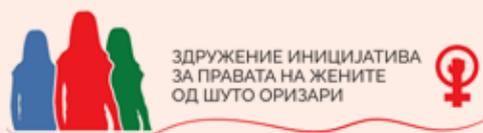

ROMA REPRODUCTIVE HEALTH AND SOCIAL WELLBEING IN THE REPUBLIC OF NORTH MACEDONIA

ENLARGEMENT
REVIEW 2022





HERA – Health Education and Research Association is the largest non-governmental organization in the Republic of North Macedonia [working](#) in the field of sexual and reproductive health and rights (SRHR). HERA runs several clinics that provide health and social [services](#) for young people and marginalized communities and is the leader organization in the delivery of [comprehensive sexuality education](#) (CSE) to young people. HERA is one of the leading policy initiators in North Macedonia of advancing the legal framework for SRHR and of ensuring that services in the national health system are available to all citizens. Since 2009, HERA has been a [full member association](#) of IPPF, a global provider for advancing SRHR.

The Šuto Orizari Women’s Initiative is a Roma community-based organization established in 2022. Between 2015 and 2022, HERA technically supported the work of this group of Roma women by building their advocacy and community monitoring capacities. The Šuto Orizari Women’s Initiative [works in the following areas](#): social and health rights, discrimination, sexual and reproductive rights, domestic and gender-based violence and returnees from abroad. The Šuto Orizari Women’s Initiative is well established and recognized by the community as organization that supports Roma women and children in exercising their social and health rights.

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INTRODUCTION

This report reflects the developments in the last reporting year (2022), within the relevant chapters of the acquis related to Roma health and social inclusion. This report aims to address the ongoing barriers in Roma women's access to SRH and social services. It summarizes the detected gaps in service provision and policy and legal framework that impact the health and the social status of Roma women in North Macedonia alongside recommendations for policy improvement.

Exclusion, discrimination, social stereotypes, and stigma are the main socio-cultural factors that prevent the marginalized groups, especially Roma women, from exercising their human rights. Having access to appropriate employment opportunities and quality services that are non-judgmental and non-discriminatory are key to Roma women being integrated in the Macedonian society and to enjoying their social status same as other citizens in the country.

EU accession remains a key goal for the Republic of North Macedonia, and therefore the accession process provides an opportunity for achieving sustainable change. The Enlargement Review 2022 outlines what changes are needed to ensure the realization of social inclusion and reproductive health of Roma women and we hope that many will be reflected in the Enlargement Report to ensure continuous and ongoing progress for the promotion of social and reproductive rights in the country.



BRIEF SUMMARY OF KEY DEVELOPMENTS IN 2022

The Government budget allocation for **free folic acid for pregnant women** coming from socially disadvantaged groups, including for Roma women, was removed from [The Active Healthcare Programme for Mothers and Children in 2022](#). Furthermore, the funding of **regular gynaecological check-ups, laboratory analysis during pregnancy and childbirth** for women outside the mandatory health insurance system was **significantly reduced** in comparison to 2021. Disappointingly, the national funds allocated for childbirth for women outside the mandatory health insurance system provides coverage of costs for only **„one and a half women”**. Reducing the national preventive healthcare budget for vulnerable groups during economic crisis can seriously impact the health status of the Roma, particularly of women and children.

Although the number of cases of domestic violence in 2022 increased, the country is still facing a **lack of support systems for women affected by various forms of violence**. Roma women are often required to pay for their medical examinations when they are victims of domestic violence and **thus are discouraged from reporting the case** to the police - „*They (Roma women) will certainly return to the perpetrators anyway*” (a quote by a Roma woman, client of the HERA sexual health clinic in Šuto Orizari, when reporting the case to the local police station). This results in the Roma women’s loss of trust in institutions and contributes to an increased number of Roma women who do not want to report the cases of violence.

