

# From Rhetoric to Action: Bringing the voice of FYRO Macedonian Roma communities to Europe

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Contribution to the public consultation on the  
evaluation of the EU Framework for National  
Roma Integration Strategies up to 2020

**Roma Health and Early Childhood  
Development (ECD)**

european public health alliance





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## Introduction

These preliminary recommendations focus on the health and early childhood development of Roma in FYRO Macedonia, formulated to the European Commission Public Consultation on the Evaluation of the EU Framework for National Roma Integration Strategies<sup>1</sup> up to 2020. They are based on an **explanatory analysis ('Rhetoric')** which was carried out to map the policy instruments and the commitments that they contain in FYRO Macedonia, and a **scoping survey ('Action')** designed to facilitate evaluation how the rhetorical elements were actually implemented in practice, based on a structured interview process with 15 FYRO Macedonian local and regional Roma and pro-Roma NGOs and Roma professionals working in the structures of local and regional public authorities and 140 responses to a questionnaire carried out amongst members of local Roma communities.

## Roma Health: Explanatory Analysis of Policy Commitments

The EU's increased action on Roma integration and its invitation to non-member states to engage with the EU Framework in developing strategies of their own has had a clear impact upon FYRO Macedonia. Local action plans follow the thematic breakdown of the EU Framework and protection of minority groups (including Roma) is one of the priorities assigned in the 2014-2020 Instrument for Pre-accession Assistance (IPA II). However, many of the same barriers to better implementation of Roma integration policies found in the four EU case study countries are also noted in relation to policies in FYRO Macedonia. These include insufficient financial and human resources, unclear supervision and lack of vertical and horizontal communication.

### Health in the FYRO Macedonian National Roma Integration Strategy

Thy FYRO Macedonian strategy mentions care for mothers, pregnant women and young children, including these among the key goals. The FYRO Macedonian strategy lists healthcare for mothers and children among their key tasks, focusing upon access to ante- and post-natal care, as well as sexual and reproductive healthcare and guidance (FYRO Macedonia NRIS, 2014: 74).<sup>2</sup>

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<sup>1</sup> [https://ec.europa.eu/info/consultations/public-consultation-evaluation-eu-framework-national-roma-integration-strategies-2020\\_en](https://ec.europa.eu/info/consultations/public-consultation-evaluation-eu-framework-national-roma-integration-strategies-2020_en)

<sup>2</sup> FYRO Macedonia NRIS (2014) Strategy for the Roma in Republic of Macedonia 2014-2020, available online at [file:///C:/Users/tpw327/Downloads/MK2014-2020\\_en%20\(3\).pdf](file:///C:/Users/tpw327/Downloads/MK2014-2020_en%20(3).pdf) [accessed October 2017].



NRIS PROVISION RELATING TO ANTE- AND POST-NATAL CARE	
<b>FYROM</b>	'Objective 23: Strengthening the role of the primary health care in providing quality health services in the area of reproductive health of Roma, such as family planning, prevention and care of STIs, prevention of unwanted abortion and providing adequate pre and post-natal care for the mother' (p73)
NRIS PROVISION RELATING TO VACCINATION	
<b>FYROM</b>	'Objective 20: To establish and implement mechanisms to continuously identify unvaccinated children Roma at preschool and school age and their regular vaccination' 'Objective 21: Regular and timely delivery of invitations for vaccination in the Roma settlements' 'Objective 22: To raise the level of awareness and knowledge among Roma parents about the process of immunization' (p72)

## Preliminary conclusions of the scoping survey in Health

### Results of the implementation of the FYRO Macedonian NRIS in the area of health

All respondents declared that the FYRO Macedonian National Roma Integration Strategy has not been successfully implemented due to the following reasons:

- Inadequate and unequal treatment in accessing health care services;
- Discrimination based on ethnicity and socio-economic status;
- General practitioners do not provide enough information for patients in regard to their rights and obligations as well as new changes in the health system;
- Limited access to gynaecological services for Romani women;
- Chronic diseases are more common among Roma such as diabetes, cardiovascular disease, asthma, infant mortality;
- Lack of qualified Roma health workers involved in healthcare institutions;
- Small budget allocated for Roma health improvement;
- Institutional discrimination.

