## 3.2 Building capacity and confidence of volunteers

At the start of any programme there is a need to develop the capacity of volunteers, providing them with new knowledge and information. The first training at national level gathered the volunteer groups in the capital city, to provide them with a comprehensive training in the area of primary healthcare at community level and namely management of health-status, non-communicable diseases in old age such as diabetes and hypertension, disease prevention and health promotion, active ageing and healthy lifestyle.

Volunteers expressed that it was the first time that they were trained to understand diseases in old age and had their awareness raised about preventive health. "We thought it is the responsibility of the doctors to think about and take care of our health", said volunteer Alexandra Leanca from Satul Nou, "but now we understand that we are responsible for our own health".

The volunteers initially faced challenges in engaging in the health programme as they believed it to be mandatory to have a medical background to be able to conduct programme activities. Some testimonies of volunteers said that they feared their learning capacity decreased with old age and they wouldn't be able to learn or memorise all the necessary information. Others were afraid they would have to replace the doctors and even give injections to patients and they reported being afraid at what they were committing themselves to. Through the first round of trainings all these ambiguities and fears vanished and confidence came when the volunteer groups understood that their role is to support the overstretched doctors with non-medical advice and alarm the doctors of the critical situation of sick older persons.

A set of practical sessions on how to measure blood pressure and glucose level ensured the volunteers acquired all necessary skills to confidently perform their mission. The volunteers enjoyed the practical exercises of measuring blood pressure and using the glucometer, although at first they were afraid of taking blood samples. "The training also taught us to relax and communicate during the home visits – a doctor doesn't have time for tea and conversation" said Ana, a volunteer from Satul Nou.



*Ana Postovanu, a 63 years old volunteer from Satul Nou, Cimislia is an active old woman and as she says "an old volunteer", because she's been working in the NGO "Pro-Decmocratie" since 2005. Mrs. Postovanu suffers from glaucoma and at the same time, cares for her husband who has had diabetes for over 18 years. She also regularly visits 5 beneficiaries at home and helps them read their health indicators and monitor their health status. She doesn't have a background in health and therefore all trainings were of great help. "I learned about the causes of diabetes, the types of diabetes and how to monitor this disease. Also, the trainers were very experienced and taught us how to use the glucometer, blood pressure monitor and gave us a lot of medical advice. For me this training was vey important because I need to take good care of my husband, and I have helped him get through 13 comas and now am not afraid to be left alone with him as I know how to monitor his condition."*

### Information session with experts

After the start-up training for volunteers at national level, the programme had specifically inbuilt regular information sessions at community level to keep the capacity of the volunteers gradually growing and consistent. During the course of two years the volunteer groups received different visiting experts conducting seminars on a variety of health topics, among them are: "Gerontology: ageing and health"; "Physical and mental health of the elderly", "Monitoring major health indicators in old age"; "Cardio-vascular diseases in old age (hypertension, and strokes)"; "Gastro-intestinal diseases (nutrition and healthy diet)"; "Diabetes: advice for the elderly"; "Promoting a healthy and active lifestyle in the old age".



Health expert Aurelia Strajescu teaching the volunteers from Cazangic, Leova how to use the blood pressure monitor



All the information sessions mentioned above were specifically designed for a non-medical audience and were age sensitive, so that everyone in the audience could understand the material, regardless of their age. The facilitators used a participatory methodology deliberately designed to include a lot of practical exercises and visual materials that would strengthen the knowledge. Such methodology was enjoyed and praised by the volunteers who had to forward this information to their beneficiaries in the most accurate and comprehensive way.

To support this mission a set of publications – flyers and leaflets on health topics for volunteers and their beneficiaries made this work easier and also served as another resource for further information on medical issues. In developing such education materials, HelpAge would strongly advise to seek out specialised medical service providers and pharmaceuticals that design such publications but fail to reach out to the most remote places of Moldova and therefore would welcome the support of volunteers in spreading their materials and information. Thus the World Health Organisation, the Association of Diabetes, the Republican Hospital, the National Company of Medical Insurance, the Department of Health within Chisinau Mayorality and the Pharmaceutical company “Bayer” can be recommended.

As a result of such capacity building activities and during the course of the programme, the volunteers became resources for their communities and were often solicited for first aid or health advice by other members of the community. The volunteers reported an increase in knowledge on health matters, and

an increased status within the community as people who have useful specialised skills. “We now feel confident talking about medical issues and can talk about more than just the local news” said one volunteer. They are appreciated by the families of older people, they report feeling accomplished and proud to be of use to their communities. “We are the right hand of the doctor and the patients” said a volunteer in Cazangic village. Finally, the volunteers’ own health has in some cases improved. A volunteer in Cazangic explained that she has high blood pressure which she now manages to keep under control by having regular checks, and has learned about obesity, cholesterol and healthy eating.