Between 2019 and 2021, the **number of unemployed Roma women increased by 50%**. Furthermore, the percentage of registered unemployed Roma women with higher education has also increased by 50%¹. Roma women aged between **40 and 44 have the highest unemployment rate**. Although the National Employment Operational Plan 2022 envisages an increased coverage of Roma women with employment measures by 5%, such measures do not seem **to be appropriate** and tailored to women’s needs since they do not contribute to increasing the employment rate of Roma women in the labour market.

¹ The number of Roma women with higher education increased from 10 in 2019 to 15 in 2021



The right to Guaranteed Minimum Assistance (GMA) is the most exercised social right by Roma beneficiaries. **No additional actions were taken** by institutions this year to include the registered GMA recipients in the labour market. Despite the enormous rise of the inflation rate in the country over the last couple of months, **the national funds allocated for social protection remained the same**. Around 20 Roma settlements in the Municipality of Šuto Orizari have been left without the basic infrastructure and have not been included in the detailed urban plans (**no residential address**). Many Roma women cannot obtain personal documents and therefore cannot access the national health insurance or social services. Roma women who are unemployed are particularly vulnerable and subjected to discrimination due to their social status.

Systematic discrimination continues to be frequently observed in the areas of public services and goods, healthcare, and education. Discrimination against Roma women is particularly visible when **they want to choose a family gynaecologist** and are rejected with an explanation that the quota of patients has been fulfilled. **Access to services offered by social work centres is limited**, partly due to the language barrier, but also due to discrimination practices by the professionals in these institutions. Seven cases of discrimination against the Roma have been reported by the state equality bodies in 2002 based on ethnicity. Ongoing discrimination against Roma women results in racial violence and has a negative impact on equal access to rights and services.



[CHAPTER 19]

SOCIAL POLICY AND EMPLOYMENT

Employment

33% of the Roma are involved in informal economy, which is largely caused by restrictive labour legislation, high labour taxes for low-wage workers and the lack of a specific policy for Roma women to encourage the transformation of undeclared into registered work. The EC report notes that there is a slight decrease in the number of Roma people who are benefiting from the active employment measures. In 2021, only 589 people, or 5.2% of all beneficiaries, were Roma. Furthermore, the EC report notes that no new measures were adopted that take a targeted approach to Roma. More importantly, a large numbers of Roma women are not eligible to use the state employment measures since 94% of unemployed Roma women have completed (or not) only primary education.

In 2022, in a consultative process with CSOs and relevant state institutions, HERA designed a set of pilot active measures for employment of Roma women with the purpose of integrating them in the next National Employment Operational Plan. Moreover, a MoU was signed between HERA and the Ministry of Labour and Social Policy for designing and implementing the pilot employment measures among Roma women. The proposed active measures have multi-sectorial approach and are designed to increase the activation of Roma women in the labour market. The designed active employment measures are specifically targeting 3 sub-groups of Roma women: 1) women with primary education or no education; 2) women with secondary education; and 3) women with higher education. Although the process of creating a new National Employment Operational Plan for 2023 has started, no concrete political and financial commitments were taken by the Ministry of Labour and Social Policy to integrate the agreed pilot employment measures for Roma women.



Recommendations:

- Adopt and integrate the pilot employment measures for Roma women in the National Employment Operational Plan for 2023 and ensure its implementation
 - Establish the system for validation of non-formal and informal learning, by amending and supplementing the law on adult education
 - Ensure adequate and equitable representation of Roma women in state institutions and in managerial positions by establishing a gender-based employment mechanism (quotas for employment of Roma women in state institutions)
 - Adopt Local Government policies (action plans) for increasing the participation of Roma women in the labour market and allocate municipal budgets for their effective implementation
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Guaranteed Minimum Assistance

The right to Guaranteed Minimum Assistance (GMA) is [the most exercised social right](#) by Roma beneficiaries. Unemployed Roma women are not sufficiently informed that, according to the [Operational Plan for Active Employment Programmes and Measures and Services on the Labour Market](#), they should be registered as active jobseekers with the Employment Service Agency. However, even in cases where recipients of GMA are registered with the Employment Service Agency, no significant efforts are made by institutions to improve the Roma women's participation in the labour market. Despite the enormous rise of the inflation rate in the country over the last couple of months, **the national funds allocated for social protection have not increased**. The only social measure that was put in force to deal with the economic crisis was the one-time incentive to GMA recipients for the period from March to May, in the amount of [3,000 MKD](#). Without improving the inclusion of Roma women in the labour market, they continue to be vulnerable and subjected to discrimination due to their social status.