In addition, many difficulties have been identified which may prevent Roma from enjoying good health status:

- Lack of personal documents;
- The socio-economic situation;
- High unemployment rate;
- Significant number of Roma who can't afford to pay the patients' contribution fee charged to use health services. Therefore, many Roma can't access their medical history or obtain medical reports to continue treatment at home until the required amount is paid;
- Lack of quality communication between Roma patients and general practitioners;
- Discrimination and unequal treatment in accessing health services;
- Lack of information about their health rights;
- Poor living conditions for Roma people;
- Lack of cooperation between the responsible institutions;



- Lack of interest to implement policies at the grass-roots and undertake serious measures to improve the health of Roma;
- Lack of health education and awareness of the importance of a healthy lifestyle, and what measures need to take place;
- Lack of Roma health experts.

However, there have been also positive changes: 20% of the respondents answered that there is a small difference in accessing health care in their community, as follows:

- NGOs delivering health care services are helping Roma to improve their health by facilitating communication between family doctors and their Roma patients.
- After 10 years, the establishment of a gynaecological facility in Municipality Shuto Orizari,
- Improved immunization amongst Roma children.
- The involvement of Roma health mediators as field workers who act as a bridge between the Roma and the health institutions.

## Recommendations to improve the implementation of the health dimension of the strategy at local and regional level

- Ensuring funds within governmental programmes for health to target specific measures that will improve Roma health;
- To have effective monitoring and evaluation tools in the implementation of the National Roma Integration Strategy;
- Adequate financial resources to implement the strategy, corresponding with the reality of the Roma situation;
- Improved communication between health officials and Roma patients;
- improved coordination and communication between the Ministry of Health and general practitioners and all institutions involved in accessing and providing health care services;
- Tailored preventive programmes targeted towards the Roma population;
- Education for general practitioners to improve their sensitivity about the needs of Roma patients;
- Employment of Roma people in medical institutions, and local and regional administrations;
- Inclusion of Roma mediators in the health care systems and institutions;



- Provision of information, training and advice on quality health care services, and regular vaccination and check-up programmes for Roma people and Roma professionals;
- Simplification of administrative procedures and the promotion of equality and non-discrimination;
- Bringing decision and policy-making to the local level;
- Direct participation of Roma intellectuals in the field of medicine;
- Promotion, motivation and increase the numbers of Roma doctors;
- More specific and concrete activities and measures in the field of health within the National Roma Integration Strategy;
- Measures to motivate Roma students to study and specialize in medicine;
- Measures to combat all types of discrimination by non-Roma medical staff;
- Measures to increase the active involvement of Roma health mediators;
- Measures to improve relations among Roma and non-Roma medical workers by removing current stereotypes and prejudices by both sides;
- Measures to develop networking and cooperation between the national and local level amongst public health institutions, social services, Roma health mediators, patronage service, local authorities, Ministries etc.;
- Preparation of special strategies and programmes to improve the health of Roma, with the allocation of adequate resources at national level to implement the planned projects and activities;
- Increase the number of Roma employees in health institutions;
- Targeting of key actors and decision-makers at local and regional levels to advocate on these issues towards the responsible authorities.



## Early childhood development: Explanatory analysis of policy commitments

### Early childhood development in the FYRO Macedonian National Roma Integration Strategy

Following the structure laid out in the EU Framework, the FYRO Macedonian strategy addresses ECD under the heading 'education'. The dominant theme is increasing access to and enrolment at kindergarten or pre-school. The FYRO Macedonia strategy includes a goal to increase pre-school enrolment among Roma children by 25% by 2020 but otherwise focuses exclusively on education from the age of 6 years and above (**FYRO Macedonia NRIS, 2014: 51**).