### 3.3 Medical kits provision

Monitoring the health status of older people became possible by providing volunteer groups with specialised medical kits. Each site received up to ten medical kits for ten to fifteen volunteers. One medical kit was used on rotating basis by two or three volunteers depending on the size of the volunteer group. The medical kits were put together by two professional doctors from Chisinau Family Doctor Centre and Nursing Association of Moldova.

The kits included simple digital blood pressure monitors, glucometers, thermometers, scales and first aid material such as cotton wool and antiseptic cream. The kits were very well received both by the volunteers and the community medical staff. The volunteers also expressed pride when using the glucometers as even local doctors did not have such equipment. The medical assistant in Cazangic village

reported she had never seen or used such effective glucometers before. She took the kit to the rayon level hospital to train her colleagues there, thus raising awareness of the need to monitor blood sugar levels and generating requests from the volunteer services in other villages.

It is very important to note to anyone wishing to replicate this model that the medical kits serve the purpose of first aid and do not provide ANY medicines or drugs to the older persons. The volunteers support the beneficiaries to monitor their chronic conditions under their skilled supervision. The medical equipment can not remain at the beneficiaries homes to avoid incorrect use.

HelpAge and its partners recommend following some simple steps when choosing the equipment:

- The blood pressure monitors need to be chosen in such a way that an older person can use it easily; the indicator numbers of blood pressure must be displayed in big letters and the indication of blood pressure scale must be displayed next to the screen to help the person identify low, border or high blood pressure marked in green, yellow and red colours. The devices should not be heavy and should be user friendly, simple in maintenance. The blood pressure monitor should preferably be used with both batteries and the charger. The charging level needs to be checked regularly because low battery level will generate wrong measurements.
- While choosing the glucometers it is important to keep in mind that they need to be simple to use and the disposable items are easy to replace. A vital point is the safety regarding blood sampling: automatic blockages in used nibs require the procedure to replace used nibs to be extremely safe. The glucometers are quite expensive to use as items such as nibs and lancets are disposable. It is advisable to develop some fundraising strategies during the programme, seek out companies or charities that can provide such replaceable parts and reaching an agreement with medical centres and the local mayoralties to allocate some resources from the state funds.
- The scales for measuring weight are very helpful for older persons suffering from diabetes as regular monitoring of their weight can indicate an improvement or a worsening of their health conditions. For simpler use it is advisable to purchase mechanical weight scales. However, if you choose to use electronic ones the volunteers need to be careful transporting them from house to



*Vera Ciobanu, a 70 year old volunteer from Satul Nou, Cimislia: "When we, the volunteers, started work in the health project we were trained by three medical specialists and we gained theoretical knowledge combined with a lot of practical exercises. We received 10 medical kits for each village and were trained to use the medical devices: a glucometer with lancets and strips, an electronic blood pressure monitor, weight scales, first-aid items and hygiene supplies for bedridden persons. I carry this bag every time I go for home visits. Local people call me "the ambulance" and if they see me carrying the bag they will stop me anywhere to measure their blood pressure or just to talk to me about their health concerns. Recently, the family doctor from the medical centre approached our leader and asked us to lend them a glucometer, as the one from the medical centre had some operating failures. Often persons with diabetes can ask us to have their blood sugar level checked, as in the medical centre they can only do it for free once a month and sometimes there might be no strips or lancets available in the medical centre. Before the project, I didn't even know how to measure blood pressure or how to take a blood sugar level, and now I know how to monitor my own health and the health of my peers."*

house and replacing the batteries in time.

- Antiseptic items like cotton wool and alcoholic pads can be found easily and renewed with the support of local medical centres. It is advised that this issue is discussed with them at the start of the programme to allow time to secure additional items for the volunteer medical kits.
- Always keep your medical kit at the medical centres and have the medical staff regularly check and maintain its working conditions prior to your visiting beneficiaries. Maintain the equipment in good shape to avoid damage or poor performance.

- Glucometers and blood pressure monitors must be kept away from very high or very low temperatures. When a volunteer visits a beneficiary in cold weather or during winter time, it is recommended that the equipment be at room temperature before using it.

### 3.4 Beneficiary identification and selection

One of the major steps to ensure success of a healthcare programme is proper identification and selection of beneficiaries. Based on the experience of the volunteers in six communities where a health programme has been implemented and due to internal learning gathered during reflective sessions with both the volunteers and beneficiaries a set of recommendations on identifying the beneficiaries were given.