Housing

Around 20 Roma settlements have not yet been urbanized and lack the basic infrastructure, [which results in up to 28% of Roma residences in the country being illegal](#). Parts of the settlements where Roma people live, including in the Municipality of Šuto Orizari, are not included in the detailed urban plans, which force them to live in illegal houses and without residential address. Thus, Roma people, including women, cannot obtain personal documents, which prevents them from accessing the national health insurance and social services.

Discrimination

Systematic discrimination against the Roma is persistent, especially when accessing public services and goods, such as the case reported this year, when several Roma persons [were prohibited to use the public swimming pool](#). Discrimination is also apparent in the area of healthcare and education. For example, Roma women are often discriminated against when they want to choose a [family gynaecologist](#), and are rejected by gynaecologists with the explanation that their quota of patients has been exceeded. The fact that the Roma face unequal access and treatment can be seen in the number of complaints submitted to equality bodies in 2022, where discrimination on grounds of ethnicity was found in [seven cases](#).

People from socially vulnerable categories, especially Roma women, do not have sufficient access to services offered by the social work centres. The main reason is the language barrier, which hampers their access to quality services. Roma people often refer to the disrespect of their dignity as beneficiaries of social services by the professionals working in these institutions on account of their ethnicity, and social and educational status. In addition, the Roma are questioning the efficacy of these institutions due to the wide-spread ethnic discrimination and intolerance practices by professionals when providing information about realization of social rights to vulnerable communities.

Domestic violence

North Macedonia is continuously facing a lack of support systems for women affected by various forms of violence in the country. The country has ratified the Istanbul Convention in 2017 and has additionally adopted a National Action



Plan (2018-2023). Although the [Law on the Prevention of and Protection from Violence against Women and Domestic Violence](#) was adopted in 2021, we have learned from the Roma women clients that we are accompanying in obtaining the support they need, that professionals working in social institutions are not fully familiar with its implementation. Roma women victims are often required to pay for medical examinations to complete the necessary documentation for reporting the case. Even when they turn to the police departments, they are often discouraged to do so. *“It’s not the first time we’ve seen you, you’ve come here before”; “He’s been harassing you for so long, why are you reporting him now? ... We are sure that you’ll go back again at his place”;* (a quote by a Roma woman victim reporting the case of violence in the police station).

Recommendations:

- Sensitize the professionals in the social work centres to deal with socially vulnerable categories, particularly Roma women
- Enhance the cooperation between relevant institutions to increase the Roma women’s access to labour market, especially for those who are recipients of social transfers
- Improve the Government’s capacities and mechanisms for eliminating the systemic discrimination against the Roma, particularly women, in their access to public services and goods



[CHAPTER 28]

CONSUMER AND HEALTH PROTECTION

Abortion care

Abortion on demand for social and economic reasons is not covered by the national health insurance system, including for poor and socially vulnerable women. According to the [Roma Inclusion Strategy 2022-2030](#), high costs of abortion services push Roma women to seek illegal abortion. [Several cases of illegal medical abortions among Roma women in family gynaecologist's offices](#) were reported this year. Many Roma women are opting for abortion since they are not financially stable to raise another child, but the higher costs of these services (since not covered by the patients' health insurance) put additional financial burden on their family budget.