## Preliminary conclusions of the scoping survey on Early Childhood Development (ECD)

All respondents were not satisfied with the implementation of the National Roma Integration Strategy for the following reasons:

- Lack of places for Roma children in kindergarten;
- Poor socio-economic situation leading to child malnutrition, lack of access to medication and to health care services;
- Lack of personal documents preventing children from accessing health care services and education.

There are also additional difficulties preventing the development of Roma babies and children:

- The segregated environment and level of parents' education;
- Lack of positive role models in the Roma communities;
- Lack of interest from the public institutions to deal with this issue;
- Lack of awareness about the need for regular medical check-ups and vaccination, healthy nutrition;
- Lack of commitment and responsibility from the public institutions to implement the measures from the National Roma Integration Strategy related to ECD;

However, some positive changes have been reported as follows:

- Implementation of the project "Inclusion of Roma children in kindergarten" where the Roma children have the opportunity of free attendance at kindergarten;
- Many workshops on increasing health awareness and education, prevention and promotion of healthy lifestyles in the kindergartens attended by Roma children.



## Recommendations to improve the implementation of the early childhood development dimension of the strategy at local and regional level

- Include the provision of free health care programmes for children from 0-6 years old in the strategy;
- Involve more Roma teachers in the education process;
- Create counselling centres for young mothers to provide them with information and education and access to immunization programmes;
- Ensure that paediatricians only work with babies and young children and develop other specialist services for other parts of the population (e.g. older people);
- Increase the number of patronage nurses;
- Introduce measures to monitor and evaluate the implementation of the strategy;
- Ensure the strategy is child-sensitive and contains specific measures on early childhood development;
- involve local and regional NGOs in the development, implementation and monitoring phase of the strategy in order to respond to the real needs of Roma children;
- Increase the number of kindergartens;
- Improve the quality and regular patronage service;
- Integrate all best practice from projects developed by the strategy;
- Increase the Government's political commitment, for the implementation of the strategy at local and regional level.





## Analysis of Questionnaires

### 1. About the Respondents

140 members of the Roma community completed the questionnaire. Two-thirds of the respondents are female, one-third male. Most of those responding are aged between 18-35 years: more than half graduated from primary school, 20% have completed high school, while 6.43 % attended college or university. Almost half of the respondents are unemployed, while 7.14% are looking for employment. Apart from one respondent, the other 139 respondents live in urban areas.

Table 1.1: Distribution of Roma respondents by age

Age	Percentage of respondents
< 18 years old	0.00%
18 – 35 years old	60.00 %
> 35 years old	40.00 %

Table 1.2 Distribution of Roma respondents by gender

Gender	Percentage of respondents
Male	32.14%
Female	67.86%

Table 1.3: Distribution of Roma respondents by level of education.

Respondents' level of education	Percentage of respondents
I have never been to school	10 %
Primary school	50 %
Gymnasium	2.14 %
Vocational school	5.71 %
High school	20 %
Higher education	6.43 %
I do not know / I do not answer	2.14 %
Other answer	3.57 %



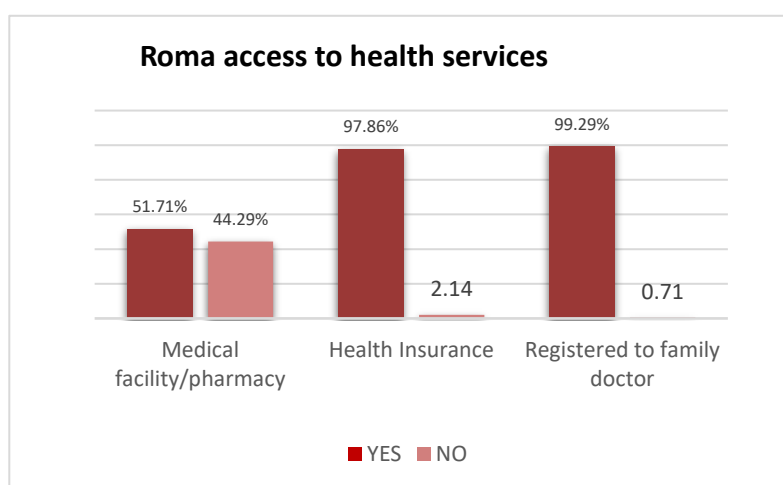
Table 1.4: Distribution of Roma respondents by occupation.