#### Preparation for identification:

- The recommended way to start this process is to address the medical staff and Social Assistance Departments of the programme locations and establish cooperation with them as the main stakeholders, who will then direct, supervise, monitor and support your work.
- Develop and discuss the identification criteria together with the medical staff, Social Assistants and Social Workers in a participatory way.
- Request from the Social Workers who are in charge of homecare visits, to present the criteria used to select beneficiaries and use it as a basis. Be flexible to adapt, add, amend or otherwise modify the criteria based on the suggestions from the volunteer groups and the stakeholders.
- Ensure you have listened to every member of the volunteer group, the local authorities and at least one external stakeholder, possibly a beneficiary or a caretaker of an older person to ensure a diversity of opinions.
- Make sure there is a representative of the younger generation taking part in the programme, to sensitise the younger generation towards older people's health and well-being and promote intergenerational solidarity.
- Name a lead person to help organise a brainstorm session and elicit as many ideas as possible. Be guided by the rule of 'there is no wrong opinion' and mark all choices on a flipchart for all participants of the session to see the outcomes of their work.
- Define the priority criteria by group votes,

write up a clear list and make sure everyone from the group agrees on the final choice.

- The selection of beneficiaries should be done in a subjective (not biased) and transparent way to avoid cases of nepotism or favouritism.

#### Criteria:

The criteria that were used to identify and select beneficiaries in the healthcare programme proposed in this guidebook are summarised below:

- Age<sup>5</sup> and health status of the older person - types of non-communicable diseases with priority given to those suffering from hypertension and diabetes or diseases needing monitoring.
- Social status of the older person – living alone or with family members. This factor is important to provide knowledge on support from close or distant relatives and also to encourage family members to participate in information sessions and seminars to support their relatives - older people with ill health.
- Poverty level and medical or social support needs - during the course of home-visits, the volunteers refer patients to both medical and social assistance departments that can help them apply for social aid or medical treatment in a sanatorium.
- Level of independent living - to identify if the older person will be able to monitor his health on his own or requires additional support to prevent dependency.
- Being confined to a bed or having mobility difficulty will establish types of support needs and namely hygiene packs necessary for daily care.
- Participation in society shows how active an older person is and his needs to socialise and communicate. Some older people despite ill health, lack communication and can tend towards depression due to isolation, marginalisation and the volunteers can help them get integrated in society.

During the course of the programme, the volunteers could provide support for three to five older persons, so it is important to take into consideration the volunteers' capacity to visit beneficiaries. From volunteers' advice and experience it is more efficient if the volunteers live close to the clients they visit, especially if the family-members of this client/patient

<sup>5</sup> The older people of 60 years and above or older people reaching pension age (57 for women and 62 for men in Moldova) were selected for the programme activities.

live far away and the volunteer is a neighbour, this will encourage personal rapport with the beneficiaries. The gender factor is also of note as the volunteer groups in each of the six communities of the health programme were almost entirely female. It is recommended to have mixed groups if possible and encourage men to volunteer where possible.

#### 4. Volunteer home-based health care

Homecare visits are the key of the health programme. Through home visits by older volunteers, older people can get necessary assistance in managing and improving their health status. Volunteers need to schedule regular home-visits to their peers depending on time, availability and convenience to both. HelpAge experience has demonstrated that at least one visit per month is sufficient; however, the volunteers had more requests from people with fluctuating blood pressure or older people suffering from advanced forms of diabetes. In such cases the visits were more frequent ranging from two to three times a month. Depending on the health condition of the older people receiving visits, they may require frequent monitoring and so it is advisable to assign volunteers who live very close. This way the visits can be frequent and not too tiring for the volunteers who are older women and men themselves.

The homecare visits were particularly important for those confined to bed and having limited

mobility levels. In these cases the volunteers would bring special hygiene packs provided by the programme and this was of immense help to the carer. According to state regulations one Social Worker should have a maximum of 10 patients to oversee and visit at home. As in reality there is only one Social Worker in each village, s/he has a very limited capacity and has to visit not only older people but other vulnerable groups.

The home-visits by volunteers were of tremendous support. Often the volunteer would make a cup of tea for the older person or do some other practical chores around the house or yard. Older people reported waiting with anticipation to receive their volunteer and some more isolated older people would have liked to be visited more frequently. As expressed by the volunteers in their work they are guided by the principle that "a warm word is the best cure". Volunteers enquire about the health problems of the older persons, chat to them, and then take readings of their blood pressure and glucose levels for diabetic patients. These are recorded on a special monitoring form elaborated with the help of the family doctor and which are updated at each visit and can show health trends. Medical staff noted that the volunteer records help enormously in this aspect as they give a clear picture of the health status of patients under supervision and how they follow the treatment.