Reproductive health

For many years, the Ministry of Health (MoH) could not find a systematic solution for setting up a gynaecologist's office in the Municipality of Šuto Orizari, leaving 8,000 Roma women without continuous access to family gynaecologist and basic reproductive care. Since 2008, three family gynaecologists have opened and closed down their gynaecological practices in Šuto Orizari, mainly due to financial reasons. After the retirement of the last family gynaecologist, who [worked for only six months](#) in the Šuto Orizari Healthcare Centre, the Šuto Orizari Women's Initiative and HERA [recruited](#) a new doctor to work as a family gynaecologist in the Roma community. Same as with the others, the budget for the gynaecological practice in this municipality is allocated through the MoH co-funding programme for specialist studies. The new gynaecologist [began](#) his practice in November 2022. As the MoH budget did not provide for a medical nurse, [the civic movement Avaja](#) financially supported a nurse of Roma ethnic background to assist the work of the family gynaecologist. However, the Avaja budget will only be available for six months to support the nurse in the gynaecologist's office and it does not provide for a systematic solution for women's access to gynaecological services in this municipality.



According to the health prevention policies, all services by the chosen family doctor or gynaecologist are paid by the patient's health insurance. However, there is abundant evidence that family gynaecologists are charging women patients for gynaecological services they provide to them. The trend of such illegal charging from Roma women in the chosen family gynaecologist's offices has continued as a practice for almost a decade. Still, if in 2021 Roma women had to pay up to 3,000 MKD for a single service, in 2022 illegal payments were reduced and the highest amount that Roma women had to pay for a service was no more than 1,000 MKD². Despite the reduced out-of-pocket money for gynaecological services in 2022, for many Roma women living in Šuto Orizari, paying for preventive services is a challenge, especially if we consider the social vulnerability of Roma women.

Access to contraception

In 2019, the MoH introduced for the first time a budget for free contraceptives for socially vulnerable groups of women who had an abortion as part of [The Active Healthcare Programme for Mothers and Children 2022](#). However the budget for free contraceptives in the last two years has significantly decreased, and in 2022 the allocated budget was limited to [100,000 MKD, enough to cover only 50 women in need](#). Besides The Active Healthcare Programme for Mothers and Children, the MoH has another programme addressing the reproductive care needs of women [Co-payment Programme for Healthcare Services Used for Particular Diseases of Citizens and for Healthcare Services for New Mothers and Infants](#). The reduction of national preventive healthcare budget for reproductive care especially affects vulnerable and poor women, including Roma women, and prevents them from exercising their family planning rights.

Pregnancy care

According to the budget available at the MoH, only "one and a half" women who are outside the mandatory health insurance system had the opportunity to exercise their right to free childbirth in 2022. If, in 2021, [200,000 MKD](#) were allocated for examinations and laboratory analysis during pregnancy, as well as for childbirth for women who are outside the mandatory health insurance system and persons without a personal identification card, in 2022, the budget was downsized to

2 The Šuto Orizari Women's Initiative (2022), Comparative Analysis of the Sexual and Reproductive Health Status of Roma Women in Šuto Orizari, page 13



only 80,000 MKD. Furthermore, if the 2021 budget for free folic acid for pregnant woman was 30,000 MKD, in 2022, no funds were available for women who cannot afford paying for the folic acid. In the period from 2019 to 2021, between 3 and 22% (annually) of pregnant Roma women benefited from this preventive measure provided by the MoH³. This year's funding was cut with an explanation from the national authorities that, for many years now, the free folic acid has been used by a small share of pregnant women and the funds were not used up as initially planned. While folic acid was available within the MoH programme, many Roma women were not sufficiently familiar with the existence of such preventive measure at national level.

Recommendations:

- Increase the national funding for preventive reproductive health services for women (such as contraception, pregnancy care and childbirth), especially for poor and socially vulnerable communities, including Roma women and women without personal identification card
- Improve the information dissemination activities on the availability of free reproductive health measures and services provided through the MoH programmes in order to reach more women, particularly Roma women
- Cover the costs of abortion for social reasons among poor and socially vulnerable women through the patients' health insurance

³ The Šuto Orizari Women's Initiative (2022), Comparative Analysis of the Sexual and Reproductive Health Status of Roma Women in Šuto Orizari, page 15