Occupation	Percentage of respondents
No Occupation	0.71%
Employed	37.14%
Unemployed	37.86%
Home	13.57%
Looking for employment	7.14%
Student	0.00%
Other occupation	5.71%

## 2. Roma Access to Health Services

Regarding the existence of medical facility/pharmacy there is a very balanced situation, while half of the respondents declared they have access to a medical facility or pharmacy, the other half declared the opposite. Almost all of the respondents are registered to a family doctor and have health insurance.

Chart 2.1. Roma Access to health services



Most the respondents who have access to a medical unit or pharmacy in their community declared the distance from their home to the first medical unit or pharmacy is around 1 km, while 14.10 % have to travel a distance between 1 to 5 km to get to the first medical unit and 14.41% to a pharmacy.

Table 2.2. Distance from home to the first medical facility/pharmacy in the community.

Distance	From home to medical	From home to pharmacy
< 1 km	85.90 %	85.59 %
1 km - 5km	14.10 %	14.41 %
> 5 km	0.00 %	0.00 %



Table 2.3 Distance from home to the first medical facility/pharmacy outside the community.

Distance	From home to medical facility / pharmacy
< 1 km	0.00 %
1 km – 5 km	75.81%
> 5 km	24.19 %

43.57 % of the respondents were at least once to doctor in the last five months, while 10 % visited a doctor more than 5 months ago. However, it is observed that 1 of 5 respondents went to a doctor one week or one month ago.

Table 2.4. Distribution of Roma respondents according to the time elapsed since the last visit to the doctor.

Last visit to doctor	Percentage of respondents
Last week	26.43 %
Last month	20.00 %
1 – 5 months	43.57 %
More than 5 months ago	10.00 %

The incidence of self-reported chronic illnesses exceeds only 10% of the Roma respondents. The most common conditions are diabetes and cardiac (hypertension, heart disease) followed by migraines, and hernias. Of the chronic diseases studied in the study with relatively limited spread are ulcer and allergies.

### 3. Discrimination in access to health services

63% of the respondents have experienced negative attitudes in access to health services. Most of the cases happened when they asked for medical advice and received treatment or medical care, while Roma faced negative attitudes in other situations too (26.98%).

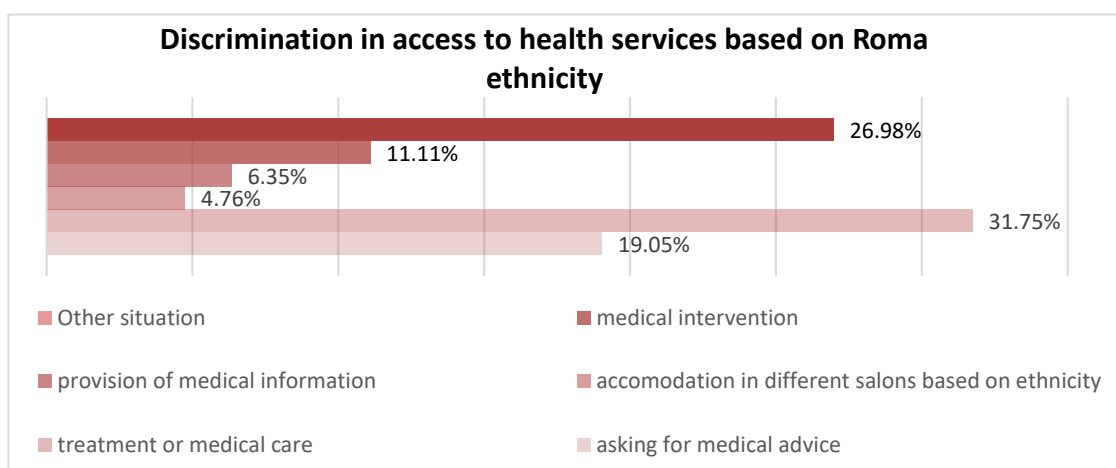


Chart 3.1.