Many case studies gathered during monitoring support visits demonstrated that beneficiaries had an improved knowledge as a result of

#### ***Efimia beside her vegetable garden***

*Efimia Moisa, aged 89, lives alone in the village of Cazangic. She had five children but they do not visit very often. Her daughter in law helps her a little but Efimia insists that she cleans the house and yard herself and has a good sized vegetable garden under cultivation. She suffers from high blood pressure, arthritis and has cataracts; she gets headaches and walks slowly with a stick. Veronica, the volunteer and medical assistant comes to visit her regularly now and gives her the medicines she needs to take for her condition. She didn't use to come so often, but since the project began she comes more regularly to measure her blood pressure and blood sugar, although Efimia knows she doesn't have diabetes. She likes the visits and now she doesn't feel lonely. She doesn't go to the doctor but she knows that if the doctor is needed Veronica can call her.*



the work of volunteers. The home-visits and literature given to beneficiaries helped diabetes and hypertension patients to better manage their chronic conditions with diets and not necessarily using medicines. Reducing the need to go to the doctor's was helpful for patients with mobility difficulties and reduced time wasted in queues at the doctor's. The most important benefit clearly for older people living alone was the social contact and communication that the visits provided; the confidence that someone would come to see them and the time made available to talk about health but also about other issues. The volunteer, Ms Larisa Chirilenco, from Cazangic, Leova said *"The major issue of older people with poor health is loneliness, lack of communication, depression and lack of support from relatives and the community"*. Ms Vera Ciobanu, a volunteer from Satul Nou said, *"The difference between us, the volunteers and the doctors is that we treat the soul. I cannot come to the house of the beneficiary and leave in five minutes. The illness of the old age is first of all psychological and moral state"*.

In all six sites, the health staff also reported positive effects of the programme on their work and on the health of beneficiaries. The volunteers are seen as supporters of the medical professionals in that they help to identify when a critical situation requires the attention of the doctor, who doesn't have time to check up on everybody. Health staff agreed that the monitoring forms are very useful, as they can use them to decide when a health intervention is necessary. They were also clear that the role of the volunteer is to focus on non-medical advice, such as health promotion, diet and exercise. Volunteers confirmed that they are there to

raise the alarm to the doctor but not to replace the doctor. Health staff also reported that the volunteers helped to buy prescribed medicines, supported treatment regimes by making sure that the older people take the medicines as directed and complete the treatments.

Based on the experience and advice of the volunteers conducting homecare visits to older people, the following recommendations can be helpful for those who replicate the model:

- After you are assigned your target group for home visits, it is advised to take time to prepare by learning as much as possible about the people that you support. You should consult the Family Doctor, Social Worker and Social Assistant and note down the health status, social and living conditions of your beneficiaries.
- Explore the medical kit you will be getting and make sure you are comfortable with the use of the devices and first aid items. Make sure it is not too heavy for you and you take only as many replaceable and disposable items (nibs and lancets) as you need for the visits plus three to five extra. Carry the weighing scales with you on the first visit and later on upon need depending on the beneficiary's health status. Always take the scales with you when you visit diabetic beneficiaries.
- Choose light clothes - enough not to freeze or sweat and have comfortable walking shoes as you will be walking from house to house and may get tired. Try to avoid making visits during rainfall or on snowy and icy roads unless it is an emergency.
- Agree with the people who you are visiting on the time of the day most convenient to both of you and ask them to inform you if their



The volunteer Constantin Olteanu from Pascani, Cahul helping his beneficiary to carry a bucket of water from the well





plans change and if they won't be at home. Also inform the people who you are visiting if you cancel the visit for any reason.

- Enter the house with a smile and try to establish a personal contact and a psychological connection. Start with chit-chat and help the person relax and rest before you take readings of health indicators.
- Take a careful look at the room and make an assessment of his/her condition. Pay particular attention to the objects on the table or near it and if there are any medicines that s/he is taking. If it is a repeated visit count how many pills were taken since your last visit and check if s/he is not forgetting to follow the treatment. Make sure s/he understands the need to follow and finish the treatments prescribed by the doctor.
- Most of older people lack opportunities for communication, and chatting with the volunteers is appreciated and sometimes more desired than the health check up. Make time for communication and prepare some topics for discussion that you have learnt during the seminars and information sessions. Bring flyers and leaflets and make sure they understand them correctly.
- Take the readings of their health status and take time to carefully fill them in the monitoring form. Measure the blood pressure on both hands with a short break to take the most accurate indicators. Note that electronic blood pressure monitors show slightly higher indicators.
- If the blood pressure is very high, don't scare the older person, but rather explain to him/her that s/he needs attention from the medical staff and make a referral to the doctor.
- If the person requires support from the Social Worker or Social Assistant to receive social aid for health treatment – medicines or sanatorium treatment or get enrolled in the list of patients for homecare, refer him/her to the Social Assistance Department, as s/he may not know his/her entitlements.
- Leaving the house, don't forget to say goodbye and set the date for the next visit. Encourage the person to follow recommendations and tell him/her that you will help him/her monitor it.
- Set a "call culture"; if there is a telephone to be able to check on the state of the person after your visit and allow him/her to call you when s/he feels the need of your support. Agree to call each other only in cases of emergency to avoid overflow of calls.
- Collect all monitoring forms for the month and share them with the medical staff regularly

for analysis and consultations on further monitoring. The monitoring data can be kept at the doctor's office.

## 5. Monitoring the health status of older people

During the course of the programme the older volunteers monitored key health indicators (glucose level, blood pressure) of vulnerable older people to support them in managing their health status thus keeping their chronic conditions under control and improving their health and well-being. The programme linked older people to a supportive social network, through the volunteers, family members, family doctors, social workers and the local NGO. It also raised older people's awareness of the critical issue of health in Moldova, important, given the expected huge increase in the number of older people in future.

Monitoring forms to record the types of support offered during the home visits and the health status of the beneficiaries were developed in a participatory way together with the medical staff, social workers and were consulted by the experts who conducted capacity building sessions for the volunteers during the course of the programme.

The information collected should be simple for the volunteers to both gather and analyse. It should not be too burdensome for the respondents, many of whom are vulnerable. The format can vary depending on the purpose of the programme you are rolling out. Some major indicators can follow the example below:

- Personal data (name, date of birth, social status, living arrangements, health status or degree of disability, address).
- Parameters for the major health indicators (body temperature, blood pressure, glucose level, weight).
- Types of support provided by the volunteer (readings of the health status, referrals to the medical staff or social assistance department, types of information materials received).
- Number of visits to the family doctor as per volunteer referrals.
- General observations of the volunteers on the assessment of the condition of the beneficiary (state of clothing, living conditions, hygiene status, moral state – depressed, happy, agitated).
- Volunteer recommendations given during the visit.

The data you enter in a monitoring form is flexible and can be adapted to different contexts where the programme is implemented.

## 6. Campaigning, information dissemination and advocacy

### Campaigning

The community-based healthcare programme described in this guide focused particularly on non-communicable diseases. Non-communicable diseases (NCDs) cause the greatest global share of deaths and disabilities worldwide (60 per cent) and 80 per cent of these deaths occur in low and middle-income countries. NCDs are diseases which are not infectious. They can result from inherited conditions, poor diet, smoking, and other lifestyle choices and environmental factors. NCDs are common in old age. Some of the most common NCDs are heart diseases and strokes, respiratory conditions, some cancers, diabetes, cataract blindness (rises exponentially with ageing) and dementia (particularly for older people). The greater majority of NCDs are preventable – 80 per cent of pre-mature deaths from heart diseases, stroke, diabetes and blindness can be averted. This can be done through changes in behaviours, lifestyle and drug treatment. However, NCDs get little attention as the focus is either on infectious diseases or treatment (not prevention).

To raise awareness among the population and older people in particular about prevention and management of non-communicable diseases and to widely disseminate information about cardiovascular diseases (hypertension) and diabetes, the programme included two campaigns per year – on the 14th November, the World Diabetes Day and the 29th September, the World Heart Day. These public education campaigns, conducted through the mass media and other channels, can increase awareness of NCDs, build relevant knowledge, change beliefs and attitudes, and contribute to behaviours changes of older people and the population in general.

Constantin Olteanu, a volunteer from Manta Cahul said *"Before the health projects I didn't know about the celebration of the World Heart Day or World Diabetes Day. These events are essential for raising public awareness, especially in rural areas where we have limited access to information. The medical staff from our village found out about these events from us, from our project. We, older people, go to see the doctor only when there is a serious disease and the pain is unbearable, but we should focus on prevention and not only on treatment."*

Information dissemination remained a key priority throughout the programme and had multiple focuses: all capacity building activities were reinforced by the distribution of specially designed and published education materials for the volunteers and beneficiaries; information dissemination during public campaigns for awareness raising and educational purposes; and finally publications were used for advocacy agendas.

Some recommendations on campaigning by HelpAge partners are summarised below:

- Identify organisations that develop similar campaigns as their priority work such as the Ministry of Health, the Ministry of Labour, Social Protection and Family, Republican Hospital, the Association of Diabetes, Pharmaceuticals, Civil Society NGOs with a health focus, International organisations like the World Health Organisation, UNFPA, UNDP and others.
- Develop joint campaigns with these organisations to share costs and diversify resources that help elaborate educational materials for campaigns of high quality and in bigger quantities for direct and indirect beneficiaries. Ensure you have sufficient time as publications can take a long time to prepare, start the preparations early.
- Always keep the line ministries involved and informed of the preparations and let them own the campaign as this can ensure future sustainability.
- Work as a team, hold participatory meetings with older people groups to ask them about their needs for the campaign and encourage them to actively participate and involve their peers. Invite volunteers or beneficiaries to present case studies of their participation in healthcare programme.
- Develop campaigns at local as well as national levels to reach out to a wide target population. Support local service providers with information and education materials for the population.
- Plan and develop work with media. Advertise your campaign prior to the date using a variety of means – print and electronic media, video and radio channels. Use the same media to broadcast events on their actual day.
- Hold round table meetings as part of campaigns, both on national and community levels. Invite public speakers e.g. professional doctors and practitioners who are able to make effective presentations on the topic of the campaign.
- At national level some may wish to organise

public marches, flash mobs or a celebration of the day involving the general public and distribute information materials widely to 'cold' audiences.