The reasons of being treated differently include: Roma ethnicity (39.68%), hygiene (17.46%), or the fact that the doctor did not like them (19.05%).

#### 4. Post-natal and pre-natal care for Roma women

According to what respondents declared, 87.86% of the women (wives or female relatives) went to hospital or have seen a doctor for check-up or examination during their pregnancy. Most than half of them were talking with doctor during their pregnancy and 62.85% were visited/controlled by a doctor/nurse/paediatrician or other person, in the first month after the baby was born.

##### Pre-natal care for Roma women

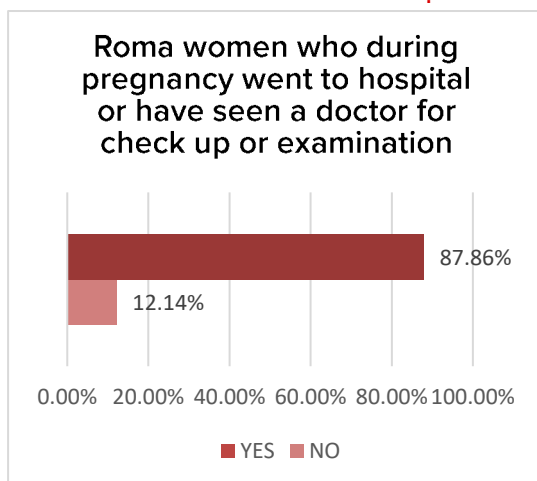


Chart 4.1.

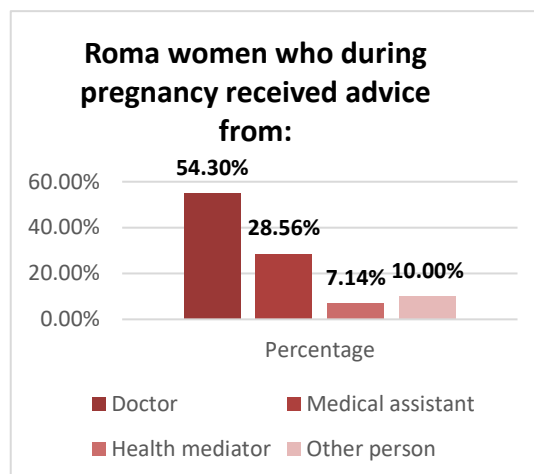


Chart 4.2.

##### Post-natal care for Roma women

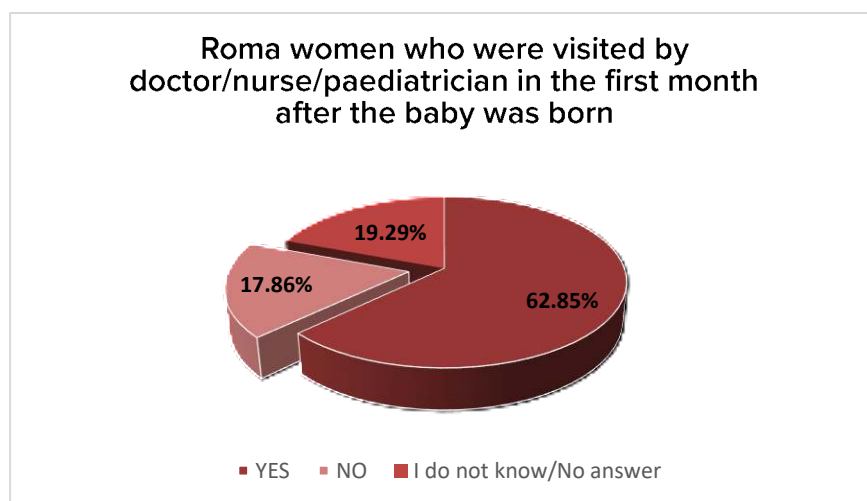


Chart 4.3.