- Design an evaluation plan to help you follow up on learning and impact of the campaign and to inform your future work on the campaign.

### Information dissemination and advocacy

The campaigns can be purely educational, bringing information on the subject to different

and other civil society organisations who gradually became supporters of HelpAge's work were invited to join campaigns during the roll out of the healthcare programme. Over the past 10 years these partners have acquired solid experience on campaigning and advocacy and have grown during the course of healthcare programme to bring health messages not only to their peers but to the whole population. The partners have learned to use information strategically and focus on the importance of evidence in advocacy work, developed skills to do lobbying and advocacy, and gained a good understanding of building alliances/networking

The network of HelpAge Moldova NGO advocating for older people's rights at "Age Demands Action" campaign



level stakeholders. However, the most effective way is to combine educational campaigns with advocacy to be able to solve some of the problems faced by older people. Public health advocacy is the primary tool for effectively communicating with local officials, media and the public about important health issues in your community. It is the process that assists healthcare professionals in overcoming barriers and opposition against meeting healthcare goals. A larger HelpAge network of 12 organisations

to achieve advocacy objectives. The partners' profiles since 2003 have risen significantly and their visibility increased so they are invited to other government meetings at national level as well as local level public events. The partners have learnt how to communicate with the mass-media in an effective way and regularly write articles in their local newspapers, appear on local and national TV programmes and radio. During the course of the healthcare programme work and based on prior experience, several

components, key to successfully organising advocacy work have emerged:

- Prior to organising any advocacy campaign, set up and hold consultations within your community, focus group discussions and separate interviews with older people and service providers to identify major problems in the area of healthcare (what are the causes of these problems, how serious they are and how does it affect the community as well as individual citizens, what can the stakeholders do in order to identify a solution).
- Identify one practical overall goal you hope to accomplish with your health advocacy campaign. This will help you to address older people's issues in the most effective way
- Identify major stakeholders in the area of healthcare in your respective communities as well as nationally. Then build a network of organisations that can help you find solutions to the problems raised through the advocacy campaign.
- Very often the mass-media send erroneous and discriminatory messages particularly regarding older people so it is important to communicate with them in an effective way. Engage mass-media organising separate sessions and seminars where you will be able to present the problems of older people but also the contributions that older people are making, and determine what stakeholders can solve the problems you raise and how they need to be addressed by the media.
- Inform the media about major international frameworks such as the Madrid International Plan of Action on Ageing and the UN Principle of Older People. Don't forget about national legal frameworks and the identification of gaps in service delivery that need to be addressed. Invite national level authorities to talk to the media about the situation of older people in Moldova, recent progress and major challenges.
- Build accurate and compelling messages for your campaign using colourful pictures, promotional materials (calendars, posters, T-shirts, tea-mugs stationary, bags, USBs, and the like) with a good design and a clear logo. The content should be adapted to the target audiences. Use organisational guidelines or toolkit for communication and publication.
- Prepare press-releases and information for the press (e.g. information folders, leaflets, press releases, one page summary of the problems you want to be addressed – why is it a problem, what is your position on it).
- Encourage your partners and older people to write articles in local or national level

newspapers about the issues they face in accessing healthcare service delivery with suggestions for improvement to the government. An article can be written on behalf of the group with their signatures sealed.

- Ensure that the visibility of your organisation, as well as your partners' profiles are available to the media. Lists of members are also useful, especially if some of them are well-known personalities.
- Hold a press conference to summarise the campaign and reinforce your advocacy message. Make contact with the journalists, invite them, and inform them of the content, the time and about the people who will be presenting. Assign a presenter to speak for no more than 20 minutes, and allot time for questions and answers. The whole press conference should last no more than 60 minutes. It is important to be honest. Journalists will notice a mistake and they will pick up on this very quickly. The presentation and information should be well prepared in advance and should be well structured. Find a simple way to present, and make sure the main issues are highlighted. Answers to questions should be short and clear.

## 7. Developing partnerships and ensuring support from local authorities

The development of effective and working partnerships is a key element in a successful implementation of any civil society initiative; community based healthcare work is one of such. In joint discussions with volunteers during training sessions, they defined the partnership as a process of collaboration and mutual support among different actors (civil society networks, local public authorities, national level government, local businesses and economic agents, international community and donors, and media) towards the achievement of a common goal. It is a mutually beneficial process for all actors involved as they support each other on the way to producing lasting changes in their local communities and for the target groups they support. The volunteers emphasized, however, that the process of collaboration should be participatory, inclusive and transparent, thus offering equal opportunities for each stakeholder to engage and improve the lives of the vulnerable groups and the community as a whole.