#### 5. Measures to promote health awareness among Roma

On the importance of the immunization most of the respondents declared they were informed by the doctor 27.86%, while others declared they have received information on the importance of immunization from a health care worker or health worker or health mediator while almost 10% of the respondents did not receive any explanation or

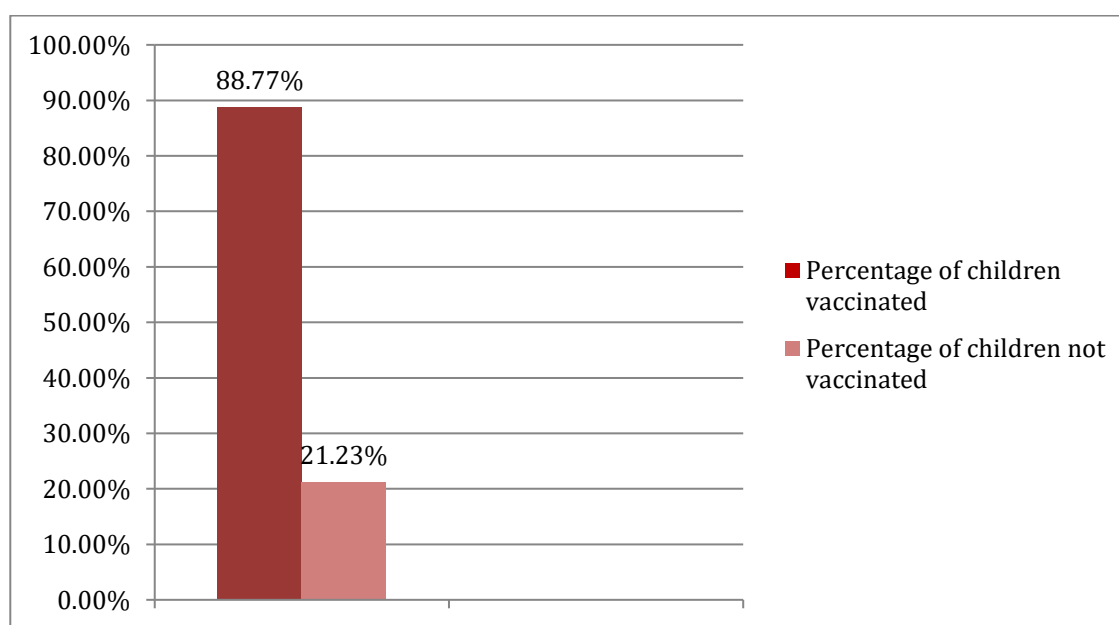


information about the importance of immunization. However most of the participants have answered that their children are vaccinated. Out of 285 children, 253 are vaccinated and only 32 are not vaccinated.

Table 5.1. Distribution of respondents' answers on the importance of immunization.

Information on the importance of immunization received from:	Percentage of respondents
Doctor	27.86%
Health care worker or health worker	22.86%
Health mediator	17.14%
Other person	7.86%
I have not received this information / explanation	8.57%
I do not know / No answer	15.71%

Chart 5.2 Percentage of children vaccinated



## 6. Roma children's access to early education

75.71% of the respondents answered that there is a kindergarten in the community while 24.29 % answered that there is no kindergarten in the community. There, where a kindergarten exists, it is situated less than 1 km far away from the Roma houses and where there is no kindergarten, the nearest one is 1 km or 1- 5 km far away for the Roma



houses. Out of 161 children (0-6 years old), almost two thirds of them are going to kindergarten while 36.65% are not attending or missing from kindergarten. Among the main reasons attending kindergarten is: my child can play there, my child can learn there, kindergarten has a program that provides a free meal or other material support. The main reasons for not attending kindergarten are: social status of the family, lack of material support, lack of transportation or other reasons such as: rejection from the kindergarten with the excuse that they don't have place, their children are still very young and that mothers are taking care about their children at home.