The partnership for the development of this community based healthcare model was mainly

developed involving medical service providers and social assistance departments that are the main line institutions responsible for the health and well being of vulnerable groups, namely older people.

In the context of rapid demographic ageing, the role and responsibility of local public authorities and government institutions is to create and develop alternative services that would favour the growing older population and complement the work of state institutions to ensure better health and community care for the elderly. However, more often, the state intuitions are not prepared or are passive in supporting volunteering with older people. Thus some recommendations from the HelpAge partners' experience seem to be valuable in the process of establishing social and medical partnerships to develop a community-based healthcare model to support older people.

- At the start of the programme, undertake a participatory assessment of stakeholders for the programme you are implementing to identify potential partners and allies for networking and collaboration.
- Set up separate meetings to establish contact with these potential partners and allies, present the goals of your programme and your ideas for collaboration and support. Identify areas of support needs for your programme to roll out successfully.
- Develop and sign a Memorandum of Collaboration to stipulate the roles and responsibilities of each stakeholder in the achievement of the final goal of your programme. The programmes are ordinarily built based on the national strategies and plans, so it will be easy to adjust your actions in line with these strategies for mutual support.
- Maintain these contacts all the way through the programme and beyond, involve your partners and allies in the planning and management of programme activities to let them have ownership of the final outcomes.
- Seek support in the organisation of programme activities from local and national level state institutions and authorities by inviting professionals to conduct information sessions at local level or to make a presentation during your campaigns to stimulate wider community participation in programme events.
- Share information about the implementation of the programme by inviting local and national level authorities to programme events, presenting regular reports to them,

sharing health monitoring forms to ensure trust and credibility and to gain their support.

- Set up regular communication hours with medical staff, social workers and social assistants to get their guidance and support in the implementation of the programme activities.
- Organise regular round table meetings at the community level where you work and at the national level with your line ministries to keep them informed about your progress and help you solve the challenges you come across. National level stakeholders can be useful to promote your advocacy agendas and achieve lasting changes in the support of older people of the whole country.
- Ensure you have regular communication with other implementing partners and ensure their representation in local and national level trainings, organise study and exchange visits to keep the network alive and developing. Share success stories and learn from each other.
- For national level events, like round table meetings, conferences or forums invite donors or international organisations working in the same area and publicise your work to ensure an opportunity to raise funds for further work.
- Develop a plan of your work with the mass media at local and national levels as the media can be effective in highlighting the problems of marginalised groups and create society resonance, which will help to bring the government's attention to solving older people's problems. Try to work with media representatives you have previously trained or informed about the issues of older people. Set meetings between the media and beneficiaries and active volunteers to draw media coverage.

*Coming together is a beginning, staying together is a progress and working together is a success.*

Henry Ford

## 8. Concluding remarks

The experience of NGOs and Older People Groups in HelpAge International community based healthcare programme in Moldova has been unique and abundant with success stories, challenges, lessons learnt and recommendations. The volunteers who committed their time and effort in developing the healthcare programme deserve gratitude and profound appreciation.

The healthcare programme developed in six communities of Moldova brought to light the desperate situation of the healthcare provision of older people in rural areas. The programme confirmed that a noticeable group of older people have been left without adequate healthcare due to the exodus of medical staff from rural areas and scarce healthcare facilities. The consequent imbalance between the demands of the growing number of older people in healthcare provision and the limited capacity of family doctors has resulted in poor health of older people, particularly those living alone or with no external support. Due to accelerating levels of poverty of older people, isolation and loneliness, they feel depressed and desperate, neglect their health, don't know how to manage their chronic conditions and have very low awareness of health management, active ageing and preventive health.

It is important to note that the Republic of Moldova lacks healthcare programmes and services specifically designed for and targeted at older people. With changes in the demographic situation and the forecasted increase of the elderly by 2050, there is an urgent need to create smart and cost-effective services at community level and adapt the medico-social service provision to the needs of the elderly population. It is also crucial to have these services strengthened by adopting specialised social policies that will stipulate the main roles and responsibilities of all actors involved in the process of providing healthcare to the elderly.

The evaluation of the healthcare model undertaken by HelpAge International presented in this guide is evidence demonstrating that despite the challenges in state healthcare provision, the health of older people can be greatly enhanced by the involvement of self-help, peer-to-peer volunteer groups.

The programme provided a valuable service to older people and support to the health services of six rural communities. The monitoring visits were particularly useful as a social service connecting isolated older people with the community. The older people usually mentioned this social aspect first, as a benefit of the programme. The health aspect gave the volunteers a practical reason to visit, opening the door to communication. The visits also provided an opportunity to monitor health and extend the coverage of health services within the community. The focus on diabetes and blood pressure monitoring clearly meets a need in the community, but the model could also be extended to cover other key conditions. Volunteers and health staff proposed additional trainings on managing arthritis, eye health, hepatitis (a common condition in the area) and first aid.