Table 6.1. Distance from home to the kindergarten situated in the community.

Distance	From home to a kindergarten in the community
< 1 km	82.08 %
1km- 5km	17.92 %
> 5 km	0.00%

Table 6.2. Distance from home to the kindergarten situated outside the community.

Distance	From home to a kindergarten outside the community
< 1 km	47.06 %
1 km - 5km	44.12 %
> 5 km	8.82%

Chart 6.3: Children's attendance at kindergarten

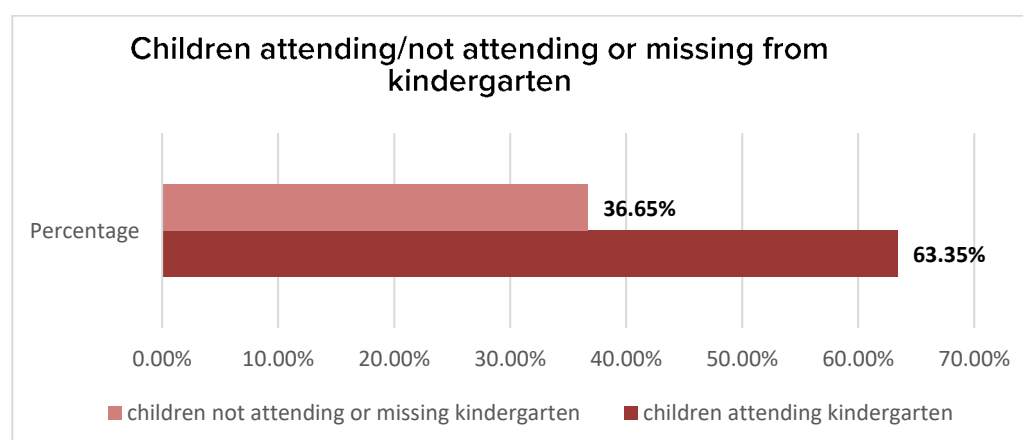


Table 6.4: Reasons why children attend kindergarten.



Main reasons	Percentage of the total number of children attending kindergarten
My child likes to go to kindergarten	24.05%
Kindergarten has a programme that provides a free meal or other material support	11.39%
I give myself time to work / do other things	8.86%
I like/trust the teachers	5.06%
In the kindergarten my child can make new friends	3.80%
My child can play there	20.25%
My child can learn there	25.32%
Other reasons:	1.27%



Table 6.5: Reasons why children do not attend/miss from kindergarten.

Main reasons	Percentage of the total number of children not attending or missing from kindergarten
My child is treated differently than other non-Roma children in kindergarten	9.84%
My child learns only in classes with Roma children	0.00%
The educators behave differently with my child	1.64%
The other children and their parents behave differently with my child	6.56%
We cannot afford to send them to the kindergarten	16.39%
Long distance to kindergarten	8.20%
Lack of transportation	8.20%
Ethnic issues	8.20%
Health problems of my child	4.92%
Issues related to the social status of our family	18.03%
Issues related to the language used in kindergarten	1.64%
Attending an informal education programme	0.00%
Other reasons	16.39%



## About EPHA

EPHA is a change agent – Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, SDG Watch Europe, and the Semester Alliance.

EPHA's Transparency register number is 18941013532-08.

### Further reading

Joint Statement – November 2016 – Remove systemic barriers to tackle the Roma public health emergency >> [read more](#)

EPHA Briefing – November 2016 – The European Semester and Roma Health >> [read more](#)

EPHA Roma Health and Early Childhood Development Fellowship 2017 – 2019 >> [read more](#)



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