The status and self esteem of volunteers increased, having acquired new skills and experience. They were satisfied, felt valued, proud to offer a service to the community and reported responding to many questions from the community on health issues. HelpAge and its partners offer this guidebook with the goal of disseminating and replicating the model in other rural areas to extend health care to vulnerable older people in Moldova. You can seek further information about this programme through the HelpAge Representative office in Moldova and its partners whose profiles are given in the respective chapter.

## **Partner Profiles**

### **“Pro-Democratie” from Satul Nou, Cimislia**

The mission of the organisation is to increase the capability of citizens to take an active part in social and democratic policies by raising awareness, inspiring social activism and motivating citizens, protecting and realising the social, economic and cultural rights of vulnerable people. The volunteer group was formed in 2005 and currently is made up of 23 volunteers. The organisation is among the best to promote national culture through older people, using their talents in singing and national dancing. They initiate sittings of older people - an old Moldovan tradition where older women and men gather to sing, dance, do handicraft work. They are a village-level organisation.

### **“Avante” from Cazangic, Leova**

Promoting the democratic principles of governance and raising people’s awareness on their rights are the main goals of this organisation. They focus on developing socio-economic and cultural potential of the community. Self help groups were formed in 2005 with currently 18 older people as volunteers as well as young volunteers. It is a village level organisation.

### **Women’s Club “Comunitate” from Carabetovca, Basarabasca**

The organisational focus is to support older people through charity actions including medical, humanitarian and social assistance for vulnerable people. The organisation started and formed its volunteer self help group in 2005. Currently the group consists of 15 volunteers. The organisation supports the initiative of older people to celebrate important dates together (Village Day, Christmas and New Year holidays, older people’s birthdays and anniversaries). This is a village-level organisation.

### **“Artizana” from Pascani, Cahul**

Its general objectives are providing moral and financial support to older, disabled and socially vulnerable people from the community by building skills in national handicraft works (such as twinning baskets, weaving carpets and door mats from osier). With these skills, older people engage in income generating activities. The volunteer group was formed in 2005 and has 19 volunteers. It is a village-level organisation.

### **Women’s Club “Speranta”, Lapusna, Hincesti**

The organisation deals mostly with promoting and realising the rights of older people, focusing especially on women and involving them in solving community problems such as homecare for the most vulnerable. The volunteer support group was formed in 2005 and has 18 volunteers. The NGO has experience working with older people and children after participating in a joint HelpAge/UNICEF project on supporting older carers in migration - affected households in Moldova. This is a village-level organisation.

### **“Older People’s Hope from North of Moldova”, Trinca, Edinet**

The organisation’s activities focus mostly on organising medical assistance, homecare and palliative care for older people and for other vulnerable groups, suffering from different incurable diseases. The aim of these activities is to give moral support and raise self-confidence of suffering people. The bulk of the members of the organisation are medical nurses and social workers. The volunteer group was formed in 2003 and is currently constituted of 33 members. It is a village-level organisation.



### **Ana L. from Satul Nou, Cimislia**

Mrs. Ana is a 64 year-old-woman living in Satul Nou. She is bedridden and very ill. She is a project beneficiary from Satul Nou and is visited regularly by two volunteers. Two months ago the older woman had severe stomach pain so she called the volunteers for help. The volunteers immediately called the ambulance and the older woman was offered medical assistance. She was diagnosed with a severe stomach illness and is now following treatment and a strict diet.

Mrs. Ana receives a monthly disability pension of 600 MDL (approx. €38) which unfortunately is not enough to buy her medicines and pay for the health services she received. She also needs particular types of food for the diet she needs to follow but she cannot afford them. The volunteers visit Mrs. Ana regularly they measure her blood pressure, her blood sugar level, and bring her a food package and a hygiene pack. They also often help the older woman with her household work. Sometimes they buy bread from the shop or medicines from the pharmacy, they also bring water or cook a hot meal for her. "This Sunday, as I had some free time, I went to visit Mrs. Ana. I spent five hours at her house, chatting with her and doing some of her household work, and the time went very quickly", said the volunteer Ana Chistol. "Mrs. Ana is very thankful to the project and is always thanking me for bringing some food and hygiene supplies. For her small monthly income this is of great help. How can she live with 600 MDL per month when the hygiene pack she needs costs almost half of that? She is happy that somebody is thinking about her and is taking care of her. She always greets me with joy and happiness. A comforting word is worth more than medicine."

The volunteers also helped Mrs. Ana to apply for and receive a social aid of 500 MDL (approx. €32) which she used to buy medicine and in winter she received wood from the Mayoralty for free, thanks to the advocacy work of the volunteers.